

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.

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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.

Personal Information

Filing (Marital) status code (1 = Single, 2 = Married filing joint, 3 = Married filing separate, 4 = Head of household, 5 = Qualifying widow(er)) _____

Mark if you were married but living apart all year _____

Mark if your nonresident alien spouse does not have an Individual Taxpayer Identification Number (ITIN) _____

	Taxpayer	Spouse
Social security number	_____	_____
First name	_____	_____
Last name	_____	_____
Occupation	_____	_____
Designate \$3.00 to the presidential election campaign fund? (1 = Yes, 2 = No, 3 = Blank)	_____	_____
Mark if dependent of another taxpayer	_____	_____
Taxpayer with income less than 1/2 support age 18 or 19 - 23 full-time student? (Y, N)	_____	_____
Mark if legally blind	_____	_____
Date of birth	_____	_____
Date of death	_____	_____
Work/daytime telephone number/ext number	_____	_____
Home/evening telephone number	_____	_____
Do you authorize us to discuss your return with the IRS? (Y, N)	_____	_____

Present Mailing Address

Address _____

Apartment number _____

City, state postal code, zip code _____

Foreign country name _____

Foreign phone number _____

In care of addressee _____

Dependent Information

(*Please refer to Dependent Codes located at the bottom)

First Name	Last Name	Date of Birth	Social Security No.	Relationship	Months in home	***Dep Codes * **	Care expenses paid for dependent

Name of child who lived with you but is not your dependent _____

Social security number of qualifying person _____

Dependent Codes	
*Basic 1 = Child who lived with you 2 = Child who did not live with you due to divorce/separation 3 = Other dependent 5 = Qualifying child for Earned Income Credit only 6 = Children who lived with you, but do not qualify for Earned Income Credit 7 = Children who lived with you, but do not qualify for Child Tax Credit 8 = Children who lived with you, but do not qualify for Child Tax Credit or Earned Income Credit	**Other 1 = Student (Age 19 - 23) 2 = Disabled dependent 3 = Dependent who is both a student and disabled
***Months 77 = Reported on odd year return 88 = Reported on even year return 99 = Not reported on return	

Preparer - Enter on Screen Contact

Tax matters person (Indicate which spouse handles tax return related questions) (Blank = Both, T = Taxpayer, S = Spouse) _____

Taxpayer email address _____

Spouse email address _____

Taxpayer

Spouse

Fax telephone number _____

Mobile telephone number _____

Mobile telephone #2 number _____

Pager number _____

Other: _____

Telephone number _____

Extension _____

Preferred method of contact: _____

Email, Work phone, Home phone, Fax, Mobile phone, Mobile phone #2 _____

NOTES/QUESTIONS:

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. ___

Primary account:

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

Secondary account #1:

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

Secondary account #2:

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

*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 _____ or Percent (xxx.xx) _____

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 _____ or Percent (xxx.xx) _____
 Owner's name (First Last) _____
 Co-owner or beneficiary (First Last) _____
 Mark if the name listed above is a beneficiary _____

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 _____ or Percent (xxx.xx) _____
 Owner's name (First Last) _____
 Co-owner or beneficiary (First Last) _____
 Mark if the name listed above is a beneficiary _____

Please provide copies of all Forms 1042-S, SSA-1042S, 8288A, and 8805

Country where you are a citizen or national during the tax year _____

Foreign address to use for refund check, if different than mailing address entered on Screen 1040:

Foreign address _____

Foreign city _____

Foreign country name _____

Foreign province or county _____

Foreign postal code _____

Country of permanent residence for tax purposes _____

Scholarships and fellowship grants received during tax year: _____

U.S. real property interests that were disposed at a gain during the tax year _____

Income Not Effectively Connected with a U.S. Trade or Business

Payer / Description	Tax Rate	Income	U.S. Fed Withholding
Dividends paid by U.S. corporations:			
_____	_____	_____	_____
Dividends paid by foreign corporations:			
_____	_____	_____	_____
Interest received on mortgages:			
_____	_____	_____	_____
Interest paid by foreign corporations:			
_____	_____	_____	_____
Other Interest received:			
_____	_____	_____	_____
Industrial royalties (patents, trademarks, etc.)			
_____	_____	_____	_____
Motion picture or T.V. copyright royalties			
_____	_____	_____	_____
Other royalties (copyrights, recording, publishing, etc.)			
_____	_____	_____	_____
Real property income and natural resources royalties			
_____	_____	_____	_____
Pensions and annuities:			
_____	_____	_____	_____
Gambling - Residents of Canada only:			
Winnings _____ Losses _____			
Gambling - Residents of countries other than Canada:			
_____	_____	_____	_____
Other income:			
_____	_____	_____	_____

Capital Gains & Losses Not Effectively Connected with a U.S. Trade or Business

Description of Property	Date Acquired	Date Sold	Sales Price	Cost/Basis	U.S. Fed W/H
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Control Totals

Have you ever applied to be a green card holder of the United States (Y, N) _____

Were you ever a U.S. citizen? (Y, N) _____

Were you ever a green card holder of the U.S.? (Y, N) _____

If you had a visa on December 31, 2017, enter your visa type _____

If you did not have a visa, enter your U.S. immigration status on December 31, 2017 _____

Date you first entered U.S. _____

If you've ever changed your visa types (nonimmigrant status) or U.S. immigration status:
 Date of visa change _____
 Nature of your visa change _____

If you are a resident of Canada or Mexico AND commute to work in the U.S. at frequent intervals, enter 1 for Canada or 2 for Mexico _____

List all dates you entered and left the United States during 2017 (NA for residents of Canada or Mexico):

Date Entered	Date Left	Date Entered	Date Left	Date Entered	Date Left	Date Entered	Date Left
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

Enter the total number of days (including vacation, nonworkdays, partial work days) you were present in the U.S. during:
 2014 _____
 2015 _____
 2016 _____

Latest U.S. income tax return you filed prior to 2017:
 Year filed _____
 Type of return filed _____

Did you receive total compensation of \$250,000 or more during 2017 (Y, N) _____
 If "Yes" did you use an alternative method to determine the source of the compensation? (Y, N) _____
 If you used an alternative method to determine the source of the compensation, provide details in the space below.

Complete the following if claiming exemption from income tax under a U.S. income tax treaty

Country Name	Tax Treaty Article	Months Claimed in 2016	Exempt Income in 2017
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Were you subject to tax in a foreign country on any of the income entered in the "Exempt income 2017" column (Y, N) _____
 Are you claiming treaty benefits pursuant to a Competent Authority determination. If yes, attach a copy of the determination (Y, N) _____

If you paid any amounts related to your 2017 nonresident return (i.e. estimates, extension, Form 1040-C), enter the Internal Revenue Service office that received the payments _____

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 _____

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

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 _____

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) _____

Spouse self-selected Personal Identification Number (PIN) _____

NOTES/QUESTIONS:

Taxpayer -

Form of identification (1 = Driver's license, 2 = State issued identification card)

Identification number

Issue date

Expiration date (mm/dd/yyyy)

Location of issuance (State issued only)

Document number (New York only)

Spouse -

Form of identification (1 = Driver's license, 2 = State issued identification card)

Identification number

Issue date

Expiration date (mm/dd/yyyy)

Location of issuance (State issued only)

Document number (New York only)

NOTES/QUESTIONS:

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

- Refunded _____
- Applied to 2018 estimated tax liability _____

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

If yes, please explain any differences:

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

If yes, please explain any differences:

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

If yes, please explain any differences:

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

If yes, please explain any differences:

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

2017 Federal Estimated Tax Payments

2016 overpayment applied to 2017 estimates _____

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

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	_____	_____	_____	_____
2nd quarter payment	6/15/17	_____	_____	_____	_____
3rd quarter payment	9/15/17	_____	_____	_____	_____
4th quarter payment	1/16/18	_____	_____	_____	_____
Additional payment		_____	_____	_____	_____

*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:

Taxpayer/Spouse/Joint (T, S, J) _____
 State postal code _____

Amount paid with 2016 return _____
 2016 overpayment applied to '17 estimates _____
 Treat calculated amounts as paid _____

	Date Paid	Amount Paid	Calculated Amount
1st quarter payment	_____	_____	_____
2nd quarter payment	_____	_____	_____
3rd quarter payment	_____	_____	_____
4th quarter payment	_____	_____	_____
Additional payment	_____	_____	_____

2017 City Estimated Tax Payments

City #1
 City name _____
 Amount paid with 2016 return _____
 2016 overpayment applied to '17 estimates _____
 Treat calculated amounts as paid _____

City #2
 City name _____
 Amount paid with 2016 return _____
 2016 overpayment applied to '17 estimates _____
 Treat calculated amounts as paid _____

	Date Paid	Amount Paid
1st quarter payment	_____	_____
2nd quarter payment	_____	_____
3rd quarter payment	_____	_____
4th quarter payment	_____	_____

	Date Paid	Amount Paid
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	_____

Calculated Amount

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

City #3
 City name _____
 Amount paid with 2016 return _____
 2016 overpayment applied to '17 estimates _____
 Treat calculated amounts as paid _____

City #4
 City name _____
 Amount paid with 2016 return _____
 2016 overpayment applied to '17 estimates _____
 Treat calculated amounts as paid _____

	Date Paid	Amount Paid
1st quarter payment	_____	_____
2nd quarter payment	_____	_____
3rd quarter payment	_____	_____
4th quarter payment	_____	_____

	Date Paid	Amount Paid
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	_____

Calculated Amount

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

Interest Income

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	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

Dividend Income

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	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

Seller Financed Mortgage Interest Income

Please provide copies of all Form 1099-INT or other statements reporting interest income.

2017 Information

Prior Year Information

Taxpayer/Spouse/Joint (T, S, J) _____

Payer's name _____

Payer's street address _____

Payer's city, state, zip code _____

Payer's social security number _____

Interest income amount received in 2017 _____

Taxpayer/Spouse/Joint (T, S, J) _____

Payer's name _____

Payer's street address _____

Payer's city, state, zip code _____

Payer's social security number _____

Interest income amount received in 2017 _____

Taxpayer/Spouse/Joint (T, S, J) _____

Payer's name _____

Payer's street address _____

Payer's city, state, zip code _____

Payer's social security number _____

Interest income amount received in 2017 _____

Taxpayer/Spouse/Joint (T, S, J) _____

Payer's name _____

Payer's street address _____

Payer's city, state, zip code _____

Payer's social security number _____

Interest income amount received in 2017 _____

Taxpayer/Spouse/Joint (T, S, J) _____

Payer's name _____

Payer's street address _____

Payer's city, state, zip code _____

Payer's social security number _____

Interest income amount received in 2017 _____

Taxpayer/Spouse/Joint (T, S, J) _____

Payer's name _____

Payer's street address _____

Payer's city, state, zip code _____

Payer's social security number _____

Interest income amount received in 2017 _____

Taxpayer/Spouse/Joint (T, S, J) _____

Payer's name _____

Payer's street address _____

Payer's city, state, zip code _____

Payer's social security number _____

Interest income amount received in 2017 _____

Taxpayer/Spouse/Joint (T, S, J) _____

Payer's name _____

Payer's street address _____

Payer's city, state, zip code _____

Payer's social security number _____

Interest income amount received in 2017 _____

Please provide all Schedules Q.

Taxpayer/Spouse/Joint (T, S, J) _____
Name of activity _____
Employer identification number _____
State postal code _____

Taxpayer/Spouse/Joint (T, S, J) _____
Name of activity _____
Employer identification number _____
State postal code _____

NOTES/QUESTIONS:

Consolidated Broker Statement

Please provide copies of the Consolidated Broker Statement - Include all pages and all inserts

Preparer use only

T/S/J _____ Employer identification number _____
 Broker Name _____ Margin interest _____
 Account number _____ Investment management/advisory fees _____

*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.

Type Code	1099-INT	Interest Income	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							

Type Code	1099-DIV	Ordinary Dividends	Qualified Dividends	Total Cap Gain Distr	Section 1250	Sec. 1202	28% Capital Gain	Tax Exempt Dividends	US Obligations* \$ or %	Tax Exempt* \$ or %	Foreign Tax Paid	Prior Year Information
	1 Payer											
	Amounts											
	2 Payer											
	Amounts											
	3 Payer											
	Amounts											
	4 Payer											
	Amounts											
	5 Payer											
	Amounts											

Form 1099-B Proceeds From Broker and Barter Exchange Transactions

Description of Property	Date Acquired	Date Sold	Gross Sales Price (Less expenses of sale)	Cost or Other Basis
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Description of Account - Aggregate profit/-loss on contracts		-Loss/Gain Entire Yr	1099-B Adjustment	Net 1256 loss carryback
_____	_____	_____	_____	_____

Miscellaneous Income #1

Please provide all Forms 1099-MISC

Preparer use only

Name of payer _____
 Taxpayer/Spouse/Joint (T, S, J) _____
 State postal code _____
 Rents (Box 1) _____
 Royalties (Box 2) _____
 Other income (Box 3) _____
 Federal income tax withheld (Box 4) _____
 Fishing boat proceeds (Box 5) _____
 Medical and health care payments (Box 6) _____
 Nonemployee compensation (Box 7) _____
 Substitute payments in lieu of dividends or interest (Box 8) _____
 Payer made direct sales of \$5,000 or more of consumer products (Box 9) _____
 Crop Insurance proceeds (Box 10) _____
 Excess golden parachute payments (Box 13) _____
 Gross proceeds paid to an attorney (Box 14) _____
 Section 409A deferrals (Box 15a) _____
 Section 409A income (Box 15b) _____
 State tax withheld (Box 16) _____
 State/Payer's state no. (Box 17) _____
 State income (Box 18) _____

Control Totals

Miscellaneous Income #2

Please provide all Forms 1099-MISC

Preparer use only

Name of payer _____
 Taxpayer/Spouse/Joint (T, S, J) _____
 State postal code _____
 Rents (Box 1) _____
 Royalties (Box 2) _____
 Other income (Box 3) _____
 Federal income tax withheld (Box 4) _____
 Fishing boat proceeds (Box 5) _____
 Medical and health care payments (Box 6) _____
 Nonemployee compensation (Box 7) _____
 Substitute payments in lieu of dividends or interest (Box 8) _____
 Payer made direct sales of \$5,000 or more of consumer products (Box 9) _____
 Crop Insurance proceeds (Box 10) _____
 Excess golden parachute payments (Box 13) _____
 Gross proceeds paid to an attorney (Box 14) _____
 Section 409A deferrals (Box 15a) _____
 Section 409A income (Box 15b) _____
 State tax withheld (Box 16) _____
 State/Payer's state no. (Box 17) _____
 State income (Box 18) _____

Control Totals

NOTES/QUESTIONS:

Please provide all Forms 1099-PATR

		Preparer use only
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Name of payer		
Taxpayer/Spouse/Joint (T, S, J)		—
State postal code		—
Patron dividends (Box 1)		_____
Nonpatronage distributions (Box 2)		_____
Per-unit retain allocations (Box 3)		_____
Federal income tax withheld (Box 4)		_____
Redemption of nonqualified notices and retain allocations (Box 5)		_____
Domestic production activities deductions (Box 6)		_____
Investment credit (Box 7)		_____
Work opportunity credit (Box 8)		_____
Patron's AMT adjustments (Box 9)		_____
Other credits and deductions #1 (Box 10)		_____
Other credits and deductions #2 (Box 10)		_____

	Control Totals	
--	----------------	--

Please provide all Forms 1099-PATR

		Preparer use only
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Name of payer		
Taxpayer/Spouse/Joint (T, S, J)		—
State postal code		—
Patron dividends (Box 1)		_____
Nonpatronage distributions (Box 2)		_____
Per-unit retain allocations (Box 3)		_____
Federal income tax withheld (Box 4)		_____
Redemption of nonqualified notices and retain allocations (Box 5)		_____
Domestic production activities deductions (Box 6)		_____
Investment credit (Box 7)		_____
Work opportunity credit (Box 8)		_____
Patron's AMT adjustments (Box 9)		_____
Other credits and deductions #1 (Box 10)		_____
Other credits and deductions #2 (Box 10)		_____

	Control Totals	
--	----------------	--

NOTES/QUESTIONS:

Cancellation of Debt, Abandonment #1

Please provide all Forms 1099-C and 1099-A

Preparer use only

Enter a brief description of the debt (i.e. type of debt) and why it was canceled to assist in determining tax ramifications:

Taxpayer/Spouse/Joint (T, S, J) _____

State postal code _____

Name of creditor/lender _____

Form 1099-C Cancellation of Debt

Date of identifiable event (Box 1) _____

Amount of debt discharged (Box 2) _____

Interest if included in box 2 (Box 3) _____

Personally liable for repayment of the debt (if checked) (Box 5) _____

Identifiable event code (Box 6) (A = Bankruptcy, B = Other judicial debt relief, C = Statue of limitations, D = Foreclosure, E = Debt relief from probate

F = By agreement, G = Decision to discontinue collection, H = Expiration of nonpayment testing period, I = Other) _____

Fair market value of property (Box 7) _____

Form 1099-A Acquisition or Abandonment of Secured Property

Date of lender's acquisition or knowledge of abandonment (Box 1) _____

Balance of principal outstanding (Box 2) _____

Fair market value of property (Box 4) _____

Personally liable for repayment of the debt (if checked) (Box 5) _____

Control Totals

Cancellation of Debt, Abandonment #2

Please provide all Forms 1099-C and 1099-A

Preparer use only

Enter a brief description of the debt (i.e. type of debt) and why it was canceled to assist in determining tax ramifications:

Taxpayer/Spouse/Joint (T, S, J) _____

State postal code _____

Name of creditor _____

Form 1099-C Cancellation of Debt

Date of identifiable event (Box 1) _____

Amount of debt discharged (Box 2) _____

Interest if included in box 2 (Box 3) _____

Personally liable for repayment of the debt (if checked) (Box 5) _____

Identifiable event code (Box 6) (A = Bankruptcy, B = Other judicial debt relief, C = Statue of limitations, D = Foreclosure, E = Debt relief from probate

F = By agreement, G = Decision to discontinue collection, H = Expiration of nonpayment testing period, I = Other) _____

Fair market value of property (Box 7) _____

Form 1099-A Acquisition or Abandonment of Secured Property

Date of lender's acquisition or knowledge of abandonment (Box 1) _____

Balance of principal outstanding (Box 2) _____

Fair market value of property (Box 4) _____

Personally liable for repayment of the debt (if checked) (Box 5) _____

Control Totals

NOTES/QUESTIONS:

Please provide all copies of Form 2439

	2017 Information	Prior Year Information
Taxpayer/Spouse (T, S)	—	<div style="border: 1px solid black; height: 100%;"></div>
RIC or REIT name	_____	
State postal code	_____	
Total undistributed long-term capital gains (Box 1a)	_____	
Unrecaptured section 1250 gain (Box 1b)	_____	
Section 1202 gain (Box 1c)	_____	
If your interest in the RIC/REIT was held on the date the RIC/REIT acquired the Section 1202 stock and continuously until sold indicate the appropriate section 1202 code (1 = 50% exclusion, 2 = 60% exclusion within an empowerment zone, 3 = 75% exclusion, 4 = 100% exclusion)		
Collectibles (28%) gain (Box 1d)	_____	
Tax paid by the RIC or REIT on the box 1a gains (Box 2)	_____	
Control Totals		

Shareholders Undistributed Capital Gain #2

Please provide all copies of Form 2439

	2017 Information	Prior Year Information
Taxpayer/Spouse (T, S)	—	<div style="border: 1px solid black; height: 100%;"></div>
RIC or REIT name	_____	
State postal code	_____	
Total undistributed long-term capital gains (Box 1a)	_____	
Unrecaptured section 1250 gain (Box 1b)	_____	
Section 1202 gain (Box 1c)	_____	
If your interest in the RIC/REIT was held on the date the RIC/REIT acquired the Section 1202 stock and continuously until sold indicate the appropriate section 1202 code (1 = 50% exclusion, 2 = 60% exclusion within an empowerment zone, 3 = 75% exclusion, 4 = 100% exclusion)		
Collectibles (28%) gain (Box 1d)	_____	
Tax paid by the RIC or REIT on the box 1a gains (Box 2)	_____	
Control Totals		

Shareholders Undistributed Capital Gain #3

Please provide all copies of Form 2439

	2017 Information	Prior Year Information
Taxpayer/Spouse (T, S)	—	<div style="border: 1px solid black; height: 100%;"></div>
RIC or REIT name	_____	
State postal code	_____	
Total undistributed long-term capital gains (Box 1a)	_____	
Unrecaptured section 1250 gain (Box 1b)	_____	
Section 1202 gain (Box 1c)	_____	
If your interest in the RIC/REIT was held on the date the RIC/REIT acquired the Section 1202 stock and continuously until sold indicate the appropriate section 1202 code (1 = 50% exclusion, 2 = 60% exclusion within an empowerment zone, 3 = 75% exclusion, 4 = 100% exclusion)		
Collectibles (28%) gain (Box 1d)	_____	
Tax paid by the RIC or REIT on the box 1a gains (Box 2)	_____	
Control Totals		

NOTES/QUESTIONS:

Subject to self-employment tax code (T = Taxpayer, S = Spouse, J = Joint) _____

Mark to indicate all the elections that apply:

Mixed straddle election _____

Mixed straddle account election (Attach explanation) _____

Straddle-by-straddle identification election _____

Net section 1256 contracts loss election _____

Section 1256 Contracts Marked to Market

Identification of Account A _____

Identification of Account B _____

Identification of Account C _____

	Account A	Account B	Account C
Taxpayer/Spouse/Joint (T, S, J)	_____	_____	_____
State postal code	_____	_____	_____
-Loss/Gain for entire year (Enter losses as a negative amount)	_____	_____	_____
Total Form 1099-B adjustment	_____	_____	_____
Total net 1256 contract loss carryback	_____	_____	_____

Gains and Losses From Straddles

Description of Property A _____

Name of Contract _____

Component _____ Type _____

Description of Property B _____

Name of Contract _____

Component _____ Type _____

Description of Property C _____

Name of Contract _____

Component _____ Type _____

Description of Property D _____

Name of Contract _____

Component _____ Type _____

	Property A	Property B	Property C	Property D
Taxpayer/Spouse/Joint (T, S, J)	_____	_____	_____	_____
State postal code	_____	_____	_____	_____
Date entered into/acquired	_____	_____	_____	_____
Date closed out/sold	_____	_____	_____	_____
Gross sales price	_____	_____	_____	_____
Cost plus expense of sale	_____	_____	_____	_____
Unrecognized gain	_____	_____	_____	_____

Unrecognized Gain From Positions Held on Last Business Day

Description of Property A _____

Description of Property B _____

Description of Property C _____

	Property A	Property B	Property C
Date acquired	_____	_____	_____
Fair market value on last business day	_____	_____	_____
Cost or other basis as adjusted	_____	_____	_____

Enter foreign employer compensation that was not reported to you on Form 1099-MISC.

Taxpayer/Spouse (T/S) _____
State _____

Foreign Employer Identification (ID) number _____
Foreign Employer Name _____
Foreign Employer Address _____
Foreign street address _____
Foreign city _____
Foreign country code/name _____
Foreign province/county _____
Foreign postal code _____
Name "in care of" _____

Employee address, if different from home address on Organizer Form ID: 1040
Enter U.S. (street, city, state, zip code) OR foreign (street, city, country, province, postal code)
Street address _____
City, state, zip code _____
Foreign country code/name _____
Foreign province/county _____
Foreign postal code _____

Income

	2017 Information	Prior Year Information
Foreign employer compensation	_____	<input type="text"/>

NOTES/QUESTIONS:

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

Taxpayer/Spouse (T, S)

State postal code

—
—

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)	_____	
Voluntary Federal Income Tax Withheld (Box 6)	_____	
From the DESCRIPTION OF AMOUNT IN BOX 3 area of Form SSA-1099:		
Medicare premiums	_____	
Prescription drug (Part D) premiums	_____	

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)	_____	
Federal Income Tax Withheld (Box 10)	_____	
Medicare Premium Total (Box 11)	_____	

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.

NOTES/QUESTIONS:

	Taxpayer	Spouse
Are you or your spouse (if MFJ or MFS) covered by an employer's retirement plan? (Y, N)	—	—
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)	—	—
Enter the total traditional IRA contributions made for use in 2017	_____	_____
	Taxpayer	Spouse
Enter the nondeductible contribution amount made for use in 2017	_____	_____
Enter the nondeductible contribution amount made in 2018 for use in 2017	_____	_____
Traditional IRA basis	_____	_____
Value of all your traditional IRA's on December 31, 2017:		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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	—	—
Enter the total Roth IRA contributions made for use in 2017	_____	_____
Enter the total amount of Roth IRA conversion recharacterizations for 2017	_____	_____
Enter the total contribution Roth IRA basis on December 31, 2016	_____	_____
Enter the total Roth IRA contribution recharacterizations for 2017	_____	_____
Enter the Roth conversion IRA basis on December 31, 2016	_____	_____
Value of all your Roth IRA's on December 31, 2017:		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

NOTES/QUESTIONS:

Preparer use only

Business activity or profession name _____

Taxpayer/Spouse (T, S) _____

State postal code _____

Contribute the maximum allowable contribution amount? (1 = Keogh, 2 = SEP, 3 = SIMPLE 401(k), 4 = Solo 401(k), 5 = SIMPLE IRA, 6 = SARSEP) _____

Plan contribution rate. Enter in xx.xx format (Limitation percentage) _____

Enter the total amount of contributions made to a Keogh plan in 2017 _____

Enter the total amount of contributions made to a Solo 401(k) plan in 2017 _____

Enter the total amount of contributions made to a SEP plan in 2017 _____

Enter the total amount of contributions made to a SARSEP plan in 2017 _____

Enter the total amount of contributions made to a defined benefit plan in 2017 _____

Enter the total amount of contributions made to a profit-sharing plan in 2017 _____

Enter the total amount of contributions made to a money purchase plan in 2017 _____

Enter the total amount of contributions made to a SIMPLE 401(k) plan in 2017 _____

Enter the total amount of contributions to a SIMPLE IRA plan in 2017 _____

Catch-up Contributions

Enter the amount of catch-up contributions made to a Solo 401(k) or SARSEP in 2017 _____

Enter the amount of catch-up contributions made to a SIMPLE Plan in 2017 _____

Elective Deferrals

Enter the total contributions to a Solo 401(k) or SARSEP made through elective deferrals in 2017 _____

Enter the amount of elective deferrals designated as Roth contributions in 2017 _____

NOTES/QUESTIONS:

Preparer use only

	2017 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)	_____	
Employer identification number	_____	
Business name	_____	
Principal business/profession	_____	
Business code	_____	
Business address, if different from home address on Organizer Form ID: 1040		
Address	_____	
City/State/Zip	_____	
Accounting method (1 = Cash, 2 = Accrual, 3 = Other)	_____	
If other:	_____	
Inventory method (1 = Cost, 2 = LCM, 3 = Other)	_____	
If other enter explanation:	_____	

Enter an explanation if there was a change in determining your inventory:		

Did you "materially participate" in this business? (Y, N)	_____	
If not, number of hours you did significantly participate	_____	
Mark if you began or acquired this business in 2017	_____	
Did you make any payments in 2017 that require you to file Form(s) 1099? (Y, N)	_____	
If "Yes", did you or will you file all required Forms 1099? (Y, N)	_____	
Mark if this business is considered related to qualified services as a minister or religious worker	_____	
Did you receive wages as a statutory employee or as a minister? (1 = Statutory employee, 2 = Minister)	_____	
Medical insurance premiums paid by this activity	_____	
Long-term care premiums paid by this activity	_____	
Amount of wages received as a statutory employee	_____	

Business Income

	2017 Information	Prior Year Information
Gross receipts and sales	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
Returns and allowances	_____	
Other income:	_____	
_____	_____	
_____	_____	
_____	_____	

Cost of Goods Sold

	2017 Information	Prior Year Information
Beginning inventory	_____	
Purchases	_____	
Labor:		
_____	_____	
_____	_____	
Materials	_____	
Other costs:	_____	
_____	_____	
_____	_____	
_____	_____	
Ending inventory	_____	

Control Totals

Preparer use only

Principal business or profession _____

2017 Information

Prior Year Information

Advertising _____

Car and truck expenses _____

Commissions and fees _____

Contract labor _____

Depletion _____

Depreciation _____

Employee benefit programs (Include Small Employer Health Ins Premiums credit):

Insurance (Other than health):

Interest:

Mortgage (Paid to banks, etc.)

Other:

Legal and professional services

Office expense _____

Pension and profit sharing:

Rent or lease:

Vehicles, machinery, and equipment _____

Other business property _____

Repairs and maintenance _____

Supplies _____

Taxes and licenses:

Travel, meals, and entertainment:

Travel _____

Meals and entertainment _____

Meals (Enter 100% subject to DOT 80% limit) _____

Utilities _____

Wages (Less employment credit):

Other expenses:

Control Totals

Preparer use only
Principal business or profession _____

Preparer use only Carryovers	Regular	AMT
Operating		
Short-term capital		
Long-term capital		
28% rate capital		
Section 1231 loss		
Ordinary business gain/loss		
Section 179		

NOTES/QUESTIONS:

Preparer use only
Description _____

Refinancing Points

Preparer - Enter on Screen Rent

	2017 Information	Prior Year Information
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)	_____	
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	_____	
Number of days home was rented	_____	
Number of day home owned, if not 365	_____	
Carryover of disallowed operating expenses into 2017	_____	
Carryover of disallowed depreciation expenses into 2017	_____	

Passive and Other Information

Preparer use only Carryovers	Regular	AMT
Operating		
Short-term capital		
Long-term capital		
28% rate capital		
Section 1231 loss		
Ordinary business gain/loss		
Comm revitalization		
Section 179		

Please provide all Forms 1099-K

Preparer use only

	2017 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)	—	
Employer identification number	_____	
Description	_____	
Principal Product	_____	
State postal code	_____	
Accounting method (1 = Cash, 2 = Accrual)	—	—
Agricultural activity code	_____	_____
Did you "materially participate" in this business? (Y, N)	—	—
Did you make any payments in 2017 that require you to file Form(s) 1099? (Y, N)	—	—
If "Yes", did you or will you file all required Forms 1099? (Y, N)	—	—
Mark if Schedule F net income or loss should be excluded from self-employment income	—	—
Medical insurance premiums paid by this activity	_____	_____
Long-term care premiums paid by this activity	_____	_____

Schedule F Income

Sales Code**	Income description	2017 Information	Prior Year Information
—	_____	_____	_____
—	_____	_____	_____
—	_____	_____	_____
—	_____	_____	_____
—	_____	_____	_____

** 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)	_____	_____
Beginning inventory of livestock and other items (Accrual method)	_____	_____
Accrual cost of livestock, produce, grains, and other products purchased	_____	_____
Ending Inventory of livestock and other items (Accrual method)	_____	_____
Total cooperative distributions you received	_____	_____
Taxable cooperative distributions you received	_____	_____

	2017 Total	2017 Taxable	Prior Year Information
Agricultural program payments	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

	2017 Information	Prior Year Information
CRP payments received while enrolled to receive social security or disability benefits	_____	_____
Commodity credit loans reported under election:	_____	_____
_____	_____	_____
Total commodity credit loans forfeited	_____	_____
Taxable commodity credit loans forfeited	_____	_____

	2017 Total	2017 Taxable	Prior Year Information
Total crop insurance proceeds you received in 2017	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Mark if electing to defer crop insurance proceeds to 2018	—	—
Crop insurance proceeds deferred from 2016	_____	_____

Control Totals

Preparer use only

Description

2017 Information

Prior Year Information

Car and truck expenses	_____	_____
Chemicals	_____	_____
Conservation expenses	_____	_____
Carryover from prior years	_____	_____
Custom hire (machine work)	_____	_____
Depreciation	_____	_____
Employee benefit programs (Include Small Employer Health Ins Premiums credit)	_____	_____
Feed purchased	_____	_____
Fertilizers and lime	_____	_____
Freight and trucking	_____	_____
Gasoline, fuel, and oil	_____	_____
Insurance (Other than health)	_____	_____
_____	_____	_____
_____	_____	_____
Mortgage interest (Paid to banks, etc.)	_____	_____
_____	_____	_____
_____	_____	_____
Other interest	_____	_____
Labor hired (Less employment credit)	_____	_____
Pension and profit sharing	_____	_____
Rent - vehicles, machinery, and equipment	_____	_____
Rent - other	_____	_____
Repairs and maintenance	_____	_____
Seed and plants purchased	_____	_____
Storage and warehousing	_____	_____
Supplies purchased	_____	_____
Taxes:	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Utilities	_____	_____
Veterinary, breeding, and medicine	_____	_____
Other expenses:	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Preproductive period expenses	_____	_____

Preparer use only

Description

Preparer use only Carryovers	Regular	AMT
Operating		
Short-term capital		
Long-term capital		
28% rate capital		
Section 1231 loss		
Ordinary business gain/loss		
Section 179		
Excess farm loss		

NOTES/QUESTIONS:

Preparer use only

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

Income Items

	2017 Information	Prior Year Information
Income from production of livestock, produce, grains, and other crops:		
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
Total cooperative distributions you received	_____	
Taxable cooperative distributions you received	_____	

	2017 Total	2017 Taxable	Prior Year Information
Agricultural program payments:			
_____	_____	_____	
_____	_____	_____	

	2017 Information	Prior Year Information
Commodity credit loans reported under election:		
_____	_____	
_____	_____	
Total commodity credit loans forfeited	_____	
Taxable commodity credit loans forfeited	_____	

	2017 Total	2017 Taxable	Prior Year Information
Crop insurance proceeds you received in 2017			
_____	_____	_____	
_____	_____	_____	

	2017 Information	Prior Year Information
Mark if electing to defer crop insurance proceeds to 2018	—	—
Crop insurance proceeds deferred from 2016	_____	_____
Other income:		
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	

Preparer use only

Description	2017 Information	Prior Year Information
Car and truck expenses	_____	_____
Chemicals	_____	_____
Conservation expenses	_____	_____
Carryover from prior years	_____	_____
Custom hire (machine work)	_____	_____
Depreciation	_____	_____
Employee benefit programs	_____	_____
Feed purchased	_____	_____
Fertilizers and lime	_____	_____
Freight and trucking	_____	_____
Gasoline, fuel, and oil	_____	_____
Insurance (Other than health):	_____	_____
_____	_____	_____
_____	_____	_____
Mortgage interest (Paid to banks, etc.):	_____	_____
_____	_____	_____
_____	_____	_____
Other interest	_____	_____
Labor hired (Less employment credit)	_____	_____
Pension and profit sharing	_____	_____
Rent - vehicles, machinery, and equipment	_____	_____
Rent - other	_____	_____
Repairs and maintenance	_____	_____
Seed and plants purchased	_____	_____
Storage and warehousing	_____	_____
Supplies purchased	_____	_____
Taxes:	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Utilities	_____	_____
Veterinary, breeding, and medicine	_____	_____
Other expenses:	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Preproductive period expenses	_____	_____

Preparer use only Carryovers	Regular	AMT
Operating		
Short-term capital		
Long-term capital		
28% rate capital		
Section 1231 loss		
Ordinary business gain/loss		
Section 179		
Excess farm loss		

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

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

	Preparer use only Carryovers	Regular	AMT
Enter on K1-7	Operating		
	Short-term capital		
	Long-term capital		
	28% rate capital		
	Section 1231 loss		
	Ordinary business gain/loss		
	Other losses - 1040 pg.1		
	Comm revitalization		
	Section 179		
	Excess farm loss		

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

	Preparer use only Carryovers	Regular	AMT
Enter on K1-7	Operating		
	Short-term capital		
	Long-term capital		
	28% rate capital		
	Section 1231 loss		
	Ordinary business gain/loss		
	Other losses - 1040 pg.1		
	Comm revitalization		
	Section 179		
	Excess farm loss		

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

	Preparer use only Carryovers	Regular	AMT
Enter on K1-7	Operating		
	Short-term capital		
	Long-term capital		
	28% rate capital		
	Section 1231 loss		
	Ordinary business gain/loss		
	Other losses - 1040 pg.1		
	Comm revitalization		
	Section 179		
	Excess farm loss		

Please provide all copies of Schedules K-1 showing income from estates and trusts.

Taxpayer/Spouse/Joint (T, S, J) _____
 Employer identification number _____
 Name of activity _____
 State postal code _____

	Preparer use only Carryovers	Regular	AMT
Enter on K1T-3	Operating		
	Short-term capital		
	Long-term capital		
	28% rate capital		
	Section 1231 loss		
	Ordinary business gain/loss		
	Comm revitalization		

Taxpayer/Spouse/Joint (T, S, J) _____
 Employer identification number _____
 Name of activity _____
 State postal code _____

	Preparer use only Carryovers	Regular	AMT
Enter on K1T-3	Operating		
	Short-term capital		
	Long-term capital		
	28% rate capital		
	Section 1231 loss		
	Ordinary business gain/loss		
	Comm revitalization		

Taxpayer/Spouse/Joint (T, S, J) _____
 Employer identification number _____
 Name of activity _____
 State postal code _____

	Preparer use only Carryovers	Regular	AMT
Enter on K1T-3	Operating		
	Short-term capital		
	Long-term capital		
	28% rate capital		
	Section 1231 loss		
	Ordinary business gain/loss		
	Comm revitalization		

Taxpayer/Spouse/Joint (T, S, J) _____
 Employer identification number _____
 Name of activity _____
 State postal code _____

	Preparer use only Carryovers	Regular	AMT
Enter on K1T-3	Operating		
	Short-term capital		
	Long-term capital		
	28% rate capital		
	Section 1231 loss		
	Ordinary business gain/loss		
	Comm revitalization		

Description	
Taxpayer/Spouse/Joint (T, S, J)	—
State postal code	—
Mark if electing to pay tax on entire gain (No exclusion will be calculated and entire gain will be reported on Schedule D)	—
Date former residence was acquired	_____
Date former residence was sold	_____
Selling price of former residence	_____
Expenses related to the sale of your old home	_____
Original cost of home sold including capital improvements	_____

Exclusion Information

Mark if meet use and ownership test without exceptions (2 years use within 5-year period preceding sale date)		—
	Taxpayer	Spouse
Reduced exclusion days: (Enter only days within 5-year period ending on sale date)		
Number of days each person used property as main home	_____	_____
Number of days each person owned property used as main home	_____	_____
Number of days between date of sale of the other home and date of sale of this home	_____	_____

Form 6252 - Current Year Installment Sale

Mortgage and other debts the buyer assumed	_____
Total current year payments received	_____

Form 6252 - Related Party Installment Sale Information

Related party name	
Address	_____
City, State and Zip	_____
Identifying number of related party	_____
Was the property sold as a marketable security? (Y, N)	—
Enter date of second sale if more than 2 years after the first sale	_____
Indicate special conditions if applicable (1 = Sale/exchange, 2 = Involuntary conv, 3 = Death of seller, 4 = No tax avoidance)	—
Selling price of property sold by a related party	_____

NOTES/QUESTIONS:

Preparer use only

	2017 Information	Prior Year Information
Description _____		
Taxpayer/Spouse/Joint (T, S, J) _____	—	
State postal code _____	—	
Date acquired _____	_____	
Date sold _____	_____	
Gross sales price of property sold _____	_____	_____
Mortgage and other debts the buyer assumed _____	_____	_____
Cost or other basis _____	_____	_____
Commissions and other expenses of the sale _____	_____	_____
Gross profit percentage _____	_____	_____
Total current year principal payments received _____	_____	_____
Prior year principal payments received _____	_____	_____
Total ordinary income to recapture _____	_____	_____
Total ordinary income previously recaptured _____	_____	_____

	Control Totals		
--	----------------	--	--

Prior Year Installment Sale

Preparer use only

	2017 Information	Prior Year Information
Description _____		
Taxpayer/Spouse/Joint (T, S, J) _____	—	
State postal code _____	—	
Date acquired _____	_____	
Date sold _____	_____	
Gross sales price of property sold _____	_____	_____
Mortgage and other debts the buyer assumed _____	_____	_____
Cost or other basis _____	_____	_____
Commissions and other expenses of the sale _____	_____	_____
Gross profit percentage _____	_____	_____
Total current year principal payments received _____	_____	_____
Prior year principal payments received _____	_____	_____
Total ordinary income to recapture _____	_____	_____
Total ordinary income previously recaptured _____	_____	_____

	Control Totals		
--	----------------	--	--

NOTES/QUESTIONS:

Preparer use only

Description _____
 Taxpayer/Spouse/Joint (T, S, J) _____
 State postal code _____
 Mark to include gross proceeds for 1099-S reporting on Form 4797, line 1 _____
 Mark if disposition is due to casualty or theft _____
 Mark if disposition was to a related party _____

Sale Information

Date acquired _____
 Date sold _____
 Gross sales price or insurance proceeds received _____
 Cost or other basis _____
 Commissions and other expenses of sale _____
 Depreciation allowed or allowable _____

Form 4797, Part III - Recapture

Additional depreciation after 1975 (Section 1250) _____
 Applicable percentage (if not 100%) (Section 1250) _____
 Additional depreciation after 1969 (Section 1250) _____
 Soil, water and land clearing expenses (Section 1252) _____
 Applicable percentage (if not 100%) (Section 1252) _____
 Intangible drilling and development costs (Section 1254) _____
 Applicable payments excluded from income under sec. 126 (Section 1255) _____

Form 6252 - Current Year Installment Sale

Mortgage and other debts the buyer assumed _____
 Total current year payments received _____

Form 6252 - Related Party Installment Sale Information

Related party name _____
 Address _____
 City, State, and Zip _____
 Identifying number of related party _____
 Was the property sold as a marketable security? (Y, N) _____
 Enter date of second sale _____
 Indicate special conditions if applicable (1 = Sale/exchange, 2 = Involuntary conv, 3 = Death of seller, 4 = No tax avoidance) _____
 Selling price of property sold by a related party _____

NOTES/QUESTIONS:

Preparer use only

Description of property given up _____

Taxpayer/Spouse/Joint (T, S, J) _____

State postal code _____

Description of property received _____

Date Information

Date the like-kind property given up was acquired _____

Date you transferred your property to the other party _____

Date the like-kind property received was identified _____

Date you received the like-kind property from the other party _____

Gain and Basis Information

Fair market value of other property given up _____

Adjusted basis of other property given up _____

Cash received _____

Fair market value of other (not like-kind) property received _____

Installment obligation received in like-kind exchange _____

Fair market value of like-kind property you received _____

Fair market value of non-section 1245 property you received _____

Liabilities, including mortgages, assumed by you _____

Cash paid _____

Adjusted basis of like-kind property given up _____

Adjusted basis of like-kind property from pass through entity _____

Cost or other basis _____

Depreciation allowed or allowable excluding Section 179 _____

Section 179 expense deduction passed through _____

Section 179 carryover _____

Liabilities, including mortgages, assumed by the other party _____

Exchange expenses incurred by you _____

Related Party Exchange Information

Name of related party _____

Address of related party _____

City _____

State _____

Zip code _____

Identifying number of related party _____

Relationship to you _____

During this tax year, did the related party sell or dispose of the property received? (Y, N) _____

During this tax year, did you sell or dispose of the like-kind property you received? (Y, N) _____

Indicate if any special conditions apply (1 = Death of either party, 2 = Involuntary conversion, 3 = No tax avoidance) _____

Mark if this exchange is a prior year like-kind exchange _____

NOTES/QUESTIONS:

This form is used to report other foreign assets (not held in a foreign financial account), as required by the Internal Revenue Service.
 Report foreign financial assets held in a foreign financial account on Organizer Form ID: FrgnAcct.

	2017 Information	Prior Year Information
Asset description	_____	
Asset identifying number or other designation	_____	
Date asset acquired	_____	
Date asset disposed	_____	
Asset jointly owned with spouse	_____	
Maximum value of asset	_____	

Asset foreign entity information - (Enter either foreign entity information or issuer/counterparty information, but not both)

Type of foreign entity: (P = Partnership, C = Corporation, T = Trust, E = Estate) _____

Foreign entity name _____

Foreign entity address _____

City, state, zip code _____

Foreign country code/name _____

Foreign province/county _____

Foreign postal code _____

Asset issuer or counterparty information - (Enter either foreign entity information or issuer/counterparty information, but not both)

Type: (I = Issuer, C = Counterparty) _____

Entity: (I = Individual, P = Partnership, C = Corporation, T = Trust, E = Estate) _____

If an individual, select either U.S. or foreign (1 = U.S. Person, 2 = Foreign Person) _____

Individual or organization name _____

Address of issuer or counterparty _____

City, state, zip code _____

Foreign country code/name _____

Foreign province/county _____

Foreign postal code _____

Asset issuer or counterparty information - (Enter either foreign entity information or issuer/counterparty information, but not both)

Type: (I = Issuer, C = Counterparty) _____

Entity: (I = Individual, P = Partnership, C = Corporation, T = Trust, E = Estate) _____

If an individual, select either U.S. or foreign (1 = U.S. Person, 2 = Foreign Person) _____

Individual or organization name _____

Address of issuer or counterparty _____

City, state, zip code _____

Foreign country code/name _____

Foreign province/county _____

Foreign postal code _____

NOTES/QUESTIONS:

This form is used to report financial accounts in foreign countries, as required by the Internal Revenue Service.

