Robin R McIntire, CPA, LLC
555 Sun Valley Dr Bldg F2
Roswell, GA 30076-5625

2017 Client Organizer

Robin R McIntire, CPA, LLC
555 Sun Valley Dr Bldg F2
Roswell, GA 30076-5625
770-552-9410

Dear Client:

This letter is to confirm and specify the terms of our engagement with you and to clarify the nature and extent of the services we will provide. In order to ensure an understanding of our mutual responsibilities, we ask all clients for whom returns are prepared to confirm the following arrangements.

We will prepare your 2017 federal and state income tax returns from information which you will furnish to us. We will not audit or otherwise verify the data you submit, although it may be necessary to ask you for clarification of some of the information. We will furnish you with questionnaires and worksheets to guide you in gathering the necessary information. Your use of such forms will assist in keeping the fee to a minimum.

It is your responsibility to provide all the information required for the preparation of complete and accurate returns. You should retain all the documents, cancelled checks and other data that form the basis of income and deductions. These may be necessary to prove the accuracy and completeness of the returns to a taxing authority. You have the final responsibility for the income tax returns and, therefore, you should review them carefully before you sign them.

Our work in connection with the preparation of your income tax returns does not include any procedures designed to discover defalcations and/or irregularities, should any exist. We will render such accounting and bookkeeping assistance as determined to be necessary for preparation of the income tax returns.

The law provides various penalties that may be imposed when taxpayers understate their tax liability. If you would like information on the amount or the circumstances of these penalties, please contact us.

Your returns may be selected for review by the taxing authorities. Any proposed adjustments by the examining agent are subject to certain rights of appeal. In the event of such government tax examination, we will be available upon request to represent you and will render additional invoices for the time and expenses incurred.

Our fee for these services will be based upon the amount of time required at standard billing rates plus out- of-pocket expenses. All invoices are due and payable upon presentation.

If the foregoing fairly sets forth your understanding, please sign the enclosed copy of this letter in the space indicated and return it to our office. However, if there are other tax returns you expect us to prepare, please inform us by noting so at the end of the return copy of this letter.

We want to express our appreciation for this opportunity to work with you.

Very truly yours,
Robin R McIntire, CPA, LLC

Accepted By: ____

Date: ______________________________

Robin R McIntire, CPA, LLC
555 Sun Valley Dr Bldg F2
Roswell, GA 30076-5625
770-552-9410

Dear Client:

This Tax Organizer is designed to help you gather the tax information needed to prepare your 2017 personal income tax return. To help you complete the Organizer with minimal time and effort, when available, you will find certain information from your 2016 tax return.

To protect your privacy, your Tax Organizer contains masked data. Masked data displays as asterisks. For example, a Social Security number displays as ***-**-XXXX or an account number as *******XXXX. If you would like to confirm the masked data or make a change to your data, please contact our office. Do not indicate any changes to your data on your Tax Organizer. When you receive your completed tax return(s), make sure you review all Social Security numbers, bank account numbers, and dates of birth for accuracy.

Enter 2017 information on the Tax Organizer pages provided. If any information does not apply to you or is incorrect, please delete it or make the necessary corrections.

Please answer all applicable questions and use the Notes to Preparer screen to enter additional information not provided in the Tax Organizer. The Notes to Preparer screen is also available for any questions that you may have for our office.

You will also need to provide the following information:

- Forms W-2 for wages, salaries and tips.
- Forms 1099 for interest, dividends, retirement, miscellaneous income, Social Security, state or local refunds, gambling winnings, etc.
- Brokerage statements showing investment transactions for stocks, bonds, etc.
- Schedule K-1 from partnerships, S corporations, estates and trusts.
- Statements supporting educational expenses, deductions or distributions, including any Forms 1098-T, 1098-E, or 1099-Q.
- Forms 1095-A, 1095-B, and/or 1095-C related to health care coverage or Premium Tax Credit.
- Statements supporting deductions for mortgage interest, taxes, and charitable contributions (including any Form 1098-C).
- Copies of closing statements regarding the sale or purchase of real property.
- Legal papers for adoption, divorce, or separation involving custody of dependent children.
- Any tax notices sent to you by the IRS or other taxing authority.
- A copy of your income tax return from last year, if not prepared by this office.

You can upload additional files to be included with your Tax Organizer when you click Send to Preparer. This is a convenient and secure way to send information regarding the preparation of your tax return without having to mail or deliver these documents to our office. You can attach the following types of files to your Tax Organizer: Quicken® tax exchange format (.txf), Microsoft® Excel® (.xls, .xlsx), Microsoft® Word® (.doc, .docx, .rtf), Adobe® Reader® (.pdf), image files (.jpg, .bmp, .tif, .png), text documents (.txt), and web pages (.html).

IRS regulations require paid tax preparers who expect to prepare and file 11 or more federal individual or trust tax returns to file them electronically. To comply with this requirement your return will be electronically filed this year. The benefits of e-filing include a secure way to file tax returns and it provides proof of acceptance that the IRS has accepted your return for processing. Contact this office if you prefer your return be filed on paper.

The IRS does not send out unsolicited emails requesting detailed personal information. Such authentic-looking emails are called "phishing" emails and responding may expose you to identity theft. If you receive such an email from the IRS, send a copy of the email to phishing@irs.gov. Please do not respond to the email unless the email request you send to the IRS has been verified as legitimate. You may also contact our office regarding any correspondence, written or electronic, that you receive from the IRS.

Thank you for the opportunity to serve you.

Sincerely,

Robin R McIntire, CPA, LLC

Personal Information

Filing (Marital) status code (1 = Single, 2 = Married filing joint, 3 = Married filing separate, 4 = Head of household, 5 = Qualifying widow(er)) ____[1]
Mark if you were married but living apart all year ____[2]
Mark if your nonresident alien spouse does not have an Individual Taxpayer Identification Number (ITIN) ____[3]

	Taxpayer	Spouse
Social security number	____[4]	____[5]
First name	____[6]	____[7]
Last name	____[8]	____[9]
Occupation	____[10]	____[11]
Designate $3.00 to the presidential election campaign fund? (1 = Yes, 2 = No, 3 = Blank)	____[12]	____[14]
Mark if dependent of another taxpayer	____[15]	____[16]
Taxpayer with income less than 1/2 support age 18 or 19 - 23 full-time student? (Y, N)	____[17]	
Mark if legally blind	____[20]	____[21]
Date of birth	____[22]	____[24]
Date of death	____[26]	____[27]
Work/daytime telephone number/ext number	____[28] ____[29]	____[30] ____[31]
Home/evening telephone number	____[32]	____[33]
Do you authorize us to discuss your return with the IRS? (Y, N)	____[34]	

Present Mailing Address

Address ____[38]
Apartment number ____[39]
City, state postal code, zip code ____[40] ____[41] ____[42]
Foreign country name ____[44]
Foreign phone number ____[47]
In care of addressee ____[48]

Dependent Information

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

First Name[49]	Last Name	Date of Birth	Social Security No.	Relationship	Months*** in home	Dep Codes *	Dep Codes **	Care expenses paid for dependent

Name of child who lived with you but is not your dependent ____[50]
Social security number of qualifying person ____[51]

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**

Client Contact Information

Preparer - Enter on Screen Contact

Tax matters person (Indicate which spouse handles tax return related questions) (Blank = Both, T = Taxpayer, S = Spouse) ____[8]

Taxpayer email address ______________________________ [9]

Spouse email address ______________________________ [10]

	Taxpayer		Spouse	
Fax telephone number	____________	[11]	____________	[19]
Mobile telephone number	____________	[12]	____________	[20]
Mobile telephone #2 number	____________	[13]	____________	[21]
Pager number	____________	[14]	____________	[22]
Other:	____________	[15]	____________	[23]
Telephone number	____________	[16]	____________	[24]
Extension	______	[17]	______	[25]
Preferred method of contact:				
Email, Work phone, Home phone, Fax, Mobile phone, Mobile phone #2	____________	[18]	____________	[26]

NOTES/QUESTIONS:

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. __[1]

Primary account:

Financial institution routing transit number ________________[3]

Name of financial institution ________________[4]

Your account number ________________[5]

Type of account (1 = Savings, 2 = Checking, 3 = IRA*) __[6]

Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) __[7]

Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) __[8]

Enter the maximum dollar amount, or percentage of total refund Dollar ________________[9] **or** Percent (xxx.xx) ____________[10]

Secondary account #1:

Financial institution routing transit number ________________[25]

Name of financial institution ________________[26]

Your account number ________________[27]

Type of account (1 = Savings, 2 = Checking, 3 = IRA*) __[28]

Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) __[29]

Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) __[30]

Enter the maximum dollar amount, or percentage of total refund Dollar ________________[11] **or** Percent (xxx.xx) ____________[12]

Secondary account #2:

Financial institution routing transit number ________________[31]

Name of financial institution ________________[32]

Your account number ________________[33]

Type of account (1 = Savings, 2 = Checking, 3 = IRA*) __[34]

Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) __[35]

Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) __[36]

Enter the maximum dollar amount, or percentage of total refund Dollar ________________[15] **or** Percent (xxx.xx) ____________[16]

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

Refund - U.S. Series I Savings Bond Purchases

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

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

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

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

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

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

Maximum dollar amount (up to $5,000), or percentage of refund used to purchase bonds Dollar ____________[17] **or** Percent (xxx.xx) ____________[18]

Owner's name (First Last) ________________[38] ________________[39]

Co-owner or beneficiary (First Last) ________________[40] ________________[41]

Mark if the name listed above is a beneficiary __[42]

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

Maximum dollar amount (up to $5,000), or percentage of refund used to purchase bonds Dollar ____________[21] **or** Percent (xxx.xx) ____________[22]

Owner's name (First Last) ________________[43] ________________[44]

Co-owner or beneficiary (First Last) ________________[45] ________________[46]

Mark if the name listed above is a beneficiary __[47]

Electronic Filing

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

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

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

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

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

The IRS requires a Personal Identification Number (PIN) be used in signing returns that are electronically filed.
Each taxpayer and spouse, if applicable, must provide a 5 digit self-selected PIN of your choice other than all zeroes.

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

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

NOTES/QUESTIONS:

Identity Authentication

Taxpayer -

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

Spouse -

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

NOTES/QUESTIONS:

Estimated Taxes

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

Refunded ____[52]

Applied to 2018 estimated tax liability ____[53]

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

If yes, please explain any differences:

____[55]

____[56]

____[57]

____[58]

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

If yes, please explain any differences:

____[60]

____[61]

____[62]

____[63]

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

If yes, please explain any differences:

____[65]

____[66]

____[67]

____[68]

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

If yes, please explain any differences:

____[70]

____[71]

____[72]

____[73]

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

2017 Federal Estimated Tax Payments

2016 overpayment applied to 2017 estimates + ____[1]

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

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

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

***Method of payment indicated in prior year**

EFW = Electronic funds withdrawal **EFTPS = Electronic Federal Tax Payment System**

Voucher = Form 1040-ES estimated tax payment voucher

NOTES/QUESTIONS:

2017 State Estimated Tax Payments

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

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

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

2017 City Estimated Tax Payments

City #1

City name ________________[28]
Amount paid with 2016 return + ________________[31]
2016 overpayment applied to '17 estimates + ________________[32]
Treat calculated amounts as paid __[36]

	Date Paid		Amount Paid
1st quarter payment	____________[37]	+	________________[38]
2nd quarter payment	____________[39]	+	________________[40]
3rd quarter payment	____________[41]	+	________________[42]
4th quarter payment	____________[43]	+	________________[44]

Calculated Amount

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

City #2

City name ________________[50]
Amount paid with 2016 return + ________________[53]
2016 overpayment applied to '17 estimates + ________________[54]
Treat calculated amounts as paid __[58]

	Date Paid		Amount Paid
1st quarter payment	____________[59]	+	________________[60]
2nd quarter payment	____________[61]	+	________________[62]
3rd quarter payment	____________[63]	+	________________[64]
4th quarter payment	____________[65]	+	________________[66]

Calculated Amount

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

City #3

City name ________________[72]
Amount paid with 2016 return + ________________[75]
2016 overpayment applied to '17 estimates + ________________[76]
Treat calculated amounts as paid __[80]

	Date Paid		Amount Paid
1st quarter payment	____________[81]	+	________________[82]
2nd quarter payment	____________[83]	+	________________[84]
3rd quarter payment	____________[85]	+	________________[86]
4th quarter payment	____________[87]	+	________________[88]

Calculated Amount

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

City #4

City name ________________[94]
Amount paid with 2016 return + ________________[97]
2016 overpayment applied to '17 estimates + ________________[98]
Treat calculated amounts as paid __[102]

	Date Paid		Amount Paid
1st quarter payment	____________[103]	+	________________[104]
2nd quarter payment	____________[105]	+	________________[106]
3rd quarter payment	____________[107]	+	________________[108]
4th quarter payment	____________[109]	+	________________[110]

Calculated Amount

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

Income Summary

Below is a list of the forms as reported in last year's tax return. Please provide copies of all of the forms you received. To indicate which forms are attached, enter a "1" for attached in the field provided next to the Description. To indicate which forms are not applicable, enter a "2" for not applicable (N/A) in the field provided next to the Description. Otherwise, leave this field blank.

Form	T/S/J	Description	1 = Attached 2 = N/A

Interest and Dividend Summary

Below is a list of the forms as reported in last year's tax return. Please provide copies of all 1099-INT and 1099-DIV you received. To indicate which forms are attached, enter a "1" for attached in the field provided. To indicate which forms are not applicable, enter a "2" for not applicable (N/A) in the field provided. Otherwise, leave this field blank.

Form	T/S/J	Description	Mark if Foreign	1 = Attached 2 = N/A

Wages and Salaries #1

Please provide all copies of Form W-2.

	2017 Information		**Prior Year Information**
Taxpayer/Spouse (T, S)	__	[1]	
Employer name	______	[3]	
Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Farming / Fishing, 4 = National Guard)	__	[5]	
Mark if this is your current employer	__	[6]	
Federal wages and salaries **(Box 1)**	+ ______	[10]	______
Federal tax withheld **(Box 2)**	+ ______	[12]	______
Social security wages **(Box 3)** (If different than federal wages)	+ ______	[14]	______
Social security tax withheld **(Box 4)**	+ ______	[16]	______
Medicare wages **(Box 5)** (If different than federal wages)	+ ______	[18]	______
Medicare tax withheld **(Box 6)**	+ ______	[21]	______
SS tips **(Box 7)**	+ ______	[23]	______
Allocated tips **(Box 8)**	+ ______	[25]	______
Dependent care benefits **(Box 10)**	+ ______	[27]	______
Box 13 -			
Statutory employee	__	[29]	
Retirement plan	__	[30]	
Third-party sick pay	__	[31]	
State postal code **(Box 15)**	___	[32]	
State wages **(Box 16)** (If different than federal wages)	+ ______	[34]	______
State tax withheld **(Box 17)**	+ ______	[36]	______
Local wages **(Box 18)**	+ ______	[38]	______
Local tax withheld **(Box 19)**	+ ______	[40]	______
Name of locality **(Box 20)**	______	[43]	

Control Totals +

Wages and Salaries #2

Please provide all copies of Form W-2.

	2017 Information		**Prior Year Information**
Taxpayer/Spouse (T, S)	__	[1]	
Employer name	______	[3]	
Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Farming / Fishing, 4 = National Guard)	__	[5]	
Mark if this your current employer	__	[6]	
Federal wages and salaries **(Box 1)**	+ ______	[10]	______
Federal tax withheld **(Box 2)**	+ ______	[12]	______
Social security wages **(Box 3)** (If different than federal wages)	+ ______	[14]	______
Social security tax withheld **(Box 4)**	+ ______	[16]	______
Medicare wages **(Box 5)** (If different than federal wages)	+ ______	[18]	______
Medicare tax withheld **(Box 6)**	+ ______	[21]	______
SS tips **(Box 7)**	+ ______	[23]	______
Allocated tips **(Box 8)**	+ ______	[25]	______
Dependent care benefits **(Box 10)**	+ ______	[27]	______
Box 13 -			
Statutory employee	__	[29]	
Retirement plan	__	[30]	
Third-party sick pay	__	[31]	
State postal code **(Box 15)**	___	[32]	
State wages **(Box 16)** (If different than federal wages)	+ ______	[34]	______
State tax withheld **(Box 17)**	+ ______	[36]	______
Local wages **(Box 18)**	+ ______	[38]	______
Local tax withheld **(Box 19)**	+ ______	[40]	______
Name of locality **(Box 20)**	______	[43]	

Control Totals +

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 [1] 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

	Control Totals +		Form ID: B-1

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 [2] 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

	Control Totals +		Form ID: B-2

Sales of Stocks, Securities, and Other Investment Property

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

Did you have any securities become worthless during 2017? (Y, N) __[8]

Did you have any debts become uncollectible during 2017? (Y, N) __[9]

Did you have any commodity sales, short sales, or straddles? (Y, N) __[10]

Did you exchange any securities or investments for something other than cash? (Y, N) __[12]

T/S/J	Description of Property[1]	Date Acquired	Date Sold	Gross Sales Price (Less expenses of sale)	Cost or Other Basis
				+	+
				+	+
				+	+
				+	+
				+	+
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	Control Totals +		Form ID: 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[1]	Date Acquired	Date Sold	Gross Sales Price (Less expenses of sale)	Cost or Other Basis

NOTES/QUESTIONS:

Form ID: Broker

Consolidated Broker Statement

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

Preparer use only

T/S/J

Broker Name

Account number

Employer identification number

Margin interest

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

	Control Totals +		Form ID: Broker

Other Income

		2017 Information		Prior Year Information
State and local income tax refunds			+ ____ [1]	
		Taxpayer	Spouse	
Alimony received		+ ____ [3]	+ ____ [4]	
Unemployment compensation		+ ____ [8]	+ ____ [9]	
Unemployment compensation federal withholding		+ ____ [8]	+ ____ [9]	
Unemployment compensation state withholding		+ ____ [8]	+ ____ [9]	
Unemployment compensation repaid		+ ____ [11]	+ ____ [12]	
Alaska Permanent Fund dividends		+ ____ [17]	+ ____ [18]	

T/S/J	Self-Employment Income ? (Y, N)	Other income, such as: Commissions, Jury pay, Director fees, Taxable scholarships	2017 Information	Prior Year Information
__	__	____	+ ____ [14]	____
__	__	____	+ ____	____
__	__	____	+ ____	____
__	__	____	+ ____	____
__	__	____	+ ____	____
__	__	____	+ ____	____
__	__	____	+ ____	____
__	__	____	+ ____	____
__	__	____	+ ____	____
__	__	____	+ ____	____
__	__	____	+ ____	____
__	__	____	+ ____	____
__	__	____	+ ____	____
__	__	____	+ ____	____
__	__	____	+ ____	____
__	__	____	+ ____	____
__	__	____	+ ____	____
__	__	____	+ ____	____
__	__	____	+ ____	____
__	__	____	+ ____	____
__	__	____	+ ____	____
__	__	____	+ ____	____
__	__	____	+ ____	____
__	__	____	+ ____	____
__	__	____	+ ____	____
__	__	____	+ ____	____
__	__	____	+ ____	____
__	__	____	+ ____	____
__	__	____	+ ____	____
__	__	____	+ ____	____

NOTES/QUESTIONS:

Miscellaneous Income #1

Please provide all Forms 1099-MISC

Preparer use only

Name of payer		______	[3]
Taxpayer/Spouse/Joint (T, S, J)		__	[5]
State postal code		___	[6]
Rents **(Box 1)**	+	______	[13]
Royalties **(Box 2)**	+	______	[15]
Other income **(Box 3)**	+	______	[17]
Federal income tax withheld **(Box 4)**	+	______	[19]
Fishing boat proceeds **(Box 5)**	+	______	[21]
Medical and health care payments **(Box 6)**	+	______	[23]
Nonemployee compensation **(Box 7)**	+	______	[25]
Substitute payments in lieu of dividends or interest **(Box 8)**	+	______	[27]
Payer made direct sales of $5,000 or more of consumer products **(Box 9)**		___	[29]
Crop Insurance proceeds **(Box 10)**	+	______	[31]
Excess golden parachute payments **(Box 13)**	+	______	[36]
Gross proceeds paid to an attorney **(Box 14)**	+	______	[38]
Section 409A deferrals **(Box 15a)**	+	______	[40]
Section 409A income **(Box 15b)**	+	______	[42]
State tax withheld **(Box 16)**	+	______	[44]
State/Payer's state no. **(Box 17)**		______	[46]
State income **(Box 18)**	+	______	[47]

Control Totals +

Miscellaneous Income #2

Please provide all Forms 1099-MISC

Preparer use only

Name of payer		______	[3]
Taxpayer/Spouse/Joint (T, S, J)		__	[5]
State postal code		___	[6]
Rents **(Box 1)**	+	______	[13]
Royalties **(Box 2)**	+	______	[15]
Other income **(Box 3)**	+	______	[17]
Federal income tax withheld **(Box 4)**	+	______	[19]
Fishing boat proceeds **(Box 5)**	+	______	[21]
Medical and health care payments **(Box 6)**	+	______	[23]
Nonemployee compensation **(Box 7)**	+	______	[25]
Substitute payments in lieu of dividends or interest **(Box 8)**	+	______	[27]
Payer made direct sales of $5,000 or more of consumer products **(Box 9)**		___	[29]
Crop Insurance proceeds **(Box 10)**	+	______	[31]
Excess golden parachute payments **(Box 13)**	+	______	[36]
Gross proceeds paid to an attorney **(Box 14)**	+	______	[38]
Section 409A deferrals **(Box 15a)**	+	______	[40]
Section 409A income **(Box 15b)**	+	______	[42]
State tax withheld **(Box 16)**	+	______	[44]
State/Payer's state no. **(Box 17)**		______	[46]
State income **(Box 18)**	+	______	[47]

Control Totals +

NOTES/QUESTIONS:

Pension, Annuity, and IRA Distributions #1

Please provide all Forms 1099-R.

		2017 Information	Prior Year Information
Taxpayer/Spouse (T, S)		__[1]	
Name of payer		__[3]	
State postal code		__[5]	
Gross distributions received **(Box 1)**	+	__[7]	__
Taxable amount received **(Box 2a)**	+	__[9]	__
Federal withholding **(Box 4)**	+	__[11]	__
Distribution code **(Box 7)**		__[14]	__
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan		__[16]	
State withholding **(Box 12)**	+	__[17]	__
Local withholding **(Box 15)**	+	__[19]	__
Amount of rollover	+	__[21]	__
Mark if distribution was due to a pre-retirement age disability		__[23]	

	Control Totals+	

Pension, Annuity, and IRA Distributions #2

Please provide all Forms 1099-R.

		2017 Information	Prior Year Information
Taxpayer/Spouse (T, S)		__[1]	
Name of payer		__[3]	
State postal code		__[5]	
Gross distributions received **(Box 1)**	+	__[7]	__
Taxable amount received **(Box 2a)**	+	__[9]	__
Federal withholding **(Box 4)**	+	__[11]	__
Distribution code **(Box 7)**		__[14]	__
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan		__[16]	
State withholding **(Box 12)**	+	__[17]	__
Local withholding **(Box 15)**	+	__[19]	__
Amount of rollover	+	__[21]	__
Mark if distribution was due to a pre-retirement age disability		__[23]	

	Control Totals+	

Pension, Annuity, and IRA Distributions #3

Please provide all Forms 1099-R.

		2017 Information	Prior Year Information
Taxpayer/Spouse (T, S)		__[1]	
Name of payer		__[3]	
State postal code		__[5]	
Gross distributions received **(Box 1)**	+	__[7]	__
Taxable amount received **(Box 2a)**	+	__[9]	__
Federal withholding **(Box 4)**	+	__[11]	__
Distribution code **(Box 7)**		__[14]	__
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan		__[16]	
State withholding **(Box 12)**	+	__[17]	__
Local withholding **(Box 15)**	+	__[19]	__
Amount of rollover	+	__[21]	__
Mark if distribution was due to a pre-retirement age disability		__[23]	

	Control Totals+	

NOTES/QUESTIONS:

Social Security, Tier 1 Railroad Benefits

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

Taxpayer/Spouse (T, S) __[1]

State postal code ___[2]

Social Security Benefits

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

Tier 1 Railroad Benefits

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

Additional Information About Benefits Received

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

____[40]

____[41]

____[42]

____[43]

____[44]

NOTES/QUESTIONS:

Traditional IRA

	Taxpayer	Spouse
Are you or your spouse (if MFJ or MFS) covered by an employer's retirement plan? (Y, N)	__[1]	__[2]
Do you want to contribute the maximum allowable traditional IRA contribution amount? If yes, enter the applicable code: (1 = Deductible only, 2 = Both deductible and nondeductible)	__[3]	__[4]
Enter the total traditional IRA contributions made for use in 2017	+ ____[5]	+ ____[6]

	Taxpayer	Spouse
Enter the nondeductible contribution amount made for use in 2017	+ ____[11]	+ ____[12]
Enter the nondeductible contribution amount made in 2018 for use in 2017	+ ____[13]	+ ____[14]
Traditional IRA basis	+ ____[15]	+ ____[16]
Value of all your traditional IRA's on December 31, 2017:		
____	+ ____[17]	+ ____[18]
____	+ ____	+ ____
____	+ ____	+ ____
____	+ ____	+ ____
____	+ ____	+ ____

Roth IRA

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

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

NOTES/QUESTIONS:

Keogh, SEP, SIMPLE Contributions

Preparer use only

Business activity or profession name ____ [3]
Taxpayer/Spouse (T, S) __ [4]
State postal code ___ [5]
Contribute the maximum allowable contribution amount? (1 = Keogh, 2 = SEP, 3 = SIMPLE 401(k), 4 = Solo 401(k), 5 = SIMPLE IRA, 6 = SARSEP) __ [6]
Plan contribution rate. Enter in xx.xx format (Limitation percentage) ____ [7]
Enter the total amount of contributions made to a Keogh plan in 2017 + ____ [8]
Enter the total amount of contributions made to a Solo 401(k) plan in 2017 + ____ [9]
Enter the total amount of contributions made to a SEP plan in 2017 + ____ [10]
Enter the total amount of contributions made to a SARSEP plan in 2017 + ____ [11]
Enter the total amount of contributions made to a defined benefit plan in 2017 + ____ [12]
Enter the total amount of contributions made to a profit-sharing plan in 2017 + ____ [13]
Enter the total amount of contributions made to a money purchase plan in 2017 + ____ [14]
Enter the total amount of contributions made to a SIMPLE 401(k) plan in 2017 + ____ [15]
Enter the total amount of contributions to a SIMPLE IRA plan in 2017 + ____ [16]

Catch-up Contributions

Enter the amount of catch-up contributions made to a Solo 401(k) or SARSEP in 2017 + ____ [17]
Enter the amount of catch-up contributions made to a SIMPLE Plan in 2017 + ____ [18]

Elective Deferrals

Enter the total contributions to a Solo 401(k) or SARSEP made through elective deferrals in 2017 + ____ [19]
Enter the amount of elective deferrals designated as Roth contributions in 2017 + ____ [20]

NOTES/QUESTIONS:

Preparer use only

	2017 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)	__[2]	
Employer identification number	[3]	
Business name	[5]	
Principal business/profession	[6]	
Business code	[12]	
Business address, if different from home address on Organizer Form ID: 1040		
Address	[15]	
City/State/Zip	[16] [17] [18]	
Accounting method (1 = Cash, 2 = Accrual, 3 = Other)	__[19]	
If other:	[21]	
Inventory method (1 = Cost, 2 = LCM, 3 = Other)	__[22]	
If other enter explanation:	[24]	
Enter an explanation if there was a change in determining your inventory:	[25]	
Did you "materially participate" in this business? (Y, N)	__[26]	
If not, number of hours you did significantly participate	[28]	
Mark if you began or acquired this business in 2017	__[30]	
Did you make any payments in 2017 that require you to file Form(s) 1099? (Y, N)	__[31]	
If "Yes", did you or will you file all required Forms 1099? (Y, N)	__[33]	
Mark if this business is considered related to qualified services as a minister or religious worker	__[35]	
Did you receive wages as a statutory employee or as a minister? (1 = Statutory employee, 2 = Minister)	__[37]	
Medical insurance premiums paid by this activity	+ [41]	
Long-term care premiums paid by this activity	+ [45]	
Amount of wages received as a statutory employee	+ [48]	

Business Income

	2017 Information	Prior Year Information
Gross receipts and sales		
	+ [53]	
	+	
	+	
	+	
Returns and allowances	+ [56]	
Other income:		
	+ [58]	
	+	
	+	
	+	

Cost of Goods Sold

	2017 Information	Prior Year Information
Beginning inventory	+ [60]	
Purchases	+ [62]	
Labor:		
	+ [64]	
	+	
Materials	+ [66]	
Other costs:		
	+ [68]	
	+	
	+	
	+	
Ending inventory	+ [70]	

Schedule C - Expenses

Preparer use only

Principal business or profession ______

		2017 Information		Prior Year Information
Advertising	+		[6]	
Car and truck expenses	+		[8]	
Commissions and fees	+		[10]	
Contract labor	+		[12]	
Depletion	+		[14]	
Depreciation	+		[16]	
Employee benefit programs (Include Small Employer Health Ins Premiums credit):				
	+		[18]	
	+			
Insurance (Other than health):				
	+		[20]	
	+			
Interest:				
Mortgage (Paid to banks, etc.)				
	+		[22]	
	+			
	+			
Other:				
	+		[24]	
	+			
Legal and professional services	+		[26]	
Office expense	+		[29]	
Pension and profit sharing:				
	+		[31]	
	+			
Rent or lease:				
Vehicles, machinery, and equipment	+		[33]	
Other business property	+		[35]	
Repairs and maintenance	+		[37]	
Supplies	+		[39]	
Taxes and licenses:				
	+		[41]	
	+			
	+			
	+			
	+			
Travel, meals, and entertainment:				
Travel	+		[43]	
Meals and entertainment	+		[45]	
Meals (Enter 100% subject to DOT 80% limit)	+		[47]	
Utilities	+		[51]	
Wages (Less employment credit):				
	+		[53]	
	+			
Other expenses:				
	+		[55]	
	+			
	+			
	+			
	+			
	+			
	+			
	+			
	+			
	+			

	Control Totals +		Form ID: C-2

Schedule C - Carryovers

Preparer use only

Principal business or profession ______________________

Preparer use only

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

NOTES/QUESTIONS:

Rent and Royalty Property - General Information

Preparer use only

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

Rent and Royalty Income

Rents and royalties	2017 Information	Prior Year Information
	+ [34]	

Rent and Royalty Expenses

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

	Control Totals +		Form ID: Rent

Rent and Royalty Properties - Points, Vacation Home, Passive Information

Preparer use only

Description

Refinancing Points

Preparer - Enter on Screen Rent

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

Vacation Home Information

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

Passive and Other Information

Preparer use only

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

Partnerships and S Corporations

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

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

Preparer use only

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

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

Preparer use only

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

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

Preparer use only

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

Estates and Trusts

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

Taxpayer/Spouse/Joint (T, S, J) __[2]
Employer identification number ________________[3]
Name of activity ________________[4]
State postal code ____[5]

	Preparer use only Carryovers	Regular	AMT
Enter on K1T-3	Operating	[14]	[15]
	Short-term capital	[16]	[17]
	Long-term capital	[18]	[19]
	28% rate capital	[20]	[21]
	Section 1231 loss	[22]	[23]
	Ordinary business gain/loss	[24]	[25]
	Comm revitalization	[26]	[27]

Taxpayer/Spouse/Joint (T, S, J) __[2]
Employer identification number ________________[3]
Name of activity ________________[4]
State postal code ____[5]

	Preparer use only Carryovers	Regular	AMT
Enter on K1T-3	Operating	[14]	[15]
	Short-term capital	[16]	[17]
	Long-term capital	[18]	[19]
	28% rate capital	[20]	[21]
	Section 1231 loss	[22]	[23]
	Ordinary business gain/loss	[24]	[25]
	Comm revitalization	[26]	[27]

Taxpayer/Spouse/Joint (T, S, J) __[2]
Employer identification number ________________[3]
Name of activity ________________[4]
State postal code ____[5]

	Preparer use only Carryovers	Regular	AMT
Enter on K1T-3	Operating	[14]	[15]
	Short-term capital	[16]	[17]
	Long-term capital	[18]	[19]
	28% rate capital	[20]	[21]
	Section 1231 loss	[22]	[23]
	Ordinary business gain/loss	[24]	[25]
	Comm revitalization	[26]	[27]

Taxpayer/Spouse/Joint (T, S, J) __[2]
Employer identification number ________________[3]
Name of activity ________________[4]
State postal code ____[5]

	Preparer use only Carryovers	Regular	AMT
Enter on K1T-3	Operating	[14]	[15]
	Short-term capital	[16]	[17]
	Long-term capital	[18]	[19]
	28% rate capital	[20]	[21]
	Section 1231 loss	[22]	[23]
	Ordinary business gain/loss	[24]	[25]
	Comm revitalization	[26]	[27]

Sale of Principal Residence

Description ____________________ [1]
Taxpayer/Spouse/Joint (T, S, J) __[5]
State postal code ____[6]
Mark if electing to pay tax on entire gain (No exclusion will be calculated and entire gain will be reported on Schedule D) __[7]
Date former residence was acquired ________[9]
Date former residence was sold ________[10]
Selling price of former residence + ____________[11]
Expenses related to the sale of your old home + ____________[12]
Original cost of home sold including capital improvements + ____________[13]

Exclusion Information

Mark if meet use and ownership test without exceptions (2 years use within 5-year period preceding sale date) __[19]

	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	____[21]	____[22]
Number of days each person owned property used as main home	____[23]	____[24]
Number of days between date of sale of the other home and date of sale of this home	____[25]	____[26]

Form 6252 - Current Year Installment Sale

Mortgage and other debts the buyer assumed + ____________[28]
Total current year payments received + ____________[29]

Form 6252 - Related Party Installment Sale Information

Related party name ____________________[30]
Address ____________________[31]
City, State and Zip ____________ [32] [33] ____________[34]
Identifying number of related party ____________[35]
Was the property sold as a marketable security? (Y, N) __[36]
Enter date of second sale if more than 2 years after the first sale ________[37]
Indicate special conditions if applicable (1 = Sale/exchange, 2 = Involuntary conv, 3 = Death of seller, 4 = No tax avoidance) __[38]
Selling price of property sold by a related party + ____________[40]

NOTES/QUESTIONS:

Prior Year Installment Sale

Preparer use only

	2017 Information		Prior Year Information
Description		[3]	
Taxpayer/Spouse/Joint (T, S, J)		[7]	
State postal code		[8]	
Date acquired		[19]	
Date sold		[20]	
Gross sales price of property sold	+	[21]	
Mortgage and other debts the buyer assumed	+	[23]	
Cost or other basis	+	[25]	
Commissions and other expenses of the sale	+	[27]	
Gross profit percentage		[29]	
Total current year principal payments received	+	[35]	
Prior year principal payments received	+	[37]	
Total ordinary income to recapture	+	[39]	
Total ordinary income previously recaptured	+	[41]	

Control Totals +

Prior Year Installment Sale

Preparer use only

	2017 Information		Prior Year Information
Description		[3]	
Taxpayer/Spouse/Joint (T, S, J)		[7]	
State postal code		[8]	
Date acquired		[19]	
Date sold		[20]	
Gross sales price of property sold	+	[21]	
Mortgage and other debts the buyer assumed	+	[23]	
Cost or other basis	+	[25]	
Commissions and other expenses of the sale	+	[27]	
Gross profit percentage		[29]	
Total current year principal payments received	+	[35]	
Prior year principal payments received	+	[37]	
Total ordinary income to recapture	+	[39]	
Total ordinary income previously recaptured	+	[41]	

Control Totals +

NOTES/QUESTIONS:

Form 4797 and 6252 - General Information

Preparer use only

Description ______ [3]
Taxpayer/Spouse/Joint (T, S, J) __ [9]
State postal code ___ [10]
Mark to include gross proceeds for 1099-S reporting on Form 4797, line 1 __ [15]
Mark if disposition is due to casualty or theft __ [19]
Mark if disposition was to a related party __ [21]

Sale Information

Date acquired ______ [23]
Date sold ______ [24]
Gross sales price or insurance proceeds received + ______ [25]
Cost or other basis + ______ [26]
Commissions and other expenses of sale + ______ [27]
Depreciation allowed or allowable + ______ [28]

Form 4797, Part III - Recapture

Additional depreciation after 1975 **(Section 1250)** + ______ [30]
Applicable percentage (if not 100%) **(Section 1250)** ______ [31]
Additional depreciation after 1969 **(Section 1250)** + ______ [32]
Soil, water and land clearing expenses **(Section 1252)** + ______ [33]
Applicable percentage (if not 100%) **(Section 1252)** ______ [34]
Intangible drilling and development costs **(Section 1254)** + ______ [35]
Applicable payments excluded from income under sec. 126 **(Section 1255)** + ______ [36]

Form 6252 - Current Year Installment Sale

Mortgage and other debts the buyer assumed + ______ [37]
Total current year payments received + ______ [38]

Form 6252 - Related Party Installment Sale Information

Related party name ______ [39]
Address ______ [40]
City, State, and Zip ______ [41] [42] [43]
Identifying number of related party ______ [44]
Was the property sold as a marketable security? (Y, N) __ [45]
Enter date of second sale ______ [46]
Indicate special conditions if applicable (1 = Sale/exchange, 2 = Involuntary conv, 3 = Death of seller, 4 = No tax avoidance) __ [47]
Selling price of property sold by a related party + ______ [49]

NOTES/QUESTIONS:

	Control Totals +		Form ID: Sale

Preparer use only

Description of move ____________________[2]
Taxpayer/Spouse/Joint (T, S, J) __[3]
Mark if the move was due to service in the armed forces __[7]
Number of miles from old home to new workplace ________[8]
Number of miles from old home to old workplace ________[9]
Mark if move is outside United States or its possessions __[10]
Transportation and storage expenses + ____________[11]
Travel and lodging (not including meals) + ____________[12]
Miles driven to new home ________[13]
Total amount reimbursed for moving expenses + ____________[15]

NOTES/QUESTIONS:

Other Adjustments

Alimony Paid:

T/S/J	Recipient name	Recipient SSN	2017 Information	Prior Year Information
			+ [1]	
Address				
			+	
Address				
			+	
Address				

	2017 Information		Prior Year Information
	Taxpayer	**Spouse**	
Educator expenses:			
+	[3]	+ [4]	
+		+	
Other adjustments:			
+	[6]	+ [7]	
+		+	
+		+	
+		+	
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NOTES/QUESTIONS:

Schedule A - Medical and Dental Expenses

T/S/J **2017 Information** **Prior Year Information**

Medical and dental expenses, such as: Doctors, Dentists, Hospital/nursing home fees, Lab/x-ray fees, Medical supplies, Hearing aids, Eyeglasses/contact lenses, and Insurance reimbursements received

__[1] ________ + ________[2]

Medical insurance premiums you paid:

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.

__[4] ________ + ________[5]

Long-term care premiums you paid:

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.)

__[7] ________ + ________[8]

Prescription medicines and drugs:

__[10] ________ + ________[11]

__[13] Miles driven for medical items ________[14]

Schedule A - Tax Expenses

T/S/J **2017 Information** **Prior Year Information**

State/local income taxes paid:

__[18] ________ + ________[19]

2016 state and local income taxes paid in 2017:

__[21] ________ + ________[22]

Real estate taxes paid:

__[24] ________ + ________[25]

Personal property taxes:

__[27] ________ + ________[28]

Other taxes, such as: foreign taxes and State disability taxes

__[30] ________ + ________[31]

Sales tax paid on major purchases:

__[36] ________ + ________[37]

Sales tax paid on actual expenses:

__[39] ________ + ________[40]

Control Totals +

Interest Expenses

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

***Mortgage Types**

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

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

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

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

Refinancing Points paid in 2017 -

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

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

	Control Totals +		Form ID: A-2

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.

__[2] ____ + ____[3]

__[5] Volunteer miles driven ____[6]

Noncash items, such as: Goodwill/Salvation Army/clothing/household goods

__[8] ____ + ____[9]

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

Miscellaneous Deductions

T/S/J | 2017 Information | Prior Year Information

Unreimbursed expenses, such as: Uniforms, Professional dues, Business publications, Job seeking expenses, Educational expenses

__[11] ____ + ____[12]

Union dues, other than amounts reported on Form W-2:

__[14] ____ + ____[15]

__[17] Tax preparation fees + ____[18]

Other expenses, subject to 2% AGI limit, such as: Legal/accounting/custodial fees

__[20] ____ + ____[21]

__[23] Safe deposit box rental + ____[24]

Investment expenses, other than on Schedule(s) K-1 or Form(s) 1099-DIV/INT:

__[26] ____ + ____[27]

Other expenses, not subject to the 2% AGI limit:

__[30] ____ + ____[31]

Gambling losses: (Enter only if you have gambling income)

__[33] ____ + ____[34]

	Control Totals +		Form ID: A-3

Employee Business Expenses

Preparer use only

		2017 Information	Prior Year Information
Taxpayer/Spouse (T, S)		[2]	
Occupation in which expenses were incurred		[3]	
State postal code		[5]	
If the employee expenses were from an occupation listed below, enter the applicable code 1 = Qualified performing artist, 2 = Impairment-related work expenses, 3 = Fee-basis official		[6]	
Mark if these employee expenses are related to qualified services as a minister or religious worker		[10]	
Parking fees and tolls	+	[17]	
Local transportation	+	[19]	
Travel expenses	+	[22]	
Other business expenses:			
	+	[25]	
	+		
	+		
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	+		
Nonvehicle depreciation	+	[28]	
Meals and entertainment	+	[31]	
Meals for individuals subject to DOT hours of service limitation	+	[33]	

Employer Reimbursements

Enter Reimbursements not entered on Screen W2, Box 12, Code L

		2017 Information	Prior Year Information
Reimbursements for other expenses not included on Form W-2	+	[60]	
Reimbursements for meals and entertainment not included on Form W-2	+	[62]	
Reimbursements for meals for DOT service limitation not included on Form W-2	+	[64]	

	Control Totals +		**Form ID: 2106**

Employee Business Expenses

Preparer use only

Taxpayer/Spouse (T, S) __[2]

Occupation in which expenses were incurred ______[3]

State postal code ___[4]

Vehicle Questions

	2017 Information	Prior Year Information
If you used your automobile for work purposes, please answer the following questions:		
Was the vehicle available for off-duty personal use? (Y, N, Blank = Not applicable)	__[5]	_
Was another vehicle available for personal use? (Y, N)	__[7]	_
Do you have evidence to support your deduction? (1 = Yes - written, 2 = Yes - not written, 3 = No)	__[9]	

Vehicle Information

Vehicle 1 -	Date placed in service	______[11]
	Description	______[12]
	Comments	______
Vehicle 2 -	Date placed in service	______[62]
	Description	______[63]
	Comments	______
Vehicle 3 -	Date placed in service	______[109]
	Description	______[110]
	Comments	______
Vehicle 4 -	Date placed in service	______[156]
	Description	______[157]
	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	______[20]		______[69]		______[116]		______[163]	
Business mileage	______[24]		______[71]		______[118]		______[165]	
Average daily round trip commuting mileage	______[26]		______[73]		______[120]		______[167]	
Total commuting mileage	______[28]		______[75]		______[122]		______[169]	
Gasoline	+______[30]		+______[77]		+______[124]		+______[171]	
Oil	+______[32]		+______[79]		+______[126]		+______[173]	
Repairs	+______[34]		+______[81]		+______[128]		+______[175]	
Maintenance	+______[36]		+______[83]		+______[130]		+______[177]	
Tires	+______[38]		+______[85]		+______[132]		+______[179]	
Car washes	+______[40]		+______[87]		+______[134]		+______[181]	
Insurance	+______[42]		+______[89]		+______[136]		+______[183]	
Interest	+______[44]		+______[91]		+______[138]		+______[185]	
Registration	+______[46]		+______[93]		+______[140]		+______[187]	
Licenses	+______[48]		+______[95]		+______[142]		+______[189]	
Property taxes (Plates, tags, etc)	+______[50]		+______[97]		+______[144]		+______[191]	
Vehicle rentals	+______[52]		+______[99]		+______[146]		+______[193]	
Inclusion amt **(Preparer only)**	______[54]		+______[101]		+______[148]		+______[195]	
Other vehicle expenses	+______[56]		+______[103]		+______[150]		+______[197]	
Value of employer provided vehicle	+______[58]		+______[105]		+______[152]		+______[199]	
Depreciation	+______[60]		+______[107]		+______[154]		+______[201]	

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) __[1]
Donated property description ____[4]
Name of donee organization ____[5]
Address of donee organization ____[6]
City ____[7]
State postal code ___[8]
Zip code ____[9]
Date contributed ____[10]
Date acquired by donor ____[11]
How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange) __[12]
Donor's cost or basis +____[13]
Fair market value +____[14]
Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) __[15]
If other: ____[16]

	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) __[1]
Donated property description ____[4]
Name of donee organization ____[5]
Address of donee organization ____[6]
City ____[7]
State postal code ___[8]
Zip code ____[9]
Date contributed ____[10]
Date acquired by donor ____[11]
How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange) __[12]
Donor's cost or basis +____[13]
Fair market value +____[14]
Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) __[15]
If other: ____[16]

	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) __[1]
Donated property description ____[4]
Name of donee organization ____[5]
Address of donee organization ____[6]
City ____[7]
State postal code ___[8]
Zip code ____[9]
Date contributed ____[10]
Date acquired by donor ____[11]
How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange) __[12]
Donor's cost or basis +____[13]
Fair market value +____[14]
Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) __[15]
If other: ____[16]

	Control Totals +	

Home Office General Information

Preparer use only

Principal business or profession	______	[3]
Taxpayer/Spouse/Joint (T, S, J)	__	[4]
State postal code	___	[5]

Business Use of Home

	2017 Information		Prior Year Information
Total area of home	______	[14]	______
Area used exclusively for business	______	[16]	______
Information for day-care facilities only:			
Total hours used for day-care during this year	___	[18]	___
Total hours used this year, if less than 8760	___	[20]	___
Special computation for certain day-care facilities:			
Area used regularly and exclusively for day-care business	______	[22]	______
Area used partly for day-care business	______	[24]	

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:	+ ______	[29]	+ ______	[31]	______
Mortgage insurance premiums	+ ______	[34]	+ ______	[35]	______
Real estate taxes:	+ ______	[37]	+ ______	[39]	______
Excess mortgage interest and insurance premiums	+ ______	[42]	+ ______	[43]	______
Insurance	+ ______	[45]	+ ______	[47]	______
Rent	+ ______	[51]	+ ______	[52]	______
Repairs & maintenance	+ ______	[54]	+ ______	[55]	______
Utilities	+ ______	[57]	+ ______	[58]	______
Other expenses, such as: Supplies & Security system					
______	+ ______	[60]	+ ______	[61]	______
______	+ ______		+ ______		______
______	+ ______		+ ______		______
______	+ ______		+ ______		______
______	+ ______		+ ______		______
______	+ ______		+ ______		______
______	+ ______		+ ______		______
______	+ ______		+ ______		______
______	+ ______		+ ______		______
______	+ ______		+ ______		______
Excess casualty losses			+ ______	[63]	
Carryovers:					
Operating expenses			+ ______	[64]	
Casualty losses			+ ______	[65]	
Depreciation			+ ______	[67]	
Business expenses not from business use of home, such as:					
Travel, Supplies, Business telephone expenses			+ ______	[68]	______
Depreciation			+ ______	[72]	

NOTES/QUESTIONS:

	Control Totals +		Form ID: 8829

Auto Worksheet

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

Preparer use only

Description of business or profession ____________________ [3]

Vehicles

Vehicle 1 -	Date placed in service	________	[4]
	Description	________	[5]
	Comments	________	
Vehicle 2 -	Date placed in service	________	[9]
	Description	________	[10]
	Comments	________	
Vehicle 3 -	Date placed in service	________	[14]
	Description	________	[15]
	Comments	________	
Vehicle 4 -	Date placed in service	________	[19]
	Description	________	[20]
	Comments	________	

Vehicle Questions

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

	Vehicle 1	Prior Year	Vehicle 2	Prior Year	Vehicle 3	Prior Year	Vehicle 4	Prior Year
Was the vehicle available for off-duty personal use? (Y, N)	__[60]	__	__[62]	__	__[64]	__	__[66]	__
Was another vehicle available for personal use? (Y, N)	__[68]	__	__[70]	__	__[72]	__	__[74]	__
Do you have evidence to support your deduction? (Y, N)	__[76]	__	__[78]	__	__[80]	__	__[82]	__
Is this evidence written? (Y, N)	__[84]	__	__[86]	__	__[88]	__	__[90]	__

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	[32]		[34]		[36]		[38]	
Commuting miles	[42]		[44]		[46]		[48]	
Business miles	[52]		[54]		[56]		[58]	
Parking fees	+ [92]		+ [94]		+ [96]		+ [98]	
Tolls	+ [100]		+ [102]		+ [104]		+ [106]	
Gasoline	+ [108]		+ [110]		+ [112]		+ [114]	
Oil	+ [116]		+ [118]		+ [120]		+ [122]	
Repairs	+ [124]		+ [126]		+ [128]		+ [130]	
Maintenance	+ [132]		+ [134]		+ [136]		+ [138]	
Tires	+ [140]		+ [142]		+ [144]		+ [146]	
Car washes	+ [148]		+ [150]		+ [152]		+ [154]	
Insurance	+ [156]		+ [158]		+ [160]		+ [162]	
Interest	+ [164]		+ [166]		+ [168]		+ [170]	
Registration	+ [172]		+ [174]		+ [176]		+ [178]	
Licenses	+ [180]		+ [182]		+ [184]		+ [186]	
Property taxes	+ [188]		+ [190]		+ [192]		+ [194]	
Other vehicle expenses	+ [196]		+ [198]		+ [200]		+ [202]	
Vehicle rentals	+ [204]		+ [206]		+ [208]		+ [210]	
Inclusion amt **(Preparer only)**	+ [212]		+ [214]		+ [216]		+ [218]	
Depreciation	+ [220]		+ [222]		+ [224]		+ [226]	

Health Care Coverage and Exemptions

"Your family" for health care coverage refers to you, your spouse if filing jointly, and anyone you can claim as a dependent.
Please provide all copies of Form(s) 1095-B and/or 1095-C

	2017 Information	Prior Year Information
Was your entire family covered for the full year with minimum essential health care coverage? (Y, N)	__ [1]	

If your entire family was not covered for the full year with minimum essential health care coverage, enter information for all family members who are covered, or are exempt from the requirement to maintain minimum essential health coverage. Enter either the Exemption Certificate Number issued by the Marketplace, or the Other Exemption Type you are claiming. Mark Full Year if the coverage or exemption is for the entire year, otherwise indicate the Start Month and End Month.

Social Security No.	First Name	Last Name	Exemption Certificate Number	Coverage/ Exemption Type *	Full Year	Start Month	End Month
							[7]

***Other Exemption Type Codes**

A = Unaffordable coverage	**F = Incarcerated individual**
B = Short coverage gap	**G = Hardship (combined coverage unaffordable, initial open enrollment, CHIP)**
C = Exempt noncitizen	**H = Medicaid/TRICARE/Fiscal year employer plan**
D = Health care sharing ministry	**X = Insured with minimum essential coverage (coverage info found on Form(s) 1095-B or 1095-C)**
E = Indian tribe member	

	2017 Information Taxpayer	Spouse	Prior Year Information
Self-employed health insurance premiums: (Not entered elsewhere)			
	+ [13]	+ [14]	
	+	+	
Self-employed long-term care premiums: (Not entered elsewhere)			
	+ [16]	+ [17]	
	+	+	

NOTES/QUESTIONS:

	Control Totals +		Form ID: Coverage

ACA - Health Insurance Marketplace Statement #1

Please provide all Forms 1095-A

Taxpayer/Spouse (T,S) __[1]
Marketplace identifier **(Box 1)** ____________________[6]
Marketplace-assigned policy number **(Box 2)** ____________________[7]
Policy issuer's name **(Box 3)** ____________________[2]

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	+ ______[12]	______	+ ______[25]	+ ______[38]	______
February	+ ______[13]	______	+ ______[26]	+ ______[39]	______
March	+ ______[14]	______	+ ______[27]	+ ______[40]	______
April	+ ______[15]	______	+ ______[28]	+ ______[41]	______
May	+ ______[16]	______	+ ______[29]	+ ______[42]	______
June	+ ______[17]	______	+ ______[30]	+ ______[43]	______
July	+ ______[18]	______	+ ______[31]	+ ______[44]	______
August	+ ______[19]	______	+ ______[32]	+ ______[45]	______
September	+ ______[20]	______	+ ______[33]	+ ______[46]	______
October	+ ______[21]	______	+ ______[34]	+ ______[47]	______
November	+ ______[22]	______	+ ______[35]	+ ______[48]	______
December	+ ______[23]	______	+ ______[36]	+ ______[49]	______
Annual total	+ ______[24]		+ ______[37]	+ ______[50]	

Control Totals +

ACA - Health Insurance Marketplace Statement #2

Please provide all Forms 1095-A

Taxpayer/Spouse (T,S) __[1]
Marketplace identifier **(Box 1)** ____________________[6]
Marketplace-assigned policy number **(Box 2)** ____________________[7]
Policy issuer's name **(Box 3)** ____________________[2]

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	+ ______[12]	______	+ ______[25]	+ ______[38]	______
February	+ ______[13]	______	+ ______[26]	+ ______[39]	______
March	+ ______[14]	______	+ ______[27]	+ ______[40]	______
April	+ ______[15]	______	+ ______[28]	+ ______[41]	______
May	+ ______[16]	______	+ ______[29]	+ ______[42]	______
June	+ ______[17]	______	+ ______[30]	+ ______[43]	______
July	+ ______[18]	______	+ ______[31]	+ ______[44]	______
August	+ ______[19]	______	+ ______[32]	+ ______[45]	______
September	+ ______[20]	______	+ ______[33]	+ ______[46]	______
October	+ ______[21]	______	+ ______[34]	+ ______[47]	______
November	+ ______[22]	______	+ ______[35]	+ ______[48]	______
December	+ ______[23]	______	+ ______[36]	+ ______[49]	______
Annual total	+ ______[24]		+ ______[37]	+ ______[50]	

Control Totals +

NOTES/QUESTIONS:

Medical and Health Savings Account Contributions

Please provide all Forms 5498-SA.

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

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

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

Complete this section if your account is an HSA

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

NOTES/QUESTIONS:

	Control Totals +		Form ID: 5498SA

Health, Medical Savings Account Distributions

Please provide all Forms 1099-SA.

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

Long Term Care (LTC) Service and Contracts

Please provide all Forms 1099-LTC.

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

NOTES/QUESTIONS:

	Control Totals +		Form ID: 1099SA

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 ____________ [1]
Child's date of birth ____________ [2]
Child's name ____________ [4]
Taxpayer/Spouse/Joint (T, S, J) __ [5]

Type Code (**See codes below)	Payer		Interest [6] 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[8] 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

		2017 Information[10]	Prior Year Information
Alaska Permanent Fund dividends:			
		+	
		+	

	Control Totals +		Form ID: 8814

Household Employment Tax

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

Taxpayer/Spouse (T, S) __[1]
Employer identification number ________________[2]

Total cash wages subject to social security taxes + ____________________[4]
Total cash wages subject to Medicare taxes + ____________________[5]
Total cash wages subject to Additional Medicare Tax withholding + ____________________[6]
Federal income tax withheld + ____________________[7]
State disability plan social security & Medicare withheld + ____________________[8]

Did you:
(A) pay any household employee cash wages of $2000 or more in 2017? (Y, N) __[9]
(B) withhold Federal income tax for any household employee? (Y, N) __[10]
(C) pay household employees cash wages equal to or greater than $1,000 in any quarter of 2016 or 2017? (Y, N) __[11]

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 + ____________________[12]

State #1 information
State postal code where you have to pay unemployment contributions * ___[14]
State reporting number as shown on state unemployment tax return ________________________[15]
Taxable wages (as defined in state act) + ______________[16]
State experience rate period:
From ______________[17]
To ______________[18]
State experience rate (xxx.xx) __________[19]
Contributions paid to state unemployment fund * + ______________[20]
Contributions for 2017 paid after 04/17/18 + ____________________[21]

State #2 information
State postal code where you have to pay unemployment contributions ___[22]
State reporting number as shown on state unemployment tax return ________________________[23]
Taxable wages (as defined in state act) + ______________[24]
State experience rate period:
From ______________[25]
To ______________[26]
State experience rate (xxx.xx) __________[27]
Contributions paid to state unemployment fund + ______________[28]
Contributions for 2017 paid after 04/17/18 + ____________________[29]

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

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

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

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

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

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

	Control Totals +		Form ID: 2441

Net Operating Loss Carryover Information - Preparer Use Only

Prior C/O Year	Net Operating Loss	AMT NOL
1998	+ ____ [1]	+ ____ [20]
1999	+ ____ [2]	+ ____ [21]
2000	+ ____ [3]	+ ____ [22]
2001	+ ____ [4]	+ ____ [23]
2002	+ ____ [5]	+ ____ [24]
2003	+ ____ [6]	+ ____ [25]
2004	+ ____ [7]	+ ____ [26]
2005	+ ____ [8]	+ ____ [27]
2006	+ ____ [9]	+ ____ [28]
2007	+ ____ [10]	+ ____ [29]
2008	+ ____ [11]	+ ____ [30]
2009	+ ____ [12]	+ ____ [31]
2010	+ ____ [13]	+ ____ [32]
2011	+ ____ [14]	+ ____ [33]
2012	+ ____ [15]	+ ____ [34]
2013	+ ____ [16]	+ ____ [35]
2014	+ ____ [17]	+ ____ [36]
2015	+ ____ [18]	+ ____ [37]
2016	+ ____ [19]	+ ____ [38]

NOTES/QUESTIONS:

Georgia General Information

	Taxpayer	Spouse
If disabled, enter the following:		
Type of disability	______________ [1]	______________ [2]
Date of disability	______________ [3]	______________ [4]

Contributions

Amount of contributions you wish to make to:

Wildlife Conservation Fund	______________ [5]
Fund for Children and Elderly	______________ [6]
Cancer Research Fund	______________ [7]
Land Conservation Program	______________ [8]
National Guard Foundation	______________ [9]
Dog and Cat Sterilization Fund	______________ [10]
Save the Cure Fund	______________ [11]
Realizing Educational Achievement Can Happen Program	______________ [12]
Public Safety Memorial Grant	______________ [13]

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	______________ [14]	______________ [16]
To	______________ [15]	______________ [17]

NOTES/QUESTIONS: