



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

### Required Engagement Letter

Thank you for choosing Tax Happens LLC to assist you with your taxes. This letter confirms the terms of our engagement with you and outlines the nature and extent of the services we will provide.

We will prepare your federal and, if applicable state income tax returns. We will depend on you to provide the information we need to prepare complete and accurate returns. We may ask you to clarify some items but will not audit or otherwise verify the data you submit. **Please utilize our Organizer(s) to help you collect the data required for your return. The Organizer will help you avoid overlooking important information. By using it, you will contribute to the efficient preparation of your returns and help minimize the cost of our services.**

We will perform accounting services only as needed to prepare your tax returns. Our work will not include procedures to find defalcations or other irregularities. Accordingly, our engagement should not be relied upon to disclose errors, fraud, or other illegal acts, though it may be necessary for you to clarify some of the information you submit. We will inform you of any material errors, fraud, or other illegal acts we discover.

Should we encounter instances of unclear tax law, or of potential conflicts in the interpretation of the law, we will outline the reasonable courses of action and the risks and consequences of each. We will ultimately adopt, on your behalf, the alternative you select.

We determine our fees for preparation of your return once we receive all the information needed to prepare your return. We require a 50% deposit to begin and the balance when we provide you with a draft or two weeks after requests for additional information go unanswered by you. 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.**

We will return your original records to you at the end of this engagement. Store these records, along with all supporting documents, canceled checks, etc., in a secure location in case these items are needed later to prove accuracy and completeness of a return. We retain copies of your records and our work papers for your engagement for seven years, after which these documents will be destroyed.

Our engagement to prepare your tax returns will conclude with the delivery of the completed returns to you (if paper-filing) or your signature and our subsequent submittal of your tax return (if e-filing). If you have not selected to e-file your returns with our office, you will be solely responsible to file the returns with the appropriate taxing authorities. Review all tax-return documents carefully before signing them. Our engagement DOES NOT include audit support. We will review and discuss all tax notice related to this tax year at no additional charge to you. Any notice that will require additional work will require additional fees for services. These fees will be determined and discussed prior to us completing any additional work.

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 provide a signed e-file authorization to assure the return is filed by the due date. Tax returns are due the 15<sup>th</sup> day of the 3<sup>rd</sup> or 4<sup>th</sup> month following the close of the tax year. To assure completion of your **personal return (Form 1040)** by the April 15 due date **we must have all information by March 15**. To assure completion of your personal return by the extended deadline of October 15 we must have all information by **September 15**. To assure completion of your **business return (Form 1120S, 1065 or 1120)** by the March 15<sup>th</sup> due date **we must have all information by February 15<sup>th</sup>**. To assure completion of your business return by the extended due date of September 15<sup>th</sup> we must have all information by **August 1<sup>st</sup>**. 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 15th 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.**

To affirm that this letter correctly summarizes your understanding of the arrangements for this work, sign the enclosed copy of this letter in the space indicated and return it to us in the envelope provided.

Thank you for the opportunity to be of service. If you have any questions, contact our office at (813)304-5569.

Theresa Turner  
Tax Happens LLC  
(Both spouses must sign for preparation of joint returns.)

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

Accepted By:

Accepted By:

\_\_\_\_\_  
TAXPAYER 1

\_\_\_\_\_  
DATE

\_\_\_\_\_  
TAXPAYER 2

\_\_\_\_\_  
DATE

# 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

<b>"X"</b> <b>if</b> <b>spouse</b>	<b>Employer's Name</b>	<b>Box 1</b> <b>Wages, Tips</b> <b>Other Comp</b>	<b>Box 2</b> <b>Federal Income</b> <b>Tax Withheld</b>	<b>Box 16</b> <b>State</b> <b>Wages</b>	<b>Box 17</b> <b>State Income</b> <b>Tax Withheld</b>
<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				
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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

<b>"X"</b> if spouse		<b>Payer's Name</b>	<b>Box 1 Gross Distribution</b>	<b>Box 4 Federal Income Tax Withheld</b>	<b>Box 14 State Distribution</b>	<b>Box 12 State Income Tax Withheld</b>
<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					
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<input type="checkbox"/>	15					
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<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 \_\_\_\_\_

**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: \_\_\_\_\_

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

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**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

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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
<b>1</b>	Name Address City State Zip Code	
<b>2</b>	Name Address City State Zip Code	
<b>3</b>	Name Address City State Zip Code	
<b>4</b>	Name Address City State Zip Code	
<b>5</b>	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.
<b>1</b>						
<b>2</b>						
<b>3</b>						
<b>4</b>						
<b>5</b>						

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				
<b>Actual Expenses</b>				
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				
<b>Actual Expenses</b>				
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: _____	_____	SSN: _____	
	Last: _____			
	Business: _____			
2	First: _____	_____	SSN: _____	
	Last: _____			
	Business: _____			
3	First: _____	_____	SSN: _____	
	Last: _____			
	Business: _____			
4	First: _____	_____	SSN: _____	
	Last: _____			
	Business: _____			
5	First: _____	_____	SSN: _____	
	Last: _____			
	Business: _____			