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ACT FINANCIAL AND TAX SERVICES, LLC
992 HIGH RIDGE ROAD, 2ND FLOOR
STAMFORD, CT 06905
203-327-5010

2017 TAX ORGANIZER

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This tax organizer has been prepared for your use in gathering the information needed for your 2017 tax return.

To save you time, selected information from your 2016 tax return has been entered in this organizer. Please line through any information that does not apply to your 2017 tax return.

In some cases, 2016 amounts have been included in a separate column. These amounts are for comparison purposes only. You do not need to change these prior year amounts.

If we may be of further assistance, please contact us at your convenience.

203-327-5010

REMOVE THIS SHEET PRIOR TO RETURNING THE COMPLETED ORGANIZER

I am always thankful for great clients like you.

Enclosed is a 2018 calendar perfect for laptops, refrigerators and anywhere else you may need a calendar – and it's designed to be removable on nonporous surfaces too!

Feel free to use it yourself or pass it on to someone else that may need our services.

Our business is growing because of referrals from clients like you. I appreciate every referral and pledge to deliver the very best in service.



992 High Ridge Road, 2nd Floor
Stamford, CT 06905
Phone: (203) 327-5010
Fax: (203) 548-9207
www.actcpa.com

January 2018

Dear Client,

We wish you a happy, healthy and prosperous New Year.

Enclosed is the 2017 tax organizer to guide you in gathering the necessary information in order for us to prepare your tax return. We have provided this organizer as a tool to assist you in providing your tax information to us. Kindly read through the pages and confirm and update your current contact information in the organizer. This makes it easier for us to reach you if we have any questions.

Please sign the engagement letter where indicated and return it to us with your data in order to ensure an understanding of our mutual responsibilities. Please do this even if you do not use the complete organizer in gathering your tax information. Signed engagement letters are requested prior to our preparing your returns, however sending us your tax data will imply agreement with the terms of our engagement.

If you would like to email us your tax files via Citrix Sharefile, just email us at admin@actcpa.com and we will send you a Sharefile link.

The filing deadline for the tax returns is Tuesday, April 17th. In order to meet this filing deadline, and not go on extension, the information needed to complete your returns should be received in this office *no later than April 3, 2018*. Our objective is to minimize extensions. Complete and timely submission of your tax data is important. Therefore, all returns received AFTER April 3, or those with incomplete information as of that date, will be placed on extension in order for us to have the time to prepare a complete and accurate tax return for you. If any extensions are required, an estimate of tax due will be calculated for you and must be paid with the extension in order to avoid interest and penalties. The extension provides you additional time to gather your information. The deadline for tax filing with the extension is October 15, 2018.

I am always thankful for great clients like you. Our business is growing because of referrals from clients like you. I appreciate every referral and pledge to deliver the very best in service.

We want to express our appreciation for the opportunity to work with you, not only at tax time, but also throughout the year. If you have any questions, please contact us.

Sincerely,

Cristina Andreana

ACT Financial and Tax Services, LLC

DATA AND DOCUMENT SUBMISSION INSTRUCTIONS

Your completed tax organizer and all supporting documents will be scanned for filing. Staples cause pages to stick together even after the staple is removed, please use clips if needed.

When providing the required documents listed below, you do not need to fill in all fields on the organizer; we will use the data from respective tax forms.

In an effort to be environmentally responsible we have printed the organizers on both sides of the paper. Please refer to all pages when providing your tax data.

If you paid estimates for 2017, confirm the amounts provided in the organizer are the actual amounts you paid, notate any changes. *We will report that all estimates have been paid timely by you unless you note otherwise.*

If you file in Alabama. California. Illinois. Kansas. Louisiana. New York. Ohio. Virginia. And/or Wisconsin, your driver's license info is required for both taxpayer and spouse:. Please include a legible copy (front and back) of your driver's license(s). There is also space to add the information on Page 14, Personal Information, of the organizer. New York also requires the Document number found on your driver's license.

If an account or item listed on the organizer has been closed or does not apply to 2017, cross out or indicate the item is no longer relevant. This will avoid delays in completing your return.

The following documents in addition to your completed tax organizer, are required, if applicable, in order to complete your return accurately and completely.

- Form(s) W-2, including any corrections on Form W-2C.
- Complete consolidated brokerage form(s) 1099 B - INCLUDING REALIZED CAPITAL GAIN AND LOSS SCHEDULES showing cost basis and date of purchase. (not just gross proceeds schedules).
- Forms 1099 – R, MISC, INT, DIV, B, G, K, C, H, S, and consolidated.
- Schedules K-1 (federal and states) from LLCs, partnerships, trusts, estates and S Corporations.
- Forms 1095-A, 1095-B, 1095-C, if you have received any forms under the ACA, please provide them to us, you may need to go online to access forms from your healthcare provider.
- Copies of any documents marked “Important Tax Information”
- Any documentation for unusual transactions or those transactions which you are unclear as to where to include in the organizer etc. (for example stock option grants etc)
- Closing (HUD) statements from the sale, purchase or refinance of real estate.
- If this is our first year preparing returns for you, please provide a copy of your prior year federal and state returns, if not previously provided.
- Information regarding Foreign Assets, disclosure of foreign assets are very strict if you own any foreign assets, please let us know, this also includes accounts that you may have signatory authority over as well as joint accounts that may be held with family members.
- If you claim the child tax credit or EITC, provide proof of residency for your child(ren).
- Tuition credits now need additional verification in addition to the Form 1098-T, provide billing statements from the education institution, documenting amounts billed and payments made.

The following is a brief overview of some of the TCJA's key points affecting individuals:

On December 22, 2017, the President signed into law the Tax Cuts and Jobs Act of 2017 (TCJA). TCJA is the largest tax overhaul since 1986 and it will affect almost every individual and business in the U.S. Generally, the new law goes into effect in 2018, with many of the provisions relating to individuals expiring at the end of 2025. The provisions in the TCJA are quite extensive and also quite complicated. We will be looking at strategies we can adopt to ensure that you get the best possible outcomes under the new rules.

Tax Rates and Brackets. TCJA provides seven tax brackets, with most rates being two to three points lower than the ones under present law (the top rate goes from 39.6 percent to 37 percent). The top rate kicks in at \$600,000 of taxable income for joint filers, \$300,000 for married taxpayers filing separately, and \$400,000 for all other individual taxpayers.

Observation: While applicable rates at any given level of income generally go down by two to three points, some go up. For example, the rate for single individuals with taxable income between \$200,000 and \$400,000 goes from 33 percent to 35 percent.

Personal Exemptions and Standard Deduction. TCJA repeals the personal exemption deductions, but nearly doubles the standard deduction amounts to \$24,000 for joint filers and surviving spouses, \$18,000 for heads of household, and \$12,000 for single individuals and married filing separately (additional amounts for the elderly and blind are retained).

Observation: The fact that the standard deduction has nearly doubled may create the misleading impression that you'll reap a large tax benefit from the change. But, because the increase in the standard deduction was coupled with the repeal of the deduction for personal exemption (\$4,150, per exemption in 2018), the actual benefit is fairly modest.

Because the standard deduction is generally claimed only when its amount exceeds available itemized deductions, the increases will not benefit you if you itemize (the repeal of personal exemptions, by contrast, will affect you whether you itemize or not).

Exemption for Dependents and Child Tax Credit. As part of the repeal of personal exemption deductions, TCJA repealed exemptions for dependents. To compensate, TCJA increases the child tax credit to \$2,000 (\$1,400 is refundable), up from \$1,000 (fully refundable) under present law. The modified adjusted gross income threshold where the credit phases out is \$400,000 for joint filers and \$200,000 for all others (up from \$230,000 and \$115,000, respectively). The maximum age for a child eligible for the credit remains 16 (at the end of the tax year). TCJA also provides a \$500 nonrefundable tax credit for dependent children over age 16 and all other dependents. Most families with non-child dependents will lose some ground here, as the \$500 credit will generally be less valuable than the \$4,150 exemption deduction it replaces.

Other Tax Breaks for Families Unchanged. The child and dependent care expenses credit, the adoption credit, and the exclusions for dependent care assistance and adoption assistance under employer plans are all unchanged by TCJA.

Capital Gain Rates and Net Investment Income Tax. Tax rates on capital gains and the 3.8 percent net investment income tax (NIIT) are unchanged by TCJA.

Repeal of Alimony Deduction. TCJA repeals the deduction for alimony paid and the corresponding inclusion in income by the recipient, effective for tax years beginning in 2019. Alimony paid under separation agreements entered into prior to 2019 will generally be grandfathered under the old rules.

Education-Related Tax Breaks Preserved. TCJA retains deductions for student loan interest and educator expenses, and also exclusions for graduate student tuition waivers and employer educational assistance programs.

Expanded Uses for 529 Plan Distributions. TCJA allows up to \$10,000 in aggregate 529 distributions per year to be used for elementary and secondary school tuition. Under present law, 529 distributions can only be used for higher education expenses.

Repeal of Individual Healthcare Mandate. TCJA repeals the tax penalty on individuals who fail to carry health insurance enacted as part of the Affordable Care Act (ACA).

Passthrough Tax Break. For tax years after 2017 and before 2026, individuals will be allowed to deduct 20% of “qualified business income” from a partnership, S corporation, or sole proprietorship, as well as 20% of qualified real estate investment trust (REIT) dividends, qualified cooperative dividends, and qualified publicly traded partnership income. (Special rules would apply to specified agricultural or horticultural cooperatives.) A limitation on the deduction is phased in based on W-2 wages above a threshold amount of taxable income. The deduction is disallowed for specified service trades or businesses with income above a threshold. For these purposes, “qualified business income” means the net amount of qualified items of income, gain, deduction, and loss with respect to the qualified trade or business of the taxpayer. These items must be effectively connected with the conduct of a trade or business within the United States. They do not include specified investment-related income, deductions, or losses. “Qualified business income” does not include an S corporation shareholder’s reasonable compensation, guaranteed payments, or — to the extent provided in regulations — payments to a partner who is acting in a capacity other than his or her capacity as a partner. “Specified service trades or businesses” include any trade or business in the fields of accounting, health, law, consulting, athletics, financial services, brokerage services, or any business where the principal asset of the business is the reputation or skill of one or more of its employees. The exclusion from the definition of a qualified business for specified service trades or businesses phases out for a taxpayer with taxable income in excess of \$157,500, or \$315,000 in the case of a joint return. For each qualified trade or business, the taxpayer is allowed to deduct 20% of the qualified business income for that trade or business. Generally, the deduction is limited to 50% of the W-2 wages paid with respect to the business. Alternatively, capital-intensive businesses may get a higher benefit under a rule that takes into consideration 25% of wages paid plus a portion of the business’s basis in its tangible assets. However, if the taxpayer’s income is below the threshold amount, the deductible amount for each qualified trade or business is equal to 20% of the qualified business income for each respective trade or business.

Deduction for State and Local Taxes (SALT). TCJA imposes a \$10,000 limit on the deduction for state and local taxes, which can be used for both property taxes and income taxes (or sales taxes in lieu of income taxes) and repeals the deduction for foreign property taxes.

Mortgage Interest Deduction. TCJA reduces to \$750,000 (from \$1 million) the limit on the loan amount for which a mortgage interest deduction can be claimed by individuals, with existing loans grandfathered. TCJA also repeals the deduction for interest on home equity loans.

Deduction for Medical Expenses. An early version of the tax overhaul passed by the House would have repealed the deduction for unreimbursed medical expenses. TCJA retains that deduction and enhances it for 2017 and 2018 by lowering the adjusted gross income (AGI) floor for claiming the deduction from 10 percent to 7.5 percent for all taxpayers.

Deduction for Casualty and Theft Losses. TCJA repeals the deduction for casualty and theft losses, except for losses incurred in presidentially declared disaster areas.

Observation: The new law does, however, provide enhanced relief for victims in federally declared disaster areas in 2016 and 2017.

Deduction for Charitable Contributions. TCJA retains the charitable contribution deduction and increases the maximum contribution percentage limit from 50 percent of a taxpayer’s contribution base to 60 percent for cash contributions to public charities.

Deduction for Certain Miscellaneous Expenses. TCJA repeals the deduction for any miscellaneous itemized deductions subject to 2-percent of AGI floor.

Alternative Minimum Tax (AMT). TCJA increases AMT exemption amounts by 27%, and sharply increases the income level where the exemption is phased out. Combined with the effects of other TCJA changes, many individuals who are currently subject AMT in 2017, will not be in 2018 and beyond.

For more information: 203-327-5010, cristina@actcpa.com, www.actcpa.com, follow us on facebook ACT Financial and Tax Services, LLC

Estate and Gift Tax Exclusion. TCJA permanently doubles the basic exclusion amount for estate and gift tax purposes from \$5.6 to \$11.2 million. A provision fully repealing the estate tax beginning in 2025 was passed by the House, but didn't make it into TCJA, so the estate tax will remain in effect with the higher exclusion amount.

For more information: 203-327-5010, cristina@actcpa.com, www.actcpa.com, follow us on facebook ACT Financial and Tax Services, LLC

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 STAMFORD, CT 06905
 203-327-5010

I (We) have submitted this information for the sole purpose of preparing my (our) tax return(s). Each item can be substantiated by receipts, canceled checks or other documents. This information is true, correct and complete to the best of my (our) knowledge.

| | |
|--------------------|------|
| Taxpayer Signature | Date |
| Spouse Signature | Date |

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992 High Ridge Road, 2nd Floor
Stamford, CT 06905
Phone: (203) 327-5010
Fax: (203) 548-9207
www.actcpa.com

January 2, 2018

Dear Client,

This letter is to confirm and specify the terms of our engagement with you for the year ended December 31, 2017 and to clarify the nature and extent of the tax services we will provide. We will prepare the federal and state and local individual income tax returns for the calendar year ending December 31, 2017.

It is your responsibility to provide all the information required for the preparation of complete and accurate returns. You should retain all documents, canceled checks, and other data that form the basis of income and deductions. These may be necessary to prove the accuracy and completeness of the returns to a taxing authority. You have the final responsibility for the income tax returns and, therefore, you should review them carefully before you sign them.

Our work in connection with the preparation of the tax returns does not include any procedures designed to discover defalcations or other irregularities, should any exist. The returns will be prepared solely from information provided to us without verification by us however, we may ask for clarification of some information.

We have provided you with our tax organizer. You represent that the information you are supplying to us is accurate and complete to the best of your knowledge and that you have disclosed to us all relevant facts affecting the returns. We are under no duty to check the information you provide to determine whether you may have a filing obligation with another state or foreign entity. If we become aware of any other filing requirement, we will tell you of the obligation and may prepare the appropriate returns at your request. This will include the ownership of or signature authority over any foreign bank accounts and the ownership of any other foreign financial assets.

You should also know that IRS audit procedures will almost always include questions on bartering transactions and on deductions that require strict documentation such as travel and entertainment expenses and expenses for business usage of autos and computers. In preparing your returns, we rely on your representations that we have been informed of all bartering transactions and that you understand and have complied with the documentation requirements for your expenses and deductions. If you have questions about these issues, please contact us.

If, during our work, we discover information that affects prior-year tax returns, we will make you aware of the facts. However, we cannot be responsible for identifying all items that may affect prior-year returns. If you become aware of such information during the year, please contact us to discuss the best resolution of the issue. We will be happy to prepare appropriate amended returns as a separate engagement.

This engagement letter does not cover the preparation of any financial statements, which, if we are to provide, will be covered under a separate engagement letter.

The firm may use third-party service providers to assist in preparing your return, but these preparers will not make substantive decisions concerning your return. We remain committed to maintaining the confidentiality and security of your information. Accordingly, we maintain internal policies, procedures and safeguards to protect the confidentiality of your personal information. In addition, we will secure confidentiality agreements with all service providers to maintain the confidentiality of your information and we will take reasonable precautions to determine that they have appropriate procedures in place to prevent the unauthorized release of your confidential information to others. Furthermore, the firm will remain responsible for the work provided by any such third-party service providers.

In accordance with federal law, in no case will we disclose your tax return information to any location outside the United States, to another tax return preparer outside of our firm for purposes of a second opinion, or to any other third party for any purpose other than to prepare your return without first receiving your consent.

The Internal Revenue Code and regulations impose preparation and disclosure standards with non-compliance penalties on both the preparer of a tax return and on the taxpayer. To avoid exposure to these penalties, it may be necessary in some cases to

2017 Engagement Letter (continued)

make certain disclosures to you and/or in the tax return concerning positions taken on the return that don't meet these standards. Accordingly, we will discuss tax positions that may increase the risk of exposure to penalties and any recommended disclosures with you before completing the preparation of the return. If we concluded that we are obligated to disclose a position and you refuse to permit the disclosure, we reserve the right to withdraw from the engagement and you agree to compensate us for our services to the date of withdrawal. Our engagement with you will terminate upon our withdrawal.

It is our policy to keep tax return records related to this engagement for three years. However, we will return your original records to you upon the completion of the engagement. When records are returned to you, it is your responsibility to retain and protect the records for possible future use, including potential examination by governmental or regulatory agencies, and banks when refinancing. By signing this engagement letter, you acknowledge and agree that upon the expiration of the three year period, we are free to destroy our records related to this engagement.

Certain communications involving tax advice are privileged and not subject to disclosure to the IRS. By disclosing the contents of those communications to anyone, or by turning over information about those communications to the government, you may be waiving this privilege. To protect this right to privileged communication, please consult with us or your attorney prior to disclosing any information about our tax advice. Should you decide that it is appropriate for us to disclose any potentially privileged communication; you agree to provide us with written, advance authority to make that disclosure.

Should we receive any request for the disclosure of privileged information from any third party, including a subpoena or IRS summons, we will notify you. In the event you direct us not to make the disclosure, you agree to hold us harmless from any expenses incurred in defending the privilege, including, by way of illustration only, our attorney's fees, court costs, outside adviser's costs, or penalties or fines imposed as a result of your asserting the privilege or your direction to us to assert the privilege.

The returns may be selected for review by the taxing authorities. In the event of an audit, you may be requested to produce documents, records, or other evidence to substantiate the items of income and deduction shown on a tax return. Any proposed adjustments by the examining agent are subject to certain rights of appeal. In the event of a tax examination, we will be available, upon request, to represent you. However, such additional services are not included in the fees for the preparation of the tax returns.

Our fees for tax services will be billed upon completion of your returns at the appropriate rate for the level and value of services rendered, plus out-of-pocket expenses. All invoices are due and payable upon presentation. If for any reason the account is turned over for collection, an additional charge of 33 1/3% will be added to cover collection costs.

In the event of a dispute related in any way to our services, our firm and you agree to discuss the dispute and, if necessary, to promptly mediate in a good faith effort to resolve. We will agree on a mediator, but if we cannot, either of us may apply to a court having personal jurisdiction over the parties for appointment of a mediator. We will share the mediator's fees and expenses equally, but otherwise will bear our own attorneys' fees and mediation cost. Participation in such mediation shall be a condition to either of us initiating litigation. In order to allow time for the mediation, any applicable statute of limitations shall be tolled for a period not to exceed 120 days from the date either of us first requests in writing to mediate the dispute. The mediation shall be confidential in all respects, as allowed or required by law, except our final settlement positions at mediation shall be admissible in litigation solely to determine the prevailing party's identity for purposes of the award of attorneys' fees. You agree to indemnify us for any legal fees incurred by us as a result of any inaccurate or false representations made to us.

We have the right to withdraw from this engagement, in our discretion, if you don't provide us with any information we request in a timely manner, or refuse to cooperate with our reasonable requests or misrepresent any facts. Our withdrawal will release us from any obligation to complete your return and will constitute completion of our engagement. You agree to compensate us for our time and out-of-pocket expenses through the date of our withdrawal.

If the foregoing correctly sets forth your understanding of our tax engagement, please sign this letter in the space below and return it to our office. We want to express our appreciation for this opportunity to work with you.

Sincerely,

Cristina Andreana, CPA

On behalf of ACT Financial and Tax Services, LLC

Agreed and Accepted by:

Taxpayer Signature _____ Date _____

Spouse Signature _____ Date _____

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The following questions pertain to the 2017 tax year. For any question answered Yes, include supporting detail or documents.

Personal Information:

| | Yes | No |
|---|--------------------------|--------------------------|
| Did your marital status change? | <input type="checkbox"/> | <input type="checkbox"/> |
| Are you married? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, do you and your spouse want to file separate returns? | <input type="checkbox"/> | <input type="checkbox"/> |
| If No, are you in a domestic partnership, civil union, or other state-defined relationship? | <input type="checkbox"/> | <input type="checkbox"/> |
| Can you or your spouse be claimed as a dependent by another taxpayer? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse serve in the military or were you or your spouse on active duty? | <input type="checkbox"/> | <input type="checkbox"/> |

Dependents:

| | | |
|--|--------------------------|--------------------------|
| Were there any changes in dependents from the prior year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Note: Include non-child dependents for whom you provided more than half the support. | | |
| Did you or your spouse pay for child care while you or your spouse worked or looked for work? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have any children under age 18 with unearned income more than \$1,050? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have any children age 18 or student children, aged 19 to 23, who did not provide more than half of their cost of support with earned income and that have unearned income of more than \$1,050? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you adopt a child or begin adoption proceedings? | <input type="checkbox"/> | <input type="checkbox"/> |
| Are any of your dependents non-U.S. citizens or non-U.S. residents? | <input type="checkbox"/> | <input type="checkbox"/> |

Healthcare:

| | | |
|--|--------------------------|--------------------------|
| Did you have healthcare coverage (health insurance, including Medicare, Medicaid, CHIP, and TRICARE) for you, your spouse, and any dependents for the entire year? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, include all Forms 1095-A, 1095-B, and 1095-C. If you did not receive Forms 1095-A, 1095-B or 1095-C, attach information detailing each month you, your spouse, and your dependents had coverage. | | |
| If No, there are several exemptions from the mandate requiring health insurance coverage. Examples include membership in a healthcare sharing ministry, membership in a federally recognized Indian tribe, incarceration, membership in certain religious sects, and enrollment in certain Medicaid and TRICARE programs that do not provide minimum essential coverage. If any of these provisions apply, provide information regarding the exemption, the individual(s) (taxpayer, spouse, dependents) to which the exemption(s) may apply, and the month(s) for which the exemption(s) apply. | | |
| Are you claiming the exemption for someone having healthcare coverage purchased in the Marketplace and for whom you did not receive Form 1095-A? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive Form 1095-A for someone for whom another taxpayer will claim the personal exemption on their tax return? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you apply for an exemption through the Marketplace? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, provide the Exemption Certificate Number. _____ | | |
| Are any of your dependents required to file a tax return? | <input type="checkbox"/> | <input type="checkbox"/> |



2017

Questions (Page 2 of 5)

2B

Healthcare (continued):

- Was anyone covered on your health insurance policy also covered on another health insurance policy for any part of the year? Yes No
- Were you eligible for employer-sponsored healthcare coverage? Yes No
- If you received advance premium tax credit or enrolled in coverage through the Marketplace, are married, and are filing separately from your spouse, are you a victim of domestic abuse or spousal abandonment? Yes No
- Did you or your spouse have any transactions pertaining to a health savings account (HSA)? Yes No
If you received a distribution from an HSA, include all Forms 1099-SA.
- Did you or your spouse have any transactions pertaining to a medical savings account (MSA)? Yes No
If you received a distribution from an MSA, include all Forms 1099-SA.
- Did you or your spouse receive any distributions from long-term care insurance contracts? Yes No
If Yes, include all Forms 1099-LTC.
- If you or your spouse are self-employed, are you or your spouse eligible to be covered under an employer's health plan at another job? Yes No
If Yes, how many months were you covered? _____
- If you or your spouse are self-employed, are you or your spouse eligible to be covered under an employer's long-term care plan at another job? Yes No
If Yes, how many months were you covered? _____
- Did you or your spouse lose your job because of foreign competition and pay for your own health insurance? Yes No

Education:

- Did you or your spouse pay any student loan interest? Yes No
- Did you or your spouse withdraw any amounts from your IRA to pay for higher education expenses incurred by you, your spouse, your children or grandchildren? Yes No
- Did you or your spouse withdraw any amounts from a Coverdell Education Savings Account or Qualified Education Program (Section 529 plan)? Yes No
If Yes, include all Forms 1099-Q.
- Did you, your spouse, or your dependents incur any post-secondary education expenses, such as tuition? Yes No

Deductions and Credits:

- Did you or your spouse contribute property (other than cash) with a fair market value of more than \$5,000 to a charitable organization? Yes No
If Yes, provide the appraisal of property contributed. An appraisal is not required for contributions of publicly traded securities or contributions of non-publicly traded stock of \$10,000 or less.
- Did you or your spouse incur any casualty or theft losses? Yes No
- Did you or your spouse make any large purchases, such as motor vehicles and boats? Yes No
- Did you or your spouse incur any casualty or loss attributable to a federally declared disaster? Yes No
- Did you or your spouse purchase a new alternative technology vehicle, including a qualified plug-in electric drive motor vehicle? Yes No
- Did you or your spouse use gasoline or special fuels for business or farm purposes (other than for a highway vehicle)? Yes No
If Yes, provide the number of gallons of gasoline or special fuels used for off-highway business purposes.
_____ Gallons _____ Type
- Did you or your spouse install any alternative energy equipment in your residence such as solar water heaters, solar electricity equipment (photovoltaic) or fuel cells? Yes No
- Did you or your spouse install any energy efficiency improvements or energy property in your residence such as exterior doors or windows, insulation, heat pumps, furnaces, central air conditioners, or water heaters? Yes No



2017

Questions (Page 3 of 5)

2C

Investments:

| | Yes | No |
|--|--------------------------|--------------------------|
| Did you or your spouse have any debts canceled, forgiven or refinanced? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse start or purchase a business, rental property, or farm, or acquire any new interest in any partnership or S corporation? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse sell an existing business, rental property, farm, or any existing interest in a partnership or S corporation? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse sell, exchange, or purchase any real estate? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, include closing statements. | | |
| Did you or your spouse receive grants of stock options from your employer, exercise any stock options granted to you or your spouse or dispose of any stock acquired under a qualified employee stock purchase plan? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse engage in any put or call transactions? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, provide the transaction details. | | |
| Did you or your spouse close any open short sales? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse sell any securities not reported on Form 1099-B? | <input type="checkbox"/> | <input type="checkbox"/> |

Retirement or Severance:

| | | |
|---|--------------------------|--------------------------|
| Did you or your spouse contribute to a Roth IRA or convert an existing IRA into a Roth IRA? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse roll into a Roth IRA any distributions from a retirement plan, an annuity plan, tax shelter annuity or deferred compensation plan? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse turn age 70 1/2 and have money in an IRA or other retirement account without taking any distribution? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse retire or change jobs? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse receive deferred, retirement or severance compensation? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, enter the date received (Mo/Da/Yr). _____ | | |

Personal Residence:

| | | |
|---|--------------------------|--------------------------|
| Did your address change? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, provide the new address. | | |
| If Yes, did you move to a different home because of a change in the location of your job? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse claim a homebuyer credit for a home purchased in 2008? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse withdraw any amounts from your Individual Retirement Account (IRA) or Roth IRA to acquire a principal residence? | <input type="checkbox"/> | <input type="checkbox"/> |
| Are your total mortgages on your first and/or second residence greater than \$1,000,000? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, provide the principal balance and interest rate at the beginning and end of the year. _____ | | |
| Did you or your spouse take out a home equity loan? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse have an outstanding home equity loan at the end of the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, provide the principal balance and interest rate at the beginning and end of the year. _____ | | |
| Are you claiming a deduction for mortgage interest paid to a financial institution and someone else received the Form 1098? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your mortgagee receive mortgage assistance payments? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, include all Forms 1098-MA. | | |



2017

Questions (Page 4 of 5)

2D

Sale of Your Home:

| | Yes | No |
|--|--------------------------|--------------------------|
| Did you sell your home? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive Form 1099-S? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, include Form 1099-S. | | |
| Did you or your spouse own and occupy the home as your principal residence for at least two years of the five-year period prior to the sale? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse ever rent out the property? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse ever use any portion of the home for business purposes? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you or your spouse sold a principal residence within the last two years? | <input type="checkbox"/> | <input type="checkbox"/> |
| At the time of the sale, the residence was owned by the: <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Both | | |

Gifts:

| | | |
|---|--------------------------|--------------------------|
| Did you or your spouse make any gifts, including birthday, holiday, anniversary, graduation, education savings, etc., with a total (aggregate) value in excess of \$14,000 to any individual? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse make any gifts of difficult-to-value assets (such as non-publicly traded stock) to any person regardless of value? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse make any gifts to a trust for any amount? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you or your spouse have a life insurance trust? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse assist with the purchase of any asset (auto, home) for any individual? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse forgive any indebtedness to any individual, trust or entity? | <input type="checkbox"/> | <input type="checkbox"/> |

Foreign Matters:

| | | |
|---|--------------------------|--------------------------|
| Did you or your spouse perform any work outside of the U.S. or pay any foreign taxes? | <input type="checkbox"/> | <input type="checkbox"/> |
| Were you or your spouse a grantor or transferor for a foreign trust, have any interest in or a signature authority over a bank account, securities account or other financial account in a foreign country? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse create or transfer money or property to a foreign trust? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse own any foreign financial assets? | <input type="checkbox"/> | <input type="checkbox"/> |



2017

Questions (Page 5 of 5)

2E

Miscellaneous:

| | Yes | No |
|---|--------------------------|--------------------------|
| Did you or your spouse pay in excess of \$1,000 in any quarter, or \$2,000 during the year for domestic services performed in or around your home to individuals who could be considered household employees? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse receive unreported tip income of \$20 or more in any month? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you or your spouse received a punitive damage award or an award for damages other than for physical injuries or illness? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse engage in any bartering transactions? | <input type="checkbox"/> | <input type="checkbox"/> |
| Were you or your spouse notified by the IRS or other taxing authority of any changes in prior year returns? | <input type="checkbox"/> | <input type="checkbox"/> |
| For any trust that you or your spouse created or are trustee, did any beneficiaries, grantors, or trustees die or move? | <input type="checkbox"/> | <input type="checkbox"/> |

Additional state pages have been included at the back of the organizer and should be reviewed.



2017

Personal Information

Taxpayer:

First Name and Initial _____ Last Name _____ **ON FILE**
 Social Security Number _____

Occupation _____ Date of Birth (Mo/Da/Yr) _____ Date of Death (Mo/Da/Yr) _____
 Driver's License or State-Issued ID Number _____ Expiration Date (Mo/Da/Yr) _____ Issue Date (Mo/Da/Yr) _____ State _____ Does not expire

Driver's License State-Issued ID No Identification

Spouse:

First Name and Initial _____ Last Name _____ Social Security Number _____

Occupation _____ Date of Birth (Mo/Da/Yr) _____ Date of Death (Mo/Da/Yr) _____
 Driver's License or State-Issued ID Number _____ Expiration Date (Mo/Da/Yr) _____ Issue Date (Mo/Da/Yr) _____ State _____ Does not expire

Driver's License State-Issued ID No Identification

Contact Information:

Street Address _____ Apartment Number _____

City _____ State _____ ZIP or Postal Code _____

Foreign Province or County _____

Foreign Country _____

Taxpayer Daytime/Work Phone _____ Taxpayer Evening/Home Phone _____ Taxpayer Foreign Phone _____

Taxpayer Cell Phone _____ Taxpayer Fax Number _____

Spouse Daytime/Work Phone _____ Spouse Evening/Home Phone _____ Spouse Foreign Phone _____

Spouse Cell Phone _____ Spouse Fax Number _____

Taxpayer Email Address _____

Spouse Email Address _____

Preferred Method of Contact _____

May the IRS or other taxing authority discuss the return with the preparer?

Is the taxpayer claimed as a dependent on someone else's tax return?

| | | | |
|-----------------|----|---------------|----|
| Yes | No | | |
| X | | | |
| | | | |
| Taxpayer | | Spouse | |
| Yes | No | Yes | No |
| | | | |
| | | | |
| | | | |

Are you considered legally blind per IRS regulations?

Do you want to contribute to the Presidential Election Campaign Fund?

Are you a U.S. citizen or Green Card holder?

Personal Identification Numbers:

Code - 1 - Issued by IRS 2 - Issued by State or City

| TS | State | City | Code | PIN |
|----|-------|------|------|-----|
| | | | | |
| | | | | |

Tax Organizer Legend:

Throughout the tax organizer, you will find columns with the heading "TSJ". Enter "T" for taxpayer, "S" for spouse or "J" for joint.

Worksheets: Basic Data > General and Return Options > Processing Options

Forms 1, 1A and 2



2017

Dependents and Wages

3A

Dependent Information:

| | First Name and Initial | Last Name | Social Security Number | Date of Birth (Mo/Da/Yr) | Date of Death (Mo/Da/Yr) | Relationship to Taxpayer |
|---|------------------------|-----------|------------------------|--------------------------|--------------------------|--------------------------|
| A | | | | | | |
| B | | | | | | |
| C | | | | | | |
| D | | | | | | |
| E | | | | | | |
| F | | | | | | |
| G | | | | | | |
| H | | | | | | |

Did dependent have income over \$4,050?



| | Months Lived in Your Home | X if Disabled | Yes or No | Identity Protection PIN |
|---|---------------------------|---------------|-----------|-------------------------|
| A | | | | |
| B | | | | |
| C | | | | |
| D | | | | |
| E | | | | |
| F | | | | |
| G | | | | |
| H | | | | |

Provide the name of any dependent who is not a U.S. citizen or Green Card holder.

Provide the name of any person living with you who is claimed as a dependent on someone else's tax return.

List the years that a release of claim to exemption is given for a dependent child not living with you.

Wages and Salaries: Include all copies of your current year Forms W-2

Note: Use this section to report any wages and/or salaries for which no Form W-2 was received.

| TS | Employer's Name | Taxable Wages | Tax Withheld | | | | |
|----|-----------------|---------------|--------------|-------------|----------|-------|-------|
| | | | Federal | FICA/TIER 1 | Medicare | State | Local |
| | | | | | | | |
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2017

Electronic Filing

Electronic Filing:

Electronic filing is the means by which your return is transmitted directly to the IRS and state tax authorities. The IRS has implemented an electronic filing mandate requiring certain preparers, including this firm, to file all returns that they prepare electronically. Some states also require certain preparers to electronically file state returns prepared. The IRS and some states allow taxpayers to elect not to file their returns electronically.

Do not electronically file the federal return

Do not electronically file the state return(s)

Note: The IRS and some states that require returns to be electronically filed also impose fees and/or penalties for failure to do so. If you checked either of the boxes above, you may be required to sign an "opt-out" form before we can release your returns. As a follow-up we will contact you to discuss these requirements and your ability to "opt-out" of electronic filing.

The IRS requires, and many states allow, the use of a Personal Identification Number (PIN) in lieu of mailing a signature document when electronically filing.

Would you like to use a randomly generated PIN?

| | |
|--------------------------|--------------------------|
| Yes | No |
| <input type="checkbox"/> | <input type="checkbox"/> |

Taxpayer

Spouse

If No, enter a 5-digit self-selected PIN:

Taxpayer PIN _____

Spouse PIN _____



2017

Direct Deposit and Withdrawal

4A

Direct Deposit and Electronic Funds Withdrawal Account Information:

The IRS and certain states allow refunds to be deposited to and balances due to be paid directly from your financial institution. If you would like to receive your refund or pay a balance due electronically, complete the following information. If you selected either of these options in 2016, your account information may already be included below.

Would you like any refunds owed to you directly deposited? ... Yes No
Would you like to pay any amount due on your federal return using electronic withdrawal? ... Yes No
If Yes, what amount would you like withdrawn, if not the entire balance due?
If Yes, when should the withdrawal occur, if other than the due date of the return? (Mo/Da/Yr)
Would you like to pay any amount due on your state return(s) using electronic withdrawal? ... Yes No
If Yes, what amount would you like withdrawn, if not the entire balance due?
If Yes, when should the withdrawal occur, if other than the due date of the return? (Mo/Da/Yr)
The IRS and some states allow estimated payments to be electronically withdrawn on the due dates of the estimated payments.
Would you like to pay any estimated payments due for your federal return using electronic withdrawal? ... Yes No
Would you like to pay any estimated payments due for your state return(s) using electronically withdrawal, if available? ... Yes No

Name of bank or financial institution
Routing Transit Number (RTN)
Account number

Type of account:
[] Checking [] Traditional Savings [] IRA Savings [] myRA
[] Archer MSA Savings [] Coverdell Ed. Savings [] HSA Savings
Is this a business account? [] Yes [] No
Account owner [] Taxpayer [] Spouse [] Joint

I confirm that the bank account information and the direct deposit/electronic withdrawal options selected above are correct. []

Would you like any refunds owed to you directly deposited? ... Yes No
Would you like to pay any amount due on your federal return using electronic withdrawal? ... Yes No
If Yes, what amount would you like withdrawn, if not the entire balance due?
If Yes, when should the withdrawal occur, if other than the due date of the return? (Mo/Da/Yr)
Would you like to pay any amount due on your state return(s) using electronic withdrawal? ... Yes No
If Yes, what amount would you like withdrawn, if not the entire balance due?
If Yes, when should the withdrawal occur, if other than the due date of the return? (Mo/Da/Yr)
The IRS and some states allow estimated payments to be electronically withdrawn on the due dates of the estimated payments.
Would you like to pay any estimated payments due for your federal return using electronic withdrawal? ... Yes No
Would you like to pay any estimated payments due for your state return(s) using electronically withdrawal, if available? ... Yes No

Name of bank or financial institution
Routing Transit Number (RTN)
Account number

Type of account:
[] Checking [] Traditional Savings [] IRA Savings [] myRA
[] Archer MSA Savings [] Coverdell Ed. Savings [] HSA Savings
Is this a business account? [] Yes [] No
Account owner [] Taxpayer [] Spouse [] Joint

I confirm that the bank account information and the direct deposit/electronic withdrawal options selected above are correct. []



2017

Dividend Income

5B

Dividend Information:

Include copies of all Forms 1099-DIV or other documents for dividends received

| TSJ | Name of Payer | Box 1a Total Ordinary Dividends | Box 1b Qualified Dividends | Box 2a Total Capital Gain Distribution | U.S. Bond Interest Amount or Percent in Box 1a |
|--------------|---------------|---------------------------------------|----------------------------------|--|--|
| A | | | | | |
| B | | | | | |
| C | | | | | |
| D | | | | | |
| E | | | | | |
| F | | | | | |
| G | | | | | |
| H | | | | | |
| I | | | | | |
| J | | | | | |
| K | | | | | |
| L | | | | | |
| M | | | | | |
| N | | | | | |
| Total | | | | | |

Tax-Exempt Interest Code: 1 - 1099-DIV 2 - Private Activity Bonds 3 - Both

| Code | Tax-Exempt Interest | 2016 Gross Dividends Amount |
|--------------|------------------------|-----------------------------------|
| A | | |
| B | | |
| C | | |
| D | | |
| E | | |
| F | | |
| G | | |
| H | | |
| I | | |
| J | | |
| K | | |
| L | | |
| M | | |
| N | | |
| Total | | |

Enter Any Additional Information:

| |
|--|
| |
| |
| |
| |
| |
| |

Note: List all items sold during the year on Form 7.



Sales of Stocks, Securities, Capital Assets & Installment Sales

Gains or Losses from Sales of Stocks, Securities and Other Capital Assets:

Include all Forms 1099-A, 1099-B, 1099-S and copies of mutual fund statements for the year

Did you have any of the following during the year?

| | Yes | No |
|--|--------------------------|--------------------------|
| Mutual fund transactions | <input type="checkbox"/> | <input type="checkbox"/> |
| Exchange of any securities or investments for something other than cash | <input type="checkbox"/> | <input type="checkbox"/> |
| Sales of inherited property | <input type="checkbox"/> | <input type="checkbox"/> |
| Sales of any stock or stock options at a loss and purchases of the same or substantially similar stock or options 30 days before or 30 days after the sale | <input type="checkbox"/> | <input type="checkbox"/> |
| Commodity sales, short sales or straddles | <input type="checkbox"/> | <input type="checkbox"/> |
| Reinvestment of the proceeds of the sale of a publicly traded security into an SSBIC interest | <input type="checkbox"/> | <input type="checkbox"/> |
| Reinvestment of the proceeds of the sale of qualified small business stock in other qualified small business stock | <input type="checkbox"/> | <input type="checkbox"/> |
| Debts that became uncollectible | <input type="checkbox"/> | <input type="checkbox"/> |
| Securities that became worthless | <input type="checkbox"/> | <input type="checkbox"/> |
| Sale of any property where you will receive payments in future years | <input type="checkbox"/> | <input type="checkbox"/> |

| TSJ | Kind of Property and Description | Date Acquired (Mo/Da/Yr) | Date Sold (Mo/Da/Yr) | Gross Sales Price (Less Commissions) |
|-----|----------------------------------|--------------------------|----------------------|--------------------------------------|
| A | | | | |
| B | | | | |
| C | | | | |
| D | | | | |
| E | | | | |
| F | | | | |
| G | | | | |
| H | | | | |

| | Cost or Other Basis | Federal Tax Withheld | State Tax Withheld |
|---|---------------------|----------------------|--------------------|
| A | | | |
| B | | | |
| C | | | |
| D | | | |
| E | | | |
| F | | | |
| G | | | |
| H | | | |

Installment Sales: Do not include interest received in principal amount

| TSJ | Property Description | Date Sold (Mo/Da/Yr) | 2017 Principal Received | 2016 Principal Received |
|-----|----------------------|----------------------|-------------------------|-------------------------|
| | | | | |
| | | | | |
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2017

Miscellaneous Income, Adjustments and Alimony

Include Forms: W-2G, 1099-MISC, 1099-RRB, 1099-SSA, 1099-SA, 1099-LTC and 1099-G

Miscellaneous Income and Adjustments:

| | TSJ ____ | | TSJ ____ | |
|--|-------------|-------------|-------------|-------------|
| | 2017 Amount | 2016 Amount | 2017 Amount | 2016 Amount |
| Unemployment compensation received | | | | |
| Unemployment compensation repaid in 2017 | | | | |
| Social security benefits received | | | | |
| Social security benefits repaid in 2017 | | | | |
| Medicare premiums withheld | | | | |
| Tier 1 railroad retirement benefits received | | | | |
| Tier 1 railroad retirement benefits repaid in 2017 | | | | |
| Total lump sum social security received | | | | |
| Lump sum taxable social security | | | | |
| Other federal withholding | | | | |
| Other state withholding | | | | |

State and Local Income Tax Refunds:

| TSJ | State | City | Tax Year | Income Tax Refund | |
|-----|-------|------|----------|-------------------|-------|
| | | | | State | Local |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Other Income:

| TSJ | Nature and Source | 2017 Amount | 2016 Amount |
|-----|-------------------|-------------|-------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Alimony Paid or Received:

| TSJ | Recipient's Name | Recipient's Social Security No. | Alimony Received? | 2017 Amount | 2016 Amount |
|-----|------------------|---------------------------------|-------------------|-------------|-------------|
| | | | | | |
| | | | | | |
| | | | | | |
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2017

Miscellaneous Adjustments

13A

Educator Expenses: Deduction for amounts paid by educators of kindergarten through Grade 12

| TS | 2017 Amount | 2016 Amount |
|----|-------------|-------------|
| | | |
| | | |

Health Savings Accounts (HSAs)

| TS | Description | 2017 Amount | 2016 Amount |
|----|--|-------------|-------------|
| | Contributions made for 2017 | | |
| | Distributions received from all HSAs in 2017 | | |

What type of coverage applies to your high deductible health plan? Self only Family

Were any HSA contributions listed above also shown on your Form W-2?

Were all distributions from your HSA for unreimbursed medical expenses?

Did you or your spouse enroll in Medicare?

If Yes, what month did you enroll?

What month did your spouse enroll?

| Yes | No |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |

Other Adjustments to Income: Include all Forms 1098-E for Student Loan Interest Paid

| TSJ | Nature and Source | 2017 Amount | 2016 Amount |
|-----|-------------------|-------------|-------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |



2017

Itemized Deductions - Medical and Taxes

Medical and Dental Expenses:

- Prescription medicines and drugs
- Total medical insurance premiums paid *
- Long-term care expenses
- Total insurance reimbursement
- Number of miles traveled for medical care
- Lodging
- Doctors, dentists, etc.
- Hospitals
- Lab fees
- Eyeglasses and contacts

| TSJ | 2017 Amount | 2016 Amount |
|-----|-------------|-------------|
| | | |
| | | |
| | | |
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| | | |
| | | |
| | | |
| | | |
| | | |

| 2017 Amount | 2016 Amount |
|-------------|-------------|
| | |
| | |

- Taxpayer long-term care insurance premiums paid
- Spouse long-term care insurance premiums paid

* Do not include Medicare premiums or premiums deducted in computing taxable wages reported on a W-2.

Other Medical Expenses:

| TSJ | Description | 2017 Amount | 2016 Amount |
|-----|-------------|-------------|-------------|
| | | | |
| | | | |
| | | | |

Taxes Paid: Include copies of your tax bills

- Personal property taxes paid (include vehicle taxes)
- General sales taxes paid on specified items

| TSJ | 2017 Amount | 2016 Amount |
|-----|-------------|-------------|
| | | |
| | | |

Itemize real estate taxes by state.

| TSJ | Real Estate Taxes | 2017 Amount | 2016 Amount |
|-----|-------------------|-------------|-------------|
| | | | |
| | | | |
| | | | |

Other Taxes Paid:

| TSJ | Description | 2017 Amount | 2016 Amount |
|-----|-------------|-------------|-------------|
| | | | |
| | | | |
| | | | |

If you purchased or sold your home in 2017, did you include any taxes from your closing statement in the amounts above? Yes No



2017

Itemized Deductions - Mortgage Interest and Points

14A

Mortgage Questions for 2017:

| | | |
|---|--------------------------|--------------------------|
| | Yes | No |
| If you purchased or sold your home, did you include any mortgage interest from your closing statement in the amount below? . . . | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you refinance your home? (If Yes, enclose the closing statement.) | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, how many years is your new mortgage loan? _____ | | |
| Did you purchase a new home or sell your former home during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, enclose the closing statements from the purchase and sale of your new and former homes. | | |
| If Yes, also, did you (or your spouse, if married) have an ownership interest in a principal residence in the US during the 3 year period prior to the purchase of this home? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, did you (and your spouse, if married at the time of purchase) own and use the same home as a principal residence in the U.S. for any 5 consecutive year period during the 8 year period ending on the purchase date of the new home? | <input type="checkbox"/> | <input type="checkbox"/> |

Home Mortgage Interest Paid To Financial Institutions:

| TSJ | Paid To | Did You Receive Form 1098? | | 2017 Amount | 2016 Amount |
|-----|---------|----------------------------|----|-------------|-------------|
| | | Yes | No | | |
| | | | | | |
| | | | | | |
| | | | | | |

Other Home Mortgage Interest Paid:

| TSJ | Paid To | | ID Number | 2017 Amount | 2016 Amount |
|-----|---------|---------|-----------|-------------|-------------|
| | Name | Address | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Deductible Points:

| TSJ | Paid To | Did You Receive Form 1098? | | 2017 Amount | 2016 Amount |
|-----|---------|----------------------------|----|-------------|-------------|
| | | Yes | No | | |
| | | | | | |
| | | | | | |
| | | | | | |

Mortgage Insurance Premiums:

Premiums paid or accrued for qualified mortgage insurance.

| TSJ | 2017 Amount | 2016 Amount |
|-----|-------------|-------------|
| | | |
| | | |
| | | |

Investment Interest Expense:

Interest paid on money you borrowed that is allocable to property held for investment.

| TSJ | Paid To | 2017 Amount | 2016 Amount |
|-----|---------|-------------|-------------|
| | | | |
| | | | |
| | | | |



2017

Itemized Deductions - Contributions

Cash Contributions: Include all Forms 1098-C or other documentation.

You cannot deduct a cash contribution, regardless of the amount, unless you keep as a record of the contribution a bank record (such as a canceled check, a bank copy of a canceled check, or a bank statement containing the name of the charity, the date, and the amount) or a written communication from the charity. The written communication must include the name of the charity, date of the contribution, and amount of the contribution. Clothes and household items donated must be in good, used condition or better in order to be deductible unless the item donated is worth more than \$500 and you have the item's value appraised. Attach a copy of the appraisal. Include any vehicles donated to charity.

| TSJ | Organization or Description of Contribution | 2017 Amount | 2016 Amount |
|-----|---|-------------|-------------|
| | | | |
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| TSJ | Conservation Real Property | 2017 Amount | 2016 Amount |
|-----|----------------------------|-------------|-------------|
| | 100% limit | | |
| | 50% limit | | |

| TSJ | Description | 2017 Miles | 2016 Miles |
|-----|---|------------|------------|
| | Number of miles traveled performing volunteer work for qualified charitable organizations | | |

Noncash Contributions Totaling \$500 or Less: Include all documentation.

| TSJ | Description of Donated Property | 2017 Amount | 2016 Amount |
|-----|---------------------------------|-------------|-------------|
| | | | |
| | | | |

Noncash Contributions Totaling More Than \$500: Include all Forms 1098-C or other documentation.

TSJ _____

Description of the donated property _____

Donee organization name _____

Donee organization address _____

Date the property was acquired by the taxpayer (Mo/Da/Yr) _____

Date the property was donated (Mo/Da/Yr) _____

Cost or basis of the donated property

Fair market value of the donated property

Which of the following methods was used to determine the fair market value? CAUTION: Generally, contributions in excess of \$5,000 of similar property will require an appraisal (does not apply to marketable securities)

- Appraisal
 Thrift shop value
 Catalog
 Comparable sale
 Other - please explain _____

Which of the following describes how this donated property was acquired?

- Purchase
 Gift
 Inheritance
 Exchange



2017

Federal Tax Payments

Refund Application:

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

Refunded Yes No
 Applied to your 2018 estimated tax liability Yes No

Federal Estimated Tax Payments:

2017 1st Quarter Estimate (Due 04-18-2017)
 2017 2nd Quarter Estimate (Due 06-15-2017)
 2017 3rd Quarter Estimate (Due 09-15-2017)
 2017 4th Quarter Estimate (Due 01-16-2018)

| Amount Due | Date Paid if Not Date Due (Mo/Da/Yr) | Amount Paid |
|------------|--------------------------------------|-------------|
| | | |
| | | |
| | | |
| | | |

2016 overpayment applied to 2017 estimate

Tax Planning Information for Tax Year 2018:

Do you expect any of the following to occur in 2018?

| | Yes | No |
|---|--------------------------|--------------------------|
| A change in your marital status | <input type="checkbox"/> | <input type="checkbox"/> |
| A change in the number of your dependents | <input type="checkbox"/> | <input type="checkbox"/> |
| A substantial change in your income | <input type="checkbox"/> | <input type="checkbox"/> |
| A substantial change in your withholding | <input type="checkbox"/> | <input type="checkbox"/> |
| A substantial change in deductions | <input type="checkbox"/> | <input type="checkbox"/> |

If you answered Yes to any of the above questions, provide details.

| |
|--|
| |
| |
| |
| |
| |



2017

State and City Tax Payments

20A

State and City Estimated Tax Payments:

| TSJ ____ State/City _____ | | |
|------------------------------|--------------------------------------|-------------|
| Amount Due | Date Paid if Not Date Due (Mo/Da/Yr) | Amount Paid |
| | | |
| | | |
| | | |
| | | |

2017 1st Quarter Estimate
 2017 2nd Quarter Estimate
 2017 3rd Quarter Estimate
 2017 4th Quarter Estimate

If you have an overpayment of 2017 taxes, do you want the excess applied to your 2018 estimated tax liability? Yes No

2016 overpayment applied to 2017 estimate
 Balance of prior year(s) tax paid in 2017 plus amount paid with 2016 extensions
 Estimated tax payments for 2016 paid in 2017

State and City Estimated Tax Payments:

| TSJ ____ State/City _____ | | |
|------------------------------|--------------------------------------|-------------|
| Amount Due | Date Paid if Not Date Due (Mo/Da/Yr) | Amount Paid |
| | | |
| | | |
| | | |
| | | |

2017 1st Quarter Estimate
 2017 2nd Quarter Estimate
 2017 3rd Quarter Estimate
 2017 4th Quarter Estimate

If you have an overpayment of 2017 taxes, do you want the excess applied to your 2018 estimated tax liability? Yes No

2016 overpayment applied to 2017 estimate
 Balance of prior year(s) tax paid in 2017 plus amount paid with 2016 extensions
 Estimated tax payments for 2016 paid in 2017

State and City Estimated Tax Payments:

| TSJ ____ State/City _____ | | |
|------------------------------|--------------------------------------|-------------|
| Amount Due | Date Paid if Not Date Due (Mo/Da/Yr) | Amount Paid |
| | | |
| | | |
| | | |
| | | |

2017 1st Quarter Estimate
 2017 2nd Quarter Estimate
 2017 3rd Quarter Estimate
 2017 4th Quarter Estimate

If you have an overpayment of 2017 taxes, do you want the excess applied to your 2018 estimated tax liability? Yes No

2016 overpayment applied to 2017 estimate
 Balance of prior year(s) tax paid in 2017 plus amount paid with 2016 extensions
 Estimated tax payments for 2016 paid in 2017