



10018 Park Place Ave, Riverview FL 33578, 813-304-5569, Theresa@TaxHappens.com

TAX ORGANIZER

This Organizer contains several sections that include common expenses and deductions that many taxpayers overlook. Please review these sections carefully. Many items may not apply to you. If it does not apply indicate NA or leave blank. Depending upon your tax bracket, you may save as much as \$35 for each \$100 in deductible expenses you find in your 2017 records. If our firm prepared your return last year, you can request a personalized organizer where your prior year amounts are included in the Prior Year Amount column of your Organizer. This information can help you remember the types of income and deductions you reported last year.

To complete the Organizer, enter all relevant information in the designated areas on each page. If you are providing the supporting document (Form W2, 1099 etc.) you do not have to enter all the details just list who you receive the applicable forms from and / or how many forms, so we can account for all documents. If you answer 'Yes' to any of the questions, please provide detailed information with your answer. At the end of the organizer please add any notes or questions that will help us prepare a complete and accurate return for you and to plan with you how to manage your tax situation in future years.

Once you have completed the organized and gathered all (most) of your tax documents please plan to get the completed organizer, all tax documents and the signed engagement letter to us as soon as possible but **no later than Friday March 16th**. If we did not prepare your 2016 return, please provide a copy. If needed you may schedule an appointment however **appointments ARE NOT** required, most returns can be completed using e-mail, traditional mail, fax, drop off, DropBox or by scheduling a telephone appointment. If you would like to submit your documents through DropBox please request a secure DropBox link by calling or emailing the office. Please do not submit through DropBox until you receive the secure link.

The Tax Cuts and Jobs Act signed by the President on December 22, 2017:

The Act makes sweeping changes to the U.S. tax code and impacts virtually every taxpayer. Most changes impact tax year 2018 returns that are due in 2019. For individual taxpayers and their families, changes include a decrease in the tax rates, repeal of the personal exemption, increase in the standard deduction, modification to itemized deductions, doubling of the child tax credit and small additional credit for other dependents. For businesses, tax benefits include a reduction in the corporate tax rate, increase in the bonus depreciation allowance, an enhancement to the Code Sec. 179 expense and repeal of the alternative minimum tax. Owners of partnerships, S corporations, and sole proprietorships are allowed a temporary deduction as a percentage of qualified income of pass-through entities, subject to a number of limitations and qualifications. On the other hand, numerous business tax preferences are eliminated. Overall most of our clients will see a decrease in their taxes and an increase in their W2 take home pay because of the new legislation however some will pay additional taxes. All of this is for tax year 2018, not the tax returns we are currently preparing. Once we complete your 2017 return we will let you know if there are any major concerns for 2018 and if needed we will schedule a time after the April deadline to discuss your 2018 taxes.

A few changes at the office:

2017 was a year of many unexpected life changes for Theresa and Kathy that impacts how the office is run. In July Theresa and her husband received a call from one of their former foster children. The young lady was alone in early labor and scheduled for an emergency C-Section. Longer story very short Theresa and her husband agreed to care for the baby, so he would not end up in foster care. After a few months his parents realized they could not raise him and asked Theresa and Victor to adopt him. The adoption will be official at the end of January. This high was followed by a very unexpected low. In September following Hurricane Irma Theresa's brother who is also Kathy's son passed away very unexpectedly in his sleep from a heart attack a week before his 49th birthday. As a result of these events, Kathy is no longer able to continue as Theresa's office assistant and will stay home and care for baby Jimmy. Kathy will step in to help as needed but will no longer be the voice and face when you contact us. A long-term staff member, Susana, will now take on Kathy responsibilities, handle calls and greet you at the front desk. Additional team members have also been added. Theresa will be working fewer hours in the office so she can enjoy time with her new son. We assure with all these changes we will still be able to take care of all our clients and prepare complete and accurate returns.

