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2017 TAX ORGANIZER

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I (We) have submitted this information for the sole purpose of preparing my (our) tax return(s). Each item can be substantiated by receipts, canceled checks or other documents. This information is true, correct and complete to the best of my (our) knowledge.

Taxpayer Signature	Date
Spouse Signature	Date

Questions (Page 1 of 5)

The following questions pertain to the 2017 tax year. For any question answered Yes, include supporting detail or documents.

Personal Information:	**Yes**	**No**
Did your marital status change?	_____	_____
Are you married?	_____	_____
If Yes, do you and your spouse want to file separate returns?	_____	_____
If No, are you in a domestic partnership, civil union, or other state-defined relationship?	_____	_____
Can you or your spouse be claimed as a dependent by another taxpayer?	_____	_____
Did you or your spouse serve in the military or were you or your spouse on active duty?	_____	_____

Dependents:

Were there any changes in dependents from the prior year? Note: Include non-child dependents for whom you provided more than half the support.	_____	_____
Did you or your spouse pay for child care while you or your spouse worked or looked for work?	_____	_____
Do you have any children under age 18 with unearned income more than $1,050?	_____	_____
Do you have any children age 18 or student children, aged 19 to 23, who did not provide more than half of their cost of support with earned income and that have unearned income of more than $1,050?	_____	_____
Did you adopt a child or begin adoption proceedings?	_____	_____
Are any of your dependents non-U.S. citizens or non-U.S. residents?	_____	_____

Healthcare:

Did you have healthcare coverage (health insurance, including Medicare, Medicaid, CHIP, and TRICARE) for you, your spouse, and any dependents for the entire year?	_____	_____

If Yes, include all Forms 1095-A, 1095-B, and 1095-C. If you did not receive Forms 1095-A, 1095-B or 1095-C, attach information detailing each month you, your spouse, and your dependents had coverage.

If No, there are several exemptions from the mandate requiring health insurance coverage. Examples include membership in a healthcare sharing ministry, membership in a federally recognized Indian tribe, incarceration, membership in certain religious sects, and enrollment in certain Medicaid and TRICARE programs that do not provide minimum essential coverage. If any of these provisions apply, provide information regarding the exemption, the individual(s) (taxpayer, spouse, dependents) to which the exemption(s) may apply, and the month(s) for which the exemptions apply.

Are you claiming the exemption for someone having healthcare coverage purchased in the Marketplace and for whom you did not receive Form 1095-A?	_____	_____
Did you receive Form 1095-A for someone for whom another taxpayer will claim the personal exemption on their tax return?	_____	_____
Did you apply for an exemption through the Marketplace?	_____	_____
If Yes, provide the Exemption Certificate Number. ______________________________		
Are any of your dependents required to file a tax return?	_____	_____

Questions (Page 2 of 5)

Healthcare (continued):

	Yes	No
Was anyone covered on your health insurance policy also covered on another health insurance policy for any part of the year?	_____	_____
Were you eligible for employer-sponsored healthcare coverage?	_____	_____
If you received advance premium tax credit or enrolled in coverage through the Marketplace, are married, and are filing separately from your spouse, are you a victim of domestic abuse or spousal abandonment?	_____	_____
Did you or your spouse have any transactions pertaining to a health savings account (HSA)? If you received a distribution from an HSA, include all Forms 1099-SA.	_____	_____
Did you or your spouse have any transactions pertaining to a medical savings account (MSA)? If you received a distribution from an MSA, include all Forms 1099-SA.	_____	_____
Did you or your spouse receive any distributions from long-term care insurance contracts? If Yes, include Form 1099-LTC.	_____	_____
If you or your spouse are self-employed, are you or your spouse eligible to be covered under an employer's health plan at another job?	_____	_____
If Yes, how many months were you covered? ________		
If you or your spouse are self-employed, are you or your spouse eligible to be covered under an employer's long-term care plan at another job?	_____	_____
If Yes, how many months were you covered? ________		
Did you or your spouse lose your job because of foreign competition and pay for your own health insurance?	_____	_____

Education:

	Yes	No
Did you or your spouse pay any student loan interest?	_____	_____
Did you or your spouse withdraw any amounts from your IRA to pay for higher education expenses incurred by you, your spouse, your children or grandchildren?	_____	_____
Did you or your spouse withdraw any amounts from a Coverdell Education Savings Account or Qualified Education Program (Section 529) plan?	_____	_____
If Yes, include all Forms 1099-Q.		
Did you, your spouse, or your dependents incur any post-secondary education expenses, such as tuition?	_____	_____

Deductions and Credits:

	Yes	No
Did you or your spouse contribute property (other than cash) with a fair market value of more than $5,000 to a charitable organization?	_____	_____
If Yes, provide the appraisal of property contributed. An appraisal is not required for contributions of publicly traded securities or contributions of non-publicly traded stock of $10,000 or less.		
Did you or your spouse incur any casualty or theft losses?	_____	_____
Did you or your spouse make any large purchases, such as motor vehicles and boats?	_____	_____
Did you or your spouse incur any casualty or loss attributable to a federally declared disaster?	_____	_____
Did you or your spouse purchase a new alternative technology vehicle, including a qualified plug-in electric drive motor vehicle?	_____	_____
Did you or your spouse use gasoline or special fuels for business or farm purposes (other than for a highway vehicle)?	_____	_____
If Yes, provide the number of gallons or special fuels used for off-highway business purposes. ________ Gallons ________ Type		
Did you or your spouse install any alternative energy equipment in your residence such as solar water heaters, solar electricity equipment (photovoltaic) or fuel cells?	_____	_____
Did you or your spouse install any energy efficiency improvement or energy property in your residence such as exterior doors or windows, insulation, heat pumps, furnaces, central air conditioners, or water heaters?	_____	_____

Questions (Page 3 of 5)

Investments:

	Yes	No
Did you or your spouse have any debts canceled, forgiven or refinanced?	____	____
Did you or your spouse start or purchase a business, rental property, or farm, or acquire any new interest in any partnership or S corporation?	____	____
Did you or your spouse sell an existing business, rental property, farm, or any existing interest in a partnership or S corporation?	____	____
Did you or your spouse sell, exchange, or purchase any real estate?	____	____
If Yes, include closing statements.		
Did you or your spouse receive grants of stock options from your employer, exercise any stock options granted to you or your spouse or dispose of any stock acquired under a qualified employee stock purchase plan?	____	____
Did you or your spouse engage in any put or call transactions?	____	____
If Yes, provide the transaction details.		
Did you or your spouse close any open short sales?	____	____
Did you or your spouse sell any securities not reported on Form 1099-B?	____	____

Retirement or Severance:

Did you or your spouse contribute to a Roth IRA or convert an existing IRA into a Roth IRA?	____	____
Did you or your spouse roll into a Roth IRA any distributions from a retirement plan, an annuity plan, tax shelter annuity or deferred compensation plan?	____	____
Did you or your spouse turn age 70 ½ and have money in an IRA or other retirement account without taking any distribution?	____	____
Did you or your spouse retire or change jobs?	____	____
Did you or your spouse receive deferred, retirement or severance compensation?	____	____
If Yes, enter the date received (Mo/Da/Yr). ____________		

Personal Residence:

Did your address change?	____	____
If Yes, provide the new address.		
If Yes, did you move to a different home because of a change in the location of your job?	____	____
Did you or your spouse claim a homebuyer credit for a home purchased in 2008?	____	____
Did you or your spouse withdraw any amounts from your Individual Retirement Account (IRA) or Roth IRA to acquire a principal residence?	____	____
Are your total mortgages on your first and/or second residence greater than $1,000,000?	____	____
If Yes, provide the principal balance and interest rate at the beginning and end of the year. ________________		
Did you or your spouse take out a home equity loan?	____	____
Did you or your spouse have an outstanding home equity loan at the end of the year?	____	____
If Yes, provide the principal balance and interest rate at the beginning and end of the year. ________________		
Are you claiming a deduction for mortgage interest paid to a financial institution and someone else received the Form 1098?	____	____
Did you or your mortgagee receive mortgage assistance payments?	____	____
If Yes, include all Forms 1098-MA.		

Questions (Page 4 of 5)

Sale of Your Home:	**Yes**	**No**
Did you sell your home?	_____	_____
Did you receive Form 1099-S?	_____	_____
If Yes, include Form 1099-S.		
Did you or your spouse own and occupy the home as your principal residence for at least two years of the five-year period prior to the sale?	_____	_____
Did you or your spouse ever rent out the property?	_____	_____
Did you or your spouse ever use any portion of the home for business purposes?	_____	_____
Have you or your spouse sold a principal residence within the last two years?	_____	_____
At the time of the sale, the residence was owned by the: ________ Taxpayer ________ Spouse ________ Both		

Gifts:

Did you or your spouse make any gifts, including birthday, holiday, anniversary, graduation, education savings, etc., with a total (aggregate) value in excess of $14,000 to any individual?	_____	_____
Did you or your spouse make any gifts of difficult-to-value assets (such as non-publicly traded stock) to any person regardless of value?	_____	_____
Did you or your spouse make any gifts to a trust for any amount?	_____	_____
Did you or your spouse have a life insurance trust?	_____	_____
Did you or your spouse assist with the purchase of any asset (auto, home) for any individual?	_____	_____
Did you or your spouse forgive any indebtedness to any individual, trust or entity?	_____	_____

Foreign Matters:

Did you or your spouse perform any work outside of the U.S. or pay any foreign taxes?	_____	_____
Were you or your spouse grantor or transferor for a foreign trust, have any interest in or a signature authority over a bank account, securities account or other financial account in a foreign country?	_____	_____
Did you or your spouse create or transfer money or property to a foreign trust?	_____	_____
Did you or your spouse own any foreign financial assets?	_____	_____

Questions (Page 5 of 5)

Miscellaneous:	**Yes**	**No**
Did you or your spouse pay in excess of $1,000 in any quarter or $2,000 during the year for domestic services performed in or around your home to individuals who could be considered household employees?	____	____
Did you or your spouse receive unreported tip income of $20 or more in any month?	____	____
Have you or your spouse received a punitive damage award for damages other than for physical injuries or illness?	____	____
Did you or your spouse engage in any bartering transactions?	____	____
Were you or your spouse notified by the IRS or other taxing authority of any changes in prior year returns?	____	____
For any trust that you or your spouse created or are trustee, did any beneficiaries, grantors, or trustees die or move?	____	____

Additional state pages have been included at the back of the organizer and should be reviewed.

Personal Information

Taxpayer:

First Name and Initial | Last Name | Social Security Number

Occupation | Date of Birth (Mo/Da/Yr) | Date of Death (Mo/Da/Yr)

Driver's License or State-Issued ID Number | Expiration Date (Mo/Da/Yr) | Issue Date (Mo/Da/Yr) | State | ☐ Does not expire

☐ Driver's License ☐ State-Issued ID ☐ No Identification

Spouse:

First Name and Initial | Last Name | Social Security Number

Occupation | Date of Birth (Mo/Da/Yr) | Date of Death (Mo/Da/Yr)

Driver's License or State-Issued ID Number | Expiration Date (Mo/Da/Yr) | Issue Date (Mo/Da/Yr) | State | ☐ Does not expire

☐ Driver's License ☐ State-Issued ID ☐ No Identification

Contact Information:

Street Address | Apartment Number

City | State | ZIP or Postal Code

Foreign Province or County

Foreign Country

Taxpayer Daytime/Work Phone | Taxpayer Evening/Home Phone | Taxpayer Foreign Phone

Taxpayer Cell Phone | Taxpayer Fax Number

Spouse Daytime/Work Phone | Spouse Evening/Home Phone | Spouse Foreign Phone

Spouse Cell Phone | Spouse Fax Number

Taxpayer Email Address

Spouse Email Address

Preferred Method of Contact

	Yes	No
May the IRS or other taxing authority discuss the return with the preparer?		
Is the taxpayer claimed as a dependent on someone else's tax return?		

	Taxpayer		Spouse	
	Yes	No	Yes	No
Are you considered legally blind per IRS regulations?				
Do you want to contribute to the Presidential Election Campaign Fund?				
Are you a U.S. citizen or Green Card holder?				

Personal Identification Numbers:

Code - 1 - Issued by IRS 2 - Issued by State or City

TS	State	City	Code	PIN

Tax Organizer Legend:

Throughout the tax organizer, you will find columns with the heading "TSJ". Enter "T" for taxpayer, "S" for spouse or "J" for joint.

2017

Dependents and Wages

Dependent Information:

	First Name and Initial	Last Name	Social Security Number	Date of Birth (Mo/Da/Yr)	Date of Death (Mo/Da/Yr)	Relationship to Taxpayer
A						
B						
C						
D						
E						
F						
G						
H						

Did dependent have income over $4,050?

	Months Lived in Your Home	X if Disabled	Yes or No	Identity Protection PIN
A				
B				
C				
D				
E				
F				
G				
H				

Provide the name of any dependent who is not a U.S. citizen or Green Card holder.

Provide the name of any person living with you who is claimed as a dependent on someone else's tax return.

List the years that a release of claim to exemption is given for a dependent child not living with you.

Wages and Salaries:

Include all copies of your current year Forms W-2

Note: Use this section to report any wages and/or salaries for which no Form W-2 was received.

TS	Employer's Name	Taxable Wages	Tax Withheld				
			Federal	FICA/TIER 1	Medicare	State	Local

Worksheets: Basic Data > General and Dependents; Wages, Salaries and Tips; Rel/Rev of Claim to Exemption for Child (Form 8332)

Forms 1, 1A, IRS-W2 and S-37

Electronic Filing:

Electronic filing is the means by which your return is transmitted directly to the IRS and state tax authorities. The IRS has implemented an electronic filing mandate requiring certain preparers, including this firm, to file all returns that they prepare electronically. Some states also require certain preparers to electronically file state returns prepared. The IRS and some states allow taxpayers to elect not to file their returns electronically.

Do not electronically file the federal return . . . . ☐

Do not electronically file the state return(s) . . . . ☐

Note: The IRS and some states that require returns to be electronically filed also impose fees and/or penalties for failure to do so. If you checked either of the boxes above, you may be required to sign an "opt-out" form before we can release your returns. As a follow-up we will contact you to discuss these requirements and your ability to "opt-out" of electronic filing.

The IRS requires, and many states allow, the use of a Personal Identification Number (PIN) in lieu of mailing a signature document when electronically filing.

Would you like to use a randomly generated PIN?	Yes	No
Taxpayer	☐	☐
Spouse	☐	☐

If No, enter a 5-digit self-selected PIN:

Taxpayer PIN . . . . ______________

Spouse PIN . . . . ______________

Direct Deposit and Withdrawal

Direct Deposit and Electronic Funds Withdrawal Account Information:

The IRS and certain states allow refunds to be deposited to and balances due to be paid directly from your financial institution. If you would like to receive your refund or pay a balance due electronically, complete the following information. If you selected either of these options in 2016, your account information may already be included below.

	Yes	No
Would you like any refunds owed to you directly deposited?	☐	☐
Would you like to pay any amount due on your federal return using electronic withdrawal?	☐	☐
If Yes, what amount would you like withdrawn, if not the entire balance due? ______		
If Yes, when should the withdrawal occur, if other than the due date of the return? ______ (Mo/Da/Yr)		
Would you like to pay any amount due on your state return(s) using electronic withdrawal?	☐	☐
If Yes, what amount would you like withdrawn, if not the entire balance due? ______		
If Yes, when should the withdrawal occur, if other than the due date of the return? ______ (Mo/Da/Yr)		
The IRS and some states allow estimated payments to be electronically withdrawn on the due dates of the estimated payments.		
Would you like to pay any estimated payments due for your federal return using electronic withdrawal?	☐	☐
Would you like to pay any estimated payments due for your state return(s) using electronically withdrawal, if available?	☐	☐

Name of bank or financial institution ______

Routing Transit Number (RTN) ______

Account number ______

Type of account: ☐ Checking ☐ Traditional Savings ☐ IRA Savings ☐ Archer MSA Savings ☐ Coverdell Ed. Savings ☐ HSA Savings

Is this a business account? ☐ Yes ☐ No

Account owner ☐ Taxpayer ☐ Spouse ☐ Joint

I confirm that the bank account information and the direct deposit/electronic withdrawal options selected above are correct. ☐

	Yes	No
Would you like any refunds owed to you directly deposited?	☐	☐
Would you like to pay any amount due on your federal return using electronic withdrawal?	☐	☐
If Yes, what amount would you like withdrawn, if not the entire balance due? ______		
If Yes, when should the withdrawal occur, if other than the due date of the return? ______ (Mo/Da/Yr)		
Would you like to pay any amount due on your state return(s) using electronic withdrawal?	☐	☐
If Yes, what amount would you like withdrawn, if not the entire balance due? ______		
If Yes, when should the withdrawal occur, if other than the due date of the return? ______ (Mo/Da/Yr)		
The IRS and some states allow estimated payments to be electronically withdrawn on the due dates of the estimated payments.		
Would you like to pay any estimated payments due for your federal return using electronic withdrawal?	☐	☐
Would you like to pay any estimated payments due for your state return(s) using electronically withdrawal, if available?	☐	☐

Name of bank or financial institution ______

Routing Transit Number (RTN) ______

Account number ______

Type of account: ☐ Checking ☐ Traditional Savings ☐ IRA Savings ☐ Archer MSA Savings ☐ Coverdell Ed. Savings ☐ HSA Savings

Is this a business account? ☐ Yes ☐ No

Account owner ☐ Taxpayer ☐ Spouse ☐ Joint

I confirm that the bank account information and the direct deposit/electronic withdrawal options selected above are correct. ☐

2017

Interest Income

5A

Interest Information:

Include copies of all Forms 1099-INT or other documents for interest received

Tax-Exempt Interest Code: 1 - 1099-INT 2 - Private Activity Bond 3 - Both

TSJ	Name of Payer	Interest Income	U.S. Bonds and Obligations	Code	Tax-Exempt Interest	2016 Interest Amount
	Total					

Seller-Financed Mortgage Interest Information:

Name of Individual from Whom Mortgage Interest Was Received	Identification Number of Individual	2017 Interest Amount	2016 Interest Amount

Address of Individual from Whom Mortgage Interest Was Received

Enter Any Additional Information:

Note: List all items sold during the year on Form 7.

Dividend Income

Dividend Information:

Include copies of all Forms 1099-DIV or other documents for dividends received

	TSJ	Name of Payer	Box 1a Total Ordinary Dividends	Box 1b Qualified Dividends	Box 2a Total Capital Gain Distribution	U.S. Bond Interest Amount or Percent in Box 1a
A						
B						
C						
D						
E						
F						
G						
H						
I						
J						
K						
L						
M						
N						
		Total				

Tax-Exempt Interest Code: 1 - 1099-DIV 2 - Private Activity Bonds 3 - Both

	Code	Tax-Exempt Interest	2016 Gross Dividends Amount
A			
B			
C			
D			
E			
F			
G			
H			
I			
J			
K			
L			
M			
N			
Total			

Enter Any Additional Information:

Note: List all items sold during the year on Form 7.

Brokerage Statement Details

	TSJ	Payer Name	Account No.	Information Included (X or ✓)
A				
B				
C				
D				
E				
F				
G				
H				
I				
J				
K				
L				
M				
N				
O				
P				
Q				
R				
S				
T				

	Interest Income	U.S. Bonds and Obligations	Code	Tax-Exempt Interest	Box 1a Total Ordinary Dividends	Box 1b Qualified Dividends	Box 2a Total Capital Gain Distribution	U.S. Bond Interest Amount or Percent in Box 1a
A								
B								
C								
D								
E								
F								
G								
H								
I								
J								
K								
L								
M								
N								
O								
P								
Q								
R								
S								
T								

Tax-Exempt Interest Code: 1 - 1099-DIV/1099-INT 2 - Private Activity Bonds 3 - Both

Note: For other amounts not listed, attach a copy of your brokerage statement.

Business Income and Cost of Goods Sold

Name of Business: . . . . ______

Principal Business or Profession: . . . ______

TSJ . . . . ______
Employer ID number . . . . ______
Street address . . . . ______
City, state, ZIP or postal code, and country . . . ______
Method of inventory . . . . ______
Method of accounting . . . . ______

Business Questions for 2017:

	Yes	No
Did you dispose of this business?		
If Yes, what was the disposition date? (Mo/Da/Yr) ______		
Was there a change in determining quantities, costs or valuations between opening and closing inventory?		
Were you involved in the operations of this business on a regular, continuous and substantial basis?		
Have you prepared or will you prepare all required Forms 1099?		

	2017 Amount	2016 Amount
Health insurance premiums paid for yourself and your dependents		

Income:

Payment card and third party transactions: Include all Forms 1099-K

Description	2017 Amount	2016 Amount

Miscellaneous income: Include all Forms 1099-MISC

Other Income:

Other gross receipts or sales		
Less returns and allowances		

Cost of Goods Sold:

	2017 Amount	2016 Amount
Beginning inventory		
Purchases less cost of items withdrawn for personal use		
Cost of labor (do not include amounts paid to yourself)		
Materials and supplies		

Other costs of goods sold:

Description	2017 Amount	2016 Amount
Ending inventory		

2017

Business Expenses and Property & Equipment

6A

Name of Business: . . . . ______________________

Principal Business or Profession: . . . ______________________

Expenses:

	2017 Amount	2016 Amount
Advertising		
Car and truck expenses		
Parking fees and tolls		
Commissions and fees		
Contract labor		
Employee benefit programs and health insurance (other than pension and profit-sharing plans)		
Insurance (other than health)		
Interest - mortgage (paid to banks, etc.)		
Interest - other		
Legal and professional fees		
Office expense		
Pension and profit-sharing plans		
Rent or lease - vehicles, machinery and equipment		
Rent or lease - other business property		
Repairs and maintenance		
Supplies (not included in Cost of Goods Sold)		
Taxes and licenses		
Travel		
Meals and entertainment		
Utilities		
Wages		
Dependent care benefits		

Other Expenses:

Description	2017 Amount	2016 Amount

Property and Equipment: Include a list if more space is needed

X if not new	Acquisitions - Description	Date Acquired (Mo/Da/Yr)	Cost

Dispositions - Description	Date Acquired (Mo/Da/Yr)	Cost	Date Sold (Mo/Da/Yr)	Selling Price

Business Expenses - Vehicle and Other Listed Property

Name of Business: . . . . ______________________

Principal Business or Profession: . . . ______________________

Listed Property Questions for 2017:

	Yes	No
Do you have evidence to support your deduction?		
If Yes, is the evidence written?		
Do you have evidence to support the business use percentage claimed on listed property?		
If Yes, is the evidence written?		

If you are an employer who provides vehicles for use by employees:

	Yes	No
Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees?		
Do you treat all use of vehicles by employees as personal use?		
Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles and retain the information received?		
Do you meet the requirements for qualified demonstration use by maintaining a written policy statement that prohibits vehicle use by individuals other than full-time vehicle salespersons, use for personal vacation trips, storage of personal possessions in the vehicle and limits the total mileage outside the salesperson's normal working hours?		

Vehicle:

	Vehicle 1	Vehicle 2
Description of vehicle		
Date placed in service (Mo/Da/Yr)		
Do you (or your spouse) have another vehicle available for your personal use?	☐ Yes ☐ No	☐ Yes ☐ No
Was your vehicle available for use during off-duty hours?	☐ Yes ☐ No	☐ Yes ☐ No

Mileage:

	Vehicle 1 2017 Miles	Vehicle 1 2016 Miles	Vehicle 2 2017 Miles	Vehicle 2 2016 Miles
Total miles				
Total business miles				
Total commuting miles for the year				

Actual Expenses:

	Vehicle 1 2017 Amount	Vehicle 1 2016 Amount	Vehicle 2 2017 Amount	Vehicle 2 2016 Amount
Gasoline, oil, repairs, insurance, etc				
Interest				
Taxes				
Fair market value of leased vehicle				
Vehicle rentals/leases				

Business Expenses

Name of Business: . . . . ______________________
Principal Business or Profession: . . . ______________________

Business Expenses: **Enter all expenses at 100 percent**

If these expenses are to be divided between two or more businesses, please enter the percentage to apply to this business . . . ________%

	2017 Amount	2016 Amount
Parking fees and tolls		
Local transportation		
Travel expenses		
Meals and entertainment		

Other Business Expenses:

Description	2017 Amount	2016 Amount

Reimbursements: **List only reimbursements NOT reported in Box 1 of your Form W-2**

	2017 Amount	2016 Amount
Amount received for other expenses		
Amount received for meals and entertainment		

If you are a statutory employee, does your employer's reimbursement plan for meals and entertainment allow for offset of other reimbursements? . . . ☐ Yes ☐ No

Vehicle:

If these vehicle expenses are to be divided between two or more businesses, please enter the percentage to apply to this business . . . ________%

Description of vehicle . . . ______________________

Date vehicle was placed in service . . . (Mo/Da/Yr) ____________

Do you (or your spouse) have another vehicle available for personal purposes? . . . ☐ Yes ☐ No

Was your vehicle available for personal use during off-duty hours? . . . ☐ Yes ☐ No

	2017	2016
Total miles		
Total business miles		
Average daily commuting miles		
Total commuting miles for the year		
Gasoline and oil		
Repairs		
Insurance		
Interest		
Taxes		
Value of employer provided vehicle		
Temporary vehicle rentals		
Fair market value of leased vehicle		
Vehicle leases		

Other Vehicle Expenses:

Description	2017 Amount	2016 Amount

2017

Business Use of Home

6D

Name of Business: . . . . ______

Principal Business or Profession: . . . ______

Partial Use of Your Home for Business:

	2017	2016
Square footage of home used exclusively for business		
Total square footage of home		
Total hours home was used for day care during the year		

	Yes	No
Was your home used for day care purposes for the entire year?		
Were improvements made to the home and/or home office since the time you began using the home for business?		

Expenses: Enter all expenses at 100 percent

Direct expenses benefit the business part of your home.
Example: Cost of painting or repairs made to the specific area or room used for business.

Indirect expenses are required for keeping up and running your entire home.
Example: Real estate taxes.

	Direct Expenses		Indirect Expenses	
	2017 Amount	2016 Amount	2017 Amount	2016 Amount
Casualty losses				
Deductible mortgage interest paid to: Financial institutions				
Individuals				
Real estate taxes				
Insurance				
Qualified mortgage insurance premiums				
Repairs and maintenance				
Utilities				
Rent				

Other Expenses:

Description	Direct Expenses		Indirect Expenses	
	2017 Amount	2016 Amount	2017 Amount	2016 Amount

Seller-Financed Mortgage Interest Information:

Name of Individual to Whom Mortgage Interest Was Paid	Identification Number of Individual	Address of Individual to Whom Mortgage Interest Was Paid

Sales of Stocks, Securities, Capital Assets & Installment Sales

Gains or Losses from Sales of Stocks, Securities and Other Capital Assets:

Include all Forms 1099-A, 1099-B, 1099-S and copies of mutual fund statements for the year

Did you have any of the following during the year?	Yes	No
Mutual fund transactions		
Exchange of any securities or investments for something other than cash		
Sales of inherited property		
Sales of any stock or stock options at a loss and purchases of the same or substantially similar stock or options 30 days before or 30 days after the sale		
Commodity sales, short sales or straddles		
Reinvestment of the proceeds of the sale of a publicly traded security into an SSBIC interest		
Reinvestment of the proceeds of the sale of qualified small business stock in other qualified small business stock		
Debts that became uncollectible		
Securities that became worthless		
Sale of any property where you will receive payments in future years		

	TSJ	Kind of Property and Description	Date Acquired (Mo/Da/Yr)	Date Sold (Mo/Da/Yr)	Gross Sales Price (Less Commissions)
A					
B					
C					
D					
E					
F					
G					
H					

	Cost or Other Basis	Federal Tax Withheld	State Tax Withheld
A			
B			
C			
D			
E			
F			
G			
H			

Installment Sales: **Do not include interest received in principal amount**

TSJ	Property Description	Date Sold (Mo/Da/Yr)	2017 Principal Received	2016 Principal Received

Worksheets: Gains and Losses > Stocks, Securities and Other Non-Passive Transactions and Installment Sales > General and Schedule of Receipts / Collections
Forms D-1, D-5 and D-6

Sale or Exchange of Your Home:

Include the closing statements from the purchase and sale of your former and new homes

Former Home Information:

TSJ . . . . ____

Date acquired . . . . (Mo/Da/Yr) ____________

Date sold . . . . (Mo/Da/Yr) ____________

Selling price . . . . [ ]

Original Cost and Cost of Improvements:

Description	Amount

Sale Expenses:

Commissions, legal fees, advertising and other expenses.

Description	Amount

Did you personally own and occupy the home for at least 2 of the 5 years preceding the sale? . . . . [ ] Yes [ ] No

If your spouse is deceased, did the sale occur within two years of the date of death and did your spouse live in the home for at least 2 of the 5 years preceding the sale? . . . . [ ] Yes [ ] No

If you had a foreign mortgage on the above property, please provide the amount of the mortgage retired on the sale and the date the mortgage was acquired or the date the mortgage was most recently renegotiated ____________________

Moving Expenses:

TSJ . . . . ____

Were the moving expenses reimbursed by your employer? . . . . [ ] Yes [ ] No

Enter reimbursements not included in wages on your Form W-2 . . . . [ ]

Mileage:

	Miles
Number of miles from old home to new workplace	
Number of miles from old home to old workplace	
Number of automobile miles in move	

Transportation Expenses:

	Amount
Costs of transportation of household goods and personal effects	
Costs of travel and lodging (do not include meals or automobile expenses)	
Automobile expenses (gasoline, oil, etc.)	
Meals (Pennsylvania only)	

Individual Retirement Account (IRA) Information

Individual Retirement Account (IRA): Include all copies of Forms 1099-R and 5498.

TS . . . . ____

IRA Questions for 2017:	Yes	No
Are you covered by an employer's retirement plan?		
If no, is your spouse covered by an employer's retirement plan?		
Do you want to limit your IRA contribution to the maximum amount deductible on your tax return?		
If no, do you want to contribute the maximum allowable amount to your IRA even though you may not qualify for an IRA deduction?		
Did you use any IRA as security for a loan this year?		
Did you have any transactions with any IRA during the year?		

If Yes, explain. ____________________

IRA Values, Rollovers, and Distributions:

Total value of all traditional IRAs on December 31, 2017 . . . . ____

Note: This information or Form 5498 is required if you received a distribution during the year.

Outstanding rollovers on December 31, 2017 . . . . ____

Total distributions converted to Roth IRAs . . . . ____

Total retirement plans converted to Roth IRAs . . . . ____

Contributions:

IRA:

Contributions in 2017 for the 2017 tax return . . . . ____

Contributions in 2018 for the 2017 tax return . . . . ____

Amount for 2017 you choose to be treated as nondeductible . . . . ____

Roth IRA:

Contributions made for the 2017 tax year . . . . ____

Distributions: Include all Forms 1099-R and any nontaxable distribution details

Name of Payer	2017 Gross Distributions	Taxable Amount	Federal Tax Withheld	State Tax Withheld	Is this a Rollover?	2016 Gross Distributions

Pension, Annuity and Retirement Plan Information

Pensions and Annuities: Include all Forms 1099-R and any nontaxable distribution details

TSJ	Name of Payer	2017 Gross Distributions	Taxable Amount	Federal Tax Withheld	State Tax Withheld	Is this a Rollover?	2016 Gross Distributions

Self-Employed Retirement Plan: Include copies of all Forms 1099-R

	Taxpayer Yes	Taxpayer No	Spouse Yes	Spouse No
Have you established a self-employed retirement or SIMPLE plan with deductible contributions?				
Do you want to contribute the maximum amount allowed?				

Contributions to:	Taxpayer 2017 Amount	Spouse 2017 Amount
Simplified employee pension plan		
Defined benefit plan		
Defined contribution plan		
SIMPLE plan		

Rental and Royalty Income

Location of Property: ______________________

TSJ . . . . ____

Type of property . . . ______________________

	Yes	No
Have you prepared or will you prepare all required Forms 1099?		

	2017	2016
Ownership percentage if not 100%	%	
How many days was this property rented at fair market value?		
How many days was this property used personally (including use by family members)?		

Income:

	2017 Amount	2016 Amount
Rents received		
Royalties received		

Payment card and third party transactions: Include all Forms 1099-K

Description	2017 Amount	2016 Amount

Miscellaneous income: Include all Forms 1099-MISC

Description	2017 Amount	2016 Amount

Other income:

Description	2017 Amount	2016 Amount

2017

Rental and Royalty Expenses

10A

Location of Property: ____________________

Expenses:

	2017 Amount	2016 Amount
Advertising		
Auto and travel		
Cleaning and maintenance		
Commissions		
Insurance		
Legal and other professional fees		
Management fees		
Mortgage interest paid to banks, etc.		
Mortgage interest paid to individuals		
Other interest		
Repairs		
Supplies		
Taxes		
Utilities		
Dependent care benefits		
Employee benefits		

Other Expenses:

Description	2017 Amount	2016 Amount

Partnership, S Corporation, Estate, Trust and REMIC Income

Partnership Income: Include all Schedules K-1

TSJ	Entity Name	Employer ID Number	Health Insurance Paid by Entity

S Corporation Income: Include all Schedules K-1

TSJ	Entity Name	Employer ID Number	Health Insurance Paid by Entity

Estate and Trust Income: Include all Schedules K-1

TSJ	Entity Name	Employer ID Number

Real Estate Mortgage Investment Conduit (REMIC) Income: Include all Schedules Q

TSJ	Entity Name	Employer ID Number

Worksheets: Fiduciary Passthrough, Partnership Passthrough, Large Partnership Passthrough, S Corporation Passthrough and Other Passthrough

Forms K-1 through K-12, IRS-K1 1065, IRS-K1 1120S and IRS-K1 1041

Farm Income (Page 1 of 2)

Proprietor's Name: . . . . . . ______

Principal Crop or Activity: . . ______

TSJ . . . . ____

Employer identification number . . ______

Method of accounting . . . . . . ______

Farm Questions for 2017:

		Yes	No
Did you dispose of this farm?			
If Yes, what was the disposition date?	(Mo/Da/Yr) ______		
Have you prepared or will you prepare all required Forms 1099?			

	2017 Amount	2016 Amount
Health insurance premiums paid for yourself and your dependents		

Sales of Livestock and Other Items Bought for Resale (Cash Method Only):

Description	2017		2016	
	Amount Received	Cost or Other Basis	Amount Received	Cost or Other Basis

Income (Accrual Method):

Description	Beginning Inventory	Cost of Items Purchased	Sales	Ending Inventory

Income:

	2017 Amount	2016 Amount
Sales of livestock, produce, grains, etc. you raised		
Total cooperative distributions (Forms 1099-PATR)		
Taxable cooperative distributions		
Total agricultural program payments		
Taxable agriculture program payments		
Total Commodity Credit Corporation (CCC) loans		
Total crop insurance proceeds and certain disaster payments received in 2017		
Taxable crop insurance proceeds received		
Crop insurance proceeds deferred from prior year		
Custom hire (machine work) income		
Federal gasoline tax or fuel tax credit or refund		
State gasoline tax or fuel tax credit or refund		

2017

Farm Expenses and Property & Equipment

12B

Proprietor's Name: ______

Principal Crop or Activity: ______

Expenses:

	2017 Amount	2016 Amount
Business meals and entertainment		
Car and truck expenses		
Chemicals		
Conservation expenses		
Custom hire (machine work)		
Employee benefit programs and health insurance (other than pension and profit sharing plans)		
Feed purchased		
Fertilizers and lime		
Freight and trucking		
Gasoline, fuel and oil		
Insurance (other than health)		
Interest - mortgage (paid to banks, etc.)		
Interest - other		
Labor hired		
Pension and profit-sharing plans		
Rent or lease - vehicles, machinery and equipment		
Rent or lease - other (land, animals, etc.)		
Repairs and maintenance		
Seeds and plants purchased		
Storage and warehousing		
Supplies purchased		
Taxes		
Utilities		
Veterinary, breeding and medicine		
Capitalized preproductive period expenses		
Dependent care benefits		

Other Expenses:

Description	2017 Amount	2016 Amount

Property and Equipment: Include a list if more space is needed

X if not new	Acquisitions - Description	Date Acquired (Mo/Da/Yr)	Cost

Dispositions - Description	Date Acquired (Mo/Da/Yr)	Cost	Date Sold (Mo/Da/Yr)	Selling Price

Farm Vehicle and Other Listed Property

Proprietor's Name: . . . . . . ______________________

Principal Crop or Activity: . . ______________________

Listed Property Questions for 2017:

	Yes	No
Do you have evidence to support your deduction?		
If Yes, is the evidence written?		
Do you have evidence to support the business use percentage claimed on listed property?		
If Yes, is the evidence written?		

If you are an employer who provides vehicles for use by employees:

	Yes	No
Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees?		
Do you treat all use of vehicles by employees as personal use?		
Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles and retain the information received?		
Do you meet the requirements for qualified demonstration use by maintaining a written policy statement that prohibits vehicle use by individuals other than full-time vehicle salespersons, use for personal vacation trips, storage of personal possessions in the vehicle and limits the total mileage outside the salesperson's normal working hours?		

Vehicle:

	Vehicle 1	Vehicle 2
Description of vehicle		
Date placed in service (Mo/Da/Yr)		
Do you (or your spouse) have another vehicle available for your personal use?	☐ Yes ☐ No	☐ Yes ☐ No
Was your vehicle available for use during off-duty hours?	☐ Yes ☐ No	☐ Yes ☐ No

Mileage:

	Vehicle 1 2017 Miles	Vehicle 1 2016 Miles	Vehicle 2 2017 Miles	Vehicle 2 2016 Miles
Total miles				
Total business miles				
Total commuting miles for the year				

Actual Expenses:

	Vehicle 1 2017 Amount	Vehicle 1 2016 Amount	Vehicle 2 2017 Amount	Vehicle 2 2016 Amount
Gasoline, oil, repairs, insurance, etc				
Interest				
Taxes				
Fair market value of leased vehicle				
Vehicle rentals/leases				

Include Forms: W-2G, 1099-MISC, 1099-RRB, 1099-SSA, 1099-SA, 1099-LTC and 1099-G

Miscellaneous Income and Adjustments:

	TSJ ____		TSJ ____	
	2017 Amount	2016 Amount	2017 Amount	2016 Amount
Unemployment compensation received				
Unemployment compensation repaid in 2017				
Social security benefits received				
Social security benefits repaid in 2017				
Medicare premiums withheld				
Tier 1 railroad retirement benefits received				
Tier 1 railroad retirement benefits repaid in 2017				
Total lump sum social security received				
Lump sum taxable social security				
Other federal withholding				
Other state withholding				

State and Local Income Tax Refunds:

TSJ	State	City	Tax Year	Income Tax Refund	
				State	Local

Other Income:

TSJ	Nature and Source	2017 Amount	2016 Amount

Alimony Paid or Received:

TSJ	Recipient's Name	Recipient's Social Security No.	Alimony Received?	2017 Amount	2016 Amount

Miscellaneous Adjustments

Educator Expenses: Deduction for amounts paid by educators of kindergarten through Grade 12

TS	2017 Amount	2016 Amount

Health Savings Accounts (HSAs)

TS	Description	2017 Amount	2016 Amount
	Contributions made for 2017		
	Distributions received from all HSAs in 2017		

What type of coverage applies to your high deductible health plan? ☐ Self only ☐ Family

	Yes	No
Were any HSA contributions listed above also shown on your Form W-2?		
Were all distributions from your HSA for unreimbursed medical expenses?		
Did you or your spouse enroll in Medicare?		

If Yes, what month did you enroll? ____________

What month did your spouse enroll? ____________

Other Adjustments to Income: Include all Forms 1098-E for Student Loan Interest Paid

TSJ	Nature and Source	2017 Amount	2016 Amount

Medical and Dental Expenses:

	TSJ	2017 Amount	2016 Amount
Prescription medicines and drugs			
Total medical insurance premiums paid *			
Long-term care expenses			
Total insurance reimbursement			
Number of miles traveled for medical care			
Lodging			
Doctors, dentists, etc.			
Hospitals			
Lab fees			
Eyeglasses and contacts			

	2017 Amount	2016 Amount
Taxpayer long-term care insurance premiums paid		
Spouse long-term care insurance premiums paid		

* Do not include Medicare premiums or premiums deducted in computing taxable wages reported on a W-2.

Other Medical Expenses:

TSJ	Description	2017 Amount	2016 Amount

Taxes Paid: Include copies of your tax bills

	TSJ	2017 Amount	2016 Amount
Personal property taxes paid (include vehicle taxes)			
General sales taxes paid on specified items			

Itemize real estate taxes by state.

TSJ	Real Estate Taxes	2017 Amount	2016 Amount

Other Taxes Paid:

TSJ	Description	2017 Amount	2016 Amount

If you purchased or sold your home in 2017, did you include any taxes from your closing statement in the amounts above? ☐ Yes ☐ No

Itemized Deductions - Mortgage Interest and Points

Mortgage Questions for 2017:

	Yes	No
If you purchased or sold your home, did you include any mortgage interest from your closing statement in the amount below? . . .		
Did you refinance your home? (If Yes, enclose the closing statement.)		
If Yes, how many years is your new mortgage loan? ________		
Did you purchase a new home or sell your former home during the year?		
If Yes, enclose the closing statements from the purchase and sale of your new and former homes.		
If Yes, also, did you (or your spouse, if married) have an ownership interest in a principal residence in the US during the 3 year period prior to the purchase of this home?		
If Yes, did you (and your spouse, if married at the time of purchase) own and use the same home as a principal residence in the U.S. for any 5 consecutive year period during the 8 year period ending on the purchase date of the new home?		

Home Mortgage Interest Paid To Financial Institutions:

TSJ	Paid To	Did You Receive Form 1098?		2017 Amount	2016 Amount
		Yes	No		

Other Home Mortgage Interest Paid:

TSJ	Paid To		ID Number	2017 Amount	2016 Amount
	Name	Address			

Deductible Points:

TSJ	Paid To	Did You Receive Form 1098?		2017 Amount	2016 Amount
		Yes	No		

Mortgage Insurance Premiums:

Premiums paid or accrued for qualified mortgage insurance.

TSJ	2017 Amount	2016 Amount

Investment Interest Expense:

Interest paid on money you borrowed that is allocable to property held for investment.

TSJ	Paid To	2017 Amount	2016 Amount

Cash Contributions:

Include all Forms 1098-C or other documentation.

You cannot deduct a cash contribution, regardless of the amount, unless you keep as a record of the contribution a bank record (such as a canceled check, a bank copy of a canceled check, or a bank statement containing the name of the charity, the date, and the amount) or a written communication from the charity. The written communication must include the name of the charity, date of the contribution, and amount of the contribution. Clothes and household items donated must be in good, used condition or better in order to be deductible unless the item donated is worth more than $500 and you have the item's value appraised. Attach a copy of the appraisal. Include any vehicles donated to charity.

TSJ	Organization or Description of Contribution	2017 Amount	2016 Amount

TSJ	Conservation Real Property	2017 Amount	2016 Amount
	100% limit		
	50% limit		

TSJ	Description	2017 Miles	2016 Miles
	Number of miles traveled performing volunteer work for qualified charitable organizations		

Noncash Contributions Totaling $500 or Less:

Include all documentation.

TSJ	Description of Donated Property	2017 Amount	2016 Amount

Noncash Contributions Totaling More Than $500:

Include all Forms 1098-C or other documentation.

TSJ . . . . ____

Description of the donated property . . . . ____________________

Donee organization name . . . . ____________________

Donee organization address . . . . ____________________

Date the property was acquired by the taxpayer . . (Mo/Da/Yr) __________

Date the property was donated . . . . (Mo/Da/Yr) __________

Cost or basis of the donated property . . . . [ ]

Fair market value of the donated property . . . . [ ]

Which of the following methods was used to determine the fair market value? CAUTION: Generally, contributions in excess of $5,000 of similar property will require an appraisal (does not apply to marketable securities)

☐ Appraisal ☐ Thrift shop value ☐ Catalog ☐ Comparable sale

Other - please explain . . . . ____________________

Which of the following describes how this donated property was acquired?

☐ Purchase ☐ Gift ☐ Inheritance ☐ Exchange

Miscellaneous Itemized Deductions:

	TSJ	2017 Amount	2016 Amount
Union and professional dues			
Tax preparation fee			
Professional subscriptions			
Hobby expense (To extent of income)			
Safe deposit box			
Uniforms and protective clothing			
Work tools			
Gambling losses			
Estate taxes			

Other Itemized Deductions:

Examples:

- Certain legal and accounting fees
- Investment expenses
- Custodial fees
- Employment agency fees
- Certain educational expenses

TSJ	Description	2017 Amount	2016 Amount

Casualty or Theft Loss:

TSJ . . . . ____

Property description . . . . ____

Which of the following describes the type of property that sustained the casualty or theft loss?

☐ Personal use ☐ Business use ☐ Income producing ☐ Employee Use ☐ Personal use attributable to insolvent or bankrupt financial institution losses on deposits

Date acquired . . . . (Mo/Da/Yr) ____

Date damaged or lost . . . . (Mo/Da/Yr) ____

Original cost or other basis . . . . ☐

Fair market value before casualty . . . . ☐

Fair market value after casualty . . . . ☐

Cost of replacement . . . . ☐

Insurance reimbursement . . . . ☐

Itemized Deductions - Business Use of Home

2017

16A

Partial Use of Your Home for Business:

	2017	2016
Square footage of home used exclusively for business		
Total square footage of home		
Total hours home was used for day care during the year		

	Yes	No
Was your home used for day care purposes for the entire year?		
Were improvements made to the home and/or home office since the time you began using the home for business?		

Expenses: Enter all expenses at 100 percent

Direct expenses benefit the business part of your home.

Example: Cost of painting or repairs made to the specific area or room used for business.

Indirect expenses are required for keeping up and running your entire home.

Example: Real estate taxes.

	Direct Expenses		Indirect Expenses	
	2017 Amount	2016 Amount	2017 Amount	2016 Amount
Casualty losses				
Deductible mortgage interest paid to: Financial institutions				
Individuals				
Real estate taxes				
Insurance				
Qualified mortgage insurance premiums				
Repairs and maintenance				
Utilities				
Rent				

Other Expenses:

Description	Direct Expenses		Indirect Expenses	
	2017 Amount	2016 Amount	2017 Amount	2016 Amount

Seller-Financed Mortgage Interest Information:

Name of Individual to Whom Mortgage Interest Was Paid	Identification Number of Individual	Address of Individual to Whom Mortgage Interest Was Paid

Employee Business Expenses

TS: ____ **Occupation:** . . . . ______________________________

Business Expenses: **Enter all expenses at 100 percent** **Include all documentation**

If these expenses are to be divided between Schedule A (Itemized Deductions) and one or more businesses, enter the percentage to apply to Schedule A . . . . ________%

	2017 Amount	2016 Amount
Parking fees and tolls		
Local transportation		
Travel expenses		
Meals and entertainment		

Other Business Expenses:

Description	2017 Amount	2016 Amount

Reimbursements: **List only reimbursements NOT reported in Box 1 of your Form W-2**

	2017 Amount	2016 Amount
Amount received for other expenses		
Amount received for meals and entertainment		

Does your employer's reimbursement plan for meals and entertainment allow for offset of other reimbursements? . . . . ☐ Yes ☐ No

Vehicle: **Include all documentation**

If these vehicle expenses are to be divided between Schedule A (Itemized Deductions) and one or more businesses, please enter the percentage to apply to Schedule A . . . . ________%

Description of vehicle . . . . ______________________

Date vehicle was placed in service . . . . (Mo/Da/Yr) ____________

Do you (or your spouse) have another vehicle available for personal purposes? . . . . ☐ Yes ☐ No

Was your vehicle available for personal use during off-duty hours? . . . . ☐ Yes ☐ No

	2017	2016
Total miles		
Total business miles		
Average daily commuting miles		
Total commuting miles for the year		
Gasoline and oil		
Repairs		
Insurance		
Taxes		
Value of employer provided vehicle		
Temporary vehicle rentals		
Fair market value of leased vehicle		
Vehicle leases		

Other Vehicle Expenses:

Description	2017 Amount	2016 Amount

Employee Business Expenses-
Business Use of Home

Partial Use of Your Home for Business:

	2017	2016
Square footage of home used exclusively for business		
Total square footage of home		
Total hours home was used for day care during the year		

	Yes	No
Was your home used for day care purposes for the entire year?		
Were improvements made to the home and/or home office since the time you began using the home for business?		

Expenses: Enter all expenses at 100 percent

Direct expenses benefit the business part of your home.

Example: Cost of painting or repairs made to the specific area or room used for business.

Indirect expenses are required for keeping up and running your entire home.

Example: Real estate taxes.

	Direct Expenses		Indirect Expenses	
	2017 Amount	2016 Amount	2017 Amount	2016 Amount
Casualty losses				
Deductible mortgage interest paid to:				
Financial institutions				
Individuals				
Real estate taxes				
Insurance				
Qualified mortgage insurance premiums				
Repairs and maintenance				
Utilities				
Rent				

Other Expenses:

Description	Direct Expenses		Indirect Expenses	
	2017 Amount	2016 Amount	2017 Amount	2016 Amount

Seller-Financed Mortgage Interest Information:

Name of Individual to Whom Mortgage Interest Was Paid	Identification Number of Individual	Address of Individual to Whom Mortgage Interest Was Paid

Child/Dependent Care Expenses & Education Expenses

Child/Dependent Care Expenses:

General Information:

TSJ . . . . ____

Were you or your spouse a full time student or disabled? . . . . ☐ Yes ☐ No

Did you pay an individual for services performed in your home? . . . . ☐ Yes ☐ No

Expenses incurred in 2016 but paid in 2017 . . . . ____

Employer-provided dependent care benefits that were forfeited in 2017 . . . . ____

2016 carryover used in grace period . . . . ____

Child/Dependent Care Providers:

Provider 1:

Name . . . . ____

Street address . . . . ____

City, state, ZIP or postal code, and country . . . . ____

Social security number OR . . . . ____

Employer identification number . . . . ____

Telephone number (California only) . . . . ____

	2017 Amount	2016 Amount
Expenses incurred and paid in 2017		
Expenses incurred and not paid in 2017		

Provider 2:

Name . . . . ____

Street address . . . . ____

City, state, ZIP or postal code, and country . . . . ____

Social security number OR . . . . ____

Employer identification number . . . . ____

Telephone number (California only) . . . . ____

	2017 Amount	2016 Amount
Expenses incurred and paid in 2017		
Expenses incurred and not paid in 2017		

Qualifying Persons for Child/Dependent Care Expenses:

First Name and Initial	Last Name	Social Security Number	2017 Expenses Incurred	2016 Expenses Incurred

Higher Education Expenses for Education Credits and/or Tuition Fees Deduction:

Qualified expenses are for post-secondary education tuition and related expenses; they do not include room or board. Include a detailed listing of the expenses.

Include copies of all Forms 1098-T

First Name and Initial	Last Name	Social Security Number	2017 Qualified Expenses

Worksheets: 2441 - Child and Dependent Care Expenses and Tuition Statement

Forms P-1 and IRS 1098-T

Federal Tax Payments

Refund Application:

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

Refunded	☐	Yes	☐	No
Applied to your 2018 estimated tax liability	☐	Yes	☐	No

Federal Estimated Tax Payments:

		Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid
2017 1st Quarter Estimate	(Due 04-18-2017)			
2017 2nd Quarter Estimate	(Due 06-15-2017)			
2017 3rd Quarter Estimate	(Due 09-15-2017)			
2017 4th Quarter Estimate	(Due 01-16-2018)			

2016 overpayment applied to 2017 estimate . . . . ☐

Tax Planning Information for Tax Year 2018:

Do you expect any of the following to occur in 2018?	Yes	No
A change in your marital status	☐	☐
A change in the number of your dependents	☐	☐
A substantial change in your income	☐	☐
A substantial change in your withholding	☐	☐
A substantial change in deductions	☐	☐

If you answered Yes to any of the above questions, provide details.

State and City Tax Payments

State and City Estimated Tax Payments:

TSJ ___
State/City ______________________

	Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid
2017 1st Quarter Estimate			
2017 2nd Quarter Estimate			
2017 3rd Quarter Estimate			
2017 4th Quarter Estimate			

If you have an overpayment of 2017 taxes, do you want the excess applied to your 2018 estimated tax liability? ☐ Yes ☐ No

2016 overpayment applied to 2017 estimate ____

Balance of prior year(s)' tax paid in 2017 plus amount paid with 2016 extensions ____

Estimated tax payments for 2016 paid in 2017 ____

State and City Estimated Tax Payments:

TSJ ___
State/City ______________________

	Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid
2017 1st Quarter Estimate			
2017 2nd Quarter Estimate			
2017 3rd Quarter Estimate			
2017 4th Quarter Estimate			

If you have an overpayment of 2017 taxes, do you want the excess applied to your 2018 estimated tax liability? ☐ Yes ☐ No

2016 overpayment applied to 2017 estimate ____

Balance of prior year(s)' tax paid in 2017 plus amount paid with 2016 extensions ____

Estimated tax payments for 2016 paid in 2017 ____

State and City Estimated Tax Payments:

TSJ ___
State/City ______________________

	Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid
2017 1st Quarter Estimate			
2017 2nd Quarter Estimate			
2017 3rd Quarter Estimate			
2017 4th Quarter Estimate			

If you have an overpayment of 2017 taxes, do you want the excess applied to your 2018 estimated tax liability? ☐ Yes ☐ No

2016 overpayment applied to 2017 estimate ____

Balance of prior year(s)' tax paid in 2017 plus amount paid with 2016 extensions ____

Estimated tax payments for 2016 paid in 2017 ____

Gifts Made Outright to an Individual

NOTE: Only complete Forms 34 and/or 35 if in 2017:

- You made gifts of cash or marketable securities to an individual that exceeded $14,000; or
- You made gifts of hard-to-value assets (such as closely-held stock) to an individual of any amount; or
- You made any transfers to a trust (including paying premiums on a life insurance policy that was transferred to a life insurance trust).

You should include all gifts made to each individual during the year, including gifts for his or her birthday, holiday, anniversary, graduation, etc. In addition, include any gifts you made for educational or medical expenses. You can exclude amounts paid directly to a qualifying educational organization for tuition. You can also exclude amounts paid directly to health care providers if the expenses relate to nonelective medical expenses.

If you made any loans with an interest rate below the market rate of interest, provide details below.

If your most recent gift tax return was not prepared by us, include a copy.

For gifts other than cash, include a copy of any appraisal(s) of assets.
If no appraisal is available, describe how the value was determined.

For each gift made outright to an individual during the year, provide the following information:

Gift 1:

Person giving the gift . . . . ☐ Taxpayer ☐ Spouse ☐ Joint

Name of person receiving the gift . . . . ______

Address of person . . . . ______

Your relationship to the person
(e.g., son, granddaughter or friend) . . . . ______

Age of the person . . . . ______

Date(s) of gift(s) . . . . (Mo/Da/Yr) ______

Description and amount of assets gifted
(e.g., $14,000 in cash or 500 shares of ABC stock) . . . . . ______

Cost basis of assets gifted if other than cash . . . . ☐

Value of assets gifted if other than cash . . . . ☐

Gift 2:

Person giving the gift . . . . ☐ Taxpayer ☐ Spouse ☐ Joint

Name of person receiving the gift . . . . ______

Address of person . . . . ______

Your relationship to the person
(e.g., son, granddaughter or friend) . . . . ______

Age of the person . . . . ______

Date(s) of gift(s) . . . . (Mo/Da/Yr) ______

Description and amount of assets gifted
(e.g., $14,000 in cash or 500 shares of ABC stock) . . . . . ______

Cost basis of assets gifted if other than cash . . . . ☐

Value of assets gifted if other than cash . . . . ☐

2017

2017 Tax Return Checklist

Client Name: . . . . ______________________

	Prior Year	Current Year
Income:		
Wages (IRS W-2)		
Interest Income (IRS 1099-INT)		
Dividend Income (IRS 1099-DIV)		
Brokerage Statements (Form 1099-A,B,S)		
IRA/Pension/Annuity Income (IRS 1099R)		
Schedule K-1s (IRS K-1)		
Miscellaneous Income and Adjustments (IRS-1099-MISC, G)		
Rent and Royalty Income		
Itemized Deductions:		
Medical/Dental Expenses		
Real Estate Taxes		
Property Taxes		
Mortgage Interest (Form 1098)		
Charitable Contributions		
Other:		
Estimated Tax Payments		

* Provide any tax related information not listed above, e.g. new brokerage statements, K-1 investments, etc.