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2017 Organizer

Prepared By:

ANGLIN,REICHMANN,SNELLGROVE&ARMSTRONG,PC
305 QUALITY CIRCLE
HUNTSVILLE, AL 35806-5539

Prepared For:

2017 Client Organizer

From:

To:

ANGLIN,REICHMANN,SNELLGROVE&ARMSTRONG,PC
305 QUALITY CIRCLE
HUNTSVILLE, AL 35806-5539

2017 Client Organizer

This information is complete and correct to the best of my (our) knowledge.

Taxpayer signature ____ Date _________________

Spouse signature ____ Date _________________

ANGLIN,REICHMANN,SNELLGROVE&ARMSTRONG,PC
305 QUALITY CIRCLE
HUNTSVILLE, AL 35806-5539
256-533-1040

Dear :

This Tax Organizer is designed to help you gather the tax information needed to prepare your 2017 personal income tax return. To help you complete the Organizer with minimal time and effort, when available, you will find certain information from your 2016 personal income tax return.

To protect your privacy, your Tax Organizer contains masked data. Masked data displays as asterisks. For example, a Social Security number could display as ***-**-6789, an account number as ********6789, and a date of birth as **/**/2000. If you would like to confirm the masked data or make a change to your data, please contact this office. Do not indicate any changes to your data on your Tax Organizer. When you receive your completed tax return(s), make sure you review all Social Security numbers, bank account numbers, and dates of birth for accuracy.

Enter 2017 information on the Tax Organizer pages provided. If any information does not apply to you or is incorrect, please draw a line through it or make the necessary corrections.

The Client Questionnaire asks about pertinent tax items necessary for preparing the most accurate tax return possible. Please answer all questions and attach a statement when necessary for additional information not provided in the Client Organizer.

You will also need to provide the following information:
- Forms W-2 for wages, salaries and tips.
- All Forms 1099 for interest, dividends, retirement, miscellaneous income, Social Security, state or local refunds, gambling winnings, etc.
- Brokerage statements showing investment transactions for stocks, bonds, etc.
- Schedule K-1 from partnerships, S corporations, estates and trusts.
- Statements supporting educational expenses, deductions or distributions, including any Forms 1098-T, 1098-E, or 1099-Q.
- All Forms 1095-A, 1095-B, and/or 1095-C related to health care coverage or the Premium Tax Credit.
- Statements supporting deductions for mortgage interest, taxes, and charitable contributions (including any Form 1098-C).
- Copies of closing statements regarding the sale or purchase of real property.
- Legal papers for adoption, divorce, or separation involving custody of your dependent children.
- Any tax notices sent to you by the IRS or other taxing authority.
- A copy of your income tax return from last year, if not prepared by this office.

IRS regulations require paid tax preparers who expect to prepare and file 11 or more federal individual or trust tax returns to file them electronically. To comply with this requirement your return will be electronically filed this year. The benefits of e-filing include a secure way to file tax returns and it provides proof of acceptance that the IRS has accepted your return for processing. Contact this office if you prefer your return be filed on paper.

Thank you for the opportunity to serve you.

Sincerely,

ANGLIN,REICHMANN,SNELLGROVE&ARMSTRONG,PC

Questions

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

	Yes	No
Personal Information		
Did your marital status change during the year?	☐	☐
If yes, explain: ______________________________		
Did your address change from last year?	☐	☐
Can you be claimed as a dependent by another taxpayer?	☐	☐
Did you change any bank accounts, or did routing transit numbers (RTN) and/or bank account number change for existing bank accounts that have been used to direct deposit (or direct debit) funds from (or to) the IRS or other taxing authority during the tax year?	☐	☐
Did you receive an Identity Protection PIN (IP PIN) from the IRS or have you been a victim of identity theft? If yes, attach the IRS letter.	☐	☐
Did you reside in or operate a business in a Federally declared disaster area?	☐	☐
The Federally declared disaster areas include hurricane and tropical storm victims in Georgia, Florida, Puerto Rico, the Virgin Islands and parts of Texas, Louisiana and South Carolina, as well as wildfire victims in California.		
Dependent Information		
Were there any changes in dependents from the prior year?	☐	☐
If yes, explain: ______________________________		
Do you have any children under age 19 or a full-time student under age 24 with unearned income in excess of $2,100?	☐	☐
Do you have dependents who must file a tax return?	☐	☐
Did you provide over half the support for any other person(s) other than your dependent children during the year?	☐	☐
Did you pay for child care while you worked, looked for work, or while a full-time student?	☐	☐
Did you pay any expenses related to the adoption of a child during the year?	☐	☐
If you are divorced or separated with child(ren), do you have a divorce decree or other form of separation agreement which establishes custodial responsibilities?	☐	☐
Did any dependents receive an Identity Protection PIN (IP PIN) from the IRS or have they been a victim of identity theft? If yes, attach the IRS letter.	☐	☐
Purchases, Sales and Debt Information		
Did you start a new business or purchase rental property during the year?	☐	☐
Did you sell, exchange, or purchase any assets used in your trade or business?	☐	☐
Did you acquire a new or additional interest in a partnership or S corporation?	☐	☐
Did you sell, exchange, or purchase any real estate during the year?	☐	☐
Did you purchase or sell a principal residence during the year?	☐	☐
Did you foreclose or abandon a principal residence or real property during the year?	☐	☐
Did you acquire or dispose of any stock during the year?	☐	☐
Did you take out a home equity loan this year?	☐	☐
Did you refinance a principal residence or second home this year?	☐	☐
Did you sell an existing business, rental, or other property this year?	☐	☐
Did you lend money with the understanding of repayment and this year it became totally uncollectable?	☐	☐
Did you have any debts canceled or forgiven this year, such as a home mortgage or student loan(s)?	☐	☐
Did you purchase a qualified plug-in electric drive vehicle or qualified fuel cell vehicle this year?	☐	☐

Income Information

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

Retirement Information

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

Education Information

Did you, your spouse, or your dependents attend a post-secondary school during the year, or plan to attend one in the coming year? ☐ ☐
Did you have any educational expenses during the year on behalf of yourself, your spouse, or a dependent? If yes, attach any Form(s) 1098-T and receipts for qualified tuition and related expenses ☐ ☐
Did anyone in your family receive a scholarship of any kind during the year? ☐ ☐
If yes, were any of the scholarship funds used for expenses other than tuition, such as room and board? ☐ ☐
Did you make any withdrawals from an education savings or 529 Plan account? ☐ ☐
Did you make any contributions to an education savings or 529 Plan account? ☐ ☐
Did you pay any student loan interest this year? ☐ ☐
Did you cash any Series EE or I U.S. Savings bonds issued after 1989? ☐ ☐
Would you like a worksheet to aid in the completion of a Free Application for Federal Student Aid (FAFSA) with the U.S. Department of Education? ☐ ☐

Health Care Information

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

Did you pay long-term care premiums for yourself or your family? ☐ ☐

Did you make any contributions to an ABLE (Achieving a Better Life Experience) account? If yes, attach any Form(s) 5498-QA you received. ☐ ☐

Did you receive any withdrawals from an ABLE (Achieving a Better Life Experience) account? If yes, attach any Form(s) 1099-QA you received. ☐ ☐

If you are a business owner, did you pay health insurance premiums for your employees this year? ☐ ☐

Did you receive any Health Coverage Tax Credit (HCTC) advance payments? If yes, attach any Form(s) 1099-H you received. ☐ ☐

Itemized Deduction Information

Did you incur a casualty or theft loss or any condemnation awards during the year? ☐ ☐

If yes, did the loss occur in a Federally declared disaster area? ☐ ☐

Did you pay out-of-pocket medical expenses (Co-pays, prescription drugs, etc.)? ☐ ☐

Did you make any cash or noncash charitable contributions (clothes, furniture, etc.)? ☐ ☐

If yes, please provide evidence such as a receipt from the donee organization, a canceled check, or record of payment, to substantiate all contributions made.

Did you donate a vehicle or boat during the year? If yes, attach Form 1098-C or other written acknowledgment from the donee organization. ☐ ☐

Did you pay real estate taxes for your primary home and/or second home? ☐ ☐

Did you pay any mortgage interest on an existing home loan? If yes, attach any Form(s) 1098 you received. ☐ ☐

Did you incur interest expenses associated with any investment accounts you held? ☐ ☐

Did you have an expense account or allowance during the year? ☐ ☐

Did you use your car on the job, for other than commuting? ☐ ☐

Did you work out of town for part of the year? ☐ ☐

Did you have any expenses related to seeking a new job during the year? ☐ ☐

Did you make any major purchases during the year (cars, boats, etc.)? ☐ ☐

Did you make any out-of-state purchases (by telephone, internet, mail, or in person) for which the seller did not collect state sales or use tax? ☐ ☐

Miscellaneous Information

Did you make gifts of more than $14,000 to any individual? ☐ ☐

Did you utilize an area of your home for business purposes? ☐ ☐

Did you engage in any bartering transactions? ☐ ☐

Did you retire or change jobs this year? ☐ ☐

Did you incur moving costs because of a job change? ☐ ☐

Did you pay any individual as a household employee during the year? ☐ ☐

Did you make energy efficient improvements to your main home this year? ☐ ☐

Did you receive a distribution from, or were you a grantor or transferor for a foreign trust? ☐ ☐

Did you have a financial interest in or signature authority over a financial account such as a bank account, securities account, or brokerage account, located in a foreign country? ☐ ☐

Do you have any foreign financial accounts, foreign financial assets, or hold interest in a foreign entity? ☐ ☐

Did you receive correspondence from the State or the IRS? ☐ ☐

If yes, explain: ____

Do you have previous years of tax returns that are either unfiled or filed with unpaid balances due? ☐ ☐

Do you want to designate $3 to the Presidential Election Campaign Fund? If you check yes, it will not change your tax or reduce your refund. ☐ ☐

Form ID: INDX

Client Organizer Topical Index

This client organizer topical index is designed to help you quickly locate the items listed. To use the index just locate the topic and refer to the page number listed. The page number corresponds to the number printed in the top right corner of your organizer sheets. Please note this organizer is customized specifically for you, and may not contain all of the pages listed here.

Please note the following conventions used throughout your client organizer: T/S/J and T/S headings should be used to indicate if an item belongs to the (T)axpayer, (S)pouse, or (J)oint. Also, if an item did not occur in your resident state, please indicate the state's postal code abbreviation in which the item occurred. Control totals and [ ] numbers are for preparer use only.

Personal Information

Filing (Marital) status code (1 = Single, 2 = Married filing joint, 3 = Married filing separate, 4 = Head of household, 5 = Qualifying widow(er)) ___[1]
Mark if you were married but living apart all year ___[2]
Mark if your nonresident alien spouse does not have an Individual Taxpayer Identification Number (ITIN) ___[3]

	Taxpayer	Spouse
Social security number	___[4]	___[5]
First name	___[6]	___[7]
Last name	___[8]	___[9]
Occupation	___[10]	___[11]
Designate $3.00 to the presidential election campaign fund? (1 = Yes, 2 = No, 3 = Blank)	2 [12]	___[14]
Mark if dependent of another taxpayer	___[15]	___[16]
Taxpayer with income less than 1/2 support age 18 or 19 - 23 full-time student? (Y, N)	___[17]	
Mark if legally blind	___[20]	___[21]
Date of birth	___[22]	___[24]
Date of death	___[26]	___[27]
Work/daytime telephone number/ext number	___[28] ___[29]	___[30] ___[31]
Home/evening telephone number	___[32]	___[33]
Do you authorize us to discuss your return with the IRS? (Y, N)	Y [34]	

Present Mailing Address

Address ___[38]
Apartment number ___[39]
City, state postal code, zip code ___[40] ___[41] ___[42]
Foreign country name ___[44]
Foreign phone number ___[47]
In care of addressee ___[48]

Dependent Information

(*Please refer to Dependent Codes located at the bottom)

First Name[49]	Last Name	Date of Birth	Social Security No.	Relationship	Months*** in home	Dep Codes *	**	Care expenses paid for dependent

Name of child who lived with you but is not your dependent ___[50]
Social security number of qualifying person ___[51]

Dependent Codes

***Basic**
1 = Child who lived with you
2 = Child who did not live with you due to divorce/separation
3 = Other dependent
5 = Qualifying child for Earned Income Credit only
6 = Children who lived with you, but do not qualify for Earned Income Credit
7 = Children who lived with you, but do not qualify for Child Tax Credit
8 = Children who lived with you, but do not qualify for Child Tax Credit or Earned Income Credit

****Other**
1 = Student (Age 19 - 23)
2 = Disabled dependent
3 = Dependent who is both a student and disabled

*****Months**
77 = Reported on odd year return
88 = Reported on even year return
99 = Not reported on return

Client Contact Information

Preparer - Enter on Screen Contact

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

Taxpayer email address ____________________[9]

Spouse email address ____________________[10]

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

NOTES/QUESTIONS:

Direct Deposit/Electronic Funds Withdrawal Information

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

Mark to verify all accounts listed below have been reviewed, updated as needed, and are correct. __[1]

Primary account:

- Financial institution routing transit number ________________[3]
- Name of financial institution ________________[4]
- Your account number ________________[5]
- Type of account (1 = Savings, 2 = Checking, 3 = IRA*) __[6]
- Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) __[7]
- Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) __[8]
- Enter the maximum dollar amount, or percentage of total refund Dollar ________________[9] **or** Percent (xxx.xx) ____________[10]

Secondary account #1:

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

Secondary account #2:

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

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

Refund - U.S. Series I Savings Bond Purchases

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

Indicate either a maximum dollar amount (up to $5,000), or percentage of refund you would like used to purchase bonds

The bonds will be registered to the name(s) on the return. For married filing joint returns this means the bonds will be registered in both names listed on the return.

To register the bonds separately, leave these fields blank and use the fields provided below.

- Enter either a dollar amount or percent, but not both Dollar ____________[13] **or** Percent (xxx.xx) ____________[14]

Bond information for someone other than taxpayer and spouse, if married filing jointly

- Maximum dollar amount (up to $5,000), or percentage of refund used to purchase bonds Dollar ____________[17] **or** Percent (xxx.xx) ____________[18]
  - Owner's name (First Last) ________________[38] ________________[39]
  - Co-owner or beneficiary (First Last) ________________[40] ________________[41]
  - Mark if the name listed above is a beneficiary __[42]

Bond information for someone other than taxpayer and spouse, if married filing jointly

- Maximum dollar amount (up to $5,000), or percentage of refund used to purchase bonds Dollar ____________[21] **or** Percent (xxx.xx) ____________[22]
  - Owner's name (First Last) ________________[43] ________________[44]
  - Co-owner or beneficiary (First Last) ________________[45] ________________[46]
  - Mark if the name listed above is a beneficiary __[47]

Electronic Filing

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

Mark if you want to file a paper return even if you qualify for electronic filing ___[1]
Receive email notification(s) when your electronic file is accepted by the taxing agency (Blank = None, 1 = Return, 2 = Return & Extension) ___[2]
If 1 or 2, please provide email address on Organizer Form ID: Info
Mark if you are filing a balance due return electronically and you want to pay the amount due by debiting your financial institution account ___[9]

The IRS requires a Personal Identification Number (PIN) be used in signing returns that are electronically filed.
Each taxpayer and spouse, if applicable, must provide a 5 digit self-selected PIN of your choice other than all zeroes.
Taxpayer self-selected Personal Identification Number (PIN) ___________[7]
Spouse self-selected Personal Identification Number (PIN) ___________[8]

NOTES/QUESTIONS:

Identity Authentication

Taxpayer -

Form of identification (1 = Driver's license, 2 = State issued identification card) ____[1]
Identification number ____[2]
Issue date ____[3]
Expiration date (mm/dd/yyyy) ____[4]
Location of issuance (State issued only) ____[5]
Document number (New York only) ____[6]

Spouse -

Form of identification (1 = Driver's license, 2 = State issued identification card) ____[7]
Identification number ____[8]
Issue date ____[9]
Expiration date (mm/dd/yyyy) ____[10]
Location of issuance (State issued only) ____[11]
Document number (New York only) ____[12]

NOTES/QUESTIONS:

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

Refunded ___[52]

Applied to 2018 estimated tax liability ___[53]

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

If yes, please explain any differences:

___[55]

___[56]

___[57]

___[58]

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

If yes, please explain any differences:

___[60]

___[61]

___[62]

___[63]

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

If yes, please explain any differences:

___[65]

___[66]

___[67]

___[68]

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

If yes, please explain any differences:

___[70]

___[71]

___[72]

___[73]

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

2017 Federal Estimated Tax Payments

2016 overpayment applied to 2017 estimates + ___[1]

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

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

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

***Method of payment indicated in prior year**

EFW = Electronic funds withdrawal **EFTPS = Electronic Federal Tax Payment System**

Voucher = Form 1040-ES estimated tax payment voucher

NOTES/QUESTIONS:

2017 State Estimated Tax Payments

Taxpayer/Spouse/Joint (T, S, J) __[1]

State postal code ___[2]

Amount paid with 2016 return + ______________[3]

2016 overpayment applied to '17 estimates + ______________[4]

Treat calculated amounts as paid __[8]

	Date Paid	Amount Paid	Calculated Amount
1st quarter payment	________[9]	+ ______________[10]	______________
2nd quarter payment	________[11]	+ ______________[12]	______________
3rd quarter payment	________[13]	+ ______________[14]	______________
4th quarter payment	________[15]	+ ______________[16]	______________
Additional payment	________[17]	+ ______________[18]	

2017 City Estimated Tax Payments

City #1

City name ______________________[28]

Amount paid with 2016 return + ______________[31]

2016 overpayment applied to '17 estimates + ______________[32]

Treat calculated amounts as paid __[36]

	Date Paid	Amount Paid
1st quarter payment	________[37]	+ ______________[38]
2nd quarter payment	________[39]	+ ______________[40]
3rd quarter payment	________[41]	+ ______________[42]
4th quarter payment	________[43]	+ ______________[44]

Calculated Amount

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

City #2

City name ______________________[50]

Amount paid with 2016 return + ______________[53]

2016 overpayment applied to '17 estimates + ______________[54]

Treat calculated amounts as paid __[58]

	Date Paid	Amount Paid
1st quarter payment	________[59]	+ ______________[60]
2nd quarter payment	________[61]	+ ______________[62]
3rd quarter payment	________[63]	+ ______________[64]
4th quarter payment	________[65]	+ ______________[66]

Calculated Amount

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

City #3

City name ______________________[72]

Amount paid with 2016 return + ______________[75]

2016 overpayment applied to '17 estimates + ______________[76]

Treat calculated amounts as paid __[80]

	Date Paid	Amount Paid
1st quarter payment	________[81]	+ ______________[82]
2nd quarter payment	________[83]	+ ______________[84]
3rd quarter payment	________[85]	+ ______________[86]
4th quarter payment	________[87]	+ ______________[88]

Calculated Amount

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

City #4

City name ______________________[94]

Amount paid with 2016 return + ______________[97]

2016 overpayment applied to '17 estimates + ______________[98]

Treat calculated amounts as paid __[102]

	Date Paid	Amount Paid
1st quarter payment	________[103]	+ ______________[104]
2nd quarter payment	________[105]	+ ______________[106]
3rd quarter payment	________[107]	+ ______________[108]
4th quarter payment	________[109]	+ ______________[110]

Calculated Amount

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

Wages and Salaries #1

Please provide all copies of Form W-2.

		2017 Information	Prior Year Information
Taxpayer/Spouse (T, S)		__[1]	
Employer name		[3]	
Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Farming / Fishing, 4 = National Guard)		__[5]	
Mark if this is your current employer		__[6]	
Federal wages and salaries **(Box 1)**	+	[10]	
Federal tax withheld **(Box 2)**	+	[12]	
Social security wages **(Box 3)** (If different than federal wages)	+	[14]	
Social security tax withheld **(Box 4)**	+	[16]	
Medicare wages **(Box 5)** (If different than federal wages)	+	[18]	
Medicare tax withheld **(Box 6)**	+	[21]	
SS tips **(Box 7)**	+	[23]	
Allocated tips **(Box 8)**	+	[25]	
Dependent care benefits **(Box 10)**	+	[27]	
Box 13 -			
Statutory employee		__[29]	
Retirement plan		__[30]	
Third-party sick pay		__[31]	
State postal code **(Box 15)**		__[32]	
State wages **(Box 16)** (If different than federal wages)	+	[34]	
State tax withheld **(Box 17)**	+	[36]	
Local wages **(Box 18)**	+	[38]	
Local tax withheld **(Box 19)**	+	[40]	
Name of locality **(Box 20)**		[43]	

	Control Totals+	

Wages and Salaries #2

Please provide all copies of Form W-2.

		2017 Information	Prior Year Information
Taxpayer/Spouse (T, S)		__[1]	
Employer name		[3]	
Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Farming / Fishing, 4 = National Guard)		__[5]	
Mark if this your current employer		__[6]	
Federal wages and salaries **(Box 1)**	+	[10]	
Federal tax withheld **(Box 2)**	+	[12]	
Social security wages **(Box 3)** (If different than federal wages)	+	[14]	
Social security tax withheld **(Box 4)**	+	[16]	
Medicare wages **(Box 5)** (If different than federal wages)	+	[18]	
Medicare tax withheld **(Box 6)**	+	[21]	
SS tips **(Box 7)**	+	[23]	
Allocated tips **(Box 8)**	+	[25]	
Dependent care benefits **(Box 10)**	+	[27]	
Box 13 -			
Statutory employee		__[29]	
Retirement plan		__[30]	
Third-party sick pay		__[31]	
State postal code **(Box 15)**		__[32]	
State wages **(Box 16)** (If different than federal wages)	+	[34]	
State tax withheld **(Box 17)**	+	[36]	
Local wages **(Box 18)**	+	[38]	
Local tax withheld **(Box 19)**	+	[40]	
Name of locality **(Box 20)**		[43]	

	Control Totals+	

Interest Income

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

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

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

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

Dividend Income

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

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

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

**Dividend Codes	
Blank = Other	3 = Nominee

Form ID: D

Sales of Stocks, Securities, and Other Investment Property

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

Did you have any securities become worthless during 2017? (Y, N) __[8]

Did you have any debts become uncollectible during 2017? (Y, N) __[9]

Did you have any commodity sales, short sales, or straddles? (Y, N) __[10]

Did you exchange any securities or investments for something other than cash? (Y, N) __[12]

T/S/J	Description of Property[1]	Date Acquired	Date Sold	Gross Sales Price (Less expenses of sale)	Cost or Other Basis
				+	+
				+	+
				+	+
				+	+
				+	+
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	Control Totals+	INCOME	Form ID: D

Other Income

	Taxpayer	Spouse	Prior Year Information
		2017 Information	
State and local income tax refunds		+ ______ [1]	______
Alimony received	+ ______ [3]	+ ______ [4]	______
Unemployment compensation	+ ______ [8]	+ ______ [9]	______
Unemployment compensation federal withholding	+ ______ [8]	+ ______ [9]	______
Unemployment compensation state withholding	+ ______ [8]	+ ______ [9]	______
Unemployment compensation repaid	+ ______ [11]	+ ______ [12]	______
Alaska Permanent Fund dividends	+ ______ [17]	+ ______ [18]	______

Other income, such as: Commissions, Jury pay, Director fees, Taxable scholarships

T/S/J	Self-Employment Income ? (Y, N)		2017 Information	Prior Year Information
__	__	______	+ ______ [14]	______
__	__	______	+ ______	______
__	__	______	+ ______	______
__	__	______	+ ______	______
__	__	______	+ ______	______
__	__	______	+ ______	______
__	__	______	+ ______	______
__	__	______	+ ______	______
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__	__	______	+ ______	______
__	__	______	+ ______	______
__	__	______	+ ______	______
__	__	______	+ ______	______
__	__	______	+ ______	______
__	__	______	+ ______	______
__	__	______	+ ______	______
__	__	______	+ ______	

NOTES/QUESTIONS:

Social Security, Tier 1 Railroad Benefits

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

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

Social Security Benefits

		2017 Information	Prior Year Information
If you received a Form SSA - 1099, please complete the following information:			
Net Benefits for 2017 (Box 3 minus Box 4) **(Box 5)**	+	________[8]	________
Voluntary Federal Income Tax Withheld **(Box 6)**	+	________[10]	________
From the DESCRIPTION OF AMOUNT IN BOX 3 area of Form SSA-1099:			
Medicare premiums	+	________[12]	________
Prescription drug (Part D) premiums	+	________[14]	

Tier 1 Railroad Benefits

		2017 Information	Prior Year Information
If you received a Form RRB - 1099, please complete the following information:			
Net Social Security Equivalent Benefit:			
Portion of Tier 1 Paid in 2017 **(Box 5)**	+	________[22]	________
Federal Income Tax Withheld **(Box 10)**	+	________[25]	________
Medicare Premium Total **(Box 11)**	+	________[27]	

Additional Information About Benefits Received

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

____[40]
____[41]
____[42]
____[43]
____[44]

NOTES/QUESTIONS:

Traditional IRA

	Taxpayer	Spouse
Are you or your spouse (if MFJ or MFS) covered by an employer's retirement plan? (Y, N)	__[1]	__[2]
Do you want to contribute the maximum allowable traditional IRA contribution amount? If yes, enter the applicable code: (1 = Deductible only, 2 = Both deductible and nondeductible)	__[3]	__[4]
Enter the total traditional IRA contributions made for use in 2017	+ ____[5]	+ ____[6]

	Taxpayer	Spouse
Enter the nondeductible contribution amount made for use in 2017	+ ____[11]	+ ____[12]
Enter the nondeductible contribution amount made in 2018 for use in 2017	+ ____[13]	+ ____[14]
Traditional IRA basis	+ ____[15]	+ ____[16]
Value of all your traditional IRA's on December 31, 2017:		
____	+ ____[17]	+ ____[18]
____	+ ____	+ ____
____	+ ____	+ ____
____	+ ____	+ ____
____	+ ____	+ ____

Roth IRA

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

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

NOTES/QUESTIONS:

Alimony Paid:

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

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

Schedule A - Medical and Dental Expenses

T/S/J **2017 Information** **Prior Year Information**

Medical and dental expenses, such as: Doctors, Dentists, Hospital/nursing home fees, Lab/x-ray fees, Medical supplies, Hearing aids, Eyeglasses/contact lenses, and Insurance reimbursements received

__[1] ______ + ______[2]

Medical insurance premiums you paid:

Do not include pre-tax amounts paid by an employer-sponsored plan or amounts entered elsewhere, such as amounts paid for your self-employed business (Sch C, Sch F, Sch K-1, etc.) or Medicare premiums entered on Form SSA-1099.

__[4] ______ + ______[5]

Long-term care premiums you paid:

Do not include pre-tax amounts paid by an employer-sponsored plan or amounts entered elsewhere, such as amounts paid for your self-employed business (Sch C, Sch F, Sch K-1, etc.)

__[7] ______ + ______[8]

Prescription medicines and drugs:

__[10] ______ + ______[11]

__[13] Miles driven for medical items ______[14]

Schedule A - Tax Expenses

T/S/J **2017 Information** **Prior Year Information**

State/local income taxes paid:

__[18] ______ + ______[19]

2016 state and local income taxes paid in 2017:

__[21] ______ + ______[22]

Real estate taxes paid:

__[24] ______ + ______[25]

Personal property taxes:

__[27] ______ + ______[28]

Other taxes, such as: foreign taxes and State disability taxes

__[30] ______ + ______[31]

Sales tax paid on major purchases:

__[36] ______ + ______[37]

Sales tax paid on actual expenses:

__[39] ______ + ______[40]

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

***Mortgage Types**

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

T/S/J **Payee's Name** **SSN or EIN** **2017 Information** **Prior Year Information**

Other, such as: Home mortgage interest paid to individuals

T/S/J	Payee's Name	SSN or EIN	2017 Information	Prior Year Information
[4]			+ [5]	
Address				
City, state and zip code				
			+	
Address				
City, state and zip code				

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

__ Payer's/Borrower's name ______ [7]
Street Address ______
City/State/Zip code ______ ______ ______

Refinancing Points paid in 2017 -

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

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

Charitable Contributions

T/S/J | Qualified Disaster Relief** | 2017 Information | Prior Year Information

Contributions made by cash or check (including out-of-pocket expenses)

Any contribution of cash, a check or other monetary gift requires a written record of the contribution in order to claim the contribution on your return. Individual contributions of $250 or more must be accompanied by a written acknowledgment from the charity to claim the contribution on your return.

__[2] + [3]

__[5] Volunteer miles driven [6]

Noncash items, such as: Goodwill/Salvation Army/clothing/household goods

__[8] + [9]

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

Miscellaneous Deductions

T/S/J | 2017 Information | Prior Year Information

Unreimbursed expenses, such as: Uniforms, Professional dues,
Business publications, Job seeking expenses, Educational expenses

__[11] + [12]

Union dues, other than amounts reported on Form W-2:

__[14] + [15]

__[17] Tax preparation fees + [18]

Other expenses, subject to 2% AGI limit, such as: Legal/accounting/custodial fees

__[20] + [21]

__[23] Safe deposit box rental + [24]

Investment expenses, other than on Schedule(s) K-1 or Form(s) 1099-DIV/INT:

__[26] + [27]

Other expenses, not subject to the 2% AGI limit:

__[30] + [31]

Gambling losses: (Enter only if you have gambling income)

__[33] + [34]

Health Care Coverage and Exemptions

"Your family" for health care coverage refers to you, your spouse if filing jointly, and anyone you can claim as a dependent.
Please provide all copies of Form(s) 1095-B and/or 1095-C

	2017 Information	Prior Year Information
Was your entire family covered for the full year with minimum essential health care coverage? (Y, N)	__ [1]	

If your entire family was not covered for the full year with minimum essential health care coverage, enter information for all family members who are covered, or are exempt from the requirement to maintain minimum essential health coverage. Enter either the Exemption Certificate Number issued by the Marketplace, or the Other Exemption Type you are claiming. Mark Full Year if the coverage or exemption is for the entire year, otherwise indicate the Start Month and End Month.

Social Security No.	First Name	Last Name	Exemption Certificate Number	Coverage/ Exemption Type *	Full Year	Start Month	End Month
							[7]

***Other Exemption Type Codes**

A = Unaffordable coverage	F = Incarcerated individual
B = Short coverage gap	G = Hardship (combined coverage unaffordable, initial open enrollment, CHIP)
C = Exempt noncitizen	H = Medicaid/TRICARE/Fiscal year employer plan
D = Health care sharing ministry	X = Insured with minimum essential coverage (coverage info found on Form(s) 1095-B or 1095-C)
E = Indian tribe member	

	2017 Information Taxpayer	Spouse	Prior Year Information
Self-employed health insurance premiums: (Not entered elsewhere)			
	+ [13]	+ [14]	
	+	+	
Self-employed long-term care premiums: (Not entered elsewhere)			
	+ [16]	+ [17]	
	+	+	

NOTES/QUESTIONS: