

AND ORGANIZER

FOR:

Tax Year 2017

PROVIDED BY:

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This booklet is provided to assist you in compiling the necessary information to prepare your tax return accurately. Given the uncertain nature of tax laws this year, please include as much requested information as possible. This will help maximize your deductions in the event late tax law changes are adopted.

Taxpayer (or s	ingle)				Sp	ouse		
Name (Last, First, Initial)				Name (Last, Firs	st, Initial)	14.17		
SSN DOB	Occupa	tion		SSN	DOE	3	Occupation	
Mailing Address	s new			Mailing Address	☐ Check if ac	ddress is new	V	
City, State & Zip	C	County		City, State & Zip			County	- 19
Phone: HWC Phone	:	н	WC	Phone:	HWC	Phone:		HW
						*		
E-Mail Address:				E-Mail Address:				
						L		_
		EPI	EN	IDENTS				
Name		(D.O.B.)	X	f not living with you			our home durin	g yea
(First, Initial and Last)		(*	Social Secu	ırity No.	Rela	tionship	K
							8 6	
		1						
					The state of the			
								-
If more lines needed above, list	two on a li	ne Soc	rial	Security Number	ers are requi	ired for all	l denendents	
If married but filing separately, lis	st name of	spouse	e an	d Social Securi	ity Number a	at top of p	age.	•
If filing Head of Household and o	qualifying	person	is yo	our child but not	t your deper	ndent abov	ve,	
enter child's name here	1. 1. 11.	r						_
Place an asterisk by any depend QUESTIONS: (Yes answers, p			lege	or post-second	dary school.			
1. Did your name, address or r			nae	during the year	r?	ПУ	′es □ N	lo
2. Can you be claimed as a de	pendent o	n anoth	ner t	ax return?		and the second second second		lo
3. Are you (or your spouse) bli	nd or pern	nanently	y dis	sabled?				lo
4. Did you claim children above					110040		es \[\bar{\text{N}}	
Did you carry forward or ince *Remember, children's time av	ur arry auc vav from h	ome wh	xpei nile	ises during the	year?	time in vo	es 🗆 N	10
				attorium g corioc	or oodinto do	unio in yo	di fiorno.	
INCOM	F TA	KES	D	AID OR	DEFIL	NDED		
f someone else prepared your to						ADEL		133
			3 F2		leral	State	Loca	al
Balance paid on last year's retur	n (or prior	years)						
Refunds received from last year			year	s)	The same of the	11111	- 3	
ESTIMATED TAX PAID —	→ 1st (Qtr. 4	/15					
f not paid by due dates indicated, lis		Qtr. 6	/15					
actual dates paid. If state/local tax pa		Qtr. 9	/15					
on different dates, attach details.	4th	Otr. 1/	/15					

		IN	COME				
	WAGES/SALAR	IES/W-	2 FORM	IS			
		Taxable	Withheld		Other Taxes	s Withheld	
/S	Name of Employer	Wages	Fed. Tax	Soc. Sec.	Medicare	State	Local
					٠		
	E CONTRACTOR OF THE PARTY OF TH	nclose all W-2 v	wage and tax st	tatements.			

TS	MISCEL	LANEOUS IN	COME	(Show Losses in Br	acke	ts)
1		Source of Inco	me		~	Amount
	Alimony (No	t Child Support) (If you p	ay Alimony - lis	t on page 9)		
	Jury Duty (Or Other Public Service)		and the second second		*
	Tips/Gratuities	(Not Reported on W-2))			
	Contest/Awards	s/Gambling Winnings (A	ttach 1099-MIS	C, W2G or Explain)		
	Commissions/E	Bonuses (Not Reported	d on W-2)			
	Pensions/Annu	ities (Furnish 1099-R F	Forms)			
	IRA/Keogh (Attach Form 1099-R)				
	Profit Sharing [Distributions (Attach Fo	orm 1099-R)			
	Unemployment	Compensation (Attach 10	99-G Form)			•
	Partnerships/E	states/Trusts (Furnish	K-1 Forms)	*		
	Small Business	Corporations/Sub Chapt	er S (Furnis	h K-1 Forms) *		
	Business/Self-B	Employed (Furnish Sch	nedule or Detail	s) *		
	Farm (Furni	sh Schedule or Details)		*		
	Rental (Furr	nish Schedule or Details)		*		
	Forgiven Debt	☐ Check if due to fored	closure (Attach	Form 1099-A or C)		
	Other (Expla	,				
* If :	you did not active	ly or materially participate	in earning the i	ncome (or loss) listed		✓ this box
	NON-TA	XABLE INCO	ME (Imp	ortant to list ev	en	if not taxable)
	Child Support/I	Payments/Assistance (Not Alimony)			
	Veterans Bene	fits/Disability Income				
	Workmen's Co	mpensation/Loss of Time	Payments			
	Other (Explain)	:				
	Other (Explain)	:				CONTROL TO BE CO
	Code T — Taxpayer	SOCIAL SEC	URITY	Benefits (from box	5)	Federal tax withheld
	S — Spouse J — Joint	IMPORTANT: provide all	Taxpayer			
	se these codes if rried filing jointly	SSA-1099 statements	Spouse			

01-000

S						Intercet			(
J	Name of Payer (always use payer name	listed on	the 1099)		~	Interest Amount		empt	
Atta Do i	Penalty for early withdrawal of savin interest income reported on all 1099-INT and 1 ch all 1099 forms reporting Tax Withheld. not list IRA or Retirement Plan reported interest drawn and not redeposited in another Retireme lays.	099-OID	ME IN US	MUNICIPA INSTALLM U.S. BONE TAX EXEN MORTGAG	L BON ENT S S IPT (e) GE FIN	ALES	ELLER	LIST CODE HERE	
	DIV	/IDE	END IN	ICOM		ss & Social S	ecurity no.)		
S	Name of Payer (payer name from 1099)	Total	Ordinary dends	Qualified Dividends		Capital Gains*	No. Taxa		1
ece	Gross Dividends above as reported on 1099-DI ived. Dividends under \$10 do not require a 109 Related to mutual funds.	9. ✓ if th	atta nis 1099 DIV ha	ch the 1099 ar as information	nd any not list		ailed with it.	•	
ece	ived. Dividends under \$10 do not require a 109 Related to mutual funds.	9. Vift	atta	as information	nd any not list	explanation maded above pleas	ailed with it.		10.
*	ived. Dividends under \$10 do not require a 109 Related to mutual funds.	9. Vift	atta	as information	nd any not list	explanation maded above pleas	ailed with it.	orm 109 Basis e Sale	19
*	ived. Dividends under \$10 do not require a 109 Related to mutual funds. CAPITAL Stocks, Bonds and Mutual Funds (Attact Description (# of shares, name or stock symbols) 1.	9. Vift	atta nis 1099 DIV ha INS A 1099-B) Sa Date Acquired	AND LO le of Propert Date Sold	nd any not list	explanation maded above pleas SES Real Estate Sale	(Attach Fo	orm 109 Basis e Sale	19
*	ived. Dividends under \$10 do not require a 109 Related to mutual funds. CAPITAL Stocks, Bonds and Mutual Funds (Attac Description (# of shares, name or stock symbols)	9. Vift	atta nis 1099 DIV ha INS A 1099-B) Sa Date Acquired	AND LO le of Propert Date Sold	nd any not list	explanation maded above pleas SES Real Estate Sale	(Attach Fo	orm 109 Basis e Sale	99
*	ived. Dividends under \$10 do not require a 109 Related to mutual funds. CAPITAL Stocks, Bonds and Mutual Funds (Attac Description (# of shares, name or stock symbols) 1. 2.	9. Vift	atta nis 1099 DIV ha INS A 1099-B) Sa Date Acquired	AND LO le of Propert Date Sold	nd any not list	explanation maded above pleas SES Real Estate Sale	(Attach Fo	orm 109 Basis e Sale	199
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*	CAPITAL Stocks, Bonds and Mutual Funds (Attac Description (# of shares, name or stock symbols) 1. 2. 3. 4. 5. 6.	9. Vift	atta nis 1099 DIV ha INS A 1099-B) Sa Date Acquired	AND LO le of Propert Date Sold	nd any not list	explanation maded above pleas SES Real Estate Sale	(Attach Fo	orm 109 Basis e Sale	99
*	CAPITAL Stocks, Bonds and Mutual Funds (Attac Description (# of shares, name or stock symbols) 1. 2. 3. 4. 5.	9. Vift	atta INS A 1099 DIV hi 1099-B) Sa Date Acquired MO/DA/YR	IND LO Is information to the property of the	om inc Box 3 No B	explanation maded above pleas SES Real Estate Sale Price licated sources basis (cost) ox 3 basis (cost) ox 3 basis (cost)	(Attach Fo Cost or (Include Exper	orm 109 Basis e Sale	
NO	CAPITAL Stocks, Bonds and Mutual Funds (Attac Description (# of shares, name or stock symbols) 1. 2. 3. 4. 5. 6. TE: Record ALL fund transactions including mutual funds. List line # if items sold on installment bas	9. Vifth	atta INS A 1099 DIV hi 1099-B) Sa Date Acquired MO/DA/YR	ch the 1099 ar as information in the solution of the solution in the solution	om inc Box 3 No B	explanation maded above pleas SES Real Estate Sale Price licated sources basis (cost) ox 3 basis (cost) ox 3 basis (cost)	(Attach Fo Cost or (Include Exper	Basis e Sale isse)*	
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* For new installment sale, also report selling expenses, mortgage assumed and if used in business, accumulated depreciation and include copy of settlement papers.

SALE OF PERSONA	L RESIDE	NCE)
Date Old Residence Acquired	Cost or Basis			
Improvements (Additions, Landscaping, Driveway, New	Roof, etc.)			
Fixing-Up Expenses (Painting, Repairs, etc., To Prepare	for Sale)			
Date Old Residence Sold	Selling Price			
Expenses of Sale (Commissions, Legal Fees, Points, Star	nps, etc.)			
Was any part of residence rented during the year?			Yes	No 🗆
2. Did you own and use the home as your principal resid at least 2 of the last five years?	lence for		Yes □ Yes □	No 🗆
Was the sale of residence due to a job transfer, medical	or unforeseen circ		Yes 🖂	No 🗆
Have you deferred a gain from the sale of a personal If so, please provide Form 2119 from tax return for ye	residence into the	home sold?	Yes 🗆	No 🗆
5. Was the residence used as a home office?			Yes 🗆	No 🗆
6. Have you or spouse sold a principal residence within	the last two years?	?	Yes 🖂	No 🗆
7. Has either spouse died in the past two years?			Yes 🗆	No 🗆
Special Note: Capital Gains Tax laws allow exclusion of up to \$500,0	000 (joint), \$250,000 (Single/HH) of he	ome sale g	ains.
NEW RESID	ENCE			
Date New Residence Acquired (Or Construction Began)				
Date You Occupied New Residence	Cost of New F	Residence		
If married, do you and your spouse have the same prointerest in the new residence as in the old?			Yes 🗆	No 🗆
 Did either you or your spouse have NO ownership inte 			\/a= \(\tau \)	No 🗆
residence in the past three years prior to this purchas			Yes	No 🗆
			res 🗀	NO
residence in the past three years prior to this purchas Attach copy of real estate closing papers for	or both the sale an	nd purchase.	Yes 📋	NO
residence in the past three years prior to this purchas	or both the sale an	nd purchase.	Yes 🗀	NO
residence in the past three years prior to this purchas Attach copy of real estate closing papers for HIGHER EDUCATIO Note: Many higher education expenses qualify for special	N EXPEN tax credits and de	SES ductions. Other	ers may	
residence in the past three years prior to this purchas Attach copy of real estate closing papers for HIGHER EDUCATIO Note: Many higher education expenses qualify for special qualify as exclusions from income for tax-free and/or penal	NEXPEN tax credits and de	SES ductions. Other	ers may	
residence in the past three years prior to this purchas Attach copy of real estate closing papers for HIGHER EDUCATIO Note: Many higher education expenses qualify for special	NEXPEN tax credits and de	SES ductions. Other	ers may	
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Room and Board Attach copy of real estate closing papers for the past three years prior to this purchase Attach copy of real estate closing papers for the	The sale and the s	SES ductions. Othe ls from your ta qualified instit 2nd Studen Amount	ers may ax deferr ution. t 3rd	ed Student
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		The same	DEDU	CI	UNS	
Lis	st only amounts that have r a period of at least 3 yea	actually	y been paid du may round off	ring the	ne year. Save all cancelled checks an nearest dollar. DO NOT DUPLICATE A	d receipts
					ed 10% of adjusted gross income are allowed.	
T/S	Drugs and Medicines					Amount
	Prescriptions & Drugs	([Doctor Prescrib	ed O	nly)	
	Insulin				The state of the s	
T/S	Medical Insurance PI	ease s	pecify if paid	Pre	Tax After Tax Unsure	Amount
	Insurance — Paid by	You	(If Paid Th	rough	a Health Insurance Exchange)	
	Group Health Plans	(Ded	ucted from Sal	ary; p	rovide final year pay stub)	
	Medicare Premiums	From	Social Securit	ty Ber	nefits	
		From	Supplementa	Insu	rance	
	Long-term Health Care	e Insura	ance			
	HSA, Other (Attach 10	99-SA	for any HSA w	ithdra	wals)	
T/S	*Doctors, Dentists, Clinic Hospitals, Nurses, Etc.	S,	Amount Paid By You	T/S	Other Medical Expenses	Amount Paid By You
					Eye Glasses/Contact Lenses	
					Hearing Aids & Supplies	
					X-Ray/Lab Fees	
					Ambulance, Paramedics	
					Nurses (Board & Room)	
					Medical Aid Rental	
					Artificial Teeth	
					Equipment (Prescribed)	
					Nursing Home Medical Care	
					Medicare Part B Service Payments	
					Smoking Cessation Program	
					Parking / Transportation Fees	
	*Summary Total (Optional)				
	Lodging: While away from	n home	e (per day per l	perso	n maximums apply)	
	Transportation: Total nun	nber of	miles driven fo	r med	lical reasons or actual cost	
	Above amounts reimburs	ed by ir	nsurance			
	Note any Health Insurance	e Prem	ium Credits Re	ceived	I during the year.	
Co	omments or explanations:					

NOTE: Use T/S columns above and on page 9 under MISCELLANEOUS if married and filing separately or to determine if filing separately could be beneficial. Be sure to include co-payments for doctor visits.

	Description of Tax		State Located	Amount of Tax
Real Estate Taxe	es (Include whether you plan	to itemize or not)	Loudiod	Of Tax
Real Estate Taxe		ed on a Rental Schedule	2)	
Property Tax Reb	pates (If Any)			(
Personal Propert	ty Tax (If Any)			
Auto Licenses (N	lot a Deduction in All States)	Number of Licenses	Total Cost	
State or Local Inc	come Taxes (If Not Listed	Elsewhere or on W-2) (I	Describe Below)	
Sales Tax*:				
Other:			,	
* Please provide	sales tax support documents	s for any large purchases		
		cial security numbers must ma	ich Form 1098 issued b	
Mortgage Interest Principal Residence	Paid to Financial Institution Paid to an Individual (List	cial security numbers must ma (Form 1098) name, address, Soc. S	ich Form 1098 issued b	y financial institution
INTERE Mortgage Interest Principal Residence Mortgage Interest	Paid to Financial Institution Paid to an Individual (List Name Paid to Financial Institution	cial security numbers must ma (Form 1098) name, address, Soc. S Address (Form 1098)	ch Form 1098 issued b	y financial institution
INTERE Mortgage Interest Principal Residence Mortgage	Paid to Financial Institution Paid to an Individual (List	cial security numbers must ma (Form 1098) name, address, Soc. S Address (Form 1098)	ch Form 1098 issued b	y financial institution
INTERE Mortgage Interest Principal Residence Mortgage Interest Second Home Did you acquire a (provide closing settle	Paid to Financial Institution Paid to an Individual (List Name Paid to Financial Institution Paid to Financial Institution Paid to an Individual (List	cial security numbers must ma (Form 1098) name, address, Soc. S Address (Form 1098) name, address, Soc. S Address	ec. no. below)	so. Sec. No. So. Sec. No. Yes
INTERE Mortgage Interest Principal Residence Mortgage Interest Second Home Did you acquire a (provide closing settle If yes, what is	Paid to Financial Institution Paid to an Individual (List Name Paid to Financial Institution Paid to Financial Institution Paid to an Individual (List Name a new mortgage or borrow on ement papers - pages 1 & 2) s your combined mortgage de	cial security numbers must ma (Form 1098) name, address, Soc. S Address (Form 1098) name, address, Soc. S Address	ec. no. below) ec. no. below) uring the year?	so. Sec. No. So. Sec. No. Yes
INTERE Mortgage Interest Principal Residence Mortgage Interest Second Home Did you acquire a (provide closing settle If yes, what is	Paid to Financial Institution Paid to an Individual (List Name Paid to Financial Institution Paid to Financial Institution Paid to an Individual (List Name a new mortgage or borrow on sment papers - pages 1 & 2) s your combined mortgage de quire new mortgage (if no	cial security numbers must ma (Form 1098) name, address, Soc. S Address (Form 1098) name, address, Soc. S Address an existing mortgage diebt?	ec. no. below) ec. no. below) uring the year?	so. Sec. No. So. Sec. No. Yes
Mortgage Interest Principal Residence Mortgage Interest Second Home Did you acquire a (provide closing settle If yes, what is Points paid to acc	Paid to Financial Institution Paid to an Individual (List Name Paid to Financial Institution Paid to Financial Institution Paid to an Individual (List Name a new mortgage or borrow on ement papers - pages 1 & 2) s your combined mortgage de quire new mortgage (if no	cial security numbers must ma (Form 1098) name, address, Soc. S Address (Form 1098) name, address, Soc. S Address an existing mortgage diebt? pt included above)	ec. no. below) ec. no. below) uring the year?	so. Sec. No. So. Sec. No. Yes

NOTE: Personal interest from credit cards, department stores, autos, bank loans, etc., is not deductible.

Comments or Explanations:

S	Church and Religious				If No	Receipt	X	Amount
	Church (Name)							
	Church (Other)							
	Other Religious (Name)							
Ot	her Charitable Organizations (*You	must	have a cancelled che	ack a l	hank record or receipt from	am danga far i		h contribution
s	If No Receipt*	X		/s		Receipt*	X	Amount
	Cancer				leart Fund			
	Easter Seals			С	hristmas Seals			
	Red Cross			U	nited Way	MISE TO A		
1	Scouts				MCA/YWCA			
1	Blind			E	ducational TV/Radi	0		
	Muscular Dystrophy							
Ī	Arthritis Foundation							
	Veteran's Organization (Name)							
	Schools (Name & Describe)							
	Misc. Door-to-Door							
	Other:							
	Summary Total Optional (See n	ote l	pelow)					
lot	e: A summary total for cash or check contri	bution	ns may be used above	e. Politic	cal contributions are not o	leductible. If yo	ou rec	eived a gift fo
	r donation listed above, reduce your dona n-Cash Contribution (List the Fair							
	Name of Organization	-	Items			Date		Value
						3 4.10		Valdo
ol	e: If non-cash donations have a total	value	e of \$500 or more,	attach	a detailed list of items	s donated, th	ne na	me
ve eh en	address of donee organization, the p r \$5,000 require appraisal). If you don icle, your deduction value is generally as must be in good or better condition	ated limit	a vehicle, please a ed to the amount of	ttach y f the s	your charity's form 109 ale proceeds. Donated	98-C. If the cl d clothing an	harity d hou	sells the usehold
ol	unteer Work — Mileage (Church,	Hos		-		rop off cor	tribu	tions)
	Name of Organization		Activity F	Perfo	rmed	Parking	N	liles Drive
		+					+	

	MI	SCELI TE TOTAL AMOU	LANI	EOU CEEDS 2	JS % OF A	DE	DUC'	TIONS	D	
T/S			Amou	The second second	T/S			JOHNE TO TRECTIVE		Amount
	Tax Preparation Fees	3				Safe	Deposit E	Box		
	Union Dues					Prof	essional D	ues		
	Subs. & Trade Journa	als				Tool	s/Shoes/G	lasses		
	Uniforms and Upkee	р				Job	Hunting E	xpenses (De	tail)	
	Second Job Mileage		#			IRA	Keogh Fu	nd Fees		
	relepitorie	plain requirement escribe))							
	investment Exp		Paid to: (f	Jama)			SS	N		
	Alimony Paid (Not subj	ect to 2% limit) Not subject to 2%			mhlina	Winnina		IIV .		
	Gambling Losses	7101 042,001 10 270			g					
		See next page	(10) for (luto an	d Em	nlovaa	Rueinace F	vnoncoc	000000000000000000000000000000000000000	
		bee next page	(10) 101 F	iuto arr	u LIII	pioyee	Dusiness L	лрепвев.		
	CASUALT THE TOTAL NET RESULT THA							if loss is i declared disa	aster are	a. ' 🔲
	n Fire, Storm, Theft ar	nd Auto Dar	nage —						or each.	
Kind	of Property or Item			Date /	Acqu	ired	Cost or B		TER.	
Doo	cribe How or What Hap	nonod:		Date	of Lov	20	Insurance			
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	eral ID number if require IRS wage reports.	red #						id During Yea ler Age 13	ar \$	
	n W-10 should be used to obtain	n provider details	Expenses r	must he a						ch list with details
	W-10 should be used to obtain		ESANCE.				ENSE	it. Il more space il	ocueu, alla	CIT list Wild details.
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am	ou want the maximum ount to deposit.			- write	e MA	X in r	noney colu	ımn(s). You w	vill be in	formed of
Li	st total value of ALL IF	RAs on 12-3	11 Taxp	ayer				Spouse		
										(

E	MPLOY	EE B	USII	NESS	EXPEN	SES		
Vehicle Mileage Detail		Odomete				Vehic		Vehicle 2
X if another vehicle is available for personal use.	or .	A. End o	of Year		+			
Subtract B from A for (1), Total Miles	s Driven.	B. Begin	ning of \	⁄ear				
List Business Mile (2), from driving to 2 from 1 to get personal miles (3). D		1. Total I	Miles Dri	ven	= **			
by line 1 for percent of business use		2. Busin	ess Mile	S				
Number of round-trip miles		3. Perso	nal Miles	3				
from home to work? Number of days worked		4. Other						
last year?		% Bus	siness U	se (Line 2	÷ Line 1) =		%	%
Vehicle Expenses (If bo	th taxpayer	and spous	e have d	eductions,	use vehicle 1	for taxpa	ayer, 2	for spouse)
	Vehicle 1	Vehi	cle 2			Vehic	le 1	Vehicle 2
Gas & Oil				Licenses				
Washing/Lube				Lease Pa	yments	v		
Repairs/Maint.				Other				
Tires/Accessories				Other				
Insurance								
	Date Placed in Service	Make	Year	Model	Cost or Basi	s V	X if	New This Year
Vehicle 1	1 1						Furnis	h details on newly ed vehicles and
Vehicle 2	/ /						trade-i	in or disposition of
Travel Expenses — Awa	y from Hom	e (Days Go	one Ove	rnight)	and N	5534	
(non-reimbursed)	Taxpayer	Spc	use			Тахр	ayer	Spouse
Transportation				Auto Ren	tals			
Lodging				Cabs, Bu	s, etc.			
		,						•
Other Business Expense	e (If more lin	es needed	d continu	e on back	page.)			
Postage/Cards				Commiss	ions			
Office Supplies				Other				
Parking/Tolls				Other	ELWIS TO SE			
Reimbursement for All E	xpenses Ab	ove — if no	t reporte	d on W-2				
Meals & Entertainment	(Must have s	supportive	records	and receip	its)	No as		
Meals & Tips				Tickets &	Events			
Entertainment				Gifts				
Reimbursement for Mea								
Did you purchase any b								
If yes, list on back cove			the same of the sa					
I have adequate records (Please Sign)	and sufficier	nt written e	vidence 1	to support	use of vehicles	and ded	uction	s listed above.
		НО	ME	OFFIC	E			
Type of Business								
If Justified for Busi	ness or Prof	essional U	se for:	Taxpayer	☐ Spouse	□ B	oth [
Date Acquired Home			ı	Jtilities				
Cost of Land					ortgage, home	equity lo	oan)	
Cost of Home				axes	0 0 ,			
Cost of Improvements				nsurance				
Sq. footage of living are	ea ⁽¹⁾				Maintenance			
Sq. ft. of office area (2) (1)						ILC.		
					ovider # of hou	IIS.	1	
% Office Area ((2) ÷ (1	1))		(Other:				/

	QUESTIONS (you or spouse)		
For	yes answers, supply details on the next page or on a separate sheet:		
1.	Were you notified by the IRS or STATE of any change to a tax return?	Yes	No 🗆
2.	Are any of your claimed dependents not residents or citizens of the U.S.?	Yes	No 🗆
3.	Did you make any gifts of over \$14,000 to any individual		
	(no tax advantage to you)?	Yes	No 🗆
4.	Do you have any foreign income or foreign bank accounts?	Yes	No 🗆
5.	Did you have living expenses in a foreign country as a result of		
	income earned abroad?	Yes	No 🗆
6.	Do you have any worthless stocks, uncollectible bad debts or were a victim of a ponzi scheme?	Vac 🗆	No 🗆
7.	Did you become disabled during the year?	Yes	No 🗆
8.	Are you a handicapped employee?	Yes □ •Yes □	No □ No □
9.	Did you receive any distribution from an IRA, Profit Sharing or Pension Plan?	Yes	No 🗆
10.	Have you used bartering to exchange any goods or services?	Yes	No 🗆
11.	Did you live in a presidentally declared disaster area or incur a loss due	169	140
	to conditions in a Presidentially declared disaster relief area?	Yes	No 🗆
12.	Did you receive any insurance or other reimbursement from a prior		
	year casualty, theft loss or medical deduction?	Yes	No 🗆
13.	Did you start a new business during the year or do you expect to		
	start one this coming year?	Yes	No 🗆
14.	Do you expect any significant changes in income, withholding taxes	V □	No. I
15.	or your tax liability for the coming year? Did you receive any source of income that is not listed in this booklet	Yes 🗌	No 🗆
10.	(lottery, awards, etc.)?	Yes 🗆	No 🗆
16.	Do you have children under age 19 with investment income (age 24 if	100	110
	dependent student)?	Yes	No 🗆
17.	Did you pay anyone (over 18) \$2,000 or more to work at your home		
	(housecleaning, yard work or other domestic help) during the calendar	V	
18.	year? If yes, submit details. Do you wish to designate \$3.00 of your taxes to the Presidential	Yes	No 🗆
10.	Campaign Fund (no cost to you)? You Yes \(\subseteq \text{No } \subseteq \text{Spouse} \)	Yes 🗇	No □
19.	Are you and a same-sex partner considered legally married in any state?	Yes 🗆	No 🗆
20.	Did you donate a partial interest in any goods to charitable organizations?	Yes 🗆	No 🗆
21.	Do you have a Medical or Health Savings Account (MSA or HSA)?	Yes 🗆	No 🗆
22.	If you reached the age of 70½, have you begun your mandatory		
	retirement saving withdrawals?	Yes	No 🗆
23.	Did you receive employer-provided: commuter transportation benefits?	Yes	No 🗆
04	educational assistance?	Yes	No 🗆
24. 25.	Did you pay long term healthcare insurance premiums or receive benefits?	Yes	No 🗆
26.	Are you paying off a student loan? Are you a school teacher who paid for classroom materials without	Yes	No 🗆
20.	reimbursement? Please provide a recap of expenses for potential deduction.	Yes □	No □
27.	Have you or your dependents taken a distribution from a Qualified	100	140
	Tuition Program (QTP) or 529 program during the year?	Yes	No 🗆
28.	Did you roll funds into a Roth IRA or recharacterize a Roth IRA?	Yes	No 🗆
29.	Did you purchase any energy efficient equipment during the year (hybrid		
-	car, air conditioner, furnace, windows, doors, water heater, etc.)?	Yes	No 🗆
30.	Did you have qualified military combat pay?	Yes	No 🗆
31.	Do you own bonds that qualify for the Gulf Bond, Renewable Energy or Build America bond credits?	Voc 🗆	No 🗆
32.	If over age 70½, did you make a direct contribution to a charity from an IRA?	Yes Voc	No 🗆
33.	Do all your family members have health insurance (attach form 1095)?	Yes □ Yes □	No □
34.	Did you receive any premium health insurance credits during the year?	Yes	No 🗆
	yy promon nodal modification or date during the year:	100	140 🖂

Please answer all questions above. Provide details for any "Yes" answers. A "No" answer will be assumed if not otherwise indicated.

Q # or Page #	Description	n	Amour
- 42			
Questions yo	ou may have:		
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