

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 Note that electronic funds will be withdrawn only from the primary account listed below.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]

IRS regulations require paid tax preparers who expect to prepare a certain amount of federal individual tax returns to file them electronically. To comply with this requirement your return will be electronically filed this year if it qualifies for electronic filing under IRS rules. Taxpayers may choose to file a paper return instead of filing electronically.

Mark if you want to file a paper return even if you qualify for electronic filing _____[1]

Receive email notification(s) when your electronic file is accepted by the taxing agency (Blank = None, 1 = Return, 2 = Return & Extension) _____[2]

If 1 or 2, please provide email address on Organizer Form ID: Info

Mark if you are filing a balance due return electronically and you want to pay the amount due by debiting your financial institution account _____[9]

The IRS requires a Personal Identification Number (PIN) be used in signing returns that are electronically filed.

Each taxpayer and spouse, if applicable, must provide a 5 digit self-selected PIN of your choice other than all zeroes.

Taxpayer self-selected Personal Identification Number (PIN) _____[7]

Spouse self-selected Personal Identification Number (PIN) _____[8]

NOTES/QUESTIONS:

Taxpayer -

Form of identification (1 = Driver's license, 2 = State issued identification card) _____[1]
Identification number _____[2]
Issue date _____[3]
Expiration date (mm/dd/yyyy) _____[4]
Location of issuance (State issued only) _____[5]
Document number (New York only) _____[6]

Spouse -

Form of identification (1 = Driver's license, 2 = State issued identification card) _____[7]
Identification number _____[8]
Issue date _____[9]
Expiration date (mm/dd/yyyy) _____[10]
Location of issuance (State issued only) _____[11]
Document number (New York only) _____[12]

NOTES/QUESTIONS:

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;"> _____ _____ _____ _____ </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 Income ^[1]	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 S J	Type Code	(**See codes below)	Ordinary Dividends	[2] Qualified Dividends	Total Cap Gain Distributions	Section 1250	Sec. 1202	28% Capital Gain	Tax Exempt Dividends	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	+											

**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]	<div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>
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]	<div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>
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]	<div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>
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:

Social Security, Tier 1 Railroad Benefits

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

Taxpayer/Spouse (T, S)
State postal code

__ [1]
____ [2]

Social Security Benefits

If you received a Form SSA - 1099, please complete the following information:

	2017 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]

Prior Year Information

Tier 1 Railroad Benefits

If you received a Form RRB - 1099, please complete the following information:

	2017 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]

Prior Year Information

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]
	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:

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Preparer use only

Business activity or profession name _____ [3]
 Taxpayer/Spouse (T, S) _____ [4]
 State postal code _____ [5]
 Contribute the maximum allowable contribution amount? (1 = Keogh, 2 = SEP, 3 = SIMPLE 401(k), 4 = Solo 401(k), 5 = SIMPLE IRA, 6 = SARSEP) _____ [6]
 Plan contribution rate. Enter in xx.xx format (Limitation percentage) _____ [7]
 Enter the total amount of contributions made to a Keogh plan in 2017 + _____ [8]
 Enter the total amount of contributions made to a Solo 401(k) plan in 2017 + _____ [9]
 Enter the total amount of contributions made to a SEP plan in 2017 + _____ [10]
 Enter the total amount of contributions made to a SARSEP plan in 2017 + _____ [11]
 Enter the total amount of contributions made to a defined benefit plan in 2017 + _____ [12]
 Enter the total amount of contributions made to a profit-sharing plan in 2017 + _____ [13]
 Enter the total amount of contributions made to a money purchase plan in 2017 + _____ [14]
 Enter the total amount of contributions made to a SIMPLE 401(k) plan in 2017 + _____ [15]
 Enter the total amount of contributions to a SIMPLE IRA plan in 2017 + _____ [16]

Catch-up Contributions

Enter the amount of catch-up contributions made to a Solo 401(k) or SARSEP in 2017 + _____ [17]
 Enter the amount of catch-up contributions made to a SIMPLE Plan in 2017 + _____ [18]

Elective Deferrals

Enter the total contributions to a Solo 401(k) or SARSEP made through elective deferrals in 2017 + _____ [19]
 Enter the amount of elective deferrals designated as Roth contributions in 2017 + _____ [20]

NOTES/QUESTIONS:

Complete if you cashed qualified U.S. Savings bonds in 2017 that were issued after 1989, and you paid qualified higher education expenses in 2017 for yourself, your spouse, or your dependents.

Taxpayer/Spouse/Joint (T, S, J) _____

SSN of person enrolled at eligible educational institution _____

Name of person enrolled at eligible educational institution (First/Last) _____

Name of eligible educational institution _____

Address of eligible educational institution _____

City, state, and zip code _____

Qualified higher education expenses you paid in 2017 for person listed above + _____ [1]

Enter any nontaxable educational benefits received for 2017 for person listed above + _____

Type of qualified education program, if contributions made for enrollee (ESA = Coverdell ESA, QTP = Qualified Tuition Program) _____

Financial institution name (ESA) or name of program (QTP) _____

Financial institution address (ESA) or address of program (QTP) _____

City, state and zip code _____

Taxpayer/Spouse/Joint (T, S, J) _____

SSN of person enrolled at eligible educational institution _____

Name of person enrolled at eligible educational institution (First/Last) _____

Name of eligible educational institution _____

Address of eligible educational institution _____

City, state, and zip code _____

Qualified higher education expenses you paid in 2017 for person listed above + _____ [1]

Enter any nontaxable educational benefits received for 2017 for person listed above + _____

Type of qualified education program, if contributions made for enrollee (ESA = Coverdell ESA, QTP = Qualified Tuition Program) _____

Financial institution name (ESA) or name of program (QTP) _____

Financial institution address (ESA) or address of program (QTP) _____

City, state and zip code _____

Taxpayer/Spouse/Joint (T, S, J) _____

SSN of person enrolled at eligible educational institution _____

Name of person enrolled at eligible educational institution (First/Last) _____

Name of eligible educational institution _____

Address of eligible educational institution _____

City, state, and zip code _____

Qualified higher education expenses you paid in 2017 for person listed above + _____ [1]

Enter any nontaxable educational benefits received for 2017 for person listed above + _____

Type of qualified education program, if contributions made for enrollee (ESA = Coverdell ESA, QTP = Qualified Tuition Program) _____

Financial institution name (ESA) or name of program (QTP) _____

Financial institution address (ESA) or address of program (QTP) _____

City, state and zip code _____

Total proceeds from Series EE or I U.S. Savings bonds issued after 1989 and cashed in 2017 + _____ [3]

NOTES/QUESTIONS:

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 Interest Paid	Prior Year Information
—	_____	+ _____ [1]	_____ _____ _____ _____
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	

NOTES/QUESTIONS:

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]	[]
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	_____	
<small>1 = Not pursuing degree, 2 = Not enrolled at least half-time, 3 = Felony drug conviction, 4 = 4 yrs post-secondary education before 2017</small>		

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]	
____	+ _____	
____	+ _____	
____	+ _____	
____	+ _____	
____	+ _____	
Medical insurance premiums you paid: <small>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.</small>		
__ [4] _____	+ _____ [5]	
____	+ _____	
____	+ _____	
____	+ _____	
Long-term care premiums you paid: <small>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.)</small>		
__ [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]	
____	+ _____	
____	+ _____	
____	+ _____	
____	+ _____	
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]	
____	+ _____	
____	+ _____	

T/S/J		2017 Interest Paid ^{2]}	2017 Points Paid	Type*	2017 Mortgage Ins. Premiums Paid	Prior Year Information
	Home mortgage interest: From Form 1098					
[1]		+	+		+	
		+	+		+	
		+	+		+	
		+	+		+	
		+	+		+	
		+	+		+	
		+	+		+	
		+	+		+	
		+	+		+	
		+	+		+	

*Mortgage Types

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

T/S/J	Payee's Name	SSN or EIN	2017 Information	Prior Year Information
	Other, such as: Home mortgage interest paid to individuals			
[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) + _____
 Date of refinance _____
 Term of new loan (in months) _____
 Reported on Form 1098 in 2017 _____

T/S/J 2017 Information

[15]	Investment interest expense, other than on Schedule(s) K-1:	+	[16]
		+	
		+	
		+	
		+	
		+	
		+	
		+	
		+	
		+	

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 +	
--	-------------------------	--

Minnesota General Information

Mark if you or your spouse are disabled _____ [1]
 Welfare amounts received _____ [2]

Contributions

Amount of political and charitable contributions you wish to make to:
Political Contributions

State campaign fund (Enter the appropriate code for the \$5 political party contribution on Form M1 or Form M1PR from the list below) Taxpayer _____ [3] Spouse _____ [4]

Political Parties		
11 = Republican	14 = Grassroots-Legalize Cannabis Party	17 = Legalize Marijuana Now Party
12 = Democratic Farmer-Labor	15 = Green Party of Minnesota	99 = General Campaign Fund
13 = Independent	16 = Libertarian	

Charitable Contribution

Nongame Wildlife Fund _____ [5]

Credits and Subtractions

Long Term Care Insurance Credit

Name of insurance company (Taxpayer) _____ [6]
 Name of insurance company (Spouse) _____ [7]
 Policy Number (Taxpayer) _____ [8]
 Policy Number (Spouse) _____ [9]

K-12 Education Expenses

Child's Name	Grade	Class Fees	Indiv Fees	Textbook Material	Transport Costs	Hardware Software	Qualified Tuition
_____ [10]	_____ [11]	_____ [12]	_____ [13]	_____ [14]	_____ [15]	_____ [16]	_____ [17]
_____ [18]	_____ [19]	_____ [20]	_____ [21]	_____ [22]	_____ [23]	_____ [24]	_____ [25]
_____ [26]	_____ [27]	_____ [28]	_____ [29]	_____ [30]	_____ [31]	_____ [32]	_____ [33]

	Child One	Child Two	Child Three
Class name _____ [34]	_____ [34]	_____ [35]	_____ [36]
Class type _____ [37]	_____ [37]	_____ [38]	_____ [39]
Ind. instr name _____ [40]	_____ [40]	_____ [41]	_____ [42]
Ind. instr type _____ [43]	_____ [43]	_____ [44]	_____ [45]
Music ins type _____ [46]	_____ [46]	_____ [47]	_____ [48]
Musical ins cost _____ [49]	_____ [49]	_____ [50]	_____ [51]
Type of school attended _____ [52]	_____ [52]	_____ [53]	_____ [54]
Transp provider _____ [55]	_____ [55]	_____ [56]	_____ [57]

M1PR Property Tax Credit

Note: Please attach copies of your tax year CRP's and/or current year Property Tax Statements

Part-year Resident and Nonresident Information

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

	Taxpayer	Spouse
Part-year residency dates:		
From _____ [58]	_____ [58]	_____ [60]
To _____ [59]	_____ [59]	_____ [61]
Other state of residence (State/Foreign country required for other nonresidents) _____ [62]	_____ [62]	_____ [63]

NOTES/QUESTIONS: