

2017	1040	US	Client Information	1
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Tax Return Appointment

Date:
 Time:
 Location:

This tax organizer will assist you in gathering information necessary for the preparation of your 2017 tax return. Please add, change, or delete information as appropriate.

CLIENT INFORMATION

Filing Status	Filing status (table) 1=married filing separate and lived with spouse Year spouse died, if qualifying widow(er) (2015 or 2016)		<p>Filing Status</p> 1 = Single 2 = Married filing joint 3 = Married filing separate 4 = Head of household 5 = Qualifying widow(er)
Taxpayer	First name and initial Last name Title/suffix Social security number Occupation Date of birth (m/d/y) Date of death (m/d/y) 1=blind		
Spouse	First name and initial Last name Title/suffix Social security number Occupation Date of birth (m/d/y) Date of death (m/d/y) 1=blind		
Address	In care of Street address Apartment number City State ZIP code		
Foreign Address	Region Postal code Country		

2017	1040	US	Client Information (continued)	1 p2
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Please add, change or delete information for 2017.

CLIENT INFORMATION

Taxpayer Contact Information	Home phone		<p>Daytime Phone</p> <p>1 = Work 2 = Home 3 = Mobile</p>
	Work phone		
	Work extension		
	Daytime phone (table)		
	Mobile phone		
	Fax number		
	E-mail address		
	Home phone		
	Work phone		
	Work extension		
	Daytime phone (table)		
	Mobile phone		
	Fax number		
	E-mail address		
	Driver's license no.		
	Driver's license state		
	Expiration date (m/d/y)		
	Issue date (m/d/y)		
	Theft protection PIN		
	Driver's license no.		
	Driver's license state		
	Expiration date (m/d/y)		
	Issue date (m/d/y)		
	Theft protection PIN		

2017	1040	US	Dependents	2
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Please add, change or delete information for 2017.

DEPENDENTS

	Dependent	Dependent	
First name.....			<p>Type of Dependent</p> <p>1 = Child living w/taxpayer 2 = Child not living w/taxpayer 3 = Dependent other than child 4 = Head of household only, not a dependent 5 = Earned income credit only, not a dependent</p> <p>Earned Income Credit</p> <p>1 = When applicable (default) 2 = Student age 19 to 23 3 = Disabled 4 = Force 5 = Suppress</p> <p>NOTE: If you claim the earned income credit, please provide proof that your child is a resident of the U.S. This proof is typically in the form of:</p> <ol style="list-style-type: none"> 1. School records or statement 2. Landlord or property management statement 3. Health care provider statement 4. Medical records 5. Child care provider records 6. Placement agency statement 7. Social service records or statement 8. Place of worship statement 9. Indian tribe office statement 10. Employer statement <p>NOTE: If your child is disabled, please provide one of the following forms of proof of disability:</p> <ol style="list-style-type: none"> 1. Doctor statement 2. Other health care provider statement 3. Social services agency or program statement
Last name.....			
Title/suffix.....			
Date of birth (m/d/y).....			
Date of death.....			
Date of adoption.....			
Social security number.....			
Relationship.....			
Months lived at home.....			
Type of dependent (see table).....			
Earned income credit (see table).....			
Claimed by: 1=taxpayer, 2=spouse.....			
	Dependent	Dependent	
First name.....			
Last name.....			
Title/suffix.....			
Date of birth (m/d/y).....			
Date of death.....			
Date of adoption.....			
Social security number.....			
Relationship.....			
Months lived at home.....			
Type of dependent (see table).....			
Earned income credit (see table).....			
Claimed by: 1=taxpayer, 2=spouse.....			
	Dependent	Dependent	
First name.....			
Last name.....			
Title/suffix.....			
Date of birth (m/d/y).....			
Date of death.....			
Date of adoption.....			
Social security number.....			
Relationship.....			
Months lived at home.....			
Type of dependent (see table).....			
Earned income credit (see table).....			
Claimed by: 1=taxpayer, 2=spouse.....			
	Dependent	Dependent	
First name.....			
Last name.....			
Title/suffix.....			
Date of birth (m/d/y).....			
Date of death.....			
Date of adoption.....			
Social security number.....			
Relationship.....			
Months lived at home.....			
Type of dependent (see table).....			
Earned income credit (see table).....			
Claimed by: 1=taxpayer, 2=spouse.....			

Please enter all pertinent 2017 information.

DIRECT DEPOSIT / ELECTRONIC PAYMENT (3)

1=direct deposit of federal tax refund into bank account		
1=electronic payment of balance due		
1=electronic payment of estimated tax		

BANK INFORMATION

Name of Bank	Percent to Deposit (xx.xx)	Routing Number	Account Number	Type of Account (Table 1)	Type of Invest. (Table 2)

2017 ESTIMATED TAX / 1040-ES (6)

Federal

	Amount Paid	Date Paid	TS	2017 Voucher Amount
Overpayment applied from 2016				
1st quarter payment				
2nd quarter payment				
3rd quarter payment				
4th quarter payment				
Additional Estimated Tax Payments				
Paid with extension				
Former spouse SSN if joint estimates				

State

	Amount Paid	Date Paid	TS	2017 Voucher Amount
Overpayment applied from 2016				
1st quarter payment				
2nd quarter payment				
3rd quarter payment				
4th quarter payment				
Additional Estimated Tax Payments				
Paid with extension				

1 **Type of Account**

1 = Savings
2 = Checking

2 **Type of Investment**

1 = Checking or savings (default)	6 = Coverdell savings account (ESA)
2 = Taxpayer's IRA (next year limits)	7 = Other
3 = Spouse's IRA (next year limits)	8 = Taxpayer's IRA (current year limits)
4 = Health savings account (HSA)	9 = Spouse's IRA (current year limits)
5 = Archer MSA	

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Direct Deposit & Estimates (Form 1040 ES) (cont.)

7.1

Please enter all pertinent 2017 information.

APPLICATION OF 2017 OVERPAYMENT (7.1)

If you have an overpayment of 2017 taxes, do you want the excess refunded? or applied to 2018 estimate? ...

Other (please explain): _____

2018 ESTIMATED TAX INFORMATION

Do you expect your 2018 taxable income to be different from 2017? Yes No

If "yes" explain any differences in income, deductions, dependents, etc.: _____

Do you expect your 2018 withholding to be different from 2017? Yes No

If "yes" explain any differences: _____

7.1

2017	1040	US	Wages, Pensions, Gambling Winnings	10, 13.1, 13.2
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Please enter all pertinent 2017 amounts & attach all W-2, W-2G and 1099-R forms.
Last year's amounts are provided for your reference.

WAGES, SALARIES, TIPS (10)

No.	Name of Employer (Box c)	1=retirement plan (Box 13)		Wages, Tips, Other Compensation (Box 1)	Tax Withheld					2016 Wages
		1=spouse			Federal (Box 2)	Social Security (Box 4)	Medicare (Box 6)	State (Box 17)	Local (Box 19)	

PENSIONS, IRA DISTRIBUTIONS (13.1)

No.	Name of Payer	Distribution code #2		Gross Distribution (Box 1)	Taxable Amount (Box 2a)	Tax Withheld		Value of all IRAs at 12/31/17	2016 Distribution
		Distribution code #1				Federal (Box 4)	State (Box 12)		
		1=IRA/SEP/SIMPLE							
		1=spouse							

GAMBLING WINNINGS (W-2G) (13.2)

No.	Name of Payer	1=spouse	Gross Winnings (Box 1)	Tax Withheld			2016 Winnings
				Federal (Box 4)	State (Box 15)	Local (Box 17)	

GAMBLING LOSSES & WINNINGS (NON W-2G) (13.2)

	2017 Amount	TS		2016 Amount
Total gambling losses				
Winnings not reported on Form W-2G				

10, 13.1, 13.2

2017	1040	US	Miscellaneous Income	14.1
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Please enter all pertinent 2017 amounts and attach all 1099-MISC, SSA-1099, and RRB-1099 forms. Last year's amounts are provided for your reference.

MISCELLANEOUS INCOME

	2017 Amount		2016 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Social security benefits (SSA-1099, box 5)				
Medicare premiums paid (SSA-1099)				
1=treat Medicare premiums paid as SE health ins..				
Tier 1 RR retirement benefits (RRB-1099, box 5) ..				
1=lump-sum election for SS benefits				
Alimony received				
Taxable scholarships and fellowships				
Jury duty pay				
Household employee income not on W-2				
Excess minister's allowance				
Alaska permanent fund dividends				
Income from rental of personal property				
Income subject to S/E tax:				

Other income (1099-MISC, box 3, 8)				

TAX WITHHELD (not entered elsewhere)

Federal income tax withheld				
State income tax withheld				
Local income tax withheld				

	14.1
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State & Local Tax Refunds / Unemployment Compensation

14.2

Please add, change or delete 2017 information as appropriate.
Be sure to attach all 1099-G forms.

**STATE AND LOCAL TAX REFUNDS /
UNEMPLOYMENT COMPENSATION (Form 1099-G)**

2017 1099-G Amount

No. <input type="text"/>	Name of payer		
	1=spouse.....		
	Unemployment compensation:		
	Total received (Box 1)		
	2017 Overpayment repaid.....		
	State and local refunds:		
	State and local income tax refund, credit or offsets (Box 2)		
	1=city or local income tax refund		
	Tax year for box 2 if not 2016 (Box 3).....		
	Federal income tax withheld (Box 4).....		
	RTAA payments (Box 5).....		
	Taxable grants:		
	Federal taxable amount (Box 6)		
	State taxable amount, if different.....		
	Farm amounts:		
Agriculture payments (Box 7).....			
1=agriculture payments are from conservation reserve program			
Market gain (Box 9).....			
Number of farm			
1=box 2 is trade or business income (Box 8).....			
State income tax withheld (Box 11).....			

No. <input type="text"/>	Name of payer		
	1=spouse.....		
	Unemployment compensation:		
	Total received (Box 1)		
	2017 Overpayment repaid.....		
	State and local refunds:		
	State and local income tax refund, credit or offsets (Box 2)		
	1=city or local income tax refund		
	Tax year for box 2 if not 2016 (Box 3).....		
	Federal income tax withheld (Box 4).....		
	RTAA payments (Box 5).....		
	Taxable grants:		
	Federal taxable amount (Box 6)		
	State taxable amount, if different.....		
	Farm amounts:		
Agriculture payments (Box 7).....			
1=agriculture payments are from conservation reserve program			
Market gain (Box 9).....			
Number of farm			
1=box 2 is trade or business income (Box 8).....			
State income tax withheld (Box 11).....			

14.2

Please enter all pertinent 2017 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

Principal business/profession.....	
Principal business code.....	
Business name, if different from Form 1040.....	
Business address, if different from Form 1040...	
City, if different from Form 1040.....	
State, if different from Form 1040.....	
ZIP code, if different from Form 1040.....	
Foreign region.....	
Foreign postal code.....	
Foreign country.....	
Employer identification number.....	
Other accounting method.....	

Accounting method: 1=cash, 2=accrual.....		
Inventory method: 1=cost, 2=lower cost/market, 3=other.....		
1=change of inventory method.....		
1=spouse, 2=joint.....		
1=first Schedule C filed for this business.....		
If required to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no.....		
1=not subject to self-employment tax.....		
1=did not "materially participate".....		
1=personal services is not a material income producing factor.....		
1=investment.....		
1=minister's Schedule C.....		
1=single member limited liability company.....		
1=trader in financial instruments or commodities.....		

INCOME

	2017 Amount	2016 Amount
Gross receipts or sales (Form 1099-MISC, box 7).....		
Returns and allowances.....		
Other income:		

COST OF GOODS SOLD

Inventory at beginning of the year.....		
Purchases.....		
Cost of items for personal use.....		
Cost of labor.....		
Materials and supplies.....		
Other costs:		

Inventory at end of the year.....		

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Business Income (Schedule C) (cont.)

No.

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Please enter all pertinent 2017 amounts. Last year's amounts are provided for your reference.

EXPENSES

	2017 Amount	2016 Amount
Accounting.....		
Advertising.....		
Answering service.....		
Bad debts from sales or service.....		
Bank charges.....		
Car and truck expenses (not entered elsewhere).....		
Commissions.....		
Contract labor.....		
Delivery and freight.....		
Dues and subscriptions.....		
Employee benefit programs.....		
Insurance (other than health).....		
Mortgage interest (paid to banks, etc.).....		
Other interest (not entered elsewhere).....		
Janitorial.....		
Laundry and cleaning.....		
Legal and professional.....		
Miscellaneous.....		
Office expense.....		
Outside services.....		
Parking and tolls.....		
Pension and profit sharing plans - contributions.....		
Pension and profit sharing plans - admin. and education costs.....		
Postage.....		
Printing.....		
Rent - vehicles, machinery, & equipment (not entered elsewhere).....		
Rent - other.....		
Repairs.....		
Security.....		
Supplies.....		
Taxes - real estate.....		
Taxes - payroll.....		
Taxes - sales tax included in gross receipts.....		
Taxes - other (not entered elsewhere).....		
Telephone.....		
Tools.....		
Travel.....		
Total meals and entertainment in full (50%).....		
Department of Transportation meals in full (80%).....		
Uniforms.....		
Utilities.....		
Wages.....		

Other expenses:

NOTE: If you purchased or disposed of any business assets, please complete Sheet 22.

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Please enter all pertinent 2017 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

	2017 Amount	2016 Amount
Description of vehicle.....		
1=no evidence to support your deduction.....		
1=no written evidence to support your deduction.....		
1=vehicle is available for off-duty personal use.....		
1=no other vehicle is available for personal use.....		
1=vehicle used primarily by more than 5% owner.....		
Number of months of business use if changed from 100% personal use.....		

AUTOMOBILE MILEAGE

Total mileage (for the tax year).....		
Business mileage.....		
Commuting mileage (for the tax year).....		
Average daily round-trip commute.....		

ACTUAL EXPENSES

Parking fees and tolls (business portion only).....		
Gasoline, lube, oil.....		
Repairs.....		
Tires.....		
Insurance.....		
Miscellaneous.....		
Auto license (other than personal property taxes).....		
Personal property taxes (based on car's value).....		
Interest (car loan) (for Schedule C, E & F).....		
Vehicle rent or lease payments.....		
Inclusion amount (enter as positive).....		
Value of employer-provided vehicle on Form W-2 (2106).....		

Please enter all pertinent 2017 information. Last year's amounts are provided for your reference.

TRADITIONAL IRA CONTRIBUTIONS

	2017 Amount		2016 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
IRA contributions you made or expect to make (1=maximum) (\$5,500/\$6,500 if 50 or older).....				
Contributions made to date				
1=covered by plan, 2=not covered.....				
2017 payments from 1/1/18 to 4/17/18.....				

ROTH IRA CONTRIBUTIONS

	2017 Amount		2016 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Roth IRA contributions you made or expect to make (1=maximum) (\$5,500/\$6,500 if 50 or older).....				
Contributions made to date				

SEP, SIMPLE AND QUALIFIED PLANS (KEOGH)

	2017 Amount		2016 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Profit-sharing (25%/1.25) contributions you made or expect to make (1=maximum)				
Money purchase (25%/1.25) contributions you made or expect to make (1=maximum)				
Defined benefit contributions you expect to make.....				
Self-employed SEP (25%/1.25) contributions you made or expect to make (1=maximum)				
Plan contribution rate if not .25 (.xxxx)				
Individual 401k: SE elective deferrals (except Roth) (1=max.)				
Individual 401k: SE designated Roth contributions (1=max.).....				
SIMPLE contributions:				
Self-employed SIMPLE contributions you made or expect to make (1=maximum)				
Employer matching rate if not .03 (.xxxx)				
1=nonelective contributions (2%)				
Contributions made to date				

ADJUSTMENTS TO INCOME

	2017 Amount		2016 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Self-employed health insurance:				
Total premiums (excluding long-term care).....				
Long-term care premiums.....				
Student loan interest paid (1098-E, box 1)				
Educator expenses (kindergarten thru grade 12)				
Jury duty pay given to employer.....				
Expenses from rental of personal property.....				
Other adjustments to income:				

	Taxpayer		Spouse	
	Alimony paid:			
Recipient's first name....				
Recipient's last name....				
Recipient's SSN.....				
Amount paid		2016 amt:		2016 amt:

**Please enter all pertinent 2017 amounts and attach all 1098 forms.
Last year's amounts are provided for your reference.**

MEDICAL AND DENTAL EXPENSES

NOTE: Enter self-employed health insurance premiums on Sheet 24 and Medicare insurance premiums on Sheet 14.

	2017 Amount	TS	2016 Amount
Prescription medicines and drugs			
Doctors, dentists and nurses			
Hospitals and nursing homes			
Insurance premiums not entered elsewhere (excl. LT care & amts. paid w/pre-tax dollars) ..			
Long-term care premiums - taxpayer			
Long-term care premiums - spouse			
Insurance reimbursement (enter as a positive number)			
Lodging and transportation:			
Out-of-pocket expenses			
Medical miles driven			
Other medical and dental expenses:			

TAXES PAID (State and local withholding and 2017 estimates are automatic.)

State income taxes - 1/17 payment on 2016 state estimate			
State income taxes - paid with 2016 state return extension			
State income taxes - paid with 2016 state return			
State income taxes - paid for prior years and/or to other state			
City/local income taxes - 1/17 payment on 2016 city/local estimate			
City/local income taxes - paid with 2016 city/local extension			
City/local income taxes - paid with 2016 city/local return			

SALES AND USE TAXES PAID

State and local sales taxes (except autos and special items)			
Use taxes paid on 2017 purchases			
Use taxes paid with 2016 state return			
Sales tax on autos not included above			
Sales tax on boats, aircraft, other special items			

OTHER TAXES PAID

Real estate taxes - principal residence:			

Real estate taxes - property held for investment			
Personal property taxes (including auto fees in some states. Provide a copy of tax notice) ..			
Foreign income taxes			
Other taxes:			

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Itemized Deductions (continued)

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Please enter all pertinent 2017 amounts. Last year's amounts are provided for your reference.

INTEREST PAID

Home mortgage int. (Box 1) and points (Box 2) reported on Form 1098:

2017 Amount

TS

2016 Amount

Table with 3 columns: Description, 2017 Amount, TS, 2016 Amount. Includes rows for home mortgage interest and points reported on Form 1098.

Home mortgage interest not reported on Form 1098:

Form for home mortgage interest not reported on Form 1098, including fields for payee's name, SSN, address, city, state, ZIP code, region, postal code, and country.

Table with 3 columns: Description, 2017 Amount, TS, 2016 Amount. Includes row for amount paid.

Points not reported on Form 1098:

Table with 3 columns: Description, 2017 Amount, TS, 2016 Amount. Includes row for points not reported on Form 1098.

Mortgage insurance premiums on post 12/31/06 contracts (Box 4)

Table with 3 columns: Description, 2017 Amount, TS, 2016 Amount. Includes row for mortgage insurance premiums.

Investment interest (interest on margin accounts):

Table with 3 columns: Description, 2017 Amount, TS, 2016 Amount. Includes row for investment interest.

Passive interest

Table with 3 columns: Description, 2017 Amount, TS, 2016 Amount. Includes row for passive interest.

Certain home mortgage interest included above (6251)

Table with 3 columns: Description, 2017 Amount, TS, 2016 Amount. Includes row for certain home mortgage interest.

NOTE: Points paid on loans other than to buy, build, or improve your main home are deductible over the life of the mortgage. For these types of loans also provide the dates and lives of the loans.

CASH CONTRIBUTIONS

NOTE: No deduction is allowed for cash or check contributions unless the donor maintains a bank record, or a written communication from the donee, showing the name of the organization, contribution date(s), and contribution amount(s).

Churches, schools, hospitals, and other charitable organizations (50% limitation):

Contributions by cash or check:

Table with 3 columns: Description, 2017 Amount, TS, 2016 Amount. Includes rows for cash or check contributions.

Volunteer expenses (out-of-pocket)

Number of charitable miles

Table with 3 columns: Description, 2017 Amount, TS, 2016 Amount. Includes rows for volunteer expenses and charitable miles.

Veterans' organizations, fraternal societies, nonprofit cemeteries, and certain private nonoperating foundations (30% limitation):

Contributions by cash or check:

Table with 3 columns: Description, 2017 Amount, TS, 2016 Amount. Includes rows for cash or check contributions.

Volunteer expenses (out-of-pocket)

Number of charitable miles

Table with 3 columns: Description, 2017 Amount, TS, 2016 Amount. Includes rows for volunteer expenses and charitable miles.

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Itemized Deductions (continued)

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Please enter all pertinent 2017 amounts. Last year's amounts are provided for your reference.

NONCASH CONTRIBUTIONS

NOTE: Use Sheet 26 if total noncash contributions are over \$500. No deduction is allowed for contributions of clothing and household items that are not in good used condition or better. In addition, a deduction for any item with minimal monetary value may be denied.

50% limitation (see above):

2017 Amount	TS	2016 Amount

30% limitation (see above):

30% capital gain property (gifts of capital gain property to 50% limit orgs.):

20% capital gain property (gifts of capital gain property to non-50% limit orgs.):

MISCELLANEOUS DEDUCTIONS (subject to 2% AGI limit)

Union and professional dues

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Other unreimbursed employee expenses (uniforms and protective clothing, professional subscriptions, employment agency fees, and certain edu. expenses):

Investment expense:

Tax return preparation fee

Safe deposit box rental

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Miscellaneous deductions (2% AGI) (certain legal and accounting fees, and custodial fees):

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Itemized Deductions (continued)

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If either of the following conditions below apply to you, your home mortgage interest deduction may need to be limited and the input section provided below should be completed. If neither condition applies, enter home mortgage interest amounts on organizer sheet 25 p2.

- Total home equity debt exceeded \$100,000 at any time during 2017 (\$50,000 if married filing separate). For this purpose, home equity debt is defined as any mortgages taken out after October 13, 1987 in which the proceeds were used for purposes other than to buy, build, or improve your home. An example of this type of mortgage is a home equity loan use to pay off credit card bills, buy a car, or pay tuition.
- Total home acquisition debt exceeded \$1,000,000 at any time during 2017 (\$500,000 if married filing separate). For this purpose, home acquisition debt is defined as any mortgages taken out after October 13, 1987 in which the proceeds were used to buy, build, or improve your home.

NOTE: When completing the input section below, grandfather debt represents loans taken out prior to October 14, 1987.

Please enter all pertinent 2017 amounts and attach all 1098 forms.
Last year's amounts are provided for your reference.

	2017 Amount	TS	2016 Amount
Fair market value of the property on the date that the last debt was secured			
Home acquisition and grandfather debt on the date that the last debt was secured			

LOAN INFORMATION

Loan #1

Lender's name			
Form (see table)			
Number of form			
1=taxpayer, 2=spouse, blank=joint			
Interest paid			
Points paid			
Total principal paid			
Lump sum principal payment (if paid off)			
Months outstanding (if not 12)			
Home acquisition debt balance - beginning of year			
Home acquisition debt borrowed in 2017			
Home equity debt balance - beginning of year			
Home equity debt borrowed in 2017			
Grandfather debt balance - beginning of year			

Loan #2

Lender's name			
Form (see table)			
Number of form			
1=taxpayer, 2=spouse, blank=joint			
Interest paid			
Points paid			
Total principal paid			
Lump sum principal payment (if paid off)			
Months outstanding (if not 12)			
Home acquisition debt balance - beginning of year			
Home acquisition debt borrowed in 2017			
Home equity debt balance - beginning of year			
Home equity debt borrowed in 2017			
Grandfather debt balance - beginning of year			

Form
1 = Schedule A (default)
2 = Business use of home
3 = Schedule E

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2017	1040	US	Business Use of Home (Form 8829)	No. <input style="width:40px;" type="text"/>	29
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**Please enter 2017 indirect expenses in full. Nonbusiness portion will carry to Schedule A.
Business percentage will be applied to indirect expenses only.**

BUSINESS USE OF HOME

	2017 Amount	2016 Amount
Form		
Number of form (e.g., enter 2 for Schedule C number 2)		
Business use area (square footage)		
Total area of home (square footage)		
Total hours facility used (for daycare facilities only)		
Total hours available (if not 8,760)		
Area of home included above used exclusively for daycare business, if any (sq ft)		
% (.xx) or amount of gross income from home if not 100% (-1 if none)		
% (.xx) or amount of expenses from home if not 100% (-1 if none)		

INDIRECT EXPENSES

NOTE: Indirect expenses are for keeping up and running your entire home. They benefit both the business and personal parts of your home.

Mortgage interest		
Real estate taxes		
Qualified mortgage insurance premiums		
Casualty losses		
Insurance		
Miscellaneous		
Rent		
Repairs and maintenance		
Utilities		
Excess mortgage interest		
Other indirect expenses:		

DIRECT EXPENSES

NOTE: Direct expenses benefit only the business part of your home. They include painting or repairs made to specific areas or rooms used for business.

Mortgage interest		
Real estate taxes		
Qualified mortgage insurance premiums		
Casualty losses		
Insurance		
Miscellaneous		
Rent		
Repairs and maintenance		
Utilities		
Excess mortgage interest		
Excess casualty losses		
Allowable casualty losses		
Other direct expenses:		

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Employee/Vehicle Bus. Exp. (Form 2106)

No.

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Please enter all pertinent 2017 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

Occupation, if different from Form 1040.....

Form	<input type="text"/>	
Number of form (1=first Schedule C, 2=second, etc.)	<input type="text"/>	
1=spouse	<input type="text"/>	
1=performance artist, 2=handicapped, 3=fee-basis government official.....	<input type="text"/>	
1=minister's expenses	<input type="text"/>	

EMPLOYEE BUSINESS EXPENSES

	2017 Amount	2016 Amount
Meal and entertainment expenses	<input type="text"/>	<input type="text"/>
Reimbursements for meals and entertainment not on W-2, box 1	<input type="text"/>	<input type="text"/>
1=Department of Transportation (80% meal allowance)	<input type="text"/>	
Local transportation (bus, taxi, train, etc.).....	<input type="text"/>	<input type="text"/>
Travel expenses while away from home overnight	<input type="text"/>	<input type="text"/>
Reimbursements not included on Form W-2, box 1.....	<input type="text"/>	<input type="text"/>
Other business expenses:	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

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2017

1040

US

Vehicle Expenses (Form 2106) (cont.)

No.

30 p2

Please enter all pertinent 2017 amounts. Last year's amounts are provided for your reference.

VEHICLE INFORMATION

	2017 Amount	2016 Amount
1=vehicle used primarily by more than 5% owner.....		
1=vehicle is available for off-duty personal use.....		
1=no other vehicle is available for personal use.....		
1=no evidence to support your deduction.....		
1=no written evidence to support your deduction.....		

VEHICLE 1

Description of vehicle.....		
Date placed in service (m/d/y).....		
Total mileage (for the tax year).....		
Business mileage.....		
Commuting mileage (for the tax year).....		
Average daily round-trip commute.....		
Number of months of business use if changed from 100% personal use.....		
Parking fees and tolls (business portion only).....		
Actual expenses:		
Gasoline, lube, oil.....		
Repairs.....		
Tires.....		
Insurance.....		
Miscellaneous.....		
Auto license (other than personal property taxes).....		
Personal property taxes (based on car's value).....		
Interest (car loan) (for Schedule C, E & F).....		
Vehicle rent or lease payments.....		
Inclusion amount (enter as positive).....		
Value of employer-provided vehicle on Form W-2 (2106).....		

VEHICLE 2

Description of vehicle.....		
Date placed in service (m/d/y).....		
Total mileage (for the tax year).....		
Business mileage.....		
Commuting mileage (for the tax year).....		
Average daily round-trip commute.....		
Number of months of business use if changed from 100% personal use.....		
Parking fees and tolls (business portion only).....		
Actual expenses:		
Gasoline, lube, oil.....		
Repairs.....		
Tires.....		
Insurance.....		
Miscellaneous.....		
Auto license (other than personal property taxes).....		
Personal property taxes (based on car's value).....		
Interest (car loan) (for Schedule C, E and F).....		
Vehicle rent or lease payments.....		
Inclusion amount (enter as positive).....		
Value of employer-provided vehicle on Form W-2 (2106).....		

2017	1040	US	Child and Dependent Care Expenses (Form 2441)	33.1,33.2
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Please enter all pertinent 2017 information. Last year's amounts are provided for your reference. You must have paid for the care of one or more dependents enabling you to work or attend school to qualify for this credit.

DEPENDENT CARE EXPENSES (33.1)	2017 Amount		2016 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Dependent care expenses incurred but not paid in 2017...				
Employer-provided benefits forfeited in 2017.....				

PERSONS AND EXPENSES QUALIFYING FOR DEPENDENT CARE CREDIT

No. <input style="width:40px;" type="text"/>	First name.....		
	Last name.....		
	Title or suffix.....		
	Date of birth (m/d/y).....		
	Social security number.....		
	Qualified dependent care expenses incurred and paid in 2017.....		2016 amt:
	1=disabled.....		
1=spouse, 2=joint.....			

No. <input style="width:40px;" type="text"/>	First name.....		
	Last name.....		
	Title or suffix.....		
	Date of birth (m/d/y).....		
	Social security number.....		
	Qualified dependent care expenses incurred and paid in 2017.....		2016 amt:
	1=disabled.....		
1=spouse, 2=joint.....			

PERSONS OR ORGANIZATIONS PROVIDING CARE (33.2)

No. <input style="width:40px;" type="text"/>	Name of provider.....		
	Street address.....		
	City.....		
	State.....		
	ZIP code.....		
	Foreign region.....		
	Foreign postal code.....		
	Foreign country.....		
	Identification number (SSN or EIN).....		
	Amount paid to care provider in 2017.....		2016 amt:
	1=spouse, 2=joint.....		

Please complete the information below if you paid qualified education expenses in 2017 for you, your spouse, or your dependents enrolled in an accredited postsecondary institution. Last year's amounts are provided for your reference.

STUDENT INFORMATION

1=taxpayer, 2=spouse	
First name	
Last name	
Social security number.....	
Number of years hope credit claimed	
Number of prior years AOC claimed	
1=student was NOT enrolled at least half-time for at least one academic period that began in 2017 (or the first 3 months of 2018 if the qualified expenses were made in 2017) at an eligible institution in a qualified program.	
1=student completed first four years of post-secondary education before 2017.	
1=student was convicted, before the end of 2017, of a felony for possession or distribution of a controlled substance.	

EDUCATIONAL INSTITUTION ATTENDED (#1)

Name	
Street address	
City	
State	
ZIP code	
1=2017 Form 1098-T was NOT received.	
1=2017 Form 1098-T received with Box 2 & 7 completed.....	
1=2016 Form 1098-T received with Box 2 & 7 completed.....	
Federal ID number from Form 1098-T.....	

EDUCATIONAL INSTITUTION ATTENDED (#2)

Name	
Street address	
City	
State	
ZIP code	
1=2017 Form 1098-T was NOT received.	
1=2017 Form 1098-T received with Box 2 & 7 completed.....	
1=2016 Form 1098-T received with Box 2 & 7 completed.....	
Federal ID number from Form 1098-T.....	

QUALIFIED EDUCATION EXPENSES

	2017 Amount	2016 Amount
Qualified tuition & fees paid in 2017 (net of refund or assistance, & not entered elsewhere) ..		
Books & supplies required to be purchased from institution.		
Books & supplies not entered above.....		
Amount of prior year refund or assistance *		

* Refund of qualified expenses and tax-free educational assistance received after you file your return for the year in which the expenses were paid.

2017

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US

Health Coverage Form

39.1

Please do not complete this information if coverage is indicated on Form 1095-A, 1095-B or 1095-C. Attach the document with this organizer if you have it.

GENERAL INFORMATION

1=entire household covered for all months, 2=no months
Date married (if in current year)

COVERED INDIVIDUAL (#1)

(a) First name
(a) Last name
(b) ID number (SSN or TIN)
(d) 1=covered all 12 months
(e) Months of coverage:
1=November 2016
1=December 2016
1=January
1=February
1=March
1=April
1=May
1=June
1=July
1=August
1=September
1=October
1=November
1=December

COVERED INDIVIDUAL (#2)

(a) First name
(a) Last name
(b) ID number (SSN or TIN)
(d) 1=covered all 12 months
(e) Months of coverage:
1=November 2016
1=December 2016
1=January
1=February
1=March
1=April
1=May
1=June
1=July
1=August
1=September
1=October
1=November
1=December

COVERED INDIVIDUAL (#3)

(a) First name
(a) Last name
(b) ID number (SSN or TIN)
(d) 1=covered all 12 months
(e) Months of coverage:
1=November 2016
1=December 2016
1=January
1=February
1=March
1=April
1=May
1=June
1=July
1=August
1=September
1=October
1=November
1=December

COVERED INDIVIDUAL (#4)

(a) First name
(a) Last name
(b) ID number (SSN or TIN)
(d) 1=covered all 12 months
(e) Months of coverage:
1=November 2016
1=December 2016
1=January
1=February
1=March
1=April
1=May
1=June
1=July
1=August
1=September
1=October
1=November
1=December

39.1