Taxpayer					SS#		
First	<i>M.I.</i>	Last		Email		IP PIN	
Occupation		Date of b	oirth		Are you new to	o our firm? Y	es No
Address		City			State	Zip	
County		Home pl	hone		Work or cell	I	
Driver's License No.		1		State I	ssue Date	Exp. Date	
Spouse					SS#		
First	M.I.	Last		Email		IP PIN	
Occupation		Date of b	oirth		Are you new to	o our firm? Ye	es No
Address (If different from Taxpayer)		City			State	Zip	
County		Home pl	hone		Work or cell	I	
Driver's License No.		1		State I	ssue Date	Exp. Date	
If you moved during 2017, ent	er your previous address	s.			Date of move		
Were you divorced or separate Individuals who are in register Have you received any notice	red domestic partnership	os (RDPs)					ses.
Names of dependent children Child's full name		Î	IP PIN	Date of birth	Months lived in home in 2017	Relationship to taxpayer	College student?
Did any of the children have in	ncome above \$1,050 for t	he year?	Yes No	Do any of th	e children have a	disability? Y	és No
Is it anticipated that a different	t taxpayer will seek to cla	aim a chile	d listed abov	e as their dependent	for tax year 2017	? Yes No	
Other dependents or people w	who lived with you			1	1		
Name	Social Secur	rity #	IP PIN	Date of birth	Relationship	Inco	me
If you are due a refund, would	l you like it directly depo	sited into	your bank a	account? Name of bank	k	I	
Checking Savings Rou	ting transit number			Account numb	per		
Ask your tax preparer for info	rmation about depositing	g a refund	into an IRA	account or splitting	the deposit into n	nore than one a	ccount.

Questions—All Taxpayers

(Provide related statements or other documentation.)

"You" refers to both taxpayer and spouse—enter "?" if unsure about a question.

100	refers		ui taxpayer and spo	use—enter	If unsure about a question.								
	Yes	No	Are either you or y	our spouse le	egally blind?								
	Yes	No	Did you pay or rec	d you pay or receive alimony in 2017? <i>Paid/Received</i> \$ <i>Recipient's SS#</i>									
	Yes	No	Did you have healt	you have health insurance for you, your spouse, and all dependents for the entire year?									
	Yes	No	Did you purchase l	health insura	nce through a public exchange?								
	Yes	No	Will there be any si	ignificant cha	nges in income or deductions next y	ear, such as retire	ment?						
ES	Yes	No	Did you receive inc	come from a s	sharing/gig economy activity (e.g. A	irbnb, Uber, etc.)							
& TA)	Yes	No	Have you paid alte	ve you paid alternative minimum tax (AMT) in previous years?									
LIFESTYLE & TAXES	Yes	No	Did you pay anyor	you pay anyone for domestic services in your home?									
LIFES	Yes	No	Did you purchase a	l you purchase a new energy-efficient car, truck, or van?									
	Yes	No	Are you involved i	e you involved in bankruptcy, foreclosure, repossession, or had any debt (including credit cards) cancelled?									
	Yes	No	Are you a member	of the militar	ry?								
	Yes	No	Were you a citizen	of or lived in	a foreign country?								
	Yes	No	Do you own or hav	ve financial ir	terest in a foreign bank or financial	account?							
	Yes	No	Would you like to a Designee's name	Vould you like to allow your tax preparer or another person to discuss your return with the IRS? vesignee's name Phone number PIN (any five digits)									
	Yes	No	Were any children	born or adop	ted in 2017? (Provide statement for oth	er expenses.)							
	Yes	No	Were any children	Year in	Paid by you: <i>Tuition</i> \$	Student loan int	erest \$	Book	cs \$				
2			attending college?	college	Paid by student: <i>Tuition</i> \$	Student loan int	erest \$	Book	cs \$				
CHILDREN & EDUCATION	Yes	No	Did you pay any tı	uition for a pr	ivate school for a dependent or take	classes yourself?							
EDU			Student				Amount paid \$						
REN 8			Name and address of	school									
HILDI	Yes	No	Did you pay for ch	ild or depend	lent care so you could work or go to	school? (add state	ment if needed)						
9			Name of provider				EIN or SS #						
			Address				Amount paid \$						
	Yes	No	Do you have any c	hildren who	earned more than \$2,100 of investme	ent income?	-,						
	Yes	No	Did you, or will yo	u, contribute	any money to an IRA for 2017?		Traditional IF	RA	Roth IRA				
INVESTMENTS	Yes	No	Did you roll over a	ny amounts f	from a retirement account in 2017?								
ESTM	Yes	No	Did you sell or trar	nsfer any stoc	k or sell rental or investment proper	·ty?							
INN	Yes	No	Did you have any i	investments b	pecome worthless or were you a vict	im of investment	theft in 2017?						
	Yes	No	Were you granted,	or did you e	kercise, any employee stock options	during 2017?							
SNOI	Yes	No	Did you pay any ir	nterest on a lo	an for a boat or RV that has living q	uarters? If yes, pro	ovide details.						
DEDUCTIONS	Yes	No	Did you pay sales	taxes on a ma	jor purchase in 2017, such as a vehic	ele, boat, or home?	2						
DE	Yes	No	Did you have any	uninsured los	ss to your property in 2017?								
ESS	Yes	No	Did you work from	n a home offic	e or use your car for business?								
BUSINESS	Yes	No	Did you receive an	y income from	m an installment sale?								
B	Yes	No			terest in a partnership, corporation, 1	_		nture	?				
	Yes	No	Did you purchase o	or sell a main	home during the year? If yes, provid	le closing stateme	nt.						
ц.	Yes	No	If you sold a home,	did you clair	n the First-Time Homebuyer Credit	when it was purch	nased? If yes, prov	vide o	details.				
номе	Yes	No	Did you refinance	a mortgage o	r take a home equity loan? (Provide	closing statement)						
	Yes	No	Did you use any m	ortgage loan	proceeds for purposes other than to	buy, build, or sub	ostantially improv	ve yo	ur home?				
	Yes	No	Did you make any	new energy-	efficient improvements to your hom	e? If yes, provide	details.						
State	e infor	matio	n Full-year resid	lent Part-	year resident Nonresident								
State	e infor	matio	n Full-year resid	lent Part-	year resident Nonresident								

States of residence during 2017 and dates

School district

Income Worksheet

Provide to your preparer all Forms W-2, 1099-INT, 1099-DIV, 1099-R, 1099-MISC, and other income reporting statements. Do not list dollar amounts for the following forms. Your preparer will report the appropriate amounts.

	e "T" for taxpayer, "S" for spouse, "J" for j	oint			Pro	vide additional statemen	ts if mo	ore room is needed
	W-2—Wage and Tax Statement				1			
T/S	Employer name			T/S	Employe	er name		
	1)				4)			
	2)				5)			
	3)				6)			
Forms	1099-INT—Interest Income							
T/S/J	Name of issuer			T/S/J	Name of	issuer		
	1)				4)			
	2)				5)			
	3)				6)			
Forms 2	1099-DIV—Dividends and Distributions				_			
T/S/J	J Name of issuer			T/S/J	Name of	fissuer		
	1)				4)			
	2)				5)			
	3)				6)			
Forms 2	1099-R—Distributions From Pensions, Ar	inuities, Reti	irement	or Profit	-Sharing 1	Plans, IRAs, Insurance Co	ontract	ts, Etc.
T/S	Name of issuer			T/S	Name of issuer			
	1)				4)			
	2)				5)			
	3)				6)			
If the d	istribution is before age 59½, give a reason	to determin	e if an e	xception	to penalty	applies.		
Tax-Exe	empt Interest (such as municipal bonds—	include state	ement)					
Payer		\$		Payer				\$
Other I	ncome							1
State ta	x refund		\$			Unreported tips	\$	
Alimon	V		\$			Other \$		
Unemp	loyment compensation		\$			\$		
	ecurity (taxpayer)—provide SSA-1099 or	RRB-1099	\$				\$	
	ecurity (spouse)—provide SSA-1099 or RI		\$				\$	
	s income (see Sole Proprietorship Tax Organ		1			Stock sales	See "	Sales and Exchanges
	ncome (see <i>Rental Property Tax Organizer</i>)					Sale of other property	Worksheet" below.	
	s and Exchanges Works						1	

Provide information about sales of stock, real estate, or other property, along with Forms 1099-B, 1099-S, or other supporting statements.

Description of property	Purchase date	Cost/basis	Sell date	Sale price
		\$		\$
		\$		\$
		\$		\$

Notes:

• When stock is sold, you will usually receive Form 1099-B, *Proceeds From Broker and Barter Exchange Transactions*, reporting the proceeds from the sale. However, your statement will not always provide the cost/basis information necessary to compute gain or loss. If the statement does not contain the cost/basis information, you must provide it. You may need to contact your broker for questions about cost/basis and purchase dates of your stock accounts.

• Often, "transfers" of stock or mutual funds within a brokerage account are actually sales of one type of stock and purchase of another. Even if you did not receive any cash from the transaction, you may have taxable gain or loss.

• If your stock dividends are automatically reinvested, the dividends will be taxable even though you did not receive any cash. The transaction is treated as if you had received cash and purchased additional stock. When the stock is sold, the amount reinvested over the years is taken into account. You may need to contact your broker for questions about the amount of reinvested dividends.

• If you sold property other than stock, your taxable gain or loss will be determined by your cost/basis. The cost/basis is usually the original purchase price plus improvements (the cost of repairs and maintenance are not taken into account for cost/basis).

Itemized Deductions Worksheet

Deductions must exceed \$6,350 Single, \$12,700 MFJ, \$9,350 HOH, or \$6,350 MFS to be a tax benefit.

Medical Expenses. Must exceed 10% of income to be a benefit— include cost for dependents—do not include any expenses that were reimbursed by insurance.			Charitable Contributions. If over \$500 in noncash charitable contributions, provide details of contributions. Rules require that the taxpayer retain documentation for all cash contributions.			quire that the			
Dentists	\$	Hospitals	\$		Cash			\$	
Doctors	\$	Insurance	\$		Noncash contribut	ions (FMV). Clot	hing or household		
Equipment	\$	Prescriptions	\$		items must be in go			\$	
Eyeglasses	\$	Other	\$		Did you transfer fu		directly to a	<i>ф</i>	
Medical miles	·	@ 17¢			charity? Yes Charitable mileage	No		\$	
Taxes Paid. Do not include taxes paid for full or partial business or rental-use property, including business use of the home.			Charitable mileage						
State withhold			1	ed on W-2			cted damage or loss		
-	d taxes—paid in 2	2017	\$		theft, provide detai	<u> </u>	1		
Real estate tax—residence			\$		Miscellaneous Itemized Deductions. The following must exceed 2% of income to be a benefit. For use of home, or auto mileage, or other				
Real estate tax	Real estate tax—other		\$		job-related expenses, provide information on a separate sheet.				
Personal property taxes		\$		Were any expenses reimbursed by your employer? Yes No					
Property tax r	ty tax refund — received in 2017 \$()		Dues	\$	Supplies	\$			
Foreign tax pa	id		\$		Investment	\$	Tax prep fees	\$	
Other			\$		expenses				
Other			\$		Job education	\$	Tools	\$	
Balance paid i	n 2017 from prior	year state returns			Job seeking	\$	Uniforms	\$	
(do not includ	e interest or penal	ties)	\$		Legal fees	\$	Union dues	\$	
		ax paid during 2017?	Yes	No	Licenses	\$	Other	\$	
		oat, or home in 2017? Se vaid \$ Date	Yes	No	Safety equipment	\$	Other	\$	
Sales tax paid		•			Subscriptions	\$	Other	\$	
Interest Paid. Do not include interest paid for full or partial busines or rental-use property, including business use of the home. Provide Forms 1098 or lender information and ID numbers.			Other Miscellaneous Deductions. The following deductions a subject to a 2% of income limit.			r			
Main home	\$	Equity loan	\$		Gambling losses	\$	Federal estate tax on IRD	\$	
Second home	\$	Equity loan	\$		Impairment-	\$	Loss from box 2,	\$	
Points	\$	Investment interest	\$		related expenses		K-1, Form 1065B	T	
Did you pay a	mortgage insuran	nce premium when you	1 purcha	ased your h	ome? Amount \$	Date			

Other Deductions or Questions

Notes: • Gambling losses are deductible only up to the amount of gambling winnings reported. A log must be kept to verify losses.
• Work clothing is not deductible if adaptable for every day wear. Exception for safety equipment, such as steel-toe boots.

• Legal expenses are deductible only if related to producing or collecting taxable income.

• Expenses to enable individuals, who are physically or mentally impaired, to work are generally deductible.

Adjustments Worksheet \$ Educator expenses. Classroom expenses of teachers, counselors, and principals. Maximum \$250 each. Health savings account deduction (HSA). \$ \$ Self-employed SEP, SIMPLE, and qualified plans. Some contributions for 2017 may be made in 2018. Self-employed health insurance deduction. Sole proprietors, partners, and 2% S corporation shareholders if not eligible for \$ employer coverage. \$ Penalty on early withdrawal of savings. IRA deduction. For traditional IRAs. Roth IRAs are not deductible. Some contributions for 2017 may be made in 2018. \$ \$ Student loan interest deduction. Paid for taxpayers and dependents. Income limits apply. \$ Tuition and fees deduction. Qualified tuition and fees if not claiming education credits. Income limits apply. Moving expenses. Job-related move and at least 50 mile increase in commuting distance. Ask preparer Business expenses of reservists, performing artists, and fee-based government officials. Ask preparer

Estimated Tax Payments — Tax Year 2017

Installment	Date paid	Federal	Date paid	State
First		\$		\$
Second		\$		\$
Third		\$		\$
Fourth		\$		\$
Amount applied from 2016 overpayment?		\$		\$
Total		\$		\$
		<u>Ч</u>		Ψ

Tax Preparation Checklist

Please provide the following documentation:

All Forms W-2 (wages), 1099-INT (interest), 1099-DIV (dividends), 1099-B (proceeds from broker or barter transactions), 1099-R (pensions and IRA distributions), Schedules K-1 from partnerships, S corporations, estates and trusts, and other income reporting statements, including all copies provided from the payer.

Form 1095-A (for health insurance purchased through a public exchange), Form 1095-B (for health insurance purchased outside of a public exchange), or Form 1095-C (for employer-provided health insurance coverage).

If you are a new client, provide copies of last year's tax returns.

The completed Individual Income Tax Organizer. *Note:* If you choose not to fill out the organizer, you must at least answer the "Yes" or "No" questions under "Questions—All Taxpayers."

Copy of the closing statement if you bought or sold real estate.

Mileage figures for any automobile expenses claimed, including total mileage, commuting mileage, and business mileage. Detail of estimated tax payments made, if any.

Income and deductions categorized on a separate sheet for business or rental activities.

List of itemized deductions categorized on a separate sheet for medical, taxes, interest, charitable, and miscellaneous deductions. Copy of all acknowledgement letters received from charitable organizations for contributions made in 2017.

Tax Return Preparation

We will prepare your tax return based on information you provide. In the event your return is audited, you will be responsible for verifying the items reported. It is important that you review the return carefully before signing to make sure the information is correct. Unless otherwise stated, the services for preparation of your return do not include auditing, review, or any other verification or assurance.

Taxpayer Responsibilities

- You agree to provide us all income and deductible expense information. If you receive additional information after we begin working on your return, you will contact us immediately to ensure your completed tax returns contain all relevant information.
- You affirm that all expenses or other deduction amounts are accurate and that you have all required supporting written records. In some cases, we will ask to review your documentation.
- You must be able to provide written records of all items included on your return if audited by either the IRS or state tax authority. We can provide guidance concerning what evidence is acceptable.
- You must review the return carefully before signing to make sure the information is correct.
- Fees must be paid before your tax return is delivered to you or filed for you. If you terminate this engagement before completion, you agree to pay a fee for work completed. A retainer is required for preparation of late returns.
- You should keep a copy of your tax return and any related tax documents. You may be assessed a fee if you request a copy in the future.

Signatures. By signing below, you acknowledge that you have read, understand, and accept your obligations and responsibilities. For a joint return, both taxpayers must sign.

Taxpayer

Spouse

Date

Privacy Policy

The nature of our work requires us to collect certain nonpublic information. We collect financial and personal information from applications, worksheets, reporting statements, and other forms, as well as interviews and conversations with our clients and affiliates. We may also review banking and credit card information about our clients in the performance of receipt of payment. Under our policy, all information we obtain about you will be provided by you or obtained with your permission.

Our firm has procedures and policies in place to protect your confidential information. We restrict access to your confidential information to those within our firm who need to know in order to provide you with services. We will not disclose your personal information to a third party without your permission, except where required by law. We maintain physical, electronic, and procedural safeguards in compliance with federal regulations that protect your personal information from unauthorized access.

Rental Property Tax Organizer

Rental Income and Expenses

Indicate type of property as 1-Single Family Residence, 2-Multi-Family Residence, 3-Vacation/Short-Term Rental, 4-Commercial, 5-Land, 6-Self-Rental, or 7-Other (describe).

	Prope	erty A	Prope	erty B	Property C		
	Location o	of property:	Location o	f property:	Location of	property:	
	Туре		Туре		Туре		
	Any personal us	se? Yes No	Any personal us	se? Yes No	Any personal use	? Yes No	
	Fair Rental Days	Personal Use Days	Fair Rental Days	Personal Use Days	Fair Rental Days	Personal Use Days	
Date placed in service							
Rents received	\$		\$		\$		
Expenses							
Advertising	\$		\$		\$		
Cleaning and maintenance	\$		\$		\$		
Commissions	\$		\$		\$		
Insurance	\$		\$		\$		
Legal and professional fees	\$		\$		\$		
Management fees	\$		\$		\$		
Mortgage interest paid to banks	\$		\$		\$		
Other interest	\$		\$		\$		
Repairs	\$		\$		\$		
Supplies	\$		\$		\$		
Taxes	\$		\$		\$		
Utilities	\$		\$		\$		
Other (list)	\$		\$		\$		
	\$		\$		\$		
	\$		\$		\$		
	\$		\$		\$		
	\$		\$		\$		
	\$		\$		\$		

Property Information

If this is your first year with our firm, please provide a depreciation schedule for all property placed in service before 2017.

Property Purchased. Treat the cost of improvements made to real property as the purchase of a new asset.

Asset	Date purchased	Cost	Date placed in service
		\$	
		\$	
		\$	
		\$	
		\$	

Property Sold or Taken Out of Service

Asset	Date sold or taken out of service	Selling price	Trade in?
		\$	
		\$	
		\$	
		\$	
		\$	