

Personal Information

Filing (Marital) status code (1 = Single, 2 = Married filing joint, 3 = Married filing separate, 4 = Head of household, 5 = Qualifying widow(er)) \_\_\_\_\_[1]  
 Mark if you were married but living apart all year \_\_\_\_\_[2]  
 Mark if your nonresident alien spouse does not have an Individual Taxpayer Identification Number (ITIN) \_\_\_\_\_[3]

|   |          |      |        |
|---|----------|------|--------|
|   | Taxpayer |      | Spouse |
| Social security number  | _____    | [4]  | _____  |
| First name  | _____    | [6]  | _____  |
| Last name   | _____    | [8]  | _____  |
| Occupation  | _____    | [10] | _____  |
| Designate \$3.00 to the presidential election campaign fund? (1 = Yes, 2 = No, 3 = Blank) | _____    | [12] | _____  |
| Mark if dependent of another taxpayer   | _____    | [15] | _____  |
| Taxpayer with income less than 1/2 support age 18 or 19 - 23 full-time student? (Y, N)    | _____    | [17] | _____  |
| Mark if legally blind   | _____    | [20] | _____  |
| Date of birth   | _____    | [22] | _____  |
| Date of death   | _____    | [26] | _____  |
| Work/daytime telephone number/ext number  | _____    | [28] | _____  |
| Home/evening telephone number   | _____    | [32] | _____  |
| Do you authorize us to discuss your return with the IRS? (Y, N)                           | _____    | [34] | _____  |

Present Mailing Address

Address \_\_\_\_\_[38]  
 Apartment number \_\_\_\_\_[39]  
 City, state postal code, zip code \_\_\_\_\_[40] \_\_\_\_\_[41] \_\_\_\_\_[42]  
 Foreign country name \_\_\_\_\_[44]  
 Foreign phone number \_\_\_\_\_[47]  
 In care of addressee \_\_\_\_\_[48]

Dependent Information

(\*Please refer to Dependent Codes located at the bottom)

| First Name[49] | Last Name | Date of Birth | Social Security No. | Relationship | Months in home | ***Dep Codes * ** | Care expenses paid for dependent |
|----------------|-----------|---------------|---------------------|--------------|----------------|-------------------|----------------------------------|
|                |           |               |                     |              |                |                   |                                  |
|                |           |               |                     |              |                |                   |                                  |
|                |           |               |                     |              |                |                   |                                  |
|                |           |               |                     |              |                |                   |                                  |
|                |           |               |                     |              |                |                   |                                  |
|                |           |               |                     |              |                |                   |                                  |
|                |           |               |                     |              |                |                   |                                  |
|                |           |               |                     |              |                |                   |                                  |
|                |           |               |                     |              |                |                   |                                  |
|                |           |               |                     |              |                |                   |                                  |
|                |           |               |                     |              |                |                   |                                  |
|                |           |               |                     |              |                |                   |                                  |
|                |           |               |                     |              |                |                   |                                  |
|                |           |               |                     |              |                |                   |                                  |
|                |           |               |                     |              |                |                   |                                  |
|                |           |               |                     |              |                |                   |                                  |
|                |           |               |                     |              |                |                   |                                  |
|                |           |               |                     |              |                |                   |                                  |
|                |           |               |                     |              |                |                   |                                  |
|                |           |               |                     |              |                |                   |                                  |
|                |           |               |                     |              |                |                   |                                  |
|                |           |               |                     |              |                |                   |                                  |

Name of child who lived with you but is not your dependent \_\_\_\_\_[50]  
 Social security number of qualifying person \_\_\_\_\_[51]

Dependent Codes

- |  |  |
|--|--|
| <p>*Basic</p> <ul style="list-style-type: none"> <li>1 = Child who lived with you</li> <li>2 = Child who did not live with you due to divorce/separation</li> <li>3 = Other dependent</li> <li>5 = Qualifying child for Earned Income Credit only</li> <li>6 = Children who lived with you, but do not qualify for Earned Income Credit</li> <li>7 = Children who lived with you, but do not qualify for Child Tax Credit</li> <li>8 = Children who lived with you, but do not qualify for Child Tax Credit or Earned Income Credit</li> </ul> <p>***Months</p> <ul style="list-style-type: none"> <li>77 = Reported on odd year return</li> <li>88 = Reported on even year return</li> <li>99 = Not reported on return</li> </ul> | <p>**Other</p> <ul style="list-style-type: none"> <li>1 = Student (Age 19 - 23)</li> <li>2 = Disabled dependent</li> <li>3 = Dependent who is both a student and disabled</li> </ul> |
|--|--|

Preparer - Enter on Screen Contact

Tax matters person (Indicate which spouse handles tax return related questions) (Blank = Both, T = Taxpayer, S = Spouse) \_\_\_\_\_ [8]

Taxpayer email address \_\_\_\_\_ [9]

Spouse email address \_\_\_\_\_ [10]

|   | Taxpayer   | Spouse     |
|---|------------|------------|
| Fax telephone number  | _____ [11] | _____ [19] |
| Mobile telephone number   | _____ [12] | _____ [20] |
| Mobile telephone #2 number  | _____ [13] | _____ [21] |
| Pager number  | _____ [14] | _____ [22] |
| Other:  | _____ [15] | _____ [23] |
| Telephone number  | _____ [16] | _____ [24] |
| Extension   | _____ [17] | _____ [25] |
| Preferred method of contact:                                      |            |            |
| Email, Work phone, Home phone, Fax, Mobile phone, Mobile phone #2 | _____ [18] | _____ [26] |

NOTES/QUESTIONS:

Per IRS Security Summit requirements, verify the name of financial institution, routing transit number, account number, and type of account below. If you would like to have a refund direct deposited into or a balance due debited from your bank account(s), please enter information in the fields below. Note that electronic funds will be withdrawn only from the primary account listed below.

Mark to verify all accounts listed below have been reviewed, updated as needed, and are correct.  [1]

Primary account:

Financial institution routing transit number \_\_\_\_\_ [3]  
 Name of financial institution \_\_\_\_\_ [4]  
 Your account number \_\_\_\_\_ [5]  
 Type of account (1 = Savings, 2 = Checking, 3 = IRA\*) \_\_\_\_\_ [6]  
 Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) \_\_\_\_\_ [7]  
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) \_\_\_\_\_ [8]  
 Enter the maximum dollar amount, or percentage of total refund Dollar \_\_\_\_\_ [9] or Percent (xxx.xx) \_\_\_\_\_ [10]

Secondary account #1:

Financial institution routing transit number \_\_\_\_\_ [25]  
 Name of financial institution \_\_\_\_\_ [26]  
 Your account number \_\_\_\_\_ [27]  
 Type of account (1 = Savings, 2 = Checking, 3 = IRA\*) \_\_\_\_\_ [28]  
 Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) \_\_\_\_\_ [29]  
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) \_\_\_\_\_ [30]  
 Enter the maximum dollar amount, or percentage of total refund Dollar \_\_\_\_\_ [11] or Percent (xxx.xx) \_\_\_\_\_ [12]

Secondary account #2:

Financial institution routing transit number \_\_\_\_\_ [31]  
 Name of financial institution \_\_\_\_\_ [32]  
 Your account number \_\_\_\_\_ [33]  
 Type of account (1 = Savings, 2 = Checking, 3 = IRA\*) \_\_\_\_\_ [34]  
 Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) \_\_\_\_\_ [35]  
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) \_\_\_\_\_ [36]  
 Enter the maximum dollar amount, or percentage of total refund Dollar \_\_\_\_\_ [15] or Percent (xxx.xx) \_\_\_\_\_ [16]

\*Refunds may only be direct deposited to established traditional, Roth or SEP-IRA accounts. Make sure direct deposits will be accepted by the bank or financial institution.

### Refund - U.S. Series I Savings Bond Purchases

A tax refund may be used to buy up to \$5,000 of U.S. Series I Savings bonds and registered for up to three different persons. If you would like to purchase U.S. Series I Savings bonds (in increments of \$50) with your refund, if applicable, please complete the following information. Please note you may enter only one name per registration (with exception of married filing joint returns) and must enter the party's given name, do not use nicknames.

Indicate either a maximum dollar amount (up to \$5,000), or percentage of refund you would like used to purchase bonds

The bonds will be registered to the name(s) on the return. For married filing joint returns this means the bonds will be registered in both names listed on the return.

To register the bonds separately, leave these fields blank and use the fields provided below.

Enter either a dollar amount or percent, but not both Dollar \_\_\_\_\_ [13] or Percent (xxx.xx) \_\_\_\_\_ [14]

Bond information for someone other than taxpayer and spouse, if married filing jointly

Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase bonds Dollar \_\_\_\_\_ [17] or Percent (xxx.xx) \_\_\_\_\_ [18]  
 Owner's name (First Last) \_\_\_\_\_ [38] \_\_\_\_\_ [39]  
 Co-owner or beneficiary (First Last) \_\_\_\_\_ [40] \_\_\_\_\_ [41]  
 Mark if the name listed above is a beneficiary \_\_\_\_\_ [42]

Bond information for someone other than taxpayer and spouse, if married filing jointly

Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase bonds Dollar \_\_\_\_\_ [21] or Percent (xxx.xx) \_\_\_\_\_ [22]  
 Owner's name (First Last) \_\_\_\_\_ [43] \_\_\_\_\_ [44]  
 Co-owner or beneficiary (First Last) \_\_\_\_\_ [45] \_\_\_\_\_ [46]  
 Mark if the name listed above is a beneficiary \_\_\_\_\_ [47]

If you have an overpayment of 2017 taxes, do you want the excess:

Refunded \_\_\_\_\_ [52]

Applied to 2018 estimated tax liability \_\_\_\_\_ [53]

Do you expect a considerable change in your 2018 income? (Y, N) \_\_\_\_\_ [54]

If yes, please explain any differences:

\_\_\_\_\_ [55]

\_\_\_\_\_ [56]

\_\_\_\_\_ [57]

\_\_\_\_\_ [58]

Do you expect a considerable change in your deductions for 2018? (Y, N) \_\_\_\_\_ [59]

If yes, please explain any differences:

\_\_\_\_\_ [60]

\_\_\_\_\_ [61]

\_\_\_\_\_ [62]

\_\_\_\_\_ [63]

Do you expect a considerable change in the amount of your 2018 withholding? (Y, N) \_\_\_\_\_ [64]

If yes, please explain any differences:

\_\_\_\_\_ [65]

\_\_\_\_\_ [66]

\_\_\_\_\_ [67]

\_\_\_\_\_ [68]

Do you expect a change in the number of dependents claimed for 2018? (Y, N) \_\_\_\_\_ [69]

If yes, please explain any differences:

\_\_\_\_\_ [70]

\_\_\_\_\_ [71]

\_\_\_\_\_ [72]

\_\_\_\_\_ [73]

Mark if you use the Electronic Federal Tax Payment System (EFTPS) to pay your estimated taxes \_\_\_\_\_ [74]

2017 Federal Estimated Tax Payments

2016 overpayment applied to 2017 estimates + \_\_\_\_\_ [1]

Mark if you paid the calculated amounts on the dates due indicated below. Skip the remaining fields. \_\_\_\_\_ [5]

If your estimated payments were not made on the date due or were for an amount other than the calculated amount below, please enter the actual date and amount paid.

|                     | Date Due | Date Paid if After Date Due | Amount Paid  | Calculated Amount | Method* |
|---------------------|----------|-----------------------------|--------------|-------------------|---------|
| 1st quarter payment | 4/18/17  | _____ [6]                   | + _____ [7]  | _____             | _____   |
| 2nd quarter payment | 6/15/17  | _____ [8]                   | + _____ [9]  | _____             | _____   |
| 3rd quarter payment | 9/15/17  | _____ [10]                  | + _____ [11] | _____             | _____   |
| 4th quarter payment | 1/16/18  | _____ [12]                  | + _____ [13] | _____             | _____   |
| Additional payment  |          | _____ [14]                  | + _____ [15] | _____             | _____   |

\*Method of payment indicated in prior year

EFW = Electronic funds withdrawal      EFTPS = Electronic Federal Tax Payment System

Voucher = Form 1040-ES estimated tax payment voucher

NOTES/QUESTIONS:

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [1]  
 State postal code \_\_\_\_\_ [2]

Amount paid with 2016 return + \_\_\_\_\_ [3]  
 2016 overpayment applied to '17 estimates + \_\_\_\_\_ [4]  
 Treat calculated amounts as paid \_\_\_\_\_ [8]

|                     | Date Paid  | Amount Paid  | Calculated Amount  |
|---------------------|------------|--------------|--|
| 1st quarter payment | _____ [9]  | + _____ [10] | <div style="border: 1px solid black; padding: 5px;">                     _____<br/>                     _____<br/>                     _____<br/>                     _____                 </div> |
| 2nd quarter payment | _____ [11] | + _____ [12] |  |
| 3rd quarter payment | _____ [13] | + _____ [14] |  |
| 4th quarter payment | _____ [15] | + _____ [16] |  |
| Additional payment  | _____ [17] | + _____ [18] |  |

2017 City Estimated Tax Payments

| City #1                                   |              | City #2                                   |              |
|---|--------------|---|--------------|
| City name                                 | _____ [28]   | City name                                 | _____ [50]   |
| Amount paid with 2016 return              | + _____ [31] | Amount paid with 2016 return              | + _____ [53] |
| 2016 overpayment applied to '17 estimates | + _____ [32] | 2016 overpayment applied to '17 estimates | + _____ [54] |
| Treat calculated amounts as paid          | _____ [36]   | Treat calculated amounts as paid          | _____ [58]   |

| Date Paid           |            | Amount Paid  |                     | Date Paid  |              | Amount Paid |  |
|---------------------|------------|--------------|---------------------|------------|--------------|-------------|--|
| 1st quarter payment | _____ [37] | + _____ [38] | 1st quarter payment | _____ [59] | + _____ [60] |             |  |
| 2nd quarter payment | _____ [39] | + _____ [40] | 2nd quarter payment | _____ [61] | + _____ [62] |             |  |
| 3rd quarter payment | _____ [41] | + _____ [42] | 3rd quarter payment | _____ [63] | + _____ [64] |             |  |
| 4th quarter payment | _____ [43] | + _____ [44] | 4th quarter payment | _____ [65] | + _____ [66] |             |  |

Calculated Amount

|                     |       |
|---------------------|-------|
| 1st quarter payment | _____ |
| 2nd quarter payment | _____ |
| 3rd quarter payment | _____ |
| 4th quarter payment | _____ |

Calculated Amount

|                     |       |
|---------------------|-------|
| 1st quarter payment | _____ |
| 2nd quarter payment | _____ |
| 3rd quarter payment | _____ |
| 4th quarter payment | _____ |

| City #3                                   |              | City #4                                   |              |
|---|--------------|---|--------------|
| City name                                 | _____ [72]   | City name                                 | _____ [94]   |
| Amount paid with 2016 return              | + _____ [75] | Amount paid with 2016 return              | + _____ [97] |
| 2016 overpayment applied to '17 estimates | + _____ [76] | 2016 overpayment applied to '17 estimates | + _____ [98] |
| Treat calculated amounts as paid          | _____ [80]   | Treat calculated amounts as paid          | _____ [102]  |

| Date Paid           |            | Amount Paid  |                     | Date Paid   |               | Amount Paid |  |
|---------------------|------------|--------------|---------------------|-------------|---------------|-------------|--|
| 1st quarter payment | _____ [81] | + _____ [82] | 1st quarter payment | _____ [103] | + _____ [104] |             |  |
| 2nd quarter payment | _____ [83] | + _____ [84] | 2nd quarter payment | _____ [105] | + _____ [106] |             |  |
| 3rd quarter payment | _____ [85] | + _____ [86] | 3rd quarter payment | _____ [107] | + _____ [108] |             |  |
| 4th quarter payment | _____ [87] | + _____ [88] | 4th quarter payment | _____ [109] | + _____ [110] |             |  |

Calculated Amount

|                     |       |
|---------------------|-------|
| 1st quarter payment | _____ |
| 2nd quarter payment | _____ |
| 3rd quarter payment | _____ |
| 4th quarter payment | _____ |

Calculated Amount

|                     |       |
|---------------------|-------|
| 1st quarter payment | _____ |
| 2nd quarter payment | _____ |
| 3rd quarter payment | _____ |
| 4th quarter payment | _____ |

### Interest Income

Please provide copies of all Form 1099-INT or other statements reporting interest income.  
 \*Whole numbers will be treated as \$ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.

| T/S/J | Type Code (**See codes below) | Interest [1] Income | Tax Exempt Income | Penalty on Early Withdrawal | U.S. Obligations* \$ or % | Tax Exempt* \$ or % | Foreign Taxes Paid | Prior Year Information |
|-------|-------------------------------|---------------------|-------------------|-----------------------------|---------------------------|---------------------|--------------------|------------------------|
|       | 1                             | Payer               |                   |                             |                           |                     |                    |                        |
|       |                               | Amounts             | +                 |                             |                           |                     |                    |                        |
|       | 2                             | Payer               |                   |                             |                           |                     |                    |                        |
|       |                               | Amounts             | +                 |                             |                           |                     |                    |                        |
|       | 3                             | Payer               |                   |                             |                           |                     |                    |                        |
|       |                               | Amounts             | +                 |                             |                           |                     |                    |                        |
|       | 4                             | Payer               |                   |                             |                           |                     |                    |                        |
|       |                               | Amounts             | +                 |                             |                           |                     |                    |                        |
|       | 5                             | Payer               |                   |                             |                           |                     |                    |                        |
|       |                               | Amounts             | +                 |                             |                           |                     |                    |                        |
|       | 6                             | Payer               |                   |                             |                           |                     |                    |                        |
|       |                               | Amounts             | +                 |                             |                           |                     |                    |                        |
|       | 7                             | Payer               |                   |                             |                           |                     |                    |                        |
|       |                               | Amounts             | +                 |                             |                           |                     |                    |                        |
|       | 8                             | Payer               |                   |                             |                           |                     |                    |                        |
|       |                               | Amounts             | +                 |                             |                           |                     |                    |                        |
|       | 9                             | Payer               |                   |                             |                           |                     |                    |                        |
|       |                               | Amounts             | +                 |                             |                           |                     |                    |                        |
|       | 10                            | Payer               |                   |                             |                           |                     |                    |                        |
|       |                               | Amounts             | +                 |                             |                           |                     |                    |                        |

| **Interest Codes         |                      |                        |
|--------------------------|----------------------|------------------------|
| Blank = Regular Interest | 4 = Accrued Interest | 6 = ABP Adjustment     |
| 3 = Nominee Distribution | 5 = OID Adjustment   | 7 = Series EE & I Bond |

### Dividend Income

Please provide copies of all Form 1099-DIV or other statements reporting dividend income.  
 \*Whole numbers will be treated as \$ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.

| T<br>S<br>J | Type<br>Code (**See codes below) | Ordinary<br>Dividends [2] | Qualified<br>Dividends | Total<br>Cap Gain<br>Distributions | Section 1250 | Sec. 1202 | 28%<br>Capital Gain | Tax Exempt<br>Dividends | U.S.<br>Obligations*<br>\$ or % | Tax Exempt*<br>\$ or % | Foreign<br>Taxes<br>Paid | Prior Year<br>Information |
|-------------|----------------------------------|---------------------------|------------------------|------------------------------------|--------------|-----------|---------------------|-------------------------|---------------------------------|------------------------|--------------------------|---------------------------|
| 1           | Payer                            |                           |                        |                                    |              |           |                     |                         |                                 |                        |                          |                           |
|             | Amounts +                        |                           |                        |                                    |              |           |                     |                         |                                 |                        |                          |                           |
| 2           | Payer                            |                           |                        |                                    |              |           |                     |                         |                                 |                        |                          |                           |
|             | Amounts +                        |                           |                        |                                    |              |           |                     |                         |                                 |                        |                          |                           |
| 3           | Payer                            |                           |                        |                                    |              |           |                     |                         |                                 |                        |                          |                           |
|             | Amounts +                        |                           |                        |                                    |              |           |                     |                         |                                 |                        |                          |                           |
| 4           | Payer                            |                           |                        |                                    |              |           |                     |                         |                                 |                        |                          |                           |
|             | Amounts +                        |                           |                        |                                    |              |           |                     |                         |                                 |                        |                          |                           |
| 5           | Payer                            |                           |                        |                                    |              |           |                     |                         |                                 |                        |                          |                           |
|             | Amounts +                        |                           |                        |                                    |              |           |                     |                         |                                 |                        |                          |                           |
| 6           | Payer                            |                           |                        |                                    |              |           |                     |                         |                                 |                        |                          |                           |
|             | Amounts +                        |                           |                        |                                    |              |           |                     |                         |                                 |                        |                          |                           |
| 7           | Payer                            |                           |                        |                                    |              |           |                     |                         |                                 |                        |                          |                           |
|             | Amounts +                        |                           |                        |                                    |              |           |                     |                         |                                 |                        |                          |                           |
| 8           | Payer                            |                           |                        |                                    |              |           |                     |                         |                                 |                        |                          |                           |
|             | Amounts +                        |                           |                        |                                    |              |           |                     |                         |                                 |                        |                          |                           |
| 9           | Payer                            |                           |                        |                                    |              |           |                     |                         |                                 |                        |                          |                           |
|             | Amounts +                        |                           |                        |                                    |              |           |                     |                         |                                 |                        |                          |                           |
| 10          | Payer                            |                           |                        |                                    |              |           |                     |                         |                                 |                        |                          |                           |
|             | Amounts +                        |                           |                        |                                    |              |           |                     |                         |                                 |                        |                          |                           |

|                  |             |
|------------------|-------------|
| **Dividend Codes |             |
| Blank = Other    | 3 = Nominee |







### Pension, Annuity, and IRA Distributions #1

Please provide all Forms 1099-R.

2017 Information

Prior Year Information

|  |         |      |       |
|--|---------|------|-------|
| Taxpayer/Spouse (T, S)   | __      | [1]  |       |
| Name of payer _____  |         | [3]  |       |
| State postal code _____  |         | [5]  |       |
| Gross distributions received (Box 1)                             | + _____ | [7]  | _____ |
| Taxable amount received (Box 2a)                                 | + _____ | [9]  | _____ |
| Federal withholding (Box 4)                                      | + _____ | [11] | _____ |
| Distribution code (Box 7)  |         | [14] | —     |
| Mark if distribution is from an IRA, SEP, SIMPLE retirement plan |         | [16] |       |
| State withholding (Box 12)                                       | + _____ | [17] | _____ |
| Local withholding (Box 15)                                       | + _____ | [19] | _____ |
| Amount of rollover   | + _____ | [21] | _____ |
| Mark if distribution was due to a pre-retirement age disability  |         | [23] |       |

|  |                  |  |
|--|------------------|--|
|  | Control Totals + |  |
|--|------------------|--|

### Pension, Annuity, and IRA Distributions #2

Please provide all Forms 1099-R.

2017 Information

Prior Year Information

|  |         |      |       |
|--|---------|------|-------|
| Taxpayer/Spouse (T, S)   | __      | [1]  |       |
| Name of payer _____  |         | [3]  |       |
| State postal code _____  |         | [5]  |       |
| Gross distributions received (Box 1)                             | + _____ | [7]  | _____ |
| Taxable amount received (Box 2a)                                 | + _____ | [9]  | _____ |
| Federal withholding (Box 4)                                      | + _____ | [11] | _____ |
| Distribution code (Box 7)  |         | [14] | —     |
| Mark if distribution is from an IRA, SEP, SIMPLE retirement plan |         | [16] |       |
| State withholding (Box 12)                                       | + _____ | [17] | _____ |
| Local withholding (Box 15)                                       | + _____ | [19] | _____ |
| Amount of rollover   | + _____ | [21] | _____ |
| Mark if distribution was due to a pre-retirement age disability  |         | [23] |       |

|  |                  |  |
|--|------------------|--|
|  | Control Totals + |  |
|--|------------------|--|

### Pension, Annuity, and IRA Distributions #3

Please provide all Forms 1099-R.

2017 Information

Prior Year Information

|  |         |      |       |
|--|---------|------|-------|
| Taxpayer/Spouse (T, S)   | __      | [1]  |       |
| Name of payer _____  |         | [3]  |       |
| State postal code _____  |         | [5]  |       |
| Gross distributions received (Box 1)                             | + _____ | [7]  | _____ |
| Taxable amount received (Box 2a)                                 | + _____ | [9]  | _____ |
| Federal withholding (Box 4)                                      | + _____ | [11] | _____ |
| Distribution code (Box 7)  |         | [14] | —     |
| Mark if distribution is from an IRA, SEP, SIMPLE retirement plan |         | [16] |       |
| State withholding (Box 12)                                       | + _____ | [17] | _____ |
| Local withholding (Box 15)                                       | + _____ | [19] | _____ |
| Amount of rollover   | + _____ | [21] | _____ |
| Mark if distribution was due to a pre-retirement age disability  |         | [23] |       |

|  |                  |  |
|--|------------------|--|
|  | Control Totals + |  |
|--|------------------|--|

NOTES/QUESTIONS:

Please provide a copy of Form(s) SSA-1099 or RRB-1099

Taxpayer/Spouse (T, S) \_\_\_\_\_ [1]  
 State postal code \_\_\_\_\_ [2]

Social Security Benefits

|   | 2017 Information | Prior Year Information |
|---|------------------|------------------------|
| If you received a Form SSA - 1099, please complete the following information: |                  |                        |
| Net Benefits for 2017 (Box 3 minus Box 4) (Box 5)                             | + _____ [8]      | _____                  |
| Voluntary Federal Income Tax Withheld (Box 6)                                 | + _____ [10]     | _____                  |
| From the DESCRIPTION OF AMOUNT IN BOX 3 area of Form SSA-1099:                |                  |                        |
| Medicare premiums   | + _____ [12]     | _____                  |
| Prescription drug (Part D) premiums   | + _____ [14]     | _____                  |

Tier 1 Railroad Benefits

|   | 2017 Information | Prior Year Information |
|---|------------------|------------------------|
| If you received a Form RRB - 1099, please complete the following information: |                  |                        |
| Net Social Security Equivalent Benefit:                                       |                  |                        |
| Portion of Tier 1 Paid in 2017 (Box 5)  | + _____ [22]     | _____                  |
| Federal Income Tax Withheld (Box 10)  | + _____ [25]     | _____                  |
| Medicare Premium Total (Box 11)   | + _____ [27]     | _____                  |

Additional Information About Benefits Received

Additional information about the benefits received not reported above. For example did you repay any benefits in 2017 or receive any prior year benefits in 2017. This information will be reported in the SSA-1099 DESCRIPTION OF AMOUNT IN BOX 3 area or in the RRB-1099 Boxes 7 through 9.

\_\_\_\_\_  
 \_\_\_\_\_ [40]  
 \_\_\_\_\_ [41]  
 \_\_\_\_\_ [42]  
 \_\_\_\_\_ [43]  
 \_\_\_\_\_ [44]

NOTES/QUESTIONS:

|  | Taxpayer     | Spouse       |
|--|--------------|--------------|
| Are you or your spouse (if MFJ or MFS) covered by an employer's retirement plan? (Y, N)  | __ [1]       | __ [2]       |
| Do you want to contribute the maximum allowable traditional IRA contribution amount? If yes, enter the applicable code: (1 = Deductible only, 2 = Both deductible and nondeductible) | __ [3]       | __ [4]       |
| Enter the total traditional IRA contributions made for use in 2017   | + _____ [5]  | + _____ [6]  |
| <br>   |              |              |
|  | Taxpayer     | Spouse       |
| Enter the nondeductible contribution amount made for use in 2017   | + _____ [11] | + _____ [12] |
| Enter the nondeductible contribution amount made in 2018 for use in 2017   | + _____ [13] | + _____ [14] |
| Traditional IRA basis  | + _____ [15] | + _____ [16] |
| Value of all your traditional IRA's on December 31, 2017:  | + _____ [17] | + _____ [18] |
| _____  | +            | _____        |
| _____  | +            | _____        |
| _____  | +            | _____        |
| _____  | +            | _____        |
| _____  | +            | _____        |

**Roth IRA**

Please provide copies of any 1998 through 2016 Form 8606 not prepared by this office

|  | Taxpayer     | Spouse       |
|--|--------------|--------------|
| Mark if you want to contribute the maximum Roth IRA contribution           | __ [27]      | __ [28]      |
| Enter the total Roth IRA contributions made for use in 2017                | + _____ [29] | + _____ [30] |
| Enter the total amount of Roth IRA conversion recharacterizations for 2017 | + _____ [37] | + _____ [38] |
| Enter the total contribution Roth IRA basis on December 31, 2016           | + _____ [41] | + _____ [42] |
| Enter the total Roth IRA contribution recharacterizations for 2017         | + _____ [43] | + _____ [44] |
| Enter the Roth conversion IRA basis on December 31, 2016                   | + _____ [45] | + _____ [46] |
| Value of all your Roth IRA's on December 31, 2017:                         | + _____ [47] | + _____ [48] |
| _____  | +            | _____        |
| _____  | +            | _____        |
| _____  | +            | _____        |
| _____  | +            | _____        |
| _____  | +            | _____        |

NOTES/QUESTIONS:

Preparer use only

|  | 2017 Information                    | Prior Year Information |
|--|-------------------------------------|------------------------|
| Taxpayer/Spouse/Joint (T, S, J)  | _____ [2]                           |                        |
| Employer identification number   | _____ [3]                           |                        |
| Business name  | _____ [5]                           |                        |
| Principal business/profession  | _____ [6]                           |                        |
| Business code  | _____ [12]                          | _____                  |
| Business address, if different from home address on Organizer Form ID: 1040                            |                                     |                        |
| Address  | _____ [15]                          |                        |
| City/State/Zip   | _____ [16]    _____ [17] _____ [18] |                        |
| Accounting method (1 = Cash, 2 = Accrual, 3 = Other)   | _____ [19]                          | _____                  |
| If other:  | _____ [21]                          |                        |
| Inventory method (1 = Cost, 2 = LCM, 3 = Other)  | _____ [22]                          | _____                  |
| If other enter explanation:  | _____ [24]                          |                        |
| _____  |                                     |                        |
| _____  |                                     |                        |
| Enter an explanation if there was a change in determining your inventory:                              | _____ [25]                          |                        |
| _____  |                                     |                        |
| _____  |                                     |                        |
| Did you "materially participate" in this business? (Y, N)  | _____ [26]                          | _____                  |
| If not, number of hours you did significantly participate  | _____ [28]                          | _____                  |
| Mark if you began or acquired this business in 2017  | _____ [30]                          |                        |
| Did you make any payments in 2017 that require you to file Form(s) 1099? (Y, N)                        | _____ [31]                          | _____                  |
| If "Yes", did you or will you file all required Forms 1099? (Y, N)                                     | _____ [33]                          | _____                  |
| Mark if this business is considered related to qualified services as a minister or religious worker    | _____ [35]                          | _____                  |
| Did you receive wages as a statutory employee or as a minister? (1 = Statutory employee, 2 = Minister) | _____ [37]                          | _____                  |
| Medical insurance premiums paid by this activity   | + _____ [41]                        | _____                  |
| Long-term care premiums paid by this activity  | + _____ [45]                        | _____                  |
| Amount of wages received as a statutory employee   | + _____ [48]                        | _____                  |

**Business Income**

|                          | 2017 Information | Prior Year Information |
|--------------------------|------------------|------------------------|
| Gross receipts and sales |                  |                        |
| _____                    | + _____ [53]     | _____                  |
| _____                    | + _____          | _____                  |
| _____                    | + _____          | _____                  |
| _____                    | + _____          | _____                  |
| Returns and allowances   | + _____ [56]     | _____                  |
| Other income:            |                  |                        |
| _____                    | + _____ [58]     | _____                  |
| _____                    | + _____          | _____                  |
| _____                    | + _____          | _____                  |
| _____                    | + _____          | _____                  |

**Cost of Goods Sold**

|                     | 2017 Information | Prior Year Information |
|---------------------|------------------|------------------------|
| Beginning inventory | + _____ [60]     | _____                  |
| Purchases           | + _____ [62]     | _____                  |
| Labor:              |                  |                        |
| _____               | + _____ [64]     | _____                  |
| _____               | + _____          | _____                  |
| Materials           | + _____ [66]     | _____                  |
| Other costs:        |                  |                        |
| _____               | + _____ [68]     | _____                  |
| _____               | + _____          | _____                  |
| _____               | + _____          | _____                  |
| _____               | + _____          | _____                  |
| Ending inventory    | + _____ [70]     | _____                  |

Control Totals +

Preparer use only  
Principal business or profession \_\_\_\_\_

|  | 2017 Information | Prior Year Information |
|--|------------------|------------------------|
| Advertising  | + _____ [6]      | _____                  |
| Car and truck expenses   | + _____ [8]      | _____                  |
| Commissions and fees   | + _____ [10]     | _____                  |
| Contract labor   | + _____ [12]     | _____                  |
| Depletion  | + _____ [14]     | _____                  |
| Depreciation   | + _____ [16]     | _____                  |
| Employee benefit programs (Include Small Employer Health Ins Premiums credit): |                  | _____                  |
| _____  | + _____ [18]     | _____                  |
| _____  | + _____          | _____                  |
| Insurance (Other than health):   |                  | _____                  |
| _____  | + _____ [20]     | _____                  |
| _____  | + _____          | _____                  |
| Interest:  |                  | _____                  |
| Mortgage (Paid to banks, etc.)   |                  | _____                  |
| _____  | + _____ [22]     | _____                  |
| _____  | + _____          | _____                  |
| _____  | + _____          | _____                  |
| Other:   |                  | _____                  |
| _____  | + _____ [24]     | _____                  |
| _____  | + _____          | _____                  |
| Legal and professional services  | + _____ [26]     | _____                  |
| Office expense   | + _____ [29]     | _____                  |
| Pension and profit sharing:  |                  | _____                  |
| _____  | + _____ [31]     | _____                  |
| _____  | + _____          | _____                  |
| Rent or lease:   |                  | _____                  |
| Vehicles, machinery, and equipment   | + _____ [33]     | _____                  |
| Other business property  | + _____ [35]     | _____                  |
| Repairs and maintenance  | + _____ [37]     | _____                  |
| Supplies   | + _____ [39]     | _____                  |
| Taxes and licenses:  |                  | _____                  |
| _____  | + _____ [41]     | _____                  |
| _____  | + _____          | _____                  |
| _____  | + _____          | _____                  |
| _____  | + _____          | _____                  |
| _____  | + _____          | _____                  |
| Travel, meals, and entertainment:  |                  | _____                  |
| Travel   | + _____ [43]     | _____                  |
| Meals and entertainment  | + _____ [45]     | _____                  |
| Meals (Enter 100% subject to DOT 80% limit)                                    | + _____ [47]     | _____                  |
| Utilities  | + _____ [51]     | _____                  |
| Wages (Less employment credit):  |                  | _____                  |
| _____  | + _____ [53]     | _____                  |
| _____  | + _____          | _____                  |
| Other expenses:  |                  | _____                  |
| _____  | + _____ [55]     | _____                  |
| _____  | + _____          | _____                  |
| _____  | + _____          | _____                  |
| _____  | + _____          | _____                  |
| _____  | + _____          | _____                  |
| _____  | + _____          | _____                  |
| _____  | + _____          | _____                  |
| _____  | + _____          | _____                  |
| _____  | + _____          | _____                  |
| _____  | + _____          | _____                  |
| _____  | + _____          | _____                  |
| _____  | + _____          | _____                  |

Preparer use only

|   |         | 2017 Information  | Prior Year Information |
|---|---------|-------------------|------------------------|
| Description   |         | [2]               |                        |
| Taxpayer/Spouse/Joint (T, S, J)   | [3]     | State postal code | [5]                    |
| Physical address: Street  |         | [6]               |                        |
| City, state, zip code   | [7] [8] | [9]               |                        |
| Foreign country   |         | [11]              |                        |
| Foreign province/county   |         | [12]              |                        |
| Foreign postal code   |         | [13]              |                        |
| Type (1=Single-family, 2=Multi-family, 3=Vacation/short-term, 4=Commercial, 5=Land, 6=Royalty, 7=Self-rental, 8=Other, 9=Personal ppty) |         | [14]              |                        |
| Description of other type (Type code #8)  |         | [15]              |                        |
| Did you make any payments in 2017 that require you to file Form(s) 1099? (Y,N)  |         | [16]              | —                      |
| If "Yes", did you or will you file all required Forms 1099? (Y, N)  |         | [18]              | —                      |
| Fair rental days (If not full year) (For types 1, 2, 4, 5, 7 and 8 only) (Use Rent-2 for type 3)  |         | [20]              |                        |
| Percentage of ownership if not 100%   |         | [22]              |                        |
| Business use percentage, if not 100% (Not vacation home percentage)   |         | [24]              |                        |

Rent and Royalty Income

| Rents and royalties | 2017 Information | Prior Year Information |
|---------------------|------------------|------------------------|
|                     | + [34]           |                        |

Rent and Royalty Expenses

|  | 2017 Information | Percent if not 100% | Prior Year Information |
|--|------------------|---------------------|------------------------|
| Advertising                                      | + [36]           | [37]                |                        |
| Auto   | + [39]           | [40]                |                        |
| Travel   | + [42]           | [43]                |                        |
| Cleaning and maintenance                         | + [45]           | [46]                |                        |
| Commissions:                                     |                  |                     |                        |
|  | + [48]           | [50]                |                        |
|  | + [49]           | [51]                |                        |
| Insurance:                                       |                  |                     |                        |
|  | + [51]           | [53]                |                        |
|  | + [52]           | [54]                |                        |
| Legal and professional fees                      | + [55]           | [56]                |                        |
| Management fees:                                 |                  |                     |                        |
|  | + [58]           | [60]                |                        |
|  | + [59]           | [61]                |                        |
| Mortgage interest paid to banks, etc (Form 1098) |                  |                     |                        |
|  | + [61]           | [63]                |                        |
|  | + [62]           | [64]                |                        |
| Other mortgage interest                          | + [64]           | [66]                |                        |
| Qualified mortgage insurance premiums            | + [67]           | [68]                |                        |
| Other interest:                                  |                  |                     |                        |
|  | + [70]           | [72]                |                        |
|  | + [71]           | [73]                |                        |
| Repairs  | + [73]           | [74]                |                        |
| Supplies   | + [76]           | [77]                |                        |
| Taxes:   |                  |                     |                        |
|  | + [79]           | [81]                |                        |
|  | + [80]           | [82]                |                        |
| Utilities  | + [82]           | [83]                |                        |
| Depreciation                                     | + [85]           | [86]                |                        |
| Depletion  | + [88]           | [89]                |                        |
| Other expenses:                                  |                  |                     |                        |
|  | + [91]           | [92]                |                        |
|  | + [93]           | [94]                |                        |
|  | + [95]           | [96]                |                        |
|  | + [97]           | [98]                |                        |

Control Totals +

Preparer use only  
Description \_\_\_\_\_

**Refinancing Points**

Preparer - Enter on Screen Rent

|   | 2017 Information | Prior Year Information |
|---|------------------|------------------------|
| Refinancing points paid -                                       |                  |                        |
| Recipient's/Lender's name _____ [93]                            |                  |                        |
| Date of refinance _____   |                  |                        |
| Total # Payments _____  |                  |                        |
| Reported on 1098 in 2017 _____                                  |                  |                        |
| Total points paid _____   |                  |                        |
| Points deemed as paid in current year (Preparer use only) _____ |                  |                        |
| Refinancing points paid -                                       |                  |                        |
| Recipient's/Lender's name _____                                 |                  |                        |
| Date of refinance _____   |                  |                        |
| Total # Payments _____  |                  |                        |
| Reported on 1098 in 2017 _____                                  |                  |                        |
| Total points paid _____   |                  |                        |
| Points deemed as paid in current year (Preparer use only) _____ |                  |                        |
| Refinancing points paid -                                       |                  |                        |
| Recipient's/Lender's name _____                                 |                  |                        |
| Date of refinance _____   |                  |                        |
| Total # Payments _____  |                  |                        |
| Reported on 1098 in 2017 _____                                  |                  |                        |
| Total points paid _____   |                  |                        |
| Points deemed as paid in current year (Preparer use only) _____ |                  |                        |

**Vacation Home Information**

|  | 2017 Information | Prior Year Information |
|--|------------------|------------------------|
| Number of days home was used personally _____ [6]                    |                  |                        |
| Number of days home was rented _____ [8]                             |                  |                        |
| Number of day home owned, if not 365 _____ [10]                      |                  |                        |
| Carryover of disallowed operating expenses into 2017 + _____ [20]    |                  |                        |
| Carryover of disallowed depreciation expenses into 2017 + _____ [21] |                  |                        |

**Passive and Other Information**

| Preparer use only<br>Carryovers | Regular | AMT    |
|---------------------------------|---------|--------|
| Operating                       | + [29]  | + [30] |
| Short-term capital              | + [31]  | + [32] |
| Long-term capital               | + [33]  | + [34] |
| 28% rate capital                | + [35]  | + [36] |
| Section 1231 loss               | + [37]  | + [38] |
| Ordinary business gain/loss     | + [39]  | + [40] |
| Comm revitalization             | + [41]  | + [42] |
| Section 179                     | + [43]  | + [46] |



Please provide all Forms 1099-K

Preparer use only

|  | 2017 Information | Prior Year Information |
|--|------------------|------------------------|
| Taxpayer/Spouse/Joint (T, S, J)  | _____ [2]        |                        |
| Employer identification number   | _____ [3]        |                        |
| Description  | _____ [4]        |                        |
| Principal Product  | _____ [5]        |                        |
| State postal code  | _____ [6]        |                        |
| Accounting method (1 = Cash, 2 = Accrual)  | _____ [7]        | _____                  |
| Agricultural activity code   | _____ [9]        | _____                  |
| Did you "materially participate" in this business? (Y, N)                            | _____ [12]       | _____                  |
| Did you make any payments in 2017 that require you to file Form(s) 1099? (Y, N)      | _____ [14]       | _____                  |
| If "Yes", did you or will you file all required Forms 1099? (Y, N)                   | _____ [16]       | _____                  |
| Mark if Schedule F net income or loss should be excluded from self-employment income | _____ [18]       | _____                  |
| Medical insurance premiums paid by this activity                                     | + _____ [22]     | _____                  |
| Long-term care premiums paid by this activity  | + _____ [26]     | _____                  |

Schedule F Income

| Sales Code** | Income description | 2017 Information | Prior Year Information |
|--------------|--------------------|------------------|------------------------|
| —            | _____              | + _____ [36]     | _____                  |
| —            | _____              | + _____          | _____                  |
| —            | _____              | + _____          | _____                  |
| —            | _____              | + _____          | _____                  |
| —            | _____              | + _____          | _____                  |

\*\* Sales Codes

|   |                                |
|---|--------------------------------|
| 1 = Cash sales of items bought for resale | 4 = Custom hire (machine work) |
| 2 = Cash sales of items raised            | 5 = Other income               |
| 3 = Accrual sales                         |                                |

|  | 2017 Information | Prior Year Information |
|--|------------------|------------------------|
| Cost or other basis of livestock and other items you bought for resale (Cash method) | + _____ [38]     | _____                  |
| Beginning inventory of livestock and other items (Accrual method)                    | + _____ [40]     | _____                  |
| Accrual cost of livestock, produce, grains, and other products purchased             | + _____ [42]     | _____                  |
| Ending inventory of livestock and other items (Accrual method)                       | + _____ [44]     | _____                  |
| Total cooperative distributions you received   | + _____ [46]     | _____                  |
| Taxable cooperative distributions you received                                       | + _____ [48]     | _____                  |

|                               | 2017 Total | 2017 Taxable | Prior Year Information |
|-------------------------------|------------|--------------|------------------------|
| Agricultural program payments |            |              |                        |
| _____ + _____                 |            | + _____ [51] | _____                  |
| _____ + _____                 |            | + _____      | _____                  |
| _____ + _____                 |            | + _____      | _____                  |

|  | 2017 Information | Prior Year Information |
|--|------------------|------------------------|
| CRP payments received while enrolled to receive social security or disability benefits | + _____ [53]     | _____                  |
| Commodity credit loans reported under election:  |                  |                        |
| _____  | + _____ [55]     | _____                  |
| _____  | + _____          | _____                  |
| Total commodity credit loans forfeited   | + _____ [57]     | _____                  |
| Taxable commodity credit loans forfeited   | + _____ [59]     | _____                  |
|  | 2017 Total       | 2017 Taxable           |
|  |                  |                        |
|  |                  |                        |

|   | 2017 Information | Prior Year Information |
|---|------------------|------------------------|
| Total crop insurance proceeds you received in 2017        |                  |                        |
| _____ + _____   | + _____ [62]     | _____                  |
| _____ + _____   | + _____          | _____                  |
| _____ + _____   | + _____          | _____                  |
| Mark if electing to defer crop insurance proceeds to 2018 | _____ [64]       | _____                  |
| Crop insurance proceeds deferred from 2016                | + _____ [66]     | _____                  |

Control Totals +

Preparer use only

Description

|   | 2017 Information | Prior Year Information |
|---|------------------|------------------------|
| Car and truck expenses  | + _____ [5]      | _____                  |
| Chemicals   | + _____ [7]      | _____                  |
| Conservation expenses   | + _____ [9]      | _____                  |
| Carryover from prior years  | + _____ [11]     | _____                  |
| Custom hire (machine work)  | + _____ [13]     | _____                  |
| Depreciation  | + _____ [15]     | _____                  |
| Employee benefit programs (Include Small Employer Health Ins Premiums credit) | + _____ [17]     | _____                  |
| Feed purchased  | + _____ [19]     | _____                  |
| Fertilizers and lime  | + _____ [21]     | _____                  |
| Freight and trucking  | + _____ [23]     | _____                  |
| Gasoline, fuel, and oil   | + _____ [25]     | _____                  |
| Insurance (Other than health)   | + _____ [28]     | _____                  |
| _____   | + _____          | _____                  |
| _____   | + _____          | _____                  |
| _____   | + _____          | _____                  |
| Mortgage interest (Paid to banks, etc.)                                       | + _____ [30]     | _____                  |
| _____   | + _____          | _____                  |
| _____   | + _____          | _____                  |
| Other interest  | + _____ [32]     | _____                  |
| Labor hired (Less employment credit)  | + _____ [34]     | _____                  |
| Pension and profit sharing  | + _____ [36]     | _____                  |
| Rent - vehicles, machinery, and equipment                                     | + _____ [38]     | _____                  |
| Rent - other  | + _____ [40]     | _____                  |
| Repairs and maintenance   | + _____ [42]     | _____                  |
| Seed and plants purchased   | + _____ [44]     | _____                  |
| Storage and warehousing   | + _____ [46]     | _____                  |
| Supplies purchased  | + _____ [48]     | _____                  |
| Taxes:  | + _____ [50]     | _____                  |
| _____   | + _____          | _____                  |
| _____   | + _____          | _____                  |
| _____   | + _____          | _____                  |
| _____   | + _____          | _____                  |
| Utilities   | + _____ [52]     | _____                  |
| Veterinary, breeding, and medicine  | + _____ [54]     | _____                  |
| Other expenses:   | + _____ [56]     | _____                  |
| _____   | + _____          | _____                  |
| _____   | + _____          | _____                  |
| _____   | + _____          | _____                  |
| _____   | + _____          | _____                  |
| _____   | + _____          | _____                  |
| _____   | + _____          | _____                  |
| _____   | + _____          | _____                  |
| _____   | + _____          | _____                  |
| _____   | + _____          | _____                  |
| _____   | + _____          | _____                  |
| _____   | + _____          | _____                  |
| _____   | + _____          | _____                  |
| _____   | + _____          | _____                  |
| _____   | + _____          | _____                  |
| _____   | + _____          | _____                  |
| Preproductive period expenses   | + _____ [58]     | _____                  |

Complete this section if you paid interest on a qualified student loan in 2017 for qualified higher education expenses for you, your spouse, or a person who was your dependent when you took out the loan. Please provide all copies of Form 1098-E. Form 1098-E from the lender reports interest received in 2017. The amounts reported by the lender may differ from the amounts you actually paid.

| TS | Qualified loan interest recipient/lender | 2017<br>Interest Paid | Prior Year<br>Information   |
|----|--|-----------------------|---|
| —  | _____                                    | + _____ [1]           | <div style="border: 1px solid black; padding: 5px;">           _____<br/>           _____<br/>           _____         </div> |
| —  | _____                                    | + _____               |   |
| —  | _____                                    | + _____               |   |
| —  | _____                                    | + _____               |   |

NOTES/QUESTIONS:

## Education Credits and Tuition and Fees Deduction

Please provide all copies of Form 1098-T.

Educational institutions use Form 1098-T to report qualified education expenses. An eligible educational institution is any college, university, or vocational school eligible to participate in a student aid program administered by the U.S. Department of Education.

Preparer - Enter on Screen Educate2

Taxpayer/Spouse (T, S) \_\_\_\_\_ [8]  
 Education code (1=American Opportunity Credit, 2=Lifetime Learning Credit, 3=Tuition and Fees Deduction) \_\_\_\_\_  
 Student's social security number \_\_\_\_\_  
 Student's first name \_\_\_\_\_  
 Student's last name \_\_\_\_\_

### Institution Information

Enter information from each institution on a separate page, including the complete address and federal identification number of the institution.

Institution's federal identification number \_\_\_\_\_ [8]  
 Institution's name \_\_\_\_\_  
 Institution's street address \_\_\_\_\_  
 Institution's city, state, zip code \_\_\_\_\_

### Tuition Paid and Related Information

Amounts reported in Box 1 or Box 2 may not reflect the actual amount paid for the student during 2017.  
 Enter the amount actually paid during 2017.

|  | 2017 Information | Prior Year Information   |
|--|------------------|--|
| Tuition paid (Enter only the amount actually paid) (Box 1)   | + _____ [8]      | <div style="border: 1px solid black; height: 100px; width: 100%;"></div> |
| Tuition billed (Enter only the amount actually paid) (Box 2)   | _____            |  |
| Educational institution changed its reporting method for 2017 (Box 3)  | _____            |  |
| Adjustments made for a prior year (Box 4)  | _____            |  |
| Scholarships or grants (Box 5)   | _____            |  |
| Adjustments to scholarships or grants for a prior year (Box 6)   | _____            |  |
| Box 1 or 2 includes amounts for an academic period beginning January - March 2018 (Box 7)  | _____            |  |
| At least half-time student (Box 8)   | _____            |  |
| Graduate student (Box 9) (1=Yes, 2=No)   | _____            |  |
| Insurance contract reimbursement/refund (Box 10)   | _____            |  |
| Non-Institution expenses (Books and fees not paid directly to the educational institution)   | _____            |  |
| American Opportunity Tax Credit (AOTC) disqualifier  | _____            |  |
| 1 = Not pursuing degree, 2 = Not enrolled at least half-time, 3 = Felony drug conviction, 4 = 4 yrs post-secondary education before 2017 |                  |  |

NOTES/QUESTIONS:

| T/S/J | 2017 Information  | Prior Year Information  |
|-------|---|---|
|       | Medical and dental expenses, such as: Doctors, Dentists, Hospital/nursing home fees, Lab/x-ray fees, Medical supplies, Hearing aids, Eyeglasses/contact lenses, and Insurance reimbursements received   |   |
| [1]   | _____ + _____ [2]   | _____<br>_____<br>_____<br>_____<br>_____<br>_____<br>_____<br>_____<br>_____<br>_____<br>_____<br>_____<br>_____ |
| —     | _____ + _____   |   |
| —     | _____ + _____   |   |
| —     | _____ + _____   |   |
| —     | _____ + _____   |   |
| —     | _____ + _____   |   |
|       | Medical insurance premiums you paid:<br>Do not include pre-tax amounts paid by an employer-sponsored plan or amounts entered elsewhere, such as amounts paid for your self-employed business (Sch C, Sch F, Sch K-1, etc.) or Medicare premiums entered on Form SSA-1099. |   |
| [4]   | _____ + _____ [5]   |   |
| —     | _____ + _____   |   |
| —     | _____ + _____   |   |
| —     | _____ + _____   |   |
|       | Long-term care premiums you paid:<br>Do not include pre-tax amounts paid by an employer-sponsored plan or amounts entered elsewhere, such as amounts paid for your self-employed business (Sch C, Sch F, Sch K-1, etc.)   |   |
| [7]   | _____ + _____ [8]   |   |
| —     | _____ + _____   |   |
|       | Prescription medicines and drugs:   |   |
| [10]  | _____ + _____ [11]  |   |
| —     | _____ + _____   |   |
| —     | _____ + _____   |   |
| [13]  | Miles driven for medical items _____ [14]   |   |

Schedule A - Tax Expenses

| T/S/J | 2017 Information   | Prior Year Information   |
|-------|--|--|
|       | State/local income taxes paid:                                 |  |
| [18]  | _____ + _____ [19]   | _____<br>_____<br>_____<br>_____<br>_____<br>_____<br>_____<br>_____<br>_____<br>_____<br>_____<br>_____ |
| —     | _____ + _____  |  |
| —     | _____ + _____  |  |
| —     | _____ + _____  |  |
| —     | _____ + _____  |  |
|       | 2016 state and local income taxes paid in 2017:                |  |
| [21]  | _____ + _____ [22]   |  |
| —     | _____ + _____  |  |
| —     | _____ + _____  |  |
|       | Real estate taxes paid:  |  |
| [24]  | _____ + _____ [25]   |  |
| —     | _____ + _____  |  |
| —     | _____ + _____  |  |
|       | Personal property taxes:                                       |  |
| [27]  | _____ + _____ [28]   |  |
| —     | _____ + _____  |  |
|       | Other taxes, such as: foreign taxes and State disability taxes |  |
| [30]  | _____ + _____ [31]   |  |
| —     | _____ + _____  |  |
| —     | _____ + _____  |  |
|       | Sales tax paid on major purchases:                             |  |
| [36]  | _____ + _____ [37]   |  |
| —     | _____ + _____  |  |
|       | Sales tax paid on actual expenses:                             |  |
| [39]  | _____ + _____ [40]   |  |
| —     | _____ + _____  |  |
| —     | _____ + _____  |  |

## Interest Expenses

| T/S/J | Home mortgage interest: From Form 1098 | 2017<br>Interest Paid <sup>[2]</sup> | 2017<br>Points Paid | Type* | 2017<br>Mortgage Ins.<br>Premiums Paid | Prior Year Information |
|-------|--|--------------------------------------|---------------------|-------|--|------------------------|
| [1]   | +                                      | +                                    | +                   | +     | +                                      |                        |
|       | +                                      | +                                    | +                   | +     | +                                      |                        |
|       | +                                      | +                                    | +                   | +     | +                                      |                        |
|       | +                                      | +                                    | +                   | +     | +                                      |                        |
|       | +                                      | +                                    | +                   | +     | +                                      |                        |
|       | +                                      | +                                    | +                   | +     | +                                      |                        |
|       | +                                      | +                                    | +                   | +     | +                                      |                        |
|       | +                                      | +                                    | +                   | +     | +                                      |                        |
|       | +                                      | +                                    | +                   | +     | +                                      |                        |

**\*Mortgage Types**

|  |  |
|--|--|
| Blank = Used to buy, build or improve main/qualified second home | 3 = Used to pay off previous mortgage, excess proceeds invested  |
| 1 = Not used to buy, build, improve home or investment           | 4 = Taken out before 7/1/82 and secured by home used by taxpayer |
| 2 = Used to pay off previous mortgage                            |  |

| T/S/J | Payee's Name<br>Other, such as: Home mortgage interest paid to individuals | SSN or EIN | 2017 Information | Prior Year Information |
|-------|--|------------|------------------|------------------------|
| [4]   |  |            | +                | [5]                    |
|       | Address  |            |                  |                        |
|       | City, state and zip code   |            |                  |                        |
|       |  |            | +                |                        |
|       | Address  |            |                  |                        |
|       | City, state and zip code   |            |                  |                        |

T/S/J Name and address of other person who received Form 1098 for jointly liable mortgage interest you paid -

|   |  |        |
|---|--|--------|
| — | Payer's/Borrower's name  | [7]    |
|   | Street Address   |        |
|   | City/State/Zip code  |        |
|   | Refinancing Points paid in 2017 -  |        |
|   | Taxpayer/Spouse/Joint (T, S, J)  | [11]   |
|   | Recipient/Lender name  |        |
|   | Total points paid at time of refinance                                   |        |
|   | Percentage of principal exceeding original mortgage (For AMT adjustment) |        |
|   | Points deemed as paid in 2017 (Preparer use only)                        | + [12] |
|   | Date of refinance  |        |
|   | Term of new loan (in months)   |        |
|   | Reported on Form 1098 in 2017  | —      |
|   | Taxpayer/Spouse/Joint (T, S, J)  | —      |
|   | Recipient/Lender name  |        |
|   | Total points paid at time of refinance                                   |        |
|   | Percentage of principal exceeding original mortgage (For AMT adjustment) |        |
|   | Points deemed as paid in 2017 (Preparer use only)                        | + [12] |
|   | Date of refinance  |        |
|   | Term of new loan (in months)   |        |
|   | Reported on Form 1098 in 2017  | —      |

| T/S/J | Investment interest expense, other than on Schedule(s) K-1: | 2017 Information | Prior Year Information |
|-------|---|------------------|------------------------|
| [15]  |   | +                | [16]                   |
|       |   | +                |                        |
|       |   | +                |                        |
|       |   | +                |                        |
|       |   | +                |                        |
|       |   | +                |                        |
|       |   | +                |                        |
|       |   | +                |                        |
|       |   | +                |                        |

Control Totals +

## Charitable Contributions

|  | T/S/J |   | Qualified<br>Disaster<br>Relief** | 2017 Information | Prior Year Information  |
|--|-------|---|-----------------------------------|------------------|---|
|  |       | Contributions made by cash or check (including out-of-pocket expenses)  |                                   |                  |   |
|  |       | Any contribution of cash, a check or other monetary gift requires a written record of the contribution in order to claim the contribution on your return.<br>Individual contributions of \$250 or more must be accompanied by a written acknowledgment from the charity to claim the contribution on your return. |                                   |                  |   |
|  | [2]   | _____   | +                                 | _____ [3]        | <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> |
|  | —     | _____   | +                                 | _____            |   |
|  | —     | _____   | +                                 | _____            |   |
|  | —     | _____   | +                                 | _____            |   |
|  | —     | _____   | +                                 | _____            |   |
|  | —     | _____   | +                                 | _____            |   |
|  | —     | _____   | +                                 | _____            |   |
|  | —     | _____   | +                                 | _____            |   |
|  | —     | _____   | +                                 | _____            |   |
|  | —     | _____   | +                                 | _____            |   |
|  | [5]   | Volunteer miles driven  |                                   | _____ [6]        | <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div>  |
|  |       | Noncash items, such as: Goodwill/Salvation Army/clothing/household goods  |                                   |                  |   |
|  | [8]   | _____   | +                                 | _____ [9]        | <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div>   |
|  | —     | _____   | +                                 | _____            |   |
|  | —     | _____   | +                                 | _____            |   |
|  | —     | _____   | +                                 | _____            |   |
|  | —     | _____   | +                                 | _____            |   |
|  | —     | _____   | +                                 | _____            |   |

\*\*Mark if qualifying disaster relief contribution made between 8/23/2017 and 12/31/2017

## Miscellaneous Deductions

|  | T/S/J |   |   | 2017 Information | Prior Year Information  |  |
|--|-------|---|---|------------------|---|--|
|  |       | Unreimbursed expenses, such as: Uniforms, Professional dues,<br>Business publications, Job seeking expenses, Educational expenses |   |                  |   |  |
|  | [11]  | _____   | + | _____ [12]       | <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> |  |
|  | —     | _____   | + | _____            |   |  |
|  | —     | _____   | + | _____            |   |  |
|  | —     | _____   | + | _____            |   |  |
|  | —     | _____   | + | _____            |   |  |
|  |       | Union dues, other than amounts reported on Form W-2:  |   |                  |   |  |
|  | [14]  | _____   | + | _____ [15]       |   |  |
|  | —     | _____   | + | _____            |   |  |
|  | [17]  | Tax preparation fees  |   | _____ [18]       |   |  |
|  |       | Other expenses, subject to 2% AGI limit, such as: Legal/accounting/custodial fees   |   |                  |   |  |
|  | [20]  | _____   | + | _____ [21]       |   |  |
|  | —     | _____   | + | _____            |   |  |
|  | —     | _____   | + | _____            |   |  |
|  | —     | _____   | + | _____            |   |  |
|  | [23]  | Safe deposit box rental   |   | _____ [24]       |   |  |
|  |       | Investment expenses, other than on Schedule(s) K-1 or Form(s) 1099-DIV/INT:   |   |                  |   |  |
|  | [26]  | _____   | + | _____ [27]       |   |  |
|  | —     | _____   | + | _____            |   |  |
|  | —     | _____   | + | _____            |   |  |
|  |       | Other expenses, not subject to the 2% AGI limit:  |   |                  |   |  |
|  | [30]  | _____   | + | _____ [31]       |   |  |
|  | —     | _____   | + | _____            |   |  |
|  | —     | _____   | + | _____            |   |  |
|  | —     | _____   | + | _____            |   |  |
|  |       | Gambling losses: (Enter only if you have gambling income)   |   |                  |   |  |
|  | [33]  | _____   | + | _____ [34]       |   |  |
|  | —     | _____   | + | _____            |   |  |

Preparer use only

2017 Information

Prior Year Information

Taxpayer/Spouse (T, S) \_\_\_\_\_ [2]

Occupation in which expenses were incurred \_\_\_\_\_ [3]

State postal code \_\_\_\_\_ [5]

If the employee expenses were from an occupation listed below, enter the applicable code \_\_\_\_\_ [6]

1 = Qualified performing artist, 2 = Impairment-related work expenses, 3 = Fee-basis official

Mark if these employee expenses are related to qualified services as a minister or religious worker \_\_\_\_\_ [10]

Parking fees and tolls + \_\_\_\_\_ [17]

Local transportation + \_\_\_\_\_ [19]

Travel expenses + \_\_\_\_\_ [22]

Other business expenses: \_\_\_\_\_ [25]

\_\_\_\_\_ + \_\_\_\_\_

\_\_\_\_\_ + \_\_\_\_\_

\_\_\_\_\_ + \_\_\_\_\_

\_\_\_\_\_ + \_\_\_\_\_

\_\_\_\_\_ + \_\_\_\_\_

\_\_\_\_\_ + \_\_\_\_\_

\_\_\_\_\_ + \_\_\_\_\_

\_\_\_\_\_ + \_\_\_\_\_

\_\_\_\_\_ + \_\_\_\_\_

\_\_\_\_\_ + \_\_\_\_\_

\_\_\_\_\_ + \_\_\_\_\_

\_\_\_\_\_ + \_\_\_\_\_

\_\_\_\_\_ + \_\_\_\_\_

\_\_\_\_\_ + \_\_\_\_\_

\_\_\_\_\_ + \_\_\_\_\_

\_\_\_\_\_ + \_\_\_\_\_

\_\_\_\_\_ + \_\_\_\_\_

\_\_\_\_\_ + \_\_\_\_\_

\_\_\_\_\_ + \_\_\_\_\_

\_\_\_\_\_ + \_\_\_\_\_

\_\_\_\_\_ + \_\_\_\_\_

\_\_\_\_\_ + \_\_\_\_\_

\_\_\_\_\_ + \_\_\_\_\_

\_\_\_\_\_ + \_\_\_\_\_

\_\_\_\_\_ + \_\_\_\_\_

\_\_\_\_\_ + \_\_\_\_\_

\_\_\_\_\_ + \_\_\_\_\_

\_\_\_\_\_ + \_\_\_\_\_

\_\_\_\_\_ + \_\_\_\_\_

\_\_\_\_\_ + \_\_\_\_\_

\_\_\_\_\_ + \_\_\_\_\_

\_\_\_\_\_ + \_\_\_\_\_

\_\_\_\_\_ + \_\_\_\_\_

\_\_\_\_\_ + \_\_\_\_\_

\_\_\_\_\_ + \_\_\_\_\_ [28]

Meals and entertainment + \_\_\_\_\_ [31]

Meals for individuals subject to DOT hours of service limitation + \_\_\_\_\_ [33]

Prior Year Information input area with multiple horizontal lines.

Employer Reimbursements

Enter Reimbursements not entered on Screen W2, Box 12, Code L

2017 Information

Prior Year Information

Reimbursements for other expenses not included on Form W-2 + \_\_\_\_\_ [60]

Reimbursements for meals and entertainment not included on Form W-2 + \_\_\_\_\_ [62]

Reimbursements for meals for DOT service limitation not included on Form W-2 + \_\_\_\_\_ [64]

Prior Year Information input area with two horizontal lines.

Control Totals +



## Noncash Contributions Exceeding \$500

For donated securities, include the company name and number of shares in the donated property description, below

|  |         |         |
|--|---------|---------|
| Taxpayer/Spouse/Joint (T, S, J)  |         | __ [1]  |
| Donated property description   | _____   | [4]     |
| Name of donee organization   | _____   | [5]     |
| Address of donee organization  | _____   | [6]     |
| City   | _____   | [7]     |
| State postal code  | _____   | [8]     |
| Zip code   | _____   | [9]     |
| Date contributed   | _____   | [10]    |
| Date acquired by donor   | _____   | [11]    |
| How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange)                                       |         | __ [12] |
| Donor's cost or basis  | + _____ | [13]    |
| Fair market value  | + _____ | [14]    |
| Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) |         | __ [15] |
| If other:  | _____   | [16]    |

Control Totals +

## Noncash Contributions Exceeding \$500

For donated securities, include the company name and number of shares in the donated property description, below

|  |         |         |
|--|---------|---------|
| Taxpayer/Spouse/Joint (T, S, J)  |         | __ [1]  |
| Donated property description   | _____   | [4]     |
| Name of donee organization   | _____   | [5]     |
| Address of donee organization  | _____   | [6]     |
| City   | _____   | [7]     |
| State postal code  | _____   | [8]     |
| Zip code   | _____   | [9]     |
| Date contributed   | _____   | [10]    |
| Date acquired by donor   | _____   | [11]    |
| How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange)                                       |         | __ [12] |
| Donor's cost or basis  | + _____ | [13]    |
| Fair market value  | + _____ | [14]    |
| Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) |         | __ [15] |
| If other:  | _____   | [16]    |

Control Totals +

## Noncash Contributions Exceeding \$500

For donated securities, include the company name and number of shares in the donated property description, below

|  |         |         |
|--|---------|---------|
| Taxpayer/Spouse/Joint (T, S, J)  |         | __ [1]  |
| Donated property description   | _____   | [4]     |
| Name of donee organization   | _____   | [5]     |
| Address of donee organization  | _____   | [6]     |
| City   | _____   | [7]     |
| State postal code  | _____   | [8]     |
| Zip code   | _____   | [9]     |
| Date contributed   | _____   | [10]    |
| Date acquired by donor   | _____   | [11]    |
| How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange)                                       |         | __ [12] |
| Donor's cost or basis  | + _____ | [13]    |
| Fair market value  | + _____ | [14]    |
| Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) |         | __ [15] |
| If other:  | _____   | [16]    |

Control Totals +

Preparer use only

Principal business or profession \_\_\_\_\_ [3]  
 Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [4]  
 State postal code \_\_\_\_\_ [5]

**Business Use of Home**

|   | 2017 Information | Prior Year Information |
|---|------------------|------------------------|
| Total area of home  | _____ [14]       | _____                  |
| Area used exclusively for business                        | _____ [16]       | _____                  |
| Information for day-care facilities only:                 |                  |                        |
| Total hours used for day-care during this year            | _____ [18]       | _____                  |
| Total hours used this year, if less than 8760             | _____ [20]       | _____                  |
| Special computation for certain day-care facilities:      |                  |                        |
| Area used regularly and exclusively for day-care business | _____ [22]       | _____                  |
| Area used partly for day-care business                    | _____ [24]       | _____                  |

List as direct expenses any expenses which are attributable only to the business part of your home.  
 List as indirect expenses any expenses which are attributable to the overall upkeep and running of your home.

|   | 2017 Information |                   | Prior Year Information |
|---|------------------|-------------------|------------------------|
|   | Direct Expenses  | Indirect Expenses |                        |
| Mortgage interest:  | + _____ [29]     | + _____ [31]      | _____                  |
| Mortgage insurance premiums                               | + _____ [34]     | + _____ [35]      | _____                  |
| Real estate taxes:  | + _____ [37]     | + _____ [39]      | _____                  |
| Excess mortgage interest and insurance premiums           | + _____ [42]     | + _____ [43]      | _____                  |
| Insurance   | + _____ [45]     | + _____ [47]      | _____                  |
| Rent  | + _____ [51]     | + _____ [52]      | _____                  |
| Repairs & maintenance                                     | + _____ [54]     | + _____ [55]      | _____                  |
| Utilities   | + _____ [57]     | + _____ [58]      | _____                  |
| Other expenses, such as: Supplies & Security system       | + _____ [60]     | + _____ [61]      | _____                  |
| _____   | + _____          | + _____           | _____                  |
| _____   | + _____          | + _____           | _____                  |
| _____   | + _____          | + _____           | _____                  |
| _____   | + _____          | + _____           | _____                  |
| _____   | + _____          | + _____           | _____                  |
| _____   | + _____          | + _____           | _____                  |
| _____   | + _____          | + _____           | _____                  |
| _____   | + _____          | + _____           | _____                  |
| _____   | + _____          | + _____           | _____                  |
| Excess casualty losses                                    |                  | + _____ [63]      | _____                  |
| Carryovers:   |                  |                   | _____                  |
| Operating expenses  |                  | + _____ [64]      | _____                  |
| Casualty losses   |                  | + _____ [65]      | _____                  |
| Depreciation  |                  | + _____ [67]      | _____                  |
| Business expenses not from business use of home, such as: |                  |                   | _____                  |
| Travel, Supplies, Business telephone expenses             |                  | + _____ [68]      | _____                  |
| Depreciation  |                  | + _____ [72]      | _____                  |

NOTES/QUESTIONS:

If you used your automobile for business purposes, please complete the following information.

Preparer use only

Description of business or profession \_\_\_\_\_ [3]

Vehicles

|             |                        |       |      |
|-------------|------------------------|-------|------|
| Vehicle 1 - | Date placed in service | _____ | [4]  |
|             | Description            | _____ | [5]  |
|             | Comments               | _____ |      |
| Vehicle 2 - | Date placed in service | _____ | [9]  |
|             | Description            | _____ | [10] |
|             | Comments               | _____ |      |
| Vehicle 3 - | Date placed in service | _____ | [14] |
|             | Description            | _____ | [15] |
|             | Comments               | _____ |      |
| Vehicle 4 - | Date placed in service | _____ | [19] |
|             | Description            | _____ | [20] |
|             | Comments               | _____ |      |

Vehicle Questions

|  | Vehicle 1 | Prior Year               | Vehicle 2 | Prior Year               | Vehicle 3 | Prior Year               | Vehicle 4 | Prior Year               |
|--|-----------|--------------------------|-----------|--------------------------|-----------|--------------------------|-----------|--------------------------|
| If you used your automobile for work purposes, answer the following questions: |           |                          |           |                          |           |                          |           |                          |
| Was the vehicle available for off-duty personal use? (Y, N)                    | __ [60]   | <input type="checkbox"/> | __ [62]   | <input type="checkbox"/> | __ [64]   | <input type="checkbox"/> | __ [66]   | <input type="checkbox"/> |
| Was another vehicle available for personal use? (Y, N)                         | __ [68]   | <input type="checkbox"/> | __ [70]   | <input type="checkbox"/> | __ [72]   | <input type="checkbox"/> | __ [74]   | <input type="checkbox"/> |
| Do you have evidence to support your deduction? (Y, N)                         | __ [76]   | <input type="checkbox"/> | __ [78]   | <input type="checkbox"/> | __ [80]   | <input type="checkbox"/> | __ [82]   | <input type="checkbox"/> |
| Is this evidence written? (Y, N)   | __ [84]   | <input type="checkbox"/> | __ [86]   | <input type="checkbox"/> | __ [88]   | <input type="checkbox"/> | __ [90]   | <input type="checkbox"/> |

Vehicle Expenses

|                               | Vehicle 1     | Prior Year Information | Vehicle 2     | Prior Year Information | Vehicle 3     | Prior Year Information | Vehicle 4     | Prior Year Information |
|-------------------------------|---------------|------------------------|---------------|------------------------|---------------|------------------------|---------------|------------------------|
| Total miles for year          | _____ [32]    |                        | _____ [34]    |                        | _____ [36]    |                        | _____ [38]    |                        |
| Commuting miles               | _____ [42]    |                        | _____ [44]    |                        | _____ [46]    |                        | _____ [48]    |                        |
| Business miles                | _____ [52]    |                        | _____ [54]    |                        | _____ [56]    |                        | _____ [58]    |                        |
| Parking fees                  | + _____ [92]  |                        | + _____ [94]  |                        | + _____ [96]  |                        | + _____ [98]  |                        |
| Tolls                         | + _____ [100] |                        | + _____ [102] |                        | + _____ [104] |                        | + _____ [106] |                        |
| Gasoline                      | + _____ [108] |                        | + _____ [110] |                        | + _____ [112] |                        | + _____ [114] |                        |
| Oil                           | + _____ [116] |                        | + _____ [118] |                        | + _____ [120] |                        | + _____ [122] |                        |
| Repairs                       | + _____ [124] |                        | + _____ [126] |                        | + _____ [128] |                        | + _____ [130] |                        |
| Maintenance                   | + _____ [132] |                        | + _____ [134] |                        | + _____ [136] |                        | + _____ [138] |                        |
| Tires                         | + _____ [140] |                        | + _____ [142] |                        | + _____ [144] |                        | + _____ [146] |                        |
| Car washes                    | + _____ [148] |                        | + _____ [150] |                        | + _____ [152] |                        | + _____ [154] |                        |
| Insurance                     | + _____ [156] |                        | + _____ [158] |                        | + _____ [160] |                        | + _____ [162] |                        |
| Interest                      | + _____ [164] |                        | + _____ [166] |                        | + _____ [168] |                        | + _____ [170] |                        |
| Registration                  | + _____ [172] |                        | + _____ [174] |                        | + _____ [176] |                        | + _____ [178] |                        |
| Licenses                      | + _____ [180] |                        | + _____ [182] |                        | + _____ [184] |                        | + _____ [186] |                        |
| Property taxes                | + _____ [188] |                        | + _____ [190] |                        | + _____ [192] |                        | + _____ [194] |                        |
| Other vehicle expenses        | + _____ [196] |                        | + _____ [198] |                        | + _____ [200] |                        | + _____ [202] |                        |
| Vehicle rentals               | + _____ [204] |                        | + _____ [206] |                        | + _____ [208] |                        | + _____ [210] |                        |
| Inclusion amt (Preparer only) | _____ [212]   |                        | + _____ [214] |                        | + _____ [216] |                        | + _____ [218] |                        |
| Depreciation                  | + _____ [220] |                        | + _____ [222] |                        | + _____ [224] |                        | + _____ [226] |                        |

"Your family" for health care coverage refers to you, your spouse if filing jointly, and anyone you can claim as a dependent. Please provide all copies of Form(s) 1095-B and/or 1095-C

2017 Information

Prior Year Information

Was your entire family covered for the full year with minimum essential health care coverage? (Y, N)

\_\_ [1]

Blank box for prior year information

If your entire family was not covered for the full year with minimum essential health care coverage, enter information for all family members who are covered, or are exempt from the requirement to maintain minimum essential health coverage. Enter either the Exemption Certificate Number issued by the Marketplace, or the Other Exemption Type you are claiming. Mark Full Year if the coverage or exemption is for the entire year, otherwise indicate the Start Month and End Month.

Table with columns: Social Security No., First Name, Last Name, Exemption Certificate Number, Coverage/Exemption Type \*, Full Year, Start Month, End Month. Includes a small [7] at the end of the End Month column.

\*Other Exemption Type Codes

- A = Unaffordable coverage
B = Short coverage gap
C = Exempt noncitizen
D = Health care sharing ministry
E = Indian tribe member
F = Incarcerated individual
G = Hardship (combined coverage unaffordable, initial open enrollment, CHIP)
H = Medicaid/TRICARE/Fiscal year employer plan
X = Insured with minimum essential coverage (coverage info found on Form(s) 1095-B or 1095-C)

2017 Information

Prior Year Information

Taxpayer

Spouse

Self-employed health insurance premiums: (Not entered elsewhere)

Form fields with plus signs and reference numbers [13] and [14]

Self-employed long-term care premiums: (Not entered elsewhere)

Form fields with plus signs and reference numbers [16] and [17]

Blank box for prior year information

NOTES/QUESTIONS:

Please provide all Forms 5498-SA.

|  | 2017 Information | Prior Year Information |
|--|------------------|------------------------|
| Taxpayer/Spouse (T, S)   | _____ [1]        |                        |
| Name of Trustee _____  | _____ [4]        |                        |
| State postal code _____  | _____ [2]        |                        |
| Indicate type of health or medical savings account:  |                  |                        |
| HSA  | _____ [6]        |                        |
| Archer MSA   | _____ [7]        |                        |
| MA (Medicare Advantage) MSA  | _____ [9]        |                        |
| Total HSA/MSA contributions made   |                  |                        |
| for 2017 (Enter all amounts contributed, including through employer cafeteria plans)                       | + _____ [10]     |                        |
| Indicate type of coverage under qualifying high deductible health plan (1 = Self-Only, 2 = Family)         | _____ [12]       |                        |
| Number of months in qualified high deductible health plan in 2017  | _____ [13]       |                        |
| Mark if you want to contribute the maximum allowable health or medical savings account contribution amount | _____ [14]       |                        |
| Total HSA/MSA contribution to be made for 2017   | + _____ [15]     |                        |
| Fair market value of HSA, Archer MSA, or MA MSA (Form 5498-SA, Box 5)                                      | + _____ [16]     |                        |
| Excess contributions for 2016 taken as constructive contributions for 2017                                 | + _____ [19]     |                        |
| Rollover contribution (Form 5498-SA, Box 4)  | + _____ [21]     |                        |

Complete this section if your account is an Archer MSA or MA MSA

|  |              |  |
|--|--------------|--|
| Amount of annual deductible  | + _____ [24] |  |
| Enter compensation from employer maintaining high deductible health plan             | + _____ [27] |  |
| If self-employed, enter earned income from business under which plan was established | + _____ [31] |  |

Complete this section if your account is an HSA

Was the high deductible health plan in effect for December 2017? (Y, N) \_\_\_\_\_ [33]

NOTES/QUESTIONS:

## Health, Medical Savings Account Distributions

Please provide all Forms 1099-SA.

|   | 2017 Information | Prior Year Information |
|---|------------------|------------------------|
| Taxpayer/Spouse (T, S)  | ____ [1]         |                        |
| Name of Trustee _____   | ____ [4]         |                        |
| State postal code _____   | ____ [2]         |                        |
| Gross distributions received (Box 1)  | + _____ [7]      |                        |
| Earnings on excess contributions (Box 2)  | + _____ [9]      |                        |
| Distribution code (Box 3)   | ____ [11]        |                        |
| Fair Market Value on date of death (Box 4)  | + _____ [12]     |                        |
| Box 5 -   |                  |                        |
| HSA   | ____ [13]        |                        |
| Archer MSA  | ____ [14]        |                        |
| MA MSA  | ____ [15]        |                        |
| All distributions were used to pay unreimbursed qualified medical expenses  | ____ [17]        |                        |
| If some distributions were used to pay for other than qualified medical expenses,<br>enter the unreimbursed qualified medical expenses for 2017 | + _____ [19]     |                        |
| Withdrawal of excess contributions by the due date of the return  | + _____ [21]     |                        |
| Amount of distribution rolled over for 2017   | + _____ [23]     |                        |
| If the distribution is due to the death of the account holder,<br>enter the qualified decedent medical expenses paid by the taxpayer            | + _____ [26]     |                        |
| If MA (Medicare Advantage) MSA, enter value of account on 12/31/16  | + _____ [27]     |                        |
| For HSA accounts:   |                  |                        |
| Was the high deductible health plan coverage started in 2016 and<br>in effect for the month of December 2016? (Y, N)                            | ____ [29]        |                        |
| Was the high deductible health plan coverage ended before 12/31/17? (Y, N)  | ____ [30]        |                        |

### Long Term Care (LTC) Service and Contracts

Please provide all Forms 1099-LTC.

|   | 2017 Information | Prior Year Information |
|---|------------------|------------------------|
| Name of the insured chronically ill individual _____  | ____ [39]        |                        |
| Social security number of insured _____   | ____ [40]        |                        |
| Gross long-term care (LTC) benefits paid (Box 1)  | + _____ [42]     |                        |
| Accelerated death benefits paid (Box 2)   | + _____ [44]     |                        |
| Check one (Box 3)   |                  |                        |
| Per diem  | ____ [46]        |                        |
| Reimbursed amount   | ____ [47]        |                        |
| Qualified contract (Box 4)  | ____ [48]        |                        |
| Check, if applicable (Box 5)  |                  |                        |
| Chronically ill   | ____ [49]        |                        |
| Terminally ill  | ____ [50]        |                        |
| Are there other individuals who received LTC payments during 2017? (Y, N)                       | ____ [52]        |                        |
| If the insured is terminally ill, were payments received on account of terminal illness? (Y, N) | ____ [53]        |                        |
| Number of days during the long-term care period _____   | ____ [54]        |                        |
| Cost incurred for qualified long-term care services during the<br>long-term care period         | + _____ [55]     |                        |

NOTES/QUESTIONS:

## Child and Dependent Care Expenses

Please enter all amounts paid in 2017 for the care of one or more dependents which enables you to work or attend school.  
Enter the amount of dependent care expenses paid for each qualifying dependent on Organizer Form ID:1040

|  | Taxpayer    | Spouse      |
|--|-------------|-------------|
| 2016 employer-provided dependent care benefits used during 2017 grace period             | + _____ [3] | + _____ [4] |
| Employer-provided dependent care benefits that were forfeited in 2017                    | + _____ [5] | + _____ [6] |
| Total qualified expenses incurred in 2017  |             | _____ [9]   |
| Were you or your spouse a full time student or disabled? (Yes or No)                     | _____ [10]  | _____ [11]  |
| Did you provide care expenses for any person(s) who is not listed as a dependent? (Y, N) |             | _____ [12]  |

Business name of provider \_\_\_\_\_

First and last name of provider \_\_\_\_\_

Street address of provider \_\_\_\_\_

City, State and Zip code \_\_\_\_\_

Social security number OR Employer identification number \_\_\_\_\_

Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN) \_\_\_\_\_

Amount paid to care provider in 2017 + \_\_\_\_\_ [7]

Foreign province or state of provider \_\_\_\_\_

Foreign country and Foreign postal code of provider \_\_\_\_\_

Business name of provider \_\_\_\_\_

First and last name of provider \_\_\_\_\_

Street address of provider \_\_\_\_\_

City, State and Zip code \_\_\_\_\_

Social security number OR Employer identification number \_\_\_\_\_

Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN) \_\_\_\_\_

Amount paid to care provider in 2017 + \_\_\_\_\_

Foreign province or state of provider \_\_\_\_\_

Foreign country and Foreign postal code of provider \_\_\_\_\_

Business name of provider \_\_\_\_\_

First and last name of provider \_\_\_\_\_

Street address of provider \_\_\_\_\_

City, State and Zip code \_\_\_\_\_

Social security number OR Employer identification number \_\_\_\_\_

Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN) \_\_\_\_\_

Amount paid to care provider in 2017 + \_\_\_\_\_

Foreign province or state of provider \_\_\_\_\_

Foreign country and Foreign postal code of provider \_\_\_\_\_

Business name of provider \_\_\_\_\_

First and last name of provider \_\_\_\_\_

Street address of provider \_\_\_\_\_

City, State and Zip code \_\_\_\_\_

Social security number OR Employer identification number \_\_\_\_\_

Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN) \_\_\_\_\_

Amount paid to care provider in 2017 + \_\_\_\_\_

Foreign province or state of provider \_\_\_\_\_

Foreign country and Foreign postal code of provider \_\_\_\_\_

Business name of provider \_\_\_\_\_

First and last name of provider \_\_\_\_\_

Street address of provider \_\_\_\_\_

City, State and Zip code \_\_\_\_\_

Social security number OR Employer identification number \_\_\_\_\_

Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN) \_\_\_\_\_

Amount paid to care provider in 2017 + \_\_\_\_\_

Foreign province or state of provider \_\_\_\_\_

Foreign country and Foreign postal code of provider \_\_\_\_\_

Control Totals +

## Michigan General Information

School district name \_\_\_\_\_ [1]  
 School district code \_\_\_\_\_ [2]  
 Mark if 2/3 income from seafaring \_\_\_\_\_ [3]

|  | Taxpayer  | Spouse    |
|--|-----------|-----------|
| Do you want \$3.00 to go to the state campaign fund? (Y, N)                            | ____ [4]  | ____ [5]  |
| Mark the applicable boxes if the following conditions apply to you and/or your spouse: |           |           |
| Paraplegic, quadriplegic or hemiplegic   | ____ [6]  | ____ [7]  |
| Totally and permanently disabled   | ____ [8]  | ____ [9]  |
| Deaf   | ____ [10] | ____ [11] |
| Qualified disabled veteran   | ____ [12] | ____ [13] |

## Use Tax

Purchases up \$1000 per purchase subject to use tax \_\_\_\_\_ [14]  
 Purchases exceeding \$1000 per purchase subject to use tax \_\_\_\_\_ [15]

## Contributions

Amount of charitable contribution you wish to make to:  
 Contributions must be a minimum of \$5, \$10 or any amount greater than \$10

|  |            |
|--|------------|
| American Red Cross of Michigan                             | _____ [16] |
| Animal Welfare Fund  | _____ [17] |
| Children's Trust Fund - Preventing Child Abuse in Michigan | _____ [18] |
| Michigan Junior Achievement Fund                           | _____ [19] |
| Military Family Relief Fund                                | _____ [20] |
| United Way Fund  | _____ [21] |

## Part-year Resident Information

If you were a part-year resident during the tax year, enter the dates you lived in Michigan

|  | Taxpayer   | Spouse     |
|--|------------|------------|
| From   | _____ [22] | _____ [24] |
| To   | _____ [23] | _____ [25] |
| Residency status of spouse (If different from taxpayer)(1 = Resident, 2 = Nonresident, 3 = Part-year resident) |            | ____ [26]  |

NOTES/QUESTIONS: