

Miscellaneous Information

Name:

SSN:

Personal Information

Yes **No**

- Did your marital status change during the year?
If "Yes," explain _____
- Can you or your spouse be claimed as a dependent by someone else?
- Did your address change during the year?
Provide proof of identity to be eligible to e-file your tax return (driver's license or state-issued photo ID)

Dependent Information

- Did you have any changes in dependents during the year?
If "Yes," explain _____
- Can another person qualify to claim any dependents?
- Did you have any childcare expenses during the year?
- Did you have any adoption expenses during the year?
- Did you have any children under age 19 or a full-time student under age 24 with more than \$1900 of unearned income?
Provide documentation for proof of dependent related credits (school records, medical records, daycare records, etc.)

Health Care Information

- Did any member of your household **NOT** have healthcare coverage for the entire year?
Provide copies of all Forms 1095-A, 1095-B, 1095-C for **ALL** members of your household.
If any member of your household received an exemption from the marketplace, provide the Exemption Certificate Number (ECN).
- Did you receive any distributions from a Health Savings Account (HSA), Archer MSA, or Medicare Advantage MSA during the year?

Income, Purchases, Sales, and Debt Information

- Did you have a financial interest in or signature authority over a financial account or asset located in a foreign country?
- Did you receive a distribution from, or were you a grantor of, or transferor to, a foreign trust?
- Did you have any income from, or pay taxes to, a foreign country?
- Did you own property in a foreign country?
- Did you receive any tips not reported to your employer?
- Did you receive any disability income during the year?
- Did you cash any U.S. savings bonds during the year?
- Did you receive any other income not provided with this organizer?
If "Yes," explain _____
- Did you start a new business or purchase any rental property during the year?
- Did you sell an existing business, rental property, or other property during the year?
- Did you purchase any business assets or convert any assets to business use?
If "Yes," provide the cost of the asset, the date it was placed in service, and business use percentage.
- Did you purchase any gasoline, diesel, or special fuels for non-highway business use?
- Did you buy or sell any stocks, bonds, or other investments during the year?
- Did you sell a principal residence during the year?
If "Yes," provide closing documentation for the purchase and sale of the home
- Did you foreclose or abandon a principal residence or real property during the year?
- Did you refinance your principal home or second home or take out a home equity loan during the year?
If "Yes," provide all escrow, closing, and other pertinent documentation and information.
- Did you receive any principal or interest during this year from property sold in prior years?
- Did you rent out your home or use it for business?
- Did you sell, exchange, or purchase any real estate during the year?
- Did you acquire a new or additional interest in a partnership or S corporation?
- Did you have any debts canceled or forgiven this year?
- Does anyone owe you money that has become uncollectible?
- Did you purchase a new hybrid, alternative motor, or electric motor energy-efficient vehicle during the year?
If "Yes," provide the year, make, model, VIN, and date the vehicle was placed in service.

Itemized Deduction Information

- Did you pay out-of-pocket medical or dental expenses (premiums, prescriptions, mileage, etc.) during the year?
- Did you pay any long-term care premiums for yourself, your spouse, or a dependent during the year?
- Did you receive any state or local income tax refunds from prior years?

Miscellaneous Information

Name:

SSN:

Itemized Deduction Information (continued)

| Yes | No | |
|-------------------------------|--------------------------|---------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make any major purchases (vehicle, boat, etc.) during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you pay any real estate property taxes or personal taxes during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you pay mortgage interest during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make cash donations to charity during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make noncash donations to charity (clothes, furniture, etc.) during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you donate a boat or vehicle during the year? |
| If "Yes," attach Form 1098-C. | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have any job-related expenses that were not reimbursed by your employer (uniforms, safety equipment, etc.)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you use your vehicle on the job other than for commuting to work? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you work out of town at any time during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have gambling losses during the year? |

Retirement Information

- Did you receive any payments from a pension, profit sharing, or 401(k) plan during the year?
- Did you make any withdrawals from or contributions to an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), myRA, or other qualified retirement plan during the year?
- Did you receive any Social Security benefits during the year?

Education Information

- Did you pay tuition expenses that were required for attending college, university, or vocational school for yourself, your spouse, or a dependent during the year (even if classes were attended in another year)?
- Did anyone in your household attend a post-secondary school during the year?
- Did you make a contribution to or receive a distribution from an Education Savings Account or Qualified Tuition Program during the year?
- Did you pay student loan interest for yourself, your spouse, or your dependent(s) during the year?

Miscellaneous Information

- Did you incur a loss due to damaged or stolen property?
If "Yes," provide the incident date, value of the property, and amount of insurance reimbursements.
- Did you pay wages to any household employees (babysitter, nanny, housekeeper, etc.)?
- Did you make any gifts to any one person in excess of \$14,000 during the year?
If "Yes," are you splitting the gift with your spouse? _____
- Did you incur moving expenses due to a change in employment?
- Did you make any energy-efficient improvements to your main home during the year?
- Are you a business owner who paid health insurance premiums for your employees during the year?
- Did you apply an overpayment of your 2016 taxes to your 2017 estimated taxes?
- If you have an overpayment of 2017 taxes, do you want the refund applied to your 2018 estimated taxes?
- Did you make any estimated payments toward your 2017 taxes?
- Do you want to have any refund or balance due directly deposited or withdrawn?
If "Yes," provide a canceled checking or savings slip.
- Did you receive any notices from the IRS or state taxing authority?
If "Yes," explain _____
- May the IRS discuss your tax return with your preparer?
- Would you like a copy of your tax return emailed to you instead of receiving a printed copy?

Preparer Notes

Miscellaneous Notes

2017 Summary Organizer Personal and Dependent Information

Personal Information

| | | | | |
|--------------------------------------|------------|---------------|---------------|------------------------------|
| | Name | SSN | Date of birth | Healthcare coverage ALL year |
| Taxpayer | | | | |
| Spouse | | | | |
| Street address, city, state, and ZIP | | | | |
| | Occupation | Daytime phone | Evening phone | Cell phone |
| Taxpayer | | | | |
| Spouse | | | | |
| Taxpayer email | | | | |
| Spouse email | | | | |

Marital Status at end of 2017

- Married
 Married filing separately
 Single
 Widow(er) If spouse deceased in 2017 enter the date of death _____

Taxpayer

- Yes No
 Yes No
 Yes No
 Yes No

Spouse

- Yes No Are you blind?
 Yes No Are you disabled?
 Yes No Are you a full-time student?
 Yes No Do you want \$3 to go to the Presidential Election Campaign Fund?

Dependent Information

| First and last name | SSN | Relationship | Months in home | Date of birth | Disabled | Full-time student | Healthcare coverage ALL year |
|---------------------|-----|--------------|----------------|---------------|----------|-------------------|------------------------------|
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List dependents required to file a return _____

Estimates

| | Federal | | Resident state | | Resident city | |
|-------------------------------|-----------|--------|----------------|--------|---------------|--------|
| | Date paid | Amount | Date paid | Amount | Date paid | Amount |
| Overpayment applied from 2016 | _____ | _____ | _____ | _____ | _____ | _____ |
| First quarter | _____ | _____ | _____ | _____ | _____ | _____ |
| Second quarter | _____ | _____ | _____ | _____ | _____ | _____ |
| Third quarter | _____ | _____ | _____ | _____ | _____ | _____ |
| Fourth quarter | _____ | _____ | _____ | _____ | _____ | _____ |
| Additional payments | _____ | _____ | _____ | _____ | _____ | _____ |

Appointment Information & Notes

Your 2017 appointment is scheduled for _____

Notes

Healthcare Coverage Questionnaire

Name: _____

SSN: _____

Healthcare Information

| Member of household for healthcare purposes | Covered the entire year | Covered less than 12 months | No healthcare coverage at all |
|------------------------------------------------|----------------------------|--------------------------------|----------------------------------|
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YES NO

 Did anyone other than you or your spouse pay for healthcare coverage for anyone listed above?

 Did you pay for healthcare coverage for anyone not listed above?

If you had coverage for any part of the year:

Where was the policy obtained?

Employer / Medicare / Medicaid / Marketplace(Exchange) / Other

If you didn't have coverage part or all of the year:

Answer YES if the following applies to any member of the household

 Was your previous insurance policy cancelled in 2017?

 Was coverage offered by your employer or your spouse's employer?

 Are you a member of a federally recognized Indian tribe?

 Are you eligible for services through an Indian healthcare provider?

 Are you a member of a healthcare sharing ministry?

 Did you live in the United States the entire year?

 Are you enrolled in TRICARE?

 Did you apply for CHIP coverage?

 Do any of the following apply to you? Do NOT indicate which one.

- Became homeless
- Evicted in the past six months, or facing eviction or foreclosure
- Received a shut-off notice from a utility company
- Recently experienced domestic violence
- Recently experienced the death of a close family member
- Recently experienced a fire, flood, or other natural or human-caused disaster that resulted in substantial damage to your property
- Filed for bankruptcy in the last six months
- Incurred unreimbursed medical expenses in the last 24 months that resulted in substantial debt
- Experienced unexpected increases in essential expenses due to caring for an ill, disabled, or aging family member

Healthcare Coverage Questionnaire for taxpayer and spouse (for preparer use)

PRIMARY TAXPAYER

All Year January February March April May June July August September October November December

| | | | | | | | | | | | | | | |
|------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Insured through Marketplace (Exchange). MUST provide 1095-A | | | | | | | | | | | | | | |
| Had health care coverage from another source | | | | | | | | | | | | | | |
| Was exempt from health care mandate. Has Exemption Certificate Number? If yes, provide number. | | | | | | | | | | | | | | |
| Employer offered health coverage which was declined | | | | | | | | | | | | | | |
| If YES, what would be the cost for SELF coverage? | | | | | | | | | | | | | | |
| If YES, what would be the cost for FAMILY coverage? | | | | | | | | | | | | | | |
| Would the FAMILY policy have covered the spouse? | | | | | | | | | | | | | | |

SPOUSE

All Year January February March April May June July August September October November December

| | | | | | | | | | | | | | | |
|------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Insured through Marketplace (Exchange). MUST provide 1095-A | | | | | | | | | | | | | | |
| Had health care coverage from another source | | | | | | | | | | | | | | |
| Was exempt from health care mandate. Has Exemption Certificate Number? If yes, provide number. | | | | | | | | | | | | | | |
| Employer offered health coverage which was declined | | | | | | | | | | | | | | |
| If YES, what would be the cost for SELF coverage? | | | | | | | | | | | | | | |
| If YES, what would be the cost for FAMILY coverage? | | | | | | | | | | | | | | |
| Would the FAMILY policy have covered the spouse? | | | | | | | | | | | | | | |

Healthcare Coverage Questionnaire for Dependents (for preparer use)

All Year January February March April May June July August September October November December

| | | | | | | | | | | | | | | |
|------------------------------------------------------------------------------------------------|----------------------------------------------------------|--|---------------------|--|--|--|--|--|--|--|--|--|--|--|
| Insured through Marketplace (Exchange). MUST provide 1095-A | | | | | | | | | | | | | | |
| Had health care coverage from another source | | | | | | | | | | | | | | |
| Was exempt from health care mandate. Has Exemption Certificate Number? If yes, provide number. | | | | | | | | | | | | | | |
| Required to file a return? | YES <input type="checkbox"/> NO <input type="checkbox"/> | | AGI of that return? | | | | | | | | | | | |

All Year January February March April May June July August September October November December

| | | | | | | | | | | | | | | |
|------------------------------------------------------------------------------------------------|----------------------------------------------------------|--|---------------------|--|--|--|--|--|--|--|--|--|--|--|
| Insured through Marketplace (Exchange). MUST provide 1095-A | | | | | | | | | | | | | | |
| Had health care coverage from another source | | | | | | | | | | | | | | |
| Was exempt from health care mandate. Has Exemption Certificate Number? If yes, provide number. | | | | | | | | | | | | | | |
| Required to file a return? | YES <input type="checkbox"/> NO <input type="checkbox"/> | | AGI of that return? | | | | | | | | | | | |

All Year January February March April May June July August September October November December

| | | | | | | | | | | | | | | |
|------------------------------------------------------------------------------------------------|----------------------------------------------------------|--|---------------------|--|--|--|--|--|--|--|--|--|--|--|
| Insured through Marketplace (Exchange). MUST provide 1095-A | | | | | | | | | | | | | | |
| Had health care coverage from another source | | | | | | | | | | | | | | |
| Was exempt from health care mandate. Has Exemption Certificate Number? If yes, provide number. | | | | | | | | | | | | | | |
| Required to file a return? | YES <input type="checkbox"/> NO <input type="checkbox"/> | | AGI of that return? | | | | | | | | | | | |

Income

Name:

SSN:

Wages & Salaries

Provide all copies of Form W-2

| Employer name | 2017 federal wages | 2016 federal wages |
|---------------|--------------------|--------------------|
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Retirement

