

Sherril L Finley  
5060 Parkcenter Ave., Suite A  
Dublin, OH 43017

January 4, 2018

Dear ,

Thank you for choosing our firm to prepare your income tax returns for tax year 2017. This letter confirms the services we will provide.

We will prepare your federal and state returns for tax year 2017 based on information you provide. Although our work will not include procedures to discover irregularities or inaccuracies in the tax data you provide, we may ask for clarification of certain information, or additional information, so that we can prepare accurate and complete returns for you.

It is your responsibility to provide all necessary information related to income and deductions for tax year 2017, and to respond to our inquiries in a timely manner so that we are able to accurately complete your returns by the appropriate due dates.

You are responsible for maintaining appropriate records, such as official tax documents you receive, receipts and substantiation for your deductions, and purchase and sales information for assets.

It is your responsibility to review your returns before they are filed to determine that all income has been correctly reported and that you have substantiation for your deductions. Filing your returns by the due dates is your responsibility.

If your returns are later selected for review or audit by taxing authorities, we will be glad to assist or represent you if you desire. Our fees for preparing your returns do not include time that might be necessary to assist you during a taxing authority review.

Our fees for preparation of your returns are based upon our standard billing rates plus out-of-pocket expenses. Our invoices are due and payable upon presentation.

If this letter accurately summarizes your understanding of our agreement relating to the preparation of your tax returns, please sign the enclosed copy in the space indicated and return it to us.

Thank you again for choosing our firm to prepare your 2017 tax return. We appreciate your business.

Sincerely,

\_\_\_\_\_  
Sherril L Finley

Accepted by:

\_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

RS Tax & Accounting Services, Inc.  
Sherril L Finley  
5060 Parkcenter Ave., Suite A  
Dublin, OH 43017



**Organizer Mailing Slip**

# General Information

## Taxpayer

## Spouse

First Name \_\_\_\_\_  
Middle Initial \_\_\_\_\_  
Last Name \_\_\_\_\_  
Suffix \_\_\_\_\_  
Social Security Number \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Date of Death \_\_\_\_\_

\_\_\_\_\_

Check ("X") which phone number to list on return.

Home Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Fax Number \_\_\_\_\_

\_\_\_\_\_

Legally Blind \_\_\_\_\_  
Totally Disabled \_\_\_\_\_  
Claimed as a Dependent \_\_\_\_\_  
Presidential Election Fund (\$3) \_\_\_\_\_

\_\_\_\_\_

Occupation \_\_\_\_\_  
E-mail address \_\_\_\_\_  
State of Residence as of 12/31 \_\_\_\_\_  
County of Residence as of 12/31 \_\_\_\_\_  
School District as of 12/31 \_\_\_\_\_

\_\_\_\_\_

Sales tax rate of locality in 2017 \_\_\_\_\_ %  
If Part Year, Period of Residency \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_ %  
\_\_\_\_\_ to \_\_\_\_\_

Additional information is being requested this filing season in an effort to combat stolen-identity tax fraud. Please provide the requested information from the driver's license or state-issued identification card. Providing the information could help process state returns faster.

ID type \_\_\_\_\_  Driver's license OR  State Issued ID  
ID number \_\_\_\_\_  
ID issuing state \_\_\_\_\_  
ID issue date \_\_\_\_\_  
ID expiration date \_\_\_\_\_

\_\_\_\_\_  Driver's license OR  State Issued ID  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Filing Status

Status on 2016 return :

Status as of 12/31/2017 :  
Enter ("X") in the box

- 1 Single
- 2 Married filing joint
- 3 Married filing separately  
(Enter spouse's name and SSN above)
- 4 Head of Household
- 5 Qualifying widow(er) with minor child

Non-dependent name: \_\_\_\_\_  
Non-dependent SSN: \_\_\_\_\_  
Year spouse died \_\_\_\_\_

## Taxpayer's Address

Street \_\_\_\_\_ Apt/Suite : \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
If address is in a foreign country, enter that country \_\_\_\_\_  
Foreign province/county \_\_\_\_\_ Foreign postal code \_\_\_\_\_  
If a bona fide resident of a U.S. territory, enter territory \_\_\_\_\_

## Preparer's Information

Preparer's name Sherril L Finley  
Firm's name RS Tax & Accounting Services, Inc.  
Street 5060 Parkcenter Ave., Suite A  
City Dublin State OH Zip Code 43017

**Questions**

**Yes No**

**Personal Information**

- 1 Did any births, adoptions, marriages, divorces, or deaths occur in your family since last year?
2 Did you purchase or sell your principal residence or did your address change?
3 Are either you or your spouse being claimed (or are eligible to be claimed) as a dependent on anyone else's return?
4 Were you in a Registered Domestic Partnership, civil union or same-sex marriage during 2017?
5 Were either you or your spouse in the military or National Guard?
6 Have you been notified by the IRS or state of changes to a prior year's return, or received any other tax correspondence?

**Yes No**

**Dependents**

- 1 Are there any changes in your dependents from last year?
2 Did you have any children under 19 (or 24 if a full time student) who received more than \$1,050 in investment income?
3 Did you pay education expenses for your dependent children?
4 Did you pay any dependent care expenses for a child or a parent?
5 Did you pay over half of the support for a parent or someone else you aren't claiming as a dependent?
6 Are all of your dependents either US residents or citizens?

**Yes No**

**Health Care Coverage**

- 1 Did you or a member of your family have minimum essential coverage in 2017?
2 Did you have a Health Insurance Marketplace granted coverage exemption or are you claiming a coverage exemption?

