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# Personal Information

### Taxpayer:

First Name and Initial \_\_\_\_\_ Last Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Occupation \_\_\_\_\_ Date of Birth (Mo/Da/Yr) \_\_\_\_\_ Date of Death (Mo/Da/Yr) \_\_\_\_\_

Driver's License or State-Issued ID Number \_\_\_\_\_ Expiration Date (Mo/Da/Yr) \_\_\_\_\_ Issue Date (Mo/Da/Yr) \_\_\_\_\_ State \_\_\_\_\_  Does not expire

Driver's License  State-Issued ID  No Identification

### Spouse:

First Name and Initial \_\_\_\_\_ Last Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Occupation \_\_\_\_\_ Date of Birth (Mo/Da/Yr) \_\_\_\_\_ Date of Death (Mo/Da/Yr) \_\_\_\_\_

Driver's License or State-Issued ID Number \_\_\_\_\_ Expiration Date (Mo/Da/Yr) \_\_\_\_\_ Issue Date (Mo/Da/Yr) \_\_\_\_\_ State \_\_\_\_\_  Does not expire

Driver's License  State-Issued ID  No Identification

### Contact Information:

Street Address \_\_\_\_\_ Apartment Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP or Postal Code \_\_\_\_\_

Foreign Province or County \_\_\_\_\_

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

Taxpayer Daytime/Work Phone \_\_\_\_\_ Taxpayer Evening/Home Phone \_\_\_\_\_ Taxpayer Foreign Phone \_\_\_\_\_

Taxpayer Cell Phone \_\_\_\_\_ Taxpayer Fax Number \_\_\_\_\_

Spouse Daytime/Work Phone \_\_\_\_\_ Spouse Evening/Home Phone \_\_\_\_\_ Spouse Foreign Phone \_\_\_\_\_

Spouse Cell Phone \_\_\_\_\_ Spouse Fax Number \_\_\_\_\_

Taxpayer Email Address \_\_\_\_\_

Spouse Email Address \_\_\_\_\_

Preferred Method of Contact \_\_\_\_\_

May the IRS or other taxing authority discuss the return with the preparer?  Yes  No

Is the taxpayer claimed as a dependent on someone else's tax return?  Yes  No

Are you considered legally blind per IRS regulations?  Yes  No

Do you want to contribute to the Presidential Election Campaign Fund?  Yes  No

Are you a U.S. citizen or Green Card holder?  Yes  No

### Personal Identification Numbers:

Code - 1 - Issued by IRS 2 - Issued by State or City

TS	State	City	Code	PIN

### Tax Organizer Legend:

Throughout the tax organizer, you will find columns with the heading "TSJ". Enter "T" for taxpayer, "S" for spouse or "J" for joint.



2017

# Dependents and Wages

3A

## Dependent Information:

	First Name and Initial	Last Name	Social Security Number	Date of Birth (Mo/Da/Yr)	Date of Death (Mo/Da/Yr)	Relationship to Taxpayer
A						
B						
C						
D						
E						
F						
G						
H						

Did dependent have income over \$4,050?



	Months Lived in Your Home	X if Disabled	Yes or No	Identity Protection PIN
A				
B				
C				
D				
E				
F				
G				
H				

Provide the name of any dependent who is not a U.S. citizen or Green Card holder.

Provide the name of any person living with you who is claimed as a dependent on someone else's tax return.

List the years that a release of claim to exemption is given for a dependent child not living with you.

## Wages and Salaries: Include all copies of your current year Forms W-2

Note: Use this section to report any wages and/or salaries for which no Form W-2 was received.

TS	Employer's Name	Taxable Wages	Tax Withheld				
			Federal	FICA/TIER 1	Medicare	State	Local



2017

# Dependents

3A

### Dependent Information:

	First Name and Initial	Last Name	Social Security Number	Date of Birth (Mo/Da/Yr)	Date of Death (Mo/Da/Yr)	Relationship to Taxpayer
A						
B						
C						
D						
E						
F						
G						
H						

Did dependent have income over \$4,050?



	Months Lived in Your Home	X if Disabled	Yes or No	Identity Protection PIN
A				
B				
C				
D				
E				
F				
G				
H				

Provide the name of any dependent who is not a U.S. citizen or Green Card holder.

---

Provide the name of any person living with you who is claimed as a dependent on someone else's tax return.

---

List the years that a release of claim to exemption is given for a dependent child not living with you.

---



2017

# Electronic Filing

## Electronic Filing:

Electronic filing is the means by which your return is transmitted directly to the IRS and state tax authorities. The IRS has implemented an electronic filing mandate requiring certain preparers, including this firm, to file all returns that they prepare electronically. Some states also require certain preparers to electronically file state returns prepared. The IRS and some states allow taxpayers to elect not to file their returns electronically.

Do not electronically file the federal return .....

Do not electronically file the state return(s) .....

**Note: The IRS and some states that require returns to be electronically filed also impose fees and/or penalties for failure to do so. If you checked either of the boxes above, you may be required to sign an "opt-out" form before we can release your returns. As a follow-up we will contact you to discuss these requirements and your ability to "opt-out" of electronic filing.**

The IRS requires, and many states allow, the use of a Personal Identification Number (PIN) in lieu of mailing a signature document when electronically filing.

Would you like to use a randomly generated PIN? 

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Taxpayer .....

Spouse .....

If No, enter a 5-digit self-selected PIN:

Taxpayer PIN ..... \_\_\_\_\_

Spouse PIN ..... \_\_\_\_\_



## Electronic Filing:

Electronic filing is the means by which your return is transmitted directly to the IRS and state tax authorities. Electronic filing is the only filing method that provides you with acknowledgment that the IRS has received your return and is processing it. If you are to receive a refund and use direct deposit with electronic filing, you will normally receive your refund in about 3 weeks.

Note that not all returns qualify for electronic filing under IRS rules.

If you qualify for electronic filing, would you like to file the return electronically with the IRS? .....

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

If you qualify, would you like to file your state returns electronically? .....

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

### The IRS requires the use of a 5-digit self-selected Personal Identification Number (PIN) in lieu of mailing a signature document when electronically filing.

Would you like to use a randomly generated PIN?

Taxpayer .....

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Spouse .....

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

If No, provide a 5-digit self-selected PIN:

Taxpayer PIN ..... \_\_\_\_\_

Spouse PIN ..... \_\_\_\_\_



2017

# Electronic Filing

## Electronic Filing:

Electronic filing is the means by which your return is transmitted directly to the IRS and state tax authorities. The IRS has implemented an electronic filing mandate requiring certain preparers, including this firm, to file all returns that they prepare electronically. Some states also require certain preparers to electronically file state returns prepared. The IRS and some states allow taxpayers to elect not to file their returns electronically. If you prefer not to electronically file your return, please refer to and sign the opt-out statement below. Because some states have official opt-out forms, additional signatures may be necessary before your return can be filed.

## Opt-Out Statement:

\_\_\_\_\_ has informed me (us) that my (our) 2017 Individual Income Tax return may be required to be electronically filed if the firm files the return on my (our) behalf. I (We) understand that electronic filing may provide a number of benefits to taxpayers, including an acknowledgment that the IRS received the return, a reduced chance of errors in processing, and faster refunds. I (we) do not want to file my (our) return electronically and will personally file the paper return. My (our) preparer will not file or otherwise mail or submit my (our) paper return to the IRS.

Taxpayer signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse signature: \_\_\_\_\_ Date: \_\_\_\_\_

**The IRS requires the use of a 5-digit self-selected Personal Identification Number (PIN) in lieu of mailing a signature document when electronically filing.**

Would you like to use a randomly generated PIN?		<b>Yes</b>	<b>No</b>
Taxpayer .....		<input type="checkbox"/>	<input type="checkbox"/>
Spouse .....		<input type="checkbox"/>	<input type="checkbox"/>

If No, enter a 5-digit self-selected PIN:

Taxpayer PIN ..... \_\_\_\_\_

Spouse PIN ..... \_\_\_\_\_



2017

# Direct Deposit and Withdrawal

## Direct Deposit and Electronic Funds Withdrawal Account Information:

The IRS and certain states allow refunds to be deposited to and balances due to be paid directly from your financial institution. If you would like to receive your refund or pay a balance due electronically, complete the following information. If you selected either of these options in 2016, your account information may already be included below.

Would you like any refunds owed to you directly deposited? .....	<input type="checkbox"/>	<input type="checkbox"/>	<b>Yes</b>	<b>No</b>
Would you like to pay any amount due on your <u>federal</u> return using electronic withdrawal? .....	<input type="checkbox"/>	<input type="checkbox"/>		
If Yes, what amount would you like withdrawn, if not the entire balance due? _____				
If Yes, when should the withdrawal occur, if other than the due date of the return? _____ (Mo/Da/Yr)				
Would you like to pay any amount due on your <u>state</u> return(s) using electronic withdrawal? .....	<input type="checkbox"/>	<input type="checkbox"/>		
If Yes, what amount would you like withdrawn, if not the entire balance due? _____				
If Yes, when should the withdrawal occur, if other than the due date of the return? _____ (Mo/Da/Yr)				
The IRS and some states allow estimated payments to be electronically withdrawn on the due dates of the estimated payments.				
Would you like to pay any estimated payments due for your <u>federal</u> return using electronic withdrawal? .....	<input type="checkbox"/>	<input type="checkbox"/>		
Would you like to pay any estimated payments due for your <u>state</u> return(s) using electronically withdrawal, if available? .....	<input type="checkbox"/>	<input type="checkbox"/>		

Name of bank or financial institution .....

Routing Transit Number (RTN) .....

Account number .....

Type of account:     Checking                       Traditional Savings                       IRA Savings  
                                   Archer MSA Savings                       Coverdell Ed. Savings                       HSA Savings

Is this a business account?                       Yes                       No

Account owner                       Taxpayer                       Spouse                       Joint

I confirm that the bank account information and the direct deposit/electronic withdrawal options selected above are correct.   

Would you like any refunds owed to you directly deposited? .....	<input type="checkbox"/>	<input type="checkbox"/>	<b>Yes</b>	<b>No</b>
Would you like to pay any amount due on your <u>federal</u> return using electronic withdrawal? .....	<input type="checkbox"/>	<input type="checkbox"/>		
If Yes, what amount would you like withdrawn, if not the entire balance due? _____				
If Yes, when should the withdrawal occur, if other than the due date of the return? _____ (Mo/Da/Yr)				
Would you like to pay any amount due on your <u>state</u> return(s) using electronic withdrawal? .....	<input type="checkbox"/>	<input type="checkbox"/>		
If Yes, what amount would you like withdrawn, if not the entire balance due? _____				
If Yes, when should the withdrawal occur, if other than the due date of the return? _____ (Mo/Da/Yr)				
The IRS and some states allow estimated payments to be electronically withdrawn on the due dates of the estimated payments.				
Would you like to pay any estimated payments due for your <u>federal</u> return using electronic withdrawal? .....	<input type="checkbox"/>	<input type="checkbox"/>		
Would you like to pay any estimated payments due for your <u>state</u> return(s) using electronically withdrawal, if available? .....	<input type="checkbox"/>	<input type="checkbox"/>		

Name of bank or financial institution .....

Routing Transit Number (RTN) .....

Account number .....

Type of account:     Checking                       Traditional Savings                       IRA Savings  
                                   Archer MSA Savings                       Coverdell Ed. Savings                       HSA Savings

Is this a business account?                       Yes                       No

Account owner                       Taxpayer                       Spouse                       Joint

I confirm that the bank account information and the direct deposit/electronic withdrawal options selected above are correct.





2017

# U.S. Series I Savings Bonds Purchase

4B

Up to \$5,000 of your refund may be used to purchase U.S. Series I Savings Bonds for yourself, your spouse, and up to two other individuals, in \$50 increments.

Do you want to use any of your refund to purchase any U.S. Series I Savings Bonds? .....

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

If Yes, provide the information requested for each type of bond you want to purchase using your refund.

If the purchase is for someone other than the taxpayer or spouse, or if the bond should have a co-owner or beneficiary, provide the name of the person receiving the bond (if not the taxpayer or spouse), the name of the person being designated as the co-owner of the bond, if applicable, the name of the person designated as the beneficiary of the bond, if applicable, and the amount of the bond to be purchased.

Joint:

Co-owner name .....

Beneficiary name .....

Amount of refund, if not the entire refund, to be used to purchase U.S. Series I Savings Bonds .....

Note: If filing a married filing joint return, bonds purchased will be jointly owned by the taxpayer and spouse. In this case, the spouse's name does not need to be entered as a co-owner. If the bonds will not be jointly owned by the taxpayer and spouse, the savings bond information should be entered in the taxpayer, spouse, or other owner areas below.

Taxpayer:

Co-owner name .....

Beneficiary name .....

Amount of refund, if not the entire refund, to be used to purchase U.S. Series I Savings Bonds .....

Spouse:

Co-owner name .....

Beneficiary name .....

Amount of refund, if not the entire refund, to be used to purchase U.S. Series I Savings Bonds .....

Bond purchases for someone other than the taxpayer or spouse:

Taxpayer name .....

Co-owner name .....

Beneficiary name .....

Amount of purchase .....

Taxpayer name .....

Co-owner name .....

Beneficiary name .....

Amount of purchase .....





2017

# Dividend Income

5B

## Dividend Information:

Include copies of all Forms 1099-DIV or other documents for dividends received

TSJ	Name of Payer	Box 1a Total Ordinary Dividends	Box 1b Qualified Dividends	Box 2a Total Capital Gain Distribution	U.S. Bond Interest Amount or Percent in Box 1a
A					
B					
C					
D					
E					
F					
G					
H					
I					
J					
K					
L					
M					
N					
<b>Total</b>					

Tax-Exempt Interest Code: 1 - 1099-DIV 2 - Private Activity Bonds 3 - Both

Code	Tax-Exempt Interest	2016 Gross Dividends Amount
A		
B		
C		
D		
E		
F		
G		
H		
I		
J		
K		
L		
M		
N		
<b>Total</b>		

## Enter Any Additional Information:


Note: List all items sold during the year on Form 7.



2017

# Interest Income and Foreign Information

5A

**Include all Forms 1099-INT or other documents for interest received**

**Interest Income:**

(List all items sold during the year on Form 7.)

Special Interest Code:      2 - Seller Financed    3 - Early Withdrawal Penalty    5 - Accrued Interest      7 - Amortizable Bond  
 1 - Qualified Educational Series EE Bonds    Mortgage Interest    4 - Nominee Interest      6 - Original Issue Discount Adjustment    Premium Adjustment

TSJ	Source	Interest Income	U.S. Bonds and Obligations	Code	Special Interest
A					
B					
C					
D					
E					

Tax-Exempt Interest Code: 1 - 1099-INT 2 - Private Activity Bond 3 - Both

Social Security No. of Home Buyer	Address of Individual from Whom Mortgage Interest Was Received	Code	Tax-Exempt Interest
A			
B			
C			
D			
E			

Federal Withholding	State Withholding	Investment Expenses	Tax Exempt Paid CUSIP No.	2016 Interest Amount
A				
B				
C				
D				
E				

**Foreign Taxes Paid or Accrued:**

Source	Name of Foreign Country Imposing Tax	X if Tax Accrued	Date Paid or Accrued (Mo/Da/Yr)	Tax Amount (in Foreign Currency)	Tax Amount (in U.S. Dollars)
A					
B					
C					
D					
E					

**Additional State Information:**

Payer ID	New Hampshire or Illinois Reason Interest is Nontaxable
A	
B	
C	
D	
E	

**Foreign Bank Accounts and Trusts:**

At any time during 2017, did you have an interest in or a signature authority over a financial account in a foreign country, such as a bank account, securities account or other financial account?  Yes  No

If Yes, enter name of foreign country .....

Were you the grantor of, or transferor to, a foreign trust that existed during 2017, whether or not you had any beneficial interest in it?



2017

# Dividend Income and Foreign Information

5B

**Dividend Income:** Include all Forms 1099-DIV or other documents for dividends received  
(List all items sold during the year on Form 7.)

TSJ	Source	Form 1099-DIV				
		Box 1a Total Ordinary Dividends	Box 1b Qualified Dividends	U.S. Bond Interest Amount or Percent in Box 1a	Code	Tax-Exempt Interest
A						
B						
C						
D						
E						

Form 1099-DIV					
Box 2a Total Capital Gain Distribution	Box 2b Unrecaptured Section 1250 Gain	Box 2c Section 1202 Gain	Box 2d Collectibles (28%) Gain	Box 3 Nontaxable Distributions	2016 Gross Dividends Amount
A					
B					
C					
D					
E					

Tax-Exempt Interest Code:  
 1 - 1099-DIV  
 2 - Private Activity Bonds  
 3 - Both

Form 1099-DIV		
Box 4 Federal Withholding	Box 5 Investment Expenses	State Withholding
A		
B		
C		
D		
E		

### Foreign Taxes Paid or Accrued:

Source	Name of Foreign Country Imposing Tax	X if Tax Accrued	Date Paid or Accrued (Mo/Da/Yr)	Tax Amount (in Foreign Currency)	Tax Amount (in U.S. Dollars)
A					
B					
C					
D					
E					

### Additional State Information:

Payer ID	New Hampshire Reason Dividend is Nontaxable
A	
B	
C	
D	
E	

### Foreign Bank Accounts and Trusts:

At any time during 2017, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account?  Yes  No

If Yes, enter name of foreign country \_\_\_\_\_

Were you the grantor of, or transferor to, a foreign trust that existed during 2017, whether or not you had any beneficial interest in it?  Yes  No



2017

# Foreign Assets

5C

Note: If the aggregate value of the accounts does not exceed \$10,000, then you do not need to provide details.

## General Information:

TSJ ..... \_\_\_\_\_  
 Title of filer ..... \_\_\_\_\_  
 Enter all countries where you have foreign bank accounts ..... \_\_\_\_\_

## Foreign Identification:

Yes	No

Passport ..... \_\_\_\_\_  
 Foreign TIN ..... \_\_\_\_\_  
 If not passport or TIN, enter description ..... \_\_\_\_\_  
 Number ..... \_\_\_\_\_  
 Country of issue ..... \_\_\_\_\_

## Information on Foreign Financial Accounts:

1 - Bank Account    2 - Securities Account    3 - Other

Account Type	If Other Account Type, Describe	Maximum Account Value	Account Number	Financial Institution Name
A				
B				

Street Address	City
A	
B	

State	ZIP/Postal Code	Country	GIIN
A			
B			

If you have no financial interest in the account or account is jointly owned, please complete the account owner information below.

Type of TIN Code: A - Employer Identification No. (EIN)    B - SSN or ITIN    C - Foreign

Last Name or Organization Name	First Name	Middle Initial	Suffix	Taxpayer ID Number
A				
B				

# of Joint Owners	Street Address	City
A		
B		

1 - No financial interest    2A - Joint - spouse is joint owner    2B - Joint - other joint owner    3 - Consolidated

State	ZIP/Postal Code	Country	Ownership Code	Filer's Title
A				
B				

1 - Deposit    2 - Custodial

Type	Foreign Currency	Exchange Rate	Source of Exchange	Acct Open	Acct Closed	Joint	No Tax Items Reported
A							
B							



2017

# Foreign Assets

5D

### Asset Information:

Description	Identifying Number	Date Acquired (Mo/Da/Yr)	Date Sold (Mo/Da/Yr)	Jointly Owned	No Tax Items Reported

  

Value	Foreign Currency	Exchange Rate	Source of Exchange Rate

### If Asset is Stock of a Foreign Entity or an Interest in a Foreign Entity

1 - Partnership 2 - Corporation 3 - Trust 4 - Estate

Name of Foreign Entity	Type of Foreign Entity	Mailing Address of Foreign Entity		

  

City or Town of Foreign Entity	Province, County or State of Foreign Entity	Country of Foreign Entity	Postal Code of Foreign Entity	GIIN

### If Asset is NOT Stock of a Foreign Entity or an Interest in a Foreign Entity

1 - Issuer 2 - Counterparty

1 - U.S. person  
2 - Foreign person

Name of Issuer	Issuer Code	Type of Issuer	Residence of Issuer

1 - Individual 2 - Partnership 3 - Corporation 4 - Trust 5 - Estate

Mailing Address of Issuer	City or Town of Issuer

  

Province, County or State of Issuer	Country of Issuer	Postal Code of Issuer

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Foreign assets were acquired or sold during the tax year .....

### Foreign Bank Accounts and Trusts:

At any time during 2017, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account or other financial account?

If Yes, enter name of foreign country .....

Were you the grantor of, or transferor to, a foreign trust that existed during 2017, whether or not you had any beneficial interest in it?



2017

# Brokerage Statement Details

5EA

	TSJ	Payer Name	Account No.	Information Included (X or ✓)
A				
B				
C				
D				
E				
F				
G				
H				
I				
J				
K				
L				
M				
N				
O				
P				
Q				
R				
S				
T				

	Interest Income	U.S. Bonds and Obligations	Code	Tax-Exempt Interest	Box 1a Total Ordinary Dividends	Box 1b Qualified Dividends	Box 2a Total Capital Gain Distribution	U.S. Bond Interest Amount or Percent in Box 1a
A								
B								
C								
D								
E								
F								
G								
H								
I								
J								
K								
L								
M								
N								
O								
P								
Q								
R								
S								
T								

▲

Tax-Exempt Interest Code: 1 - 1099-DIV/1099-INT 2 - Private Activity Bonds 3 - Both

Note: For other amounts not listed, attach a copy of your brokerage statement.





2017

# Business Income and Cost of Goods Sold

Name of Business: \_\_\_\_\_

Principal Business or Profession: \_\_\_\_\_

TSJ \_\_\_\_\_  
 Employer ID number \_\_\_\_\_  
 Street address \_\_\_\_\_  
 City, state, ZIP or postal code, and country \_\_\_\_\_  
 Method of inventory \_\_\_\_\_  
 Method of accounting \_\_\_\_\_

### Business Questions for 2017:

	Yes	No
Did you dispose of this business? _____	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, what was the disposition date? _____ (Mo/Da/Yr)		
Was there a change in determining quantities, costs or valuations between opening and closing inventory? _____	<input type="checkbox"/>	<input type="checkbox"/>
Were you involved in the operations of this business on a regular, continuous and substantial basis? _____	<input type="checkbox"/>	<input type="checkbox"/>
Have you prepared or will you prepare all required Forms 1099? _____	<input type="checkbox"/>	<input type="checkbox"/>

2017 Amount	2016 Amount

Health insurance premiums paid for yourself and your dependents \_\_\_\_\_

### Income:

Include all Forms 1099-K

Payment card and third party transactions:

Description	2017 Amount	2016 Amount

Miscellaneous income:  Include all Forms 1099-MISC


Other Income:


Other gross receipts or sales \_\_\_\_\_  
 Less returns and allowances \_\_\_\_\_

### Cost of Goods Sold:

2017 Amount	2016 Amount

Beginning inventory \_\_\_\_\_  
 Purchases less cost of items withdrawn for personal use \_\_\_\_\_  
 Cost of labor (do not include amounts paid to yourself) \_\_\_\_\_  
 Materials and supplies \_\_\_\_\_  
 Other costs of goods sold: \_\_\_\_\_

Description	2017 Amount	2016 Amount

Ending inventory \_\_\_\_\_





# Business Expenses - Vehicle and Other Listed Property

Name of Business: \_\_\_\_\_

Principal Business or Profession: \_\_\_\_\_

### Listed Property Questions for 2017:

Do you have evidence to support your deduction? .....	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, is the evidence written? .....	<input type="checkbox"/>	<input type="checkbox"/>
Do you have evidence to support the business use percentage claimed on listed property? .....	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, is the evidence written? .....	<input type="checkbox"/>	<input type="checkbox"/>

### If you are an employer who provides vehicles for use by employees:

Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	<input type="checkbox"/>	<input type="checkbox"/>
Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? ..	<input type="checkbox"/>	<input type="checkbox"/>
Do you treat all use of vehicles by employees as personal use? .....	<input type="checkbox"/>	<input type="checkbox"/>
Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles and retain the information received? .....	<input type="checkbox"/>	<input type="checkbox"/>
Do you meet the requirements for qualified demonstration use by maintaining a written policy statement that prohibits vehicle use by individuals other than full-time vehicle salespersons, use for personal vacation trips, storage of personal possessions in the vehicle and limits the total mileage outside the salesperson's normal working hours? .....	<input type="checkbox"/>	<input type="checkbox"/>

### Vehicle:

Description of vehicle .....

Date placed in service . . . . . (Mo/Da/Yr)

Do you (or your spouse) have another vehicle available for your personal use?  Yes  No

Was your vehicle available for use during off-duty hours? .....

Vehicle 1	
Description of vehicle .....	
Date placed in service . . . . . (Mo/Da/Yr)	
Do you (or your spouse) have another vehicle available for your personal use? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was your vehicle available for use during off-duty hours? .....	
2017 Miles	2016 Miles
2017 Amount	2016 Amount

Vehicle 2	
Description of vehicle .....	
Date placed in service . . . . . (Mo/Da/Yr)	
Do you (or your spouse) have another vehicle available for your personal use? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was your vehicle available for use during off-duty hours? .....	
2017 Miles	2016 Miles
2017 Amount	2016 Amount

### Mileage:

Total miles .....

Total business miles .....

Total commuting miles for the year ..

### Actual Expenses:

Gasoline, oil, repairs, insurance, etc ..

Interest .....

Taxes .....

Fair market value of leased vehicle ..

Vehicle rentals/leases .....



2017

**Business Expenses**

**6C**

Name of Business: \_\_\_\_\_  
Principal Business or Profession: \_\_\_\_\_

**Business Expenses:** **Enter all expenses at 100 percent**

If these expenses are to be divided between two or more businesses, please enter the percentage to apply to this business . . . \_\_\_\_\_ %

	2017 Amount	2016 Amount
Parking fees and tolls .....		
Local transportation .....		
Travel expenses .....		
Meals and entertainment .....		

