

F **EIS & Company, P.C.**
Certified Public Accountants

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303-659-1200
303-659-1204 fax

2017 Client Tax Organizer

Prepared for:

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

Taxpayer signature _____ Date _____

Spouse signature _____ Date _____

Please Provide All Contact Information

CLIENT NAME(S): _____

Preferred Communications Method: (PLEASE MARK ONE)

Telephone E-Mail

Taxpayer Email: _____ Spouse Email: _____

Home Phone #: _____

Taxpayer Work #: _____ Spouse Work #: _____

Taxpayer Cell #: _____ Spouse Cell #: _____

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

Yes No

Personal Information

- () () Did your marital status change during the year?
If yes, explain and give dates: _____
- () () Did your address change from last year? New address _____
- () () Can you be claimed as a dependent by another taxpayer?
- () () Did you change any bank accounts, or did routing transit numbers (RTN) and/or bank account number change for existing bank accounts that have been used to direct deposit (or direct debit) funds from (or to) the IRS or other taxing authority during the tax year?
Please provide us a check copy or account statement and bank routing number again
- () () 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

Dependent Information

- () () Were there any changes in dependents from the prior year?
If yes, explain: _____
- () () Do you have any children under age 19 or a full-time student under age 24 with unearned income in excess of \$2,100?
- () () Do you have dependents who must file a tax return?
- () () Did you provide over half the support for any other person(s) other than your dependent children during the year?
- () () Did you pay for child care while you worked or looked for work or while a full-time student?
- () () Did you pay any expenses related to the adoption of a child during the year?
- () () If you are divorced or separated with child(ren), do you have a divorce decree or other form of separation agreement which establishes custodial responsibilities?
- () () Did any dependents receive an Identity Protection PIN (IP PIN) from the IRS or have you been a victim of Identity Theft? If yes, attach the IRS letter

Purchases, Sales and Debt Information

- () () Did you start a new business or purchase rental property during the year?
- () () Did you acquire a new or additional interest in a partnership or S corporation?
- () () Did you sell, exchange, or purchase any real estate during the year?
- () () Did you purchase or sell a principal residence during the year?
- () () Did you foreclose or abandon a principal residence or real property during the year?
- () () Did you acquire or dispose of any stock during the year?
- () () Did you take out a home equity loan this year?
- () () Did you refinance a principal residence or second home this year?
- () () Did you sell an existing business, rental, or other property this year?
- () () Did you lend money with the understanding of repayment and this year it became totally uncollectable?

Yes No

- Did you have any debts canceled or forgiven this year, such as home mortgage, student loans, or credit cards?
- Did you purchase a qualified plug-in electric drive vehicle or qualified fuel cell vehicle this year?

Income Information

- Did you have any foreign income or pay any foreign taxes during the year, directly or indirectly, such as investment accounts or 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?
- Did you receive any lump-sum payments for 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?
- Did you or your spouse turn age 70 ½ this year?
- If you or your spouse are over age 70, did you start taking your annual required minimum distribution from IRA(s) or Retirement account(s) as required?

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 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?

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.
- If you had qualifying health care coverage, such as employer-sponsored coverage or government coverage (i.e. Medicare/Medicaid) for your family, was everyone covered for every month of 2017? "Your family" for health care coverage refers to you, your spouse if filing jointly, and anyone you can claim as a dependent.
- 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 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, please provide any Form(s) 1095-A you received.

Yes No

- 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 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?

Itemized Deduction Information

- Did you incur a casualty or theft loss or any condemnation awards during the year?
- 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 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 acknowledgement from 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 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, in person) that 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 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 an interest in a foreign entity?
- Did you receive correspondence from the State or the Internal Revenue Service?
If yes, explain: _____
- Do you have previous years of tax returns that are either untiled 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.

Preparer - Enter on Screen Contact

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

Taxpayer email address _____ [9]

Spouse email address _____ [10]

Taxpayer

Spouse

Fax telephone number _____ [11] _____ [19]

Mobile telephone number _____ [12] _____ [20]

Mobile telephone #2 number _____ [13] _____ [21]

Pager number _____ [14] _____ [22]

Other: _____ [15] _____ [23]

Telephone number _____ [16] _____ [24]

Extension _____ [17] _____ [25]

Preferred method of contact:
Email, Work phone, Home phone, Fax, Mobile phone, Mobile phone #2 _____ [18] _____ [26]

NOTES/QUESTIONS:

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]

Table with 3 columns: Date Paid, Amount Paid, Calculated Amount. Rows include 1st, 2nd, 3rd, 4th quarter payments and Additional payment.

2017 City Estimated Tax Payments

City #1 City #2
City name [28] [50]
Amount paid with 2016 return + [31] [53]
2016 overpayment applied to '17 estimates + [32] [54]
Treat calculated amounts as paid [36] [58]

Table with 4 columns: Date Paid, Amount Paid for City #1 and City #2. Rows include 1st, 2nd, 3rd, 4th quarter payments.

Calculated Amount table for City #1 with rows for 1st, 2nd, 3rd, 4th quarter payments.

Calculated Amount table for City #2 with rows for 1st, 2nd, 3rd, 4th quarter payments.

City #3 City #4
City name [72] [94]
Amount paid with 2016 return + [75] [97]
2016 overpayment applied to '17 estimates + [76] [98]
Treat calculated amounts as paid [80] [102]

Table with 4 columns: Date Paid, Amount Paid for City #3 and City #4. Rows include 1st, 2nd, 3rd, 4th quarter payments.

Calculated Amount table for City #3 with rows for 1st, 2nd, 3rd, 4th quarter payments.

Calculated Amount table for City #4 with rows for 1st, 2nd, 3rd, 4th quarter payments.

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

Miscellaneous Income #1

Please provide all Forms 1099-MISC

Preparer use only

Name of payer	_____	[3]
Taxpayer/Spouse/Joint (T, S, J)	_____	[5]
State postal code	_____	[6]
Rents (Box 1)	+ _____	[13]
Royalties (Box 2)	+ _____	[15]
Other income (Box 3)	+ _____	[17]
Federal income tax withheld (Box 4)	+ _____	[19]
Fishing boat proceeds (Box 5)	+ _____	[21]
Medical and health care payments (Box 6)	+ _____	[23]
Nonemployee compensation (Box 7)	+ _____	[25]
Substitute payments in lieu of dividends or interest (Box 8)	+ _____	[27]
Payer made direct sales of \$5,000 or more of consumer products (Box 9)	_____	[29]
Crop Insurance proceeds (Box 10)	+ _____	[31]
Excess golden parachute payments (Box 13)	+ _____	[36]
Gross proceeds paid to an attorney (Box 14)	+ _____	[38]
Section 409A deferrals (Box 15a)	+ _____	[40]
Section 409A income (Box 15b)	+ _____	[42]
State tax withheld (Box 16)	+ _____	[44]
State/Payer's state no. (Box 17)	_____	[46]
State income (Box 18)	+ _____	[47]

Control Totals +

Miscellaneous Income #2

Please provide all Forms 1099-MISC

Preparer use only

Name of payer	_____	[3]
Taxpayer/Spouse/Joint (T, S, J)	_____	[5]
State postal code	_____	[6]
Rents (Box 1)	+ _____	[13]
Royalties (Box 2)	+ _____	[15]
Other income (Box 3)	+ _____	[17]
Federal income tax withheld (Box 4)	+ _____	[19]
Fishing boat proceeds (Box 5)	+ _____	[21]
Medical and health care payments (Box 6)	+ _____	[23]
Nonemployee compensation (Box 7)	+ _____	[25]
Substitute payments in lieu of dividends or interest (Box 8)	+ _____	[27]
Payer made direct sales of \$5,000 or more of consumer products (Box 9)	_____	[29]
Crop Insurance proceeds (Box 10)	+ _____	[31]
Excess golden parachute payments (Box 13)	+ _____	[36]
Gross proceeds paid to an attorney (Box 14)	+ _____	[38]
Section 409A deferrals (Box 15a)	+ _____	[40]
Section 409A income (Box 15b)	+ _____	[42]
State tax withheld (Box 16)	+ _____	[44]
State/Payer's state no. (Box 17)	_____	[46]
State income (Box 18)	+ _____	[47]

Control Totals +

NOTES/QUESTIONS:

Gambling Winnings #1

Please provide all copies of Form W-2G.

2017 Information

Prior Year Information

Taxpayer/Spouse (T, S)		__ [1]	
Payer name	_____	[3]	
State postal code	_____	[4]	
Mark if professional gambler		__ [9]	
Reportable winnings (Box 1)	+ _____	[11]	_____
Date won (Box 2)	_____	[13]	_____
Type of wager (Box 3)	_____	[15]	_____
Federal withholding (Box 4)	+ _____	[17]	_____
Transaction (Box 5)	_____	[19]	_____
Race (Box 6)	_____	[21]	_____
Identical wager winnings (Box 7)	+ _____	[23]	_____
Cashier (Box 8)	_____	[25]	_____
Taxpayer identification number (Box 9)	_____	[27]	_____
Window (Box 10)	_____	[28]	_____
First ID (Box 11)	_____	[30]	_____
Second ID (Box 12)	_____	[31]	_____
Payer's state ID no. (Box 13)	_____	[32]	_____
State winnings (Box 14)	+ _____	[33]	_____
State withholding (Box 15)	+ _____	[35]	_____
Local winnings (Box 16)	+ _____	[37]	_____
Local withholding (Box 17)	+ _____	[39]	_____
Name of locality (Box 18)	_____	[42]	_____

Control Totals +

Gambling Winnings #2

Please provide all copies of Form W-2G.

2017 Information

Prior Year Information

Taxpayer/Spouse (T, S)		__ [1]	
Payer name	_____	[3]	
State postal code	_____	[4]	
Mark if professional gambler		__ [9]	
Reportable winnings (Box 1)	+ _____	[11]	_____
Date won (Box 2)	_____	[13]	_____
Type of wager (Box 3)	_____	[15]	_____
Federal withholding (Box 4)	+ _____	[17]	_____
Transaction (Box 5)	_____	[19]	_____
Race (Box 6)	_____	[21]	_____
Identical wager winnings (Box 7)	+ _____	[23]	_____
Cashier (Box 8)	_____	[25]	_____
Taxpayer identification number (Box 9)	_____	[27]	_____
Window (Box 10)	_____	[28]	_____
First ID (Box 11)	_____	[30]	_____
Second ID (Box 12)	_____	[31]	_____
Payer's state ID no. (Box 13)	_____	[32]	_____
State winnings (Box 14)	+ _____	[33]	_____
State withholding (Box 15)	+ _____	[35]	_____
Local winnings (Box 16)	+ _____	[37]	_____
Local withholding (Box 17)	+ _____	[39]	_____
Name of locality (Box 18)	_____	[42]	_____

Control Totals +

NOTES/QUESTIONS:

Pension, Annuity, and IRA Distributions #1

Please provide all Forms 1099-R.

2017 Information

Prior Year Information

Taxpayer/Spouse (T, S) _____ [1]
 Name of payer _____ [3]
 State postal code _____ [5]
 Gross distributions received (Box 1) + _____ [7]
 Taxable amount received (Box 2a) + _____ [9]
 Federal withholding (Box 4) + _____ [11]
 Distribution code (Box 7) _____ [14]
 Mark if distribution is from an IRA, SEP, SIMPLE retirement plan _____ [16]
 State withholding (Box 12) + _____ [17]
 Local withholding (Box 15) + _____ [19]
 Amount of rollover + _____ [21]
 Mark if distribution was due to a pre-retirement age disability _____ [23]

Control Totals +

Pension, Annuity, and IRA Distributions #2

Please provide all Forms 1099-R.

2017 Information

Prior Year Information

Taxpayer/Spouse (T, S) _____ [1]
 Name of payer _____ [3]
 State postal code _____ [5]
 Gross distributions received (Box 1) + _____ [7]
 Taxable amount received (Box 2a) + _____ [9]
 Federal withholding (Box 4) + _____ [11]
 Distribution code (Box 7) _____ [14]
 Mark if distribution is from an IRA, SEP, SIMPLE retirement plan _____ [16]
 State withholding (Box 12) + _____ [17]
 Local withholding (Box 15) + _____ [19]
 Amount of rollover + _____ [21]
 Mark if distribution was due to a pre-retirement age disability _____ [23]

Control Totals +

Pension, Annuity, and IRA Distributions #3

Please provide all Forms 1099-R.

2017 Information

Prior Year Information

Taxpayer/Spouse (T, S) _____ [1]
 Name of payer _____ [3]
 State postal code _____ [5]
 Gross distributions received (Box 1) + _____ [7]
 Taxable amount received (Box 2a) + _____ [9]
 Federal withholding (Box 4) + _____ [11]
 Distribution code (Box 7) _____ [14]
 Mark if distribution is from an IRA, SEP, SIMPLE retirement plan _____ [16]
 State withholding (Box 12) + _____ [17]
 Local withholding (Box 15) + _____ [19]
 Amount of rollover + _____ [21]
 Mark if distribution was due to a pre-retirement age disability _____ [23]

Control Totals +

NOTES/QUESTIONS:

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]	<div style="border: 1px solid black; height: 100px; width: 100%;"></div>
Voluntary Federal Income Tax Withheld (Box 6)	+ _____ [10]	
From the DESCRIPTION OF AMOUNT IN BOX 3 area of Form SSA-1099:		
Medicare premiums	+ _____ [12]	
Prescription drug (Part D) premiums	+ _____ [14]	

Tier 1 Railroad Benefits

	2017 Information	Prior Year Information
If you received a Form RRB - 1099, please complete the following information:		
Net Social Security Equivalent Benefit:		<div style="border: 1px solid black; height: 100px; width: 100%;"></div>
Portion of Tier 1 Paid in 2017 (Box 5)	+ _____ [22]	
Federal Income Tax Withheld (Box 10)	+ _____ [25]	
Medicare Premium Total (Box 11)	+ _____ [27]	

Additional Information About Benefits Received

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

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

NOTES/QUESTIONS:

	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:

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]	

Control Totals +

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]

Please provide copies of Schedules K-1 showing income from partnerships and S-corporations.

Taxpayer/Spouse/Joint (T, S, J) _____ [2]
 Employer identification number _____ [6]
 Name of entity _____ [13]
 State postal code _____ [14]
 Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership) _____ [17]

	Preparer use only Carryovers	Regular	AMT
Enter on K1-7	Operating	[14]	[15]
	Short-term capital	[16]	[17]
	Long-term capital	[18]	[19]
	28% rate capital	[20]	[21]
	Section 1231 loss	[22]	[23]
	Ordinary business gain/loss	[24]	[25]
	Other losses - 1040 pg.1	[26]	[27]
	Comm revitalization	[28]	[29]
	Section 179	[30]	[31]
	Excess farm loss	[32]	[33]

Taxpayer/Spouse/Joint (T, S, J) _____ [2]
 Employer identification number _____ [6]
 Name of entity _____ [13]
 State postal code _____ [14]
 Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership) _____ [17]

	Preparer use only Carryovers	Regular	AMT
Enter on K1-7	Operating	[14]	[15]
	Short-term capital	[16]	[17]
	Long-term capital	[18]	[19]
	28% rate capital	[20]	[21]
	Section 1231 loss	[22]	[23]
	Ordinary business gain/loss	[24]	[25]
	Other losses - 1040 pg.1	[26]	[27]
	Comm revitalization	[28]	[29]
	Section 179	[30]	[31]
	Excess farm loss	[32]	[33]

Taxpayer/Spouse/Joint (T, S, J) _____ [2]
 Employer identification number _____ [6]
 Name of entity _____ [13]
 State postal code _____ [14]
 Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership) _____ [17]

	Preparer use only Carryovers	Regular	AMT
Enter on K1-7	Operating	[14]	[15]
	Short-term capital	[16]	[17]
	Long-term capital	[18]	[19]
	28% rate capital	[20]	[21]
	Section 1231 loss	[22]	[23]
	Ordinary business gain/loss	[24]	[25]
	Other losses - 1040 pg.1	[26]	[27]
	Comm revitalization	[28]	[29]
	Section 179	[30]	[31]
	Excess farm loss	[32]	[33]

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. Please provide all copies of Form 1098-E. Form 1098-E from the lender reports interest received in 2017. The amounts reported by the lender may differ from the amounts you actually paid.

TS	Qualified loan interest recipient/lender	2017 Interest Paid	Prior Year Information
—	_____	+ _____ [1]	<div style="border: 1px solid black; background-color: #e0e0e0; padding: 5px;"> _____ _____ _____ </div>
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	

NOTES/QUESTIONS:

Please provide all copies of Form 1098-T.

Educational institutions use Form 1098-T to report qualified education expenses. An eligible educational institution is any college, university, or vocational school eligible to participate in a student aid program administered by the U.S. Department of Education.

Preparer - Enter on Screen Educate2

Taxpayer/Spouse (T, S) _____ [8]
 Education code (1=American Opportunity Credit, 2=Lifetime Learning Credit, 3=Tuition and Fees Deduction) _____
 Student's social security number _____
 Student's first name _____
 Student's last name _____

Institution Information

Enter information from each institution on a separate page, including the complete address and federal identification number of the institution.

Institution's federal identification number _____ [8]
 Institution's name _____
 Institution's street address _____
 Institution's city, state, zip code _____

Tuition Paid and Related Information

Amounts reported in Box 1 or Box 2 may not reflect the actual amount paid for the student during 2017. Enter the amount actually paid during 2017.

	2017 Information	Prior Year Information
Tuition paid (Enter only the amount actually paid) (Box 1)	+ _____ [8]	
Tuition billed (Enter only the amount actually paid) (Box 2)	_____	
Educational institution changed its reporting method for 2017 (Box 3)	_____	
Adjustments made for a prior year (Box 4)	_____	
Scholarships or grants (Box 5)	_____	
Adjustments to scholarships or grants for a prior year (Box 6)	_____	
Box 1 or 2 includes amounts for an academic period beginning January - March 2018 (Box 7)	_____	
At least half-time student (Box 8)	_____	
Graduate student (Box 9) (1=Yes, 2=No)	_____	
Insurance contract reimbursement/refund (Box 10)	_____	
Non-Institution expenses (Books and fees not paid directly to the educational institution)	_____	
American Opportunity Tax Credit (AOTC) disqualifier	_____	
<small>1 = Not pursuing degree, 2 = Not enrolled at least half-time, 3 = Felony drug conviction, 4 = 4 yrs post-secondary education before 2017</small>		

NOTES/QUESTIONS:

Qualified Education Programs
Please provide all copies of Form 1099Q

Taxpayer/Spouse (T, S) _____ [1]
 Payer name _____ [3]
 State postal code _____ [4]
 Type of account (1 = Private QTP, 2 = State QTP, 3 = ESA) _____ [6]
 Relationship to account (1 = Beneficiary, 2 = Account owner, 3 = Both, 4 = Neither) _____ [7]
 Final distribution _____ [8]

Contributions and Basis

Beneficiary's Information (if not taxpayer or spouse)

Social security number _____ [11]
 First name _____ [12]
 Last name _____ [13]

	2017 Information	Prior Year Information
Amount contributed in current year	+ _____ [14]	_____ _____ _____
Basis of this account at 12/31/16	+ _____ [17]	
Value of this account at 12/31/17	+ _____ [19]	
Distribution by beneficiary of previously taxed contributions (if not taxpayer or spouse)	+ _____ [24]	

Payments from Qualified Education Programs

	2017 Information	Prior Year Information
Gross distribution (Box 1)	+ _____ [30]	_____ _____ _____ _____ _____ _____ _____ _____ _____
Earnings (Box 2)	+ _____ [32]	
Basis (Box 3)	+ _____ [34]	
Trustee-to-trustee rollover (Box 4)	_____ [36]	
Trustee-to-trustee rollover amount if different than Box 1	+ _____ [37]	
Box 5 -		
Private QTP	_____ [39]	
State QTP	_____ [40]	
Coverdell ESA	_____ [41]	
Check if the recipient is not the designated beneficiary (Box 6)	_____ [42]	
Qualified education expenses	+ _____ [43]	
Elementary and secondary education expenses	+ _____ [45]	

NOTES/QUESTIONS:

Interest Expenses

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

*Mortgage Types

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

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

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

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

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

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

Control Totals +

Preparer use only

Principal business or profession [3]
Taxpayer/Spouse/Joint (T, S, J) [4]
State postal code [5]

Business Use of Home

Table with 3 columns: Description, 2017 Information, Prior Year Information. Rows include Total area of home, Area used exclusively for business, Information for day-care facilities only, and Special computation for certain day-care facilities.

List as direct expenses any expenses which are attributable only to the business part of your home.
List as indirect expenses any expenses which are attributable to the overall upkeep and running of your home.

Table with 4 columns: Description, 2017 Information (Direct Expenses), 2017 Information (Indirect Expenses), Prior Year Information. Rows include Mortgage interest, Mortgage insurance premiums, Real estate taxes, Excess mortgage interest and insurance premiums, Insurance, Rent, Repairs & maintenance, Utilities, Other expenses, Excess casualty losses, Carryovers, and Business expenses not from business use of home.

NOTES/QUESTIONS:

If you used your automobile for business purposes, please complete the following information.

Preparer use only

Description of business or profession _____ [3]

Vehicles

Vehicle 1 -	Date placed in service	_____	[4]
	Description	_____	[5]
	Comments	_____	
Vehicle 2 -	Date placed in service	_____	[9]
	Description	_____	[10]
	Comments	_____	
Vehicle 3 -	Date placed in service	_____	[14]
	Description	_____	[15]
	Comments	_____	
Vehicle 4 -	Date placed in service	_____	[19]
	Description	_____	[20]
	Comments	_____	

Vehicle Questions

	Vehicle 1	Prior Year	Vehicle 2	Prior Year	Vehicle 3	Prior Year	Vehicle 4	Prior Year
If you used your automobile for work purposes, answer the following questions:								
Was the vehicle available for off-duty personal use? (Y, N)	__ [60]	<input type="checkbox"/>	__ [62]	<input type="checkbox"/>	__ [64]	<input type="checkbox"/>	__ [66]	<input type="checkbox"/>
Was another vehicle available for personal use? (Y, N)	__ [68]	<input type="checkbox"/>	__ [70]	<input type="checkbox"/>	__ [72]	<input type="checkbox"/>	__ [74]	<input type="checkbox"/>
Do you have evidence to support your deduction? (Y, N)	__ [76]	<input type="checkbox"/>	__ [78]	<input type="checkbox"/>	__ [80]	<input type="checkbox"/>	__ [82]	<input type="checkbox"/>
Is this evidence written? (Y, N)	__ [84]	<input type="checkbox"/>	__ [86]	<input type="checkbox"/>	__ [88]	<input type="checkbox"/>	__ [90]	<input type="checkbox"/>

Vehicle Expenses

	Vehicle 1	Prior Year Information	Vehicle 2	Prior Year Information	Vehicle 3	Prior Year Information	Vehicle 4	Prior Year Information
Total miles for year	_____ [32]	<input type="checkbox"/>	_____ [34]	<input type="checkbox"/>	_____ [36]	<input type="checkbox"/>	_____ [38]	<input type="checkbox"/>
Commuting miles	_____ [42]	<input type="checkbox"/>	_____ [44]	<input type="checkbox"/>	_____ [46]	<input type="checkbox"/>	_____ [48]	<input type="checkbox"/>
Business miles	_____ [52]	<input type="checkbox"/>	_____ [54]	<input type="checkbox"/>	_____ [56]	<input type="checkbox"/>	_____ [58]	<input type="checkbox"/>
Parking fees	+ _____ [92]	<input type="checkbox"/>	+ _____ [94]	<input type="checkbox"/>	+ _____ [96]	<input type="checkbox"/>	+ _____ [98]	<input type="checkbox"/>
Tolls	+ _____ [100]	<input type="checkbox"/>	+ _____ [102]	<input type="checkbox"/>	+ _____ [104]	<input type="checkbox"/>	+ _____ [106]	<input type="checkbox"/>
Gasoline	+ _____ [108]	<input type="checkbox"/>	+ _____ [110]	<input type="checkbox"/>	+ _____ [112]	<input type="checkbox"/>	+ _____ [114]	<input type="checkbox"/>
Oil	+ _____ [116]	<input type="checkbox"/>	+ _____ [118]	<input type="checkbox"/>	+ _____ [120]	<input type="checkbox"/>	+ _____ [122]	<input type="checkbox"/>
Repairs	+ _____ [124]	<input type="checkbox"/>	+ _____ [126]	<input type="checkbox"/>	+ _____ [128]	<input type="checkbox"/>	+ _____ [130]	<input type="checkbox"/>
Maintenance	+ _____ [132]	<input type="checkbox"/>	+ _____ [134]	<input type="checkbox"/>	+ _____ [136]	<input type="checkbox"/>	+ _____ [138]	<input type="checkbox"/>
Tires	+ _____ [140]	<input type="checkbox"/>	+ _____ [142]	<input type="checkbox"/>	+ _____ [144]	<input type="checkbox"/>	+ _____ [146]	<input type="checkbox"/>
Car washes	+ _____ [148]	<input type="checkbox"/>	+ _____ [150]	<input type="checkbox"/>	+ _____ [152]	<input type="checkbox"/>	+ _____ [154]	<input type="checkbox"/>
Insurance	+ _____ [156]	<input type="checkbox"/>	+ _____ [158]	<input type="checkbox"/>	+ _____ [160]	<input type="checkbox"/>	+ _____ [162]	<input type="checkbox"/>
Interest	+ _____ [164]	<input type="checkbox"/>	+ _____ [166]	<input type="checkbox"/>	+ _____ [168]	<input type="checkbox"/>	+ _____ [170]	<input type="checkbox"/>
Registration	+ _____ [172]	<input type="checkbox"/>	+ _____ [174]	<input type="checkbox"/>	+ _____ [176]	<input type="checkbox"/>	+ _____ [178]	<input type="checkbox"/>
Licenses	+ _____ [180]	<input type="checkbox"/>	+ _____ [182]	<input type="checkbox"/>	+ _____ [184]	<input type="checkbox"/>	+ _____ [186]	<input type="checkbox"/>
Property taxes	+ _____ [188]	<input type="checkbox"/>	+ _____ [190]	<input type="checkbox"/>	+ _____ [192]	<input type="checkbox"/>	+ _____ [194]	<input type="checkbox"/>
Other vehicle expenses	+ _____ [196]	<input type="checkbox"/>	+ _____ [198]	<input type="checkbox"/>	+ _____ [200]	<input type="checkbox"/>	+ _____ [202]	<input type="checkbox"/>
Vehicle rentals	+ _____ [204]	<input type="checkbox"/>	+ _____ [206]	<input type="checkbox"/>	+ _____ [208]	<input type="checkbox"/>	+ _____ [210]	<input type="checkbox"/>
Inclusion amt (Preparer only)	_____ [212]	<input type="checkbox"/>	+ _____ [214]	<input type="checkbox"/>	+ _____ [216]	<input type="checkbox"/>	+ _____ [218]	<input type="checkbox"/>
Depreciation	+ _____ [220]	<input type="checkbox"/>	+ _____ [222]	<input type="checkbox"/>	+ _____ [224]	<input type="checkbox"/>	+ _____ [226]	<input type="checkbox"/>

Please provide all Forms 1095-A

Taxpayer/Spouse (T,S) _____ [1]
 Marketplace identifier (Box 1) _____ [6]
 Marketplace-assigned policy number (Box 2) _____ [7]
 Policy issuer's name (Box 3) _____ [2]
 Part III Household Information -

	A. 2017 Monthly Premium Amount	Prior Year Information	B. 2017 Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP)	C. 2017 Monthly Advance Payment of Premium Tax Credit	Prior Year Information
January	+ _____ [12]	_____	+ _____ [25]	+ _____ [38]	_____
February	+ _____ [13]	_____	+ _____ [26]	+ _____ [39]	_____
March	+ _____ [14]	_____	+ _____ [27]	+ _____ [40]	_____
April	+ _____ [15]	_____	+ _____ [28]	+ _____ [41]	_____
May	+ _____ [16]	_____	+ _____ [29]	+ _____ [42]	_____
June	+ _____ [17]	_____	+ _____ [30]	+ _____ [43]	_____
July	+ _____ [18]	_____	+ _____ [31]	+ _____ [44]	_____
August	+ _____ [19]	_____	+ _____ [32]	+ _____ [45]	_____
September	+ _____ [20]	_____	+ _____ [33]	+ _____ [46]	_____
October	+ _____ [21]	_____	+ _____ [34]	+ _____ [47]	_____
November	+ _____ [22]	_____	+ _____ [35]	+ _____ [48]	_____
December	+ _____ [23]	_____	+ _____ [36]	+ _____ [49]	_____
Annual total	+ _____ [24]	_____	+ _____ [37]	+ _____ [50]	_____

Control Totals +

ACA - Health Insurance Marketplace Statement #2

Please provide all Forms 1095-A

Taxpayer/Spouse (T,S) _____ [1]
 Marketplace identifier (Box 1) _____ [6]
 Marketplace-assigned policy number (Box 2) _____ [7]
 Policy issuer's name (Box 3) _____ [2]
 Part III Household Information -

	A. 2017 Monthly Premium Amount	Prior Year Information	B. 2017 Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP)	C. 2017 Monthly Advance Payment of Premium Tax Credit	Prior Year Information
January	+ _____ [12]	_____	+ _____ [25]	+ _____ [38]	_____
February	+ _____ [13]	_____	+ _____ [26]	+ _____ [39]	_____
March	+ _____ [14]	_____	+ _____ [27]	+ _____ [40]	_____
April	+ _____ [15]	_____	+ _____ [28]	+ _____ [41]	_____
May	+ _____ [16]	_____	+ _____ [29]	+ _____ [42]	_____
June	+ _____ [17]	_____	+ _____ [30]	+ _____ [43]	_____
July	+ _____ [18]	_____	+ _____ [31]	+ _____ [44]	_____
August	+ _____ [19]	_____	+ _____ [32]	+ _____ [45]	_____
September	+ _____ [20]	_____	+ _____ [33]	+ _____ [46]	_____
October	+ _____ [21]	_____	+ _____ [34]	+ _____ [47]	_____
November	+ _____ [22]	_____	+ _____ [35]	+ _____ [48]	_____
December	+ _____ [23]	_____	+ _____ [36]	+ _____ [49]	_____
Annual total	+ _____ [24]	_____	+ _____ [37]	+ _____ [50]	_____

Control Totals +

NOTES/QUESTIONS:

Child and Dependent Care Expenses

Please enter all amounts paid in 2017 for the care of one or more dependents which enables you to work or attend school.
Enter the amount of dependent care expenses paid for each qualifying dependent on Organizer Form ID:1040

	Taxpayer	Spouse
2016 employer-provided dependent care benefits used during 2017 grace period	+ _____ [3]	+ _____ [4]
Employer-provided dependent care benefits that were forfeited in 2017	+ _____ [5]	+ _____ [6]
Total qualified expenses incurred in 2017		_____ [9]
Were you or your spouse a full time student or disabled? (Yes or No)	_____ [10]	_____ [11]
Did you provide care expenses for any person(s) who is not listed as a dependent? (Y, N)		_____ [12]

Business name of provider _____
 First and last name of provider _____
 Street address of provider _____
 City, State and Zip code _____
 Social security number OR Employer identification number _____
 Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN) ____
 Amount paid to care provider in 2017 + _____ [7]
 Foreign province or state of provider _____
 Foreign country and Foreign postal code of provider _____

Business name of provider _____
 First and last name of provider _____
 Street address of provider _____
 City, State and Zip code _____
 Social security number OR Employer identification number _____
 Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN) ____
 Amount paid to care provider in 2017 + _____
 Foreign province or state of provider _____
 Foreign country and Foreign postal code of provider _____

Business name of provider _____
 First and last name of provider _____
 Street address of provider _____
 City, State and Zip code _____
 Social security number OR Employer identification number _____
 Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN) ____
 Amount paid to care provider in 2017 + _____
 Foreign province or state of provider _____
 Foreign country and Foreign postal code of provider _____

Business name of provider _____
 First and last name of provider _____
 Street address of provider _____
 City, State and Zip code _____
 Social security number OR Employer identification number _____
 Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN) ____
 Amount paid to care provider in 2017 + _____
 Foreign province or state of provider _____
 Foreign country and Foreign postal code of provider _____

Business name of provider _____
 First and last name of provider _____
 Street address of provider _____
 City, State and Zip code _____
 Social security number OR Employer identification number _____
 Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN) ____
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