**Yes No**

**Income (In 2017, did you or your spouse have any of the following?)**

- 1 Wages? (include form(s) W-2)
2 Non-employee compensation? (include form(s) 1099-MISC)
3 Interest income? (include form(s) 1099-INT)
4 Dividend income? (include form(s) 1099-DIV)
5 Did you receive any tax-exempt income, such as interest or dividends from municipal bonds or a mutual fund account?
6 Gambling income? (include form(s) W-2G). Be sure to include any gambling expenses.
7 Social security or Railroad Retirement benefits? (include form(s) SSA-1099 & RRB-1099)
8 Did you receive a state or local refund, or a refund of any other deduction you itemized in a prior year?
9 Disability income? (include form(s) W-2 or 1099)
10 Unemployment compensation? (include form(s) 1099-G)
11 Alimony?
12 Did you receive tip income NOT reported to your employer?
13 Did you receive payments from a Long-Term Care insurance contract?
14 Did you barter your services for goods or services from someone else?
15 Did you receive, or expect to receive, a Schedule K-1 (or substitute K-1) from a trust, estate, partnership, or S corp?
16 Did you receive employer-provided adoption benefits for a previous year?
17 Did you cash in any U.S. savings bonds?
18 Did you make a loan to someone at an interest rate below market rate?
19 Did you receive a housing allowance for ministerial services you provided?
20 Did you receive any income not reported in this Organizer?
21 Did you own an interest in a Real Estate Mortgage Investment Conduit (REMIC)?

**Yes No**

**Foreign Reporting**

- 1 Did you have an interest in or signature authority over a financial account in a foreign country?
2 Were you the grantor of or transferor to a foreign trust?
3 Did you receive income from a foreign source or pay taxes to a foreign government?

**Yes No**

**Retirement & Other Plans**

- 1 Did you receive any distributions from a retirement plan?
2 Did you rollover a retirement plan distribution into another plan?
3 Did you convert a traditional IRA to a Roth IRA?
4 Did you make a contribution to a retirement plan?
5 Did you receive a distribution from an Achieving a Better Life Experience (ABLE) savings account?
6 Did you receive a distribution from an HSA, Archer MSA or Medicare Advantage MSA
7 Did you make any contributions to an HSA (Health Savings Account) in 2017?

**Yes No**

**Purchases, Sales, Gains and Losses**

- 1 Did you exchange any securities or investments for something other than cash?
2 Did you buy or sell any bonds?
3 Did you receive stock from a stock bonus plan with your employer?
4 Did you sell any other personal assets at a gain?
5 Did you sell any real estate (other than your home) during the year?
6 Did you sell any assets using the installment method?
7 Did you receive proceeds from a prior year installment sale?
8 Did you purchase a rental property?

- |                          |                          |    |                                                                                                           |
|--------------------------|--------------------------|----|-----------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | 9  | Did you exchange any property for other property?                                                         |
| <input type="checkbox"/> | <input type="checkbox"/> | 10 | Did you incur a loss because of damaged or stolen property?                                               |
| <input type="checkbox"/> | <input type="checkbox"/> | 11 | Did you purchase a new vehicle, aircraft or boat?                                                         |
| <input type="checkbox"/> | <input type="checkbox"/> | 12 | Did any security become worthless during 2017?                                                            |
| <input type="checkbox"/> | <input type="checkbox"/> | 13 | Did any debts become uncollectible during 2017?                                                           |
| <input type="checkbox"/> | <input type="checkbox"/> | 14 | Did you purchase any items acquired out of state, online or by mail order that did not include sales tax? |

**Yes**   **No**   **Business and Rental Property Income & Deductions**

- |                          |                          |    |                                                                                                     |
|--------------------------|--------------------------|----|-----------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | 1  | If you own rental property, do you qualify as a Real Estate Professional?                           |
| <input type="checkbox"/> | <input type="checkbox"/> | 2  | Did you start or acquire a new business?                                                            |
| <input type="checkbox"/> | <input type="checkbox"/> | 3  | Did you sell any part of an existing business, or sell business assets?                             |
| <input type="checkbox"/> | <input type="checkbox"/> | 4  | Did you cease operating any business or rental property?                                            |
| <input type="checkbox"/> | <input type="checkbox"/> | 5  | Did you remove any of your business assets for personal use?                                        |
| <input type="checkbox"/> | <input type="checkbox"/> | 6  | Did you use part of your home for business purposes?                                                |
| <input type="checkbox"/> | <input type="checkbox"/> | 7  | Did you make any contributions to a Keogh or a self-employed SEP plan for 2017?                     |
| <input type="checkbox"/> | <input type="checkbox"/> | 8  | Do you pay for any health or long term care insurance through your business?                        |
| <input type="checkbox"/> | <input type="checkbox"/> | 9  | If you or your spouse are self-employed, are either of you covered under an employer's health plan? |
| <input type="checkbox"/> | <input type="checkbox"/> | 10 | Did you purchase any furniture or equipment for your business?                                      |
| <input type="checkbox"/> | <input type="checkbox"/> | 11 | Did you make any improvements to your rental properties?                                            |

**Yes**   **No**   **Other Deductions**

- |                          |                          |    |                                                                                                                |
|--------------------------|--------------------------|----|----------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | 1  | Did you use your car on the job (other than to and from work)?                                                 |
| <input type="checkbox"/> | <input type="checkbox"/> | 2  | Did you work out of town for part of the year?                                                                 |
| <input type="checkbox"/> | <input type="checkbox"/> | 3  | Did you incur any travel and entertainment expenses for business purposes?                                     |
| <input type="checkbox"/> | <input type="checkbox"/> | 4  | Did you pay expenses for the care of your child or other dependent so you could work?                          |
| <input type="checkbox"/> | <input type="checkbox"/> | 5  | Did you purchase a 'clean fuel' or electric hybrid vehicle in 2017?                                            |
| <input type="checkbox"/> | <input type="checkbox"/> | 6  | Did you make energy efficient improvements to your home or purchase any energy-saving property during 2017?    |
| <input type="checkbox"/> | <input type="checkbox"/> | 7  | Did you contribute less than an entire interest in any property to charity?                                    |
| <input type="checkbox"/> | <input type="checkbox"/> | 8  | Did you refinance a mortgage or take out a home equity loan during 2017?                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | 9  | Did you incur moving expenses during the year due to a change of employment?                                   |
| <input type="checkbox"/> | <input type="checkbox"/> | 10 | Did you or your spouse pay any educational expenses for yourselves?                                            |
| <input type="checkbox"/> | <input type="checkbox"/> | 11 | Did you pay any student loan interest?                                                                         |
| <input type="checkbox"/> | <input type="checkbox"/> | 12 | Did you make any federal or state estimated payments?                                                          |
| <input type="checkbox"/> | <input type="checkbox"/> | 13 | Did you have a certain trade or business from which you figured your domestic production activities deduction? |
| <input type="checkbox"/> | <input type="checkbox"/> | 14 | Did you pay alimony?                                                                                           |
| <input type="checkbox"/> | <input type="checkbox"/> | 15 | Did you donate non-cash donations?                                                                             |
| <input type="checkbox"/> | <input type="checkbox"/> | 16 | Did you donate a vehicle?                                                                                      |

**Yes**   **No**   **Miscellaneous**

- |                          |                          |   |                                                                                                                   |
|--------------------------|--------------------------|---|-------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | 1 | Did you make gifts of more than \$14,000 to any one person?                                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | 2 | Did you engage the service of any household employees?                                                            |
| <input type="checkbox"/> | <input type="checkbox"/> | 3 | Did your bank account information change within the last twelve months?                                           |
| <input type="checkbox"/> | <input type="checkbox"/> | 4 | Do you want to allocate \$3 to the Presidential Election Campaign Fund?                                           |
| <input type="checkbox"/> | <input type="checkbox"/> | 5 | Does your spouse want to allocate \$3 to the Presidential Election Campaign Fund?                                 |
| <input type="checkbox"/> | <input type="checkbox"/> | 6 | Did you file Form 8839, Adoption Credit, in a previous year or incur adoption expenses in 2017?                   |
| <input type="checkbox"/> | <input type="checkbox"/> | 7 | Did you claim a First-time Homebuyer Credit for a home purchased in 2008?                                         |
| <input type="checkbox"/> | <input type="checkbox"/> | 8 | Was there a disposition or change in use of your main home for which you claimed the First-time Homebuyer Credit? |

**Yes**   **No**   **Return preparation and filing**

- 1 If you are due a refund, how do you want to receive it?
- |                                                                             |                                                                                     |
|-----------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <input type="checkbox"/> Check sent to you in the mail                      | <input type="checkbox"/> Other quick refund via a bank product                      |
| <input type="checkbox"/> Apply to next year's estimates                     | <input type="checkbox"/>                                                            |
| <input type="checkbox"/> Direct deposit (please provide voided blank check) | Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings |
- If you owe taxes, how do you want to pay them?
- |                                                                             |                                                                                     |                                                |
|-----------------------------------------------------------------------------|-------------------------------------------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Paper check sent with my return                    | <input type="checkbox"/> Credit card                                                | <input type="checkbox"/> Installment Agreement |
| <input type="checkbox"/> Direct debit (please provide a voided blank check) | Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings |                                                |
| <input type="checkbox"/>                                                    |                                                                                     |                                                |

- 2 Do you want to allow your tax preparer to discuss this year's return with the IRS?  
If no, enter another person (if desired) to be allowed to discuss this return with the IRS:

Designee's name _____	Phone Number _____	Personal identification Number (5 digit PIN) _____
-----------------------	--------------------	----------------------------------------------------









Name \_\_\_\_\_

SSN \_\_\_\_\_

# Wages

## W-2 Information

<b>"X"</b> <b>if</b> <b>spouse</b>	<b>Employer's Name</b>	<b>Box 1</b> <b>Wages, Tips</b> <b>Other Comp</b>	<b>Box 2</b> <b>Federal Income</b> <b>Tax Withheld</b>	<b>Box 16</b> <b>State</b> <b>Wages</b>	<b>Box 17</b> <b>State Income</b> <b>Tax Withheld</b>
<input type="checkbox"/>	1				
<input type="checkbox"/>	2				
<input type="checkbox"/>	3				
<input type="checkbox"/>	4				
<input type="checkbox"/>	5				
<input type="checkbox"/>	6				
<input type="checkbox"/>	7				
<input type="checkbox"/>	8				
<input type="checkbox"/>	9				
<input type="checkbox"/>	10				
<input type="checkbox"/>	11				
<input type="checkbox"/>	12				
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<input type="checkbox"/>	31				
<input type="checkbox"/>	32				
<input type="checkbox"/>	33				
<input type="checkbox"/>	34				
<input type="checkbox"/>	35				
<input type="checkbox"/>	36				
<input type="checkbox"/>	37				
<input type="checkbox"/>	38				
<input type="checkbox"/>	39				
<input type="checkbox"/>	40				
<input type="checkbox"/>	41				
<input type="checkbox"/>	42				
<input type="checkbox"/>	43				

Name \_\_\_\_\_

SSN \_\_\_\_\_

### Retirement Income

#### 1099-R Information

<b>"X" if spouse</b>		<b>Payer's Name</b>	<b>Box 1 Gross Distribution</b>	<b>Box 4 Federal Income Tax Withheld</b>	<b>Box 14 State Distribution</b>	<b>Box 12 State Income Tax Withheld</b>
<input type="checkbox"/>	1					
<input type="checkbox"/>	2					
<input type="checkbox"/>	3					
<input type="checkbox"/>	4					
<input type="checkbox"/>	5					
<input type="checkbox"/>	6					
<input type="checkbox"/>	7					
<input type="checkbox"/>	8					
<input type="checkbox"/>	9					
<input type="checkbox"/>	10					
<input type="checkbox"/>	11					
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<input type="checkbox"/>	27					
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<input type="checkbox"/>	31					
<input type="checkbox"/>	32					
<input type="checkbox"/>	33					
<input type="checkbox"/>	34					
<input type="checkbox"/>	35					
<input type="checkbox"/>	36					
<input type="checkbox"/>	37					
<input type="checkbox"/>	38					
<input type="checkbox"/>	39					
<input type="checkbox"/>	40					
<input type="checkbox"/>	41					
<input type="checkbox"/>	42					
<input type="checkbox"/>	43					

Name \_\_\_\_\_

SSN \_\_\_\_\_

**Interest Income**

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

\* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J	Payer	Taxable Interest Income Current Year Amount	Prior Year Amount	Tax Exempt Interest Current Year Amount	Prior Year Amount	Specified Priv Act Interest Current Year Amount	Prior Year Amount
	1						
	2						
	3						
	4						
	5						
	6						
	7						
	8						
	9						
	10						
	11						
	12						
	13						
	14						
	15						
	16						
	17						
	18						
	19						
	20						

**Dividend Income**

Please provide copies of all Form 1099-DIV or other statements reporting dividend income.

\* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J	Payer	Ordinary Dividends Current Year Amount	Prior Year Amount	Qualified Dividends Current Year Amount	Prior Year Amount	Capital Gains Current Year Amount	Prior Year Amount
	1						
	2						
	3						
	4						
	5						
	6						
	7						
	8						
	9						
	10						
	11						
	12						
	13						
	14						
	15						
	16						
	17						
	18						
	19						
	20						

Name \_\_\_\_\_

SSN \_\_\_\_\_

### Self-Employed Business Income and Expenses (Schedule C)

Enter "X" in one box:  Filer  Spouse

#### General Information

Employer Identification Number \_\_\_\_\_ (do not enter Social Security Number)

Principal business or profession \_\_\_\_\_

Business name . . . . . \_\_\_\_\_

Business address . . . . . \_\_\_\_\_

City . . . . . \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Foreign Country . . . . . \_\_\_\_\_

Foreign Province/State . . . . . \_\_\_\_\_ Postal Code \_\_\_\_\_

#### General Check Boxes (Enter "X" where applicable)

- 1 Accounting Method . . . . .  Cash  Accrual  Other - (Specify) \_\_\_\_\_
- 2 Did you "materially participate" in this business?  Yes  No
- 3 Check ('X') if you started or acquired this business in 2017.
- 4 Did you make any payments in 2017 that would require you to file Form(s) 1099?  Yes  No

#### Business Income

\* Report statutory income as W-2 income.

		Current Year Amount	Prior Year Amount
5	Income reported on 1099 MISC . . . . .		
	Gross receipts or sales not reported on Form 1099 or Form W-2		
6	_____		
7	_____		
8	_____		
9	_____		
10	Returns and allowances . . . . .		
11	Other income . . . . .		

#### Inventory (Enter "X" where applicable)

- 12 Method(s) used to value closing inventory . . .  Cost  Lower of cost or market  Other
- 13 Any change in determining quantities, costs, or valuations between opening and closing inventory?  Yes  No

		Current Year Amount	Prior Year Amount
14	Inventory at the beginning of year . . . . .		
15	Purchases less cost of items withdrawn for personal use . . . . .		
16	Cost of labor . . . . .		
17	Materials and supplies . . . . .		
18	Other Costs . . . . .		
19	Inventory at end of year . . . . .		

#### Assets Placed in Service This Year

Description:

		Date Placed In Service	Purchase Amount
A	_____		
B	_____		
C	_____		
D	_____		
E	_____		
F	_____		
G	_____		

