

<b>2017</b>	<b>1040</b>	<b>US</b>	<b>Client Information</b>	<b>1</b>
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**PESCATORE-COOPER PLC**  
**5635 N SCOTTSDALE RD STE A-150**  
**SCOTTSDALE, AZ 85250**  
**Telephone number: 480-994-4148**  
**Fax number: 480-994-3806**  
**E-mail address: info@pescatorecooper.com**

**Tax Return Appointment**

**Date:**  
**Time:**  
**Location:**

**This tax organizer will assist you in gathering information necessary for the preparation of your 2017 tax return. Please add, change, or delete information as appropriate.**

**CLIENT INFORMATION**

Filing Status	Filing status (table).....	1	<p align="center"><b>Filing Status</b></p> <p>1 = Single                  2 = Married filing joint                  3 = Married filing separate                  4 = Head of household                  5 = Qualifying widow(er)</p>
	1=married filing separate and lived with spouse .....		
	Year spouse died, if qualifying widow(er) (2015 or 2016) .....		
Taxpayer	First name and initial .....		
	Last name .....		
	Title/suffix .....		
	Social security number .....		
	Occupation .....		
	Date of birth (m/d/y) .....		
	Date of death (m/d/y) .....		
1=blind .....			
Spouse	First name and initial .....		
	Last name .....		
	Title/suffix .....		
	Social security number .....		
	Occupation .....		
	Date of birth (m/d/y) .....		
	Date of death (m/d/y) .....		
1=blind .....			
Address	In care of .....		
	Street address .....		
	Apartment number .....		
	City .....		
	State .....		
Foreign Address	ZIP code .....		
	Region .....		
	Postal code .....		
	Country .....		

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Client Information (continued)

1 p2

Please add, change or delete information for 2017.

CLIENT INFORMATION

Taxpayer Contact Information	Home phone .....		<b>Daytime Phone</b> 1 = Work 2 = Home 3 = Mobile
	Work phone .....		
	Work extension .....		
	Daytime phone (table) .....	1	
	Mobile phone .....		
	Fax number .....		
	E-mail address .....		
Spouse Contact Information	Home phone .....		
	Work phone .....		
	Work extension .....		
	Daytime phone (table) .....		
	Mobile phone .....		
	Fax number .....		
	E-mail address .....		
Taxpayer Authentication	Driver's license no. ....		
	Driver's license state .....		
	Expiration date (m/d/y) .....		
	Issue date (m/d/y) .....		
	Theft protection PIN .....		
Spouse Authentication	Driver's license no. ....		
	Driver's license state .....		
	Expiration date (m/d/y) .....		
	Issue date (m/d/y) .....		
	Theft protection PIN .....		

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<b>2017</b>	<b>1040</b>	<b>US</b>	<b>Dependents</b>	<b>2</b>
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**Please add, change or delete information for 2017.**

**DEPENDENTS**

	Dependent	Dependent	
First name.....			<p><b>Type of Dependent</b></p> <p>1 = Child living w/taxpayer                      2 = Child not living w/taxpayer                      3 = Dependent other than child                      4 = Head of household only, not a dependent                      5 = Earned income credit only, not a dependent</p> <p><b>Earned Income Credit</b></p> <p>1 = When applicable (default)                      2 = Student age 19 to 23                      3 = Disabled                      4 = Force                      5 = Suppress</p> <p>NOTE: If you claim the earned income credit, please provide proof that your child is a resident of the U.S. This proof is typically in the form of:</p> <ol style="list-style-type: none"> <li>1. School records or statement</li> <li>2. Landlord or property management statement</li> <li>3. Health care provider statement</li> <li>4. Medical records</li> <li>5. Child care provider records</li> <li>6. Placement agency statement</li> <li>7. Social service records or statement</li> <li>8. Place of worship statement</li> <li>9. Indian tribe office statement</li> <li>10. Employer statement</li> </ol> <p>NOTE: If your child is disabled, please provide one of the following forms of proof of disability:</p> <ol style="list-style-type: none"> <li>1. Doctor statement</li> <li>2. Other health care provider statement</li> <li>3. Social services agency or program statement</li> </ol>
Last name.....			
Title/suffix.....			
Date of birth (m/d/y).....			
Date of death.....			
Date of adoption.....			
Social security number.....			
Relationship.....			
Months lived at home.....			
Type of dependent (see table).....			
Earned income credit (see table).....			
Claimed by: 1=taxpayer, 2=spouse.....			
	Dependent	Dependent	
First name.....			
Last name.....			
Title/suffix.....			
Date of birth (m/d/y).....			
Date of death.....			
Date of adoption.....			
Social security number.....			
Relationship.....			
Months lived at home.....			
Type of dependent (see table).....			
Earned income credit (see table).....			
Claimed by: 1=taxpayer, 2=spouse.....			
	Dependent	Dependent	
First name.....			
Last name.....			
Title/suffix.....			
Date of birth (m/d/y).....			
Date of death.....			
Date of adoption.....			
Social security number.....			
Relationship.....			
Months lived at home.....			
Type of dependent (see table).....			
Earned income credit (see table).....			
Claimed by: 1=taxpayer, 2=spouse.....			
	Dependent	Dependent	
First name.....			
Last name.....			
Title/suffix.....			
Date of birth (m/d/y).....			
Date of death.....			
Date of adoption.....			
Social security number.....			
Relationship.....			
Months lived at home.....			
Type of dependent (see table).....			
Earned income credit (see table).....			
Claimed by: 1=taxpayer, 2=spouse.....			

2017	1040	US	Miscellaneous Questions
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Yes	No	
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**PERSONAL INFORMATION**

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Did your marital status change during the year?                              |
| <input type="checkbox"/> | <input type="checkbox"/> | Did your address change during the year?                                     |
| <input type="checkbox"/> | <input type="checkbox"/> | Could you be claimed as a dependent on another person's tax return for 2017? |

**DEPENDENTS**

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Were there any changes in the number or status of dependents this year including a still born?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Were any of your unmarried children who might be claimed as dependents 19 years of age or older (or 24 or older if student) at the end of 2017?                                  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have any children under age 19 or full-time students under age 24 at the end of 2017, with interest and dividend income in excess of \$1,050 (including sales proceeds)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you pay for child care or dependent care expenses, so that you and/or your spouse, could work or continue your education?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you pay into and/or receive pre-tax dependent care benefits through your employer?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you provide a home for a parent(s), or ancestral parent(s) that required assistance with activities of daily living?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you adopt a child or have a pending adoption in 2017?  |

**HEALTH CARE COVERAGE**

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you and your dependents have healthcare coverage for the full-year?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive any of the following IRS Documents? Form 1095-A (Health Insurance Marketplace Statement), 1095-B (Health Coverage) and/or Form 1095-C (Employer Provided Health Insurance Offer and Coverage) <b><u>If yes, please provide.</u></b>  |
| <input type="checkbox"/> | <input type="checkbox"/> | If you or your dependents did not have health care coverage during the year, do you fall into one of the following exemption categories: Indian tribe membership, health sharing ministry membership, religious sect membership, incarceration, exempt non-citizen or economic hardship? <b><u>If you received an exemption certificate, please provide.</u></b> |

**INCOME**

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you cash any Series EE U.S. savings bonds issued after 1989 and pay qualified higher education expenses for yourself, your spouse, or your dependents? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive any disability income?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have any foreign income or pay any foreign taxes (other than through domestic investment accounts)?  |

2017	1040	US	Miscellaneous Questions
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Yes

No

Did you have any lottery winnings in 2017?

Did you receive unemployment compensation in 2017?

Did you receive compensation as a result of Active US Armed Services, National Guard, or Reservist Service?

Did you reside in or receive any income or buy or sell property in any state other than your resident state?

**PURCHASES, SALES AND DEBT**

Did you start a business or farm, purchase rental property, or acquire an interest in a partnership, S corporation, trust, or REMIC?

Did you purchase or dispose of any business assets (furniture, equipment, vehicles, real estate, etc.), or convert any personal assets to business use?

Did you buy or sell any stocks, bonds or other investment property in 2017? **If yes, please provide all pages of Form 1099-B.**Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan? **If yes, please provide a copy of each transactions closing documents.**Are your total mortgages on your first and/or second residence greater than \$1,100,000? **If yes, provide year end mortgage balance for each mortgage/loan.**Did you use proceeds from a home mortgage including home equity loan **other than** to buy, build, or improve your home?

Are you paying interest on a loan for a boat or recreational vehicle that has basic living accommodations, such as sleeping, restroom and cooking facilities?

Did you pay sales tax on the purchase of one or more new mobile homes, motor vehicles, or recreational vehicles? If so, please provide a copy of vehicle bill(s) of sale.

Did you purchase a new alternative motor vehicle (hybrid, advanced lean burn, fuel cell, plug in) that qualifies for a tax credit?

Did you have any debts cancelled or forgiven? **If yes, please provide related documents and any Forms 1099-C or 1099-A received.**

Does anyone owe you money which has become uncollectible?

If you own any rental properties (commercial or residential), have you complied with the required sales tax reporting requirements, if applicable?

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Yes      No

**RETIREMENT PLANS**

- Did you receive a distribution from a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)? **If yes, please provide Form(s) 1099-R.**
- If yes, was the distribution from a Federal, Arizona State or Local Pension?
- Did you make a contribution to a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)? In what amount? \_\_\_\_\_ Date(s): \_\_\_\_\_
- If it will benefit you, would you want to contribute to an IRA, SEP or SIMPLE IRA or to a ROTH IRA?
- Did you transfer or rollover any amount from one retirement plan to another retirement plan?
- Did you receive a distribution from a retirement plan that you subsequently rolled over into another retirement plan within 60 days of receiving the distribution? **If yes, provide the related documentation of the withdrawal and rollover deposit.**
- Did you convert part or all of your Traditional, SEP, or SIMPLE IRA to a Roth IRA in 2017?
- Did you make a direct transfer from an IRA to a charitable organization?
- Are or will you and/or your spouse attain age 70-1/2 in 2017? If yes, please list the value of **ALL** of your IRA accounts by taxpayer as of 12/31/2016. \$ \_\_\_\_\_ And as of 12/31/2017. \$ \_\_\_\_\_

**EDUCATION**

- Did you receive a distribution from an Education Savings Account or a Qualified Tuition Program (529 Plan, Coverdell Savings account, etc)?
- Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school? If yes, Form 1098-T is now required to claim education expenses. **Circle grade level year of studies the student is considered in 2017: freshman, sophomore, junior, senior, or post-grad.**
- Did you incur any unreimbursed expenses working as a teacher, counselor, or principal for classes, kindergarten through grade 12? **If yes, what amount?** \$ \_\_\_\_\_
- Did you pay any student loan interest on behalf of yourself or a dependent?
- Did you **not** claim or are you **interested in not claiming** a dependent, in order to allow your dependent to claim the federal education credit?
- Did you contribute to any Section 529 Education Savings Plans during 2017? If yes, in what amount(s)? \$ \_\_\_\_\_ Date(s): \_\_\_\_\_

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Yes      No

**MISCELLANEOUS ITEMIZED DEDUCTIONS**

- Did you incur a loss because of damaged or stolen property?
- Did you work out of town for part of the year?
- Did you use your car on the job (other than to and from work)?
- If taking a deduction for business travel, entertainment, or gift expenses do you have the required records to support such expenses? The law requires that adequate records are maintained for travel, entertainment, and gifting expenses. The documentation should include amount, time, place and business purpose, description of gift(s) (if any), and business relationship of recipient(s).
- Did you pay any deductible investment interest in 2017? This would be interest on a loan where you used the proceeds to purchase an investment; or interest on a loan that is secured by investment property, such as a margin loan from securities brokerage firm.

**CHARITABLE CONTRIBUTIONS**

**Charitable contributions of any amount are deductible when you have a proper receipt.** Due to the fact that a receipt is required before we are allowed to take a deduction for a contribution, please review the following documetation requirements and indicate whether or not you have the required documentation.

**Contributions Made in Cash** - The law requires you have a receipt, letter, or other written communication from the charity documenting all charitable contributions made in cash.

**Contributions Made by Check, Debit Card, or Charge Card** - For contributions made by check, the law requires you either have receipt, a copy of a canceled check, or some other bank record (e.g. bank statement). For contributions made by debit or charge card, you are required to either have a receipt or a bank record (e.g. bank or credit card statement, etc.). **Please see additional requirements following if contribution is \$250 or more.**

**Contributions of \$250 or more** - For all contributions of \$250 or more, the law requires a receipt and/or written acknowledgment from the charity to which you have made the donation stating the date and amount of contribution as well as a statement as to whether you received anything in return for your contribution. If you received goods or services in return for the contribution, the receipt must include a description and an estimate of the value of the goods or services received in return for the contribution. If the goods or services received consist solely of intangible religious benefits, the receipt must include a statement to the effect.

- Do you have the required documentation for charitable cash contributions based on the requirements above?

**2017 1040 US Miscellaneous Questions**

Yes No

**Contributions of Clothing or Household Items** - Generally, a deduction is not allowed for charitable contribution of clothing or household items unless the items are in good condition or better. Household items generally include furniture, furnishings, electronics, appliances, linens, and other similar items.

Did you make non-cash contributions in 2017? **If yes, please provide a copy of the receipt, date of contribution, the recipient of the donation as well as a list of items donated, along with their thrift shop values if the total of all items exceed \$500.**

If you made non-cash contributions, were your items in good condition or better?

**CREDITS**

Did you make a contribution to a **State Qualified Charitable Organization**? If yes, how much did you contribute? \$ \_\_\_\_\_ **Please provide a copy of the receipt(s).**

Did you make a contribution to a **State Qualified Foster Organization**? If yes, how much did you contribute? \$ \_\_\_\_\_ **Please provide a copy of the receipt(s).**

Did you make a contribution to a **Public or Charter School** for the support of **Extracurricular Activities for Arizona Tax Credit**? If yes, how much did you contribute? \$ \_\_\_\_\_ **Please provide a copy of the receipt.**

Did you make a contribution to a **School Tuition Organization** that provides **Scholarships or Grants to Qualified Schools for the Arizona Tax Credit**? If yes, how much did you contribute? \$ \_\_\_\_\_ **Please provide a copy of the receipt.**

Did you make a contribution to the **Military Family Relief Fund eligible for the Arizona Tax Credit**? If yes, how much did you contribute? \$ \_\_\_\_\_ **Please provide a copy of the receipt.**

If you owe Arizona tax and did not fund all of the eligible State Tax Credits prior to the end of the year, would you like to contribute before April 15, 2018 to take advantage of the credit on your 2017 Arizona Return?

Did you make any residential energy-efficient improvements or purchases involving solar, wind, geothermal or fuel cell energy sources?

Do you think you qualify for any other Federal or State Tax credit or deduction that is not listed here or discussed elsewhere in your Tax Organizer? Please provide details.

**ESTIMATED TAXES**

Did you apply an overpayment of 2016 taxes to your 2017 estimated tax (instead of being refunded)?

If you have an overpayment of 2017 taxes, do you want the excess applied to your 2018 estimated tax (instead of being refunded)?



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Yes

No

Do you expect your 2018 taxable income and withholdings to be different from 2017?  
(See section 7.1 in the organizer to explain changes, if needed.)

**FOREIGN REPORTING**

Did you, your spouse or your dependents have an interest in or signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account?

Do you own shares of stock in a non-publicly traded foreign corporation?

Do you own property in a foreign country? **If yes, please provide details of the type of property and in which country it is located.**

Did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust or did you have an interest in any foreign assets or accounts?

**MISCELLANEOUS**

Do you and/or your spouse want to allocate \$3 to the Presidential Election Campaign Fund?

Did the IRS issue you a Identity Protection Pin to use with the filing of your tax return?  
**If yes, please provide letter received from IRS.**

May the IRS discuss your tax return with your preparer?

If you own a small business, are you in compliance with ACA?

Was your home rented out or used for business?

Did you incur moving expenses due to a change of employment?

Did you make any payments in 2017 that would require you to issue Form(s) 1099? These would include rent, contract labor, outside services, legal fees, etc., aggregating \$600 or more for the year to a single payee for your trade or business. **If yes, please provide copies of 1099s issued.**

Did you engage the services of any household employees to whom you paid more than \$1,000 in any quarter, or more than \$1,900 in 2017? **If yes, provide a copy of the W-2(s) issued to each household employee.**

Did you make contributions to a Health Savings Account (HSA) this year? **If yes, please provide a copy of Form 5498-SA and details of deposits.**

Did you have distributions from a Health Savings Account (HSA) this year? **If yes, please provide a copy of Form 1099-SA and details of the medical expenditures.**

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Yes

No

Did you receive payments under a long-term care (LTC) insurance contract or received any accelerated death benefits from a life insurance policy? **If yes, please provide a copy of Form 1099-LTC**

If you request direct deposit of refunds, has your bank or bank account changed since last year? **If yes, please provide a copy of a voided check.**

Were you notified or audited by either the Internal Revenue Service or the State taxing agency?

Did you or your spouse make any gifts to an individual that total more than \$14,000, or any gifts to a trust?

Did you receive an inheritance of cash, investments or real property in 2017? **If yes, please provide details.**

Has your will or trust been updated within the last year? If no, please consider doing so due to recent estate tax law changes.

Please enter all pertinent 2017 information.

**DIRECT DEPOSIT / ELECTRONIC PAYMENT (3)**

1=direct deposit of federal tax refund into bank account .....		
1=electronic payment of balance due .....		
1=electronic payment of estimated tax .....		

**BANK INFORMATION**

Name of Bank	Percent to Deposit (xx.xx)	Routing Number	Account Number	Type of Account (Table 1)	Type of Invest. (Table 2)

**2017 ESTIMATED TAX / 1040-ES (6)**

**Federal**

	Amount Paid	Date Paid	TS	2017 Voucher Amount
Overpayment applied from 2016 .....				
1st quarter payment .....				
2nd quarter payment .....				
3rd quarter payment .....				
4th quarter payment .....				
Additional Estimated Tax Payments				
Paid with extension .....				
Former spouse SSN if joint estimates .....				

**State**

	Amount Paid	Date Paid	TS	2017 Voucher Amount
Overpayment applied from 2016 .....				
1st quarter payment .....				
2nd quarter payment .....				
3rd quarter payment .....				
4th quarter payment .....				
Additional Estimated Tax Payments				
Paid with extension .....				

**1**      **Type of Account**

1 = Savings  
2 = Checking

**2**      **Type of Investment**

1 = Checking or savings (default)	6 = Coverdell savings account (ESA)
2 = Taxpayer's IRA (next year limits)	7 = Other
3 = Spouse's IRA (next year limits)	8 = Taxpayer's IRA (current year limits)
4 = Health savings account (HSA)	9 = Spouse's IRA (current year limits)
5 = Archer MSA	

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Direct Deposit & Estimates (Form 1040 ES) (cont.)

7.1

Please enter all pertinent 2017 information.

**APPLICATION OF 2017 OVERPAYMENT (7.1)**

If you have an overpayment of 2017 taxes, do you want the excess refunded?  or applied to 2018 estimate? ...

Other (please explain): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2018 ESTIMATED TAX INFORMATION**

Do you expect your 2018 taxable income to be different from 2017? ..... Yes  No

If "yes" explain any differences in income, deductions, dependents, etc.: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you expect your 2018 withholding to be different from 2017? ..... Yes  No

If "yes" explain any differences: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7.1

<b>2017</b>	<b>1040</b>	<b>US</b>	<b>Wages, Pensions, Gambling Winnings</b>	<b>10, 13.1, 13.2</b>
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Please enter all pertinent 2017 amounts & attach all W-2, W-2G and 1099-R forms.  
Last year's amounts are provided for your reference.

**WAGES, SALARIES, TIPS (10)**

No.	Name of Employer (Box c)	1=retirement plan (Box 13)		Wages, Tips, Other Compensation (Box 1)	Tax Withheld					2016 Wages
		1=spouse			Federal (Box 2)	Social Security (Box 4)	Medicare (Box 6)	State (Box 17)	Local (Box 19)	

**PENSIONS, IRA DISTRIBUTIONS (13.1)**

No.	Name of Payer	Distribution code #2		Gross Distribution (Box 1)	Taxable Amount (Box 2a)	Tax Withheld		Value of all IRAs at 12/31/17	2016 Distribution
		Distribution code #1				Federal (Box 4)	State (Box 12)		
		1=IRA/SEP/SIMPLE							
		1=spouse							

**GAMBLING WINNINGS (W-2G) (13.2)**

No.	Name of Payer	1=spouse	Gross Winnings (Box 1)	Tax Withheld			2016 Winnings
				Federal (Box 4)	State (Box 15)	Local (Box 17)	

**GAMBLING LOSSES & WINNINGS (NON W-2G) (13.2)**

	<b>2017 Amount</b>	<b>T</b>	<b>S</b>	<b>2016 Amount</b>
Total gambling losses .....				
Winnings not reported on Form W-2G .....				

**10, 13.1, 13.2**

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Please enter all pertinent 2017 amounts & attach all 1099-INT, 1099-OID and 1099-DIV forms.  
Last year's amounts are provided for your reference.

**INTEREST INCOME (11)**

No.	Name of Payer (also enter SSN & address for seller-financed mortgage)	1=taxpayer 2=spouse	Interest Income			Tax-Exempt Interest		Early Withdrawal Penalty (Box 2)	2016 Interest
			Banks, S&Ls, C/Us, etc. (Box 1)	Seller- Financed Mtg. (Box 1)	U.S. Bonds, T-Bills (Box 3)	Total Municipal Bonds	In-state Municipal Bonds		

**DIVIDEND INCOME (12)**

No.	Name of Payer	1=tp 2=sp	Dividend Income				Tax-Exempt Interest		Foreign Tax Paid (Box 6)	2016 Dividends
			Total Ordinary Dividends (Box 1a)	Qualified Dividends (Box 1b)	Total Capital Gain Distrib. (Box 2a)	U.S. Bonds (% or amt.)	Total Municipal Bonds	In-state Muni-bonds (% or amt.)		

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**Please enter all pertinent 2017 amounts and attach all 1099-MISC, SSA-1099, and RRB-1099 forms. Last year's amounts are provided for your reference.**

**MISCELLANEOUS INCOME**

	2017 Amount		2016 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Social security benefits (SSA-1099, box 5) .....				
Medicare premiums paid (SSA-1099) .....				
1=treat Medicare premiums paid as SE health ins..				
Tier 1 RR retirement benefits (RRB-1099, box 5) ..				
1=lump-sum election for SS benefits .....				
Alimony received .....				
Taxable scholarships and fellowships .....				
Jury duty pay .....				
Household employee income not on W-2 .....				
Excess minister's allowance .....				
Alaska permanent fund dividends .....				
Income from rental of personal property .....				
Income subject to S/E tax:				
_____				
_____				
_____				
_____				
Other income (1099-MISC, box 3, 8)				
_____				
_____				
_____				
_____				

**TAX WITHHELD** (not entered elsewhere)

Federal income tax withheld .....				
State income tax withheld .....				
Local income tax withheld .....				

	<b>14.1</b>
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State & Local Tax Refunds / Unemployment Compensation

14.2

Please add, change or delete 2017 information as appropriate.  
Be sure to attach all 1099-G forms.

**STATE AND LOCAL TAX REFUNDS /  
UNEMPLOYMENT COMPENSATION (Form 1099-G)**

2017 1099-G Amount

No. <input type="text"/>	Name of payer .....		
	1=spouse.....		
	Unemployment compensation:		
	Total received (Box 1) .....		
	2017 Overpayment repaid.....		
	State and local refunds:		
	State and local income tax refund, credit or offsets (Box 2)		
	1=city or local income tax refund .....		
	Tax year for box 2 if not 2016 (Box 3).....		
	Federal income tax withheld (Box 4).....		
	RTAA payments (Box 5).....		
	Taxable grants:		
	Federal taxable amount (Box 6) .....		
	State taxable amount, if different.....		
	Farm amounts:		
Agriculture payments (Box 7).....			
1=agriculture payments are from conservation reserve program .....			
Market gain (Box 9).....			
Number of farm .....			
1=box 2 is trade or business income (Box 8).....			
State income tax withheld (Box 11).....			

No. <input type="text"/>	Name of payer .....		
	1=spouse.....		
	Unemployment compensation:		
	Total received (Box 1) .....		
	2017 Overpayment repaid.....		
	State and local refunds:		
	State and local income tax refund, credit or offsets (Box 2)		
	1=city or local income tax refund .....		
	Tax year for box 2 if not 2016 (Box 3).....		
	Federal income tax withheld (Box 4).....		
	RTAA payments (Box 5).....		
	Taxable grants:		
	Federal taxable amount (Box 6) .....		
	State taxable amount, if different.....		
	Farm amounts:		
Agriculture payments (Box 7).....			
1=agriculture payments are from conservation reserve program .....			
Market gain (Box 9).....			
Number of farm .....			
1=box 2 is trade or business income (Box 8).....			
State income tax withheld (Box 11).....			

14.2



Please enter all pertinent 2017 amounts. Last year's amounts are provided for your reference.

**GENERAL INFORMATION**

Principal business/profession.....	
Principal business code.....	
Business name, if different from Form 1040.....	
Business address, if different from Form 1040...	
City, if different from Form 1040.....	
State, if different from Form 1040.....	
ZIP code, if different from Form 1040.....	
Foreign region.....	
Foreign postal code.....	
Foreign country.....	
Employer identification number.....	
Other accounting method.....	

Accounting method: 1=cash, 2=accrual.....		
Inventory method: 1=cost, 2=lower cost/market, 3=other.....		
1=change of inventory method.....		
1=spouse, 2=joint.....		
1=first Schedule C filed for this business.....		
If required to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no.....		
1=not subject to self-employment tax.....		
1=did not "materially participate".....		
1=personal services is not a material income producing factor.....		
1=investment.....		
1=minister's Schedule C.....		
1=single member limited liability company.....		
1=trader in financial instruments or commodities.....		

**INCOME**

	2017 Amount	2016 Amount
Gross receipts or sales (Form 1099-MISC, box 7).....		
Returns and allowances.....		
Other income:		
_____		
_____		
_____		

**COST OF GOODS SOLD**

Inventory at beginning of the year.....		
Purchases.....		
Cost of items for personal use.....		
Cost of labor.....		
Materials and supplies.....		
Other costs:		
_____		
_____		
_____		
Inventory at end of the year.....		

2017

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US

Business Income (Schedule C) (cont.)

No.

16 p2

Please enter all pertinent 2017 amounts. Last year's amounts are provided for your reference.

EXPENSES

	2017 Amount	2016 Amount
Accounting.....		
Advertising.....		
Answering service.....		
Bad debts from sales or service.....		
Bank charges.....		
Car and truck expenses (not entered elsewhere).....		
Commissions.....		
Contract labor.....		
Delivery and freight.....		
Dues and subscriptions.....		
Employee benefit programs.....		
Insurance (other than health).....		
Mortgage interest (paid to banks, etc.).....		
Other interest (not entered elsewhere).....		
Janitorial.....		
Laundry and cleaning.....		
Legal and professional.....		
Miscellaneous.....		
Office expense.....		
Outside services.....		
Parking and tolls.....		
Pension and profit sharing plans - contributions.....		
Pension and profit sharing plans - admin. and education costs.....		
Postage.....		
Printing.....		
Rent - vehicles, machinery, & equipment (not entered elsewhere).....		
Rent - other.....		
Repairs.....		
Security.....		
Supplies.....		
Taxes - real estate.....		
Taxes - payroll.....		
Taxes - sales tax included in gross receipts.....		
Taxes - other (not entered elsewhere).....		
Telephone.....		
Tools.....		
Travel.....		
Total meals and entertainment in full (50%).....		
Department of Transportation meals in full (80%).....		
Uniforms.....		
Utilities.....		
Wages.....		

Other expenses:

_____		
_____		
_____		
_____		
_____		

NOTE: If you purchased or disposed of any business assets, please complete Sheet 22.

16 p2

<b>2017</b>	<b>1040</b>	<b>US</b>	<b>Capital Gains &amp; Losses (Schedule D)</b>	<b>17</b>
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**If you sold any stocks, bonds, or other investment property in 2017, please list the pertinent information for each sale below or provide a spreadsheet file with this information.  
Be sure to attach all 1099-B forms and brokerage statements.**

No.	Quantity	Description of Property (Box 1a)	Date Acquired (Box 1b)	Date Sold (Box 1c)	Sales Price (gross or net) (Box 1d)	Cost or Basis (Box 1e)	Blank=basis rep. to IRS, 1=nonrec. security (Box 3, 5)	Expenses of Sale (if gross sales price entered)	Federal Income Tax Withheld (Box 4)
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									

2017

1040

US

Rental & Royalty Income (Schedule E)

No.

18

Please enter all pertinent 2017 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

	2017 Amount	2016 Amount
Description of property.....		<b>Type of Property</b> 1 = Single Family Residence 2 = Multi-Family Residence 3 = Vacation/Short-Term Rental 4 = Commercial 5 = Land 6 = Royalties 7 = Self-Rental
Street address.....		
City.....		
State.....		
ZIP code.....		
Type of property (see table)....		
Other type of property.....		
Number of days rented.....		

Percentage of ownership if not 100% (.xxxx).....	
Percentage of tenant occupancy if not 100% (.xxxx).....	
1=spouse, 2=joint.....	
1=qualified joint venture.....	
1=nonpassive activity, 2=passive royalty.....	

1=did not actively participate... 1=RE prof., activity is trade or business, 2=RE prof., not trade or business.....	
1=rental other than real estate.....	
1=investment..... 1=single member limited liability company.....	
If required to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no.....	

INCOME

	2017 Amount	2016 Amount
Rents or royalties received.....		

DIRECT EXPENSES

NOTE: Direct expenses are related only to the rental activity. These include rental agency fees, advertising, and office supplies.

Advertising.....		
Association dues.....		
Auto and travel (not entered elsewhere).....		
Cleaning and maintenance.....		
Commissions.....		
Gardening.....		
Insurance.....		
Legal and professional fees.....		
Licenses and permits.....		
Management fees.....		
Miscellaneous.....		
Mortgage interest (paid to banks, etc.).....		
Qualified mortgage insurance premiums.....		
Excess mortgage interest.....		
Other interest (not entered elsewhere).....		
Painting and decorating.....		
Pest control.....		
Plumbing and electrical.....		
Repairs.....		
Supplies.....		
Taxes - real estate.....		
Taxes - other (not entered elsewhere).....		
Telephone.....		
Utilities.....		
Wages and salaries.....		
Other:		
_____		
_____		
_____		

NOTE: If you purchased or disposed of any business assets, please complete Sheet 22.

18

2017

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US

Rental & Royalty Income (Sch. E) (cont.)

No.

18 p2

Please enter all pertinent 2017 amounts. Last year's amounts are provided for your reference. The indirect expense column should only be used for vacation homes or less than 100% tenant occupied rentals.

GENERAL INFORMATION

Foreign region .....	<input type="text"/>
Foreign postal code .....	<input type="text"/>
Foreign country .....	<input type="text"/>

OIL AND GAS

	2017 Amount	2016 Amount
Production type (preparer use only) .....	<input type="text"/>	<input type="text"/>
Cost depletion .....	<input type="text"/>	<input type="text"/>
Percentage depletion rate or amount .....	<input type="text"/>	<input type="text"/>
State cost depletion, if different (-1 if none) .....	<input type="text"/>	<input type="text"/>
State % depletion rate or amount, if different (-1 if none) .....	<input type="text"/>	<input type="text"/>

VACATION HOME

Number of days personal use .....	<input type="text"/>
Number of days owned (if optional method elected) .....	<input type="text"/>

INDIRECT EXPENSES

NOTE: Indirect expenses are related to operating or maintaining the dwelling unit. These include repairs, insurance, and utilities.

Advertising .....	<input type="text"/>	<input type="text"/>
Association dues .....	<input type="text"/>	<input type="text"/>
Auto and travel (not entered elsewhere) .....	<input type="text"/>	<input type="text"/>
Cleaning and maintenance .....	<input type="text"/>	<input type="text"/>
Commissions .....	<input type="text"/>	<input type="text"/>
Gardening .....	<input type="text"/>	<input type="text"/>
Insurance .....	<input type="text"/>	<input type="text"/>
Legal and professional fees .....	<input type="text"/>	<input type="text"/>
Licenses and permits .....	<input type="text"/>	<input type="text"/>
Management fees .....	<input type="text"/>	<input type="text"/>
Miscellaneous .....	<input type="text"/>	<input type="text"/>
Mortgage interest (paid to banks, etc.) .....	<input type="text"/>	<input type="text"/>
Qualified mortgage insurance premiums .....	<input type="text"/>	<input type="text"/>
Excess mortgage interest .....	<input type="text"/>	<input type="text"/>
Other interest (not entered elsewhere) .....	<input type="text"/>	<input type="text"/>
Painting and decorating .....	<input type="text"/>	<input type="text"/>
Pest control .....	<input type="text"/>	<input type="text"/>
Plumbing and electrical .....	<input type="text"/>	<input type="text"/>
Repairs .....	<input type="text"/>	<input type="text"/>
Supplies .....	<input type="text"/>	<input type="text"/>
Taxes - real estate .....	<input type="text"/>	<input type="text"/>
Taxes - other (not entered elsewhere) .....	<input type="text"/>	<input type="text"/>
Telephone .....	<input type="text"/>	<input type="text"/>
Utilities .....	<input type="text"/>	<input type="text"/>
Wages and salaries .....	<input type="text"/>	<input type="text"/>
Other:	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>2017</b>	<b>1040</b>	<b>US</b>	<b>Partnership and S corporation Information</b>	<b>20.1,20.2</b>
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Please add, change or delete 2017 information as appropriate. Be sure to attach all Schedule K-1s.

**PARTNERSHIP INFORMATION (20.1)**

No.	Name of Partnership	Employer Identification Number	Tax Shelter Registration Number	Additional Amounts Invested in Partnership

**S CORPORATION INFORMATION (20.2)**

No.	Name of S corporation	Employer Identification Number	Tax Shelter Registration Number	Additional Amounts Invested in S corporation

**20.1,20.2**

2017

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US

Adjustments to Income

24

Please enter all pertinent 2017 information. Last year's amounts are provided for your reference.

**TRADITIONAL IRA CONTRIBUTIONS**

	2017 Amount		2016 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
IRA contributions you made or expect to make (1=maximum) (\$5,500/\$6,500 if 50 or older).....				
Contributions made to date .....				
1=covered by plan, 2=not covered.....				
2017 payments from 1/1/18 to 4/17/18.....				

**ROTH IRA CONTRIBUTIONS**

	2017 Amount	2016 Amount
	Taxpayer	Spouse
Roth IRA contributions you made or expect to make (1=maximum) (\$5,500/\$6,500 if 50 or older).....		
Contributions made to date .....		

**SEP, SIMPLE AND QUALIFIED PLANS (KEOGH)**

	2017 Amount	2016 Amount
	Taxpayer	Spouse
Profit-sharing (25%/1.25) contributions you made or expect to make (1=maximum) .....		
Money purchase (25%/1.25) contributions you made or expect to make (1=maximum) .....		
Defined benefit contributions you expect to make .....		
Self-employed SEP (25%/1.25) contributions you made or expect to make (1=maximum) .....		
Plan contribution rate if not .25 (.xxxx) .....		
Individual 401k: SE elective deferrals (except Roth) (1=max.) .....		
Individual 401k: SE designated Roth contributions (1=max.) .....		
SIMPLE contributions:		
Self-employed SIMPLE contributions you made or expect to make (1=maximum) .....		
Employer matching rate if not .03 (.xxxx) .....		
1=nonelective contributions (2%) .....		
Contributions made to date .....		

**ADJUSTMENTS TO INCOME**

	2017 Amount	2016 Amount
	Taxpayer	Spouse
Self-employed health insurance:		
Total premiums (excluding long-term care).....		
Long-term care premiums .....		
Student loan interest paid (1098-E, box 1) .....		
Educator expenses (kindergarten thru grade 12) .....		
Jury duty pay given to employer .....		
Expenses from rental of personal property .....		
Other adjustments to income:		
_____		
_____		
_____		

Alimony paid:	Taxpayer	Spouse
Recipient's first name .....		
Recipient's last name .....		
Recipient's SSN .....		
Amount paid .....	2016 amt:	2016 amt:

24

**Please enter all pertinent 2017 amounts and attach all 1098 forms.  
Last year's amounts are provided for your reference.**

**MEDICAL AND DENTAL EXPENSES**

NOTE: Enter self-employed health insurance premiums on Sheet 24 and Medicare insurance premiums on Sheet 14.

	2017 Amount	TS	2016 Amount
Prescription medicines and drugs .....			
Doctors, dentists and nurses .....			
Hospitals and nursing homes .....			
Insurance premiums not entered elsewhere (excl. LT care & amts. paid w/pre-tax dollars) ..			
Long-term care premiums - taxpayer .....			
Long-term care premiums - spouse .....			
Insurance reimbursement (enter as a positive number) .....			
Lodging and transportation:			
Out-of-pocket expenses .....			
Medical miles driven .....			
Other medical and dental expenses:			
_____			
_____			
_____			

**TAXES PAID** (State and local withholding and 2017 estimates are automatic.)

State income taxes - 1/17 payment on 2016 state estimate .....			
State income taxes - paid with 2016 state return extension .....			
State income taxes - paid with 2016 state return .....			
State income taxes - paid for prior years and/or to other state .....			
City/local income taxes - 1/17 payment on 2016 city/local estimate .....			
City/local income taxes - paid with 2016 city/local extension .....			
City/local income taxes - paid with 2016 city/local return .....			

**SALES AND USE TAXES PAID**

State and local sales taxes (except autos and special items) .....			
Use taxes paid on 2017 purchases .....			
Use taxes paid with 2016 state return .....			
Sales tax on autos not included above .....			
Sales tax on boats, aircraft, other special items .....			

**OTHER TAXES PAID**

Real estate taxes - principal residence:			
_____			
_____			
_____			
Real estate taxes - property held for investment .....			
Personal property taxes (including auto fees in some states. Provide a copy of tax notice) ..			
Foreign income taxes .....			
Other taxes:			
_____			
_____			
_____			



2017

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US

Itemized Deductions (continued)

25 p2

Please enter all pertinent 2017 amounts. Last year's amounts are provided for your reference.

INTEREST PAID

Home mortgage int. (Box 1) and points (Box 2) reported on Form 1098:

2017 Amount

TS

2016 Amount

Table with 3 columns: Description, 2017 Amount, TS, 2016 Amount. Includes rows for home mortgage interest and points reported on Form 1098.

Home mortgage interest not reported on Form 1098:

Form for home mortgage interest not reported on Form 1098, including fields for payee's name, SSN, address, city, state, ZIP code, region, postal code, and country.

Table with 3 columns: Description, 2017 Amount, TS, 2016 Amount. Includes row for amount paid.

Points not reported on Form 1098:

Table with 3 columns: Description, 2017 Amount, TS, 2016 Amount. Includes row for points not reported on Form 1098.

Mortgage insurance premiums on post 12/31/06 contracts (Box 4) . . . .

Table with 3 columns: Description, 2017 Amount, TS, 2016 Amount. Includes row for mortgage insurance premiums.

Investment interest (interest on margin accounts):

Table with 3 columns: Description, 2017 Amount, TS, 2016 Amount. Includes rows for investment interest and passive interest.

Passive interest . . . . .

Certain home mortgage interest included above (6251) . . . . .

NOTE: Points paid on loans other than to buy, build, or improve your main home are deductible over the life of the mortgage. For these types of loans also provide the dates and lives of the loans.

CASH CONTRIBUTIONS

NOTE: No deduction is allowed for cash or check contributions unless the donor maintains a bank record, or a written communication from the donee, showing the name of the organization, contribution date(s), and contribution amount(s).

Churches, schools, hospitals, and other charitable organizations (50% limitation):

Contributions by cash or check:

Table with 3 columns: Description, 2017 Amount, TS, 2016 Amount. Includes rows for cash contributions, volunteer expenses, and charitable miles for churches, schools, hospitals, etc.

Veterans' organizations, fraternal societies, nonprofit cemeteries, and certain private nonoperating foundations (30% limitation):

Contributions by cash or check:

Table with 3 columns: Description, 2017 Amount, TS, 2016 Amount. Includes rows for cash contributions, volunteer expenses, and charitable miles for veterans' organizations, etc.

25 p2

2017

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US

Itemized Deductions (continued)

25 p3

Please enter all pertinent 2017 amounts. Last year's amounts are provided for your reference.

NONCASH CONTRIBUTIONS

NOTE: Use Sheet 26 if total noncash contributions are over \$500. No deduction is allowed for contributions of clothing and household items that are not in good used condition or better. In addition, a deduction for any item with minimal monetary value may be denied.

50% limitation (see above):

2017 Amount

TS

2016 Amount

Three horizontal lines for 50% limitation entries.

Table with 3 columns: 2017 Amount, TS, 2016 Amount. 3 rows.

30% limitation (see above):

Three horizontal lines for 30% limitation entries.

Table with 3 columns: 2017 Amount, TS, 2016 Amount. 3 rows.

30% capital gain property (gifts of capital gain property to 50% limit orgs.):

Three horizontal lines for 30% capital gain property entries.

Table with 3 columns: 2017 Amount, TS, 2016 Amount. 3 rows.

20% capital gain property (gifts of capital gain property to non-50% limit orgs.):

Three horizontal lines for 20% capital gain property entries.

Table with 3 columns: 2017 Amount, TS, 2016 Amount. 3 rows.

MISCELLANEOUS DEDUCTIONS (subject to 2% AGI limit)

Union and professional dues

Table with 3 columns: 2017 Amount, TS, 2016 Amount. 1 row.

Other unreimbursed employee expenses (uniforms and protective clothing, professional subscriptions, employment agency fees, and certain edu. expenses):

Five horizontal lines for other unreimbursed employee expenses.

Table with 3 columns: 2017 Amount, TS, 2016 Amount. 5 rows.

Investment expense:

Five horizontal lines for investment expense.

Table with 3 columns: 2017 Amount, TS, 2016 Amount. 5 rows.

Tax return preparation fee

Safe deposit box rental

Table with 3 columns: 2017 Amount, TS, 2016 Amount. 2 rows.

Miscellaneous deductions (2% AGI) (certain legal and accounting fees, and custodial fees):

Five horizontal lines for miscellaneous deductions.

Table with 3 columns: 2017 Amount, TS, 2016 Amount. 5 rows.

25 p3

2017

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US

Itemized Deductions (continued)

25 p4

Please enter all pertinent 2017 amounts. Last year's amounts are provided for your reference.

OTHER MISCELLANEOUS DEDUCTIONS

2017 Amount

TS

2016 Amount

Estate tax, section 691(c).....			
---------------------------------	--	--	--

Other miscellaneous deductions:


25 p4

2017

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US

Itemized Deductions (continued)

25 p5

If either of the following conditions below apply to you, your home mortgage interest deduction may need to be limited and the input section provided below should be completed. If neither condition applies, enter home mortgage interest amounts on organizer sheet 25 p2.

- Total home equity debt exceeded \$100,000 at any time during 2017 (\$50,000 if married filing separate). For this purpose, home equity debt is defined as any mortgages taken out after October 13, 1987 in which the proceeds were used for purposes other than to buy, build, or improve your home. An example of this type of mortgage is a home equity loan use to pay off credit card bills, buy a car, or pay tuition.
- Total home acquisition debt exceeded \$1,000,000 at any time during 2017 (\$500,000 if married filing separate). For this purpose, home acquisition debt is defined as any mortgages taken out after October 13, 1987 in which the proceeds were used to buy, build, or improve your home.

NOTE: When completing the input section below, grandfather debt represents loans taken out prior to October 14, 1987.

Please enter all pertinent 2017 amounts and attach all 1098 forms.  
Last year's amounts are provided for your reference.

	2017 Amount	TS	2016 Amount
Fair market value of the property on the date that the last debt was secured			
Home acquisition and grandfather debt on the date that the last debt was secured			

**LOAN INFORMATION**

Loan #1

Lender's name			
Form (see table)			
Number of form			
1=taxpayer, 2=spouse, blank=joint			
Interest paid			
Points paid			
Total principal paid			
Lump sum principal payment (if paid off)			
Months outstanding (if not 12)			
Home acquisition debt balance - beginning of year			
Home acquisition debt borrowed in 2017			
Home equity debt balance - beginning of year			
Home equity debt borrowed in 2017			
Grandfather debt balance - beginning of year			

Loan #2

Lender's name			
Form (see table)			
Number of form			
1=taxpayer, 2=spouse, blank=joint			
Interest paid			
Points paid			
Total principal paid			
Lump sum principal payment (if paid off)			
Months outstanding (if not 12)			
Home acquisition debt balance - beginning of year			
Home acquisition debt borrowed in 2017			
Home equity debt balance - beginning of year			
Home equity debt borrowed in 2017			
Grandfather debt balance - beginning of year			

**Form**  
1 = Schedule A (default)  
2 = Business use of home  
3 = Schedule E

25 p5

<b>2017</b>	<b>1040</b>	<b>US</b>	<b>Business Use of Home (Form 8829)</b>	No. <input style="width:40px;" type="text"/>	<b>29</b>
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**Please enter 2017 indirect expenses in full. Nonbusiness portion will carry to Schedule A.  
Business percentage will be applied to indirect expenses only.**

**BUSINESS USE OF HOME**

	2017 Amount	2016 Amount
Form .....		
Number of form (e.g., enter 2 for Schedule C number 2) .....		
Business use area (square footage) .....		
Total area of home (square footage) .....		
Total hours facility used (for daycare facilities only) .....		
Total hours available (if not 8,760) .....		
Area of home included above used exclusively for daycare business, if any (sq ft) .....		
% (.xx) or amount of gross income from home if not 100% (-1 if none) .....		
% (.xx) or amount of expenses from home if not 100% (-1 if none) .....		

**INDIRECT EXPENSES**

NOTE: Indirect expenses are for keeping up and running your entire home. They benefit both the business and personal parts of your home.

Mortgage interest .....		
Real estate taxes .....		
Qualified mortgage insurance premiums .....		
Casualty losses .....		
Insurance .....		
Miscellaneous .....		
Rent .....		
Repairs and maintenance .....		
Utilities .....		
Excess mortgage interest .....		
Other indirect expenses:		
_____		
_____		
_____		

**DIRECT EXPENSES**

NOTE: Direct expenses benefit only the business part of your home. They include painting or repairs made to specific areas or rooms used for business.

Mortgage interest .....		
Real estate taxes .....		
Qualified mortgage insurance premiums .....		
Casualty losses .....		
Insurance .....		
Miscellaneous .....		
Rent .....		
Repairs and maintenance .....		
Utilities .....		
Excess mortgage interest .....		
Excess casualty losses .....		
Allowable casualty losses .....		
Other direct expenses:		
_____		
_____		
_____		

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US

Employee/Vehicle Bus. Exp. (Form 2106)

No.

30

Please enter all pertinent 2017 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

Occupation, if different from Form 1040.....

Form .....	<input type="text"/>	
Number of form (1=first Schedule C, 2=second, etc.) .....	<input type="text"/>	
1=spouse .....	<input type="text"/>	
1=performance artist, 2=handicapped, 3=fee-basis government official.....	<input type="text"/>	
1=minister's expenses .....	<input type="text"/>	

EMPLOYEE BUSINESS EXPENSES

	2017 Amount	2016 Amount
Meal and entertainment expenses .....	<input type="text"/>	<input type="text"/>
Reimbursements for meals and entertainment not on W-2, box 1 .....	<input type="text"/>	<input type="text"/>
1=Department of Transportation (80% meal allowance) .....	<input type="text"/>	<input type="text"/>
Local transportation (bus, taxi, train, etc.).....	<input type="text"/>	<input type="text"/>
Travel expenses while away from home overnight .....	<input type="text"/>	<input type="text"/>
Reimbursements not included on Form W-2, box 1.....	<input type="text"/>	<input type="text"/>
Other business expenses:	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

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2017

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US

Vehicle Expenses (Form 2106) (cont.)

No.

30 p2

Please enter all pertinent 2017 amounts. Last year's amounts are provided for your reference.

VEHICLE INFORMATION

	2017 Amount	2016 Amount
1=vehicle used primarily by more than 5% owner.....		
1=vehicle is available for off-duty personal use.....		
1=no other vehicle is available for personal use.....		
1=no evidence to support your deduction.....		
1=no written evidence to support your deduction.....		

VEHICLE 1

Description of vehicle.....		
Date placed in service (m/d/y).....		
Total mileage (for the tax year).....		
Business mileage.....		
Commuting mileage (for the tax year).....		
Average daily round-trip commute.....		
Number of months of business use if changed from 100% personal use.....		
Parking fees and tolls (business portion only).....		
Actual expenses:		
Gasoline, lube, oil.....		
Repairs.....		
Tires.....		
Insurance.....		
Miscellaneous.....		
Auto license (other than personal property taxes).....		
Personal property taxes (based on car's value).....		
Interest (car loan) (for Schedule C, E & F).....		
Vehicle rent or lease payments.....		
Inclusion amount (enter as positive).....		
Value of employer-provided vehicle on Form W-2 (2106).....		

VEHICLE 2

Description of vehicle.....		
Date placed in service (m/d/y).....		
Total mileage (for the tax year).....		
Business mileage.....		
Commuting mileage (for the tax year).....		
Average daily round-trip commute.....		
Number of months of business use if changed from 100% personal use.....		
Parking fees and tolls (business portion only).....		
Actual expenses:		
Gasoline, lube, oil.....		
Repairs.....		
Tires.....		
Insurance.....		
Miscellaneous.....		
Auto license (other than personal property taxes).....		
Personal property taxes (based on car's value).....		
Interest (car loan) (for Schedule C, E and F).....		
Vehicle rent or lease payments.....		
Inclusion amount (enter as positive).....		
Value of employer-provided vehicle on Form W-2 (2106).....		