

Questionnaire

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

	Yes	No
Personal Information		
Did your marital status change during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____		
Did your address change from last year?	<input type="checkbox"/>	<input type="checkbox"/>
Can you be claimed as a dependent by another taxpayer?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or any dependents received an Identify Protection PIN (IP PIN) from the IRS or have you been the victim of identity theft? If Yes, attach the IRS letter.	<input type="checkbox"/>	<input type="checkbox"/>
Did you reside in or operate a business in a Federally declared disaster area? The Federally declared disaster areas include hurricane and tropical storm victims in Georgia, Florida, Puerto Rico, the Virgin Islands and parts of Texas, Louisiana and South Carolina, as well as wildfire victims in California.	<input type="checkbox"/>	<input type="checkbox"/>
Please review your information on the Personal and Client Contact Information pages.		
Dependent Information		
Were there any changes in dependents from the prior year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____		
Do you have any children under age 19 or a full-time student under age 24 with unearned income in excess of \$2,100?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have dependents who must file a tax return?	<input type="checkbox"/>	<input type="checkbox"/>
Did you provide over half the support for any other person(s) during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay for child care while you worked or looked for work?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any expenses related to the adoption of a child during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If you are divorced or separated with child(ren), do you have a divorce decree or other form of separation agreement which establishes custodial responsibilities?	<input type="checkbox"/>	<input type="checkbox"/>
Bank Information and Refunds		
Did you change any bank accounts, or did routing transit numbers (RTN) and/or bank account number change for existing bank accounts that have been used to direct deposit (or direct debit) funds from (or to) the IRS or other taxing authority during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If you have a refund, do you want to have it to be direct deposited?	<input type="checkbox"/>	<input type="checkbox"/>
Business and Rental Real Estate Information		
Did you start a new business or purchase rental property during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you acquire a new or additional interest in a partnership or S corporation?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell, exchange, or purchase any real estate during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell an existing business, rental, or other property this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any payments that would require you to file Form(s) 1099? Payments made to individuals or non-corporate entities, such as partnerships and LLC's over \$600 are required to receive a Form 1099.	<input type="checkbox"/>	<input type="checkbox"/>
If yes, did you or will you file all required Forms 1099?	<input type="checkbox"/>	<input type="checkbox"/>
If you are a business owner, did you pay health insurance premiums for your employees this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell, exchange, or purchase any business assets during the year? If yes, please attach a listing.	<input type="checkbox"/>	<input type="checkbox"/>
Foreign Activity Information		
Did you have any foreign income or pay any foreign taxes during the year, directly or indirectly, such as from investment accounts, partnerships or a foreign employer?	<input type="checkbox"/>	<input type="checkbox"/>

- Did you receive a distribution from, or were you a grantor or transferor for a foreign trust?
- Did you have a financial interest or signature authority over a financial account such as a bank account, securities account, or brokerage account, located in a foreign country?
- Did you have any foreign financial accounts, foreign financial assets, or hold interest in a foreign entity?

Income Information

- Did you receive any income from property sold prior to this year?
- Did you receive any gambling winnings during the year? If so, do you have documentation for any offsetting losses?
- Did you receive any unemployment benefits during the year?
- Did you receive any disability income during the year?
- Did you receive tip income not reported to your employer this year?
- Did you engage in any bartering transactions?
- Did any of your life insurance policies mature, or did you surrender any policies?
- Do you expect a large fluctuation in income, deductions, or withholding next year?

Retirement Information

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

Education Information

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

Health Care Information

For information on the Individual Mandate and Minimum Essential Health Care Coverage visit the IRS website:

www.irs.gov/Affordable-Care-Act/Individuals-and-Families/Individual-Shared-Responsibility-Provision

- Did you have a qualifying health care coverage, such as employer-sponsored coverage or government-sponsored coverage (i.e. Medicare/Medicaid) for every month of 2017 for your family? "Your family" for health care coverage refers to you, your spouse if filing joint, and anyone you can claim as a dependent. If Yes, attach any Form(s) 1095-B and/or 1095-C you received.

- | | | |
|--|--------------------------|--------------------------|
| Did anyone in your family qualify for an exemption from the health care coverage mandate? If yes, attach the Exemption Certificate Number (ECN) or type of exemption | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act? If yes, please attach any Forms 1095-A you received. | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act and share a policy with anyone who is not included in your family? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you make any contributions to or receive any distributions from a Health Savings Account (HSA) or Archer MSA? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you pay health care or long-term care premiums for yourself or your family? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you make any contributions to or withdrawals from an ABLE (Achieving a Better Life Experience) account? If yes, attach any Form(s) 5498-QA and 1099-Q you received. | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive any Health Coverage Tax Credit (HTC) advance payments? If yes, attach any Forms 1099-H you received. | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you pay any COBRA health care coverage continuation premiums? | <input type="checkbox"/> | <input type="checkbox"/> |

Itemized Deduction Information

- | | | |
|--|--------------------------|--------------------------|
| Did you pay real estate taxes for your primary home and/or second home? If yes, please attach a supporting statement. | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you pre-pay real estate taxes for your primary home and/or second home? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you make any major purchases during the year (cars, boats, etc.)? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you make any out-of-state purchases (by telephone, internet, mail, in person) that the seller did not collect state sales or use tax? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you take out a home equity loan this year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you refinance a principal residence or second home this year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have evidence to substantiate charitable contributions? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you make any cash or noncash contributions (clothes, furniture, etc.)? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you donate a vehicle or boat during the year? If yes, attach Form 1098-C. | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you have an expense account or allowance during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you use your car on the job, for other than commuting? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you work out of town for part of the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you have any expenses related to seeking a new job during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you incur a casualty or theft loss or any condemnation awards during the year? If yes, did the loss occur in a Federally declared disaster area? | <input type="checkbox"/> | <input type="checkbox"/> |

Miscellaneous Information

- | | | |
|---|--------------------------|--------------------------|
| Did you make gifts of more than \$14,000 to any individual? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you retire or change jobs this year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you incur moving costs because of a job change? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you pay any individual as a household employee (babysitter, housekeeper, nanny, etc.)? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you make energy efficient improvements to your main home this year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you purchase or sell a principal residence during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you foreclose or abandon a principal residence or real property during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you acquire or dispose of any stock during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you incur any non-business bad debts this year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you have any debts canceled or forgiven this year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you purchase a qualified plug-in electric drive vehicle or qualified fuel cell vehicle this year? | <input type="checkbox"/> | <input type="checkbox"/> |

Administrative

- Did you receive correspondence from any taxing authority? If yes, please attach.
- Do you have previous years of tax returns that are either unfiled or filed with unpaid balances due?
- Do you need any advice in estate planning and when did you last update your will, trust and financial Power of Attorney documents?

Ohio - Use Tax

- Out-of-state purchases (by telephone, internet, mail, in person) that the seller did not collect sales or use tax? If Yes, enter amount of purchases subject to use tax \$_____

Notes

Client Organizer Topical Index

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

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

Personal Information

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

*****Month** 7 = Reported on odd year return
 8 = Reported on even year return
 9 = Not reported on return

Preparer - Enter on Screen Contact

Tax matters person (Indicate which spouse handles tax return related questions) (Blank = Both, T = Taxpayer, S = Spouse) _____ [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: _____ [18] _____ [26]
 Email, Work phone, Home phone, Fax, Mobile phone, Mobile phone #2

NOTES/QUESTIONS:

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

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

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

Country where you are a citizen or national during the tax year _____ [2]
 Foreign address to use for refund check, if different than mailing address entered on Screen 1040:
 Foreign address _____ [3]
 Foreign city _____ [4]
 Foreign country name _____ [6]
 Foreign province or county _____ [7]
 Foreign postal code _____ [8]
 Country of permanent residence for tax purposes _____ [10]
 Scholarships and fellowship grants received during tax year: _____ [16]
 U.S. real property interests that were disposed at a gain during the tax year _____ + _____ [19]

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

Payer / Description	Tax Rate	Income	U.S. Fed Withholding
Dividends paid by U.S. corporations:			
_____	_____ +	_____ [22] +	_____
_____	_____ +	_____	_____
Dividends paid by foreign corporations:			
_____	_____ +	_____ [24] +	_____
_____	_____ +	_____	_____
Interest received on mortgages:			
_____	_____ +	_____ [26] +	_____
_____	_____ +	_____	_____
Interest paid by foreign corporations:			
_____	_____ +	_____ [28] +	_____
_____	_____ +	_____	_____
Other Interest received:			
_____	_____ +	_____ [30] +	_____
_____	_____ +	_____	_____
Industrial royalties (patents, trademarks, etc.)			
_____	_____ +	_____ [32] +	_____
Motion picture or T.V. copyright royalties			
_____	_____ +	_____ [34] +	_____
Other royalties (copyrights, recording, publishing, etc.)			
_____	_____ +	_____ [36] +	_____
Real property income and natural resources royalties			
_____	_____ +	_____ [38] +	_____
Pensions and annuities:			
_____	_____ +	_____ [40] +	_____
Gambling - Residents of Canada only:			
Winnings _____ [42] Losses _____ [44]			_____ [43]
Gambling - Residents of countries other than Canada:			
_____	_____ +	_____ [46] +	_____
Other income:			
_____	_____ +	_____ [48] +	_____
_____	_____ +	_____	_____

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

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

Have you ever applied to be a green card holder of the United States (Y, N) _____ [1]

Were you ever a U.S. citizen? (Y, N) _____ [2]

Were you ever a green card holder of the U.S.? (Y, N) _____ [3]

If you had a visa on December 31, 2017, enter your visa type _____ [5]

If you did not have a visa, enter your U.S. immigration status on December 31, 2017 _____ [6]

Date you first entered U.S. _____ [7]

If you've ever changed your visa types (nonimmigrant status) or U.S. immigration status:
 Date of visa change _____ [9]
 Nature of your visa change _____ [10]

If you are a resident of Canada or Mexico **AND** commute to work in the U.S. at frequent intervals, enter 1 for Canada or 2 for Mexico _____ [11]

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

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

Enter the total number of days (including vacation, nonworkdays, partial work days) you were present in the U.S. during:
 2014 _____ [13]
 2015 _____ [14]
 2016 _____ [15]

Latest U.S. income tax return you filed prior to 2017:
 Year filed _____ [16]
 Type of return filed _____ [17]

Did you receive total compensation of \$250,000 or more during 2017 (Y, N) _____ [18]
 If "Yes" did you use an alternative method to determine the source of the compensation? (Y, N) _____ [20]
 If you used an alternative method to determine the source of the compensation, provide details in the space below.

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

Country Name [21]	Tax Treaty Article	Months Claimed in 2016	Exempt Income in 2017
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Were you subject to tax in a foreign country on any of the income entered in the "Exempt income 2017" column (Y, N) _____ [22]
 Are you claiming treaty benefits pursuant to a Competent Authority determination. If yes, attach a copy of the determination (Y, N) _____ [23]

If you paid any amounts related to your 2017 nonresident return (i.e. estimates, extension, Form 1040-C), enter the Internal Revenue Service office that received the payments _____ [24]

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

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

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

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

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

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

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

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

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

NOTES/QUESTIONS:

Taxpayer -

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

Spouse -

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

NOTES/QUESTIONS:

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

Refunded _____ [52]

Applied to 2018 estimated tax liability _____ [53]

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

If yes, please explain any differences:

_____ [55]

_____ [56]

_____ [57]

_____ [58]

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

If yes, please explain any differences:

_____ [60]

_____ [61]

_____ [62]

_____ [63]

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

If yes, please explain any differences:

_____ [65]

_____ [66]

_____ [67]

_____ [68]

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

If yes, please explain any differences:

_____ [70]

_____ [71]

_____ [72]

_____ [73]

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

2017 Federal Estimated Tax Payments

2016 overpayment applied to 2017 estimates + _____ [1]

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

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

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

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

NOTES/QUESTIONS:

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 #2	
City name _____ [28]		City name _____ [50]	
Amount paid with 2016 return + _____ [31]		Amount paid with 2016 return + _____ [53]	
2016 overpayment applied to '17 estimates\$ _____ [32]		2016 overpayment applied to '17 estimates\$ _____ [54]	
Treat calculated amounts as paid _____ [36]		Treat calculated amounts as paid _____ [58]	

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

Calculated Amount

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

Calculated Amount

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

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

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

Calculated Amount

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

Calculated Amount

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

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

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

Dividend Income

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

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

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

**Dividend Codes	
Blank = Other	3 = Nominee

Seller Financed Mortgage Interest Income

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

2017 Information

Prior Year Information

Taxpayer/Spouse/Joint (T, S, J) _____
 Payer's name _____
 Payer's street address _____
 Payer's city, state, zip code _____
 Payer's social security number _____
 Interest income amount received in 2017 + _____ [1]

Taxpayer/Spouse/Joint (T, S, J) _____
 Payer's name _____
 Payer's street address _____
 Payer's city, state, zip code _____
 Payer's social security number _____
 Interest income amount received in 2017 + _____ [1]

Taxpayer/Spouse/Joint (T, S, J) _____
 Payer's name _____
 Payer's street address _____
 Payer's city, state, zip code _____
 Payer's social security number _____
 Interest income amount received in 2017 + _____ [1]

Taxpayer/Spouse/Joint (T, S, J) _____
 Payer's name _____
 Payer's street address _____
 Payer's city, state, zip code _____
 Payer's social security number _____
 Interest income amount received in 2017 + _____ [1]

Taxpayer/Spouse/Joint (T, S, J) _____
 Payer's name _____
 Payer's street address _____
 Payer's city, state, zip code _____
 Payer's social security number _____
 Interest income amount received in 2017 + _____ [1]

Taxpayer/Spouse/Joint (T, S, J) _____
 Payer's name _____
 Payer's street address _____
 Payer's city, state, zip code _____
 Payer's social security number _____
 Interest income amount received in 2017 + _____ [1]

Taxpayer/Spouse/Joint (T, S, J) _____
 Payer's name _____
 Payer's street address _____
 Payer's city, state, zip code _____
 Payer's social security number _____
 Interest income amount received in 2017 + _____ [1]

Taxpayer/Spouse/Joint (T, S, J) _____
 Payer's name _____
 Payer's street address _____
 Payer's city, state, zip code _____
 Payer's social security number _____
 Interest income amount received in 2017 + _____ [1]

Control Totals+

Please provide all Schedules Q.

Taxpayer/Spouse/Joint (T, S, J) _____[1]
Name of activity _____
Employer identification number _____
State postal code _____

Taxpayer/Spouse/Joint (T, S, J) _____[1]
Name of activity _____
Employer identification number _____
State postal code _____

NOTES/QUESTIONS:

Consolidated Broker Statement

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

Preparer use only

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

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

Type Code	1099-INT	Interest Income	Tax Exempt Income	Penalty on Early Withdrawal	U.S. Obligations* \$ or %	Tax Exempt* \$ or %	Foreign Taxes Paid	Prior Year Information
1	Payer							
	Amounts +							
2	Payer							
	Amounts +							
3	Payer							
	Amounts +							
4	Payer							
	Amounts +							
5	Payer							
	Amounts +							

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

Form 1099-B Proceeds From Broker and Barter Exchange Transactions

Description of Property	Date Acquired	Date Sold	Gross Sales Price (Less expenses of sale)	Cost or Other Basis
_____	_____	_____	+ _____	+ _____
_____	_____	_____	+ _____	+ _____
_____	_____	_____	+ _____	+ _____
_____	_____	_____	+ _____	+ _____
_____	_____	_____	+ _____	+ _____

Description of Account - Aggregate profit/-loss on contracts	-Loss/Gain Entire Yr	1099-B Adjustment	Net 1256 loss carryback
_____	_____	_____	_____

Control Totals +

	2017 Information		Prior Year Information
	Taxpayer	Spouse	
State and local income tax refunds	+ _____	+ _____ [1]	<div style="border: 1px solid black; height: 100px; width: 100%;"></div>
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)	2017 Information		Prior Year Information
		Other income, such as: Commissions, Jury pay, Director fees, Taxable scholarships		
—	—	_____	+ _____ [14]	<div style="border: 1px solid black; height: 200px; width: 100%;"></div>
—	—	_____	+ _____	
—	—	_____	+ _____	
—	—	_____	+ _____	
—	—	_____	+ _____	
—	—	_____	+ _____	
—	—	_____	+ _____	
—	—	_____	+ _____	
—	—	_____	+ _____	
—	—	_____	+ _____	
—	—	_____	+ _____	
—	—	_____	+ _____	
—	—	_____	+ _____	
—	—	_____	+ _____	
—	—	_____	+ _____	
—	—	_____	+ _____	
—	—	_____	+ _____	
—	—	_____	+ _____	
—	—	_____	+ _____	
—	—	_____	+ _____	
—	—	_____	+ _____	
—	—	_____	+ _____	
—	—	_____	+ _____	
—	—	_____	+ _____	

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:

Taxable Distributions Received from Cooperatives #1

Please provide all Forms 1099-PATR

Preparer use only

Name of payer _____ [3]
 Taxpayer/Spouse/Joint (T, S, J) _____ [5]
 State postal code _____ [6]
 Patron dividends (Box 1) + _____ [10]
 Nonpatronage distributions (Box 2) + _____ [12]
 Per-unit retain allocations (Box 3) + _____ [14]
 Federal income tax withheld (Box 4) + _____ [16]
 Redemption of nonqualified notices and retain allocations (Box 5) + _____ [18]
 Domestic production activities deductions (Box 6) + _____ [20]
 Investment credit (Box 7) + _____ [22]
 Work opportunity credit (Box 8) + _____ [24]
 Patron's AMT adjustments (Box 9) + _____ [26]
 Other credits and deductions #1 (Box 10) + _____ [28]
 Other credits and deductions #2 (Box 10) + _____ [30]

Control Totals+

Taxable Distributions Received from Cooperatives #2

Please provide all Forms 1099-PATR

Preparer use only

Name of payer _____ [3]
 Taxpayer/Spouse/Joint (T, S, J) _____ [5]
 State postal code _____ [6]
 Patron dividends (Box 1) + _____ [10]
 Nonpatronage distributions (Box 2) + _____ [12]
 Per-unit retain allocations (Box 3) + _____ [14]
 Federal income tax withheld (Box 4) + _____ [16]
 Redemption of nonqualified notices and retain allocations (Box 5) + _____ [18]
 Domestic production activities deductions (Box 6) + _____ [20]
 Investment credit (Box 7) + _____ [22]
 Work opportunity credit (Box 8) + _____ [24]
 Patron's AMT adjustments (Box 9) + _____ [26]
 Other credits and deductions #1 (Box 10) + _____ [28]
 Other credits and deductions #2 (Box 10) + _____ [30]

Control Totals+

NOTES/QUESTIONS:

Cancellation of Debt, Abandonment #1

Please provide all Forms 1099-C and 1099-A

Preparer use only

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

_____ [51]

Taxpayer/Spouse/Joint (T, S, J) _____ [5]

State postal code _____ [6]

Name of creditor/lender _____ [3]

Form 1099-C Cancellation of Debt

Date of identifiable event (Box 1) _____ [10]

Amount of debt discharged (Box 2) + _____ [11]

Interest if included in box 2 (Box 3) + _____ [12]

Personally liable for repayment of the debt (if checked) (Box 5) _____ [13]

Identifiable event code (Box 6) (A = Bankruptcy, B = Other judicial debt relief, C = Statute of limitations, D = Foreclosure, E = Debt relief from probate
F = By agreement, G = Decision to discontinue collection, H = Expiration of nonpayment testing period, I = Other) _____ [14]

Fair market value of property (Box 7) + _____ [15]

Form 1099-A Acquisition or Abandonment of Secured Property

Date of lender's acquisition or knowledge of abandonment (Box 1) _____ [16]

Balance of principal outstanding (Box 2) + _____ [17]

Fair market value of property (Box 4) + _____ [18]

Personally liable for repayment of the debt (if checked) (Box 5) _____ [19]

Control Totals+

Cancellation of Debt, Abandonment #2

Please provide all Forms 1099-C and 1099-A

Preparer use only

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

_____ [51]

Taxpayer/Spouse/Joint (T, S, J) _____ [5]

State postal code _____ [6]

Name of creditor _____ [3]

Form 1099-C Cancellation of Debt

Date of identifiable event (Box 1) _____ [10]

Amount of debt discharged (Box 2) + _____ [11]

Interest if included in box 2 (Box 3) + _____ [12]

Personally liable for repayment of the debt (if checked) (Box 5) _____ [13]

Identifiable event code (Box 6) (A = Bankruptcy, B = Other judicial debt relief, C = Statute of limitations, D = Foreclosure, E = Debt relief from probate
F = By agreement, G = Decision to discontinue collection, H = Expiration of nonpayment testing period, I = Other) _____ [14]

Fair market value of property (Box 7) + _____ [15]

Form 1099-A Acquisition or Abandonment of Secured Property

Date of lender's acquisition or knowledge of abandonment (Box 1) _____ [16]

Balance of principal outstanding (Box 2) + _____ [17]

Fair market value of property (Box 4) + _____ [18]

Personally liable for repayment of the debt (if checked) (Box 5) _____ [19]

Control Totals+

NOTES/QUESTIONS:

Gambling Winnings #1

Please provide all copies of Form W-2G.

2017 Information

Prior Year Information

Taxpayer/Spouse (T, S)			[1]
Payer name	_____		[3]
State postal code			[4]
Mark if professional gambler			[9]
Reportable winnings (Box 1)	+ _____		[11]
Date won (Box 2)			[13]
Type of wager (Box 3)			[15]
Federal withholding (Box 4)	+ _____		[17]
Transaction (Box 5)			[19]
Race (Box 6)			[21]
Identical wager winnings (Box 7)	+ _____		[23]
Cashier (Box 8)			[25]
Taxpayer identification number (Box 9)			[27]
Window (Box 10)			[28]
First ID (Box 11)			[30]
Second ID (Box 12)			[31]
Payer's state ID no. (Box 13)			[32]
State winnings (Box 14)	+ _____		[33]
State withholding (Box 15)	+ _____		[35]
Local winnings (Box 16)	+ _____		[37]
Local withholding (Box 17)	+ _____		[39]
Name of locality (Box 18)			[42]

Control Totals+

Gambling Winnings #2

Please provide all copies of Form W-2G.

2017 Information

Prior Year Information

Taxpayer/Spouse (T, S)			[1]
Payer name	_____		[3]
State postal code			[4]
Mark if professional gambler			[9]
Reportable winnings (Box 1)	+ _____		[11]
Date won (Box 2)			[13]
Type of wager (Box 3)			[15]
Federal withholding (Box 4)	+ _____		[17]
Transaction (Box 5)			[19]
Race (Box 6)			[21]
Identical wager winnings (Box 7)	+ _____		[23]
Cashier (Box 8)			[25]
Taxpayer identification number (Box 9)			[27]
Window (Box 10)			[28]
First ID (Box 11)			[30]
Second ID (Box 12)			[31]
Payer's state ID no. (Box 13)			[32]
State winnings (Box 14)	+ _____		[33]
State withholding (Box 15)	+ _____		[35]
Local winnings (Box 16)	+ _____		[37]
Local withholding (Box 17)	+ _____		[39]
Name of locality (Box 18)			[42]

Control Totals+

NOTES/QUESTIONS:

Shareholders Undistributed Capital Gain #1

Please provide all copies of Form 2439

	2017 Information	Prior Year Information
Taxpayer/Spouse (T, S)	_____ [1]	<div style="border: 1px solid black; height: 100%;"></div>
RIC or REIT name _____	_____ [3]	
State postal code _____	_____ [4]	
Total undistributed long-term capital gains (Box 1a)	+ _____ [9]	
Unrecaptured section 1250 gain (Box 1b)	+ _____ [11]	
Section 1202 gain (Box 1c)	+ _____ [13]	
If your interest in the RIC/REIT was held on the date the RIC/REIT acquired the Section 1202 stock and continuously until sold indicate the appropriate section 1202 code (1 = 50% exclusion, 2 = 60% exclusion within an empowerment zone, 3 = 75% exclusion, 4 = 100% exclusion) _____ [15]		
Collectibles (28%) gain (Box 1d)	+ _____ [17]	
Tax paid by the RIC or REIT on the box 1a gains (Box 2)	+ _____ [19]	

	Control Totals+	
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Shareholders Undistributed Capital Gain #2

Please provide all copies of Form 2439

	2017 Information	Prior Year Information
Taxpayer/Spouse (T, S)	_____ [1]	<div style="border: 1px solid black; height: 100%;"></div>
RIC or REIT name _____	_____ [3]	
State postal code _____	_____ [4]	
Total undistributed long-term capital gains (Box 1a)	+ _____ [9]	
Unrecaptured section 1250 gain (Box 1b)	+ _____ [11]	
Section 1202 gain (Box 1c)	+ _____ [13]	
If your interest in the RIC/REIT was held on the date the RIC/REIT acquired the Section 1202 stock and continuously until sold indicate the appropriate section 1202 code (1 = 50% exclusion, 2 = 60% exclusion within an empowerment zone, 3 = 75% exclusion, 4 = 100% exclusion) _____ [15]		
Collectibles (28%) gain (Box 1d)	+ _____ [17]	
Tax paid by the RIC or REIT on the box 1a gains (Box 2)	+ _____ [19]	

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

Shareholders Undistributed Capital Gain #3

Please provide all copies of Form 2439

	2017 Information	Prior Year Information
Taxpayer/Spouse (T, S)	_____ [1]	<div style="border: 1px solid black; height: 100%;"></div>
RIC or REIT name _____	_____ [3]	
State postal code _____	_____ [4]	
Total undistributed long-term capital gains (Box 1a)	+ _____ [9]	
Unrecaptured section 1250 gain (Box 1b)	+ _____ [11]	
Section 1202 gain (Box 1c)	+ _____ [13]	
If your interest in the RIC/REIT was held on the date the RIC/REIT acquired the Section 1202 stock and continuously until sold indicate the appropriate section 1202 code (1 = 50% exclusion, 2 = 60% exclusion within an empowerment zone, 3 = 75% exclusion, 4 = 100% exclusion) _____ [15]		
Collectibles (28%) gain (Box 1d)	+ _____ [17]	
Tax paid by the RIC or REIT on the box 1a gains (Box 2)	+ _____ [19]	

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

NOTES/QUESTIONS:

Subject to self-employment tax code (T = Taxpayer, S = Spouse, J = Joint) _____ [1]
 Mark to indicate all the elections that apply:
 Mixed straddle election _____ [2]
 Mixed straddle account election (Attach explanation) _____ [3]

 Straddle-by-straddle identification election _____ [4]
 Net section 1256 contracts loss election _____ [5]

Section 1256 Contracts Marked to Market

Identification of Account A _____ [6]
 Identification of Account B _____
 Identification of Account C _____

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

Gains and Losses From Straddles

Description of Property A _____ [7]
 Name of Contract _____
 Component _____ Type _____
 Description of Property B _____
 Name of Contract _____
 Component _____ Type _____
 Description of Property C _____
 Name of Contract _____
 Component _____ Type _____
 Description of Property D _____
 Name of Contract _____
 Component _____ Type _____

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

Unrecognized Gain From Positions Held on Last Business Day

Description of Property A _____ [8]
 Description of Property B _____
 Description of Property C _____

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

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

Taxpayer/Spouse (T/S) _____ [3]
 State _____ [4]

Foreign Employer Identification (ID) number _____ [1]
 Foreign Employer Name _____ [2]
 Foreign Employer Address _____
 Foreign street address _____ [6]
 Foreign city _____ [7]
 Foreign country code/name _____ [8] _____ [9]
 Foreign province/county _____ [10]
 Foreign postal code _____ [11]
 Name "in care of" _____ [12]

Employee address, if different from home address on Organizer Form ID: 1040
 Enter U.S. (street, city, state, zip code) OR foreign (street, city, country, province, postal code)
 Street address _____ [13]
 City, state, zip code _____ [14] _____ [15] _____ [16]
 Foreign country code/name _____ [17] _____ [18]
 Foreign province/county _____ [19]
 Foreign postal code _____ [20]

Income

	2017 Information	Prior Year Information
Foreign employer compensation	_____ [22]	

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]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
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:		<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
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:

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]		
_____	_____ [24]		
_____	_____ [24]		
Enter an explanation if there was a change in determining your inventory:	_____ [25]		
_____	_____ [25]		
_____	_____ [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]	

Control Totals+

Preparer use only

Principal business or profession _____

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

NOTES/QUESTIONS:

Preparer use only

	2017 Information	Prior Year Information
Description _____	[2]	
Taxpayer/Spouse/Joint (T, S, J) ___[3]	State postal code _____	
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+

Preparer use only
Description _____

Refinancing Points

Preparer - Enter on Screen Rent

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

Vacation Home Information

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

Passive and Other Information

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

Please provide all Forms 1099-K

Preparer use only

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

Schedule F Income

Sales Code**	Income description	2017 Information	Prior Year Information
—	_____	+ _____ [36]	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	

**** Sales Codes**

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

	2017 Information	Prior Year Information
Cost or other basis of livestock and other items you bought for resale (Cash method)	+ _____ [38]	
Beginning inventory of livestock and other items (Accrual method)	+ _____ [40]	
Accrual cost of livestock, produce, grains, and other products purchased	+ _____ [42]	
Ending Inventory of livestock and other items (Accrual method)	+ _____ [44]	
Total cooperative distributions you received	+ _____ [46]	
Taxable cooperative distributions you received	+ _____ [48]	

	2017 Total	2017 Taxable	Prior Year Information
Agricultural program payments			
_____ + _____		+ _____ [51]	
_____ + _____		+ _____	

	2017 Information	Prior Year Information
CRP payments received while enrolled to receive social security or disability benefits	_____ [53]	
Commodity credit loans reported under election:		
_____	+ _____ [55]	
_____	+ _____	
Total commodity credit loans forfeited	+ _____ [57]	
Taxable commodity credit loans forfeited	+ _____ [59]	

	2017 Total	2017 Taxable	Prior Year Information
Total crop insurance proceeds you received in 2017			
_____ + _____		+ _____ [62]	
_____ + _____		+ _____	
Mark if electing to defer crop insurance proceeds to 2018			_____ [64]
Crop insurance proceeds deferred from 2016		+ _____ [66]	

Control Totals+

Preparer use only

Description _____

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

Preparer use only

Description _____

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

NOTES/QUESTIONS:

Preparer use only

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

Income Items

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

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

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

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

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

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

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

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

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

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

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

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

Please provide all 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]

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:

Preparer use only

	2017 Information	Prior Year Information
Description _____	[3]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
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]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
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:

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:

Preparer use only

Description of property given up	_____	[4]
	_____	[5]
Taxpayer/Spouse/Joint (T, S, J)	_____	[6]
State postal code	_____	[7]
Description of property received	_____	[10]
	_____	[11]

Date Information

Date the like-kind property given up was acquired	_____	[16]
Date you transferred your property to the other party	_____	[17]
Date the like-kind property received was identified	_____	[18]
Date you received the like-kind property from the other party	_____	[19]

Gain and Basis Information

Fair market value of other property given up	+ _____	[20]
Adjusted basis of other property given up	+ _____	[21]
Cash received	+ _____	[22]
Fair market value of other (not like-kind) property received	+ _____	[23]
Installment obligation received in like-kind exchange	+ _____	[24]
Fair market value of like-kind property you received	+ _____	[25]
Fair market value of non-section 1245 property you received	+ _____	[26]
Liabilities, including mortgages, assumed by you	+ _____	[27]
Cash paid	+ _____	[28]
Adjusted basis of like-kind property given up	+ _____	[29]
Adjusted basis of like-kind property from pass through entity		
Cost or other basis	+ _____	[30]
Depreciation allowed or allowable excluding Section 179	+ _____	[31]
Section 179 expense deduction passed through	+ _____	[32]
Section 179 carryover	+ _____	[33]
Liabilities, including mortgages, assumed by the other party	+ _____	[34]
Exchange expenses incurred by you	+ _____	[35]

Related Party Exchange Information

Name of related party	_____	[38]
Address of related party	_____	[39]
City	_____	[40]
State	_____	[41]
Zip code	_____	[42]
Identifying number of related party	_____	[43]
Relationship to you	_____	[44]
During this tax year, did the related party sell or dispose of the property received? (Y, N)	_____	[45]
During this tax year, did you sell or dispose of the like-kind property you received? (Y, N)	_____	[46]
Indicate if any special conditions apply (1 = Death of either party, 2 = Involuntary conversion, 3 = No tax avoidance)	_____	[47]
Mark if this exchange is a prior year like-kind exchange	_____	[49]

NOTES/QUESTIONS:

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

	2017 Information	Prior Year Information
Asset description	_____ [2]	
Asset identifying number or other designation	_____ [3]	
Date asset acquired	_____ [4]	
Date asset disposed	_____ [6]	
Asset jointly owned with spouse	_____ [7]	
Maximum value of asset	_____ [9]	

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

Type of foreign entity: (P = Partnership, C = Corporation, T = Trust, E = Estate) _____ [14]
 Foreign entity name _____ [16]
 Foreign entity address _____ [17]
 City, state, zip code _____ [18] _____ [19] _____ [20]
 Foreign country code/name _____ [21] _____ [22]
 Foreign province/county _____ [23]
 Foreign postal code _____ [24]

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

Type: (I = Issuer, C = Counterparty) _____ [25]
 Entity: (I = Individual, P = Partnership, C = Corporation, T = Trust, E = Estate) _____
 If an individual, select either U.S. or foreign (1 = U.S. Person, 2 = Foreign Person) _____
 Individual or organization name _____
 Address of issuer or counterparty _____
 City, state, zip code _____
 Foreign country code/name _____
 Foreign province/county _____
 Foreign postal code _____

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

Type: (I = Issuer, C = Counterparty) _____
 Entity: (I = Individual, P = Partnership, C = Corporation, T = Trust, E = Estate) _____
 If an individual, select either U.S. or foreign (1 = U.S. Person, 2 = Foreign Person) _____
 Individual or organization name _____
 Address of issuer or counterparty _____
 City, state, zip code _____
 Foreign country code/name _____
 Foreign province/county _____
 Foreign postal code _____

NOTES/QUESTIONS:

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

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

__[1]

	2017 Information	Prior Year Information
Deposit or Custodial account (D= Deposit, C = Custodial)	__[4]	
Type of Account:		
Bank	__[5]	
Securities	__[6]	
Other	__[7]	
Maximum value of account	__[8]	
Account number or other designation	__[10]	
Financial institution	__[12]	
Address of financial institution	__[13]	
City, state, zip code	__[14] __[15] __[16]	
Foreign country code/name	__[17] __[18]	
For addresses in Mexico, enter state	__[20]	
Foreign province/county	__[23]	
Foreign postal code	__[24]	
Account jointly owned with spouse	__[25]	
Account opened during the tax year	__[47]	
Account closed during the tax year	__[49]	
Information is reported for a financial account which is:	__[27]	

2 = Owned separately, 3 = Owned jointly, 4 = Authority over but no financial interest

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

Taxpayer identification number of account holder/joint owner	__[28]
Foreign identification number of account holder/joint owner (If no Taxpayer identification number)	__[29]
Last name or organization name of account holder/joint owner	__[30]
First name and middle initial of account holder/joint owner	__[31] __[32]
Address and apartment	__[33] __[34]
City, state, zip code	__[35] __[36] __[37]
Foreign country code/name	__[38] __[39]
For addresses in Mexico, enter state	__[41]
Foreign postal code	__[44]
Number of joint owners (Not including taxpayer, if applicable)	__[45]
Filer's title with this owner (If applicable)	__[46]

NOTES/QUESTIONS:

Foreign Earned Income Exclusion

Taxpayer/Spouse (T, S) <input type="checkbox"/> [1]	State postal code <input type="text"/> [3]
Foreign street address <input type="text"/> [4]	City <input type="text"/>
State/Province <input type="text"/>	Country code <input type="text"/>
Country <input type="text"/>	Postal code <input type="text"/>
Employer's name <input type="text"/>	<input type="text"/> [2]
U.S. address <input type="text"/> [5]	City <input type="text"/>
State postal code <input type="text"/>	Zip code <input type="text"/>
Foreign street address <input type="text"/> [6]	City <input type="text"/>
State/Province <input type="text"/>	Country code <input type="text"/>
Country <input type="text"/>	Postal code <input type="text"/>
Employer type (A = Foreign entity, B = U.S. company, C = Self, D = Foreign affiliate of a U.S. company, E = Other) <input type="text"/> [8]	If other, specify type <input type="text"/>
Country of citizenship <input type="text"/> [11]	

If maintained a separate foreign residence for your family due to adverse living conditions, provide city, country, and days:

City/Country <input type="text"/>	Days <input type="text"/>	[12]
City/Country <input type="text"/>	Days <input type="text"/>	

List tax home(s) during the tax year and dates established:

Tax home <input type="text"/>	Date <input type="text"/>	[13]
Tax home <input type="text"/>	Date <input type="text"/>	

Foreign Earned Income Allocation Information

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

U.S. business days and travel information [16]

Type Code*	Name of Country including United States	Date Arrived	Date Left	No. of U.S. business days
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Foreign days worked before and after foreign assignment [17] Total days worked before and after foreign assignment [18]
 Total number of days worked during year (defaults to 240) [19]

Bona Fide Residence Test

Date foreign residence began [21] Date foreign residence ended [22]

Kind of foreign living quarters (A = Purchased house, B = Rented house or apartment, C = Rented room, D = Quarters furnished by employer) [23]

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

Relationship <input type="text"/>	Period abroad <input type="text"/> [24]
Relationship <input type="text"/>	Period abroad <input type="text"/>
Relationship <input type="text"/>	Period abroad <input type="text"/>
Relationship <input type="text"/>	Period abroad <input type="text"/>

Mark if you submitted a statement to foreign country authorities that you are not a resident of that country [25]

Mark if required to pay income tax to that country [26]

List any contractual terms or other conditions relating to length of employment abroad [27]

Type of visa used to enter foreign country [28]

Explanation if visa limited length of stay or employment [29]

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

Address <input type="text"/> [30]	City <input type="text"/>
State postal code <input type="text"/>	Zip code <input type="text"/>
Rented <input type="checkbox"/> Occupant <input type="text"/>	Relationship <input type="text"/>
Address <input type="text"/> [30]	City <input type="text"/>
State postal code <input type="text"/>	Zip code <input type="text"/>
Rented <input type="checkbox"/> Occupant <input type="text"/>	Relationship <input type="text"/>

Physical Presence Test

Principal country of employment <input type="text"/>	[31]
--	------

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

Foreign Earned Income

***Please use the Foreign Earned Income Allocation Codes located below**

	Allocation Code*	Amount
Noncash income:		
Home (lodging) _____	[10] ___ [11] +	_____ [12]
Meals _____	[13] ___ [14] +	_____ [15]
Car _____	[16] ___ [17] +	_____ [18]
Other properties or facilities (Please enter code here and description and amount below): _____ _____ _____ _____	___ [19] + + + +	_____ [20] _____ _____ _____
Allowances, reimbursements or expenses paid on behalf:		
Cost of living and overseas differential _____	___ [21] +	_____ [22]
Family _____	___ [23] +	_____ [24]
Education _____	___ [25] +	_____ [26]
Home leave _____	___ [27] +	_____ [28]
Quarters _____	___ [29] +	_____ [30]
Other purposes (Please enter code here and description and amount below): _____ _____ _____ _____	___ [31] + + + +	_____ [32] _____ _____ _____
Other foreign earned income (Please enter code here and description and amount below): _____ _____ _____ _____	___ [33] + + + +	_____ [34] _____ _____ _____
Excludable meals and lodging under section 119 _____	+ _____	_____ [35]

***Foreign Earned Income Allocation Codes**

1 = 100% foreign during assignment
2 = 100% U.S. during assignment
3 = U.S. and foreign days worked during assignment
4 = U.S. and foreign days before/after assignment
5 = Days worked before, during, and after assignment

Deductions Allocable to Foreign Earned Income

	Allocation Code*	Amount
Other allocable deductions _____	___ [36] +	_____ [37]

Housing Exclusion/Deduction

Qualified housing expense _____	+ _____	_____ [47]
---------------------------------	---------	------------

NOTES/QUESTIONS:

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:

Alimony Paid:

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

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

NOTES/QUESTIONS:

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

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

SSN of person enrolled at eligible educational institution _____

Name of person enrolled at eligible educational institution (First/Last) _____

Name of eligible educational institution _____

Address of eligible educational institution _____

City, state, and zip code _____

Qualified higher education expenses you paid in 2017 for person listed above + _____ [1]

Enter any nontaxable educational benefits received for 2017 for person listed above + _____

Type of qualified education program, if contributions made for enrollee (ESA = Coverdell ESA, QTP = Qualified Tuition Program) _____

Financial institution name (ESA) or name of program (QTP) _____

Financial institution address (ESA) or address of program (QTP) _____

City, state and zip code _____

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

SSN of person enrolled at eligible educational institution _____

Name of person enrolled at eligible educational institution (First/Last) _____

Name of eligible educational institution _____

Address of eligible educational institution _____

City, state, and zip code _____

Qualified higher education expenses you paid in 2017 for person listed above + _____ [1]

Enter any nontaxable educational benefits received for 2017 for person listed above + _____

Type of qualified education program, if contributions made for enrollee (ESA = Coverdell ESA, QTP = Qualified Tuition Program) _____

Financial institution name (ESA) or name of program (QTP) _____

Financial institution address (ESA) or address of program (QTP) _____

City, state and zip code _____

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

SSN of person enrolled at eligible educational institution _____

Name of person enrolled at eligible educational institution (First/Last) _____

Name of eligible educational institution _____

Address of eligible educational institution _____

City, state, and zip code _____

Qualified higher education expenses you paid in 2017 for person listed above + _____ [1]

Enter any nontaxable educational benefits received for 2017 for person listed above + _____

Type of qualified education program, if contributions made for enrollee (ESA = Coverdell ESA, QTP = Qualified Tuition Program) _____

Financial institution name (ESA) or name of program (QTP) _____

Financial institution address (ESA) or address of program (QTP) _____

City, state and zip code _____

Total proceeds from Series EE or I U.S. Savings bonds issued after 1989 and cashed in 2017 + _____ [3]

NOTES/QUESTIONS:

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

TS	Qualified loan interest recipient/lender	2017 Interest Paid	Prior Year Information
—	_____	+ _____ [1]	<div style="border: 1px solid black; background-color: #cccccc; padding: 5px;"> _____ _____ _____ </div>
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	

NOTES/QUESTIONS:

Education Credits and Tuition and Fees Deduction

Please provide all copies of Form 1098-T.

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

Preparer - Enter on Screen Educate2

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

Institution Information

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

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

Tuition Paid and Related Information

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

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

1 = Not pursuing degree, 2 = Not enrolled at least half-time, 3 = Felony drug conviction, 4 = 4 yrs post-secondary education before 2017

NOTES/QUESTIONS:

Qualified Education Programs
Please provide all copies of Form 1099Q

Taxpayer/Spouse (T, S) _____ [1]
 Payer name _____ [3]
 State postal code _____ [4]
 Type of account (1= Private QTP, 2 = State QTP, 3 = ESA) _____ [6]
 Relationship to account (1 = Beneficiary, 2 = Account owner, 3 = Both, 4 = Neither) _____ [7]
 Final distribution _____ [8]

Contributions and Basis

Beneficiary's Information (if not taxpayer or spouse)

Social security number _____ [11]
 First name _____ [12]
 Last name _____ [13]

	2017 Information	Prior Year Information
Amount contributed in current year	+ _____ [14]	_____ _____ _____
Basis of this account at 12/31/16	+ _____ [17]	
Value of this account at 12/31/17	+ _____ [19]	
Distribution by beneficiary of previously taxed contributions (if not taxpayer or spouse)	+ _____ [24]	

Payments from Qualified Education Programs

	2017 Information	Prior Year Information
Gross distribution (Box 1)	+ _____ [30]	_____ _____ _____ _____ _____ _____ _____ _____ _____
Earnings (Box 2)	+ _____ [32]	
Basis (Box 3)	+ _____ [34]	
Trustee-to-trustee rollover (Box 4)	_____ [36]	
Trustee-to-trustee rollover amount if different than Box 1	+ _____ [37]	
Box 5 -		
Private QTP	_____ [39]	
State QTP	_____ [40]	
Coverdell ESA	_____ [41]	
Check if the recipient is not the designated beneficiary (Box 6)	_____ [42]	
Qualified education expenses	+ _____ [43]	
Elementary and secondary education expenses	+ _____ [45]	

NOTES/QUESTIONS:

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

This FAFSA information is for the: **Preparer use only**

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

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

___[1]

The information for the FAFSA worksheet will be:

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

___[4]

Taxpayer's (and spouse's) current balance of all cash, savings and checking accounts + _____[8]

Taxpayer's (and spouse's) net worth in investments, including real estate but do not include the primary residence + _____[9]

Taxpayer's (and spouse's) net worth in current businesses and/or investment farms + _____[10]

	2016 Information	2017 Information
Child support paid because of divorce, separation, or a result of a legal requirement	_____ [13]	+ _____ [38]

Taxable earnings from need-based employment programs	_____ [14]	+ _____ [39]
--	------------	--------------

Student grant and scholarship aid included in adjusted gross income	_____ [15]	+ _____ [40]
---	------------	--------------

Earnings from work under a cooperative education program offered by a college	_____ [16]	+ _____ [41]
---	------------	--------------

Child support received but do not include foster care or adoption payments	_____ [17]	+ _____ [42]
--	------------	--------------

Veterans noneducation benefits	_____ [18]	+ _____ [43]
--------------------------------	------------	--------------

Other untaxed income not reported elsewhere, such as worker's compensation, disability, etc., but do not include student aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits, SSI, on-base military housing or a military housing allowance, or combat pay.	_____ [19]	+ _____ [44]
--	------------	--------------

Money received or paid on behalf of the student (For the student's worksheet only)	_____ [20]	+ _____ [45]
--	------------	--------------

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

Federal Student Aid Application Information #2

This FAFSA information is for the: **Preparer use only**

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

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

___[1]

The information for the FAFSA worksheet will be:

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

___[4]

Taxpayer's (and spouse's) current balance of all cash, savings and checking accounts + _____[8]

Taxpayer's (and spouse's) net worth in investments, including real estate but do not include the primary residence + _____[9]

Taxpayer's (and spouse's) net worth in current businesses and/or investment farms + _____[10]

	2016 Information	2017 Information
Child support paid because of divorce, separation, or a result of a legal requirement	_____ [13]	+ _____ [38]

Taxable earnings from need-based employment programs	_____ [14]	+ _____ [39]
--	------------	--------------

Student grant and scholarship aid included in adjusted gross income	_____ [15]	+ _____ [40]
---	------------	--------------

Earnings from work under a cooperative education program offered by a college	_____ [16]	+ _____ [41]
---	------------	--------------

Child support received but do not include foster care or adoption payments	_____ [17]	+ _____ [42]
--	------------	--------------

Veterans noneducation benefits	_____ [18]	+ _____ [43]
--------------------------------	------------	--------------

Other untaxed income not reported elsewhere, such as worker's compensation, disability, etc., but do not include student aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits, SSI, on-base military housing or a military housing allowance, or combat pay.	_____ [19]	+ _____ [44]
--	------------	--------------

Money received or paid on behalf of the student (For the student's worksheet only)	_____ [20]	+ _____ [45]
--	------------	--------------

NOTES/QUESTIONS:

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

	Form ID: FAFSA
--	-----------------------

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]
—	_____	+	_____
—	_____	+	_____

Interest Expenses

T/S/J	2017 Interest Paid ^[2]	2017 Points Paid	Type*	2017 Mortgage Ins. Premiums Paid	Prior Year Information
Home mortgage interest: From Form 1098					
[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	2017 Information
Investment interest expense, other than on Schedule(s) K-1:	
[15]	+
	+
	+
	+
	+
	+
	+
	+
	+
	+

Control Totals+

Charitable Contributions

T/S/J		<small>Qualified Disaster Relief**</small>	2017 Information	Prior Year Information
	Contributions made by cash or check (including out-of-pocket expenses)			
	<small>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.</small>			
[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]		
—	_____	+	_____		

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

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

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

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

	2017 Information	Prior Year Information
Description of loan/property _____	[2]	
Taxpayer/Spouse/Joint (T, S, J) _____	[3]	
Loan origination date _____	[4]	
Fair market value of home + _____	[5]	
Number of months loan was outstanding in 2017, if not 12 _____	[7]	_____
Number of months home was a qualifying home _____ <small>(If different from number of months loan was outstanding)</small>	[9]	_____
Principal paid in 2017 + _____	[11]	
Interest paid during 2017 + _____	[13]	
Points reported on Form 1098 for 2017 + _____	[15]	
Home mortgage interest you paid, not reported on Form 1098:		
Recipient name _____	[18]	
Recipient SSN or EIN _____	[19]	
Recipient address _____	[20]	
Recipient city, state, zip code _____ [21] _____ [22] _____	[23]	
Grandfather debt as of 12/31/16 (or first day mortgage was outstanding) + _____	[24]	
Grandfather debt as of 12/31/17 (or last day mortgage was outstanding) + _____	[26]	
Home acquisition/improvement debt as of 12/31/16 (or first day mortgage was outstanding) _____	[28]	
Home acquisition/improvement debt as of 12/31/17 (or last day mortgage was outstanding) _____	[30]	
Home equity debt as of 12/31/16 (or first day mortgage was outstanding) + _____	[32]	
Home equity debt as of 12/31/17 (or last day mortgage was outstanding) + _____	[34]	
Average balance in 2017 of grandfather debt + _____	[37]	
Average balance in 2017 of home acquisition/improvement debt + _____	[39]	
Average balance for 2017 all types of debt + _____	[41]	

NOTES/QUESTIONS:

Preparer use only

Taxpayer/Spouse (T, S) _____ [2]
 Occupation in which expenses were incurred _____ [3]
 State postal code _____ [4]

Vehicle Questions

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]

2017 Information

Prior Year Information

	—
	—

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+

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

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

Donee's name _____ [4]

State postal code _____ [3]

Date of contribution **(Box 1)** _____ [9]

Odometer mileage **(Box 2a)** _____ [10]

Year of vehicle **(Box 2b)** _____ [11]

Make of vehicle **(Box 2c)** _____ [12]

Model of vehicle **(Box 2d)** _____ [13]

Vehicle or other identification number **(Box 3)** _____ [14]

Donee certifies that vehicle was sold in arm's length transaction to unrelated party **(Box 4a)** _____ [15]

Date of sale **(Box 4b)** _____ [16]

Gross proceeds from sale **(Box 4c)** + _____ [17]

Donee certifies that vehicle will not be transferred for money, other property, or services before completion of material improvement or significant intervening use **(Box 5a)** _____ [18]

Donee certifies that vehicle is to be transferred to a needy individual for significantly below fair market value in furtherance of donee's charitable purpose **(Box 5b)** _____ [19]

Detailed description of material improvements or significant intervening use and duration of use **(Box 5c)** _____ [20]

_____ [20]

_____ [20]

_____ [20]

Did you provide goods or services in exchange for the vehicle? **(Box 6a)** Yes ___ [21] No ___ [22]

Value of goods and services provided in exchange for the vehicle **(Box 6b)** + _____ [23]

Donee certifies that the goods and services consisted solely of intangible religious benefits **(Box 6c)** _____ [24]

Description of goods and services **(Box 6c)** _____ [25]

_____ [25]

_____ [25]

_____ [25]

Under the law, the donor may not claim a deduction of more than \$500 for this vehicle if this box is checked **(Box 7)** _____ [26]

Other Information for Donated Property

Overall physical condition of property _____ [31]

Date property was acquired by donor _____ [32]

How property was acquired by donor (P = Purchase, I = Inheritance, G = Gift, E = Exchange) _____ [33]

Donor's cost or basis + _____ [34]

Fair market value on date of contribution + _____ [35]

Method used to determine FMV (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) _____ [36]

If other: _____ [37]

Bargain sale amount received _____ [38]

Donee's address, and ZIP code _____ [42]

_____ [43] _____ [44] _____ [45]

Donee's telephone number _____ [46]

NOTES/QUESTIONS:

Preparer use only

Occurrence description _____ [3]
 Taxpayer/Spouse/Joint (T, S, J) _____ [4]
 State postal code _____ [5]
 Date of casualty or theft _____ [7]

Casualty and Theft - Business/Income Producing Properties

Description of casualty or theft - Property A _____ [10]
 Description of casualty or theft - Property B _____ [23]
 Description of casualty or theft - Property C _____ [36]
 Description of casualty or theft - Property D _____ [49]

	A	B	C	D
Property type (1 = Business, 2 = Income producing, 3 = Employee prop)	___ [13]	___ [26]	___ [39]	___ [52]
Date acquired	___ [17]	___ [30]	___ [43]	___ [56]
Cost or other basis of property	+ ___ [18]	+ ___ [31]	+ ___ [44]	+ ___ [57]
Insurance or other reimbursement	+ ___ [19]	+ ___ [32]	+ ___ [45]	+ ___ [58]
Fair market value before casualty	+ ___ [20]	+ ___ [33]	+ ___ [46]	+ ___ [59]
Fair market value after casualty	+ ___ [21]	+ ___ [34]	+ ___ [47]	+ ___ [60]

Business/Income Use Replacement Information

Description of replacement property A _____ [61]
 Description of replacement property B _____ [65]
 Description of replacement property C _____ [69]
 Description of replacement property D _____ [73]

	A	B	C	D
Mark if property was acquired from a related party	___ [62]	___ [66]	___ [70]	___ [74]
Date acquired	___ [63]	___ [67]	___ [71]	___ [75]
Cost of replacement property	+ ___ [64]	+ ___ [68]	+ ___ [72]	+ ___ [76]

NOTES/QUESTIONS:

Preparer use only

Occurrence description _____ [3]
 Taxpayer/Spouse/Joint (T, S, J) _____ [4]
 State postal code _____ [5]
 Date of casualty or theft _____ [8]
 Mark if casualty resulted due to a federally declared disaster. Federally declared disasters are determined by the President of the United States to warrant assistance by the Federal Government _____ [9]

Casualty and Theft - Personal Use Properties

Description of casualty or theft - Property A _____ [17]
 Description of casualty or theft - Property B _____ [29]
 Description of casualty or theft - Property C _____ [41]
 Description of casualty or theft - Property D _____ [52]

	A	B	C	D
Date acquired	_____ [23]	_____ [35]	_____ [47]	_____ [58]
Cost or other basis of property	+ _____ [24]	+ _____ [36]	+ _____ [48]	+ _____ [59]
Insurance or other reimbursement	+ _____ [25]	+ _____ [37]	+ _____ [49]	+ _____ [60]
Fair market value before casualty	+ _____ [27]	+ _____ [39]	+ _____ [50]	+ _____ [61]
Fair market value after casualty	+ _____ [28]	+ _____ [40]	+ _____ [51]	+ _____ [62]

Personal Use Replacement Information

Description of replacement property A _____ [63]
 Description of replacement property B _____ [67]
 Description of replacement property C _____ [71]
 Description of replacement property D _____ [75]

	A	B	C	D
Mark if property was acquired from a related party	_____ [64]	_____ [68]	_____ [72]	_____ [76]
Date acquired	_____ [65]	_____ [69]	_____ [73]	_____ [77]
Cost of replacement property	+ _____ [66]	+ _____ [70]	+ _____ [74]	+ _____ [78]

NOTES/QUESTIONS:

Preparer use only

Occurrence description _____ [3]
 Taxpayer/Spouse/Joint (T, S, J) _____ [4]
 State postal code _____ [5]
 Date of casualty or theft _____ [6]

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

Description of casualty or theft - Property A _____ [8]
 Description of casualty or theft - Property B _____ [17]
 Description of casualty or theft - Property C _____ [26]
 Description of casualty or theft - Property D _____ [35]

	A	B	C	D
Property type (1 = Business, 2 = Income producing, 3 = Employee prop)	___ [9]	___ [18]	___ [27]	___ [36]
Date acquired	_____ [12]	_____ [21]	_____ [30]	_____ [39]
Cost or other basis of property	+ _____ [13]	+ _____ [22]	+ _____ [31]	+ _____ [40]
Insurance or other reimbursement	+ _____ [14]	+ _____ [23]	+ _____ [32]	+ _____ [41]
Fair market value before casualty	+ _____ [15]	+ _____ [24]	+ _____ [33]	+ _____ [42]
Fair market value after casualty	+ _____ [16]	+ _____ [25]	+ _____ [34]	+ _____ [43]

Current Year Business/Income Use Replacement Information

Description of replacement property A _____ [44]
 Description of replacement property B _____ [50]
 Description of replacement property C _____ [56]
 Description of replacement property D _____ [62]

	A	B	C	D
Date acquired	_____ [45]	_____ [51]	_____ [57]	_____ [63]
Prior year cost of replacement property	+ _____ [46]	+ _____ [52]	+ _____ [58]	+ _____ [64]
Cost of replacement property	+ _____ [47]	+ _____ [53]	+ _____ [59]	+ _____ [65]
Postponed gain	+ _____ [48]	+ _____ [54]	+ _____ [60]	+ _____ [66]
Adjusted basis of replacement property	+ _____ [49]	+ _____ [55]	+ _____ [61]	+ _____ [67]

NOTES/QUESTIONS:

Occurrence description _____ [1]
 Taxpayer/Spouse/Joint (T, S, J) _____ [2]
 State postal code _____ [3]
 Date of casualty or theft _____ [4]
 Damage to personal residence from corrosive drywall _____ [5]
 Amount paid to repair damage to home or household appliances + _____ [6]
 25% loss available from 2016 + _____ [7]

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

Description of casualty or theft - Property A _____ [15]
 Description of casualty or theft - Property B _____ [23]
 Description of casualty or theft - Property C _____ [31]
 Description of casualty or theft - Property D _____ [39]

	A	B	C	D
Date acquired	_____ [17]	_____ [25]	_____ [33]	_____ [41]
Cost or other basis of property	+ _____ [18]	+ _____ [26]	+ _____ [34]	+ _____ [42]
Insurance or other reimbursement	+ _____ [19]	+ _____ [27]	+ _____ [35]	+ _____ [43]
Principal residence exclusion taken	+ _____ [20]	+ _____ [28]	+ _____ [36]	+ _____ [44]
Fair market value before casualty	+ _____ [21]	+ _____ [29]	+ _____ [37]	+ _____ [45]
Fair market value after casualty	+ _____ [22]	+ _____ [30]	+ _____ [38]	+ _____ [46]

Personal Use Replacement Information

Description of replacement property A _____ [47]
 Description of replacement property B _____ [53]
 Description of replacement property C _____ [59]
 Description of replacement property D _____ [65]

	A	B	C	D
Date acquired	_____ [48]	_____ [54]	_____ [60]	_____ [66]
Prior year cost of replacement property	+ _____ [49]	+ _____ [55]	+ _____ [61]	+ _____ [67]
Cost of replacement property	+ _____ [50]	+ _____ [56]	+ _____ [62]	+ _____ [68]
Postponed gain	+ _____ [51]	+ _____ [57]	+ _____ [63]	+ _____ [69]
Adjusted basis of replacement property	+ _____ [52]	+ _____ [58]	+ _____ [64]	+ _____ [70]

NOTES/QUESTIONS:

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:

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

	Vehicle 1	Prior Year	Vehicle 2	Prior Year	Vehicle 3	Prior Year	Vehicle 4	Prior Year
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If you used your automobile for work purposes, answer the following questions:

Was the vehicle available for off-duty personal use? (Y, N)	___ [60]	<input type="checkbox"/>	___ [62]	<input type="checkbox"/>	___ [64]	<input type="checkbox"/>	___ [66]	<input type="checkbox"/>
Was another vehicle available for personal use? (Y, N)	___ [68]	<input type="checkbox"/>	___ [70]	<input type="checkbox"/>	___ [72]	<input type="checkbox"/>	___ [74]	<input type="checkbox"/>
Do you have evidence to support your deduction? (Y, N)	___ [76]	<input type="checkbox"/>	___ [78]	<input type="checkbox"/>	___ [80]	<input type="checkbox"/>	___ [82]	<input type="checkbox"/>
Is this evidence written? (Y, N)	___ [84]	<input type="checkbox"/>	___ [86]	<input type="checkbox"/>	___ [88]	<input type="checkbox"/>	___ [90]	<input type="checkbox"/>

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

"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.

Table with columns: Social Security No., First Name, Last Name, Exemption Certificate Number, Coverage/Exemption Type*, Full Year, Start Month, End Month. Includes a grid for entering family member information.

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

2017 Information Taxpayer Spouse Prior Year Information

Self-employed health insurance premiums: (Not entered elsewhere)

Form fields for health insurance premiums with labels [13] and [14]

Self-employed long-term care premiums: (Not entered elsewhere)

Form fields for long-term care premiums with labels [16] and [17]

NOTES/QUESTIONS:

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:

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:

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:

ABLE Account Information #1

Please provide all Forms 1099-QA and 5498-QA

	2017 Information	Prior Year Information
Taxpayer/Spouse (T, S)	__ [1]	<div style="border: 1px solid black; height: 100%;"></div>
Payer name	_____ [3]	
State postal code	__ [4]	
Recipient's Social Security Number	_____ [7]	
Recipient's Name	_____ [8] _____ [9]	
Gross distribution (Form 1099-QA Box 1)	+ _____ [10]	
Earnings (Form 1099-QA Box 2)	+ _____ [12]	
Basis (Form 1099-QA Box 3)	+ _____ [14]	
Program-to-program transfer (Form 1099-QA Box 4)	_____ [16]	
Check if ABLE account terminated in 2017 (Form 1099-QA Box 5)	__ [17]	
Check if the recipient is not the designated beneficiary (Form 1099-QA Box 6)	__ [18]	
Qualified disability expenses	+ _____ [19]	
Amount of rollover	+ _____ [21]	
Amount contributed in 2017 (Form 5498-QA Box 1)	+ _____ [23]	
Value of account on 12/31/17 (Form 5498-QA Box 4)	+ _____ [25]	
Control Totals+		

ABLE Account Information #2

Please provide all Forms 1099-QA and 5498-QA

	2017 Information	Prior Year Information
Taxpayer/Spouse (T, S)	__ [1]	<div style="border: 1px solid black; height: 100%;"></div>
Payer name	_____ [3]	
State postal code	__ [4]	
Recipient's Social Security Number	_____ [7]	
Recipient's Name	_____ [8] _____ [9]	
Gross distribution (Form 1099-QA Box 1)	+ _____ [10]	
Earnings (Form 1099-QA Box 2)	+ _____ [12]	
Basis (Form 1099-QA Box 3)	+ _____ [14]	
Program-to-program transfer (Form 1099-QA Box 4)	_____ [16]	
Check if ABLE account terminated in 2017 (Form 1099-QA Box 5)	__ [17]	
Check if the recipient is not the designated beneficiary (Form 1099-QA Box 6)	__ [18]	
Qualified disability expenses	+ _____ [19]	
Amount of rollover	+ _____ [21]	
Amount contributed in 2017 (Form 5498-QA Box 1)	+ _____ [23]	
Value of account on 12/31/17 (Form 5498-QA Box 4)	+ _____ [25]	
Control Totals+		

NOTES/QUESTIONS:

Social Security Tax on Unreported Tips

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

	2017 Information		Prior Year Information
	Taxpayer	Spouse	
Total cash and charge tips under \$20 per month and not reported to employer	+ _____ [3]	+ _____ [4]	

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

	Employer name	Employer identification number	Total tips received in 2017	Total tips reported in 2017
Taxpayer information [1]	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
Spouse information [2]	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

Social Security Tax on Unreported Wages

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

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

	Firm name	Firm's federal identification number	Reason Code **	Date of IRS determination or correspondence received	Mark if 1099-MISC received	Total wages received with no social security or Medicare tax withheld
Taxpayer information [6]	_____	_____	—	_____	—	_____
	_____	_____	—	_____	—	_____
	_____	_____	—	_____	—	_____
	_____	_____	—	_____	—	_____
Spouse information [7]	_____	_____	—	_____	—	_____
	_____	_____	—	_____	—	_____
	_____	_____	—	_____	—	_____
	_____	_____	—	_____	—	_____

**** Reason Codes**

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

State postal code **Taxpayer** _____[1] **Spouse** _____[2]

	Taxpayer	Spouse	Prior Year Information
If you received a parsonage provided by the church, please complete the following information:			
Fair rental value of parsonage provided by church	+ _____[5]	+ _____[6]	_____
Actual parsonage utilities expense	+ _____[11]	+ _____[12]	_____
If you received a rental or parsonage allowance provided by the church, please complete the following information:			
Utilities allowance, if separate from parsonage allowance	+ _____[17]	+ _____[18]	_____
Actual parsonage expense	+ _____[20]	+ _____[21]	_____
Fair rental value of home	+ _____[23]	+ _____[24]	_____
Actual utilities expense	+ _____[26]	+ _____[27]	_____
Mark if you have claimed exemption from self-employment tax			
by filing Form 4361 with the IRS	_____ [29]	_____ [32]	_____
If you are a self-employed minister, enter any tax-deductible			
contributions to a 403(b) retirement plan	+ _____[31]	+ _____[34]	_____

NOTES/QUESTIONS:

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

Parent's social security number (Enter the name and social security number of the parent listed first on the return) _____ [2]

Parent's first name _____ [3]

Parent's last name _____ [4]

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

All Other Children's Information

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

Preparer - Enter on Screen 8615Sib

Child #1 social security number _____ [1] Child #2 social security number _____ [1]

Child #1 first name _____ [2] Child #2 first name _____ [2]

Child #1 last name _____ [3] Child #2 last name _____ [3]

Child #1 date of birth (mm/dd/yyyy) _____ [4] Child #2 date of birth (mm/dd/yyyy) _____ [4]

Child #3 social security number _____ [1] Child #4 social security number _____ [1]

Child #3 first name _____ [2] Child #4 first name _____ [2]

Child #3 last name _____ [3] Child #4 last name _____ [3]

Child #3 date of birth (mm/dd/yyyy) _____ [4] Child #4 date of birth (mm/dd/yyyy) _____ [4]

Child #5 social security number _____ [1] Child #6 social security number _____ [1]

Child #5 first name _____ [2] Child #6 first name _____ [2]

Child #5 last name _____ [3] Child #6 last name _____ [3]

Child #5 date of birth (mm/dd/yyyy) _____ [4] Child #6 date of birth (mm/dd/yyyy) _____ [4]

Child #7 social security number _____ [1] Child #8 social security number _____ [1]

Child #7 first name _____ [2] Child #8 first name _____ [2]

Child #7 last name _____ [3] Child #8 last name _____ [3]

Child #7 date of birth (mm/dd/yyyy) _____ [4] Child #8 date of birth (mm/dd/yyyy) _____ [4]

Child #9 social security number _____ [1] Child #10 social security number _____ [1]

Child #9 first name _____ [2] Child #10 first name _____ [2]

Child #9 last name _____ [3] Child #10 last name _____ [3]

Child #9 date of birth (mm/dd/yyyy) _____ [4] Child #10 date of birth (mm/dd/yyyy) _____ [4]

Child #11 social security number _____ [1] Child #12 social security number _____ [1]

Child #11 first name _____ [2] Child #12 first name _____ [2]

Child #11 last name _____ [3] Child #12 last name _____ [3]

Child #11 date of birth (mm/dd/yyyy) _____ [4] Child #12 date of birth (mm/dd/yyyy) _____ [4]

NOTES/QUESTIONS:

Children's Interest Income

Please provide copies of all Form 1099-INT or other statements reporting child's interest income.
 *Whole numbers will be treated as \$ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.
 Complete a separate Organizer Form ID: 8814 for each child.

Child's social security number _____ [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:	+ _____	_____
_____	+ _____	

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:

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

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

Address _____ [1]

City/State/Zip code _____ [2] ____ [3] _____ [4]

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

Purchase price of the home _____ [6]

Date the home was sold or ceased being used as principal residence _____ [13]

If you sold your home, enter the selling price _____ [14]

If you sold your home, enter the expense of sale _____ [15]

Were you and your spouse married on the purchase date? (Y, N) _____ [18]

If your home was transferred to your ex-spouse due to a divorce settlement,
enter his or her full name _____ [19]

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

Other owner name _____ [22]

Allocation percentage _____

NOTES/QUESTIONS:

Child and Dependent Care Expenses

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

	Taxpayer	Spouse
2016 employer-provided dependent care benefits used during 2017 grace period	+ _____ [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+

Credit For The Elderly or Disabled

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

	Taxpayer	Spouse
Nontaxable disability/pension income received in 2017	+ _____ [7]	+ _____ [8]
Taxable disability income received in 2017	+ _____ [9]	+ _____ [10]

NOTES/QUESTIONS:

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

Taxpayer/Spouse/Joint (T, S, J)		__	[1]
Were the costs incurred made to your main home located in the United States? (Y, N)		__	[2]
Were the costs incurred related to the construction of your main home located in the United States? (Y, N)		__	[3]
Enter the total amount of costs for insulation material or system to reduce heat loss or gain	+	_____	[5]
Enter the total amount of costs for exterior windows	+	_____	[7]
Enter the total amount of costs for exterior doors	+	_____	[9]
Enter the total amount of costs for qualified metal roofs	+	_____	[11]
Enter the total amount of costs for energy-efficient building property	+	_____	[6]
Enter the total amount of costs for qualified natural gas, propane, or oil furnace or hot water boilers	+	_____	[8]
Enter the total amount of costs for advanced main circulating fan used in a natural gas, propane, or oil furnace	+	_____	[10]
Enter the total amount of costs for qualified solar electric property	+	_____	[12]
Enter the total amount of costs for qualified solar water heating property	+	_____	[14]
Enter the total amount of costs for qualified small wind energy property	+	_____	[16]
Enter the total amount of costs for qualified geothermal heat pump property	+	_____	[13]
Enter the total amount of costs for qualified fuel cell property	+	_____	[15]
Enter the total amount of kilowatt capacity of the qualified fuel cell property		_____	[17]

NOTES/QUESTIONS:

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

Preparer use only

Description _____ [3]
 Taxpayer/Spouse (T, S) _____ [9]
 Category of income* _____ [11]
 Description of income _____ [12]

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

Foreign Income or Loss

Country code _____ [19]
 Country name _____ [20]

	Regular	AMT, if different
Foreign gross income	+ _____ [23]	+ _____ [24]
Definitely related expenses:		
_____	+ _____ [31]	+ _____ [32]
_____	+ _____	+ _____
_____	+ _____	+ _____
_____	+ _____	+ _____
Foreign source losses	+ _____ [45]	+ _____ [46]

Foreign Taxes Paid or Accrued

Foreign taxes paid or accrued:
 Date paid or accrued _____ [47]
 In foreign currency - taxes withheld on:
 Dividends + _____ [48]
 Rents & royalties + _____ [49]
 Interest + _____ [50]
 Other foreign taxes + _____ [51]
 In US dollars - taxes withheld on:
 Dividends + _____ [53]
 Rents & Royalties + _____ [54]
 Interest + _____ [55]
 Other foreign taxes + _____ [56]

NOTES/QUESTIONS:

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

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

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

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

_____ [9]
 _____ [10]
 _____ [11]

NOTES/QUESTIONS:

***Select the Type of Use codes from the chart below**

	Type of Use*	Rate	Gallons
Nontaxable use of gasoline -			
Off-highway business use		\$0.183	+ _____ [1]
Use on a farm		0.183	+ _____ [2]
Other nontaxable use	____ [3]	0.183	+ _____ [4]
Exported		0.184	+ _____ [5]
Nontaxable use of aviation gasoline -			
Commercial aviation		0.15	+ _____ [6]
Other nontaxable use	____ [7]	0.193	+ _____ [8]
Exported		0.194	+ _____ [9]
Leaking underground storage tank (LUST) tax		0.001	+ _____ [10]
Nontaxable use of undyed diesel fuel -			
Explanation of evidence of dyes:			_____ [11]

Other nontaxable use	____ [12]	0.243	+ _____ [13]
Use on a farm		0.243	+ _____ [14]
Trains		0.243	+ _____ [15]
Intercity / local bus		0.17	+ _____ [16]
Exported		0.244	+ _____ [17]
Nontaxable use of undyed kerosene (other than aviation) -			
Explanation of evidence of dyes:			_____ [18]

Other nontaxable use	____ [19]	0.243	+ _____ [20]
Use on a farm		0.243	+ _____ [21]
Intercity / local buses		0.17	+ _____ [22]
Exported		0.244	+ _____ [23]
Other nontaxable use taxed at \$.044	____ [24]	0.043	+ _____ [25]
Other nontaxable use taxed at \$.219	____ [26]	0.218	+ _____ [27]
Kerosene used in aviation -			
Kerosene taxed at \$.244		0.200	+ _____ [28]
Kerosene taxed at \$.219		0.175	+ _____ [29]
Other nontaxable use taxed at \$.244	____ [30]	0.243	+ _____ [31]
Other nontaxable use taxed at \$.219/.044	____ [32]	0.218	+ _____ [33]
Leaking underground storage tank (LUST) tax		0.001	+ _____ [34]

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

NOTES/QUESTIONS:

***Select the Type of Use codes from the chart below**

Type of Use*	Rate	Gallons
Sales by registered ultimate vendors of undyed diesel fuel -		
Registration Number		_____ [1]
Explanation of evidence of dyes:		_____ [2]
_____ [3]		
State / local government	0.243	+ _____ [3]
Intercity / local buses	0.17	+ _____ [4]
Sales by registered ultimate vendors of undyed kerosene -		
Registration Number		_____ [5]
Explanation of evidence of dyes:		_____ [6]
_____ [7]		
Use by state/local government	0.243	+ _____ [7]
Sales from a blocked pump	0.243	+ _____ [8]
Intercity / local buses	0.17	+ _____ [9]
Sales by registered ultimate vendors of kerosene in aviation -		
Registration Number		_____ [10]
Commercial aviation taxed at \$.219 (Other than foreign trade)	0.175	+ _____ [11]
Commercial aviation taxed at \$.244 (Other than foreign trade)	0.200	+ _____ [12]
Nonexempt use in noncommercial aviation	0.025	+ _____ [13]
Other nontaxable uses taxed at \$.244 _____ [14]	0.243	+ _____ [15]
Other nontaxable uses taxed at \$.219/.044 _____ [16]	0.218	+ _____ [17]
Leaking underground storage tank (LUST) tax	0.001	+ _____ [18]

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

NOTES/QUESTIONS:

***Select the Type of Use codes from the chart below**

	Type of Use*	Rate	Gallons
Nontaxable use of alternative fuel -			
Liquefied petroleum gas (LPG)	___ [1]	0.183	+ _____ [2]
"P Series" fuels	___ [3]	0.183	+ _____ [4]
Compressed natural gas (CNG)	___ [5]	0.183	+ _____ [6]
Liquefied hydrogen	___ [7]	0.183	+ _____ [8]
Any liquid fuel derived from coal through the Fischer-Tropsch process	___ [9]	0.243	+ _____ [10]
Liquid hydrocarbons derived from biomass	___ [11]	0.243	+ _____ [12]
Liquefied natural gas (LNG)	___ [13]	0.243	+ _____ [14]
Liquefied gas derived from biomass	___ [15]	0.183	+ _____ [16]
Alternative fuel credit and alternative fuel mixture credit -			
Registration Number			_____ [17]
Liquefied hydrogen		0.50	+ _____ [18]
Registered credit card users -			
Registration Number			_____ [19]
Diesel for state / local government		0.243	+ _____ [20]
Kerosene for state / local government		0.243	+ _____ [21]
Kerosene for aviation use by state / local gov't taxed at \$.219/.044		0.218	+ _____ [22]
Nontaxable use of a diesel-water fuel emulsion -			
Other nontaxable use	___ [23]	0.197	+ _____ [24]
Exported		0.198	+ _____ [25]
Diesel-water fuel emulsion blending -			
Registration Number			_____ [26]
Blender credit		0.046	+ _____ [27]
Exported dyed fuels -			
Exported dyed diesel fuel		0.001	+ _____ [28]
Exported dyed kerosene		0.001	+ _____ [29]

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

NOTES/QUESTIONS:

Instructions

Enter carryovers from prior year(s) as positive numbers.
 Enter utilizations from prior year(s) as negative numbers.

Indefinite Carryovers	2016 to 2017 Amounts
Excess section 179 for Sch A	+ _____ [1]
Excess section 179 for Sch A - AMT	+ _____ [2]
Minimum tax credit	+ _____ [3]
Investment interest	+ _____ [4]
Investment interest - AMT	+ _____ [5]
Short-term capital loss	+ _____ [6]
Short-term capital loss - AMT	+ _____ [7]
Long-term capital loss	+ _____ [8]
Long-term capital loss - AMT	+ _____ [9]
Residential energy credit	+ _____ [10]
D.C. first-time homebuyer credit	+ _____ [11]
Tax credit bonds	+ _____ [12]

Charitable Contribution Carryover Items

Prior C/O Year	50% Contributions	30% Contributions	50/30% Cap Gain Prop	20% Contributions	50% Qualified Conservation Contributions	100% Qualified Conservation Contributions
2006					+ _____ [63]	+ _____ [85]
2007					+ _____ [64]	+ _____ [86]
2008					+ _____ [65]	+ _____ [87]
2009					+ _____ [66]	+ _____ [88]
2010					+ _____ [67]	+ _____ [89]
2011					+ _____ [68]	+ _____ [90]
2012	+ _____ [13]	+ _____ [18]	+ _____ [23]	+ _____ [28]	+ _____ [69]	+ _____ [91]
2013	+ _____ [14]	+ _____ [19]	+ _____ [24]	+ _____ [29]	+ _____ [70]	+ _____ [92]
2014	+ _____ [15]	+ _____ [20]	+ _____ [25]	+ _____ [30]	+ _____ [71]	+ _____ [93]
2015	+ _____ [16]	+ _____ [21]	+ _____ [26]	+ _____ [31]	+ _____ [72]	+ _____ [94]
2016	+ _____ [17]	+ _____ [22]	+ _____ [27]	+ _____ [32]	+ _____ [73]	+ _____ [95]

AMT Charitable Contribution Carryover Items

Prior C/O Year	50% AMT Contributions	30% AMT Contributions	50/30% AMT Cap Gain Prop	20% AMT Contributions	50% AMT Qual Conservation Contributions	100% AMT Qual Conservation Contributions
2006					+ _____ [74]	+ _____ [96]
2007					+ _____ [75]	+ _____ [97]
2008					+ _____ [76]	+ _____ [98]
2009					+ _____ [77]	+ _____ [99]
2010					+ _____ [78]	+ _____ [100]
2011					+ _____ [79]	+ _____ [101]
2012	+ _____ [33]	+ _____ [38]	+ _____ [43]	+ _____ [48]	+ _____ [80]	+ _____ [102]
2013	+ _____ [34]	+ _____ [39]	+ _____ [44]	+ _____ [49]	+ _____ [81]	+ _____ [103]
2014	+ _____ [35]	+ _____ [40]	+ _____ [45]	+ _____ [50]	+ _____ [82]	+ _____ [104]
2015	+ _____ [36]	+ _____ [41]	+ _____ [46]	+ _____ [51]	+ _____ [83]	+ _____ [105]
2016	+ _____ [37]	+ _____ [42]	+ _____ [47]	+ _____ [52]	+ _____ [84]	+ _____ [106]

Section 1231 Nonrecaptured Losses

Section 1231 Nonrecaptured Losses	AMT Section 1231 Nonrecaptured Losses
2012 + _____ [53]	+ _____ [58]
2013 + _____ [54]	+ _____ [59]
2014 + _____ [55]	+ _____ [60]
2015 + _____ [56]	+ _____ [61]
2016 + _____ [57]	+ _____ [62]

Description

A	_____	[2]
B	_____	[2]
C	_____	[2]
D	_____	[2]

Prior C/O Year	A	B	C	D
	_____ [1]	_____ [1]	_____ [1]	_____ [1]
1998	_____ [3]	_____ [3]	_____ [3]	_____ [3]
1999	+ _____ [4]	+ _____ [4]	+ _____ [4]	+ _____ [4]
2000	+ _____ [5]	+ _____ [5]	+ _____ [5]	+ _____ [5]
2001	+ _____ [6]	+ _____ [6]	+ _____ [6]	+ _____ [6]
2002	+ _____ [7]	+ _____ [7]	+ _____ [7]	+ _____ [7]
2003	+ _____ [8]	+ _____ [8]	+ _____ [8]	+ _____ [8]
2004	+ _____ [9]	+ _____ [9]	+ _____ [9]	+ _____ [9]
2005	+ _____ [10]	+ _____ [10]	+ _____ [10]	+ _____ [10]
2006	+ _____ [11]	+ _____ [11]	+ _____ [11]	+ _____ [11]
2007	+ _____ [12]	+ _____ [12]	+ _____ [12]	+ _____ [12]
2008	+ _____ [13]	+ _____ [13]	+ _____ [13]	+ _____ [13]
2009	+ _____ [14]	+ _____ [14]	+ _____ [14]	+ _____ [14]
2010	+ _____ [15]	+ _____ [15]	+ _____ [15]	+ _____ [15]
2011	+ _____ [16]	+ _____ [16]	+ _____ [16]	+ _____ [16]
2012	+ _____ [17]	+ _____ [17]	+ _____ [17]	+ _____ [17]
2013	+ _____ [18]	+ _____ [18]	+ _____ [18]	+ _____ [18]
2014	+ _____ [19]	+ _____ [19]	+ _____ [19]	+ _____ [19]
2015	+ _____ [22]	+ _____ [22]	+ _____ [22]	+ _____ [22]
2016	+ _____ [23]	+ _____ [23]	+ _____ [23]	+ _____ [23]

NOTES/QUESTIONS:

Schedule F - Farm income/-loss:

2016	+	_____	[1]
2015	+	_____	[2]
2014	+	_____	[3]
2013	+	_____	[4]
2012	+	_____	[5]

Schedule C - Farm commodity processing income/-loss:

2016	+	_____	[6]
2015	+	_____	[7]
2014	+	_____	[8]
2013	+	_____	[9]
2012	+	_____	[10]

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

2016	+	_____	[11]
2015	+	_____	[12]
2014	+	_____	[13]
2013	+	_____	[14]
2012	+	_____	[15]

Form 4835 - Farm rent income/-loss:

2016	+	_____	[16]
2015	+	_____	[17]
2014	+	_____	[18]
2013	+	_____	[19]
2012	+	_____	[20]

Gain/-loss on sale of farming property:

2016	+	_____	[21]
2015	+	_____	[22]
2014	+	_____	[23]
2013	+	_____	[24]
2012	+	_____	[25]

AMT Gain/-loss on sale of farming property:

2016	+	_____	[26]
2015	+	_____	[27]
2014	+	_____	[28]
2013	+	_____	[29]
2012	+	_____	[30]

AMT Adjustments/Preferences to farm income/-loss:

2016	+	_____	[31]
2015	+	_____	[32]
2014	+	_____	[33]
2013	+	_____	[34]
2012	+	_____	[35]

NOTES/QUESTIONS:

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:

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

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

NOTES/QUESTIONS:

General: 1040

Personal Information

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

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

Taxpayer **Spouse**

Social security number _____

First name _____

Last name _____

Occupation _____

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

Mark if legally blind _____

Mark if dependent of another taxpayer _____

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

Date of birth _____

Date of death _____

Work/daytime telephone number/ext number _____

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

General: 1040, Contact

Present Mailing Address

Address _____

Apartment number _____

City/State postal code/Zip code _____

Foreign country name _____

Foreign phone number _____

Home/evening telephone number _____

Taxpayer email address _____

Spouse email address _____

General: 1040

Dependent Information

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

Credits: 2441

Child and Dependent Care Expenses

Provider information:

Business name _____

First and Last name _____

Street address _____

City, state, and zip code _____

Social security number OR Employer identification number _____

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

Amount paid to care provider in 2017 _____

Taxpayer **Spouse**

Employer-provided dependent care benefits that were forfeited _____

Health Care: Coverage

Health Care Coverage

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

2017 Information **Prior Year Information**

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

Income: W2 **Salary and Wages**

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

Table with 4 columns: T/S, Description, Prior Year Information, Mark if no longer applicable. Includes 5 rows of horizontal lines for data entry.

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

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

Table with 4 columns: T/S, Description, Prior Year Information, Mark if no longer applicable. Includes 5 rows of horizontal lines for data entry.

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

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

Table with 4 columns: T/S/J, Description, Form, Mark if no longer applicable. Includes 8 rows of horizontal lines for data entry.

Income: W2G **Gambling Income**

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

Table with 4 columns: T/S, Description, Prior Year Information, Mark if no longer applicable. Includes 3 rows of horizontal lines for data entry.

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

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

Table with 4 columns: T/S, Description, Prior Year Information, Mark if no longer applicable. Includes 2 rows of horizontal lines for data entry.

Income: B1 **Interest Income**

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

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

Income: B3 **Seller Financed Mortgage Interest**

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

Income: B2 **Dividend Income**

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

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

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

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

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

Income: Income **Other Income**

Please provide copies of all supporting documentation.

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

T/S/J	2017 Information	Prior Year Information
Other Income:	_____	_____
_____	_____	_____
_____	_____	_____

1040 Adj: IRA

Adjustments to Income - IRA Contributions

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

Taxpayer Spouse

Traditional IRA Contributions for 2017 -

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

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

Enter the total traditional IRA contributions made for use in 2017

Roth IRA Contributions for 2017 -

Mark if you want to contribute the maximum Roth IRA contribution

Enter the total Roth IRA contributions made for use in 2017

Educate: Educate2

Higher Education Deductions and/or Credits

Complete this section if you paid interest on a qualified student loan in 2017 for qualified higher education expenses for you, your spouse, or a person who was your dependent when you took out the loan.

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

Complete this section if you paid qualified education expenses for higher education costs in 2017.

Qualified education expenses include tuition and fees required for enrollment or attendance at an eligible educational institution.

Please provide all copies of Form 1098-T.

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

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

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

1040 Adj: 3903

Job Related Moving Expenses

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

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

1040 Adj: OtherAdj

Other Adjustments to Income

Alimony Paid:

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

Taxpayer Spouse Prior Year Information

Educator expenses:	_____	_____	_____	_____
Other adjustments:	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Itemized: A1 **Medical and Dental Expenses**

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

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

Itemized: A1 **Tax Expenses**

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

Itemized: A2 **Interest Expenses**

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

Itemized: A3 **Charitable Contributions**

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

Itemized: A3 **Miscellaneous Deductions**

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

General: Bank

Direct Deposit/Electronic Funds Withdrawal Information

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

Mark to verify all accounts listed below have been reviewed, updated as needed, and are correct. _____

Primary account:

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

Secondary account #1:

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

Secondary account #2:

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

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

Electronic Filing: ID Auth

Identity Authentication

Taxpayer -

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

Spouse -

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

NOTES/QUESTIONS:

Preparer use only

Activity name _____

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

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

Alabama General Information

If you moved during the tax year, name of Alabama city moved to _____ [1] Zip code _____ [2]
 If divorced during the tax year, enter former spouse's social security number _____ [3]
 If you did not file a prior year Alabama tax return, enter reason:
 _____ [4]

Contributions

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

	Taxpayer	Spouse
Election campaign fund contribution (\$1.00) (1 = Democratic party fund, 2 = Republican party fund)	_____ [5]	_____ [6]

Charitable Contributions

Senior Services Trust Fund	_____ [7]	Firefighters Benefit Fund	_____ [16]
Arts Development Fund	_____ [8]	Breast and Cervical Cancer Program	_____ [17]
Nongame Wildlife Fund	_____ [9]	Victims of Violence Assistance	_____ [18]
Child Abuse Trust Fund	_____ [10]	Military Support Foundation	_____ [19]
Veterans Program	_____ [11]	Spay-Neuter Program	_____ [20]
Historic Preservation Fund	_____ [12]	Cancer Research Institute	_____ [21]
Archives Services Fund	_____ [13]	Association of Rescue Squads	_____ [22]
Foster Care Trust Fund	_____ [14]	USS Alabama Battleship Commission	_____ [23]
Mental Health	_____ [15]	Children First Trust Fund	_____ [24]

Part-year Resident and Nonresident Information

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

Part-year residency dates:
 From _____ [25]
 To _____ [26]
 If a nonresident of Alabama, enter state of legal residence _____ [27]

Credits

Basic Skills Education Credit:
 Dept of Education certification number _____ [28]
 Name of sponsoring employer or firm _____ [29]
 Name of approved provider _____ [30]
 Location of provider _____ [31]
 Total expenses _____ [32]

Rural Physician Credit:
 Hospital where services provided _____ [33]
 Community where services provided _____ [34]

NOTES/QUESTIONS:

Arizona General Information

Last name on prior returns, if different _____ [1]

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

Part-year residency dates:

From _____ [2]

To _____ [3]

Other state(s) of residency (Part-year residents only) _____ [4] _____ [5] _____ [6] _____ [7]

Mark if on active military assignment in Arizona during the year (Part-year residents and Nonresidents only) _____ [8]

Contributions

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

Political Contributions

Political gift _____ [9]

Name of party (1 = Arizona Green Party, 2 = Democratic, 3 = Libertarian, 4 = Republican) _____ [10]

Charitable Contributions

Solutions Teams Assigned to Schools _____ [11]

Arizona Wildlife Fund _____ [12]

Child Abuse Prevention Fund _____ [13]

Domestic Violence Shelter Fund _____ [14]

Neighbors Helping Neighbors Fund _____ [15]

Special Olympics Fund _____ [16]

Veterans Donation Fund _____ [17]

I Didn't Pay Enough Fund _____ [18]

Sustainable State Parks and Road Fund _____ [19]

Spay/Neuter of Animals _____ [20]

Property Tax Credit Information

Full Year Residents Only

Homestead status on December 31 (1 = Rent, 2 = Own) _____ [21]

Mark if you:

Received Title 16, SSI payments _____ [22]

Lived alone _____ [23]

Property taxes paid through rent payments _____ [24]

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

Name _____ [25]

Social security number _____ [26]

Address _____ [27] Apartment number _____ [28]

City _____ [29] State _____ [30] Zip code _____ [31]

Income earned by other household residents _____ [32]

NOTES/QUESTIONS:

California General Information

Prior year last name

Taxpayer _____ [1]

Spouse _____ [2]

Mark if different from prior year return:

Social security number(s) _____ [3]

Address _____ [4]

Filing status _____ [5]

Use Tax

Item purchased	Purchase price	County (City)	Sales Tax paid
_____	_____	_____	_____ [6]
_____	_____	_____	_____

Contributions

Amount of contributions you wish to make to:

Seniors Special Fund _____ [7]	Keep Arts in Schools Fund _____ [20]
Alzheimer's Disease/Related Disorders Fund _____ [8]	Children's Trust Fund - Prevent Child Abuse _____ [21]
Rare and Endangered Species Preservation Program _____ [9]	Prevention Animal Homelessness & Cruelty _____ [22]
Breast Cancer Research Fund _____ [10]	Revive the Salton Sea Fund _____ [23]
Firefighters' Memorial Fund _____ [11]	California Domestic Violence Victims Fund _____ [24]
Emergency Food for Families Fund _____ [12]	Special Olympics Fund _____ [25]
Peace Officer Memorial Foundation Fund _____ [13]	Type 1 Diabetes Research Fund _____ [26]
Sea Otter Fund _____ [14]	YMCA Youth and Government Fund _____ [27]
Cancer Research Fund _____ [15]	Habitat for Humanity Fund _____ [28]
School Supplies for Homeless Children Fund _____ [16]	California Senior Citizen Advocacy Fund _____ [29]
Parks Pass Purchase (\$195) _____ [17]	Native California Wildlife Rehabilitation _____ [30]
State Parks Protection Fund _____ [18]	Rape Backlog Kit Fund _____ [31]
Protect Our Coast and Oceans Fund _____ [19]	

Renter Information

Number of months rented principal residence in California in 2017 _____ [32]

Lived with person claiming dependency exemption for more than 6 months (Dependent of another only) _____ [33]

Property rented was exempt from property tax in 2017 _____ [34]

Taxpayer claimed homeowner's property tax exemption in 2017 _____ [35]

Spouse claimed homeowner's property tax exemption during 2017 _____ [36]

Maintained separate residences for the entire year _____ [37]

Addresses if more than one or different from mailing address

Address _____ [38]

City _____

State _____

Zip Code _____

Date Rented From _____

Date Rented To _____

Landlord information

Name _____ [39]

Address _____

City _____

State _____

Zip Code _____

Telephone _____

California Residency Information

Part-year, Nonresident

	Taxpayer	Spouse
State of domicile	_____ [1]	_____ [2]
Number of days spent in California	_____ [3]	_____ [4]
Owned California home or property	_____ [5]	_____ [6]
Part-year resident:		
Date moved into California	_____ [7]	_____ [9]
Prior state of residence	_____ [8]	_____ [10]
Date moved out of California	_____ [11]	_____ [13]
New state of residence	_____ [12]	_____ [14]
Nonresident or full-year resident for entire year:		
State of residence	_____ [15]	_____ [16]

