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## **2017 TAX ORGANIZER**

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**This tax organizer has been prepared for your use in gathering the information needed for your 2017 tax return.**

**To save you time, selected information from your 2016 tax return has been entered in this organizer. Please line through any information that does not apply to your 2017 tax return.**

**In some cases, 2016 amounts have been included in a separate column. These amounts are for comparison purposes only. You do not need to change these prior year amounts.**

**If we may be of further assistance, please contact us at your convenience.**

**REMOVE THIS SHEET PRIOR TO RETURNING THE COMPLETED ORGANIZER**

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## **2017 TAX ORGANIZER**

**T  
O**

**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.**

<b>Taxpayer Signature</b>	<b>Date</b>
<b>Spouse Signature</b>	<b>Date</b>

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**Questions (Page 1 of 4)**

The following questions pertain to the 2016 tax year. For any question answered Yes, include supporting detail or documents.

<b>Personal Information:</b>	<b>Yes</b>	<b>No</b>
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?	_____	_____

<b>Dependents:</b>	<b>Yes</b>	<b>No</b>
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?	_____	_____

<b>Healthcare:</b>	<b>Yes</b>	<b>No</b>
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 4)**

**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:**

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:**

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 4)**

**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 4)**

**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? \_\_\_\_\_ \_\_\_\_\_

**Miscellaneous:**

- 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 \_\_\_\_\_

May the IRS or other taxing authority discuss the return with the preparer?  Yes  No

Is the taxpayer claimed as a dependent on someone else's tax return?  Yes  No

Are you considered legally blind per IRS regulations?  Yes  No

Do you want to contribute to the Presidential Election Campaign Fund?  Yes  No

Are you a U.S. citizen or Green Card holder?  Yes  No

### 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.





# 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



2017

# Direct Deposit and Withdrawal

4A

## 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.

Would you like any refunds owed to you directly deposited? .....	<input type="checkbox"/>	<input type="checkbox"/>	<b>Yes</b>	<b>No</b>
Would you like to pay any amount due on your <i>federal</i> return using electronic withdrawal? .....	<input type="checkbox"/>	<input type="checkbox"/>		
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 <i>state</i> return(s) using electronic withdrawal? .....	<input type="checkbox"/>	<input type="checkbox"/>		
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 <i>federal</i> return using electronic withdrawal? .....	<input type="checkbox"/>	<input type="checkbox"/>		
Would you like to pay any estimated payments due for your <i>state</i> return(s) using electronically withdrawal, if available? .....	<input type="checkbox"/>	<input type="checkbox"/>		

Name of bank or financial institution .....

Routing Transit Number (RTN) .....

Account number .....

Type of account:     Checking                       Traditional Savings                       IRA Savings                       myRA  
                                   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.   

Would you like any refunds owed to you directly deposited? .....	<input type="checkbox"/>	<input type="checkbox"/>	<b>Yes</b>	<b>No</b>
Would you like to pay any amount due on your <i>federal</i> return using electronic withdrawal? .....	<input type="checkbox"/>	<input type="checkbox"/>		
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 <i>state</i> return(s) using electronic withdrawal? .....	<input type="checkbox"/>	<input type="checkbox"/>		
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 <i>federal</i> return using electronic withdrawal? .....	<input type="checkbox"/>	<input type="checkbox"/>		
Would you like to pay any estimated payments due for your <i>state</i> return(s) using electronically withdrawal, if available? .....	<input type="checkbox"/>	<input type="checkbox"/>		

Name of bank or financial institution .....

Routing Transit Number (RTN) .....

Account number .....

Type of account:     Checking                       Traditional Savings                       IRA Savings                       myRA  
                                   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.





# Dividend Income

5B

## 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					
<b>Total</b>					

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		
<b>Total</b>		

## Enter Any Additional Information:


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



2017

# 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) _____	<input type="checkbox"/>	<input type="checkbox"/>
Was there a change in determining quantities, costs or valuations between opening and closing inventory? _____	<input type="checkbox"/>	<input type="checkbox"/>
Were you involved in the operations of this business on a regular, continuous and substantial basis? _____	<input type="checkbox"/>	<input type="checkbox"/>
Have you prepared or will you prepare all required Forms 1099? _____	<input type="checkbox"/>	<input type="checkbox"/>

2017 Amount	2016 Amount

Health insurance premiums paid for yourself and your dependents \_\_\_\_\_

### Income:

Include all Forms 1099-K

Payment card and third party transactions:

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

Name of Business: \_\_\_\_\_

Principal Business or Profession: \_\_\_\_\_

**Expenses:**

- 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 .....

2017 Amount	2016 Amount

**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? .....	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, is the evidence written? .....	<input type="checkbox"/>	<input type="checkbox"/>
Do you have evidence to support the business use percentage claimed on listed property? .....	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, is the evidence written? .....	<input type="checkbox"/>	<input type="checkbox"/>

### 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?	<input type="checkbox"/>	<input type="checkbox"/>
Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? ..	<input type="checkbox"/>	<input type="checkbox"/>
Do you treat all use of vehicles by employees as personal use? .....	<input type="checkbox"/>	<input type="checkbox"/>
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? .....	<input type="checkbox"/>	<input type="checkbox"/>
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? .....	<input type="checkbox"/>	<input type="checkbox"/>

### Vehicle:

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

Was your vehicle available for use during off-duty hours? .....

Vehicle 1	
Description of vehicle .....	
Date placed in service . . . . . (Mo/Da/Yr)	
Do you (or your spouse) have another vehicle available for your personal use? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was your vehicle available for use during off-duty hours? .....	
<b>2017 Miles</b>	<b>2016 Miles</b>
<b>2017 Amount</b>	<b>2016 Amount</b>

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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was your vehicle available for use during off-duty hours? .....	
<b>2017 Miles</b>	<b>2016 Miles</b>
<b>2017 Amount</b>	<b>2016 Amount</b>

### Mileage:

Total miles .....

Total business miles .....

Total commuting miles for the year ..

### Actual Expenses:

Gasoline, oil, repairs, insurance, etc ..

Interest .....

Taxes .....

Fair market value of leased vehicle ..

Vehicle rentals/leases .....



# 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 .....		

Was your home used for day care purposes for the entire year? ..... Yes No

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 .....	<input type="checkbox"/>	<input type="checkbox"/>
Exchange of any securities or investments for something other than cash .....	<input type="checkbox"/>	<input type="checkbox"/>
Sales of inherited property .....	<input type="checkbox"/>	<input type="checkbox"/>
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 .....	<input type="checkbox"/>	<input type="checkbox"/>
Commodity sales, short sales or straddles .....	<input type="checkbox"/>	<input type="checkbox"/>
Reinvestment of the proceeds of the sale of a publicly traded security into an SSBIC interest .....	<input type="checkbox"/>	<input type="checkbox"/>
Reinvestment of the proceeds of the sale of qualified small business stock in other qualified small business stock .....	<input type="checkbox"/>	<input type="checkbox"/>
Debts that became uncollectible .....	<input type="checkbox"/>	<input type="checkbox"/>
Securities that became worthless .....	<input type="checkbox"/>	<input type="checkbox"/>
Sale of any property where you will receive payments in future years .....	<input type="checkbox"/>	<input type="checkbox"/>

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



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:

Table with 2 columns: Description, Amount

Sale Expenses:

Commissions, legal fees, advertising and other expenses.

Table with 2 columns: Description, Amount

Did you personally own and occupy the home for at least 2 of the 5 years preceding the sale?
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?
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?
Enter reimbursements not included in wages on your Form W-2

Mileage:

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:

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:**

- 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. \_\_\_\_\_

Yes	No

**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

Have you established a self-employed retirement or SIMPLE plan with deductible contributions? .....

Do you want to contribute the maximum amount allowed? .....

Taxpayer		Spouse	
Yes	No	Yes	No

**Contributions to:**

Simplified employee pension plan .....

Defined benefit plan .....

Defined contribution plan .....

SIMPLE plan .....

2017 Amount	2017 Amount



# Rental and Royalty Income

**Location of Property:** \_\_\_\_\_

TSJ . . . . . \_\_\_\_\_

Type of property . . . . . \_\_\_\_\_

Have you prepared or will you prepare all required Forms 1099? 

Yes	No

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)? . . . . . \_\_\_\_\_

2017	2016

**Income:**

Rents received . . . . . \_\_\_\_\_  
Royalties received . . . . . \_\_\_\_\_

2017 Amount	2016 Amount

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:**

- 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:

	2017 Amount	2016 Amount

Description	2017 Amount	2016 Amount



# Rental and Royalty Property and Equipment & Depletion

10B

Location of Property: \_\_\_\_\_

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

**Acquisitions:**

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

**Dispositions:**

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

**Percentage Depletion Information:**

Production Type	Royalty Income	
	2017 Amount	2016 Amount



# Rental and Royalty Vehicle and Other Listed Property

Location of Property: \_\_\_\_\_

**Listed Property Questions for 2017:**

	<b>Yes</b>	<b>No</b>
Do you have evidence to support your deduction? .....	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, is the evidence written? .....	<input type="checkbox"/>	<input type="checkbox"/>
Do you have evidence to support the business use percentage claimed on listed property? .....	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, is the evidence written? .....	<input type="checkbox"/>	<input type="checkbox"/>

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

	<b>Yes</b>	<b>No</b>
Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	<input type="checkbox"/>	<input type="checkbox"/>
Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? ..	<input type="checkbox"/>	<input type="checkbox"/>
Do you treat all use of vehicles by employees as personal use? .....	<input type="checkbox"/>	<input type="checkbox"/>
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? .....	<input type="checkbox"/>	<input type="checkbox"/>
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? .....	<input type="checkbox"/>	<input type="checkbox"/>

**Vehicle:**

Description of vehicle .....

Date placed in service . . . . (Mo/Da/Yr) \_\_\_\_\_

Do you (or your spouse) have another vehicle available for your personal use? .....

Was your vehicle available for use during off-duty hours? .....

Vehicle 1	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
2017 Miles	2016 Miles
2017 Amount	2016 Amount

Vehicle 2	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
2017 Miles	2016 Miles
2017 Amount	2016 Amount

**Mileage:**

Total miles .....

Total business miles .....

Total commuting miles for the year ..

**Actual Expenses:**

Gasoline, oil, repairs, insurance, etc ..

Interest .....

Taxes .....

Fair market value of leased vehicle ..

Vehicle rentals/leases .....





# 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



2017

# Miscellaneous Income, Adjustments and Alimony

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

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? .....

Yes	No

**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:

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 .....

TSJ	2017 Amount	2016 Amount

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

Personal property taxes paid (include vehicle taxes) .....

General sales taxes paid on specified items .....

TSJ	2017 Amount	2016 Amount

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



Mortgage Questions for 2017:

	<b>Yes</b>	<b>No</b>
If you purchased or sold your home, did you include any mortgage interest from your closing statement in the amount below? . . .	<input type="checkbox"/>	<input type="checkbox"/>
Did you refinance your home? (If Yes, enclose the closing statement.) . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, how many years is your new mortgage loan? . . . . . _____		
Did you purchase a new home or sell your former home during the year? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
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? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
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? . . . .	<input type="checkbox"/>	<input type="checkbox"/>

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



# Itemized Deductions - Contributions

**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:**

- 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 .....

TSJ	2017 Amount	2016 Amount

**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 .....



# 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





# 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



# 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:

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)

Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid

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 .....	<input type="checkbox"/>	<input type="checkbox"/>
A change in the number of your dependents .....	<input type="checkbox"/>	<input type="checkbox"/>
A substantial change in your income .....	<input type="checkbox"/>	<input type="checkbox"/>
A substantial change in your withholding .....	<input type="checkbox"/>	<input type="checkbox"/>
A substantial change in deductions .....	<input type="checkbox"/>	<input type="checkbox"/>

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




2017

# State and City Tax Payments

20A

## 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 .....



2017

# Hawaii Information

## General Information:

County of residence .....

Jury duty pay returned to employer .....

Taxpayer		Spouse	
Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you qualify as deaf or disabled? .....

## Residency Information:

From (Mo/Da/Yr)	To (Mo/Da/Yr)
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If you did not live in Hawaii for all of 2017, enter the dates you did live in Hawaii .....

Enter the state names other than Hawaii where you had income .....

## Voluntary Contributions:

Do you wish to contribute \$3 to the Hawaii Election Campaign Fund? This will not increase your balance due or decrease your refund .....

Do you wish to contribute \$2 to the Hawaii school-level minor repairs and maintenance special fund? .....

Do you wish to contribute \$2 to the Hawaii Public Libraries Fund? .....

Do you wish to contribute \$5 to the Hawaii Domestic Violence/Child Abuse and Neglect Funds? .....

Taxpayer		Spouse	
Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Low-Income Household Renters:

Address .....

From (Mo/Da/Yr)	To (Mo/Da/Yr)
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Dates occupied .....

Owner's name .....

Owner's address .....

Owner's tax ID number .....

Enter total rent paid .....

## Enter Any Additional Hawaii Information:
