General: 1040

Personal Information

Filing (Marital) status code (1 = Single, 2 = Married filing joint, 3 = Married filing separate, 4 = Head of household, 5 = Qualifying widow(er)) ___

Mark if you were married but living apart all year ___ Mark if your nonresident alien spouse does not have an ITIN ___

	Taxpayer	Spouse
Social security number		
First name		
Last name		
Occupation		
Designate $3.00 to the presidential election campaign fund? (1 = Yes, 2 = No, 3=Blank)		
Mark if legally blind		
Mark if dependent of another taxpayer		
Taxpayer between 19 and 23, full-time student, with income less than 1/2 support? (Y, N)		
Date of birth		
Date of death		
Work/daytime telephone number/ext number		
Do you authorize us to discuss your return with the IRS (Y, N)		

General: 1040, Contact

Present Mailing Address

Address

Apartment number

City/State postal code/Zip code

Foreign country name

Foreign phone number

Home/evening telephone number

Taxpayer email address

Spouse email address

General: 1040

Dependent Information

First Name	Last Name	Date of Birth	Social Security No.	Relationship	Months in home	Care expenses paid for dependent

Credits: 2441

Child and Dependent Care Expenses

Provider information:

Business name

First and Last name

Street address

City, state, and zip code

Social security number OR Employer identification number

Tax Exempt or Living Abroad Foreign Care Provider (1 = TE, 2 = LAFCP)

Amount paid to care provider in 2017

	Taxpayer	Spouse
Employer-provided dependent care benefits that were forfeited		

Health Care: Coverage

Health Care Coverage

"Your family" for health care coverage refers to you, your spouse if filing jointly, and anyone you can claim as a dependent.

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

Income: W2

Salary and Wages

Please provide all copies of Form W-2 that you receive.
Below is a list of the Form(s) W-2 as reported in last year's tax return. If a particular W-2 no longer applies, mark the not applicable box.

T/S	Description	Prior Year Information	Mark if no longer applicable
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___

Retirement: 1099R

Pension, IRA, and Annuity Distributions

Please provide all copies of Form 1099-R that you receive.
Below is a list of the Form(s) 1099-R as reported in last year's tax return. If a particular 1099-R no longer applies, mark the not applicable box

T/S	Description	Prior Year Information	Mark if no longer applicable
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___

Income: K1, K1T

Schedules K-1

Please provide all copies of Schedule K-1 that you receive.
Below is a list of the Schedule(s) K-1 as reported in last year's tax return. If a particular K-1 no longer applies, mark the not applicable box.

T/S/J	Description	Form	Mark if no longer applicable
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___

Income: W2G

Gambling Income

Please provide all copies of Form W-2G that you receive.
Below is a list of the Form(s) W-2G as reported in last year's tax return. If a particular W-2G no longer applies, mark the not applicable box.

T/S	Description	Prior Year Information	Mark if no longer applicable
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___

Educate: 1099Q

Qualified Education Plan Distributions

Please provide all copies of Form 1099-Q that you receive.
Below is a list of the Form(s) 1099-Q as reported in last year's tax return. If a particular 1099-Q no longer applies, mark the not applicable box

T/S	Description	Prior Year Information	Mark if no longer applicable
___	_____	_____	___
___	_____	_____	___

Income Summary

Below is a list of the forms as reported in last year's tax return. Please provide copies of all of the forms you received. To indicate which forms are attached, enter a "1" for attached in the field provided next to the Description. To indicate which forms are not applicable, enter a "2" for not applicable (N/A) in the field provided next to the Description. Otherwise, leave this field blank.

Form	T/S/J	Description	1 = Attached 2 = N/A

Income: B1

Interest Income

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

T/S/J	Payer Name	Interest Income	Prior Year Information

Income: B3

Seller Financed Mortgage Interest

T, S, J ___ Payer's name _____ Payer's social security number _____

Payer's address, city, state, zip code _____ _____ ___ _____

Amount received in 2017 _____ Amount received in 2016 _____

Income: B2

Dividend Income

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

T/S/J	Payer Name	Ordinary Dividends	Qualified Dividends	Prior Year Information

Income: D

Sales of Stocks, Securities, and Other Investment Property

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

T/S/J	Description of Property	Date Acquired	Date Sold	Gross Sales Price (Less expenses of sale)	Cost or Other Basis

Income: Income

Other Income

Please provide copies of all supporting documentation.

	2017 Information		Prior Year Information
State and local income tax refunds			
	Taxpayer	**Spouse**	**Prior Year Information**
Alimony received			
Unemployment compensation			
Unemployment compensation repaid			
Social security benefits			
Medicare premiums to be reported on Schedule A			
Railroad retirement benefits			

T/S/J	Other Income:	2017 Information	Prior Year Information

1040 Adj: IRA

Adjustments to Income - IRA Contributions

Please provide year end statements for each account and any Form 8606 not prepared by this office.

	Taxpayer	Spouse
Traditional IRA Contributions for 2017 -		
If you want to contribute the maximum allowable traditional IRA contribution amount, enter the applicable code: (1 = Deductible only, 2 = Both deductible and nondeductible)	___	___
Enter the total traditional IRA contributions made for use in 2017	_____	_____
Roth IRA Contributions for 2017 -		
Mark if you want to contribute the maximum Roth IRA contribution	___	___
Enter the total Roth IRA contributions made for use in 2017	_____	_____

Educate: Educate2

Higher Education Deductions and/or Credits

Complete this section if you paid interest on a qualified student loan in 2017 for qualified higher education expenses for you, your spouse, or a person who was your dependent when you took out the loan.

T/S	Qualified student loan interest paid	2017 Information	Prior Year Information
___	_____	_____	_____
___	_____	_____	_____

Complete this section if you paid qualified education expenses for higher education costs in 2017.
Qualified education expenses include tuition and fees required for enrollment or attendance at an eligible educational institution.
Please provide all copies of Form 1098-T.

T/S	Ed Exp Code*	Student's SSN	Student's First Name	Student's Last Name	Qualified Expenses	Prior Year Information
___	_	_____	_____	_____	_____	_____
___	_	_____	_____	_____	_____	_____
___	_	_____	_____	_____	_____	_____
___	_	_____	_____	_____	_____	_____

***Education Expense Code: 1 = American opportunity credit; 2 = Lifetime learning credit; 3 = Tuition and fees deduction**
The student qualifies for the American opportunity credit when enrolled at least half-time in a program leading to a degree, certificate, or recognized credential; has not completed the first 4 years of post-secondary education; has no felony drug convictions on student's record.

1040 Adj: 3903

Job Related Moving Expenses

Complete this section if you moved to a new home because of a new principal work place.

Description of move	_____
Taxpayer/Spouse/Joint (T, S, J)	___
Mark if the move was due to service in the armed forces	_
Number of miles from old home to new workplace	_____
Number of miles from old home to old workplace	_____
Mark if move is outside United States or its possessions	_
Transportation and storage expenses	_____
Travel and lodging (not including meals)	_____
Total amount reimbursed for moving expenses	_____

1040 Adj: OtherAdj

Other Adjustments to Income

Alimony Paid:

T/S	Recipient name	Recipient SSN	2017 Information	Prior Year Information
___	_____	_____	_____	_____

Street address _____
City, State and Zip code _____ ___ _____

	Taxpayer	Spouse	Prior Year Information
Educator expenses:			
_____	_____	_____	_____
_____	_____	_____	_____
Other adjustments:			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Itemized: A1

Medical and Dental Expenses

T/S/J		2017 Information	Prior Year Information
__	Medical and dental expenses		
__	Medical insurance premiums you paid***		
__	Long-term care premiums you paid***		
__	Prescription medicines and drugs		
__	Miles driven for medical items		

***Do not include pre-tax amounts paid by an employer-sponsored plan, amounts paid for your self-employed business, or Medicare premiums entered on Form Lite-3

Itemized: A1

Tax Expenses

T/S/J		2017 Information	Prior Year Information
__	State/local income taxes paid		
__	2016 state and local income taxes paid in 2017		
__	Sales tax paid on actual expenses		
__	Real estate taxes paid		
__	Personal property taxes		
__	Other taxes		

Itemized: A2

Interest Expenses

T/S/J		2017 Information	Prior Year Information
__	Home mortgage interest From Form 1098		

Other home mortgage interest paid to individuals:

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

Address	City	State	Zip Code

T/S/J		2017 Information	Prior Year Information
__	Investment interest expense, other than on Sch K-1s:		

Refinancing Information:	Refinance #1	Refinance #2
T/S/J	__	__
Recipient/Lender name		
Total points paid at time of refinance		
Date of refinance		
Term of new loan (in months)		
Reported on Form 1098 in 2017		

Itemized: A3

Charitable Contributions

T/S/J		2017 Information	Prior Year Information
__	Contributions made by cash or check		
__	Volunteer miles driven		
__	Noncash items, such as: Goodwill, Salvation Army		

Itemized: A3

Miscellaneous Deductions

T/S/J		2017 Information	Prior Year Information
__	Unreimbursed expenses		
__	Union dues, other than amounts reported on Form W-2		
__	Tax preparation fees		
	Other expenses, subject to 2% AGI limitation:		
__			
__			
__	Safe deposit box rental		
__	Investment expenses, other than on Schedule(s) K-1 or Form(s) 1099-DIV/INT		
	Other expenses, not subject to the 2% AGI limitation:		
__			
__	Gambling losses (enter only if you have gambling income)		

General: Bank

Direct Deposit/Electronic Funds Withdrawal Information

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

Mark to verify all accounts listed below have been reviewed, updated as needed, and are correct. ___

Primary account:

Financial institution routing transit number _____

Name of financial institution _____

Your account number _____

Type of account (1 = Savings, 2 = Checking, 3 = IRA*) ___

Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) ___

Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) ___

Enter the maximum dollar amount, or percentage of total refund Dollar _____ or Percent (xxx.xx) _____

Secondary account #1:

Financial institution routing transit number _____

Name of financial institution _____

Your account number _____

Type of account (1 = Savings, 2 = Checking, 3 = IRA*) ___

Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) ___

Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) ___

Enter the maximum dollar amount, or percentage of total refund Dollar _____ or Percent (xxx.xx) _____

Secondary account #2:

Financial institution routing transit number _____

Name of financial institution _____

Your account number _____

Type of account (1 = Savings, 2 = Checking, 3 = IRA*) ___

Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) ___

Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) ___

Enter the maximum dollar amount, or percentage of total refund Dollar _____ or Percent (xxx.xx) _____

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

Electronic Filing: ID Auth

Identity Authentication

Taxpayer -

Form of identification (1 = Driver's license, 2 = State issued identification) ___

Identification number _____

Issue date _____

Expiration date _____

Location of issuance ___

Document number (New York only) _____

Spouse -

Form of identification (1 = Driver's license, 2 = State issued identification) ___

Identification number _____

Issue date _____

Expiration date _____

Location of issuance ___

Document number (New York only) _____

NOTES/QUESTIONS:

Schedule C - General Information

☐ **Preparer use only**

	2017 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)	[2]	
Employer identification number	[3]	
Business name	[5]	
Principal business/profession	[6]	
Business code	[12]	
Business address, if different from home address on Organizer Form ID: 1040		
Address	[15]	
City/State/Zip	[16] [17] [18]	
Accounting method (1 = Cash, 2 = Accrual, 3 = Other)	[19]	
If other:	[21]	
Inventory method (1 = Cost, 2 = LCM, 3 = Other)	[22]	
If other enter explanation:	[24]	
Enter an explanation if there was a change in determining your inventory:	[25]	
Did you "materially participate" in this business? (Y, N)	[26]	
If not, number of hours you did significantly participate	[28]	
Mark if you began or acquired this business in 2017	[30]	
Did you make any payments in 2017 that require you to file Form(s) 1099? (Y, N)	[31]	
If "Yes", did you or will you file all required Forms 1099? (Y, N)	[33]	
Mark if this business is considered related to qualified services as a minister or religious worker	[35]	
Did you receive wages as a statutory employee or as a minister? (1 = Statutory employee, 2 = Minister)	[37]	
Medical insurance premiums paid by this activity	+ [41]	
Long-term care premiums paid by this activity	+ [45]	
Amount of wages received as a statutory employee	+ [48]	

Business Income

	2017 Information	Prior Year Information
Gross receipts and sales		
	+ [53]	
	+	
	+	
	+	
Returns and allowances	+ [56]	
Other income:		
	+ [58]	
	+	
	+	
	+	

Cost of Goods Sold

	2017 Information	Prior Year Information
Beginning inventory	+ [60]	
Purchases	+ [62]	
Labor:		
	+ [64]	
	+	
Materials	+ [66]	
Other costs:		
	+ [68]	
	+	
	+	
	+	
Ending inventory	+ [70]	

Schedule C - Expenses

☐ **Preparer use only**

Principal business or profession _____

	2017 Information		Prior Year Information
Advertising	+	[6]	
Car and truck expenses	+	[8]	
Commissions and fees	+	[10]	
Contract labor	+	[12]	
Depletion	+	[14]	
Depreciation	+	[16]	
Employee benefit programs (Include Small Employer Health Ins Premiums credit):			
_____	+	[18]	
_____	+		
Insurance (Other than health):			
_____	+	[20]	
_____	+		
Interest:			
Mortgage (Paid to banks, etc.)			
_____	+	[22]	
_____	+		
_____	+		
Other:			
_____	+	[24]	
_____	+		
Legal and professional services	+	[26]	
Office expense	+	[29]	
Pension and profit sharing:			
_____	+	[31]	
_____	+		
Rent or lease:			
Vehicles, machinery, and equipment	+	[33]	
Other business property	+	[35]	
Repairs and maintenance	+	[37]	
Supplies	+	[39]	
Taxes and licenses:			
_____	+	[41]	
_____	+		
_____	+		
_____	+		
_____	+		
Travel, meals, and entertainment:			
Travel	+	[43]	
Meals and entertainment	+	[45]	
Meals (Enter 100% subject to DOT 80% limit)	+	[47]	
Utilities	+	[51]	
Wages (Less employment credit):			
_____	+	[53]	
_____	+		
Other expenses:			
_____	+	[55]	
_____	+		
_____	+		
_____	+		
_____	+		
_____	+		
_____	+		
_____	+		
_____	+		
_____	+		

☐ **Preparer use only**

Principal business or profession _____

Preparer use only

Carryovers	Regular	AMT
Operating	+ [12]	+ [13]
Short-term capital	+ [14]	+ [15]
Long-term capital	+ [16]	+ [17]
28% rate capital	+ [18]	+ [19]
Section 1231 loss	+ [20]	+ [21]
Ordinary business gain/loss	+ [22]	+ [23]
Section 179	+ [24]	+ [25]

NOTES/QUESTIONS:

Rent and Royalty Property - General Information

Preparer use only

	2017 Information	Prior Year Information
Description	[2]	
Taxpayer/Spouse/Joint (T, S, J) [3]	State postal code [5]	
Physical address: Street	[6]	
City, state, zip code	[7] [8] [9]	
Foreign country	[11]	
Foreign province/county	[12]	
Foreign postal code	[13]	
Type (1=Single-family, 2=Multi-family, 3=Vacation/short-term, 4=Commercial, 5=Land, 6=Royalty, 7=Self-rental, 8=Other, 9=Personal ppty)	[14]	
Description of other type (Type code #8)	[15]	
Did you make any payments in 2017 that require you to file Form(s) 1099? (Y,N)	[16]	
If "Yes", did you or will you file all required Forms 1099? (Y, N)	[18]	
Fair rental days (If not full year) (For types 1, 2, 4, 5, 7 and 8 only) (Use Rent-2 for type 3)	[20]	
Percentage of ownership if not 100%	[22]	
Business use percentage, if not 100% (Not vacation home percentage)	[24]	

Rent and Royalty Income

Rents and royalties	2017 Information	Prior Year Information
	+ [34]	

Rent and Royalty Expenses

	2017 Information	Percent if not 100%	Prior Year Information
Advertising	+ [36]	[37]	
Auto	+ [39]	[40]	
Travel	+ [42]	[43]	
Cleaning and maintenance	+ [45]	[46]	
Commissions:			
	+ [48]	[50]	
	+		
Insurance:			
	+ [51]	[53]	
	+		
Legal and professional fees	+ [55]	[56]	
Management fees:			
	+ [58]	[60]	
	+		
Mortgage interest paid to banks, etc (Form 1098)			
	+ [61]	[63]	
	+		
Other mortgage interest	+ [64]	[66]	
Qualified mortgage insurance premiums	+ [67]	[68]	
Other interest:			
	+ [70]	[72]	
	+		
Repairs	+ [73]	[74]	
Supplies	+ [76]	[77]	
Taxes:			
	+ [79]	[81]	
	+		
Utilities	+ [82]	[83]	
Depreciation	+ [85]	[86]	
Depletion	+ [88]	[89]	
Other expenses:			
	+ [91]		
	+		
	+		
	+		

Preparer use only

Description

Refinancing Points

Preparer - Enter on Screen Rent

	2017 Information	Prior Year Information
Refinancing points paid -		
Recipient's/Lender's name	[93]	
Date of refinance		
Total # Payments		
Reported on 1098 in 2017		
Total points paid		
Points deemed as paid in current year **(Preparer use only)**		
Refinancing points paid -		
Recipient's/Lender's name		
Date of refinance		
Total # Payments		
Reported on 1098 in 2017		
Total points paid		
Points deemed as paid in current year **(Preparer use only)**		
Refinancing points paid -		
Recipient's/Lender's name		
Date of refinance		
Total # Payments		
Reported on 1098 in 2017		
Total points paid		
Points deemed as paid in current year **(Preparer use only)**		

Vacation Home Information

	2017 Information	Prior Year Information
Number of days home was used personally	[6]	
Number of days home was rented	[8]	
Number of day home owned, if not 365	[10]	
Carryover of disallowed operating expenses into 2017	+ [20]	
Carryover of disallowed depreciation expenses into 2017	+ [21]	

Passive and Other Information

Preparer use only

Carryovers	Regular	AMT
Operating	+ [29]	+ [30]
Short-term capital	+ [31]	+ [32]
Long-term capital	+ [33]	+ [34]
28% rate capital	+ [35]	+ [36]
Section 1231 loss	+ [37]	+ [38]
Ordinary business gain/loss	+ [39]	+ [40]
Comm revitalization	+ [41]	+ [42]
Section 179	+ [43]	+ [46]