Provide all copies of Form 1099-R

| Payer name | 2017 distribution | 2016 distribution |
|------------|-------------------|-------------------|
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Form 1099-Misc Income

Provide all copies of Form 1099-MISC (* Also reported on Schedule C or E)

| Payer name | 2017 amount | 2016 amount |
|------------|-------------|-------------|
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Income

Name:

SSN:

Dividend Income

Provide all copies of Form 1099-DIV and other statements that report dividend income

| Payer name | 2017 ordinary dividends | 2016 ordinary dividends | 2017 qualified dividends | 2016 qualified dividends |
|------------|-------------------------------|-------------------------------|--------------------------------|--------------------------------|
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Interest Income

Provide all copies of Form 1099-INT, Form 1099-OID and other statements that report interest income

| Payer name | 2017 interest | 2016 interest |
|------------|------------------|------------------|
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If any interest income listed above is from a seller-financed mortgage, provide the payer's ID number and address

Sale of Capital Assets

Name: _____

SSN: _____

Sale of Capital Assets (not reported on Form 1099-B)

Provide all brokerage statements

| Description of property | Date purchased | Date sold | Sales price | Cost |
|-------------------------|----------------|-----------|-------------|------|
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Installment Sale Income

Description of property: _____

Date acquired _____ Date sold _____

| | 2017 | Prior years |
|-------------------------------------------|-------|-------------|
| Selling price | _____ | _____ |
| Mortgages assumed | _____ | _____ |
| Cost of property sold | _____ | _____ |
| Depreciation allowed | _____ | _____ |
| Commissions and expense of sale | _____ | _____ |
| Gross profit percentage | _____ | _____ |
| Interest received | _____ | _____ |
| Principal payments received | _____ | _____ |

Property was sold to a related party

Other Income and Adjustments

Name: _____

SSN: _____

Other Income

| | 2017 Taxpayer | 2016 Taxpayer | 2017 Spouse | 2016 Spouse |
|----------------------------------------------------------------|------------------|------------------|----------------|----------------|
| Scholarships or grants not reported on Form W-2 | _____ | _____ | _____ | _____ |
| State income tax refund (attach Forms 1099-G) | _____ | _____ | _____ | _____ |
| Alimony received | _____ | _____ | _____ | _____ |
| Unemployment compensation (attach Forms 1099-G) | _____ | _____ | _____ | _____ |
| Unemployment compensation repaid in 2017 | _____ | _____ | _____ | _____ |
| Social Security Benefits (attach Forms 1099-SSA) | _____ | _____ | _____ | _____ |
| Railroad Retirement Benefits (attach Forms 1099-RRB) | _____ | _____ | _____ | _____ |
| Gambling winnings (attach Forms W2-G) | _____ | _____ | _____ | _____ |
| Alaska Permanent Fund | _____ | _____ | _____ | _____ |
| Other income: _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

Adjustments

| | 2017 Taxpayer | 2016 Taxpayer | 2017 Spouse | 2016 Spouse |
|--------------------------------------------------------------------------------------------------------|------------------|------------------|----------------|----------------|
| Educator expenses (If you are an educator, enter the amount you paid for classroom supplies) | _____ | _____ | _____ | _____ |
| Contributions made to a Health Savings Account (HSA) | _____ | _____ | _____ | _____ |
| Contributions made to a Self-Employed Pension plan (SEP) | _____ | _____ | _____ | _____ |
| Payments made for Self-Employed Health Insurance for you, your spouse, or dependents | _____ | _____ | _____ | _____ |
| Alimony paid | | _____ | | _____ |
| Name: _____ SSN: _____ | | _____ | | _____ |
| Name: _____ SSN: _____ | | _____ | | _____ |
| Contributions made to an Individual Retirement Account (IRA) | _____ | _____ | _____ | _____ |
| Contributions made to a Roth IRA | _____ | _____ | _____ | _____ |
| Contributions made to a myRA | _____ | _____ | _____ | _____ |
| Interest paid on a student loan | _____ | _____ | _____ | _____ |
| Other adjustments: _____ | _____ | _____ | _____ | _____ |

Job-related Moving Expenses

| | 2017 | 2016 |
|--------------------------------------------------------------------------------------------------------------------------------------------|-------|-------|
| Number of miles from old home to old workplace | _____ | _____ |
| Number of miles from old home to new workplace | _____ | _____ |
| Expense to move household goods & personal effects and lodging expenses while traveling to your new home (Do not include cost of meals) | _____ | _____ |
| <input type="checkbox"/> This was a military move | | |

Schedule C - Profit or Loss from Business

Name: _____

SSN: _____

General Business Information

Business name _____ Employer ID number _____

Professional product or service _____

Business address, city, state, ZIP _____

- This business started or was acquired during 2017 Yes No Payments of \$600 or more were paid to an individual who is not your employee for services provided for this business
- This business was disposed of during 2017 Yes No You filed Forms(s) 1099 for the individual(s)

Income

| | 2017 | 2016 | | 2017 | 2016 |
|-------------------------------------|-------|-------|------------------------|-------|-------|
| Gross receipts or sales | _____ | _____ | Other income | _____ | _____ |
| Income from Form(s) 1099-MISC . . . | _____ | _____ | | _____ | _____ |
| Returns & allowances | _____ | _____ | | _____ | _____ |

Expenses

| | 2017 | 2016 | | 2017 | 2016 |
|------------------------------------------------------------|-------|-------|-----------------------------------|-------|-------|
| Advertising | _____ | _____ | Travel | _____ | _____ |
| Car & truck expenses | _____ | _____ | Total meals & entertainment . . . | _____ | _____ |
| Commissions & fees | _____ | _____ | Utilities | _____ | _____ |
| Contract labor | _____ | _____ | Wages | _____ | _____ |
| Depletion | _____ | _____ | Other expenses (list) | _____ | _____ |
| Employee benefit programs | _____ | _____ | | _____ | _____ |
| Insurance (other than health) | _____ | _____ | | _____ | _____ |
| Mortgage interest | _____ | _____ | | _____ | _____ |
| Other interest | _____ | _____ | | _____ | _____ |
| Legal & professional services | _____ | _____ | | _____ | _____ |
| Office expenses | _____ | _____ | | _____ | _____ |
| Pension & profit sharing plans | _____ | _____ | | _____ | _____ |
| Rent or lease (vehicles, machinery, & equipment) | _____ | _____ | | _____ | _____ |
| Rent (other business property) | _____ | _____ | | _____ | _____ |
| Repairs & maintenance | _____ | _____ | | _____ | _____ |
| Supplies | _____ | _____ | | _____ | _____ |
| Taxes & licenses | _____ | _____ | | _____ | _____ |

Cost of Goods Sold

| | 2017 | 2016 | | 2017 | 2016 |
|------------------------------------------|-------|-------|-----------------------------------------------------------------|-------|-------|
| Inventory at beginning of year | _____ | _____ | Materials & supplies | _____ | _____ |
| Purchases | _____ | _____ | Other costs | _____ | _____ |
| Cost of personal use items | _____ | _____ | Inventory at end of year | _____ | _____ |
| Cost of labor | _____ | _____ | <input type="checkbox"/> There was a change in inventory method | | |

Schedule E - Income or Loss from Rental Real Estate & Royalties

Name: _____

SSN: _____

General Property Information

Property description _____
 Address, city, state, ZIP _____

Select the property type

- Single family residence
 Vacation / short-term rental
 Land
 Self-rental
 Multi-family residence
 Commercial
 Royalties
 Other _____

Number of days property was rented _____ Number of days property was used for personal use _____

If the rental is a multi-dwelling unit and you occupied part of the unit, enter the percentage you occupied _____

- This property is your main home
 Yes No Payments of \$600 or more were paid to an individual who is not your employee for services provided for this rental.
 This property was disposed of during 2017
 Yes No You filed Form(s) 1099 for the individual(s)
 This property was owned as a qualified joint venture

Income

| | 2017 | 2016 | | 2017 | 2016 |
|--------------------------------------------|-------|-------|-----------------------------------------------------------------|-------|-------|
| Rent Income | _____ | _____ | Royalties from oil, gas, mineral, copyright or patent | _____ | _____ |
| Rental income from Form(s) 1099-MISC _____ | _____ | _____ | Royalties from Form(s) 1099-MISC _____ | _____ | _____ |

Expenses

| | Rental unit expenses | | Rental <u>and</u> homeowner expenses | | |
|-------------------------------------|----------------------|-------|--------------------------------------|-------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Advertising | _____ | _____ | _____ | _____ | If this Schedule E is for a multi-unit dwelling and you lived in one unit and rented out the other units, use the "Rental and homeowner expenses" column to show expenses that apply to the entire property. Use the "Rental unit expenses" column to show expenses that pertain ONLY to the rental portion of the property. |
| Auto & travel | _____ | _____ | _____ | _____ | |
| Cleaning & maintenance | _____ | _____ | _____ | _____ | |
| Commissions | _____ | _____ | _____ | _____ | |
| Depletion | _____ | _____ | _____ | _____ | |
| Insurance | _____ | _____ | _____ | _____ | |
| Legal & professional fees | _____ | _____ | _____ | _____ | |
| Management fees | _____ | _____ | _____ | _____ | |
| Interest - mortgage | _____ | _____ | _____ | _____ | |
| Interest - other | _____ | _____ | _____ | _____ | |
| Repairs | _____ | _____ | _____ | _____ | If the Schedule E is not for a multi-unit property in which you lived in one unit, complete just the "Rental unit expenses" column. |
| Supplies | _____ | _____ | _____ | _____ | |
| Taxes | _____ | _____ | _____ | _____ | |
| Utilities | _____ | _____ | _____ | _____ | |
| Other expenses (list) | _____ | _____ | _____ | _____ | |
| _____ | _____ | _____ | _____ | _____ | |
| _____ | _____ | _____ | _____ | _____ | |
| _____ | _____ | _____ | _____ | _____ | |
| _____ | _____ | _____ | _____ | _____ | |
| _____ | _____ | _____ | _____ | _____ | |
| _____ | _____ | _____ | _____ | _____ | |

Schedule F - Profit or Loss from Farming

Name: _____

SSN: _____

General Information

Principal product _____ Employer ID number _____

- This farm was disposed of during 2017 Yes No Payments of \$600 or more were paid to an individual who is not your employee for services provided for this farm
- This farm received government subsidy in 2017 Yes No You filed Form(s) 1099 for the individual(s)

Income

| | 2017 | 2016 | | 2017 | 2016 |
|-----------------------------------------------------|-------|-------|---------------------------------------------------------------------------------------|-------|-------|
| Sale of livestock / other items | _____ | _____ | Beginning inventory for accrual | _____ | _____ |
| Cost of items bought for resale | _____ | _____ | Ending inventory for accrual | _____ | _____ |
| Sale of products you raised | _____ | _____ | <input type="checkbox"/> You used unit-livestock-price or farm-price inventory method | | |
| Total cooperative distributions | _____ | _____ | Other income | _____ | _____ |
| Total agricultural payments | _____ | _____ | | | |
| Commodity Credit Corporation (CCC) loans: | | | | | |
| CCC loans reported | _____ | _____ | | | |
| CCC loans forfeited | _____ | _____ | | | |
| Crop insurance proceeds: | | | | | |
| Amount received in 2017 | _____ | _____ | | | |
| <input type="checkbox"/> You elect to defer to 2018 | | | | | |
| Amount deferred from 2016 | _____ | _____ | | | |
| Custom hire income | _____ | _____ | | | |

Expenses

| | 2017 | 2016 | | 2017 | 2016 |
|-----------------------------------------------|-------|-------|--------------------------------------------|-------|-------|
| Car & truck expenses | _____ | _____ | Seeds & plants purchased | _____ | _____ |
| Chemicals | _____ | _____ | Storage & warehousing | _____ | _____ |
| Conservation expenses | _____ | _____ | Supplies purchased | _____ | _____ |
| Custom hire (machine work) | _____ | _____ | Taxes | _____ | _____ |
| Employee benefit programs | _____ | _____ | Utilities | _____ | _____ |
| Feed purchased | _____ | _____ | Veterinary, breeding, & medicine | _____ | _____ |
| Fertilizers & lime | _____ | _____ | Other expenses | _____ | _____ |
| Freight & trucking | _____ | _____ | | | |
| Gasoline, fuel, & oil | _____ | _____ | | | |
| Insurance (other than health) | _____ | _____ | | | |
| Interest - mortgage (paid to banks, etc.) | _____ | _____ | | | |
| Interest - other | _____ | _____ | | | |
| Labor hired (less jobs credit) | _____ | _____ | | | |
| Pension & profit-sharing plans | _____ | _____ | | | |
| Rent - vehicles, machinery, & equip | _____ | _____ | | | |
| Rent - other (land, animals, etc.) | _____ | _____ | | | |
| Repairs & maintenance | _____ | _____ | | | |

Form 4835 - Farm Rental Income and Expenses

Name: _____

SSN: _____

General Information

Description _____ Employer ID number _____

This farm was disposed of during 2017

This farm received applicable subsidy during 2017

Income

| | 2017 | 2016 | | 2017 | 2016 |
|------------------------------------------------------------------------|-------|-------|------------------------|-------|-------|
| Income from production of livestock, grains, and other crops | _____ | _____ | Other income | _____ | _____ |
| Total cooperative distributions | _____ | _____ | | _____ | _____ |
| Total agricultural payments | _____ | _____ | | _____ | _____ |
| Commodity Credit Corporation (CCC) loans: | | | | | |
| CCC loans reported | _____ | _____ | | _____ | _____ |
| CCC loans forfeited | _____ | _____ | | _____ | _____ |
| Crop insurance proceeds: | | | | | |
| Amount received in 2017 | _____ | _____ | | _____ | _____ |
| <input type="checkbox"/> You elect to defer to 2018 | | | | | |
| Amount deferred from 2016 | _____ | _____ | | _____ | _____ |

Expenses

| | 2017 | 2016 | | 2017 | 2016 |
|----------------------------------------------|-------|-------|--------------------------------------------|-------|-------|
| Car & truck expenses | _____ | _____ | Seeds & plants purchased | _____ | _____ |
| Chemicals | _____ | _____ | Storage & warehousing | _____ | _____ |
| Conservation expenses | _____ | _____ | Supplies purchased | _____ | _____ |
| Custom hire (machine work) | _____ | _____ | Taxes | _____ | _____ |
| Employee benefit programs | _____ | _____ | Utilities | _____ | _____ |
| Feed purchased | _____ | _____ | Veterinary, breeding, & medicine | _____ | _____ |
| Fertilizers & lime | _____ | _____ | Other expenses (list) | | |
| Freight & trucking | _____ | _____ | | _____ | _____ |
| Gasoline, fuel, & oil | _____ | _____ | | _____ | _____ |
| Insurance (other than health) | _____ | _____ | | _____ | _____ |
| Interest - mortgage (paid to banks, etc.) | _____ | _____ | | _____ | _____ |
| Interest - other: | _____ | _____ | | _____ | _____ |
| Labor hired (less jobs credit) | _____ | _____ | | _____ | _____ |
| Pension & profit-sharing plans | _____ | _____ | | _____ | _____ |
| Rent - vehicles, machinery & equip | _____ | _____ | | _____ | _____ |
| Rent - other (land, animals, etc.) | _____ | _____ | | _____ | _____ |
| Repairs & maintenance | _____ | _____ | | _____ | _____ |

Expenses Related to Business

Name: _____

SSN: _____

Auto Expense

Name of business vehicle is used for _____

Description of vehicle _____ Date vehicle was placed in service _____

- | | |
|----------------------------------------------------------------------------------|----------------------------------------------------------------------|
| <input type="checkbox"/> Another vehicle is available for personal use | <input type="checkbox"/> There is evidence to support your deduction |
| <input type="checkbox"/> This vehicle is available for use during off-duty hours | <input type="checkbox"/> The evidence is written |

Number of miles the vehicle was driven during 2017
 Business _____ Commuting _____ Total _____

Number of miles driven in prior years
 Business _____ Total _____

| | | 2017 | 2016 | | | 2017 | 2016 |
|--------------------------|-------|------|------|------------------------|-------|------|------|
| Garage rent | _____ | | | Property tax | _____ | | |
| Gas | _____ | | | Repairs | _____ | | |
| Insurance | _____ | | | Tires | _____ | | |
| Licenses | _____ | | | Tolls | _____ | | |
| Oil | _____ | | | Other expenses | _____ | | |
| Parking fees | _____ | | | _____ | _____ | | |
| Lease payments | _____ | | | _____ | _____ | | |
| Interest | _____ | | | _____ | _____ | | |

Business Use of Home

Name of business home is used for _____

What is the total square footage of your home that was used regularly and exclusively for business _____

What is the total square footage of your home _____

For daycare facilities not used exclusively for business, complete the following questions

How many days during the year was the area used _____ How many hours per day was the area used _____

- The daycare facility was in operation for the entire year

| | Office expenses | | Home expenses | | |
|------------------------------------|-----------------|------|---------------|------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Expenses | 2017 | 2016 | 2017 | 2016 | |
| Mortgage interest | _____ | | _____ | | In the "Office expenses" column, enter those expenses that pertain exclusively to your office; in the "Home expenses" column, enter those expenses that pertain to the entire dwelling. |
| Real estate taxes | _____ | | _____ | | |
| Excess mortgage interest | _____ | | _____ | | |
| Insurance | _____ | | _____ | | |
| Rent | _____ | | _____ | | |
| Repairs & maintenance | _____ | | _____ | | |
| Utilities | _____ | | _____ | | |
| Other expenses | _____ | | _____ | | |

Schedule A - Itemized Deductions

Name:

SSN:

Medical and Dental Expenses

Table with 2 columns: 2017, 2016. Rows include Health insurance premiums, Long-term care premiums, Mileage driven for medical purposes, Medical and dental expenses (list).

Charitable Contributions

Table with 2 columns: 2017, 2016. Rows include Donations to charity (cash), Miles driven for charitable purposes, Donations to charity (noncash).

Job Expenses & Certain Miscellaneous Deductions

Table with 2 columns: 2017, 2016. Rows include Necessary job expenses you paid that were not reimbursed by your employer (list), Tax preparation fees, Other nonpersonal expenses related to taxable income (list), Investment expenses not entered elsewhere.

Taxes Paid

Table with 2 columns: 2017, 2016. Rows include State and local income taxes, Sales tax, Real estate taxes, Personal property taxes, Other taxes (list).

Interest Paid

Table with 2 columns: 2017, 2016. Rows include Mortgage interest paid (attach Form 1098), Mortgage interest paid to an individual, Qualified mortgage insurance premiums, Investment interest.

Other Miscellaneous Deductions

Table with 2 columns: 2017, 2016. Rows include Amortizable bond premiums, Federal estate tax, Gambling losses, Impairment-related work expenses, Claim repayments, Unrecovered pension investments, Schedule K-1, Ordinary loss debt instrument.

Other Information

Name: _____

SSN: _____

Mortgage Interest

Provide all copies of Form 1098

| Lender's name | 2017 Mortgage interest received | 2016 Mortgage interest received | 2017 Mortgage insurance premiums | 2016 Mortgage insurance premiums | 2017 Real estate taxes paid | 2016 Real estate taxes paid |
|---------------|------------------------------------------|------------------------------------------|-------------------------------------------|-------------------------------------------|-----------------------------------|-----------------------------------|
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |

Employee Business Expenses

| | NOT reimbursed by your employer | | Reimbursed by your employer not included on your W-2 | |
|----------------------------------------------------------------------------------------|------------------------------------|-------|---------------------------------------------------------|-------|
| | 2017 | 2016 | 2017 | 2016 |
| Rural mail carrier expenses | _____ | _____ | _____ | _____ |
| Parking fees, tolls, local transportation | _____ | _____ | _____ | _____ |
| Meals & entertainment | _____ | _____ | _____ | _____ |
| Overnight business travel expenses (Do not include meals & entertainment) | _____ | _____ | _____ | _____ |
| Other business expenses | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

- | | |
|----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <input type="checkbox"/> You used your personal vehicle for your job during 2017 | <input type="checkbox"/> You are a member of the clergy |
| <input type="checkbox"/> You are a reservist | <input type="checkbox"/> You are a fee-based state or local government official |
| <input type="checkbox"/> You are a qualified performing artist | <input type="checkbox"/> You are a disabled employee with impairment-related work expenses |

Casualties and Thefts

| | |
|-------------------------------------------|-------------------------------------------|
| Property description _____ | Property description _____ |
| Property location _____ | Property location _____ |
| Date property was damaged or stolen _____ | Date property was damaged or stolen _____ |
| Cost of property damaged or stolen _____ | Cost of property damaged or stolen _____ |
| Amount of damage _____ | Amount of damage _____ |
| Insurance reimbursement _____ | Insurance reimbursement _____ |

Other Information

Name: _____

SSN: _____

Child and Other Dependent Care Expenses

| Name of care provider | Address | SSN or EIN | Amount paid |
|-----------------------|---------|------------|-------------|
| | | | |
| | | | |
| | | | |
| | | | |

Education Expenses

Provide all copies of Form 1098-T

Student name _____ Student name _____

| Type of expense | Amount | Type of expense | Amount |
|-----------------|--------|-----------------|--------|
| | | | |
| | | | |
| | | | |

Student name _____ Student name _____

| Type of expense | Amount | Type of expense | Amount |
|-----------------|--------|-----------------|--------|
| | | | |
| | | | |
| | | | |

