

2017
Organizer
for your income tax return
information

Table of Contents for 2017 Domestic Organizer

Miscellaneous Questions

Taxpayer Information

Dependent Information

Employee Compensation and Withholding

Interest Income - 1099-INT

Interest Income - Other

Dividend Income - 1099-DIV

Brokerage Income - Consolidated 1099

Schedule C - Profit or Loss from Business or Profession

Retirement Distributions

Rent and Royalty Income and Expense

Office-in-Home

Vacation Home and Other Rental Properties with Personal and Business Use

Schedule K-1: Partnerships, Estates and Trusts, S Corporations

Farm Income and Expense

Miscellaneous Income

Capital Gains and Losses

Installment Sales

Adjustments to Income

Payments of 2017 Federal, State and City Estimated Tax

Medical Expenses and Taxes

Interest Expense

Charitable Contributions and Miscellaneous Itemized Deductions

Noncash Charitable Contributions

Business Expense Schedule and Form 2106

Household Employment Taxes

Child and Dependent Care Expenses

Credits

Foreign Bank Account Information

Continuation Sheet

Miscellaneous Questions

For all information in the Organizer, please indicate the type of currency if not U.S. dollars.
If we do not have copies of your Federal, State, City and Foreign income tax returns for
2014, 2015 and 2016, please include them with this Organizer.

Indicate X if:

1. You would like to have any overpayment of federal tax refunded _____
2. You would like to have any overpayment of federal tax applied to your 2018 estimated tax . . _____
3. During 2017, you received any notices or settled any examinations concerning your prior years' Federal, State, Local, or Foreign tax returns. **If so, attach copies of notices** _____
4. You or your spouse made any gifts (not charitable contributions) in excess of \$14,000 to any one donee during the year. If so, provide details on a continuation sheet _____
5. You or your spouse made any gifts to a trust for any amount _____
If so, provide a copy of the trust instrument and provide details on a continuation sheet.
6. You received grants of stock options from your employer or disposed of any stock acquired under a qualified employee stock purchase plan _____
If so, provide details on a continuation sheet and copies of documentation.
7. You exercised any stock options during 2017. If so, provide details on a continuation sheet . . _____
8. You disposed of any corporate bonds for which you paid other than the principal amount (i.e., discount or premium). If so, provide details on a continuation sheet _____
9. You loaned money for an interest rate less than the market rate of interest _____
If so, provide details on a continuation sheet.
10. You received any payments from a pension or profit-sharing plan this year or expect to receive next year _____
If so, provide details on a continuation sheet and attach statements from the plan.
11. You received a Form 1099-DIV that includes dividends you received as a nominee; that is, in your name, but the dividends actually belong to someone else. _____

If so, indicate X if a 1099-DIV was prepared to transfer the dividend to the proper recipient and indicate the amount on the **Dividend Income** organizer form _____
12. You have received K-1s from partnerships, estates and trusts, or S corporations _____
If so, please attach copies of all K-1 forms received and any other relevant tax information from the entities and identify the K-1's on the **Partnerships, Estates and Trusts, S Corporations** organizer form.
13. You had income from rental property that is not listed elsewhere in this organizer _____
If so, please provide details of income, expenses, and the acquisition dates and cost of the property and any equipment, furniture, fixtures, and appliances.
14. In 2017, you purchased a new alternative-powered vehicle that was not intended for resale. If so, please provide the certificate of uniformity provided by the manufacturer _____
15. In 2017, you made extraordinary retail purchases (e.g., vehicle, boat, etc.) _____
If so, indicate the amount of total sales tax paid for these items on the medical expenses and taxes organizer page.
16. You or your family had qualifying health care coverage for every month of 2017. If you did not, attach supporting documents and provide details on continuation sheet . . . _____

17. You had a foreign bank account, securities account or signature authority over such an account at any time during 2017. If so, provide details on a continuation sheet _____
18. You owned any non-bank account assets in foreign countries, including (but not limited to) real estate, commodities, business interests _____
19. You paid household employee wages of \$2,000 or more or withheld federal income tax in 2017. If so, provide details on the **Household Employment Taxes** organizer form, or if new, provide detail on the continuation sheet _____
20. You sold your **primary** residence this year. If so, please attach copies of closing statements from the original purchase and from this sale _____
21. You sold your **secondary** residence this year. If so, please attach copies of closing statements from the original purchase and from this sale _____
22. You moved in connection with your employment in 2017 _____
 Where you moved to _____
 When you moved _____
 If so, attach copies of documentation of expenses incurred related to the relocation (e.g. shipping, travel, lodging, meal expenses, etc). Also provide on a continuation sheet the number of miles from old residence to old work place and to new work place.
23. You refinanced a mortgage during 2017. If so, provide details on a continuation sheet. Attach the closing statements and the term of the new mortgage _____
24. You incurred any nonbusiness bad debts _____
 If so, provide the following details on a continuation sheet:
 - A description of the debt, including the amount and the date it became due,
 - The name of the debtor, and any business or family relationship between you and the debtor,
 - The efforts you made to collect the debt, and
 - Why you decided the debt was worthless.
25. You have written substantiation for all employee business expenses (e.g., travel and entertainment expense) _____
 You should keep the following in a safe place:
 - Date, place, and amount of expense
 - Actual receipts for expenses in excess of \$75
 - Name and business affiliation of persons entertained
 - Business purpose of expense
 - Documentation of the business discussed before, during and after the entertainment
 - Receipts for hotel, airline, and other travel expense
26. You incurred any casualty or theft losses in 2017 _____
 If so, provide details on a continuation sheet - date of loss, type of property, type of loss, fair market value before and after the loss, the date the property was acquired, and any insurance proceeds received.
27. You used gasoline or special fuels for business purposes other than for a highway vehicle during the year. If so, please include the type of fuel, the number of gallons used, and the business purpose on a continuation sheet _____
28. You paid mortgage interest on a loan where the proceeds were not used to buy, build or improve your new home. _____
29. You received a corrective distribution from a deferred compensation plan such as a 401(k) plan. If so, please provide related documents and details _____
30. You made any out of state purchases and didn't pay a sales tax in your resident state. If so, please enter the details in the state section of the organizer _____

Taxpayer Information

Personal Information

First name _____ Initial _____ Last name _____ Social Security Number _____ M/F _____ **TP**

_____ _____ _____ _____ _____ **SP**

Street address _____ Apt. number _____

City _____ State _____ Zip code _____ County _____

Foreign Country _____ Foreign Province _____ Foreign Zip code _____

Preferred: Home/Cell Business/Cell Ext Fax

Taxpayer Telephone . . . () _____ () _____ _____ () _____

Spouse Telephone . . . () _____ () _____ _____ () _____

E-Mail Address _____

X if you want your tax return mailed to a different address. (Provide details on a continuation sheet.) _____

X if you authorize taxing authority to discuss return with paid preparer Federal . . _____ State . . _____

X if you don't want state tax forms mailed to you next year _____

Filing Status - Form 1040 - U.S. Citizen or Resident Alien

Indicate **X** for marital status at 12/31 (1040NR filers use the **Taxpayer Information - Nonresident Alien** form):

Single _____

Married, filing jointly _____

Married, filing separately _____

Head of household (Unmarried and providing more than half the cost of a home for a dependent or unmarried child) _____

Widow (widower), as of 2015 or later, who maintained a home as the principal place of residence for a dependent child, stepchild, adopted child or foster child _____

If nonresident alien spouse:

Head of household status and rates, spouse exemption not claimed _____

Married, filing separately status and rates, spouse exemption claimed _____

Head of Household

Indicate the name of the qualifying child who is not a dependent _____

Social security number of qualifying child _____

General	Taxpayer	Spouse
----------------	-----------------	---------------

Occupation: _____	_____
Date of birth: _____	_____
Date of death: _____	_____
Disabilities: Blind ___ Deaf ___ Totally Disabled ___ Quadriplegic ___	Blind ___ Deaf ___ Totally Disabled ___ Quadriplegic ___
Paraplegic/Quadriplegic/Hemiplegic ___ Other ___	Paraplegic/Quadriplegic/Hemiplegic ___ Other ___
Contribute to Presidential Campaign Fund . Yes ___ No ___	Yes ___ No ___

Information for Direct Deposit of Refund

Routing number _____ (should be 9 digits)

Account number _____ (Attach a voided check)

Account type

Refunds will be deposited into your checking account. If you prefer a savings account deposit, please indicate with an X _____

If you want to direct your refund to more than one bank account (up to three in total) or to Purchase Savings Bonds with your refund, please indicate such on the continuation sheet.

Taxpayer Information (cont'd)

General	Taxpayer	Spouse	
Driver's license or State issued ID number: . . .	_____	_____	31
Indicate X if State Issued ID - not Driver's license	_____	_____	32
Indicate X if Foreign ID	_____	_____	33
Indicate X if do not have driver's license.	_____	_____	34
Indicate X if no driver's license provided	_____	_____	35
State of issuance	_____	_____	36
Document Number (NY Only) *	_____	_____	37
Issuance Date:	_____	_____	38
Expiration Date:	_____	_____	39
Indicate X if State ID or license does not expire	_____	_____	40
Indicate X for Active Duty, S for Reserves or T for Retired Military Service Indicator	_____	_____	41
Indicate Y if full year medical coverage	_____		42
Organizer General Information Basic Return Data Taxpayer Information			

* See website for explanation of NY document number <https://dmv.ny.gov/id-card/sample-photo-documents>.

Dependent Information

Dependents

In general, individuals may not be claimed as a dependent, unless:

- 1) they were a U.S. citizen or a U.S. legal resident, **and**
- 2) you provided over half of their total support in 2017, **and**
- 3) they had gross income of less than \$4,050 and was your qualifying relative, **or**, the individual was your child **and**
 - a) Your child was under age 19 at the end of 2017, **or**
 - b) Your child was under age 24 at the end of 2017 **and** was a student for any 5 mos.

No. of months lived in your home in 2017, born and died in the same year

Child care expenses incurred and paid in 2017*

Indicate: **T** = Taxpayer, **S** = Spouse, **J** = Joint

First name	Last name	Social security number	Date of birth	Dependency relationship son, other, grandchild, etc. (indicate with * if dependent is part of non-custodial agreement)	No. of months lived in your home in 2017, born and died in the same year	Child care expenses incurred and paid in 2017*

* Provide details on the **Child and Dependent Care Expenses** form, if provided, or on a continuation sheet. Only include expenses incurred prior to each dependent's 13th birthday.

Organizer | General Information | Dependents | Columnar Dependents Entry

Miscellaneous Information

In this section, taxpayer may refer to your minor child.

Indicate: **X** if taxpayer can be claimed as a dependent on another's return 7

Organizer | General Information | Basic Return Data | Taxpayer Information

Computation of Tax for Minor Children with Investment Income

This section should be completed for children with investment income who are filing their own return and may be taxed at their parent's effective tax rate. Please attach supporting statements.

Indicate parent's filing status: **A** = Single, **B** = Married, filing jointly, **C** = Married, filing separately, **D** = Head of household, **E** = Qualifying widow(er)

Parent's name

If your minor child has siblings who are also under age 18 (under 24 if a full-time student) at the end of 2017 and have unearned income, enter their names below. If we are not preparing the siblings returns, then also please provide their 2017 unearned income.

First name	Last name	Interest & Ordinary Dividends	2017 Unearned Income 1 Net Capital Gain	Investment Interest Expense	Qualified Dividends

Organizer | Income | Kid-tax Income | Tax for Children

Parent's Election to Report Child's Interest and Dividends

This section should be completed for children with investment income which may be reported on the parent's return. Please attach supporting statements. (Forms 1099-B; 1099-DIV and 1099-INT)

First name	Last name	Interest	Tax-exempt interest 1	Capital gains 2	Total Dividends

1 Please indicate amount of both short-term and long-term (including capital gain distribution).

2 Please indicate amount of qualified and non-qualified dividends.

Organizer | Income | Kid-tax Income | Child's Int. & Div.

Interest Income - Other

Seller-Financed Mortgage Interest

	2017 amount	PY amount	
Buyer's name _____			1
Buyer's address _____	SSN _____		2
Buyer's name _____			3
Buyer's address _____	SSN _____		4

Organizer | Income | Interest Income | Seller Financed Mortgage | Tax Exempt Interest

Other Interest

	2017 amount	PY amount	
Interest received on Federal tax refunds			5
Interest received on State tax refunds (list total for all State refunds)			6
List state names included in total _____			
Interest received as a nominee			7
Interest accrued to buy bonds			8
Accrued Market Discount			9
Total interest income (Lines 5-9)			T

Organizer | Income | Interest Income | Interest Adjustments

Original Issue Discount, 1099-OID

Indicate **T** = Taxpayer, **S** = Spouse, **J** = Joint
Enter "**X**" if state withholding is present

	Box 1	Box 2	Box 3	Box 4	Box 5	Box 8	Box 9
Name of Payer	Original Issue Discount	Other Periodic Interest	Early Withdrawal Penalty	Federal Inc. Tax Withheld	Foreign Tax Paid	OID on US Treasury Obligations	Investment Expenses
— — _____							
— — _____							
— — _____							
— — _____							
— — _____							
— — _____							

Early Withdrawal Penalty - 1099-INT

Indicate **T** = Taxpayer, **S** = Spouse, **J** = Joint

	Box 2 Amount
Name of Payer	
— _____	
— _____	
— _____	
— _____	
— _____	
— _____	

Organizer | Income | Interest Income

Schedule C - Profit or Loss from Business or Profession

Activity Information		
Indicate: T = Taxpayer, S = Spouse, J = Joint _____ 1		
Business name _____ 2		
Street _____ 3		
City, state, zip, country _____ 4		
Principal business/profession _____ 5		
_____ Employer identification number	_____ Tax shelter ID number	_____ Tax shelter registration number
Accounting Method		
Indicate method of accounting: A = Accrual, O = Other, Blank = Cash, B = Leave unanswered _____ 7		
If other (specify) _____ 8		
Inventory Valuation		
Indicate method of inventory valuation: (If "other", please provide explanation on a continuation sheet.)		
C = Cost, L = Lower of cost or market, O = Other, D = Not applicable _____ 9		
X if there was any change in determining quantities, cost, or valuation of inventories _____ 10		
Miscellaneous Information		
Indicate X if this business was started or acquired during 2017 _____ 11		
Indicate X if you received earnings as a statutory employee _____ 12		
Indicate X if the business was disposed of in 2017 _____ 13		
Indicate X if the business was ever audited by IRS, State, or Foreign Tax Authority _____ 14		
Year of audit _____ 15		
		2017 amount PY amount
Self-employed health insurance premium payments you made during 2017 _____ 16		

Organizer | Income | Business Income | Business Name | Business Information | Sch. C Activity Information

Income		
Gross Receipts or Sales		
	2017 amount	PY amount
_____	_____	
_____	_____	
Total or override	_____	
Returns & allowances _____	_____	
Cost of Goods Sold and/or Operations		
	2017 amount	PY amount
Inventory at beginning of year _____	_____	
Purchases less cost of items withdrawn for personal use _____	_____	
Cost of labor _____	_____	
Materials and supplies _____	_____	
Other costs related to inventory	_____	
_____	_____	
_____	_____	
Inventory at end of year _____	_____	
Total cost of goods sold and/or operations	_____	
Reimbursements		
Meals and Entertainment _____	_____	
Other reimbursements _____	_____	
Other Income		
	2017 amount	PY amount
_____	_____	
_____	_____	
Total other income (Lines 29-30)	_____	
Portfolio Income _____	_____	

Organizer | Income | Business Income | Business Name | Business Information | Income/Expenses

Schedule C - Profit or Loss from Business or Profession

Business name: _____

Expenses

	2017 amount	PY amount	
Advertising	_____	_____	32
Car and truck expenses (Do not duplicate expenses listed on the vehicle business expense schedule page)	_____	_____	33
Commissions and fees	_____	_____	34
Contract Labor	_____	_____	35
Employee benefit programs	_____	_____	36
Insurance (other than health insurance)	_____	_____	37
Mortgage interest paid to financial institutions If amount is entered, please attach details and required bank documents.	_____	_____	38
Other interest	_____	_____	39
Legal and professional services	_____	_____	40
Office expenses postage, etc.	_____	_____	41
Pension and profit-sharing plans	_____	_____	42
Machinery and equipment rent	_____	_____	43
Other business property rent	_____	_____	44
Repairs and maintenance	_____	_____	45
Supplies	_____	_____	46
Taxes and licenses	_____	_____	47
Travel	_____	_____	48
Meals & Entertainment & Overnight Meals (gross amount subject to limitation)	_____	_____	49
Utilities	_____	_____	50
Wages (gross)	_____	_____	51
Total expenses (Lines 32-51)	_____	_____	
Indicate X if you were subject to the Department of Transportation hours of service limits			52

Other Expenses

	2017 amount	PY amount	
Local transportation including train, cabs, bus, etc.	_____	_____	53
Overnight travel expense (lodging, car rental, taxi, etc. excluding meals)	_____	_____	54
Telephone	_____	_____	55
Professional dues	_____	_____	56
Stationery, postage	_____	_____	57
Professional magazines, journals	_____	_____	58
Other expenses (e.g. uniforms required as condition of employment)	_____	_____	59
_____	_____	_____	60
_____	_____	_____	61
_____	_____	_____	62
_____	_____	_____	63
Total (Lines 53-63)	_____	_____	T

Domestic Production Deduction - Sec. 199

The primary source of your revenue in this business is in one of the following activities:		
1) Disposition of property manufactured, produced, grown or extracted in the U.S.	_____	64
2) Construction of real property in the U.S.	_____	65
3) Engineering and architectural services performed in the U.S. with respect to real property	_____	66

Schedule C - Profit or Loss from Business or Profession

Business name: _____

Depreciation and Amortization

Enter all property and equipment used in your business or profession. If you sold, traded, or otherwise disposed of an asset, please provide the date sold and gross sales price. Please indicate in the notes section if you would like to elect Section 179 expense for a particular asset placed in service in 2017. For vehicle expenses, make your entries on the **Business Expense Schedule and Form 2106** page, and indicate Schedule C on the property type code.

Description of property	Date placed in service MM DD YYYY	Cost or unadjusted basis	Business use %	Date sold MM DD YYYY	Gross sales price	
_____	_____	_____	_____	_____	_____	1
_____	_____	_____	_____	_____	_____	2
_____	_____	_____	_____	_____	_____	3
_____	_____	_____	_____	_____	_____	4
_____	_____	_____	_____	_____	_____	5
_____	_____	_____	_____	_____	_____	6
_____	_____	_____	_____	_____	_____	7
_____	_____	_____	_____	_____	_____	8
Total (Lines 1-8) _____					_____	T

New Clients: For assets placed in service prior to 1/1/2017, please provide a schedule of accumulated depreciation on a per asset basis.

If you had any amortization expenses (organizational costs, loan fees, etc.), for this business, provide details (description, date purchased, cost, life, etc.) below:

_____	9
_____	10
_____	11
_____	12

Organizer | Income | Business Income | Business Name | Depreciation and Amortization | Asset Detail

Notes:

Retirement Distributions

Retirement Distributions

Indicate: **T** = Taxpayer, **S** = Spouse

Please attach all Forms 1099R

Name of payer _____

	2017 amount	PY amount	
Box 1 - Gross distribution (Mandatory)	_____	_____	1
Box 2a - Taxable amount	_____	_____	2
Box 2b - Indicate X if taxable amount not determined	_____		3
Indicate X if total distribution	_____		4
Box 3 - Capital gain	_____		5
Box 4 - Federal income tax withheld	_____		6
Box 7 - Distribution code(s) (Mandatory)	_____		7
Box 7 - Indicate X if from IRA/SEP/SIMPLE	_____		8
Box 9a - Percentage of total distribution	_____		9
Box 9b - Total employee contributions	_____		10
Box 10 - Amount Allocable to IRR within 5 years	_____		11
Box 11 - 1st year of Desig. Roth Contrib.	_____		12
Box 12 - State tax withheld State name	_____		13
Box 15 - Local tax withheld Locality name	_____		14
Indicate X if entire distribution was converted to a Roth IRA	_____		15
Indicate X if entire distribution was rolled over	_____		16
Indicate X if this is an inherited IRA	_____		17
Indicate X if this distribution was used to pay qualified first-time homebuyer expenses, qualified medical or higher education expenses	_____	_____	18
If partial rollover, enter amount of distribution rolled over	_____	_____	19
If partial conversion to Roth IRA, enter amount converted	_____		20
Amount subject to 10% penalty tax (Override)	_____		21
			22

Organizer | Income | Retirement Distributions | 1099-R

Partly Taxable Pension/Annuity using Simplified Method or General Rule (For Preparer Use Only)

Pension/Annuity Type (A=Regular, B=Section 101(d), C=Section 101(d) with surviving spouse exclusion)	_____		23
Cost in the plan (if different than box 9b amount)	_____		24
Amounts previously recovered tax free in PY for post 1986 annuities	_____		25
Simplified Method			
Indicate X to use Simplified Method (default to General Rule)	_____		26
Annuity starting date (Required)	_____		27
Indicate X if annuity start date after 12/31/1997 and payments are for your life and that of beneficiary	_____		28
Elect to skip line 3 of worksheet and enter amount from line 4 of PY worksheet here	_____	_____	29
Number of months for which this year's payments were made	_____		30
General Rule			
Expected return (if a regular pension or annuity)	_____		31
Number of years in which payments are to be received (if section 101d)	_____		32
Percent or amount not taxable (50% = .50) (Override)	_____		33

Organizer | Income | Retirement Distributions | 1099-R | Partly Taxable Pension/Annuity

Rent and Royalty Income and Expense

Ownership
 Indicate: **T** = Taxpayer, **S** = Spouse, **J** = Joint _____ 1

Activity Information
 Kind of property _____ 2
 Location of property _____ 3
 You disposed of the property in 2017 _____ 4
 Enter percentage of this property that is allocated to another _____ 5

Type of Property - Activity Type
 1 - Single Family Residence 3 - Vacation/Short-Term Rental 5 - Land 7 - Self-Rental
 2 - Multi-Family Residence 4 - Commercial 6 - Royalties 8 - Other (describe) _____
 If 3 - Vacation and rented out, provide details on the continuation page for vacation days and rental days.
 If Royalty, indicate type:
 Royalty other than oil and gas _____ Royal with oil and gas depletion _____ Royalty with no depletion _____ 7

If Rental Real Estate
 Indicate **1** if: You materially participated in the operation of the activity during 2017*
 Indicate **2** if: You actively participated in the operation of the activity during 2017*
 Indicate **3** if: You are a real estate professional
 _____ 8
 ***Note: Material participation** consists of involvement in the activity on a regular, continuous, and substantial basis. **Active participation** is defined as a taxpayer who must participate in a significant and bona fide sense, such as making management decisions.

Organizer | Income | Rent and Royalty | Property Name | Rent and Royalty Information | Activity Information

Rent or Royalty Income
 (Include 100% of income including amounts attributable to others.)
 _____ 2017 amount PY amount
 Income _____ 9

Rent or Royalty Expense
 (Include 100% of expenses including amounts attributable to others.)
 _____ 2017 amount PY amount

Advertising			10
Auto and travel			11
Cleaning and maintenance			12
Commissions			13
Insurance			14
Legal and other professional fees			15
Management fees			16
Mortgage interest paid to financial institutions			17
<small>(If an amount is entered, please attach detail.) Do not duplicate elsewhere.</small>			
Mortgage interest paid to individuals*			18
<small>(If an amount is entered, please attach detail.) Do not duplicate elsewhere.</small>			
*If another received Form 1098, enter the recipient's name and address: _____			
Other interest			19
Repairs (enter major improvements on the Asset Detail Organizer)			20
Supplies			21
Taxes			22
Utilities			23
Yard maintenance			24
Other Expenses			25
			26
			27
Total expenses (Lines 10-27)			T

Organizer | Income | Rent and Royalty | Property Name | Rent and Royalty Information | Rent/Roy Inc. and Exp.

Rent and Royalty Income and Expense

Property name: _____

Depreciation and Amortization

Enter all property and equipment used in your rental activity. If you sold, traded, or otherwise disposed of an asset, please provide the date sold and gross sales price.

Description of property	Date placed in service MM DD YYYY	Cost or unadjusted basis	Business use %	Date sold MM DD YYYY	Gross sales price	
_____	_____	_____	_____	_____	_____	1
_____	_____	_____	_____	_____	_____	2
_____	_____	_____	_____	_____	_____	3
_____	_____	_____	_____	_____	_____	4
_____	_____	_____	_____	_____	_____	5
_____	_____	_____	_____	_____	_____	6
_____	_____	_____	_____	_____	_____	7
_____	_____	_____	_____	_____	_____	8
Total (Lines 1-8) _____					_____	T

New Clients: For assets placed in service prior to 1/1/2017, please provide a schedule of accumulated depreciation on a per asset basis.

If you had any amortization expenses (organizational costs, loan fees, etc.), for this property, provide details (description, date purchased, cost, life, etc.) below:

_____	9
_____	10
_____	11
_____	12

Organizer | Income | Rent and Royalty | *Property Name* | Depreciation and Amortization | Asset Detail _____

Notes:

Office-in-Home

Activity name: _____

Property Type Code	A = Form 2106, C = Schedule C, F = Farm (Sch. F/Form 4835), R = Rent/Royalty _____		
Ownership	Indicate: T = Taxpayer, S = Spouse, J = Joint _____		
Activity Information	Kind of property _____		
	Location of property _____		
Business Use	Indicate: Total area _____ Area used exclusively for business _____		
Day-Care Facilities Not Used Exclusively for Business	Indicate the total hours: Used for day-care during the year _____ Available for use during the year _____		

Organizer | Income | Business Income | Business Name | Office-in-Home

Note: For an office-in-home tied to an entity other than a business, use the navigation cues for that entity.

	2017 amount	PY amount	
Income related to this office-in home (Type: Wages, Sch. C, etc.)	_____	_____	6
<small>Please attach an explanation if expenses include amounts incurred when the property was rented.</small>			
	2017 *Direct amount	2017 *Indirect amount	PY amounts
Mortgage interest paid to financial institutions	_____	_____	_____
<i>(Attach detail - Do not duplicate elsewhere)</i>			
Real estate taxes	_____	_____	_____
Casualty loss after insurance reimbursement	_____	_____	_____
Advertising	_____	_____	_____
Auto and travel	_____	_____	_____
Cleaning and maintenance	_____	_____	_____
Commissions	_____	_____	_____
Insurance	_____	_____	_____
Legal and other professional fees	_____	_____	_____
Management fees	_____	_____	_____
Repairs and maintenance	_____	_____	_____
Rent	_____	_____	_____
Supplies	_____	_____	_____
Utilities	_____	_____	_____
Excess mortgage interest	_____	_____	_____
Other expenses	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Total expenses (Lines 7-27)	_____	_____	_____

***Direct expenses** benefit only the business part of the property. **Indirect expenses** benefit both the business and personal parts of the property.

Organizer | Income | Business Income | Business Name | Office-in-Home | OIH-Inc and Exp

Note: For an office-in-home tied to an entity other than a business, use the navigation cues for that entity.

Vacation Home and Other Rental Properties with Personal and Business Use

Ownership	
Indicate: T = Taxpayer, S = Spouse, J = Joint	1
Activity Information	
Kind of property (Mandatory) (House, Timeshare, etc.) _____	2
Location of Property (Including Country)	3
Activity Type	
Indicate V if vacation home or P if other personal/business property	4
Personal/Business Property	
Indicate: Total area _____ Area used exclusively for business	5
Vacation Home	
Indicate the total number of days in 2017: Rented at fair market value _____ Occupied by you or a relative _____	6
If property is a timeshare, indicate total number of days available to you	7
Passive Activity - Vacation Home or Other Personal/Business Property Information	
Indicate X if you actively participated in the operation of the activity during 2017*	8
Indicate X if you disposed of the property in 2017	9
*Note: Active participation is defined as a taxpayer who must participate in a significant and bona fide sense, such as making management decisions.	

Organizer | Income | Vacation Home/Other Rental | Property Name | Vacation/Other Rental Information | Activity Information

Rental Income	2017 amount	PY amount
Income		

Rental Expenses	2017	2017	PY amounts
Please attach an explanation if expenses include amounts incurred when the property was rented.	*Direct amount	*Indirect amount	
Mortgage interest paid to financial institutions	N/A		
<i>(Attach detail - Do not duplicate elsewhere)</i>			
Real estate taxes	N/A		
Casualty loss after insurance reimbursement			
Advertising			
Auto and travel			
Cleaning and maintenance			
Commissions		N/A	
Insurance			
Legal and other professional fees			
Management fees			
Repairs			
Supplies			
Utilities			
Other expenses			

Total expenses (Lines 11-29)			

*Direct expenses benefit only the business part of the property. Indirect expenses benefit both the business and personal parts of the property.

Organizer | Income | Vacation Home/Other Rental | Property Name | Vacation/Other Rental Information | Vacation Home-Inc and Exp

Office-in-Home, Vacation Home and Other Rental Properties with Personal and Business Use

Property name: _____

Depreciation and Amortization

Enter all property and equipment used in your home office, vacation home, or any other rental/personal business property. If you sold, traded, or otherwise disposed of an asset, please provide the date sold and gross sales price.

Description of property	Date placed in service MM DD YYYY	Cost or unadjusted basis	Business use %	Date sold MM DD YYYY	Gross sales price	
_____	_____	_____	_____	_____	_____	1
_____	_____	_____	_____	_____	_____	2
_____	_____	_____	_____	_____	_____	3
_____	_____	_____	_____	_____	_____	4
_____	_____	_____	_____	_____	_____	5
_____	_____	_____	_____	_____	_____	6
_____	_____	_____	_____	_____	_____	7
_____	_____	_____	_____	_____	_____	8
Total (Lines 1-8) _____					_____	T

New Clients: For assets placed in service prior to 1/1/2017, please provide a schedule of accumulated depreciation on a per asset basis.

If you had any amortization expenses (organizational costs, loan fees, etc.), for this property, provide details (description, date purchased, cost, life, etc.) below:

_____	9
_____	10
_____	11
_____	12

Organizer | Income | Vacation Home/Other Rental | *Property Name* | Depreciation and Amortization | Asset Detail _____

Note: If these are Office-in-Home assets tied to another entity, follow the navigation cues for that entity.

Notes:

Schedule K-1: Partnerships (including Limited Liability Companies), Estates and Trusts, S Corporations

Listed below are all partnerships, estates and trusts and S corporations that were included in your 2016 tax return. Please list any new or additional ones and indicate any that were sold or otherwise disposed of in 2017 and provide details of the sales transaction on a continuation page.

Attach all Schedules K-1 and other supporting documents that you have received, including the amount paid for self-employed health insurance and state information.

	Indicate X if Foreign Partnership	ID number	Indicate X if disposed of in 2017
Name of Partnership, Estate/Trust, S Corporation, PTP			
			1
			2
			3
			4
			5
			6
			7
			8
			9
			10
			11
			12
			13
			14
			15
			16
			17
			18
			19
			20
			21
			22
			23
			24
			25
Self-employed health insurance premium payments you made during 2017			26

Organizer | Income | Schedule K-1 or Schedule K-1 (PTP)

***Note: Material participation** consists of involvement in the activity on a regular, continuous, and substantial basis. **Active participation** is defined as a taxpayer who must participate in a significant and bona fide sense, such as making management decisions.

Farm Income and Expense

Ownership

Indicate: **T** = Taxpayer, **S** = Spouse, **J** = Joint _____ 1

Activity Information

Farm name (**Mandatory**) _____ 2
 Principal product _____ 3
 Employer identification number _____ 4
 Tax shelter registration number _____ 5
 Tax shelter ID number _____ 6

Accounting Method

Indicate method of accounting: Blank = Cash, **A** = Accrual, **B** = To leave question unanswered _____ 7

Activity Type

Indicate **A** = Material participation*, **B** = Other passive, **D** = Rental real estate
G = Nonpassive tax shelter, **H** = Passive non-tax shelter _____ 8
Note: Material participation consists of involvement in the activity on a regular, continuous, and substantial basis.

Miscellaneous Information

Indicate **X** if a farm rental _____ 9
 Indicate **X** if you disposed of the business in 2017 _____ 10

	2017 amount	PY amount
Self-employed health insurance premium payments you made during 2017 _____		

 11

Organizer | Income | Farm Income | Farm Name | Farm Information | Sch F Information

Farm Income - Cash Method

	2017 amount	PY amount
Sale of livestock and other items bought for resale _____		
Cost or other basis of livestock and other items bought for resale _____		
Custom hire (machine work) income _____		
Sale of livestock, produce, grains, and other products you raised _____		
Cooperative distributions: Total _____		
Taxable amount _____		
Agricultural program payments: Total _____		
Taxable amount _____		
Commodity Credit Corporation (CCC) loans reported under election _____		
CCC loans forfeited or repaid with certificates: Total _____		
Taxable amount _____		
Crop insurance proceeds and disaster payments:		
Amount received in 2017 _____		
Taxable amount _____		
Deferred from 2016 _____		
Other income		

Total income (Lines 12 - 28) _____		

Organizer | Income | Farm Income | Farm Name | Farm Information | Income and Expenses

Farm Income and Expense

Farm name: _____

Farm Expenses - Cash and Accrual

	2017 amount	PY amount	
Car and truck expenses	_____	_____	29
Chemicals	_____	_____	30
Conservation expenses (include prior year carryover)	_____	_____	31
Custom hire (machine work)	_____	_____	32
Employee benefit programs (other than pensions and profit-sharing plans)	_____	_____	33
Feed purchased	_____	_____	34
Fertilizers and lime	_____	_____	35
Freight and trucking	_____	_____	36
Gasoline, fuel and oil	_____	_____	37
Insurance (other than health insurance)	_____	_____	38
Interest - mortgage (paid to banks, etc.) <small>(If an amount is entered, please attach detail.)</small>	_____	_____	39
Interest - other	_____	_____	40
Labor hired	_____	_____	41
Pension and profit-sharing plans	_____	_____	42
Rent or lease - vehicle, machinery and equipment	_____	_____	43
Rent or lease - other (land, animals, etc.)	_____	_____	44
Repairs and maintenance	_____	_____	45
Seeds and plants purchased	_____	_____	46
Storage and warehousing	_____	_____	47
Supplies purchased	_____	_____	48
Taxes	_____	_____	49
Preproductive period expense	_____	_____	50
Utilities	_____	_____	51
Veterinary, breeding, and medicine fees	_____	_____	52
Other expenses			
_____	_____	_____	53
_____	_____	_____	54
_____	_____	_____	55
_____	_____	_____	56
_____	_____	_____	57
_____	_____	_____	58
_____	_____	_____	59
_____	_____	_____	60
_____	_____	_____	61
_____	_____	_____	62
_____	_____	_____	63
Total expenses (Lines 29 - 63)			T

Organizer | Income | Farm Income | Farm Name | Farm Information | Income and Expenses

Domestic Production Deduction - Sec. 199

Indicate X if the primary source of your revenue in this business is in one of the following activities:

- 1) Disposition of property manufactured, produced, grown or extracted in the U.S. 64
- 2) Construction of real property in the U.S. 65
- 3) Engineering and architectural services performed in the U.S. with respect to real property. . . . 66

Farm Income and Expense

Farm name: _____

Depreciation and Amortization

Enter all property and equipment, including livestock used in your farming activity. If you sold, traded, or otherwise disposed of an asset, please provide the date sold and gross sales price.

Description of property	Date placed in service MM DD YYYY	Cost or unadjusted basis	Business use %	Date sold MM DD YYYY	Gross sales price	
_____	_____	_____	_____	_____	_____	1
_____	_____	_____	_____	_____	_____	2
_____	_____	_____	_____	_____	_____	3
_____	_____	_____	_____	_____	_____	4
_____	_____	_____	_____	_____	_____	5
_____	_____	_____	_____	_____	_____	6
_____	_____	_____	_____	_____	_____	7
_____	_____	_____	_____	_____	_____	8
Total (Lines 1-8) _____					_____	T

New Clients: For assets placed in service prior to 1/1/2017, please provide a schedule of accumulated depreciation on a per asset basis.

If you had any amortization expenses (organizational costs, loan fees, etc.), for this farm, provide details (description, date purchased, cost, life, etc.) below:

_____	9
_____	10
_____	11
_____	12

Organizer | Income | Farm Income | *Farm Name* | Depreciation and Amortization | Asset Detail

Notes:

Farm Income Averaging

2016 Information		
Filing Status:		
Single	<input type="checkbox"/> Qualified widow(er) <input type="checkbox"/> Married filing separately <input type="checkbox"/>	1
Married filing joint <input type="checkbox"/>	Head of household <input type="checkbox"/>	2
Enter Amount From:		
Form 1040, Line 9b	_____	3
Form 1040, Line 43	_____	4
Form 1040, Line 44 (do not include any amount from Form 4972 or 8814)	_____	5
Schedule D, Line 15	_____	6
Schedule D, Line 16	_____	7
Schedule D, Line 18	_____	8
Schedule D, Line 19 (unrecaptured section 1250 gain)	_____	9
Form 4952, Line 4e	_____	10
Form 4952, Line 4g	_____	11
2015 Information		
Filing Status:		
Single	<input type="checkbox"/> Qualified widow(er) <input type="checkbox"/> Married filing separately <input type="checkbox"/>	12
Married filing joint <input type="checkbox"/>	Head of household <input type="checkbox"/>	13
Enter Amount From:		
Form 1040, Line 9b	_____	14
Form 1040, Line 43	_____	15
Form 1040, Line 44 (do not include any amount from Form 4972 or 8814)	_____	16
Schedule D, Line 15	_____	17
Schedule D, Line 16	_____	18
Schedule D, Line 18	_____	19
Schedule D, Line 19 (unrecaptured section 1250 gain)	_____	20
Form 4952, Line 4e	_____	21
Form 4952, Line 4g	_____	22
2014 Information		
Filing Status:		
Single	<input type="checkbox"/> Qualified widow(er) <input type="checkbox"/> Married filing separately <input type="checkbox"/>	23
Married filing joint <input type="checkbox"/>	Head of household <input type="checkbox"/>	24
Enter Amount From:		
Form 1040, Line 9b	_____	25
Form 1040, Line 43	_____	26
Form 1040, Line 44 (do not include any amount from Form 4972 or 8814)	_____	27
Schedule D, Line 15	_____	28
Schedule D, Line 16	_____	29
Schedule D, Line 18	_____	30
Schedule D, Line 19 (unrecaptured section 1250 gain)	_____	31
Form 4952, Line 4e	_____	32
Form 4952, Line 4g	_____	33
Organizer Income Farm Income Sch. J - Farm Income Averaging Schedule J Information		

If amounts are not preprinted above, provide preparer with a copy of the three previous tax returns.

Miscellaneous Income

Social Security/RRTA Payments

Refer to Box 5 on SSA 1099

	2017 amount	PY amount	
Social Security and RRTA payments received - Taxpayer			1
Medicare Insurance Premiums after Social Security - Taxpayer <small>(Enter gross amount before medicare deductions.) (enter related withholding on the Employee compensation & withholding page)</small>			2
Social Security and RRTA payments received - Spouse			3
Medicare Insurance Premiums after Social Security - Spouse <small>(Enter gross amount before medicare deductions.)</small>			4

Organizer | Income | Miscellaneous Income | Social Security/RRTA Payments

Miscellaneous Income

Indicate: **T** = Taxpayer, **S** = Spouse, **J** = Joint

* List states or localities on Continuation sheet.

	2017 amount	PY amount	
State income tax refunds received in 2017 (total for all states)*			5
Local income tax refunds received in 2017 (total for all localities)* <small>Include interest received on the Interest Income - 1099-INT organizer; include withholding taxes from Form W-2 on the Employee Compensation and Withholding organizer.</small>			6
Alimony income or legal separation payments received			7
Unemployment insurance compensation			8
Insurance reimbursements for prior-year medical expenses that you deducted			9
Total miscellaneous income (Lines 5 - 9)			T

Organizer | Income | Miscellaneous Income | Miscellaneous Income

Other Miscellaneous Income

List below other miscellaneous income including director's fees, jury duty fees, trustee's fees, HSA distributions not used for unreimbursed qualified medical expenses, executor's fees, gambling winnings, barter income, etc. Please enter any taxes withheld related to other miscellaneous income in the **Other Wage Information** section of the **Employee Compensation & Withholding** organizer.

Indicate: **T** = Taxpayer, **S** = Spouse, **J** = Joint

Preparer Use Only: A or Blank = Subject to S/E Tax, **B** = Not subject to S/E Tax

Description	2017 amount	in state Amount taxable	PY amount	
				10
				11
				12
Total other miscellaneous income (Lines 10 -12)				T

Organizer | Income | Miscellaneous Income | Miscellaneous Income

Qualified Education Program/Distributions (1099-Q) and Coverdell ESA Contributions

Indicate: **T** = Taxpayer, **S** = Spouse, **J** = Joint

Name of payer	2017 amount	PY amount	
Box 1 - Gross distribution			13
Box 2 - Earnings			14
Box 3 - Basis			15
Box 5 - Enter X if a private 529 program			16
Box 5 - Enter X if a state 529 program			17
Box 5 - Enter X if a Coverdell ESA			18
Amount contributed to this Coverdell ESA in 2017			19
Basis in this Coverdell ESA for 2016 and prior years			20
Type of Plan: Coverdell ESA	Amount	529 Plan	
Adjusted qualified higher education expense paid for during 2017			21
For whom was the expense incurred?			22

Organizer | Income | Miscellaneous Income | Qualified Education Program Payments

Capital Gains and Losses

Complete the following for each sale of stock, bonds; including municipals, mutual funds, or similar securities. Indicate the amount of any transfer taxes paid after the description. The amounts shown on this form must reconcile to Form 1099-B.

- If any sales were transacted outside the U.S., provide the following details on a continuation sheet:
 - (a) the name of the country where the sale took place and
 - (b) information regarding any tax imposed on the sale by that country.
- If you had an installment sale in 2017, provide that information on a continuation sheet. For installment sales prior to 2017, use the **Installment Sales** form.
- If you had a like-kind transaction (section 1031) during 2017, please provide details below and additional details on a continuation sheet.
- **Dispositions of depreciable business assets should be shown on Business, Farm or Rental income forms or on a continuation sheet.**
- **Include cost basis statements for capital gain transactions, if not included in broker's statements referenced in the note below.**

Please enclose all broker's statements (i.e. Form(s) 1099-B or equivalent statement such as broker's confirmation statement) for purchases and sales of stock.

Sales of Stocks, Bonds, etc.

Indicate: **T** = Taxpayer, **S** = Spouse, **J** = Joint

Indicate: **A** = Transaction is reflected on Form 1099B with proceeds and basis (covered), **B** = Transaction is reflected on Form 1099B with only proceeds (non-covered), **C** = Transaction is not reported on Form 1099B

		Number of shares and company name	Date acquired MM/DD/YYYY	Date sold or date worthless* MM/DD/YYYY	Sales proceeds net of selling expense	Cost or other basis	Adjustments before limitations	Code	LT ST
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
				Total (Lines 1 - 24)					T
					Net Gain/Loss				GT

Indicate **X** if you owned any securities which became worthless during 2017

*(Also provide on a continuation sheet how it was determined to be worthless.)

Indicate **X** if you re-purchased securities within 30 days before or after the sale of any securities from the same company or fund within any taxable or nontaxable account. If so, provide details on Continuation sheet.

Indicate **X** if you engaged in any collar transactions during 2017. If so, provide details on Continuation sheet.

Installment Sales

Property Information

Note: Installment Sale is defined as receiving periodic payments of principal and interest as a result of the sale. If this is the year of the sale, please attach supporting documents such as sales contract and record of purchase. If documents are not available, describe terms of the sale on a continuation sheet.

Indicate: **T** = Taxpayer, **S** = Spouse, **J** = Joint _____ 1
Description and location of property sold: _____

_____ 2
Date acquired (MM/DD/YYYY) _____ 3
Date sold (MM/DD/YYYY) _____ 4

Computation of Gain

	Amount
Gross sales price	_____ 5
If this mortgage was assumed or the property was purchased subject to a mortgage enter the amount of mortgage assumed.	_____ 6
Original cost	_____ 7
Improvements added	_____ 8
Commissions and expenses of sale	_____ 9
Depreciation taken to date.	_____ 10

Collections and Profit

Indicate the total amount of principal collected in 2017 (Principal only,
do not list interest income here. Include on **Interest Income** form.) _____ 11
If property was sold in a prior year, indicate total collections in prior years. (Do not
include current-year collections.) _____ 12

Other Information

Indicate **X** if:
Investment property _____ 13
Installment sale is a sale of residence _____ 14

Related Party Information

If this sale was to a relative, enter name, address and ID number of relative below:
Name _____ 15
Address _____ 16
Indicate **X** if related party disposed of the property in the current year. _____ 17
Indicate **X** if the property was a marketable security. _____ 18

Adjustments to Income

Individual Retirement Arrangement (IRA)

For IRAs, contributions **must** be made on or before April 15, 2018, even if the due date of the return is extended beyond that date.

	Taxpayer	PY Amount	Spouse	PY Amount	
Amount contributed to your IRA(s)					
Regular IRA* or SEP IRA* during 2017	_____	_____	_____	_____	1
Regular IRA or SEP IRA Jan - April 2018	_____	_____	_____	_____	2
Roth IRA** during 2017	_____	_____	_____	_____	3
Roth IRA Jan - April 2018	_____	_____	_____	_____	4
Conversion from Regular to Roth IRA	_____	_____	_____	_____	5

* Do not include amounts withdrawn for 2017 or rolled over before 1/1/2018

Indicate X if you were eligible to participate in a qualified employee maintained retirement plan	Taxpayer	Spouse	
	_____	_____	6
Indicate X if you want maximum IRA contribution calculated	_____	_____	7

(Enter "IRA Management Fees" on the **Miscellaneous Deductions** form.)

Organizer | Adjustments to Income | IRA | IRA Contributions

Value of all IRA(s) as of 12/31/2017

Provide IRA values here **only** if **either** of the following applies.

- You made nondeductible contributions to your IRA for 2017, or
- You received IRA distributions in 2017 and you have at any time made nondeductible contributions to any of your IRA(s).

	Value on 12/31/2017		
Name of Trustee	Taxpayer	Spouse	
_____	_____	_____	8
_____	_____	_____	9
_____	_____	_____	10
Total IRA basis for 2016 and prior years	_____	_____	11

Organizer | Adjustments to Income | IRA | IRA Values

Self-Employed Retirement Plan (Qualified Plan and SEP)

	Taxpayer	PY Amount	Spouse	PY Amount	
Amount contributed:					
By your employer to SEP (if self-employed or a partner)	_____	_____	_____	_____	12
To a Qualified plan	_____	_____	_____	_____	13

Indicate X if you want maximum SEP contribution calculated	Taxpayer	Spouse	
	_____	_____	14
Indicate X if you want maximum Qualified Plan contribution calculated	_____	_____	15

Organizer | Adjustments to Income | Qualified Plan, SEP, and Simple Deductions

Alimony, Penalty on Early Withdrawal of Savings and Other Adjustments

Indicate: **T** = Taxpayer, **S** = Spouse, **J** = Joint

	2017 Amount	PY Amount	
___ Amount of penalty on early withdrawal of savings	_____	_____	16
___ Alimony or legal separation payments made	_____	_____	17
___ Recipient's social security number	_____	_____	18
___ Amount of qualified student loan interest paid	_____	_____	19
___ Supplemental unemployment benefits repaid	_____	_____	20
___ Other adjustments to income	_____	_____	21
___ Educator expenses	_____	_____	22
___ Contributions made to health savings account (HSA)	_____	_____	23
___ Distributions from health savings account (HSA)	_____	_____	24

Organizer | Adjustments to Income | Other Adjustments to Income

Payments of 2017 Federal, State & City Estimated Tax

Federal Payments of Estimated Tax

Include prior year overpayment credited to estimated tax (Form 1040-ES) from 2016. Enter withholding taxes from Form W-2 on the **Employee Compensation and Withholding** organizer. (Expatriate returns - Do not include hypothetical tax reductions.)

Note: Enter the amounts that were actually paid and the date of payment for each installment.

	Calculated tax paid	Date paid MM/DD/YYYY	Actual tax paid	
2016 overpayment applied to 2017 estimate	_____	_____	_____	1
1st installment (due 4/15/2017) (excluding extension payment)	_____	_____	_____	2
2nd installment (due 6/16/2017)	_____	_____	_____	3
3rd installment (due 9/15/2017)	_____	_____	_____	4
4th installment (due 1/15/2018)	_____	_____	_____	5
Total federal estimated tax paid	_____	_____	_____	T

Organizer | Itemized Deductions | Taxes And Interest | Estimated Tax Payments

State and City Payments of Estimated Tax

Enter withholding taxes from Form W-2 on the **Employee Compensation and Withholding** organizer. Enter state and local income tax refunds on the **Miscellaneous Income** organizer.

	Calculated tax paid	Date paid MM/DD/YYYY	Actual tax paid	
State/City name _____				6
2016 estimated tax paid in 2017	_____	_____	_____	7
2016 extension amount paid in 2017	_____	_____	_____	8
2016 balance due paid in 2017	_____	_____	_____	9
2016 overpayment applied to 2017 estimate	_____	_____	_____	10
1st installment (due 4/15/2017)	_____	_____	_____	11
2nd installment (due 6/16/2017)	_____	_____	_____	12
3rd installment (due 9/15/2017)	_____	_____	_____	13
4th installment (due 1/15/2018)	_____	_____	_____	14
Total state/city estimated tax paid	_____	_____	_____	15

State/City name _____				16
2016 estimated tax paid in 2017	_____	_____	_____	17
2016 extension amount paid in 2017	_____	_____	_____	18
2016 balance due paid in 2017	_____	_____	_____	19
2016 overpayment applied to 2017 estimate	_____	_____	_____	20
1st installment (due 4/15/2017)	_____	_____	_____	21
2nd installment (due 6/16/2017)	_____	_____	_____	22
3rd installment (due 9/15/2017)	_____	_____	_____	23
4th installment (due 1/15/2018)	_____	_____	_____	24
Total state/city estimated tax paid	_____	_____	_____	25

State/City name _____				26
2016 estimated tax paid in 2017	_____	_____	_____	27
2016 extension amount paid in 2017	_____	_____	_____	28
2016 balance due paid in 2017	_____	_____	_____	29
2016 overpayment applied to 2017 estimate	_____	_____	_____	30
1st installment (due 4/15/2017)	_____	_____	_____	31
2nd installment (due 6/16/2017)	_____	_____	_____	32
3rd installment (due 9/15/2017)	_____	_____	_____	33
4th installment (due 1/15/2018)	_____	_____	_____	34
Total state/city estimated tax paid	_____	_____	_____	35

Organizer | Itemized Deductions | Taxes And Interest | Estimated Tax Payments

Medical Expenses and Taxes

Medical Expenses

Indicate: **T** = Taxpayer, **S** = Spouse, **J** = Joint

NOTE: Medical expenses are only deductible if over 7.5% of AGI.

Medical and dental expenses (including health insurance, Medicare Part B premiums, prescriptions, glasses, hearing aids, Stop Smoking Program, special school tuition for autism and other disabilities, etc.)

	2017 amount	PY amount	
_____	_____	_____	1
_____	_____	_____	2
_____	_____	_____	3
_____	_____	_____	4
_____	_____	_____	5
_____	_____	_____	6
_____	_____	_____	7
_____	_____	_____	8
_____	_____	_____	9
_____	_____	_____	10
_____	_____	_____	11
_____	_____	_____	12
_____	_____	_____	13
_____	_____	_____	14
_____	_____	_____	15
Insurance reimbursements for 2017 medical expenses - (not necessary if amounts listed above are net of any reimbursements) (_____)	(_____)	_____	16
Taxpayer long term care insurance	_____	_____	17
Spouse long term care insurance	_____	_____	18

Vehicle Expenses

Standard medical miles Jan - Dec	_____	_____	19
Actual gas/oil, expenses incurred	_____	_____	20
Parking fees/tolls	_____	_____	21

Total (Lines 1 - 18, 20 & 21) _____ **T**

Organizer | Itemized Deductions | Medical and Dental Expenses

Deductible Taxes

Real estate taxes - (Exclude taxes reported on **Rent and Royalty Income, Vacation Home, Office-in-Home, or Form 1098.**) **NOTE:** A portion of real estate taxes may be deductible even if you do not itemize.

	2017 amount	PY amount	
_____	_____	_____	22
_____	_____	_____	23
_____	_____	_____	24
_____	_____	_____	25
Personal property taxes (e.g. auto, boat, etc.) (including license fees based on property value)	_____	_____	26
Personal property taxes (e.g. auto, boat, etc.) (including license fees based on property value)	_____	_____	27
Personal property taxes (e.g. auto, boat, etc.) (including license fees based on property value)	_____	_____	28
State unemployment and disability taxes	_____	_____	29
State/local sales or excise taxes paid during 2017	_____	_____	30
Include copy(ies) of purchase invoice for each vehicle referenced above	_____	_____	31
Other state income taxes paid in 2017 (including amounts paid for prior year)	_____	_____	32
Other city income taxes paid in 2017 (including amounts paid for prior year)	_____	_____	33
Other deductible taxes	_____	_____	34
_____	_____	_____	35
_____	_____	_____	36

Total (Lines 22 - 36) _____ **T**

Organizer | Itemized Deductions | Taxes and Interest | Taxes - Other

Interest Expense

Home Mortgage Interest Expense (include Prepayment Penalties and Late Fees)

(Enclose mortgage statement/settlement sheet if home was purchased, refinanced, or sold in 2017. Do not include interest paid shown on the Rental and Royalty Income and Expense organizer or the **Vacation Home** organizer or the **Office-in-Home** organizer.)

Form 1098 - Mortgage Interest and Taxes (Name of Lender)

	2017 amount	PY amount
<input type="checkbox"/> _____ X if home equity line/loan		
Mortgage interest received from payer(s)/borrower(s) (Box 1)	_____	_____
Points paid on purchase of principal residence (Box 2)	_____	_____
Refund of overpaid interest (Box 3)	_____	_____
Qualified Mortgage Insurance Premiums (Box 4)	_____	_____
Real estate taxes paid or other amount shown	_____	_____

Organizer | Source Documents | Form 1098 - Mortgage Interest & Taxes | Form 1098 - Mortgage Interest & Taxes

Form 1098 - Mortgage Interest and Taxes (Name of Lender)

(Enter any additional Form 1098 information on a continuation sheet)

	2017 amount	PY amount
<input type="checkbox"/> _____ X if home equity line/loan		
Mortgage interest received from payer(s)/borrower(s) (Box 1)	_____	_____
Points paid on purchase of principal residence (Box 2)	_____	_____
Refund of overpaid interest (Box 3)	_____	_____
Qualified Mortgage Insurance Premiums (Box 4)	_____	_____
Real estate taxes paid or other amount shown	_____	_____

Organizer | Source Documents | Form 1098 - Mortgage Interest & Taxes | Form 1098 - Mortgage Interest & Taxes

Other Mortgage Interest Not Reported on Form 1098

Indicate: **T** = Taxpayer, **S** = Spouse, **J** = Joint

	2017 amount	PY amount
_____	_____	_____
_____	_____	_____
Total (Lines 13 - 14)	_____	_____

Organizer | Itemized Deductions | Taxes and Interest | Interest - Other

Points Not Reported on Form 1098

	Start date of loan	Life of loan in years	2017 Points Paid	PY amount
<input type="checkbox"/> X if loan is a refinancing	_____	_____	_____	_____

Organizer | Itemized Deductions | Taxes and Interest | Interest - Points Paid No 1098

Mortgage Interest Paid To an Individual

Name _____	SSN _____	I confirm this loan has properly
Address _____		been recorded _____

Organizer | Itemized Deductions | Taxes and Interest | Interest - Paid to Individual

Other Mortgage Information

If your **home acquisition debt** (mortgages to buy, build, or improve your principal home and one other residence) totaled \$1 million or more at any time during 2017 (\$500,000 if married filing separately) or your **home equity debt** totaled \$100,000 or more at any time during 2016 (\$50,000 if married filing separately), provide balances below.

	Loan 1	Loan 2	Loan 3	Loan 4
Name of Lender	_____	_____	_____	_____
Jan 1 Beginning Balance	_____	_____	_____	_____
Dec 31 Ending Balance	_____	_____	_____	_____
Interest paid per Form 1098	_____	_____	_____	_____

If you meet the requirements listed above **and** you borrowed any new amounts on a mortgage this year, you prepaid more than one month's principal, or you did not make level payments at fixed intervals, also provide all monthly loan statements.

Investment Interest Expense

Include margin loan interest paid to purchase securities

	2017 amount	PY amount
_____	_____	_____
_____	_____	_____
Total (Lines 22 - 23)	_____	_____

Organizer | Itemized Deductions | Taxes and Interest | Investment Interest Expense

Charitable Contributions & Misc. Itemized Deductions

Contributions

Cash Contributions

List only contributions to United States or Canadian organized charities. Include payroll deduction amounts for 2017. Keep written receipts from donee organization, canceled checks or payroll pledge card to substantiate contributions. Each contribution of \$250 or more requires written acknowledgment of the contribution from the charitable organization - cancelled checks are not considered adequate substantiation for this purpose. Do not include political contributions. Reduce any contribution made by the value of any benefit received; i.e. meals, merchandise.

Name of organization:	20% 30% 50%	2017 Amount	PY amount	
_____				1
_____				2
_____				3
_____				4
_____				5
_____				6
_____				7
_____				8
_____				9
_____				10
_____				11
_____				12
_____				13
_____				14
_____				15
Total (Lines 1 - 15)				T

Volunteer Expenses

Standard charitable miles Jan - Dec				16
Actual gas/oil, expenses incurred				17
Parking fees/tolls				18

Organizer | Itemized Deductions | Contributions | Contributions - CY and Carryovers

Miscellaneous Taxable Deductions Subject to 2% Floor

(Expenses related to investment income, investment counsel or advisory fees, appraisal fees paid to determine the amount of casualty loss or a charitable contribution of property, costs associated with looking for a new job in your same occupation, dues to labor unions, business publications, repayment of prior year compensation to employer, etc.)

	2017 amount	PY amount	
_____			19
_____			20
_____			21
_____			22
_____			23
Tax return preparation fees			24
Total (Lines 19 - 24)			T

Organizer | Itemized Deductions | Miscellaneous

Miscellaneous Deductions Not Subject to 2% Floor

	2017 amount	PY amount	
Amortized Bond Premium:			25
_____			26
Claim Repayments:			27
_____			28
Unrecovered Pension Investments:			29
_____			30
Gambling losses (not to exceed gambling winnings)			T
Total (Lines 25 - 30)			

Organizer | Itemized Deductions | Miscellaneous

Noncash Charitable Contributions

Noncash Contributions

Enter noncash contributions here if your total of ALL noncash contributions is **\$500 or less**

Indicate: **T** = Taxpayer, **S** = Spouse, **J** = Joint

↓ Description of property contributed and organization name:

prep. use only
20% 50%
30% 100%

2017 amount

Total (Lines 1 - 4)

Enter noncash contributions below if your total of ALL noncash contributions is **greater than \$500**

Note: An appraisal may be required for contributions over \$5000. Include out-of-pocket expenses.

If you donated a vehicle, boat or airplane during 2017, please provide Form 1098-C, the written acknowledgement you received from the charity.

For stock donations, provide the high & low selling prices per share on the date of donation.

Note: Clothing and household goods will be deductible only if in good to excellent condition when donated.

Ownership

Indicate: **T** = Taxpayer, **S** = Spouse, **J** = Joint



Name and Address of Donee*

Description of Donated Property

1		
2		
3		
4		
5		

<u>Contribution Date</u>	<u>Date Acquired</u>	<u>How Acquired</u>	<u>Cost or Basis</u>	<u>Fair Market Value</u>	<u>Method Used to Determine FMV</u>
--------------------------	----------------------	---------------------	----------------------	--------------------------	-------------------------------------

1					
2					
3					
4					
5					

*Preparer Note: Up to five donee organizations can be entered for each ownership code on the organizer screen.

Business Expense Schedule and Form 2106

Activity name: _____

Use this organizer if you had "out-of-pocket" expenses related to your employment or business activities.

<p>Property Type Code _____ A = Form 2106, C = Schedule C, F = Farm (Sch. F/Form 4835), K = Partnership, R = Rent/Royalty _____</p>	
<p>Ownership _____ Indicate: T = Taxpayer, S = Spouse, J = Joint _____</p>	1
<p>Occupation Information _____ Occupation (Mandatory) _____</p>	2
<p>Special Treatment _____ Indicate: A if you are a qualifying performing artist or B if you are a handicapped employee or C if you are a state or local government employee who is compensated on a fee basis or D if you are a reservist/national guard _____ Indicate: X if you are a rural mail carrier _____ if you are an employee subject to DOT hours of service limits. _____</p>	3 4 5
<p>Organizer Itemized Deductions Employee Business Expense Occupation Business Expense Information Occupation Info 2106 _____</p>	

Note: For a schedule tied to another entity (i.e. non-2106), follow the navigation cues for that activity, then select General Business Expense.

<p>Business Expenses _____</p>			
<p>Reimbursements _____ (Enter either the "total" reimbursements or reimbursements allocated between "meals/entertainment" and "other" reimbursements, but not both.)</p>			
<p>Employer's reimbursements, not included in box 1 of Form W-2 _____</p>	Total	Meals/entertainment	Other

<p>Expenses (If you are self-employed, enter Business Expenses on the Schedule C Organizer Page) _____</p>		
<p>Do not duplicate on any other form.</p>	2017 amount	PY amount
Meals and entertainment _____		
Parking fees and tolls _____		
Local transportation including train, cabs, bus, plane, etc. _____		
Overnight travel expense (lodging, airplane, car rental, taxi, etc. excluding meals) _____		
Telephone _____		
Professional dues _____		
Stationery, postage _____		
Professional magazines, journals _____		
Other expenses		

Total (Lines 7-23) _____		

Organizer | Itemized Deductions | Employee Business Expense | Occupation | Business Expense Information | Business Expenses _____
Note: For a schedule tied to another entity (i.e. non-2106), follow the navigation cues for that activity, then select General Business Expense.

Business Expense Schedule and Form 2106 - Vehicle Expenses

Activity name: _____

Vehicle Exp Question

Note: Please attach copies of documentation of business use (mileage logs, business purpose of trip, receipts for repairs and maintenance, etc.) The first 4 lines apply to all vehicles in this activity.

Indicate **N** for no, **Y** for yes, or **B** to leave question blank:

Do you have evidence to support your deduction? _____ 24

Is the evidence written? _____ 25

Questions for Vehicle used by Employees

Do you (or your spouse) have another vehicle available for personal use? _____ 26

Was an employer-provided vehicle available for personal use during off-duty hours? _____ 27

Vehicle number (1, 2, 3, 4, 5, or 6) _____ 28

Vehicle description _____ 29

Questions for Vehicles used by a "Self-Employed" Person

Was the vehicle available for personal use during off-duty hours? _____ 30

Was the vehicle used primarily by more than a 5% owner or related person? _____ 31

Was another vehicle available for personal use? _____ 32

If you purchased or leased a business auto this year, please provide a copy of your invoice or lease.

Vehicle Mileage

	2017 amount	PY amount	
We will determine whether actual expenses or those based on miles driven are better.			
Total miles driven: _____			33
Total business miles driven: _____			34
or percentage of total miles applicable to business (50% = .50) _____			35
Average daily round trip commuting distance _____			36
Total commuting miles driven during the year _____			37
Date acquired (MM/DD/YYYY) _____			38

Vehicle Expenses

	2017 amount	PY amount	
(Include both business & personal amounts)			
Note: We will automatically prorate car expenses between business and personal use based on the miles driven.			
Gasoline, oil, repairs, insurance, etc. _____			39
State and local taxes (not sales tax) -Do not duplicate _____			40
Interest (Paid to acquire the car) _____			41
Vehicle rentals/lease payments _____			42
Inclusion amount _____			43
Value of employer-provided vehicle _____			44

Organizer | Itemized Deductions | Employee Business Expense | Occupation | Vehicle Exp. Info

Note: For a schedule tied to another entity (i.e. non-2106), follow the navigation cues for that activity, then select Vehicle Expense.

Miscellaneous vehicle expenses

	2017 amount	
_____		45
_____		46
_____		47
_____		48
_____		49
_____		50
_____		51
_____		52
_____		53
_____		54
Total (Lines 45-54)		T

Organizer | Itemized Deductions | Employee Business Expense | Occupation | Columnar Vehicle Expense Entry

Note: For a schedule tied to another entity (i.e. non-2106), follow the navigation cues for that activity, then select Vehicle Expense.

Business Expense Schedule and Form 2106 - Depreciation

Activity name: _____

Depreciation and Amortization _____

Enter all property, including automobiles, and equipment used in your business or occupation, that is related to your "out-of-pocket" expenses for this activity. If you sold, traded, or otherwise disposed of an asset, please provide the date sold and gross sales price.

Description of property	Date placed in service MM DD YYYY	Cost or unadjusted basis	Business use %	Date sold MM DD YYYY	Gross sales price
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

1
2
3
4
5
6
7
8
T

Total (Lines 1-8) _____

New Clients For assets placed in service prior to 1/1/2017, please provide a schedule of accumulated depreciation on a per asset basis.

Indicate X if you purchased a vehicle in 2017 which is powered by an electric motor or alternative means _____

9

If you had any amortization expenses (organizational costs, loan fees, etc.), for this activity, provide details (description, date purchased, cost, life, etc.) below:

10
11
12
13

Organizer | Itemized Deductions | Employee Business Expense | Occupation | Depreciation and Amortization | Asset Detail _____

Note: If these are Business Expense Schedule assets tied to another entity, follow the navigation cues for that entity.

Notes:

Household Employment Taxes

General Information

Indicate: **T** = Taxpayer, **S** = Spouse

Employer ID number

Social Security, Medicare, and Income Taxes

Indicate **X** if:

You paid **any one** household employee wages of \$2,000 or more in 2017

You withheld Federal income tax during 2017 at the request of any household employee

You paid **total** wages of \$1,000 or more in **any** calendar **quarter** of 2017 or 2016 to household employees

You have filed Form W-2 for each of the employees you paid wages in 2017. **Attach copy.**

Wages subject to

Name of household employee	Social security taxes	Medicare taxes	FUTA tax	Federal income tax withheld
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Federal Unemployment (FUTA) Tax

The limit is \$7,000 per year per employee.

Indicate **X** if:

You paid unemployment contributions to only one state

You paid all state unemployment contributions for 2017 by April 18, 2018

All wages that are taxable for FUTA tax were also taxable for state's unemployment tax

Complete this section for each state where you have paid unemployment contributions:

Name of state where you paid unemployment contributions

State reporting number as shown on state unemployment tax return

Contributions you paid to state unemployment fund for 2017

State experience rate period From: _____ To: _____

State experience rate

Child and Dependent Care Expenses

Note: Enter the qualified expenses incurred and paid for each dependent on the **Dependent Information Page**

Miscellaneous

Indicate: **T** = Taxpayer, **S** = Spouse, **J** = Joint _____ 1

Indicate **X** if:

Taxpayer meets all the requirements to be treated as unmarried even though the filing status is MFS _____ 2

Taxpayer received employer provided dependent care benefits and is not claiming the credit _____ 3

Qualified expenses incurred for care allocated towards spouse's dependent care benefit withholdings _____ 4

Indicate the employer provided dependent care benefits forfeited in 2017-Taxpayer _____ 5

Indicate the employer provided dependent care benefits forfeited in 2017-Spouse _____ 6

Organizer | Credits | Child and Dependent Care Credit | Credit Information

Persons or Organizations Who Provided The Care

Name _____ 7

Street Address _____ 8

City, State and Zip Code _____ 9

I.D. Number (SSN, EIN or Tax Exempt) (Mandatory) _____ 10

Amount Paid _____ 11

Phone Number (CA only) _____ 12

Name _____ 13

Street Address _____ 14

City, State and Zip Code _____ 15

I.D. Number (SSN, EIN or Tax Exempt) (Mandatory) _____ 16

Amount Paid _____ 17

Phone Number (CA only) _____ 18

Name _____ 19

Street Address _____ 20

City, State and Zip Code _____ 21

I.D. Number (SSN, EIN or Tax Exempt) (Mandatory) _____ 22

Amount Paid _____ 23

Phone Number (CA only) _____ 24

Organizer | Credits | Child and Dependent Care Credit | Care Providers

Spouse Who Was a Full-Time Student or Disabled

If you are married and you or your spouse were disabled, indicate **T** for Taxpayer or **S** for Spouse . . _____ 25

If so, indicate the number of months you or your spouse was disabled _____ 26

If you are married and you or your spouse was a full-time student, indicate either **T** for Taxpayer or **S** for Spouse _____ 27

If so, indicate the number of months for which you or your spouse was a full-time student _____ 28

Indicate the monthly income of the spouse who was a full-time student. Enter "**NONE**" if there is no earned income in a month for which the taxpayer was a full-time student.

January	February	March	April	May	June
_____	_____	_____	_____	_____	_____
July	August	September	October	November	December
_____	_____	_____	_____	_____	_____

Organizer | Credits | Child and Dependent Care Credit | Disabled or student

Credits

Credit For The Elderly And Disabled

General Information

Indicate: **A** = Taxpayer, **B** = Spouse, **C** = Both

You are retired and permanently and totally disabled _____ 1

A physician's statement was filed in a prior year _____ 2

Taxpayer

Date of disability retirement if subsequent to 1/1/1977 (MM/DD/YYYY) _____ 3

Name of Physician _____ 4

Address of Physician _____ 5

Spouse

Date of disability retirement if subsequent to 1/1/1977 (MM/DD/YYYY) _____ 6

Name of Physician _____ 7

Address of Physician _____ 8

Organizer | Credits | Elderly or the Disabled Credit

Education Credits - American Opportunity/Lifetime

Please include copies of Form 1098T

American Opportunity Credit Qualifications (all four must be met)

1. As of the beginning of 2017, the student had not completed the first 4 years of post-secondary education.
2. The student was enrolled in 2017 in a program that leads to a degree, certificate, or other recognized educational credential.
3. The student was taking at least one-half the normal full-time workload for his or her course of study for at least one academic period beginning in 2017.
4. The student has not been convicted of a felony for possessing or distributing a controlled substance.

Lifetime Credit Qualifications *(these qualifications are less strict than those for the American Opportunity Credit)*

Applies:

1. For all years of post-high school education and for courses to acquire or improve job skills
2. For an unlimited number of years
3. To students who may not be pursuing a degree, certificate or credential
4. For one or more courses
5. Even if student has had a felony drug conviction

	Enter A if qualified for American Opportunity Credit, or L if qualified For Lifetime Credit	Qualified Education Expenses* during 2017
Taxpayer	_____	_____
Spouse	_____	_____
Dependents		
First Name Last Name SSN		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

* Qualified expenses are amounts paid for tuition, fees, books, supplies and equipment required for the students' enrollment or attendance at an eligible educational institution. (do not include expenses for room and board or nonacademic fees)

NOTES You cannot take the American Opportunity Credit and Lifetime Learning Credit for the same student in the same year. Also, income limits apply to these credits.

Organizer | Credits | Education Credits

Credits - Residential Energy/Alternative Motor Vehicle

Residential Energy Credits

Residential Energy Efficiency Property Credit

Available for any dwelling unit used as a residence, including a seasonal or vacation home.

Enter total cost of energy efficiency improvements including:

- qualified solar electric property costs _____ 1
- qualified solar water heating property costs _____ 2
- qualified small wind property costs _____ 3
- qualified geothermal heat pump property costs _____ 4
- qualified fuel cells* (list expenditures for your main home only). _____ 5
- kilowatt capacity of qualified fuel cell property above _____ 6

Organizer | Credits | Residential Energy Credit

Alternative Motor Vehicle Credit - Includes the following 2 vehicle types that are new vehicles, and used predominantly in the U.S.

Vehicle Type	Vehicle 1			Vehicle 2		
	Year, Make & Model	Vehicle Identification Number (VIN)	Date Placed in Service	Year, Make & Model	Vehicle Identification Number (VIN)	Date Placed in Service
Qualified fuel cell						
Qualified plug-in electric drive						

Organizer | Credits | Alternative Motor Vehicle Credit

Foreign Bank Account Information

Ownership

T = Taxpayer S = Spouse J = Joint
D = Taxpayer Joint Account/Spouse is not the principal owner
E = Spouse Joint Account/Taxpayer is not the principal owner

(Indicate Owner Code)

Number of Joint Owners . . . _____

Maximum Value of Account during the calendar year in local foreign currency _____

Name of foreign currency _____

Type of Account

Indicate X for the type of account:

Bank _____ Securities Account _____ Other (specify) _____

Information on Foreign Account in which you had a financial interest

Name of financial institution with which account is held: _____

Account number or other designation _____

Mailing address of financial institution _____

City _____ State _____ Zip Code _____ Country _____

Taxpayer - Foreign Identification (Required only if taxpayer does not have a U.S. Social Security Number or ITIN)

Type: _____ Passport _____ Foreign TIN _____ Other _____

Number _____ Country of Issue _____

Spouse - Foreign Identification (Required only if taxpayer does not have a U.S. Social Security Number or ITIN)

Type: _____ Passport _____ Foreign TIN _____ Other _____

Number _____ Country of Issue _____

"X" if filer has Signature or Other Authority but no Financial Interest in the Accounts: _____

Enter **only** if no Financial Interest in Accounts

Last name or organization name of owner _____

First name _____

Middle Initial _____ | TIN Type: SSN _____ Foreign _____ EIN _____

Tax identifying number _____

Street address _____

City _____ State _____ Zip Code _____ Country _____

Filer's Title with this Owner _____

Principal Joint Ownership Information: Enter Information ONLY if Spouse is not Joint Owner

First name of joint owner _____

Last Name/Organization name of joint owner _____

Middle Initial of joint owner _____ | TIN Type: SSN _____ Foreign _____ EIN _____

Taxpayer Identification Number of joint owner _____

Address _____

City _____ State _____ Zip Code _____ Country _____

