

## 2017 Comprehensive Organizer Personal and Dependent Information

### Personal Information

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

### Marital Status at end of 2017

- Married  
 Married filing separately  
 Single  
 **Widow(er)** If spouse passed away in 2017 enter the date of death \_\_\_\_\_

### Taxpayer

- Yes  No  
 Yes  No  
 Yes  No  
 Yes  No

### Spouse

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

### Dependent Information

First and last name	SSN	Relationship	Months in home	Date of birth	Disabled	Full-time student	Healthcare coverage ALL year

List dependents required to file a return \_\_\_\_\_

### Estimates

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

### Appointment Information & Notes

Your 2017 appointment is scheduled for \_\_\_\_\_

#### Notes

## Healthcare Coverage Questionnaire

Name:

SSN:

### Healthcare Information

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

**YES    NO**

- Did anyone other than you or your spouse pay for healthcare coverage for anyone listed above?
- Did you pay for healthcare coverage for anyone not listed above?

**If you had coverage for any part of the year:**

Where was the policy obtained?

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

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

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

- Was your previous insurance policy cancelled in 2017?
- Was coverage offered by your employer or your spouse's employer?
- Are you a member of a federally recognized Indian tribe?
- Are you eligible for services through an Indian healthcare provider?
- Are you a member of a healthcare sharing ministry?
- Did you live in the United States the entire year?
- Are you enrolled in TRICARE?
- Did you apply for CHIP coverage?
- Do any of the following apply to you? Do NOT indicate which one.
  - Became homeless
  - Evicted in the past six months, or facing eviction or foreclosure
  - Received a shut-off notice from a utility company
  - Recently experienced domestic violence
  - Recently experienced the death of a close family member
  - Recently experienced a fire, flood, or other natural or human-caused disaster that resulted in substantial damage to your property
  - Filed for bankruptcy in the last six months
  - Incurred unreimbursed medical expenses in the last 24 months that resulted in substantial debt
  - Experienced unexpected increases in essential expenses due to caring for an ill, disabled, or aging family member

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

**PRIMARY TAXPAYER**

	-All Year-	January	February	March	April	May	June	July	August	September	October	November	December
Insured through Marketplace (Exchange). MUST provide 1095-A													
Had health care coverage from another source													
Was exempt from health care mandate. Has Exemption Certificate Number? If yes, provide number.													
Employer offered health coverage which was declined													
If YES, what would be the cost for SELF coverage?													
If YES, what would be the cost for FAMILY coverage?													
Would the FAMILY policy have covered the spouse?													

**SPOUSE**

	-All Year-	January	February	March	April	May	June	July	August	September	October	November	December
Insured through Marketplace (Exchange). MUST provide 1095-A													
Had health care coverage from another source													
Was exempt from health care mandate. Has Exemption Certificate Number? If yes, provide number.													
Employer offered health coverage which was declined													
If YES, what would be the cost for SELF coverage?													
If YES, what would be the cost for FAMILY coverage?													
Would the FAMILY policy have covered the spouse?													

### Healthcare Coverage Questionnaire for Dependents ( for preparer use)

	_All Year_	_January_	_February_	_March_	_April_	_May_	_June_	_July_	_August_	_September_	_October_	_November_	_December_
Insured through Marketplace (Exchange). MUST provide 1095-A													
Had health care coverage from another source													
Was exempt from health care mandate. Has Exemption Certificate Number? If yes, provide number.													
Required to file a return?	YES <input type="checkbox"/> NO <input type="checkbox"/> AGI of that return?												

	_All Year_	_January_	_February_	_March_	_April_	_May_	_June_	_July_	_August_	_September_	_October_	_November_	_December_
Insured through Marketplace (Exchange). MUST provide 1095-A													
Had health care coverage from another source													
Was exempt from health care mandate. Has Exemption Certificate Number? If yes, provide number.													
Required to file a return?	YES <input type="checkbox"/> NO <input type="checkbox"/> AGI of that return?												

	_All Year_	_January_	_February_	_March_	_April_	_May_	_June_	_July_	_August_	_September_	_October_	_November_	_December_
Insured through Marketplace (Exchange). MUST provide 1095-A													
Had health care coverage from another source													
Was exempt from health care mandate. Has Exemption Certificate Number? If yes, provide number.													
Required to file a return?	YES <input type="checkbox"/> NO <input type="checkbox"/> AGI of that return?												

### Child and Dependent Care

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

#### Child Care Provider's Information

	<b>2017</b>	<b>2016</b>
Social Security Number or Employer ID Number _____	Amount paid _____	<input type="text"/>
Name _____		
Street address _____		
City _____		Phone _____
<b>U.S. only</b>	State, ZIP _____	
<b>Foreign only</b>	Province/State, Country, Postal code _____	

	<b>2017</b>	<b>2016</b>
Social Security Number or Employer ID Number _____	Amount paid _____	<input type="text"/>
Name _____		
Street address _____		
City _____		Phone _____
<b>U.S. only</b>	State, ZIP _____	
<b>Foreign only</b>	Province/State, Country, Postal code _____	

	<b>2017</b>	<b>2016</b>
Social Security Number or Employer ID Number _____	Amount paid _____	<input type="text"/>
Name _____		
Street address _____		
City _____		Phone _____
<b>U.S. only</b>	State, ZIP _____	
<b>Foreign only</b>	Province/State, Country, Postal code _____	

	<b>2017</b>	<b>2016</b>
Social Security Number or Employer ID Number _____	Amount paid _____	<input type="text"/>
Name _____		
Street address _____		
City _____		Phone _____
<b>U.S. only</b>	State, ZIP _____	
<b>Foreign only</b>	Province/State, Country, Postal code _____	

### Wages and Salaries

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

**Provide all copies of Form W-2**

TS \_\_\_\_\_ Employer's name and address: \_\_\_\_\_ Federal EIN \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

	2017	2016		2017	2016
Wages, tips, other compensation	_____	_____	State _____ State I.D. _____	_____	_____
Federal income tax withheld	_____	_____	State wages	_____	_____
Social Security wages	_____	_____	State income tax	_____	_____
Social Security tax withheld	_____	_____	Locality name _____	_____	_____
Medicare wages and tips	_____	_____	Local wages	_____	_____
Medicare tax withheld	_____	_____	Local income tax	_____	_____
Social Security tips	_____	_____	State _____ State I.D. _____	_____	_____
Allocated tips	_____	_____	State wages	_____	_____
Dependent care benefits	_____	_____	State income tax	_____	_____
			Locality name _____	_____	_____
Are you a statutory employee? _____		_____	Local wages	_____	_____
Are you covered by a retirement plan? _____		_____	Local income tax	_____	_____
Did you receive third-party sick pay? _____		_____			

TS \_\_\_\_\_ Employer's name and address: \_\_\_\_\_ Federal EIN \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

	2017	2016		2017	2016
Wages, tips, other compensation	_____	_____	State _____ State I.D. _____	_____	_____
Federal income tax withheld	_____	_____	State wages	_____	_____
Social Security wages	_____	_____	State income tax	_____	_____
Social Security tax withheld	_____	_____	Locality name _____	_____	_____
Medicare wages and tips	_____	_____	Local wages	_____	_____
Medicare tax withheld	_____	_____	Local income tax	_____	_____
Social Security tips	_____	_____	State _____ State I.D. _____	_____	_____
Allocated tips	_____	_____	State wages	_____	_____
Dependent care benefits	_____	_____	State income tax	_____	_____
			Locality name _____	_____	_____
Are you a statutory employee? _____		_____	Local wages	_____	_____
Are you covered by a retirement plan? _____		_____	Local income tax	_____	_____
Did you receive third-party sick pay? _____		_____			

Interest Income

Name:

SSN:

Provide all Form(s) 1099-INT relating to interest income

Name of payer (if seller-financed mortgage enter ID number and address of payer)	Interest income	Federal income tax withheld	Foreign tax paid	Tax exempt interest	Amount of resident state municipal interest	Nominee interest
TSJ						

Did you have a financial interest in or signature authority over a financial account or asset located in a foreign country?  Yes  No

## Dividend Income

SSN:

Name:

Provide all Form(s) 1099-DIV relating to dividend income

TSJ	Name of payer	Ordinary	Qualified	Capital gains	Federal income tax withheld	Foreign tax paid	Other	
							Description	Amount

Did you have a financial interest in or signature authority over a financial account or asset located in a foreign country?    Yes    No



### Schedule C - Profit or Loss from Business

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

**General Business Information**

TS \_\_\_\_\_ Principal business product or profession \_\_\_\_\_ Business code \_\_\_\_\_

Employer I.D. number \_\_\_\_\_

Business name \_\_\_\_\_

Business address \_\_\_\_\_

City \_\_\_\_\_

**U.S. only** State, ZIP \_\_\_\_\_

**Foreign only** Province/State, Country, Postal code \_\_\_\_\_

Accounting method, if not cash  Accrual  Other \_\_\_\_\_

Inventory method, if not cost  Lower of cost or market  Other

Change of inventory method  Yes  No

You started or acquired this business during 2017

Some investment is NOT at risk

You disposed of this property during 2017

Did you make any payments in 2017 that would require you to file Form(s) 1099?  Yes  No

If "Yes," did you or will you file all required Form(s) 1099 for the individual(s)?  Yes  No

**Other Information**

	2017	2016
Family health coverage . . . . .		

**Income**

	2017	2016
Gross receipts or sales . . . . .		
Returns and allowances . . . . .		
Other income . . . . .		

**Cost of Goods Sold**

	2017	2016
Inventory at beginning of the year . . . . .		
Purchases (less cost of items withdrawn for personal use) . . . . .		
Cost of labor . . . . .		
Materials and supplies . . . . .		
Other costs (list on detail worksheet) . . . . .		
Inventory at end of year . . . . .		

