

## Gattinger CPA PA

PO Box 13287  
Maumelle, AR 72113  
Dave@GattingerCPA.com

January 17, 2018

:

Income tax time is here! The enclosed packet has been prepared to assist you in gathering information for the efficient preparation of your 2017 tax return and to avoid extra fees for preparation of your tax returns. Please review the entire packet and answer any questions that apply.

The enclosed 5-8 page organizer/checklist/questionnaire is to help remind you of information you may need to gather. Please bring all W2s, 1099s, 1095s, 1098s and all other tax related information. For brokerage/stock/investment accounts, I need the annual information; the quarterly or monthly statements are not useful for preparing your tax return. In most cases, there is no need to write 2017 information on the organizer/checklist - I need the forms sent to you. If you have questions about the checklist, please let me know or make a note as you review the organizer/checklist.

Unless otherwise exempt, all U.S. citizens, their dependents, and other legal residents are required to have minimum essential health insurance coverage or pay a penalty. Please provide Forms 1095 and any other documentation regarding your health insurance coverage status.

Included is an IRS publication "Taxes, Security, Together" for your information. You should also know that I will only send your tax return to you by email with a password - the first 4 letters in your last name and the last 5 digits of your social security number. Example - For married taxpayers John Jones, 123-45-6789 and Mary Smith, 987-65-4321 the password will be jone56789; the first taxpayer listed on the tax return. No capital letters.

Please sign the letter "Preparation of Your 2017 Tax Returns" and bring this packet and all supporting documents, including W-2 and 1099 statements, to your tax-preparation appointment. .

I now meet clients at 8420 Counts Massie Road, Suite C (third door on the right) in the middle of the building. Turn North from Maumelle Blvd between McDonalds and Acme Brick Tile and Stone. It is 1.0 mile from McDonald's, on the right.

I appreciate your trust in our business. Please feel free to contact me at (501)310-8563 (phone/text) or Dave@GattingerCPA.com if you have any questions or need additional information. Please note my old phone number is no longer in service

Sincerely,

Dave Gattinger  
Gattinger CPA PA  
(501)310-8563

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Maumelle, AR 72113  
Dave@GattingerCPA.com

January 17, 2018

Your privacy is important to us. Please read the following privacy policy.

We collect nonpublic personal information about you from various sources, including:

- \* Interviews regarding your tax situation
- \* Applications, organizers, or other documents that supply such information as your name, address, telephone number, Social Security Number, number of dependents, income, and other tax-related data
- \* Tax-related documents you provide that are required for processing tax returns, such as Forms W-2, 1099R, 1099-INT and 1099-DIV, and stock transactions

We do not disclose any nonpublic personal information about our clients or former clients to anyone, except as requested by our clients or as required by law.

We restrict access to personal information concerning you, except to our employees who need such information in order to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your personal information.

If you have any questions about our privacy policy, please contact us.

Sincerely,

Dave Gattinger  
Gattinger CPA PA  
(501)310-8563

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PO Box 13287  
Maumelle, AR 72113  
Dave@GattingerCPA.com

January 17, 2018

Subject: Preparation of Your 2017 Tax Returns

:

Thank you for choosing Gattinger CPA PA to assist you with your 2017 taxes. This letter confirms the terms of our engagement with you and outlines the nature and extent of the services we will provide.

We will prepare your 2017 federal and state income tax returns. We will depend on you to provide the information we need to prepare complete and accurate returns. We may ask you to clarify some items but will not audit or otherwise verify the data you submit. An Organizer is enclosed to help you collect the data required for your return. The Organizer will help you avoid overlooking important information. By using it, you will contribute to efficient preparation of your returns and help minimize the cost of our services.

We will perform accounting services only as needed to prepare your tax returns. Our work will not include procedures to find defalcations or other irregularities. Accordingly, our engagement should not be relied upon to disclose errors, fraud, or other illegal acts, though it may be necessary for you to clarify some of the information you submit. We will, of course, inform you of any material errors, fraud, or other illegal acts we discover.

The law imposes penalties when taxpayers underestimate their tax liability. Please call us if you have concerns about such penalties.

Should we encounter instances of unclear tax law, or of potential conflicts in the interpretation of the law, we will outline the reasonable courses of action and the risks and consequences of each. We will ultimately adopt, on your behalf, the alternative you select.

Our fee will be based on the forms required to file your returns at standard billing rates. Extra work will normally be billed at an hourly rate. Completing the enclosed tax organizer will help avoid the extra work and hourly billing. Invoices are due and payable upon presentation. To the extent permitted by state law, an interest charge may be added to all accounts not paid within thirty (30) days.

We will return your original records to you at the end of this engagement. You should securely store these records, along with all supporting documents, canceled checks, etc., as these items may later be needed to prove accuracy and completeness of a return. We will retain copies of your records and our work papers for your engagement for seven years, after which these documents will be destroyed.

Our engagement to prepare your 2017 tax returns will conclude with the delivery of the completed returns to you (if paper-filing), or your signature and our subsequent submittal of your tax return (if e-filing). If you have not selected to e-file your returns with our office, you will be solely responsible to file the returns with the appropriate taxing authorities. Review all tax-return documents carefully before signing them. Any further work may incur additional fees.

To affirm that this letter correctly summarizes your understanding of the arrangements for this work, please sign the enclosed copy of this letter in the space indicated and bring it to your tax appointment.

We appreciate your confidence in us. Please call (501)310-8563 if you have questions.

Sincerely,

Dave Gattinger  
Gattinger CPA PA  
(501)310-8563

(Both spouses must sign for preparation of joint returns.)

Accepted By:

\_\_\_\_\_  
Taxpayer

\_\_\_\_\_  
Spouse

\_\_\_\_\_  
Date

SEND A FRIEND!

Name	Date
------	------

One of the nicest compliments our clients can give us is a referral. For each new paying client you refer to us, we will pay you \$25. Thank you for your business.

Gattinger CPA PA  
PO Box 13287  
Maumelle, AR 72113  
(501) 310-8563

Your Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Preparer's Name Dave Gattinger

HAVE YOUR FRIENDS BRING THIS COUPON IN WITH THEIR TAX INFORMATION.

(subject to terms and conditions)

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Your Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Preparer's Name Dave Gattinger

HAVE YOUR FRIENDS BRING THIS COUPON IN WITH THEIR TAX INFORMATION.

(subject to terms and conditions)

2017

## Miscellaneous Information

Name:

SSN:

### Personal Information

**Yes**   **No**

- Did your marital status change during the year?

If "Yes," explain \_\_\_\_\_

- Can you or your spouse be claimed as a dependent by someone else?

- Did your address change during the year?

Provide proof of identity to be eligible to e-file your tax return (driver's license or state-issued photo ID)

### Dependent Information

- Did you have any changes in dependents during the year?

If "Yes," explain \_\_\_\_\_

- Can another person qualify to claim any dependents?

- Did you have any childcare expenses during the year?

- Did you have any adoption expenses during the year?

- Did you have any children under age 19 or a full-time student under age 24 with more than \$2100 of unearned income?

Provide documentation for proof of dependent related credits (school records, medical records, daycare records, etc.)

### Health Care Information

- Did any member of your household **NOT** have healthcare coverage for the entire year?

Provide copies of all Forms 1095-A, 1095-B, 1095-C for **ALL** members of your household.

If any member of your household received an exemption from the marketplace, provide the Exemption Certificate Number (ECN).

- Did you receive any distributions from a Health Savings Account (HSA), Archer MSA, or Medicare Advantage MSA during the year?

### Income, Purchases, Sales, and Debt Information

- Did you have a financial interest in or signature authority over a financial account or asset located in a foreign country?

- Did you receive a distribution from, or were you a grantor of, or transferor to, a foreign trust?

- Did you have any income from, or pay taxes to, a foreign country?

- Did you own property in a foreign country?

- Did you receive any tips not reported to your employer?

- Did you receive any disability income during the year?

- Did you cash any U.S. savings bonds during the year?

- Did you receive any other income not provided with this organizer?

If "Yes," explain \_\_\_\_\_

- Did you start a new business or purchase any rental property during the year?

- Did you sell an existing business, rental property, or other property during the year?

- Did you purchase any business assets or convert any assets to business use?

If "Yes," provide the cost of the asset, the date it was placed in service, and business use percentage.

- Did you purchase any gasoline, diesel, or special fuels for non-highway business use?

- Did you buy or sell any stocks, bonds, or other investments during the year?

- Did you sell a principal residence during the year?

If "Yes," provide closing documentation for the purchase and sale of the home

- Did you foreclose or abandon a principal residence or real property during the year?

- Did you refinance your principal home or second home or take out a home equity loan during the year?

If "Yes," provide all escrow, closing, and other pertinent documentation and information.

- Did you receive any principal or interest during this year from property sold in prior years?

- Did you rent out your home or use it for business?

- Did you sell, exchange, or purchase any real estate during the year?

- Did you acquire a new or additional interest in a partnership or S corporation?

- Did you have any debts canceled or forgiven this year?

- Does anyone owe you money that has become uncollectible?

- Did you purchase a new hybrid, alternative motor, or electric motor energy-efficient vehicle during the year?

If "Yes," provide the year, make, model, VIN, and date the vehicle was placed in service.

### Itemized Deduction Information

- Did you pay out-of-pocket medical or dental expenses (premiums, prescriptions, mileage, etc.) during the year?

- Did you pay any long-term care premiums for yourself, your spouse, or a dependent during the year?

- Did you receive any state or local income tax refunds from prior years?

2017

**Miscellaneous Information**

Name:

SSN:

**Itemized Deduction Information (continued)**

- | Yes                      | No                       |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make any major purchases (vehicle, boat, etc.) during the year?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you pay any real estate property taxes or personal taxes during the year?                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you pay mortgage interest during the year?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make cash donations to charity during the year?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make noncash donations to charity (clothes, furniture, etc.) during the year?                               |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you donate a boat or vehicle during the year?<br>If "Yes," attach Form 1098-C.                                  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have any job-related expenses that were not reimbursed by your employer (uniforms, safety equipment, etc.)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you use your vehicle on the job other than for commuting to work?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you work out of town at any time during the year?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have gambling losses during the year?   |

**Retirement Information**

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive any payments from a pension, profit sharing, or 401(k) plan during the year?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make any withdrawals from or contributions to an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), myRA, or other qualified retirement plan during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive any Social Security benefits during the year?   |

**Education Information**

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you pay tuition expenses that were required for attending college, university, or vocational school for yourself, your spouse, or a dependent during the year (even if classes were attended in another year)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did anyone in your household attend a post-secondary school during the year?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make a contribution to or receive a distribution from an Education Savings Account or Qualified Tuition Program during the year?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you pay student loan interest for yourself, your spouse, or your dependent(s) during the year?   |

**Miscellaneous Information**

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you incur a loss due to damaged or stolen property?<br>If "Yes," provide the incident date, value of the property, and amount of insurance reimbursements. |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you pay wages to any household employees (babysitter, nanny, housekeeper, etc.)?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make any gifts to any one person in excess of \$14,000 during the year?<br>If "Yes," are you splitting the gift with your spouse? _____                |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you incur moving expenses due to a change in employment?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make any energy-efficient improvements to your main home during the year?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you a business owner who paid health insurance premiums for your employees during the year?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you apply an overpayment of your 2016 taxes to your 2017 estimated taxes?  |
| <input type="checkbox"/> | <input type="checkbox"/> | If you have an overpayment of 2017 taxes, do you want the refund applied to your 2018 estimated taxes?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make any estimated payments toward your 2017 taxes?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you want to have any refund or balance due directly deposited or withdrawn?<br>If "Yes," provide a canceled checking or savings slip.                       |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive any notices from the IRS or state taxing authority?<br>If "Yes," explain _____   |
| <input type="checkbox"/> | <input type="checkbox"/> | May the IRS discuss your tax return with your preparer?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Would you like a copy of your tax return emailed to you instead of receiving a printed copy?   |

**Preparer Notes****Miscellaneous Notes**

## 2017 Tax Organizer Personal and Dependent Information

### Personal Information

	<b>Name</b>	<b>SSN</b>	<b>Date of birth</b>	<b>Healthcare coverage ALL year</b>
<b>Taxpayer</b>				
<b>Spouse</b>				
<b>Street address, city, state, and ZIP</b>				
	<b>Occupation</b>	<b>Daytime phone</b>	<b>Evening phone</b>	<b>Cell phone</b>
<b>Taxpayer</b>				
<b>Spouse</b>				
<b>Taxpayer email</b>				
<b>Spouse email</b>				

### Marital status at the end of 2017

- Married**  
 **Married filing separately**  
 **Single**  
 **Widow(er)** If spouse passed away in 2017 enter the date of death \_\_\_\_\_

### Taxpayer

- Yes**  **No**  
 **Yes**  **No**  
 **Yes**  **No**  
 **Yes**  **No**

### Spouse

- Yes**  **No** **Are you blind?**  
 **Yes**  **No** **Are you disabled?**  
 **Yes**  **No** **Are you a full-time student?**  
 **Yes**  **No** **Do you want \$3 to go to the Presidential Election Campaign Fund?**

### Dependent Information

First and last name	SSN	Relationship	Months in home	Date of birth	Disabled	Full-time student	Healthcare coverage ALL year

List dependents required to file a return \_\_\_\_\_

### Estimates

	Federal		Resident state		Resident city	
	Date paid	Amount	Date paid	Amount	Date paid	Amount
Overpayment applied from 2016	_____	_____	_____	_____	_____	_____
First quarter	_____	_____	_____	_____	_____	_____
Second quarter	_____	_____	_____	_____	_____	_____
Third quarter	_____	_____	_____	_____	_____	_____
Fourth quarter	_____	_____	_____	_____	_____	_____
Additional payments	_____	_____	_____	_____	_____	_____

### Appointment Information & Notes

Your 2017 appointment is scheduled for \_\_\_\_\_

#### Notes



2017

### Healthcare Coverage Questionnaire

Name:

SSN:

**Healthcare Information**

Member of household for healthcare purposes	Covered the entire year	Covered less than 12 months	No healthcare coverage at all

**YES NO**

- Did anyone other than you or your spouse pay for healthcare coverage for anyone listed above?
- Did you pay for healthcare coverage for anyone not listed above?

**If you had coverage for any part of the year:**

Where was the policy obtained?

Employer / Medicare / Medicaid / Marketplace(Exchange) / Other

**If you didn't have coverage part or all of the year:**

Answer YES if the following applies to any member of the household

- Was your previous insurance policy cancelled in 2017?
- Was coverage offered by your employer or your spouse's employer?
- Are you a member of a federally recognized Indian tribe?
- Are you eligible for services through an Indian healthcare provider?
- Are you a member of a healthcare sharing ministry?
- Did you live in the United States the entire year?
- Are you enrolled in TRICARE?
- Did you apply for CHIP coverage?
- Do any of the following apply to you? Do NOT indicate which one.
  - Became homeless
  - Evicted in the past six months, or facing eviction or foreclosure
  - Received a shut-off notice from a utility company
  - Recently experienced domestic violence
  - Recently experienced the death of a close family member
  - Recently experienced a fire, flood, or other natural or human-caused disaster that resulted in substantial damage to your property
  - Filed for bankruptcy in the last six months
  - Incurred unreimbursed medical expenses in the last 24 months that resulted in substantial debt
  - Experienced unexpected increases in essential expenses due to caring for an ill, disabled, or aging family member

2017

**Income**

Name:

SSN:

**Wages & Salaries**

Provide all copies of Form W-2

Employer name	2017 federal wages

**Retirement**

Provide all copies of Form 1099-R

Payer name	2017 distribution

**Form 1099-Misc Income**

Provide all copies of Form 1099-MISC (\* Also reported on Schedule C or E)

Payer name	2017 amount

2017

### Income

Name:

SSN:

#### Dividend Income

Provide all copies of Form 1099-DIV & other statements that report dividend income

Payer name	2017 ordinary dividends	2017 qualified dividends

#### Interest Income

Provide all copies of Form 1099-INT, Form 1099-OID and other statements that report interest income

Payer name	2017 interest

If any interest income listed above is from a seller-financed mortgage, provide the payer's ID number and address

2017

**Other Income and Adjustments**

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

**Other Income**

	2017 Taxpayer	2017 Spouse
Scholarships or grants not reported on form W-2 . . . . .	_____	_____
State income tax refund (attach Forms 1099-G) . . . . .	_____	_____
Alimony received . . . . .	_____	_____
Unemployment compensation (attach Forms 1099-G) . . . . .	_____	_____
Unemployment compensation repaid in 2017 . . . . .	_____	_____
Social Security Benefits (attach Forms 1099-SSA) . . . . .	_____	_____
Railroad Retirement Benefits (attach Forms 1099-RRB) . . . . .	_____	_____
Gambling winnings (attach Forms W2-G) . . . . .	_____	_____
Alaska Permanent Fund . . . . .	_____	_____
Other income: _____	_____	_____
_____	_____	_____
_____	_____	_____

**Adjustments**

	2017 Taxpayer	2017 Spouse
Educator expenses (If you are an educator, enter the amount you paid for classroom supplies) . . . . .	_____	_____
Contributions made to a Health Savings Account (HSA) . . . . .	_____	_____
Contributions made to a Self-Employed Pension plan (SEP) . . . . .	_____	_____
Payments made for Self-Employed Health Insurance for you, your spouse, or dependents . . . . .	_____	_____
Alimony paid		
Name: _____ SSN: _____	_____	_____
Name: _____ SSN: _____	_____	_____
Contributions made to an Individual Retirement Account (IRA) . . . . .	_____	_____
Contributions made to a Roth IRA . . . . .	_____	_____
Contributions made to a myRA . . . . .	_____	_____
Interest paid on a student loan . . . . .	_____	_____
Other adjustments: _____	_____	_____

**Job-related Moving Expenses**

	2017
Number of miles from old home to old workplace . . . . .	_____
Number of miles from old home to new workplace . . . . .	_____
Expenses to move household goods & personal effects and lodging expenses while traveling to your new home . . . . . (Do not include cost of meals)	_____
<input type="checkbox"/> This was a military move	

2017

**Schedule C - Profit or Loss from Business**

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

**General Business Information**

Business name \_\_\_\_\_ Employer ID number \_\_\_\_\_

Professional product or service \_\_\_\_\_

Business address, city, state, ZIP \_\_\_\_\_

This business started or was acquired during 2017

Yes  No

Payments of \$600 or more were paid to an individual who is not your employee for services provided for this business

This business was disposed of during 2017

Yes  No

You filed Form(s) 1099 for the individual(s)

**Income**

	2017		2017
Gross receipts or sales . . . . .	_____	Other income . . . . .	_____
Income from Form 1099-MISC . . . . .	_____		_____
Returns & allowances . . . . .	_____		_____

**Expenses**

	2017		2017
Advertising . . . . .	_____	Travel . . . . .	_____
Car & truck expenses . . . . .	_____	Total meals & entertainment . . . . .	_____
Commissions & fees . . . . .	_____	Utilities . . . . .	_____
Contract labor . . . . .	_____	Wages . . . . .	_____
Depletion . . . . .	_____	Other expenses (list) . . . . .	_____
Employee benefit programs . . . . .	_____		_____
Insurance (other than health) . . . . .	_____		_____
Mortgage interest . . . . .	_____		_____
Other interest . . . . .	_____		_____
Legal & professional services . . . . .	_____		_____
Office expenses . . . . .	_____		_____
Pension & profit sharing plans . . . . .	_____		_____
Rent or lease (vehicles, machinery, & equipment) . . . . .	_____		_____
Rent (other business property) . . . . .	_____		_____
Repairs & maintenance . . . . .	_____		_____
Supplies . . . . .	_____		_____
Taxes & licenses . . . . .	_____		_____

**Cost of Goods Sold**

	2017		2017
Inventory at beginning of year . . . . .	_____	Materials & supplies . . . . .	_____
Purchases . . . . .	_____	Other costs . . . . .	_____
Cost of personal use items . . . . .	_____	Inventory at end of year . . . . .	_____
Cost of labor . . . . .	_____	<input type="checkbox"/> There was a change in inventory method	

2017

**Schedule E - Income or Loss from Rental Real Estate & Royalties**

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

**General Property Information**

Property description \_\_\_\_\_  
 Address, city, state, ZIP \_\_\_\_\_

**Select the property type**

- Single family residence       Vacation / short-term rental       Land       Self-rental
- Multi-family residence       Commercial       Royalties       Other \_\_\_\_\_

Number of days property was rented \_\_\_\_\_ Number of days property was used for personal use \_\_\_\_\_

If the rental is a multi-dwelling unit and you occupied part of the unit, enter the percentage you occupied \_\_\_\_\_

- This property is your main home       Yes  No      Payments of \$600 or more were paid to an individual who is not your employee for services provided for this rental
- This property was disposed of during 2017       Yes  No      You filed Form(s) 1099 for the individual(s)
- This property was owned as a qualified joint venture

**Income**

	2017	2017
Rent income . . . . .	_____	Royalties from oil, gas, mineral, copyright or patent . . . . . _____
Rental income from Form(s) 1099-MISC . . . . .	_____	Royalties from Form 1099-MISC . . . . . _____

**Expenses**

	Rental unit expenses	Rental <u>and</u> homeowner expenses	
Advertising . . . . .	_____	_____	If this Schedule E is for a multi-unit dwelling and you lived in one unit and rented out the other units, use the "Rental and homeowner expenses" column to show expenses that apply to the entire property. Use the "Rental unit expenses" column to show expenses that pertain ONLY to the rental portion of the property.
Auto & travel . . . . .	_____	_____	
Cleaning & maintenance . . . . .	_____	_____	
Commissions . . . . .	_____	_____	
Depletion . . . . .	_____	_____	
Insurance . . . . .	_____	_____	
Legal & professional fees . . . . .	_____	_____	
Management fees . . . . .	_____	_____	
Interest - mortgage . . . . .	_____	_____	
Interest - other . . . . .	_____	_____	
Repairs . . . . .	_____	_____	If the Schedule E is not for a multi-unit property in which you lived in one unit, complete just the "Rental unit expenses" column.
Supplies . . . . .	_____	_____	
Taxes . . . . .	_____	_____	
Utilities . . . . .	_____	_____	
Other expenses	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	



2017

### Schedule F - Profit or Loss from Farming

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

#### General Information

Principal product \_\_\_\_\_ Employer ID number \_\_\_\_\_

- This farm was disposed of during 2017  Yes  No Payments of \$600 or more were paid to an individual who is not your employee for services provided for this farm
- This farm received government subsidy in 2017  Yes  No You filed Form(s) 1099 for the individual(s)

#### Income

	2017	2017
Sale of livestock / other items . . . . .	_____	Beginning inventory for accrual . . . . . _____
Cost of items bought for resale . . . . .	_____	Ending inventory for accrual . . . . . _____
Sale of products you raised . . . . .	_____	<input type="checkbox"/> You used unit-livestock-price or farm-price inventory method
Total cooperative distributions . . . . .	_____	Other income . . . . . _____
Total agricultural payments . . . . .	_____	
Commodity Credit Corporation (CCC) loans:		
CCC loans reported . . . . .	_____	_____
CCC loans forfeited . . . . .	_____	_____
Crop insurance proceeds:		
Amount received in 2017 . . . . .	_____	_____
<input type="checkbox"/> You elect to defer to 2018		
Amount deferred from 2016 . . . . .	_____	_____
Custom hire income . . . . .	_____	_____

#### Expenses

	2017	2017
Car & truck expenses . . . . .	_____	Seeds & plants purchased . . . . . _____
Chemicals . . . . .	_____	Storage & warehousing . . . . . _____
Conservation expenses . . . . .	_____	Supplies purchased . . . . . _____
Custom hire (machine work) . . . . .	_____	Taxes . . . . . _____
Employee benefit programs . . . . .	_____	Utilities . . . . . _____
Feed purchased . . . . .	_____	Veterinary, breeding, & medicine . . . . . _____
Fertilizers & lime . . . . .	_____	Other expenses . . . . . _____
Freight & trucking . . . . .	_____	
Gasoline, fuel, & oil . . . . .	_____	
Insurance (other than health) . . . . .	_____	
Interest - mortgage (paid to banks, etc.)	_____	
Interest - other . . . . .	_____	
Labor hired (less jobs credit) . . . . .	_____	
Pension & profit-sharing plans . . . . .	_____	
Rent - vehicles, machinery, & equipment . . . . .	_____	
Rent - other (land, animals, etc.) . . . . .	_____	
Repairs & maintenance . . . . .	_____	



2017

**Form 4835 - Farm Rental Income and Expenses**

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

**General Information**

Description \_\_\_\_\_ Employer ID Number \_\_\_\_\_

This farm was disposed of during 2017  This farm received applicable subsidy during 2017

**Income**

	2017	2017
Income from production of livestock, grains, and other crops . . . . .	_____	Other income . . . . . _____
Total cooperative distributions . . . . .	_____	_____
Total agricultural payments . . . . .	_____	_____
Commodity Credit Corporation (CCC) loans:		
CCC loans reported . . . . .	_____	_____
CCC loans forfeited . . . . .	_____	_____
Crop insurance proceeds:		
Amount received in 2017 . . . . .	_____	_____
<input type="checkbox"/> You elect to defer to 2018		
Amount deferred from 2016 . . . . .	_____	_____

**Expenses**

	2017	2017
Car & truck expenses . . . . .	_____	Seeds & plants purchased . . . . . _____
Chemicals . . . . .	_____	Storage & warehousing . . . . . _____
Conservation expenses . . . . .	_____	Supplies purchased . . . . . _____
Custom hire (machine work) . . . . .	_____	Taxes . . . . . _____
Employee benefit programs . . . . .	_____	Utilities . . . . . _____
Feed purchased . . . . .	_____	Veterinary, breeding, & medicine . . . . . _____
Fertilizers & lime . . . . .	_____	Other expenses _____
Freight & trucking . . . . .	_____	
Gasoline, fuel, & oil . . . . .	_____	
Insurance (other than health) . . . . .	_____	
Interest - mortgage (paid to banks, etc.) _____		
Interest - other: . . . . .	_____	
Labor hired (less jobs credit) . . . . .	_____	
Pension & profit-sharing plans . . . . .	_____	
Rent - vehicles, machinery & equip . . . . .	_____	
Rent - other (land, animals, etc.) . . . . .	_____	
Repairs & maintenance . . . . .	_____	

**Expenses Related to Business**

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

**Auto Expense**

Name of business vehicle is used for \_\_\_\_\_

Description of vehicle \_\_\_\_\_ Date vehicle was placed in service \_\_\_\_\_

- Another vehicle is available for personal use
- This vehicle is available for use during off-duty hours
- There is evidence to support your deduction
- The evidence is written

Number of miles the vehicle was driven during 2017  
 Business \_\_\_\_\_ Commuting \_\_\_\_\_ Total \_\_\_\_\_

Garage rent . . . . .	_____	Property tax . . . . .	_____
Gas . . . . .	_____	Repairs . . . . .	_____
Insurance . . . . .	_____	Tires . . . . .	_____
Licenses . . . . .	_____	Tolls . . . . .	_____
Oil . . . . .	_____	Other expenses	_____
Parking fees . . . . .	_____		_____
Lease payments . . . . .	_____		_____
Interest . . . . .	_____		_____

**Business Use of Home**

Name of business home is used for \_\_\_\_\_

What is the total square footage of your home that was used regularly and exclusively for business? \_\_\_\_\_

What is the total square footage of your home? \_\_\_\_\_

For daycare facilities not used exclusively for business, complete the following questions

- How many days during the year was the area used? \_\_\_\_\_ How many hours per day was the area used? \_\_\_\_\_
- The daycare facility was in operation for the entire year

Expenses	Office expenses	Home expenses	
Mortgage interest . . . . .	_____	_____	In the "Office expenses" column, enter those expenses that pertain exclusively to your office; in the "Home expenses" column, enter those expenses that pertain to the entire dwelling.
Real estate taxes . . . . .	_____	_____	
Excess mortgage interest . . . . .	_____	_____	
Insurance . . . . .	_____	_____	
Rent . . . . .	_____	_____	
Repairs & maintenance . . . . .	_____	_____	
Utilities . . . . .	_____	_____	
Other expenses . . . . .	_____	_____	

2017

Schedule A - Itemized Deductions

Name:

SSN:

Medical and Dental Expenses

Health insurance premiums (paid by you)
Long-term care premiums (you)
Long-term care premiums (your spouse)
Long-term care premiums (dependents)
Mileage driven for medical purposes
Medical and dental expenses
Doctor, dental, etc
Prescription medicines
Insulin
Glasses and contacts
Hearing aids
Braces
Medical equipment & supplies
Hospital services
Laboratory services
Nursing services
Other

Taxes Paid

State and local income taxes
Sales tax
Real estate taxes
Personal property taxes
Other taxes (list)

Interest Paid

Mortgage interest paid (attach Form 1098)
Mortgage interest paid to an individual
Paid to:
Name
Address
City, State, ZIP
SSN or EIN
Qualified mortgage insurance premiums
Investment interest

Charitable Contributions

Donations to charity
Church
Boy or Girl Scouts
Goodwill
Red Cross
Salvation Army
United Way
Veterans
Hospital
University
Other
Miles driven for charitable purposes

Job Expenses & Certain Miscellaneous Deductions

Necessary job expenses you paid that were not reimbursed by your employer
Safety equipment, tools, & supplies
Uniforms
Protective clothing (shoes, hardhats, glasses, etc.)
Dues to professional organizations
Books & subscriptions
Other
Tax preparation fees
Other nonpersonal expenses related to taxable income
Safe deposit box fees
Investment expenses not entered elsewhere
Other

Other Miscellaneous Deductions

Amortizable bond premiums
Federal estate tax
Gambling losses
Impairment-related work expenses
Claim repayments
Unrecovered pension investments
Loss from other activities from Schedule K-1
Ordinary loss debt instrument

2017

**Other Information**

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

**Mortgage Interest**

Provide all copies of Form 1098

Lender's name	Mortgage interest received	Mortgage insurance premiums	Real estate taxes paid
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Employee Business Expense Not Reimbursed by Your Employer**

	NOT reimbursed by your employer	Reimbursed by your employer not included on your W-2
Rural mail carrier expenses . . . . .	_____	_____
Parking fees, tolls, local transportation . . . . .	_____	_____
Meals & entertainment . . . . .	_____	_____
Overnight business travel expenses (Do not include meals & entertainment) . . . . .	_____	_____
Other business expenses . . . . .	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- |  |  |
|--|--|
| <input type="checkbox"/> You used your personal vehicle for your job during 2017 | <input type="checkbox"/> You are a fee-based state or local government official            |
| <input type="checkbox"/> You are a reservist                                     | <input type="checkbox"/> You are a disabled employee with impairment-related work expenses |
| <input type="checkbox"/> You are a qualified performing artist                   | <input type="checkbox"/> You are a member of the clergy                                    |

**Casualties and Thefts**

Property description _____	Property description _____
Property location _____	Property location _____
Date property was damaged or stolen _____	Date property was damaged or stolen _____
Cost of property damaged or stolen _____	Cost of property damaged or stolen _____
Amount of damage _____	Amount of damage _____
Insurance reimbursement _____	Insurance reimbursement _____

2017

**Other Information**

Name:

SSN:

**Child and Other Dependent Care Expenses**

Name of care provider	Address	SSN or EIN	Amount paid

**Education Expenses**

Provide all copies of Form 1098-T

Student name \_\_\_\_\_ Student name \_\_\_\_\_

Type of expense	Amount	Type of expense	Amount

Student name \_\_\_\_\_ Student name \_\_\_\_\_

Type of expense	Amount	Type of expense	Amount