20__ INCOME TAX RETURN

Filing Status:	Single Married Filing Joint Qualifying Widow	(er) ¹ Head of Household ² N	Married Filing Separate
In year 2017 only:	Married (date:) Divorced (date:) Death—Taxpayer/Spo	ouse (date:)
	TAXPAYER	SPOUSE	
Name		Name	
Occupation		Occupation	
SSN	Date of Birth	SSN	Date of Birth
Home Phone	Disabled	Home Phone	Disabled
Work Phone	Blind	Work Phone	Blind
Cell Phone	Best Time to Call	Cell Phone	Best Time to Call
Email	Fax	Email	Fax
Address		County _	
City	5	State Zip Code	
Address on Last Y	ear's Tax Return (if different)		
Date Address Cha	nged		
is the principal had not live in your had not need to live w	ed (or considered unmarried) at the end of the tax year, and mome of a qualifying person (generally your child or relative). You nome during the last six months of the tax year. If you are main with you to qualify.	ou may be considered unmarried if your spoutaining the household of a parent, the parent	does
PE	ersonal Income Tax Organ	izer and Deduction	n Finder"
a CHECKLIST	als, 1099-G for state tax refunds, 1099-S for	nuities, pensions, IRA or other retirement pla or real estate sales, SSA-1099 for Social Sec or merchant card and third-party network pa	an withdraw- curity, 1099-G
Documents needed in addition		S corporations, estates or trusts. (Note: You ment. You can provide them at a later date.)	do not need
to your completed organizer:	3) If you sold real estate, stock or mutual fund	I shares during the year, see STEP 4.	
	 4) If you acquired, sold or refinanced a home statement. 	or other property in 2017, provide a copy of t	the closing
	5) If you are a new client, provide copies of ta	x returns for 2014, 2015 and 2016.	
Note: When comp	leting your organizer, round all amounts to the nearest dollar.		

STEP 1	The following items may affect your tax return. Please answer carefully.						
These questions	ns pertain to calendar year 2017 unless otherwise noted. If married filing jointly, questions apply to you and						
your spouse.							
1) Y N	Did you pay or receive alimony (Tax Tip 1)? Do not include child support. (Select one.) Pay Receive						
	To/From: Name Social Security Number Amount \$						
2) Y N	For the entire year, did you, your spouse and your dependents have health care coverage provided by either an employer or the						
	government (Medicare, Medicaid or VA) or purchased through the Health Insurance Marketplace (Exchange) or directly from an						
	insurance company?						
3) Y N	Did you move because of a job change?						
	Distance from old house to old job: Distance from old house to new job:						
4) Y N	Did you (or do you plan to before April 18, 2018) contribute to a traditional IRA or Roth IRA for 2017? (Tax Tip 2)						
	Self: Traditional IRA \$ Roth IRA \$ Spouse: Traditional IRA \$ Roth IRA \$						
5) Y N	Did you convert a traditional IRA or roll a qualified plan distribution to a Roth IRA in 2017?						
	If yes, amount converted/rolled over: \$						
6) Y N	Did you (or do you plan to before April 18, 2018) contribute to a health savings account (HSA) for 2017? (Tax Tip 3)						
	Amount of contribution: (Do not list employer contributions, including amounts you elected to contribute under a						
	cafeteria plan, shown on your Form W-2.)						
	Self: \$ Spouse: \$ Type of health plan coverage: Self-only Family						
7) Y N N	Did you receive any distributions from your health savings account (HSA)?						
	Amount of distributions: \$ Amount of unreimbursed qualified medical expenses (attach list): \$						
8) Y N	Are you a grade K–12 teacher?						
	If yes, enter amount of out-of-pocket classroom costs you paid or incurred (Tax Tip 4): \$						
9) Y N	Did you pay child care costs for a dependent child under age 13, or costs of caring for a disabled dependent or spouse,						
	so you could work, attend school or look for a job?						
	If yes, provide the amounts paid for each individual and the names, addresses and taxpayer identification numbers						
	of the care providers.						
	Amount, if any, that was reimbursed by an employer dependent care plan (Tax Tip 5): \$						
10) Y N N	Did you pay expenses related to adopting a child?						
	If yes, provide details of any expenses incurred:						
11) Y N	Did you pay any individual \$2,000 or more to perform household services during the year, such as a babysitter, care-						
	taker, housekeeper, cook or gardener?						
12) Y N	Did you have any debts cancelled or reduced (including credit cards), property repossessed or foreclosed upon, or						
	did you file for bankruptcy? (Tax Tip 6)						
13) Y N	Did you have a financial interest in, or signature authority over, a financial account (such as a bank or securities account)						
	located in a foreign country at any time during 2017? A financial account is located in a foreign country if it is physically						
	located outside of the U.S., including an account maintained with a branch of a U.S. bank that is physically located						
	outside of the U.S.						
	Y N If yes, did the aggregate value of all accounts located in a foreign country (other than accounts maintained						
40 M N N	on a U.S. military installation) exceed \$10,000 at any time during the year?						
14) Y N	Did you receive a distribution from, or were you the grantor of, or a transferor to, a foreign trust?						
15) Y N	Do you have financial accounts maintained by a foreign (non-U.S.) bank or financial institution that totaled more than \$50,000 on the last						
46) V N	day of the year or more than \$75,000 at any time during the year (\$100,000 and \$150,000, respectively, if married filing a joint return)?						
16) Y N	Did you own any other foreign financial assets (such as stock in a foreign corporation or an interest in a foreign partnership)						
17) V N	that are not held in a financial account? Did you have any children under age 10 (or age 10, 22 and full time students) who had uncorrect income ever \$1.0502						
17) Y N 18) T S	Did you have any children under age 19 (or age 19–23 and full-time students) who had unearned income over \$1,050? Do you (or your spouse) want to designate \$3 to the Presidential Election Campaign Fund? (Does not change amount						
16) 1 _ 3 _	due or refund.) Leave blank if neither wishes to designate \$3.						
19) Y N	Do you want to allow your preparer or another individual to discuss your federal return with the IRS? Provide name,						
19) 1	phone number and personal identification number of individual if not preparer.						
	Name: Phone Number: Identification Number:						
20) Y N	Did you make gifts totaling more than \$14,000 to any individual during the year? If so, provide recipient's name,						
	address, relationship to you and the amount of the gift.						

STEP 1 (Continued)	Check any of the boxes be	elow that apply to you for	2017:				
Purchased health i	nsurance for yourself or a family men	nber through the Health Insurance	Marketplace (Exchange).	(Attach Form	1095-A,		
Health Insurance Marketplace Statement).							
Were granted stock options by your employer and/or exercised employer stock options.							
Owned any securities or held any debts that became worthless during the year.							
Contributed to or r	Contributed to or received distributions from an Archer Medical Savings Account (MSA).						
Traveled more that	Traveled more than 100 miles from home and stayed overnight to perform duties as a National Guard member or reservist.						
Performed services	Performed services in the performing arts for at least two employers.						
Lived and worked in a foreign country.							
Were issued an Identity Protection PIN by the IRS:							
Were in the military	y (or reservist).						
Received any notic	e from the IRS or a state taxing author	rity.					
Contributed to or r	eceived distributions from an Achievin	g a Better Life Experience (ABLE)	account.				
	s a dependent on another person's ta						
ļ	Please provide any other information	on related to your 2017 taxes no	t reported elsewhere or	n this organize	er:		
STEP 2 D	ependents (Tax Tip 7) (attach	additional sheet if necessary)					
	nger (age 19-23 if attending school fu			h vou more			
1	who did not provide more than half of						
	ble that a different taxpayer might clair		•	,			
4)	. , ,	Bid Li		SSN			
0)		D' (L. L.)	:	SSN			
0)		B' d. L.		SSN			
4)				SSN			
				Is 2017 Gross	# Months	%	
				Income less	Resided in	Support	
Other Dependent	S		Social	than \$4,050?	Your Home	Received	
(relatives and/or men		Relationship	Security #	(Yes or No)	in 2017	From You	
	•						
Check if you are d	ivorced and either signed or received	Form 8332 (release of exemption	for child). (Provide Form 8	8332.)			
STEP 3	ncome						
		-Provide ALL Copies of I	Forms W-2				
Number of employers (Spouse					
	· • • • • • • • • • • • • • • • • • • •	Dividend and Interest Inco	ome				
Provide all Forms 1099	9-INT, 1099-DIV and 1099-OID. List in			ate sheet, but			
do not duplicate what's	reported on the 1099s. Also, list any	penalty on early withdrawal from s	avings				
	Inst	allment Sale Payments Re	eceived				
Total Payments \$_		Is payer a relative or related party	? Yes No				
		If payer uses property as a princip	pal residence, provide pay	er's:			
		Nama					
		Address					
Did sale occur in 2017	? Yes No	Social Security Number					
If yes, complete STEP		-					

STEP 3 (Continued)	Retirement Plan and Social Security Income						
•	re distributions from IRAs, SEPs, pensions, 401(k)s or other retirement plans (including						
amounts rolled over and in-plan Roth rollovers)? Yes No							
If yes, provide	If yes, provide all Forms 1099-R received. Enter amounts received but not reported on a Form 1099-R						
here	·	\$					
2) Amount of dist							
3) Amount of dist	tribution rolled over to a Roth IRA						
4) Amount of dist							
5) Amount of dist	tribution made directly to a qualified charity						
6) If you were un	der age 591/2 when the distribution was received, do you qualify for an exception to the 10% penalty on early di	istri-					
butions? (Tax Explain:	Tip 9) Yes No						
	ached age 70½, have you taken the 2017 required minimum distributions from your IRAs and qualified retireme	ent					
	elf: Yes No						
•	pouse: Yes No						
	re Social Security or railroad retirement benefits? Yes No						
	all Forms SSA-1099 or RRB-1099 received						
, ,	Partnerships, Estates, Trusts and S Corporations						
Provide a list of all	the partnerships and S corporations in which you own an interest and all trusts of which you are a beneficiary.						
Indicate on the list	whether you materially participated in that entity's trade or business in 2017 (Tax Tip 10). Write "N/A" if the en	tity is					
not engaged in a t	rade or business (for example, an entity whose only activity is ownership of rental real estate or investment as	sets					
such as stocks an	d bonds). Provide all Schedules K-1 received for the tax year.						
	Other Income—Provide Forms 1098 and 1099						
Bartering Income		\$					
Bonuses and Prize	es not reported on Form W-2 (Explain)						
Cancellation of De	bt (Form 1099-A or 1099-C) (Tax Tip 6)						
Commissions and	Fees (Not reported in STEP 5)						
Disability Income r	not included on Form W-2 (taxable)						
Education Savings	Account or Qualified Tuition (529) Plan Withdrawals (Form 1099-Q)						
Gambling/Lottery \	Ninnings						
Jury Duty—Electio	n Board Fees						
Scholarships (Forn	n 1098-T)						
State Income Tax	Refund (Form 1099-G)						
Tips and Gratuities	s not reported on Form W-2 (Tax Tip 11)						
Unemployment Co	mpensation (Form 1099-G)						
Veterans' Pension	and Disability						
Workers' Compens							
Other (attach sepa	rate sheets if necessary)						
STEP 4	Sales and Exchanges						
Provide information	n about sales of stock, real estate or other property along with Forms 1099-B, 1099-S, closing statement or otl	her					
supporting informa	tion. Attach separate sheet if necessary. If all transactions, including basis, are reported on Forms 1099-B you	ı					
provide, there is no	o need to complete the following. If your principal residence was sold, see STEP 13.						
	Asset #1 Asset #2	Asset #3					
Description of Prop	perty						
Sales Price	\$ \$	\$					
Basis (Tax Tips 12	2 and 13)						

STEP 5	Self-Employment Income (See					
	If more than one farm activity or busin	· '	eparately for each. Also include			
D .: A .:: '.' /D	any single-member limited liability cor	npanies (LLCs).				
Business Activity/P Business Name:	roduct:					
	nd the business in 2017? Begin	End				
				<u>•</u>		
Inventory—Beginnin	ovide all Forms 1099-MISC and 1099-K)			Φ		
				Φ —		
Labor Materials an	ases (less Product for Personal Use)			_		
Inventory—End of	d Other Costs of Inventory Year		• • • • • • • • • • • • • • • • • • • •	_		
	payments requiring Forms 1099 be filed? ¹			Yes	No	
	Forms 1099?			Yes	No	
	ents over \$600 made to noncorporate entit					
, , ,	yments for non-employee compensation a		someon made so repensed commen			
	,					
STEP 6	Rental and Royalty Income					
Discription A.		- 1	Rent/Royalty		Fair Rental	Personal
Physical Ad	dress (Street, City, State, Zip Code)	Type ¹	Received		Days	Use Days
			\$			
	payments requiring Forms 1099 be filed?			Yes	No	
	Forms 1099?			Yes	No	
	residence; 2—Multi-family residence; 3—	Vacation/short-term rental; 4—Co	ommercial; 5—Land; 6—Royalties;			
/—Self-rental; 8-	-Other (describe).					
STEP 7	Travel, Meals and Entertainm	ent Expenses				
Travel expenses ar	e deductible if you traveled away from ho	me overnight on business. Busine	ess meals and entertainment when			
_	so deductible (subject to limits), provided y	•	·	SS		
purpose. Employee	expenses are not deductible if employee	could have been reimbursed by	the employer.			
	Use Correct Column F	Employee	Self-Employed		Rental Activ	/ity
Travel:				•		
Airplane, Frain, I	axi, Auto Rental	\$	\$	\$		
	ee/Self-Employed Tax Tip C on Page 6)			_		
Lodging	ot Connection			_		
	et Connection					
Paggaga and Ch	undry					
Other:	ipping			_		
	ment Not Associated With Travel			_		
WICOIS ON LINCIAN	THORE INC. ASSOCIATED WITH HAVEL	Reimbursements				
Were you reimbure	ed for any of the above expenses?		de details, including how reported on	Form	n W-2.	
Troid you relinibuls	od for drift of the above expenses:	140 11 yes, plovi	as asians, morading now reported on	5111		

STEP 8 Self-Employment and Rental Expen	ises		
Do you qualify for business use of home deductions?		xpenses related to home. Do no	ot duplicate below.
Yes No	Business sq. ft.		a deplicate bolow.
(See Employee/Self-Employed Tax Tip B below.)	Total sq. ft.		
(Soo Employee Fax Tip 5 Solom,)	Part of home used fo		0.00 %
	Use Correct Column F	Self-Employed ¹	Rental ¹
Advertising		\$	\$
Cleaning and Maintenance			
Commissions and Fees Paid			
Contract Labor			
Employee Benefit Programs (include health insurance for employees)		
Insurance (not including health)			
Interest • Mortgage (Form 1098)			
Other Interest			
Legal and Professional Fees			
Licenses			
Management Fees			
Office Expenses			
Pension/Profit-Sharing Plan Contributions Made for Employees			
Rent Paid • Vehicles, Machinery and Equipment			
Other Business Property			
Repairs and Maintenance			
Supplies			
Taxes			
Utilities			
Wages Paid			
Other Expenses (provide list)			
¹ If more than one business or rental property, provide information so			
Business or rental asset purchases or sales. Provide a separate		purchase or sale, purchase/sale	es price
and property description. Include copies of sales receipts or contract	_	•	·
STEP 9 Health Insurance and Retirement Pl	lans for the Self-Em	ployed	
Insurance premiums paid: Health \$	Long-Term (Care \$	
Include premiums paid for yourself, spouse, dependents and childre	en under age 27, as well	as Medicare premiums. Do not	include any premiums for
months self-employed person was eligible to participate under any	employer's plan. Report in	Step 12 instead.	
Contributions made to your SEP, SIMPLE or qualified retirement plan	n for 2017. See Employee	Self-Employed Tax Tip D below	I.
\$			
· -	e/Self-Employed Ta		
A) First-Year Expensing Election. A certain amount of qualifying	business assets purchase	d and placed in service in 2017	may be
expensed currently. (Separate limits apply to business vehicles.)			
B) Business Use of Home Deduction. If an area of the home is u	used regularly and exclusiv	ely for business, a deduction for	r a portion
of mortgage interest, taxes, insurance, other operating costs and	depreciation may be allow	wed. Special rules apply for inve	entory
storage and daycare. Ask for details.			
C) Per Diem Meal Rates. In lieu of using actual expenses incurred	for meals and incidental	expenses while traveling, self-en	nployed
individuals and employees may deduct IRS-approved per diem a	amounts. The amounts de	oend on location. Provide detaile	ed list
of dates and locations of business travel.			
D) Self-Employed Retirement Plans. Many retirement plans (fund	ded with pre-tax dollars) ar	e available to self-employed but	siness
owners. The deadlines for establishing and contributing to a retire	ement plan vary. If you ha	ve employees, matching contrib	outions
may be required.			
E) Small Employer Health Insurance Credit. A credit is available	to qualified small employe	ers that pay health insurance pr	emiums

for employees. Premiums paid for the business owner and his family members don't qualify. Ask us for details.

STEP 10 Vehicle Expense

- Commuting between your home and regular work location is not deductible.
- Commuting expenses for going between your home and a temporary work location outside the metropolitan area where you live and normally work are deductible. Travel expenses between your home and a temporary work location within your metropolitan area are not deductible unless either of the following tests are met:
 - 1) You have one or more regular work locations away from your home or
 - 2) Your home is your principal place of business.
- · A work location is considered temporary if employment is expected to last and actually does last for one year or less.
- There are two methods to determine the deduction for vehicles used for business: (1) actual expenses or (2) standard mileage rate (for 2017, 53.5¢ per mile).
- For each vehicle used for business, complete lines 1–6. If you know that you use standard mileage allowance, ignore lines 7–13. If you purchased a vehicle this year and do not use standard mileage allowance, provide a copy of the sales invoice.

you	u purchased a vehicle this year and do not use standard	l mileage allowance, provide a cop	py of the sales invoice.		
	Vehicle	#1	#2	#3	
1)	Total miles driven this year: Business				
	Commuting				
	Other Personal				
2)	Vehicle Description				
3)	Date Vehicle Was First Used for Business				
4)	Cost (cash paid, net of any trade allowance)	\$	\$	\$	
	Was a care traded in?	Yes No	Yes No	Yes	No
	or Lease Payments (for the year)				
5)	Interest Paid on Vehicle Loan (Self-Employed Only)				
6)	Parking and Tolls				
7)	Gasoline, Oil, Lubrication				
8)	Repairs, Maintenance, Car Washes				
9)	Tires and Supplies				
10)	Insurance				
11)	Tags and Licenses				
12)	Garage Rent				
13)	Other:				
14)	Sold in 2017? If yes, date sold:	Yes No No	Yes No No	Yes	No
15)	If yes, provide sales price and any trade information				
Que	stions for All Taxpayers Claiming Vehicle Expenses	s:			
1)	Do you have evidence to support business use?			Yes	No
2)	If yes, is the evidence written?			Yes	No
3)	Do you (or your spouse) have another vehicle available	e for personal use?		Yes	No
4)	Do you have an employer-provided vehicle that is available	lable for personal use?		Yes	No
5)	Were you reimbursed for any of above auto expenses?	?		Yes	No
6)	If yes, is the reimbursement included in your Form W-2	2?		Yes	No
Rec	ordkeeping: Your vehicle expenses will not be allowed	by the IRS without adequate rec	ords or sufficient evidence verifying	g business use.	
Dail	records provide the best protection in case of an audit				

STEP 11 Education Expenses (Attach Forms 1098-E, 1098-T and	1099-Q)		
Include information about education expenses incurred for	or you, your spouse or your	dependents.	
1) Student's Name			
2) If in college, was student enrolled at least half-time for			
at least one academic period beginning in 2017?	Yes	No Yes	No
3) Felony Conviction? 1 Yes No	Yes	No Yes	No
4) Educational Purpose (degree seeking, job related)			
5) Name of Institution			
6) Type of Expense (See Tax Tip 14)			
7) Amount Paid \$	\$		
8) Paid By Whom?	1		
9) Student's Grade or Year in College			
1 Indicate whether or not student was convicted before 12/31/2017 of a felony for posses	ession or distribution of a co	ontrolled substance.	
STEP 12 Itemized Deductions			
Note: Complete this step only if you think your total itemized deductions might exceed t	ne IRS standard deduction t	for your filing	
status (see below).		.o. youg	
2017 Standard Dec	luction		
2017 Startaura 200	Standard		Add for Blind
Filing Status	Deduction		and/or Over 65
Married Filing Jointly or Qualifying Widow(er)		+	\$ 1,250
		•	φ 1,250 1,550
Single Head of Household	9,350		1,550
Head of Household			1,250
Married Filing Separately Medical Expens			1,250
Deductible only if net expense			
•	S exceeds 10%		
	ma (AGI)		
of Adjusted Gross Inco	` ,	incomo	
Note: Do not include amounts paid for or reimbursed by insurance or health insurance	premiums paid with pre-tax		or.
Note: Do not include amounts paid for or reimbursed by insurance or health insurance Did you pay medical expenses for a person you cannot claim as a dependent? Yes	premiums paid with pre-tax	income. yes, ask your tax prepare	er.
Note: Do not include amounts paid for or reimbursed by insurance or health insurance Did you pay medical expenses for a person you cannot claim as a dependent? Yes Health Insurance Premiums ¹ (Include premiums for vision and dental insurance	oremiums paid with pre-tax No If	yes, ask your tax prepare	er.
Note: Do not include amounts paid for or reimbursed by insurance or health insurance Did you pay medical expenses for a person you cannot claim as a dependent? Yes Health Insurance Premiums ¹ (Include premiums for vision and dental insurance but not for disability or loss of income policies)	oremiums paid with pre-tax No If	yes, ask your tax prepare	er.
Note: Do not include amounts paid for or reimbursed by insurance or health insurance Did you pay medical expenses for a person you cannot claim as a dependent? Yes Health Insurance Premiums ¹ (Include premiums for vision and dental insurance but not for disability or loss of income policies) Medicare Insurance Premiums ¹ (Form SSA-1099)	oremiums paid with pre-tax No If	yes, ask your tax prepare	er.
Note: Do not include amounts paid for or reimbursed by insurance or health insurance Did you pay medical expenses for a person you cannot claim as a dependent? Yes Health Insurance Premiums (Include premiums for vision and dental insurance but not for disability or loss of income policies) Medicare Insurance Premiums (Form SSA-1099) Long-Term Care Insurance Premiums (Tax Tip 15)	oremiums paid with pre-tax No If	yes, ask your tax prepare	er.
Note: Do not include amounts paid for or reimbursed by insurance or health insurance Did you pay medical expenses for a person you cannot claim as a dependent? Yes Health Insurance Premiums (Include premiums for vision and dental insurance but not for disability or loss of income policies) Medicare Insurance Premiums (Form SSA-1099) Long-Term Care Insurance Premiums (Tax Tip 15) Prescribed Drugs and Insulin	oremiums paid with pre-tax No If	yes, ask your tax prepare	er.
Note: Do not include amounts paid for or reimbursed by insurance or health insurance Did you pay medical expenses for a person you cannot claim as a dependent? Health Insurance Premiums (Include premiums for vision and dental insurance but not for disability or loss of income policies) Medicare Insurance Premiums (Form SSA-1099) Long-Term Care Insurance Premiums (Tax Tip 15) Prescribed Drugs and Insulin Doctors and Clinics	oremiums paid with pre-tax No If	yes, ask your tax prepare	er.
Note: Do not include amounts paid for or reimbursed by insurance or health insurance Did you pay medical expenses for a person you cannot claim as a dependent? Health Insurance Premiums (Include premiums for vision and dental insurance but not for disability or loss of income policies) Medicare Insurance Premiums (Form SSA-1099) Long-Term Care Insurance Premiums (Tax Tip 15) Prescribed Drugs and Insulin Doctors and Clinics Dentists and Orthodontists	oremiums paid with pre-tax No If	yes, ask your tax prepare	er.
Note: Do not include amounts paid for or reimbursed by insurance or health insurance Did you pay medical expenses for a person you cannot claim as a dependent? Yes Health Insurance Premiums (Include premiums for vision and dental insurance but not for disability or loss of income policies) Medicare Insurance Premiums (Form SSA-1099) Long-Term Care Insurance Premiums (Tax Tip 15) Prescribed Drugs and Insulin Doctors and Clinics Dentists and Orthodontists Glasses, Contact Lenses, Eye Exams, Laser Eye Surgery	No If	\$ \$	er.
Note: Do not include amounts paid for or reimbursed by insurance or health insurance Did you pay medical expenses for a person you cannot claim as a dependent? Health Insurance Premiums (Include premiums for vision and dental insurance but not for disability or loss of income policies) Medicare Insurance Premiums (Form SSA-1099) Long-Term Care Insurance Premiums (Tax Tip 15) Prescribed Drugs and Insulin Doctors and Clinics Dentists and Orthodontists Glasses, Contact Lenses, Eye Exams, Laser Eye Surgery Hospitals, Nurses, Ambulance	oremiums paid with pre-tax No If	yes, ask your tax prepare	er.
Note: Do not include amounts paid for or reimbursed by insurance or health insurance Did you pay medical expenses for a person you cannot claim as a dependent? Yes Health Insurance Premiums 1 (Include premiums for vision and dental insurance but not for disability or loss of income policies) Medicare Insurance Premiums 1 (Form SSA-1099) Long-Term Care Insurance Premiums 1 (Tax Tip 15) Prescribed Drugs and Insulin Doctors and Clinics Dentists and Orthodontists Glasses, Contact Lenses, Eye Exams, Laser Eye Surgery Hospitals, Nurses, Ambulance Nursing or Long-Term Care Facility	oremiums paid with pre-tax No If	yes, ask your tax prepare	er.
Note: Do not include amounts paid for or reimbursed by insurance or health insurance Did you pay medical expenses for a person you cannot claim as a dependent? Health Insurance Premiums (Include premiums for vision and dental insurance but not for disability or loss of income policies) Medicare Insurance Premiums (Form SSA-1099) Long-Term Care Insurance Premiums (Tax Tip 15) Prescribed Drugs and Insulin Doctors and Clinics Dentists and Orthodontists Glasses, Contact Lenses, Eye Exams, Laser Eye Surgery Hospitals, Nurses, Ambulance	oremiums paid with pre-tax No If	yes, ask your tax prepare \$ \$	er.
Note: Do not include amounts paid for or reimbursed by insurance or health insurance Did you pay medical expenses for a person you cannot claim as a dependent? Yes Health Insurance Premiums 1 (Include premiums for vision and dental insurance but not for disability or loss of income policies) Medicare Insurance Premiums 1 (Form SSA-1099) Long-Term Care Insurance Premiums 1 (Tax Tip 15) Prescribed Drugs and Insulin Doctors and Clinics Dentists and Orthodontists Glasses, Contact Lenses, Eye Exams, Laser Eye Surgery Hospitals, Nurses, Ambulance Nursing or Long-Term Care Facility	oremiums paid with pre-tax No If	yes, ask your tax prepare	er.
Note: Do not include amounts paid for or reimbursed by insurance or health insurance Did you pay medical expenses for a person you cannot claim as a dependent? Yes Health Insurance Premiums 1 (Include premiums for vision and dental insurance but not for disability or loss of income policies) Medicare Insurance Premiums 1 (Form SSA-1099) Long-Term Care Insurance Premiums 1 (Tax Tip 15) Prescribed Drugs and Insulin Doctors and Clinics Dentists and Orthodontists Glasses, Contact Lenses, Eye Exams, Laser Eye Surgery Hospitals, Nurses, Ambulance Nursing or Long-Term Care Facility	oremiums paid with pre-tax No If	yes, ask your tax prepare \$ \$	er.
Note: Do not include amounts paid for or reimbursed by insurance or health insurance Did you pay medical expenses for a person you cannot claim as a dependent? Yes Health Insurance Premiums 1 (Include premiums for vision and dental insurance but not for disability or loss of income policies) Medicare Insurance Premiums 1 (Form SSA-1099) Long-Term Care Insurance Premiums 1 (Tax Tip 15) Prescribed Drugs and Insulin Doctors and Clinics Dentists and Orthodontists Glasses, Contact Lenses, Eye Exams, Laser Eye Surgery Hospitals, Nurses, Ambulance Nursing or Long-Term Care Facility	oremiums paid with pre-tax No If	yes, ask your tax prepare \$ \$	er.
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Note: Do not include amounts paid for or reimbursed by insurance or health insurance Did you pay medical expenses for a person you cannot claim as a dependent? Yes Health Insurance Premiums¹ (Include premiums for vision and dental insurance but not for disability or loss of income policies) Medicare Insurance Premiums¹ (Form SSA-1099) Long-Term Care Insurance Premiums¹ (Tax Tip 15) Prescribed Drugs and Insulin Doctors and Clinics Dentists and Orthodontists Glasses, Contact Lenses, Eye Exams, Laser Eye Surgery Hospitals, Nurses, Ambulance Nursing or Long-Term Care Facility Other (please detail):	No If	yes, ask your tax prepare \$	er.
Note: Do not include amounts paid for or reimbursed by insurance or health insurance Did you pay medical expenses for a person you cannot claim as a dependent? Yes Health Insurance Premiums¹ (Include premiums for vision and dental insurance but not for disability or loss of income policies) Medicare Insurance Premiums¹ (Form SSA-1099) Long-Term Care Insurance Premiums¹ (Tax Tip 15) Prescribed Drugs and Insulin Doctors and Clinics Dentists and Orthodontists Glasses, Contact Lenses, Eye Exams, Laser Eye Surgery Hospitals, Nurses, Ambulance Nursing or Long-Term Care Facility Other (please detail):	No If	yes, ask your tax prepare \$	er.
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Note: Do not include amounts paid for or reimbursed by insurance or health insurance Did you pay medical expenses for a person you cannot claim as a dependent? Yes Health Insurance Premiums¹ (Include premiums for vision and dental insurance but not for disability or loss of income policies) Medicare Insurance Premiums¹ (Form SSA-1099) Long-Term Care Insurance Premiums¹ (Tax Tip 15) Prescribed Drugs and Insulin Doctors and Clinics Dentists and Orthodontists Glasses, Contact Lenses, Eye Exams, Laser Eye Surgery Hospitals, Nurses, Ambulance Nursing or Long-Term Care Facility Other (please detail): Medical Miles Driven in 2017	No If	yes, ask your tax prepare \$	er.

STEP 12 (continued)	Taxes	
	ome Taxes Paid in 2017 (include 2017 estimated tax payments and amounts	\$
paid with 2016 retu		•
State and Local Sa	les Tax Paid for Major Purchases (motor vehicles, boats, airplanes,	
	Iding materials, if rate same as general sales tax rate)	
Faustina Tarras		
	-Homestead (less special assessments)	
Other Real Estate	Faxes (second home, cabin, etc.)	
Property Tax Refur	d	
Special Assessmen	ts—Interest Portion Only	
Personal Property	Faxes (auto license tags, etc.)	
	Charitable Donations (Use separate sheet if needed.)	
Mor	etary donations under \$250 each must be substantiated by a bank record (such as a cancelled check). For ea	ch donation of
	\$250 or more, the taxpayer must obtain a written acknowledgement from the charity. (See Tax Tip 16	.)
	edit Card (include payroll deductions):	
Churches or Syn	agogues	\$
0.4	·	
Other:		
Other:		
Noncash:		
Fair Market Value	(FMV) of Items Given to Charities	
	n item (or group of similar items) and its FMV (Tax Tip 17).	
If a vehicle, boat	or airplane donation over \$500, provide Form 1098-C.	
Out-of-Pocket Expe	nses for Charitable Work	
Charitable Miles:	Miles x 14¢ =	
Other:		
Other:		Do Not Duplicate STEP 7
Other:		Do Not Duplicate STEP 7
	Miscellaneous Expenses	Do Not Duplicate STEP 7
Unreimbursed emp	Miscellaneous Expenses Deductible only if total exceeds 2% of Adjusted Gross Income (AGI)	Do Not Duplicate STEP 7
Unreimbursed emp	Miscellaneous Expenses Deductible only if total exceeds 2% of Adjusted Gross Income (AGI) oyee business expenses (for example, union dues, tools and supplies, special	Do Not Duplicate STEP 7
Unreimbursed emp uniforms and saf Tax Tip 18). List	Miscellaneous Expenses Deductible only if total exceeds 2% of Adjusted Gross Income (AGI) oyee business expenses (for example, union dues, tools and supplies, special ety equipment, professional dues and subscriptions, job-related education—see items on separate sheet. See STEP 7 for automobile expenses and travel and	Do Not Duplicate STEP 7
Unreimbursed emp uniforms and saf Tax Tip 18). List entertainment	Miscellaneous Expenses Deductible only if total exceeds 2% of Adjusted Gross Income (AGI) oyee business expenses (for example, union dues, tools and supplies, special ety equipment, professional dues and subscriptions, job-related education—see	
Unreimbursed emp uniforms and saf Tax Tip 18). List entertainment Job-Seeking Exper	Miscellaneous Expenses Deductible only if total exceeds 2% of Adjusted Gross Income (AGI) oyee business expenses (for example, union dues, tools and supplies, special ety equipment, professional dues and subscriptions, job-related education—see items on separate sheet. See STEP 7 for automobile expenses and travel and ses in Same Field (Tax Tip 19)	
Unreimbursed emp uniforms and saf Tax Tip 18). List entertainment Job-Seeking Exper	Miscellaneous Expenses Deductible only if total exceeds 2% of Adjusted Gross Income (AGI) oyee business expenses (for example, union dues, tools and supplies, special ety equipment, professional dues and subscriptions, job-related education—see items on separate sheet. See STEP 7 for automobile expenses and travel and	
Unreimbursed emp uniforms and saf Tax Tip 18). List entertainment Job-Seeking Exper Travel/Air Fare/L Meals	Miscellaneous Expenses Deductible only if total exceeds 2% of Adjusted Gross Income (AGI) oyee business expenses (for example, union dues, tools and supplies, special ety equipment, professional dues and subscriptions, job-related education—see items on separate sheet. See STEP 7 for automobile expenses and travel and sess in Same Field (Tax Tip 19) seguing \$	
Unreimbursed emp uniforms and saf Tax Tip 18). List entertainment Job-Seeking Exper Travel/Air Fare/L Meals	Miscellaneous Expenses Deductible only if total exceeds 2% of Adjusted Gross Income (AGI) oyee business expenses (for example, union dues, tools and supplies, special ety equipment, professional dues and subscriptions, job-related education—see items on separate sheet. See STEP 7 for automobile expenses and travel and ses in Same Field (Tax Tip 19) odging ses in Same Field (Tax Tip 19)	
Unreimbursed empuniforms and saf Tax Tip 18). List entertainment Job-Seeking Exper Travel/Air Fare/L Meals Employment Age Resume \$	Miscellaneous Expenses Deductible only if total exceeds 2% of Adjusted Gross Income (AGI) oyee business expenses (for example, union dues, tools and supplies, special ety equipment, professional dues and subscriptions, job-related education—see etems on separate sheet. See STEP 7 for automobile expenses and travel and esses in Same Field (Tax Tip 19) odging \$ make the state of total expenses and travel and esses in Same Field (Tax Tip 19) odging \$ Total =	
Unreimbursed empuniforms and saf Tax Tip 18). List entertainment Job-Seeking Exper Travel/Air Fare/L Meals Employment Age Resume \$	Miscellaneous Expenses Deductible only if total exceeds 2% of Adjusted Gross Income (AGI) oyee business expenses (for example, union dues, tools and supplies, special ety equipment, professional dues and subscriptions, job-related education—see items on separate sheet. See STEP 7 for automobile expenses and travel and esses in Same Field (Tax Tip 19) odging \$ ncy Fees Other \$ Total = Planning/Consultation Fees (Tax Tip 20)	
Unreimbursed empuniforms and saf Tax Tip 18). List entertainment Job-Seeking Exper Travel/Air Fare/L Meals Employment Age Resume \$	Miscellaneous Expenses Deductible only if total exceeds 2% of Adjusted Gross Income (AGI) oyee business expenses (for example, union dues, tools and supplies, special ety equipment, professional dues and subscriptions, job-related education—see items on separate sheet. See STEP 7 for automobile expenses and travel and eses in Same Field (Tax Tip 19) odging \$ Other \$ Planning/Consultation Fees (Tax Tip 20) es (Tax Tip 21)	
Unreimbursed empuniforms and saf Tax Tip 18). List entertainment Job-Seeking Exper Travel/Air Fare/L Meals Employment Age Resume \$	Miscellaneous Expenses Deductible only if total exceeds 2% of Adjusted Gross Income (AGI) oyee business expenses (for example, union dues, tools and supplies, special ety equipment, professional dues and subscriptions, job-related education—see etems on separate sheet. See STEP 7 for automobile expenses and travel and esses in Same Field (Tax Tip 19) odging \$ ncy Fees Other \$ Planning/Consultation Fees (Tax Tip 20) es (Tax Tip 21) upplies for Investments \$	
Unreimbursed empuniforms and saf Tax Tip 18). List entertainment Job-Seeking Exper Travel/Air Fare/L Meals Employment Age Resume \$	Miscellaneous Expenses Deductible only if total exceeds 2% of Adjusted Gross Income (AGI) oyee business expenses (for example, union dues, tools and supplies, special ety equipment, professional dues and subscriptions, job-related education—see items on separate sheet. See STEP 7 for automobile expenses and travel and esses in Same Field (Tax Tip 19) odging	
Unreimbursed empuniforms and saf Tax Tip 18). List entertainment Job-Seeking Exper Travel/Air Fare/L Meals Employment Age Resume \$	Miscellaneous Expenses Deductible only if total exceeds 2% of Adjusted Gross Income (AGI) oyee business expenses (for example, union dues, tools and supplies, special ety equipment, professional dues and subscriptions, job-related education—see items on separate sheet. See STEP 7 for automobile expenses and travel and ses in Same Field (Tax Tip 19) odging \$ Other \$ Planning/Consultation Fees (Tax Tip 20) es (Tax Tip 21) upplies for Investments \$ automatic total expenses automatic total expenses Total =	
Unreimbursed empuniforms and saf Tax Tip 18). List entertainment Job-Seeking Exper Travel/Air Fare/L Meals Employment Age Resume \$	Miscellaneous Expenses Deductible only if total exceeds 2% of Adjusted Gross Income (AGI) oyee business expenses (for example, union dues, tools and supplies, special ety equipment, professional dues and subscriptions, job-related education—see items on separate sheet. See STEP 7 for automobile expenses and travel and ses in Same Field (Tax Tip 19) adding	
Unreimbursed empuniforms and saf Tax Tip 18). List entertainment. Job-Seeking Exper Travel/Air Fare/LMeals. Employment Age Resume \$	Miscellaneous Expenses Deductible only if total exceeds 2% of Adjusted Gross Income (AGI) oyee business expenses (for example, union dues, tools and supplies, special ety equipment, professional dues and subscriptions, job-related education—see items on separate sheet. See STEP 7 for automobile expenses and travel and ses in Same Field (Tax Tip 19) odging here ses Other ses Other ses (Tax Tip 20) es (Tax Tip 21) upplies for Investments setirement Plan Fees You Paid Directly Total =	
Unreimbursed empuniforms and saf Tax Tip 18). List entertainment. Job-Seeking Exper Travel/Air Fare/LMeals. Employment Age Resume \$	Miscellaneous Expenses Deductible only if total exceeds 2% of Adjusted Gross Income (AGI) oyee business expenses (for example, union dues, tools and supplies, special ety equipment, professional dues and subscriptions, job-related education—see etems on separate sheet. See STEP 7 for automobile expenses and travel and ses in Same Field (Tax Tip 19) odging \$ Total = Planning/Consultation Fees (Tax Tip 20) es (Tax Tip 21) upplies for Investments \$ cations and Journals etirement Plan Fees You Paid Directly Total = Limited to Total Gambling Winnings Listed in STEP 3	
Unreimbursed empuniforms and saf Tax Tip 18). List entertainment Job-Seeking Exper Travel/Air Fare/L Meals Employment Age Resume \$	Miscellaneous Expenses Deductible only if total exceeds 2% of Adjusted Gross Income (AGI) oyee business expenses (for example, union dues, tools and supplies, special ety equipment, professional dues and subscriptions, job-related education—see items on separate sheet. See STEP 7 for automobile expenses and travel and ses in Same Field (Tax Tip 19) odging here ses Other ses Other ses (Tax Tip 20) es (Tax Tip 21) upplies for Investments setirement Plan Fees You Paid Directly Total =	

STEP 12 (continued)	Casualty L	oss				
	Theft, Storm, et	tc. Provide details. (Tax Tip 22)				
		st Paid (Provide Forms 1098)		Primary Residence	Second Home ((Tax Tip 23)
Home Equity Loan	seller-financed,	provide seller's name/address/SSN 1099-INT (Tax Tip 24)	N)		\$	
Investment Interest	Paid	\$				
STEP 13	Principal R	esidence (attach any 2017 c	losing statements)			
Yes No		your principal residence in 2017?				
				e for at least two of five years befor	e the sale?	
	Yes			ars before the sale date and exclu-		
Yes No	Did you purc	hase a residence in 2017?	•			
Yes No	1	ance your mortgage or take out a cquiring or improving your home:		17? Amount of proceeds used for s	something	
Yes No	, ,	, ,,		ater heaters, generators or fuel cell s, central air conditioners or water	•	
Yes No	Did you rece credit: \$	ive a first-time homebuyer credit for	or a home purchased in	2008? If yes, enter the amount of	the	
STEP 14	2017 Estim	ated Tax Payments ¹				
		Federal	Date Paid	State	Date Pa	aid
Amount applied from 2016	overpayment, if any:	\$		\$		
First Quarter Payme	ent Made				_	
Second Quarter Pa					_	
Third Quarter Paym	ent Made				.	
Fourth Quarter Pay	ment Made					
¹ Do not include wi	thholding from F	orms W-2 or 1099 in estimated ta	x payments shown here).		
STEP 15	Tax Refund	d—Direct Deposit Informa	ation			
If you are expecting	a 2017 federal	tax refund, the refund can be route	ed to up to three of you	r checking or savings accounts. (Ta	ax refunds may also b	be directly
		•		or to a Treasury Direct online accountied to you at the address on your	,	
	Type of Ac	count	Routing Number			
(C	hacking Savin		(Nine digits)	Account Number	Percent	t of Petund

Privacy Policy:

We collect nonpublic information about you from the following sources:

- 1) Information we receive from you on applications, tax organizers, worksheets and other forms,
- 2) Information about your transactions with us, our affiliates or others and
- 3) Information we receive from a consumer reporting agency.

We do not disclose any nonpublic personal information about our customers or former customers to anyone, except as required by law.

We restrict access to nonpublic personal information about you to those members of our firm who need to know that information in order to provide services to you. We maintain physical, electronic and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.

Tax Tips

- Payments that meet specific requirements are treated as alimony for tax, regardless of how they are described in a divorce decree. One of the requirements is that the payments end upon the recipient's death. So, payments for maintenance or spousal support may be considered alimony for tax. Ask us for details.
- 2) IRA contributions are limited to the lesser of \$5,500 (\$6,500 if age 50 or older at year-end) or compensation. If you (and your spouse) are not covered by an employer retirement plan, traditional IRA contributions (up to the limit) are fully deductible. If you or your spouse are covered by an employer retirement plan, the deduction is phased out at higher income levels. Roth IRA contributions are not deductible. Also, regardless of whether you are covered by an employer retirement plan, the Roth IRA contribution limit is phased out at certain income levels. If only one spouse has compensation, a spousal IRA can be set up for the nonworking spouse. Each spouse (working and nonworking) can contribute up to \$5,500 (\$6,500 if age 50 or older) provided the working spouse's compensation is at least equal to the IRA contributions.
- 3) Individuals covered only by a high deductible health plan (deductible of at least \$1,300 for individual coverage and \$2,600 for family coverage) can make deductible (subject to limits) HSA contributions.
- 4) Grade K-12 teachers can deduct amounts paid for books, supplies (other than nonathletic supplies for health and PE courses), computer software and other equipment and materials used in the classroom as well as certain expenses for professional development courses.
- The child and dependent care credit is generally available to married taxpayers only if both spouses have earned income, unless a spouse is a full-time student or disabled.
- 6) Cancellation of debt (COD) generally results in taxable income. However, exceptions are available for bankrupt and insolvent taxpayers as well as for cancellations or reductions of student loans, farm-related loans, mortgages on principal residences and loans related to business real property.
- A person who files a joint return (other than a return filed solely to claim a refund) cannot be claimed as a dependent.
 Also, special rules apply to children of divorced parents.
- 8) To be tax free, IRA and qualified plan distributions must be rolled over to another traditional IRA or qualified plan within 60 days. Also, for IRAs, there is a one-year waiting period between tax-free rollovers.
- 9) IRA (but not qualified plan) withdrawals before age 59½ are not subject to the 10% penalty if the funds are used for (a) medical expenses that are deductible as an itemized deduction (b) certain higher educational expenses (c) a first-time home purchase for distributions up to \$10,000 or (d) medical insurance by individuals who are unemployed for at least 12 weeks. Other exceptions may apply to IRA and qualified plan withdrawals.
- Material participation in a trade or business generally means the taxpayer spends more than 500 hours participating in the activity during the year. However, the test can also be met in other situations, such as when the taxpayer is the only one who substantially participates in the activity or spends more than 100 hours participating and no one else spends more time.
- 11) If "allocated tips" are listed on year-end Form W-2, the amount will be subject to both Social Security and income tax unless records (tip log) verify that a lesser amount was actually received.

- 12) Improvement costs may reduce taxable gain upon sale of property. Keep records of improvement costs made to all real property at least four years after the property is sold.
- 13) If stock or mutual fund dividends are automatically reinvested instead of received in cash, these reinvestments increase cost basis, and reduce gain or increase loss upon sale.
- 14) Tax benefits such as a credit, deduction or income exclusion for interest on certain U.S. savings bonds may be available for certain education expenses. Benefits may be phased out at certain income levels. List the following expenses:
 (a) tuition and required fees,(b) books, supplies and equipment required for attendance,(c) computer equipment and internet access,(d) room and board (if at least half-time attendance) and(e) student loan interest.
- Qualified long-term care insurance premiums are deductible subject to age and annual dollar limits.
- 16) Charitable contributions of \$250 or more in any one day to any one organization must have written acknowledgment from the organization. The acknowledgment must state whether or not any goods or services were received in exchange for the donation.
- 17) When making contributions of used furniture, appliances and clothing to nonprofit organizations, attach a record of the items donated to the receipt for proof of this deductible contribution. Contributions must be in good or better condition to be deductible.
- 18) Expenses incurred for education for improving your skills for your present job or maintaining your job may be deducted. Seminars, tuition, books and some travel expenses can be deducted.
- Job-seeking costs in the same field of employment are deductible. Successful job placement is not necessary.
- 20) Part of a legal fee incurred in a divorce or an estate plan may be deductible if it is for advice on the tax consequences. Have your attorney clearly indicate how much of the fee is for tax advice.
- 21) Expenses incurred for attending conventions, seminars or other meetings that give investment advice to taxpayers are not deductible.
- 22) Generally, a net loss due to a casualty (such as flood, fire, theft, etc.) is deductible to the extent it exceeds 10% of your AGI. Special rules apply to federally declared disasters.
- 23) A home can be a house, condominium, cooperative, mobile home, boat or similar property. It must provide basic living accommodations including sleeping space, toilet, and cooking facilities.
- 24) Loan origination fees (points) paid on a loan to buy or build a principal residence are generally deductible as interest in the year paid. Points paid on refinancing an existing mortgage or on a loan to purchase or improve a second home must be deducted (amortized) over the life of the loan. Exception: If part of the proceeds were used to improve your main home, points related to the improvements may be deducted in the year paid.
- 25) You can exclude up to \$250,000 (\$500,000 if married and filing jointly or certain surviving spouses) of the gain on a sale of a principal residence if you owned and occupied the residence for two out of the five years before the date of sale. If the home was used other than as your principal residence any time after 2012, some of the gain may be taxable.
- 26) Keep receipts supporting tax deductions at least four years.