

**Prepared By:**

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**Prepared For:**

MT

**2017 Client Organizer**

**Swiftcurrent Consulting & Accounting**  
**PO Box 667**  
**Kalispell, MT 59903**  
**406-755-5428**

MT

Dear :

This Tax Organizer is designed to help you gather the tax information needed to prepare your 2017 personal income tax return. To help you complete the Organizer with minimal time and effort, when available, you will find certain information from your 2016 personal income tax return.

To protect your privacy, your Tax Organizer contains masked data. Masked data displays as asterisks. For example, a Social Security number could display as \*\*\*-\*\*-6789, an account number as \*\*\*\*\*6789, and a date of birth as \*\*/\*\*/2000. If you would like to confirm the masked data or make a change to your data, please contact this office. Do not indicate any changes to your data on your Tax Organizer. When you receive your completed tax return(s), make sure you review all Social Security numbers, bank account numbers, and dates of birth for accuracy.

Enter 2017 information on the Tax Organizer pages provided. If any information does not apply to you or is incorrect, please draw a line through it or make the necessary corrections.

The Client Questionnaire asks about pertinent tax items necessary for preparing the most accurate tax return possible. Please answer all questions and attach a statement when necessary for additional information not provided in the Client Organizer.

You will also need to provide the following information:

- Forms W-2 for wages, salaries and tips.
- All Forms 1099 for interest, dividends, retirement, miscellaneous income, Social Security, state or local refunds, gambling winnings, etc.
- Brokerage statements showing investment transactions for stocks, bonds, etc.
- Schedule K-1 from partnerships, S corporations, estates and trusts.
- Statements supporting educational expenses, deductions or distributions, including any Forms 1098-T, 1098-E, or 1099-Q.
- All Forms 1095-A, 1095-B, and/or 1095-C related to health care coverage or the Premium Tax Credit.
- Statements supporting deductions for mortgage interest, taxes, and charitable contributions (including any Form 1098-C).
- Copies of closing statements regarding the sale or purchase of real property.
- Legal papers for adoption, divorce, or separation involving custody of your dependent children.
- Any tax notices sent to you by the IRS or other taxing authority.
- A copy of your income tax return from last year, if not prepared by this office.

IRS regulations require paid tax preparers who expect to prepare and file 11 or more federal individual or trust tax returns to file them electronically. To comply with this requirement your

return will be electronically filed this year. The benefits of e-filing include a secure way to file tax returns and it provides proof of acceptance that the IRS has accepted your return for processing. Contact this office if you prefer your return be filed on paper.

Thank you for the opportunity to serve you.

Sincerely,

Swiftcurrent Consulting & Accounting, PC

## Questions

Please check the appropriate box and include all necessary details and documentation.

	Yes	No
<b>Personal Information</b>		
Did your marital status change during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____		
Did your address change from last year?	<input type="checkbox"/>	<input type="checkbox"/>
Can you be claimed as a dependent by another taxpayer?	<input type="checkbox"/>	<input type="checkbox"/>
Did you change any bank accounts, or did routing transit numbers (RTN) and/or bank account number change for existing bank accounts that have been used to direct deposit (or direct debit) funds from (or to) the IRS or other taxing authority during the tax year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive an Identity Protection PIN (IP PIN) from the IRS or have you been a victim of identity theft? If yes, attach the IRS letter.	<input type="checkbox"/>	<input type="checkbox"/>
Did you reside in or operate a business in a Federally declared disaster area? The Federally declared disaster areas include hurricane and tropical storm victims in Georgia, Florida, Puerto Rico, the Virgin Islands and parts of Texas, Louisiana and South Carolina, as well as wildfire victims in California.	<input type="checkbox"/>	<input type="checkbox"/>
<b>Dependent Information</b>		
Were there any changes in dependents from the prior year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____		
Do you have any children under age 19 or a full-time student under age 24 with unearned income in excess of \$2,100?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have dependents who must file a tax return?	<input type="checkbox"/>	<input type="checkbox"/>
Did you provide over half the support for any other person(s) other than your dependent children during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay for child care while you worked, looked for work, or while a full-time student?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any expenses related to the adoption of a child during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If you are divorced or separated with child(ren), do you have a divorce decree or other form of separation agreement which establishes custodial responsibilities?	<input type="checkbox"/>	<input type="checkbox"/>
Did any dependents receive an Identity Protection PIN (IP PIN) from the IRS or have they been a victim of identity theft? If yes, attach the IRS letter.	<input type="checkbox"/>	<input type="checkbox"/>
<b>Purchases, Sales and Debt Information</b>		
Did you start a new business or purchase rental property during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell, exchange, or purchase any assets used in your trade or business?	<input type="checkbox"/>	<input type="checkbox"/>
Did you acquire a new or additional interest in a partnership or S corporation?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell, exchange, or purchase any real estate during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you purchase or sell a principal residence during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you foreclose or abandon a principal residence or real property during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you acquire or dispose of any stock during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you take out a home equity loan this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you refinance a principal residence or second home this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell an existing business, rental, or other property this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you lend money with the understanding of repayment and this year it became totally uncollectable?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any debts canceled or forgiven this year, such as a home mortgage or student loan(s)?	<input type="checkbox"/>	<input type="checkbox"/>
Did you purchase a qualified plug-in electric drive vehicle or qualified fuel cell vehicle this year?	<input type="checkbox"/>	<input type="checkbox"/>

**Income Information**

- Did you have any foreign income or pay any foreign taxes during the year, directly or indirectly, such as from investment accounts, partnerships or a foreign employer?
- Did you receive any income from property sold prior to this year?
- Did you receive any unemployment benefits during the year?
- Did you receive any disability income during the year?
- Did you receive tip income not reported to your employer this year?
- Did any of your life insurance policies mature, or did you surrender any policies?
- Did you receive any awards, prizes, hobby income, gambling or lottery winnings?
- Do you expect a large fluctuation in income, deductions, or withholding next year?

**Retirement Information**

- Are you an active participant in a pension or retirement plan?
- Did you receive any Social Security benefits during the year?
- Did you make any withdrawals from an IRA, Roth, myRA, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan?
- If yes, were any withdrawals due to a Federally declared disaster?
- Did you receive any lump-sum payments from a pension, profit sharing or 401(k) plan?
- Did you make any contributions to an IRA, Roth, myRA, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan?

**Education Information**

- Did you, your spouse, or your dependents attend a post-secondary school during the year, or plan to attend one in the coming year?
- Did you have any educational expenses during the year on behalf of yourself, your spouse, or a dependent? If yes, attach any Form(s) 1098-T and receipts for qualified tuition and related expenses
- Did anyone in your family receive a scholarship of any kind during the year?
- If yes, were any of the scholarship funds used for expenses other than tuition, such as room and board?
- Did you make any withdrawals from an education savings or 529 Plan account?
- Did you make any contributions to an education savings or 529 Plan account?
- Did you pay any student loan interest this year?
- Did you cash any Series EE or I U.S. Savings bonds issued after 1989?
- Would you like a worksheet to aid in the completion of a Free Application for Federal Student Aid (FAFSA) with the U.S. Department of Education?

**Health Care Information**

- Did you have qualifying health care coverage, such as employer-sponsored coverage or government-sponsored coverage (i.e. Medicare/Medicaid) for your family? "Your family" for health care coverage refers to you, your spouse if filing jointly, and anyone you can claim as a dependent. If yes, attach any Form(s) 1095-B and/or 1095-C you received.
- Did anyone in your family qualify for an exemption from the health care coverage mandate? Examples of exemptions include (but are not limited to) certain non-citizens, members of a health care sharing ministry, members of Federally-recognized Indian tribes, and exemptions requested from the Marketplace. If yes, attach the Exemption Certificate Number (ECN) or type of exemption.
- Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act? If yes, attach any Form(s) 1095-A you received.
- Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act and share a policy with anyone who is not included in your family?
- Did you make any contributions to a Health savings account (HSA) or Archer MSA?
- Did you receive any distributions from a Health savings account (HSA), Archer MSA, or Medicare Advantage MSA this year?

- Did you pay long-term care premiums for yourself or your family?
- Did you make any contributions to an ABLE (Achieving a Better Life Experience) account? If yes, attach any Form(s) 5498-QA you received.
- Did you receive any withdrawals from an ABLE (Achieving a Better Life Experience) account? If yes, attach any Form(s) 1099-QA you received.
- If you are a business owner, did you pay health insurance premiums for your employees this year?
- Did you receive any Health Coverage Tax Credit (HCTC) advance payments? If yes, attach any Form(s) 1099-H you received.

**Itemized Deduction Information**

- Did you incur a casualty or theft loss or any condemnation awards during the year?
- If yes, did the loss occur in a Federally declared disaster area?
- Did you pay out-of-pocket medical expenses (Co-pays, prescription drugs, etc.)?
- Did you make any cash or noncash charitable contributions (clothes, furniture, etc.)?
- If yes, please provide evidence such as a receipt from the donee organization, a canceled check, or record of payment, to substantiate all contributions made.
- Did you donate a vehicle or boat during the year? If yes, attach Form 1098-C or other written acknowledgment from the donee organization.
- Did you pay real estate taxes for your primary home and/or second home?
- Did you pay any mortgage interest on an existing home loan? If yes, attach any Form(s) 1098 you received.
- Did you incur interest expenses associated with any investment accounts you held?
- Did you have an expense account or allowance during the year?
- Did you use your car on the job, for other than commuting?
- Did you work out of town for part of the year?
- Did you have any expenses related to seeking a new job during the year?
- Did you make any major purchases during the year (cars, boats, etc.)?
- Did you make any out-of-state purchases (by telephone, internet, mail, or in person) for which the seller did not collect state sales or use tax?

**Miscellaneous Information**

- Did you make gifts of more than \$14,000 to any individual?
- Did you utilize an area of your home for business purposes?
- Did you engage in any bartering transactions?
- Did you retire or change jobs this year?
- Did you incur moving costs because of a job change?
- Did you pay any individual as a household employee during the year?
- Did you make energy efficient improvements to your main home this year?
- Did you receive a distribution from, or were you a grantor or transferor for a foreign trust?
- Did you have a financial interest in or signature authority over a financial account such as a bank account, securities account, or brokerage account, located in a foreign country?
- Do you have any foreign financial accounts, foreign financial assets, or hold interest in a foreign entity?
- Did you receive correspondence from the State or the IRS?
- If yes, explain: \_\_\_\_\_
- Do you have previous years of tax returns that are either unfiled or filed with unpaid balances due?
- Do you want to designate \$3 to the Presidential Election Campaign Fund? If you check yes, it will not change your tax or reduce your refund.

Form ID: 1040 **Personal Information** **1**

Filing (Marital) status code (1 = Single, 2 = Married filing joint, 3 = Married filing separate, 4 = Head of household, 5 = Qualifying widow(er)) 1[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]	_____ [5]
First name	_____ [6]	_____ [7]
Last name	_____ [8]	_____ [9]
Occupation	_____ [10]	_____ [11]
Designate \$3.00 to the presidential election campaign fund? (1 = Yes, 2 = No, 3 = Blank) <u>2</u> [12]		_____ [14]
Mark if dependent of another taxpayer	_____ [15]	_____ [16]
Taxpayer with income less than 1/2 support age 18 or 19 - 23 full-time student? (Y, N) <u>Y</u> [17]		
Mark if legally blind	_____ [20]	_____ [21]
Date of birth	_____ [22]	_____ [24]
Date of death	_____ [26]	_____ [27]
Work/daytime telephone number/ext number _____ [28] _____ [29]		_____ [30] _____ [31]
Home/evening telephone number _____ [32]		_____ [33]
Do you authorize us to discuss your return with the IRS? (Y, N) <u>Y</u> [34]		

**Present Mailing Address**

Address \_\_\_\_\_ [38]  
 Apartment number \_\_\_\_\_ [39]  
 City, state postal code, zip code \_\_\_\_\_ [40] **MT**[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 <sup>49]</sup>	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**

<b>*Basic</b>	1 = Child who lived with you	<b>**Other</b>	1 = Student (Age 19 - 23)
	2 = Child who did not live with you due to divorce/separation		2 = Disabled dependent
	3 = Other dependent		3 = Dependent who is both a student and disabled
	5 = Qualifying child for Earned Income Credit only		
	6 = Children who lived with you, but do not qualify for Earned Income Credit		
	7 = Children who lived with you, but do not qualify for Child Tax Credit		
	8 = Children who lived with you, but do not qualify for Child Tax Credit or Earned Income Credit		
<b>***Month</b>	77 = Reported on odd year return		
	88 = Reported on even year return		
	99 = Not reported on return		

Taxpayer/Spouse/Joint (T, S, J)  
State postal code

T<sup>[1]</sup>  
MT<sup>[2]</sup>

Amount paid with 2016 return + 1,538<sup>[3]</sup>  
2016 overpayment applied to '17 estimates + \_\_\_\_\_<sup>[4]</sup>  
Treat calculated amounts as paid \_\_\_\_\_<sup>[8]</sup>

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

**2017 City Estimated Tax Payments**

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

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

**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 _____ <sup>[72]</sup>		City name _____ <sup>[94]</sup>	
Amount paid with 2016 return + _____ <sup>[75]</sup>		Amount paid with 2016 return + _____ <sup>[97]</sup>	
2016 overpayment applied to '17 estimates\$ _____ <sup>[76]</sup>		2016 overpayment applied to '17 estimates\$ _____ <sup>[98]</sup>	
Treat calculated amounts as paid _____ <sup>[80]</sup>		Treat calculated amounts as paid _____ <sup>[102]</sup>	

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

**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 _____





**1** 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	<u>Sample Business</u> [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]	
_____ [24]		
Enter an explanation if there was a change in determining your inventory:	_____ [25]	
_____ [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]	



**1** Preparer use only

	2017 Information	Prior Year Information
Description <b>Sample Rental Property</b>	[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]	
_____	+ _____	_____	
Insurance:			
_____	+ _____[51]	_____ [53]	
_____	+ _____	_____	
Legal and professional fees	+ _____[55]	_____ [56]	
Management fees:			
_____	+ _____[58]	_____ [60]	
_____	+ _____	_____	
Mortgage interest paid to banks, etc (Form 1098)			
_____	+ _____[61]	_____ [63]	
_____	+ _____	_____	
Other mortgage interest	+ _____[64]	_____ [66]	
Qualified mortgage insurance premiums	+ _____[67]	_____ [68]	
Other interest:			
_____	+ _____[70]	_____ [72]	
_____	+ _____	_____	
Repairs	+ _____[73]	_____ [74]	
Supplies	+ _____[76]	_____ [77]	
Taxes:			
_____	+ _____[79]	_____ [81]	
_____	+ _____	_____	
Utilities	+ _____[82]	_____ [83]	
Depreciation	+ _____[85]	_____ [86]	
Depletion	+ _____[88]	_____ [89]	
Other expenses:			
_____	+ _____[91]	_____	
_____	+ _____	_____	
_____	+ _____	_____	
_____	+ _____	_____	

**1** Preparer use only

Description Sample Rental Property

**Refinancing Points**

Preparer - Enter on Screen Rent

	2017 Information	Prior Year Information	
<b>Refinancing points paid -</b>			
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)	_____		
<b>Refinancing points paid -</b>			
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)	_____		
<b>Refinancing points paid -</b>			
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 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]

**Preparer use only**

	2017 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)	__ [2]	
Employer identification number	_____ [3]	
Description	_____ [4]	
State postal code	__ [5]	
Did you "actively participate" in the operation of this business this year? (Y, N)	__ [6]	

**Income Items**

	2017 Information	Prior Year Information
Income from production of livestock, produce, grains, and other crops:		
_____	+ _____ [16]	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
Total cooperative distributions you received	+ _____ [18]	
Taxable cooperative distributions you received	+ _____ [20]	

	2017 Total	2017 Taxable	Prior Year Information
Agricultural program payments:			
_____	+ _____ [22]	_____ [23]	
_____	+ _____	+ _____	
_____	+ _____	+ _____	

	2017 Information	Prior Year Information
Commodity credit loans reported under election:		
_____	+ _____ [25]	
_____	+ _____	
Total commodity credit loans forfeited	+ _____ [27]	
Taxable commodity credit loans forfeited	+ _____ [29]	

	2017 Total	2017 Taxable	Prior Year Information
Crop insurance proceeds you received in 2017			
_____	+ _____ [31]	_____ [32]	
_____	+ _____	+ _____	
_____	+ _____	+ _____	

	2017 Information	Prior Year Information
Mark if electing to defer crop insurance proceeds to 2018	__ [34]	__
Crop insurance proceeds deferred from 2016	+ _____ [36]	
Other income:		
_____	+ _____ [39]	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	

**Preparer use only**

Description	2017 Information		Prior Year Information
Car and truck expenses	+	[6]	
Chemicals	+	[8]	
Conservation expenses	+	[10]	
Carryover from prior years	+	[12]	
Custom hire (machine work)	+	[14]	
Depreciation	+	[16]	
Employee benefit programs	+	[18]	
Feed purchased	+	[20]	
Fertilizers and lime	+	[22]	
Freight and trucking	+	[24]	
Gasoline, fuel, and oil	+	[26]	
Insurance (Other than health):			
_____	+	[28]	
_____	+		
_____	+		
Mortgage interest (Paid to banks, etc.):			
_____	+	[30]	
_____	+		
_____	+		
Other interest	+	[33]	
Labor hired (Less employment credit)	+	[35]	
Pension and profit sharing	+	[37]	
Rent - vehicles, machinery, and equipment	+	[39]	
Rent - other	+	[41]	
Repairs and maintenance	+	[43]	
Seed and plants purchased	+	[45]	
Storage and warehousing	+	[47]	
Supplies purchased	+	[49]	
Taxes:			
_____	+	[51]	
_____	+		
_____	+		
_____	+		
_____	+		
_____	+		
Utilities	+	[53]	
Veterinary, breeding, and medicine	+	[55]	
Other expenses:			
_____	+	[57]	
_____	+		
_____	+		
_____	+		
_____	+		
_____	+		
_____	+		
_____	+		
Preproductive period expenses	+	[59]	

Preparer use only		Regular	AMT
Carryovers			
Operating	+	[68]	[69]
Short-term capital	+	[70]	[71]
Long-term capital	+	[72]	[73]
28% rate capital	+	[74]	[75]
Section 1231 loss	+	[76]	[77]
Ordinary business gain/loss	+	[78]	[79]
Section 179	+	[80]	[81]
Excess farm loss	+	[84]	[85]

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]	<b>Doctor &amp; Hospital</b> + _____ [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]	

<b>Schedule A - Tax Expenses</b>
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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 <sup>(2)</sup>	2017 Points Paid	Type*	2017 Mortgage Ins. Premiums Paid	Prior Year Information
Home mortgage interest: From Form 1098					
[1] <b>Mortgage interest</b>	+	+	+		
	+	+	+		
	+	+	+		
	+	+	+		
	+	+	+		
	+	+	+		
	+	+	+		
	+	+	+		
	+	+	+		

**\*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]
	<b>Address</b>			
	<b>City, state and zip code</b>			
			+	
	<b>Address</b>			
	<b>City, state and zip code</b>			

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

T/S/J		Qualified Disaster 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.			
	Individual contributions of \$250 or more must be accompanied by a written acknowledgment from the charity to claim the contribution on your return.			
[2]	<b>Cash Contributions</b>		[3]	
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	
[5]	Volunteer miles driven		[6]	
	Noncash items, such as: Goodwill/Salvation Army/clothing/household goods			
[8]	_____	+	[9]	
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	

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

<b>Miscellaneous Deductions</b>
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T/S/J			2017 Information	Prior Year Information
	Unreimbursed expenses, such as: Uniforms, Professional dues, Business publications, Job seeking expenses, Educational expenses			
[11]	_____	+	[12]	
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	
	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]	
—	_____	+	_____	