Prior Year Residency Information

	Taxpayer	Spouse
Prior residency information:		
From	_____ [17]	_____ [19]
To	_____ [18]	_____ [20]

Military Personnel

Part-year, Nonresident

	Taxpayer	Spouse
State in which stationed	_____ [21]	_____ [22]

Electronic Filing Information for Military

	Taxpayer	Spouse
Date deployed overseas or entered combat zone/QHDA	_____ [23]	_____ [26]
Date returned from overseas or combat zone/QHDA	_____ [24]	_____ [27]
Duty (A = Military overseas, B = Combat Zone/QHDA, C = NAT Guard)	_____ [25]	_____ [28]
Combat Zone/QHDA Operation/Area served		
Taxpayer	_____ [29]	_____ [29]
Spouse	_____ [30]	_____ [30]

NOTES/QUESTIONS:

Colorado Use Tax

Purchases subject to state sales or use tax _____ [1]
 Special district code _____ [2]
 Purchases subject to special district sales or use tax if less than the total purchase _____ [3]

Contributions

Amount of charitable contributions you wish to make to:

Nongame and Endangered Wildlife Fund _____ [4]
 Domestic Abuse Fund _____ [5]
 Homeless Prevention Activities Fund _____ [6]
 Western Slope Military Veterans Cemetery Fund _____ [7]
 Pet Overpopulation Fund _____ [8]
 Military Family Relief Fund _____ [9]
 Public Education Fund _____ [10]
 American Red Cross Colorado Disaster Response, Readiness, and Preparedness Fund _____ [11]
 Colorado for Healthy Landscapes Fund _____ [12]
 Habitat for Humanity of Colorado Fund _____ [13]
 Special Olympics of Colorado _____ [14]
 Colorado Youth Corps Association Fund _____ [15]
 Colorado Healthy Rivers Fund _____ [16]
 Alzheimer's Association Fund _____ [17]
 Colorado Cancer Fund _____ [18]
 Make-A-Wish Foundation of Colorado Fund _____ [19]
 Unwanted Horse Fund _____ [20]
 Colorado Multiple Sclerosis Fund _____ [21]
 Urban Peak Housing and Support Fund _____ [22]
 Family Caregiver Support Fund _____ [23]

Part-year Resident and Nonresident Information

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

	Taxpayer	Spouse
Residency status (If taxpayer and spouse are different):		
Resident	_____ [24]	_____ [25]
Nonresident	_____ [26]	_____ [27]
Part-year resident	_____ [28]	_____ [29]
Military nonresident	_____ [30]	_____ [31]
Part-year residency dates:		
From	_____ [32]	_____ [33]
To	_____ [34]	_____ [35]

NOTES/QUESTIONS:

Connecticut Charitable Contributions

Amount of contributions you wish to make to:

AIDS Research	_____ [1]	Safety Net Services	_____ [5]
Organ Transplant	_____ [2]	Military Relief	_____ [6]
Endangered Species/Wildlife Fund	_____ [3]	CHET Baby Scholar	_____ [7]
Breast Cancer Research	_____ [4]		

Use Tax Information

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

Purchase 1	Description _____	Date of purchase _____ [8]
	Retailer/Service Provider: _____	Purchase price _____
	Type Code: _____	Out of state tax paid _____
Purchase 2	Description _____	Date of purchase _____
	Retailer/Service Provider: _____	Purchase price _____
	Type Code: _____	Out of state tax paid _____

Use Tax Type Codes

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

Property Tax Information

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

Primary Residence Description (Enter street address)(Resident only) _____ [9]

Auto 1 Description (Enter year, make and model)(Resident only) _____ [10]

Auto 2 Description (Enter year, make and model)(MFJ Resident only) _____ [11]

	Name of CT Tax Town or District	Date Paid	Date Paid	Amount Paid
Primary Residence (Resident only)	_____ [12]	_____ [13]	_____ [14]	
Auto 1 (Resident only)	_____ [15]	_____ [16]	_____ [17]	_____ [18]
Auto 2 (MFJ Resident only)	_____ [19]	_____ [20]	_____ [21]	_____ [22]

Part-year Resident Information

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

	Taxpayer	Spouse
Enter residency dates:		
From	_____ [23]	_____ [25]
To	_____ [24]	_____ [26]
Indicate type of move (1 = Moved into Connecticut, 2 = Moved out of Connecticut)	_____ [27]	_____ [30]
Did you earn income from Connecticut sources during nonresident period? (Y, N)	_____ [28]	_____ [31]
State of prior or new residence	_____ [29]	_____ [32]

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

Basis for calculating apportionment (1 = Working days, 2 = Sales, 3 = Mileage)	_____ [33]
Working days (or other basis) outside Connecticut	_____ [34]
Working days (or other basis) inside Connecticut	_____ [35]
Nonworking days (holidays, weekends, etc)	_____ [36]
Total income being apportioned	_____ [37]

NOTES/QUESTIONS:

Delaware General Information

	Taxpayer	Spouse
Mark if totally disabled	_____ [1]	_____ [2]
Volunteer firefighter Fire Company number (Resident only)	_____ [3]	_____ [4]

Contributions

Amount of contributions you wish to make to:

	Taxpayer	Spouse
Non-Game Wildlife	_____ [5]	_____ [6]
US Olympics	_____ [7]	_____ [8]
Emergency Housing	_____ [9]	_____ [10]
Breast Cancer Education	_____ [11]	_____ [12]
Organ Donations	_____ [13]	_____ [14]
Diabetes Education	_____ [15]	_____ [16]
Veteran's Home	_____ [17]	_____ [18]
Delaware National Guard	_____ [19]	_____ [20]
Juvenile Diabetes Fund	_____ [21]	_____ [22]
Multiple Sclerosis Society	_____ [23]	_____ [24]
Ovarian Cancer Fund	_____ [25]	_____ [26]
21st Fund for Children	_____ [27]	_____ [28]
White Clay Creek	_____ [29]	_____ [30]
Home of the Brave	_____ [31]	_____ [32]
Senior Trust Fund	_____ [33]	_____ [34]
Veteran's Trust Fund	_____ [35]	_____ [36]
Protecting Delaware's Children Fund	_____ [37]	_____ [38]
Food Bank of Delaware	_____ [39]	_____ [40]
Ssx City Habitat for Humanity	_____ [41]	_____ [42]
Ctrl DE Habitat for Humanity	_____ [43]	_____ [44]
NCC Habitat for Humanity	_____ [45]	_____ [46]

Part-year Resident Information

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

	Taxpayer	Spouse
Part-year residency dates:		
From	_____ [47]	_____ [49]
To	_____ [48]	_____ [50]

NOTES/QUESTIONS:

District of Columbia Property Tax Credit Information

If renting, enter rental information below (Residents only)

Type of property (1 = Private home, 2 = Apartment, 3 = Rooming house, 4 = Condominium) _____ [1]
 Landlord's name _____ [2]
 Landlord's address (Number and street) _____ [3]
 _____ [4]
 Apartment number _____ [5]
 City _____ [6]
 State _____ [7]
 Zip code _____ [8]
 Landlord's telephone number _____ [9]
 Rent paid _____ [10]
 Rent supplements received _____ [11]

If property owner, enter real property information below

Square number _____ [12]
 Suffix number _____ [13]
 Lot number _____ [14]

Use Tax

Purchases subject to use tax
 Merchandise, services and rentals _____ [15]
 Alcoholic beverages _____ [16]
 Catered food or drink or rental of non-commercial vehicles _____ [17]

Contribution

Amount of contribution you wish to make to:

DC Statehood Delegation Fund (Political Contribution) _____ [18]
 Public Trust for Drug Prevention and Children at Risk (Charitable Contribution) _____ [19]
 Anacostia River Cleanup and Prevention Fund (Charitable Contribution) _____ [20]

Part-year Resident Information

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

Part-year residency dates:
 From _____ [21]
 To _____ [22]

Disability Information

	Name of Employer	Payer, if other than employer	No. of Weeks
Taxpayer	_____ [23]	_____ [24]	_____ [25]
Spouse	_____ [26]	_____ [27]	_____ [28]

Mark if physician's certification previously filed _____ [29]

Otherwise, enter:

Physician's name _____ [30] ____ [31] _____ [32]
 Address, apartment number _____ [33] _____ [34]
 City, state, zip code _____ [35] ____ [36] _____ [37]
 Telephone number _____ [38]

NOTES/QUESTIONS:

Georgia General Information

Taxpayer

Spouse

If disabled, enter the following:

Type of disability

Date of disability

_____ [1]

_____ [3]

_____ [2]

_____ [4]

Contributions

Amount of contributions you wish to make to:

Wildlife Conservation Fund

Fund for Children and Elderly

Cancer Research Fund

Land Conservation Program

National Guard Foundation

Dog and Cat Sterilization Fund

Save the Cure Fund

Realizing Educational Achievement Can Happen Program

Public Safety Memorial Grant

_____ [5]

_____ [6]

_____ [7]

_____ [8]

_____ [9]

_____ [10]

_____ [11]

_____ [12]

_____ [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

To

_____ [14]

_____ [15]

_____ [16]

_____ [17]

NOTES/QUESTIONS:

Hawaii General Information

- Mark if first time filer _____[1]
- Mark if address has changed from prior year _____[2]
- If you (or spouse) are blind, deaf or totally disabled, has impairment been certified? (Special disability exemption: T = Taxpayer, S = Spouse, B = Both) [3] _____
- Current year distributions from an individual housing account not used for home purchase _____[4]
- Reservist or National Guard pay included in W-2 income _____[5]
- Payments to an individual housing account _____[6]

Contributions

Amount of contributions you wish to make to:

- Election campaign fund - taxpayer (Y, N) _____[7]
- Election campaign fund - spouse (Y, N) _____[8]
- \$2 School-Level Minor Repairs and Maintenance Special Fund (T = Taxpayer, S = Spouse, B = Both) _____[9]
- \$2 Public Libraries Special Fund (T = Taxpayer, S = Spouse, B = Both) _____[10]
- \$5 Children's Trust, Domestic Violence, and Abuse Special Accounts (T = Taxpayer, S = Spouse, B = Both) _____[11]

Rental Credit Information

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

- Residence Information: Starting Month of Occupancy _____ Ending Month of Occupancy _____[12]
- Address _____
 - City _____
 - State _____
 - Zip _____
- Owner Information: Name _____
- Business Name _____
 - Address _____
 - City _____
 - State _____
 - Zip _____
 - Foreign Providence/State _____
 - Foreign Country Code _____
 - Foreign Country _____
 - Foreign Postal Code _____
 - Tax ID # _____
 - Total rents received for this unit _____

Part-year Resident Information

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

- Part-year residency dates:
- From _____[13]
 - To _____[14]

NOTES/QUESTIONS:

Idaho General Information

Mark if:

Taxpayer or spouse is a disabled veteran _____[1]

Receiving Idaho Public Assistance _____[2]

	Taxpayer	Spouse
Number of days eligible for grocery credit if less than full year or total time spent as part year resident	_____ [3]	_____ [4]

Use Tax

Purchases subject to use tax _____ [5]

Contributions

Amount of charitable contributions you wish to make to:

Nongame Wildlife Conservation Fund	_____ [6]
Children's Trust Fund and Child Abuse Prevention	_____ [7]
Special Olympics Idaho	_____ [8]
Idaho Guard and Reserve Family Support Fund	_____ [9]
American Red Cross of Greater Idaho Fund	_____ [10]
Veterans Support Fund	_____ [11]
Idaho Food Bank	_____ [12]
Opportunity Scholarship Program Fund	_____ [13]
Donate grocery credit to the Cooperative Welfare Fund	_____ [14]

Part-year Resident and Nonresident Information

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

	Taxpayer	Spouse
Residency status (1 = Resident, 2 = Resident on active military, 3 = Nonresident, 4 = Part-year resident, 5 = Military nonresident)	_____ [15]	_____ [16]
Part-year residency dates:		
From	_____ [17]	_____ [19]
To	_____ [18]	_____ [20]
State of residence	_____ [21]	_____ [22]

Adjustments and Credits

Energy efficiency upgrades _____ [23]

Adoption expenses _____ [24]

Mark if taxpayer or spouse has a developmental disability (T = Taxpayer, S = Spouse, B = Both) _____ [25]

NOTES/QUESTIONS:

Illinois General Information

Use Tax

General merchandise purchases _____ [1]
 Qualifying food, non-prescription drugs and medical appliances purchases _____ [2]
 Sales tax already paid to another state _____ [3]

Contributions

Amount of contributions you wish to make to:

Wildlife Preservation _____ [4]
 Alzheimer's Disease Research _____ [5]
 Assistance to the Homeless _____ [6]
 Diabetes Research Fund _____ [7]
 Thriving Youth Fund _____ [8]
 Criminal Justice Information Projects Fund _____ [9]

Credits

Qualified Education Expenses

Child's Name	Grade	School Name	School City	Total Tuition, Books, Lab fees
_____ [10]	_____ [11]	_____ [12]	_____ [13]	_____ [14]
_____ [15]	_____ [16]	_____ [17]	_____ [18]	_____ [19]
_____ [20]	_____ [21]	_____ [22]	_____ [23]	_____ [24]
_____ [25]	_____ [26]	_____ [27]	_____ [28]	_____ [29]
_____ [30]	_____ [31]	_____ [32]	_____ [33]	_____ [34]
_____ [35]	_____ [36]	_____ [37]	_____ [38]	_____ [39]
_____ [40]	_____ [41]	_____ [42]	_____ [43]	_____ [44]
_____ [45]	_____ [46]	_____ [47]	_____ [48]	_____ [49]

Property Taxes

Description	Property Index Number
_____	_____ [50]
_____	_____
_____	_____

Part-year Resident and Nonresident Information

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

Part-year residency dates:	Taxpayer	Spouse
From _____	_____ [51]	_____ [53]
To _____	_____ [52]	_____ [54]

Mark if you were a resident of any of the following states during the tax year: IA ___ [55] KY ___ [56] MI ___ [57] WI ___ [58]

In what states other than above did you reside and/or file a tax return during the tax year? [59]

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

NOTES/QUESTIONS:

County of residence (as of January 1 of tax year)	_____ [3]	Taxpayer	_____ [4]
County of employment (as of January 1 of tax year)	_____ [5]	Spouse	_____ [6]

Household employment taxes:

Employee Name _____	Employee SSN _____ [7]
Income _____	State Tax Withheld _____
County Tax Withheld _____	County Code _____

Contributions

Amount of contribution you wish to make to:

Nongame Wildlife Fund	_____ [8]
Military Family Relief Fund	_____ [9]
Public K-12 Education Fund	_____ [10]

Credit for Donation to an Indiana College or University

Mark this field if you made a cash or noncash contribution to an Indiana college or university _____ [11]

Renter's Information

Taxpayer, Spouse, Joint (T,S,J) _____	Principal address _____ [12]
	City, state, zip code _____
Number of months rented _____	Total rent paid _____
Landlord name _____	_____ [13]
Landlord address _____	_____
Landlord city, state, zip code _____	_____

Part-year Resident and Nonresident Information

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

State of residency (Use these fields if you or your spouse had only one state of residency)	_____ [14]	Taxpayer	_____ [15]
		Spouse	

States of residency (Use these fields if you or your spouse had more than one state of residency)			
Taxpayer, Spouse(T,S)	State Postal Code	From Date	To Date
_____	_____	_____	_____ [16]
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

NOTES/QUESTIONS:

Iowa General Information

County of residence as of December 31st _____ [1]
 School district _____ [2]

Contributions

Amount of charitable contributions you wish to make to:

Fish and Wildlife Fund _____ [3]
 State Fairgrounds Renovation _____ [4]
 Firefighters Fund and Veterans Trust Fund _____ [5]
 Child Abuse Prevention _____ [6]

Residency Information

Residency code _____ [7]

Residency Code

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

Part-year Resident Information

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

	Spouse	Taxpayer
Part-year residency dates:		
Moved into Iowa	_____ [8]	_____ [10]
Moved out of Iowa	_____ [9]	_____ [11]

Nonresident Information

Illinois residents:

Iowa wages or salary only	_____ [12]
Wages or salary and other Iowa source income	_____ [13]

NOTES/QUESTIONS:

Form ID: KS **Kansas General Information**

County of residence _____ [1]
School district number _____ [2]
Mark if name or address has changed _____ [3]

Use Tax

Use Tax due but receipts or records not available _____ [4]
Purchases Subject to Use Tax, receipts or records are available

City/county	Amount
_____	_____ [5]
_____	_____
_____	_____

Contributions

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

Chickadee Checkoff _____ [6]
 Senior Citizens Meals On Wheels Contribution Program _____ [7]
 Breast Cancer Research Fund _____ [8]
 Military Emergency Relief Fund _____ [9]
 Kansas Hometown Heroes Fund _____ [10]
 Kansas Creative Arts Industry Fund _____ [11]
 School District Contribution Fund _____ [12]
 School district headquarters county _____ [13]
 School district number _____ [14]

Part-year Resident Information

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

Part-year residency dates:
From _____ [15]
To _____ [16]

NOTES/QUESTIONS:

Kentucky General Information

National Guard member - taxpayer _____ [1]
 National Guard member - spouse _____ [2]
 Enter your state of residency at the end of the tax year (Part-year and Nonresident only) _____ [3]

Use Tax

	Description	Date of Purchase	Amount
Enter any out-of-state purchases made on which sales tax was not paid to the seller	_____	_____	_____ [4]
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

Contributions

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

	Spouse	Taxpayer
Political Party Fund (1 = Democratic, 2 = Republican, 3 = No Designation)	_____ [5]	_____ [6]

Charitable Contributions

Nature and Wildlife Fund	_____ [7]
Child Victims' Trust Fund	_____ [8]
Veterans' Program Trust Fund	_____ [9]
Breast Cancer Research and Education Trust Fund	_____ [10]
Farms to Food Banks Trust Fund	_____ [11]
Local History Trust Fund	_____ [12]
Special Olympics Kentucky	_____ [13]
Pediatric Cancer Research Trust Fund	_____ [14]
Rape Crisis Center Trust Fund	_____ [15]

Part-year Resident Information

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

Part-year residency dates:

From	_____ [16]
To	_____ [17]
State moved from	_____ [18]
State moved to	_____ [19]

Nonresident Information

	Spouse	Taxpayer
Kentucky prior year income tax return was filed (Y, N)	_____ [20]	_____ [21]
Mark if:		
Commuted daily to Kentucky employment (VA resident)	_____ [22]	_____ [23]
All Kentucky wage income earned while a resident of a reciprocal state (indicate state(s) below)	_____ [24]	_____ [25]
Resident of state(s)		
Taxpayer	IL _____ [26]	IN _____ [27] MI _____ [28] OH _____ [29] VA _____ [30] WV _____ [31] WI _____ [32]
Spouse	IL _____ [33]	IN _____ [34] MI _____ [35] OH _____ [36] VA _____ [37] WV _____ [38] WI _____ [39]

NOTES/QUESTIONS:

Louisiana General Information

Mark if name has changed _____ [1]

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

Taxpayer _____ [2]

Spouse _____ [3]

Dependents:

Code	Disability	First Name	Last Name	SSN
_____	_____	_____	_____	_____ [4]
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Value of computer or other technological equipment donated _____ [5]

Use Tax

Enter the amount of any out-of-state purchases on which sales tax was not paid _____ [6]

Contributions

Military Family Assistance Fund	_____ [7]	Louisiana Youth Leadership Seminar Corporation	_____ [17]
Coastal Protection and Restoration Fund	_____ [8]	Lighthouse for the Blind in New Orleans, Inc	_____ [18]
Wildlife Habitat and Natural Heritage Fund	_____ [9]	Louisiana Association for the Blind	_____ [19]
Louisiana Cancer Trust Fund	_____ [10]	Louisiana Center for the Blind	_____ [20]
Pet Overpopulation Advisory Council	_____ [11]	Affiliated Blind of Louisiana, Inc	_____ [21]
Louisiana Food Bank Association	_____ [12]	Louisiana State Troopers Charities, Inc	_____ [22]
Make-A-Wish of Texas Gulf Coast/Louisiana	_____ [13]	Friends of Palmetto State Park	_____ [23]
Louisiana Association of United Ways / 2-1-1	_____ [14]	The American Rose Society	_____ [24]
American Red Cross	_____ [15]	The Extra Mile	_____ [25]
National Guard Honor Guard for Military Funerals	_____ [16]	Naval War Memorial Commission, U.S.S. KIDD	_____ [26]
		Children's Therapeutic Services at the Emerge Center	_____ [27]

Account Description

Amount

START savings program:

_____	_____ [28]
_____	_____
_____	_____

Part-year Resident Information

	Taxpayer	Spouse
Part-year residency dates:		
From _____	_____ [29]	_____ [31]
To _____	_____ [30]	_____ [32]

Retirement Information

	Taxpayer	Spouse
Date retired as a:		
Louisiana state employee	_____ [33]	_____ [34]
Louisiana teacher	_____ [35]	_____ [36]
Federal employee	_____ [37]	_____ [38]

Retirement System Name

Taxpayer

Spouse

Date Retired

Other retirement information:

_____	_____	_____ [39]
_____	_____	_____
_____	_____	_____
_____	_____	_____

Maine Use Tax

Calculate use tax using table (For purchases < \$1000 per purchase only) _____[1]
 Out of state purchases (Enter total if not using table or enter purchases > \$999 if using table) _____[2]
 Use tax already paid to another jurisdiction _____[3]
 Casual rental income _____[4]

Contributions**Political Contributions**

Contribute \$3 (\$6 if joint) to the Maine Clean Election Fund (1 = Taxpayer, 2 = Spouse, 3 = Joint) _____[5]

Charitable Contributions

Endangered and Nongame Wildlife Fund "Chickadee Check-off" _____[6]
 Maine Children's Trust _____[7]
 Companion Animal Sterilization Fund _____[8]
 Maine Military Family Relief Fund _____[9]
 Maine Veterans' Memorial Cemetery Maintenance Fund _____[10]
 Maine Public Library Fund _____[11]

State Park Passes

Number of individual park passes _____[12]
 Number of vehicle passes _____[13]

Property Tax Fairness Credit

Not required to file federal or Maine tax return (Filing for Property Tax Fairness only) _____[14]
 Married filing separate but claiming credit of same homestead _____[15]
 Physical street address if different from mailing address _____[16] _____[17]
 City, state, zip code _____[18] _____[19] _____[20]
 Property tax paid during 2017 (For home up to 10 acres less portion related to business use and special assessments) _____[21]
 Rent paid for 2017 _____[22]
 Social security disability / supplemental security income (If part-year resident, enter portion received during residency) _____[23]
 Rent includes heat, utilities, furniture, snow plowing, etc. ____[24] Amount related to heat, etc. _____[25]
 Landlord #1 name _____ Landlord #1 phone number _____[26]
 Landlord #2 name _____ Landlord #2 phone number _____

Part-year Resident Information

	Taxpayer	Spouse
Part-year residency dates:		
From	_____ [27]	_____ [29]
To	_____ [28]	_____ [30]
State where stationed	_____ [31]	_____ [32]
State of prior residency	_____ [33]	_____ [34]
Nonresident state of residence	_____ [35]	_____ [36]
Number of days in Maine for any reason	_____ [37]	_____ [38]
Maine property owners only:		
Municipality where owned, taxpayer	_____ [39]	
Municipality where owned, spouse		_____ [40]

NOTES/QUESTIONS:

Maryland General Information

	Taxpayer	Spouse
County of residence	_____ [1]	_____ [2]
City of residence	_____ [3]	_____ [3]

Contributions

Amount of charitable contributions you wish to make to:

Chesapeake Bay and Endangered Species Fund	_____ [5]
Developmental Disabilities Waiting List Equity Fund	_____ [6]
Maryland Cancer Fund	_____ [7]
Fair Campaign Financing Fund	_____ [8]

Part-year Resident and Nonresident Information

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

Part-year residency dates:

From		_____ [9]
To		_____ [10]
State of legal residence (Other than Maryland)		_____ [11]
If Maryland return filed for previous year, indicate type (Nonresident only) (1 = Resident, 2 = Nonresident)		_____ [12]
Mark if taxpayer or spouse in military (Nonresident only)		_____ [13]

NOTES/QUESTIONS:

Massachusetts General Information

Mark if name and address have changed since last year _____[1]
 Mark if noncustodial parent _____[2]
 In care of address or address of legal residence or domicile:
 Street _____[3]
 City, state, zip code _____[4] _____[5] _____[6]
 Foreign country name _____[7]
 Foreign province or county _____[8]
 Foreign postal code _____[9]

Use Tax

Estimate use tax for out of state purchases less than \$1,000 _____[10]
 Out of state purchases _____[11] Sales tax paid to other state _____[12]

Contributions

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

	Taxpayer	Spouse
Mark to contribute to the State Election Campaign Fund	_____[13]	_____[14]
Organ Transplant Fund _____[15]		_____[18]
Endangered Wildlife Conservation _____[16]		_____[19]
AIDS Fund _____[17]		_____[20]
United States Olympic Fund _____[18]		
Military Family Relief Fund _____[19]		
Homeless Animal Prevention and Care Fund _____[20]		

Adjustments and Deductions**Rental Deduction**

Residence #1 rented address _____[21]
 Landlord's name and address _____
 Date from _____ Date to _____ Rent paid _____

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

Health Insurance Information

	Taxpayer	Spouse
Enrolled in Minimum Creditable Coverage (MCC) health insurance plan for entire year _____[22]		_____[23]
Insurance information has changed from last year	Yes ___[24] No ___[25]	Yes ___[26] No ___[27]
Federal identification number _____[28]		_____[29]
Subscriber number _____[30]		_____[31]
Name of insurance company (Taxpayer) _____[32]		
Name of insurance company (Spouse) _____[33]		

Commuter Deduction

	Tolls paid through Fastlane	MBTA Transit/commuter passes
Taxpayer _____[34]		_____[35]
Spouse _____[35]		_____[36]

Part-year Resident Information

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

Part-year residency dates:
 From _____[36]
 To _____[37]

Michigan General Information

School district name			[1]
School district code			[2]
Mark if 2/3 income from seafaring			[3]
	Taxpayer	Spouse	
Do you want \$3.00 to go to the state campaign fund? (Y, N)	[4]	[5]	
Mark the applicable boxes if the following conditions apply to you and/or your spouse:			
Paraplegic, quadriplegic or hemiplegic	[6]	[7]	
Totally and permanently disabled	[8]	[9]	
Deaf	[10]	[11]	
Qualified disabled veteran	[12]	[13]	

Use Tax

Purchases up \$1000 per purchase subject to use tax			[14]
Purchases exceeding \$1000 per purchase subject to use tax			[15]

Contributions

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

American Red Cross of Michigan			[16]
Animal Welfare Fund			[17]
Children's Trust Fund - Preventing Child Abuse in Michigan			[18]
Michigan Junior Achievement Fund			[19]
Military Family Relief Fund			[20]
United Way Fund			[21]

Part-year Resident Information

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

	Taxpayer		Spouse
From	[22]		[24]
To	[23]		[25]
Residency status of spouse (If different from taxpayer)(1 = Resident, 2 = Nonresident, 3 = Part-year resident)			[26]

NOTES/QUESTIONS:

Michigan Credits - Homestead Property Tax Credit Information

Homeowner

Homestead occupied entire tax year: Taxable value _____ [1] Special Assessments _____ [3]

Homestead property taxes levied, if different from that entered on Organizer Form ID: A1 (or Lite-5)

TSJ	Description	Amount
_____	_____	_____ [4]
_____	_____	_____

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

Street address _____ [5]	Taxable value _____ [9]
City _____ [6]	Number of days occupied _____ [10]
State _____ [7] Zip code _____ [8]	Property taxes levied for the year _____ [11]

Address of homestead sold during tax year:

Street address _____ [12]	Taxable value _____ [16]
City _____ [13]	Number of days occupied _____ [17]
State _____ [14] Zip code _____ [15]	Property taxes levied for the year _____ [18]

Rental Information

[19]

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

Household Income

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

Child support and foster parent payments	_____ [20]
Worker's compensation and Veteran's benefits	_____ [21]
Family Independence Agency and other public assistance payments	_____ [22]
Gifts or expenses paid on your behalf	_____ [23]
Other nontaxable income (inheritances, etc):	_____ [24]
_____	_____
_____	_____
_____	_____

NOTES/QUESTIONS:

Michigan Cities General Information

Taxpayer Spouse

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

Disabled

[1]

[2]

Deaf

[3]

[4]

NOTES/QUESTIONS:

Mark if you or your spouse are disabled _____ [1]
 Welfare amounts received _____ [2]

Contributions

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

State campaign fund (Enter the appropriate code for the \$5 political party contribution on Form M1 or Form M1PR from the list below) Taxpayer _____ [3] Spouse _____ [4]

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

Charitable Contribution

Nongame Wildlife Fund _____ [5]

Credits and Subtractions

Long Term Care Insurance Credit

Name of insurance company (Taxpayer) _____ [6]
 Name of insurance company (Spouse) _____ [7]
 Policy Number (Taxpayer) _____ [8]
 Policy Number (Spouse) _____ [9]

K-12 Education Expenses

Child's Name	Grade	Class Fees	Indiv Fees	Textbook Material	Transport Costs	Hardware Software	Qualified Tuition
_____ [10]	_____ [11]	_____ [12]	_____ [13]	_____ [14]	_____ [15]	_____ [16]	_____ [17]
_____ [18]	_____ [19]	_____ [20]	_____ [21]	_____ [22]	_____ [23]	_____ [24]	_____ [25]
_____ [26]	_____ [27]	_____ [28]	_____ [29]	_____ [30]	_____ [31]	_____ [32]	_____ [33]

	Child One	Child Two	Child Three
Class name _____	_____ [34]	_____ [35]	_____ [36]
Class type _____	_____ [37]	_____ [38]	_____ [39]
Ind. instr name _____	_____ [40]	_____ [41]	_____ [42]
Ind. instr type _____	_____ [43]	_____ [44]	_____ [45]
Music ins type _____	_____ [46]	_____ [47]	_____ [48]
Musical ins cost _____	_____ [49]	_____ [50]	_____ [51]
Type of school attended _____	_____ [52]	_____ [53]	_____ [54]
Transp provider _____	_____ [55]	_____ [56]	_____ [57]

M1PR Property Tax Credit

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

Part-year Resident and Nonresident Information

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

Part-year residency dates: Taxpayer _____ Spouse _____

From _____ [58] _____ [60]

To _____ [59] _____ [61]

Other state of residence (State/Foreign country required for other nonresidents) _____ [62] _____ [63]

NOTES/QUESTIONS:

Mississippi General Information

County of residence _____ [1]

Contributions

Amount of contributions you wish to make to:

- Military Family Relief Fund _____ [2]
- Commission for Volunteer Service Fund _____ [3]
- Wildlife Heritage Fund _____ [4]
- Educational Trust Fund _____ [5]
- Wildlife Fisheries and Parks Foundation _____ [6]
- Bicentennial Celebration Fund _____ [7]
- Burn Care Fund _____ [8]

NOTES/QUESTIONS:

Missouri General Information

County of residence name _____ [1]
 County of residence _____ [2]

Contributions

Amount of contributions you wish to make to:

Children's Trust Fund _____ [3]
 Veterans Trust Fund _____ [4]
 Elderly Home Delivered Meals Trust Fund _____ [5]
 Missouri National Guard Trust Fund _____ [6]
 Workers' Memorial Trust Fund _____ [7]
 Childhood Lead Testing Trust Fund _____ [8]
 Missouri Military Family Relief Trust Fund _____ [9]
 General Revenue Trust Fund _____ [10]
 Organ Donor Program Trust Fund _____ [11]
 Trust Fund _____ [12] _____ [13]
 Trust Fund _____ [14] _____ [15]

Trust Fund Codes

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

Part-year Resident and Nonresident Information

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

	Taxpayer	Spouse
Missouri residency dates:		
From	_____ [16]	_____ [17]
To	_____ [18]	_____ [19]
Other state residency dates:		
From	_____ [20]	_____ [21]
To	_____ [22]	_____ [23]
Other state of residency	_____ [24]	_____ [25]

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

Taxpayer _____ [26]
 Spouse _____ [27]

Property Tax Information

Residents only

Mark if you are a 100% disabled veteran _____ [28]
 Mark if you are disabled per section 135.010(2), RSMo _____ [29]
 Mark if surviving spouse social security benefits were received during the tax year _____ [30]

NOTES/QUESTIONS:

Montana Contributions

Amount of contributions you wish to make to:

	Taxpayer	Spouse
Nongame Wildlife Program	_____ [1]	_____ [2]
Child Abuse and Neglect Prevention Program	_____ [3]	_____ [4]
Agriculture in Montana Schools Program	_____ [5]	_____ [6]
Montana Military Family Relief Fund	_____ [7]	_____ [8]
Political Contributions	_____ [9]	_____ [10]

Part-year Resident Information

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

Part-year residency dates:

From _____ [11]
 To _____ [12]

State moved to _____ [13]
 State moved from _____ [14]

Elderly Homeowner or Renter Credit

Please provide copies of property tax bills

Mark if owned or rented a Montana residence for 6 months or more during the current tax year _____ [15]
 Taxpayer, Spouse, Joint _____ [16]
 Rent paid _____ [17]

NOTES/QUESTIONS:

Nebraska General Information

County of residence _____ [1]
Public school district _____ [2]

Contributions

Amount of charitable contributions you wish to make to:

Wildlife Conservation Fund _____ [3]

Part-year Resident Information

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

Part-year residency dates:

From _____ [4]

To _____ [5]

NOTES/QUESTIONS:

New Hampshire General Information

	Taxpayer	Spouse
Mark if disabled on the last day of the tax year	___[1]	___[2]
		DP-10
Name change since last filing		___[3]

Part-year Resident Information

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

From	_____	[4]
To	_____	[5]

Business Tax Summary

Mark to indicate final return _____[6]

NOTES/QUESTIONS:

New Jersey General Information

County or Municipality code _____ [1]
 In care of address _____ [2]
 Mark if:
 Tax forms, instructions and booklet are not needed _____ [3]
 You are not eligible for the property tax deduction or credit _____ [4]
 You maintain the same residence as your spouse (Married filing separate returns ONLY) _____ [5]

	Taxpayer	Spouse
Mark if: Contributed to the Social Security Fund (Eligible to receive benefits)	_____ [6]	_____ [7]
You want to designate \$1 to the gubernatorial election campaign fund	_____ [8]	_____ [9]
Use tax due on out-of-state purchases (Resident and part-year residents)	_____ [10]	

Contributions

Amount of contribution you wish to make to:

Endangered Wildlife Fund _____ [11]		Breast Cancer Research Fund _____ [14]
Children's Trust Fund to prevent child abuse _____ [12]		USS New Jersey Educational Museum Fund _____ [15]
New Jersey Vietnam Veterans' Memorial Fund _____ [13]		Other (see codes below) _____ [16] _____ [17]

Other Funds

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

Property Information

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

Homeowner Information:

Street _____ [18]		_____ [19]
City _____ [19]		_____ [20] _____ [21]
Block number _____ [20]		Lot number _____ [22] _____ [23]
Qualifier number (Condos) _____ [24]		Mobile home park site # _____ [25]
Your share of property owned _____ [26]		Number of days as an owner _____ [27]
Total property taxes paid (mobile home site fees) _____ [28]		Share used as principal residence _____ [29]
Co-op or continuing care retirement facility resident _____ [30]		Your share of property taxes _____ [31]

Renter Information:

Street _____ [32]		_____ [33]
Apt # _____ [33]		City _____ [34]
Days as a tenant _____ [35]		Total number of tenants _____ [36]
Total rent paid _____ [37]		Your share of rent paid _____ [38]

Tenant Information:

First name of other tenant _____ [39]		Middle initial of other tenant _____
Last name of other tenant _____		SSN of other tenant _____

Part-year Resident and Nonresident Information

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

Part-year residency dates:

From _____ [40]		_____ [41]
To _____ [41]		_____ [42]
State of residency (Nonresidents only) _____ [42]		

New Mexico General Information

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

First year resident _____[1]

From To

Part-year residency dates:

Taxpayer _____[2]

Spouse _____[4]

Do NOT have a commercial domicile in New Mexico _____[6]

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

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

Taxpayer
_____[7]Spouse
_____[8]**Charitable Contributions**

Share with Wildlife _____[9]

Veterans' State Cemetery Fund _____[10]

Substance Abuse Education Fund _____[11]

Forest Re-Leaf Program _____[12]

National Guard Member and Family Assistance _____[13]

Kids 'N Parks Transportation Grant Program _____[14]

Amyotrophic Lateral Sclerosis Research Fund _____[15]

Vietnam Veterans Memorial _____[16]

Veterans Enterprise Fund _____[17]

Lottery Tuition Fund _____[18]

Horse Shelter Rescue Fund _____[19]

Animal Care and Facility Fund _____[20]

Supplemental Senior Services _____[21]

Sexual Assault Examination Kit Processing Fund _____[22]

Additions and Deductions

Income of an Indian _____[23]

Name of the taxpayer's Indian nation, tribe, or pueblo _____[24]

Name of the spouse's Indian nation, tribe, or pueblo _____[25]

Contributions refunded from the New Mexico approved Section 529 College Savings Plan _____[26]

Rebate and Credit Schedule

Public assistance, AFDC, welfare benefits _____[27]

Supplemental security income (SSI) _____[28]

Amount of rent paid during the tax year on principal place of residence _____[29]

Mark if rent includes amount paid on your behalf by a government entity _____[30]

Resident county (1 = Los Alamos, 2 = Santa Fe) _____[31]

NOTES/QUESTIONS:

New York General Information

	Taxpayer	Spouse
Mark if you were a resident of New York City at any time during the current tax year	___[1]	___[2]
Mark if you were a resident of Yonkers at any time during the current tax year	___[3]	___[4]
County of residence	_____ [5]	
School district	_____ [6]	

Use Tax

Use tax due but receipts or records not available _____[7]

Contributions

Amount of contributions you wish to make to:

Return a Gift to Wildlife	_____ [8]	Teen Health Education	_____ [16]
Missing or Exploited Children Fund	_____ [9]	Veterans Remembrance	_____ [17]
Breast Cancer Research Fund	_____ [10]	Homeless Veterans	_____ [18]
Alzheimer's Fund	_____ [11]	Mental Illness Anti-stigma Fund	_____ [19]
Olympic Fund (Maximum \$2 per filer)	_____ [12]	Women's Cancer Education and Prevention Fund	_____ [20]
Prostate and Testicular Cancer Research and Education Fund	_____ [13]	Autism Fund	_____ [21]
9/11 Memorial	_____ [14]	Veterans' Homes	_____ [22]
Volunteer Firefighting and EMS Recruitment Fund	_____ [15]		

Property Tax Credit Information

Resident who lived six or more months in same taxable residence with market value \$85,000 or less _____[23]

Mark if you lived in a nursing home and qualify for credit _____[24]

Enter amounts received for cash public assistance and relief _____[25]

Enter any other income not reported elsewhere _____[26]

Homeowners:

Enter the amount of special assessments you and all qualified household members paid during the current tax year _____[27]

Enter the amount of taxes not paid due to the exemption for persons 65 or older under section 467 _____[28]

Tenants:

Enter the total rent you and all members of your household paid during current tax year _____[29]

Rent includes charges for (Specify) _____[30]

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

Part-year Resident and Nonresident Information

	Taxpayer			Spouse	
	New York State	New York City	Yonkers	New York City	Yonkers

Part-year residency dates:

From	_____ [31]	_____ [33]	_____ [35]	_____ [37]	_____ [39]
To	_____ [32]	_____ [34]	_____ [36]	_____ [38]	_____ [40]

County of residence while a nonresident of New York City _____ [41] _____ [42]

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

Address #1

Mark if this address is still maintained by or for you _____[43]

Number of days in NYC _____

Street address _____

City, State and Zip code _____

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

Address #2

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

Number of days in NYC _____

Street address _____

City, State and Zip code _____

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

North Carolina General Information

County of residence _____ [1]

Contributions

Amount of charitable contributions you wish to make to:

Endangered Wildlife Fund _____ [2]

Education Endowment Fund _____ [3]

Breast and Cervical Cancer Control Program _____ [4]

Part-year Resident Information

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

	Taxpayer	Spouse
Part-year residency dates:		
From	_____ [5]	_____ [7]
To	_____ [6]	_____ [8]

NOTES/QUESTIONS:

North Dakota General Information

School district code _____ [1]
 Income source code _____ [2]

Income source code

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

Contributions

Amount of contributions you wish to make to:

Watchable Wildlife Fund _____ [3]
 Trees for North Dakota Fund _____ [4]

Part-year Resident and Nonresident Information

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

	Taxpayer	Spouse
Part-year residency dates:		
From	_____ [5]	_____ [7]
To	_____ [6]	_____ [8]
Other state of residency	_____ [9]	_____ [10]

NOTES/QUESTIONS:

Ohio General Information

Enter your current Ohio county of residence _____ [1]
 School district number _____ [2]

Use Tax

Mark this field to certify no sales or use tax is due _____ [3]
 Purchases subject to use tax _____ [4]

Contributions

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

Political

	Taxpayer	Spouse
Contribution to Ohio political party fund?	____ [5]	____ [6]

Charitable Contributions

Military injury relief fund	_____ [7]
Natural areas and endangered species fund	_____ [8]
Wildlife species and endangered wildlife	_____ [9]
Ohio History Fund	_____ [10]
Breast and cervical cancer project	_____ [11]
Wishes for sick children	_____ [12]

Credits

	Taxpayer	Spouse
Displaced worker training expenses for 12-month period since loss of job	_____ [13]	_____ [14]
Amount contributed to Ohio political campaigns	_____ [15]	_____ [16]

Part-year Resident and Nonresident Information

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

	Taxpayer	Spouse
Part-year residency dates:		
From	_____ [17]	_____ [19]
To	_____ [18]	_____ [20]

	Taxpayer	Spouse
Residency status (If taxpayer and spouse are different) (R = Resident, P = Part-year resident, N = Nonresident)	____ [21]	____ [22]
If nonresident, enter state of residency	____ [23]	____ [24]
If foreign, enter country of residency	____ [25]	____ [26]

NOTES/QUESTIONS:

Oklahoma Use Tax

Mark if not subject to Use Tax _____[1]

Contributions

Amount of charitable contributions you wish to make to:

Court Appointed Advocates	_____ [2]
National Guard	_____ [3]
Regional Food Banks	_____ [4]
YMCA Youth and Government Program	_____ [5]
Indigent Veteran Burial Program	_____ [6]
General Revenue Fund	_____ [7]
Emergency Responders Assistance Program	_____ [8]
Folds of Honor	_____ [9]

Part-year Resident and Nonresident Information

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

Part-year residency dates:

From _____ [13]

To _____ [14]

Nonresident state of residence _____ [15] Nonresident country of residence _____ [16]

Resident and part-year or nonresident spouse:

Taxpayer's residence

Spouse's residence

State postal code [10]	Country code [11]
State postal code	Country code
State postal code	Country code
State postal code	Country code

State postal code [12]	Country code [17]
State postal code	Country code
State postal code	Country code
State postal code	Country code

Property Tax and Sales Tax Credits

Mark if you were not an Oklahoma resident for the entire tax year _____ [18]

Mark if you (or spouse) were disabled for the entire tax year _____ [19]

Home real estate tax _____ [20]

Workmen's compensation/loss of time insurance _____ [21]

Support money _____ [22]

Cash public assistance _____ [23]

NOTES/QUESTIONS:

Oregon General Information

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

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

Total number of months of federal service (Federal employees)

		_____ [1]
Taxpayer	_____ [2]	Spouse
	_____ [4]	_____ [5]

Contributions

Amount of charitable contributions you wish to make to:

Cascade AIDS Project	_____ [6]	The Salvation Army	_____ [21]
Veterans Suicide Prevention	_____ [7]	Doernbecher Children's Hospital	_____ [22]
Oregon Non-game Wildlife	_____ [8]	Oregon Veteran's Home	_____ [23]
Prevent Child Abuse	_____ [9]	ALS Association	_____ [24]
Alzheimer's Disease Research	_____ [10]	Planned Parenthood	_____ [25]
Stop Domestic and Sexual Violence	_____ [11]	Lions Sight & Hearing Foundation	_____ [26]
Habitat for Humanity	_____ [12]	Shriners Hospitals for Children	_____ [27]
Head Start Association	_____ [13]	Special Olympics	_____ [28]
American Diabetes Association	_____ [14]	Susan G. Komen	_____ [29]
SMART - Start Making A Reader Today	_____ [15]	Military Assistance Program	_____ [30]
Oregon Coast Aquarium	_____ [16]	Historical Society	_____ [31]
SOLVE - Stop Oregon Litter and Vandalism	_____ [17]	Food Bank	_____ [32]
The Nature Conservancy	_____ [18]	Albertina Kerr Kid's Crisis Care	_____ [33]
St. Vincent DePaul Society of Oregon	_____ [19]	American Red Cross	_____ [34]
Oregon Humane Society	_____ [20]		

Political party you wish to make contributions to:

		Taxpayer		Spouse
Political Party	_____ [35]		_____ [36]	

Political Party Contributions

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

Part-year Resident and Nonresident Information

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

	Taxpayer	Spouse
Dates of residency:		
From	_____ [37]	_____ [39]
To	_____ [38]	_____ [40]

NOTES/QUESTIONS:

Pennsylvania General Information

County of residence _____ [1]
 School district name _____ [2]

Final return _____ [3] **Taxpayer** _____ [4] **Spouse**

Contributions

Amount of contributions you wish to make to:

	Taxpayer	Spouse
Breast and Cervical Cancer	_____ [5]	_____ [6]
Wild Resource Conservation Fund	_____ [7]	_____ [8]
Military Family Relief Assistance	_____ [9]	_____ [10]
Governor Robert P. Casey Memorial Organ/Tissue Trust Fund	_____ [11]	_____ [12]
Juvenile (Type 1) Diabetes Cure Research Fund	_____ [13]	_____ [14]
Children's Trust Fund	_____ [15]	_____ [16]
American Red Cross	_____ [17]	_____ [18]

Part-year Resident Information

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

	Taxpayer	Spouse
Part-year residency dates:		
From	_____ [19]	_____ [21]
To	_____ [20]	_____ [22]

NOTES/QUESTIONS:

Rhode Island General Information

Enter city or town of legal residence _____ [1]

Use Tax

Purchases subject to use tax _____ [2]

Total sales tax paid to other states _____ [3]

Purchases subject to use tax is unknown except purchases over \$1000 (Use tax table based on federal AGI) _____ [4]

Purchases subject to use tax over \$1000:

Description	Purchases Subject to Use or sales Tax	Sales Tax Paid to Other State
_____	_____ [5]	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

Mark to make an electoral system contribution (NOTE: This will NOT increase your tax or decrease your refund) _____ [6]

If you wish for a portion of your electoral contribution to be paid to a political party, enter name of party _____ [7]

Charitable Contributions

Drug Program Account _____ [8]

Mark if you wish to make an Olympic Contribution _____ [9]

Organ Transplant Fund _____ [10]

Council on the Arts _____ [11]

Nongame Wildlife Fund _____ [12]

Childhood Disease Victims' Fund _____ [13]

Military Family Relief Fund _____ [14]

Part-year Resident Information

Part-year residency dates:

From _____ [15]

To _____ [16]

Property Tax Relief Claim

Mark if disabled and received social security disability payments during the tax year _____ [17]

Live in household or rent dwelling subject to property tax? (Y, N) _____ [18]

Current for property taxes and rent due for 2017 and all prior years (Y, N) _____ [19]

Rent paid (Enter 100%) _____ [20]

If renting, Landlord name: _____ [21]

Landlord Address: _____ [22]

Landlord city, state and zip code _____ [23] _____ [24] _____ [25]

Landlord phone number: _____ [26]

NOTES/QUESTIONS:

South Carolina General Information

County code number, if known _____ [1]
 Authorize discussion with Department of Revenue (Y, N) _____ [2]
 Purchases subject to use tax _____ [3]
 If not using direct deposit for refund, select alternative method of receiving refund _____ [4]
 1 = SCDOR Income Tax Refund Prepaid Debit Card issued by Bank of America
 2 = Paper Check

Additions and Subtractions

Expenses related to reserve income _____ [5]
 National guard reserve pay _____ [6]
 Law enforcement subsistence (Number of days) _____ [7]
 Volunteer deduction code _____ [8]
 Taxpayer _____ [8]
 Spouse _____ [9]

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

Part-year Resident and Nonresident Information

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

Part-year residency dates:
 From _____ [10]
 To _____ [11]

Contributions

Amount of contributions you wish to make to:

Endangered Wildlife Fund _____ [12]
 Children's Trust Fund _____ [13]
 Eldercare Trust Fund _____ [14]
 Veterans' Trust Fund _____ [15]
 Donate Life South Carolina _____ [16]
 First Steps to School Readiness Fund _____ [17]
 War Between States Heritage Trust Fund _____ [18]
 Litter Control Enforcement Program _____ [19]
 Law Enforcement Assistance Program _____ [20]
 K-12 Public Education Fund _____ [21]
 State Parks Fund _____ [22]
 Military Family Relief Fund _____ [23]
 Conservation Bank Trust Fund _____ [24]
 Financial Literacy Trust Fund _____ [25]
 State Forests Fund _____ [26]
 Department of Natural Resources Fund _____ [27]
 Association of Habitat Affiliates _____ [28]

NOTES/QUESTIONS:

Tennessee General Information

County _____ [1]
City _____ [2]
Account number _____ [3]
Taxpayer _____ [4] **Spouse** _____ [5]
Mark if quadriplegic _____ [4] _____ [5]

NOTES/QUESTIONS:

Utah General Information

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

Part-year residency dates:

From _____ [1]

To _____ [2]

State of residency (Nonresidents) _____ [3]

Use Tax

	County/City	Purchases
Use tax	_____	_____ [4]

Contributions

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

Political Contributions

Election campaign fund

	Taxpayer	Spouse
	_____ [5]	_____ [6]

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

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

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

Charitable Contributions

Pamela Atkinson Homeless Trust Account _____ [7]

Kurt Oscarson Children's Organ Transplant Account _____ [8]

School district code _____ [9]

School District and Nonprofit School District Foundation _____ [10]

School district code

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

Clean Air Fund _____ [11]

NOTES/QUESTIONS:

Vermont General Information

School district name _____ [1]
 School district code _____ [2]

Contributions and Use Tax

Use Tax

No out-of-state purchases made _____ [3]
 Total out-of-state purchases for items that cost less than \$1,000 _____ [4]
 Total out-of-state purchases for items that cost \$1,000 or more _____ [5]
 Sales tax paid on out-of-state purchases _____ [6]

Contributions

Amount of charitable contributions you wish to make to:

Nongame Wildlife Fund _____ [7]
 Children's Trust Fund _____ [8]
 Vermont Veterans' Fund _____ [9]
 Green Up Day Vermont _____ [10]

Part-year Resident and Nonresident Information

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

Part-year residency dates:
 From _____ [11]
 To _____ [12]
 Other state of residency _____ [13]

Property Tax Information

Homeowners

Anticipate selling Vermont housesite on or before April 1st _____ [14]
 SPAN number from 2017/2018 property tax bill _____ [15]
 Housesite value _____ [16]
 Housesite education tax _____ [17]
 Housesite municipal tax _____ [18]
 Ownership percentage of property _____ [19]
 Mobile home lot rent _____ [20]

Renters

Rent paid _____ [21]

NOTES/QUESTIONS:

Virginia General Information

Virginia city or county of residence on January 1, 2018; last lived in or business location _____ [1]
 Mark to indicate name has changed from last year (Resident and nonresident only) _____ [2]
 Mark to indicate filing status has changed from last year (Resident only) _____ [3]
 Mark to indicate address has changed from last year (Resident and nonresident only) _____ [4]
 Mark to indicate that a Virginia return was not filed last year (Resident only) _____ [5]

Use Tax

Consumer's Use Tax _____ [6]

Contributions

Amount of contributions you wish to make to:

Political Contributions

Virginia Democratic Party _____ [7] Virginia Republican Party _____ [8]

Charitable Contributions

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

Virginia Nongame and Endangered Wildlife Program _____ [9]	Virginia Federation of Humane Societies _____ [19]
Office of Secretary of Veterans Affairs and Homeland Security _____ [10]	Aquarium and Marine Science Center _____ [20]
Virginia Housing Program _____ [11]	Spay and Neuter Fund _____ [21]
Department for Aging and Rehabilitative Services _____ [12]	Virginia Cancer Centers _____ [22]
Medicare Part D Counseling Fund _____ [13]	Capitol Preservation Foundation _____ [23]
Virginia Arts Foundation _____ [14]	Chesapeake Bay Restoration Fund _____ [24]
Open Space Recreation and Conservation _____ [15]	Family and Children's Trust Fund (FACT) _____ [25]
Foundation for Community College Education _____ [16]	Virginia's State Forests Fund _____ [26]
Middle Peninsula Chesapeake Bay Public Access _____ [17]	Federation of Food Banks _____ [27]
Breast and Cervical Cancer Prevention and Treatment _____ [18]	Virginia Military Family Relief Fund _____ [28]

Part-year Resident Information

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

	Spouse	Taxpayer
Part-year residency dates:		
From	_____ [29]	_____ [31]
To	_____ [30]	_____ [32]

Nonresident Information

State of residence (Nonresidents only) _____ [33]

NOTES/QUESTIONS:

West Virginia General Information

County of residence _____ [1]

Use Tax

Purchases _____ [2]

	Municipality	Purchases
Municipality purchases	_____	_____ [3]
Municipality purchases	_____	_____

Contributions**Amount of contributions you wish to make to:**

West Virginia Children's Trust Fund _____ [4]

Part-year Resident and Nonresident Information

Part-year residency status _____ [5]

1 = Moved into West Virginia

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

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

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

Part-year residency dates:

From _____ [6]

To _____ [7]

State of residence _____ [8]

If state of residence is Virginia or Pennsylvania, enter number of days in West Virginia (Nonresidents only) _____ [9]

NOTES/QUESTIONS:

Wisconsin General Information

City of residence _____ [1]
 Village of residence _____ [2]
 Town of residence _____ [3]
 County of residence _____ [4]
 School district _____ [5]
 Mark if divorce decree _____ [6]
 Enter rent paid:
 Heat included _____ [7]
 Heat not included _____ [8]

Use Tax

Mark if not subject to Use Tax _____ [9]

	County	Purchases
Sales and use tax on out-of-state purchases	_____	_____ [10]
Sales and use tax on out-of-state purchases	_____	_____
Sales and use tax on out-of-state purchases	_____	_____

Contributions

Amount of charitable contributions you wish to make to:

Cancer research	_____ [11]	Red Cross WI disaster relief	_____ [15]
Endangered resources	_____ [12]	Second Harvest / Feeding America	_____ [16]
Military family relief	_____ [13]	Special Olympics Wisconsin	_____ [17]
Multiple sclerosis	_____ [14]	Veterans trust fund	_____ [18]

Part-year Resident and Nonresident Information

Residency code _____ [19]

Residency code

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

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

	Taxpayer	Spouse
Part-year residency dates:		
From	_____ [20]	_____ [22]
To	_____ [21]	_____ [23]
State of residency (Nonresidents only)	_____ [24]	_____ [25]
Country of residency (Nonresidents only)	_____ [26]	_____ [27]
Nonresident aliens:		
Taxpayer or Spouse is a U.S. citizen or a resident alien		_____ [28]
Resident of:	IL _____ [29]	IN _____ [30]
	KY _____ [31]	MI _____ [32]

NOTES/QUESTIONS: