

Questions

Please check the appropriate box and include all necessary details and documentation.

	Yes	No
Personal Information		
Did your marital status change during the year?	p	p
If yes, explain: _____		
Did your address change from last year?	p	p
Can you be claimed as a dependent by another taxpayer?	p	p
Did you change any bank accounts, or did routing transit numbers (RTN) and/or bank account number change for existing bank accounts that have been used to direct deposit (or direct debit) funds from (or to) the IRS or other taxing authority during the tax year?	p	p
Did you receive an Identity Protection PIN (IP PIN) from the IRS or have you been a victim of identity theft? If yes, attach the IRS letter.	p	p
Did you reside in or operate a business in a Federally declared disaster area? The Federally declared disaster areas include hurricane and tropical storm victims in Georgia, Florida, Puerto Rico, the Virgin Islands and parts of Texas, Louisiana and South Carolina, as well as wildfire victims in California.	p	p
Dependent Information		
Were there any changes in dependents from the prior year?	p	p
If yes, explain: _____		
Do you have any children under age 19 or a full-time student under age 24 with unearned income in excess of \$2,100?	p	p
Do you have dependents who must file a tax return?	p	p
Did you provide over half the support for any other person(s) other than your dependent children during the year?	p	p
Did you pay for child care while you worked, looked for work, or while a full-time student?	p	p
Did you pay any expenses related to the adoption of a child during the year?	p	p
If you are divorced or separated with child(ren), do you have a divorce decree or other form of separation agreement which establishes custodial responsibilities?	p	p
Did any dependents receive an Identity Protection PIN (IP PIN) from the IRS or have they been a victim of identity theft? If yes, attach the IRS letter.	p	p
Purchases, Sales and Debt Information		
Did you start a new business or purchase rental property during the year?	p	p
Did you sell, exchange, or purchase any assets used in your trade or business?	p	p
Did you acquire a new or additional interest in a partnership or S corporation?	p	p
Did you sell, exchange, or purchase any real estate during the year?	p	p
Did you purchase or sell a principal residence during the year?	p	p
Did you foreclose or abandon a principal residence or real property during the year?	p	p
Did you acquire or dispose of any stock during the year?	p	p
Did you take out a home equity loan this year?	p	p
Did you refinance a principal residence or second home this year?	p	p
Did you sell an existing business, rental, or other property this year?	p	p
Did you lend money with the understanding of repayment and this year it became totally uncollectable?	p	p
Did you have any debts canceled or forgiven this year, such as a home mortgage or student loan(s)?	p	p
Did you purchase a qualified plug-in electric drive vehicle or qualified fuel cell vehicle this year?	p	p

Income Information

Did you have any foreign income or pay any foreign taxes during the year, directly or indirectly, such as from investment accounts, partnerships or a foreign employer?	p	p
Did you receive any income from property sold prior to this year?	p	p
Did you receive any unemployment benefits during the year?	p	p
Did you receive any disability income during the year?	p	p
Did you receive tip income not reported to your employer this year?	p	p
Did any of your life insurance policies mature, or did you surrender any policies?	p	p
Did you receive any awards, prizes, hobby income, gambling or lottery winnings?	p	p
Do you expect a large fluctuation in income, deductions, or withholding next year?	p	p

Retirement Information

Are you an active participant in a pension or retirement plan?	p	p
Did you receive any Social Security benefits during the year?	p	p
Did you make any withdrawals from an IRA, Roth, myRA, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan?	p	p
If yes, were any withdrawals due to a Federally declared disaster?	p	p
Did you receive any lump-sum payments from a pension, profit sharing or 401(k) plan?	p	p
Did you make any contributions to an IRA, Roth, myRA, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan?	p	p

Education Information

Did you, your spouse, or your dependents attend a post-secondary school during the year, or plan to attend one in the coming year?	p	p
Did you have any educational expenses during the year on behalf of yourself, your spouse, or a dependent? If yes, attach any Form(s) 1098-T and receipts for qualified tuition and related expenses	p	p
Did anyone in your family receive a scholarship of any kind during the year? If yes, were any of the scholarship funds used for expenses other than tuition, such as room and board?	p	p
Did you make any withdrawals from an education savings or 529 Plan account?	p	p
Did you make any contributions to an education savings or 529 Plan account?	p	p
Did you pay any student loan interest this year?	p	p
Did you cash any Series EE or I U.S. Savings bonds issued after 1989?	p	p
Would you like a worksheet to aid in the completion of a Free Application for Federal Student Aid (FAFSA) with the U.S. Department of Education?	p	p

Health Care Information

Did you have qualifying health care coverage, such as employer-sponsored coverage or government-sponsored coverage (i.e. Medicare/Medicaid) for your family? "Your family" for health care coverage refers to you, your spouse if filing jointly, and anyone you can claim as a dependent. If yes, attach any Form(s) 1095-B and/or 1095-C you received.	p	p
Did anyone in your family qualify for an exemption from the health care coverage mandate? Examples of exemptions include (but are not limited to) certain non-citizens, members of a health care sharing ministry, members of Federally-recognized Indian tribes, and exemptions requested from the Marketplace. If yes, attach the Exemption Certificate Number (ECN) or type of exemption.	p	p
Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act? If yes, attach any Form(s) 1095-A you received.	p	p
Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act and share a policy with anyone who is not included in your family?	p	p
Did you make any contributions to a Health savings account (HSA) or Archer MSA?	p	p
Did you receive any distributions from a Health savings account (HSA), Archer MSA, or Medicare Advantage MSA this year?	p	p

Did you pay long-term care premiums for yourself or your family?	p	p
Did you make any contributions to an ABLE (Achieving a Better Life Experience) account? If yes, attach any Form(s) 5498-QA you received.	p	p
Did you receive any withdrawals from an ABLE (Achieving a Better Life Experience) account? If yes, attach any Form(s) 1099-QA you received.	p	p
If you are a business owner, did you pay health insurance premiums for your employees this year?	p	p
Did you receive any Health Coverage Tax Credit (HCTC) advance payments? If yes, attach any Form(s) 1099-H you received.	p	p

Itemized Deduction Information

Did you incur a casualty or theft loss or any condemnation awards during the year?	p	p
If yes, did the loss occur in a Federally declared disaster area?	p	p
Did you pay out-of-pocket medical expenses (Co-pays, prescription drugs, etc.)?	p	p
Did you make any cash or noncash charitable contributions (clothes, furniture, etc.)? If yes, please provide evidence such as a receipt from the donee organization, a canceled check, or record of payment, to substantiate all contributions made.	p	p
Did you donate a vehicle or boat during the year? If yes, attach Form 1098-C or other written acknowledgment from the donee organization.	p	p
Did you pay real estate taxes for your primary home and/or second home?	p	p
Did you pay any mortgage interest on an existing home loan? If yes, attach any Form(s) 1098 you received.	p	p
Did you incur interest expenses associated with any investment accounts you held?	p	p
Did you have an expense account or allowance during the year?	p	p
Did you use your car on the job, for other than commuting?	p	p
Did you work out of town for part of the year?	p	p
Did you have any expenses related to seeking a new job during the year?	p	p
Did you make any major purchases during the year (cars, boats, etc.)?	p	p
Did you make any out-of-state purchases (by telephone, internet, mail, or in person) for which the seller did not collect state sales or use tax?	p	p

Miscellaneous Information

Did you make gifts of more than \$14,000 to any individual?	p	p
Did you utilize an area of your home for business purposes?	p	p
Did you engage in any bartering transactions?	p	p
Did you retire or change jobs this year?	p	p
Did you incur moving costs because of a job change?	p	p
Did you pay any individual as a household employee during the year?	p	p
Did you make energy efficient improvements to your main home this year?	p	p
Did you receive a distribution from, or were you a grantor or transferor for a foreign trust?	p	p
Did you have a financial interest in or signature authority over a financial account such as a bank account, securities account, or brokerage account, located in a foreign country?	p	p
Do you have any foreign financial accounts, foreign financial assets, or hold interest in a foreign entity?	p	p
Did you receive correspondence from the State or the IRS? If yes, explain: _____	p	p
Do you have previous years of tax returns that are either unfiled or filed with unpaid balances due?	p	p
Do you want to designate \$3 to the Presidential Election Campaign Fund? If you check yes, it will not change your tax or reduce your refund.	p	p

Client Organizer Topical Index

This client organizer topical index is designed to help you quickly locate the items listed. To use the index just locate the topic and refer to the page number listed. The page number corresponds to the number printed in the top right corner of your organizer sheets. Please note this organizer is customized specifically for you, and may not contain all of the pages listed here.

