

Tax Organizer

For Tax Year 2017

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January 11, 2018

Subject: Preparation of Your 2017 Tax Returns

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Thank you for choosing Tax Center Plus 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 the 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. Accounting services will be billed in addition to your tax preparation work. 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 inform you of any material errors, fraud, or other illegal acts we discover. You are ultimately responsible for the accuracy of your return(s) and should review all returns carefully before signing.

The law imposes penalties when taxpayers underestimate their tax liability. Be very diligent about including all your sources of income. Please call us if you have concerns about such penalties.

If there is an error on the return which results from incorrect information supplied by you, you are responsible for the payment of any additional taxes which would have been properly due on the original returns(s) and any interest and penalties charged by the IRS. If we have made an error, other an error caused by incorrect information you supplied, we will be responsible for payment of penalties. We will not pay any additional tax due since that tax would have been payable had the tax return been correctly prepared. We do not pay interest because you have had use of the monies in the interim.

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.

FEES for individual tax returns will be computed according to our current fee schedule, plus any out of pocket expenses. Organizing records and compiling figures for entry on the tax return (accounting services) will be billed at \$150.00 per hour. Such charges are in addition to the tax return preparation fee schedule. **Full payment of your tax preparation fee and any additional charges is required before we will electronically file your return or release the paper return to you. We reserve the right to ask for retainer fees to be paid in advance of work done from new clients and from any client with whom we have experienced payment problems.** Rates are subject to change and are usually updated annually. One copy of your tax return will be provided to you for your files. Additional copies at the time your return is printed are \$25.00 each. Copies of your return at any other time are \$50.00 each.

We will return your original records to you at the end of this engagement. Store these records, along with all supporting documents, canceled checks, etc., in a secure location in case these items are needed later to prove accuracy and completeness of a return. We retain copies of your records and our work papers for your engagement for

three 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.

Extension Requests: Please contact us if you would like an extension of time to file your return. This may be necessary if you do not submit all of your tax information to us by April 1. Even if you file an extension request, you may be assessed penalties and interest if you have paid less than 100% of your current tax liability by the filing deadline. Extensions are granted for filing your return, not for paying your tax. **We do not automatically file extensions.**

To affirm that this letter correctly summarizes your understanding of the arrangements for this work, sign the enclosed copy of this letter in the space indicated and return it to us with your tax information. If you are emailing your tax information, please use secure email. You may email us securely by finding an email from us with the secure link or by calling us, and we will send you the link. Please be responsible for your information and do not take chances. You are responsible for any data that may be compromised if you do not send it to us in a secure manner.

We appreciate your confidence in us. Please call us at (509) 736-2400 if you have any question.

Sincerely,

Barbara Culver EA
Tax Center Plus

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

Accepted By:

Taxpayer

Spouse

Date

2017 Tax Organizer

Personal and Dependent Information

Personal Information

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

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

Miscellaneous Information

Name:

SSN: ***-**-****

Personal Information

Yes	No	
-----	----	--

<input type="checkbox"/>	<input type="checkbox"/>	Did your marital status change during the year?
--------------------------	--------------------------	---

If "Yes," explain _____

<input type="checkbox"/>	<input type="checkbox"/>	Can you or your spouse be claimed as a dependent by someone else?
--------------------------	--------------------------	---

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

<input type="checkbox"/>	<input type="checkbox"/>	Did you have any changes in dependents during the year?
--------------------------	--------------------------	---

If "Yes," explain _____

<input type="checkbox"/>	<input type="checkbox"/>	Can another person qualify to claim any dependents?
--------------------------	--------------------------	---

<input type="checkbox"/>	<input type="checkbox"/>	Did you have any childcare expenses during the year?
--------------------------	--------------------------	--

<input type="checkbox"/>	<input type="checkbox"/>	Did you have any adoption expenses during the year?
--------------------------	--------------------------	---

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

<input type="checkbox"/>	<input type="checkbox"/>	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).

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

<input type="checkbox"/>	<input type="checkbox"/>	Did you have a financial interest in or signature authority over a financial account or asset located in a foreign country?
--------------------------	--------------------------	---

<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a distribution from, or were you a grantor of, or transferor to, a foreign trust?
--------------------------	--------------------------	---

<input type="checkbox"/>	<input type="checkbox"/>	Did you have any income from, or pay taxes to, a foreign country?
--------------------------	--------------------------	---

<input type="checkbox"/>	<input type="checkbox"/>	Did you own property in a foreign country?
--------------------------	--------------------------	--

<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any tips not reported to your employer?
--------------------------	--------------------------	---

<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any disability income during the year?
--------------------------	--------------------------	--

<input type="checkbox"/>	<input type="checkbox"/>	Did you cash any U.S. savings bonds during the year?
--------------------------	--------------------------	--

<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any other income not provided with this organizer?
--------------------------	--------------------------	--

If "Yes," explain _____

<input type="checkbox"/>	<input type="checkbox"/>	Did you start a new business or purchase any rental property during the year?
--------------------------	--------------------------	---

<input type="checkbox"/>	<input type="checkbox"/>	Did you sell an existing business, rental property, or other property during the year?
--------------------------	--------------------------	--

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

<input type="checkbox"/>	<input type="checkbox"/>	Did you purchase any gasoline, diesel, or special fuels for non-highway business use?
--------------------------	--------------------------	---

<input type="checkbox"/>	<input type="checkbox"/>	Did you buy or sell any stocks, bonds, or other investments during the year?
--------------------------	--------------------------	--

<input type="checkbox"/>	<input type="checkbox"/>	Did you sell a principal residence during the year?
--------------------------	--------------------------	---

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

<input type="checkbox"/>	<input type="checkbox"/>	Did you foreclose or abandon a principal residence or real property during the year?
--------------------------	--------------------------	--

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

<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any principal or interest during this year from property sold in prior years?
--------------------------	--------------------------	---

<input type="checkbox"/>	<input type="checkbox"/>	Did you rent out your home or use it for business?
--------------------------	--------------------------	--

<input type="checkbox"/>	<input type="checkbox"/>	Did you sell, exchange, or purchase any real estate during the year?
--------------------------	--------------------------	--

<input type="checkbox"/>	<input type="checkbox"/>	Did you acquire a new or additional interest in a partnership or S corporation?
--------------------------	--------------------------	---

<input type="checkbox"/>	<input type="checkbox"/>	Did you have any debts canceled or forgiven this year?
--------------------------	--------------------------	--

<input type="checkbox"/>	<input type="checkbox"/>	Does anyone owe you money that has become uncollectible?
--------------------------	--------------------------	--

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

<input type="checkbox"/>	<input type="checkbox"/>	Did you pay out-of-pocket medical or dental expenses (premiums, prescriptions, mileage, etc.) during the year?
--------------------------	--------------------------	--

<input type="checkbox"/>	<input type="checkbox"/>	Did you pay any long-term care premiums for yourself, your spouse, or a dependent during the year?
--------------------------	--------------------------	--

<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any state or local income tax refunds from prior years?
--------------------------	--------------------------	---

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?
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? |
| 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? |
| 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? |
| 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? |
| 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

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

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	

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

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 and homeowner
expenses**

Advertising _____

Auto & travel _____

Cleaning & maintenance _____

Commissions _____

Depletion _____

Insurance _____

Legal & professional fees _____

Management fees _____

Interest - mortgage _____

Interest - other _____

Repairs _____

Supplies _____

Taxes _____

Utilities _____

Other expenses

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.

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.

Income or Loss from Partnerships, S corporations, and Fiduciaries

Name:

SSN: ***-**-****

Partnerships, S corporations, Estates and Trusts

Provide all copies of Schedule K-1 and attachments

Entity Name

EIN

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 _____

☐ 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 _____

☐ 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 _____

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☐ There is evidence to support your deduction☐ This vehicle is available for use during off-duty hours☐ 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	_____	_____
Real estate taxes	_____	_____
Excess mortgage interest	_____	_____
Insurance	_____	_____
Rent	_____	_____
Repairs & maintenance	_____	_____
Utilities	_____	_____
Other expenses	_____	_____

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.

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	Cash	Noncash	Amount
Church	<input type="checkbox"/>	<input type="checkbox"/>	_____
Boy or Girl Scouts	<input type="checkbox"/>	<input type="checkbox"/>	_____
Goodwill	<input type="checkbox"/>	<input type="checkbox"/>	_____
Red Cross	<input type="checkbox"/>	<input type="checkbox"/>	_____
Salvation Army	<input type="checkbox"/>	<input type="checkbox"/>	_____
United Way	<input type="checkbox"/>	<input type="checkbox"/>	_____
Veterans	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hospital	<input type="checkbox"/>	<input type="checkbox"/>	_____
University	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other	<input type="checkbox"/>	<input type="checkbox"/>	_____

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 _____

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 _____

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
_____	_____
_____	_____
_____	_____

Student name _____	Student name _____
Type of expense	Amount
_____	_____
_____	_____
_____	_____