

The Watson CPA Group  
9475 Briar Village Point Suite 325  
Colorado Springs CO 80920  
719.387.9800

We value your continued trust and loyalty. Everyone at the Watson CPA Group is excited to be working with you again.

Even as a returning client, we encourage you to read this cover letter in its entirety- we know it is long and arduous, but we feel like everything detailed here is important. Might be easier just to click Print :)

#### Client Engagement Agreement

The IRS, American Institute of Certified Public Accountants (AICPA), ethical guidelines and our professional liability insurance require client engagement agreements. They can be demanding that way. Please click on the link below to electronically review and sign this agreement.

[www.watsoncpagroup.com/engagement](http://www.watsoncpagroup.com/engagement)

It is easy and painless, and needs to be submitted prior to the preparation of your tax returns.

#### Security and Privacy Procedures

Your security and privacy are very important to everyone at the Watson CPA Group. Please review the various policies and procedures which are implemented to protect your confidential information.

[www.watsoncpagroup.com/safe](http://www.watsoncpagroup.com/safe)

#### Update Your Contact Information

Even if you are a returning client, please confirm your phone numbers and email addresses. Also, most states are requiring that a government issued drivers' license be electronically submitted with your tax returns to curb identify theft. We cannot use passports, military ID or library cards, sorry. Use the link below to securely provide this information to us. We cannot electronically file tax returns without it.

[www.watsoncpagroup.com/contact-info](http://www.watsoncpagroup.com/contact-info)

#### Documents Organizer, Tax Questionnaire, Checklist

Your pre-filled tax organizer follows this cover letter. You DO NOT have to complete nor return this tax organizer. Use it as a tool- either as a memory jog or a checklist.

In the meantime, we have online submit forms where you can enter things like dependents, charity, small biz expenses, etc. through our website. This information is securely sent to us and will eventually be loaded into your client portal. Please review our checklists, online submit forms and tax questionnaire at-

[www.watsoncpagroup.com/taxes](http://www.watsoncpagroup.com/taxes)

We created these checklists, forms and questionnaire to ensure your tax returns are efficiently and comprehensively prepared. Please don't overlook the tax questionnaire- this is a great way to ensure we are preparing the best possible tax return for you.

## Client Portal

Since 2007 we have used ShareFile to administer our Client Portal which provides secure, online document exchange. The Client Portal will allow you to securely upload your tax documents to our office. As more companies electronically provide year-end tax statements and forms, and as scanners become more user friendly, uploading these files will save you time and resources. In addition, the Client Portal can be used to retrieve and review your tax return prior to eFiling.

Note on Scanning: Our preference is for you to create one ginormous PDF file of all your paper tax documents. We understand that some of your tax statements will be separate PDFs since you received them electronically. No worries- do what you can, but know that submitting one PDF is our preference.

Most operating systems have a PDF printer already installed- if not, please do an internet search for free PDF printers (we use Cute PDF ourselves). This is a very handy tool which installs a PDF printer allowing you to print anything to a PDF file. Screen shots, online activity, Excel spreadsheets; anything you normally print to paper can be saved as a PDF. This is especially useful for bank website or other dynamic websites where you cannot directly save the information.

And there is a cool site called [www.pdfmerge.com](http://www.pdfmerge.com) which will securely merge PDFs into one big PDF file for free! There are limitations of course- nothing free is really that cool.

We understand not everyone will be comfortable using the Client Portal and therefore we will accommodate all requests for alternative ways of sending your tax documents to us. Otherwise, you can access the Client Portal at-

[www.watsoncpagroup.com/portal](http://www.watsoncpagroup.com/portal)

## Secure Fax

If you decide to fax your tax documents our toll-free fax number is 855-345-9700. We will email you and send a text message alerting you that your fax was received. We will also upload your faxed documents to your Client Portal should you need this information again in the future.

Note: Please provide a cover letter with all faxes. If you want to be a superstar and have our tax admins think you are the best client ever, you should initial and number each page. But that is not required.

## Mail, Road Trip

If you do not have access to a fax machine or scanner, you may also mail your information to us. We encourage the use of FedEx or UPS. Our address is:

Watson CPA Group  
9475 Briar Village Point Suite 325  
Colorado Springs CO 80920

Note: The ability to maintain our competitive fees relies on receiving soft copies (faxes, scans, emails) or hard copies of your originals. If you send us original documents and do not want them returned to you we will maintain them in our office indefinitely. If you want originals sent back to you, we must charge a \$45 fee for the costs of copying and mailing. We do not have extra resources during tax season for this activity- we can only return originals in May.

All tax documents and work papers that you provide as hard copies will be scanned and uploaded to your client portal.

#### Online Submit Forms, Tax Questionnaire

If you are an existing client, your pre-filled tax organizer was emailed to you a while ago- please let us know if you need it resent via email, printed and mailed, or uploaded to the client portal.

In the meantime, we have online submit forms where you can enter things like dependents, charity, rental property information, small biz expenses, etc. through our website. This information is securely sent to us and will eventually be loaded into your client portal. Please review our online submit forms and tax questionnaire at-

[www.watsoncpagroup.com/taxes](http://www.watsoncpagroup.com/taxes)

You will find our forms very short and concise, and in general they will help ensure that your tax returns are comprehensive. Our past experience has shown that errors and misunderstandings come from scribbled notes and the like. While you are telling us about your favorite food, we hear green is your favorite color. So, everyone wins if we can efficiently and accurately process your tax information during the preparation of your tax returns.

Having said that, if you want us to tally or summarize notes and receipts into our forms, we must charge \$90 per hour for this preparation (a little bit here and there is always expected- but the bag of receipts, not so much).

Please don't overlook the 2017 Tax Questionnaire and the Miscellaneous Questionnaire- both are great ways to ensure we are preparing the best possible tax return for you.

#### Contact Info

The tax team consists of four managers, including several seasoned tax professionals and admins. Here is the contact information for your Tax Pod-

Pod A - Tina Watson, CPA, CFP®, MBA  
Senior Partner  
719-428-3257 direct  
[poda@watsoncpagroup.com](mailto:poda@watsoncpagroup.com)

Pod B - Jason Watson, EA, CDFA, MBA  
Managing Member  
719-428-3261 direct  
[podb@watsoncpagroup.com](mailto:podb@watsoncpagroup.com)

Pod C - Sally Rhoades, CPA, CFP®  
Tax Manager  
719-428-3269 direct  
[podc@watsoncpagroup.com](mailto:podc@watsoncpagroup.com)

Pod D - Michelle Day, EA  
Tax Manager  
719-428-3248 direct  
[podd@watsoncpagroup.com](mailto:podd@watsoncpagroup.com)

## Tax Pods

We work in teams (or as we say, pods) and each person above is a pod leader. Each pod has two to three tax professionals- several return each year, but we also pay back to our accounting community by training new CPA students from the University of Colorado at Colorado Springs (UCCS). This pod arrangement provides better ownership of each tax client's unique situation and allows us to learn as much as we can about you so that we can comprehensively prepare your tax returns.

## Tax Admins

We have four wonderful tax admins who support each tax pod as a collective pool. Karen and Shelby are full-time admins for the Watson CPA Group, plus two seasonal admins. Amanda takes breaks from Business Development and pitches in during the crazy moments. Collectively, they are the gatekeepers and ensure all the trains run on time throughout our office. Each Tax Manager and all our tax return preparers rely heavily on and sincerely appreciate our tax admins.

## Growing Pains

We are a growing company and every year we retool our procedures. The unfortunate thing about our business is that we don't know our process is broken or needs improvement until about March 26, and the devil we created is the devil we live with until April 17. Each year we attempt to improve our process to you- the feedback you provide is tremendous, and we appreciate all the comments and suggestions.

Rest assured that anytime you feel your needs are not being met, please contact Jason Watson or Tina Watson. If we stink at something, we want to know. And you should know that we'll make it right, right away.

## August and November Financial Tune-Ups

For those clients who have a tax-only engagement with us, we offer a lot more than just a tax return. Tax returns are boring. Tax planning including projections and end of year tax moves is way more valuable to you than 100 pages of gobbly-goo in some dust-catching PDF aimed at IRS compliance. Wow, that is a long sentence... anyways, in August we offer a tax planning tune-up and later on in November we offer an end of year tax consultation. These are complimentary consultations. Sure, you're paying for it in some fashion with your tax preparation fees above but then again, this is a valuable service that most tax professionals don't offer. Click the links below for more information. Riveting!

[www.watsoncpagroup.com/TaxModel.pdf](http://www.watsoncpagroup.com/TaxModel.pdf)

## In Closing

If you have any questions, please feel free to call us at 719-387-9800 or email at [support@watsoncpagroup.com](mailto:support@watsoncpagroup.com) . Thanks again for your time- We look forward to working with you!!

## The Watson CPA Group

9475 Briar Village Point Suite 325  
Colorado Springs CO 80920  
719-387-9800 office  
855-345-9700 fax

[www.watsoncpagroup.com](http://www.watsoncpagroup.com)

## Questions

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

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

**Income Information**

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

**Retirement Information**

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

**Education Information**

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

**Health Care Information**

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

- Did you pay long-term care premiums for yourself or your family?
- Did you make any contributions to an ABLE (Achieving a Better Life Experience) account? If yes, attach any Form(s) 5498-QA you received.
- Did you receive any withdrawals from an ABLE (Achieving a Better Life Experience) account? If yes, attach any Form(s) 1099-QA you received.
- If you are a business owner, did you pay health insurance premiums for your employees this year?
- Did you receive any Health Coverage Tax Credit (HCTC) advance payments? If yes, attach any Form(s) 1099-H you received.

**Itemized Deduction Information**

- Did you incur a casualty or theft loss or any condemnation awards during the year?
- If yes, did the loss occur in a Federally declared disaster area?
- Did you pay out-of-pocket medical expenses (Co-pays, prescription drugs, etc.)?
- Did you make any cash or noncash charitable contributions (clothes, furniture, etc.)? If yes, please provide evidence such as a receipt from the donee organization, a canceled check, or record of payment, to substantiate all contributions made.
- Did you donate a vehicle or boat during the year? If yes, attach Form 1098-C or other written acknowledgment from the donee organization.
- Did you pay real estate taxes for your primary home and/or second home?
- Did you pay any mortgage interest on an existing home loan? If yes, attach any Form(s) 1098 you received.
- Did you incur interest expenses associated with any investment accounts you held?
- Did you have an expense account or allowance during the year?
- Did you use your car on the job, for other than commuting?
- Did you work out of town for part of the year?
- Did you have any expenses related to seeking a new job during the year?
- Did you make any major purchases during the year (cars, boats, etc.)?
- Did you make any out-of-state purchases (by telephone, internet, mail, or in person) for which the seller did not collect state sales or use tax?

**Miscellaneous Information**

- Did you make gifts of more than \$14,000 to any individual?
- Did you utilize an area of your home for business purposes?
- Did you engage in any bartering transactions?
- Did you retire or change jobs this year?
- Did you incur moving costs because of a job change?
- Did you pay any individual as a household employee during the year?
- Did you make energy efficient improvements to your main home this year?
- Did you receive a distribution from, or were you a grantor or transferor for a foreign trust?
- Did you have a financial interest in or signature authority over a financial account such as a bank account, securities account, or brokerage account, located in a foreign country?
- Do you have any foreign financial accounts, foreign financial assets, or hold interest in a foreign entity?
- Did you receive correspondence from the State or the IRS?
- If yes, explain: \_\_\_\_\_
- Do you have previous years of tax returns that are either unfiled or filed with unpaid balances due?
- Do you want to designate \$3 to the Presidential Election Campaign Fund? If you check yes, it will not change your tax or reduce your refund.

## Client Organizer Topical Index

This client organizer topical index is designed to help you quickly locate the items listed. To use the index just locate the topic and refer to the page number listed. The page number corresponds to the number printed in the top right corner of your organizer sheets.

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



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) 2  
 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) Y

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.

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

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

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

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.

**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

Taxpayer

Spouse

**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	_____		
		<b>Taxpayer</b>	<b>Spouse</b>	<b>Prior Year Information</b>
	Educator expenses:	_____	_____	_____
	Other adjustments:	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

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:**



Preparer - Enter on Screen Contact

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

Taxpayer email address \_\_\_\_\_ [9]

Spouse email address \_\_\_\_\_ [10]

**Taxpayer**

**Spouse**

Fax telephone number \_\_\_\_\_ [11] \_\_\_\_\_ [19]

Mobile telephone number \_\_\_\_\_ [12] \_\_\_\_\_ [20]

Mobile telephone #2 number \_\_\_\_\_ [13] \_\_\_\_\_ [21]

Pager number \_\_\_\_\_ [14] \_\_\_\_\_ [22]

Other: \_\_\_\_\_ [15] \_\_\_\_\_ [23]

Telephone number \_\_\_\_\_ [16] \_\_\_\_\_ [24]

Extension \_\_\_\_\_ [17] \_\_\_\_\_ [25]

Preferred method of contact: \_\_\_\_\_ [18] \_\_\_\_\_ [26]

Email, Work phone, Home phone, Fax, Mobile phone, Mobile phone #2 \_\_\_\_\_ [18] \_\_\_\_\_ [26]

**NOTES/QUESTIONS:**

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

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

Primary account:

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

Secondary account #1:

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

Secondary account #2:

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

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

### Refund - U.S. Series I Savings Bond Purchases

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

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

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

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

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

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

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

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

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



**Taxpayer -**

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

**Spouse -**

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

**NOTES/QUESTIONS:**

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

Refunded \_\_\_\_\_ [52]

Applied to 2018 estimated tax liability \_\_\_\_\_ [53]

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

If yes, please explain any differences: \_\_\_\_\_ [55]

\_\_\_\_\_ [56]

\_\_\_\_\_ [57]

\_\_\_\_\_ [58]

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

If yes, please explain any differences: \_\_\_\_\_ [60]

\_\_\_\_\_ [61]

\_\_\_\_\_ [62]

\_\_\_\_\_ [63]

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

If yes, please explain any differences: \_\_\_\_\_ [65]

\_\_\_\_\_ [66]

\_\_\_\_\_ [67]

\_\_\_\_\_ [68]

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

If yes, please explain any differences: \_\_\_\_\_ [70]

\_\_\_\_\_ [71]

\_\_\_\_\_ [72]

\_\_\_\_\_ [73]

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

2017 Federal Estimated Tax Payments

2016 overpayment applied to 2017 estimates + \_\_\_\_\_ [1]

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

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

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

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

EFW = Electronic funds withdrawal      EFTPS = Electronic Federal Tax Payment System  
 Voucher = Form 1040-ES estimated tax payment voucher

NOTES/QUESTIONS:

Taxpayer/Spouse/Joint (T, S, J)

\_\_ [1]

State postal code

\_\_ [2]

Amount paid with 2016 return

+ \_\_\_\_\_ [3]

2016 overpayment applied to '17 estimates

+ \_\_\_\_\_ [4]

Treat calculated amounts as paid

\_\_ [8]

	Date Paid		Amount Paid	Calculated Amount
1st quarter payment	_____ [9]	+	_____ [10]	<div style="border: 1px solid black; padding: 5px;">           _____            _____            _____            _____         </div>
2nd quarter payment	_____ [11]	+	_____ [12]	
3rd quarter payment	_____ [13]	+	_____ [14]	
4th quarter payment	_____ [15]	+	_____ [16]	
Additional payment	_____ [17]	+	_____ [18]	

2017 City Estimated Tax Payments

**City #1**

City name \_\_\_\_\_ [28]

Amount paid with 2016 return + \_\_\_\_\_ [31]

2016 overpayment applied to '17 estimates + \_\_\_\_\_ [32]

Treat calculated amounts as paid \_\_\_\_\_ [36]

**City #2**

City name \_\_\_\_\_ [50]

Amount paid with 2016 return + \_\_\_\_\_ [53]

2016 overpayment applied to '17 estimates + \_\_\_\_\_ [54]

Treat calculated amounts as paid \_\_\_\_\_ [58]

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

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

**Calculated Amount**

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

**Calculated Amount**

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

**City #3**

City name \_\_\_\_\_ [72]

Amount paid with 2016 return + \_\_\_\_\_ [75]

2016 overpayment applied to '17 estimates + \_\_\_\_\_ [76]

Treat calculated amounts as paid \_\_\_\_\_ [80]

**City #4**

City name \_\_\_\_\_ [94]

Amount paid with 2016 return + \_\_\_\_\_ [97]

2016 overpayment applied to '17 estimates + \_\_\_\_\_ [98]

Treat calculated amounts as paid \_\_\_\_\_ [102]

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

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

**Calculated Amount**

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

**Calculated Amount**

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



Interest Income

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

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

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

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

**Dividend Income**

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

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

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

\*\*Dividend Codes

Blank = Other                      3 = Nominee







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

Taxpayer/Spouse (T, S)

\_\_ [1]

State postal code

\_\_\_ [2]

Social Security Benefits

2017 Information

Prior Year Information

If you received a Form SSA - 1099, please complete the following information:

Net Benefits for 2017 (Box 3 minus Box 4) (Box 5)

+ \_\_\_\_\_ [8]

Voluntary Federal Income Tax Withheld (Box 6)

+ \_\_\_\_\_ [10]

From the DESCRIPTION OF AMOUNT IN BOX 3 area of Form SSA-1099:

Medicare premiums

+ \_\_\_\_\_ [12]

Prescription drug (Part D) premiums

+ \_\_\_\_\_ [14]

Grey box for Prior Year Information with three horizontal lines.

Tier 1 Railroad Benefits

2017 Information

Prior Year Information

If you received a Form RRB - 1099, please complete the following information:

Net Social Security Equivalent Benefit:

Portion of Tier 1 Paid in 2017 (Box 5)

+ \_\_\_\_\_ [22]

Federal Income Tax Withheld (Box 10)

+ \_\_\_\_\_ [25]

Medicare Premium Total (Box 11)

+ \_\_\_\_\_ [27]

Grey box for Prior Year Information with three horizontal lines.

Additional Information About Benefits Received

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

Five horizontal lines for additional information with labels [40] through [44] on the right.

NOTES/QUESTIONS:

	Taxpayer	Spouse
Are you or your spouse (if MFJ or MFS) covered by an employer's retirement plan? (Y, N)	_ [1]	_ [2]
Do you want to contribute the maximum allowable traditional IRA contribution amount? If yes, enter the applicable code: (1 = Deductible only, 2 = Both deductible and nondeductible)	_ [3]	_ [4]
Enter the total traditional IRA contributions made for use in 2017	+ _____ [5]	+ _____ [6]
	Taxpayer	Spouse
Enter the nondeductible contribution amount made for use in 2017	+ _____ [11]	+ _____ [12]
Enter the nondeductible contribution amount made in 2018 for use in 2017	+ _____ [13]	+ _____ [14]
Traditional IRA basis	+ _____ [15]	+ _____ [16]
Value of all your traditional IRA's on December 31, 2017:	+ _____ [17]	+ _____ [18]
_____	+ _____	+ _____
_____	+ _____	+ _____
_____	+ _____	+ _____
_____	+ _____	+ _____
_____	+ _____	+ _____

Roth IRA

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

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

NOTES/QUESTIONS:

Alimony Paid:

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

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

NOTES/QUESTIONS:



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

\*Mortgage Types

Blank = Used to buy, build or improve main/qualified second home  
 1 = Not used to buy, build, improve home or investment  
 2 = Used to pay off previous mortgage

3 = Used to pay off previous mortgage, excess proceeds invested  
 4 = Taken out before 7/1/82 and secured by home used by taxpayer

T/S/J	Payee's Name	SSN or EIN	2017 Information	Prior Year Information
	Other, such as: Home mortgage interest paid to individuals			
[4]	_____		+	[5]
	Address _____			
	City, state and zip code _____			
	_____		+	
	Address _____			
	City, state and zip code _____			

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

— Payer's/Borrower's name \_\_\_\_\_ [7]  
 Street Address \_\_\_\_\_  
 City/State/Zip code \_\_\_\_\_

Refinancing Points paid in 2017 -

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [11]

Recipient/Lender name \_\_\_\_\_

Total points paid at time of refinance \_\_\_\_\_

Percentage of principal exceeding original mortgage (For AMT adjustment) \_\_\_\_\_

Points deemed as paid in 2017 (Preparer use only) + \_\_\_\_\_ [12]

Date of refinance \_\_\_\_\_

Term of new loan (in months) \_\_\_\_\_

Reported on Form 1098 in 2017 \_\_\_\_\_

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_

Recipient/Lender name \_\_\_\_\_

Total points paid at time of refinance \_\_\_\_\_

Percentage of principal exceeding original mortgage (For AMT adjustment) \_\_\_\_\_

Points deemed as paid in 2017 (Preparer use only) + \_\_\_\_\_

Date of refinance \_\_\_\_\_

Term of new loan (in months) \_\_\_\_\_

Reported on Form 1098 in 2017 \_\_\_\_\_

T/S/J 2017 Information

Investment interest expense, other than on Schedule(s) K-1:

[15]	_____	+	_____ [16]
	_____	+	_____
	_____	+	_____
	_____	+	_____
	_____	+	_____
	_____	+	_____
	_____	+	_____
	_____	+	_____
	_____	+	_____
	_____	+	_____

### Charitable Contributions

T/S/J	Qualified Disaster Relief**	2017 Information	Prior Year Information
Contributions made by cash or check (including out-of-pocket expenses)			
Any contribution of cash, a check or other monetary gift requires a written record of the contribution in order to claim the contribution on your return.			
Individual contributions of \$250 or more must be accompanied by a written acknowledgment from the charity to claim the contribution on your return.			
[2]		+ [3]	
-		+ [3]	
-		+ [3]	
-		+ [3]	
-		+ [3]	
-		+ [3]	
-		+ [3]	
-		+ [3]	
-		+ [3]	
[5]	Volunteer miles driven	[6]	
Noncash items, such as: Goodwill/Salvation Army/clothing/household goods			
[8]		+ [9]	
-		+ [9]	
-		+ [9]	
-		+ [9]	
-		+ [9]	
-		+ [9]	

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

### Miscellaneous Deductions

T/S/J	2017 Information	Prior Year Information
Unreimbursed expenses, such as: Uniforms, Professional dues, Business publications, Job seeking expenses, Educational expenses		
[11]	+ [12]	
-	+ [12]	
-	+ [12]	
-	+ [12]	
-	+ [12]	
Union dues, other than amounts reported on Form W-2:		
[14]	+ [15]	
-	+ [15]	
[17]	+ [18]	
Tax preparation fees		
Other expenses, subject to 2% AGI limit, such as: Legal/accounting/custodial fees		
[20]	+ [21]	
-	+ [21]	
-	+ [21]	
-	+ [21]	
[23]	+ [24]	
Safe deposit box rental		
Investment expenses, other than on Schedule(s) K-1 or Form(s) 1099-DIV/INT:		
[26]	+ [27]	
-	+ [27]	
-	+ [27]	
Other expenses, not subject to the 2% AGI limit:		
[30]	+ [31]	
-	+ [31]	
-	+ [31]	
-	+ [31]	
[33]	+ [34]	
Gambling losses: (Enter only if you have gambling income)		
-	+ [34]	

Control Totals +



### Notes to Preparer

Submit questions and provide additional information to your tax return preparer here.

Taxpayer name(s) \_\_\_\_\_

Social security number \_\_\_\_\_