Topic	Page	Topic	Page
ABLE account distributions	73	Gambling winnings	10, 18, 20
Adoption expenses	84	Gambling losses	57
Affordable Care Act Health Coverage	69, 70	Health savings account (HSA)	71, 72
Alaska Permanent Fund dividends	18, 77	Household employee taxes	78
Alimony paid	49	Identity authentication	7
Alimony received	18	Installment sales	41, 42
Annuity payments received	10, 24	Interest income, including foreign	11, 13, 17b
Automobile information -		Interest paid	56
Business or profession	68	Investment expenses	57
Employee business expense	60	Investment interest expenses	56
Farm, Farm Rental	68	IRA, Roth IRA contributions	26
Rent and royalty	68	IRA distributions	10, 24
Bank account information	3	Like-kind exchange of property	43
Business income and expenses	28, 29, 30	Long-term care services and contracts (LTC)	72
Business use of home	67	Medical and dental expenses	55
Cancellation of debt	19	Medical savings account (MSA)	71, 72
Casualty and theft losses, business	63, 65	Minister earnings and expenses	28, 59, 75
Casualty and theft losses, personal	64, 66	Miscellaneous income	18, 18a, 18b
Child and dependent care expenses	80	Miscellaneous adjustments	49
Children's interest and dividend	76, 77	Miscellaneous itemized deductions	57
Charitable contributions	57, 60, 62	Mortgage interest expense	56, 58
Contracts and straddles	22	Moving expenses	48
Dependent care benefits received	12	Nonresident Alien	4, 5
Dependent information	1, 7	Partnership income	10, 38
Depreciable asset acquisitions and dispositions -		Payments from Qualified Education Programs (1099-Q)	10, 53
Business or profession	93, 94	Pension distributions	10, 24
Employee business expense	93, 94	Personal property taxes paid	55
Farm, Farm Rental	93, 94	Railroad retirement benefits	25
Rent and royalty	93, 94	Real estate taxes	55
Direct deposit information	3	REMIC's	16
Disability income	24, 81	Rent and royalty, vacation home, income and expenses	30, 31
Dividend income, including foreign	11, 14, 17b	Residential energy credit	82
Early withdrawal penalty	13	S corporation income	10, 21, 38
Education Credits and tuition and fees deduction	52	Sale of business property	41, 42
Education Savings Account & Qualified Tuition Programs	53	Sale of personal residence	40
Electronic filing	6	Sale of stock, securities, and other capital assets	17, 17a, 17b
Email address	2	Self-employed health insurance premiums	28, 33, 69
Employee business expenses	59	Self-employed Keogh, SEP and SIMPLE plan contributions	27
Estate income	10, 39	Seller-financed mortgage interest received	15
Excess farm losses	90	Social security benefits received	25
Farm income and expenses	33, 34, 35	State and local income tax refunds	18
Farm rental income and expenses	36, 37	State & local estimate payments	9
Federal estimate payments	8	State & local withholding	12, 20, 24
Federal student aid application information (FAFSA)	54	Statutory employee	12, 28
Federal withholding	12, 20, 24, 25	Student loan interest paid	51
First-time homebuyer credit repayment	79	Taxes paid	55
Foreign bank accounts & financial assets	44, 45	Trust income	39
Foreign earned income & housing deduction	46, 47	Unemployment compensation	18
Foreign employer compensation	23	Unreported tip or unreported wage income	74
Foreign taxes paid	83	U.S. savings bonds educational exclusion	50
Fuel tax credit	85, 86, 87	Wages and salaries	10, 12

Please note the following conventions used throughout your client organizer: T/S/J and T/S headings should be used to indicate if an item belongs to the (T)axpayer, (S)pouse, or (J)oint. Also, if an item did not occur in your resident state, please indicate the state's postal code abbreviation in which the item occurred. Control totals and [] numbers are for preparer use only.

Form ID: Bank	Direct Deposit/Electronic Funds Withdrawal Information	3
---------------	---	---

Per IRS Security Summit requirements, verify the name of financial institution, routing transit number, account number, and type of account below. If you would like to have a refund direct deposited into or a balance due debited from your bank account(s), please enter information in the fields below. Note that electronic funds will be withdrawn only from the primary account listed below.

Mark to verify all accounts listed below have been reviewed, updated as needed, and are correct. __[1]

Primary account:

Financial institution routing transit number _____ [3]
 Name of financial institution _____ [4]
 Your account number _____ [5]
 Type of account (1 = Savings, 2 = Checking, 3 = IRA*) __ [6]
 Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) __ [7]
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) __ [8]
 Enter the maximum dollar amount, or percentage of total refund Dollar _____ [9] or Percent (xxx.xx) _____ [10]

Secondary account #1:

Financial institution routing transit number _____ [25]
 Name of financial institution _____ [26]
 Your account number _____ [27]
 Type of account (1 = Savings, 2 = Checking, 3 = IRA*) __ [28]
 Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) __ [29]
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) __ [30]
 Enter the maximum dollar amount, or percentage of total refund Dollar _____ [11] or Percent (xxx.xx) _____ [12]

Secondary account #2:

Financial institution routing transit number _____ [31]
 Name of financial institution _____ [32]
 Your account number _____ [33]
 Type of account (1 = Savings, 2 = Checking, 3 = IRA*) __ [34]
 Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) __ [35]
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) __ [36]
 Enter the maximum dollar amount, or percentage of total refund Dollar _____ [15] or Percent (xxx.xx) _____ [16]

*Refunds may only be direct deposited to established traditional, Roth or SEP-IRA accounts. Make sure direct deposits will be accepted by the bank or financial institution.

Refund - U.S. Series I Savings Bond Purchases
--

A tax refund may be used to buy up to \$5,000 of U.S. Series I Savings bonds and registered for up to three different persons. If you would like to purchase U.S. Series I Savings bonds (in increments of \$50) with your refund, if applicable, please complete the following information. Please note you may enter only one name per registration (with exception of married filing joint returns) and must enter the party's given name, do not use nicknames.

Indicate either a maximum dollar amount (up to \$5,000), or percentage of refund you would like used to purchase bonds

The bonds will be registered to the name(s) on the return. For married filing joint returns this means the bonds will be registered in both names listed on the return.

To register the bonds separately, leave these fields blank and use the fields provided below.

Enter either a dollar amount or percent, but not both Dollar _____ [13] or Percent (xxx.xx) _____ [14]

Bond information for someone other than taxpayer and spouse, if married filing jointly

Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase bonds Dollar _____ [17] or Percent (xxx.xx) _____ [18]
 Owner's name (First Last) _____ [38] _____ [39]
 Co-owner or beneficiary (First Last) _____ [40] _____ [41]
 Mark if the name listed above is a beneficiary _____ [42]

Bond information for someone other than taxpayer and spouse, if married filing jointly

Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase bonds Dollar _____ [21] or Percent (xxx.xx) _____ [22]
 Owner's name (First Last) _____ [43] _____ [44]
 Co-owner or beneficiary (First Last) _____ [45] _____ [46]
 Mark if the name listed above is a beneficiary _____ [47]

IRS regulations require paid tax preparers who expect to prepare a certain amount of federal individual tax returns to file them electronically. To comply with this requirement your return will be electronically filed this year if it qualifies for electronic filing under IRS rules. Taxpayers may choose to file a paper return instead of filing electronically.

Mark if you want to file a paper return even if you qualify for electronic filing ____[1]

Receive email notification(s) when your electronic file is accepted by the taxing agency (Blank = None, 1 = Return, 2 = Return & Extension) ____[2]

If 1 or 2, please provide email address on Organizer Form ID: Info

Mark if you are filing a balance due return electronically and you want to pay the amount due by debiting your financial institution account ____[9]

The IRS requires a Personal Identification Number (PIN) be used in signing returns that are electronically filed.

Each taxpayer and spouse, if applicable, must provide a 5 digit self-selected PIN of your choice other than all zeroes.

Taxpayer self-selected Personal Identification Number (PIN) ____[7]

Spouse self-selected Personal Identification Number (PIN) ____[8]

NOTES/QUESTIONS:

Taxpayer -

Form of identification (1 = Driver's license, 2 = State issued identification card)	____ [1]
Identification number	____ [2]
Issue date	____ [3]
Expiration date (mm/dd/yyyy)	____ [4]
Location of issuance (State issued only)	____ [5]
Document number (New York only)	____ [6]

Spouse -

Form of identification (1 = Driver's license, 2 = State issued identification card)	____ [7]
Identification number	____ [8]
Issue date	____ [9]
Expiration date (mm/dd/yyyy)	____ [10]
Location of issuance (State issued only)	____ [11]
Document number (New York only)	____ [12]

NOTES/QUESTIONS:

If you have an overpayment of 2017 taxes, do you want the excess:

Refunded _____ [52]

Applied to 2018 estimated tax liability _____ [53]

Do you expect a considerable change in your 2018 income? (Y, N) _____ [54]

If yes, please explain any differences:

_____ [55]
 _____ [56]
 _____ [57]
 _____ [58]

Do you expect a considerable change in your deductions for 2018? (Y, N) _____ [59]

If yes, please explain any differences:

_____ [60]
 _____ [61]
 _____ [62]
 _____ [63]

Do you expect a considerable change in the amount of your 2018 withholding? (Y, N) _____ [64]

If yes, please explain any differences:

_____ [65]
 _____ [66]
 _____ [67]
 _____ [68]

Do you expect a change in the number of dependents claimed for 2018? (Y, N) _____ [69]

If yes, please explain any differences:

_____ [70]
 _____ [71]
 _____ [72]
 _____ [73]

Mark if you use the Electronic Federal Tax Payment System (EFTPS) to pay your estimated taxes _____ [74]

2017 Federal Estimated Tax Payments

2016 overpayment applied to 2017 estimates + _____ [1]

Mark if you paid the calculated amounts on the dates due indicated below. Skip the remaining fields. _____ [5]

If your estimated payments were not made on the date due or were for an amount other than the calculated amount below, please enter the actual date and amount paid.

	Date Due	Date Paid if After Date Due	Amount Paid		Calculated Amount	Method*
1st quarter payment	4/18/17	_____ [6]	+ _____ [7]		_____	_____
2nd quarter payment	6/15/17	_____ [8]	+ _____ [9]		_____	_____
3rd quarter payment	9/15/17	_____ [10]	+ _____ [11]		_____	_____
4th quarter payment	1/16/18	_____ [12]	+ _____ [13]		_____	_____
Additional payment		_____ [14]	+ _____ [15]		_____	_____

*Method of payment indicated in prior year
 EFW = Electronic funds withdrawal EFTPS = Electronic Federal Tax Payment System
 Voucher = Form 1040-ES estimated tax payment voucher

NOTES/QUESTIONS:

Form ID: St Pmt 2017 State Estimated Tax Payments 9

Taxpayer/Spouse/Joint (T, S, J) _____ [1]
 State postal code _____ [2]

Amount paid with 2016 return + _____ [3]
 2016 overpayment applied to '17 estimates + _____ [4]
 Treat calculated amounts as paid _____ [8]

	Date Paid	Amount Paid	Calculated Amount
1st quarter payment	_____ [9]	+ _____ [10]	_____ _____ _____ _____
2nd quarter payment	_____ [11]	+ _____ [12]	
3rd quarter payment	_____ [13]	+ _____ [14]	
4th quarter payment	_____ [15]	+ _____ [16]	
Additional payment	_____ [17]	+ _____ [18]	

2017 City Estimated Tax Payments

<p>City #1</p> <p>City name _____ [28]</p> <p>Amount paid with 2016 return + _____ [31]</p> <p>2016 overpayment applied to '17 estimates + _____ [32]</p> <p>Treat calculated amounts as paid _____ [36]</p>	<p>City #2</p> <p>City name _____ [50]</p> <p>Amount paid with 2016 return + _____ [53]</p> <p>2016 overpayment applied to '17 estimates + _____ [54]</p> <p>Treat calculated amounts as paid _____ [58]</p>
--	--

	Date Paid	Amount Paid		Date Paid	Amount Paid
1st quarter payment	_____ [37]	+ _____ [38]	1st quarter payment	_____ [59]	+ _____ [60]
2nd quarter payment	_____ [39]	+ _____ [40]	2nd quarter payment	_____ [61]	+ _____ [62]
3rd quarter payment	_____ [41]	+ _____ [42]	3rd quarter payment	_____ [63]	+ _____ [64]
4th quarter payment	_____ [43]	+ _____ [44]	4th quarter payment	_____ [65]	+ _____ [66]

Calculated Amount

1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

Calculated Amount

1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

<p>City #3</p> <p>City name _____ [72]</p> <p>Amount paid with 2016 return + _____ [75]</p> <p>2016 overpayment applied to '17 estimates + _____ [76]</p> <p>Treat calculated amounts as paid _____ [80]</p>	<p>City #4</p> <p>City name _____ [94]</p> <p>Amount paid with 2016 return + _____ [97]</p> <p>2016 overpayment applied to '17 estimates + _____ [98]</p> <p>Treat calculated amounts as paid _____ [102]</p>
--	---

	Date Paid	Amount Paid		Date Paid	Amount Paid
1st quarter payment	_____ [81]	+ _____ [82]	1st quarter payment	_____ [103]	+ _____ [104]
2nd quarter payment	_____ [83]	+ _____ [84]	2nd quarter payment	_____ [105]	+ _____ [106]
3rd quarter payment	_____ [85]	+ _____ [86]	3rd quarter payment	_____ [107]	+ _____ [108]
4th quarter payment	_____ [87]	+ _____ [88]	4th quarter payment	_____ [109]	+ _____ [110]

Calculated Amount

1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

Calculated Amount

1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

Please provide copies of all Form 1099-INT or other statements reporting interest income.
 *Whole numbers will be treated as \$ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.

