

# Please follow these few steps . . .

**1** If you are viewing our website, print this Tax Organizer

**2** New Clients please complete page I. Returning clients skip to number **3**.

**3** Read the "Important Information" on pages II & III

**4** Accumulate your tax documents

**Generally,**

Income: W-2s, 1099-R, 1099-INT, 1099-DIV, rental, etc.

Deductions: 1098 for mortgage, contributions, medical, etc.

Other: Sale of home, purchase of home, etc.

**5** Complete the General Questions starting on and following page IV

**Organize and attach your tax documents behind the corresponding pages of your tax organizer.** For example, paperclip (**do not staple**) all your W-2s behind the page in your tax organizer that lists your W-2s. **If you are unsure where to attach a document, paperclip it behind the last page of the Organizer, "1099-B Broker Statements. Miscellaneous Documents" page.** Also put all year-end **1099-B** broker statements behind this page.

**6** Sign the organizer on page IV

**7** Sign the e-file forms and accompanying Refund/Payment options form

Sign only. Do not date the e-file forms or enter any other information.

Complete the Refund/Payment options sheet which will tell us how you wish to receive your refunds or pay any balance due.

**8** Return the tax organizer and e-file forms to us

Include the signed (undated) e-file forms and Refund/Payment options form (see **7** above).

Please KEEP COPIES (or send us copies) of your original tax documents.

To help control costs, we will not return any documents you send

**unless you request we do so.** We will destroy these documents after 3 years.

## IMPORTANT DATES TO REMEMBER:

**March 1, 2018:** Last date to receive all pertinent information to complete your personal tax returns by April 15, 2018.

**Hope Scholarship / FASFA:** Please provide us with all pertinent tax information preferably 2 weeks prior to the date you need your completed tax return for Hope Scholarship or FASFA, but no less than 7 days.

# NEW CLIENTS ONLY (returning clients skip this page)

## General Information

	TAXPAYER	SPOUSE
FIRST NAME & Middle Initial	<hr/>	<hr/>
LAST NAME	<hr/>	<hr/>
SOCIAL SEC #	<hr/>	<hr/>
DATE of BIRTH	<hr/>	<hr/>
ADDRESS	Street 1	<hr/>
	<hr/>	<hr/>
	Street 2 / PO Box	<hr/>
	<hr/>	<hr/>
	City / State / Zip	<hr/>
TELEPHONE DAYTIME	<hr/>	<hr/>
EVENING	<hr/>	<hr/>
CELL PHONE CELL PROVIDER	<hr/>	<hr/>

**May we please have your cell phone provider to add to our data base? The information will allow us to send you important text message alerts if we think you are not getting your email. Thank you!**

E-MAIL	DEPENDENT 1	DEPENDENT 2	DEPENDENT 3	DEPENDENT 4	DEPENDENT 5
FIRST NAME	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
LAST NAME (if different)	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
SOCIAL SEC. #	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
DATE of BIRTH	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>

**RETURNING CLIENTS SKIP TO NEXT PAGE**

## IMPORTANT INFORMATION. PLEASE READ AND SIGN YOUR TAX ORGANIZER FOLLOWING THIS SECTION.

- **NEW CLIENTS.** Please ***BE SURE TO COMPLETE*** the General Information and Dependent Information Sections of this organizer on the previous page. Also, be sure to read carefully the following points. You can help us process your work more efficiently by understanding our procedures.
- **CURRENT CLIENTS.** Please **BE SURE TO REVIEW AND UPDATE** the preprinted General Information and Dependent Information Sections. Make any necessary changes, such as new address, phone number, email, etc.
- **RESPONSIBILITY.** First and foremost, ***remember that YOU are responsible*** for keeping necessary records of your income and deductions, and YOU have the final responsibility for the content of your tax returns. Our responsibility, as for all CPAs, lies in our skill to use your information to your best benefit.
- **APPOINTMENTS.** ***WE CANNOT MEET WITHOUT SCHEDULING APPOINTMENTS.*** We will make every effort to arrange a convenient time for you if we cannot schedule an appointment during our normal business hours. Please call our office **Monday through Thursday** to schedule your appointment in Fayetteville or Atlanta. Please visit our website for office hours and contact information: [www.oddocpas.com](http://www.oddocpas.com)
- **MAIL, EMAIL, OR DELIVER YOUR ORGANIZER TO OUR OFFICES.** Many times, appointments are unnecessary if you complete and mail or deliver your organizer to us. If you SCAN and email your organizer and documents, please scan only one document per page. We will contact you with any questions. ***If you send your documents certified mail, please send to: 819 REDWINE ROAD, FAYETTEVILLE, GA 30215.***
- **WE WILL NOT RETURN DOCUMENTS UNLESS YOU REQUEST US TO.** In an effort to hold down costs, we will not return the documents you provide unless you request us to. Please retain copies of all documents you send us.
- **ITEMIZED DEDUCTIONS.**  
HEALTH INSURANCE PREMIUMS: "Pre-tax" amounts are not deductible.  
If you have included payments for health insurance premiums, **DO NOT** list any "pre-tax" amounts.  
AD VALOREM TAXES: **DO NOT** include the cost of tags.  
PERSONAL PROPERTY TAXES: Remember to **INCLUDE** tax paid on a boat or plane.
- **RECEIPT TOTALS.** Please provide us with **TOTAL** income and expense, not individual receipts. Untotaled receipts will result in extra time preparing your return, and higher bills for our services.
- **RECEIPTS.** Save all receipts for tax purposes such as audits.  
Examples: Sales tax on car; Medical payments; Home remodeling. Email us if you are unsure.
- **REQUESTS FOR ADDITIONAL INFORMATION.** We may request copies of information to document justification of positions in your favor. We will not audit nor otherwise verify data that you submit, but we may ask that you clarify some items to enable us to fully understand your tax position and to properly prepare your returns.
- **ERRORS.** In the rare instance in which our work contains an error, we reserve the right to amend or correct your return at no charge for our time. Please inform us immediately of any such errors.
- **AUDITS.** All tax returns are subject to review by the taxing authorities. Should your return be selected for audit, please advise us immediately so that we may discuss with you the best method under which to proceed.
- **CONTACTING US.** At times during tax season we are not available to answer your call. However, you may contact us in a variety of ways. If possible, we prefer you **E-MAIL** us at [IRSGOAWAY@AOL.COM](mailto:IRSGOAWAY@AOL.COM). If not possible, FAX your message to 770-461-8535, or leave a message or question on our voice mail so we can be prepared when we return your call.

## IMPORTANT INFORMATION. PLEASE READ AND SIGN YOUR TAX ORGANIZER FOLLOWING THIS SECTION.

- ↪ **TURNAROUND.** Your tax return is customized for you. We take the time necessary to ensure that we have kept your income taxes to the absolute minimum. If you require quick turnaround, please advise us when you schedule your appointment or when you send us your completed tax organizer. "Final" information received from you after March 1 will most likely ensure completion will be after April 15. We will prepare an extension.
- ↪ **EXTENSIONS.** We will make every effort to have your tax return prepared before **April 15**. However, if we have not received all necessary information from you **BY MARCH 1**, we will prepare, and possibly file an extension for you. *An extension neither increases nor decreases your chance of an audit.* We will estimate how much tax payment, if any, is to be sent with your extension.
- ↪ **AFTER MARCH 1.** As a precaution we will prepare extensions for all tax returns, regardless of whether or not they will be used. Please make every effort to send us your work more than five weeks prior to the end of the season.
- ↪ **MORTGAGE FINANCING & REFINANCING / FASFA / HOPE SCHOLARSHIP.** If your mortgage company will need financial information or tax returns prepared by us, or if you need tax returns for FASFA or the Hope Scholarship, *please provide at least seven days notice, and preferably longer, before the date the requested information is needed.*
- ↪ **SERVICES WE OFFER IN ADDITION TO TAX PREPARATION.** Throughout the year we are available for consultation regarding your questions on specific tax matters or assistance in tax and business planning. However, we will not offer recommendations as to investment quality of any specific stock, bond, limited partnership or similar investment.
- ↪ **FEE.** Fees for tax preparation and for all other related services are based on time spent at our hourly standard rates.  
Estimated MINIMUM charge for the completion of both an individual's federal and state returns: \$190.00.  
  
Estimated AVERAGE charge for the completion of both an individual's federal and state returns: \$295.00.  
Review of "client-prepared" tax return: minimum \$150.  
*Actual charges often vary from from these estimates, depending on the complexity of the returns.*  
Charge for additional copies of tax returns and support in divorce situations, for replacements, etc., is \$45 minimum. Either or both spouses or taxpayers may request. For further price information, please visit our web site at: **[www.oddocpas.com/pricing](http://www.oddocpas.com/pricing)**
- ↪ **ONLINE PAYMENT.** For your convenience, we accept Credit Card payments online through MasterCard, Visa, American Express, and Discover.
- ↪ **TO KEEP YOUR COST OF TAX PREPARATION TO A MINIMUM:** PLEASE INCLUDE ALL PERTINENT TAX DATA WITH YOUR TAX ORGANIZER or note that information will follow. We will charge to redo completed returns for data received late.
- ↪ **INVOICING & PAYMENT.** We prefer to invoice clients via e-mail. We would appreciate your participation. Please make sure you check the appropriate response on the following page regarding invoice via e-mail.
- ↪ **BILLING OF COMPLETED WORK.** In general, a service charge of 1.5% per month will be added to all accounts not paid currently unless you contact us to make arrangements for payment.
- ↪ **PRIVACY POLICY.** All non-public information about our clients is restricted to those members of our staff who need to know such information in order to provide the services you requested. We will not sell your name to any other firm. From time to time we may provide your name to firms we work with to inform you of financial information that could benefit you.

## PLEASE SIGN YOUR TAX ORGANIZER BELOW

To the best of my (our) knowledge and belief, the information provided to Oddo Brothers CPAs in this tax organizer and accompanying supplement and / or notes, is true and correct. Also, I (we) have read and understand the preceding information regarding operating procedures of Oddo Brothers CPAs and agree to abide by them while having Oddo Brothers CPAS prepare our tax returns or other work.

TAXPAYER

SPOUSE

DATE

DATE

### 2017 TAX QUESTIONS

#### GENERAL QUESTIONS

YES	NO	N/A

Are your names, including your dependents' names, as printed in this Tax Organizer in the GENERAL INFORMATION section, spelled as they appear on your Social Security Card(s)? If not, please make the necessary corrections.

Is your address correct, as printed in this Tax Organizer in the GENERAL INFORMATION section? If not, please make the necessary corrections next to your address.

**SPECIAL NOTE REGARDING DECEASED SPOUSES:** If a joint tax return was prepared last year under the names of the surviving and deceased spouses, this tax return will be filed under the name of the surviving spouse only. There is no need to correct your name.

Have **COPIES** of **ALL** pertinent 2017 tax information been enclosed with this Tax Organizer? If additional information follows after completion of your tax returns, **amendments or changes to your tax returns due to incomplete data will be charged for.**

YES	NO	N/A

Are your phone number(s), e-mail address(es), and/or fax number(s), as printed in this Tax Organizer, correct? If not, please make corrections.

**E-mail:** We have found e-mail to be one of the best ways to contact our clients. It allows us to be more accessible, as well as more efficient in the use of our clients' time. We have installed security to guard your confidential information during transmissions. Our goal is to provide the best service possible, and e-mail is a great tool to help us achieve that end. If you do not use email, please advise us.

**Invoicing:** We will invoice you via email unless you check the "NO" box.

**Telephone:** If we need to call you, what are the best times to contact you via telephone? We do not want to call you too early or too late.

Telephone No:

Best times to call:

# 2017 TAX QUESTIONS

## GENERAL QUESTIONS

PDF	PAPER

***IN LIEU OF A PRINTED TAX RETURN***, we will deliver your copy via e-mail in PDF printable format unless you request otherwise. Please mark your appropriate preferences.

PDF format via E-mail.

Encryption password, if desired: \_\_\_\_\_

Traditional paper format (paper requires more time to process to completion).

YES	NO	N/A

**IRA CONTRIBUTION:** Will you make a ***TRADITIONAL*** IRA Contribution by April 15, **2018**?

**IRA CONTRIBUTION:** Will you make a ***ROTH*** IRA Contribution by April 15, **2018**?

Taxpayer \$ \_\_\_\_\_  Taxpayer's Spouse \$ \_\_\_\_\_

**TAX ESTIMATES:** Do you wish us to calculate **2018** income tax estimates? (usually unnecessary if your withholding is adequate and consistently overpaid)

YES	NO	N/A

Did you make any contributions to a qualified higher education program / qualified higher education college savings account (***Section 529 Plan***)? Such payments may be deductible on your state income tax return.

YES	NO	N/A

**TAXPAYER:** Do you wish to contribute \$3 to the presidential campaign fund?

**SPOUSE:** Do you wish to contribute \$3 to the presidential campaign fund?

YES	NO	N/A

Did your employer reimburse any employee business expenses, including overnight travel?

If yes, attach a list, or complete section EMPLOYEE BUSINESS EXPENSES if included later in your organizer. Example: \$500 auto expense. Reimbursement \$300.

YES	NO	N/A

**NON-CASH CONTRIBUTIONS** of \$250 or more. ***SPECIAL NOTE:*** The IRS requires taxpayers to maintain written documentation indicating the name of the donee(s), the date(s) of the contribution(s), and the amount(s) of the contribution(s) for all cash ***AND*** non-cash charitable contributions. Without this support, the IRS may deny the deduction(s).

DATE	DONEE	DESCRIPTION	VALUE
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

## 2017 TAX QUESTIONS

**AT ANY TIME DURING 2017**

YES	NO	N/A

Were any changes made to your prior year's tax return by you, the IRS, or the State? If yes, please provide details (e.g. change in refund received). If not, we will use the information shown on your prior year's tax return:

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YES	NO	N/A

Do you file multiple state tax returns? If so, which?

Did you prepare and file your own extension(s)? If yes, how much was paid with extension(s)?

Federal     \$ \_\_\_\_\_     State     \$ \_\_\_\_\_

Did you receive retirement plan distributions (e.g. IRA, 401-k, etc.)? If yes, please provide copies of your 1099Rs.

If yes, were they rolled over within 60 days?

If yes, were any funds used to pay for post secondary schooling or as a down payment on the purchase of a first home?

Did you pay SALES TAX on any major purchase(s)? (e.g. new car)     \$ \_\_\_\_\_

Are you considering bankruptcy? If so, consider reviewing your plan with us for tax consequences and possible tax strategies. For example, you should consider not filing bankruptcy until your tax returns are filed up-to-date.

### DEPENDENT INFORMATION

NAME of Dependent (do not include yourself or your spouse)												
Last Name, if different												
Dependent is married?	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO		
... is a U.S. citizen or permanent resident?												
... is a full-time student 5 or more months?												
... if in college, in what year?    circle year ⇒	1	2	3	4	1	2	3	4	1	2	3	4
	5+				5+				5+			
... received over ½ support from Taxpayer?												
Wages of Dependent	\$		\$		\$		\$		\$			
Investment income of Dependent	\$		\$		\$		\$		\$			

**IF YOU PLAN TO CLAIM YOUR CHILDREN AS DEPENDENTS, BE SURE HE/SHE/THEY DO NOT FILE PERSONAL RETURNS AND CLAIM THEMSELVES.**

IN ADDITION TO THE DEPENDENT INFORMATION PROVIDED ABOVE, PLEASE VERIFY, AND CORRECT IF NECESSARY, THE DEPENDENT INFORMATION IN THE FOLLOWING SECTION ENTITLED "GENERAL INFORMATION."

## 2017 TAX QUESTIONS

**AT ANY TIME DURING 2017**

YES	NO

Wages?

Tips?

Interest or Dividends?

Social Security or Tier I Railroad Retirement?

Lump sum from an employer sponsored plan and the recipient and/or employee was born before **1936**?

Retirement or IRA distribution for which the recipient is under age 59 1/2?

Other pension, annuity, IRA, or retirement income?

If IRA distribution, were nondeductible contributions ever made?

If yes, provide the balance of all IRA accounts as of the end of 2017.    \$ \_\_\_\_\_


Unemployment compensation?

Alimony?

Self-employment and/or operation of a business?

Operation of a farm?

Rental of land and property for agricultural purposes?

Other rental property?

Hobby Income/Loss? Please read: <https://www.irs.gov/uac/is-your-hobby-a-for-profit-endeavor>

Gambling winnings? If you are claiming gambling losses, be sure to have supporting data which will include the dates gambled and places gambled. Be sure to report winnings which have not been reported to you.


Royalties?

Any miscellaneous income, such as prizes or jury duty pay?

YES	NO

**Did you or your spouse receive any of the following forms: (Please provide them)**

W-2     W-2G     1095-A     1095-B     1095-C     1099R     1099 INT     1099 DIV

1099 MISC     1099B     1099S     1099G     Other 1099     K-1

Any other 1099

K-1

RS notice of change to prior year's return

Closing statements from real estate sales, purchases, or refinancing



## 2017 TAX QUESTIONS

AT ANY TIME DURING 2017

### AFFORDABLE CARE ACT / HEALTH INSURANCE

With few exceptions, every taxpayer is required to have health insurance. Your answers to the following questions will help determine any potential liability. These questions must be answered for the taxpayer, taxpayer's spouse, dependents, and every child up to age 26 still covered under the parents' insurance. If every listed individual can answer yes to any question, skip to the next section. Answering yes indicates you have no penalty.

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Did everyone in your household have insurance all 12 months of 2017?  
(Private, Employer, Medicare, or Health Insurance Marketplace aka Obamacare)

Did you receive Form 1095B or 1095C or 1095A? If yes, please provide a copy of each.  
NOTE: ACH (OBAMACARE) RECIPIENTS WILL RECEIVE AND MUST PROVIDE FORM 1095A.

IF YOU ANSWERED YES TO THE PREVIOUS TWO QUESTIONS, SKIP TO THE NEXT PAGE.  
IF YOU ANSWERED NO TO ANY OF THE PREVIOUS TWO QUESTIONS, WE WILL CALCULATE THE POTENTIAL PENALTY.

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

#### POTENTIAL EXEMPTIONS:

Your religious beliefs conflict with holding insurance.

More than 8% of your income goes to health insurance costs.

You belong to an Indian tribe.

Your family income falls below the amount required to file a tax return.

You are an undocumented immigrant.

**If you are unsure, we will assume you have health insurance coverage for you and your family that meets ACA requirements, and we will indicate accordingly on your tax return (no penalty assessed), but you will be liable for any applicable penalty and interest for an incorrect tax return.**



# W-2 INCOME

2017  
(W-2)

Listed below are your employers shown on your last year's income tax return.

Name of employer \_\_\_\_\_  
Street address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Employer Identification Number \_\_\_\_\_

TAXPAYER  SPOUSE

Name of employer \_\_\_\_\_  
Street address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Employer Identification Number \_\_\_\_\_

TAXPAYER  SPOUSE

Name of employer \_\_\_\_\_  
Street address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Employer Identification Number \_\_\_\_\_

TAXPAYER  SPOUSE

Name of employer \_\_\_\_\_  
Street address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Employer Identification Number \_\_\_\_\_

TAXPAYER  SPOUSE

Name of employer \_\_\_\_\_  
Street address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Employer Identification Number \_\_\_\_\_

TAXPAYER  SPOUSE

Name of employer \_\_\_\_\_  
Street address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Employer Identification Number \_\_\_\_\_

TAXPAYER  SPOUSE

Name of employer \_\_\_\_\_  
Street address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Employer Identification Number \_\_\_\_\_

TAXPAYER  SPOUSE

Name of employer \_\_\_\_\_  
Street address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Employer Identification Number \_\_\_\_\_

TAXPAYER  SPOUSE

\* Please include a W-2 from each of your 2017 employers.

# W-2G INCOME

2017  
(W-2G)

Listed below are payers shown on your last year's income tax return.

**\*Please include any W-2G from each of your 2017 payers.**

Name of payer \_\_\_\_\_  
Street address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Federal Identification Number \_\_\_\_\_  
 TAXPAYER  SPOUSE

Name of payer \_\_\_\_\_  
Street address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Federal Identification Number \_\_\_\_\_  
 TAXPAYER  SPOUSE

Name of payer \_\_\_\_\_  
Street address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Federal Identification Number \_\_\_\_\_  
 TAXPAYER  SPOUSE

# ESTIMATED TAX PAID FOR THE 2017 TAX YEAR

(FED/ST TAX)

**\* Please enter only the payments to be applied to the current year tax, including any payments made in January of 2017.**

### Federal payments

### State of \_\_\_ payments

Date paid	Amount paid	Date paid	Amount paid
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**IMPORTANT: If paid by check, please note the check # next to the date paid above.**

State/local income tax balance due for previous years paid in 2017: \_\_\_\_\_

State/local estimate payment for 2016, due January 15, 2017, paid on or after January 1, 2017: \_\_\_\_\_

# PENSION AND RETIREMENT INCOME

2017  
(1099R)

## PENSIONS AND IRAS

Listed below are your pension, IRA distributions, and Social Security received last year (if any).

Name of payer \_\_\_\_\_  
Street address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Employer Identification Number \_\_\_\_\_

TAXPAYER  SPOUSE  IRA

Name of payer \_\_\_\_\_  
Street address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Employer Identification Number \_\_\_\_\_

TAXPAYER  SPOUSE  IRA

Name of payer \_\_\_\_\_  
Street address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Employer Identification Number \_\_\_\_\_

TAXPAYER  SPOUSE  IRA

Name of payer \_\_\_\_\_  
Street address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Employer Identification Number \_\_\_\_\_

TAXPAYER  SPOUSE  IRA

Name of payer \_\_\_\_\_  
Street address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Employer Identification Number \_\_\_\_\_

TAXPAYER  SPOUSE  IRA

Name of payer \_\_\_\_\_  
Street address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Employer Identification Number \_\_\_\_\_

TAXPAYER  SPOUSE  IRA

\* Please include any 1099's and other 2018 information.

If you ever made non-deductible contributions to your IRA, please provide year-end balances of all your IRA accounts.

## SOCIAL SECURITY BENEFITS

(1040 WKT)

### 2017 AMOUNTS

Taxpayer Amount \$ \_\_\_\_\_

Spouse Amount \$ \_\_\_\_\_

2016 TOTAL AMOUNT

\_\_\_\_\_

# PARTNERSHIP AND S-CORPORATION INCOME

2017  
(K-1 P/S)

Your 2016 K-1 information is shown below.

## K-1 INFORMATION

Name of Partnership or S-Corporation \_\_\_\_\_  
Federal ID Number \_\_\_\_\_  
Enter "P" for partnership or "S" for S-Corp \_\_\_\_\_

## K-1 INFORMATION

Name of Partnership or S-Corporation \_\_\_\_\_  
Federal ID Number \_\_\_\_\_  
Enter "P" for partnership or "S" for S-Corp \_\_\_\_\_

## K-1 INFORMATION

Name of Partnership or S-Corporation \_\_\_\_\_  
Federal ID Number \_\_\_\_\_  
Enter "P" for partnership or "S" for S-Corp \_\_\_\_\_

## K-1 INFORMATION

Name of Partnership or S-Corporation \_\_\_\_\_  
Federal ID Number \_\_\_\_\_  
Enter "P" for partnership or "S" for S-Corp \_\_\_\_\_

## K-1 INFORMATION

Name of Partnership or S-Corporation \_\_\_\_\_  
Federal ID Number \_\_\_\_\_  
Enter "P" for partnership or "S" for S-Corp \_\_\_\_\_

## K-1 INFORMATION

Name of Partnership or S-Corporation \_\_\_\_\_  
Federal ID Number \_\_\_\_\_  
Enter "P" for partnership or "S" for S-Corp \_\_\_\_\_

## K-1 INFORMATION

Name of Partnership or S-Corporation \_\_\_\_\_  
Federal ID Number \_\_\_\_\_  
Enter "P" for partnership or "S" for S-Corp \_\_\_\_\_

## K-1 INFORMATION

Name of Partnership or S-Corporation \_\_\_\_\_  
Federal ID Number \_\_\_\_\_  
Enter "P" for partnership or "S" for S-Corp \_\_\_\_\_

## K-1 INFORMATION

Name of Partnership or S-Corporation \_\_\_\_\_  
Federal ID Number \_\_\_\_\_  
Enter "P" for partnership or "S" for S-Corp \_\_\_\_\_

\* Please attach all K-1 schedules received for 2017.

# ESTATE AND TRUST INCOME

2017  
(K-1 E/T)

Your 2016 K-1 information is shown below.

## K-1 INFORMATION

Name of Estate, Trust \_\_\_\_\_

Federal ID Number \_\_\_\_\_

If any rental real estate, are you an active participant? \_\_\_\_\_

## K-1 INFORMATION

Name of Estate, Trust \_\_\_\_\_

Federal ID Number \_\_\_\_\_

If any rental real estate, are you an active participant? \_\_\_\_\_

## K-1 INFORMATION

Name of Estate, Trust \_\_\_\_\_

Federal ID Number \_\_\_\_\_

If any rental real estate, are you an active participant? \_\_\_\_\_

## K-1 INFORMATION

Name of Estate, Trust \_\_\_\_\_

Federal ID Number \_\_\_\_\_

If any rental real estate, are you an active participant? \_\_\_\_\_

## K-1 INFORMATION

Name of Estate, Trust \_\_\_\_\_

Federal ID Number \_\_\_\_\_

If any rental real estate, are you an active participant? \_\_\_\_\_

## K-1 INFORMATION

Name of Estate, Trust \_\_\_\_\_

Federal ID Number \_\_\_\_\_

If any rental real estate, are you an active participant? \_\_\_\_\_

## K-1 INFORMATION

Name of Estate, Trust \_\_\_\_\_

Federal ID Number \_\_\_\_\_

If any rental real estate, are you an active participant? \_\_\_\_\_

## K-1 INFORMATION

Name of Estate, Trust \_\_\_\_\_

Federal ID Number \_\_\_\_\_

If any rental real estate, are you an active participant? \_\_\_\_\_

## K-1 INFORMATION

Name of Estate, Trust \_\_\_\_\_

Federal ID Number \_\_\_\_\_

If any rental real estate, are you an active participant? \_\_\_\_\_

\* Please attach all K-1 schedules received for 2017.









**OTHER INCOME AND ADJUSTMENTS**

2017

<b>OTHER INCOME</b>	<b>2017</b>	<b>2016</b>
<b>Seller Financed Mortgages</b>		
Payer _____	Principal _____	Interest _____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
<b>State and Local Income Tax Refunds Received in 2017</b>		
State or Local jurisdiction _____	Amount received _____	
State or Local jurisdiction _____	Amount received _____	
State or Local jurisdiction _____	Amount received _____	
<b>Unemployment</b> (Please attach 1099G(s)).		
Amount received: _____	<b>2017</b>	<b>2016</b>
Amount repaid: _____	_____	_____
<b>Alimony amount received</b>	_____	_____
<b>Other Income</b>		
Type: _____	Amount: _____	

<b>ADJUSTMENTS</b>	<b>Taxpayer 2017</b>	<b>Taxpayer 2016</b>	<b>Spouse 2017</b>	<b>Spouse 2016</b>
Educator expense	_____		_____	
Self-employed retirement plans	_____		_____	
Self-employed health insurance paid	_____		_____	
<b>IRA'S</b>				
Traditional	_____		_____	
Roth	_____		_____	
Student loan interest	_____		_____	
<b>Alimony Paid</b>				
To whom paid: _____		Amount: _____		
SSN: _____				
<b>Tuition and Fees</b>		Amount: _____		
<b>Other Adjustments</b>		Amount: _____		
Type: _____				

# BUSINESS INCOME AND EXPENSES

2017  
(SCH C)

Your principal business or profession \_\_\_\_\_ Is this your spouse's Schedule C? \_\_\_\_\_

Business name \_\_\_\_\_ 2016 Business code \_\_\_\_\_

Business address \_\_\_\_\_ Employer ID \_\_\_\_\_  
(Not SSN)

Accounting method: \_\_\_\_\_

Enter date if you disposed of or sold this business during the year \_\_\_\_\_

BUSINESS VEHICLE	2017	2016
------------------	------	------

Date placed in service _____		
Miles used for: Business <span style="border: 1px solid black; padding: 2px;"># of miles--&gt;</span> _____	_____	_____
Commuting _____	_____	_____
Other _____	_____	_____

PART I INCOME		
---------------	--	--

Gross receipts or sales <span style="border: 1px solid black; padding: 2px;">Sales \$--&gt;</span> _____		
Returns and allowances _____	_____	_____
Other income _____	_____	_____

PART II EXPENSES		
------------------	--	--

Advertising	_____	_____
Car/Truck expenses	_____	_____
Commissions	_____	_____
Contract labor	_____	_____
Depletion	_____	_____
Employee benefit programs	_____	_____
Insurance	_____	_____
Interest - mortgage	_____	_____
Interest - other	_____	_____
Legal and professional services	_____	_____
Office expense	_____	_____
Pension and profit sharing	_____	_____
Rent or lease - vehicles, machinery	_____	_____
Rent - Other business property	_____	_____
Repairs and maintenance	_____	_____
Supplies	_____	_____
Taxes and licenses	_____	_____
Travel	_____	_____
Meals and entertainment	_____	_____
Utilities	_____	_____
Wages	_____	_____
Enter prior year unallowed loss (if any)	_____	_____

OTHER EXPENSES		(SCH C PG 2)
----------------	--	--------------

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Inventory method:  Cost  Lower of Cost or Market  Other

Inventory at beginning of year \_\_\_\_\_

Purchases less cost of personal items \_\_\_\_\_

Inventory at end of the year \_\_\_\_\_

# OFFICE IN THE HOME DEDUCTION

2017  
(8829)

2016

Square footage of area used for business \_\_\_\_\_

Total square footage in your home \_\_\_\_\_

Is this your spouse's Schedule C? \_\_\_\_\_

Day care facilities:

Number of days used for day care \_\_\_\_\_

Number of hours per day used for day care \_\_\_\_\_

Enter date if you disposed of or sold this business during the year \_\_\_\_\_

## EXPENSES DIRECTLY RELATING TO YOUR BUSINESS

2017

2016

Casualty losses \_\_\_\_\_

Deductible mortgage interest \_\_\_\_\_

Real estate taxes \_\_\_\_\_

Insurance \_\_\_\_\_

Rent \_\_\_\_\_

Repairs and maintenance \_\_\_\_\_

Utilities \_\_\_\_\_

Other expenses \_\_\_\_\_

## EXPENSES RELATING TO ENTIRE HOUSEHOLD

Casualty losses \_\_\_\_\_

Deductible mortgage interest \_\_\_\_\_

Real estate taxes \_\_\_\_\_

Insurance \_\_\_\_\_

Rent \_\_\_\_\_

Repairs and maintenance \_\_\_\_\_

Utilities \_\_\_\_\_

Other expenses \_\_\_\_\_

Carryover of operating expenses from 2016 Form 8829 line 42 \_\_\_\_\_

Carryover of excess casualty losses and depreciation from 2016 Form 8829 line 43 \_\_\_\_\_

Enter the fair market value of your home \_\_\_\_\_

Enter the cost of your home \_\_\_\_\_

Enter the value of the land on which your home is placed \_\_\_\_\_

# BUSINESS ASSET LIST

2017

**Asset acquisition list** (Please list all assets you have purchased or placed in service in 2017.)

Description	Date Acquired	Cost	To Schedule

**Asset disposition list** (Please list all assets you sold, traded, junked, or took out of service for any reason in 2017.)

Description	Date Acquired	Date Sold	Sales Price	Sales Expenses	Cost	Prior Depreciation	From Sch.

# 2017 TAX QUESTIONS

## RENTAL PROPERTY

Report income and expenses on next page

TYPE OF PROPERTY	PROPERTY A	PROPERTY B	PROPERTY C
Single Family Residence			
Multi-Family Residence			
Vacation/Short-Term Rental			
Commercial			
Land			
Royalties			
Self-Rental			
Other (describe)			
No. of Days Rented			
No. of Personal Use Days			
Was property part of a Joint Venture?			
PHYSICAL ADDRESS			
Property A			
Property B			
Property C			

# RENTAL REAL ESTATE AND ROYALTIES

2017  
(SCH E)

KIND OF PROPERTY LOCATION OF PROPERTY CITY STATE ZIP	Property A		Property B		Property C	
<b>INCOME</b>	2017	2016	2017	2016	2017	2016
Rent received						
Royalties received						
<b>EXPENSES</b>						
Advertising						
Auto and travel						
Cleaning and maintenance						
Commissions						
Insurance						
Legal, professional fees						
Management fees						
Mortgage interest						
Other interest						
Repairs						
Supplies						
Taxes						
Utilities						
<b>Miscellaneous Expenses</b>						
Type of misc expense 1						
Amount item 1						
Type of misc expense 2						
Amount item 2						
Type of misc expense 3						
Amount item 3						
Type of misc expense 4						
Amount item 4						
Enter loss carryover to 2017						
Did you actively participate in this venture?						
Did you use this property for personal use?						



# 2017 TAX QUESTIONS

## RENTAL PROPERTY

Report income and expenses on next page

TYPE OF PROPERTY	PROPERTY D	PROPERTY E	PROPERTY F
Single Family Residence			
Multi-Family Residence			
Vacation/Short-Term Rental			
Commercial			
Land			
Royalties			
Self-Rental			
Other (describe)			
No. of Days Rented			
No. of Personal Use Days			
Was property part of a Joint Venture?			

### PHYSICAL ADDRESS

Property D

---

---

---

Property E

---

---

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Property F

---

---

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# RENTAL REAL ESTATE AND ROYALTIES

2017  
(SCH E-DUP)

KIND OF PROPERTY	Property <b>D</b>		Property <b>E</b>		Property <b>F</b>	
	2017	2016	2017	2016	2017	2016
LOCATION OF PROPERTY						
CITY						
STATE						
ZIP						
<b>INCOME</b>						
Rent received						
Royalties received						
<b>EXPENSES</b>						
Advertising						
Auto and travel						
Cleaning and maintenance						
Commissions						
Insurance						
Legal, professional fees						
Management fees						
Mortgage interest						
Other interest						
Repairs						
Supplies						
Taxes						
Utilities						
<b>Miscellaneous Expenses</b>						
Type of misc expense 1						
Amount item 1						
Type of misc expense 2						
Amount item 2						
Type of misc expense 3						
Amount item 3						
Type of misc expense 4						
Amount item 4						
Enter loss carryover to 2017						
Did you actively participate in this venture?						
Did you use this property for personal use?						

ITEMIZED DEDUCTIONS			2017 (SCH A)
	*T,S,J	2017	2016
<b>MEDICAL AND DENTAL EXPENSES</b> - Include prescription medicine & drugs, nonprescription medical supplies such as crutches, doctors, dentists, nurses, hospitals, medical insurance premiums, medical miles or actual expense.*			
<div style="color: red; font-size: small;">If you are receiving Social Security, please do not list the Medicare insurance here. We will pick the amount up from your 1099-SSS form(s) that you provide to us.</div>	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
Number of medical miles	_____	_____	
* Do not list amounts paid with pre-tax dollars or that were reimbursed.			
* Taxpayer, Spouse, or Joint			
<b>TAXES PAID</b>			
Real estate taxes	_____	_____	
Personal property taxes	_____	_____	
Other _____	_____	_____	
<b>INTEREST PAID</b>			
Home mortgage interest	_____	_____	
Points paid in purchasing new home	_____	_____	
Qualified Mortgage Insurance Premium	_____	_____	
Investment interest expense	_____	_____	
<b>CONTRIBUTIONS - Receipts required for all contributions</b>			
Cash			
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
Non-cash			
Number of charity miles	_____	_____	
<b>MISCELLANEOUS DEDUCTIONS</b>			
Include union and professional dues, business publications, etc.			
_____	_____	_____	
_____	_____	_____	
Tax preparation fee			
Include below items, such as safe deposit box, investment expense.			
_____	_____	_____	
_____	_____	_____	
Gambling losses	_____	_____	

# EMPLOYEE BUSINESS EXPENSES

2017  
(2106/2106 EZ)

GENERAL INFORMATION	2017	2016																
Are these your spouse's business expenses?	_____																	
Occupation in which expense incurred?	_____																	
Were you a qualified performing artist?	_____																	
Were you a fee basis state or local government official?	_____																	
Were you a National Guard reserve member who traveled more than 100 miles from home to perform services as a National Guard or reserve member?	_____																	
<b>EXPENSES</b>																		
Parking fees, tolls, and local transportation	_____																	
Travel expenses while away from home overnight	_____																	
Meals and entertainment expenses	_____																	
Are you subject to the hours of service limitation of the Department of Transportation?	_____																	
Other business expenses	_____																	
<table style="width: 100%; border: none;"> <tr> <td style="width: 15%;">Type</td> <td style="width: 35%;">_____</td> <td style="width: 15%;">Amount</td> <td style="width: 35%;">_____</td> </tr> <tr> <td></td> <td>_____</td> <td></td> <td>_____</td> </tr> <tr> <td></td> <td>_____</td> <td></td> <td>_____</td> </tr> <tr> <td></td> <td>_____</td> <td></td> <td>_____</td> </tr> </table>	Type	_____	Amount	_____		_____		_____		_____		_____		_____		_____		
Type	_____	Amount	_____															
	_____		_____															
	_____		_____															
	_____		_____															
<b>REIMBURSEMENTS</b>																		
Meals and entertainment	_____																	
Other	_____																	
<b>AUTOMOBILE INFORMATION</b>																		
<b>VEHICLE A</b>																		
Date vehicle was placed in service	_____																	
Total mileage vehicle was used during the year	_____																	
Miles that vehicle was used for business	_____																	
Miles that vehicle was used for commuting	_____																	
<b>ACTUAL EXPENSES</b>																		
Gas, repairs, insurance, etc.	_____																	
Vehicle rental	_____																	
Cost or other basis of vehicle	_____																	
<b>VEHICLE B</b>																		
Date vehicle was placed in service	_____																	
Total mileage vehicle was used during the year	_____																	
Miles that vehicle was used for business	_____																	
Miles that vehicle was used for commuting	_____																	
<b>ACTUAL EXPENSES</b>																		
Gas, repairs, insurance, etc.	_____																	
Vehicle rental	_____																	
Cost or other basis of vehicle	_____																	
Do you (or your spouse) have another vehicle available for personal use?	_____																	
Was your vehicle available for personal use during off-duty hours?	_____																	
Do you have evidence to support the deduction?	_____																	
If "Yes," is the evidence written?	_____																	

# EMPLOYEE BUSINESS EXPENSES

2017  
(2106/2106 EZ)

## GENERAL INFORMATION

2017

2016

Are these your spouse's business expenses? \_\_\_\_\_  
 Occupation in which expense incurred? \_\_\_\_\_  
 Were you a qualified performing artist? \_\_\_\_\_  
 Were you a fee basis state or local government official? \_\_\_\_\_  
 Were you a National Guard reserve member who traveled more than 100 miles from home to perform services as a National Guard or reserve member? \_\_\_\_\_

## EXPENSES

Parking fees, tolls, and local transportation \_\_\_\_\_  
 Travel expenses while away from home overnight \_\_\_\_\_  
 Meals and entertainment expenses \_\_\_\_\_  
 Are you subject to the hours of service limitation of the Department of Transportation? \_\_\_\_\_  
 Other business expenses \_\_\_\_\_  
     Type \_\_\_\_\_ Amount \_\_\_\_\_  
     \_\_\_\_\_ \_\_\_\_\_  
     \_\_\_\_\_ \_\_\_\_\_  
     \_\_\_\_\_ \_\_\_\_\_

## REIMBURSEMENTS

Meals and entertainment \_\_\_\_\_  
 Other \_\_\_\_\_

## AUTOMOBILE INFORMATION

### VEHICLE A

Date vehicle was placed in service \_\_\_\_\_  
 Total mileage vehicle was used during the year \_\_\_\_\_  
 Miles that vehicle was used for business \_\_\_\_\_  
 Miles that vehicle was used for commuting \_\_\_\_\_

#### ACTUAL EXPENSES

Gas, repairs, insurance, etc. \_\_\_\_\_  
 Vehicle rental \_\_\_\_\_  
 Cost or other basis of vehicle \_\_\_\_\_

### VEHICLE B

Date vehicle was placed in service \_\_\_\_\_  
 Total mileage vehicle was used during the year \_\_\_\_\_  
 Miles that vehicle was used for business \_\_\_\_\_  
 Miles that vehicle was used for commuting \_\_\_\_\_

#### ACTUAL EXPENSES

Gas, repairs, insurance, etc. \_\_\_\_\_  
 Vehicle rental \_\_\_\_\_  
 Cost or other basis of vehicle \_\_\_\_\_

Do you (or your spouse) have another vehicle available for personal use? \_\_\_\_\_  
 Was your vehicle available for personal use during off-duty hours? \_\_\_\_\_  
 Do you have evidence to support the deduction? \_\_\_\_\_  
 If "Yes," is the evidence written? \_\_\_\_\_

# CHILD AND DEPENDENT CARE EXPENSES

2017  
(2441)

Please list all care providers and the amounts paid to them in 2017. Any information from the prior year is shown below.

Name of provider \_\_\_\_\_  
 Street address \_\_\_\_\_  
 City, State, Zip Code \_\_\_\_\_  
 Social Security Number or EIN \_\_\_\_\_  
 Amount paid \$ \_\_\_\_\_ 2016 AMOUNT \$ \_\_\_\_\_

Name of provider \_\_\_\_\_  
 Street address \_\_\_\_\_  
 City, State, Zip Code \_\_\_\_\_  
 Social Security Number or EIN \_\_\_\_\_  
 Amount paid \$ \_\_\_\_\_ 2016 AMOUNT \$ \_\_\_\_\_

Name of provider \_\_\_\_\_  
 Street address \_\_\_\_\_  
 City, State, Zip Code \_\_\_\_\_  
 Social Security Number or EIN \_\_\_\_\_  
 Amount paid \$ \_\_\_\_\_ 2016 AMOUNT \$ \_\_\_\_\_

Name of provider \_\_\_\_\_  
 Street address \_\_\_\_\_  
 City, State, Zip Code \_\_\_\_\_  
 Social Security Number or EIN \_\_\_\_\_  
 Amount paid \$ \_\_\_\_\_ 2016 AMOUNT \$ \_\_\_\_\_

Name of provider \_\_\_\_\_  
 Street address \_\_\_\_\_  
 City, State, Zip Code \_\_\_\_\_  
 Social Security Number or EIN \_\_\_\_\_  
 Amount paid \$ \_\_\_\_\_ 2016 AMOUNT \$ \_\_\_\_\_

List name of each child and total amount spent for care of that child.

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

**\*You may change or delete any information that does not apply to the current year.**

