

Client Organizer Topical Index

This client organizer topical index is designed to help you quickly locate the items listed. To use the index just locate the topic and refer to the page number listed. The page number corresponds to the number printed in the top right corner of your organizer sheets. Please note this organizer is customized specifically for you, and may not contain all of the pages listed here.

Topic	Page	Topic	Page
ABLE account distributions	73	Gambling winnings	10, 18, 20
Adoption expenses	84	Gambling losses	57
Affordable Care Act Health Coverage	69, 70	Health savings account (HSA)	71, 72
Alaska Permanent Fund dividends	18, 77	Household employee taxes	78
Alimony paid	49	Identity authentication	7
Alimony received	18	Installment sales	41, 42
Annuity payments received	10, 24	Interest income, including foreign	11, 13, 17b
Automobile information -		Interest paid	56
Business or profession	68	Investment expenses	57
Employee business expense	60	Investment interest expenses	56
Farm, Farm Rental	68	IRA, Roth IRA contributions	26
Rent and royalty	68	IRA distributions	10, 24
Bank account information	3	Like-kind exchange of property	43
Business income and expenses	28, 29, 30	Long-term care services and contracts (LTC)	72
Business use of home	67	Medical and dental expenses	55
Cancellation of debt	19	Medical savings account (MSA)	71, 72
Casualty and theft losses, business	63, 65	Minister earnings and expenses	28, 59, 75
Casualty and theft losses, personal	64, 66	Miscellaneous income	18, 18a, 18b
Child and dependent care expenses	80	Miscellaneous adjustments	49
Children's interest and dividend	76, 77	Miscellaneous itemized deductions	57
Charitable contributions	57, 60, 62	Mortgage interest expense	56, 58
Contracts and straddles	22	Moving expenses	48
Dependent care benefits received	12	Nonresident Alien	4, 5
Dependent information	1, 7	Partnership income	10, 38
Depreciable asset acquisitions and dispositions -		Payments from Qualified Education Programs (1099-Q)	10, 53
Business or profession	93, 94	Pension distributions	10, 24
Employee business expense	93, 94	Personal property taxes paid	55
Farm, Farm Rental	93, 94	Railroad retirement benefits	25
Rent and royalty	93, 94	Real estate taxes	55
Direct deposit information	3	REMIC's	16
Disability income	24, 81	Rent and royalty, vacation home, income and expenses	30, 31
Dividend income, including foreign	11, 14, 17b	Residential energy credit	82
Early withdrawal penalty	13	S corporation income	10, 21, 38
Education Credits and tuition and fees deduction	52	Sale of business property	41, 42
Education Savings Account & Qualified Tuition Programs	53	Sale of personal residence	40
Electronic filing	6	Sale of stock, securities, and other capital assets	17, 17a, 17b
Email address	2	Self-employed health insurance premiums	28, 33, 69
Employee business expenses	59	Self-employed Keogh, SEP and SIMPLE plan contributions	27
Estate income	10, 39	Seller-financed mortgage interest received	15
Excess farm losses	90	Social security benefits received	25
Farm income and expenses	33, 34, 35	State and local income tax refunds	18
Farm rental income and expenses	36, 37	State & local estimate payments	9
Federal estimate payments	8	State & local withholding	12, 20, 24
Federal student aid application information (FAFSA)	54	Statutory employee	12, 28
Federal withholding	12, 20, 24, 25	Student loan interest paid	51
First-time homebuyer credit repayment	79	Taxes paid	55
Foreign bank accounts & financial assets	44, 45	Trust income	39
Foreign earned income & housing deduction	46, 47	Unemployment compensation	18
Foreign employer compensation	23	Unreported tip or unreported wage income	74
Foreign taxes paid	83	U.S. savings bonds educational exclusion	50
Fuel tax credit	85, 86, 87	Wages and salaries	10, 12

Please note the following conventions used throughout your client organizer: T/S/J and T/S headings should be used to indicate if an item belongs to the (T)axpayer, (S)pouse, or (J)oint. Also, if an item did not occur in your resident state, please indicate the state's postal code abbreviation in which the item occurred. Control totals and [] numbers are for preparer use only.

Filing (Marital) status code (1 = Single, 2 = Married filing joint, 3 = Married filing separate, 4 = Head of household, 5 = Qualifying widow(er)) _____

Mark if you were married but living apart all year _____

Mark if your nonresident alien spouse does not have an Individual Taxpayer Identification Number (ITIN) _____

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

Present Mailing Address

Address _____

Apartment number _____

City, state postal code, zip code _____

Foreign country name _____

Foreign phone number _____

In care of addressee _____

Dependent Information

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

First Name	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 _____

Social security number of qualifying person _____

Dependent Codes

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

Preparer - Enter on Screen Contact

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

Taxpayer email address _____

Spouse email address _____

Taxpayer

Spouse

Fax telephone number _____

Mobile telephone number _____

Mobile telephone #2 number _____

Pager number _____

Other: _____

Telephone number _____

Extension _____

Preferred method of contact: _____

Email, Work phone, Home phone, Fax, Mobile phone, Mobile phone #2 _____

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. ___

Primary account:

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

Secondary account #1:

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

Secondary account #2:

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

*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 _____ or Percent (xxx.xx) _____

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 _____ or Percent (xxx.xx) _____
 Owner's name (First Last) _____
 Co-owner or beneficiary (First Last) _____
 Mark if the name listed above is a beneficiary _____

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 _____ or Percent (xxx.xx) _____
 Owner's name (First Last) _____
 Co-owner or beneficiary (First Last) _____
 Mark if the name listed above is a beneficiary _____

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 _____

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

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 _____

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) _____

Spouse self-selected Personal Identification Number (PIN) _____

NOTES/QUESTIONS:

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

- Refunded _____
- Applied to 2018 estimated tax liability _____

Do you expect a considerable change in your 2018 income? (Y, N) _____

If yes, please explain any differences:

Do you expect a considerable change in your deductions for 2018? (Y, N) _____

If yes, please explain any differences:

Do you expect a considerable change in the amount of your 2018 withholding? (Y, N) _____

If yes, please explain any differences:

Do you expect a change in the number of dependents claimed for 2018? (Y, N) _____

If yes, please explain any differences:

Mark if you use the Electronic Federal Tax Payment System (EFTPS) to pay your estimated taxes _____

2017 Federal Estimated Tax Payments

2016 overpayment applied to 2017 estimates _____

Mark if you paid the calculated amounts on the dates due indicated below. Skip the remaining fields. _____

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	_____	_____	_____	_____
2nd quarter payment	6/15/17	_____	_____	_____	_____
3rd quarter payment	9/15/17	_____	_____	_____	_____
4th quarter payment	1/16/18	_____	_____	_____	_____
Additional payment		_____	_____	_____	_____

*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) _____
 State postal code _____

Amount paid with 2016 return _____
 2016 overpayment applied to '17 estimates _____
 Treat calculated amounts as paid _____

	Date Paid	Amount Paid	Calculated Amount
1st quarter payment	_____	_____	_____
2nd quarter payment	_____	_____	_____
3rd quarter payment	_____	_____	_____
4th quarter payment	_____	_____	_____
Additional payment	_____	_____	_____

2017 City Estimated Tax Payments

City #1
 City name _____
 Amount paid with 2016 return _____
 2016 overpayment applied to '17 estimates _____
 Treat calculated amounts as paid _____

	Date Paid	Amount Paid
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 #2
 City name _____
 Amount paid with 2016 return _____
 2016 overpayment applied to '17 estimates _____
 Treat calculated amounts as paid _____

	Date Paid	Amount Paid
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 name _____
 Amount paid with 2016 return _____
 2016 overpayment applied to '17 estimates _____
 Treat calculated amounts as paid _____

	Date Paid	Amount Paid
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 #4
 City name _____
 Amount paid with 2016 return _____
 2016 overpayment applied to '17 estimates _____
 Treat calculated amounts as paid _____

	Date Paid	Amount Paid
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	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	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

Seller Financed Mortgage Interest Income

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

2017 Information

Prior Year Information

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

Payer's name _____

Payer's street address _____

Payer's city, state, zip code _____

Payer's social security number _____

Interest income amount received in 2017 _____

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

Payer's name _____

Payer's street address _____

Payer's city, state, zip code _____

Payer's social security number _____

Interest income amount received in 2017 _____

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

Payer's name _____

Payer's street address _____

Payer's city, state, zip code _____

Payer's social security number _____

Interest income amount received in 2017 _____

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

Payer's name _____

Payer's street address _____

Payer's city, state, zip code _____

Payer's social security number _____

Interest income amount received in 2017 _____

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

Payer's name _____

Payer's street address _____

Payer's city, state, zip code _____

Payer's social security number _____

Interest income amount received in 2017 _____

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

Payer's name _____

Payer's street address _____

Payer's city, state, zip code _____

Payer's social security number _____

Interest income amount received in 2017 _____

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

Payer's name _____

Payer's street address _____

Payer's city, state, zip code _____

Payer's social security number _____

Interest income amount received in 2017 _____

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

Payer's name _____

Payer's street address _____

Payer's city, state, zip code _____

Payer's social security number _____

Interest income amount received in 2017 _____

Sales of Stocks, Securities, and Other Investment Property

Please provide copies of all Forms 1099-B and 1099-S

T/S/J	Description of Property	Date Acquired	Date Sold	Gross Sales Price (Less expenses of sale)	Cost or Other Basis
—	_____	_____	_____	_____	_____
—	_____	_____	_____	_____	_____
—	_____	_____	_____	_____	_____
—	_____	_____	_____	_____	_____
—	_____	_____	_____	_____	_____
—	_____	_____	_____	_____	_____
—	_____	_____	_____	_____	_____
—	_____	_____	_____	_____	_____
—	_____	_____	_____	_____	_____
—	_____	_____	_____	_____	_____
—	_____	_____	_____	_____	_____
—	_____	_____	_____	_____	_____
—	_____	_____	_____	_____	_____
—	_____	_____	_____	_____	_____
—	_____	_____	_____	_____	_____
—	_____	_____	_____	_____	_____
—	_____	_____	_____	_____	_____
—	_____	_____	_____	_____	_____
—	_____	_____	_____	_____	_____
—	_____	_____	_____	_____	_____
—	_____	_____	_____	_____	_____
—	_____	_____	_____	_____	_____
—	_____	_____	_____	_____	_____
—	_____	_____	_____	_____	_____
—	_____	_____	_____	_____	_____
—	_____	_____	_____	_____	_____
—	_____	_____	_____	_____	_____
—	_____	_____	_____	_____	_____
—	_____	_____	_____	_____	_____
—	_____	_____	_____	_____	_____
—	_____	_____	_____	_____	_____
—	_____	_____	_____	_____	_____
—	_____	_____	_____	_____	_____
—	_____	_____	_____	_____	_____
—	_____	_____	_____	_____	_____
—	_____	_____	_____	_____	_____
—	_____	_____	_____	_____	_____
—	_____	_____	_____	_____	_____
—	_____	_____	_____	_____	_____
—	_____	_____	_____	_____	_____
—	_____	_____	_____	_____	_____
—	_____	_____	_____	_____	_____
—	_____	_____	_____	_____	_____
—	_____	_____	_____	_____	_____

NOTES/QUESTIONS:

	2017 Information		Prior Year Information
	Taxpayer	Spouse	
State and local income tax refunds	_____	_____	_____
Alimony received	_____	_____	
Unemployment compensation	_____	_____	
Unemployment compensation federal withholding	_____	_____	
Unemployment compensation state withholding	_____	_____	
Unemployment compensation repaid	_____	_____	
Alaska Permanent Fund dividends	_____	_____	

T/S/J	Self-Employment Income ? (Y, N)	2017 Information		Prior Year Information
		Other income, such as: Commissions, Jury pay, Director fees, Taxable scholarships		
—	—	_____	_____	_____
—	—	_____	_____	
—	—	_____	_____	
—	—	_____	_____	
—	—	_____	_____	
—	—	_____	_____	
—	—	_____	_____	
—	—	_____	_____	
—	—	_____	_____	
—	—	_____	_____	
—	—	_____	_____	
—	—	_____	_____	
—	—	_____	_____	
—	—	_____	_____	
—	—	_____	_____	
—	—	_____	_____	
—	—	_____	_____	
—	—	_____	_____	
—	—	_____	_____	
—	—	_____	_____	

NOTES/QUESTIONS:

Miscellaneous Income #1

Please provide all Forms 1099-MISC

Preparer use only

Name of payer _____

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

State postal code _____

Rents (Box 1) _____

Royalties (Box 2) _____

Other income (Box 3) _____

Federal income tax withheld (Box 4) _____

Fishing boat proceeds (Box 5) _____

Medical and health care payments (Box 6) _____

Nonemployee compensation (Box 7) _____

Substitute payments in lieu of dividends or interest (Box 8) _____

Payer made direct sales of \$5,000 or more of consumer products (Box 9) _____

Crop Insurance proceeds (Box 10) _____

Excess golden parachute payments (Box 13) _____

Gross proceeds paid to an attorney (Box 14) _____

Section 409A deferrals (Box 15a) _____

Section 409A income (Box 15b) _____

State tax withheld (Box 16) _____

State/Payer's state no. (Box 17) _____

State income (Box 18) _____

Control Totals

Miscellaneous Income #2

Please provide all Forms 1099-MISC

Preparer use only

Name of payer _____

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

State postal code _____

Rents (Box 1) _____

Royalties (Box 2) _____

Other income (Box 3) _____

Federal income tax withheld (Box 4) _____

Fishing boat proceeds (Box 5) _____

Medical and health care payments (Box 6) _____

Nonemployee compensation (Box 7) _____

Substitute payments in lieu of dividends or interest (Box 8) _____

Payer made direct sales of \$5,000 or more of consumer products (Box 9) _____

Crop Insurance proceeds (Box 10) _____

Excess golden parachute payments (Box 13) _____

Gross proceeds paid to an attorney (Box 14) _____

Section 409A deferrals (Box 15a) _____

Section 409A income (Box 15b) _____

State tax withheld (Box 16) _____

State/Payer's state no. (Box 17) _____

State income (Box 18) _____

Control Totals

NOTES/QUESTIONS:

Gambling Winnings #1

Please provide all copies of Form W-2G.

2017 Information

Prior Year Information

Taxpayer/Spouse (T, S) _____

Payer name _____

State postal code _____

Mark if professional gambler _____

Reportable winnings (Box 1) _____

Date won (Box 2) _____

Type of wager (Box 3) _____

Federal withholding (Box 4) _____

Transaction (Box 5) _____

Race (Box 6) _____

Identical wager winnings (Box 7) _____

Cashier (Box 8) _____

Taxpayer identification number (Box 9) _____

Window (Box 10) _____

First ID (Box 11) _____

Second ID (Box 12) _____

Payer's state ID no. (Box 13) _____

State winnings (Box 14) _____

State withholding (Box 15) _____

Local winnings (Box 16) _____

Local withholding (Box 17) _____

Name of locality (Box 18) _____

Control Totals

Gambling Winnings #2

Please provide all copies of Form W-2G.

2017 Information

Prior Year Information

Taxpayer/Spouse (T, S) _____

Payer name _____

State postal code _____

Mark if professional gambler _____

Reportable winnings (Box 1) _____

Date won (Box 2) _____

Type of wager (Box 3) _____

Federal withholding (Box 4) _____

Transaction (Box 5) _____

Race (Box 6) _____

Identical wager winnings (Box 7) _____

Cashier (Box 8) _____

Taxpayer identification number (Box 9) _____

Window (Box 10) _____

First ID (Box 11) _____

Second ID (Box 12) _____

Payer's state ID no. (Box 13) _____

State winnings (Box 14) _____

State withholding (Box 15) _____

Local winnings (Box 16) _____

Local withholding (Box 17) _____

Name of locality (Box 18) _____

Control Totals

NOTES/QUESTIONS:

Pension, Annuity, and IRA Distributions #1

Please provide all Forms 1099-R.

2017 Information

Prior Year Information

Taxpayer/Spouse (T, S) _____
Name of payer _____
State postal code _____
Gross distributions received (Box 1) _____
Taxable amount received (Box 2a) _____
Federal withholding (Box 4) _____
Distribution code (Box 7) _____
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan _____
State withholding (Box 12) _____
Local withholding (Box 15) _____
Amount of rollover _____
Mark if distribution was due to a pre-retirement age disability _____

Control Totals

Pension, Annuity, and IRA Distributions #2

Please provide all Forms 1099-R.

2017 Information

Prior Year Information

Taxpayer/Spouse (T, S) _____
Name of payer _____
State postal code _____
Gross distributions received (Box 1) _____
Taxable amount received (Box 2a) _____
Federal withholding (Box 4) _____
Distribution code (Box 7) _____
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan _____
State withholding (Box 12) _____
Local withholding (Box 15) _____
Amount of rollover _____
Mark if distribution was due to a pre-retirement age disability _____

Control Totals

Pension, Annuity, and IRA Distributions #3

Please provide all Forms 1099-R.

2017 Information

Prior Year Information

Taxpayer/Spouse (T, S) _____
Name of payer _____
State postal code _____
Gross distributions received (Box 1) _____
Taxable amount received (Box 2a) _____
Federal withholding (Box 4) _____
Distribution code (Box 7) _____
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan _____
State withholding (Box 12) _____
Local withholding (Box 15) _____
Amount of rollover _____
Mark if distribution was due to a pre-retirement age disability _____

Control Totals

NOTES/QUESTIONS:

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

Taxpayer/Spouse (T, S) _____

State postal code _____

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)	_____	
Voluntary Federal Income Tax Withheld (Box 6)	_____	
From the DESCRIPTION OF AMOUNT IN BOX 3 area of Form SSA-1099:		
Medicare premiums	_____	
Prescription drug (Part D) premiums	_____	

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)	_____	
Federal Income Tax Withheld (Box 10)	_____	
Medicare Premium Total (Box 11)	_____	

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.

NOTES/QUESTIONS:

	Taxpayer	Spouse
Are you or your spouse (if MFJ or MFS) covered by an employer's retirement plan? (Y, N)	—	—
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)	—	—
Enter the total traditional IRA contributions made for use in 2017	_____	_____
	Taxpayer	Spouse
Enter the nondeductible contribution amount made for use in 2017	_____	_____
Enter the nondeductible contribution amount made in 2018 for use in 2017	_____	_____
Traditional IRA basis	_____	_____
Value of all your traditional IRA's on December 31, 2017:		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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	—	—
Enter the total Roth IRA contributions made for use in 2017	_____	_____
Enter the total amount of Roth IRA conversion recharacterizations for 2017	_____	_____
Enter the total contribution Roth IRA basis on December 31, 2016	_____	_____
Enter the total Roth IRA contribution recharacterizations for 2017	_____	_____
Enter the Roth conversion IRA basis on December 31, 2016	_____	_____
Value of all your Roth IRA's on December 31, 2017:		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

NOTES/QUESTIONS:

Preparer use only

Business activity or profession name _____

Taxpayer/Spouse (T, S) _____

State postal code _____

Contribute the maximum allowable contribution amount? (1 = Keogh, 2 = SEP, 3 = SIMPLE 401(k), 4 = Solo 401(k), 5 = SIMPLE IRA, 6 = SARSEP) _____

Plan contribution rate. Enter in xx.xx format (Limitation percentage) _____

Enter the total amount of contributions made to a Keogh plan in 2017 _____

Enter the total amount of contributions made to a Solo 401(k) plan in 2017 _____

Enter the total amount of contributions made to a SEP plan in 2017 _____

Enter the total amount of contributions made to a SARSEP plan in 2017 _____

Enter the total amount of contributions made to a defined benefit plan in 2017 _____

Enter the total amount of contributions made to a profit-sharing plan in 2017 _____

Enter the total amount of contributions made to a money purchase plan in 2017 _____

Enter the total amount of contributions made to a SIMPLE 401(k) plan in 2017 _____

Enter the total amount of contributions to a SIMPLE IRA plan in 2017 _____

Catch-up Contributions

Enter the amount of catch-up contributions made to a Solo 401(k) or SARSEP in 2017 _____

Enter the amount of catch-up contributions made to a SIMPLE Plan in 2017 _____

Elective Deferrals

Enter the total contributions to a Solo 401(k) or SARSEP made through elective deferrals in 2017 _____

Enter the amount of elective deferrals designated as Roth contributions in 2017 _____

NOTES/QUESTIONS:

Preparer use only

	2017 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)	_____	
Employer identification number	_____	
Business name	_____	
Principal business/profession	_____	
Business code	_____	
Business address, if different from home address on Organizer Form ID: 1040		
Address	_____	
City/State/Zip	_____	
Accounting method (1 = Cash, 2 = Accrual, 3 = Other)	_____	
If other:	_____	
Inventory method (1 = Cost, 2 = LCM, 3 = Other)	_____	
If other enter explanation:	_____	

Enter an explanation if there was a change in determining your inventory:		

Did you "materially participate" in this business? (Y, N)	_____	
If not, number of hours you did significantly participate	_____	
Mark if you began or acquired this business in 2017	_____	
Did you make any payments in 2017 that require you to file Form(s) 1099? (Y, N)	_____	
If "Yes", did you or will you file all required Forms 1099? (Y, N)	_____	
Mark if this business is considered related to qualified services as a minister or religious worker	_____	
Did you receive wages as a statutory employee or as a minister? (1 = Statutory employee, 2 = Minister)	_____	
Medical insurance premiums paid by this activity	_____	
Long-term care premiums paid by this activity	_____	
Amount of wages received as a statutory employee	_____	

Business Income

	2017 Information	Prior Year Information
Gross receipts and sales		
_____	_____	
_____	_____	
_____	_____	
_____	_____	
Returns and allowances	_____	
Other income:		
_____	_____	
_____	_____	
_____	_____	

Cost of Goods Sold

	2017 Information	Prior Year Information
Beginning inventory	_____	
Purchases	_____	
Labor:		
_____	_____	
_____	_____	
Materials	_____	
Other costs:		
_____	_____	
_____	_____	
_____	_____	
Ending inventory	_____	

Control Totals

Preparer use only

Principal business or profession _____

2017 Information

Prior Year Information

Advertising _____

Car and truck expenses _____

Commissions and fees _____

Contract labor _____

Depletion _____

Depreciation _____

Employee benefit programs (Include Small Employer Health Ins Premiums credit):

Insurance (Other than health):

Interest:

Mortgage (Paid to banks, etc.)

Other:

Legal and professional services

Office expense _____

Pension and profit sharing:

Rent or lease:

Vehicles, machinery, and equipment _____

Other business property _____

Repairs and maintenance _____

Supplies _____

Taxes and licenses:

Travel, meals, and entertainment:

Travel _____

Meals and entertainment _____

Meals (Enter 100% subject to DOT 80% limit) _____

Utilities _____

Wages (Less employment credit):

Other expenses:

Control Totals

Preparer use only
Principal business or profession _____

Preparer use only Carryovers	Regular	AMT
Operating		
Short-term capital		
Long-term capital		
28% rate capital		
Section 1231 loss		
Ordinary business gain/loss		
Section 179		

NOTES/QUESTIONS:

Rent and Royalty Property - General Information

Preparer use only

	2017 Information	Prior Year Information
Description _____		
Taxpayer/Spouse/Joint (T, S, J) _____	State postal code _____	
Physical address: Street _____		
City, state, zip code _____		
Foreign country _____		
Foreign province/county _____		
Foreign postal code _____		
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) _____		
Description of other type (Type code #8) _____		
Did you make any payments in 2017 that require you to file Form(s) 1099? (Y,N) _____		
If "Yes", did you or will you file all required Forms 1099? (Y, N) _____		_____
Fair rental days (if not full year) (For types 1, 2, 4, 5, 7 and 8 only) (Use Rent-2 for type 3) _____		
Percentage of ownership if not 100% _____		
Business use percentage, if not 100% (Not vacation home percentage) _____		

Rent and Royalty Income

Rents and royalties	2017 Information	Prior Year Information
_____	_____	_____
_____	_____	_____

Rent and Royalty Expenses

	2017 Information	Percent if not 100%	Prior Year Information
Advertising	_____	_____	_____
Auto	_____	_____	_____
Travel	_____	_____	_____
Cleaning and maintenance	_____	_____	_____
Commissions:	_____	_____	_____
_____	_____	_____	_____
Insurance:	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Legal and professional fees	_____	_____	_____
Management fees:	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Mortgage interest paid to banks, etc (Form 1098)	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Other mortgage interest	_____	_____	_____
Qualified mortgage insurance premiums	_____	_____	_____
Other interest:	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Repairs	_____	_____	_____
Supplies	_____	_____	_____
Taxes:	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Utilities	_____	_____	_____
Depreciation	_____	_____	_____
Depletion	_____	_____	_____
Other expenses:	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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	_____		
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	_____	
Number of days home was rented	_____	
Number of day home owned, if not 365	_____	
Carryover of disallowed operating expenses into 2017	_____	
Carryover of disallowed depreciation expenses into 2017	_____	

Passive and Other Information

Preparer use only Carryovers	Regular	AMT
Operating		
Short-term capital		
Long-term capital		
28% rate capital		
Section 1231 loss		
Ordinary business gain/loss		
Comm revitalization		
Section 179		

Please provide copies of Schedules K-1 showing income from partnerships and S-corporations.

Taxpayer/Spouse/Joint (T, S, J) _____
 Employer identification number _____
 Name of entity _____
 State postal code _____
 Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership) _____

	Preparer use only Carryovers	Regular	AMT
Enter on K1-7	Operating		
	Short-term capital		
	Long-term capital		
	28% rate capital		
	Section 1231 loss		
	Ordinary business gain/loss		
	Other losses - 1040 pg.1		
	Comm revitalization		
	Section 179		
	Excess farm loss		

Taxpayer/Spouse/Joint (T, S, J) _____
 Employer identification number _____
 Name of entity _____
 State postal code _____
 Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership) _____

	Preparer use only Carryovers	Regular	AMT
Enter on K1-7	Operating		
	Short-term capital		
	Long-term capital		
	28% rate capital		
	Section 1231 loss		
	Ordinary business gain/loss		
	Other losses - 1040 pg.1		
	Comm revitalization		
	Section 179		
	Excess farm loss		

Taxpayer/Spouse/Joint (T, S, J) _____
 Employer identification number _____
 Name of entity _____
 State postal code _____
 Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership) _____

	Preparer use only Carryovers	Regular	AMT
Enter on K1-7	Operating		
	Short-term capital		
	Long-term capital		
	28% rate capital		
	Section 1231 loss		
	Ordinary business gain/loss		
	Other losses - 1040 pg.1		
	Comm revitalization		
	Section 179		
	Excess farm loss		

Please provide all copies of Schedules K-1 showing income from estates and trusts.

Taxpayer/Spouse/Joint (T, S, J) _____
 Employer identification number _____
 Name of activity _____
 State postal code _____

	Preparer use only Carryovers	Regular	AMT
Enter on K1T-3	Operating		
	Short-term capital		
	Long-term capital		
	28% rate capital		
	Section 1231 loss		
	Ordinary business gain/loss		
	Comm revitalization		

Taxpayer/Spouse/Joint (T, S, J) _____
 Employer identification number _____
 Name of activity _____
 State postal code _____

	Preparer use only Carryovers	Regular	AMT
Enter on K1T-3	Operating		
	Short-term capital		
	Long-term capital		
	28% rate capital		
	Section 1231 loss		
	Ordinary business gain/loss		
	Comm revitalization		

Taxpayer/Spouse/Joint (T, S, J) _____
 Employer identification number _____
 Name of activity _____
 State postal code _____

	Preparer use only Carryovers	Regular	AMT
Enter on K1T-3	Operating		
	Short-term capital		
	Long-term capital		
	28% rate capital		
	Section 1231 loss		
	Ordinary business gain/loss		
	Comm revitalization		

Taxpayer/Spouse/Joint (T, S, J) _____
 Employer identification number _____
 Name of activity _____
 State postal code _____

	Preparer use only Carryovers	Regular	AMT
Enter on K1T-3	Operating		
	Short-term capital		
	Long-term capital		
	28% rate capital		
	Section 1231 loss		
	Ordinary business gain/loss		
	Comm revitalization		

Description	
Taxpayer/Spouse/Joint (T, S, J)	—
State postal code	—
Mark if electing to pay tax on entire gain (No exclusion will be calculated and entire gain will be reported on Schedule D)	—
Date former residence was acquired	_____
Date former residence was sold	_____
Selling price of former residence	_____
Expenses related to the sale of your old home	_____
Original cost of home sold including capital improvements	_____

Exclusion Information

Mark if meet use and ownership test without exceptions (2 years use within 5-year period preceding sale date)		—
	Taxpayer	Spouse
Reduced exclusion days: (Enter only days within 5-year period ending on sale date)		
Number of days each person used property as main home	_____	_____
Number of days each person owned property used as main home	_____	_____
Number of days between date of sale of the other home and date of sale of this home	_____	_____

Form 6252 - Current Year Installment Sale

Mortgage and other debts the buyer assumed	_____
Total current year payments received	_____

Form 6252 - Related Party Installment Sale Information

Related party name	
Address	_____
City, State and Zip	_____
Identifying number of related party	_____
Was the property sold as a marketable security? (Y, N)	—
Enter date of second sale if more than 2 years after the first sale	_____
Indicate special conditions if applicable (1 = Sale/exchange, 2 = Involuntary conv, 3 = Death of seller, 4 = No tax avoidance)	—
Selling price of property sold by a related party	_____

NOTES/QUESTIONS:

Preparer use only

Description of move	_____
Taxpayer/Spouse/Joint (T, S, J)	_____
Mark if the move was due to service in the armed forces	_____
Number of miles from old home to new workplace	_____
Number of miles from old home to old workplace	_____
Mark if move is outside United States or its possessions	_____
Transportation and storage expenses	_____
Travel and lodging (not including meals)	_____
Miles driven to new home	_____
Total amount reimbursed for moving expenses	_____

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
—	_____	_____	_____
—	_____	_____	
—	_____	_____	
—	_____	_____	

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) _____

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 _____

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)	_____	_____
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:

Qualified Education Programs
Please provide all copies of Form 1099Q

Taxpayer/Spouse (T, S) _____
 Payer name _____
 State postal code _____
 Type of account (1= Private QTP, 2 = State QTP, 3 = ESA) _____
 Relationship to account (1 = Beneficiary, 2 = Account owner, 3 = Both, 4 = Neither) _____
 Final distribution _____

Contributions and Basis

Beneficiary's Information (if not taxpayer or spouse)

Social security number _____
 First name _____
 Last name _____

	2017 Information	Prior Year Information
Amount contributed in current year	_____	_____ _____ _____
Basis of this account at 12/31/16	_____	
Value of this account at 12/31/17	_____	
Distribution by beneficiary of previously taxed contributions (if not taxpayer or spouse)	_____	

Payments from Qualified Education Programs

	2017 Information	Prior Year Information
Gross distribution (Box 1)	_____	_____ _____ _____ _____ _____ _____ _____ _____ _____
Earnings (Box 2)	_____	
Basis (Box 3)	_____	
Trustee-to-trustee rollover (Box 4)	_____	
Trustee-to-trustee rollover amount if different than Box 1	_____	
Box 5 -		
Private QTP	_____	
State QTP	_____	
Coverdell ESA	_____	
Check if the recipient is not the designated beneficiary (Box 6)	_____	
Qualified education expenses	_____	
Elementary and secondary education expenses	_____	

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		
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
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>		
_____	_____	
_____	_____	
_____	_____	
_____	_____	
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>		
_____	_____	
_____	_____	
Prescription medicines and drugs:		
_____	_____	
_____	_____	
_____	_____	
Miles driven for medical items	_____	

Schedule A - Tax Expenses

T/S/J	2017 Information	Prior Year Information
State/local income taxes paid:		
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
2016 state and local income taxes paid in 2017:		
_____	_____	
_____	_____	
Real estate taxes paid:		
_____	_____	
_____	_____	
Personal property taxes:		
_____	_____	
_____	_____	
Other taxes, such as: foreign taxes and State disability taxes		
_____	_____	
_____	_____	
Sales tax paid on major purchases:		
_____	_____	
_____	_____	
Sales tax paid on actual expenses:		
_____	_____	
_____	_____	
_____	_____	

Interest Expenses

T/S/J	2017 Interest Paid	2017 Points Paid	Type*	2017 Mortgage Ins. Premiums Paid	Prior Year Information
Home mortgage interest: From Form 1098					

***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 Other, such as: Home mortgage interest paid to individuals	SSN or EIN	2017 Information	Prior Year Information

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	_____
	Street Address	_____
	City/State/Zip code	_____
Refinancing Points paid 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	—
	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
Investment interest expense, other than on Schedule(s) K-1:	

Charitable Contributions

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.			
—	_____	—	_____	
—	_____	—	_____	
—	_____	—	_____	
—	_____	—	_____	
—	_____	—	_____	
—	_____	—	_____	
—	_____	—	_____	
—	_____	—	_____	
—	_____	—	_____	
—	_____	—	_____	
—	Volunteer miles driven		_____	
	Noncash items, such as: Goodwill/Salvation Army/clothing/household goods			
—	_____		_____	
—	_____		_____	
—	_____		_____	
—	_____		_____	
—	_____		_____	
—	_____		_____	

**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, Business publications, Job seeking expenses, Educational expenses		
—	_____	_____	
—	_____	_____	
—	_____	_____	
—	_____	_____	
—	_____	_____	
—	Union dues, other than amounts reported on Form W-2:		
—	_____	_____	
—	_____	_____	
—	Tax preparation fees		
—	Other expenses, subject to 2% AGI limit, such as: Legal/accounting/custodial fees		
—	_____	_____	
—	_____	_____	
—	_____	_____	
—	Safe deposit box rental		
—	Investment expenses, other than on Schedule(s) K-1 or Form(s) 1099-DIV/INT:		
—	_____	_____	
—	_____	_____	
—	Other expenses, not subject to the 2% AGI limit:		
—	_____	_____	
—	_____	_____	
—	_____	_____	
—	_____	_____	
—	Gambling losses: (Enter only if you have gambling income)		
—	_____	_____	
—	_____	_____	

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)	—
Donated property description	_____
Name of donee organization	_____
Address of donee organization	_____
City	_____
State postal code	_____
Zip code	_____
Date contributed	_____
Date acquired by donor	_____
How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange)	_____
Donor's cost or basis	_____
Fair market value	_____
Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other)	_____
If other:	_____

	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)	—
Donated property description	_____
Name of donee organization	_____
Address of donee organization	_____
City	_____
State postal code	_____
Zip code	_____
Date contributed	_____
Date acquired by donor	_____
How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange)	_____
Donor's cost or basis	_____
Fair market value	_____
Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other)	_____
If other:	_____

	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)	—
Donated property description	_____
Name of donee organization	_____
Address of donee organization	_____
City	_____
State postal code	_____
Zip code	_____
Date contributed	_____
Date acquired by donor	_____
How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange)	_____
Donor's cost or basis	_____
Fair market value	_____
Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other)	_____
If other:	_____

	Control Totals	
--	----------------	--

Please provide all Forms 1098-C. If you received a different acknowledgment from the donee organization in lieu of Form 1098-C, enter the equivalent donation information in the fields provided below.

Taxpayer/Spouse (T, S) _____

Donee's name _____

State postal code _____

Date of contribution (Box 1) _____

Odometer mileage (Box 2a) _____

Year of vehicle (Box 2b) _____

Make of vehicle (Box 2c) _____

Model of vehicle (Box 2d) _____

Vehicle or other identification number (Box 3) _____

Donee certifies that vehicle was sold in arm's length transaction to unrelated party (Box 4a) _____

Date of sale (Box 4b) _____

Gross proceeds from sale (Box 4c) _____

Donee certifies that vehicle will not be transferred for money, other property, or services before completion of material improvement or significant intervening use (Box 5a) _____

Donee certifies that vehicle is to be transferred to a needy individual for significantly below fair market value in furtherance of donee's charitable purpose (Box 5b) _____

Detailed description of material improvements or significant intervening use and duration of use (Box 5c) _____

Did you provide goods or services in exchange for the vehicle? (Box 6a) Yes No

Value of goods and services provided in exchange for the vehicle (Box 6b) _____

Donee certifies that the goods and services consisted solely of intangible religious benefits (Box 6c) _____

Description of goods and services (Box 6c) _____

Under the law, the donor may not claim a deduction of more than \$500 for this vehicle if this box is checked (Box 7)

Other Information for Donated Property

Overall physical condition of property _____

Date property was acquired by donor _____

How property was acquired by donor (P = Purchase, I = Inheritance, G = Gift, E = Exchange) _____

Donor's cost or basis _____

Fair market value on date of contribution _____

Method used to determine FMV (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) _____

If other: _____

Bargain sale amount received _____

Donee's address, and ZIP code _____

Donee's telephone number _____

NOTES/QUESTIONS:

Preparer use only

Principal business or profession _____
 Taxpayer/Spouse/Joint (T, S, J) _____
 State postal code _____

Business Use of Home

	2017 Information	Prior Year Information
Total area of home	_____	_____
Area used exclusively for business	_____	_____
Information for day-care facilities only:		
Total hours used for day-care during this year	_____	_____
Total hours used this year, if less than 8760	_____	_____
Special computation for certain day-care facilities:		
Area used regularly and exclusively for day-care business	_____	_____
Area used partly for day-care business	_____	_____

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:	_____	_____	_____
Mortgage insurance premiums	_____	_____	
Real estate taxes:	_____	_____	
Excess mortgage interest and insurance premiums	_____	_____	
Insurance	_____	_____	
Rent	_____	_____	
Repairs & maintenance	_____	_____	
Utilities	_____	_____	
Other expenses, such as: Supplies & Security system	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
Excess casualty losses	_____	_____	
Carryovers:			
Operating expenses	_____	_____	
Casualty losses	_____	_____	
Depreciation	_____	_____	
Business expenses not from business use of home, such as:			
Travel, Supplies, Business telephone expenses	_____	_____	
Depreciation	_____	_____	

NOTES/QUESTIONS:

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

Preparer use only

Description of business or profession _____

Vehicles

Vehicle 1 -	Date placed in service	_____
	Description	_____
	Comments	_____
Vehicle 2 -	Date placed in service	_____
	Description	_____
	Comments	_____
Vehicle 3 -	Date placed in service	_____
	Description	_____
	Comments	_____
Vehicle 4 -	Date placed in service	_____
	Description	_____
	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)	—	<input type="text"/>	—	<input type="text"/>	—	<input type="text"/>	—	<input type="text"/>
Was another vehicle available for personal use? (Y, N)	—	<input type="text"/>	—	<input type="text"/>	—	<input type="text"/>	—	<input type="text"/>
Do you have evidence to support your deduction? (Y, N)	—	<input type="text"/>	—	<input type="text"/>	—	<input type="text"/>	—	<input type="text"/>
Is this evidence written? (Y, N)	—	<input type="text"/>	—	<input type="text"/>	—	<input type="text"/>	—	<input type="text"/>

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	_____	<input type="text"/>	_____	<input type="text"/>	_____	<input type="text"/>	_____	<input type="text"/>
Commuting miles	_____	<input type="text"/>	_____	<input type="text"/>	_____	<input type="text"/>	_____	<input type="text"/>
Business miles	_____	<input type="text"/>	_____	<input type="text"/>	_____	<input type="text"/>	_____	<input type="text"/>
Parking fees	_____	<input type="text"/>	_____	<input type="text"/>	_____	<input type="text"/>	_____	<input type="text"/>
Tolls	_____	<input type="text"/>	_____	<input type="text"/>	_____	<input type="text"/>	_____	<input type="text"/>
Gasoline	_____	<input type="text"/>	_____	<input type="text"/>	_____	<input type="text"/>	_____	<input type="text"/>
Oil	_____	<input type="text"/>	_____	<input type="text"/>	_____	<input type="text"/>	_____	<input type="text"/>
Repairs	_____	<input type="text"/>	_____	<input type="text"/>	_____	<input type="text"/>	_____	<input type="text"/>
Maintenance	_____	<input type="text"/>	_____	<input type="text"/>	_____	<input type="text"/>	_____	<input type="text"/>
Tires	_____	<input type="text"/>	_____	<input type="text"/>	_____	<input type="text"/>	_____	<input type="text"/>
Car washes	_____	<input type="text"/>	_____	<input type="text"/>	_____	<input type="text"/>	_____	<input type="text"/>
Insurance	_____	<input type="text"/>	_____	<input type="text"/>	_____	<input type="text"/>	_____	<input type="text"/>
Interest	_____	<input type="text"/>	_____	<input type="text"/>	_____	<input type="text"/>	_____	<input type="text"/>
Registration	_____	<input type="text"/>	_____	<input type="text"/>	_____	<input type="text"/>	_____	<input type="text"/>
Licenses	_____	<input type="text"/>	_____	<input type="text"/>	_____	<input type="text"/>	_____	<input type="text"/>
Property taxes	_____	<input type="text"/>	_____	<input type="text"/>	_____	<input type="text"/>	_____	<input type="text"/>
Other vehicle expenses	_____	<input type="text"/>	_____	<input type="text"/>	_____	<input type="text"/>	_____	<input type="text"/>
Vehicle rentals	_____	<input type="text"/>	_____	<input type="text"/>	_____	<input type="text"/>	_____	<input type="text"/>
Inclusion amt (Preparer only)	_____	<input type="text"/>	_____	<input type="text"/>	_____	<input type="text"/>	_____	<input type="text"/>
Depreciation	_____	<input type="text"/>	_____	<input type="text"/>	_____	<input type="text"/>	_____	<input type="text"/>

"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) —

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.

Social Security No.	First Name	Last Name	Exemption Certificate Number	Coverage/Exemption Type *	Full Year	Start Month	End Month

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

	2017 Information		Prior Year Information
	Taxpayer	Spouse	
Self-employed health insurance premiums: (Not entered elsewhere)			
Self-employed long-term care premiums: (Not entered elsewhere)			

NOTES/QUESTIONS:

ACA - Health Insurance Marketplace Statement #1

Please provide all Forms 1095-A

Taxpayer/Spouse (T,S) _____
 Marketplace identifier (Box 1) _____
 Marketplace-assigned policy number (Box 2) _____
 Policy issuer's name (Box 3) _____
 Part III Household Information -

	A. 2017 Monthly Premium Amount	Prior Year Information	B. 2017 Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP)	C. 2017 Monthly Advance Payment of Premium Tax Credit	Prior Year Information
January	_____	_____	_____	_____	_____
February	_____	_____	_____	_____	_____
March	_____	_____	_____	_____	_____
April	_____	_____	_____	_____	_____
May	_____	_____	_____	_____	_____
June	_____	_____	_____	_____	_____
July	_____	_____	_____	_____	_____
August	_____	_____	_____	_____	_____
September	_____	_____	_____	_____	_____
October	_____	_____	_____	_____	_____
November	_____	_____	_____	_____	_____
December	_____	_____	_____	_____	_____
Annual total	_____	_____	_____	_____	_____

Control Totals

ACA - Health Insurance Marketplace Statement #2

Please provide all Forms 1095-A

Taxpayer/Spouse (T,S) _____
 Marketplace identifier (Box 1) _____
 Marketplace-assigned policy number (Box 2) _____
 Policy issuer's name (Box 3) _____
 Part III Household Information -

	A. 2017 Monthly Premium Amount	Prior Year Information	B. 2017 Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP)	C. 2017 Monthly Advance Payment of Premium Tax Credit	Prior Year Information
January	_____	_____	_____	_____	_____
February	_____	_____	_____	_____	_____
March	_____	_____	_____	_____	_____
April	_____	_____	_____	_____	_____
May	_____	_____	_____	_____	_____
June	_____	_____	_____	_____	_____
July	_____	_____	_____	_____	_____
August	_____	_____	_____	_____	_____
September	_____	_____	_____	_____	_____
October	_____	_____	_____	_____	_____
November	_____	_____	_____	_____	_____
December	_____	_____	_____	_____	_____
Annual total	_____	_____	_____	_____	_____

Control Totals

NOTES/QUESTIONS:

Please provide all Forms 5498-SA.

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

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

Amount of annual deductible	_____	
Enter compensation from employer maintaining high deductible health plan	_____	
If self-employed, enter earned income from business under which plan was established	_____	

Complete this section if your account is an HSA

Was the high deductible health plan in effect for December 2017? (Y, N) _____

NOTES/QUESTIONS:

Health, Medical Savings Account Distributions

Please provide all Forms 1099-SA.

2017 Information

Prior Year Information

Taxpayer/Spouse (T, S) _____

Name of Trustee _____

State postal code _____

Gross distributions received (Box 1) _____

Earnings on excess contributions (Box 2) _____

Distribution code (Box 3) _____

Fair Market Value on date of death (Box 4) _____

Box 5 -

 HSA _____

 Archer MSA _____

 MA MSA _____

All distributions were used to pay unreimbursed qualified medical expenses _____

If some distributions were used to pay for other than qualified medical expenses,
enter the unreimbursed qualified medical expenses for 2017 _____

Withdrawal of excess contributions by the due date of the return _____

Amount of distribution rolled over for 2017 _____

If the distribution is due to the death of the account holder,
enter the qualified decedent medical expenses paid by the taxpayer _____

If MA (Medicare Advantage) MSA, enter value of account on 12/31/16 _____

For HSA accounts:

 Was the high deductible health plan coverage started in 2016 and
 in effect for the month of December 2016? (Y, N) _____

 Was the high deductible health plan coverage ended before 12/31/17? (Y, N) _____

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 _____

Social security number of insured _____

Gross long-term care (LTC) benefits paid (Box 1) _____

Accelerated death benefits paid (Box 2) _____

Check one (Box 3)

 Per diem _____

 Reimbursed amount _____

Qualified contract (Box 4) _____

Check, if applicable (Box 5)

 Chronically ill _____

 Terminally ill _____

Are there other individuals who received LTC payments during 2017? (Y, N) _____

If the insured is terminally ill, were payments received on account of terminal illness? (Y, N) _____

Number of days during the long-term care period _____

Cost incurred for qualified long-term care services during the
long-term care period _____

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	_____	_____
Employer-provided dependent care benefits that were forfeited in 2017	_____	_____
Total qualified expenses incurred in 2017	_____	_____
Were you or your spouse a full time student or disabled? (Yes or No)	_____	_____
Did you provide care expenses for any person(s) who is not listed as a dependent? (Y, N)	_____	_____

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 _____

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 _____

The American Tax Relief Act of 2012 provides credits for energy efficient improvements made to personal residences. There are certain restrictions and limits but some of the home improvements that may qualify include exterior windows and doors, metal roofs, solar electric, or solar heating property. Please provide copies of any prior year Forms 5695 not prepared by this office.

Taxpayer/Spouse/Joint (T, S, J) —

Were the costs incurred made to your main home located in the United States? (Y, N) —

Were the costs incurred related to the construction of your main home located in the United States? (Y, N) —

Enter the total amount of costs for insulation material or system to reduce heat loss or gain _____

Enter the total amount of costs for exterior windows _____

Enter the total amount of costs for exterior doors _____

Enter the total amount of costs for qualified metal roofs _____

Enter the total amount of costs for energy-efficient building property _____

Enter the total amount of costs for qualified natural gas, propane, or oil furnace or hot water boilers _____

Enter the total amount of costs for advanced main circulating fan used in a natural gas, propane, or oil furnace _____

Enter the total amount of costs for qualified solar electric property _____

Enter the total amount of costs for qualified solar water heating property _____

Enter the total amount of costs for qualified small wind energy property _____

Enter the total amount of costs for qualified geothermal heat pump property _____

Enter the total amount of costs for qualified fuel cell property _____

Enter the total amount of kilowatt capacity of the qualified fuel cell property _____

NOTES/QUESTIONS:

	Taxpayer	Spouse
Mark if you were a resident of New York City at any time during the current tax year	___	___
Mark if you were a resident of Yonkers at any time during the current tax year	___	___
County of residence	_____	
School district	_____	

Use Tax

Use tax due but receipts or records not available ___

Contributions

Amount of contributions you wish to make to:

Return a Gift to Wildlife	_____	Teen Health Education	_____
Missing or Exploited Children Fund	_____	Veterans Remembrance	_____
Breast Cancer Research Fund	_____	Homeless Veterans	_____
Alzheimer's Fund	_____	Mental Illness Anti-stigma Fund	_____
Olympic Fund (Maximum \$2 per filer)	_____	Women's Cancer Education and Prevention Fund	_____
Prostate and Testicular Cancer Research and Education Fund	_____	Autism Fund	_____
9/11 Memorial	_____	Veterans' Homes	_____
Volunteer Firefighting and EMS Recruitment Fund	_____		

Property Tax Credit Information

Resident who lived six or more months in same taxable residence with market value \$85,000 or less ___

Mark if you lived in a nursing home and qualify for credit ___

Enter amounts received for cash public assistance and relief _____

Enter any other income not reported elsewhere _____

Homeowners:

Enter the amount of special assessments you and all qualified household members paid during the current tax year _____

Enter the amount of taxes not paid due to the exemption for persons 65 or older under section 467 _____

Tenants:

Enter the total rent you and all members of your household paid during current tax year _____

Rent includes charges for (Specify) _____

4 = Heat, gas, electricity, furnishings and board	2 = Heat, gas and electricity	0 = Nothing included
3 = Heat, gas, electricity and furnishings	1 = Heat or heat and gas	

Part-year Resident and Nonresident Information

	Taxpayer			Spouse	
	New York State	New York City	Yonkers	New York City	Yonkers
Part-year residency dates:					
From	_____	_____	_____	_____	_____
To	_____	_____	_____	_____	_____
County of residence while a nonresident of New York City	_____				

Nonresident Information for Apartment or Living Quarters Maintained in the State/City

Address #1

Mark if this address is still maintained by or for you ___

Number of days in NYC _____

Street address _____

City, State and Zip code _____

Is this address within city limits? Specify city (YON = Yonkers) _____

Address #2

Mark if this address is still maintained by or for you ___

Number of days in NYC _____

Street address _____

City, State and Zip code _____

Is this address within city limits? Specify city (YON = Yonkers) _____