2017 1040 US Topical Index

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Series: Topical Index

RGANIZER			
2017 1040	US	Tax Organizer	
P.O. Bo Lafayet Telepho Fax nun E-mail a	ox 52626 te, LA 70505 one number: nber: address: tax organize	337-234-1467 337-234-8171 wynn@phillipsgoodsoncp r will assist you in gatherin	Tax Return Appointment Date: Time: Location: Date: Date: Date: Time: Location: Date: Dat
records, placement agenc NOTE: If your child is disa or social services agency	arned income crement, landlord by statement, so abled, please proor program statements	edit, please provide proof that you or property management stateme cial service records or statement, ovide one of the following forms of	ur child is a resident of the United States. This proof is typically in the form ant, health care provider statement, medical records, child care provider place of worship, Indian tribal office statement, or employer statement. of proof of disability: doctor statement, other health care provider statement,
CLIENT INFORMA	TION	Taxpayer	Spouse
Last name. Title/suffix. Social security number. Occupation. Date of birth (m/d/y). Date of death (m/d/y). 1=blind. Home phone. Work phone.		nber.	
DEPENDENTS			
First name Last name Title/suffix Date of birth (m/d/y) Date of death (m/d/y) Date of adoption (m/d/y) Social security number Relationship Months lived at home		Dependent No. Dependent No.	Dependent No.
First name			Dependent No.
First name			

017	1040	US	Tax Organizer		
\M\A.C	Please enter all pertinent 2017 information. If you have attached a government form for an item, check the box and do not enter a 2017 amount. WAGES, SALARIES AND TIPS				
	aES, SALAF oyer name:	KIES AND	IIPS	2017 Amount	2016 Amount
	oyer name.			2017 Alliodit	2010 Amount
				Attach Forms W-2	
				_	
	DEST INCO	\N/F			
	REST INCO)IVIE			
	name.				
				Attach Forms 1099-INT	
	DEND INCO	ME			
Payer	r name:				
				—	
				Attach Forms 1099-DIV	
	-				
Payer	name:		DO NC	Attach Forms 1099-R & W-2G	
			J	_	
	\\/immin an mak	wanastad an N	M 20	_	
	-	•	N-2G		
			DRMS - INCOME		
	_		ock (also include transaction history)		
			neous income		mc 1099
			ard and third party network payments		1115 1033
Ш	Form 1099-S	- Sales of rea	al estate (also include closing statement	s)	
	Form 1099-G	. State tav re	efunds	Attach Forms 1099	
ш	ayer:	State tax le		Attach Forms 1000	
Taxua	-	on Social co	ecurity benefits		
_	Form SSA-109	79 - 300iai se			
			nent compensation	Attach Forms 1099	
	Form 1099-G Form 1099-Q	- Unemploym (529 Plan)	nent compensation	Attach Forms 1039	
	Form 1099-G Form 1099-Q Form 1099-QA	- Unemploym (529 Plan)	nent compensation	Attach Forms 1039	
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17	1040	US	Tax Organizer
MISC	ELLANEO	US INCOM	<u></u>
	Taxpayer: A	Alimony receiv	ved
	Spouse: Ali	mony receive	ed
Other:			
DET	DEMENT C	N AN CON	TRIBUTIONS
			TRIBUTIONS 2017 Amount 2016 Amount
Taxpa			butions (1=maximum)
			s (1=maximum)
C			E, & qualified plan contributions (1=maximum)
Spous			butions (1=maximum)
			s (1=maximum)
	Sen-employ	yeu, ser, siivire	LE, & qualified plan contributions (1—maximum)
ОТНЕ	ER GOVER	NMENT FO	ORMS - DEDUCTIONS
			interact
_			elated expenses
<u>A</u> FFC	ORDABLE	CARE ACT	Γ
_			ance Marketplace Statement
_			rage
			ded Health Insurance Offer and Coverage
	JSTMENTS	TO INCO	ME
Taxpa			
			nce premiums
	•		
Ot	her adjustme	nts to income	e:
Δli	imony naid -	Recipient nar	me & SSN
7 (11	intony para	r (ccipiont nai	
Spous	e:		
Se	elf-employed l	health insurai	nce premiums.
Ed	ducator expen	ses	
Ot	her adjustme	nts to income	e:
Ali	imony paid - I	Recipient nar	me & SSN
MED	ICAL AND	DENTAL E	EXPENSES
			gs
	•	_	
	•		
			payer
			use
Out-of	-pocket lodgii	ng and transp	portation expenses
Numbe	er of medical	miles	
Other:			
	ES PAID		
State i	income taxes	- 1/17 paym	ent on 2016 state estimate

TAXES PAID (continued)	2017 Amount	2016 Amount
State income taxes - paid with 2016 state extension		
State income taxes - paid with 2016 state return		
State income taxes - paid for prior years and/or to other states		
City/local income taxes - 1/17 payment on 2016 city/local estimate		
City/local income taxes - paid with 2016 city/local extension		
City/local income taxes - paid with 2016 city/local return		
State and local sales taxes (except autos and special items)		
Use taxes paid on 2017 purchases		
Use taxes paid on 2016 state return		
Sales tax on autos not included above		
Sales taxes paid on boats, aircraft, and other special items		
Real estate taxes - principal residence		
Real estate taxes - property held for investment		
Foreign income taxes	A 1 = 11	
Personal property taxes (including automobile fees in some states)	Attach Tax Notice	
INTEREST PAID		
Home mortgage interest and points paid:		
- 	Attach Forms 1098	
L Home mortgage interest not on Form 1098 (include name, SSN, & address of payee):		
ionie mortgage merest not on romi 1000 (morade name, 30%, & address of payee).		
Points not reported on Form 1098:	L	
Mortgage insurance premiums on post 12/31/06 contracts		
Investment interest (interest on margin accounts):		
investment interest (interest on marqui accounts).		
- NO		
Passive interest		
Passive interestCASH CONTRIBUTIONS	per maintains a hank record or	a writton communication
Passive interest		
Passive interest. CASH CONTRIBUTIONS NOTE: No deduction is allowed for cash or check contributions unless the dor from the donee, showing the name of the organization, contribution do volunteer expenses (out-of-pocket).		
Passive interest. CASH CONTRIBUTIONS NOTE: No deduction is allowed for cash or check contributions unless the dor from the donee, showing the name of the organization, contribution do volunteer expenses (out-of-pocket). Number of charitable miles.		
Passive interest CASH CONTRIBUTIONS NOTE: No deduction is allowed for cash or check contributions unless the dor from the donee, showing the name of the organization, contribution do volunteer expenses (out-of-pocket). Number of charitable miles. NONCASH CONTRIBUTIONS	ate(s), and contribution amount(s).
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2017	1040	US	Client Information		1
	P.O. Bo Lafayet Telepho Fax nur	x 52626 te, LA 7050 one number	on & Co., L.L.C. 5-2626 7: 337-234-1467 337-234-8171 wynn@phillipsgoodsoncpa.com	Tax Return A Date: Time: Location:	ppointment
CLIEN		tax organiz your 2017 MATION	er will assist you in gathering informate tax return. Please add, change, or del	tion necessary for the ete information as ap	e preparation propriate.
OLILI					
Filing Status	1=married	is (table) filing separate	e and lived with spouse		
	Year spous	se died, if qua	lifying widow(er) (2015 or 2016)		Filing Status
Taxpayer	Title/suffix Social seconoccupation Date of bir Date of decomposition	urity number nth (m/d/y)			1 = Single 2 = Married filing joint 3 = Married filing separate 4 = Head of household 5 = Qualifying widow(er)
Spouse	Last name Title/suffix Social second Occupation Date of bir Date of dea	urity number	NO1	FILE	
Address	In care of . Street add Apartment City State	ress number			
Foreign	Postal cod	e			

2017	1040	US/LA	Client Information (continued)	1 p2
			Please add, change or delete information for 2017.	
CLIEN	IT INFO	RMATION		
Taxpayer Contact Information	Work phor Work exter Daytime p Mobile pho Fax number	er	Day	time Phone = Work 2 = Home 3 = Mobile
Spouse Contact Information	Home pho Work phor Work exter Daytime p Mobile pho Fax number	nenenenensionnsionhone (table)one	1 = 2 = 3 = 4 =	No Blind Loss of limb Mentally incapacitated Deaf
Taxpayer Authenticatior	Driver's lic Driver's lic Expiration Issue date	ense no date (m/d/y) (m/d/y)		
Spouse Authenticatior	Driver's lic Driver's lic Expiration Issue date	ense no ense state date (m/d/y)		
State Information	Taxpayer's	s disability (tab disability (table	le)	
				1 p2

2017 1040 US/LA Dependents

Please add, change or delete information for 2017.

DEPENDENTS

	Dependent	Dependent	
First name			
Last name			Type of Dependent
Title/suffix			
Date of birth (m/d/y)			1 = Child living w/taxpayer 2 = Child not living w/taxpayer
Date of death			2 = Child not living w/taxpayer 3 = Dependent other than child
Date of adoption			4 = Head of household only, not a dependent
Social security number			5 = Earned income credit only,
Relationship			not a dependent
Months lived at home			
Type of dependent (see table)			
Earned income credit (see table)			Earned Income Credit
Claimed by: 1=taxpayer, 2=spouse			
Disability (see table)			1 = When applicable (default)
1=qualifies for Louisiana education credit			2 = Student age 19 to 23 3 = Disabled
1—qualifies for Eodisiana education credit	Dependent	ı Dependent	4 = Force
First name	Верепаета	Верепаст	5 = Suppress
Last name.			
Title/suffix			Disability
Date of birth (m/d/y)			
Date of death			1 = No (default) 2 = Blind
Date of adoption			3 = Loss of limb
Social security number			4 = Mentally incapacitated
Relationship			5 = Deaf
Months lived at home	16		
Type of dependent (see table)			
Earned income credit (see table)	ON		NOTE: If you claim the earned
Claimed by: 1=taxpayer, 2=spouse	UU,		income credit, please provide
Disability (see table)			proof that your child is a res-
1=qualifies for Louisiana education credit			ident of the U.S. This proof is typically in the form of:
	Dependent	Dependent	School records or statement
First name			2. Landlord or property man-
Last name			agement statement 3. Health care provider
Title/suffix			statement
Date of birth (m/d/y)			4. Medical records
Date of death			5. Child care provider records6. Placement agency statement
Date of adoption			Social service records or
Social security number			statement 8. Place of worship statement
Relationship			Indian tribe office statement
Months lived at home			10. Employer statement
Type of dependent (see table)			
Earned income credit (see table)			
Claimed by: 1=taxpayer, 2=spouse			NOTE: If your child is disabled,
Disability (see table)			please provide one of the fol- lowing forms of proof of disa-
1=qualifies for Louisiana education credit.			bility:
1-qualifies for Eodisiana education credit			1. Doctor statement
			Other health care provider statement
			Social services agency or
			program statement
			I

2

If any of the following items pertain to you or your spouse for 2017, please check the appropriate box and provide additional information if necessary. PERSONAL INFORMATION Did your martial status change during the year? Did you readiress change during the year? Did you be claimed as a dependent on another person's tax return for 2017? DEPENDENTS Were there any changes in dependents? Were only of your unmarried children who might be claimed as dependents 19 years of age or older (or 24 years or older industry) at the critical statuscrip at the critical children who might be claimed as dependents 19 years of age or older (or 24 years or older industry) at the critical statuscrip at the critical children who might be claimed as dependents 19 years of age or older (or 24 years or older industry) Did you have any children under age 19 or to 19 or full-time statects under age 24 at the end of 2017, with indirect and diddend income in excess of \$2,100? Did you and your dependents have health care coverage for the full-year?	2017	1040	US	Miscellaneous Questions			
Did your address change during the year?		If any of the following items pertain to you or your spouse for 2017, please check the appropriate box and provide additional information if necessary.					
DEPENDENTS Were there any changes in dependents? Were any of your unmarried children who might be claimed as dependents 19 years of age or older (or 24 years or older if student) at the end of 2017? Did you have any children under age 19 or full-time students under age 24 at the end of 2017, with interest and dividend income in excess of \$1,050, or total investment income in excess of \$2,00? HEALTH CARE COVERAGE Did you and your dependents have health care coverage for the full-year? Did you receive any of the following IRS documents? Form 1095-A (Health Insurance Marketplace Statement), 1095-B (Health Coverage) or Form 1095-C (Employer Provided Health Insurance Marketplace Statement), 1096-B (Health Coverage) or Form 1095-C (Employer Provided Health Insurance Offer and Coverage) if so, please attach. If you or your dependents did not have health care coverage whan the year and you fall into one of the following exemptions categories: Indian the membership, health care a family representation, general hardship or unable to renewe using coverage? If you received an exemption certificate, please attach. INCOME Did you receive unreceited optimations of \$20 or more in any month? Did you cash any Series EE U.S. savings bonds issued after 1989 and pay qualified higher education expenses for yourself, your spouse, or your dependents? Did you receive any disability income? Did you have any foreign income or pay any foreign taxes? PURCHASES, SALES AND DEBT Did you savinase sor farm, purchase rental or royalty property, or acquire an interest in a partnership, Scorporation, frust, or REMIC? Did you purchase of dispose of any business assets (furniture, equipment, vehicles, real estate, etc.), or convert any perioral assets to business use? Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan? Did you make any residential energy-efficient improvements or purchases involving solar, wind, geothermal or fuel ell energy sources?	YES	NO	_				
DEPENDENTS Were there any changes in dependents? Were there any changes in dependents? Were any of your unmarried children who might be claimed as dependents 19 years of age or older (or 24 years or older if student) at the end of 2017? Did you have any children under age 19 or full time students under age 24 at the end of 2017, with interest and dividend income in excess of \$1,050, or total investment income in excess of \$2,100? HEALTH CARE COVERAGE Did you and your dependents have health care coverage for the full-year? Did you receive any of the following IRS documents? Form 1095-A (Health Insurance Marketplace Statement), 1095-B (Health Coverage) or Form 1095-C (Employer Provided Health Insurance of the and Coverage) if so, please attach. If you or your dependents did not have health care coverage with nather wear old you fall into one of the following exemptions categories: Indian tribe membership, halful roae shall natural roae in an interest regious sect membership, incarceration, general hardship or unable to receive with governage? If you received an exemption certificate, please attach. INCOME Did you receive unreported tribuncome of \$20 or more in any month? Did you receive any speries EE U.S. savings bonds issued after 1989 and pay qualified higher education expenses for yourself, your reported, or your dependents? Did you receive any disability income? Did you have any foreign income or pay any foreign taxes? PURCHASES, SALES AND DEBT Did you stat a business or farm, purchase rental or royalty property, or acquire an interest in a partnership, Seorpration, frust, or REMIC? Did you purchase or dispose of any business assets (furniture, equipment, vehicles, real estate, etc.), or convert any personal assets to business use? Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan? Did you make any residential energy-efficient improvements or purchases involving solar, wind, geothermal or fuel eil energy sources?			Did your	address change during the year?			
Were any of your unmarried children who might be claimed as dependents 19 years of age or older (or 24 years or older if student) at the end of 2017? Did you have any children under age 19 or full-time students under age 24 at the end of 2017, with interest and dividend income in excess of \$1,050, or total investment income in excess of \$2,100? HEALTH CARE COVERAGE Did you and your dependents have health care coverage for the full-year? Did you receive any of the following IRS documents? Form 1095-A (Health Insurance Marketplace Statement), 1095-B (Health Coverage) or Form 1095-C (Employer Provided Health Insurance Offer and Coverage) if so, please attach. If you or your dependents did not have health care coverage statin transfer offer and Coverage) if so, please attach in a coverage of the stating of the stating and the stating			Could you	u be claimed as a dependent on another person's tax return for 2017?			
cider if studenty at the end of 2017? Did you have any children under age 19 or full-time students under age 24 at the end of 2017, with interest and dividend income in excess of \$1,050, or total investment income in excess of \$2,100? HEALTH CARE COVERAGE Did you and your dependents have health care coverage for the full-year? Did you receive any of the following IRS documents? Form 1095-A (Health insurance Marketplace Statement), 1095-B (Health Coverage) or Form 1095-C (Employer Provided Health Insurance Offer and Coverage) if so, please attach. If you or your dependents did not have health care coverage during the year do you fall into one of the following exemptions categories: Indian tribe membership, health can sharinh uninsurembership, religious sect membership, incarceration, general hardship or unable to renewed string overlage? If you received an exemption certificate, please attach. INCOME Did you receive unreported this become of \$20 or more in any month? Did you cash any Series EE U.S. savings bonds issued after 1989 and pay qualified higher education expenses for yourself, your spouse, or your dependents? Did you receive any disability income? Did you because you dependents? Did you start a business or farm, purchase rental or royalty property, or acquire an interest in a partnership, S corporation, frust, or REMIC? Did you purchase or dispose of any business assets (turniture, equipment, vehicles, real estate, etc.), or convert any personal assets to business use? Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan? Did you make any residential energy-efficient improvements or purchases involving solar, wind, geothermal or fuel cell energy sources? Did you have any debts cancelled or forgiven?							
HEALTH CARE COVERAGE Did you and your dependents have health care coverage for the full-year?			Were any older if st	of your unmarried children who might be claimed as dependents 19 years of age or older (or 24 years or tudent) at the end of 2017?			
Did you and your dependents have health care coverage for the full-year? Did you receive any of the following IRS documents? Form 1095-A (Health Insurance Marketplace Statement), 1095-B (Health Coverage) or Form 1095-C (Employer Provided Health Insurance Offer and Coverage) if so, please attach. If you or your dependents did not have health care coverage during the year, do you fall into one of the following exemptions categories: Indian tribe membership, health care sharing membership, religious sect membership, incracreation, general hardship or unable to renew existing coverage? If you received an exemption certificate, please attach. INCOME Did you cash any Series EE U.S. savings bonds issued after 1989 and pay qualified higher education expenses for yourself, your spouse, or your dependents? Did you receive any disability income? Did you have any foreign income or pay any foreign taxes? PURCHASES, SALES AND DEBT Did you start a business or farm, purchase rental or royalty property, or acquire an interest in a partnership, S corporation, trust, or REMIC? Did you purchase or dispose of any business assets (furniture, equipment, vehicles, real estate, etc.), or convert any personal assets to business use? Did you buy or sell any stocks, bonds or other investment property in 2017? Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan? Did you make any residential energy-efficient improvements or purchases involving solar, wind, geothermal or fuel cell energy sources? Did you have any debts cancelled or forgiven?			Did you h dividend	have any children under age 19 or full-time students under age 24 at the end of 2017, with interest and income in excess of \$1,050, or total investment income in excess of \$2,100?			
INCOME Did you receive unreported to income of \$20 or more in any month? Did you cash any Series EE U.S. savings bonds issued after 1989 and pay qualified higher education expenses for yourself, your spouse, or your dependents? Did you receive any disability income? Did you have any foreign income or pay any foreign taxes? PURCHASES, SALES AND DEBT Did you start a business or farm, purchase rental or royalty property, or acquire an interest in a partnership, S corporation, trust, or REMIC? Did you purchase or dispose of any business assets (furniture, equipment, vehicles, real estate, etc.), or convert any personal assets to business use? Did you buy or sell any stocks, bonds or other investment property in 2017? Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan? Did you make any residential energy-efficient improvements or purchases involving solar, wind, geothermal or fuel cell energy sources? Did you have any debts cancelled or forgiven?			Did you re (Health C	eceive any of the following IRS documents? Form 1095-A (Health Insurance Marketplace Statement), 1095-B coverage) or Form 1095-C (Employer Provided Health Insurance Offer and Coverage) If so, please attach.			
Did you receive unreported the income of \$20 or more in any month? Did you cash any Series EE U.S. savings bonds issued after 1989 and pay qualified higher education expenses for yourself, your spouse, or your dependents? Did you receive any disability income? Did you have any foreign income or pay any foreign taxes? PURCHASES, SALES AND DEBT Did you start a business or farm, purchase rental or royalty property, or acquire an interest in a partnership, S corporation, trust, or REMIC? Did you purchase or dispose of any business assets (furniture, equipment, vehicles, real estate, etc.), or convert any personal assets to business use? Did you buy or sell any stocks, bonds or other investment property in 2017? Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan? Did you make any residential energy-efficient improvements or purchases involving solar, wind, geothermal or fuel cell energy sources? Did you have any debts cancelled or forgiven?			ıncarcera	your dependents did not have health care coverage during the year, do you fall into one of the following ns categories: Indian tribe membership, health care sharing ministry membership, religious sect membership, tion, general hardship or unable to renew existing coverage? If you received an exemption certificate, please			
yourself, your spouse, or your dependents? Did you receive any disability income? Did you have any foreign income or pay any foreign taxes? PURCHASES, SALES AND DEBT Did you start a business or farm, purchase rental or royalty property, or acquire an interest in a partnership, S corporation, trust, or REMIC? Did you purchase or dispose of any business assets (furniture, equipment, vehicles, real estate, etc.), or convert any personal assets to business use? Did you buy or sell any stocks, bonds or other investment property in 2017? Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan? Did you make any residential energy-efficient improvements or purchases involving solar, wind, geothermal or fuel cell energy sources? Did you have any debts cancelled or forgiven?							
Did you have any foreign income or pay any foreign taxes? PURCHASES, SALES AND DEBT Did you start a business or farm, purchase rental or royalty property, or acquire an interest in a partnership, S corporation, trust, or REMIC? Did you purchase or dispose of any business assets (furniture, equipment, vehicles, real estate, etc.), or convert any personal assets to business use? Did you buy or sell any stocks, bonds or other investment property in 2017? Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan? Did you make any residential energy-efficient improvements or purchases involving solar, wind, geothermal or fuel cell energy sources? Did you have any debts cancelled or forgiven?							
PURCHASES, SALES AND DEBT Did you start a business or farm, purchase rental or royalty property, or acquire an interest in a partnership, S corporation, trust, or REMIC? Did you purchase or dispose of any business assets (furniture, equipment, vehicles, real estate, etc.), or convert any personal assets to business use? Did you buy or sell any stocks, bonds or other investment property in 2017? Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan? Did you make any residential energy-efficient improvements or purchases involving solar, wind, geothermal or fuel cell energy sources? Did you have any debts cancelled or forgiven?			Did you re	eceive any disability income?			
Did you start a business or farm, purchase rental or royalty property, or acquire an interest in a partnership, S corporation, trust, or REMIC? Did you purchase or dispose of any business assets (furniture, equipment, vehicles, real estate, etc.), or convert any personal assets to business use? Did you buy or sell any stocks, bonds or other investment property in 2017? Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan? Did you make any residential energy-efficient improvements or purchases involving solar, wind, geothermal or fuel cell energy sources? Did you have any debts cancelled or forgiven?			Did you h	nave any foreign income or pay any foreign taxes?			
Did you purchase or dispose of any business assets (furniture, equipment, vehicles, real estate, etc.), or convert any personal assets to business use? Did you buy or sell any stocks, bonds or other investment property in 2017? Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan? Did you make any residential energy-efficient improvements or purchases involving solar, wind, geothermal or fuel cell energy sources? Did you have any debts cancelled or forgiven?							
personal assets to business use? Did you buy or sell any stocks, bonds or other investment property in 2017? Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan? Did you make any residential energy-efficient improvements or purchases involving solar, wind, geothermal or fuel cell energy sources? Did you have any debts cancelled or forgiven?			Did you s S corpora	start a business or farm, purchase rental or royalty property, or acquire an interest in a partnership, ation, trust, or REMIC?			
Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan? Did you make any residential energy-efficient improvements or purchases involving solar, wind, geothermal or fuel cell energy sources? Did you have any debts cancelled or forgiven?			Did you p personal	ourchase or dispose of any business assets (furniture, equipment, vehicles, real estate, etc.), or convert any assets to business use?			
Did you make any residential energy-efficient improvements or purchases involving solar, wind, geothermal or fuel cell energy sources? Did you have any debts cancelled or forgiven?			Did you b	buy or sell any stocks, bonds or other investment property in 2017?			
cell energy sources? Did you have any debts cancelled or forgiven?			Did you p	ourchase, sell, or refinance your principal home or second home, or did you take a home equity loan?			
			Did you n	nake any residential energy-efficient improvements or purchases involving solar, wind, geothermal or fuel gy sources?			
Does anyone owe you money which has become uncollectible?			Did you h	nave any debts cancelled or forgiven?			
			Does any	rone owe you money which has become uncollectible?			

2017	1040	US	Miscellaneous Questions (continued)
	lf ar	ny of the fo	ollowing items pertain to you or your spouse for 2017, please check the ropriate box and provide additional information if necessary.
YES	NO		EMENT PLANS eceive a distribution from a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?
		Did you n	nake a contribution to a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?
		Did you tr	ransfer or rollover any amount from one retirement plan to another retirement plan?
			ATION eceive a distribution from an Education Savings Account or a Qualified Tuition Program? your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or I school?
			ZED DEDUCTIONS ncur a loss because of damaged or stolen property?
		Did you w	vork out of town for part of the year?
		Did you u	se your car on the job (other than to and from work)? ATED TAXES
		Did you a If you hav refunded)	pply an overpayment of 2016 taxes to your 2017 estimated tax (instead of being refunded)? ye an overpayment of 2017 taxes, do you want the excess applied to your 2018 estimated tax (instead of being
		Do you w Does you May the I Did you h	ELLANEOUS ant to allocate \$3 to the Presidential Election Campaign Fund? r spouse want to allocate \$3 to the Presidential Election Campaign Fund? RS discuss your tax return with your preparer? ave an interest in or signature or other authority over a financial account in a foreign country, such as a bank securities account, or other financial account?

2017	1040	US	Miscellaneous Questions (continued)
	lf ar	ny of the fo	ollowing items pertain to you or your spouse for 2017, please check the ropriate box and provide additional information if necessary.
YES	NO		ELLANEOUS (continued) eceive a distribution from, or were you the grantor of, or transferor to, a foreign trust?
		Was your	home rented out or used for business?
		Medicare	ave a medical savings account (MSA), a Medicare Advantage MSA, or acquire an interest in an MSA or a Advantage MSA because of the death of the account holder? Or, were you a policyholder who received under a long-term care (LTC) insurance contract or received any accelerated death benefits from a life policy?
		Did you re	eceive a distribution from an Achieving a Better Life Experience (ABLE) savings account?
		Did you ir	ncur moving expenses due to a change of employment?
		Did you e	ngage the services of any household employees?
		Were you	notified or audited by either the Internal Revenue Service or the State taxing agency?
			r your spouse make any gifts to an individual that total more than \$14,000, or any gifts to a trust?
		Did your f	pank account information change within the last twelve months?

2017	1040	US	Miscellaneous Questions		
If any of the following items pertain to you or your spouse for 2017, please check the appropriate box and provide additional information if necessary.					
YES	NO	Did your i	marital status change during the year?		
		Did your a	address change during the year?		
		Could you	u be claimed as a dependent on another person's tax return?		
		Were ther	re any changes in dependents?		
		Did you a	and your dependents have health care coverage for the full-year?		
		Did you re (Health C	eceive any of the following IRS documents? Form 1095-A (Health Insurance Marketplace Statement), 1095-B overage) or Form 1095-C (Employer Provided Health Insurance Offer and Coverage) If so, please attach.		
		exemption	your dependents did not have health care coverage during the year, do you fall into one of the following ns categories: Indian tribe membership, health care sharing ministry membership, religious sect membership, tion, general hardship or unable to renew existing coverage? If you received an exemption certificate, please		
			eceive unreported tip income of \$20 or more in any month?		
		Did you re	eceive any disability income?		
		Did you b	ruy or sell any stocks, bonds or other investment property?		
		Did you p	ourchase, sell, or refinance your principal home or second home, or did you take a home equity loan?		
		Did you menergy so	nake any residential energy efficient improvements or purchases involving solar, wind, geothermal or fuel cell ources?		
		Did you re	eceive a distribution from or make a contribution to a retirement plan (401(k), IRA, etc.)?		
		Did you tr	ransfer or rollover any amount from one retirement plan to another?		
		Did you c	onvert part or all of your traditional/SEP/SIMPLE IRA to a Roth IRA?		
		Did you, y vocationa	your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or il school?		
		Did you ir	ncur a loss because of damaged or stolen property?		
		Did you u	se your car on the job (other than to and from work)?		
		May the II	RS discuss your tax return with your preparer?		
		Was your	home rented out or used for business?		
		Were you	notified or audited by either the IRS or the State taxing agency?		

2017	1040	US/LA	Direct Depo	sit & Estima	tes (Form 10	40 ES)		3, 6
DIRE	CT DEPO	OSIT / ELI	Please ent	er all pertinent 201	7 information.			
1=electr 1=electr 1=state	ronic paymen ronic paymen direct deposi	t of balance d t of estimated t	nd into bank account ue					
	K INFOR		Percent to Deposit (xx.xx)	Routing Number	Account N	umber	Type of Account (Table 1)	Type of Invest. (Table 2)
2017	CCTIMA:	TED TAV	/ 10/40 FC (C)					
Federa Overpay 1st quar 2nd qua 3rd quar	al yment applied rter payment arter payment rter payment	d from 2016			Date Paid	TS	2017 Voucher Am	ount
	Additional E Tax Payı							
		if joint estima		101	FILE			
1st quar 2nd qua 3rd quar	rter payment arter payment rter payment		D,	ount Paid	Date Paid	TS	Voucher Am	ount
Paid wit								
	1	Type of Acc 1 = Savings 2 = Checking	ount	1 = Checking or savings (d 2 = Taxpayer's IRA (next ya 3 = Spouse's IRA (next ya 4 = Health savings account 5 = Archer MSA	rear limits) 7 = Other ar limits) 8 = Taxpay	ell savings accou er's IRA (current 's IRA (current ye	year limits)	
				5 = Archer MSA				

ORGANIZER

2017	1040	US	Direct Deposit & Estimates (Form 1040 ES) (cont.)	7.1
			Please enter all pertinent 2017 information.	
APPI	LICATION	I OF 2017	7 OVERPAYMENT (7.1)	
	ave an overpa please explair		17 taxes, do you want the excess refunded?. or applied to 2018 estimate?	
			INFORMATION ncome to be different from 2017? Yes	No 🗔
			income, deductions, dependents, etc.:	
Do you	expect your 2	2018 withholdi	ng to be different from 2017? Yes	No
If "yes"	explain any c	lifferences:	- DO .	
				7.1

ORGANIZER Wages, Pensions, Gambling Winnings 10, 13.1, 13.2 US 2017 1040 Please enter all pertinent 2017 amounts & attach all W-2, W-2G and 1099-R forms. Last year's amounts are provided for your reference. WAGES, SALARIES, TIPS (10) Tax Withheld 1=retirement Wages, Tips, plan (Box 13) 2016 Other Social No. Name of Employer (Box c) Federal Medicare State Local Compensation Wages Security (Box 4) (Box 2) (Box 6) (Box 17) (Box 19) l=spouse (Box 1) PENSIONS, IRA DISTRIBUTIONS (13.1) Distribution code #2 Tax Withheld Value of Distribution code #1 Gross Taxable all IRAs 2016 No. Name of Payer Distribution Amount =IRA/SEP/SIMPLE Federal State Distribution (Box 2a) (Box 1) (Box 4) (Box 12) 12/31/17 =spouse **GAMBLING WINNINGS (W-2G) (13.2)** Tax Withheld **Gross Winnings** 2016 No. Name of Payer 1=spouse Winnings (Box 1) Federal (Box 4) State (Box 15) Local (Box 17) **GAMBLING LOSSES & WINNINGS (NON W-2G)** (13.2)2017 Amount 2016 Amount Total gambling losses

10, 13.1, 13.2

Winnings not reported on Form W-2G.....

2017	1040	US	Interest & Dividend Income	11,	. 1	2

Please enter all pertinent 2017 amounts & attach all 1099-INT, 1099-OID and 1099-DIV forms. Last year's amounts are provided for your reference.

INTEREST INCOME (11)

				Interest Income	!	Tax-Exem	pt Interest	Farly		
No.	Name of Payer (also enter SSN & address for seller-financed mortgage)	1=taxpayer 2=spouse	Banks, S&Ls, C/Us, etc. (Box 1)	Seller- Financed Mtg. (Box 1)	U.S. Bonds, T-Bills (Box 3)	Total Municipal Bonds	In-state Municipal Bonds	Early Withdrawal Penalty (Box 2)	2016 Interest	
						LE				
				110	7 7					
	DIVIDEND INCOME (12)									
i	1			ممسممسا امسمامني		Tay Eyena	. 4 14 4			

				Dividend	Income		Tax-Exem	pt Interest	F	
No.	No. Name of Payer	1=tp 2=sp	Total Ordinary Dividends (Box 1a)	Qualified Dividends (Box 1b)	Total Capital Gain Distrib. (Box 2a)	U.S. Bonds (% or amt.)	Total Municipal Bonds	In-state Muni-bonds (% or amt.)	Foreign Tax Paid (Box 6)	2016 Dividends

11, 12

2017	1040	US	Miscellaneous Income	14.1
2017	1040	US	Miscellaneous Income	1.

Please enter all pertinent 2017 amounts and attach all 1099-MISC, SSA-1099, and RRB-1099 forms. Last year's amounts are provided for your reference.

MISCELLANEOUS INCOME	2017 A	mount	2016 A	mount
	Taxpayer	Spouse	Taxpayer	Spouse
Social security benefits (SSA-1099, box 5)				-
Medicare premiums paid (SSA-1099)				
1=treat Medicare premiums paid as SE health ins				
Tier 1 RR retirement benefits (RRB-1099, box 5)				
1=lump-sum election for SS benefits				
Alimony received				
Taxable scholarships and fellowships				
Jury duty pay				
Household employee income not on W-2				
Excess minister's allowance				
Alaska permanent fund dividends				
Income from rental of personal property				
Income subject to S/E tax:				
Other income (1099-MISC, box 3, 8)		- 616	_	
	~1()			
_				
TAY WITHHELD				
TAX WITHHELD (not entered elsewhere)				
Federal income tax withheld				
State income tax withheld				
Local income tax withheld				

14.1

17	1040	US	State & Local Tax Refur	nds / Unemployment Compensation 14				
		P	lease add, change or delete 201 Be sure to attach a	7 information as appropriate. Il 1099-G forms.				
			TAX REFUNDS / OMPENSATION (Form 1 <mark>0</mark> 9	9-G) 2017 1099-G Amount				
		Name of payer						
		1=spouse						
		Unemployment	compensation:					
			eived (Box 1)					
			rpayment repaid					
		State and local						
			local income tax refund, credit or offset					
		-	ocal income tax refund					
			for box 2 if not 2016 (Box 3)					
No.			e tax withheld (Box 4)ts (Box 5)					
		Taxable grants:	` '					
			axable amount (Box 6)					
			able amount, if different					
		Farm amounts:	•					
			e payments (Box 7)					
			e payments are from conservation reserve program					
		Market ga	in (Box 9)					
		Number of	f farm					
		1=box 2 is trad	le or business income (Box 8)					
		State income to	ax withheld (Box 11)					
	1							
				·····				
			compensation:	J				
			eived (Box 1)					
			rpayment repaid.					
		State and local						
		State and	local income tax refund, credit or offset	s (Box 2)				
		1=city or I	ocal income tax refund					
		Tax year f	for box 2 if not 2016 (Box 3)					
=			e tax withheld (Box 4)					
No.			ts (Box 5)					
		Taxable grants:						
			axable amount (Box 6)					
			able amount, if different					
		Farm amounts:						
		Agriculture payments (Box 7)						
		Market gain (Box 9).						
		Number of farm						
			le or business income (Box 8)					
			ax withheld (Box 11)					

2017	1040	US	Education Distributions (ESA's and QTP's)	14.3
------	------	----	---	------

Please enter all pertinent 2017 amounts and attach all 1099-Q forms. Enter qualified education expenses below that are not entered elsewhere. Last year's amounts are provided for your reference.

ESA'S AN	ID QTP'S (Form 1099-Q)	2017 Amount	2016 Amount
No.	Name of payer 1=spouse. Qualified expenses: Higher education (net of nontaxable benefits). Elementary & secondary education (net of nontaxable benefits). Form 1099-Q: Gross distributions (Box 1). Earnings (Box 2). Basis (Box 3). Rollover: 1=nontaxable, 2=taxable (Box 4). Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5). ESA's only: 2017 contributions to this ESA. Value of this account at 12/31/17 (plus outstanding rollovers). Basis in this ESA as of 12/31/16.		
No.	Name of payer. 1=spouse. Qualified expenses: Higher education (net of nontaxable benefits). Elementary & secondary education (net of nontaxable benefits). Form 1099-Q: Gross distributions (Box 1). Earnings (Box 2). Basis (Box 3). Rollover: 1=nontaxable, 2=taxable (Box 4). Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5). ESA's only: 2017 contributions to this ESA. Value of this account at 12/31/17 (plus outstanding rollovers). Basis in this ESA as of 12/31/16.		
No.	Name of payer. 1=spouse. Qualified expenses: Higher education (net of nontaxable benefits). Elementary & secondary education (net of nontaxable benefits). Form 1099-Q: Gross distributions (Box 1). Earnings (Box 2). Basis (Box 3). Rollover: 1=nontaxable, 2=taxable (Box 4). Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5). ESA's only: 2017 contributions to this ESA. Value of this account at 12/31/17 (plus outstanding rollovers). Basis in this ESA as of 12/31/16.		

2017	1040	US	ABLE Distributions	14.4

Please enter all pertinent 2017 amounts. Last year's amounts are provided for your reference.

	•		
ABLE DIST	RIBUTIONS / CONTRIBUTIONS	2017 Amount	2016 Amount
No.	Name of payer or issuer 1=spouse. Distributions (1099-QA): Gross distributions (1) Earnings (2). Basis (3). 1=program to program transfer (4). 1=ABLE account terminated (5).	2017,741104111	
	1=recipient is not the designated beneficiary (6)		
No.	Name of payer or issuer 1=spouse. Distributions (1099-QA): Gross distributions (1) Earnings (2). Basis (3). 1=program to program transfer (4). 1=ABLE account terminated (5). 1=recipient is not the designated beneficiary (6). Qualified disability expenses paid. Amount excluded from 10% tax. Excess contributions: Excess contributions withdrawn by due date of return. Earnings on excess contributions.		
No.	Name of payer or issuer 1=spouse. Distributions (1099-QA): Gross distributions (1). Earnings (2). Basis (3). 1=program to program transfer (4). 1=ABLE account terminated (5). 1=recipient is not the designated beneficiary (6). Qualified disability expenses paid. Amount excluded from 10% tax. Excess contributions: Excess contributions withdrawn by due date of return. Earnings on excess contributions.		

14.4

017	1040	US	Business Inco	ome (Schedu	le C)	No.	16
	Please e	enter all pe	rtinent 2017 amounts	s. Last year's amo	unts are provided for y	your reference.	
GEN	NERAL IN	IFORMA ^T	ΓΙΟΝ				
Princi	pal business/p	profession					
Princi	pal business o	code					
	,		Form 1040				
	•		m Form 1040				
			0				
			1040				
_	, ,						
_	•						
	-						
0 11.01	accounting ii						
Accou	ınting method	: 1=cash, 2=	accrual				
	· ·		ver cost/market, 3=other.				
						-	
1=spo	ouse, 2=joint .						
1=firs	t Schedule C	filed for this b	ousiness				
If requi	red to file Form(s	s) 1099, did you o	r will you file all required Form(s) 1099: 1=yes, 2=no			
1=not	subject to se	lf-employmer	t tax				
1=did	not "material	ly participate'					
1=per	sonal services	s is not a mat	erial income producing fac	ctor	-11 -		
						_	
						_	
			company			_	
1=trac	der in financia	al instruments	or commodities				
INC	OME		DO		2017 Amount	2016 Amoւ	ınt
Gross	receipts or sa	ales (Form 10	99-MISC, box 7)				
Return	ns and allowa	nces					
Other	income:						
COS	ST OF GO	ODS SO	LD				
			ar				
	costs:	1103				1	
Jui 101							
				_		1	
						1	
				_		1	
						1	
Invent	tory at end of	the vear					
	is. j at ona or	,				1	
Inveni	tory at end of	tne year					

2017	1040	US	Business Income (Schedule C) (cont.)	No.	16 p2
					- 0 P-

Please enter all	pertinent 2017 amounts.	Last year's amounts are	provided for your reference
------------------	-------------------------	-------------------------	-----------------------------

EXPENSES	2017 Amount	2016 Amount
Accounting	2017 Amount	2010 Amount
Advertising.		
_		
Answering service		
Bad debts from sales or service		
Bank charges		
Car and truck expenses (not entered elsewhere)		
Commissions		
Contract labor		
Delivery and freight		
Dues and subscriptions		
Employee benefit programs		
Insurance (other than health)		
Mortgage interest (paid to banks, etc.)		
Other interest (not entered elsewhere)		
Janitorial		
Laundry and cleaning		
Legal and professional.		
Miscellaneous		
_		
Office expense		
Outside services.		
Parking and tolls		
Pension and profit sharing plans - contributions		
Pension and profit sharing plans - admin. and education costs		
Postage		
Printing		
Rent - vehicles, machinery, & equipment (not entered elsewhere)		
Rent - other.		
Repairs		
Security		
Supplies		
Taxes - real estate		
Taxes - payroll		
Taxes - sales tax included in gross receipts		
Taxes - other (not entered elsewhere)		
Telephone		
Tools		
Travel		
Total meals and entertainment in full (50%)		
Department of Transportation meals in full (80%).		
Uniforms.		
Utilities		
Wages		
0"		
Other expenses:		
	· · · · · · · · · · · · · · · · · · ·	·

NOTE: If you purchased or disposed of any business assets, please complete Sheet 22.

2017	1040	US	Capital Gains & Losses (Schedule D)	17

If you sold any stocks, bonds, or other investment property in 2017, please list the pertinent information for each sale below or provide a spreadsheet file with this information.

Be sure to attach all 1099-B forms and brokerage statements.

No.	Quantity	Description of Property (Box 1a)	Date Acquired (Box 1b)	Date Sold (Box 1c)	Sales Price (gross or net) (Box 1d)	Cost or Basis (Box 1e)	Blank=basis rep. to IRS, 1=nonrec. security (Box 3, 5)	Expenses of Sale (if gross sales price entered)	Federal Income Tax Withheld (Box 4)
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2017	1040	US	Sale of Home & Moving Expenses	17, 27
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If you sold your home or moved in 2017, please complete the information below.

For the sale of home, please provide Form 1099-S and closing statements from the purchase and sale of your home.	
SALE OF HOME (17)	
Description of property (Box 3)	
Date sold (m/d/y) (Box 1)	
1=sale of home	
1=business use in year of sale	
Adjusted Basis Original cost	
Improvements:	
Adjusted basis	
Total expenses of sale. Reduced Exclusion	
Please complete the following information if due to a change in health, place of employment, or unforeseen circumstances you either: a) Did not meet the ownership and use tests *, or b) Excluded gain on the sale of another home after May 6, 1997. If excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y) 1=sale due to change in health, employment or unforeseen circumstances. Days used as main home - taxpayer.	
Days used as main home - spouse	
MOVING EXPENSES (27) (If you moved because of a change in the location of your job)	
1=spouse, 2=joint	_
Miles from old home to new work place	
Expenses for transportation and storage of household goods and personal effects. Lodging and travel (excluding meals):	
Lodging and travel (excluding automobile). Parking fees and tolls. Gas and oil.	
Miles driven to new home	

17, 27

17 1	1040	US	Rental & Royalty Incor	ne (Schedule E)	No.	18
	Please en	ter all per	tinent 2017 amounts. Last year's	amounts are provided fo	r your reference	
GENE	RAL INF	ORMAT	TON	2017 Amount	2016 Amo	ount
Description	on of proper	ty			Type of Pro	perty
	ldress				1 = Single Family F	-
•					2 = Multi-Family Re 3 = Vacation/Short	esidence
					4 = Commercial	- i ei iii Neiila
	property (see				5 = Land 6 = Royalties	
	ne of propert	,			7 = Self-Rental	
	•					
if not 100%	of ownership (.xxxx)		1=0	id not actively participate		
if not 100%	of tenant occupa (.xxxx)	ancy	1=R 2=R	id not actively participate		
1=spouse	e, 2=joint		1=r	ental other than real estate.		
1=qualified	ed joint vent	ure	1=i	nvestment		
2=passive ro	oyalty		liabi	ty company		
If require	d to file Forr	m(s) 1099, c	lid you or will you file all required Form(s)	1099: 1=yes, 2=no		
INCO	ME			2017 Amount	2016 Amo	ount
Rents or	royalties red	eived				
NOTE: D Advertisii Associati Auto and	ngion dues I travel (not e	ses are relate	ted only to the rental activity. These included the control of the		g, and office supplie	s.
NOTE: D Advertising Associating Auto and Cleaning Commiss	Direct expensing I travel (not a and maintersions	ses are related and the set of th	where)		g, and office supplie	S.
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NOTE: DE Advertisin Associati Auto and Cleaning Commiss Gardenin Insurance Legal and	Direct expension dues I travel (not eand maintersions g d profession	entered else	where).	FILE	g, and office supplie	s.
NOTE: DE Advertising Associating Auto and Cleaning Commiss Gardening Insurance Legal and Licenses	Direct expension dues	entered else	where).	FILE	g, and office supplie	S.
NOTE: D Advertising Associating Auto and Cleaning Commiss Gardening Insurance Legal and Licenses Managen	Direct expension dues I travel (not and mainter sions	entered else nance	where)		g, and office supplie	S.
NOTE: D Advertising Associating Auto and Cleaning Commiss Gardening Insurance Legal and Licenses Managen Miscellan	Direct expension dues I travel (not and mainter sions I d profession and permits ment fees	entered else	where)		g, and office supplie	s.
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NOTE: D Advertisin Associati Auto and Cleaning Commiss Gardenin Insurance Legal and Licenses Managen Miscellan Mortgage Qualified Excess n Other inte	Direct expension dues	entered else nance al fees aid to banks nsurance pre erest ntered elsew	etc.)		g, and office supplie	S.
NOTE: Diagram NOTE: Diagram Advertising Associating Auto and Cleaning Commiss Gardening Insurance Legal and Licenses Managen Miscellan Mortgage Qualified Excess in Other into Painting Pest control of the control of t	Direct expension dues	entered else nance	etc.)		g, and office supplie	S.
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17	1040	US	Rental & Royalty Income (Sch. E) (cont.)	No.	18
Plea	ase enter a expense co	ll pertinen lumn sho	t 2017 amounts. Last year's amounts a uld only be used for vacation homes or	re provided for your re less than 100% tenant	eference. The in coccupied rent	ndirect als.
GEN	NERAL IN	IFORMA	TION			
Foreig	gn region					
Foreig	gn postal code	<u>.</u>				
Foreig	gn country					
OIL	AND GA	S		2017 Amount	2016 Amo	unt
Produ	uction type (pr	eparer use o	nly)	2017 Amount	ZOTO AIIIO	unt
	, · · · ·	•				
	•		nount			
			(-1 if none)			
State	% depletion r	ate or amou	nt, if different (-1 if none)			
VAC	CATION H	IOME				
			nal method elected).			
	-				I	
IND	IRECT EX	(PENSE	S			
NOTE	E:Indirect exp These includ	enses are re de repairs, ir	lated to operating or maintaining the dwelling uninsurance, and utilities.	t.		
Adver	rtising					
Assoc	ciation dues					
Auto a	and travel (no	t entered els	ewhere)			
Clean	ning and maint	tenance				
Comn	nissions					
Garde	ening					
Insura	ance		<u> </u>			
•	•					
Licens	ses and permi	its				
•			s, etc.)			
			remiums			
			where)			
			where)			
Telepl	hone					
Utilitie	es					
Wage	s and salaries	5				
Other	:				1	

Please enter all pertinent 2017 amounts. Last year's amounts are provided for your reference. GENERAL INFORMATION Principal product. Employer ID number. Agricultural activity code. Accounting method: 1=cash, 2=accrual. 1=spouse, 2=joint. 1=farm rental (Form 4835). Type of rental property (farm rental only): 1=land, 2=self-rental, 3=other. 1=crop insurance proceeds election. Received applicable subsidify this year: 1=yes, 2=no. II required to file Form(s) 1098, file you or will you file all required form(s) 1098. 1=yes, 2=no. II-cidin on' materially participate' (Schedule Forly). II-did not actively participate (Ferm rental only). II-med estate posissione, etclyon's etable or tesseries. In the self-desiration of the or tourises (ferm rental only). II-med estate posissione, etclyon's etable or tesseries. In the self-desiration of the or tourises (ferm rental only). II-med estate posissione, etclyon's etable or tesseries. In the self-desiration of the or tourises (ferm rental only). II-med estate posissione, etclyon's etable or tesseries. II-med estate posissio		1040	US	Farm Income (Schedule F/I	Form 4835)	No.	19
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017	1040	US	Farm Income (Sch. F/Form 4835) (co	nt.) No.[19 p2
	Please e	enter all pe	rtinent 2017 amounts. Last year's amounts are provid	ded for your re	eference.	
FAR	RM INCO	ME (cont	inued)			
		(00			2016 A	1
Other	income:		2017 Amoun	<u>(</u>	2016 Amou	nt
,						
•						
•						
•						
FAR	RM EXPE	NSES				
Car ar	nd truck expe	enses (not ent	tered elsewhere)			
		•				
Emplo	oyee benefit p	orograms				
Feed	purchased					
Fertili	zers and lime					
•		•				
			s, etc.)			
	•		where)			
			ntributions			
			s - admin. and education costs			
			equipment (not entered elsewhere)			
		-)			
	•		,			
Seeds	s and plants p	ourchased				
Suppl	ies purchased	d				
			ine			
		ductive period	l expenses (also enter below)			
Other	expenses:					
,						
,						
,						
,						
•						
,						
		-			· 	
•		NOTE	If you purchased or disposed of any business assets, please comple	ate Sheet 22		
		INOTE:	n you purchased or disposed or any pusiness assets, please comple	TE SHEEL ZZ.		
_						19 p2
						. 🕶 P2

2017	1040	US	Partnersh	ip and S corpora	tion Information	20.1,20.2
PAF			r delete 2017 in		te. Be sure to attach all S	Schedule K-1s.
No.	Nan	ne of Partnersh	nip	Employer Identification Number	Tax Shelter Registration Number	Additional Amounts Invested in Partnership
					EILE	
s c	ORPORAT	TION INFO	PRMATION (2	Employer Identification Number		
No.	Name	e of S corpora	ion	Employer Identification Number	Tax Shelter Registration Number	Additional Amounts Invested in S corporation
•						20 1 20 2

201		1040	US	Estate or Trust and R	EMIC Information	20.3,20.4		
	Please add, change or delete 2017 information as appropriate. Be sure to attach all Schedule K-1s and Schedule Qs. ESTATE OR TRUST INFORMATION (20.3)							
No.			Nan	ne of Estate or Trust	Employer Identification Number	Tax Shelter Registration Number		
				(20.4)	TFILE			
R	EMI	C INFOR	MATION	(20.4)				
No.				Name of REMIC		Employer Identification Number		
						20.3.20.4		

201	17	1040	US	Asset Dispo	sition List				22
	If yo	ou dispose For r	ed of any b	usiness assets in t transactions, be s	2017, please ent ure to attach all	ter date sold, : 1099-S forms	sales price, a and closing s	nd expenses o statements.	f sale.
No.		Descriț	ption of Prope	rty (Box 3)	Date Placed in Service	Date Sold (Box 1)	Sales Price (Box 2)	Cost or Basis	Expenses of Sale
						- =11	E		
					NO				
				$-\mathcal{O}_{\mathcal{C}}$) /4				
									22

Asset Disposition List

2017 | 1040 | US | Asset Acquisition List | 22 p2

If you purchased any business assets (furniture, equipment, vehicles, real estate, etc.) or converted any personal assets to business use in 2017, please enter all pertinent information below.

		Related	Prep	oarer Use	Only		Cost	Preparer U	se Only
No.	Description of Property	Related Business or Activity	Form	No. of Form	Category	Date Placed in Service	or Basis	Current Section 179	Method
					:11				
		10	10	,					
	1	DO.							
								22	2 p2

17	1040	US	Vehicle Expenses		No.	22 p
	Please e	nter all ne	ertinent 2017 amounts. Last year's an	ounts are provided fo	r vour reference	
CE.		•	•	iounts are provided to	i your reference	•
	NERAL IN		_	2017 Amount	2016 Amo	ount
	•		deduction.			
			rt your deduction			
			ty personal use			
			for personal usere than 5% owner			
			use if changed from 100% personal use			
AUT	OMOBIL	E MILEA	AGE			
Total	mileage (for th	ne tax year).				
Busin	ess mileage					
			year)			
Avera	ge daily round	1-trip commi	ıte			
AC1	TUAL EXF	PENSES				
Parkir	ng fees and to	lls (business	s portion only)			
Gasol	ine, lube, oil.					
•						
				-11		
Misce	llaneous			CIL		
			al property taxes)			
			on car's value) e C, E & F)			
	ion amount (e					
Value	of employer-p	provided veh	icle on Form W-2 (2106)			

2017	1040	US	Adjustmen	ts to Income			2
	Please er	nter all per	tinent 2017 inform	ation. Last year's	amounts are prov	ided for your refe	rence.
		•		,	·	•	
				2017 A.,		201C A	
TRAI	DITIONAL	. IRA CO	NTRIBUTIONS	2017 An Taxpayer	nount Spouse	2016 A Taxpayer	mount Spouse
			pect to make or older)				
IRA cor (1=max	itributions you imum) (\$5,50	ı made or exp 0/\$6,500 if 50					
IRA cor (1=max Contrib	itributions you imum) (\$5,50 utions made to	ı made or exp 0/\$6,500 if 50 o date	pect to make 0 or older)				

SEP, SIMPLE AND QUALIFIED PLANS (KEOGH)

Roth IRA contributions you made or expect to make (1=maximum) (\$5,500/\$6,500 if 50 or older).

Profit-sharing (25%/1.25) contributions you made or expect to make (1=maximum)			
Money purchase (25%/1.25) contributions you made or expect to make (1=maximum)			
Defined benefit contributions you expect to make			
Self-employed SEP (25%/1.25) contributions you made or expect to make (1=maximum)			
Plan contribution rate if not .25 (.xxxx)			
Individual 401k: SE elective deferrals (except Roth) (1=max.)			
Individual 401k: SE designated Roth contributions (1=max.)			
SIMPLE contributions:			
Self-employed SIMPLE contributions you made or expect to make (1=maximum)	~ NO		
Employer matching rate if not .03 (.xxxx).			
1=nonelective contributions (2%)			
Contributions made to date			

ADJUSTMENTS TO INCOME

Self-employed health insurance:	
Total premiums (excluding long-term care)	
Long-term care premiums	
Student loan interest paid (1098-E, box 1)	
Educator expenses (kindergarten thru grade 12)	
Jury duty pay given to employer	
Expenses from rental of personal property	
Other adjustments to income:	

Alimony paid:	Taxpayer		Spouse	
Recipient's first name				
Recipient's last name				
Recipient's SSN				
Amount paid		2016 amt:		2016 amt:
'				•

2017	1040	HIC	Itemized Deductions	25
ZUI/	1040	U.S	I Itemizea Deauctions	25

Please enter all pertinent 2017 amounts and attach all 1098 forms. Last year's amounts are provided for your reference.

MEDICAL AND DENTAL EXPENSES

NOTE:Enter self-employed health insurance premiums on Sheet 24 and Medicare insurance premiums on Sheet 14.	2017 Amount	TS	2016 Amount
Prescription medicines and drugs.			
Doctors, dentists and nurses			
Hospitals and nursing homes			
Insurance premiums not entered elsewhere (excl. LT care & amts. paid w/pre-tax dollars).			
Long-term care premiums - taxpayer			
Long-term care premiums - spouse			
Insurance reimbursement (enter as a positive number).			
Lodging and transportation:			
Out-of-pocket expenses			
Other medical and dental expenses:			
Other medical and dental expenses.			
-			
TAXES PAID (State and local withholding and 2017 estimates are a	automatic.)		
State income taxes - 1/17 payment on 2016 state estimate			
State income taxes - paid with 2016 state return extension			
State income taxes - paid with 2016 state return			
State income taxes - paid for prior years and/or to other state	-11 /		
City/local income taxes - 1/17 payment on 2016 city/local estimate			
City/local income taxes - paid with 2016 city/local extension			
City/local income taxes - paid with 2016 city/local return			
SALES AND USE TAXES PAID			
State and local sales taxes (except autos and special items)			
Use taxes paid on 2017 purchases.			
Use taxes paid with 2016 state return			
Sales tax on autos not included above			
Sales tax on boats, aircraft, other special items			
OTHER TAXES PAID			
Real estate taxes - principal residence:			
-			
Real estate taxes - property held for investment		-	
Personal property taxes (including auto fees in some states. Provide a copy of tax notice)			
Foreign income taxes.			
Other taxes:			
-			
-			

	1040	US	Itemized Deductions (c	ontinued)			25
	Please e	enter all pe	rtinent 2017 amounts. Last year's	amounts are provided	d for y	our reference.	
INTI	EREST P	AID					
Home	mortgage int	. (Box 1) and	d points (Box 2) reported on Form 1098:	2017 Amount	TS	2016 Amou	unt
	Home mortga	ige interest n	ot reported on Form 1098:				
	Payee's name	_					
	Payee's SSN						
	Payee's stree Payee's city						
	Payee's state						
	Payee's ZIP o	_					
	Payee's regio						
	Payee's posta						
	Amount paid.						
	not reported						
			10/01/05				
_	-	•	n post 12/31/06 contracts (Box 4) margin accounts):				
IIIVESI	inent interest	(interest on	margin accounts).				
Pacci	ve interest						
Certai	n home morto	gage interest	included above (6251)				
Certai	n home morto	gage interest	included above (6251)	home are deductible over to s.	he life o	of the mortgage.	
Certai NOTE	n home morto E:Points paid For these ty	gage interest on loans oth pes of loans	included above (6251)er than to buy, build, or improve your main also provide the dates and lives of the loar	home are deductible over ts.	he life o	of the mortgage.	
Certai NOTE	in home morton E: Points paid For these ty SH CONT	gage interest on loans oth pes of loans RIBUTIO	included above (6251)				
Certai NOTE	E: Points paid For these ty SH CONT	gage interest on loans oth pes of loans RIBUTIO	included above (6251)er than to buy, build, or improve your main also provide the dates and lives of the loar	lonor maintains a bank rec	ord or a	a written communi	cation
CAS NOTE	n home morton E: Points paid For these ty SH CONT E: No deduction from the do	on loans oth ypes of loans RIBUTIO on is allowed nee, showing	included above (6251) er than to buy, build, or improve your main also provide the dates and lives of the loar INS for cash or check contributions unless the or the name of the organization, contribution	lonor maintains a bank recodate(s), and contribution a	ord or a	a written communi	cation
CAS NOTE	n home morton E: Points paid For these ty SH CONT E: No deduction from the do	on loans oth pes of loans RIBUTIO on is allowed nee, showing hospitals, an	included above (6251)	lonor maintains a bank recodate(s), and contribution a	ord or a	a written communi	cation
CAS NOTE	E: Points paid For these ty SH CONT E: No deduction from the do hes, schools,	on loans oth pes of loans RIBUTIO on is allowed nee, showing hospitals, an	included above (6251)	lonor maintains a bank recodate(s), and contribution a	ord or a	a written communi	cation
CAS NOTE	E: Points paid For these ty SH CONT E: No deduction from the do hes, schools,	on loans oth pes of loans RIBUTIO on is allowed nee, showing hospitals, an	included above (6251)	lonor maintains a bank recodate(s), and contribution a	ord or a	a written communi	cation
CAS NOTE	E: Points paid For these ty SH CONT E: No deduction from the do hes, schools,	on loans oth pes of loans RIBUTIO on is allowed nee, showing hospitals, an	included above (6251)	lonor maintains a bank recodate(s), and contribution a	ord or a	a written communi	cation
CAS NOTE	E: Points paid For these ty SH CONT E: No deduction from the do hes, schools,	on loans oth pes of loans RIBUTIO on is allowed nee, showing hospitals, an	included above (6251)	lonor maintains a bank recodate(s), and contribution a	ord or a	a written communi	cation
CAS NOTE NOTE Churc Co	n home morton in home morton in home morton in home for these types. SH CONT in home more in hom	gage interest on loans oth //pes of loans RIBUTIO on is allowed //nee, showing // hospitals, an // y cash or che	included above (6251)	lonor maintains a bank recodate(s), and contribution a	ord or a	a written communi	cation
CAS NOTE Churc	n home morton in home morton in home morton in home for these types. SH CONT in home more in hom	gage interest on loans oth //pes of loans RIBUTIO on is allowed //nee, showing //hospitals, an //y cash or che	included above (6251)	lonor maintains a bank recodate(s), and contribution a	ord or a	a written communi	cation
CAS NOTE Churce Co	n home morton in home morton in home morton in home morton in home in	gage interest on loans oth /pes of loans RIBUTIO on is allowed /nee, showing /hospitals, an /y cash or che rises (out-of- ritable miles.	included above (6251)	lonor maintains a bank recondate(s), and contribution a stion):	ord, or a	a written communi	
CAS NOTE Churce Co	n home morton in home morton in home morton in home morton in home in	gage interest on loans oth /pes of loans RIBUTIO on is allowed /nee, showing /hospitals, an /y cash or che rises (out-of-pritable miles.	included above (6251)	lonor maintains a bank recondate(s), and contribution a stion):	ord, or a	a written communi	
CAS NOTE Churce Co	n home morton in home morton in home morton in home morton in home in	gage interest on loans oth /pes of loans RIBUTIO on is allowed /nee, showing /hospitals, an /y cash or che rises (out-of-pritable miles.	included above (6251)	lonor maintains a bank recondate(s), and contribution a stion):	ord, or a	a written communi	
CAS NOTE Churce Co	n home morton in home morton in home morton in home morton in home in	gage interest on loans oth /pes of loans RIBUTIO on is allowed /nee, showing /hospitals, an /y cash or che rises (out-of-pritable miles.	included above (6251)	lonor maintains a bank recondate(s), and contribution a stion):	ord, or a	a written communi	
CAS NOTE Churce Co	n home morton in home morton in home morton in home morton in home in	gage interest on loans oth /pes of loans RIBUTIO on is allowed /nee, showing /hospitals, an /y cash or che rises (out-of-pritable miles.	included above (6251)	lonor maintains a bank recondate(s), and contribution a stion):	ord, or a	a written communi	
CAS NOTE Churce Co	n home morton in home morton in home morton in home morton in home in	gage interest on loans oth /pes of loans RIBUTIO on is allowed /nee, showing /hospitals, an /y cash or che rises (out-of-pritable miles.	included above (6251)	lonor maintains a bank recondate(s), and contribution a stion):	ord, or a	a written communi	
CAS NOTE Churc Co	n home morted. E: Points paid For these ty SH CONT E: No deduction from the double, schools, contributions by columnteer expended by the contributions by contributions contr	gage interest on loans oth /pes of loans RIBUTIO on is allowed /nee, showing /hospitals, an /y cash or che ritable miles. tions, fraterna /y cash or che	included above (6251)	lonor maintains a bank recondate(s), and contribution a stion):	ord, or a	a written communi	
Certai NOTE CAS NOTE Churc Co	n home morton in home	gage interest on loans oth /pes of loans RIBUTIO on is allowed nee, showing hospitals, an y cash or che ritable miles. tions, fraterna y cash or che	included above (6251)	lonor maintains a bank recondate(s), and contribution a stion):	ord, or a	a written communi	

2017 1040 US Itemized Deductions (continued)	25	.5 p3
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Please enter all pertinent 2017 amounts. Last year's amounts are provided for your reference.

P	١.	\cap	N	1	Λ	C	ш	^	\cap	NI	TR	ID	1	ITI	N	C
ľ	v	u	ı١٧	IC.	. Д		н	L.	u	N	ıк	415	SU.		ıN	

NOTE: Use Sheet 26 if total noncash contributions are	e over \$500	. No deduction is al	lowed for contribution	ons of clothing ar	nd household items
that are not in <i>good</i> used condition or better.	In addition,	a deduction for any	item with minimal	monetary value r	nay be denied.

6 limitation (see above):	2017 Amount	TS	2016 Amount
limitation (see above):			
6 capital gain property (gifts of capital gain property to 50% limit orgs.)	<u> </u>		
2. hh 2 (2 1 2. hh 2			
-			
	_		
capital gain property (gifts of capital gain property to non-50% limit c	oras).		
70 capital gain property (gitts of capital gain property to non-30% illinit c	, igs., i.		
	-		
	_		
	_		
nion and professional dues			
nion and professional dues			
ion and professional dues			
ion and professional dues			
ion and professional dues			
ion and professional dues			
her unreimbursed employee expenses (uniforms and protective clothing offessional subscriptions, employment agency fees, and certain edu. exp			
nion and professional dues			
nion and professional dues			
inion and professional dues	penses):		
ther unreimbursed employee expenses (uniforms and protective clothing ofessional subscriptions, employment agency fees, and certain edu. expenses expenses expenses (uniforms and protective clothing ofessional subscriptions, employment agency fees, and certain edu. expenses expenses expenses expenses (uniforms and protective clothing ofessional subscriptions, employment agency fees, and certain edu. expenses expenses expenses expenses (uniforms and protective clothing ofessional subscriptions, employment agency fees, and certain edu. expenses expe	, enses):		
her unreimbursed employee expenses (uniforms and protective clothing ofessional subscriptions, employment agency fees, and certain edu. expenses westment expense:	, enses):		
restment expense: x return preparation fee fe deposit box rental cecllaneous deductions (2% AGI) (certain legal and accounting fees, and accounting fees, and accounting fees, and certain edu. exp	, enses):		
estment expense: creturn preparation fee fee deposit box rental feeselaneous deductions (2% AGI) (certain legal and accounting fees.	, enses):		
her unreimbursed employee expenses (uniforms and protective clothing ofessional subscriptions, employment agency fees, and certain edu. expenses (vestment expense: x return preparation fee	, enses):		
her unreimbursed employee expenses (uniforms and protective clothing offessional subscriptions, employment agency fees, and certain edu. expenses (estment expense: x return preparation fee fee deposit box rental fees, and seconting fees, and seconting fees, and certain edu. expenses fees feed fees feed fees feed fees.	, enses):		
her unreimbursed employee expenses (uniforms and protective clothing ofessional subscriptions, employment agency fees, and certain edu. expenses westment expense:	, enses):		
her unreimbursed employee expenses (uniforms and protective clothing ofessional subscriptions, employment agency fees, and certain edu. expenses (vestment expense: x return preparation fee	, enses):		

25 p3

2017	1040	US	Itemized Deductions (continued)	25 n/
Z U /	IUTU	00	I ILCIIIIZCU DCUUCIIOIIS (COIIIIIIUCU)	

Please enter all pertinent 2017 amounts. Last year's amounts are provided for your reference.

OTHER MISCELLANEOUS DEDUCTIONS	2017 Amount	TS	2016 Amount
state tax, section 691(c)			
ther miscellaneous deductions:			
	_		
	- -		
	_		
	_		
	_		
	7		
	_		
	_		
	_		
	_		
	_		
	_		

25 p4

2017 1040 US Itemized Deductions (continued) 25 p5

If either of the following conditions below apply to you, your home mortgage interest deduction may need to be limited and the input section provided below should be completed. If neither condition applies, enter home mortgage interest amounts on organizer sheet 25 p2.

- 1. Total home equity debt exceeded \$100,000 at any time during 2017 (\$50,000 if married filing separate). For this purpose, home equity debt is defined as any mortgages taken out after October 13, 1987 in which the proceeds were used for purposes other than to buy, build, or improve your home. An example of this type of mortgage is a home equity loan use to pay off credit card bills, buy a car, or pay tuition.
- 2. Total home acquisition debt exceeded \$1,000,000 at any time during 2017 (\$500,000 if married filing separate). For this purpose, home acquisition debt is defined as any mortgages taken out after October 13, 1987 in which the proceeds were used to buy, build, or improve your home.

NOTE: When completing the input section below, grandfather debt represents loans taken out prior to October 14, 1987.

Please enter all pertinent 2017 amounts and attach all 1098 forms. Last year's amounts are provided for your reference.

	2017 Amount	TS	2016 Amount
air market value of the property on the date that the last debt was secured			
ome acquisition and grandfather debt on the date that the last debt was secured			
OAN INFORMATION			
oan #1			
Lender's name			
Form (see table)			
Number of form			
1=taxpayer, 2=spouse, blank=joint			
Interest paid.			
Points paid			
Total principal paid	CIL		
Lump sum principal payment (if paid off)			
Months outstanding (if not 12)			
Home acquisition debt balance - beginning of year			
Home acquisition debt borrowed in 2017.			
Home equity debt balance - beginning of year			
Home equity debt borrowed in 2017			
Grandfather debt balance - beginning of year			
oan #2			
Lender's name			
Form (see table)			
Number of form			
1=taxpayer, 2=spouse, blank=joint			
Interest paid.			
Points paid			
Total principal paid			
Lump sum principal payment (if paid off)			
Months outstanding (if not 12)			
Home acquisition debt balance - beginning of year			
Home acquisition debt borrowed in 2017			
Home equity debt balance - beginning of year			
Home equity debt borrowed in 2017			
Grandfather debt balance - beginning of year		1 1	

2 = Business use of home

3 = Schedule E

25 p5

2017 | 1040 | US | Noncash Contributions (Form 8283) | 26

If your total noncash contributions are in excess of \$500 in 2017, please complete the information below for each donee using the following guidelines:

- * If you contributed a motor vehicle, boat, or airplane with a claimed value of more than \$500, attach Form 1098-C or other written acknowledgement received from the donee organization.
- * A deduction for contributions of clothing or other household items that are not in *good* used condition or better is not allowed. In addition, a deduction for any item with minimal monetary value may be denied. However, these rules do not apply to any contribution of a single item for which a deduction of more than \$500 is claimed, if a qualified appraisal for the donated property is provided.

	Name of ch	aritable organization (donee)					
	Street addr	ess					
	City						
	State						
	ZIP code						
	1=spouse,	2=joint					
	Property de	scription (other than vehicle)					
		Identification number (VIN)					
lo.	Vehicle	Year (yyyy)					
		Make and model					
		Condition and mileage					
	Date of con	tribution (m/d/y)					
	Date acquir	ed by donor (m/y)					
	How acquir	ed by donor (Table 1 or describe)					
	Donor's cos	st or basis					
	Fair market	value					
	Method use	d to determine FMV (Table 2 or de	scribe)				
				111			
	Name of charitable organization (donee)						
	Street address						
	City						
	ZIP code	2=joint.					
	1=spouse.	2=ioint					
		escription (other than vehicle)					
		Identification number (VIN)					
lo.		Year (yyyy)					
	Vehicle	Make and model					
		Condition and mileage					
	Date of con	tribution (m/d/y)					
		ed by donor (m/y)					
	-	ed by donor (Table 1 or describe)					
	-	st or basis					
		value					
		ed to determine FMV (Table 2 or de					
	INICITION USE	d to determine him (rable 2 or de	scribe)				
	How Pro	operty was Acquired	2	Method Used t	o Determine FMV		
		3 = Inheritance	1 =	Appraisal	3 = Catalog		
	1 = Purchase				4 0 - 11		
	1 = Purchase 2 = Gift	4 = Exchange		Thrift shop value	4 = Comparable sale		

17	1040	US	Business Use of Home (Fo	orm 8829)	No.	2
	Please	e enter 201 Bu	7 indirect expenses in full. Nonbusine isiness percentage will be applied to in	ss portion will carry direct expenses onl	to Schedule A. y.	
BUS	SINESS U	SE OF H	OME	2017 Amount	2016 Amoւ	ınt
Form						
			r Schedule C number 2)			
	•	_	age)			
Total	area of home	(square foot	age)			
Total	hours facility	used (for day	care facilities only)			
		•	50)			
Area of	f home included al	bove used exclus	sively for daycare business, if any (sq ft)			
	•	-	me from home if not 100% (-1 if none)			
% (.x	x) or amount of	of expenses	from home if not 100% (-1 if none)			
IND	IRECT EX	(PENSES	5			
NOTE	: Indirect expe They benefit	enses are for t both the bus	keeping up and running your entire home. siness and personal parts of your home.			
Mortg	jage interest					
Real	estate taxes					
	0 0		remiums			
	-					
•						
				715		
	indirect expe		-101			
	·					
			001			
			U			
						•
DID	ECT EXP	ENCEC				
NOTE	E: Direct exper	nses benefit (repairs made	only the business part of your home. They includ to specific areas or rooms used for business.	е		
		•	remiums			
			·····			
						-
					+	
	-					
	direct expens					
,						
						

ORGANIZER

2017	1040	US	Employee/Vehicle Bus. E	Exp. (Form 2106)	No.	30
	Please e	enter all per	rtinent 2017 amounts. Last year's an	nounts are provided for y	our reference.	
	NERAL IN					
Occup	oation, if diffe	rent from Forr	m 1040			
Numb 1=spc	er of form (1=	first Schedule	e C, 2=second, etc.)			
			S EXPENSES	2017 Amount	2016 Amou	nt
Reimb 1=Dep Local Trave Reimb	oursements for partment of Ti transportation I expenses wh	or meals and exansportation or (bus, taxi, traile away from or included on	entertainment not on W-2, box 1			
Other	business exp	erises:				
			01			
			<u> </u>			
			n0 ''			
						30

017	1040	US	Vehicle Expenses (Form	2106) (cont.)	No.	30 p2
	Please e	nter all pe	rtinent 2017 amounts. Last year's a	mounts are provided for	your reference	
VEH	IICLE INF	ORMATI	ON	2017 Amount	2016 Amo	ount
1=veh 1=no (1=no (icle is availab other vehicle i evidence to su	le for off-duty s available fo upport your d	e than 5% owner			
VEH	IICLE 1					
Date p Total i Busine Comm Averag Numbe Parkin Actual Ga Re Tii Ins Mi Au Pe Int Ve	placed in servi mileage (for the ess mileage). In the ess mileage of months of the ess and to expenses: asoline, lube, espairs of the ess of the	ce (m/d/y). ne tax year). (for the tax -trip commulate business unlike (business) ther than personal ty taxes (basen) (for Schedelease payment (enter as personal).	year). se if changed from 100% personal use portion only) sonal property taxes) sed on car's value) fulle C, E & F) nts ositive) yehicle on Form W-2 (2106)			
	IICLE 2	lo.			1	
Date p Total r Busine Comm Averag Numbe	ollaced in servi mileage (for thess mileage. nuting mileage ge daily rounder of months (ce (m/d/y) ne tax year) (for the tax -trip commut	year)te se if changed from 100% personal use portion only)			
Ga Re Tir Ins	epairs					
Au Pe Int Ve	ito license (ot ersonal proper terest (car loa ehicle rent or l	her than pers ty taxes (bas n) (for Sched ease paymer	sonal property taxes)			
			ositive)			

17	1040	US	Foreign Income Exclu	ısion (Form 2555)	No.	31.1
			Please enter all pertinent	2017 information.		
GEN	IERAL IN	IFORMA	HON		1	
			different from Form 1040:			
Str	reet address.					
	•					
	•					
Emplo	,					
U.S	S. city					
U.S	S. state					
U.S	S. ZIP code .					
Fo	reign street a	nddress				
	0 ,					
	0 0					
	5 1					
En 3=	nployer type: :self. 4=foreia	aforeign و In affiliate of	entity, 2=U.S. company, U.S. company, 5=other			
					1	
						<u>.</u>
Туре с	of exclusion re	evoked if rev	oked in earlier year (if applicable):	Tax year revocation was effective	1	
			10		_	
				•	-	
			- 20 h			
Countr	ry of citizensh	nin	()			
			eign residence if maintained due to			
advers	se living cond	itions (if app	licable):	Number of days during tax year at separate foreign address (if applicable)		
T 1	(-) - d			Dates tax home(s) were		
Tax IIC	omes(s) durin	y lax year.		established (m/d/y)		
					-	
					-	
						31 1

17	1040	US	Foreign Income I	Exclu	sion (255	5)	No.	31.1 p2
TD ^	VEL INFO	∩рм∧ти	Please enter all pe	rtinent 2	2017 informat	ion.		
			r 2017 as well as travel for 2018	known to	date.			
	el Type (table)		f country (if not United States)		ate arrived	Date left	Days in U.S.	on business
BOI	NV EIDE E	PESIDEN	ICE TEST AND PHYSI	ICVI D	DESENCE	TEST		
		_	idence (m/d/y)	Г	NESLINGE	1231		
•	J		nce (m/d/y)	—				
Living or apa	quarters in fo artment, 3=ren	oreign country	y: 1=purchased home, 2=rented equarters furnished by employer.	house				
				Relationshi	р	Period	family lived abroa	ad
1=sub	mitted statem	ent to countr	y of bona fide residence	[
			country of bona fide residence gth of employment abroad	<u> </u>				
		-	country under		111			
			oyment in country (if applicable)					
Addre while	ss of home in living abroad	U.S. mainta (if applicable	ined): City		State	ZIP Code	e 1=U.S	6. home rented applicable)
			V					
	Names	of occupants	s in U.S. home (if applicable)		Relationship	of occupants in U	.S. home (if appli	cable)
Princi	pal country of	employment	<u>:</u>					
	_		EXPENSES	Г	2017	Amount	2016 Am	ount
	ied housing extends of housing				Qualifying	days in location (m	l nultiple locations	only)
		'					'	,
				<u> </u>				
				avel Type				
			1 = Travel to 2 = Travel to	foreian c	ountry			
			3 = Travel to	restricted	a country			
			<u> </u>					

31.1 p2

		US	Foreign Income Exclu	ision (Form 2555)	No.	31.2
	Please Enter	enter all per amounts i	ertinent 2017 amounts and attac n U.S. dollars only. Last year's a	h all W-2 forms, or other wag mounts are provided for you	e statements. r reference.	
FORI	EIGN WA	GES, SAI	LARIES, TIPS	2017 Amount	2016 A mo	ount
1=retire Name o Wages, Federal Social s Medicar State in	ement plan (Bo of employer (E tips, other co income tax w security tax wi re tax withhelo ncome tax with	ox 13)	Box 1)			
Nonca Home (ash Income (lodging)	:	ES, REIMBURSEMENTS AN	ND OTHER EARNED INC	OME	
	roperties or fa					
Cost of Family. Education Home le	on	erseas differe	ntial			
Meals a Employ	and lodging pr er (excludable	ovided for the under sectio	convenience of the n 119)			
Other	Foreign Ea	arned Incor	ne			
Total nu Total da	umber of days ays worked be	worked (if no fore and after	on Information of 240) r foreign assignment ter foreign assignment			

2017 | 1040 | US | Health Savings Accounts (8889) | 32.1

Please enter all pertinent 2017 amounts & attach all 1099-SA forms. Last year's amounts are provided for your reference.

HSA CONTRIBUTIONS

NOTE: Contributions to an HSA are only eligible to persons covered under a high deductible health plan. For tax year 2017, a high deductible health plan is one with an annual deductible that is not less than \$1,300 for self-only coverage or \$2,600 for family coverage, and the annual out-of-pocket expenses (deductibles, co-payments, and other amounts, but not premiums) do not exceed \$6,550 for self-only coverage or \$13,100 for family coverage.

	2017 A	mount	2016 A	mount
	Taxpayer	Spouse	Taxpayer	Spouse
1=self-only coverage, 2=family coverage				
HSA contributions you made or expect to make, except rollovers, employer contributions, and contributions made to an employee account through a cafeteria plan (1=maximum)				
Contributions included above that were made after you became eligible for Medicare				
Contributions made to date				
Total HSA distribution received (1099-SA, box 1) Distributions included above that were rolled over to another HSA				
to another HSA				
Total unreimbursed qualified medical expenses				
	NOT	FILE		

32.1

7	1040	US	Child and De	pendent Care	Expenses (F	orm 2441)	33.1,33
ease	enter all	pertinent 20	017 information. Las	t vear's amounts ar	e provided for you	r reference. You	ı must have
paid	for the c	are of one o	017 information. Last r more dependents of	enabling you to wo	rk or attend school	to qualify for th	nis credit.
DED			VDENCEC (22.1)	2017	Amount	2016 An	ount
			EXPENSES (33.1)	Тахрауст	Spouse	Taxpayer	Spouse
		•	red but not paid in 2017 eited in 2017				
=mpio	yer-provide	ea benefits for (eilea in 2017			J [
DFD	SUUS	VND EADE	ENSES QUALIFYI	NG FOR DEPEN	IDENT CARE CI	PEDIT	
	1		INSES QUALIFTI	1	IDENT CARE CI	\LDII	
_		Date of birth (m	/d/y)				
No.		Social security r	number			Г	
	(Qualified depen	dent care expenses id in 2017			0016	
			id in 2017			2016 amt:	
			nt				
No.			/d/y)		-11		
		-		4			
	i	auaiified depen ncurred and pa	dent care expenses id in 2017	7	71-	2016 amt:	
	1	=disabled					
	1	=spouse, 2=joi	nt				
			nu				
PER	SONS	OR ORGA	NIZATIONS PRO	VIDING CARE (3	33.2)		
	١	Name of provide	er		<u> </u>		
		•					
	(Dity					
No.	1						
NO		0 0	ode				
			mber (SSN or EIN)				
	1					2016 amt:	
			care provider in 2017	• • •			

ELIGIB	LE CHILDREN	2017 Amount	2016 Amount
No.	First name. Last name. Identification number. Date of birth (m/d/y). 1=born before 2000 and was disabled. 1=special needs child. 1=foreign child. 1=adoption was not final in 2017. Qualified 2016 for adoption not finalized by end of 201	7	
	Adoption Expenses Paid in 2016 and 2017 for adoption finalized in 2017 2016 and 2017 for adoption finalized in 2017 1=spouse, 2=joint		
No.	First name. Last name. Identification number. Date of birth (m/d/y). 1=born before 2000 and was disabled. 1=special needs child. 1=foreign child. 1=adoption was not final in 2017. Qualified Adoption Expenses Paid in Prior years for adoption of foreign child finalized in 2017. 2016 and 2017 for adoption finalized in 2017.	7	
	2017 for adoption finalized before 2017		
No.	First name. Last name. Identification number. Date of birth (m/d/y). 1=born before 2000 and was disabled 1=special needs child. 1=foreign child. 1=adoption was not final in 2017.		
	Qualified Adoption Prior years for adoption not finalized by end of 201 Prior years for adoption of foreign child finalized in 201 2016 and 2017 for adoption finalized in 2017 2017 for adoption finalized before 2017	7	

2017	1040 US	Education Credits / Tuit	ion Deduction	No.	38
	Please complete the your spouse, o	e information below if you paid qual or your dependents enrolled in an ac Last year's amounts are provided	ified education expenses ccredited postsecondary i for your reference.	in 2017 for you nstitution.	,
STL	JDENT INFORMAT	TON			
1=tax	payer, 2=spouse				
Last r	name				
	•	imed			
		ned			
		me for at least one academic period that began in alified expenses were made in 2017)			
1=stud 1=stude of a cor	lent completed first four years of pent was convicted, before the end of ntrolled substance.	ost-secondary education before 2017			
EDU	JCATIONAL INSTI	TUTION ATTENDED (#1)			
-					
		eceived.			
		ith Box 2 & 7 completed			
		ith Box 2 & 7 completed			
Feder	al ID number from Form 10	098-T			
EDU	JCATIONAL INSTI	TUTION ATTENDED (#2)	FILE		
Street City State ZIP co		no No			
		ith Box 2 & 7 completed			
		ith Box 2 & 7 completed			
Feder	al ID number from Form 10	098-T			
QU	ALIFIED EDUCATI	ON EXPENSES	2017 Amount	2016 Amou	unt
Qualifie	ed tuition & fees paid in 2017 (net	of refund or assistance, & not entered elsewhere)			
		purchased from institution			
		oove			
Amou	ınt of prior year refund or a	ssistance *			
Refund of	f qualified expenses and ta	x-free educational assistance received after y	you file your return for the year in	n which the expens	ses were paid.
					38

2017	1040	US	Health Coverage Form	39.1
P	Please do n	ot complet	te this information if coverage is indicated on Form 1095-A, 1095-B or 1095 Attach the document with this organizer if you have it.	-C.
GENE	RAI INF	ORMATIC		
			nonths, 2=no months	
Date mai	rica (ii iii cai	ront your)		
COVE	RED IND	IVIDUAL	(#1) COVERED INDIVIDUAL (#2)	
(a) First ı	name		(a) First name	
(a) Last r		1	(a) Last name	
	mber (SSN o		(b) ID number (SSN or TIN)	
	ered all 12 m	·	(d) 1=covered all 12 months	
` '	ns of coverage		(e) Months of coverage:	
	vember 2016		1=November 2016	
	cember 2016		1=December 2016	
	nuary		1=January	
	bruary arch		1=March	
	ril		1=Malcii	
	ay		1=May	
	ne		1=June	
	ly		1=July	
	gust		1=August	
	ptember		1=September	
1=Oc	tober		1=October	
1=No	vember		1=November	
1=De	cember		1=December	
COVE	RFD IND	IVIDUAL	(#3) COVERED INDIVIDUAL (#4)	
(a) First			(a) First name	
(a) Last r	mber (SSN o	r TINN	(a) Last name [(b) ID number (SSN or TIN)	
	ered all 12 m		(d) 1=covered all 12 months	
	ns of coverage		(e) Months of coverage:	
	vember 2016		1=November 2016	
	cember 2016		1=December 2016	
	nuary		1=January	
	bruary		1=February	
	arch		1=March	
1=Ap	ril		1=April	
1=Ma	ay		1=May	
1=Jur	ne		1=June	
	ly		1=July	
	gust		1=August	
	ptember		1=September	
	tober		1=October	
	vember		1=November	
1=De	cember		1=December	
				20.5
				39.1

Series: 4100 Health Coverage Form

2017	1040	IIS	Household Employment Taxes (Schedule H)	42
4 01/	1 U4U	US	nouselloid Employment raxes (Schedule n)	42

Please enter all pertinent 2017 information. Last year's amounts are provided for your reference.

HOUSEHOLD EMPLOYMENT TAXES

NOTE:If you paid any one household employee cash wages of \$2,000 or more in 2017; withheld federal income tax during 2017 for any household employee; or paid total cash wages of \$1,000 or more in any calendar quarter of 2016 or 2017 to household employees, please complete the following:

Employer identification number		
1=spouse, 2=joint		
Social security, Medicare and income taxes:	2017 Amount	2016 Amount
1=paid any one employee cash wages of \$2,000 or more		
1=withheld federal income tax for household employee		
Total cash wages subject to social security taxes		
Total cash wages subject to Medicare taxes		
Federal income tax withheld		
Taxes withheld from state disability payments		
Federal unemployment tax:		
1=paid total cash wages of \$1,000 or more in any calendar quarter of 2016 or 2017		
Total cash wages subject to FUTA tax		
1=paid unemployment contributions to only one state		
1=paid all state unemployment contributions by 4/15/18		
1=all wages taxable for FUTA were also taxable for state unemployment		
Name of state		
Contributions point to state unappendent found		
.101		
Contributions paid to state unemployment fund		

17	1040	US	Га	rent s	Licetic	ni to Ke	eport	Child's	ille.	No.		44
	PI	ease enter	all p	rtinent	2017 amou	ınts & atta	ach all	1099-INT a	nd 1099-l	DIV form	ns.	
СПП	LD'S INF			t year's	amounts	are provid	led for	your refere	ence.			
			ſ									
	name name		ľ									
	I security num		ŀ									
	of birth (m/d/y		ŀ									
	ntaxable to fed		ľ									
1=non	ntaxable to sta	nte	[
INTE	EREST IN	ICOME (F	Form	1099-	INT)							
	s, credit union	·			•			2017 Amo	ount		2016 Amo	ount
Darins	s, create arriori	5, Ctc. (Box 1	<i>)</i> .					2017 Alli	ount		2010 Ame	, unit
-							_					
U.S. b	onds, T-bills,	etc. (nontaxa	able to	state) (Bo	ox 3):		_			•		
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							_					
	xempt interes											
	otal municipal											
	-state municip	oal bonds										
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		t										
Та	ax-exempt into	erest (1099-IN	NT in e	ror)								
Ta Ol		erest (1099-IN	NT in e	ror)								
Ta Ol	ax-exempt into ID adjustment BP adjustmen	erest (1099-IN	NT in e	ror)					E			
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Ta OI AE Foreig 1= Na 1= Post 8	ax-exempt into ID adjustment BP adjustmen gn: =interest in or ame of foreign =grantor/trans B/7/86 private	authority ove a country feror or receivactivity bond	er forei	ror)	t rom foreign t d above) (62	ust						
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2017 1040 US Report of Foreign Bank and Financial Accounts 0	2017	1040 US	2017	Report of Foreign Bank and Financial Accounts	82.1
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Please enter all pertinent 2017 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION	2017 Amount	2016 Amount
Canadian province or Mexican state		
Other type of filer		
Foreign identification:		
Taxpayer:		
1=passport, 2=foreign TIN		
Other type of identification		
Number		
Country of issue		
Spouse:		
1=passport, 2=foreign TIN		
Other type of identification		
Number		
Country of issue		
Taxpayer:		
Title		
Spouse:		
Title		



82.1

ORGANIZER

2017	1040	US	Additional Information
Plea	se furnish a	any additi	onal information or supporting details not provided elsewhere in this tax organizer.
			NOTFILE
			~1011

Series: Additional Information