T/S/J	Type Code (**See codes below)	Interest Income ^[1]	Tax Exempt Income	Penalty on Early Withdrawal	U.S. Obligations* \$ or %	Tax Exempt* \$ or %	Foreign Taxes Paid	Prior Year Information
	1	Payer						
		Amounts	+					
	2	Payer						
		Amounts	+					
	3	Payer						
		Amounts	+					
	4	Payer						
		Amounts	+					
	5	Payer						
		Amounts	+					
	6	Payer						
		Amounts	+					
	7	Payer						
		Amounts	+					
	8	Payer						
		Amounts	+					
	9	Payer						
		Amounts	+					
	10	Payer						
		Amounts	+					

**Interest Codes		
Blank = Regular Interest	4 = Accrued Interest	6 = ABP Adjustment
3 = Nominee Distribution	5 = OID Adjustment	7 = Series EE & I Bond

Please provide copies of all Form 1099-DIV or other statements reporting dividend income.

*Whole numbers will be treated as \$ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.

T S J	Type Code	(**See codes below)	Ordinary Dividends	[2] Qualified Dividends	Total Cap Gain Distributions	Section 1250	Sec. 1202	28% Capital Gain	Tax Exempt Dividends	U.S. Obligations* \$ or %	Tax Exempt* \$ or %	Foreign Taxes Paid	Prior Year Information
	1	Payer											
		Amounts +											
	2	Payer											
		Amounts +											
	3	Payer											
		Amounts +											
	4	Payer											
		Amounts +											
	5	Payer											
		Amounts +											
	6	Payer											
		Amounts +											
	7	Payer											
		Amounts +											
	8	Payer											
		Amounts +											
	9	Payer											
		Amounts +											
	10	Payer											
		Amounts +											

**Dividend Codes	
Blank = Other	3 = Nominee

Please provide all Forms 1099-R.

	2017 Information	Prior Year Information
Taxpayer/Spouse (T, S) _____	___[1]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
Name of payer _____	___[3]	
State postal code _____	___[5]	
Gross distributions received (Box 1) _____	+ _____[7]	
Taxable amount received (Box 2a) _____	+ _____[9]	
Federal withholding (Box 4) _____	+ _____[11]	
Distribution code (Box 7) _____	___[14]	
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan _____	___[16]	
State withholding (Box 12) _____	+ _____[17]	
Local withholding (Box 15) _____	+ _____[19]	
Amount of rollover _____	+ _____[21]	
Mark if distribution was due to a pre-retirement age disability _____	___[23]	

	Control Totals +	
--	------------------	--

Pension, Annuity, and IRA Distributions #2

Please provide all Forms 1099-R.

	2017 Information	Prior Year Information
Taxpayer/Spouse (T, S) _____	___[1]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
Name of payer _____	___[3]	
State postal code _____	___[5]	
Gross distributions received (Box 1) _____	+ _____[7]	
Taxable amount received (Box 2a) _____	+ _____[9]	
Federal withholding (Box 4) _____	+ _____[11]	
Distribution code (Box 7) _____	___[14]	
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan _____	___[16]	
State withholding (Box 12) _____	+ _____[17]	
Local withholding (Box 15) _____	+ _____[19]	
Amount of rollover _____	+ _____[21]	
Mark if distribution was due to a pre-retirement age disability _____	___[23]	

	Control Totals +	
--	------------------	--

Pension, Annuity, and IRA Distributions #3

Please provide all Forms 1099-R.

	2017 Information	Prior Year Information
Taxpayer/Spouse (T, S) _____	___[1]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
Name of payer _____	___[3]	
State postal code _____	___[5]	
Gross distributions received (Box 1) _____	+ _____[7]	
Taxable amount received (Box 2a) _____	+ _____[9]	
Federal withholding (Box 4) _____	+ _____[11]	
Distribution code (Box 7) _____	___[14]	
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan _____	___[16]	
State withholding (Box 12) _____	+ _____[17]	
Local withholding (Box 15) _____	+ _____[19]	
Amount of rollover _____	+ _____[21]	
Mark if distribution was due to a pre-retirement age disability _____	___[23]	

	Control Totals +	
--	------------------	--

NOTES/QUESTIONS:

Please provide a copy of Form(s) SSA-1099 or RRB-1099

Taxpayer/Spouse (T, S) _____ [1]
State postal code _____ [2]

Social Security Benefits

	2017 Information	Prior Year Information
If you received a Form SSA - 1099, please complete the following information:		
Net Benefits for 2017 (Box 3 minus Box 4) (Box 5)	+ _____ [8]	
Voluntary Federal Income Tax Withheld (Box 6)	+ _____ [10]	
From the DESCRIPTION OF AMOUNT IN BOX 3 area of Form SSA-1099:		
Medicare premiums	+ _____ [12]	
Prescription drug (Part D) premiums	+ _____ [14]	

Tier 1 Railroad Benefits

	2017 Information	Prior Year Information
If you received a Form RRB - 1099, please complete the following information:		
Net Social Security Equivalent Benefit:		
Portion of Tier 1 Paid in 2017 (Box 5)	+ _____ [22]	
Federal Income Tax Withheld (Box 10)	+ _____ [25]	
Medicare Premium Total (Box 11)	+ _____ [27]	

Additional Information About Benefits Received

Additional information about the benefits received not reported above. For example did you repay any benefits in 2017 or receive any prior year benefits in 2017. This information will be reported in the SSA-1099 DESCRIPTION OF AMOUNT IN BOX 3 area or in the RRB-1099 Boxes 7 through 9.

_____ [40]
 _____ [41]
 _____ [42]
 _____ [43]
 _____ [44]

NOTES/QUESTIONS:

Form ID: IRA	Traditional IRA	26
--------------	-----------------	----

	Taxpayer	Spouse
Are you or your spouse (if MFJ or MFS) covered by an employer's retirement plan? (Y, N)	__ [1]	__ [2]
Do you want to contribute the maximum allowable traditional IRA contribution amount? If yes, enter the applicable code: (1 = Deductible only, 2 = Both deductible and nondeductible)	__ [3]	__ [4]
Enter the total traditional IRA contributions made for use in 2017	+ _____ [5]	+ _____ [6]
	Taxpayer	Spouse
Enter the nondeductible contribution amount made for use in 2017	+ _____ [11]	+ _____ [12]
Enter the nondeductible contribution amount made in 2018 for use in 2017	+ _____ [13]	+ _____ [14]
Traditional IRA basis	+ _____ [15]	+ _____ [16]
Value of all your traditional IRA's on December 31, 2017:		
_____	+ _____ [17]	+ _____ [18]
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____

Roth IRA

Please provide copies of any 1998 through 2016 Form 8606 not prepared by this office

	Taxpayer	Spouse
Mark if you want to contribute the maximum Roth IRA contribution	__ [27]	__ [28]
Enter the total Roth IRA contributions made for use in 2017	+ _____ [29]	+ _____ [30]
Enter the total amount of Roth IRA conversion recharacterizations for 2017	+ _____ [37]	+ _____ [38]
Enter the total contribution Roth IRA basis on December 31, 2016	+ _____ [41]	+ _____ [42]
Enter the total Roth IRA contribution recharacterizations for 2017	+ _____ [43]	+ _____ [44]
Enter the Roth conversion IRA basis on December 31, 2016	+ _____ [45]	+ _____ [46]
Value of all your Roth IRA's on December 31, 2017:		
_____	+ _____ [47]	+ _____ [48]
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____

NOTES/QUESTIONS:

Preparer use only
 Principal business or profession _____

Preparer use only Carryovers	Regular		AMT	
Operating	+	[12]	+	[13]
Short-term capital	+	[14]	+	[15]
Long-term capital	+	[16]	+	[17]
28% rate capital	+	[18]	+	[19]
Section 1231 loss	+	[20]	+	[21]
Ordinary business gain/loss	+	[22]	+	[23]
Section 179	+	[24]	+	[25]

NOTES/QUESTIONS:

Preparer use only

	2017 Information	Prior Year Information	
Description _____	[2]	<div style="border: 1px solid black; height: 100%;"></div>	
Taxpayer/Spouse/Joint (T, S, J) ___[3]	State postal code _____		[5]
Physical address: Street _____	[6]		
City, state, zip code _____ [7] ___[8]_____	[9]		
Foreign country _____	[11]		
Foreign province/county _____	[12]		
Foreign postal code _____	[13]		
Type (1=Single-family, 2=Multi-family, 3=Vacation/short-term, 4=Commercial, 5=Land, 6=Royalty, 7=Self-rental, 8=Other, 9=Personal ppty) ___	[14]		
Description of other type (Type code #8) _____	[15]		
Did you make any payments in 2017 that require you to file Form(s) 1099? (Y,N) _____	[16]		—
If "Yes", did you or will you file all required Forms 1099? (Y, N) _____	[18]		—
Fair rental days (if not full year) (For types 1, 2, 4, 5, 7 and 8 only) (Use Rent-2 for type 3) _____	[20]		
Percentage of ownership if not 100% _____	[22]		
Business use percentage, if not 100% (Not vacation home percentage) _____	[24]		

Rent and Royalty Income

	2017 Information	Prior Year Information
Rents and royalties _____	+ _____ [34]	<div style="border: 1px solid black; height: 100%;"></div>
_____	_____	<div style="border: 1px solid black; height: 100%;"></div>

Rent and Royalty Expenses

	2017 Information	Percent if not 100%	Prior Year Information
Advertising _____	+ _____ [36]	_____ [37]	<div style="border: 1px solid black; height: 100%;"></div>
Auto _____	+ _____ [39]	_____ [40]	
Travel _____	+ _____ [42]	_____ [43]	
Cleaning and maintenance _____	+ _____ [45]	_____ [46]	
Commissions: _____	+ _____ [48]	_____ [50]	
_____	+ _____	_____	
Insurance: _____	+ _____ [51]	_____ [53]	
_____	+ _____	_____	
Legal and professional fees _____	+ _____ [55]	_____ [56]	
Management fees: _____	+ _____ [58]	_____ [60]	
_____	+ _____	_____	
Mortgage interest paid to banks, etc (Form 1098) _____	+ _____ [61]	_____ [63]	
_____	+ _____	_____	
Other mortgage interest _____	+ _____ [64]	_____ [66]	
Qualified mortgage insurance premiums _____	+ _____ [67]	_____ [68]	
Other interest: _____	+ _____ [70]	_____ [72]	
_____	+ _____	_____	
Repairs _____	+ _____ [73]	_____ [74]	
Supplies _____	+ _____ [76]	_____ [77]	
Taxes: _____	+ _____ [79]	_____ [81]	
_____	+ _____	_____	
Utilities _____	+ _____ [82]	_____ [83]	
Depreciation _____	+ _____ [85]	_____ [86]	
Depletion _____	+ _____ [88]	_____ [89]	
Other expenses: _____	+ _____ [91]	_____	
_____	+ _____	_____	
_____	+ _____	_____	
_____	+ _____	_____	

Preparer use only
Description _____

Refinancing Points

Preparer - Enter on Screen Rent

	2017 Information	Prior Year Information	
Refinancing points paid -			
Recipient's/Lender's name _____	[93]		
Date of refinance _____			
Total # Payments _____			
Reported on 1098 in 2017 _____	—		
Total points paid _____			
Points deemed as paid in current year (Preparer use only) _____			
Refinancing points paid -			
Recipient's/Lender's name _____			
Date of refinance _____			
Total # Payments _____			
Reported on 1098 in 2017 _____	—		
Total points paid _____			
Points deemed as paid in current year (Preparer use only) _____			
Refinancing points paid -			
Recipient's/Lender's name _____			
Date of refinance _____			
Total # Payments _____			
Reported on 1098 in 2017 _____	—		
Total points paid _____			
Points deemed as paid in current year (Preparer use only) _____			

Vacation Home Information

	2017 Information	Prior Year Information
Number of days home was used personally _____	[6]	
Number of days home was rented _____	[8]	
Number of day home owned, if not 365 _____	[10]	
Carryover of disallowed operating expenses into 2017 + _____	[20]	
Carryover of disallowed depreciation expenses into 2017 + _____	[21]	

Passive and Other Information

Preparer use only Carryovers	Regular	AMT
Operating	+ [29]	+ [30]
Short-term capital	+ [31]	+ [32]
Long-term capital	+ [33]	+ [34]
28% rate capital	+ [35]	+ [36]
Section 1231 loss	+ [37]	+ [38]
Ordinary business gain/loss	+ [39]	+ [40]
Comm revitalization	+ [41]	+ [42]
Section 179	+ [43]	+ [46]

Please provide all Forms 1099-K

Preparer use only

	2017 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J) _____	[2]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
Employer identification number _____	[3]	
Description _____	[4]	
Principal Product _____	[5]	
State postal code _____	[6]	
Accounting method (1 = Cash, 2 = Accrual) _____	[7]	
Agricultural activity code _____	[9]	
Did you "materially participate" in this business? (Y, N) _____	[12]	
Did you make any payments in 2017 that require you to file Form(s) 1099? (Y, N) _____	[14]	
If "Yes", did you or will you file all required Forms 1099? (Y, N) _____	[16]	
Mark if Schedule F net income or loss should be excluded from self-employment income _____	[18]	
Medical insurance premiums paid by this activity + _____	[22]	—
Long-term care premiums paid by this activity + _____	[26]	—

Schedule F Income

Sales Code**	Income description	2017 Information	Prior Year Information
—	_____	+ _____ [36]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	

** Sales Codes	
1 = Cash sales of items bought for resale	4 = Custom hire (machine work)
2 = Cash sales of items raised	5 = Other income
3 = Accrual sales	

	2017 Information	Prior Year Information
Cost or other basis of livestock and other items you bought for resale (Cash method) + _____	[38]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
Beginning inventory of livestock and other items (Accrual method) + _____	[40]	
Accrual cost of livestock, produce, grains, and other products purchased + _____	[42]	
Ending Inventory of livestock and other items (Accrual method) + _____	[44]	
Total cooperative distributions you received + _____	[46]	
Taxable cooperative distributions you received + _____	[48]	

	2017 Total	2017 Taxable	Prior Year Information
Agricultural program payments			<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
_____ + _____		+ _____ [51]	
_____ + _____		+ _____	

	2017 Information	Prior Year Information
CRP payments received while enrolled to receive social security or disability benefits + _____	[53]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
Commodity credit loans reported under election:		
_____ + _____	[55]	
_____ + _____	[57]	
Taxable commodity credit loans forfeited + _____	[59]	

	2017 Total	2017 Taxable	Prior Year Information
Total crop insurance proceeds you received in 2017			<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
_____ + _____		+ _____ [62]	
_____ + _____		+ _____	
Mark if electing to defer crop insurance proceeds to 2018 _____		[64]	—
Crop insurance proceeds deferred from 2016 + _____		[66]	

Preparer use only

Description

	2017 Information	Prior Year Information
Car and truck expenses	+ _____ [5]	_____
Chemicals	+ _____ [7]	_____
Conservation expenses	+ _____ [9]	_____
Carryover from prior years	+ _____ [11]	_____
Custom hire (machine work)	+ _____ [13]	_____
Depreciation	+ _____ [15]	_____
Employee benefit programs (Include Small Employer Health Ins Premiums credit)	+ _____ [17]	_____
Feed purchased	+ _____ [19]	_____
Fertilizers and lime	+ _____ [21]	_____
Freight and trucking	+ _____ [23]	_____
Gasoline, fuel, and oil	+ _____ [25]	_____
Insurance (Other than health)	+ _____ [28]	_____
_____	+ _____	_____
_____	+ _____	_____
Mortgage interest (Paid to banks, etc.)	+ _____ [30]	_____
_____	+ _____	_____
_____	+ _____	_____
Other interest	+ _____ [32]	_____
Labor hired (Less employment credit)	+ _____ [34]	_____
Pension and profit sharing	+ _____ [36]	_____
Rent - vehicles, machinery, and equipment	+ _____ [38]	_____
Rent - other	+ _____ [40]	_____
Repairs and maintenance	+ _____ [42]	_____
Seed and plants purchased	+ _____ [44]	_____
Storage and warehousing	+ _____ [46]	_____
Supplies purchased	+ _____ [48]	_____
Taxes:	+ _____ [50]	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
Utilities	+ _____ [52]	_____
Veterinary, breeding, and medicine	+ _____ [54]	_____
Other expenses:	+ _____ [56]	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
Preproductive period expenses	+ _____ [58]	_____

Preparer use only

Description _____

Preparer use only Carryovers	Regular		AMT	
Operating	+	[13]	+	[14]
Short-term capital	+	[15]	+	[16]
Long-term capital	+	[17]	+	[18]
28% rate capital	+	[19]	+	[20]
Section 1231 loss	+	[21]	+	[22]
Ordinary business gain/loss	+	[23]	+	[24]
Section 179	+	[25]	+	[26]
Excess farm loss	+	[29]	+	[30]

NOTES/QUESTIONS:

Preparer use only

	2017 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J) _____	_____[2]	
Employer identification number _____	_____[3]	
Description _____	_____[4]	
State postal code _____	_____[5]	
Did you "actively participate" in the operation of this business this year? (Y, N) _____	_____[6]	

Income Items

	2017 Information	Prior Year Information
Income from production of livestock, produce, grains, and other crops:		
_____ + _____	_____[16]	
_____ + _____	_____	
_____ + _____	_____	
_____ + _____	_____	
_____ + _____	_____	
Total cooperative distributions you received	_____[18]	
Taxable cooperative distributions you received	_____[20]	

	2017 Total	2017 Taxable	Prior Year Information
Agricultural program payments:			
_____ + _____	_____[22]	_____[23]	
_____ + _____	_____	_____	
_____ + _____	_____	_____	

	2017 Information	Prior Year Information
Commodity credit loans reported under election:		
_____ + _____	_____[25]	
_____ + _____	_____	
Total commodity credit loans forfeited	_____[27]	
Taxable commodity credit loans forfeited	_____[29]	

	2017 Total	2017 Taxable	Prior Year Information
Crop insurance proceeds you received in 2017			
_____ + _____	_____[31]	_____[32]	
_____ + _____	_____	_____	
_____ + _____	_____	_____	

	2017 Information	Prior Year Information
Mark if electing to defer crop insurance proceeds to 2018 _____	_____[34]	—
Crop insurance proceeds deferred from 2016 _____	_____[36]	
Other income:		
_____ + _____	_____[39]	
_____ + _____	_____	
_____ + _____	_____	
_____ + _____	_____	
_____ + _____	_____	
_____ + _____	_____	
_____ + _____	_____	
_____ + _____	_____	
_____ + _____	_____	
_____ + _____	_____	
_____ + _____	_____	

Please provide copies of Schedules K-1 showing income from partnerships and S-corporations.

Taxpayer/Spouse/Joint (T, S, J) __[2]
 Employer identification number _____ [6]
 Name of entity _____ [13]
 State postal code _____ [14]
 Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership) __ [17]

	Preparer use only Carryovers	Regular	AMT
Enter on K1-7	Operating	[14]	[15]
	Short-term capital	[16]	[17]
	Long-term capital	[18]	[19]
	28% rate capital	[20]	[21]
	Section 1231 loss	[22]	[23]
	Ordinary business gain/loss	[24]	[25]
	Other losses - 1040 pg.1	[26]	[27]
	Comm revitalization	[28]	[29]
	Section 179	[30]	[31]
	Excess farm loss	[32]	[33]

Taxpayer/Spouse/Joint (T, S, J) __[2]
 Employer identification number _____ [6]
 Name of entity _____ [13]
 State postal code _____ [14]
 Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership) __ [17]

	Preparer use only Carryovers	Regular	AMT
Enter on K1-7	Operating	[14]	[15]
	Short-term capital	[16]	[17]
	Long-term capital	[18]	[19]
	28% rate capital	[20]	[21]
	Section 1231 loss	[22]	[23]
	Ordinary business gain/loss	[24]	[25]
	Other losses - 1040 pg.1	[26]	[27]
	Comm revitalization	[28]	[29]
	Section 179	[30]	[31]
	Excess farm loss	[32]	[33]

Taxpayer/Spouse/Joint (T, S, J) __[2]
 Employer identification number _____ [6]
 Name of entity _____ [13]
 State postal code _____ [14]
 Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership) __ [17]

	Preparer use only Carryovers	Regular	AMT
Enter on K1-7	Operating	[14]	[15]
	Short-term capital	[16]	[17]
	Long-term capital	[18]	[19]
	28% rate capital	[20]	[21]
	Section 1231 loss	[22]	[23]
	Ordinary business gain/loss	[24]	[25]
	Other losses - 1040 pg.1	[26]	[27]
	Comm revitalization	[28]	[29]
	Section 179	[30]	[31]
	Excess farm loss	[32]	[33]

Please provide all Forms 5498-SA.

2017 Information

Prior Year Information

Taxpayer/Spouse (T, S)		_ [1]	
Name of Trustee	_____	[4]	
State postal code	_____	[2]	
Indicate type of health or medical savings account:			
HSA		_ [6]	
Archer MSA		_ [7]	
MA (Medicare Advantage) MSA		_ [9]	
Total HSA/MSA contributions made			
for 2017 (Enter all amounts contributed, including through employer cafeteria plans)	+ _____	[10]	
Indicate type of coverage under qualifying high deductible health plan (1 = Self-Only, 2 = Family)		_ [12]	
Number of months in qualified high deductible health plan in 2017		_ [13]	
Mark if you want to contribute the maximum allowable health or medical savings account contribution amount			
		_ [14]	
Total HSA/MSA contribution to be made for 2017	+ _____	[15]	
Fair market value of HSA, Archer MSA, or MA MSA (Form 5498-SA, Box 5)	+ _____	[16]	
Excess contributions for 2016 taken as constructive contributions for 2017	+ _____	[19]	
Rollover contribution (Form 5498-SA, Box 4)	+ _____	[21]	

Complete this section if your account is an Archer MSA or MA MSA

Amount of annual deductible		+ _____ [24]	
Enter compensation from employer maintaining high deductible health plan	+ _____	[27]	
If self-employed, enter earned income from business under which plan was established	+ _____	[31]	

Complete this section if your account is an HSA

Was the high deductible health plan in effect for December 2017? (Y, N) _____ [33]

NOTES/QUESTIONS:

Please provide all Forms 1099-SA.

	2017 Information	Prior Year Information
Taxpayer/Spouse (T, S)	____ [1]	<div style="border: 1px solid black; height: 100%;"></div>
Name of Trustee _____	____ [4]	
State postal code _____	____ [2]	
Gross distributions received (Box 1)	+ _____ [7]	
Earnings on excess contributions (Box 2)	+ _____ [9]	
Distribution code (Box 3)	____ [11]	
Fair Market Value on date of death (Box 4)	+ _____ [12]	
Box 5 -		
HSA	____ [13]	
Archer MSA	____ [14]	
MA MSA	____ [15]	
All distributions were used to pay unreimbursed qualified medical expenses	____ [17]	
If some distributions were used to pay for other than qualified medical expenses, enter the unreimbursed qualified medical expenses for 2017	+ _____ [19]	
Withdrawal of excess contributions by the due date of the return	+ _____ [21]	
Amount of distribution rolled over for 2017	+ _____ [23]	
If the distribution is due to the death of the account holder, enter the qualified decedent medical expenses paid by the taxpayer	+ _____ [26]	
If MA (Medicare Advantage) MSA, enter value of account on 12/31/16	+ _____ [27]	
For HSA accounts:		
Was the high deductible health plan coverage started in 2016 and in effect for the month of December 2016? (Y, N)	____ [29]	
Was the high deductible health plan coverage ended before 12/31/17? (Y, N)	____ [30]	

Long Term Care (LTC) Service and Contracts

Please provide all Forms 1099-LTC.

	2017 Information	Prior Year Information
Name of the insured chronically ill individual _____	____ [39]	<div style="border: 1px solid black; height: 100%;"></div>
Social security number of insured _____	____ [40]	
Gross long-term care (LTC) benefits paid (Box 1)	+ _____ [42]	
Accelerated death benefits paid (Box 2)	+ _____ [44]	
Check one (Box 3)		
Per diem	____ [46]	
Reimbursed amount	____ [47]	
Qualified contract (Box 4)	____ [48]	
Check, if applicable (Box 5)		
Chronically ill	____ [49]	
Terminally ill	____ [50]	
Are there other individuals who received LTC payments during 2017? (Y, N)	____ [52]	
If the insured is terminally ill, were payments received on account of terminal illness? (Y, N)	____ [53]	
Number of days during the long-term care period _____	____ [54]	
Cost incurred for qualified long-term care services during the long-term care period	+ _____ [55]	

NOTES/QUESTIONS:

Alimony Paid:

T/S/J	Recipient name	Recipient SSN	2017 Information	Prior Year Information
			+ _____ [1]	<div style="border: 1px solid black; height: 100%;"></div>
Address			+ _____	
			+ _____	
Address			+ _____	

Educator expenses:	2017 Information		Prior Year Information
	Taxpayer	Spouse	
_____	+ _____ [3]	+ _____ [4]	<div style="border: 1px solid black; height: 100%;"></div>
_____	+ _____	+ _____	
Other adjustments:			
_____	+ _____ [6]	+ _____ [7]	
_____	+ _____	+ _____	
_____	+ _____	+ _____	
_____	+ _____	+ _____	
_____	+ _____	+ _____	
_____	+ _____	+ _____	
_____	+ _____	+ _____	
_____	+ _____	+ _____	
_____	+ _____	+ _____	
_____	+ _____	+ _____	
_____	+ _____	+ _____	
_____	+ _____	+ _____	
_____	+ _____	+ _____	
_____	+ _____	+ _____	
_____	+ _____	+ _____	
_____	+ _____	+ _____	
_____	+ _____	+ _____	

NOTES/QUESTIONS:

Complete this section if you paid interest on a qualified student loan in 2017 for qualified higher education expenses for you, your spouse, or a person who was your dependent when you took out the loan. Please provide all copies of Form 1098-E. Form 1098-E from the lender reports interest received in 2017. The amounts reported by the lender may differ from the amounts you actually paid.

	Qualified loan interest recipient/lender		2017 Interest Paid		Prior Year Information
TS	_____	+	_____	[1]	_____ _____ _____
—	_____	+	_____		
—	_____	+	_____		
—	_____	+	_____		

NOTES/QUESTIONS:

Please provide all copies of Form 1098-T.

Educational institutions use Form 1098-T to report qualified education expenses. An eligible educational institution is any college, university, or vocational school eligible to participate in a student aid program administered by the U.S. Department of Education.

Preparer - Enter on Screen Educate2

Taxpayer/Spouse (T, S) _____ [8]
 Education code (1=American Opportunity Credit, 2=Lifetime Learning Credit, 3=Tuition and Fees Deduction) _____
 Student's social security number _____
 Student's first name _____
 Student's last name _____

Institution Information

Enter information from each institution on a separate page, including the complete address and federal identification number of the institution.

Institution's federal identification number _____ [8]
 Institution's name _____
 Institution's street address _____
 Institution's city, state, zip code _____

Tuition Paid and Related Information

Amounts reported in Box 1 or Box 2 may not reflect the actual amount paid for the student during 2017.
 Enter the amount actually paid during 2017.

	2017 Information	Prior Year Information
Tuition paid (Enter only the amount actually paid) (Box 1)	+ _____ [8]	_____
Tuition billed (Enter only the amount actually paid) (Box 2)	_____	
Educational institution changed its reporting method for 2017 (Box 3)	_____	
Adjustments made for a prior year (Box 4)	_____	
Scholarships or grants (Box 5)	_____	
Adjustments to scholarships or grants for a prior year (Box 6)	_____	
Box 1 or 2 includes amounts for an academic period beginning January - March 2018 (Box 7)	_____	
At least half-time student (Box 8)	_____	
Graduate student (Box 9) (1=Yes, 2=No)	_____	
Insurance contract reimbursement/refund (Box 10)	_____	
Non-Institution expenses (Books and fees not paid directly to the educational institution)	_____	
American Opportunity Tax Credit (AOTC) disqualifier	_____	
1 = Not pursuing degree, 2 = Not enrolled at least half-time, 3 = Felony drug conviction, 4 = 4 yrs post-secondary education before 2017		

NOTES/QUESTIONS:

Form ID: A-1 Schedule A - Medical and Dental Expenses 55

T/S/J	2017 Information	Prior Year Information
Medical and dental expenses, such as: Doctors, Dentists, Hospital/nursing home fees, Lab/x-ray fees, Medical supplies, Hearing aids, Eyeglasses/contact lenses, and Insurance reimbursements received		
__ [1] _____	+ _____ [2]	_____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____
____	+	
____	+	
____	+	
____	+	
____	+	
Medical insurance premiums you paid: <small>Do not include pre-tax amounts paid by an employer-sponsored plan or amounts entered elsewhere, such as amounts paid for your self-employed business (Sch C, Sch F, Sch K-1, etc.) or Medicare premiums entered on Form SSA-1099.</small>		
__ [4] _____	+ _____ [5]	
____	+	
____	+	
____	+	
Long-term care premiums you paid: <small>Do not include pre-tax amounts paid by an employer-sponsored plan or amounts entered elsewhere, such as amounts paid for your self-employed business (Sch C, Sch F, Sch K-1, etc.)</small>		
__ [7] _____	+ _____ [8]	
____	+	
Prescription medicines and drugs:		
__ [10] _____	+ _____ [11]	
____	+	
____	+	
__ [13] Miles driven for medical items	_____ [14]	

Schedule A - Tax Expenses

T/S/J	2017 Information	Prior Year Information
State/local income taxes paid:		
__ [18] _____	+ _____ [19]	_____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____
____	+	
____	+	
____	+	
____	+	
2016 state and local income taxes paid in 2017:		
__ [21] _____	+ _____ [22]	
____	+	
____	+	
Real estate taxes paid:		
__ [24] _____	+ _____ [25]	
____	+	
____	+	
Personal property taxes:		
__ [27] _____	+ _____ [28]	
____	+	
Other taxes, such as: foreign taxes and State disability taxes		
__ [30] _____	+ _____ [31]	
____	+	
____	+	
Sales tax paid on major purchases:		
__ [36] _____	+ _____ [37]	
____	+	
Sales tax paid on actual expenses:		
__ [39] _____	+ _____ [40]	
____	+	
____	+	

T/S/J	Home mortgage interest: From Form 1098	2017 Interest Paid ^{2]}	2017 Points Paid	Type*	2017 Mortgage Ins. Premiums Paid	Prior Year Information
[1]	_____	+	+	+	+	
—	_____	+	+	+	+	
—	_____	+	+	+	+	
—	_____	+	+	+	+	
—	_____	+	+	+	+	
—	_____	+	+	+	+	
—	_____	+	+	+	+	
—	_____	+	+	+	+	

***Mortgage Types**

Blank = Used to buy, build or improve main/qualified second home
 1 = Not used to buy, build, improve home or investment
 2 = Used to pay off previous mortgage
 3 = Used to pay off previous mortgage, excess proceeds invested
 4 = Taken out before 7/1/82 and secured by home used by taxpayer

T/S/J	Payee's Name Other, such as: Home mortgage interest paid to individuals	SSN or EIN	2017 Information	Prior Year Information
[4]	_____	_____	+	[5]
Address _____				
City, state and zip code _____				
_____			+	
Address _____				
City, state and zip code _____				
_____			+	
Address _____				
City, state and zip code _____				

T/S/J Name and address of other person who received Form 1098 for jointly liable mortgage interest you paid -

— Payer's/Borrower's name _____ [7]
 Street Address _____
 City/State/Zip code _____

Refinancing Points paid in 2017 -
 Taxpayer/Spouse/Joint (T, S, J) _____ [11]
 Recipient/Lender name _____
 Total points paid at time of refinance _____
 Percentage of principal exceeding original mortgage (For AMT adjustment) _____
 Points deemed as paid in 2017 (Preparer use only) + _____ [12]
 Date of refinance _____
 Term of new loan (in months) _____
 Reported on Form 1098 in 2017 _____
 Taxpayer/Spouse/Joint (T, S, J) _____
 Recipient/Lender name _____
 Total points paid at time of refinance _____
 Percentage of principal exceeding original mortgage (For AMT adjustment) _____
 Points deemed as paid in 2017 (Preparer use only) + _____
 Date of refinance _____
 Term of new loan (in months) _____
 Reported on Form 1098 in 2017 _____

T/S/J	Investment interest expense, other than on Schedule(s) K-1:	2017 Information	Prior Year Information
[15]	_____	+	[16]
—	_____	+	
—	_____	+	
—	_____	+	
—	_____	+	
—	_____	+	
—	_____	+	
—	_____	+	

Form ID: A-3	Charitable Contributions	57
--------------	---------------------------------	----

		Qualified Disaster Relief**	2017 Information	Prior Year Information										
T/S/J	Contributions made by cash or check (including out-of-pocket expenses)													
	Any contribution of cash, a check or other monetary gift requires a written record of the contribution in order to claim the contribution on your return. Individual contributions of \$250 or more must be accompanied by a written acknowledgment from the charity to claim the contribution on your return.													
[2]	_____	+	_____ [3]	<table border="1" style="width:100%; height: 100%; border-collapse: collapse;"> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> </table>	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

—	_____	+	_____											
—	_____	+	_____											
—	_____	+	_____											
—	_____	+	_____											
—	_____	+	_____											
—	_____	+	_____											
—	_____	+	_____											
—	_____	+	_____											
[5]	Volunteer miles driven		_____ [6]											
	Noncash items, such as: Goodwill/Salvation Army/clothing/household goods													
[8]	_____	+	_____ [9]											
—	_____	+	_____											
—	_____	+	_____											
—	_____	+	_____											
—	_____	+	_____											
—	_____	+	_____											

**Mark if qualifying disaster relief contribution made between 8/23/2017 and 12/31/2017

Miscellaneous Deductions

			2017 Information	Prior Year Information										
T/S/J	Unreimbursed expenses, such as: Uniforms, Professional dues, Business publications, Job seeking expenses, Educational expenses													
[11]	_____	+	_____ [12]	<table border="1" style="width:100%; height: 100%; border-collapse: collapse;"> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> </table>	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

—	_____	+	_____											
—	_____	+	_____											
—	_____	+	_____											
—	_____	+	_____											
—	_____	+	_____											
—	_____	+	_____											
—	_____	+	_____											
—	_____	+	_____											
[14]	Union dues, other than amounts reported on Form W-2:		_____ [15]											
—	_____	+	_____											
[17]	Tax preparation fees		_____ [18]											
—	_____	+	_____											
[20]	Other expenses, subject to 2% AGI limit, such as: Legal/accounting/custodial fees		_____ [21]											
—	_____	+	_____											
—	_____	+	_____											
—	_____	+	_____											
[23]	Safe deposit box rental		_____ [24]											
—	_____	+	_____											
[26]	Investment expenses, other than on Schedule(s) K-1 or Form(s) 1099-DIV/INT:		_____ [27]											
—	_____	+	_____											
—	_____	+	_____											
—	_____	+	_____											
[30]	Other expenses, not subject to the 2% AGI limit:		_____ [31]											
—	_____	+	_____											
—	_____	+	_____											
—	_____	+	_____											
[33]	Gambling losses: (Enter only if you have gambling income)		_____ [34]											
—	_____	+	_____											

Child and Dependent Care Expenses

Please enter all amounts paid in 2017 for the care of one or more dependents which enables you to work or attend school.
Enter the amount of dependent care expenses paid for each qualifying dependent on Organizer Form ID:1040

	Taxpayer	Spouse
2016 employer-provided dependent care benefits used during 2017 grace period	+ _____ [3]	+ _____ [4]
Employer-provided dependent care benefits that were forfeited in 2017	+ _____ [5]	+ _____ [6]
Total qualified expenses incurred in 2017		_____ [9]
Were you or your spouse a full time student or disabled? (Yes or No)	_____ [10]	_____ [11]
Did you provide care expenses for any person(s) who is not listed as a dependent? (Y, N)		_____ [12]

Business name of provider _____
 First and last name of provider _____
 Street address of provider _____
 City, State and Zip code _____
 Social security number OR Employer identification number _____
 Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN) _____
 Amount paid to care provider in 2017 _____ + _____ [7]
 Foreign province or state of provider _____
 Foreign country and Foreign postal code of provider _____

Business name of provider _____
 First and last name of provider _____
 Street address of provider _____
 City, State and Zip code _____
 Social security number OR Employer identification number _____
 Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN) _____
 Amount paid to care provider in 2017 _____ + _____
 Foreign province or state of provider _____
 Foreign country and Foreign postal code of provider _____

Business name of provider _____
 First and last name of provider _____
 Street address of provider _____
 City, State and Zip code _____
 Social security number OR Employer identification number _____
 Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN) _____
 Amount paid to care provider in 2017 _____ + _____
 Foreign province or state of provider _____
 Foreign country and Foreign postal code of provider _____

Business name of provider _____
 First and last name of provider _____
 Street address of provider _____
 City, State and Zip code _____
 Social security number OR Employer identification number _____
 Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN) _____
 Amount paid to care provider in 2017 _____ + _____
 Foreign province or state of provider _____
 Foreign country and Foreign postal code of provider _____

Business name of provider _____
 First and last name of provider _____
 Street address of provider _____
 City, State and Zip code _____
 Social security number OR Employer identification number _____
 Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN) _____
 Amount paid to care provider in 2017 _____ + _____
 Foreign province or state of provider _____
 Foreign country and Foreign postal code of provider _____