

Prepared By:

Gonzalez and Associates, P.C.
14 Page Terrace
Stoughton, MA 02072

Prepared For:

2017 Client Organizer

YEAR END PROCESSING HIGHLIGHTS

BEFORE WE BEGIN THE TAX PREPARATION PROCESS, THE ATTACHED CLIENT ENGAGEMENT LETTER AND ORGANIZER MUST BE SIGNED.

Key Deadline Dates:

- Please forward us your **completed** tax organizer and tax documents ASAP, appointments are not required. For those who desire an appointment, they are available through March 16, 2018; they fill up quickly and should be scheduled early in tax season. Meeting with staff members will generally be more economical; Lillian is still available to check in at the end of these appointments. Organizers must be mailed to us a week ahead of the appointment. We prepare the returns in the **order received**.
- We are unable to guarantee an April 18th delivery date if your tax information is not complete and received by **March 15, 2018**.
- Those of you who know an **extension** will be needed, please submit to us all tax information and any necessary estimates of income no later than **April 5, 2018**. We do not automatically file tax extensions, you must notify us via email or fax. There will be a \$100 additional charge for extended returns when information is supplied after March 25, 2018.
- All types of IRAs must be funded by April 18, 2018; SEPs and 401(k)s can be funded through the due date of extended returns.
- **Final day to submit information for those returns on Extension to guarantee an October 15th filing will be September 30, 2018.**

Required Tax Documentation:

- Form W-2 (Wages, Salaries, & Tips)
- Forms 1099 Interest, 1099 Dividends, 1099B - Brokerage statements (Investment activity)
- Form 1099-Misc.
- Schedules K-1 (Income from Partnerships, S Corporations, Trusts and Estates)
- Form 1098 (Mortgage Interest Statement)
- Others: 1099-Q , 1098-E, 5498-SA, 1099-SA, 1095-A, 1099-HC

- Documentation supporting Real Estate taxes **if not on the Form 1098**
- Any tax notices received from the IRS, MDOR, or any other taxing agency
- HUD disclosure statement (If you sold, purchased or refinanced real estate).

DON'T FORGET TO SEND:

- Your excise tax (auto, boat and truck)
- Social security numbers for new dependents and date(s) of birth
- Daycare amounts paid and provider information (name, address, EIN)
- A copy of last year's Federal and State income tax returns **ONLY** if you are a new client
- Dates and amounts of 2017 Federal and State estimated tax payments made (may be listed in the Organizer) **Please provide us with copies of your canceled checks for estimates paid. The 1st estimate for 2017 was due April 2017 and the last due in January 2018.**

DO NOT:

- Send us unopened tax documents
- Send receipts for medical, business, employment and charitable deductions; a summarized list is sufficient with totals
- Scan into Fileshare a page at a time; please group by category

Self Employed Individuals (Schedule C Filers):

- **The IRS requires you to prepare 1099s for most entities and all individuals that were paid \$600 or more.** These must be submitted to the payees by **January 31, 2018**. We can prepare these 1099s for you at a **fee of \$50 for the first one and \$25 for each additional 1099.**

Foreign Reporting Requirements:

- Please write "**Foreign Activity**" on the front of your organizer if you:
 1. Own 10% or more of a foreign corporation or partnership, or have an interest in a foreign trust, or
 2. Hold financial assets in **a foreign bank or investment account**, or
 3. Receive more than 100,000 in cash or asset value from foreign sources

- If you had foreign accounts with **aggregate balances in excess of \$10,000** at any time during the year, you must file an **FBAR (now form 114) by either April 18, 2018 or with an extension by October 15, 2018.**

Other Key Notes:

- **E-file authorization forms must be returned to our office NOT the IRS.** The return will not be electronically filed until we have received this authorization form. Some states require ID information (license/passport) to electronically file the return. Please provide your license/passport information in the organizer.
- You may mail, scan/email, upload to our fileshare program, or fax these signed documents to us. There are two e-file authorization forms required (one for the Federal, one for the state).
- **Payment of any tax liability is still due by April 18, 2018 even if an extension is filed.**
- Please write "**out of state**" on the front of the organizer if you have any out of state transactions or income as this may require returns for other states.
- For Interest, Dividends, Brokerage, and K-1 forms, there is no need to duplicate that information in the organizer. You may list them and write "see attached".
- Please double check social security numbers, legal names and dates of birth. **Notify us of any name or address changes.**
- As we are paperless, please send copies of all tax documents that we may shred. If original documents are being submitted note in the organizer that originals must be returned.
- You can email scanned documents or upload to our secure fileshare.
- If you require tax returns completed immediately for financial aid purposes, write "**Financial Aid Deadline**" on the front page of the organizer.

"Community Efforts"

For the seventh year we are proud to sponsor our annual **"Tax Season Food Drive"** and will be collecting non-perishable items starting January 15th until April 5th. We will be delivering the non-perishable items to **"Open Shelves Food Pantry"** on April 10th, a 501(c)(3) non-profit organization. If you would like to drop off any non-expired and non-perishable items, checks, or gift cards our office is open Monday through Sunday 9:00 a.m. to 5:00 p.m. If you choose to write a check, please make payable to "Open Shelves Food Pantry".

As you know, Hurricane Maria left Puerto Rico in a state of devastation. Power still has not been fully restored in all parts of the island and many still struggle daily to obtain necessary water and food. Full recovery will certainly take many years. As a firm, we have been supporting local efforts to raise funds for the island and want to encourage our clients to also assist if they can. We have been asked to identify where contributions can be sent and we found The Boston Foundation (a 501(c)(3) organization), which in conjunction with the Latino Legacy Fund, is collecting contributions through **Massachusetts United for Puerto Rico**, and sending these resources directly to agencies in PR. Please make checks payable to Boston Foundation (in memo field place Mass United for PR); 100% of these contributions will be used for relief and rebuilding. We will forward the checks directly to the Foundation ourselves.

Gonzalez & Associates, P.C. thanks you for your past and future generosity in assisting those in need.

Gonzalez and Associates, P.C.
14 Page Terrace
Stoughton, MA 02072
781-344-1040

Dear :

This letter is to confirm and specify the terms of our engagement with you and to clarify the nature and extent of the services we will provide. In order to ensure an understanding of our mutual responsibilities, we ask all clients for whom returns are prepared to confirm the following arrangements.

We will prepare your 2017 federal and state income tax returns from information which you will furnish to us. We will not audit or otherwise verify the data you submit, although it may be necessary to ask you for clarification of some of the information. We will furnish you with questionnaires and worksheets to guide you in gathering the necessary information. Your use of such forms will assist in keeping the fee to a minimum.

You represent that the information you are supplying us is accurate and complete to the best of your knowledge and that you have disclosed to us all relevant facts affecting the returns. You should retain documents, cancelled checks and other data that form the basis of income and deductions. These may be necessary to prove the accuracy and completeness of the returns to a taxing authority. If you have any questions as to the type of records required, please ask for advice in that regard. You have the final responsibility for the income tax returns and, therefore, you should review them carefully before you sign them.

Our work in connection with the preparation of your income tax returns does not include any procedures designed to discover fraud or irregularities, should any exist. We will render such accounting and bookkeeping assistance as determined to be necessary for preparation of the income tax returns.

If you have derived income from a foreign country, we will use the information which you provide in the organizer to calculate your income tax liability and any applicable credits. There are various reporting requirements for foreign investments and transactions as noted in the quick notes. It is your responsibility to alert us with respect to these investments and transactions so we may advise you of your reporting requirements.

The timeliness of your cooperation is essential to our ability to complete this engagement. Specifically, we must receive sufficient information from which to prepare your returns within a reasonable period of time prior to the applicable filing deadline.

Accordingly, if we do not receive this information from you, as noted above, by **March 15th, 2018**, it may be necessary for us to pursue extensions of the due date of your returns. Our policy is to process all tax returns in the order they are received, so if you have a specific deadline or other time constraint, please advise us as early as possible.

We will be scheduling appointments for all staff members starting February 5, 2018 through March 16, 2018, Monday through Thursday, Saturday and some Sundays.

Jolanda Sepulveda-Muniz is coordinating staff appointments and she can be reached by phone or email at jsepulveda-muniz@go-cpas.com. Appointments are scheduled in one hour time blocks, so if you have a particularly complex tax return please let her know when you schedule. Also, please remember to remit your organizer a week before your appointment, so that we can utilize the appointment to finalize the return and for planning purposes.

Various penalties and interest are imposed when taxpayers fail to pay the full amount of taxes owed by the filing due date. Furthermore, additional penalties and interest are imposed when taxpayers fail to remit the proper amount of subsequent year tax estimates. Based on information you have provided to us, we can assist you in determining the correct amount of taxes owed for the current year and subsequent year tax estimates. You acknowledge that any such penalties and interest that arise due to the underestimation of current year taxes owed or subsequent year tax estimates remitted are your responsibility, and that we have no responsibility in that regard.

Your returns may be selected for review by the taxing authorities. Any proposed adjustments by the examining agent are subject to certain rights of appeal. In the event of such government tax examination, we will be available upon request to represent you and will render additional invoices for the time and expenses incurred. You agree to immediately notify us upon the receipt of any correspondence from any agency covered by this letter.

If the income tax returns we are to prepare in connection with this engagement are joint returns, and because you will each sign those returns, each of you are our clients. You each acknowledge that there is no expectation of privacy from the other concerning our services in connection with this engagement, and we are at liberty to share with either of you, without the prior consent of the other, any and all documents and other information concerning preparation of your returns.

Our minimum tax preparation fee for your Federal and Massachusetts return is \$400 (sliding scale available for low income persons and students). We generally base our prices on the time required at our regular rates for the services and personnel assigned plus out of pocket expenses and relevant technology charges. Other factors may be taken into consideration, including degree of difficulty or risk, time limitations placed on us by others, our past experience and professional expertise required. All invoices are due and payable upon presentation. Fees not received within 30 days of invoicing will be subject to a 1% monthly (12% annually) interest charge.

We are required to electronically file all tax returns that do not meet an exception, unless you specifically state in writing that you do not want to electronically file your return. Therefore, if you are strongly opposed to filing electronically, please indicate this in the questionnaire. Please note, that **filing electronically does not require you to also pay electronically**. Tax returns with balances due can still be filed prior to the tax return due date; payment of the tax liability is due April 18th.

THE FOLLOWING QUESTIONNAIRE IS USED TO PROCESS THE PREPARATION OF YOUR RETURN. PLEASE ANSWER ALL QUESTIONS. FAILURE TO ANSWER WILL BE TREATED AS A "NO" RESPONSE AND BLANK AMOUNTS WILL BE TREATED AS ZERO AMOUNTS. FOR EXAMPLE, FAILURE TO RESPOND TO THE QUESTION AS TO THE EXISTENCE OF CHARITABLE CONTRIBUTIONS IN THE SCHEDULE A "ITEMIZED DEDUCTION INFORMATION" WILL BE TREATED AS A NO RESPONSE AND A ZERO AMOUNT OF CHARITABLE CONTRIBUTIONS. YOUR RETURN WILL BE PREPARED WITH ZERO CHARITABLE CONTRIBUTIONS.

Questions

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

	Yes	No
Personal Information		
Did your marital status change during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____		
Did your address change from last year?	<input type="checkbox"/>	<input type="checkbox"/>
Can you be claimed as a dependent by another taxpayer?	<input type="checkbox"/>	<input type="checkbox"/>
Did you change any bank accounts, or did routing transit numbers (RTN) and/or bank account number change for existing bank accounts that have been used to direct deposit (or direct debit) funds from (or to) the IRS or other taxing authority during the tax year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive an Identity Protection PIN (IP PIN) from the IRS or have you been a victim of identity theft? If yes, attach the IRS letter.	<input type="checkbox"/>	<input type="checkbox"/>
CHOOSE ONE ONLY:		
I want my tax return emailed (no documents returned).	<input type="checkbox"/>	
I want BOTH a paper copy and an electronic copy..	<input type="checkbox"/>	
I want ONLY a paper copy (we return original documents only).	<input type="checkbox"/>	
Dependent Information		
Were there any changes in dependents from the prior year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____		
Do you have any children under age 19 or a full-time student under age 24 with unearned income in excess of \$2,100?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have dependents who must file a tax return?	<input type="checkbox"/>	<input type="checkbox"/>
Did you provide over half the support for any other person(s) other than your dependent children during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay for child care while you worked, looked for work, or while a full-time student?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any expenses related to the adoption of a child during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If you are divorced or separated with child(ren), do you have a divorce decree or other form of separation agreement which establishes custodial responsibilities?	<input type="checkbox"/>	<input type="checkbox"/>
Did any dependents receive an Identity Protection PIN (IP PIN) from the IRS or have they been a victim of identity theft? If yes, attach the IRS letter.	<input type="checkbox"/>	<input type="checkbox"/>
Purchases, Sales and Debt Information		
Did you start a new business or purchase rental property during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell, exchange, or purchase any assets used in your trade or business?	<input type="checkbox"/>	<input type="checkbox"/>
Did you acquire a new or additional interest in a partnership or S corporation?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell, exchange, or purchase any real estate during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you purchase or sell a principal residence during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you foreclose or abandon a principal residence or real property during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you acquire or dispose of any stock during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you take out a home equity loan this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you refinance a principal residence or second home this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell an existing business, rental, or other property this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you lend money with the understanding of repayment and this year it became totally uncollectable?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any debts canceled or forgiven this year, such as a home mortgage or student loan(s)?	<input type="checkbox"/>	<input type="checkbox"/>
Did you purchase a qualified plug-in electric drive vehicle or qualified fuel cell vehicle this year?	<input type="checkbox"/>	<input type="checkbox"/>

Income Information

- Did you have any foreign income or pay any foreign taxes during the year, directly or indirectly, such as from investment accounts, partnerships or a foreign employer?
- Did you receive any income from property sold prior to this year?
- Did you receive any unemployment benefits during the year?
- Did you receive any disability income during the year?
- Did you receive tip income not reported to your employer this year?
- Did any of your life insurance policies mature, or did you surrender any policies?
- Did you receive any awards, prizes, hobby income, gambling or lottery winnings?
- Do you expect a large fluctuation in income, deductions, or withholding next year?

Retirement Information

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

Education Information

- Did you, your spouse, or your dependents attend a post-secondary school during the year, or plan to attend one in the coming year?
- Did you have any educational expenses during the year on behalf of yourself, your spouse, or a dependent? If yes, attach any Form(s) 1098-T and receipts for qualified tuition and related expenses
- Did anyone in your family receive a scholarship of any kind during the year?
- If yes, were any of the scholarship funds used for expenses other than tuition, such as room and board?
- Did you make any withdrawals from an education savings or 529 Plan account?
- Did you make any contributions to an education savings or 529 Plan account?
- Did you pay any student loan interest this year?
- If so was it undergraduate or graduate or both

Health Care Information

- Did you have qualifying health care coverage, such as employer-sponsored coverage or government-sponsored coverage (i.e. Medicare/Medicaid) for your family? "Your family" for health care coverage refers to you, your spouse if filing jointly, and anyone you can claim as a dependent. If yes, attach any Form(s) 1095-B and/or 1095-C you received.
- Did you in your family qualify for an exemption from the health care coverage mandate? Examples of exemptions include (but are not limited to) certain non-citizens, members of a health care sharing ministry, members of Federally-recognized Indian tribes, and exemptions requested from the Marketplace. If yes, attach the Exemption Certificate Number (ECN) or type of exemption.
- Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act? If yes, attach any Form(s) 1095-A you received.
- Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act and share a policy with anyone who is not included in your family?
- Did you make any contributions to a Health savings account (HSA) or Archer MSA?
- Did you receive any distributions from a Health savings account (HSA), Archer MSA, or Medicare Advantage MSA this year?
- Did you pay long-term care premiums for yourself or your family?
- Did you make any contributions to an ABLE (Achieving a Better Life Experience)

- account? If yes, attach any Form(s) 5498-QA you received.
- Did you receive any withdrawals from an ABLA (Achieving a Better Life Experience) account? If yes, attach any Form(s) 1099-QA you received.
- If you are a business owner, did you pay health insurance premiums for your employees this year?
- Did you receive any Health Coverage Tax Credit (HCTC) advance payments? If yes, attach any Form(s) 1099-H you received.

Itemized Deduction Information

- Did you incur a casualty or theft loss or any condemnation awards during the year?
- If yes, did the loss occur in a Federally declared disaster area?
- Did you pay out-of-pocket medical expenses (Co-pays, prescription drugs, etc.)?
- Did you make any cash or noncash charitable contributions (clothes, furniture, etc.)?
- If yes, please provide documentation only for noncash contributions that in total exceed \$500. For other just provide a list and amounts.
- Did you donate a vehicle or boat during the year? If yes, attach Form 1098-C or other written acknowledgment from the donee organization.
- Did you pay real estate taxes for your primary home and/or second home?
- Did you pay any mortgage interest on an existing home loan? If yes, attach any Form(s) 1098 you received.
- Did you incur interest expenses associated with any investment accounts you held?
- Did you have an expense account or allowance during the year?
- Did you use your car on the job, for other than commuting?
- Did you work out of town for part of the year?
- Did you have any expenses related to seeking a new job during the year?
- Did you make any major purchases during the year (cars, boats, etc.)?
- Did you make any out-of-state purchases (by telephone, internet, mail, or in person) for which the seller did not collect state sales or use tax?

Miscellaneous Information

- Did you make gifts of more than \$14,000 to any individual?
- Did you utilize an area of your home for business purposes?
- Did you engage in any bartering transactions?
- Did you retire or change jobs this year?
- Did you incur moving costs because of a job change?
- Did you pay any individual as a household employee during the year?
- Did you make energy efficient improvements to your main home this year?
- Did you receive a distribution from, or were you a grantor or transferor for a foreign trust?
- Did you have a financial interest in or signature authority over a financial account such as a bank account, securities account, or brokerage account, located in a foreign country?
- Do you have any foreign financial accounts, foreign financial assets, or hold interest in a foreign entity?
- Did you receive correspondence from the State or the IRS?
- If yes, explain: _____
- Do you have previous years of tax returns that are either unfiled or filed with unpaid balances due?
- Do you want to designate \$3 to the Presidential Election Campaign Fund? If you check yes, it will not change your tax or reduce your refund.

Other

Please provide all Forms 1098 and all real estate tax bills. If you purchased, sold or refinanced any real estate please provide the disclosure statements (HUD-1).

If you are a Schedule C filer, you must issue 1099's for payments in excess of \$600 made to unincorporated service providers and all payments of \$600 or more for legal fees in order to deduct these expenses. Please confirm on the organizer that you are in compliance.

If you utilize your vehicle for business use, mileage must be contemporaneously documented with mileage logs. Please confirm your compliance in the organizer.

Charitable Contributions: (THIS IS BECOMING A HIGHLY AUDITED AREA!!)

Cash: Only list the total amount for which you have receipts. Receipts are required regardless of the dollar amount, even a \$1 contribution.

Check or credit card: Only list the total amount you can substantiate.

(1) For separate contributions of \$250 or more, you must have written acknowledgement from the charity; your canceled check is not enough.

(2) For separate contributions under \$250, either a bank record or a receipt is required.

Clothing and household goods (must be in good or better condition). Only list the total amount you can substantiate with receipts if the contribution is \$250 or greater.

If over \$500, please indicate the name and address of the charity (**attach a separate schedule as needed**).

CIRCUIT BREAKER CREDIT:

Taxpayers (**over age 65**) may qualify for a refundable credit on the Massachusetts income tax return for real estate taxes paid on a rented or owned principal residence. Income and home value limitations apply. If you believe you qualify please provide the following information:

Assessed value of home, before exemptions after abatements at 1/1/17 _____

Water and use charges _____ Special assessments _____

(For renters, it is assumed that 25% of rental payments are for real estate tax.)

MASSACHUSETTS TITLE V CREDIT - SEPTIC SYSTEMS

Please provide details on any amounts expended to replace or upgrade the septic system on your Massachusetts primary residence:

<u>PAYEE</u>	<u>DATE PAID</u>	<u>AMOUNT</u>
_____	_____	\$ _____
_____	_____	\$ _____

NOTE: Please include a copy of the Certificate of Compliance issued by your town's Board of Health.

GENERAL INFORMATION

General: 1040 **Personal Information**

Filing (Marital) status code (1 = Single, 2 = Married filing joint, 3 = Married filing separate, 4 = Head of household, 5 = Qualifying widow(er)) _____
 Mark if you were married but living apart all year _____ Mark if your nonresident alien spouse does not have an ITIN _____
Taxpayer **Spouse**
 Social security number _____
 First name _____
 Last name _____
 Occupation _____
 Designate \$3.00 to the presidential election campaign fund? (1 = Yes, 2 = No, 3=Blank) 2 _____
 Mark if legally blind _____
 Mark if dependent of another taxpayer _____
 Taxpayer between 19 and 23, full-time student, with income less than 1/2 support? (Y, N) _____
 Date of birth _____
 Date of death _____
 Work/daytime telephone number/ext number _____
 Do you authorize us to discuss your return with the IRS (Y, N) Y

General: 1040, Contact **Present Mailing Address**

Address _____
 Apartment number _____
 City/State postal code/Zip code _____
 Foreign country name _____
 Foreign phone number _____
 Home/evening telephone number _____
 Taxpayer email address _____
 Spouse email address _____

General: 1040 **Dependent Information**

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

Credits: 2441 **Child and Dependent Care Expenses**

Provider information:
 Business name _____
 First and Last name _____
 Street address _____
 City, state, and zip code _____
 Social security number OR Employer identification number _____
 Tax Exempt or Living Abroad Foreign Care Provider (1 = TE, 2 = LAFCP) _____
 Amount paid to care provider in 2017 _____
Taxpayer **Spouse**
 Employer-provided dependent care benefits that were forfeited _____

Health Care: Coverage **Health Care Coverage**

"Your family" for health care coverage refers to you, your spouse if filing jointly, and anyone you can claim as a dependent.
2017 Information **Prior Year Information**
 Was your entire family covered for the full year with minimum essential health care coverage? (Y, N) _____

INTEREST/DIVIDENDS/CAPITAL GAINS/OTHER INCOME

Income: B1 **Interest Income**

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

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

Income: B3 **Seller Financed Mortgage Interest**

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

Income: B2 **Dividend Income**

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

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

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

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

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

Income: Income **Other Income**

Please provide copies of all supporting documentation.

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

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

1040 Adj: IRA **Adjustments to Income - IRA Contributions**

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

Taxpayer Spouse

Traditional IRA Contributions for 2017 -

If you want to contribute the maximum allowable traditional IRA contribution amount, enter the applicable code: (1 = Deductible only, 2 = Both deductible and nondeductible)

Enter the total traditional IRA contributions made for use in 2017 _____

Roth IRA Contributions for 2017 -

Mark if you want to contribute the maximum Roth IRA contribution _____

Enter the total Roth IRA contributions made for use in 2017 _____

Educate: Educate2 **Higher Education Deductions and/or Credits**

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

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

Complete this section if you paid qualified education expenses for higher education costs in 2017. Qualified education expenses include tuition and fees required for enrollment or attendance at an eligible educational institution. Please provide all copies of Form 1098-T.

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

*Education Expense Code: 1 = American opportunity credit; 2 = Lifetime learning credit; 3 = Tuition and fees deduction. The student qualifies for the American opportunity credit when enrolled at least half-time in a program leading to a degree, certificate, or recognized credential; has not completed the first 4 years of post-secondary education; has no felony drug convictions on student's record.

1040 Adj: 3903 **Job Related Moving Expenses**

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

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

1040 Adj: OtherAdj **Other Adjustments to Income**

Alimony Paid:

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

Taxpayer Spouse Prior Year Information

Educator expenses:

 Other adjustments:

ITEMIZED DEDUCTIONS

Itemized: A1 **Medical and Dental Expenses**

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

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

Itemized: A1 **Tax Expenses**

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

Itemized: A2 **Interest Expenses**

T/S/J		2017 Information	Prior Year Information
—	Home mortgage interest From Form 1098	_____	_____

T/S/J	Payee's Name	SSN or EIN	2017 Information	Prior Year Information
—	_____	_____	_____	_____
	Address		City	State Zip Code

T/S/J		2017 Information	Prior Year Information
—	Investment interest expense, other than on Sch K-1s:	_____	_____

	Refinance #1	Refinance #2
Refinancing Information:		
T/S/J	_____	_____
Recipient/Lender name	_____	_____
Total points paid at time of refinance	_____	_____
Date of refinance	_____	_____
Term of new loan (in months)	_____	_____
Reported on Form 1098 in 2017	_____	_____

Itemized: A3 **Charitable Contributions**

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

Itemized: A3 **Miscellaneous Deductions**

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

BANK & IDENTITY AUTHENTICATION

General: Bank **Direct Deposit/Electronic Funds Withdrawal Information**

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

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

Primary account:

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

Secondary account #1:

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

Secondary account #2:

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

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

Electronic Filing: ID Auth **Identity Authentication**

Taxpayer -

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

Spouse -

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

NOTES/QUESTIONS:

Preparer - Enter on Screen Contact

Tax matters person (Indicate which spouse handles tax return related questions) (Blank = Both, T = Taxpayer, S = Spouse) _____ [8]

Taxpayer email address _____ [9]

Spouse email address _____ [10]

	Taxpayer	Spouse
Fax telephone number	_____ [11]	_____ [19]
Mobile telephone number	_____ [12]	_____ [20]
Mobile telephone #2 number	_____ [13]	_____ [21]
Pager number	_____ [14]	_____ [22]
Other:	_____ [15]	_____ [23]
Telephone number	_____ [16]	_____ [24]
Extension	_____ [17]	_____ [25]
Preferred method of contact:		
Email, Work phone, Home phone, Fax, Mobile phone, Mobile phone #2	_____ [18]	_____ [26]

NOTES/QUESTIONS:

Form ID: Bank **Direct Deposit/Electronic Funds Withdrawal Information** **3**

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

Mark to verify all accounts listed below have been reviewed, updated as needed, and are correct. __[1]
 Primary account:
 Financial institution routing transit number _____ [3]
 Name of financial institution _____ [4]
 Your account number _____ [5]
 Type of account (1 = Savings, 2 = Checking, 3 = IRA*) __ [6]
 Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) __ [7]
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) __ [8]
 Enter the maximum dollar amount, or percentage of total refund Dollar _____ [9] or Percent (xxx.xx) _____ [10]

Secondary account #1:
 Financial institution routing transit number _____ [25]
 Name of financial institution _____ [26]
 Your account number _____ [27]
 Type of account (1 = Savings, 2 = Checking, 3 = IRA*) __ [28]
 Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) __ [29]
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) __ [30]
 Enter the maximum dollar amount, or percentage of total refund Dollar _____ [11] or Percent (xxx.xx) _____ [12]

Secondary account #2:
 Financial institution routing transit number _____ [31]
 Name of financial institution _____ [32]
 Your account number _____ [33]
 Type of account (1 = Savings, 2 = Checking, 3 = IRA*) __ [34]
 Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) __ [35]
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) __ [36]
 Enter the maximum dollar amount, or percentage of total refund Dollar _____ [15] or Percent (xxx.xx) _____ [16]

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

Refund - U.S. Series I Savings Bond Purchases

A tax refund may be used to buy up to \$5,000 of U.S. Series I Savings bonds and registered for up to three different persons. If you would like to purchase U.S. Series I Savings bonds (in increments of \$50) with your refund, if applicable, please complete the following information. Please note you may enter only one name per registration (with exception of married filing joint returns) and must enter the party's given name, do not use nicknames.

Indicate either a maximum dollar amount (up to \$5,000), or percentage of refund you would like used to purchase bonds
 The bonds will be registered to the name(s) on the return. For married filing joint returns this means the bonds will be registered in both names listed on the return.
 To register the bonds separately, leave these fields blank and use the fields provided below.
 Enter either a dollar amount or percent, but not both Dollar _____ [13] or Percent (xxx.xx) _____ [14]

Bond information for someone other than taxpayer and spouse, if married filing jointly
 Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase bonds Dollar _____ [17] or Percent (xxx.xx) _____ [18]
 Owner's name (First Last) _____ [38] _____ [39]
 Co-owner or beneficiary (First Last) _____ [40] _____ [41]
 Mark if the name listed above is a beneficiary _____ [42]

Bond information for someone other than taxpayer and spouse, if married filing jointly
 Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase bonds Dollar _____ [21] or Percent (xxx.xx) _____ [22]
 Owner's name (First Last) _____ [43] _____ [44]
 Co-owner or beneficiary (First Last) _____ [45] _____ [46]
 Mark if the name listed above is a beneficiary _____ [47]

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

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

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

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

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

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

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

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

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

NOTES/QUESTIONS:

Taxpayer -

Form of identification (1 = Driver's license, 2 = State issued identification card) _____ [1]

Identification number _____ [2]

Issue date _____ [3]

Expiration date (mm/dd/yyyy) _____ [4]

Location of issuance (State issued only) _____ [5]

Document number (New York only) _____ [6]

Spouse -

Form of identification (1 = Driver's license, 2 = State issued identification card) _____ [7]

Identification number _____ [8]

Issue date _____ [9]

Expiration date (mm/dd/yyyy) _____ [10]

Location of issuance (State issued only) _____ [11]

Document number (New York only) _____ [12]

NOTES/QUESTIONS:

Form ID: Est **Estimated Taxes** **8**

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

Refunded _____ [52]

Applied to 2018 estimated tax liability _____ [53]

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

If yes, please explain any differences: _____ [55]

_____ [56]

_____ [57]

_____ [58]

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

If yes, please explain any differences: _____ [60]

_____ [61]

_____ [62]

_____ [63]

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

If yes, please explain any differences: _____ [65]

_____ [66]

_____ [67]

_____ [68]

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

If yes, please explain any differences: _____ [70]

_____ [71]

_____ [72]

_____ [73]

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

2017 Federal Estimated Tax Payments

2016 overpayment applied to 2017 estimates + _____ [1]

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

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

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

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

NOTES/QUESTIONS:

Form ID: St Pmt **2017 State Estimated Tax Payments** 9

Taxpayer/Spouse/Joint (T, S, J) _____ [1]
State postal code _____ [2]

Amount paid with 2016 return + _____ [3]
 2016 overpayment applied to '17 estimates + _____ [4]
 Treat calculated amounts as paid _____ [8]

Date Paid	Amount Paid	Calculated Amount
1st quarter payment _____ [9]	+ _____ [10]	<div style="border: 1px solid black; padding: 5px;"> _____ _____ _____ _____ _____ </div>
2nd quarter payment _____ [11]	+ _____ [12]	
3rd quarter payment _____ [13]	+ _____ [14]	
4th quarter payment _____ [15]	+ _____ [16]	
Additional payment _____ [17]	+ _____ [18]	

2017 City Estimated Tax Payments

<p>City #1</p> <p>City name _____ [28]</p> <p>Amount paid with 2016 return + _____ [31]</p> <p>2016 overpayment applied to '17 estimates- _____ [32]</p> <p>Treat calculated amounts as paid _____ [36]</p>	<p>City #2</p> <p>City name _____ [50]</p> <p>Amount paid with 2016 return + _____ [53]</p> <p>2016 overpayment applied to '17 estimates- _____ [54]</p> <p>Treat calculated amounts as paid _____ [58]</p>
--	--

<table style="width: 100%;"> <tr> <th style="width: 30%;">Date Paid</th> <th style="width: 20%;">Amount Paid</th> </tr> <tr> <td>1st quarter payment _____ [37]</td> <td>+ _____ [38]</td> </tr> <tr> <td>2nd quarter payment _____ [39]</td> <td>+ _____ [40]</td> </tr> <tr> <td>3rd quarter payment _____ [41]</td> <td>+ _____ [42]</td> </tr> <tr> <td>4th quarter payment _____ [43]</td> <td>+ _____ [44]</td> </tr> </table>	Date Paid	Amount Paid	1st quarter payment _____ [37]	+ _____ [38]	2nd quarter payment _____ [39]	+ _____ [40]	3rd quarter payment _____ [41]	+ _____ [42]	4th quarter payment _____ [43]	+ _____ [44]	<table style="width: 100%;"> <tr> <th style="width: 30%;">Date Paid</th> <th style="width: 20%;">Amount Paid</th> </tr> <tr> <td>1st quarter payment _____ [59]</td> <td>+ _____ [60]</td> </tr> <tr> <td>2nd quarter payment _____ [61]</td> <td>+ _____ [62]</td> </tr> <tr> <td>3rd quarter payment _____ [63]</td> <td>+ _____ [64]</td> </tr> <tr> <td>4th quarter payment _____ [65]</td> <td>+ _____ [66]</td> </tr> </table>	Date Paid	Amount Paid	1st quarter payment _____ [59]	+ _____ [60]	2nd quarter payment _____ [61]	+ _____ [62]	3rd quarter payment _____ [63]	+ _____ [64]	4th quarter payment _____ [65]	+ _____ [66]
Date Paid	Amount Paid																				
1st quarter payment _____ [37]	+ _____ [38]																				
2nd quarter payment _____ [39]	+ _____ [40]																				
3rd quarter payment _____ [41]	+ _____ [42]																				
4th quarter payment _____ [43]	+ _____ [44]																				
Date Paid	Amount Paid																				
1st quarter payment _____ [59]	+ _____ [60]																				
2nd quarter payment _____ [61]	+ _____ [62]																				
3rd quarter payment _____ [63]	+ _____ [64]																				
4th quarter payment _____ [65]	+ _____ [66]																				

Calculated Amount

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

Calculated Amount

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

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

<table style="width: 100%;"> <tr> <th style="width: 30%;">Date Paid</th> <th style="width: 20%;">Amount Paid</th> </tr> <tr> <td>1st quarter payment _____ [81]</td> <td>+ _____ [82]</td> </tr> <tr> <td>2nd quarter payment _____ [83]</td> <td>+ _____ [84]</td> </tr> <tr> <td>3rd quarter payment _____ [85]</td> <td>+ _____ [86]</td> </tr> <tr> <td>4th quarter payment _____ [87]</td> <td>+ _____ [88]</td> </tr> </table>	Date Paid	Amount Paid	1st quarter payment _____ [81]	+ _____ [82]	2nd quarter payment _____ [83]	+ _____ [84]	3rd quarter payment _____ [85]	+ _____ [86]	4th quarter payment _____ [87]	+ _____ [88]	<table style="width: 100%;"> <tr> <th style="width: 30%;">Date Paid</th> <th style="width: 20%;">Amount Paid</th> </tr> <tr> <td>1st quarter payment _____ [103]</td> <td>+ _____ [104]</td> </tr> <tr> <td>2nd quarter payment _____ [105]</td> <td>+ _____ [106]</td> </tr> <tr> <td>3rd quarter payment _____ [107]</td> <td>+ _____ [108]</td> </tr> <tr> <td>4th quarter payment _____ [109]</td> <td>+ _____ [110]</td> </tr> </table>	Date Paid	Amount Paid	1st quarter payment _____ [103]	+ _____ [104]	2nd quarter payment _____ [105]	+ _____ [106]	3rd quarter payment _____ [107]	+ _____ [108]	4th quarter payment _____ [109]	+ _____ [110]
Date Paid	Amount Paid																				
1st quarter payment _____ [81]	+ _____ [82]																				
2nd quarter payment _____ [83]	+ _____ [84]																				
3rd quarter payment _____ [85]	+ _____ [86]																				
4th quarter payment _____ [87]	+ _____ [88]																				
Date Paid	Amount Paid																				
1st quarter payment _____ [103]	+ _____ [104]																				
2nd quarter payment _____ [105]	+ _____ [106]																				
3rd quarter payment _____ [107]	+ _____ [108]																				
4th quarter payment _____ [109]	+ _____ [110]																				

Calculated Amount

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

Calculated Amount

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

Please provide all copies of Form W-2.

2017 Information

Prior Year Information

Taxpayer/Spouse (T, S) _____ [1]
 Employer name _____ [3]
 Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Farming / Fishing, 4 = National Guard) _____ [5]
 Mark if this is your current employer _____ [6]
 Federal wages and salaries (**Box 1**) + _____ [10]
 Federal tax withheld (**Box 2**) + _____ [12]
 Social security wages (**Box 3**) (If different than federal wages) + _____ [14]
 Social security tax withheld (**Box 4**) + _____ [16]
 Medicare wages (**Box 5**) (If different than federal wages) + _____ [18]
 Medicare tax withheld (**Box 6**) + _____ [21]
 SS tips (**Box 7**) + _____ [23]
 Allocated tips (**Box 8**) + _____ [25]
 Dependent care benefits (**Box 10**) + _____ [27]
Box 13 -
 Statutory employee _____ [29]
 Retirement plan _____ [30]
 Third-party sick pay _____ [31]
 State postal code (**Box 15**) _____ [32]
 State wages (**Box 16**) (If different than federal wages) + _____ [34]
 State tax withheld (**Box 17**) + _____ [36]
 Local wages (**Box 18**) + _____ [38]
 Local tax withheld (**Box 19**) + _____ [40]
 Name of locality (**Box 20**) _____ [43]

Control Totals+

Wages and Salaries #2

Please provide all copies of Form W-2.

2017 Information

Prior Year Information

Taxpayer/Spouse (T, S) _____ [1]
 Employer name _____ [3]
 Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Farming / Fishing, 4 = National Guard) _____ [5]
 Mark if this is your current employer _____ [6]
 Federal wages and salaries (**Box 1**) + _____ [10]
 Federal tax withheld (**Box 2**) + _____ [12]
 Social security wages (**Box 3**) (If different than federal wages) + _____ [14]
 Social security tax withheld (**Box 4**) + _____ [16]
 Medicare wages (**Box 5**) (If different than federal wages) + _____ [18]
 Medicare tax withheld (**Box 6**) + _____ [21]
 SS tips (**Box 7**) + _____ [23]
 Allocated tips (**Box 8**) + _____ [25]
 Dependent care benefits (**Box 10**) + _____ [27]
Box 13 -
 Statutory employee _____ [29]
 Retirement plan _____ [30]
 Third-party sick pay _____ [31]
 State postal code (**Box 15**) _____ [32]
 State wages (**Box 16**) (If different than federal wages) + _____ [34]
 State tax withheld (**Box 17**) + _____ [36]
 Local wages (**Box 18**) + _____ [38]
 Local tax withheld (**Box 19**) + _____ [40]
 Name of locality (**Box 20**) _____ [43]

Control Totals+

Interest Income

Please provide copies of all Form 1099-INT or other statements reporting interest income.
 *Whole numbers will be treated as \$ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.

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

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

Dividend Income

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

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

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

**Dividend Codes	
Blank = Other	3 = Nominee

Please provide a copy of Form(s) SSA-1099 or RRB-1099

Taxpayer/Spouse (T, S) _____ [1]
 State postal code _____ [2]

Social Security Benefits

	2017 Information	Prior Year Information
If you received a Form SSA - 1099, please complete the following information:		
Net Benefits for 2017 (Box 3 minus Box 4) (Box 5)	+ _____ [8]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
Voluntary Federal Income Tax Withheld (Box 6)	+ _____ [10]	
From the DESCRIPTION OF AMOUNT IN BOX 3 area of Form SSA-1099:		
Medicare premiums	+ _____ [12]	
Prescription drug (Part D) premiums	+ _____ [14]	

Tier 1 Railroad Benefits

	2017 Information	Prior Year Information
If you received a Form RRB - 1099, please complete the following information:		
Net Social Security Equivalent Benefit:		<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
Portion of Tier 1 Paid in 2017 (Box 5)	+ _____ [22]	
Federal Income Tax Withheld (Box 10)	+ _____ [25]	
Medicare Premium Total (Box 11)	+ _____ [27]	

Additional Information About Benefits Received

Additional information about the benefits received not reported above. For example did you repay any benefits in 2017 or receive any prior year benefits in 2017. This information will be reported in the SSA-1099 DESCRIPTION OF AMOUNT IN BOX 3 area or in the RRB-1099 Boxes 7 through 9.

_____ [40]
 _____ [41]
 _____ [42]
 _____ [43]
 _____ [44]

NOTES/QUESTIONS:

Form ID: IRA	Traditional IRA	26
--------------	------------------------	-----------

	Taxpayer	Spouse
Are you or your spouse (if MFJ or MFS) covered by an employer's retirement plan? (Y, N)	__ [1]	__ [2]
Do you want to contribute the maximum allowable traditional IRA contribution amount? If yes, enter the applicable code: (1 = Deductible only, 2 = Both deductible and nondeductible)	__ [3]	__ [4]
Enter the total traditional IRA contributions made for use in 2017	+ _____ [5]	+ _____ [6]
	Taxpayer	Spouse
Enter the nondeductible contribution amount made for use in 2017	+ _____ [11]	+ _____ [12]
Enter the nondeductible contribution amount made in 2018 for use in 2017	+ _____ [13]	+ _____ [14]
Traditional IRA basis	+ _____ [15]	+ _____ [16]
Value of all your traditional IRA's on December 31, 2017:		
_____	+ _____ [17]	+ _____ [18]
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____

Roth IRA

Please provide copies of any 1998 through 2016 Form 8606 not prepared by this office

	Taxpayer	Spouse
Mark if you want to contribute the maximum Roth IRA contribution	__ [27]	__ [28]
Enter the total Roth IRA contributions made for use in 2017	+ _____ [29]	+ _____ [30]
Enter the total amount of Roth IRA conversion recharacterizations for 2017	+ _____ [37]	+ _____ [38]
Enter the total contribution Roth IRA basis on December 31, 2016	+ _____ [41]	+ _____ [42]
Enter the total Roth IRA contribution recharacterizations for 2017	+ _____ [43]	+ _____ [44]
Enter the Roth conversion IRA basis on December 31, 2016	+ _____ [45]	+ _____ [46]
Value of all your Roth IRA's on December 31, 2017:		
_____	+ _____ [47]	+ _____ [48]
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____

NOTES/QUESTIONS:

Alimony Paid:

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

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

NOTES/QUESTIONS:

T/S/J	2017 Information	Prior Year Information
Medical and dental expenses, such as: Doctors, Dentists, Hospital/nursing home fees, Lab/x-ray fees, Medical supplies, Hearing aids, Eyeglasses/contact lenses, and Insurance reimbursements received		
[1] _____	+ _____ [2]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
Medical insurance premiums you paid: <small>Do not include pre-tax amounts paid by an employer-sponsored plan or amounts entered elsewhere, such as amounts paid for your self-employed business (Sch C, Sch F, Sch K-1, etc.) or Medicare premiums entered on Form SSA-1099.</small>		
[4] _____	+ _____ [5]	
_____	+ _____	
_____	+ _____	
_____	+ _____	
Long-term care premiums you paid: <small>Do not include pre-tax amounts paid by an employer-sponsored plan or amounts entered elsewhere, such as amounts paid for your self-employed business (Sch C, Sch F, Sch K-1, etc.)</small>		
[7] _____	+ _____ [8]	
_____	+ _____	
Prescription medicines and drugs:		
[10] _____	+ _____ [11]	
_____	+ _____	
_____	+ _____	
[13] Miles driven for medical items _____	_____ [14]	

Schedule A - Tax Expenses

T/S/J	2017 Information	Prior Year Information
State/local income taxes paid:		
[18] _____	+ _____ [19]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
2016 state and local income taxes paid in 2017:		
[21] _____	+ _____ [22]	
_____	+ _____	
_____	+ _____	
Real estate taxes paid:		
[24] _____	+ _____ [25]	
_____	+ _____	
_____	+ _____	
Personal property taxes:		
[27] _____	+ _____ [28]	
_____	+ _____	
Other taxes, such as: foreign taxes and State disability taxes		
[30] _____	+ _____ [31]	
_____	+ _____	
_____	+ _____	
Sales tax paid on major purchases:		
[36] _____	+ _____ [37]	
_____	+ _____	
Sales tax paid on actual expenses:		
[39] _____	+ _____ [40]	
_____	+ _____	
_____	+ _____	

T/S/J	2017 Interest Paid ^{2]}	2017 Points Paid	Type*	2017 Mortgage Ins. Premiums Paid	Prior Year Information
Home mortgage interest: From Form 1098					
[1] _____	+	+	+	+	
_____	+	+	+	+	
_____	+	+	+	+	
_____	+	+	+	+	
_____	+	+	+	+	
_____	+	+	+	+	
_____	+	+	+	+	
_____	+	+	+	+	
_____	+	+	+	+	
_____	+	+	+	+	

***Mortgage Types**

Blank = Used to buy, build or improve main/qualified second home
 1 = Not used to buy, build, improve home or investment
 2 = Used to pay off previous mortgage
 3 = Used to pay off previous mortgage, excess proceeds invested
 4 = Taken out before 7/1/82 and secured by home used by taxpayer

T/S/J	Payee's Name	SSN or EIN	2017 Information	Prior Year Information
Other, such as: Home mortgage interest paid to individuals				
[4] _____	_____	_____	+	[5] _____
Address		_____		
City, state and zip code		_____		
_____	_____	_____	+	_____
Address		_____		
City, state and zip code		_____		

T/S/J Name and address of other person who received Form 1098 for jointly liable mortgage interest you paid -

____ Payer's/Borrower's name _____ [7]
 ____ Street Address _____
 ____ City/State/Zip code _____

Refinancing Points paid in 2017 -

____ Taxpayer/Spouse/Joint (T, S, J) _____ [11]
 ____ Recipient/Lender name _____
 ____ Total points paid at time of refinance _____
 ____ Percentage of principal exceeding original mortgage (For AMT adjustment) _____
 ____ Points deemed as paid in 2017 (**Preparer use only**) _____ + _____ [12]
 ____ Date of refinance _____
 ____ Term of new loan (in months) _____
 ____ Reported on Form 1098 in 2017 _____
 ____ Taxpayer/Spouse/Joint (T, S, J) _____
 ____ Recipient/Lender name _____
 ____ Total points paid at time of refinance _____
 ____ Percentage of principal exceeding original mortgage (For AMT adjustment) _____
 ____ Points deemed as paid in 2017 (**Preparer use only**) _____ + _____
 ____ Date of refinance _____
 ____ Term of new loan (in months) _____
 ____ Reported on Form 1098 in 2017 _____

T/S/J	2017 Information
Investment interest expense, other than on Schedule(s) K-1:	
[15] _____	+ _____ [16]
_____	+
_____	+
_____	+
_____	+
_____	+
_____	+
_____	+
_____	+
_____	+

T/S/J		Qualified Disaster Relief**	2017 Information	Prior Year Information
Contributions made by cash or check (including out-of-pocket expenses)				
Any contribution of cash, a check or other monetary gift requires a written record of the contribution in order to claim the contribution on your return.				
Individual contributions of \$250 or more must be accompanied by a written acknowledgment from the charity to claim the contribution on your return.				
[2]	_____	+	_____ [3]	_____ _____ _____ _____ _____ _____ _____ _____ _____ _____
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	
[5]	Volunteer miles driven		_____ [6]	
Noncash items, such as: Goodwill/Salvation Army/clothing/household goods				
[8]	_____	+	_____ [9]	
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	

**Mark if qualifying disaster relief contribution made between 8/23/2017 and 12/31/2017

Miscellaneous Deductions

T/S/J			2017 Information	Prior Year Information
Unreimbursed expenses, such as: Uniforms, Professional dues, Business publications, Job seeking expenses, Educational expenses				
[11]	_____	+	_____ [12]	_____ _____ _____ _____ _____ _____ _____ _____ _____ _____
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	
[14]	Union dues, other than amounts reported on Form W-2:		_____ [15]	
—	_____	+	_____	
[17]	Tax preparation fees		_____ [18]	
Other expenses, subject to 2% AGI limit, such as: Legal/accounting/custodial fees				
[20]	_____	+	_____ [21]	
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	
[23]	Safe deposit box rental		_____ [24]	
Investment expenses, other than on Schedule(s) K-1 or Form(s) 1099-DIV/INT:				
[26]	_____	+	_____ [27]	
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	
Other expenses, not subject to the 2% AGI limit:				
[30]	_____	+	_____ [31]	
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	
Gambling losses: (Enter only if you have gambling income)				
[33]	_____	+	_____ [34]	
—	_____	+	_____	