Name \_\_\_\_\_

SSN \_\_\_\_\_

Business \_\_\_\_\_

### Self-Employed Business Expenses Cont. (Schedule C)

Expenses		Current Year Amount	Prior Year Amount
20	Advertising . . . . .	20	
21	Contract labor . . . . .	21	
22	Commissions and fees . . . . .	22	
23	Depletion . . . . .	23	
24	Employee benefit programs (other than on line 35) . . . . .	24	
25	Insurance (other than health) . . . . .	25	
<b>Interest:</b>			
26	Mortgage (paid to banks, etc.) . . . . .	26	
27	Other . . . . .	27	
28	Legal and professional services . . . . .	28	
29	Office expense . . . . .	29	
30	Pension and profit-sharing plans . . . . .	30	
<b>Rent or Lease:</b>			
31	Machinery rental or lease . . . . .	31	
32	Equipment rental or lease . . . . .	32	
33	_____	33	
34	_____	34	
35	_____	35	
36	Other business property rental or lease . . . . .	36	
37	_____	37	
38	_____	38	
39	Repairs and maintenance . . . . .	39	
40	Supplies (not included in inventory cost of goods sold) . . . . .	40	
41	Taxes and licenses . . . . .	41	
<b>Travel, Meals, and Entertainment:</b>			
Travel			
42	_____	42	
43	_____	43	
44	_____	44	
45	_____	45	
Meals and entertainment			
46	Enter "X" in the box if subject to DOT hours of service limits . . . . .	46	<input type="checkbox"/> <input type="checkbox"/>
47	_____	47	
48	_____	48	
49	_____	49	
50	_____	50	
51	Utilities . . . . .	51	
52	Wages . . . . .	52	
<b>Other Expenses:</b>			
53	_____	53	
54	_____	54	
55	_____	55	
56	_____	56	
57	_____	57	
58	_____	58	
59	_____	59	
60	_____	60	
61	_____	61	

Name \_\_\_\_\_

SSN \_\_\_\_\_

Business \_\_\_\_\_

**Vehicle Information (Schedule C)**

		Vehicle -		Vehicle -	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1	Date vehicle was placed in service . . . . . 1				
2	Cost of vehicle . . . . . 2				
3	Total miles driven for the year . . . . . 3				
4	Business miles driven during the year . . . 4				
5	Commuting miles included on line 3 . . . . 5				
6	Parking fees and tolls . . . . . 6				
7	Vehicle Interest . . . . . 7				
8	Vehicle Personal Property tax . . . . . 8				
<b>Actual Expenses</b>					
9	Gasoline, oil and repairs . . . . . 9				
10	Vehicle Insurance . . . . . 10				
11	Vehicle registration fees . . . . . 11				
12	Vehicle lease or rental . . . . . 12				
13	_____ 13				

		Vehicle -		Vehicle -	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1	Date vehicle was placed in service . . . . . 1				
2	Cost of vehicle . . . . . 2				
3	Total miles driven for the year . . . . . 3				
4	Business miles driven during the year . . . 4				
5	Commuting miles included on line 3 . . . . 5				
6	Parking fees and tolls . . . . . 6				
7	Vehicle Interest . . . . . 7				
8	Vehicle Personal Property tax . . . . . 8				
<b>Actual Expenses</b>					
9	Gasoline, oil and repairs . . . . . 9				
10	Vehicle Insurance . . . . . 10				
11	Vehicle registration fees . . . . . 11				
12	Vehicle lease or rental . . . . . 12				
13	_____ 13				

Name \_\_\_\_\_

SSN \_\_\_\_\_

Home Office Number \_\_\_\_\_

Description of Home Office \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Check ("X") box:  Daycare

### Home Office Expenses

#### Area of Home

- 1 Area used regularly and exclusively for business, regularly for daycare, or for storage of inventory or product samples . . . . . 1
- 2 Total area of home . . . . . 2

#### Daycare only - Part of Home Used Nonexclusively for Daycare

- 3 Multiply days used for daycare during year by hours used per day . . . . . 3
- 4 Enter total hours home was available for daycare during year . . . . . 4

#### Expenses related to entire home including business portion (Indirect)

- 5 Casualty losses . . . . . 5
- 6 Excess mortgage interest . . . . . 6
- 7 Insurance . . . . . 7
- 8 Rent . . . . . 8
- 9 Repairs and maintenance . . . . . 9
- 10 Utilities . . . . . 10
- 11 Other Expenses:

- a \_\_\_\_\_ 11a
- b \_\_\_\_\_ 11b
- c \_\_\_\_\_ 11c
- d \_\_\_\_\_ 11d
- e \_\_\_\_\_ 11e

#### Business Allocation:

- Business 1: \_\_\_\_\_
- Business 2: \_\_\_\_\_
- Business 3: \_\_\_\_\_
- Business 4: \_\_\_\_\_

Current Year Amount	Prior Year Amount




Current Year Allocation %	Prior Year Allocation %

#### Business:

#### Additional expenses related to business portion only (Direct)

- 12 Casualty losses . . . . . 12
- 13 Excess mortgage interest . . . . . 13
- 14 Insurance . . . . . 14
- 15 Rent . . . . . 15
- 16 Repairs and maintenance . . . . . 16
- 17 Utilities . . . . . 17
- 18 Other Expenses:

- a \_\_\_\_\_ 18a
- b \_\_\_\_\_ 18b
- c \_\_\_\_\_ 18c
- d \_\_\_\_\_ 18d
- e \_\_\_\_\_ 18e

Current Year Amount	Prior Year Amount


Name \_\_\_\_\_

SSN \_\_\_\_\_

### Real Estate Rentals and Royalties

Property Description \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Foreign Country \_\_\_\_\_

Foreign Province/State \_\_\_\_\_ Postal Code \_\_\_\_\_

	Current Year Info	Prior Year Info
<b>1a</b> Owner of property (Enter Filer, Spouse, or Joint) . . . . .		
<b>1b</b> Enter property type number (1 to 8) . . . . .	<input type="text"/>	<input type="text"/>
(1) Single-Family Residence (2) Multi-Family Residence (3) Vacation/Short-Term Rental (4) Commercial (5) Land (6) Royalties (7) Self-Rental (8) Other		
<b>2</b> Enter "X" if you actively participated? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>3</b> Enter "X" if property was used for personal use by you or your family for more than 14 days or 10% of the total days rented? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>3a</b> If entered ("X"), enter the number of days of personal use? . . . . .	<input type="text"/>	<input type="text"/>
<b>3b</b> If entered ("X"), enter the number of days rented? . . . . .	<input type="text"/>	<input type="text"/>

Income	Current Year Amounts	Prior Year Amounts
<b>4</b> Royalty received . . . . .		
<b>5</b> Rent received . . . . .		
<b>a</b> If rental real estate, enter the percent of ownership if less than 100% . . . . .		
<b>b</b> Rental use percentage for property used partially for personal use only . . . . .		
<b>6</b> Other Income . . . . .		

Property Expense	Current Year Amounts	Prior Year Amounts
<b>7</b> Advertising . . . . .		
<b>8</b> Cleaning and maintenance . . . . .		
<b>9</b> Commissions . . . . .		
<b>10</b> Insurance . . . . .		
<b>11</b> Legal and other professional fees . . . . .		
<b>12</b> Management fees . . . . .		
<b>13 a</b> Qualified mortgage interest paid to banks, etc. . . . .		
<b>b</b> Other mortgage interest paid to banks, etc. . . . .		
<b>14</b> Other interest . . . . .		
<b>15</b> Repairs . . . . .		
<b>16</b> Supplies . . . . .		
<b>17 a</b> Real estate taxes . . . . .		
<b>b</b> Other Taxes . . . . .		
<b>18</b> Utilities . . . . .		

Assets Placed in Service This Year	Date Placed In Service	Purchase Amount
<b>A</b> Description: _____		
<b>B</b> _____		
<b>C</b> _____		
<b>D</b> _____		
<b>E</b> _____		
<b>F</b> _____		
<b>G</b> _____		



Name \_\_\_\_\_

SSN \_\_\_\_\_

Property \_\_\_\_\_

### Other Expenses (Schedule E)

**Other Expenses:**

19 \_\_\_\_\_  
20 \_\_\_\_\_  
21 \_\_\_\_\_  
22 \_\_\_\_\_  
23 \_\_\_\_\_  
24 \_\_\_\_\_  
25 \_\_\_\_\_  
26 \_\_\_\_\_

	Current Year	Prior Year
19		
20		
21		
22		
23		
24		
25		
26		

**Travel Expenses:**

27 \_\_\_\_\_  
28 \_\_\_\_\_  
29 \_\_\_\_\_  
30 \_\_\_\_\_  
31 \_\_\_\_\_  
32 \_\_\_\_\_  
33 \_\_\_\_\_  
34 \_\_\_\_\_

	Current Year	Prior Year
27		
28		
29		
30		
31		
32		
33		
34		

**Meals and Entertainment Expenses:**

35 \_\_\_\_\_  
36 \_\_\_\_\_  
37 \_\_\_\_\_  
38 \_\_\_\_\_  
39 \_\_\_\_\_  
40 \_\_\_\_\_  
41 \_\_\_\_\_  
42 \_\_\_\_\_

	Current Year	Prior Year
35		
36		
37		
38		
39		
40		
41		
42		

Name \_\_\_\_\_

SSN \_\_\_\_\_

Property \_\_\_\_\_

**Vehicle Information (Schedule E)**

		Vehicle -		Vehicle -	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1	Date vehicle was placed in service . . . . . 1				
2	Cost of vehicle . . . . . 2				
3	Total miles driven for the year . . . . . 3				
4	Business miles driven during the year . . . . . 4				
5	Commuting miles included on line 3 . . . . . 5				
6	Parking fees and tolls . . . . . 6				
7	Vehicle Interest . . . . . 7				
8	Vehicle Personal Property tax . . . . . 8				
<b>Actual Expenses</b>					
9	Gasoline, oil and repairs . . . . . 9				
10	Vehicle Insurance . . . . . 10				
11	Vehicle registration fees . . . . . 11				
12	Vehicle lease or rental . . . . . 12				
13	_____ 13				

		Vehicle -		Vehicle -	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1	Date vehicle was placed in service . . . . . 1				
2	Cost of vehicle . . . . . 2				
3	Total miles driven for the year . . . . . 3				
4	Business miles driven during the year . . . . . 4				
5	Commuting miles included on line 3 . . . . . 5				
6	Parking fees and tolls . . . . . 6				
7	Vehicle Interest . . . . . 7				
8	Vehicle Personal Property tax . . . . . 8				
<b>Actual Expenses</b>					
9	Gasoline, oil and repairs . . . . . 9				
10	Vehicle Insurance . . . . . 10				
11	Vehicle registration fees . . . . . 11				
12	Vehicle lease or rental . . . . . 12				
13	_____ 13				

Name \_\_\_\_\_

SSN \_\_\_\_\_

### Social Security and Railroad Retirement

**Filer**

- 1 Enter the total amount from box 5 of all your Forms SSA-1099 . . . . . 1
- 2 Enter the total taxes withheld from box 6 of all your Forms SSA-1099 . . . . . 2
- 3 Enter the total amount from box 5 of all your Forms RRB-1099 . . . . . 3
- 4 Enter the total taxes withheld from box 10 of all your Forms RRB-1099 . . . . . 4
- 5 Enter the total amount of Medicare B Premiums withheld. . . . . 5
- 6 Enter the total amount of Medicare D Premiums withheld. . . . . 6

Current Year Amount	Prior Year Amount

**Spouse**

- 7 Enter the total amount from box 5 of all your Forms SSA-1099 . . . . . 7
- 8 Enter the total taxes withheld from box 6 of all your Forms SSA-1099 . . . . . 8
- 9 Enter the total amount from box 5 of all your Forms RRB-1099 . . . . . 9
- 10 Enter the total taxes withheld from box 10 of all your Forms RRB-1099 . . . . . 10
- 11 Enter the total amount of Medicare B Premiums withheld. . . . . 11
- 12 Enter the total amount of Medicare D Premiums withheld. . . . . 12


**Miscellaneous Income**

	Filer			Spouse	
	Current Year Amount	Prior Year Amount		Current Year Amount	Prior Year Amount
1 Refund from state . . . . .			1		
2 Unemployment compensation . . . . .			2		
3 Prizes and awards . . . . .			3		
4 Scholarships and fellowships . . . . .			4		
5 Bartering income . . . . .			5		
6 Fees received for jury duty . . . . .			6		
7 Income from rental of personal property, if not in the business of renting such property . . . . .			7		
8 Precinct election board duty . . . . .			8		
9 Alaska Permanent Fund Dividends . . . . .			9		
10 Net operating loss carryover (negative no.) . . . . .			10		
11 Canceled debts . . . . .			11		
12 _____			12		
13 _____			13		
14 _____			14		
15 Other income not provided for in this Organizer			15		

**Adjustments to Income**

\* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J				Current Year Amount	Prior Year Amount
<input type="checkbox"/>	1	Educator expenses . . . . .	1		
<input type="checkbox"/>	2	Student loan interest . . . . .	2		
<input type="checkbox"/>	3	Health Savings account deduction . . . . .	3		
<input type="checkbox"/>	4	Moving expenses . . . . .	4		
<input type="checkbox"/>	5	Self-employed SEP, SIMPLE, or other qualified plans . . . . .	5		
<input type="checkbox"/>	6	Penalty on early withdrawal of savings . . . . .	6		
<input type="checkbox"/>	7	Tuition and fees . . . . .	7		

**Other Adjustments to Income**

\* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J				Current Year Amount	Prior Year Amount
<input type="checkbox"/>	1	Performing-arts-related expenses . . . . .	1		
<input type="checkbox"/>	2	Foreign housing deduction . . . . .	2		
<input type="checkbox"/>	3	Jury duty pay given to your employer . . . . .	3		
<input type="checkbox"/>	4	Reforestation amortization . . . . .	4		
<input type="checkbox"/>	5	Repayment of sub-pay under the Trade Act of 1974 . . . . .	5		
<input type="checkbox"/>	6	Contributions to Section 501(c)(18)(D) pension plans . . . . .	6		
<input type="checkbox"/>	7	Attorney fees and court costs paid for actions settled or decided after October 22, 2004 involving unlawful discrimination claims, but only to the extent of gross income from such actions. . . . .	7		
<input type="checkbox"/>	8	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations, up to the the amount of the award includible in your gross income	8		
<input type="checkbox"/>	9	Employee business expenses of fee-basis state or local government officials	9		
<input type="checkbox"/>	10	Expenses from the rental of personal property but were not in the business of renting such property . . . . .	10		
<input type="checkbox"/>	11	Contributions by chaplains to section 403(b) plans . . . . .	11		
<input type="checkbox"/>	12	Archer MSA deduction . . . . .	12		
<input type="checkbox"/>	13	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money . . . . .	13		
<input type="checkbox"/>	14	_____	14		
<input type="checkbox"/>	15	_____	15		





Name \_\_\_\_\_

SSN \_\_\_\_\_

### Interest - Itemized Deductions

#### Home Mortgage Interest and Points Reported on Form 1098

- 47 Lender \_\_\_\_\_ 47
- 48 Lender \_\_\_\_\_ 48
- 49 Lender \_\_\_\_\_ 49
- 50 Lender \_\_\_\_\_ 50

Current Year Amount	Prior Year Amount

#### Home Mortgage Interest Not Reported on Form 1098

- 51 Name: \_\_\_\_\_ 51
- Address: \_\_\_\_\_
- SSN: \_\_\_\_\_

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- 52 Mortgage insurance premiums paid on 2017 acquisition indebtedness for principal residence . . . . . 52

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#### Refinancing Points

- 53 Description . . . . . 53
  - Points paid . . . . .
  - Date of loan . . . . .
  - Total number of scheduled loan payments . . . . .
  - Number of payments made in 2017 . . . . .
- 54 Description . . . . . 54
  - Points paid . . . . .
  - Date of loan . . . . .
  - Total number of scheduled loan payments . . . . .
  - Number of payments made in 2017 . . . . .
- 55 Description . . . . . 55
  - Points paid . . . . .
  - Date of loan . . . . .
  - Total number of scheduled loan payments . . . . .
  - Number of payments made in 2017 . . . . .
- 56 Description . . . . . 56
  - Points paid . . . . .
  - Date of loan . . . . .
  - Total number of scheduled loan payments . . . . .
  - Number of payments made in 2017 . . . . .


- 57 Investment interest paid . . . . . 57

--	--

Name \_\_\_\_\_

SSN \_\_\_\_\_

### Unreimbursed Employee Expenses - Itemized Deductions

List car, truck, transportation, meals and entertainment expenses on Employee Expenses tab

	Filer		Spouse	
	Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
58 Union and professional dues . . . . . 58				
59 Professional subscriptions . . . . . 59				
60 Uniform and protective clothing . . . . . 60				
61 Job search costs . . . . . 61				
62 _____ 62				
63 _____ 63				
64 _____ 64				
65 _____ 65				
66 _____ 66				
67 _____ 67				

### Certain Miscellaneous Deductions - Itemized Deductions

	If investment related enter "X"	Current Year Amount	Prior Year Amount
68 Tax preparation fees . . . . . 68			
69 Certain attorney and accounting fees . . . . . 69			
70 Safe deposit box rental . . . . . 70			
71 IRA Custodial fees . . . . . 71			
72 Investment counsel and advisory fees . . . . . 72			
73 Losses on deposits in insolvent or bankrupt financial institutions . . . . . 73			
74 Convenience fees paid with credit or debit card for federal taxes in 2017 . . . . . 74			
75 _____ 75			
76 _____ 76			
77 _____ 77			
78 _____ 78			
79 _____ 79			
80 _____ 80			
81 _____ 81			
82 _____ 82			
83 _____ 83			
84 _____ 84			

### Other Miscellaneous Deductions

85 Federal estate tax on income in respect of a decedent . . . . . 85		
86 Amortizable bond premiums on bonds acquired before 10/23/86 . . . . . 86		
87 Gambling losses (if gambling income) . . . . . 87		
88 Repayment of income . . . . . 88		
89 From K1 Input Worksheet (1065 & 1120S) - Portfolio deduction . . . . . 89		
90 Certain unrecovered investment in a pension . . . . . 90		
91 _____ 91		
92 _____ 92		
93 _____ 93		
94 _____ 94		
95 _____ 95		
96 _____ 96		





Name \_\_\_\_\_

SSN \_\_\_\_\_

**Noncash Charitable Contributions (Total of Contributions more than \$500)**

**Information on Donated Property**

(a) Name and Address of the Donee Organization		(b) Description of Donated Property
<b>1</b>	Name Address City State Zip Code	
<b>2</b>	Name Address City State Zip Code	
<b>3</b>	Name Address City State Zip Code	
<b>4</b>	Name Address City State Zip Code	
<b>5</b>	Name Address City State Zip Code	

Note: If the fair market value for an item is \$500 or less, you do not have to complete columns (d), (e), and (f).

	(c) Date of the Contribution	(d) Date Acquired mm/dd/yyyy	(e) How Acquired	(f) Cost or Adjusted Basis	(g) Fair Market Value F. M. V.	(h) Method Used to Determine the F. M. V.
<b>1</b>						
<b>2</b>						
<b>3</b>						
<b>4</b>						
<b>5</b>						

Name \_\_\_\_\_

SSN \_\_\_\_\_

### Child and Dependent Care Expenses

- 1 Amount of dependent care benefits forfeited . . . . . **1** \_\_\_\_\_
- 2 Amount of dependent care expenses incurred in 2016 and paid in 2017 . . . . . **2** \_\_\_\_\_

**Note:** Enter qualified expenses for dependents on the Organizer dependent sheet.

#### Filer and/or Spouse Who Is a Student or Disabled

Check one box for each month or partial month that the filer or spouse was a full-time student or disabled.

		Filer's earned income for each month	Spouse's earned income for each month
Filer	Spouse	Filer	Spouse
<input type="checkbox"/>	<input type="checkbox"/>	January . . . . .	_____
<input type="checkbox"/>	<input type="checkbox"/>	February . . . . .	_____
<input type="checkbox"/>	<input type="checkbox"/>	March . . . . .	_____
<input type="checkbox"/>	<input type="checkbox"/>	April . . . . .	_____
<input type="checkbox"/>	<input type="checkbox"/>	May . . . . .	_____
<input type="checkbox"/>	<input type="checkbox"/>	June . . . . .	_____
<input type="checkbox"/>	<input type="checkbox"/>	July . . . . .	_____
<input type="checkbox"/>	<input type="checkbox"/>	August . . . . .	_____
<input type="checkbox"/>	<input type="checkbox"/>	September . . . . .	_____
<input type="checkbox"/>	<input type="checkbox"/>	October . . . . .	_____
<input type="checkbox"/>	<input type="checkbox"/>	November . . . . .	_____
<input type="checkbox"/>	<input type="checkbox"/>	December . . . . .	_____

#### Non-Dependent Information and Qualifying Expenses

	First Name	Last Name	Birthdate	SSN	Amount incurred and paid in 2017
1	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____

#### Persons or Organizations Who Provided the Care

	Name	Address	SSN/EIN	Amount incurred and paid in 2017
1	First: _____	City: _____ State: _____ Zip: _____	SSN: _____	
	Last: _____		EIN: _____	
	Business: _____			
2	First: _____	City: _____ State: _____ Zip: _____	SSN: _____	
	Last: _____		EIN: _____	
	Business: _____			
3	First: _____	City: _____ State: _____ Zip: _____	SSN: _____	
	Last: _____		EIN: _____	
	Business: _____			
4	First: _____	City: _____ State: _____ Zip: _____	SSN: _____	
	Last: _____		EIN: _____	
	Business: _____			
5	First: _____	City: _____ State: _____ Zip: _____	SSN: _____	
	Last: _____		EIN: _____	
	Business: _____			