Other Business Expenses:

Description	2017 Amount	2016 Amount

**Reimbursements:** **List only reimbursements NOT reported in Box 1 of your Form W-2**

Amount received for other expenses .....

Amount received for meals and entertainment .....

If you are a statutory employee, does your employer's reimbursement plan for meals and entertainment allow for offset of other reimbursements? .....

2017 Amount	2016 Amount

Yes  No

**Vehicle:**

If these vehicle expenses are to be divided between two or more businesses, please enter the percentage to apply to this business .....

Description of vehicle .....

Date vehicle was placed in service .....

\_\_\_\_\_ %  
\_\_\_\_\_

Do you (or your spouse) have another vehicle available for personal purposes? .....

Was your vehicle available for personal use during off-duty hours? .....

Yes  No  
 Yes  No

Total miles .....

Total business miles .....

Average daily commuting miles .....

Total commuting miles for the year .....

Gasoline and oil .....

Repairs .....

Insurance .....

Interest .....

Taxes .....

Value of employer provided vehicle .....

Temporary vehicle rentals .....

Fair market value of leased vehicle .....

Vehicle leases .....

Other Vehicle Expenses:

2017	2016

Description	2017 Amount	2016 Amount



2017

# Business Use of Home

6D

Name of Business: \_\_\_\_\_

Principal Business or Profession: \_\_\_\_\_

### Partial Use of Your Home for Business:

Square footage of home used exclusively for business .....

Total square footage of home .....

Total hours home was used for day care during the year .....

2017	2016

Was your home used for day care purposes for the entire year? .....

Were improvements made to the home and/or home office since the time you began using the home for business? .....

Yes	No

### Expenses: Enter all expenses at 100 percent

Direct expenses benefit the business part of your home.  
Example: Cost of painting or repairs made to the specific area or room used for business.

Indirect expenses are required for keeping up and running your entire home.  
Example: Real estate taxes.

	Direct Expenses		Indirect Expenses	
	2017 Amount	2016 Amount	2017 Amount	2016 Amount
Casualty losses .....				
Deductible mortgage interest paid to:				
Financial institutions .....				
Individuals .....				
Real estate taxes .....				
Insurance .....				
Qualified mortgage insurance premiums .....				
Repairs and maintenance .....				
Utilities .....				
Rent .....				

### Other Expenses:

Description	Direct Expenses		Indirect Expenses	
	2017 Amount	2016 Amount	2017 Amount	2016 Amount

### Seller-Financed Mortgage Interest Information:

Name of Individual to Whom Mortgage Interest Was Paid	Identification Number of Individual	Address of Individual to Whom Mortgage Interest Was Paid



# Sales of Stocks, Securities, Capital Assets & Installment Sales

**Gains or Losses from Sales of Stocks, Securities and Other Capital Assets:**

Include all Forms 1099-A, 1099-B, 1099-S and copies of mutual fund statements for the year

Did you have any of the following during the year?

	Yes	No
Mutual fund transactions .....	<input type="checkbox"/>	<input type="checkbox"/>
Exchange of any securities or investments for something other than cash .....	<input type="checkbox"/>	<input type="checkbox"/>
Sales of inherited property .....	<input type="checkbox"/>	<input type="checkbox"/>
Sales of any stock or stock options at a loss and purchases of the same or substantially similar stock or options 30 days before or 30 days after the sale .....	<input type="checkbox"/>	<input type="checkbox"/>
Commodity sales, short sales or straddles .....	<input type="checkbox"/>	<input type="checkbox"/>
Reinvestment of the proceeds of the sale of a publicly traded security into an SSBIC interest .....	<input type="checkbox"/>	<input type="checkbox"/>
Reinvestment of the proceeds of the sale of qualified small business stock in other qualified small business stock .....	<input type="checkbox"/>	<input type="checkbox"/>
Debts that became uncollectible .....	<input type="checkbox"/>	<input type="checkbox"/>
Securities that became worthless .....	<input type="checkbox"/>	<input type="checkbox"/>
Sale of any property where you will receive payments in future years .....	<input type="checkbox"/>	<input type="checkbox"/>

TSJ	Kind of Property and Description	Date Acquired (Mo/Da/Yr)	Date Sold (Mo/Da/Yr)	Gross Sales Price (Less Commissions)
A				
B				
C				
D				
E				
F				
G				
H				

	Cost or Other Basis	Federal Tax Withheld	State Tax Withheld
A			
B			
C			
D			
E			
F			
G			
H			

**Installment Sales:** Do not include interest received in principal amount

TSJ	Property Description	Date Sold (Mo/Da/Yr)	2017 Principal Received	2016 Principal Received



# Sale of Your Home and Moving Expenses

## Sale or Exchange of Your Home:

Include the closing statements from the purchase and sale of your former and new homes

### Former Home Information:

TSJ \_\_\_\_\_

Date acquired \_\_\_\_\_ (Mo/Da/Yr)

Date sold \_\_\_\_\_ (Mo/Da/Yr)

Selling price \_\_\_\_\_

### Original Cost and Cost of Improvements:

Description	Amount

### Sale Expenses:

Commissions, legal fees, advertising and other expenses.

Description	Amount

Did you personally own and occupy the home for at least 2 of the 5 years preceding the sale?  Yes  No

If your spouse is deceased, did the sale occur within two years of the date of death and did your spouse live in the home for at least 2 of the 5 years preceding the sale?  Yes  No

If you had a foreign mortgage on the above property, please provide the amount of the mortgage retired on the sale and the date the mortgage was acquired or the date the mortgage was most recently renegotiated \_\_\_\_\_

## Moving Expenses:

TSJ \_\_\_\_\_

Were the moving expenses reimbursed by your employer?  Yes  No

Enter reimbursements not included in wages on your Form W-2 \_\_\_\_\_

### Mileage:

Number of miles from old home to new workplace \_\_\_\_\_

Number of miles from old home to old workplace \_\_\_\_\_

Number of automobile miles in move \_\_\_\_\_

Miles

### Transportation Expenses:

Costs of transportation of household goods and personal effects \_\_\_\_\_

Costs of travel and lodging (do not include meals or automobile expenses) \_\_\_\_\_

Automobile expenses (gasoline, oil, etc.) \_\_\_\_\_

Meals (Pennsylvania only) \_\_\_\_\_

Amount



2017

# Individual Retirement Account (IRA) Information

**Individual Retirement Account (IRA):** Include all copies of Forms 1099-R and 5498.

TS .....

### IRA Questions for 2017:

Yes	No

- Are you covered by an employer's retirement plan? .....
- If no, is your spouse covered by an employer's retirement plan? .....
- Do you want to limit your IRA contribution to the maximum amount deductible on your tax return? .....
- If no, do you want to contribute the maximum allowable amount to your IRA even though you may not qualify for an IRA deduction? .....
- Did you use any IRA as security for a loan this year? .....
- Did you have any transactions with any IRA during the year? .....
- If Yes, explain. \_\_\_\_\_

### IRA Values, Rollovers, and Distributions:

- Total value of all traditional IRAs on December 31, 2017 .....
- Note: This information or Form 5498 is required if you received a distribution during the year.
- Outstanding rollovers on December 31, 2017 .....
- Total distributions converted to Roth IRAs .....
- Total retirement plans converted to Roth IRAs .....

### Contributions:

- IRA:
- Contributions in 2017 for the 2017 tax return .....
- Contributions in 2018 for the 2017 tax return .....
- Amount for 2017 you choose to be treated as nondeductible .....
- Roth IRA:
- Contributions made for the 2017 tax year .....

**Distributions:** Include all Forms 1099-R and any nontaxable distribution details

Name of Payer	2017 Gross Distributions	Taxable Amount	Federal Tax Withheld	State Tax Withheld	Is this a Rollover?	2016 Gross Distributions





2017

# Pension, Annuity and Retirement Plan Information

9A

**Pensions and Annuities:** Include all Forms 1099-R and any nontaxable distribution details

TSJ	Name of Payer	2017 Gross Distributions	Taxable Amount	Federal Tax Withheld	State Tax Withheld	Is this a Rollover?	2016 Gross Distributions

**Self-Employed Retirement Plan:** Include copies of all Forms 1099-R

Have you established a self-employed retirement or SIMPLE plan with deductible contributions? .....

Do you want to contribute the maximum amount allowed? .....

Taxpayer		Spouse	
Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Contributions to:**

Simplified employee pension plan .....

Defined benefit plan .....

Defined contribution plan .....

SIMPLE plan .....

2017 Amount	2017 Amount



2017

# Rental and Royalty Income

**Location of Property:** \_\_\_\_\_

TSJ . . . . . \_\_\_\_\_

Type of property . . . . . \_\_\_\_\_

Have you prepared or will you prepare all required Forms 1099? 

Yes	No

Ownership percentage if not 100% . . . . . \_\_\_\_\_ %

How many days was this property rented at fair market value? . . . . . \_\_\_\_\_

How many days was this property used personally (including use by family members)? . . . . . \_\_\_\_\_

2017	2016

**Income:**

Rents received . . . . . \_\_\_\_\_

Royalties received . . . . . \_\_\_\_\_

2017 Amount	2016 Amount

Payment card and third party transactions:  Include all Forms 1099-K

Description	2017 Amount	2016 Amount

Miscellaneous income:  Include all Forms 1099-MISC

Description	2017 Amount	2016 Amount

Other income:

Description	2017 Amount	2016 Amount





2017

# Rental and Royalty Property and Equipment & Depletion

10B

Location of Property: \_\_\_\_\_

Property and Equipment:  Include a list if more space is needed

**Acquisitions:**

X if not new	Description	Date Acquired (Mo/Da/Yr)	Cost

**Dispositions:**

Description	Date Acquired (Mo/Da/Yr)	Cost	Date Sold (Mo/Da/Yr)	Selling Price

**Percentage Depletion Information:**

Production Type	Royalty Income	
	2017 Amount	2016 Amount



# Rental and Royalty Vehicle and Other Listed Property

**Location of Property:** \_\_\_\_\_

**Listed Property Questions for 2017:**

	<b>Yes</b>	<b>No</b>
Do you have evidence to support your deduction? .....	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, is the evidence written? .....	<input type="checkbox"/>	<input type="checkbox"/>
Do you have evidence to support the business use percentage claimed on listed property? .....	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, is the evidence written? .....	<input type="checkbox"/>	<input type="checkbox"/>

**If you are an employer who provides vehicles for use by employees:**

	<b>Yes</b>	<b>No</b>
Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	<input type="checkbox"/>	<input type="checkbox"/>
Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? ..	<input type="checkbox"/>	<input type="checkbox"/>
Do you treat all use of vehicles by employees as personal use? .....	<input type="checkbox"/>	<input type="checkbox"/>
Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles and retain the information received? .....	<input type="checkbox"/>	<input type="checkbox"/>
Do you meet the requirements for qualified demonstration use by maintaining a written policy statement that prohibits vehicle use by individuals other than full-time vehicle salespersons, use for personal vacation trips, storage of personal possessions in the vehicle and limits the total mileage outside the salesperson's normal working hours? .....	<input type="checkbox"/>	<input type="checkbox"/>

**Vehicle:**

Description of vehicle .....

Date placed in service . . . . . (Mo/Da/Yr)

Do you (or your spouse) have another vehicle available for your personal use? .....

Was your vehicle available for use during off-duty hours? .....

Vehicle 1	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
2017 Miles	2016 Miles
2017 Amount	2016 Amount

Vehicle 2	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
2017 Miles	2016 Miles
2017 Amount	2016 Amount

**Mileage:**

Total miles .....

Total business miles .....

Total commuting miles for the year ..

**Actual Expenses:**

Gasoline, oil, repairs, insurance, etc ..

Interest .....

Taxes .....

Fair market value of leased vehicle ..

Vehicle rentals/leases .....



2017

# Rental and Royalty Business Expenses

10D

Location of Property: \_\_\_\_\_

Business Expenses: Enter all expenses at 100 percent

If these expenses are to be divided between two or more businesses, enter the percentage to apply to this business . . . . . %

	2017 Amount	2016 Amount
Parking fees and tolls . . . . .		
Local transportation . . . . .		
Travel expenses . . . . .		
Meals and entertainment . . . . .		
Other Business Expenses:		

Description	2017 Amount	2016 Amount

Reimbursements: List only reimbursements NOT reported in Box 1 of your Form W-2

Amount received for other expenses . . . . .  
Amount received for meals and entertainment . . . . .

2017 Amount	2016 Amount

**Vehicle:**

If these vehicle expenses are to be divided between two or more businesses, enter the percentage to apply to this business \_\_\_\_\_ %

Description of vehicle . . . . .  
Date vehicle was placed in service . . . . . (Mo/Da/Yr)

Do you (or your spouse) have another vehicle available for personal purposes? . . . . .  
Was your vehicle available for personal use during off-duty hours? . . . . .

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

	2017	2016
Total miles . . . . .		
Total business miles . . . . .		
Average daily commuting miles . . . . .		
Total commuting miles for the year . . . . .		
Gasoline and oil . . . . .		
Repairs . . . . .		
Insurance . . . . .		
Interest . . . . .		
Taxes . . . . .		
Value of employer provided vehicle . . . . .		
Temporary vehicle rentals . . . . .		
Fair market value of leased vehicle . . . . .		
Vehicle leases . . . . .		
Other Vehicle Expenses:		

Description	2017 Amount	2016 Amount



2017

# Rental - Business Use of Home

10E

Location of Property: \_\_\_\_\_

### Partial Use of Your Home for Business:

Square footage of home used exclusively for business .....  
Total square footage of home .....

2017

Were improvements made to the home and/or home office since the time you began using the home for business? ..  Yes  No

### Expenses: Enter all expenses at 100 percent

Direct expenses benefit the business part of your home.  
Example: Cost of painting or repairs made to the specific area or room used for business.  
Indirect expenses are required for keeping up and running your entire home.  
Example: Real estate taxes.

	Direct Expenses		Indirect Expenses	
	2017 Amount	2016 Amount	2017 Amount	2016 Amount
Casualty losses .....				
Deductible mortgage interest paid to:				
Financial institutions .....				
Individuals .....				
Real estate taxes .....				
Insurance .....				
Qualified mortgage insurance premiums .....				
Repairs and maintenance .....				
Utilities .....				
Rent .....				

### Other Expenses:

Description	Direct Expenses		Indirect Expenses	
	2017 Amount	2016 Amount	2017 Amount	2016 Amount

### Seller-Financed Mortgage Interest Information:

Name of Individual to Whom Mortgage Interest Was Paid	Identification Number of Individual	Address of Individual to Whom Mortgage Interest Was Paid



# Partnership, S Corporation, Estate, Trust and REMIC Income

Partnership Income:  Include all Schedules K-1

TSJ	Entity Name	Employer ID Number	Health Insurance Paid by Entity

S Corporation Income:  Include all Schedules K-1

TSJ	Entity Name	Employer ID Number	Health Insurance Paid by Entity

Estate and Trust Income:  Include all Schedules K-1

TSJ	Entity Name	Employer ID Number

Real Estate Mortgage Investment Conduit (REMIC) Income:  Include all Schedules Q

TSJ	Entity Name	Employer ID Number





2017

# Partnership and S Corporation Business Expenses

11A

**Activity Name:** .....

**Business Expenses:** Enter all expenses at 100 percent

If these expenses are to be divided between two or more businesses, enter the percentage to apply to this business ..... %

	2017 Amount	2016 Amount
Parking fees and tolls .....		
Local transportation .....		
Travel expenses .....		
Meals and entertainment .....		
Other Business Expenses:		

Description	2017 Amount	2016 Amount

**Reimbursements:** List only reimbursements NOT reported in Box 1 of your Form W-2

	2017 Amount	2016 Amount
Amount received for other expenses .....		
Amount received for meals and entertainment .....		

**Vehicle:**

If these vehicle expenses are to be divided between two or more businesses, enter the percentage to apply to this business ..... %

Description of vehicle .....  
Date vehicle was placed in service ..... (Mo/Da/Yr)

Do you (or your spouse) have another vehicle available for personal purposes?  Yes  No  
Was your vehicle available for personal use during off-duty hours?  Yes  No

	2017	2016
Total miles .....		
Total business miles .....		
Average daily commuting miles .....		
Total commuting miles for the year .....		
Gasoline and oil .....		
Repairs .....		
Insurance .....		
Interest .....		
Taxes .....		
Value of employer provided vehicle .....		
Temporary vehicle rentals .....		
Fair market value of leased vehicle .....		
Vehicle leases .....		
Other Vehicle Expenses:		

Description	2017 Amount	2016 Amount



2017

# Passthrough Business Use of Home

11B

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

### Partial Use of Your Home for Business:

2017

Square footage of home used exclusively for business .....

Total square footage of home .....

Were improvements made to the home and/or home office since the time you began using the home for business? ...  Yes  No

### Expenses: Enter all expenses at 100 percent

Direct expenses benefit the business part of your home.

Example: Cost of painting or repairs made to the specific area or room used for business.

Indirect expenses are required for keeping up and running your entire home.

Example: Real estate taxes.

	Direct Expenses		Indirect Expenses	
	2017 Amount	2016 Amount	2017 Amount	2016 Amount
Casualty losses .....				
Deductible mortgage interest paid to:				
Financial institutions .....				
Individuals .....				
Real estate taxes .....				
Insurance .....				
Qualified mortgage insurance premiums .....				
Repairs and maintenance .....				
Utilities .....				
Rent .....				

### Other Expenses:

Description	Direct Expenses		Indirect Expenses	
	2017 Amount	2016 Amount	2017 Amount	2016 Amount

### Seller-Financed Mortgage Interest Information:

Name of Individual to Whom Mortgage Interest Was Paid	Identification Number of Individual	Address of Individual to Whom Mortgage Interest Was Paid



2017

# Farm Income (Page 1 of 2)

Proprietor's Name: \_\_\_\_\_

Principal Crop or Activity: \_\_\_\_\_

TSJ \_\_\_\_\_  
Employer identification number \_\_\_\_\_  
Method of accounting \_\_\_\_\_

**Farm Questions for 2017:**

Did you dispose of this farm?  Yes  No  
If Yes, what was the disposition date? \_\_\_\_\_ (Mo/Da/Yr)  
Have you prepared or will you prepare all required Forms 1099?

2017 Amount	2016 Amount

Health insurance premiums paid for yourself and your dependents \_\_\_\_\_

**Sales of Livestock and Other Items Bought for Resale (Cash Method Only):**

Description	2017		2016	
	Amount Received	Cost or Other Basis	Amount Received	Cost or Other Basis

**Income (Accrual Method):**

Description	Beginning Inventory	Cost of Items Purchased	Sales	Ending Inventory

**Income:**

	2017 Amount	2016 Amount
Sales of livestock, produce, grains, etc. you raised		
Total cooperative distributions (Forms 1099-PATR)		
Taxable cooperative distributions		
Total agricultural program payments		
Taxable agriculture program payments		
Total Commodity Credit Corporation (CCC) loans		
Total crop insurance proceeds and certain disaster payments received in 2017		
Taxable crop insurance proceeds received		
Crop insurance proceeds deferred from prior year		
Custom hire (machine work) income		
Federal gasoline tax or fuel tax credit or refund		
State gasoline tax or fuel tax credit or refund		



2017

# Farm Income (Page 2 of 2)

12A

Proprietor's Name: .....

Principal Crop or Activity: ..

**Income:**

Payment card and third party transactions:  Include all Forms 1099-K

Description	2017 Amount	2016 Amount

Government payments:  Include all Forms 1099-G

Description	2017 Amount	2016 Amount

Miscellaneous income:  Include all Forms 1099-MISC

Description	2017 Amount	2016 Amount

Other income:

Description	2017 Amount	2016 Amount





2017

# Farm Vehicle and Other Listed Property

12C

Proprietor's Name: \_\_\_\_\_

Principal Crop or Activity: \_\_\_\_\_

### Listed Property Questions for 2017:

Do you have evidence to support your deduction? .....	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, is the evidence written? .....	<input type="checkbox"/>	<input type="checkbox"/>
Do you have evidence to support the business use percentage claimed on listed property? .....	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, is the evidence written? .....	<input type="checkbox"/>	<input type="checkbox"/>

### If you are an employer who provides vehicles for use by employees:

Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	<input type="checkbox"/>	<input type="checkbox"/>
Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? ..	<input type="checkbox"/>	<input type="checkbox"/>
Do you treat all use of vehicles by employees as personal use? .....	<input type="checkbox"/>	<input type="checkbox"/>
Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles and retain the information received? .....	<input type="checkbox"/>	<input type="checkbox"/>
Do you meet the requirements for qualified demonstration use by maintaining a written policy statement that prohibits vehicle use by individuals other than full-time vehicle salespersons, use for personal vacation trips, storage of personal possessions in the vehicle and limits the total mileage outside the salesperson's normal working hours? .....	<input type="checkbox"/>	<input type="checkbox"/>

### Vehicle:

Description of vehicle .....

Date placed in service . . . (Mo/Da/Yr) \_\_\_\_\_

Do you (or your spouse) have another vehicle available for your personal use? .....

Was your vehicle available for use during off-duty hours? .....

Vehicle 1	
Description of vehicle	
Date placed in service (Mo/Da/Yr)	
Do you (or your spouse) have another vehicle available for your personal use? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was your vehicle available for use during off-duty hours? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2017 Miles	2016 Miles
2017 Amount	2016 Amount

Vehicle 2	
Description of vehicle	
Date placed in service (Mo/Da/Yr)	
Do you (or your spouse) have another vehicle available for your personal use? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was your vehicle available for use during off-duty hours? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2017 Miles	2016 Miles
2017 Amount	2016 Amount



2017

# Farm Business Expenses

12D

Proprietor's Name: \_\_\_\_\_

Principal Crop or Activity: \_\_\_\_\_

Business Expenses: **Enter all expenses at 100 percent**

If these expenses are to be divided between two or more businesses, enter the percentage to apply to this business \_\_\_\_\_ %

	2017 Amount	2016 Amount
Parking fees and tolls .....		
Local transportation .....		
Travel expenses .....		
Meals and entertainment .....		
Other Business Expenses:		
<b>Description</b>	<b>2017 Amount</b>	<b>2016 Amount</b>

Reimbursements: **List only reimbursements NOT reported in Box 1 of your Form W-2**

	2017 Amount	2016 Amount
Amount received for other expenses .....		
Amount received for meals and entertainment .....		

### Vehicle:

If these vehicle expenses are to be divided between two or more businesses, enter the percentage to apply to this business \_\_\_\_\_ %

Description of vehicle .....

Date vehicle was placed in service ..... (Mo/Da/Yr)

Do you (or your spouse) have another vehicle available for personal purposes?  Yes  No

Was your vehicle available for personal use during off-duty hours?  Yes  No

	2017	2016
Total miles .....		
Total business miles .....		
Average daily commuting miles .....		
Total commuting miles for the year .....		
Gasoline and oil .....		
Repairs .....		
Insurance .....		
Interest .....		
Taxes .....		
Value of employer provided vehicle .....		
Temporary vehicle rentals .....		
Fair market value of leased vehicle .....		
Vehicle leases .....		
Other Vehicle Expenses:		
<b>Description</b>	<b>2017 Amount</b>	<b>2016 Amount</b>



# Farm Business Use of Home

**Proprietor's Name:** .....

**Principal Crop or Activity:** ..

**Partial Use of Your Home for Business:**

2017

Square footage of home used exclusively for business .....

Total square footage of home .....

Were improvements made to the home and/or home office since the time you began using the home for business? ...  Yes  No

**Expenses:** Enter all expenses at 100 percent

Direct expenses benefit the business part of your home.  
 Example: Cost of painting or repairs made to the specific area or room used for business.

Indirect expenses are required for keeping up and running your entire home.  
 Example: Real estate taxes.

	Direct Expenses		Indirect Expenses	
	2017 Amount	2016 Amount	2017 Amount	2016 Amount
Casualty losses .....				
Deductible mortgage interest paid to:				
Financial institutions .....				
Individuals .....				
Real estate taxes .....				
Insurance .....				
Qualified mortgage insurance premiums .....				
Repairs and maintenance .....				
Utilities .....				
Rent .....				

**Other Expenses:**

Description	Direct Expenses		Indirect Expenses	
	2017 Amount	2016 Amount	2017 Amount	2016 Amount

**Seller-Financed Mortgage Interest Information:**

Name of Individual to Whom Mortgage Interest Was Paid	Identification Number of Individual	Address of Individual to Whom Mortgage Interest Was Paid





# Miscellaneous Income, Adjustments and Alimony

Include Forms: W-2G, 1099-MISC, 1099-RRB, 1099-SSA, 1099-SA, 1099-LTC and 1099-G

### Miscellaneous Income and Adjustments:

	TSJ _____		TSJ _____	
	2017 Amount	2016 Amount	2017 Amount	2016 Amount
Unemployment compensation received .....				
Unemployment compensation repaid in 2017 .....				
Social security benefits received .....				
Social security benefits repaid in 2017 .....				
Medicare premiums withheld .....				
Tier 1 railroad retirement benefits received .....				
Tier 1 railroad retirement benefits repaid in 2017 .....				
Total lump sum social security received .....				
Lump sum taxable social security .....				
Other federal withholding .....				
Other state withholding .....				

### State and Local Income Tax Refunds:

TSJ	State	City	Tax Year	Income Tax Refund	
				State	Local

### Other Income:

TSJ	Nature and Source	2017 Amount	2016 Amount

### Alimony Paid or Received:

TSJ	Recipient's Name	Recipient's Social Security No.	Alimony Received?	2017 Amount	2016 Amount



2017

# Miscellaneous Adjustments

13A

**Educator Expenses:** Deduction for amounts paid by educators of kindergarten through Grade 12

TS	2017 Amount	2016 Amount

**Health Savings Accounts (HSAs)**

TS	Description	2017 Amount	2016 Amount
	Contributions made for 2017		
	Distributions received from all HSAs in 2017		

What type of coverage applies to your high deductible health plan?  Self only  Family

Were any HSA contributions listed above also shown on your Form W-2? .....

Were all distributions from your HSA for unreimbursed medical expenses? .....

Did you or your spouse enroll in Medicare? .....

If Yes, what month did you enroll? .....

What month did your spouse enroll? .....

Yes	No

**Other Adjustments to Income:** Include all Forms 1098-E for Student Loan Interest Paid

TSJ	Nature and Source	2017 Amount	2016 Amount



2017

# Ministerial Income

13B

TS .....

Do you have any expenses associated with a business as a minister? .....

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

If Yes, enter the name of the business: \_\_\_\_\_

Do you have any expenses associated with your wages received as a minister? .....

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

If Yes, enter the occupation: \_\_\_\_\_

### Parsonage:

Fair rental value of parsonage provided by church .....

Utility allowance of parsonage .....

Actual expenses for utilities of parsonage .....

2017 Amount	2016 Amount
<input type="text"/>	<input type="text"/>
<input type="text"/>	
<input type="text"/>	

### Rental or Parsonage Allowance:

Parsonage or rental allowance .....

Utility allowance .....

Actual expenses for parsonage .....

Actual expenses for utilities .....

Fair rental value of home, plus the cost of utilities .....

2017 Amount	2016 Amount
<input type="text"/>	<input type="text"/>
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	



# Itemized Deductions - Medical and Taxes

### Medical and Dental Expenses:

Prescription medicines and drugs .....  
 Total medical insurance premiums paid \* .....  
 Long-term care expenses .....  
 Total insurance reimbursement .....  
 Number of miles traveled for medical care .....  
 Lodging .....  
 Doctors, dentists, etc. ....  
 Hospitals .....  
 Lab fees .....  
 Eyeglasses and contacts .....

TSJ	2017 Amount	2016 Amount

2017 Amount	2016 Amount

Taxpayer long-term care insurance premiums paid .....  
 Spouse long-term care insurance premiums paid .....

\* Do not include Medicare premiums or premiums deducted in computing taxable wages reported on a W-2.

### Other Medical Expenses:

TSJ	Description	2017 Amount	2016 Amount

### Taxes Paid: Include copies of your tax bills

Personal property taxes paid (include vehicle taxes) .....  
 General sales taxes paid on specified items .....

TSJ	2017 Amount	2016 Amount

Itemize real estate taxes by state.

TSJ	Real Estate Taxes	2017 Amount	2016 Amount

### Other Taxes Paid:

TSJ	Description	2017 Amount	2016 Amount

If you purchased or sold your home in 2017, did you include any taxes from your closing statement in the amounts above?  Yes  No



**Mortgage Questions for 2017:**

	<b>Yes</b>	<b>No</b>
If you purchased or sold your home, did you include any mortgage interest from your closing statement in the amount below? . . .	<input type="checkbox"/>	<input type="checkbox"/>
Did you refinance your home? (If Yes, enclose the closing statement.) . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, how many years is your new mortgage loan? . . . . . _____		
Did you purchase a new home or sell your former home during the year? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, enclose the closing statements from the purchase and sale of your new and former homes.		
If Yes, also, did you (or your spouse, if married) have an ownership interest in a principal residence in the US during the 3 year period prior to the purchase of this home? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, did you (and your spouse, if married at the time of purchase) own and use the same home as a principal residence in the U.S. for any 5 consecutive year period during the 8 year period ending on the purchase date of the new home? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>

**Home Mortgage Interest Paid To Financial Institutions:**

TSJ	Paid To	Did You Receive Form 1098?		2017 Amount	2016 Amount
		Yes	No		

**Other Home Mortgage Interest Paid:**

TSJ	Paid To		ID Number	2017 Amount	2016 Amount
	Name	Address			

**Deductible Points:**

TSJ	Paid To	Did You Receive Form 1098?		2017 Amount	2016 Amount
		Yes	No		

**Mortgage Insurance Premiums:**

Premiums paid or accrued for qualified mortgage insurance.

TSJ	2017 Amount	2016 Amount

**Investment Interest Expense:**

Interest paid on money you borrowed that is allocable to property held for investment.

TSJ	Paid To	2017 Amount	2016 Amount



# Itemized Deductions - Contributions

**Cash Contributions:** Include all Forms 1098-C or other documentation.

You cannot deduct a cash contribution, regardless of the amount, unless you keep as a record of the contribution a bank record (such as a canceled check, a bank copy of a canceled check, or a bank statement containing the name of the charity, the date, and the amount) or a written communication from the charity. The written communication must include the name of the charity, date of the contribution, and amount of the contribution. Clothes and household items donated must be in good, used condition or better in order to be deductible unless the item donated is worth more than \$500 and you have the item's value appraised. Attach a copy of the appraisal. Include any vehicles donated to charity.

TSJ	Organization or Description of Contribution	2017 Amount	2016 Amount

TSJ	Conservation Real Property	2017 Amount	2016 Amount
	100% limit		
	50% limit		

TSJ	Description	2017 Miles	2016 Miles
	Number of miles traveled performing volunteer work for qualified charitable organizations		

**Noncash Contributions Totaling \$500 or Less:** Include all documentation.

TSJ	Description of Donated Property	2017 Amount	2016 Amount

**Noncash Contributions Totaling More Than \$500:** Include all Forms 1098-C or other documentation.

TSJ ..... \_\_\_\_\_  
Description of the donated property ..... \_\_\_\_\_

Donee organization name ..... \_\_\_\_\_

Donee organization address ..... \_\_\_\_\_

Date the property was acquired by the taxpayer . . . (Mo/Da/Yr) \_\_\_\_\_

Date the property was donated . . . . . (Mo/Da/Yr) \_\_\_\_\_

Cost or basis of the donated property .....

Fair market value of the donated property .....

Which of the following methods was used to determine the fair market value? CAUTION: Generally, contributions in excess of \$5,000 of similar property will require an appraisal (does not apply to marketable securities)

- Appraisal     
 Thrift shop value     
 Catalog     
 Comparable sale

Other - please explain ..... \_\_\_\_\_

Which of the following describes how this donated property was acquired?

- Purchase     
 Gift     
 Inheritance     
 Exchange



# Itemized Deductions - Miscellaneous

### Miscellaneous Itemized Deductions:

- Union and professional dues .....
- Tax preparation fee .....
- Professional subscriptions .....
- Hobby expense (To extent of income) .....
- Safe deposit box .....
- Uniforms and protective clothing .....
- Work tools .....
- Gambling losses .....
- Estate taxes .....

TSJ	2017 Amount	2016 Amount

### Other Itemized Deductions:

#### Examples:

- Certain legal and accounting fees
- Investment expenses
- Custodial fees
- Employment agency fees
- Certain educational expenses

TSJ	Description	2017 Amount	2016 Amount

### Casualty or Theft Loss:

TSJ ..... \_\_\_\_\_  
 Property description ..... \_\_\_\_\_

Which of the following describes the type of property that sustained the casualty or theft loss?

- Personal use   
  Business use   
  Income producing   
  Employee Use   
  Personal use attributable to insolvent or bankrupt financial institution losses on deposits

Date acquired ..... (Mo/Da/Yr) \_\_\_\_\_  
 Date damaged or lost ..... (Mo/Da/Yr) \_\_\_\_\_

- Original cost or other basis .....
- Fair market value before casualty .....
- Fair market value after casualty .....
- Cost of replacement .....
- Insurance reimbursement .....



**Partial Use of Your Home for Business:**

Square footage of home used exclusively for business .....

Total square footage of home .....

Total hours home was used for day care during the year .....

2017	2016

Was your home used for day care purposes for the entire year? .....

Were improvements made to the home and/or home office since the time you began using the home for business? .....

Yes	No

**Expenses:** Enter all expenses at 100 percent

Direct expenses benefit the business part of your home.  
 Example: Cost of painting or repairs made to the specific area or room used for business.

Indirect expenses are required for keeping up and running your entire home.  
 Example: Real estate taxes.

	Direct Expenses		Indirect Expenses	
	2017 Amount	2016 Amount	2017 Amount	2016 Amount
Casualty losses .....				
Deductible mortgage interest paid to:				
Financial institutions .....				
Individuals .....				
Real estate taxes .....				
Insurance .....				
Qualified mortgage insurance premiums .....				
Repairs and maintenance .....				
Utilities .....				
Rent .....				

**Other Expenses:**

Description	Direct Expenses		Indirect Expenses	
	2017 Amount	2016 Amount	2017 Amount	2016 Amount

**Seller-Financed Mortgage Interest Information:**

Name of Individual to Whom Mortgage Interest Was Paid	Identification Number of Individual	Address of Individual to Whom Mortgage Interest Was Paid





2017

# Employee Business Expenses

TS: \_\_\_\_\_ Occupation: \_\_\_\_\_

Business Expenses: Enter all expenses at 100 percent Include all documentation

If these expenses are to be divided between Schedule A (Itemized Deductions) and one or more businesses, enter the percentage to apply to Schedule A \_\_\_\_\_ %

	2017 Amount	2016 Amount
Parking fees and tolls .....		
Local transportation .....		
Travel expenses .....		
Meals and entertainment .....		
Other Business Expenses:		

Description	2017 Amount	2016 Amount

Reimbursements: List only reimbursements NOT reported in Box 1 of your Form W-2

	2017 Amount	2016 Amount
Amount received for other expenses .....		
Amount received for meals and entertainment .....		

Does your employer's reimbursement plan for meals and entertainment allow for offset of other reimbursements?  Yes  No

Vehicle: Include all documentation

If these vehicle expenses are to be divided between Schedule A (Itemized Deductions) and one or more businesses, please enter the percentage to apply to Schedule A \_\_\_\_\_ %

Description of vehicle .....

Date vehicle was placed in service .....

Do you (or your spouse) have another vehicle available for personal purposes?  Yes  No

Was your vehicle available for personal use during off-duty hours?  Yes  No

	2017	2016
Total miles .....		
Total business miles .....		
Average daily commuting miles .....		
Total commuting miles for the year .....		
Gasoline and oil .....		
Repairs .....		
Insurance .....		
Taxes .....		
Value of employer provided vehicle .....		
Temporary vehicle rentals .....		
Fair market value of leased vehicle .....		
Vehicle leases .....		
Other Vehicle Expenses:		

Description	2017 Amount	2016 Amount



2017

# Employee Business Expenses- Business Use of Home

17A

### Partial Use of Your Home for Business:

Square footage of home used exclusively for business .....

Total square footage of home .....

Total hours home was used for day care during the year .....

2017	2016

Was your home used for day care purposes for the entire year? .....

Were improvements made to the home and/or home office since the time you began using the home for business? .....

Yes	No

### Expenses: Enter all expenses at 100 percent

Direct expenses benefit the business part of your home.  
Example: Cost of painting or repairs made to the specific area or room used for business.

Indirect expenses are required for keeping up and running your entire home.  
Example: Real estate taxes.

	Direct Expenses		Indirect Expenses	
	2017 Amount	2016 Amount	2017 Amount	2016 Amount
Casualty losses .....				
Deductible mortgage interest paid to:				
Financial institutions .....				
Individuals .....				
Real estate taxes .....				
Insurance .....				
Qualified mortgage insurance premiums .....				
Repairs and maintenance .....				
Utilities .....				
Rent .....				

### Other Expenses:

Description	Direct Expenses		Indirect Expenses	
	2017 Amount	2016 Amount	2017 Amount	2016 Amount

### Seller-Financed Mortgage Interest Information:

Name of Individual to Whom Mortgage Interest Was Paid	Identification Number of Individual	Address of Individual to Whom Mortgage Interest Was Paid



# Child/Dependent Care Expenses & Education Expenses

## Child/Dependent Care Expenses:

### General Information:

TSJ .....

Were you or your spouse a full time student or disabled?  Yes  No

Did you pay an individual for services performed in your home?  Yes  No

Expenses incurred in 2016 but paid in 2017 .....

Employer-provided dependent care benefits that were forfeited in 2017 .....

2016 carryover used in grace period .....

### Child/Dependent Care Providers:

#### Provider 1:

Name .....  
Street address .....  
City, state, ZIP or postal code, and country .....  
Social security number OR .....  
Employer identification number .....  
Telephone number (California only) .....

2017 Amount	2016 Amount
Expenses incurred and paid in 2017 .....	
Expenses incurred and not paid in 2017 .....	

#### Provider 2:

Name .....  
Street address .....  
City, state, ZIP or postal code, and country .....  
Social security number OR .....  
Employer identification number .....  
Telephone number (California only) .....

2017 Amount	2016 Amount
Expenses incurred and paid in 2017 .....	
Expenses incurred and not paid in 2017 .....	

### Qualifying Persons for Child/Dependent Care Expenses:

First Name and Initial	Last Name	Social Security Number	2017 Expenses Incurred	2016 Expenses Incurred

### Higher Education Expenses for Education Credits and/or Tuition Fees Deduction:

Qualified expenses are for post-secondary education tuition and related expenses; they do not include room or board. Include a detailed listing of the expenses.

**Include copies of all Forms 1098-T**

First Name and Initial	Last Name	Social Security Number	2017 Qualified Expenses



**General Information:**

TSJ .....

Employer identification number .....

Did you pay any one household employee cash wages of \$2,000 or more in 2017?  Yes  No

Did you withhold any federal income tax from wages paid to any household employee?  Yes  No

Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2016 or 2017?  Yes  No

**Social Security, Medicare and Income Taxes:**

	2017 Amount	2016 Amount
Cash wages subject to social security taxes .....		
Cash wages subject to Medicare taxes (if different than cash wages subject to social security)		
Cash wages subject to additional Medicare tax withholding .....		
Federal income tax withheld .....		
State disability plan payments subject to social security taxes .....		
State disability plan payments subject to Medicare taxes (if different than plan payments subject to social security) .....		

**Federal Unemployment (FUTA) Tax:**

Did you pay unemployment contributions to more than one state?  Yes  No

Were all of the wages subject to FUTA tax subject to the state's unemployment tax?  Yes  No

State	Total Cash Wages Subject to FUTA	2016 Amount

Complete the following for all state unemployment contributions made:

X if payment to be made after April 17, 2018

Name of State	Total Taxable Wages	Contribution Paid to Unemployment Fund	X	2016 Amount



2017

# Federal Tax Payments

## Refund Application:

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

Refunded .....  Yes  No  
 Applied to your 2018 estimated tax liability  Yes  No

## Federal Estimated Tax Payments:

2017 1st Quarter Estimate ..... (Due 04-18-2017)  
 2017 2nd Quarter Estimate ..... (Due 06-15-2017)  
 2017 3rd Quarter Estimate ..... (Due 09-15-2017)  
 2017 4th Quarter Estimate ..... (Due 01-16-2018)

Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid

2016 overpayment applied to 2017 estimate .....

## Tax Planning Information for Tax Year 2018:

Do you expect any of the following to occur in 2018?

	Yes	No
A change in your marital status .....	<input type="checkbox"/>	<input type="checkbox"/>
A change in the number of your dependents .....	<input type="checkbox"/>	<input type="checkbox"/>
A substantial change in your income .....	<input type="checkbox"/>	<input type="checkbox"/>
A substantial change in your withholding .....	<input type="checkbox"/>	<input type="checkbox"/>
A substantial change in deductions .....	<input type="checkbox"/>	<input type="checkbox"/>

If you answered Yes to any of the above questions, provide details.




2017

# State and City Tax Payments

20A

## State and City Estimated Tax Payments:

TSJ _____		
State/City _____		
Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid

2017 1st Quarter Estimate .....

2017 2nd Quarter Estimate .....

2017 3rd Quarter Estimate .....

2017 4th Quarter Estimate .....

If you have an overpayment of 2017 taxes, do you want the excess applied to your 2018 estimated tax liability? .....  Yes  No

2016 overpayment applied to 2017 estimate .....

Balance of prior year(s)' tax paid in 2017 plus amount paid with 2016 extensions .....

Estimated tax payments for 2016 paid in 2017 .....

## State and City Estimated Tax Payments:

TSJ _____		
State/City _____		
Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid

2017 1st Quarter Estimate .....

2017 2nd Quarter Estimate .....

2017 3rd Quarter Estimate .....

2017 4th Quarter Estimate .....

If you have an overpayment of 2017 taxes, do you want the excess applied to your 2018 estimated tax liability? .....  Yes  No

2016 overpayment applied to 2017 estimate .....

Balance of prior year(s)' tax paid in 2017 plus amount paid with 2016 extensions .....

Estimated tax payments for 2016 paid in 2017 .....

## State and City Estimated Tax Payments:

TSJ _____		
State/City _____		
Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid

2017 1st Quarter Estimate .....

2017 2nd Quarter Estimate .....

2017 3rd Quarter Estimate .....

2017 4th Quarter Estimate .....

If you have an overpayment of 2017 taxes, do you want the excess applied to your 2018 estimated tax liability? .....  Yes  No

2016 overpayment applied to 2017 estimate .....

Balance of prior year(s)' tax paid in 2017 plus amount paid with 2016 extensions .....

Estimated tax payments for 2016 paid in 2017 .....