### Schedule C - Profit or Loss from Business

Name:

SSN:

**Expenses**

TS _____ Business name _____	Profession or product _____	2017	2016
Advertising . . . . .			
Car and truck expenses . . . . .			
Commissions and fees . . . . .			
Contract labor . . . . .			
Depletion . . . . .			
Employee benefit programs . . . . .			
Insurance (other than health) . . . . .			
Mortgage interest (paid to banks, etc.) . . . . .			
Other interest . . . . .			
Legal and professional services . . . . .			
Office expenses . . . . .			
Pension and profit sharing plans . . . . .			
Rent or lease (vehicles, machinery, and equipment) . . . . .			
Rent (other business property) . . . . .			
Repairs and maintenance . . . . .			
Supplies . . . . .			
Taxes and licenses (including real estate taxes) . . . . .			
Travel . . . . .			
Total meals and entertainment . . . . .			
Utilities . . . . .			
Wages . . . . .			
Other expenses (list):			
_____			
_____			
_____			
_____			
_____			
_____			
_____			
_____			
_____			
_____			
_____			
_____			



### Casualties and Thefts

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

Description of property \_\_\_\_\_

Location of property \_\_\_\_\_

Was property  Personal  Business  Income-producing  Employee income-producing

Date acquired . . . . . \_\_\_\_\_ Fair market value before incident . . . . . \_\_\_\_\_

Cost or other basis . . . . . \_\_\_\_\_ Fair market value after incident . . . . . \_\_\_\_\_

Insurance or other reimbursement (whether or not you filed a claim) . . . . . \_\_\_\_\_ Date of incident . . . . . \_\_\_\_\_

#### Theft Loss Deduction for Ponzi-Type Investment Scheme

##### Part I Computation of Deduction

Initial investment . . . . . \_\_\_\_\_ Percentage of qualified investment . . . . . \_\_\_\_\_

Subsequent investments . . . . . \_\_\_\_\_ Actual recovery . . . . . \_\_\_\_\_

Income reported in prior years . . . . . \_\_\_\_\_ Potential insurance / SIPC recovery . . . . . \_\_\_\_\_

Withdrawals . . . . . \_\_\_\_\_

##### Part II Required Statements and Declarations

Information about the person or entity that conducted fraudulent arrangements

Name \_\_\_\_\_ SSN/EIN \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Description of property \_\_\_\_\_

Location of property \_\_\_\_\_

Was property  Personal  Business  Income-producing  Employee income-producing

Date acquired . . . . . \_\_\_\_\_ Fair market value before incident . . . . . \_\_\_\_\_

Cost or other basis . . . . . \_\_\_\_\_ Fair market value after incident . . . . . \_\_\_\_\_

Insurance or other reimbursement (whether or not you filed a claim) . . . . . \_\_\_\_\_ Date of incident . . . . . \_\_\_\_\_

#### Theft Loss Deduction for Ponzi-Type Investment Scheme

##### Part I Computation of Deduction

Initial investment . . . . . \_\_\_\_\_ Percentage of qualified investment . . . . . \_\_\_\_\_

Subsequent investments . . . . . \_\_\_\_\_ Actual recovery . . . . . \_\_\_\_\_

Income reported in prior years . . . . . \_\_\_\_\_ Potential insurance / SIPC recovery . . . . . \_\_\_\_\_

Withdrawals . . . . . \_\_\_\_\_

##### Part II Required Statements and Declarations

Information about the person or entity that conducted fraudulent arrangements

Name \_\_\_\_\_ SSN/EIN \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

### Installment Sale Income

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

TSJ \_\_\_\_\_ Description of property: \_\_\_\_\_

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

TSJ \_\_\_\_\_ Description of property: \_\_\_\_\_

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

TSJ \_\_\_\_\_ Description of property: \_\_\_\_\_

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

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

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

### General Property Information

Property description \_\_\_\_\_  
 Address, city, state, ZIP \_\_\_\_\_

#### Select the property type

- |  |   |                                    |                                      |
|--|---|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Single family residence | <input type="checkbox"/> Vacation / short-term rental | <input type="checkbox"/> Land      | <input type="checkbox"/> Self-rental |
| <input type="checkbox"/> Multi-family residence  | <input type="checkbox"/> Commercial                   | <input type="checkbox"/> Royalties | <input type="checkbox"/> Other _____ |

Number of days property was rented \_\_\_\_\_ Number of days property was used for personal use \_\_\_\_\_

If the rental is a multi-dwelling unit and you occupied part of the unit, what percentage did you occupy \_\_\_\_\_

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

### Income

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

### Expenses

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



**Form 4835 - Farm Rental Income and Expenses**

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

**General Information**

Description \_\_\_\_\_ Employer ID number \_\_\_\_\_

This farm was disposed of during 2017       This farm received applicable subsidy during 2017

**Income**

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

**Expenses**

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



### Schedule F - Profit or Loss from Farming

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

**General Information**

Principal product \_\_\_\_\_ Employer ID Number \_\_\_\_\_

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

**Income**

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

**Expenses**

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

## Form 1099-G Unemployment Compensation

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

**Provide all copies of Form 1099-G**

TSJ \_\_\_\_\_ Payer's Federal I.D. Number: \_\_\_\_\_

Payer's name: \_\_\_\_\_

Payer's address: \_\_\_\_\_

City: \_\_\_\_\_

**U.S. only** State, ZIP: \_\_\_\_\_

**Foreign only** Province/State, Country, Postal code: \_\_\_\_\_

Payer's phone: \_\_\_\_\_ Account number: \_\_\_\_\_

	2017	2016		2017	2016
Unemployment compensation . . .	_____	_____	<input type="checkbox"/> Trade/business	_____	_____
Unemployment compensation repaid in current year . . . . .	_____	_____	Market gain . . . . .	_____	_____
State/local tax refunds/credits . .	_____	_____	State _____ State I.D. _____	_____	_____
Tax year . . . . .	_____	_____	State unemployment . . . . .	_____	_____
Federal tax withheld . . . . .	_____	_____	State withholding . . . . .	_____	_____
RTAA payments . . . . .	_____	_____	<input type="checkbox"/> Unemployment benefits are from railroad	_____	_____
Taxable grants . . . . .	_____	_____		_____	_____
Agriculture . . . . .	_____	_____		_____	_____

TSJ \_\_\_\_\_ Payer's Federal I.D. Number: \_\_\_\_\_

Payer's name: \_\_\_\_\_

Payer's address: \_\_\_\_\_

City: \_\_\_\_\_

**U.S. only** State, ZIP: \_\_\_\_\_

**Foreign only** Province/State, Country, Postal code: \_\_\_\_\_

Payer's phone: \_\_\_\_\_ Account number: \_\_\_\_\_

	2017	2016		2017	2016
Unemployment compensation . . .	_____	_____	<input type="checkbox"/> Trade/business	_____	_____
Unemployment compensation repaid in current year . . . . .	_____	_____	Market gain . . . . .	_____	_____
State/local tax refunds/credits . .	_____	_____	State _____ State I.D. _____	_____	_____
Tax year . . . . .	_____	_____	State unemployment . . . . .	_____	_____
Federal tax withheld . . . . .	_____	_____	State withholding . . . . .	_____	_____
RTAA payments . . . . .	_____	_____	<input type="checkbox"/> Unemployment benefits are from railroad	_____	_____
Taxable grants . . . . .	_____	_____		_____	_____
Agriculture . . . . .	_____	_____		_____	_____

**Form 1099-MISC**

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

**Provide all copies of Form 1099-MISC**

TS \_\_\_\_ For \_\_\_\_\_ Payer's federal ID number: \_\_\_\_\_

Payer's name: \_\_\_\_\_

Address: \_\_\_\_\_

	2017	2016		2017	2016
Rents . . . . .	_____	_____	State _____ State I.D. _____	_____	_____
Royalties . . . . .	_____	_____	State tax withheld . . . . .	_____	_____
Other income . . . . .	_____	_____	State income . . . . .	_____	_____
Description _____			Name of locality _____		
Federal tax withheld . . . . .	_____	_____	Local tax withheld . . . . .	_____	_____
Fishing boat proceeds . . . . .	_____	_____	Local income . . . . .	_____	_____
Medical and health care payments . . . . .	_____	_____	State _____ State I.D. _____	_____	_____
Non-employee compensation . . . . .	_____	_____	State tax withheld . . . . .	_____	_____
Substitute payments . . . . .	_____	_____	State income . . . . .	_____	_____
<input type="checkbox"/> Payer made direct sales of \$5,000 or more of consumer products			Name of locality _____		
Crop insurance proceeds . . . . .	_____	_____	Local tax withheld . . . . .	_____	_____
Excess golden parachute . . . . .	_____	_____	Local income . . . . .	_____	_____
Gross attorney proceeds . . . . .	_____	_____			
Taxable Proceeds . . . . .	_____	_____			
Section 409A deferrals . . . . .	_____	_____			
Section 409A income . . . . .	_____	_____			

**Pension, Annuities, Retirement, Etc. Distributions**

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

**Provide all Form(s) 1099-R, Form(s) 1099-SSA, etc.**

TS \_\_\_\_\_ Payer's name: \_\_\_\_\_

Payer's federal ID number: \_\_\_\_\_

Address: \_\_\_\_\_

	2017	2016		2017	2016
			State _____ State I.D. _____		
Disability indicator . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	State income tax withheld . . . . .	_____	_____
Report as wages on 1040 . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	State distribution . . . . .	_____	_____
Gross distribution . . . . .	_____	_____	Name of locality _____		
Taxable amount . . . . .	_____	_____	Local income tax withheld . . . . .	_____	_____
Total distribution . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	Local distribution . . . . .	_____	_____
Capital gain . . . . .	_____	_____	State _____ State I.D. _____		
Federal income tax withheld . . . . .	_____	_____	State income tax withheld . . . . .	_____	_____
Employee contributions or insurance premiums . . . . .	_____	_____	State distribution . . . . .	_____	_____
Distribution code(s) . . . . .	_____	_____	Name of locality _____		
IRA/SEP/SIMPLE . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	Local income tax withheld . . . . .	_____	_____
Your percentage of total distribution	_____	_____	Local distribution . . . . .	_____	_____

TS \_\_\_\_\_ Payer's name: \_\_\_\_\_

Payer's federal ID number: \_\_\_\_\_

Address: \_\_\_\_\_

	2017	2016		2017	2016
			State _____ State I.D. _____		
Disability indicator . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	State income tax withheld . . . . .	_____	_____
Report as wages on 1040 . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	State distribution . . . . .	_____	_____
Gross distribution . . . . .	_____	_____	Name of locality _____		
Taxable amount . . . . .	_____	_____	Local income tax withheld . . . . .	_____	_____
Total distribution . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	Local distribution . . . . .	_____	_____
Capital gain . . . . .	_____	_____	State _____ State I.D. _____		
Federal income tax withheld . . . . .	_____	_____	State income tax withheld . . . . .	_____	_____
Employee contributions or insurance premiums . . . . .	_____	_____	State distribution . . . . .	_____	_____
Distribution code(s) . . . . .	_____	_____	Name of locality _____		
IRA/SEP/SIMPLE . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	Local income tax withheld . . . . .	_____	_____
Your percentage of total distribution	_____	_____	Local distribution . . . . .	_____	_____

**Social Security Benefit Statement**

TS _____	2017	2016	TS _____	2017	2016
Net benefits . . . . .	_____	_____	Net benefits . . . . .	_____	_____
Medicare premiums . . . . .	_____	_____	Medicare premiums . . . . .	_____	_____
Income tax withheld . . . . .	_____	_____	Income tax withheld . . . . .	_____	_____

## Adjustments

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

### Moving Expenses

TSJ _____	2017	2016
Enter the number of miles from your OLD home to your NEW workplace . . . . .	_____	_____
Enter the number of miles from your OLD home to your OLD workplace . . . . .	_____	_____
Enter the amount you paid for transportation and storage of household goods and personal effects . . . . .	_____	_____
Enter the amount you paid for travel and lodging expenses incurred during the move (do NOT include meals)	_____	_____
Enter the amount of moving expenses reimbursed to you by your employer . . . . .	_____	_____
Was this a military move? <input type="checkbox"/> Yes		

### Self-Employed Health Insurance

TSJ _____	2017	2016
Enter the qualified long term care amount . . . . .	_____	_____
Enter your Medicare wages from an S corporation . . . . .	_____	_____

### Self-Employed Pensions

TSJ _____	2017	2016
Enter your plan contribution rate as a decimal . . . . .	_____	_____
Enter your allowable elective deferrals made during 2017 . . . . .	_____	_____
Enter your catch-up contributions . . . . .	_____	_____
Enter the amount of designated ROTH contributions included above . . . . .	_____	_____

### Nondeductible IRAs

TS _____	2017	2016
Total traditional IRA contributions made for 2017 . . . . .	_____	_____
Total basis in traditional IRAs as of 12/31/2017 . . . . .	_____	_____
Distributions you received from traditional, SEP, and Simple IRAs. (Do not include rollovers) . . . . .	_____	_____
Amount of traditional IRAs converted to ROTH IRAs . . . . .	_____	_____
IRA basis before conversion . . . . .	_____	_____
Total ROTH IRA contributions made for 2017 . . . . .	_____	_____

### Health Savings Account

TSJ _____	2017	2016
HSA contributions made for 2017 . . . . .	_____	_____
Total distributions from all HSAs during 2017 . . . . .	_____	_____
Distributions included above that were rolled over into another account . . . . .	_____	_____
Qualified medical expenses paid using HSA distributions . . . . .	_____	_____

### Noncash Charitable Contributions

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

TSJ \_\_\_\_\_ Donee I.D. \_\_\_\_\_

Name of donee organization \_\_\_\_\_

Address of donee organization \_\_\_\_\_

City \_\_\_\_\_

**U.S. only** State, ZIP \_\_\_\_\_

**Foreign only** Province/State, Country, Postal code \_\_\_\_\_

Description of donated property \_\_\_\_\_ Donor's cost or adjusted basis \_\_\_\_\_

Valuation method used \_\_\_\_\_ Fair market value \_\_\_\_\_

Physical condition of donated property \_\_\_\_\_ Average security price \_\_\_\_\_

How was it acquired? \_\_\_\_\_ Bargain sale price \_\_\_\_\_

Date acquired \_\_\_\_\_  Capital gain property

Date contributed \_\_\_\_\_

**Property type (if over \$5,000)**  Donated property is publicly traded security

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Art valued more than \$20,000                         | <input type="checkbox"/> Equipment                     | <input type="checkbox"/> Collectibles          |
| <input type="checkbox"/> Qualified conservation - qualified farmer/rancher     | <input type="checkbox"/> Art valued less than \$20,000 | <input type="checkbox"/> Intellectual Property |
| <input type="checkbox"/> Qualified conservation - non-qualified farmer/rancher | <input type="checkbox"/> Other real estate             | <input type="checkbox"/> Vehicles              |
| <input type="checkbox"/> Qualified conservation                                | <input type="checkbox"/> Securities                    | <input type="checkbox"/> Other                 |

TSJ \_\_\_\_\_ Donee I.D. \_\_\_\_\_

Name of donee organization \_\_\_\_\_

Address of donee organization \_\_\_\_\_

City \_\_\_\_\_

**U.S. only** State, ZIP \_\_\_\_\_

**Foreign only** Province/State, Country, Postal code \_\_\_\_\_

Description of donated property \_\_\_\_\_ Donor's cost or adjusted basis \_\_\_\_\_

Valuation method used \_\_\_\_\_ Fair market value \_\_\_\_\_

Physical condition of donated property \_\_\_\_\_ Average security price \_\_\_\_\_

How was it acquired? \_\_\_\_\_ Bargain sale price \_\_\_\_\_

Date acquired \_\_\_\_\_  Capital gain property

Date contributed \_\_\_\_\_

**Property type (if over \$5,000)**  Donated property is publicly traded security

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Art valued more than \$20,000                         | <input type="checkbox"/> Equipment                     | <input type="checkbox"/> Collectibles          |
| <input type="checkbox"/> Qualified conservation - qualified farmer/rancher     | <input type="checkbox"/> Art valued less than \$20,000 | <input type="checkbox"/> Intellectual Property |
| <input type="checkbox"/> Qualified conservation - non-qualified farmer/rancher | <input type="checkbox"/> Other real estate             | <input type="checkbox"/> Vehicles              |
| <input type="checkbox"/> Qualified conservation                                | <input type="checkbox"/> Securities                    | <input type="checkbox"/> Other                 |

### Other Income and Adjustments

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

#### Other Income

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

#### Adjustments

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

Schedule A - Itemized Deductions

Name:

SSN:

Medical and Dental Expenses

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

Charitable Contributions

Table with 2 columns: 2017, 2016. Rows include Donations to charity (cash), Miles driven for charitable purposes, Donations to charity (noncash). Includes instruction: 'If noncash donations are greater than \$500, list below.'

Job Expenses & Certain Miscellaneous Deductions

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

Taxes Paid

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

Interest Paid

Table with 2 columns: 2017, 2016. Rows include Mortgage interest paid (attach Form 1098), Mortgage interest paid to an individual (with Name, Address, City, State, ZIP, SSN or EIN fields), Qualified mortgage insurance premiums, Investment interest.

Other Miscellaneous Deductions

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



### Mortgage Interest

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

**Provide all copies of Form 1098**

TSJ \_\_\_\_ For \_\_\_\_ Business name \_\_\_\_\_ Product \_\_\_\_\_

Recipient/Lender information: \_\_\_\_\_ Federal ID # \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

	2017	2016		2017	2016
Mortgage interest received . . . . .	_____	_____	Mortgage insurance premiums . . . . .	_____	_____
Points paid . . . . .	_____	_____	Real estate taxes paid . . . . .	_____	_____
Refund overpaid interest . . . . .	_____	_____	Account number _____		

TSJ \_\_\_\_ For \_\_\_\_ Business name \_\_\_\_\_ Product \_\_\_\_\_

Recipient/Lender information: \_\_\_\_\_ Federal ID # \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

	2017	2016		2017	2016
Mortgage interest received . . . . .	_____	_____	Mortgage insurance premiums . . . . .	_____	_____
Points paid . . . . .	_____	_____	Real estate taxes paid . . . . .	_____	_____
Refund overpaid interest . . . . .	_____	_____	Account number _____		

TSJ \_\_\_\_ For \_\_\_\_ Business name \_\_\_\_\_ Product \_\_\_\_\_

Recipient/Lender information: \_\_\_\_\_ Federal ID # \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

	2017	2016		2017	2016
Mortgage interest received . . . . .	_____	_____	Mortgage insurance premiums . . . . .	_____	_____
Points paid . . . . .	_____	_____	Real estate taxes paid . . . . .	_____	_____
Refund overpaid interest . . . . .	_____	_____	Account number _____		

TSJ \_\_\_\_ For \_\_\_\_ Business name \_\_\_\_\_ Product \_\_\_\_\_

Recipient/Lender information: \_\_\_\_\_ Federal ID # \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

	2017	2016		2017	2016
Mortgage interest received . . . . .	_____	_____	Mortgage insurance premiums . . . . .	_____	_____
Points paid . . . . .	_____	_____	Real Estate taxes paid . . . . .	_____	_____
Refund overpaid interest . . . . .	_____	_____	Account number _____		

## Employee Business Expense

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

### Employee Business Expense

TSJ \_\_\_\_\_ Occupation \_\_\_\_\_

	2017	2016
<b>Part I - Employee Business Expense and Reimbursements</b>		
Rural mail carrier . . . . .	_____	_____
Parking fees, tolls, and local transportation, including train, bus, etc. . . . .	_____	_____
Travel expense while away from home overnight, including lodging, airplane, car rental, etc. <b>Do not</b> include meals and entertainment . . . . .	_____	_____
Other business expenses . . . . .	_____	_____
Meals and entertainment expenses . . . . .	_____	_____
DOT meals . . . . .	_____	_____
Enter reimbursements received from your employer that were <b>not</b> reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 on your Form W-2 for . . . . .	_____	_____
Other business expenses . . . . .	_____	_____
Meals and entertainment expenses . . . . .	_____	_____
Portion of total expenses that is for impairment-related work expenses of disabled employee . . . . .	_____	_____
Portion of total expenses that is for an Armed Forces reservist . . . . .	_____	_____
<input type="checkbox"/> Qualifying performing artist <input type="checkbox"/> Fee-based state or local government official <input type="checkbox"/> Pastor		

### Business Vehicle Expenses

	Vehicle 1		Vehicle 2	
	2017	2016	2017	2016
Enter the date vehicle was placed in service . . . . .	_____	_____	_____	_____
Total miles vehicle was driven during 2017 . . . . .	_____	_____	_____	_____
Business miles . . . . .	_____	_____	_____	_____
Average daily roundtrip commuting distance . . . . .	_____	_____	_____	_____
Commuting miles included in total miles above . . . . .	_____	_____	_____	_____
Taxes . . . . .	_____	_____	_____	_____
Gasoline, oil, repairs, vehicle insurance, etc. . . . .	_____	_____	_____	_____
Vehicle rentals . . . . .	_____	_____	_____	_____
Inclusion amount . . . . .	_____	_____	_____	_____
Value of employer-provided vehicle (applies only if 100% annual lease value was included on Form W-2) . . . . .	_____	_____	_____	_____
Enter cost or other basis . . . . .	_____	_____	_____	_____
Enter section 179 deduction . . . . .	_____	_____	_____	_____
Enter depreciation method and percentage . . . . .	_____	_____	_____	_____
If your employer provided a vehicle, was personal use during off duty hours permitted? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you or your spouse have another vehicle available for personal use? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you have evidence to support your deduction? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," is the evidence written? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No			

### Auto Expense Worksheet

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

**General Information**

For \_\_\_\_\_

Business name and profession/product \_\_\_\_\_

Description \_\_\_\_\_

Date placed in service \_\_\_\_\_

Do you or your spouse have another vehicle available for personal use?  Yes  No

Was this vehicle available for use during off-duty hours?  Yes  No

Do you have evidence to support your deduction?  Yes  No

If "Yes," is the evidence written?  Yes  No

**Enter the number of miles your vehicle was used for:**

	2017	2016		Prior year total
<b>a</b> Business . . . . .	_____	_____	Business	_____
<b>b</b> Commuting . . . . .	_____	_____	Total	_____
<b>c</b> Other . . . . .	_____	_____		

**Expenses**

	2017	2016
Garage rent . . . . .	_____	_____
Gas . . . . .	_____	_____
Insurance . . . . .	_____	_____
Licenses . . . . .	_____	_____
Oil . . . . .	_____	_____
Parking fees . . . . .	_____	_____
Lease payments . . . . .	_____	_____
Interest . . . . .	_____	_____
Property tax . . . . .	_____	_____
Repairs . . . . .	_____	_____
Tires . . . . .	_____	_____
Tolls . . . . .	_____	_____
Other expenses (list):	Apply business %	
_____ <input type="checkbox"/>	_____	_____
_____ <input type="checkbox"/>	_____	_____
_____ <input type="checkbox"/>	_____	_____

### Expenses for Business Use of Your Home

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

#### Business Use of Home

TSJ \_\_\_\_\_ For \_\_\_\_\_

	2017	2016
Square feet of home used exclusively for business . . . . .		
Total square feet of home . . . . .		

#### Use of Home for Daycare

	2017	2016
Area used part time for business . . . . .		
Total hours used for daycare . . . . .		
Total hours available . . . . .		

Did you live in the home all year?  Yes  No

#### Expenses

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

#### Cost of Home

	2017	2016
Enter the <b>smaller</b> of your home's adjusted basis or its fair market value . . . . .		
Does this include the value of the land? <input type="checkbox"/> Yes <input type="checkbox"/> No . . . . . Value of land		
Date placed in service . . . . .		
Date taken out of service . . . . .		

Asset Listing for 2017

Name:

SSN:

For	Multi	Description of property	Placed in service	Cost/Basis	Method	Life	Prior depreciation	Sec 179 exp	Date sold	Sales price	Expense of sale

### Residential Energy Credits

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

TSJ \_\_\_\_\_

#### Part I - Residential Energy Efficient Property Credit

Qualified solar electric property costs . . . . . \_\_\_\_\_

Qualified solar water heating property costs . . . . . \_\_\_\_\_

Qualified small wind energy property costs . . . . . \_\_\_\_\_

Qualified geothermal heat pump property costs . . . . . \_\_\_\_\_

Was qualified fuel cell property installed on or in your main home in US?  Yes  No

Address of main home \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Qualified fuel cell property costs . . . . . \_\_\_\_\_

Kilowatt capacity of property on line 22 . . . . . \_\_\_\_\_

Amount of unused credit from 2016 Form 5695, line 28 . . . . . \_\_\_\_\_

#### Part II - Nonbusiness Energy Property Credit

Were improvements or costs made to your main home located in the US?  Yes  No

Address of main home \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Were improvements or costs related to the construction of this main home?  Yes  No

Enter the nonbusiness energy property credit that you took in:

2006 \_\_\_\_\_ 2009 \_\_\_\_\_ 2011 \_\_\_\_\_ 2014 \_\_\_\_\_ 2016 \_\_\_\_\_

2007 \_\_\_\_\_ 2010 \_\_\_\_\_ 2013 \_\_\_\_\_ 2015 \_\_\_\_\_

#### Qualified Energy Efficient Improvements

Insulation material or systems primarily designed to reduce heat loss or gain . . . . . \_\_\_\_\_

Exterior doors that meet or exceed Energy Star requirements . . . . . \_\_\_\_\_

Metal or asphalt roof with appropriate pigmented coatings designed to reduce heat gain . . . . . \_\_\_\_\_

Exterior windows and skylights that meet or exceed Energy Star requirements . . . . . \_\_\_\_\_

Enter the amount of window expense you claimed in:

2006 \_\_\_\_\_ 2009 \_\_\_\_\_ 2011 \_\_\_\_\_ 2014 \_\_\_\_\_ 2016 \_\_\_\_\_

2007 \_\_\_\_\_ 2010 \_\_\_\_\_ 2013 \_\_\_\_\_ 2015 \_\_\_\_\_

#### Residential Energy Property Costs

Energy efficient building property costs . . . . . \_\_\_\_\_

Qualified natural gas, propane, or oil furnace or hot water boiler . . . . . \_\_\_\_\_

Advanced main air circulating fan used in a natural gas, propane, or oil furnace . . . . . \_\_\_\_\_

### Education Credits and Deduction

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

**Provide all Form(s) 1098-T**

Student's first and last name: \_\_\_\_\_ SSN: \_\_\_\_\_

- Yes
- Has the Hope Scholarship Credit or American Opportunity Credit been claimed for this student for a total of four times in any prior years? . . . . .
- Was the student enrolled at least half time for at least one academic period that began in 2017 at an eligible education institution in a program leading toward a post-secondary degree, certificate, or other recognized post-secondary educational credential? . . . . .
- Did the student complete the first four years of post-secondary education before 2017? . . . . .
- Was the student convicted, before the end of 2017, of a felony for possession or distribution of a controlled substance? . . . . .
- Is the student pursuing a degree? . . . . .

Number of years the American Opportunity Credit has been claimed for this student \_\_\_\_\_

	2017	2016
Total qualified education expenses (including the cost of books, supplies, and equipment) that were REQUIRED to be paid directly to the educational institution . . . . .		
ADDITIONAL qualified education expenses that were NOT required to be paid directly to the educational institution . . . . .		
Tax-free education assistance received in 2017 allocable to the academic period . . . . .		
Tax-free education assistance received in 2018 (and before 2017 return is filed) allocable to the academic period . . . . .		
Refunds of qualified education expenses paid in 2017 if the refund is received before the 2017 return is filed . . . . .		

Educational Institution Name: \_\_\_\_\_

Educational Institution Name: \_\_\_\_\_

Student's first and last name: \_\_\_\_\_ SSN: \_\_\_\_\_

- Yes
- Has the Hope Scholarship Credit or American Opportunity Credit been claimed for this student for a total of four times in any prior years? . . . . .
- Was the student enrolled at least half time for at least one academic period that began in 2017 at an eligible education institution in a program leading toward a post-secondary degree, certificate, or other recognized post-secondary educational credential? . . . . .
- Did the student complete the first four years of post-secondary education before 2017? . . . . .
- Was the student convicted, before the end of 2017, of a felony for possession or distribution of a controlled substance? . . . . .
- Is the student pursuing a degree? . . . . .

Number of years the American Opportunity Credit has been claimed for this student \_\_\_\_\_

	2017	2016
Total qualified education expenses (including the cost of books, supplies, and equipment) that were REQUIRED to be paid directly to the educational institution . . . . .		
ADDITIONAL qualified education expenses that were NOT required to be paid directly to the educational institution . . . . .		
Tax-free education assistance received in 2017 allocable to the academic period . . . . .		
Tax-free education assistance received in 2018 (and before 2017 return is filed) allocable to the academic period . . . . .		
Refunds of qualified education expenses paid in 2017 if the refund is received before the 2017 return is filed . . . . .		

Educational Institution Name: \_\_\_\_\_

Educational Institution Name: \_\_\_\_\_

## Energy Credits

Name:

SSN:

### Form 8936 - Qualified Plug-in Electric Drive Motor Vehicle Credit

TSJ _____	Vehicle 1	Vehicle 2
Year of vehicle . . . . .	_____	_____
Make of vehicle . . . . .	_____	_____
Model of vehicle . . . . .	_____	_____
How many wheels does the vehicle have? . . . . .	_____	_____
Vehicle Identification Number . . . . .	_____	_____
Date vehicle was placed in service . . . . .	_____	_____
Tentative credit . . . . .	_____	_____
Business/investment use percentage . . . . .	_____	_____
Section 179 expense deduction . . . . .	_____	_____

### Form 8910 - Alternative Motor Vehicle Credit

TSJ _____	Vehicle 1	Vehicle 2
Year of vehicle . . . . .	_____	_____
Make of vehicle . . . . .	_____	_____
Model of vehicle . . . . .	_____	_____
Vehicle Identification Number . . . . .	_____	_____
Date vehicle was placed in service . . . . .	_____	_____
Maximum credit allowable . . . . .	_____	_____
Business/investment use percentage . . . . .	_____	_____



## Credit for Small Employer Health Insurance Premiums

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

TSJ \_\_\_\_\_

Complete the columns below for all eligible employees. Eligible employees do not include business owners, partners, shareholders who own more than 2%, family members, etc.

Complete the columns below for each employee enrolled in health insurance coverage provided under qualifying arrangement.

Employee identifier	Hours of service		Wages paid		Employer premiums paid		State average premiums
	2017	2016	2017	2016	2017	2016	

Employer identification number used to report employment taxes for above individuals . . . . . \_\_\_\_\_

Total amount of any state premium subsidies paid and any state tax credits available . . . . . \_\_\_\_\_

Detail Worksheet

Name:

SSN:

Description	2017	2016