We would like to remind you of a few things:

- We determine our fee and require a 50% deposit prior to beginning any work. The balance is due, in full, when we provide you with a draft.
- We do not prepare returns while you wait. We have a thorough preparation and review process and most 1040's without a business or rental property are completed in approximately two weeks. Returns with business or active rental property will be completed in approximately three to six weeks depending on the complexity and number of business days until the filing due date.
- Preparation begins once we receive all (most) required information **AND** the required deposit. An approximate completion date is determined once all documents and the deposit are received.
- We must have all (most) information for **Business returns (Forms 1065 & 1120S) by Friday February 9th** to assure completion prior to the due date. If an extension was filed, we must have all information by **Friday August 3rd**.
- We must have all (most) information for **Personal returns (Form 1040) by Friday March 16th** to assure completion prior to the due date. If an extension was filed, we must have all information by **Friday September 14th**.

If you have any questions or concerns, please give us a call.

Theresa Turner, CPA MST



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Required Engagement Letter

Thank you for choosing Tax Happens to prepare your income tax returns for tax year 2017 with a filing due date of April 17, 2018 and an extended due date of October 15, 2018. This letter confirms the services we will provide.

We will prepare your federal and state returns for tax year 2017 based on information you provide. Although our work will not include procedures to discover irregularities or inaccuracies in the tax data you provide, we may ask for clarification of certain information, or additional information, as we review the documents provided and prior year returns. This is so that we can prepare accurate and complete returns for you.

It is your responsibility to provide all necessary information related to income and deductions for tax year 2017, and to respond to our inquiries in a timely manner so that we can accurately complete your returns by the appropriate due dates. You are responsible for maintaining appropriate records, such as official tax documents you receive, receipts and substantiation for your deductions, and purchase and sales information for assets. We recommend keeping this information for 7 years.

It is your responsibility to review your returns before they are filed to determine that all income has been correctly reported and that you have substantiation for your deductions. You must pay the balance owed for our services and provided a signed e-file authorization to assure the return is filed by the due date. To assure completion by the April 17, 2018 due date we **must have all information by Friday March 16, 2018**. To assure completion by the extended deadline of October 15, 2018 we must have all information by **Friday September 14, 2018**. If you know you will need an extension, please let us know now. **An extension gives you additional time to file your tax return. An extension DOES NOT extend the time to pay the taxes owed. Penalties and interest are applied to taxes paid after the April 17th due date. If you need an extension and think you may owe please give us as much information as you can or let us know how much, if any, you can pay with the extension.**

If your returns are later selected for review or audit by taxing authorities, we will be glad to assist or represent you if you desire. Our fees for preparing your returns do not include time that might be necessary to assist you during a taxing authority review.

We determine our fees for preparation of your return once we receive all the information need to prepare your return. We require a 50% deposit and the balance when we provide you with a draft or two weeks after requests for additional information go unanswered. If a material number of additional documents and information, that impact the return, are provided after we determine our fee there may be additional fees. It is very rare that we must charge additional fees and we will let you know if there will be additional fees and how much when the applicable information is received. To avoid additional fees please complete the client organizer and provide all documents as soon as possible. If you don't have all information just let us know what, if anything, is missing.

If this letter accurately summarizes your understanding of our agreement relating to the preparation of your tax returns, please sign below and in the space indicated and return this letter or a signed copy of this letter to us.

Thank you again for choosing Tax Happens to prepare your 2017 tax return. We appreciate your business.

Sincerely,



THERESA TURNER, CPA MST

Accepted by:

Sign: _____
TAXPAYER 1

Date _____

Print: _____

Sign: _____
TAXPAYER 2

Date _____

Print: _____

General Information

Taxpayer

Spouse

First Name
 Middle Initial
 Last Name
 Suffix
 Social Security Number
 Date of Birth
 Date of Death

First Name
 Middle Initial
 Last Name
 Suffix
 Social Security Number
 Date of Birth
 Date of Death

Check ("X") which phone number to list on return.

Home Phone
 Work Phone
 Cell Phone
 Fax Number
 Legally Blind
 Totally Disabled
 Claimed as a Dependent
 Presidential Election Fund (\$3)

Home Phone
 Work Phone
 Cell Phone
 Fax Number
 Legally Blind
 Totally Disabled
 Claimed as a Dependent
 Presidential Election Fund (\$3)

Occupation
E-MAIL REQUIRED FOR BOTH
 State of Residence as of 12/31
 County of Residence as of 12/31
 School District as of 12/31
 Sales tax rate of locality in 2017 %
 If Part Year, Period of Residency to

Occupation
 State of Residence as of 12/31
 County of Residence as of 12/31
 School District as of 12/31
 Sales tax rate of locality in 2017 %
 If Part Year, Period of Residency to

Additional information is being requested this filing season in an effort to combat stolen-identity tax fraud. Please provide the requested information from the driver's license or state-issued identification card. Providing the information could help process state returns faster.

ID type Driver's license OR State Issued ID Driver's license OR State Issued ID
 ID number
 ID issuing state
 ID issue date
 ID expiration date

Filing Status

Status on 2016 return :
 Status as of 12/31/2017 : 1 Single
 Enter ("X") in the box 2 Married filing joint
 3 Married filing separately (Enter spouse's name and SSN above)
 4 Head of Household Non-dependent name: _____
 Non-dependent SSN: _____
 5 Qualifying widow(er) with minor child Year spouse died _____

Taxpayer's Address

Street _____ Apt/Suite : _____
 City _____ State _____ Zip Code _____
 If address is in a foreign country, enter that country
 Foreign province/county Foreign postal code _____
 If a bona fide resident of a U.S. territory, enter territory

Preparer's Information

Preparer's name THERESA TURNER
 Firm's name TAX HAPPENS LLC
 Street 10018 PARK PLACE AVE
 City RIVERVIEW State FL Zip Code 33578

Name _____

SSN _____

Questions

Yes No

Personal Information

- 1 Did any births, adoptions, marriages, divorces, or deaths occur in your family since last year?
- 2 Did you purchase or sell your principal residence or did your address change?
- 3 Are either you or your spouse being claimed (or are eligible to be claimed) as a dependent on anyone else's return?
- 4 Were you in a Registered Domestic Partnership, civil union or same-sex marriage during 2017?
- 5 Were either you or your spouse in the military or National Guard?
- 6 Have you been notified by the IRS or state of changes to a prior year's return, or received any other tax correspondence?

Yes No

Dependents

- 1 Are there any changes in your dependents from last year?
- 2 Did you have any children under 19 (or 24 if a full time student) who received more than \$1,050 in investment income?
- 3 Did you pay education expenses for your dependent children?
- 4 Did you pay any dependent care expenses for a child or a parent?
- 5 Did you pay over half of the support for a parent or someone else you aren't claiming as a dependent?
- 6 Are all of your dependents either US residents or citizens?

Yes No

Health Care Coverage

- 1 Did you or a member of your family have minimum essential coverage in 2017? (The entity that provided the coverage may have sent you a Form 1095-A, 1095-B, or 1095-C, that lists individuals in your family who were enrolled in minimum essential coverage and shows their months of coverage.)
- 2 Did you have a Health Insurance Marketplace granted coverage exemption or are you claiming a coverage exemption?

Yes No

Income (In 2017, did you or your spouse have any of the following?)

- 1 Wages? (include form(s) W-2)
- 2 Non-employee compensation? (include form(s) 1099-MISC)
- 3 Interest income? (include form(s) 1099-INT)
- 4 Dividend income? (include form(s) 1099-DIV)
- 5 Did you receive any tax-exempt income, such as interest or dividends from municipal bonds or a mutual fund account?
- 6 Gambling income? (include form(s) W-2G). Be sure to include any gambling expenses.
- 7 Social security or Railroad Retirement benefits? (include form(s) SSA-1099 & RRB-1099)
- 8 Did you receive a state or local refund, or a refund of any other deduction you itemized in a prior year? (attach 1099-G)
- 9 Disability income? (include form(s) W-2 or 1099)
- 10 Unemployment compensation? (include form(s) 1099-G)
- 11 Alimony?
- 12 Did you receive tip income NOT reported to your employer?
- 13 Did you receive payments from a Long-Term Care insurance contract?
- 14 Did you barter your services for goods or services from someone else?
- 15 Did you receive, or expect to receive, a Schedule K-1 (or substitute K-1) from a trust, estate, partnership, or S corp?
- 16 Did you receive employer-provided adoption benefits for a previous year?
- 17 Did you cash in any U.S. savings bonds?
- 18 Did you make a loan to someone at an interest rate below market rate?
- 19 Did you receive a housing allowance for ministerial services you provided?
- 20 Did you receive any income not reported in this Organizer?
- 21 Did you own an interest in a Real Estate Mortgage Investment Conduit (REMIC)?

Yes No

Foreign Reporting

- 1 Did you have an interest in or signature authority over a financial account in a foreign country?
- 2 Were you the grantor of or transferor to a foreign trust?
- 3 Did you receive income from a foreign source or pay taxes to a foreign government?

Yes No

Retirement & Other Plans

- 1 Did you receive any distributions from a retirement plan? (Include form(s) 1099-R)
- 2 Did you rollover a retirement plan distribution into another plan?
- 3 Did you convert a traditional IRA to a Roth IRA?
- 4 Did you make a contribution to a retirement plan? (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?
- 5 Did you receive a distribution from an Achieving a Better Life Experience (ABLE) savings account?
- 6 Did you receive a distribution from an HSA, Archer MSA or Medicare Advantage MSA (Include form(s) 1099-SA)
- 7 Did you make any contributions to an HSA (Health Savings Account) in 2017?

Yes No

Purchases, Sales, Gains and Losses

- 1 Did you exchange any securities or investments for something other than cash?
- 2 Do you have any short sales, commodity sales, or straddles?
- 3 Did you receive Form 2439?
- 4 Did you buy or sell any bonds?
- 5 Did you receive stock from a stock bonus plan with your employer?
- 6 Did you sell any other personal assets at a gain?
- 7 Did you sell any real estate (other than your home) during the year?
- 8 Did you sell any assets using the installment method?

- | | | | |
|--------------------------|--------------------------|----|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 9 | Did you receive proceeds from a prior year installment sale? |
| <input type="checkbox"/> | <input type="checkbox"/> | 10 | Did you purchase a rental property? |
| <input type="checkbox"/> | <input type="checkbox"/> | 11 | Did you exchange any property for other property? |
| <input type="checkbox"/> | <input type="checkbox"/> | 12 | Did you incur a loss because of damaged or stolen property? |
| <input type="checkbox"/> | <input type="checkbox"/> | 13 | Did you purchase a new vehicle, aircraft or boat? |
| <input type="checkbox"/> | <input type="checkbox"/> | 14 | Did any security become worthless during 2017? |
| <input type="checkbox"/> | <input type="checkbox"/> | 15 | Did any debts become uncollectible during 2017? |
| <input type="checkbox"/> | <input type="checkbox"/> | 16 | Did you purchase any items acquired out of state, online or by mail order that did not include sales tax? |

Yes **No** **Business and Rental Property Income & Deductions**

- | | | | |
|--------------------------|--------------------------|----|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1 | If you own rental property, do you qualify as a Real Estate Professional? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2 | Did you start or acquire a new business? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3 | Did you sell any part of an existing business, or sell business assets? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4 | Did you cease operating any business or rental property? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5 | Did you remove any of your business assets for personal use? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6 | Did you use part of your home for business purposes? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7 | Did you make any contributions to a Keogh or a self-employed SEP plan for 2017? |
| <input type="checkbox"/> | <input type="checkbox"/> | 8 | Do you pay for any health or long term care insurance through your business? |
| <input type="checkbox"/> | <input type="checkbox"/> | 9 | If you or your spouse are self-employed, are either of you covered under an employer's health plan? |
| <input type="checkbox"/> | <input type="checkbox"/> | 10 | Did you purchase any furniture or equipment for your business? |
| <input type="checkbox"/> | <input type="checkbox"/> | 11 | Did you make any improvements to your rental properties? |

Yes **No** **Other Deductions**

- | | | | |
|--------------------------|--------------------------|----|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1 | Did you use your car on the job (other than to and from work)? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2 | Did you work out of town for part of the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3 | Did you incur any travel and entertainment expenses for business purposes? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4 | Did you pay expenses for the care of your child or other dependent so you could work? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5 | Did you purchase a 'clean fuel' or electric hybrid vehicle in 2017? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6 | Did you make energy efficient improvements to your home or purchase any energy-saving property during 2017? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7 | Did you contribute less than an entire interest in any property to charity? |
| <input type="checkbox"/> | <input type="checkbox"/> | 8 | Did you refinance a mortgage or take out a home equity loan during 2017? |
| <input type="checkbox"/> | <input type="checkbox"/> | 9 | Did you incur moving expenses during the year due to a change of employment? |
| <input type="checkbox"/> | <input type="checkbox"/> | 10 | Did you or your spouse pay any educational expenses for yourselves? |
| <input type="checkbox"/> | <input type="checkbox"/> | 11 | Did you pay any student loan interest? |
| <input type="checkbox"/> | <input type="checkbox"/> | 12 | Did you make any federal or state estimated payments? |
| <input type="checkbox"/> | <input type="checkbox"/> | 13 | Did you have a certain trade or business from which you figured your domestic production activities deduction? |
| <input type="checkbox"/> | <input type="checkbox"/> | 14 | Did you pay alimony? |
| <input type="checkbox"/> | <input type="checkbox"/> | 15 | Did you donate non-cash donations? |
| <input type="checkbox"/> | <input type="checkbox"/> | 16 | Did you donate a vehicle? |

Yes **No** **Miscellaneous**

- | | | | |
|--------------------------|--------------------------|---|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1 | Did you make gifts of more than \$14,000 to any one person? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2 | Did you engage the service of any household employees? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3 | Did your bank account information change within the last twelve months? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4 | Do you want to allocate \$3 to the Presidential Election Campaign Fund? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5 | Does your spouse want to allocate \$3 to the Presidential Election Campaign Fund? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6 | Did you file Form 8839, Adoption Credit, in a previous year or incur adoption expenses in 2017? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7 | Did you claim a First-time Homebuyer Credit for a home purchased in 2008? |
| <input type="checkbox"/> | <input type="checkbox"/> | 8 | Was there a disposition or change in use of your main home for which you claimed the First-time Homebuyer Credit? |

Yes **No** **Return preparation and filing**

- | | | | |
|--------------------------|--------------------------|--|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1 | Do you want to e-file your return? |
| | | 2 | If you are due a refund, how do you want to receive it? |
| | <input type="checkbox"/> | Check sent to you in the mail | <input type="checkbox"/> Other quick refund via a bank product |
| | <input type="checkbox"/> | Apply to next year's estimates | <input type="checkbox"/> |
| | <input type="checkbox"/> | Direct deposit (please provide voided blank check) | Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings |
| | | If you owe taxes, how do you want to pay them? | |
| | <input type="checkbox"/> | Paper check sent with my return | <input type="checkbox"/> Credit card <input type="checkbox"/> Installment Agreement |
| | <input type="checkbox"/> | Direct debit (please provide a voided blank check) | Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings |
| | <input type="checkbox"/> | | |
| <input type="checkbox"/> | <input type="checkbox"/> | 3 | Do you want to allow your tax preparer to discuss this year's return with the IRS? |
| | | | If no, enter another person (if desired) to be allowed to discuss this return with the IRS: |

Designee's name _____ Phone Number _____ Personal identification Number (5 digit PIN) _____

Name _____

SSN _____

Wages

W-2 Information

"X" if spouse	Employer's Name	Box 1 Wages, Tips Other Comp	Box 2 Federal Income Tax Withheld	Box 16 State Wages	Box 17 State Income Tax Withheld
<input type="checkbox"/>	1				
<input type="checkbox"/>	2				
<input type="checkbox"/>	3				
<input type="checkbox"/>	4				
<input type="checkbox"/>	5				
<input type="checkbox"/>	6				
<input type="checkbox"/>	7				
<input type="checkbox"/>	8				
<input type="checkbox"/>	9				
<input type="checkbox"/>	10				
<input type="checkbox"/>	11				
<input type="checkbox"/>	12				
<input type="checkbox"/>	13				
<input type="checkbox"/>	14				
<input type="checkbox"/>	15				
<input type="checkbox"/>	16				
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<input type="checkbox"/>	31				
<input type="checkbox"/>	32				
<input type="checkbox"/>	33				
<input type="checkbox"/>	34				
<input type="checkbox"/>	35				
<input type="checkbox"/>	36				
<input type="checkbox"/>	37				
<input type="checkbox"/>	38				
<input type="checkbox"/>	39				
<input type="checkbox"/>	40				
<input type="checkbox"/>	41				
<input type="checkbox"/>	42				
<input type="checkbox"/>	43				

Name _____

SSN _____

Retirement Income
1099-R Information

"X" if		Box 1	Box 4	Box 14	Box 12
spouse	Payer's Name	Gross	Federal Income	State	State Income
		Distribution	Tax Withheld	Distribution	Tax Withheld
<input type="checkbox"/>	1				
<input type="checkbox"/>	2				
<input type="checkbox"/>	3				
<input type="checkbox"/>	4				
<input type="checkbox"/>	5				
<input type="checkbox"/>	6				
<input type="checkbox"/>	7				
<input type="checkbox"/>	8				
<input type="checkbox"/>	9				
<input type="checkbox"/>	10				
<input type="checkbox"/>	11				
<input type="checkbox"/>	12				
<input type="checkbox"/>	13				
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<input type="checkbox"/>	34				
<input type="checkbox"/>	35				
<input type="checkbox"/>	36				
<input type="checkbox"/>	37				
<input type="checkbox"/>	38				
<input type="checkbox"/>	39				
<input type="checkbox"/>	40				
<input type="checkbox"/>	41				
<input type="checkbox"/>	42				
<input type="checkbox"/>	43				

Name _____

SSN _____

Interest Income

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

* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J	Payer	Taxable Interest Income Current Year Amount	Prior Year Amount	Tax Exempt Interest Current Year Amount	Prior Year Amount	Specified Priv Act Interest Current Year Amount	Prior Year Amount
	1						
	2						
	3						
	4						
	5						
	6						
	7						
	8						
	9						
	10						
	11						
	12						
	13						
	14						
	15						
	16						
	17						
	18						
	19						
	20						

Dividend Income

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

* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J	Payer	Ordinary Dividends Current Year Amount	Prior Year Amount	Qualified Dividends Current Year Amount	Prior Year Amount	Capital Gains Current Year Amount	Prior Year Amount
	1						
	2						
	3						
	4						
	5						
	6						
	7						
	8						
	9						
	10						
	11						
	12						
	13						
	14						
	15						
	16						
	17						
	18						
	19						
	20						

Name _____

SSN _____

Social Security and Railroad Retirement

Filer

- 1 Enter the total amount from box 5 of all your Forms SSA-1099 1
- 2 Enter the total taxes withheld from box 6 of all your Forms SSA-1099 2
- 3 Enter the total amount from box 5 of all your Forms RRB-1099 3
- 4 Enter the total taxes withheld from box 10 of all your Forms RRB-1099 4
- 5 Enter the total amount of Medicare B Premiums withheld. 5
- 6 Enter the total amount of Medicare D Premiums withheld. 6

Current Year Amount	Prior Year Amount

Spouse

- 7 Enter the total amount from box 5 of all your Forms SSA-1099 7
- 8 Enter the total taxes withheld from box 6 of all your Forms SSA-1099 8
- 9 Enter the total amount from box 5 of all your Forms RRB-1099 9
- 10 Enter the total taxes withheld from box 10 of all your Forms RRB-1099 10
- 11 Enter the total amount of Medicare B Premiums withheld. 11
- 12 Enter the total amount of Medicare D Premiums withheld. 12

Miscellaneous Income

	Filer			Spouse	
	Current Year Amount	Prior Year Amount		Current Year Amount	Prior Year Amount
1 Refund from state			1		
2 Unemployment compensation			2		
3 Prizes and awards			3		
4 Scholarships and fellowships			4		
5 Bartering income			5		
6 Fees received for jury duty			6		
7 Income from rental of personal property, if not in the business of renting such property			7		
8 Precinct election board duty			8		
9 Alaska Permanent Fund Dividends			9		
10 Net operating loss carryover (negative no.)			10		
11 Canceled debts			11		
12 _____			12		
13 _____			13		
14 _____			14		
15 Other income not provided for in this Organizer			15		

Adjustments to Income

* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J				Current Year Amount	Prior Year Amount
<input type="checkbox"/>	1	Educator expenses	1		
<input type="checkbox"/>	2	Student loan interest	2		
<input type="checkbox"/>	3	Health Savings account deduction	3		
<input type="checkbox"/>	4	Moving expenses	4		
<input type="checkbox"/>	5	Self-employed SEP, SIMPLE, or other qualified plans	5		
<input type="checkbox"/>	6	Penalty on early withdrawal of savings	6		
<input type="checkbox"/>	7	Tuition and fees	7		

Other Adjustments to Income

* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J				Current Year Amount	Prior Year Amount
<input type="checkbox"/>	1	Performing-arts-related expenses	1		
<input type="checkbox"/>	2	Foreign housing deduction	2		
<input type="checkbox"/>	3	Jury duty pay given to your employer	3		
<input type="checkbox"/>	4	Reforestation amortization	4		
<input type="checkbox"/>	5	Repayment of sub-pay under the Trade Act of 1974	5		
<input type="checkbox"/>	6	Contributions to Section 501(c)(18)(D) pension plans	6		
<input type="checkbox"/>	7	Attorney fees and court costs paid for actions settled or decided after October 22, 2004 involving unlawful discrimination claims, but only to the extent of gross income from such actions.	7		
<input type="checkbox"/>	8	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations, up to the the amount of the award includible in your gross income	8		
<input type="checkbox"/>	9	Employee business expenses of fee-basis state or local government officials	9		
<input type="checkbox"/>	10	Expenses from the rental of personal property but were not in the business of renting such property	10		
<input type="checkbox"/>	11	Contributions by chaplains to section 403(b) plans	11		
<input type="checkbox"/>	12	Archer MSA deduction	12		
<input type="checkbox"/>	13	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money	13		
<input type="checkbox"/>	14	_____	14		
<input type="checkbox"/>	15	_____	15		

Name _____

SSN _____

Interest - Itemized Deductions

Home Mortgage Interest and Points Reported on Form 1098

Current Year Amount	Prior Year Amount

47 Lender _____ 47

48 Lender _____ 48

49 Lender _____ 49

50 Lender _____ 50

Home Mortgage Interest Not Reported on Form 1098

51 Name: _____ 51

Address: _____

SSN: _____

--	--

52 Mortgage insurance premiums paid on 2017 acquisition indebtedness for principal residence 52

--	--

Refinancing Points

53 Description 53

Points paid

Date of loan

Total number of scheduled loan payments

Number of payments made in 2017

54 Description 54

Points paid

Date of loan

Total number of scheduled loan payments

Number of payments made in 2017

55 Description 55

Points paid

Date of loan

Total number of scheduled loan payments

Number of payments made in 2017

56 Description 56

Points paid

Date of loan

Total number of scheduled loan payments

Number of payments made in 2017

57 Investment interest paid 57

--	--

Name _____

SSN _____

Noncash Charitable Contributions (Total of Contributions more than \$500)

Information on Donated Property

(a) Name and Address of the Donee Organization		(b) Description of Donated Property
1	Name Address City State Zip Code	
2	Name Address City State Zip Code	
3	Name Address City State Zip Code	
4	Name Address City State Zip Code	
5	Name Address City State Zip Code	

Note: If the fair market value for an item is \$500 or less, you do not have to complete columns (d), (e), and (f).

	(c) Date of the Contribution	(d) Date Acquired mm/dd/yyyy	(e) How Acquired	(f) Cost or Adjusted Basis	(g) Fair Market Value F. M. V.	(h) Method Used to Determine the F. M. V.
1						
2						
3						
4						
5						

Name _____

SSN _____

Unreimbursed Employee Business Expenses - Short Form

Enter "X" in one box:

Occupation in which you incurred these expenses _____

Filer

Spouse

Meals and Entertainment

- 1 Meals and entertainment expenses 1
- 2 Enter "X" in the box if subject to DOT hours of service limits 2

	Current Year Amount	Prior Year Amount
1		
2	<input type="checkbox"/>	<input type="checkbox"/>

Other Expenses

- 3 Parking fees, tolls, and transportation, including train, bus, etc., that DID NOT involve overnight travel or commuting to and from work 3
- 4 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. DO NOT include meals and entertainment 4
- 5 _____ 5
- 6 _____ 6
- 7 _____ 7
- 8 _____ 8
- 9 _____ 9

3		
4		
5		
6		
7		
8		
9		

Name _____

SSN _____

Occupation in which you incurred these expenses _____

Vehicle Information - Unreimbursed Employee Business Expenses - Short Form

	Vehicle -		Vehicle -	
	Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1	Date vehicle was placed in service	1		
2	Cost of vehicle	2		
3	Total miles driven for the year	3		
4	Business miles driven during the year	4		
5	Commuting miles included on line 3	5		
6	Parking fees and tolls	6		
7	Vehicle Interest	7		
8	Vehicle Personal Property tax	8		
Actual Expenses				
9	Gasoline, oil and repairs	9		
10	Vehicle Insurance	10		
11	Vehicle registration fees	11		
12	Vehicle lease or rental	12		
13	_____	13		

	Vehicle -		Vehicle -	
	Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1	Date vehicle was placed in service	1		
2	Cost of vehicle	2		
3	Total miles driven for the year	3		
4	Business miles driven during the year	4		
5	Commuting miles included on line 3	5		
6	Parking fees and tolls	6		
7	Vehicle Interest	7		
8	Vehicle Personal Property tax	8		
Actual Expenses				
9	Gasoline, oil and repairs	9		
10	Vehicle Insurance	10		
11	Vehicle registration fees	11		
12	Vehicle lease or rental	12		
13	_____	13		

Name _____

SSN _____

Child and Dependent Care Expenses

- 1 Amount of dependent care benefits forfeited **1** _____
- 2 Amount of dependent care expenses incurred in 2016 and paid in 2017 **2** _____

Note: Enter qualified expenses for dependents on the Organizer dependent sheet.

Filer and/or Spouse Who Is a Student or Disabled

Check one box for each month or partial month that the filer or spouse was a full-time student or disabled.

		Filer's earned income for each month	Spouse's earned income for each month
Filer	Spouse	Filer	Spouse
<input type="checkbox"/>	<input type="checkbox"/>	January	_____
<input type="checkbox"/>	<input type="checkbox"/>	February	_____
<input type="checkbox"/>	<input type="checkbox"/>	March	_____
<input type="checkbox"/>	<input type="checkbox"/>	April	_____
<input type="checkbox"/>	<input type="checkbox"/>	May	_____
<input type="checkbox"/>	<input type="checkbox"/>	June	_____
<input type="checkbox"/>	<input type="checkbox"/>	July	_____
<input type="checkbox"/>	<input type="checkbox"/>	August	_____
<input type="checkbox"/>	<input type="checkbox"/>	September	_____
<input type="checkbox"/>	<input type="checkbox"/>	October	_____
<input type="checkbox"/>	<input type="checkbox"/>	November	_____
<input type="checkbox"/>	<input type="checkbox"/>	December	_____

Non-Dependent Information and Qualifying Expenses

	First Name	Last Name	Birthdate	SSN	Amount incurred and paid in 2017
1	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____

Persons or Organizations Who Provided the Care

	Name	Address	SSN/EIN	Amount incurred and paid in 2017
1	First: _____	City: _____ State: _____ Zip: _____	SSN: _____	
	Last: _____		EIN: _____	
	Business: _____			
2	First: _____	City: _____ State: _____ Zip: _____	SSN: _____	
	Last: _____		EIN: _____	
	Business: _____			
3	First: _____	City: _____ State: _____ Zip: _____	SSN: _____	
	Last: _____		EIN: _____	
	Business: _____			
4	First: _____	City: _____ State: _____ Zip: _____	SSN: _____	
	Last: _____		EIN: _____	
	Business: _____			
5	First: _____	City: _____ State: _____ Zip: _____	SSN: _____	
	Last: _____		EIN: _____	
	Business: _____			