Taxpayer/Spouse/Joint (T, S, J) _____

	2017 Information	Prior Year Information
Deposit or Custodial account (D= Deposit, C = Custodial)	—	
Type of Account:		
Bank	—	
Securities	—	
Other	_____	
Maximum value of account	_____	
Account number or other designation	_____	
Financial institution	_____	
Address of financial institution	_____	
City, state, zip code	_____	
Foreign country code/name	_____	
For addresses in Mexico, enter state	_____	
Foreign province/county	_____	
Foreign postal code	_____	
Account jointly owned with spouse	—	
Account opened during the tax year	—	
Account closed during the tax year	—	
Information is reported for a financial account which is:	—	
<small>2 = Owned separately, 3 = Owned jointly, 4 = Authority over but no financial interest</small>		

Complete this section if there is a joint owner other than the spouse, or you have signature authority only over the account

Taxpayer identification number of account holder/joint owner _____

Foreign identification number of account holder/joint owner (If no Taxpayer identification number) _____

Last name or organization name of account holder/joint owner _____

First name and middle initial of account holder/joint owner _____

Address and apartment _____

City, state, zip code _____

Foreign country code/name _____

 For addresses in Mexico, enter state _____

Foreign postal code _____

Number of joint owners (Not including taxpayer, if applicable) _____

Filer's title with this owner (if applicable) _____

NOTES/QUESTIONS:

Foreign Earned Income Exclusion

Taxpayer/Spouse (T, S) _____	State postal code _____
Foreign street address _____	City _____
State/Province _____	Country code _____
Country _____	Postal code _____
Employer's name _____	
U.S. address _____	City _____
State postal code _____	Zip code _____
Foreign street address _____	City _____
State/Province _____	Country code _____
Country _____	Postal code _____
Employer type (A = Foreign entity, B = U.S. company, C = Self, D = Foreign affiliate of a U.S. company, E = Other) _____	If other, specify type _____
Country of citizenship _____	
If maintained a separate foreign residence for your family due to adverse living conditions, provide city, country, and days:	
City/Country _____	Days _____
City/Country _____	Days _____
List tax home(s) during the tax year and dates established:	
Tax home _____	Date _____
Tax home _____	Date _____

Foreign Earned Income Allocation Information

*U.S. Business Days and Travel Type Code: 1=Travel to United States; 2=Travel to restricted country; 3=Travel to foreign country

U.S. business days and travel information:

Type Code*	Name of Country including United States	Date Arrived	Date Left	No. of U.S. business days
—	_____	_____	_____	_____
—	_____	_____	_____	_____
—	_____	_____	_____	_____
—	_____	_____	_____	_____
—	_____	_____	_____	_____
—	_____	_____	_____	_____
Foreign days worked before and after foreign assignment _____	Total days worked before and after foreign assignment _____			
Total number of days worked during year (defaults to 240) _____				

Bona Fide Residence Test

Date foreign residence began _____ Date foreign residence ended _____

Kind of foreign living quarters (A = Purchased house, B = Rented house or apartment, C = Rented room, D = Quarters furnished by employer) _____

If any family members lived abroad with you during any part of tax year, list who and for what period:

Relationship _____	Period abroad _____
Relationship _____	Period abroad _____
Relationship _____	Period abroad _____
Relationship _____	Period abroad _____

Mark if you submitted a statement to foreign country authorities that you are not a resident of that country _____

Mark if required to pay income tax to that country _____

List any contractual terms or other conditions relating to length of employment abroad _____

Type of visa used to enter foreign country _____

Explanation if visa limited length of stay or employment _____

If maintained a home in U.S., enter address, whether it was rented, names of occupants and their relationship to you:

Address _____	City _____
State postal code _____	Zip code _____
Rented <input type="checkbox"/> Occupant _____	Relationship _____
Address _____	City _____
State postal code _____	Zip code _____
Rented <input type="checkbox"/> Occupant _____	Relationship _____

Physical Presence Test

Principal country of employment _____

Employer's name _____
 Taxpayer/Spouse (T, S) _____
 State postal code _____

Foreign Earned Income

*Please use the Foreign Earned Income Allocation Codes located below

	Allocation Code*	Amount
Noncash income:		
Home (lodging) _____	—	_____
Meals _____	—	_____
Car _____	—	_____
Other properties or facilities (Please enter code here and description and amount below):	—	_____
_____		_____
_____		_____
_____		_____
_____		_____
Allowances, reimbursements or expenses paid on behalf:		
Cost of living and overseas differential	—	_____
Family	—	_____
Education	—	_____
Home leave	—	_____
Quarters	—	_____
Other purposes (Please enter code here and description and amount below):	—	_____
_____		_____
_____		_____
_____		_____
_____		_____
Other foreign earned income (Please enter code here and description and amount below):	—	_____
_____		_____
_____		_____
_____		_____
_____		_____
Excludable meals and lodging under section 119		_____

<p align="center">*Foreign Earned Income Allocation Codes</p> <p>1 = 100% foreign during assignment</p> <p>2 = 100% U.S. during assignment</p> <p>3 = U.S. and foreign days worked during assignment</p> <p>4 = U.S. and foreign days before/after assignment</p> <p>5 = Days worked before, during, and after assignment</p>
--

Deductions Allocable to Foreign Earned Income

	Allocation Code*	Amount
Other allocable deductions	—	_____

Housing Exclusion/Deduction

Qualified housing expense _____

NOTES/QUESTIONS:

Preparer use only

Description of move	_____
Taxpayer/Spouse/Joint (T, S, J)	_____
Mark if the move was due to service in the armed forces	_____
Number of miles from old home to new workplace	_____
Number of miles from old home to old workplace	_____
Mark if move is outside United States or its possessions	_____
Transportation and storage expenses	_____
Travel and lodging (not including meals)	_____
Miles driven to new home	_____
Total amount reimbursed for moving expenses	_____

NOTES/QUESTIONS:

Alimony Paid:

T/S/J	Recipient name	Recipient SSN	2017 Information	Prior Year Information
Address				
Address				
Address				

	2017 Information		Prior Year Information
	Taxpayer	Spouse	
Educator expenses:			
Other adjustments:			

NOTES/QUESTIONS:

Complete if you cashed qualified U.S. Savings bonds in 2017 that were issued after 1989, and you paid qualified higher education expenses in 2017 for yourself, your spouse, or your dependents.

Taxpayer/Spouse/Joint (T, S, J) _____
 SSN of person enrolled at eligible educational institution _____
 Name of person enrolled at eligible educational institution (First/Last) _____
 Name of eligible educational institution _____
 Address of eligible educational institution _____
 City, state, and zip code _____
 Qualified higher education expenses you paid in 2017 for person listed above _____
 Enter any nontaxable educational benefits received for 2017 for person listed above _____
 Type of qualified education program, if contributions made for enrollee (ESA = Coverdell ESA, QTP = Qualified Tuition Program) _____
 Financial institution name (ESA) or name of program (QTP) _____
 Financial institution address (ESA) or address of program (QTP) _____
 City, state and zip code _____

Taxpayer/Spouse/Joint (T, S, J) _____
 SSN of person enrolled at eligible educational institution _____
 Name of person enrolled at eligible educational institution (First/Last) _____
 Name of eligible educational institution _____
 Address of eligible educational institution _____
 City, state, and zip code _____
 Qualified higher education expenses you paid in 2017 for person listed above _____
 Enter any nontaxable educational benefits received for 2017 for person listed above _____
 Type of qualified education program, if contributions made for enrollee (ESA = Coverdell ESA, QTP = Qualified Tuition Program) _____
 Financial institution name (ESA) or name of program (QTP) _____
 Financial institution address (ESA) or address of program (QTP) _____
 City, state and zip code _____

Taxpayer/Spouse/Joint (T, S, J) _____
 SSN of person enrolled at eligible educational institution _____
 Name of person enrolled at eligible educational institution (First/Last) _____
 Name of eligible educational institution _____
 Address of eligible educational institution _____
 City, state, and zip code _____
 Qualified higher education expenses you paid in 2017 for person listed above _____
 Enter any nontaxable educational benefits received for 2017 for person listed above _____
 Type of qualified education program, if contributions made for enrollee (ESA = Coverdell ESA, QTP = Qualified Tuition Program) _____
 Financial institution name (ESA) or name of program (QTP) _____
 Financial institution address (ESA) or address of program (QTP) _____
 City, state and zip code _____

Total proceeds from Series EE or I U.S. Savings bonds issued after 1989 and cashed in 2017 _____

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.

TS	Qualified loan interest recipient/lender	2017 Interest Paid	Prior Year Information
—	_____	_____	_____
—	_____	_____	
—	_____	_____	
—	_____	_____	

NOTES/QUESTIONS:

Education Credits and Tuition and Fees Deduction

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) _____

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 _____

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)	_____	_____
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:

Qualified Education Programs
Please provide all copies of Form 1099Q

Taxpayer/Spouse (T, S) _____
 Payer name _____
 State postal code _____
 Type of account (1= Private QTP, 2 = State QTP, 3 = ESA) _____
 Relationship to account (1 = Beneficiary, 2 = Account owner, 3 = Both, 4 = Neither) _____
 Final distribution _____

Contributions and Basis

Beneficiary's Information (if not taxpayer or spouse)

Social security number _____
 First name _____
 Last name _____

	2017 Information	Prior Year Information
Amount contributed in current year	_____	_____ _____ _____
Basis of this account at 12/31/16	_____	
Value of this account at 12/31/17	_____	
Distribution by beneficiary of previously taxed contributions (if not taxpayer or spouse)	_____	

Payments from Qualified Education Programs

	2017 Information	Prior Year Information
Gross distribution (Box 1)	_____	_____ _____ _____ _____ _____ _____ _____ _____ _____
Earnings (Box 2)	_____	
Basis (Box 3)	_____	
Trustee-to-trustee rollover (Box 4)	_____	
Trustee-to-trustee rollover amount if different than Box 1	_____	
Box 5 -		
Private QTP	_____	
State QTP	_____	
Coverdell ESA	_____	
Check if the recipient is not the designated beneficiary (Box 6)	_____	
Qualified education expenses	_____	
Elementary and secondary education expenses	_____	

NOTES/QUESTIONS:

Complete a FAFSA information section for both the parent and student. Both may be required to complete the FAFSA. If the parent or student tax return was prepared elsewhere, please provide the completed tax return.

This FAFSA information is for the: Preparer use only

Who is listed as the primary taxpayer on the tax return of the individual to whom this information applies?

(1 = Father or stepfather, 2 = Mother or stepmother, 3 = Student, 4 = Student's spouse)

The information for the FAFSA worksheet will be:

(1 = Calculated for the taxpayer on this return, 2 = Entered from someone else's return)

Taxpayer's (and spouse's) current balance of all cash, savings and checking accounts _____

Taxpayer's (and spouse's) net worth in investments, including real estate but do not include the primary residence _____

Taxpayer's (and spouse's) net worth in current businesses and/or investment farms _____

	2016 Information	2017 Information
Child support paid because of divorce, separation, or a result of a legal requirement	_____	_____
Taxable earnings from need-based employment programs	_____	_____
Student grant and scholarship aid included in adjusted gross income	_____	_____
Earnings from work under a cooperative education program offered by a college	_____	_____
Child support received but do not include foster care or adoption payments	_____	_____
Veterans noneducation benefits	_____	_____
Other untaxed income not reported elsewhere, such as worker's compensation, disability, etc., but do not include student aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits, SSI, on-base military housing or a military housing allowance, or combat pay.	_____	_____
Money received or paid on behalf of the student (For the student's worksheet only)	_____	_____

	Control Totals	
--	----------------	--

Federal Student Aid Application Information #2

This FAFSA information is for the: Preparer use only

Who is listed as the primary taxpayer on the tax return of the individual to whom this information applies?

(1 = Father or stepfather, 2 = Mother or stepmother, 3 = Student, 4 = Student's spouse)

The information for the FAFSA worksheet will be:

(1 = Calculated for the taxpayer on this return, 2 = Entered from someone else's return)

Taxpayer's (and spouse's) current balance of all cash, savings and checking accounts _____

Taxpayer's (and spouse's) net worth in investments, including real estate but do not include the primary residence _____

Taxpayer's (and spouse's) net worth in current businesses and/or investment farms _____

	2016 Information	2017 Information
Child support paid because of divorce, separation, or a result of a legal requirement	_____	_____
Taxable earnings from need-based employment programs	_____	_____
Student grant and scholarship aid included in adjusted gross income	_____	_____
Earnings from work under a cooperative education program offered by a college	_____	_____
Child support received but do not include foster care or adoption payments	_____	_____
Veterans noneducation benefits	_____	_____
Other untaxed income not reported elsewhere, such as worker's compensation, disability, etc., but do not include student aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits, SSI, on-base military housing or a military housing allowance, or combat pay.	_____	_____
Money received or paid on behalf of the student (For the student's worksheet only)	_____	_____

NOTES/QUESTIONS:

	Control Totals	Form ID: FAFSA
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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		
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
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>		
_____	_____	
_____	_____	
_____	_____	
_____	_____	
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>		
_____	_____	
_____	_____	
Prescription medicines and drugs:		
_____	_____	
_____	_____	
_____	_____	
Miles driven for medical items		
_____	_____	

Schedule A - Tax Expenses

T/S/J	2017 Information	Prior Year Information
State/local income taxes paid:		
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
2016 state and local income taxes paid in 2017:		
_____	_____	
_____	_____	
Real estate taxes paid:		
_____	_____	
_____	_____	
Personal property taxes:		
_____	_____	
_____	_____	
Other taxes, such as: foreign taxes and State disability taxes		
_____	_____	
_____	_____	
Sales tax paid on major purchases:		
_____	_____	
_____	_____	
Sales tax paid on actual expenses:		
_____	_____	
_____	_____	
_____	_____	

Interest Expenses

T/S/J	2017 Interest Paid	2017 Points Paid	Type*	2017 Mortgage Ins. Premiums Paid	Prior Year Information
Home mortgage interest: From Form 1098					

***Mortgage Types**

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

T/S/J	Payee's Name Other, such as: Home mortgage interest paid to individuals	SSN or EIN	2017 Information	Prior Year Information

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	_____
	Street Address	_____
	City/State/Zip code	_____
Refinancing Points paid 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	—
	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	2017 Information
Investment interest expense, other than on Schedule(s) K-1:	

Charitable Contributions

	T/S/J		Qualified Disaster Relief**	2017 Information	Prior Year Information
		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.			
—		_____	—	_____	
—		_____	—	_____	
—		_____	—	_____	
—		_____	—	_____	
—		_____	—	_____	
—		_____	—	_____	
—		_____	—	_____	
—		_____	—	_____	
—		_____	—	_____	
—		_____	—	_____	
—		Volunteer miles driven		_____	
		Noncash items, such as: Goodwill/Salvation Army/clothing/household goods			
—		_____		_____	
—		_____		_____	
—		_____		_____	
—		_____		_____	
—		_____		_____	
—		_____		_____	

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

Miscellaneous Deductions

	T/S/J		2017 Information	Prior Year Information
		Unreimbursed expenses, such as: Uniforms, Professional dues, Business publications, Job seeking expenses, Educational expenses		
—		_____	_____	
—		_____	_____	
—		_____	_____	
—		_____	_____	
—		_____	_____	
—		Union dues, other than amounts reported on Form W-2:		
—		_____	_____	
—		_____	_____	
—		Tax preparation fees		
—		Other expenses, subject to 2% AGI limit, such as: Legal/accounting/custodial fees		
—		_____	_____	
—		_____	_____	
—		_____	_____	
—		Safe deposit box rental		
—		Investment expenses, other than on Schedule(s) K-1 or Form(s) 1099-DIV/INT:		
—		_____	_____	
—		_____	_____	
—		Other expenses, not subject to the 2% AGI limit:		
—		_____	_____	
—		_____	_____	
—		_____	_____	
—		Gambling losses: (Enter only if you have gambling income)		
—		_____	_____	
—		_____	_____	

Complete this section if you have home acquisition/improvement debt over \$1,000,000 or home equity debt over \$100,000.

Mortgages taken out before 10/14/87 generally qualify as grandfather debt regardless of how the proceeds are used.

Home acquisition debt is a mortgage taken out after 10/13/87, the proceeds of which are used to buy, build or substantially improve your home.

Home equity debt is a mortgage taken out after 10/13/87, the proceeds of which are NOT used to buy, build, or substantially improve your home.

	2017 Information	Prior Year Information
Description of loan/property _____		
Taxpayer/Spouse/Joint (T, S, J) _____	—	
Loan origination date _____		
Fair market value of home _____		
Number of months loan was outstanding in 2017, if not 12 _____	—	
Number of months home was a qualifying home _____ <small>(If different from number of months loan was outstanding)</small>	—	
Principal paid in 2017 _____		
Interest paid during 2017 _____		
Points reported on Form 1098 for 2017 _____		
Home mortgage interest you paid, not reported on Form 1098:		
Recipient name _____		
Recipient SSN or EIN _____		
Recipient address _____		
Recipient city, state, zip code _____		
Grandfather debt as of 12/31/16 <small>(or first day mortgage was outstanding)</small> _____		
Grandfather debt as of 12/31/17 <small>(or last day mortgage was outstanding)</small> _____		
Home acquisition/improvement debt as of 12/31/16 <small>(or first day mortgage was outstanding)</small> _____		
Home acquisition/improvement debt as of 12/31/17 <small>(or last day mortgage was outstanding)</small> _____		
Home equity debt as of 12/31/16 <small>(or first day mortgage was outstanding)</small> _____		
Home equity debt as of 12/31/17 <small>(or last day mortgage was outstanding)</small> _____		
Average balance in 2017 of grandfather debt _____		
Average balance in 2017 of home acquisition/improvement debt _____		
Average balance for 2017 all types of debt _____		

NOTES/QUESTIONS:

Preparer use only
 Taxpayer/Spouse (T, S) _____
 Occupation in which expenses were incurred _____
 State postal code _____

Vehicle Questions

If you used your automobile for work purposes, please answer the following questions:

	2017 Information	Prior Year Information
Was the vehicle available for off-duty personal use? (Y, N, Blank = Not applicable)	—	—
Was another vehicle available for personal use? (Y, N)	—	—
Do you have evidence to support your deduction? (1 = Yes - written, 2 = Yes - not written, 3 = No)	—	—

Vehicle Information

Vehicle 1 -	Date placed in service	_____
	Description	_____
	Comments	_____
Vehicle 2 -	Date placed in service	_____
	Description	_____
	Comments	_____
Vehicle 3 -	Date placed in service	_____
	Description	_____
	Comments	_____
Vehicle 4 -	Date placed in service	_____
	Description	_____
	Comments	_____

Vehicles Actual Expenses

	Vehicle 1	Prior Year Information	Vehicle 2	Prior Year Information	Vehicle 3	Prior Year Information	Vehicle 4	Prior Year Information
Total mileage for the year	_____		_____		_____		_____	
Business mileage	_____		_____		_____		_____	
Average daily round trip commuting mileage	_____		_____		_____		_____	
Total commuting mileage	_____		_____		_____		_____	
Gasoline	_____		_____		_____		_____	
Oil	_____		_____		_____		_____	
Repairs	_____		_____		_____		_____	
Maintenance	_____		_____		_____		_____	
Tires	_____		_____		_____		_____	
Car washes	_____		_____		_____		_____	
Insurance	_____		_____		_____		_____	
Interest	_____		_____		_____		_____	
Registration	_____		_____		_____		_____	
Licenses	_____		_____		_____		_____	
Property taxes (Plates, tags, etc)	_____		_____		_____		_____	
Vehicle rentals	_____		_____		_____		_____	
Inclusion amt (Preparer only)	_____		_____		_____		_____	
Other vehicle expenses	_____		_____		_____		_____	
Value of employer provided vehicle	_____		_____		_____		_____	
Depreciation	_____		_____		_____		_____	

Noncash Contributions Exceeding \$500

For donated securities, include the company name and number of shares in the donated property description, below

Taxpayer/Spouse/Joint (T, S, J)	—
Donated property description	_____
Name of donee organization	_____
Address of donee organization	_____
City	_____
State postal code	_____
Zip code	_____
Date contributed	_____
Date acquired by donor	_____
How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange)	_____
Donor's cost or basis	_____
Fair market value	_____
Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other)	_____
If other:	_____

	Control Totals	
--	----------------	--

Noncash Contributions Exceeding \$500

For donated securities, include the company name and number of shares in the donated property description, below

Taxpayer/Spouse/Joint (T, S, J)	—
Donated property description	_____
Name of donee organization	_____
Address of donee organization	_____
City	_____
State postal code	_____
Zip code	_____
Date contributed	_____
Date acquired by donor	_____
How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange)	_____
Donor's cost or basis	_____
Fair market value	_____
Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other)	_____
If other:	_____

	Control Totals	
--	----------------	--

Noncash Contributions Exceeding \$500

For donated securities, include the company name and number of shares in the donated property description, below

Taxpayer/Spouse/Joint (T, S, J)	—
Donated property description	_____
Name of donee organization	_____
Address of donee organization	_____
City	_____
State postal code	_____
Zip code	_____
Date contributed	_____
Date acquired by donor	_____
How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange)	_____
Donor's cost or basis	_____
Fair market value	_____
Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other)	_____
If other:	_____

	Control Totals	
--	----------------	--

Please provide all Forms 1098-C. If you received a different acknowledgment from the donee organization in lieu of Form 1098-C, enter the equivalent donation information in the fields provided below.

Taxpayer/Spouse (T, S) _____

Donee's name _____

State postal code _____

Date of contribution (Box 1) _____

Odometer mileage (Box 2a) _____

Year of vehicle (Box 2b) _____

Make of vehicle (Box 2c) _____

Model of vehicle (Box 2d) _____

Vehicle or other identification number (Box 3) _____

Donee certifies that vehicle was sold in arm's length transaction to unrelated party (Box 4a) _____

Date of sale (Box 4b) _____

Gross proceeds from sale (Box 4c) _____

Donee certifies that vehicle will not be transferred for money, other property, or services before completion of material improvement or significant intervening use (Box 5a) _____

Donee certifies that vehicle is to be transferred to a needy individual for significantly below fair market value in furtherance of donee's charitable purpose (Box 5b) _____

Detailed description of material improvements or significant intervening use and duration of use (Box 5c) _____

Did you provide goods or services in exchange for the vehicle? (Box 6a) Yes No

Value of goods and services provided in exchange for the vehicle (Box 6b) _____

Donee certifies that the goods and services consisted solely of intangible religious benefits (Box 6c) _____

Description of goods and services (Box 6c) _____

Under the law, the donor may not claim a deduction of more than \$500 for this vehicle if this box is checked (Box 7)

Other Information for Donated Property

Overall physical condition of property _____

Date property was acquired by donor _____

How property was acquired by donor (P = Purchase, I = Inheritance, G = Gift, E = Exchange) _____

Donor's cost or basis _____

Fair market value on date of contribution _____

Method used to determine FMV (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) _____

If other: _____

Bargain sale amount received _____

Donee's address, and ZIP code _____

Donee's telephone number _____

NOTES/QUESTIONS:

Preparer use only

Occurrence description _____
 Taxpayer/Spouse/Joint (T, S, J) _____
 State postal code _____
 Date of casualty or theft _____

Casualty and Theft - Business/Income Producing Properties

Description of casualty or theft - Property A _____
 Description of casualty or theft - Property B _____
 Description of casualty or theft - Property C _____
 Description of casualty or theft - Property D _____

	A	B	C	D
Property type (1 = Business, 2 = Income producing, 3 = Employee prop)	___	___	___	___
Date acquired	_____	_____	_____	_____
Cost or other basis of property	_____	_____	_____	_____
Insurance or other reimbursement	_____	_____	_____	_____
Fair market value before casualty	_____	_____	_____	_____
Fair market value after casualty	_____	_____	_____	_____

Business/Income Use Replacement Information

Description of replacement property A _____
 Description of replacement property B _____
 Description of replacement property C _____
 Description of replacement property D _____

	A	B	C	D
Mark if property was acquired from a related party	___	___	___	___
Date acquired	_____	_____	_____	_____
Cost of replacement property	_____	_____	_____	_____

NOTES/QUESTIONS:

Preparer use only

Occurrence description _____
 Taxpayer/Spouse/Joint (T, S, J) _____
 State postal code _____
 Date of casualty or theft _____
 Mark if casualty resulted due to a federally declared disaster. Federally declared disasters are determined by the President of the United States to warrant assistance by the Federal Government _____

Casualty and Theft - Personal Use Properties

Description of casualty or theft - Property A _____
 Description of casualty or theft - Property B _____
 Description of casualty or theft - Property C _____
 Description of casualty or theft - Property D _____

	A	B	C	D
Date acquired	_____	_____	_____	_____
Cost or other basis of property	_____	_____	_____	_____
Insurance or other reimbursement	_____	_____	_____	_____
Fair market value before casualty	_____	_____	_____	_____
Fair market value after casualty	_____	_____	_____	_____

Personal Use Replacement Information

Description of replacement property A _____
 Description of replacement property B _____
 Description of replacement property C _____
 Description of replacement property D _____

	A	B	C	D
Mark if property was acquired from a related party	_____	_____	_____	_____
Date acquired	_____	_____	_____	_____
Cost of replacement property	_____	_____	_____	_____

NOTES/QUESTIONS:

Preparer use only

Occurrence description _____
 Taxpayer/Spouse/Joint (T, S, J) _____
 State postal code _____
 Date of casualty or theft _____

Prior Year Casualty and Theft - Business/Income Producing Properties (Cont'd)

Description of casualty or theft - Property A _____
 Description of casualty or theft - Property B _____
 Description of casualty or theft - Property C _____
 Description of casualty or theft - Property D _____

	A	B	C	D
Property type (1 = Business, 2 = Income producing, 3 = Employee prop)	—	—	—	—
Date acquired	_____	_____	_____	_____
Cost or other basis of property	_____	_____	_____	_____
Insurance or other reimbursement	_____	_____	_____	_____
Fair market value before casualty	_____	_____	_____	_____
Fair market value after casualty	_____	_____	_____	_____

Current Year Business/Income Use Replacement Information

Description of replacement property A _____
 Description of replacement property B _____
 Description of replacement property C _____
 Description of replacement property D _____

	A	B	C	D
Date acquired	_____	_____	_____	_____
Prior year cost of replacement property	_____	_____	_____	_____
Cost of replacement property	_____	_____	_____	_____
Postponed gain	_____	_____	_____	_____
Adjusted basis of replacement property	_____	_____	_____	_____

NOTES/QUESTIONS:

Occurrence description _____
 Taxpayer/Spouse/Joint (T, S, J) _____
 State postal code _____
 Date of casualty or theft _____
 Damage to personal residence from corrosive drywall _____
 Amount paid to repair damage to home or household appliances _____
 25% loss available from 2016 _____

Prior Year Casualty and Theft - Personal Use Properties (Cont'd)

Description of casualty or theft - Property A _____
 Description of casualty or theft - Property B _____
 Description of casualty or theft - Property C _____
 Description of casualty or theft - Property D _____

	A	B	C	D
Date acquired	_____	_____	_____	_____
Cost or other basis of property	_____	_____	_____	_____
Insurance or other reimbursement	_____	_____	_____	_____
Principal residence exclusion taken	_____	_____	_____	_____
Fair market value before casualty	_____	_____	_____	_____
Fair market value after casualty	_____	_____	_____	_____

Personal Use Replacement Information

Description of replacement property A _____
 Description of replacement property B _____
 Description of replacement property C _____
 Description of replacement property D _____

	A	B	C	D
Date acquired	_____	_____	_____	_____
Prior year cost of replacement property	_____	_____	_____	_____
Cost of replacement property	_____	_____	_____	_____
Postponed gain	_____	_____	_____	_____
Adjusted basis of replacement property	_____	_____	_____	_____

NOTES/QUESTIONS:

		Preparer use only
Principal business or profession _____		
Taxpayer/Spouse/Joint (T, S, J) _____		
State postal code _____		

Business Use of Home

	2017 Information	Prior Year Information
Total area of home	_____	<div style="border: 1px solid black; height: 100%;"></div>
Area used exclusively for business	_____	
Information for day-care facilities only:		
Total hours used for day-care during this year	_____	
Total hours used this year, if less than 8760	_____	
Special computation for certain day-care facilities:		
Area used regularly and exclusively for day-care business	_____	
Area used partly for day-care business	_____	

List as direct expenses any expenses which are attributable only to the business part of your home.
 List as indirect expenses any expenses which are attributable to the overall upkeep and running of your home.

	2017 Information		Prior Year Information
	Direct Expenses	Indirect Expenses	
Mortgage interest:	_____	_____	<div style="border: 1px solid black; height: 100%;"></div>
Mortgage insurance premiums	_____	_____	
Real estate taxes:	_____	_____	
Excess mortgage interest and insurance premiums	_____	_____	
Insurance	_____	_____	
Rent	_____	_____	
Repairs & maintenance	_____	_____	
Utilities	_____	_____	
Other expenses, such as: Supplies & Security system	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
Excess casualty losses	_____	_____	
Carryovers:			
Operating expenses	_____	_____	
Casualty losses	_____	_____	
Depreciation	_____	_____	
Business expenses not from business use of home, such as:			
Travel, Supplies, Business telephone expenses	_____	_____	
Depreciation	_____	_____	

NOTES/QUESTIONS:

If you used your automobile for business purposes, please complete the following information.

Preparer use only

Description of business or profession _____

Vehicles

Vehicle 1 -	Date placed in service	_____
	Description	_____
	Comments	_____
Vehicle 2 -	Date placed in service	_____
	Description	_____
	Comments	_____
Vehicle 3 -	Date placed in service	_____
	Description	_____
	Comments	_____
Vehicle 4 -	Date placed in service	_____
	Description	_____
	Comments	_____

Vehicle Questions

	Vehicle 1	Prior Year	Vehicle 2	Prior Year	Vehicle 3	Prior Year	Vehicle 4	Prior Year
If you used your automobile for work purposes, answer the following questions:								
Was the vehicle available for off-duty personal use? (Y, N)	—	<input type="text"/>	—	<input type="text"/>	—	<input type="text"/>	—	<input type="text"/>
Was another vehicle available for personal use? (Y, N)	—	<input type="text"/>	—	<input type="text"/>	—	<input type="text"/>	—	<input type="text"/>
Do you have evidence to support your deduction? (Y, N)	—	<input type="text"/>	—	<input type="text"/>	—	<input type="text"/>	—	<input type="text"/>
Is this evidence written? (Y, N)	—	<input type="text"/>	—	<input type="text"/>	—	<input type="text"/>	—	<input type="text"/>

Vehicle Expenses

	Vehicle 1	Prior Year Information	Vehicle 2	Prior Year Information	Vehicle 3	Prior Year Information	Vehicle 4	Prior Year Information
Total miles for year	_____	<input type="text"/>	_____	<input type="text"/>	_____	<input type="text"/>	_____	<input type="text"/>
Commuting miles	_____	<input type="text"/>	_____	<input type="text"/>	_____	<input type="text"/>	_____	<input type="text"/>
Business miles	_____	<input type="text"/>	_____	<input type="text"/>	_____	<input type="text"/>	_____	<input type="text"/>
Parking fees	_____	<input type="text"/>	_____	<input type="text"/>	_____	<input type="text"/>	_____	<input type="text"/>
Tolls	_____	<input type="text"/>	_____	<input type="text"/>	_____	<input type="text"/>	_____	<input type="text"/>
Gasoline	_____	<input type="text"/>	_____	<input type="text"/>	_____	<input type="text"/>	_____	<input type="text"/>
Oil	_____	<input type="text"/>	_____	<input type="text"/>	_____	<input type="text"/>	_____	<input type="text"/>
Repairs	_____	<input type="text"/>	_____	<input type="text"/>	_____	<input type="text"/>	_____	<input type="text"/>
Maintenance	_____	<input type="text"/>	_____	<input type="text"/>	_____	<input type="text"/>	_____	<input type="text"/>
Tires	_____	<input type="text"/>	_____	<input type="text"/>	_____	<input type="text"/>	_____	<input type="text"/>
Car washes	_____	<input type="text"/>	_____	<input type="text"/>	_____	<input type="text"/>	_____	<input type="text"/>
Insurance	_____	<input type="text"/>	_____	<input type="text"/>	_____	<input type="text"/>	_____	<input type="text"/>
Interest	_____	<input type="text"/>	_____	<input type="text"/>	_____	<input type="text"/>	_____	<input type="text"/>
Registration	_____	<input type="text"/>	_____	<input type="text"/>	_____	<input type="text"/>	_____	<input type="text"/>
Licenses	_____	<input type="text"/>	_____	<input type="text"/>	_____	<input type="text"/>	_____	<input type="text"/>
Property taxes	_____	<input type="text"/>	_____	<input type="text"/>	_____	<input type="text"/>	_____	<input type="text"/>
Other vehicle expenses	_____	<input type="text"/>	_____	<input type="text"/>	_____	<input type="text"/>	_____	<input type="text"/>
Vehicle rentals	_____	<input type="text"/>	_____	<input type="text"/>	_____	<input type="text"/>	_____	<input type="text"/>
Inclusion amt (Preparer only)	_____	<input type="text"/>	_____	<input type="text"/>	_____	<input type="text"/>	_____	<input type="text"/>
Depreciation	_____	<input type="text"/>	_____	<input type="text"/>	_____	<input type="text"/>	_____	<input type="text"/>

ACA - Health Insurance Marketplace Statement #1

Please provide all Forms 1095-A

Taxpayer/Spouse (T,S) _____
 Marketplace identifier (Box 1) _____
 Marketplace-assigned policy number (Box 2) _____
 Policy issuer's name (Box 3) _____
 Part III Household Information -

	A. 2017 Monthly Premium Amount	Prior Year Information	B. 2017 Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP)	C. 2017 Monthly Advance Payment of Premium Tax Credit	Prior Year Information
January	_____	_____	_____	_____	_____
February	_____	_____	_____	_____	_____
March	_____	_____	_____	_____	_____
April	_____	_____	_____	_____	_____
May	_____	_____	_____	_____	_____
June	_____	_____	_____	_____	_____
July	_____	_____	_____	_____	_____
August	_____	_____	_____	_____	_____
September	_____	_____	_____	_____	_____
October	_____	_____	_____	_____	_____
November	_____	_____	_____	_____	_____
December	_____	_____	_____	_____	_____
Annual total	_____	_____	_____	_____	_____

Control Totals

ACA - Health Insurance Marketplace Statement #2

Please provide all Forms 1095-A

Taxpayer/Spouse (T,S) _____
 Marketplace identifier (Box 1) _____
 Marketplace-assigned policy number (Box 2) _____
 Policy issuer's name (Box 3) _____
 Part III Household Information -

	A. 2017 Monthly Premium Amount	Prior Year Information	B. 2017 Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP)	C. 2017 Monthly Advance Payment of Premium Tax Credit	Prior Year Information
January	_____	_____	_____	_____	_____
February	_____	_____	_____	_____	_____
March	_____	_____	_____	_____	_____
April	_____	_____	_____	_____	_____
May	_____	_____	_____	_____	_____
June	_____	_____	_____	_____	_____
July	_____	_____	_____	_____	_____
August	_____	_____	_____	_____	_____
September	_____	_____	_____	_____	_____
October	_____	_____	_____	_____	_____
November	_____	_____	_____	_____	_____
December	_____	_____	_____	_____	_____
Annual total	_____	_____	_____	_____	_____

Control Totals

NOTES/QUESTIONS:

Please provide all Forms 5498-SA.

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

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

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

Complete this section if your account is an HSA

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

NOTES/QUESTIONS:

Health, Medical Savings Account Distributions

Please provide all Forms 1099-SA.

2017 Information

Prior Year Information

Taxpayer/Spouse (T, S) _____

Name of Trustee _____

State postal code _____

Gross distributions received (Box 1) _____

Earnings on excess contributions (Box 2) _____

Distribution code (Box 3) _____

Fair Market Value on date of death (Box 4) _____

Box 5 -

 HSA _____

 Archer MSA _____

 MA MSA _____

All distributions were used to pay unreimbursed qualified medical expenses _____

If some distributions were used to pay for other than qualified medical expenses,
enter the unreimbursed qualified medical expenses for 2017 _____

Withdrawal of excess contributions by the due date of the return _____

Amount of distribution rolled over for 2017 _____

If the distribution is due to the death of the account holder,
enter the qualified decedent medical expenses paid by the taxpayer _____

If MA (Medicare Advantage) MSA, enter value of account on 12/31/16 _____

For HSA accounts:

Was the high deductible health plan coverage started in 2016 and
in effect for the month of December 2016? (Y, N) _____

Was the high deductible health plan coverage ended before 12/31/17? (Y, N) _____

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 _____

Social security number of insured _____

Gross long-term care (LTC) benefits paid (Box 1) _____

Accelerated death benefits paid (Box 2) _____

Check one (Box 3)

 Per diem _____

 Reimbursed amount _____

Qualified contract (Box 4) _____

Check, if applicable (Box 5)

 Chronically ill _____

 Terminally ill _____

Are there other individuals who received LTC payments during 2017? (Y, N) _____

If the insured is terminally ill, were payments received on account of terminal illness? (Y, N) _____

Number of days during the long-term care period _____

Cost incurred for qualified long-term care services during the
long-term care period _____

NOTES/QUESTIONS:

ABLE Account Information #1

Please provide all Forms 1099-QA and 5498-QA

2017 Information

Prior Year Information

Taxpayer/Spouse (T, S)	—	
Payer name		
State postal code		
Recipient's Social Security Number		
Recipient's Name		
Gross distribution (Form 1099-QA Box 1)		
Earnings (Form 1099-QA Box 2)		
Basis (Form 1099-QA Box 3)		
Program-to-program transfer (Form 1099-QA Box 4)		
Check if ABLE account terminated in 2017 (Form 1099-QA Box 5)		
Check if the recipient is not the designated beneficiary (Form 1099-QA Box 6)		
Qualified disability expenses		
Amount of rollover		
Amount contributed in 2017 (Form 5498-QA Box 1)		
Value of account on 12/31/17 (Form 5498-QA Box 4)		

	Control Totals	
--	----------------	--

ABLE Account Information #2

Please provide all Forms 1099-QA and 5498-QA

2017 Information

Prior Year Information

Taxpayer/Spouse (T, S)	—	
Payer name		
State postal code		
Recipient's Social Security Number		
Recipient's Name		
Gross distribution (Form 1099-QA Box 1)		
Earnings (Form 1099-QA Box 2)		
Basis (Form 1099-QA Box 3)		
Program-to-program transfer (Form 1099-QA Box 4)		
Check if ABLE account terminated in 2017 (Form 1099-QA Box 5)		
Check if the recipient is not the designated beneficiary (Form 1099-QA Box 6)		
Qualified disability expenses		
Amount of rollover		
Amount contributed in 2017 (Form 5498-QA Box 1)		
Value of account on 12/31/17 (Form 5498-QA Box 4)		

	Control Totals	
--	----------------	--

NOTES/QUESTIONS:

Social Security Tax on Unreported Tips

Complete if you received cash/charge tips of \$20 or less in a month in 2017.

	2017 Information	Spouse	Prior Year Information
	Taxpayer		
Total cash and charge tips under \$20 per month and not reported to employer			

Complete if you received cash/charge tips of \$20 or more in a month and did not report all of those tips to your employer.

	Employer name	Employer identification number	Total tips received in 2017	Total tips reported in 2017
Taxpayer information	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
Spouse information	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

Social Security Tax on Unreported Wages

Complete if you received pay from a firm for services performed not as an independent contractor and social security and Medicare taxes were not withheld from the pay.

(**Please refer to Reason Codes located at the bottom)

	Firm name	Firm's federal identification number	Reason Code **	Date of IRS determination or correspondence received	Mark if 1099-MISC received	Total wages received with no social security or Medicare tax withheld
Taxpayer information	_____	_____	-	_____	-	_____
	_____	_____	-	_____	-	_____
	_____	_____	-	_____	-	_____
	_____	_____	-	_____	-	_____
Spouse information	_____	_____	-	_____	-	_____
	_____	_____	-	_____	-	_____
	_____	_____	-	_____	-	_____
	_____	_____	-	_____	-	_____

**** Reason Codes**

- A = I filed Form SS-8 and received a determination letter stating that I am an employee of this firm.
- C = I received other correspondence from the IRS that states I am an employee.
- G = I filed Form SS-8 with the IRS and have not received a reply.
- H = I received a Form W-2 and a Form 1099-MISC from this firm for 2017. The amount on Form 1099-MISC should have been included as wages on Form W-2.

	Taxpayer	Spouse
State postal code	_____	_____

	Taxpayer	Spouse	Prior Year Information	
If you received a parsonage provided by the church, please complete the following information:				
Fair rental value of parsonage provided by church	_____	_____	<div style="border: 1px solid black; padding: 5px;"> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> </div>	
Actual parsonage utilities expense	_____	_____		
If you received a rental or parsonage allowance provided by the church, please complete the following information:				
Utilities allowance,				
if separate from parsonage allowance	_____	_____		
Actual parsonage expense	_____	_____		
Fair rental value of home	_____	_____		
Actual utilities expense	_____	_____		
Mark if you have claimed exemption from self-employment tax				
by filing Form 4361 with the IRS	_____	_____		
If you are a self-employed minister, enter any tax-deductible contributions to a 403(b) retirement plan	_____	_____		

NOTES/QUESTIONS:

Enter parent's information for children under age 19 on 1/1/18 or a full-time student under age 24 with unearned income of more than \$2,100.

Parent's social security number (Enter the name and social security number of the parent listed first on the return) _____

Parent's first name _____

Parent's last name _____

Parent's filing status (1 = Single, 2 = Married/filing jointly, 3 = Married separately, 4 = Head of household, 5 = Qualifying widow(er)) _____

All Other Children's Information

Enter information for each child with unearned income of more than \$2,100.

Preparer - Enter on Screen 8615Sib

Child #1 social security number _____

Child #1 first name _____

Child #1 last name _____

Child #1 date of birth (mm/dd/yyyy) _____

Child #2 social security number _____

Child #2 first name _____

Child #2 last name _____

Child #2 date of birth (mm/dd/yyyy) _____

Child #3 social security number _____

Child #3 first name _____

Child #3 last name _____

Child #3 date of birth (mm/dd/yyyy) _____

Child #4 social security number _____

Child #4 first name _____

Child #4 last name _____

Child #4 date of birth (mm/dd/yyyy) _____

Child #5 social security number _____

Child #5 first name _____

Child #5 last name _____

Child #5 date of birth (mm/dd/yyyy) _____

Child #6 social security number _____

Child #6 first name _____

Child #6 last name _____

Child #6 date of birth (mm/dd/yyyy) _____

Child #7 social security number _____

Child #7 first name _____

Child #7 last name _____

Child #7 date of birth (mm/dd/yyyy) _____

Child #8 social security number _____

Child #8 first name _____

Child #8 last name _____

Child #8 date of birth (mm/dd/yyyy) _____

Child #9 social security number _____

Child #9 first name _____

Child #9 last name _____

Child #9 date of birth (mm/dd/yyyy) _____

Child #10 social security number _____

Child #10 first name _____

Child #10 last name _____

Child #10 date of birth (mm/dd/yyyy) _____

Child #11 social security number _____

Child #11 first name _____

Child #11 last name _____

Child #11 date of birth (mm/dd/yyyy) _____

Child #12 social security number _____

Child #12 first name _____

Child #12 last name _____

Child #12 date of birth (mm/dd/yyyy) _____

NOTES/QUESTIONS:

Children's Interest Income

Please provide copies of all Form 1099-INT or other statements reporting child's 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.
 Complete a separate Organizer Form ID: 8814 for each child.

Child's social security number _____
 Child's date of birth _____
 Child's name _____
 Taxpayer/Spouse/Joint (T, S, J) _____

Type Code (**See codes below)	Payer	Interest Income	Tax Exempt Income	U.S. Obligations* \$ or %	Tax Exempt* \$ or %	Prior Year Information

**Interest Codes

Blank = Regular Interest 3 = Nominee Distribution 4 = Accrued Interest 5 = OID Adjustment 6 = ABP Adjustment

Children's Dividend Income

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

Type Code (** See codes below)	Ordinary Dividends	Qualified Dividends	Total Capital Gain Distributions	Section 1250	Section 1202	28% Capital Gain	Tax Exempt Dividends	U.S. Obligations* \$ or %	Tax Exempt* \$ or %	Prior Year Information
1	Payer									
	Amounts									
2	Payer									
	Amounts									
3	Payer									
	Amounts									
4	Payer									
	Amounts									
5	Payer									
	Amounts									
6	Payer									
	Amounts									

**Dividend Codes

Blank = Other 3 = Nominee

Alaska Permanent Fund dividends:	_____	_____	2017 Information	_____	Prior Year Information	_____
----------------------------------	-------	-------	------------------	-------	------------------------	-------

Complete if you paid cash wages of \$1,000 or more to any household employee.

Taxpayer/Spouse (T, S) _____
 Employer identification number _____

Total cash wages subject to social security taxes _____
 Total cash wages subject to Medicare taxes _____
 Total cash wages subject to Additional Medicare Tax withholding _____
 Federal income tax withheld _____
 State disability plan social security & Medicare withheld _____

Did you:
 (A) pay any household employee cash wages of \$2000 or more in 2017? (Y, N) _____
 (B) withhold Federal income tax for any household employee? (Y, N) _____
 (C) pay household employees cash wages equal to or greater than \$1,000 in any quarter of 2016 or 2017? (Y, N) _____

Federal Unemployment (FUTA) Tax

If you answered "Yes" to question (C) above, complete the following information.
 Complete only items marked with an asterisk (*) if total cash wages subject to FUTA tax amount is also taxable
 as defined by your State act and unemployment contributions are paid to only one State.

Total cash wages subject to FUTA tax _____

State #1 information
 State postal code where you have to pay unemployment contributions * _____
 State reporting number as shown on state unemployment tax return _____
 Taxable wages (as defined in state act) _____
 State experience rate period:
 From _____
 To _____
 State experience rate (xxx.xx) _____
 Contributions paid to state unemployment fund * _____
 Contributions for 2017 paid after 04/17/18 _____

State #2 information
 State postal code where you have to pay unemployment contributions _____
 State reporting number as shown on state unemployment tax return _____
 Taxable wages (as defined in state act) _____
 State experience rate period:
 From _____
 To _____
 State experience rate (xxx.xx) _____
 Contributions paid to state unemployment fund _____
 Contributions for 2017 paid after 04/17/18 _____

NOTES/QUESTIONS:

You are required to repay the First-Time Homebuyer credit if you claimed the credit in 2008. If the credit was claimed in 2009, 2010, or 2011, and the home is no longer used as your main residence, you may have to repay the credit.

Principal residence address, if different from home address on Organizer Form ID: 1040

Address _____

City/State/Zip code _____

Date home acquired (After 4/8/08 and before 5/1/10) (For service members after 12/31/08 and before 5/1/11) _____

Purchase price of the home _____

Date the home was sold or ceased being used as principal residence _____

If you sold your home, enter the selling price _____

If you sold your home, enter the expense of sale _____

Were you and your spouse married on the purchase date? (Y, N) _____

If your home was transferred to your ex-spouse due to a divorce settlement,
enter his or her full name _____

If you own the principal residence with another person enter their name and allocation percentage _____

Other owner name _____

Allocation percentage _____

NOTES/QUESTIONS:

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	_____	_____
Employer-provided dependent care benefits that were forfeited in 2017	_____	_____
Total qualified expenses incurred in 2017	_____	_____
Were you or your spouse a full time student or disabled? (Yes or No)	_____	_____
Did you provide care expenses for any person(s) who is not listed as a dependent? (Y, N)	_____	_____

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 _____

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 _____

Credit For The Elderly or Disabled

Please complete if you were age 65 or older at the end of 2017, OR you were under age 65 and retired under total and permanent disability, and you received taxable disability income.

Taxpayer

Spouse

Nontaxable disability/pension income received in 2017

Taxable disability income received in 2017

NOTES/QUESTIONS:

The American Tax Relief Act of 2012 provides credits for energy efficient improvements made to personal residences. There are certain restrictions and limits but some of the home improvements that may qualify include exterior windows and doors, metal roofs, solar electric, or solar heating property. Please provide copies of any prior year Forms 5695 not prepared by this office.

Taxpayer/Spouse/Joint (T, S, J) —

Were the costs incurred made to your main home located in the United States? (Y, N) —

Were the costs incurred related to the construction of your main home located in the United States? (Y, N) —

Enter the total amount of costs for insulation material or system to reduce heat loss or gain _____

Enter the total amount of costs for exterior windows _____

Enter the total amount of costs for exterior doors _____

Enter the total amount of costs for qualified metal roofs _____

Enter the total amount of costs for energy-efficient building property _____

Enter the total amount of costs for qualified natural gas, propane, or oil furnace or hot water boilers _____

Enter the total amount of costs for advanced main circulating fan used in a natural gas, propane, or oil furnace _____

Enter the total amount of costs for qualified solar electric property _____

Enter the total amount of costs for qualified solar water heating property _____

Enter the total amount of costs for qualified small wind energy property _____

Enter the total amount of costs for qualified geothermal heat pump property _____

Enter the total amount of costs for qualified fuel cell property _____

Enter the total amount of kilowatt capacity of the qualified fuel cell property _____

NOTES/QUESTIONS:

Complete if you paid or accrued foreign taxes to a foreign country or U.S. possession in 2017.

Preparer use only

Description _____
 Taxpayer/Spouse (T, S) _____
 Category of income* _____
 Description of income _____

*Category of Income	
A = Passive category income	D = Certain income re-sourced by treaty
B = General category income	E = Lump-sum distributions
C = Section 901(j) income	

Foreign Income or Loss

Country code _____
 Country name _____

	Regular	AMT, if different
Foreign gross income	_____	_____
Definitely related expenses:	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Foreign source losses	_____	_____

Foreign Taxes Paid or Accrued

Foreign taxes paid or accrued:
 Date paid or accrued _____
 In foreign currency - taxes withheld on:
 Dividends _____
 Rents & royalties _____
 Interest _____
 Other foreign taxes _____
 In US dollars - taxes withheld on:
 Dividends _____
 Rents & Royalties _____
 Interest _____
 Other foreign taxes _____

NOTES/QUESTIONS:

Complete this form if you paid qualified adoption expenses in 2017. Indicate if the adoption was final in or before 2017. Qualified adoption expenses include adoption fees, attorney fees, court costs, and travel expenses while away from home. Please provide copies of legal documents approving the adoption.

	Child 1	Child 2	Child 3
Taxpayer/Spouse/Joint (T, S, J)	_____	_____	_____
First name	_____	_____	_____
Last name	_____	_____	_____
Child's date of birth	_____	_____	_____
Mark if this child was:			
born before '00 and was disabled	_____	_____	_____
a child with special needs	_____	_____	_____
a foreign child	_____	_____	_____
Child's identifying number	_____	_____	_____
Total adoption credit received in prior years for this child	_____	_____	_____
Total qualified adoption expenses paid in 2016 for this child	_____	_____	_____
Employer-provided benefits received in 2016 for this child	_____	_____	_____
Total qualified adoption expenses paid in 2017 for this child	_____	_____	_____
Employer-provided benefits received in 2017 for this child	_____	_____	_____
Adoption final in (1 = '17, 2 = Pre '17)	_____	_____	_____

	Child 4	Child 5	Child 6
Taxpayer/Spouse/Joint (T, S, J)	_____	_____	_____
First name	_____	_____	_____
Last name	_____	_____	_____
Child's date of birth	_____	_____	_____
Mark if this child was:			
born before '00 and was disabled	_____	_____	_____
a child with special needs	_____	_____	_____
a foreign child	_____	_____	_____
Child's identifying number	_____	_____	_____
Total adoption credit received in prior years for this child	_____	_____	_____
Total qualified adoption expenses paid in 2016 for this child	_____	_____	_____
Employer-provided benefits received in 2016 for this child	_____	_____	_____
Total qualified adoption expenses paid in 2017 for this child	_____	_____	_____
Employer-provided benefits received in 2017 for this child	_____	_____	_____
Adoption final in (1 = '17, 2 = Pre '17)	_____	_____	_____

If the adoption was incomplete or unsuccessful please provide information below:

NOTES/QUESTIONS:

*Select the Type of Use codes from the chart below

	Type of Use*	Rate	Gallons
Nontaxable use of gasoline -			
Off-highway business use		\$0.183	_____
Use on a farm		0.183	_____
Other nontaxable use	___	0.183	_____
Exported		0.184	_____
Nontaxable use of aviation gasoline -			
Commercial aviation		0.15	_____
Other nontaxable use	___	0.193	_____
Exported		0.194	_____
Leaking underground storage tank (LUST) tax		0.001	_____
Nontaxable use of undyed diesel fuel -			
Explanation of evidence of dyes:			

Other nontaxable use	___	0.243	_____
Use on a farm		0.243	_____
Trains		0.243	_____
Intercity / local bus		0.17	_____
Exported		0.244	_____
Nontaxable use of undyed kerosene (other than aviation) -			
Explanation of evidence of dyes:			

Other nontaxable use	___	0.243	_____
Use on a farm		0.243	_____
Intercity / local buses		0.17	_____
Exported		0.244	_____
Other nontaxable use taxed at \$.044	___	0.043	_____
Other nontaxable use taxed at \$.219	___	0.218	_____
Kerosene used in aviation -			
Kerosene taxed at \$.244		0.200	_____
Kerosene taxed at \$.219		0.175	_____
Other nontaxable use taxed at \$.244	___	0.243	_____
Other nontaxable use taxed at \$.219/.044	___	0.218	_____
Leaking underground storage tank (LUST) tax		0.001	_____

*Type of Use	
1 = Farming purposes	8 = Diesel & Kerosene fuel other than train or highway vehicle
2 = Off highway business use	9 = Foreign trade
3 = Export	10 = Certain helicopter and fixed wing air ambulance uses
4 = Commercial fishing	11 = Aviation fuel other than propulsion engines
5 = Intercity/local bus	13 = Exclusive use by a nonprofit educational organization
6 = In a qualified local bus	14 = Exclusive use by a state, political subdivision or DC
7 = School bus	15 = In an aircraft or vehicle owned by an aircraft museum

NOTES/QUESTIONS:

*Select the Type of Use codes from the chart below

Type of Use*	Rate	Gallons
Sales by registered ultimate vendors of undyed diesel fuel - Registration Number _____ Explanation of evidence of dyes: _____ _____		
State / local government	0.243	_____
Intercity / local buses	0.17	_____
Sales by registered ultimate vendors of undyed kerosene - Registration Number _____ Explanation of evidence of dyes: _____ _____		
Use by state/local government	0.243	_____
Sales from a blocked pump	0.243	_____
Intercity / local buses	0.17	_____
Sales by registered ultimate vendors of kerosene in aviation - Registration Number _____		
Commercial aviation taxed at \$.219 (Other than foreign trade)	0.175	_____
Commercial aviation taxed at \$.244 (Other than foreign trade)	0.200	_____
Nonexempt use in noncommercial aviation	0.025	_____
Other nontaxable uses taxed at \$.244 _____	0.243	_____
Other nontaxable uses taxed at \$.219/.044 _____	0.218	_____
Leaking underground storage tank (LUST) tax	0.001	_____

*Type of Use	
1 = Farming purposes	8 = Diesel & Kerosene fuel other than train or highway vehicle
2 = Off highway business use	9 = Foreign trade
3 = Export	10 = Certain helicopter and fixed wing air ambulance uses
4 = Commercial fishing	11 = Aviation fuel other than propulsion engines
5 = Intercity/local bus	13 = Exclusive use by a nonprofit educational organization
6 = In a qualified local bus	14 = Exclusive use by a state, political subdivision or DC
7 = School bus	15 = In an aircraft or vehicle owned by an aircraft museum

NOTES/QUESTIONS:

*Select the Type of Use codes from the chart below

	Type of Use*	Rate	Gallons
Nontaxable use of alternative fuel -			
Liquefied petroleum gas (LPG)	___	0.183	_____
"P Series" fuels	___	0.183	_____
Compressed natural gas (CNG)	___	0.183	_____
Liquefied hydrogen	___	0.183	_____
Any liquid fuel derived from coal through the Fischer-Tropsch process	___	0.243	_____
Liquid hydrocarbons derived from biomass	___	0.243	_____
Liquefied natural gas (LNG)	___	0.243	_____
Liquefied gas derived from biomass	___	0.183	_____
Alternative fuel credit and alternative fuel mixture credit -			
Registration Number			_____
Liquefied hydrogen		0.50	_____
Registered credit card users -			
Registration Number			_____
Diesel for state / local government		0.243	_____
Kerosene for state / local government		0.243	_____
Kerosene for aviation use by state / local gov't taxed at \$.219/.044		0.218	_____
Nontaxable use of a diesel-water fuel emulsion -			
Other nontaxable use	___	0.197	_____
Exported		0.198	_____
Diesel-water fuel emulsion blending -			
Registration Number			_____
Blender credit		0.046	_____
Exported dyed fuels -			
Exported dyed diesel fuel		0.001	_____
Exported dyed kerosene		0.001	_____

*Type of Use	
1 = Farming purposes	8 = Diesel & Kerosene fuel other than train or highway vehicle
2 = Off highway business use	9 = Foreign trade
3 = Export	10 = Certain helicopter and fixed wing air ambulance uses
4 = Commercial fishing	11 = Aviation fuel other than propulsion engines
5 = Intercity/local bus	13 = Exclusive use by a nonprofit educational organization
6 = In a qualified local bus	14 = Exclusive use by a state, political subdivision or DC
7 = School bus	15 = In an aircraft or vehicle owned by an aircraft museum

NOTES/QUESTIONS:

Instructions Enter carryovers from prior year(s) as positive numbers. Enter utilizations from prior year(s) as negative numbers.	Indefinite Carryovers	2016 to 2017 Amounts
	Excess section 179 for Sch A	_____
	Excess section 179 for Sch A - AMT	_____
	Minimum tax credit	_____
	Investment interest	_____
	Investment interest - AMT	_____
	Short-term capital loss	_____
	Short-term capital loss - AMT	_____
	Long-term capital loss	_____
	Long-term capital loss - AMT	_____
Residential energy credit	_____	
D.C. first-time homebuyer credit	_____	
Tax credit bonds	_____	

Charitable Contribution Carryover Items

Prior C/O Year	50% Contributions	30% Contributions	50/30% Cap Gain Prop	20% Contributions	50% Qualified Conservation Contributions	100% Qualified Conservation Contributions
2006					_____	_____
2007					_____	_____
2008					_____	_____
2009					_____	_____
2010					_____	_____
2011					_____	_____
2012	_____	_____	_____	_____	_____	_____
2013	_____	_____	_____	_____	_____	_____
2014	_____	_____	_____	_____	_____	_____
2015	_____	_____	_____	_____	_____	_____
2016	_____	_____	_____	_____	_____	_____

AMT Charitable Contribution Carryover Items

Prior C/O Year	50% AMT Contributions	30% AMT Contributions	50/30% AMT Cap Gain Prop	20% AMT Contributions	50% AMT Qual Conservation Contributions	100% AMT Qual Conservation Contributions
2006					_____	_____
2007					_____	_____
2008					_____	_____
2009					_____	_____
2010					_____	_____
2011					_____	_____
2012	_____	_____	_____	_____	_____	_____
2013	_____	_____	_____	_____	_____	_____
2014	_____	_____	_____	_____	_____	_____
2015	_____	_____	_____	_____	_____	_____
2016	_____	_____	_____	_____	_____	_____

Section 1231 Nonrecaptured Losses

	Section 1231 Nonrecaptured Losses	AMT Section 1231 Nonrecaptured Losses
2012	_____	_____
2013	_____	_____
2014	_____	_____
2015	_____	_____
2016	_____	_____

Description

A	_____
B	_____
C	_____
D	_____

Prior C/O Year	A	B	C	D
1998	_____	_____	_____	_____
1999	_____	_____	_____	_____
2000	_____	_____	_____	_____
2001	_____	_____	_____	_____
2002	_____	_____	_____	_____
2003	_____	_____	_____	_____
2004	_____	_____	_____	_____
2005	_____	_____	_____	_____
2006	_____	_____	_____	_____
2007	_____	_____	_____	_____
2008	_____	_____	_____	_____
2009	_____	_____	_____	_____
2010	_____	_____	_____	_____
2011	_____	_____	_____	_____
2012	_____	_____	_____	_____
2013	_____	_____	_____	_____
2014	_____	_____	_____	_____
2015	_____	_____	_____	_____
2016	_____	_____	_____	_____

NOTES/QUESTIONS:

Schedule F - Farm income/-loss:

2016	_____
2015	_____
2014	_____
2013	_____
2012	_____

Schedule C - Farm commodity processing income/-loss:

2016	_____
2015	_____
2014	_____
2013	_____
2012	_____

Schedule E - Partnership/S corporation farm income/-loss:

2016	_____
2015	_____
2014	_____
2013	_____
2012	_____

Form 4835 - Farm rent income/-loss:

2016	_____
2015	_____
2014	_____
2013	_____
2012	_____

Gain/-loss on sale of farming property:

2016	_____
2015	_____
2014	_____
2013	_____
2012	_____

AMT Gain/-loss on sale of farming property:

2016	_____
2015	_____
2014	_____
2013	_____
2012	_____

AMT Adjustments/Preferences to farm income/-loss:

2016	_____
2015	_____
2014	_____
2013	_____
2012	_____

NOTES/QUESTIONS:

Prior C/O Year	Net Operating Loss	AMT NOL
1998	_____	_____
1999	_____	_____
2000	_____	_____
2001	_____	_____
2002	_____	_____
2003	_____	_____
2004	_____	_____
2005	_____	_____
2006	_____	_____
2007	_____	_____
2008	_____	_____
2009	_____	_____
2010	_____	_____
2011	_____	_____
2012	_____	_____
2013	_____	_____
2014	_____	_____
2015	_____	_____
2016	_____	_____

NOTES/QUESTIONS:

This page has been prepared to present the details of prior year income tax returns and is provided for informational purposes only.

	2013 Amounts	2014 Amounts	2015 Amounts	2016 Amounts
Filing Status	_____	_____	_____	_____
(1 = Single, 2 = MFJ, 3 = MFS, 4 = HOH, 5 = QW)				
Salaries and wages	_____	_____	_____	_____
Interest income	_____	_____	_____	_____
Tax-exempt interest	_____	_____	_____	_____
Dividend income	_____	_____	_____	_____
Qualified dividends	_____	_____	_____	_____
Business income/loss	_____	_____	_____	_____
Capital gains and losses	_____	_____	_____	_____
Other gains and losses	_____	_____	_____	_____
IRA distributions, pensions, annuities	_____	_____	_____	_____
Rent, royalty, farm rental income	_____	_____	_____	_____
Partnership/S corp income	_____	_____	_____	_____
Estate or trust income	_____	_____	_____	_____
Farm income/loss	_____	_____	_____	_____
Other income/loss	_____	_____	_____	_____
Total income -	_____	_____	_____	_____
Total adjustments to income	_____	_____	_____	_____
Adjusted gross income -	_____	_____	_____	_____
Medical expenses	_____	_____	_____	_____
State and local taxes	_____	_____	_____	_____
Interest expenses	_____	_____	_____	_____
Charitable contributions	_____	_____	_____	_____
Other itemized deductions	_____	_____	_____	_____
Allowable itemized deductions	_____	_____	_____	_____
Standard deduction	_____	_____	_____	_____
Standard or itemized deduction taken -	_____	_____	_____	_____
Exemptions	_____	_____	_____	_____
Taxable income -	_____	_____	_____	_____
Tax on taxable income	_____	_____	_____	_____
Alternative minimum tax	_____	_____	_____	_____
Total credits	_____	_____	_____	_____
Net tax liability -	_____	_____	_____	_____
Self-employment taxes	_____	_____	_____	_____
Other taxes	_____	_____	_____	_____
Total tax -	_____	_____	_____	_____
Income tax withheld	_____	_____	_____	_____
Estimated tax payments	_____	_____	_____	_____
Other payments	_____	_____	_____	_____
Total payments -	_____	_____	_____	_____
Tax due/-refund -	_____	_____	_____	_____
Penalties and interest	_____	_____	_____	_____
Net tax due/-refund -	_____	_____	_____	_____
Refund applied to estimated tax payments	_____	_____	_____	_____
Refund received	_____	_____	_____	_____
Marginal tax rate -	_____ %	_____ %	_____ %	_____ %
Effective tax rate -	_____ %	_____ %	_____ %	_____ %

NOTES/QUESTIONS:

General: 1040

Personal Information

Filing (Marital) status code (1 = Single, 2 = Married filing joint, 3 = Married filing separate, 4 = Head of household, 5 = Qualifying widow(er)) _____

Mark if you were married but living apart all year _____ Mark if your nonresident alien spouse does not have an ITIN _____

Taxpayer Spouse

Social security number _____

First name _____

Last name _____

Occupation _____

Designate \$3.00 to the presidential election campaign fund? (1 = Yes, 2 = No, 3=Blank) _____

Mark if legally blind _____

Mark if dependent of another taxpayer _____

Taxpayer between 19 and 23, full-time student, with income less than 1/2 support? (Y, N) _____

Date of birth _____

Date of death _____

Work/daytime telephone number/ext number _____

Do you authorize us to discuss your return with the IRS (Y, N) _____

General: 1040, Contact

Present Mailing Address

Address _____

Apartment number _____

City/State postal code/Zip code _____

Foreign country name _____

Foreign phone number _____

Home/evening telephone number _____

Taxpayer email address _____

Spouse email address _____

General: 1040

Dependent Information

First Name	Last Name	Date of Birth	Social Security No.	Relationship	Months in home	Care expenses paid for dependent
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Credits: 2441

Child and Dependent Care Expenses

Provider information:

Business name _____

First and Last name _____

Street address _____

City, state, and zip code _____

Social security number OR Employer identification number _____

Tax Exempt or Living Abroad Foreign Care Provider (1 = TE, 2 = LAFCP) _____

Amount paid to care provider in 2017 _____

Taxpayer Spouse

Employer-provided dependent care benefits that were forfeited _____

Health Care: Coverage

Health Care Coverage

"Your family" for health care coverage refers to you, your spouse if filing jointly, and anyone you can claim as a dependent.

2017 Information Prior Year Information

Was your entire family covered for the full year with minimum essential health care coverage? (Y, N) _____

Income: W2 **Salary and Wages**

Please provide all copies of Form W-2 that you receive.
 Below is a list of the Form(s) W-2 as reported in last year's tax return. If a particular W-2 no longer applies, mark the not applicable box.

T/S	Description	Prior Year Information	Mark if no longer applicable
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___

Retirement: 1099R **Pension, IRA, and Annuity Distributions**

Please provide all copies of Form 1099-R that you receive.
 Below is a list of the Form(s) 1099-R as reported in last year's tax return. If a particular 1099-R no longer applies, mark the not applicable box.

T/S	Description	Prior Year Information	Mark if no longer applicable
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___

Income: K1, K1T **Schedules K-1**

Please provide all copies of Schedule K-1 that you receive.
 Below is a list of the Schedule(s) K-1 as reported in last year's tax return. If a particular K-1 no longer applies, mark the not applicable box.

T/S/J	Description	Form	Mark if no longer applicable
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___

Income: W2G **Gambling Income**

Please provide all copies of Form W-2G that you receive.
 Below is a list of the Form(s) W-2G as reported in last year's tax return. If a particular W-2G no longer applies, mark the not applicable box.

T/S	Description	Prior Year Information	Mark if no longer applicable
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___

Educate: 1099Q **Qualified Education Plan Distributions**

Please provide all copies of Form 1099-Q that you receive.
 Below is a list of the Form(s) 1099-Q as reported in last year's tax return. If a particular 1099-Q no longer applies, mark the not applicable box.

T/S	Description	Prior Year Information	Mark if no longer applicable
___	_____	_____	___
___	_____	_____	___

Income: B1 **Interest Income**

Please provide all copies of Form 1099-INT or other statements reporting interest income.

T/S/J	Payer Name	Interest Income	Prior Year Information
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Income: B3 **Seller Financed Mortgage Interest**

T, S, J _____ Payer's name _____ Payer's social security number _____
 Payer's address, city, state, zip code _____
 Amount received in 2017 _____ Amount received in 2016 _____

Income: B2 **Dividend Income**

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

T/S/J	Payer Name	Ordinary Dividends	Qualified Dividends	Prior Year Information
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Income: D **Sales of Stocks, Securities, and Other Investment Property**

Please provide copies of all Forms 1099-B and 1099-S.

T/S/J	Description of Property	Date Acquired	Date Sold	Gross Sales Price (Less expenses of sale)	Cost or Other Basis
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Income: Income **Other Income**

Please provide copies of all supporting documentation.

State and local income tax refunds	2017 Information		Prior Year Information
	Taxpayer	Spouse	Prior Year Information
Alimony received	_____	_____	_____
Unemployment compensation	_____	_____	_____
Unemployment compensation repaid	_____	_____	_____
Social security benefits	_____	_____	_____
Medicare premiums to be reported on Schedule A	_____	_____	_____
Railroad retirement benefits	_____	_____	_____
T/S/J	2017 Information		Prior Year Information
Other Income:	_____	_____	_____
_____	_____	_____	_____

1040 Adj: IRA

Adjustments to Income - IRA Contributions

Please provide year end statements for each account and any Form 8606 not prepared by this office.

Taxpayer

Spouse

Traditional IRA Contributions for 2017 -

If you want to contribute the maximum allowable traditional IRA contribution amount,

enter the applicable code: (1 = Deductible only, 2 = Both deductible and nondeductible)

Enter the total traditional IRA contributions made for use in 2017

Roth IRA Contributions for 2017 -

Mark if you want to contribute the maximum Roth IRA contribution

Enter the total Roth IRA contributions made for use in 2017

Educate: Educate2

Higher Education Deductions and/or Credits

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.

T/S	Qualified student loan interest paid	2017 Information	Prior Year Information
___	_____	_____	_____
___	_____	_____	_____

Complete this section if you paid qualified education expenses for higher education costs in 2017. Qualified education expenses include tuition and fees required for enrollment or attendance at an eligible educational institution. Please provide all copies of Form 1098-T.

T/S	Ed Exp Code*	Student's SSN	Student's First Name	Student's Last Name	Qualified Expenses	Prior Year Information
___	___	_____	_____	_____	_____	_____
___	___	_____	_____	_____	_____	_____
___	___	_____	_____	_____	_____	_____
___	___	_____	_____	_____	_____	_____

*Education Expense Code: 1 = American opportunity credit; 2 = Lifetime learning credit; 3 = Tuition and fees deduction

The student qualifies for the American opportunity credit when enrolled at least half-time in a program leading to a degree, certificate, or recognized credential; has not completed the first 4 years of post-secondary education; has no felony drug convictions on student's record.

1040 Adj: 3903

Job Related Moving Expenses

Complete this section if you moved to a new home because of a new principal work place.

Description of move	_____
Taxpayer/Spouse/Joint (T, S, J)	_____
Mark if the move was due to service in the armed forces	___
Number of miles from old home to new workplace	_____
Number of miles from old home to old workplace	_____
Mark if move is outside United States or its possessions	___
Transportation and storage expenses	_____
Travel and lodging (not including meals)	_____
Total amount reimbursed for moving expenses	_____

1040 Adj: OtherAdj

Other Adjustments to Income

Alimony Paid:

T/S	Recipient name	Recipient SSN	2017 Information	Prior Year Information
___	_____	_____	_____	_____
Street address		_____	_____	_____
City, State and Zip code		_____	_____	_____

	Taxpayer	Spouse	Prior Year Information
--	----------	--------	------------------------

Educator expenses:

_____	_____	_____	_____
-------	-------	-------	-------

Other adjustments:

_____	_____	_____	_____
_____	_____	_____	_____

Itemized: A1

Medical and Dental Expenses

T/S/J		2017 Information	Prior Year Information
—	Medical and dental expenses	_____	_____
—	Medical insurance premiums you paid***	_____	_____
—	Long-term care premiums you paid***	_____	_____
—	Prescription medicines and drugs	_____	_____
—	Miles driven for medical items	_____	_____

***Do not include pre-tax amounts paid by an employer-sponsored plan, amounts paid for your self-employed business, or Medicare premiums entered on Form Lite-3

Itemized: A1

Tax Expenses

T/S/J		2017 Information	Prior Year Information
—	State/local income taxes paid	_____	_____
—	2016 state and local income taxes paid in 2017	_____	_____
—	Sales tax paid on actual expenses	_____	_____
—	Real estate taxes paid	_____	_____
—	Personal property taxes	_____	_____
—	Other taxes	_____	_____

Itemized: A2

Interest Expenses

T/S/J		2017 Information	Prior Year Information
—	Home mortgage interest From Form 1098	_____	_____
T/S/J	Other home mortgage interest paid to individuals:		
	Payee's Name	SSN or EIN	2017 Information
—	_____	_____	_____
	Address	City	State Zip Code
—	_____	_____	_____
T/S/J	Investment interest expense, other than on Sch K-1s:	2017 Information	Prior Year Information
—	_____	_____	_____
	Refinance #1		Refinance #2
	Refinancing Information:		
T/S/J	Recipient/Lender name	_____	_____
	Total points paid at time of refinance	_____	_____
	Date of refinance	_____	_____
	Term of new loan (in months)	_____	_____
	Reported on Form 1098 in 2017	_____	_____

Itemized: A3

Charitable Contributions

T/S/J		2017 Information	Prior Year Information
—	Contributions made by cash or check	_____	_____
—	Volunteer miles driven	_____	_____
—	Noncash items, such as: Goodwill, Salvation Army	_____	_____

Itemized: A3

Miscellaneous Deductions

T/S/J		2017 Information	Prior Year Information
—	Unreimbursed expenses	_____	_____
—	Union dues, other than amounts reported on Form W-2	_____	_____
—	Tax preparation fees	_____	_____
	Other expenses, subject to 2% AGI limitation:		
—	_____	_____	_____
—	Safe deposit box rental	_____	_____
—	Investment expenses, other than on Schedule(s) K-1 or Form(s) 1099-DIV/INT	_____	_____
	Other expenses, not subject to the 2% AGI limitation:		
—	_____	_____	_____
—	Gambling losses (enter only if you have gambling income)	_____	_____

General: Bank

Direct Deposit/Electronic Funds Withdrawal Information

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. _____

Primary account:

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

Secondary account #1:

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

Secondary account #2:

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

*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.

Electronic Filing: ID Auth

Identity Authentication

Taxpayer -

Form of identification (1 = Driver's license, 2 = State issued identification) _____
 Identification number _____
 Issue date _____
 Expiration date _____
 Location of issuance _____
 Document number (New York only) _____

Spouse -

Form of identification (1 = Driver's license, 2 = State issued identification) _____
 Identification number _____
 Issue date _____
 Expiration date _____
 Location of issuance _____
 Document number (New York only) _____

NOTES/QUESTIONS:

Preparer use only

Activity name _____

Use the comments section to provide additional information about the asset. Enter information such as vehicle mileage (total, commuting and business), the total and business square footage of home, home expenses (total and business portion). See the EXAMPLE asset below.

		Description of Asset Acquired	Date Acquired	Cost or Basis
EXAMPLE		2017 Model T - (EXAMPLE ASSET)	03/09/17	25,750
	Comments:	22,500 job-related miles, 25,000 total miles		
1				
	Comments:			
2				
	Comments:			
3				
	Comments:			
4				
	Comments:			
5				
	Comments:			
6				
	Comments:			
7				
	Comments:			
8				
	Comments:			
9				
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15				
	Comments:			
16				
	Comments:			
17				
	Comments:			
18				
	Comments:			
19				
	Comments:			
20				
	Comments:			
21				
	Comments:			
22				
	Comments:			
23				
	Comments:			
24				
	Comments:			
25				
	Comments:			

If you moved during the tax year, name of Alabama city moved to _____ Zip code _____
 If divorced during the tax year, enter former spouse's social security number _____
 If you did not file a prior year Alabama tax return, enter reason:

Contributions

Enter the amount of contributions you wish to make:
Political Contributions

	Taxpayer	Spouse
Election campaign fund contribution (\$1.00) (1 = Democratic party fund, 2 = Republican party fund)	_____	_____

Charitable Contributions

Senior Services Trust Fund	_____	Firefighters Benefit Fund	_____
Arts Development Fund	_____	Breast and Cervical Cancer Program	_____
Nongame Wildlife Fund	_____	Victims of Violence Assistance	_____
Child Abuse Trust Fund	_____	Military Support Foundation	_____
Veterans Program	_____	Spay-Neuter Program	_____
Historic Preservation Fund	_____	Cancer Research Institute	_____
Archives Services Fund	_____	Association of Rescue Squads	_____
Foster Care Trust Fund	_____	USS Alabama Battleship Commission	_____
Mental Health	_____	Children First Trust Fund	_____

Part-year Resident and Nonresident Information

If you were a part-year resident during the tax year, enter the dates you lived in Alabama

Part-year residency dates:
 From _____
 To _____
 If a nonresident of Alabama, enter state of legal residence _____

Credits

Basic Skills Education Credit:
 Dept of Education certification number _____
 Name of sponsoring employer or firm _____
 Name of approved provider _____
 Location of provider _____
 Total expenses _____

Rural Physician Credit:
 Hospital where services provided _____
 Community where services provided _____

NOTES/QUESTIONS:

Last name on prior returns, if different _____

If you were a part-year resident during the tax year, enter the dates you lived in Arizona

Part-year residency dates:

From _____
To _____

Other state(s) of residency (Part-year residents only) _____

Mark if on active military assignment in Arizona during the year (Part-year residents and Nonresidents only) _____

Contributions

Amount of political and charitable contributions you wish to make to:

Political Contributions

Political gift _____
Name of party (1 = Arizona Green Party, 2 = Democratic, 3 = Libertarian, 4 = Republican) _____

Charitable Contributions

- Solutions Teams Assigned to Schools _____
- Arizona Wildlife Fund _____
- Child Abuse Prevention Fund _____
- Domestic Violence Shelter Fund _____
- Neighbors Helping Neighbors Fund _____
- Special Olympics Fund _____
- Veterans Donation Fund _____
- I Didn't Pay Enough Fund _____
- Sustainable State Parks and Road Fund _____
- Spay/Neuter of Animals _____

Property Tax Credit Information

Full Year Residents Only

Homestead status on December 31 (1 = Rent, 2 = Own) _____

Mark if you:
Received Title 16, SSI payments _____
Lived alone _____

Property taxes paid through rent payments _____

If claimed as a dependent on another's return, enter claimant's information:

Name _____
Social security number _____
Address _____ Apartment number _____
City _____ State _____ Zip code _____

Income earned by other household residents _____

NOTES/QUESTIONS:

Taxpayer deaf _____
 Spouse deaf _____
 Early childhood program - certificate number _____
 State political contribution _____

	Taxpayer	Spouse
Contributions to a long-term intergenerational trust	_____	_____

Contributions

Amount of charitable contributions you wish to make to:

Disaster Relief Program	_____
Game and Fish Foundation	_____
School for the Blind and Deaf	_____
Baby Sharon's Children's Catastrophic Illness Program	_____
Organ Donor Awareness Education Program	_____
Area Agencies on Aging	_____
Military Family Relief	_____
Newborn Umbilical Cord Blood Initiative	_____

Part-year Resident and Nonresident Information

If you were a part-year resident during the tax year, enter the dates you lived in Arkansas

Part-year residency dates:

From	_____
To	_____
State of residency if nonresident of Arkansas	_____

NOTES/QUESTIONS:

California General Information

Prior year last name

Taxpayer _____

Spouse _____

Mark if different from prior year return:

Social security number(s) _____

Address _____

Filing status _____

Use Tax

Item purchased

Purchase price

County (City)

Sales Tax paid

Contributions

Amount of contributions you wish to make to:

Seniors Special Fund _____

Alzheimer's Disease/Related Disorders Fund _____

Rare and Endangered Species Preservation Program _____

Breast Cancer Research Fund _____

Firefighters' Memorial Fund _____

Emergency Food for Families Fund _____

Peace Officer Memorial Foundation Fund _____

Sea Otter Fund _____

Cancer Research Fund _____

School Supplies for Homeless Children Fund _____

Parks Pass Purchase (\$195) _____

State Parks Protection Fund _____

Protect Our Coast and Oceans Fund _____

Keep Arts in Schools Fund _____

Children's Trust Fund - Prevent Child Abuse _____

Prevention Animal Homelessness & Cruelty _____

Revive the Salton Sea Fund _____

California Domestic Violence Victims Fund _____

Special Olympics Fund _____

Type 1 Diabetes Research Fund _____

YMCA Youth and Government Fund _____

Habitat for Humanity Fund _____

California Senior Citizen Advocacy Fund _____

Native California Wildlife Rehabilitation _____

Rape Backlog Kit Fund _____

Renter Information

Number of months rented principal residence in California in 2017 _____

Lived with person claiming dependency exemption for more than 6 months (Dependent of another only) _____

Property rented was exempt from property tax in 2017 _____

Taxpayer claimed homeowner's property tax exemption in 2017 _____

Spouse claimed homeowner's property tax exemption during 2017 _____

Maintained separate residences for the entire year _____

Addresses if more than one or different from mailing address _____

Address _____

City _____

State _____

Zip Code _____

Date Rented From _____

Date Rented To _____

Landlord information

Name _____

Address _____

City _____

State _____

Zip Code _____

Telephone _____

California Residency Information

Part-year, Nonresident

	Taxpayer	Spouse
State of domicile	_____	_____
Number of days spent in California	_____	_____
Owned California home or property	_____	_____
Part-year resident:		
Date moved into California	_____	_____
Prior state of residence	_____	_____
Date moved out of California	_____	_____
New state of residence	_____	_____
Nonresident or full-year resident for entire year:		
State of residence	_____	_____

Prior Year Residency Information

	Taxpayer	Spouse
Prior residency information:		
From	_____	_____
To	_____	_____

Military Personnel

Part-year, Nonresident

	Taxpayer	Spouse
State in which stationed	_____	_____

Electronic Filing Information for Military

	Taxpayer	Spouse
Date deployed overseas or entered combat zone/QHDA	_____	_____
Date returned from overseas or combat zone/QHDA	_____	_____
Duty (A = Military overseas, B = Combat Zone/QHDA, C = NAT Guard)	_____	_____
Combat Zone/QHDA Operation/Area served		
Taxpayer	_____	
Spouse	_____	

NOTES/QUESTIONS:

Colorado Use Tax

Purchases subject to state sales or use tax _____
 Special district code _____
 Purchases subject to special district sales or use tax if less than the total purchase _____

Contributions

Amount of charitable contributions you wish to make to:

Nongame and Endangered Wildlife Fund	_____
Domestic Abuse Fund	_____
Homeless Prevention Activities Fund	_____
Western Slope Military Veterans Cemetery Fund	_____
Pet Overpopulation Fund	_____
Military Family Relief Fund	_____
Public Education Fund	_____
American Red Cross Colorado Disaster Response, Readiness, and Preparedness Fund	_____
Colorado for Healthy Landscapes Fund	_____
Habitat for Humanity of Colorado Fund	_____
Special Olympics of Colorado	_____
Colorado Youth Corps Association Fund	_____
Colorado Healthy Rivers Fund	_____
Alzheimer's Association Fund	_____
Colorado Cancer Fund	_____
Make-A-Wish Foundation of Colorado Fund	_____
Unwanted Horse Fund	_____
Colorado Multiple Sclerosis Fund	_____
Urban Peak Housing and Support Fund	_____
Family Caregiver Support Fund	_____

Part-year Resident and Nonresident Information

If you were a part-year resident during the tax year, enter the dates you lived in Colorado

	Taxpayer	Spouse
Residency status (if taxpayer and spouse are different):		
Resident	_____	_____
Nonresident	_____	_____
Part-year resident	_____	_____
Military nonresident	_____	_____
Part-year residency dates:		
From	_____	_____
To	_____	_____

NOTES/QUESTIONS:

Connecticut Charitable Contributions

Amount of contributions you wish to make to:

AIDS Research	_____	Safety Net Services	_____
Organ Transplant	_____	Military Relief	_____
Endangered Species/Wildlife Fund	_____	CHET Baby Scholar	_____
Breast Cancer Research	_____		

Use Tax Information

Use Tax-Enter any out-of-state purchases made on which sales tax was not paid to the seller:

Purchase 1	Description _____	Date of purchase _____
	Retailer/Service Provider: _____	Purchase price _____
	Type Code: _____	Out of state tax paid _____
Purchase 2	Description _____	Date of purchase _____
	Retailer/Service Provider: _____	Purchase price _____
	Type Code: _____	Out of state tax paid _____

Use Tax Type Codes

1 = Computer & data processing services	3 = Luxury items
2 = General sales tax	

Property Tax Information

Enter property taxes paid on primary residence and/or motor vehicle:

Primary Residence Description (Enter street address)(Resident only) _____

Auto 1 Description (Enter year, make and model)(Resident only) _____

Auto 2 Description (Enter year, make and model)(MFJ Resident only) _____

	Name of CT Tax Town or District	Date Paid	Date Paid	Amount Paid
Primary Residence (Resident only)	_____	_____	_____	_____
Auto 1 (Resident only)	_____	_____	_____	_____
Auto 2 (MFJ Resident only)	_____	_____	_____	_____

Part-year Resident Information

If you were a part-year resident during the tax year, enter the dates you lived in Connecticut:

	Taxpayer	Spouse
Enter residency dates:		
From	_____	_____
To	_____	_____
Indicate type of move (1 = Moved into Connecticut, 2 = Moved out of Connecticut)	_____	_____
Did you earn income from Connecticut sources during nonresident period? (Y, N)	_____	_____
State of prior or new residence	_____	_____

Enter the following amounts only if you do NOT know the exact amount of your Connecticut source information

Basis for calculating apportionment (1 = Working days, 2 = Sales, 3 = Mileage)	_____
Working days (or other basis) outside Connecticut	_____
Working days (or other basis) inside Connecticut	_____
Nonworking days (holidays, weekends, etc)	_____
Total income being apportioned	_____

NOTES/QUESTIONS:

	Taxpayer	Spouse
Mark if totally disabled	_____	_____
Volunteer firefighter Fire Company number <small>(Resident only)</small>	_____	_____

Contributions

Amount of contributions you wish to make to:

	Taxpayer	Spouse
Non-Game Wildlife	_____	_____
US Olympics	_____	_____
Emergency Housing	_____	_____
Breast Cancer Education	_____	_____
Organ Donations	_____	_____
Diabetes Education	_____	_____
Veteran's Home	_____	_____
Delaware National Guard	_____	_____
Juvenile Diabetes Fund	_____	_____
Multiple Sclerosis Society	_____	_____
Ovarian Cancer Fund	_____	_____
21st Fund for Children	_____	_____
White Clay Creek	_____	_____
Home of the Brave	_____	_____
Senior Trust Fund	_____	_____
Veteran's Trust Fund	_____	_____
Protecting Delaware's Children Fund	_____	_____
Food Bank of Delaware	_____	_____
Ssx City Habitat for Humanity	_____	_____
Ctrl DE Habitat for Humanity	_____	_____
NCC Habitat for Humanity	_____	_____

Part-year Resident Information

If you were a part-year resident during the tax year, enter the dates you lived in Delaware

	Taxpayer	Spouse
Part-year residency dates:		
From	_____	_____
To	_____	_____

NOTES/QUESTIONS:

District of Columbia Property Tax Credit Information

If renting, enter rental information below (Residents only)

Type of property (1 = Private home, 2 = Apartment, 3 = Rooming house, 4 = Condominium) _____

Landlord's name _____

Landlord's address (Number and street) _____

Apartment number _____

City _____

State _____

Zip code _____

Landlord's telephone number _____

Rent paid _____

Rent supplements received _____

If property owner, enter real property information below

Square number _____

Suffix number _____

Lot number _____

Use Tax

Purchases subject to use tax

Merchandise, services and rentals _____

Alcoholic beverages _____

Catered food or drink or rental of non-commercial vehicles _____

Contribution

Amount of contribution you wish to make to:

DC Statehood Delegation Fund (Political Contribution) _____

Public Trust for Drug Prevention and Children at Risk (Charitable Contribution) _____

Anacostia River Cleanup and Prevention Fund (Charitable Contribution) _____

Part-year Resident Information

If you were a part-year resident during the tax year, enter the dates you lived in the District of Columbia

Part-year residency dates:

From _____

To _____

Disability Information

	Name of Employer	Payer, if other than employer	No. of Weeks
Taxpayer	_____	_____	_____
Spouse	_____	_____	_____

Mark if physician's certification previously filed _____

Otherwise, enter:

Physician's name _____

Address, apartment number _____

City, state, zip code _____

Telephone number _____

NOTES/QUESTIONS:

Georgia General Information

Taxpayer

Spouse

If disabled, enter the following:

Type of disability _____

Date of disability _____

Contributions

Amount of contributions you wish to make to:

Wildlife Conservation Fund _____

Fund for Children and Elderly _____

Cancer Research Fund _____

Land Conservation Program _____

National Guard Foundation _____

Dog and Cat Sterilization Fund _____

Save the Cure Fund _____

Realizing Educational Achievement Can Happen Program _____

Public Safety Memorial Grant _____

Part-year Resident Information

If you were a part-year resident during the tax year, enter the dates you lived in Georgia

Taxpayer

Spouse

Part-year residency dates:

From _____

To _____

NOTES/QUESTIONS:

Mark if first time filer _____
 Mark if address has changed from prior year _____
 If you (or spouse) are blind, deaf or totally disabled, has impairment been certified? (Special disability exemption: T = Taxpayer, S = Spouse, B = Both) _____
 Current year distributions from an individual housing account not used for home purchase _____
 Reservist or National Guard pay included in W-2 income _____
 Payments to an individual housing account _____

Contributions

Amount of contributions you wish to make to:

Election campaign fund - taxpayer (Y, N) _____
 Election campaign fund - spouse (Y, N) _____
 \$2 School-Level Minor Repairs and Maintenance Special Fund (T = Taxpayer, S = Spouse, B = Both) _____
 \$2 Public Libraries Special Fund (T = Taxpayer, S = Spouse, B = Both) _____
 \$5 Children's Trust, Domestic Violence, and Abuse Special Accounts (T = Taxpayer, S = Spouse, B = Both) _____

Rental Credit Information

Rental credits can only be claimed by persons with Hawaii residence of 9 or more months during the calendar year

Residence Information: Starting Month of Occupancy _____ Ending Month of Occupancy _____
 Address _____
 City _____
 State _____
 Zip _____
 Owner Information: Name _____
 Business Name _____
 Address _____
 City _____
 State _____
 Zip _____
 Foreign Providence/State _____
 Foreign Country Code _____
 Foreign Country _____
 Foreign Postal Code _____
 Tax ID # _____
 Total rents received for this unit _____

Part-year Resident Information

If you were a part-year resident during the tax year, enter the dates you lived in Hawaii

Part-year residency dates:
 From _____
 To _____

NOTES/QUESTIONS:

Mark if:

Taxpayer or spouse is a disabled veteran		_____	
Receiving Idaho Public Assistance		_____	
	Taxpayer		Spouse
Number of days eligible for grocery credit if less than full year or total time spent as part year resident		_____	_____

Use Tax

Purchases subject to use tax _____

Contributions

Amount of charitable contributions you wish to make to:

Nongame Wildlife Conservation Fund	_____
Children's Trust Fund and Child Abuse Prevention	_____
Special Olympics Idaho	_____
Idaho Guard and Reserve Family Support Fund	_____
American Red Cross of Greater Idaho Fund	_____
Veterans Support Fund	_____
Idaho Food Bank	_____
Opportunity Scholarship Program Fund	_____
Donate grocery credit to the Cooperative Welfare Fund	_____

Part-year Resident and Nonresident Information

If you were a part-year resident during the tax year, enter the dates you lived in Idaho

	Taxpayer		Spouse
Residency status (1 = Resident, 2 = Resident on active military, 3 = Nonresident, 4 = Part-year resident, 5 = Military nonresident)	_____		_____
Part-year residency dates:			
From	_____		_____
To	_____		_____
State of residence	_____		_____

Adjustments and Credits

Energy efficiency upgrades		_____	
Adoption expenses		_____	
Mark if taxpayer or spouse has a developmental disability (T = Taxpayer, S = Spouse, B = Both)			_____

NOTES/QUESTIONS:

Use Tax

General merchandise purchases _____
 Qualifying food, non-prescription drugs and medical appliances purchases _____
 Sales tax already paid to another state _____

Contributions

Amount of contributions you wish to make to:

Wildlife Preservation _____
 Alzheimer's Disease Research _____
 Assistance to the Homeless _____
 Diabetes Research Fund _____
 Thriving Youth Fund _____
 Criminal Justice Information Projects Fund _____

Credits

Qualified Education Expenses

Child's Name	Grade	School Name	School City	Total Tuition, Books, Lab fees
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Property Taxes

Description	Property Index Number
_____	_____
_____	_____
_____	_____

Part-year Resident and Nonresident Information

If you were a part-year resident during the tax year, enter the dates you lived in Illinois

Part-year residency dates:	Taxpayer	Spouse
From _____	_____	_____
To _____	_____	_____

Mark if you were a resident of any of the following states during the tax year: IA ___ KY ___ MI ___ WI ___

In what states other than above did you reside and/or file a tax return during the tax year?

State postal code	State postal code	State postal code
State postal code	State postal code	State postal code
State postal code	State postal code	State postal code
State postal code	State postal code	State postal code

NOTES/QUESTIONS:

	Taxpayer	Spouse
County of residence (as of January 1 of tax year)	_____	_____
County of employment (as of January 1 of tax year)	_____	_____
Household employment taxes:		
Employee Name _____	Employee SSN _____	
Income _____	State Tax Withheld _____	
County Tax Withheld _____	County Code _____	

Contributions

Amount of contribution you wish to make to:

Nongame Wildlife Fund	_____
Military Family Relief Fund	_____
Public K-12 Education Fund	_____

Credit for Donation to an Indiana College or University

Mark this field if you made a cash or noncash contribution to an Indiana college or university _____

Renter's Information

Taxpayer, Spouse, Joint (T,S,J) _____	Principal address _____	
	City, state, zip code _____	
Number of months rented _____	Total rent paid _____	
Landlord name _____		
Landlord address _____		
Landlord city, state, zip code _____		

Part-year Resident and Nonresident Information

Enter the dates you lived in Indiana or in other states.

	Taxpayer	Spouse
State of residency (Use these fields if you or your spouse had only one state of residency)	_____	_____
States of residency (Use these fields if you or your spouse had more than one state of residency)		
Taxpayer, Spouse(T,S)	State Postal Code	From Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

NOTES/QUESTIONS:

County of residence as of December 31st _____
School district _____

Contributions

Amount of charitable contributions you wish to make to: ..

Fish and Wildlife Fund _____
State Fairgrounds Renovation _____
Firefighters Fund and Veterans Trust Fund _____
Child Abuse Prevention _____

Residency Information

Residency code _____

Residency Code	
Blank = Both spouses have the same residency status	4 = Taxpayer nonresident, spouse part-year resident
1 = Taxpayer nonresident, spouse resident	5 = Taxpayer resident, spouse part-year resident
2 = Taxpayer resident, spouse nonresident	6 = Taxpayer part-year resident, spouse resident
3 = Taxpayer part-year resident, spouse nonresident	

Part-year Resident Information

If you were a part-year resident during the tax year, enter the dates you lived in Iowa

	Spouse	Taxpayer
Part-year residency dates:		
Moved into Iowa	_____	_____
Moved out of Iowa	_____	_____

Nonresident Information

Illinois residents:
Iowa wages or salary only _____
Wages or salary and other Iowa source income _____

NOTES/QUESTIONS:

County of residence _____
School district number _____
Mark if name or address has changed _____

Use Tax

Use Tax due but receipts or records not available _____
Purchases Subject to Use Tax, receipts or records are available _____

City/county	Amount
_____	_____
_____	_____
_____	_____

Contributions

Enter the amount of charitable contributions you wish to make to:

Chickadee Checkoff	_____
Senior Citizens Meals On Wheels Contribution Program	_____
Breast Cancer Research Fund	_____
Military Emergency Relief Fund	_____
Kansas Hometown Heroes Fund	_____
Kansas Creative Arts Industry Fund	_____
School District Contribution Fund	_____
School district headquarters county	_____
School district number	_____

Part-year Resident Information

If you were a part-year resident during the tax year, enter the dates you lived in Kansas

Part-year residency dates:
From _____
To _____

NOTES/QUESTIONS:

National Guard member - taxpayer _____
 National Guard member - spouse _____
 Enter your state of residency at the end of the tax year (Part-year and Nonresident only) _____

Use Tax

	Description	Date of Purchase	Amount
Enter any out-of-state purchases made on which sales tax was not paid to the seller	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

Contributions

Amount of political and charitable contributions you wish to make to:
Political Contributions

Political Party Fund (1 = Democratic, 2 = Republican, 3 = No Designation)	Spouse	Taxpayer
	_____	_____

Charitable Contributions

Nature and Wildlife Fund	_____
Child Victims' Trust Fund	_____
Veterans' Program Trust Fund	_____
Breast Cancer Research and Education Trust Fund	_____
Farms to Food Banks Trust Fund	_____
Local History Trust Fund	_____
Special Olympics Kentucky	_____
Pediatric Cancer Research Trust Fund	_____
Rape Crisis Center Trust Fund	_____

Part-year Resident Information

If you were a part-year resident during the tax year, enter the dates you lived in Kentucky

Part-year residency dates:	
From	_____
To	_____
State moved from	_____
State moved to	_____

Nonresident Information

Kentucky prior year income tax return was filed (Y, N)	Spouse	Taxpayer
Mark if:	_____	_____
Commuted daily to Kentucky employment (VA resident)	_____	_____
All Kentucky wage income earned while a resident of a reciprocal state (indicate state(s) below)	_____	_____
Resident of state(s)		
Taxpayer	IL _____	IN _____ MI _____ OH _____ VA _____ WV _____ WI _____
Spouse	IL _____	IN _____ MI _____ OH _____ VA _____ WV _____ WI _____

NOTES/QUESTIONS:

Mark if name has changed _____

Credit for certain disabilities (B = Blind, D = Deaf, L = Loss of limb, M = Mentally incapacitated): _____

Taxpayer _____

Spouse _____

Dependents:

Code	Disability	First Name	Last Name	SSN
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Value of computer or other technological equipment donated _____

Use Tax

Enter the amount of any out-of-state purchases on which sales tax was not paid _____

Contributions

Military Family Assistance Fund	_____	Louisiana Youth Leadership Seminar Corporation	_____
Coastal Protection and Restoration Fund	_____	Lighthouse for the Blind in New Orleans, Inc	_____
Wildlife Habitat and Natural Heritage Fund	_____	Louisiana Association for the Blind	_____
Louisiana Cancer Trust Fund	_____	Louisiana Center for the Blind	_____
Pet Overpopulation Advisory Council	_____	Affiliated Blind of Louisiana, Inc	_____
Louisiana Food Bank Association	_____	Louisiana State Troopers Charities, Inc	_____
Make-A-Wish of Texas Gulf Coast/Louisiana	_____	Friends of Palmetto State Park	_____
Louisiana Association of United Ways / 2-1-1	_____	The American Rose Society	_____
American Red Cross	_____	The Extra Mile	_____
National Guard Honor Guard for Military Funerals	_____	Naval War Memorial Commission, U.S.S. KIDD	_____
		Children's Therapeutic Services at the Emerge Center	_____

Account Description Amount

START savings program: _____

Part-year Resident Information

	Taxpayer	Spouse
Part-year residency dates:		
From	_____	_____
To	_____	_____

Retirement Information

	Taxpayer	Spouse
Date retired as a:		
Louisiana state employee	_____	_____
Louisiana teacher	_____	_____
Federal employee	_____	_____

	Retirement System Name	Taxpayer	Spouse
		Date Retired	
Other retirement information:	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

Calculate use tax using table (For purchases < \$1000 per purchase only) _____
 Out of state purchases (Enter total if not using table or enter purchases > \$999 if using table) _____
 Use tax already paid to another jurisdiction _____
 Casual rental income _____

Contributions

Political Contributions

Contribute \$3 (\$6 if joint) to the Maine Clean Election Fund (1 = Taxpayer, 2 = Spouse, 3 = Joint) _____

Charitable Contributions

Endangered and Nongame Wildlife Fund "Chickadee Check-off" _____
 Maine Children's Trust _____
 Companion Animal Sterilization Fund _____
 Maine Military Family Relief Fund _____
 Maine Veterans' Memorial Cemetery Maintenance Fund _____
 Maine Public Library Fund _____

State Park Passes

Number of individual park passes _____
 Number of vehicle passes _____

Property Tax Fairness Credit

Not required to file federal or Maine tax return (Filing for Property Tax Fairness only) _____
 Married filing separate but claiming credit of same homestead _____
 Physical street address if different from mailing address _____
 City, state, zip code _____
 Property tax paid during 2017 (For home up to 10 acres less portion related to business use and special assessments) _____
 Rent paid for 2017 _____
 Social security disability / supplemental security income (If part-year resident, enter portion received during residency) _____
 Rent includes heat, utilities, furniture, snow plowing, etc. _____ Amount related to heat, etc. _____
 Landlord #1 name _____ Landlord #1 phone number _____
 Landlord #2 name _____ Landlord #2 phone number _____

Part-year Resident Information

	Taxpayer	Spouse
Part-year residency dates:		
From	_____	_____
To	_____	_____
State where stationed	_____	_____
State of prior residency	_____	_____
Nonresident state of residence	_____	_____
Number of days in Maine for any reason	_____	_____
Maine property owners only:		
Municipality where owned, taxpayer	_____	_____
Municipality where owned, spouse	_____	_____

NOTES/QUESTIONS:

Maryland General Information

Taxpayer

Spouse

County of residence _____

City of residence _____

Contributions

Amount of charitable contributions you wish to make to:

Chesapeake Bay and Endangered Species Fund _____

Developmental Disabilities Waiting List Equity Fund _____

Maryland Cancer Fund _____

Fair Campaign Financing Fund _____

Part-year Resident and Nonresident Information

If you were a part-year resident during the tax year, enter the dates you lived in Maryland

Part-year residency dates:

From _____

To _____

State of legal residence (Other than Maryland) _____

If Maryland return filed for previous year, indicate type (Nonresident only) (1 = Resident, 2 = Nonresident) _____

Mark if taxpayer or spouse in military (Nonresident only) _____

NOTES/QUESTIONS:

Mark if name and address have changed since last year _____
 Mark if noncustodial parent _____
 In care of address or address of legal residence or domicile:
 Street _____
 City, state, zip code _____
 Foreign country name _____
 Foreign province or county _____
 Foreign postal code _____

Use Tax

Estimate use tax for out of state purchases less than \$1,000 _____
 Out of state purchases _____ Sales tax paid to other state _____

Contributions

Amount of political and charitable contributions you wish to make to:

	Taxpayer	Spouse
Mark to contribute to the State Election Campaign Fund	_____	_____
Organ Transplant Fund _____		
Endangered Wildlife Conservation _____		
AIDS Fund _____		
United States Olympic Fund _____		
Military Family Relief Fund _____		
Homeless Animal Prevention and Care Fund _____		

Adjustments and Deductions

Rental Deduction

Residence #1 rented address _____
 Landlord's name and address _____
 Date from _____ Date to _____ Rent paid _____

Residence #2 rented address _____
 Landlord's name and address _____
 Date from _____ Date to _____ Rent paid _____

Health Insurance Information

	Taxpayer	Spouse
Enrolled in Minimum Creditable Coverage (MCC) health insurance plan for entire year	Yes ___ No ___	Yes ___ No ___
Insurance information has changed from last year	Yes ___ No ___	Yes ___ No ___
Federal identification number _____		
Subscriber number _____		
Name of insurance company (Taxpayer) _____		
Name of insurance company (Spouse) _____		

Commuter Deduction

	Tolls paid through Fastlane	MBTA Transit/commuter passes
Taxpayer _____	_____	_____
Spouse _____	_____	_____

Part-year Resident Information

If you were a part-year resident during the tax year, enter the dates you lived in Massachusetts

Part-year residency dates:
 From _____
 To _____

School district name _____
 School district code _____
 Mark if 2/3 income from seafaring _____

	Taxpayer	Spouse
Do you want \$3.00 to go to the state campaign fund? (Y, N)	___	___
Mark the applicable boxes if the following conditions apply to you and/or your spouse:		
Paraplegic, quadriplegic or hemiplegic	___	___
Totally and permanently disabled	___	___
Deaf	___	___
Qualified disabled veteran	___	___

Use Tax

Purchases up \$1000 per purchase subject to use tax _____
 Purchases exceeding \$1000 per purchase subject to use tax _____

Contributions

Amount of charitable contribution you wish to make to:
 Contributions must be a minimum of \$5, \$10 or any amount greater than \$10

American Red Cross of Michigan	_____
Animal Welfare Fund	_____
Children's Trust Fund - Preventing Child Abuse in Michigan	_____
Michigan Junior Achievement Fund	_____
Military Family Relief Fund	_____
United Way Fund	_____

Part-year Resident Information

If you were a part-year resident during the tax year, enter the dates you lived in Michigan

	Taxpayer	Spouse
From	_____	_____
To	_____	_____
Residency status of spouse (if different from taxpayer)(1 = Resident, 2 = Nonresident, 3 = Part-year resident)		___

NOTES/QUESTIONS:

Michigan Credits - Homestead Property Tax Credit Information

Homeowner

Homestead occupied entire tax year: Taxable value _____ Special Assessments _____
 Homestead property taxes levied, if different from that entered on Organizer Form ID: A1 (or Lite-5)

TSJ	Description	Amount

Address at end of tax year, if different from that entered on Organizer Form ID: 1040 (or Lite-1):

Street address _____	Taxable value _____
City _____	Number of days occupied _____
State _____ Zip code _____	Property taxes levied for the year _____

Address of homestead sold during tax year:

Street address _____	Taxable value _____
City _____	Number of days occupied _____
State _____ Zip code _____	Property taxes levied for the year _____

Rental Information

Rental #1 Address _____ City _____ Zip code _____	No. months	Monthly rent	Mobile home
Landlord #1 Name _____ Address _____ City _____ State _____ Zip Code _____			
Rental #2 Address _____ City _____ Zip code _____	No. months	Monthly rent	Mobile home
Landlord #2 Name _____ Address _____ City _____ State _____ Zip Code _____			

Household Income

Enter amounts of nontaxable income received during the tax year by any member of your household

Child support and foster parent payments	_____
Worker's compensation and Veteran's benefits	_____
Family Independence Agency and other public assistance payments	_____
Gifts or expenses paid on your behalf	_____
Other nontaxable income (inheritances, etc):	_____
_____	_____
_____	_____

NOTES/QUESTIONS:

Michigan Cities General Information

Taxpayer Spouse

Mark the applicable boxes if the following conditions apply to you and/or your spouse:

Disabled

— —

Deaf

— —

NOTES/QUESTIONS:

Mark if you or your spouse are disabled _____
 Welfare amounts received _____

Contributions

Amount of political and charitable contributions you wish to make to:
Political Contributions

State campaign fund (Enter the appropriate code for the \$5 political party contribution on Form M1 or Form M1PR from the list below) Taxpayer _____ Spouse _____

Political Parties		
11 = Republican	14 = Grassroots-Legalize Cannabis Party	17 = Legalize Marijuana Now Party
12 = Democratic Farmer-Labor	15 = Green Party of Minnesota	99 = General Campaign Fund
13 = Independent	16 = Libertarian	

Charitable Contribution

Nongame Wildlife Fund _____

Credits and Subtractions

Long Term Care Insurance Credit

Name of insurance company (Taxpayer) _____
 Name of insurance company (Spouse) _____
 Policy Number (Taxpayer) _____
 Policy Number (Spouse) _____

K-12 Education Expenses

Child's Name	Grade	Class Fees	Indiv Fees	Textbook Material	Transport Costs	Hardware Software	Qualified Tuition
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

	Child One	Child Two	Child Three
Class name	_____	_____	_____
Class type	_____	_____	_____
Ind. instr name	_____	_____	_____
Ind. instr type	_____	_____	_____
Music ins type	_____	_____	_____
Musical ins cost	_____	_____	_____
Type of school attended	_____	_____	_____
Transp provider	_____	_____	_____

M1PR Property Tax Credit

Note: Please attach copies of your tax year CRP's and/or current year Property Tax Statements

Part-year Resident and Nonresident Information

If you were a part-year resident during the tax year, enter the dates you lived in Minnesota

Part-year residency dates: Taxpayer _____ Spouse _____
 From _____
 To _____
 Other state of residence (State/Foreign country required for other nonresidents) _____

NOTES/QUESTIONS:

Mississippi General Information

County of residence _____

Contributions

Amount of contributions you wish to make to:

Military Family Relief Fund _____

Commission for Volunteer Service Fund _____

Wildlife Heritage Fund _____

Educational Trust Fund _____

Wildlife Fisheries and Parks Foundation _____

Bicentennial Celebration Fund _____

Burn Care Fund _____

NOTES/QUESTIONS:

County of residence name _____
 County of residence _____

Contributions

Amount of contributions you wish to make to:

Children's Trust Fund	_____	
Veterans Trust Fund	_____	
Elderly Home Delivered Meals Trust Fund	_____	
Missouri National Guard Trust Fund	_____	
Workers' Memorial Trust Fund	_____	
Childhood Lead Testing Trust Fund	_____	
Missouri Military Family Relief Trust Fund	_____	
General Revenue Trust Fund	_____	
Organ Donor Program Trust Fund	_____	
Trust Fund	_____	_____
Trust Fund	_____	_____

Trust Fund Codes	
01 = American Cancer Society	10 = National Multiple Sclerosis Society
02 = American Diabetes Association	14 = Adoptive Parent's Recruitment and Retention
03 = American Heart Association	15 = American Red Cross Trust Fund
05 = ALS (Lou Gehrig's Disease)	16 = Developmental Disabilities Waiting List Fund
07 = Muscular Dystrophy Association	17 = Puppy Projection Trust Fund
08 = March of Dimes	18 = Pediatric Cancer Trust
09 = National Arthritis Foundation	19 = Missouri National Guard Foundation Fund

Part-year Resident and Nonresident Information

If you were a part-year resident during the tax year, enter the dates you lived in Missouri

	Taxpayer	Spouse
Missouri residency dates:		
From	_____	_____
To	_____	_____
Other state residency dates:		
From	_____	_____
To	_____	_____
Other state of residency	_____	_____

If your reason for residence in Missouri was to serve in the military, enter Missouri place of station:

Taxpayer	_____
Spouse	_____

Property Tax Information

Residents only

Mark if you are a 100% disabled veteran	_____
Mark if you are disabled per section 135.010(2), RSMo	_____
Mark if surviving spouse social security benefits were received during the tax year	_____

NOTES/QUESTIONS:

Montana Contributions

Amount of contributions you wish to make to:

	Taxpayer	Spouse
Nongame Wildlife Program	_____	_____
Child Abuse and Neglect Prevention Program	_____	_____
Agriculture in Montana Schools Program	_____	_____
Montana Military Family Relief Fund	_____	_____
Political Contributions	_____	_____

Part-year Resident Information

If you were a part-year resident during the tax year, enter the dates you lived in Montana

Part-year residency dates:

From _____

To _____

State moved to _____

State moved from _____

Elderly Homeowner or Renter Credit

Please provide copies of property tax bills

Mark if owned or rented a Montana residence for 6 months or more during the current tax year _____

Taxpayer, Spouse, Joint _____

Rent paid _____

NOTES/QUESTIONS:

Nebraska General Information

County of residence _____
Public school district _____

Contributions

Amount of charitable contributions you wish to make to:

Wildlife Conservation Fund _____

Part-year Resident Information

If you were a part-year resident during the tax year, enter the dates you lived in Nebraska

Part-year residency dates:

From _____
To _____

NOTES/QUESTIONS:

New Hampshire General Information

Taxpayer Spouse

Mark if disabled on the last day of the tax year

— —
DP-10

Name change since last filing

—

Part-year Resident Information

If you were a part-year resident during the tax year, enter the dates you lived in New Hampshire

From _____
To _____

Business Tax Summary

Mark to indicate final return

—

NOTES/QUESTIONS:

New Jersey General Information

County or Municipality code _____

In care of address _____

Mark if:

Tax forms, instructions and booklet are not needed _____

You are not eligible for the property tax deduction or credit _____

You maintain the same residence as your spouse (Married filing separate returns ONLY) _____

Taxpayer

Spouse

Mark if:

Contributed to the Social Security Fund (Eligible to receive benefits) _____

You want to designate \$1 to the gubernatorial election campaign fund _____

Use tax due on out-of-state purchases (Resident and part-year residents) _____

Contributions

Amount of contribution you wish to make to:

Endangered Wildlife Fund _____

Children's Trust Fund to prevent child abuse _____

New Jersey Vietnam Veterans' Memorial Fund _____

Breast Cancer Research Fund _____

USS New Jersey Educational Museum Fund _____

Other (see codes below) _____

Other Funds

01 = Drug Abuse Ed	07 = World Trade Center	13 = NJ National Guard State Family	19 = NJ Farm to School / School Garden
02 = Korean Veterans'	08 = Veterans Haven Support	14 = American Red Cross NJ	20 = Local Library Support
03 = Organ Donor	09 = Community Food Pantry	15 = Girl Scouts Council in NJ	21 = ALS Association Support
04 = AIDS Services	10 = Cat and Dog Spay and Neuter	16 = Homeless Veterans Grant	22 = Non-Profit Veterans Organization
05 = Literacy Vol	11 = Lung Cancer Research	17 = Leukemia and Lymphoma - NJ	23 = NJ Yellow Ribbon Fund
06 = Prostate Cancer	12 = Boys and Girls Club	18 = Northern NJ Veterans Memorial Cemetery Development	

Property Information

For principal residences owned or rented in New Jersey during the tax year, enter address information

Homeowner Information:

Street _____

City _____

Block number _____

Qualifier number (Condos) _____

Your share of property owned _____

Total property taxes paid (mobile home site fees) _____

Co-op or continuing care retirement facility resident _____

Lot number _____

Mobile home park site # _____

Number of days as an owner _____

Share used as principal residence _____

Your share of property taxes _____

Renter Information:

Street _____

Apt # _____

Days as a tenant _____

Total rent paid _____

City _____

Total number of tenants _____

Your share of rent paid _____

Tenant Information:

First name of other tenant _____

Last name of other tenant _____

Middle initial of other tenant _____

SSN of other tenant _____

Part-year Resident and Nonresident Information

If you were a part-year resident during the tax year, enter the dates you lived in New Jersey

Part-year residency dates:

From _____

To _____

State of residency (Nonresidents only) _____

If you were a part-year resident during the tax year, enter the dates you lived in New Mexico

First year resident

From _____ To _____

Part-year residency dates:

Taxpayer _____
 Spouse _____

Do NOT have a commercial domicile in New Mexico _____

Contributions

Amount of political and charitable contributions you wish to make to:

Political Contributions

Political party (1 = Democratic, 2 = Republican, 3 = Libertarian, 4 = Green, 5 = Better for America) Taxpayer _____ Spouse _____

Charitable Contributions

Share with Wildlife	_____
Veterans' State Cemetery Fund	_____
Substance Abuse Education Fund	_____
Forest Re-Leaf Program	_____
National Guard Member and Family Assistance	_____
Kids 'N Parks Transportation Grant Program	_____
Amyotrophic Lateral Sclerosis Research Fund	_____
Vietnam Veterans Memorial	_____
Veterans Enterprise Fund	_____
Lottery Tuition Fund	_____
Horse Shelter Rescue Fund	_____
Animal Care and Facility Fund	_____
Supplemental Senior Services	_____
Sexual Assault Examination Kit Processing Fund	_____

Additions and Deductions

Income of an Indian _____
 Name of the taxpayer's Indian nation, tribe, or pueblo _____
 Name of the spouse's Indian nation, tribe, or pueblo _____
 Contributions refunded from the New Mexico approved Section 529 College Savings Plan _____

Rebate and Credit Schedule

Public assistance, AFDC, welfare benefits _____
 Supplemental security income (SSI) _____
 Amount of rent paid during the tax year on principal place of residence _____
 Mark if rent includes amount paid on your behalf by a government entity _____
 Resident county (1 = Los Alamos, 2 = Santa Fe) _____

NOTES/QUESTIONS:

	Taxpayer	Spouse
Mark if you were a resident of New York City at any time during the current tax year	___	___
Mark if you were a resident of Yonkers at any time during the current tax year	___	___
County of residence	_____	
School district	_____	

Use Tax

Use tax due but receipts or records not available ___

Contributions

Amount of contributions you wish to make to:

Return a Gift to Wildlife	_____	Teen Health Education	_____
Missing or Exploited Children Fund	_____	Veterans Remembrance	_____
Breast Cancer Research Fund	_____	Homeless Veterans	_____
Alzheimer's Fund	_____	Mental Illness Anti-stigma Fund	_____
Olympic Fund (Maximum \$2 per filer)	_____	Women's Cancer Education and Prevention Fund	_____
Prostate and Testicular Cancer Research and Education Fund	_____	Autism Fund	_____
9/11 Memorial	_____	Veterans' Homes	_____
Volunteer Firefighting and EMS Recruitment Fund	_____		

Property Tax Credit Information

Resident who lived six or more months in same taxable residence with market value \$85,000 or less ___

Mark if you lived in a nursing home and qualify for credit ___

Enter amounts received for cash public assistance and relief _____

Enter any other income not reported elsewhere _____

Homeowners:

Enter the amount of special assessments you and all qualified household members paid during the current tax year _____

Enter the amount of taxes not paid due to the exemption for persons 65 or older under section 467 _____

Tenants:

Enter the total rent you and all members of your household paid during current tax year _____

Rent includes charges for (Specify) _____

4 = Heat, gas, electricity, furnishings and board	2 = Heat, gas and electricity	0 = Nothing included
3 = Heat, gas, electricity and furnishings	1 = Heat or heat and gas	

Part-year Resident and Nonresident Information

	Taxpayer			Spouse	
	New York State	New York City	Yonkers	New York City	Yonkers
Part-year residency dates:					
From	_____	_____	_____	_____	_____
To	_____	_____	_____	_____	_____
County of residence while a nonresident of New York City	_____				

Nonresident Information for Apartment or Living Quarters Maintained in the State/City

Address #1

Mark if this address is still maintained by or for you ___

Number of days in NYC _____

Street address _____

City, State and Zip code _____

Is this address within city limits? Specify city (YON = Yonkers) _____

Address #2

Mark if this address is still maintained by or for you ___

Number of days in NYC _____

Street address _____

City, State and Zip code _____

Is this address within city limits? Specify city (YON = Yonkers) _____

North Carolina General Information

County of residence _____

Contributions

Amount of charitable contributions you wish to make to:

Endangered Wildlife Fund _____

Education Endowment Fund _____

Breast and Cervical Cancer Control Program _____

Part-year Resident Information

If you were a part-year resident during the tax year, enter the dates you lived in North Carolina

	Taxpayer	Spouse
Part-year residency dates:		
From	_____	_____
To	_____	_____

NOTES/QUESTIONS:

School district code _____
 Income source code _____

Income source code			
1 = Farming, ranching	4 = Public, private education	7 = Manufacturing	10 = Finance, banking, insur
2 = Retail, wholesale trade	5 = Personal, business services	8 = Communication, trnspn, utilities	11 = Military
3 = Government service	6 = Construction	9 = Gas, oil, coal	12 = Retirement

Contributions

Amount of contributions you wish to make to:

Watchable Wildlife Fund _____
 Trees for North Dakota Fund _____

Part-year Resident and Nonresident Information

If you were a part-year resident during the tax year, enter the dates you lived in North Dakota

	Taxpayer	Spouse
Part-year residency dates:		
From	_____	_____
To	_____	_____
Other state of residency	_____	_____

NOTES/QUESTIONS:

Enter your current Ohio county of residence _____
 School district number _____

Use Tax

Mark this field to certify no sales or use tax is due _____
 Purchases subject to use tax _____

Contributions

Amount of political and charitable contributions you wish to make to:
Political

	Taxpayer	Spouse
Contribution to Ohio political party fund?	—	—

Charitable Contributions

Military injury relief fund	_____
Natural areas and endangered species fund	_____
Wildlife species and endangered wildlife	_____
Ohio History Fund	_____
Breast and cervical cancer project	_____
Wishes for sick children	_____

Credits

	Taxpayer	Spouse
Displaced worker training expenses for 12-month period since loss of job	_____	_____
Amount contributed to Ohio political campaigns	_____	_____

Part-year Resident and Nonresident Information

If you were a part-year resident during the tax year, enter the dates you lived in Ohio

	Taxpayer	Spouse
Part-year residency dates:		
From	_____	_____
To	_____	_____

	Taxpayer	Spouse
Residency status (If taxpayer and spouse are different) (R = Resident, P = Part-year resident, N = Nonresident)	—	—
If nonresident, enter state of residency	_____	_____
If foreign, enter country of residency	_____	_____

NOTES/QUESTIONS:

Mark if not subject to Use Tax _____

Contributions

Amount of charitable contributions you wish to make to:

- Court Appointed Advocates _____
- National Guard _____
- Regional Food Banks _____
- YMCA Youth and Government Program _____
- Indigent Veteran Burial Program _____
- General Revenue Fund _____
- Emergency Responders Assistance Program _____
- Folds of Honor _____

Part-year Resident and Nonresident Information

If you were a part-year resident during the tax year, enter the dates you lived in Oklahoma

Part-year residency dates:

From _____
To _____

Nonresident state of residence _____ Nonresident country of residence _____

Resident and part-year or nonresident spouse:

Taxpayer's residence

Spouse's residence

State postal code
State postal code
State postal code
State postal code

Country code
Country code
Country code
Country code

State postal code
State postal code
State postal code
State postal code

Country code
Country code
Country code
Country code

Property Tax and Sales Tax Credits

Mark if you were not an Oklahoma resident for the entire tax year _____

Mark if you (or spouse) were disabled for the entire tax year _____

Home real estate tax _____

Workmen's compensation/loss of time insurance _____

Support money _____

Cash public assistance _____

NOTES/QUESTIONS:

Oregon General Information

Indicate if severely disabled (T = Taxpayer, S = Spouse, B = Both)

Taxpayer _____
Spouse _____

Number of months of federal service before 10/01/1991 (Federal employees)

Total number of months of federal service (Federal employees)

Contributions

Amount of charitable contributions you wish to make to:

Cascade AIDS Project	_____	The Salvation Army	_____
Veterans Suicide Prevention	_____	Doernbecher Children's Hospital	_____
Oregon Non-game Wildlife	_____	Oregon Veteran's Home	_____
Prevent Child Abuse	_____	ALS Association	_____
Alzheimer's Disease Research	_____	Planned Parenthood	_____
Stop Domestic and Sexual Violence	_____	Lions Sight & Hearing Foundation	_____
Habitat for Humanity	_____	Shriners Hospitals for Children	_____
Head Start Association	_____	Special Olympics	_____
American Diabetes Association	_____	Susan G. Komen	_____
SMART - Start Making A Reader Today	_____	Military Assistance Program	_____
Oregon Coast Aquarium	_____	Historical Society	_____
SOLVE - Stop Oregon Litter and Vandalism	_____	Food Bank	_____
The Nature Conservancy	_____	Albertina Kerr Kid's Crisis Care	_____
St. Vincent DePaul Society of Oregon	_____	American Red Cross	_____
Oregon Humane Society	_____		

Political party you wish to make contributions to:

Taxpayer _____
Spouse _____

Political Party

Political Party Contributions

500 = Constitution Party of Oregon	503 = Libertarian Party of Oregon	506 = Progressive Party
501 = Democratic Party of Oregon	504 = Oregon Republican Party	507 = Working Families Party of Oregon
502 = Independent Party of Oregon	505 = Pacific Green Party of Oregon	

Part-year Resident and Nonresident Information

If you were a part-year resident during the tax year, enter the dates you lived in Oregon

	Taxpayer	Spouse
Dates of residency:		
From	_____	_____
To	_____	_____

NOTES/QUESTIONS:

County of residence _____
 School district name _____

Taxpayer Spouse

Final return _____ _____

Contributions

Amount of contributions you wish to make to:

	Taxpayer	Spouse
Breast and Cervical Cancer	_____	_____
Wild Resource Conservation Fund	_____	_____
Military Family Relief Assistance	_____	_____
Governor Robert P. Casey Memorial Organ/Tissue Trust Fund	_____	_____
Juvenile (Type 1) Diabetes Cure Research Fund	_____	_____
Children's Trust Fund	_____	_____
American Red Cross	_____	_____

Part-year Resident Information

If you were a part-year resident during the tax year, enter the dates you lived in Pennsylvania

	Taxpayer	Spouse
Part-year residency dates:		
From	_____	_____
To	_____	_____

NOTES/QUESTIONS:

Enter city or town of legal residence _____

Use Tax

Purchases subject to use tax _____
 Total sales tax paid to other states _____
 Purchases subject to use tax is unknown except purchases over \$1000 (Use tax table based on federal AGI) _____
 Purchases subject to use tax over \$1000: _____

Description	Purchases Subject to Use or sales Tax	Sales Tax Paid to Other State
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Contributions

Amount of political and charitable contributions you wish to make to:

Political Contributions

Mark to make an electoral system contribution (NOTE: This will NOT increase your tax or decrease your refund) _____
 If you wish for a portion of your electoral contribution to be paid to a political party, enter name of party _____

Charitable Contributions

Drug Program Account _____
 Mark if you wish to make an Olympic Contribution _____
 Organ Transplant Fund _____
 Council on the Arts _____
 Nongame Wildlife Fund _____
 Childhood Disease Victims' Fund _____
 Military Family Relief Fund _____

Part-year Resident Information

Part-year residency dates:
 From _____
 To _____

Property Tax Relief Claim

Mark if disabled and received social security disability payments during the tax year _____
 Live in household or rent dwelling subject to property tax? (Y, N) _____
 Current for property taxes and rent due for 2017 and all prior years (Y, N) _____
 Rent paid (Enter 100%) _____
 If renting, Landlord name: _____
 Landlord Address: _____
 Landlord city, state and zip code _____
 Landlord phone number: _____

NOTES/QUESTIONS:

County code number, if known _____
 Authorize discussion with Department of Revenue (Y, N) _____
 Purchases subject to use tax _____
 If not using direct deposit for refund, select alternative method of receiving refund _____
 1 = SCDOR Income Tax Refund Prepaid Debit Card issued by Bank of America
 2 = Paper Check

Additions and Subtractions

Expenses related to reserve income _____
 National guard reserve pay _____
 Law enforcement subsistence (Number of days) _____
 Volunteer deduction code _____
 Taxpayer _____
 Spouse _____

Volunteer Deduction Codes	
1 = Volunteer Firefighter	5 = Reserve Police officer
2 = HAZMAT team member	6 = State Guard member
3 = Rescue Squad worker	7 = State Constable
4 = DNR officer	

Part-year Resident and Nonresident Information

If you were a part-year resident during the tax year, enter the dates you lived in South Carolina

Part-year residency dates:
 From _____
 To _____

Contributions

Amount of contributions you wish to make to:

Endangered Wildlife Fund	_____
Children's Trust Fund	_____
Eldercare Trust Fund	_____
Veterans' Trust Fund	_____
Donate Life South Carolina	_____
First Steps to School Readiness Fund	_____
War Between States Heritage Trust Fund	_____
Litter Control Enforcement Program	_____
Law Enforcement Assistance Program	_____
K-12 Public Education Fund	_____
State Parks Fund	_____
Military Family Relief Fund	_____
Conservation Bank Trust Fund	_____
Financial Literacy Trust Fund	_____
State Forests Fund	_____
Department of Natural Resources Fund	_____
Association of Habitat Affiliates	_____

NOTES/QUESTIONS:

Tennessee General Information

County _____
City _____
Account number _____
Mark if quadriplegic _____

	Taxpayer	Spouse
	—	—

NOTES/QUESTIONS:

Utah General Information

If you were a part-year resident during the tax year, enter the dates you lived in Utah

Part-year residency dates:

From _____

To _____

State of residency (Nonresidents) _____

Use Tax

County/City _____

Purchases _____

Use tax _____

Contributions

Amount of political and charitable contributions you wish to make to:

Political Contributions

Election campaign fund _____

Taxpayer _____

Spouse _____

Enter the appropriate code for the political party from the list below:

Political Party	
C = Constitution	R = Republican
D = Democratic	N = No Contribution
M = Independent American	U = United Utah
L = Libertarian	

Making a selection from this list will designate \$2 to the party of your choice. Your refund or amount of tax due will not be affected

Charitable Contributions

Pamela Atkinson Homeless Trust Account _____

Kurt Oscarson Children's Organ Transplant Account _____

School district code _____

School District and Nonprofit School District Foundation _____

School district code

01 = Alpine	07 = Davis	13 = Iron	19 = Morgan	25 = Park City	31 = Sevier	37 = Wasatch
02 = Beaver	08 = Duchesne	14 = Jordan	20 = Murray	26 = Piute	32 = S. Sanpete	38 = Washington
03 = Box Elder	09 = Emery	15 = Juab	21 = Nebo	27 = Provo	33 = S. Summit	39 = Wayne
04 = Cache	10 = Garfield	16 = Kane	22 = North Sanpete	28 = Rich	34 = Tintic	40 = Weber
05 = Carbon	11 = Grand	17 = Logan	23 = North Summit	29 = Salt Lake City	35 = Tooele	41 = Utah Assistive Technology
06 = Daggett	12 = Granite	18 = Millard	24 = Ogden	30 = San Juan	36 = Uintah	42 = Canyons

Clean Air Fund _____

NOTES/QUESTIONS:

School district name _____
School district code _____

Contributions and Use Tax

Use Tax

No out-of-state purchases made _____
Total out-of-state purchases for items that cost less than \$1,000 _____
Total out-of-state purchases for items that cost \$1,000 or more _____
Sales tax paid on out-of-state purchases _____

Contributions

Amount of charitable contributions you wish to make to:

Nongame Wildlife Fund _____
Children's Trust Fund _____
Vermont Veterans' Fund _____
Green Up Day Vermont _____

Part-year Resident and Nonresident Information

If you were a part-year resident during the tax year, enter the dates you lived in Vermont

Part-year residency dates:
From _____
To _____

Other state of residency _____

Property Tax Information

Homeowners

Anticipate selling Vermont housesite on or before April 1st _____
SPAN number from 2017/2018 property tax bill _____
Housesite value _____
Housesite education tax _____
Housesite municipal tax _____
Ownership percentage of property _____
Mobile home lot rent _____

Renters

Rent paid _____

NOTES/QUESTIONS:

Virginia General Information

Virginia city or county of residence on January 1, 2018; last lived in or business location _____

Mark to indicate name has changed from last year (Resident and nonresident only) _____

Mark to indicate filing status has changed from last year (Resident only) _____

Mark to indicate address has changed from last year (Resident and nonresident only) _____

Mark to indicate that a Virginia return was not filed last year (Resident only) _____

Use Tax

Consumer's Use Tax _____

Contributions

Amount of contributions you wish to make to:

Political Contributions

Virginia Democratic Party _____ Virginia Republican Party _____

Charitable Contributions

If you contributed to a public school foundation, provide the supporting information to your accountant

Virginia Nongame and Endangered Wildlife Program _____	Virginia Federation of Humane Societies _____
Office of Secretary of Veterans Affairs and Homeland Security _____	Aquarium and Marine Science Center _____
Virginia Housing Program _____	Spay and Neuter Fund _____
Department for Aging and Rehabilitative Services _____	Virginia Cancer Centers _____
Medicare Part D Counseling Fund _____	Capitol Preservation Foundation _____
Virginia Arts Foundation _____	Chesapeake Bay Restoration Fund _____
Open Space Recreation and Conservation _____	Family and Children's Trust Fund (FACT) _____
Foundation for Community College Education _____	Virginia's State Forests Fund _____
Middle Peninsula Chesapeake Bay Public Access _____	Federation of Food Banks _____
Breast and Cervical Cancer Prevention and Treatment _____	Virginia Military Family Relief Fund _____

Part-year Resident Information

If you were a part-year resident during the tax year, enter the dates you lived in Virginia

	Spouse	Taxpayer
Part-year residency dates:		
From	_____	_____
To	_____	_____

Nonresident Information

State of residence (Nonresidents only) _____

NOTES/QUESTIONS:

County of residence _____

Use Tax

Purchases _____		
	Municipality	Purchases
Municipality purchases _____	_____	_____
Municipality purchases _____	_____	_____

Contributions

Amount of contributions you wish to make to:

West Virginia Children's Trust Fund _____

Part-year Resident and Nonresident Information

Part-year residency status _____

1 = Moved into West Virginia

2 = Moved out of West Virginia with West Virginia source income during period of nonresidency

3 = Moved out of West Virginia with no West Virginia source income during period of nonresidency

If you were a part-year resident during the tax year, enter the dates you lived in West Virginia

Part-year residency dates:

From _____

To _____

State of residence _____

If state of residence is Virginia or Pennsylvania, enter number of days in West Virginia (Nonresidents only) _____

NOTES/QUESTIONS:

Wisconsin General Information

City of residence _____
 Village of residence _____
 Town of residence _____
 County of residence _____
 School district _____
 Mark if divorce decree _____
 Enter rent paid:
 Heat included _____
 Heat not included _____

Use Tax

Mark if not subject to Use Tax _____

	County	Purchases
Sales and use tax on out-of-state purchases	_____	_____
Sales and use tax on out-of-state purchases	_____	_____
Sales and use tax on out-of-state purchases	_____	_____

Contributions

Amount of charitable contributions you wish to make to:

Cancer research	_____	Red Cross WI disaster relief	_____
Endangered resources	_____	Second Harvest / Feeding America	_____
Military family relief	_____	Special Olympics Wisconsin	_____
Multiple sclerosis	_____	Veterans trust fund	_____

Part-year Resident and Nonresident Information

Residency code _____

Residency code

Blank = Both spouses have the same residency status (Default) 1 = Taxpayer nonresident, spouse resident 2 = Taxpayer resident, spouse nonresident 3 = Taxpayer part-year, spouse nonresident	4 = Taxpayer nonresident, spouse part-year 5 = Taxpayer resident, spouse part-year 6 = Taxpayer part-year, spouse resident
---	--

If you were a part-year resident during the tax year, enter the dates you lived in Wisconsin

	Taxpayer	Spouse
Part-year residency dates:		
From	_____	_____
To	_____	_____
State of residency (Nonresidents only)	_____	_____
Country of residency (Nonresidents only)	_____	_____
Nonresident aliens:		
Taxpayer or Spouse is a U.S. citizen or a resident alien		
Resident of:	IL _____	IN _____
	KY _____	MI _____

NOTES/QUESTIONS: