

Miscellaneous Information

Name:

SSN:

Personal Information

Yes **No**

- Did your marital status change during the year?
If "Yes," explain _____
- Can you or your spouse be claimed as a dependent by someone else?
- Did your address change during the year?
Provide proof of identity to be eligible to e-file your tax return (driver's license or state-issued photo ID)

Dependent Information

- Did you have any changes in dependents during the year?
If "Yes," explain _____
- Can another person qualify to claim any dependents?
- Did you have any childcare expenses during the year?
- Did you have any adoption expenses during the year?
- Did you have any children under age 19 or a full-time student under age 24 with more than \$2100 of unearned income?
Provide documentation for proof of dependent related credits (school records, medical records, daycare records, etc.)

Health Care Information

- Did any member of your household **NOT** have healthcare coverage for the entire year?
Provide copies of all Forms 1095-A, 1095-B, 1095-C for **ALL** members of your household.
If any member of your household received an exemption from the marketplace, provide the Exemption Certificate Number (ECN).
- Did you receive any distributions from a Health Savings Account (HSA), Archer MSA, or Medicare Advantage MSA during the year?

Income, Purchases, Sales, and Debt Information

- Did you have a financial interest in or signature authority over a financial account or asset located in a foreign country?
- Did you receive a distribution from, or were you a grantor of, or transferor to, a foreign trust?
- Did you have any income from, or pay taxes to, a foreign country?
- Did you own property in a foreign country?
- Did you receive any tips not reported to your employer?
- Did you receive any disability income during the year?
- Did you cash any U.S. savings bonds during the year?
- Did you receive any other income not provided with this organizer?
If "Yes," explain _____
- Did you start a new business or purchase any rental property during the year?
- Did you sell an existing business, rental property, or other property during the year?
- Did you purchase any business assets or convert any assets to business use?
If "Yes," provide the cost of the asset, the date it was placed in service, and business use percentage.
- Did you purchase any gasoline, diesel, or special fuels for non-highway business use?
- Did you buy or sell any stocks, bonds, or other investments during the year?
- Did you sell a principal residence during the year?
If "Yes," provide closing documentation for the purchase and sale of the home
- Did you foreclose or abandon a principal residence or real property during the year?
- Did you refinance your principal home or second home or take out a home equity loan during the year?
If "Yes," provide all escrow, closing, and other pertinent documentation and information.
- Did you receive any principal or interest during this year from property sold in prior years?
- Did you rent out your home or use it for business?
- Did you sell, exchange, or purchase any real estate during the year?
- Did you acquire a new or additional interest in a partnership or S corporation?
- Did you have any debts canceled or forgiven this year?
- Does anyone owe you money that has become uncollectible?
- Did you purchase a new hybrid, alternative motor, or electric motor energy-efficient vehicle during the year?
If "Yes," provide the year, make, model, VIN, and date the vehicle was placed in service.

Itemized Deduction Information

- Did you pay out-of-pocket medical or dental expenses (premiums, prescriptions, mileage, etc.) during the year?
- Did you pay any long-term care premiums for yourself, your spouse, or a dependent during the year?
- Did you receive any state or local income tax refunds from prior years?

Miscellaneous Information

Name:

SSN:

Itemized Deduction Information (continued)

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Did you make any major purchases (vehicle, boat, etc.) during the year?
<input type="checkbox"/>	<input type="checkbox"/>	Did you pay any real estate property taxes or personal taxes during the year?
<input type="checkbox"/>	<input type="checkbox"/>	Did you pay mortgage interest during the year?
<input type="checkbox"/>	<input type="checkbox"/>	Did you make cash donations to charity during the year?
<input type="checkbox"/>	<input type="checkbox"/>	Did you make noncash donations to charity (clothes, furniture, etc.) during the year?
<input type="checkbox"/>	<input type="checkbox"/>	Did you donate a boat or vehicle during the year?
If "Yes," attach Form 1098-C.		
<input type="checkbox"/>	<input type="checkbox"/>	Did you have any job-related expenses that were not reimbursed by your employer (uniforms, safety equipment, etc.)?
<input type="checkbox"/>	<input type="checkbox"/>	Did you use your vehicle on the job other than for commuting to work?
<input type="checkbox"/>	<input type="checkbox"/>	Did you work out of town at any time during the year?
<input type="checkbox"/>	<input type="checkbox"/>	Did you have gambling losses during the year?

Retirement Information

- Did you receive any payments from a pension, profit sharing, or 401(k) plan during the year?
- Did you make any withdrawals from or contributions to an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), myRA, or other qualified retirement plan during the year?
- Did you receive any Social Security benefits during the year?

Education Information

- Did you pay tuition expenses that were required for attending college, university, or vocational school for yourself, your spouse, or a dependent during the year (even if classes were attended in another year)?
- Did anyone in your household attend a post-secondary school during the year?
- Did you make a contribution to or receive a distribution from an Education Savings Account or Qualified Tuition Program during the year?
- Did you pay student loan interest for yourself, your spouse, or your dependent(s) during the year?

Miscellaneous Information

- Did you incur a loss due to damaged or stolen property?
If "Yes," provide the incident date, value of the property, and amount of insurance reimbursements.
- Did you pay wages to any household employees (babysitter, nanny, housekeeper, etc.)?
- Did you make any gifts to any one person in excess of \$14,000 during the year?
If "Yes," are you splitting the gift with your spouse? _____
- Did you incur moving expenses due to a change in employment?
- Did you make any energy-efficient improvements to your main home during the year?
- Are you a business owner who paid health insurance premiums for your employees during the year?
- Did you apply an overpayment of your 2016 taxes to your 2017 estimated taxes?
- If you have an overpayment of 2017 taxes, do you want the refund applied to your 2018 estimated taxes?
- Did you make any estimated payments toward your 2017 taxes?
- Do you want to have any refund or balance due directly deposited or withdrawn?
If "Yes," provide a canceled checking or savings slip.
- Did you receive any notices from the IRS or state taxing authority?
If "Yes," explain _____
- May the IRS discuss your tax return with your preparer?
- Would you like a copy of your tax return emailed to you instead of receiving a printed copy?

Preparer Notes

Miscellaneous Notes

2017 Comprehensive Organizer Personal and Dependent Information

Personal Information

	Name	SSN	Date of birth	Healthcare coverage ALL year
Taxpayer				
Spouse				
Street address, city, state, and ZIP				
	Occupation	Daytime phone	Evening phone	Cell phone
Taxpayer				
Spouse				
Taxpayer email				
Spouse email				

Marital Status at end of 2017

- Married
 Married filing separately
 Single
 Widow(er) If spouse passed away in 2017 enter the date of death _____

Taxpayer

- Yes No
 Yes No
 Yes No
 Yes No

Spouse

- Yes No Are you blind?
 Yes No Are you disabled?
 Yes No Are you a full-time student?
 Yes No Do you want \$3 to go to the Presidential Election Campaign Fund?

Dependent Information

First and last name	SSN	Relationship	Months in home	Date of birth	Disabled	Full-time student	Healthcare coverage ALL year

List dependents required to file a return _____

Estimates

	Federal		Resident state		Resident city	
	Date paid	Amount	Date paid	Amount	Date paid	Amount
Overpayment applied from 2016	_____	_____	_____	_____	_____	_____
First quarter	_____	_____	_____	_____	_____	_____
Second quarter	_____	_____	_____	_____	_____	_____
Third quarter	_____	_____	_____	_____	_____	_____
Fourth quarter	_____	_____	_____	_____	_____	_____
Additional payments	_____	_____	_____	_____	_____	_____

Appointment Information & Notes

Your 2017 appointment is scheduled for _____

Notes

Healthcare Coverage Questionnaire

Name:

SSN:

Healthcare Information

Member of household for healthcare purposes	Covered the entire year	Covered less than 12 months	No healthcare coverage at all

YES NO

- Did anyone other than you or your spouse pay for healthcare coverage for anyone listed above?
- Did you pay for healthcare coverage for anyone not listed above?

If you had coverage for any part of the year:

Where was the policy obtained?

Employer / Medicare / Medicaid / Marketplace(Exchange) / Other

If you didn't have coverage part or all of the year:

Answer YES if the following applies to any member of the household

- Was your previous insurance policy cancelled in 2017?
- Was coverage offered by your employer or your spouse's employer?
- Are you a member of a federally recognized Indian tribe?
- Are you eligible for services through an Indian healthcare provider?
- Are you a member of a healthcare sharing ministry?
- Did you live in the United States the entire year?
- Are you enrolled in TRICARE?
- Did you apply for CHIP coverage?
- Do any of the following apply to you? Do NOT indicate which one.
 - Became homeless
 - Evicted in the past six months, or facing eviction or foreclosure
 - Received a shut-off notice from a utility company
 - Recently experienced domestic violence
 - Recently experienced the death of a close family member
 - Recently experienced a fire, flood, or other natural or human-caused disaster that resulted in substantial damage to your property
 - Filed for bankruptcy in the last six months
 - Incurred unreimbursed medical expenses in the last 24 months that resulted in substantial debt
 - Experienced unexpected increases in essential expenses due to caring for an ill, disabled, or aging family member

Healthcare Coverage Questionnaire for taxpayer and spouse (for preparer use)

PRIMARY TAXPAYER

All Year January February March April May June July August September October November December

Insured through Marketplace (Exchange). MUST provide 1095-A														
Had health care coverage from another source														
Was exempt from health care mandate. Has Exemption Certificate Number? If yes, provide number.														
Employer offered health coverage which was declined														
If YES, what would be the cost for SELF coverage?														
If YES, what would be the cost for FAMILY coverage?														
Would the FAMILY policy have covered the spouse?														

SPOUSE

All Year January February March April May June July August September October November December

Insured through Marketplace (Exchange). MUST provide 1095-A														
Had health care coverage from another source														
Was exempt from health care mandate. Has Exemption Certificate Number? If yes, provide number.														
Employer offered health coverage which was declined														
If YES, what would be the cost for SELF coverage?														
If YES, what would be the cost for FAMILY coverage?														
Would the FAMILY policy have covered the spouse?														

Healthcare Coverage Questionnaire for Dependents (for preparer use)

 All Year January February March April May June July August September October November December

Insured through Marketplace (Exchange). MUST provide 1095-A															
Had health care coverage from another source															
Was exempt from health care mandate. Has Exemption Certificate Number? If yes, provide number.															
Required to file a return?	YES <input type="checkbox"/> NO <input type="checkbox"/>		AGI of that return?												

 All Year January February March April May June July August September October November December

Insured through Marketplace (Exchange). MUST provide 1095-A															
Had health care coverage from another source															
Was exempt from health care mandate. Has Exemption Certificate Number? If yes, provide number.															
Required to file a return?	YES <input type="checkbox"/> NO <input type="checkbox"/>		AGI of that return?												

 All Year January February March April May June July August September October November December

Insured through Marketplace (Exchange). MUST provide 1095-A															
Had health care coverage from another source															
Was exempt from health care mandate. Has Exemption Certificate Number? If yes, provide number.															
Required to file a return?	YES <input type="checkbox"/> NO <input type="checkbox"/>		AGI of that return?												

Child and Dependent Care

Name: _____

SSN: _____

Child Care Provider's Information

	2017	2016
Social Security Number or Employer ID Number _____	Amount paid _____	
Name _____		
Street address _____		
City _____		Phone _____
U.S. only State, ZIP _____		
Foreign only Province/State, Country, Postal code _____		

	2017	2016
Social Security Number or Employer ID Number _____	Amount paid _____	
Name _____		
Street address _____		
City _____		Phone _____
U.S. only State, ZIP _____		
Foreign only Province/State, Country, Postal code _____		

	2017	2016
Social Security Number or Employer ID Number _____	Amount paid _____	
Name _____		
Street address _____		
City _____		Phone _____
U.S. only State, ZIP _____		
Foreign only Province/State, Country, Postal code _____		

	2017	2016
Social Security Number or Employer ID Number _____	Amount paid _____	
Name _____		
Street address _____		
City _____		Phone _____
U.S. only State, ZIP _____		
Foreign only Province/State, Country, Postal code _____		

Wages and Salaries

Name: _____

SSN: _____

Provide all copies of Form W-2

TS _____ Employer's name and address: _____ Federal EIN _____

	2017	2016		2017	2016
Wages, tips, other compensation _____			State _____ State I.D. _____		
Federal income tax withheld _____			State wages _____		
Social Security wages _____			State income tax _____		
Social Security tax withheld _____			Locality name _____		
Medicare wages and tips _____			Local wages _____		
Medicare tax withheld _____			Local income tax _____		
Social Security tips _____			State _____ State I.D. _____		
Allocated tips _____			State wages _____		
Dependent care benefits _____			State income tax _____		
			Locality name _____		
Are you a statutory employee? _____			Local wages _____		
Are you covered by a retirement plan? _____			Local income tax _____		
Did you receive third-party sick pay? _____					

TS _____ Employer's name and address: _____ Federal EIN _____

	2017	2016		2017	2016
Wages, tips, other compensation _____			State _____ State I.D. _____		
Federal income tax withheld _____			State wages _____		
Social Security wages _____			State income tax _____		
Social Security tax withheld _____			Locality name _____		
Medicare wages and tips _____			Local wages _____		
Medicare tax withheld _____			Local income tax _____		
Social Security tips _____			State _____ State I.D. _____		
Allocated tips _____			State wages _____		
Dependent care benefits _____			State income tax _____		
			Locality name _____		
Are you a statutory employee? _____			Local wages _____		
Are you covered by a retirement plan? _____			Local income tax _____		
Did you receive third-party sick pay? _____					

Interest Income

Name:

SSN:

Provide all Form(s) 1099-INT relating to interest income

TSJ	Name of payer (If seller-financed mortgage enter ID number and address of payer)	Interest income	Federal income tax withheld	Foreign tax paid	Tax exempt interest	Amount of resident state municipal interest	Nominee interest

Did you have a financial interest in or signature authority over a financial account or asset located in a foreign country? Yes No

Schedule C - Profit or Loss from Business

Name: _____

SSN: _____

General Business Information

TS _____ Principal business product or profession _____ Business code _____

Employer I.D. number _____

Business name _____

Business address _____

City _____

U.S. only State, ZIP _____

Foreign only Province/State, Country, Postal code _____

Accounting method, if not cash Accrual Other _____

Inventory method, if not cost Lower of cost or market Other _____

Change of inventory method Yes No

You started or acquired this business during 2017

Some investment is NOT at risk

You disposed of this property during 2017

Did you make any payments in 2017 that would require you to file Form(s) 1099? Yes No

If "Yes," did you or will you file all required Form(s) 1099 for the individual(s)? Yes No

Other Information

	2017	2016
Family health coverage	_____	_____

Income

	2017	2016
Gross receipts or sales	_____	_____
Returns and allowances	_____	_____
Other income	_____	_____

Cost of Goods Sold

	2017	2016
Inventory at beginning of the year	_____	_____
Purchases (less cost of items withdrawn for personal use)	_____	_____
Cost of labor	_____	_____
Materials and supplies	_____	_____
Other costs (list on detail worksheet)	_____	_____
Inventory at end of year	_____	_____

Schedule C - Profit or Loss from Business

Name:

SSN:

Expenses			
TS	Business name	Profession or product	
			2017
			2016
Advertising			
Car and truck expenses			
Commissions and fees			
Contract labor			
Depletion			
Employee benefit programs			
Insurance (other than health)			
Mortgage interest (paid to banks, etc.)			
Other interest			
Legal and professional services			
Office expenses			
Pension and profit sharing plans			
Rent or lease (vehicles, machinery, and equipment)			
Rent (other business property)			
Repairs and maintenance			
Supplies			
Taxes and licenses (including real estate taxes)			
Travel			
Total meals and entertainment			
Utilities			
Wages			
Other expenses (list):			

Casualties and Thefts

Name: _____

SSN: _____

Description of property _____

Location of property _____

Was property Personal Business Income-producing Employee income-producing

Date acquired _____ Fair market value before incident _____

Cost or other basis _____ Fair market value after incident _____

Insurance or other reimbursement (whether or not you filed a claim) _____ Date of incident _____

Theft Loss Deduction for Ponzi-Type Investment Scheme

Part I Computation of Deduction

Initial investment _____ Percentage of qualified investment _____

Subsequent investments _____ Actual recovery _____

Income reported in prior years _____ Potential insurance / SIPC recovery _____

Withdrawals _____

Part II Required Statements and Declarations

Information about the person or entity that conducted fraudulent arrangements

Name _____ SSN/EIN _____

Address _____

City _____ State _____ ZIP _____

Description of property _____

Location of property _____

Was property Personal Business Income-producing Employee income-producing

Date acquired _____ Fair market value before incident _____

Cost or other basis _____ Fair market value after incident _____

Insurance or other reimbursement (whether or not you filed a claim) _____ Date of incident _____

Theft Loss Deduction for Ponzi-Type Investment Scheme

Part I Computation of Deduction

Initial investment _____ Percentage of qualified investment _____

Subsequent investments _____ Actual recovery _____

Income reported in prior years _____ Potential insurance / SIPC recovery _____

Withdrawals _____

Part II Required Statements and Declarations

Information about the person or entity that conducted fraudulent arrangements

Name _____ SSN/EIN _____

Address _____

City _____ State _____ ZIP _____

Installment Sale Income

Name: _____

SSN: _____

TSJ _____ Description of property: _____

	2017	Prior years
Date acquired _____ Date sold _____		
Selling price	_____	
Mortgages assumed	_____	
Cost of property sold	_____	
Depreciation allowed	_____	
Commissions and expense of sale	_____	
Gross profit percentage	_____	
Interest received	_____	
Principal payments received	_____	

TSJ _____ Description of property: _____

	2017	Prior years
Date acquired _____ Date sold _____		
Selling price	_____	
Mortgages assumed	_____	
Cost of property sold	_____	
Depreciation allowed	_____	
Commissions and expense of sale	_____	
Gross profit percentage	_____	
Interest received	_____	
Principal payments received	_____	

TSJ _____ Description of property: _____

	2017	Prior years
Date acquired _____ Date sold _____		
Selling price	_____	
Mortgages assumed	_____	
Cost of property sold	_____	
Depreciation allowed	_____	
Commissions and expense of sale	_____	
Gross profit percentage	_____	
Interest received	_____	
Principal payments received	_____	

Schedule E - Income or Loss from Rental Real Estate & Royalties

Name: _____

SSN: _____

General Property Information

Property description _____
 Address, city, state, ZIP _____

Select the property type

- Single family residence Vacation / short-term rental Land Self-rental
 Multi-family residence Commercial Royalties Other _____

Number of days property was rented _____ Number of days property was used for personal use _____

If the rental is a multi-dwelling unit and you occupied part of the unit, what percentage did you occupy _____

- This property is your main home Yes No Payments of \$600 or more were paid to an individual who is not your employee for services provided for this rental.
 This property was disposed of during 2017 Yes No You filed Form(s) 1099 for the individual(s)
 This property was owned as a qualified joint venture

Income

	2017	2016		2017	2016
Rent Income	_____	_____	Royalties from oil, gas, mineral, copyright or patent	_____	_____
Rental income from Form(s) 1099-MISC _____	_____	_____	Royalties from Form 1099(s)-MISC _____	_____	_____

Expenses

	Rental unit expenses		Rental <u>and</u> homeowner expenses		
Advertising	_____	_____	_____	_____	If this Schedule E is for a multi-unit dwelling and you lived in one unit and rented out the other units, use the "Rental and homeowner expenses" column to show expenses that apply to the entire property. Use the "Rental unit expenses" column to show expenses that pertain ONLY to the rental portion of the property.
Auto & travel	_____	_____	_____	_____	
Cleaning & maintenance	_____	_____	_____	_____	
Commissions	_____	_____	_____	_____	
Depletion	_____	_____	_____	_____	
Insurance	_____	_____	_____	_____	
Legal & professional fees	_____	_____	_____	_____	
Management fees	_____	_____	_____	_____	
Interest - mortgage	_____	_____	_____	_____	
Interest - other	_____	_____	_____	_____	
Repairs	_____	_____	_____	_____	If the Schedule E is not for a multi-unit property in which you lived in one unit, complete just the "Rental unit expenses" column.
Supplies	_____	_____	_____	_____	
Taxes	_____	_____	_____	_____	
Utilities	_____	_____	_____	_____	
Other expenses (list)	_____	_____	_____	_____	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	

2017

Income or Loss from Partnerships, S corporations, and Fiduciaries

Name:

SSN:

Partnerships, S corporations, Estates and Trusts

Provide all copies of Schedule K-1 and attachments

TSJ	Entity name	EIN

Form 4835 - Farm Rental Income and Expenses

Name: _____

SSN: _____

General Information

Description _____ Employer ID number _____

This farm was disposed of during 2017

This farm received applicable subsidy during 2017

Income

	2017	2016		2017	2016
Income from production of livestock, grains, and other crops	_____	_____	Other income	_____	_____
Total cooperative distributions	_____	_____		_____	_____
Total agricultural payments	_____	_____		_____	_____
Commodity Credit Corporation (CCC) loans:					
CCC loans reported	_____	_____		_____	_____
CCC loans forfeited	_____	_____		_____	_____
Crop insurance proceeds:					
Amount received in 2017	_____	_____		_____	_____
<input type="checkbox"/> You elect to defer to 2018					
Amount deferred from 2016	_____	_____		_____	_____

Expenses

	2017	2016		2017	2016
Car & truck expenses	_____	_____	Seeds & plants purchased	_____	_____
Chemicals	_____	_____	Storage & warehousing	_____	_____
Conservation expenses	_____	_____	Supplies purchased	_____	_____
Custom hire (machine work)	_____	_____	Taxes	_____	_____
Employee benefit programs	_____	_____	Utilities	_____	_____
Feed purchased	_____	_____	Veterinary, breeding, & medicine	_____	_____
Fertilizers & lime	_____	_____	Other expenses (list)		
Freight & trucking	_____	_____		_____	_____
Gasoline, fuel, & oil	_____	_____		_____	_____
Insurance (other than health)	_____	_____		_____	_____
Interest - mortgage (paid to banks, etc.)	_____	_____		_____	_____
Interest - other:	_____	_____		_____	_____
Labor hired (less jobs credit)	_____	_____		_____	_____
Pension & profit-sharing plans	_____	_____		_____	_____
Rent - vehicles, machinery & equip	_____	_____		_____	_____
Rent - other (land, animals, etc.)	_____	_____		_____	_____
Repairs & maintenance	_____	_____		_____	_____

Schedule F - Profit or Loss from Farming

Name: _____

SSN: _____

General Information

Principal product _____ Employer ID Number _____

- This farm was disposed of during 2017 Yes No Payments of \$600 or more were paid to an individual who is not your employee for services provided for this farm
- This farm received government subsidy in 2017 Yes No You filed Form(s) 1099 for the individual(s)

Income

	2017	2016		2017	2016
Sale of livestock / other items	_____	_____	Beginning inventory for accrual	_____	_____
Cost of items bought for resale	_____	_____	Ending inventory for accrual	_____	_____
Sale of products you raised	_____	_____	<input type="checkbox"/> You used unit-livestock-price or farm-price inventory method		
Total cooperative distributions	_____	_____	Other income	_____	_____
Total agricultural payments	_____	_____		_____	_____
Commodity Credit Corporation (CCC) loans:					
CCC loans reported	_____	_____		_____	_____
CCC loans forfeited	_____	_____		_____	_____
Crop insurance proceeds:					
Amount received in 2017	_____	_____		_____	_____
<input type="checkbox"/> You elect to defer to 2018					
Amount deferred from 2016	_____	_____		_____	_____
Custom hire income	_____	_____		_____	_____

Expenses

	2017	2016		2017	2016
Car & truck expenses	_____	_____	Seeds & plants purchased	_____	_____
Chemicals	_____	_____	Storage & warehousing	_____	_____
Conservation expenses	_____	_____	Supplies purchased	_____	_____
Custom hire (machine work)	_____	_____	Taxes	_____	_____
Employee benefit programs	_____	_____	Utilities	_____	_____
Feed purchased	_____	_____	Veterinary, breeding, & medicine	_____	_____
Fertilizers & lime	_____	_____	Other expenses	_____	_____
Freight & trucking	_____	_____		_____	_____
Gasoline, fuel, & oil	_____	_____		_____	_____
Insurance (other than health)	_____	_____		_____	_____
Interest - mortgage (paid to banks, etc.)	_____	_____		_____	_____
Interest - other	_____	_____		_____	_____
Labor hired (less jobs credit)	_____	_____		_____	_____
Pension & profit-sharing plans	_____	_____		_____	_____
Rent - vehicles, machinery, & equip	_____	_____		_____	_____
Rent - other (land, animals, etc.)	_____	_____		_____	_____
Repairs & maintenance	_____	_____		_____	_____

Form 1099-G Unemployment Compensation

Name: _____

SSN: _____

Provide all copies of Form 1099-G

TSJ _____ Payer's Federal I.D. Number: _____

Payer's name: _____

Payer's address: _____

City: _____

U.S. only State, ZIP: _____

Foreign only Province/State, Country, Postal code: _____

Payer's phone: _____ Account number: _____

	2017	2016		2017	2016
Unemployment compensation . . .	_____	_____	<input type="checkbox"/> Trade/business		
Unemployment compensation repaid in current year	_____	_____	Market gain	_____	_____
State/local tax refunds/credits . .	_____	_____	State _____ State I.D. _____	_____	
Tax year	_____	_____	State unemployment	_____	_____
Federal tax withheld	_____	_____	State withholding	_____	_____
RTAA payments	_____	_____	<input type="checkbox"/> Unemployment benefits are from railroad		
Taxable grants	_____	_____			
Agriculture	_____	_____			

TSJ _____ Payer's Federal I.D. Number: _____

Payer's name: _____

Payer's address: _____

City: _____

U.S. only State, ZIP: _____

Foreign only Province/State, Country, Postal code: _____

Payer's phone: _____ Account number: _____

	2017	2016		2017	2016
Unemployment compensation . . .	_____	_____	<input type="checkbox"/> Trade/business		
Unemployment compensation repaid in current year	_____	_____	Market gain	_____	_____
State/local tax refunds/credits . .	_____	_____	State _____ State I.D. _____	_____	
Tax year	_____	_____	State unemployment	_____	_____
Federal tax withheld	_____	_____	State withholding	_____	_____
RTAA payments	_____	_____	<input type="checkbox"/> Unemployment benefits are from railroad		
Taxable grants	_____	_____			
Agriculture	_____	_____			

Form 1099-MISC

Name: _____

SSN: _____

Provide all copies of Form 1099-MISC

TS _____ For _____ Payer's federal ID number: _____

Payer's name: _____

Address: _____

	2017	2016		2017	2016
Rents	_____	_____	State _____ State I.D. _____	_____	_____
Royalties	_____	_____	State tax withheld	_____	_____
Other income	_____	_____	State income	_____	_____
Description _____			Name of locality _____		
Federal tax withheld	_____	_____	Local tax withheld	_____	_____
Fishing boat proceeds	_____	_____	Local income	_____	_____
Medical and health care payments	_____	_____	State _____ State I.D. _____	_____	_____
Non-employee compensation	_____	_____	State tax withheld	_____	_____
Substitute payments	_____	_____	State income	_____	_____
<input type="checkbox"/> Payer made direct sales of \$5,000 or more of consumer products			Name of locality _____		
Crop insurance proceeds	_____	_____	Local tax withheld	_____	_____
Excess golden parachute	_____	_____	Local income	_____	_____
Gross attorney proceeds	_____	_____			
Taxable Proceeds	_____	_____			
Section 409A deferrals	_____	_____			
Section 409A income	_____	_____			

Pension, Annuities, Retirement, Etc. Distributions

Name: _____

SSN: _____

Provide all Form(s) 1099-R, Form(s) 1099-SSA, etc.

TS _____ Payer's name: _____

Payer's federal ID number: _____

Address: _____

	2017	2016	2017	2016
			State _____ State I.D. _____	
Disability indicator	<input type="checkbox"/>	<input type="checkbox"/>	State income tax withheld	
Report as wages on 1040	<input type="checkbox"/>	<input type="checkbox"/>	State distribution	
Gross distribution			Name of locality _____	
Taxable amount			Local income tax withheld	
Total distribution	<input type="checkbox"/>	<input type="checkbox"/>	Local distribution	
Capital gain			State _____ State I.D. _____	
Federal income tax withheld			State income tax withheld	
Employee contributions or insurance premiums			State distribution	
Distribution code(s)			Name of locality _____	
IRA/SEP/SIMPLE	<input type="checkbox"/>	<input type="checkbox"/>	Local income tax withheld	
Your percentage of total distribution _____			Local distribution	

TS _____ Payer's name: _____

Payer's federal ID number: _____

Address: _____

	2017	2016	2017	2016
			State _____ State I.D. _____	
Disability indicator	<input type="checkbox"/>	<input type="checkbox"/>	State income tax withheld	
Report as wages on 1040	<input type="checkbox"/>	<input type="checkbox"/>	State distribution	
Gross distribution			Name of locality _____	
Taxable amount			Local income tax withheld	
Total distribution	<input type="checkbox"/>	<input type="checkbox"/>	Local distribution	
Capital gain			State _____ State I.D. _____	
Federal income tax withheld			State income tax withheld	
Employee contributions or insurance premiums			State distribution	
Distribution code(s)			Name of locality _____	
IRA/SEP/SIMPLE	<input type="checkbox"/>	<input type="checkbox"/>	Local income tax withheld	
Your percentage of total distribution _____			Local distribution	

Social Security Benefit Statement

	2017	2016	2017	2016
TS _____			TS _____	
Net benefits			Net benefits	
Medicare premiums			Medicare premiums	
Income tax withheld			Income tax withheld	

Adjustments

Name: _____

SSN: _____

Moving Expenses

	2017	2016
TSJ _____		
Enter the number of miles from your OLD home to your NEW workplace	_____	_____
Enter the number of miles from your OLD home to your OLD workplace	_____	_____
Enter the amount you paid for transportation and storage of household goods and personal effects	_____	_____
Enter the amount you paid for travel and lodging expenses incurred during the move (do NOT include meals)	_____	_____
Enter the amount of moving expenses reimbursed to you by your employer	_____	_____
Was this a military move? <input type="checkbox"/> Yes		

Self-Employed Health Insurance

	2017	2016
TSJ _____		
Enter the qualified long term care amount	_____	_____
Enter your Medicare wages from an S corporation	_____	_____

Self-Employed Pensions

	2017	2016
TSJ _____		
Enter your plan contribution rate as a decimal	_____	_____
Enter your allowable elective deferrals made during 2017	_____	_____
Enter your catch-up contributions	_____	_____
Enter the amount of designated ROTH contributions included above	_____	_____

Nondeductible IRAs

	2017	2016
TS _____		
Total traditional IRA contributions made for 2017	_____	_____
Total basis in traditional IRAs as of 12/31/2017	_____	_____
Distributions you received from traditional, SEP, and Simple IRAs. (Do not include rollovers)	_____	_____
Amount of traditional IRAs converted to ROTH IRAs	_____	_____
IRA basis before conversion	_____	_____
Total ROTH IRA contributions made for 2017	_____	_____

Health Savings Account

	2017	2016
TSJ _____		
HSA contributions made for 2017	_____	_____
Total distributions from all HSAs during 2017	_____	_____
Distributions included above that were rolled over into another account	_____	_____
Qualified medical expenses paid using HSA distributions	_____	_____

Noncash Charitable Contributions

Name: _____

SSN: _____

TSJ _____ Donee I.D. _____

Name of donee organization _____

Address of donee organization _____

City _____

U.S. only State, ZIP _____

Foreign only Province/State, Country, Postal code _____

Description of donated property _____ Donor's cost or adjusted basis _____

Valuation method used _____ Fair market value _____

Physical condition of donated property _____ Average security price _____

How was it acquired? _____ Bargain sale price _____

Date acquired _____ Capital gain property

Date contributed _____

Property type (if over \$5,000) Donated property is publicly traded security

- | | | |
|--|--|--|
| <input type="checkbox"/> Art valued more than \$20,000 | <input type="checkbox"/> Equipment | <input type="checkbox"/> Collectibles |
| <input type="checkbox"/> Qualified conservation - qualified farmer/rancher | <input type="checkbox"/> Art valued less than \$20,000 | <input type="checkbox"/> Intellectual Property |
| <input type="checkbox"/> Qualified conservation - non-qualified farmer/rancher | <input type="checkbox"/> Other real estate | <input type="checkbox"/> Vehicles |
| <input type="checkbox"/> Qualified conservation | <input type="checkbox"/> Securities | <input type="checkbox"/> Other |

TSJ _____ Donee I.D. _____

Name of donee organization _____

Address of donee organization _____

City _____

U.S. only State, ZIP _____

Foreign only Province/State, Country, Postal code _____

Description of donated property _____ Donor's cost or adjusted basis _____

Valuation method used _____ Fair market value _____

Physical condition of donated property _____ Average security price _____

How was it acquired? _____ Bargain sale price _____

Date acquired _____ Capital gain property

Date contributed _____

Property type (if over \$5,000) Donated property is publicly traded security

- | | | |
|--|--|--|
| <input type="checkbox"/> Art valued more than \$20,000 | <input type="checkbox"/> Equipment | <input type="checkbox"/> Collectibles |
| <input type="checkbox"/> Qualified conservation - qualified farmer/rancher | <input type="checkbox"/> Art valued less than \$20,000 | <input type="checkbox"/> Intellectual Property |
| <input type="checkbox"/> Qualified conservation - non-qualified farmer/rancher | <input type="checkbox"/> Other real estate | <input type="checkbox"/> Vehicles |
| <input type="checkbox"/> Qualified conservation | <input type="checkbox"/> Securities | <input type="checkbox"/> Other |

Other Income and Adjustments

Name: _____

SSN: _____

Other Income

	2017 Taxpayer	2016 Taxpayer	2017 Spouse	2016 Spouse
Scholarships or grants not reported on Form W-2	_____	_____	_____	_____
State income tax refund (attach Forms 1099-G)	_____	_____	_____	_____
Alimony received	_____	_____	_____	_____
Unemployment compensation (attach Forms 1099-G)	_____	_____	_____	_____
Unemployment compensation repaid in 2017	_____	_____	_____	_____
Social Security Benefits (attach Forms 1099-SSA)	_____	_____	_____	_____
Railroad Retirement Benefits (attach Forms 1099-RRB)	_____	_____	_____	_____
Gambling winnings (attach Forms W2-G)	_____	_____	_____	_____
Alaska Permanent Fund	_____	_____	_____	_____
Other income: _____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Adjustments

	2017 Taxpayer	2016 Taxpayer	2017 Spouse	2016 Spouse
Educator expenses (If you are an educator, enter the amount you paid for classroom supplies)	_____	_____	_____	_____
Contributions made to a Health Savings Account (HSA)	_____	_____	_____	_____
Contributions made to a Self-Employed Pension plan (SEP)	_____	_____	_____	_____
Payments made for Self-Employed Health Insurance for you, your spouse, or dependents	_____	_____	_____	_____
Alimony paid		_____		_____
Name: _____ SSN: _____	_____	_____	_____	_____
Name: _____ SSN: _____	_____	_____	_____	_____
Contributions made to an Individual Retirement Account (IRA)	_____	_____	_____	_____
Contributions made to a Roth IRA	_____	_____	_____	_____
Contributions made to a myRA	_____	_____	_____	_____
Interest paid on a student loan	_____	_____	_____	_____
Other adjustments: _____	_____	_____	_____	_____

Schedule A - Itemized Deductions

Name: _____

SSN: _____

Medical and Dental Expenses			Charitable Contributions		
	2017	2016		2017	2016
Health insurance premiums (paid by you) _____			Donations to charity (cash)	_____	
Long-term care premiums (you)			Miles driven for charitable purposes _____		
Long-term care premiums (your spouse) _____			Donations to charity (noncash)	_____	
Long-term care premiums (dependents) _____			If noncash donations are greater than \$500, list below.		
Mileage driven for medical purposes			_____		
Medical and dental expenses (list)			_____		
_____			_____		
_____			_____		
_____			_____		
_____			_____		
_____			_____		
_____			_____		
_____			_____		
_____			_____		
_____			_____		
_____			_____		
_____			_____		

Taxes Paid			Job Expenses & Certain Miscellaneous Deductions		
State and local income taxes			Necessary job expenses you paid that were not reimbursed by your employer (list)		
Sales tax			_____		
Real estate taxes			_____		
Personal property taxes			_____		
Other taxes (list)			_____		
_____			_____		
_____			_____		
_____			_____		
_____			_____		
_____			_____		
_____			_____		
_____			_____		
_____			_____		
_____			_____		
_____			_____		

Interest Paid			Other Miscellaneous Deductions		
Mortgage interest paid (attach Form 1098) _____			Amortizable bond premiums		
Mortgage interest paid to an individual _____			Federal estate tax		
Paid to:			Gambling losses		
Name _____			Impairment-related work expenses _____		
Address _____			Claim repayments		
City, State, ZIP _____			Unrecovered pension investments _____		
SSN or EIN _____			Schedule K-1		
Qualified mortgage insurance premiums _____			Ordinary loss debt instrument		
Investment interest			_____		
_____			_____		

Mortgage Interest

Name: _____

SSN: _____

Provide all copies of Form 1098

TSJ _____ For _____ Business name _____ Product _____

Recipient/Lender information: _____ Federal ID # _____

Name _____

Address _____

	2017	2016		2017	2016
Mortgage interest received	_____	_____	Mortgage insurance premiums . .	_____	_____
Points paid	_____	_____	Real estate taxes paid	_____	_____
Refund overpaid interest	_____	_____	Account number _____		

TSJ _____ For _____ Business name _____ Product _____

Recipient/Lender information: _____ Federal ID # _____

Name _____

Address _____

	2017	2016		2017	2016
Mortgage interest received	_____	_____	Mortgage insurance premiums . .	_____	_____
Points paid	_____	_____	Real estate taxes paid	_____	_____
Refund overpaid interest	_____	_____	Account number _____		

TSJ _____ For _____ Business name _____ Product _____

Recipient/Lender information: _____ Federal ID # _____

Name _____

Address _____

	2017	2016		2017	2016
Mortgage interest received	_____	_____	Mortgage insurance premiums . .	_____	_____
Points paid	_____	_____	Real estate taxes paid	_____	_____
Refund overpaid interest	_____	_____	Account number _____		

TSJ _____ For _____ Business name _____ Product _____

Recipient/Lender information: _____ Federal ID # _____

Name _____

Address _____

	2017	2016		2017	2016
Mortgage interest received	_____	_____	Mortgage insurance premiums . .	_____	_____
Points paid	_____	_____	Real Estate taxes paid	_____	_____
Refund overpaid interest	_____	_____	Account number _____		

Employee Business Expense

Name: _____

SSN: _____

Employee Business Expense

TSJ _____ Occupation _____

Part I - Employee Business Expense and Reimbursements

	2017	2016
Rural mail carrier	_____	_____
Parking fees, tolls, and local transportation, including train, bus, etc.	_____	_____
Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment	_____	_____
Other business expenses	_____	_____
Meals and entertainment expenses	_____	_____
DOT meals	_____	_____
Enter reimbursements received from your employer that were not reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 on your Form W-2 for	_____	_____
Other business expenses	_____	_____
Meals and entertainment expenses	_____	_____
Portion of total expenses that is for impairment-related work expenses of disabled employee	_____	_____
Portion of total expenses that is for an Armed Forces reservist	_____	_____
<input type="checkbox"/> Qualifying performing artist <input type="checkbox"/> Fee-based state or local government official <input type="checkbox"/> Pastor		

Business Vehicle Expenses

	Vehicle 1		Vehicle 2	
	2017	2016	2017	2016
Enter the date vehicle was placed in service	_____	_____	_____	_____
Total miles vehicle was driven during 2017	_____	_____	_____	_____
Business miles	_____	_____	_____	_____
Average daily roundtrip commuting distance	_____	_____	_____	_____
Commuting miles included in total miles above	_____	_____	_____	_____
Taxes	_____	_____	_____	_____
Gasoline, oil, repairs, vehicle insurance, etc.	_____	_____	_____	_____
Vehicle rentals	_____	_____	_____	_____
Inclusion amount	_____	_____	_____	_____
Value of employer-provided vehicle (applies only if 100% annual lease value was included on Form W-2)	_____	_____	_____	_____
Enter cost or other basis	_____	_____	_____	_____
Enter section 179 deduction	_____	_____	_____	_____
Enter depreciation method and percentage	_____	_____	_____	_____
If your employer provided a vehicle, was personal use during off duty hours permitted?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you or your spouse have another vehicle available for personal use?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you have evidence to support your deduction?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," is the evidence written?	<input type="checkbox"/> Yes <input type="checkbox"/> No			

Auto Expense Worksheet

Name: _____

SSN: _____

General Information

For _____

Business name and profession/product _____

Description _____

Date placed in service _____

Do you or your spouse have another vehicle available for personal use? Yes No

Was this vehicle available for use during off-duty hours? Yes No

Do you have evidence to support your deduction? Yes No

If "Yes," is the evidence written? Yes No

Enter the number of miles your vehicle was used for:

	2017	2016		Prior year total
a Business	_____		Business	
b Commuting	_____		Total	
c Other	_____			

Expenses

	2017	2016
Garage rent	_____	
Gas	_____	
Insurance	_____	
Licenses	_____	
Oil	_____	
Parking fees	_____	
Lease payments	_____	
Interest	_____	
Property tax	_____	
Repairs	_____	
Tires	_____	
Tolls	_____	
Other expenses (list):	Apply business %	
_____ <input type="checkbox"/>	_____	
_____ <input type="checkbox"/>	_____	
_____ <input type="checkbox"/>	_____	

Expenses for Business Use of Your Home

Name: _____

SSN: _____

Business Use of Home

TSJ _____ For _____

	2017	2016
Square feet of home used exclusively for business		
Total square feet of home		

Use of Home for Daycare

	2017	2016
Area used part time for business		
Total hours used for daycare		
Total hours available		

Did you live in the home all year? Yes No

Expenses

	Office expenses		Home expenses		
	2017	2016	2017	2016	
Mortgage interest					In the "Office expenses" column, enter those expenses that pertain exclusively to your office; in the "Home expenses" column, enter those expenses that pertain to the entire dwelling.
Real estate taxes					
Excess mortgage interest					
Insurance					
Rent					
Repairs & maintenance					
Utilities					
Other expenses					

Cost of Home

	2017	2016
Enter the smaller of your home's adjusted basis or its fair market value		
Does this include the value of the land? <input type="checkbox"/> Yes <input type="checkbox"/> No Value of land		
Date placed in service		
Date taken out of service		

Foreign Earned Income

Name:

SSN:

Part I - General Information

Taxpayer's foreign address

Street 1

Street 2

Foreign city

Province/State Country Postal code

Occupation

Employer's name

Employer's U.S. address

Street

City ST Zip

Employer's foreign address

Street 1

Street 2

City

Province/State Country Postal code

Employer is: (check any that apply)

- A foreign entity A U.S. company Self A foreign affiliate of a U.S. company Other (specify):

If you have previously filed Form 2555, enter the last year you filed Form 2555.

If you claimed an exclusion in an earlier year, have you ever revoked your choice? Yes No

If yes, give the type of exclusion and tax year

Of which country are you a citizen?

Did you maintain a separate foreign residence for your family because of adverse living conditions at your tax home? Yes No

If yes, enter the city and country of the separate foreign residence. Also, show the number of days during your tax year that you maintained a second household at that address.

Table with 2 columns: City and country, Number of days

List your tax homes during your tax year and dates established

Table with 2 columns: Home, Date established

Foreign Earned Income

Name:

SSN:

Part II - Bona Fide Residence Test

Date bona fide residence began _____, ended _____

Kind of living quarters in foreign country
Purchased house, Rented house or apartment, Rented room, Quarters furnished by employer

Did any of your family live with you abroad during any part of the tax year? Yes No

If yes, who and for what period Relationship For what period

Have you submitted a statement to the authorities of the foreign country where you claim bona fide residence that you are not a resident of that country? Yes No

Are you required to pay income tax to the country where you claim bona fide residence? Yes No

If you were present in the United States during the tax year, enter the information below.

Table with 8 columns: Date arrived in U.S., Date left U.S., Number of days in U.S. on business, Income earned in U.S. on business. Two sets of columns separated by a vertical line.

List any contractual terms or other conditions relating to the length of your employment abroad:

List the type of visa under which you entered the foreign country: Yes No

Did your visa limit the length of your stay or employment in a foreign country? (If yes, attach explanation) Yes No

If yes, explain

Did you maintain a home in the United States while living abroad? Yes No

If yes, enter the address of your home, whether it was rented, the names of the occupants, and their relationship to you

Address City State ZIP

Name of occupant Relationship of occupant

Was the home rented?

Part III - Physical Presence Test

The physical presence test is based on the 12-month period from: _____ through: _____

Enter your principal country of employment during your tax year: _____

Enter all travel abroad during the 12-month period shown above. Exclude travel between foreign countries that did not involve travel on or over international waters, or in or over the United States, for 24 hours or more.

Table with 6 columns: Name of country (including U.S.), Date arrived, Date left, Full days present in country, Number of days in U.S. on business, Income earned in U.S. on business (attach computation)

Foreign Earned Income

Name: _____

SSN: _____

Part IV - Foreign Earned Income

2017

2016

Total wages, salaries, bonuses, commissions, etc.		
Allowable share of income for personal services performed:		
In a business (including farming) or profession		
In a partnership (list name, address, and type of income)		

Noncash income:

Home (lodging)		
Meals		
Car		
Other property or facility _____ (specify) _____		

Allowances, reimbursements, or expenses paid on your behalf for services performed:

Cost of living and overseas differential		
Family		
Education		
Home leave		
Quarters		
Other (specify) _____ _____		
Other foreign earned income _____ (specify): _____ _____		
Meals and lodging that are excludable		

For Taxpayers Claiming the Housing Exclusion or Deduction

2017

2016

Qualified housing expenses for the tax year		
Location where housing expenses incurred _____		
Limit on housing expenses		
Enter the number of days in qualifying period that fall within your 2017 tax year		
Enter employer-provided amounts		

For Taxpayers Claiming the Foreign Earned Income Exclusion

2017

2016

Enter the number of days in qualifying period that fall within your 2017 tax year		
---	--	--

Residential Energy Credits

Name:

SSN:

TSJ _____

Part I - Residential Energy Efficient Property Credit

Qualified solar electric property costs _____

Qualified solar water heating property costs _____

Qualified small wind energy property costs _____

Qualified geothermal heat pump property costs _____

Was qualified fuel cell property installed on or in your main home in US? Yes No

Address of main home _____

City, State, ZIP _____

Qualified fuel cell property costs _____

Kilowatt capacity of property on line 22 _____

Amount of unused credit from 2016 Form 5695, line 28 _____

Part II - Nonbusiness Energy Property Credit

Were improvements or costs made to your main home located in the US? Yes No

Address of main home _____

City, State, ZIP _____

Were improvements or costs related to the construction of this main home? Yes No

Enter the nonbusiness energy property credit that you took in:

2006 _____ 2009 _____ 2011 _____ 2014 _____ 2016 _____

2007 _____ 2010 _____ 2013 _____ 2015 _____

Qualified Energy Efficient Improvements

Insulation material or systems primarily designed to reduce heat loss or gain _____

Exterior doors that meet or exceed Energy Star requirements _____

Metal or asphalt roof with appropriate pigmented coatings designed to reduce heat gain _____

Exterior windows and skylights that meet or exceed Energy Star requirements _____

Enter the amount of window expense you claimed in:

2006 _____ 2009 _____ 2011 _____ 2014 _____ 2016 _____

2007 _____ 2010 _____ 2013 _____ 2015 _____

Residential Energy Property Costs

Energy efficient building property costs _____

Qualified natural gas, propane, or oil furnace or hot water boiler _____

Advanced main air circulating fan used in a natural gas, propane, or oil furnace _____

Education Credits and Deduction

Name:

SSN:

Provide all Form(s) 1098-T

Student's first and last name: _____ SSN: _____

Yes

Has the Hope Scholarship Credit or American Opportunity Credit been claimed for this student for a total of four times in any prior years?

Was the student enrolled at least half time for at least one academic period that began in 2017 at an eligible education institution in a program leading toward a post-secondary degree, certificate, or other recognized post-secondary educational credential?

Did the student complete the first four years of post-secondary education before 2017?

Was the student convicted, before the end of 2017, of a felony for possession or distribution of a controlled substance?

Is the student pursuing a degree?

Number of years the American Opportunity Credit has been claimed for this student _____

	2017	2016
Total qualified education expenses (including the cost of books, supplies, and equipment) that were REQUIRED to be paid directly to the educational institution	_____	_____

ADDITIONAL qualified education expenses that were NOT required to be paid directly to the educational institution	_____	_____
---	-------	-------

Tax-free education assistance received in 2017 allocable to the academic period	_____	_____
---	-------	-------

Tax-free education assistance received in 2018 (and before 2017 return is filed) allocable to the academic period	_____	_____
---	-------	-------

Refunds of qualified education expenses paid in 2017 if the refund is received before the 2017 return is filed	_____	_____
--	-------	-------

Educational Institution Name: _____

Educational Institution Name: _____

Student's first and last name: _____ SSN: _____

Yes

Has the Hope Scholarship Credit or American Opportunity Credit been claimed for this student for a total of four times in any prior years?

Was the student enrolled at least half time for at least one academic period that began in 2017 at an eligible education institution in a program leading toward a post-secondary degree, certificate, or other recognized post-secondary educational credential?

Did the student complete the first four years of post-secondary education before 2017?

Was the student convicted, before the end of 2017, of a felony for possession or distribution of a controlled substance?

Is the student pursuing a degree?

Number of years the American Opportunity Credit has been claimed for this student _____

	2017	2016
Total qualified education expenses (including the cost of books, supplies, and equipment) that were REQUIRED to be paid directly to the educational institution	_____	_____

ADDITIONAL qualified education expenses that were NOT required to be paid directly to the educational institution	_____	_____
---	-------	-------

Tax-free education assistance received in 2017 allocable to the academic period	_____	_____
---	-------	-------

Tax-free education assistance received in 2018 (and before 2017 return is filed) allocable to the academic period	_____	_____
---	-------	-------

Refunds of qualified education expenses paid in 2017 if the refund is received before the 2017 return is filed	_____	_____
--	-------	-------

Educational Institution Name: _____

Educational Institution Name: _____

Energy Credits

Name: _____

SSN: _____

Form 8936 - Qualified Plug-in Electric Drive Motor Vehicle Credit

TSJ _____	Vehicle 1	Vehicle 2
Year of vehicle	_____	_____
Make of vehicle	_____	_____
Model of vehicle	_____	_____
How many wheels does the vehicle have?	_____	_____
Vehicle Identification Number	_____	_____
Date vehicle was placed in service	_____	_____
Tentative credit	_____	_____
Business/investment use percentage	_____	_____
Section 179 expense deduction	_____	_____

Form 8910 - Alternative Motor Vehicle Credit

TSJ _____	Vehicle 1	Vehicle 2
Year of vehicle	_____	_____
Make of vehicle	_____	_____
Model of vehicle	_____	_____
Vehicle Identification Number	_____	_____
Date vehicle was placed in service	_____	_____
Maximum credit allowable	_____	_____
Business/investment use percentage	_____	_____

2017

Credit for Small Employer Health Insurance Premiums

Name: _____

SSN: _____

TSJ _____

Complete the columns below for all eligible employees. Eligible employees do not include business owners, partners, shareholders who own more than 2%, family members, etc.

Complete the columns below for each employee enrolled in health insurance coverage provided under qualifying arrangement.

Employee identifier	Hours of service		Wages paid		Employer premiums paid		State average premiums
	2017	2016	2017	2016	2017	2016	
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

Employer identification number used to report employment taxes for above individuals _____
Total amount of any state premium subsidies paid and any state tax credits available _____

