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2017 TAX ORGANIZER

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**SHEFFIELD, TRACKWELL & RAPP LLC
2700 RESEARCH FOREST DR.
SUITE 125
THE WOODLANDS, TX 77381**

I (We) have submitted this information for the sole purpose of preparing my (our) tax return(s). Each item can be substantiated by receipts, canceled checks or other documents. This information is true, correct and complete to the best of my (our) knowledge.

Taxpayer Signature	Date
Spouse Signature	Date



2500 Tanglewilde St., Suite 425
Houston, TX 77063-2187
(713) 974-4660 FAX (713) 782-5299

2700 Research Forest, Suite 125
The Woodlands, TX 77381
(936) 441-6550 FAX (936) 539-6308

January 22, 2018

Dear Client:

This letter is to confirm our understanding of the terms and objectives of our engagement and to clarify the nature and limitations of the services we will provide. If you agree with the terms as stated, **PLEASE SIGN THIS LETTER AND RETURN IT TO US.**

We will prepare your Federal (and State, if required) Income Tax Return for the calendar year 2017. The return(s) will be prepared from information you will provide. We will not audit or otherwise verify the data you submit, however, we may ask for clarification of certain items. Current tax law pertaining to preparer's liability requires that we obtain client representation relative to the tax information given to us. By signing this letter, you represent that to the best of your knowledge and belief, the information you will present for preparation of your income tax return, including all travel and entertainment expenses, will be properly supported, complete and accurate.

Your returns may be subject to examination by the taxing authorities. In the event of an audit, you may be requested to produce documents, records or other evidence to substantiate the items of income and deductions shown on the tax return. Any items resolved against you by the examining agent are subject to certain rights of appeal. If your return is examined, we will represent you if you so desire, however, such additional services are not included in our fee for preparation of your returns.

(1) **Meals, Travel and Entertainment Expense**

The law specifically requires that any deduction claimed for meals and entertainment must be substantiated by records indicating the amount, time, place and business purpose of the expenditure. If you claim a deduction for these types of expenses, you represent that you have the required records and receipts. Only 50% of unreimbursed meals and entertainment expense qualify as deductible.

(2) **Business Vehicle Use**

The minimum records for deducting business use of an automobile should be written and include the following:

- A) Total miles driven for the year
- B) Percentage of personal use claimed
- C) Commuting mileage
- D) Availability for personal use

The best evidence would be a detailed log with an entry for each trip. However, account books, diaries, trip sheets, expense reports or similar written evidence are probably adequate.

(3) **Business Gifts**

The minimum documentation for the deduction of business gifts includes a description of the gift, business purpose, and business relationship. Gifts are limited to \$25 per person, per year.

Section 7216 Consents

Sheffield, Trackwell, & Rapp, LLC adheres to the standards governing the confidentiality of taxpayer information as prescribed by the Internal Revenue Service, AICPA, state boards of public accountancy and other governing agencies. Effective January 1, 2009, Internal

Revenue Code ("IRC") Section 7216 and the related Treasury Regulations require that STR obtain your affirmative consent to disclose or use your information obtained by us in the process of preparing your tax returns. IRC Section 7216 is intended to protect taxpayers' privacy and limit the use of their information for purposes other than tax return preparation.

Standards of Conduct for Preparing Tax Returns

As a paid tax return preparer, STR is subject to certain standards of conduct for preparing tax returns and potential penalties for not meeting those standards of conduct. In certain cases, we may be required to do additional work to determine if one or more of the tax positions in your return meets the modified reporting standards under the new law. If we determine, in our sole discretion, that we may be subject to a preparer penalty due to a tax position in your return should it be filed with the Internal Revenue Service, you agree to either adequately disclose that position on your return or change the position to one that we confirm would not subject us to penalty. If you do not choose to change your position or adequately disclose the tax position so as to eliminate, in our sole opinion, our exposure to the preparer penalty, we, in our sole discretion and at any time, may withdraw from the engagement without completing or delivering tax returns to you. Such withdrawal will complete our engagement, and you will be obligated to compensate us for all time expended and to reimburse us for all out-of-pocket expenses through the date of our withdrawal.

Reportable Transactions

The Internal Revenue Service and some states have promulgated rules that require taxpayers to disclose their participation in reportable transactions by attaching a disclosure form to their federal and/or state income tax returns and, when necessary, by filing a copy of that disclosure form with the IRS and/or the applicable state agency. These rules impose significant requirements to disclose certain transactions and such disclosures may encompass transactions entered into in the normal course of business. You are responsible for ensuring that you have properly disclosed all reportable transactions and failure to make the required disclosure will result in substantial penalties. STR will not be liable for any penalties resulting from your failure to accurately and timely file any required reportable transaction disclosure.

Unless outlined below or the subject of a separate engagement letter, the tax compliance services that are the subject of this engagement letter do not include any obligation of STR to identify any reportable transactions that have not been the subject of a prior consultation between you and STR.

At the present time, STR is not aware of any reportable transactions for you that require disclosure, and STR has not been informed about any such transactions that should be disclosed. If you are aware of a transaction that may constitute a reportable transaction, you must inform us accordingly.

Report of Foreign Bank and Financial Accounts

The Internal Revenue Service has increased its enforcement of the filing requirements for the Report of Foreign Bank and Financial Accounts ("FBAR"), a U.S. Treasury Department form that is due April 17, 2018 with respect to the 2017 calendar year. Although the FBAR is not an income tax return, a taxpayer's requirement to file an FBAR is specifically addressed in the informational reporting sections of most U.S. federal income tax returns. A taxpayer's requirement to file an FBAR may arise because such person (including U.S. persons as well as foreign persons doing business in the U.S.) owns directly or indirectly an interest in a foreign financial account or has signature or other authority over such an account. For these purposes, the instructions to the FBAR provide that a foreign financial account may include, but is not limited to, foreign bank accounts, foreign securities accounts, foreign commingled funds, etc. The penalties for failure to file an FBAR can be significant. The tax compliance services that are the subject of this engagement letter do not include the obligation of STR to identify any FBAR reporting obligations. You are responsible for reviewing the requirements of the FBAR and determining whether you have any filing requirement. We would be pleased to assist you with performing such a review and making any required filings, if and as directed by you.

E-Mail and E-File Protocol

In today's technological environment, businesses and individuals are continuously interacting through e-mail. This often involves sending data, documents and other information, including sensitive tax and financial information. Although we may deliver your tax return to you via e-mail, you should ensure that your e-mail server and the information stored in that system is secure. By providing your financial information to us for the preparation of your tax return, you authorize us to send information to you (or to other authorized recipients) via the email addresses that you provide. The firm is not responsible for any transmission problems or the failure of you or any authorized recipient of the information to receive the file containing the information or maintaining the confidentiality of any information transmitted via e-mail or in the possession of you or any authorized recipient. You are solely responsible for (i) notifying the firm of the failure to receive your file containing

the information so that a copy can be provided in an alternate form; (ii) the security of your e-mail server and for restricting access to your e-mail in order to maintain confidentiality of the information transmitted; (iii) storing the electronic file containing the information; and (iv) acquiring and maintaining the software needed to open and access the files containing the information.

File Retention and Privacy Policies

STR has a file retention policy generally requiring the destruction of all client tax files on the 7th anniversary of the calendar year which includes the tax year end for a particular return. We, as a firm, make no representation of retention of files after this date, nor assume any liability for the retention of any tax return information, data, or otherwise in which the client has such legal liability. Please be advised that there may be important tax or financial information in the files that will be destroyed. As a client, you may request all or part of the files be copied at your expense, prior to destruction. This notice represents any and all notice of our retention policy. By accepting the terms of this engagement letter as described below, you acknowledge understanding of the STR retention policy.

Acceptance of Engagement Letter

By accepting the terms of this engagement letter, you agree to indemnify us and hold us harmless from any liability and costs from misrepresentations of any item of income or expense, or any other information supplied to us, to prepare your tax return. Further, you agree that if any part of this agreement is found to be non-binding or illegal, all other parts of this agreement shall remain binding. You may terminate this agreement at any time. Upon written notice of termination, we will stop all work immediately. You will be responsible for all fees and expenses incurred prior to our stopping work.

If the above fairly sets forth your understanding, please sign and return the enclosed copy of this engagement letter to us. Whether you return a signed copy of this engagement letter to us or not, the receipt of any tax data from you for the preparation of your return will be your confirmation of your agreement to the terms of this letter, including your affirmative representation that you have substantiation to support all deductions claimed and that you have provided us with all information necessary to prepare a complete and accurate return. We are pleased to have you as a client and look forward to a long and mutually beneficial association.

Our charges for these services will be on the basis of standard rates billed as our services are performed plus out of pocket expenses, including computer processing charges. Our fees are not contingent on any outcome achieved as a result of our services. Your account is due and payable to Sheffield, Trackwell & Rapp, LLC when you receive the Sheffield, Trackwell & Rapp, LLC invoice.

If these arrangements meet with your approval, **PLEASE SIGN THIS LETTER IN THE SPACE PROVIDED**, and return it along with your completed organizer.

We want to thank you for the opportunity to be of continuing service to you.

Very truly yours,

Jim Trackwell, CPA

The services described in the foregoing letter are in accordance with my understanding. The terms described in this letter are acceptable and are hereby agreed to.

Agreed and Accepted:

By: _____
(Print Name)

(Signature)

Date: _____

**SHEFFIELD, TRACKWELL & RAPP LLC
2700 RESEARCH FOREST DR.
SUITE 125
THE WOODLANDS, TX 77381**

PRIVACY POLICY

CPAs, like all providers of personal financial services, are now required by law to inform their clients of their policies regarding privacy of client information. CPAs have been and continue to be bound by professional standards of confidentiality that are even more stringent than those required by law. Therefore, we have always protected your right to privacy.

TYPES OF NONPUBLIC PERSONAL INFORMATION WE COLLECT

We collect nonpublic personal information about you that is either provided to us by you or obtained by us with your authorization.

PARTIES TO WHOM WE DISCLOSE INFORMATION

For current and former clients, we do not disclose any nonpublic personal information obtained in the course of our practice except as required or permitted by law. Permitted disclosures include, for instance, providing information to our employees and, in limited situations, to unrelated third parties who need to know that information to assist us in providing services to you. In all such situations, we stress the confidential nature of information being shared.

PROTECTING THE CONFIDENTIALITY AND SECURITY OF CURRENT AND FORMER CLIENTS' INFORMATION

We retain records relating to professional services that we provide so that we are better able to assist you with your professional needs and, in some cases, to comply with professional guidelines. In order to guard your nonpublic personal information, we maintain physical, electronic, and procedural safeguards that comply with our professional standards.

Please call if you have any questions, because your privacy, our professional ethics, and the ability to provide you with quality financial services are very important to us.

<u>Form</u>	<u>Form</u>		
Alimony Paid or Received	13	Gambling Winnings	21
Annuity Payments Received	9A	Gifts	34,35
Application of Refund	20	Health Savings Accounts	13A
Business Income and Expenses	6, 6A	Household Employment Taxes	19
Business Use of Home:		Installment Sale Receipts	7
Business	6D	Interest Income	5A
Employee Business Expenses	17A	Interest Paid	14A
Farm	12E	Investment Interest Expense	14A
Itemized Deductions	16A	IRA Contributions	9
Passthrough	11B	IRA Distributions	9
Rental	10E	Keogh Plan Contributions	9A
Calendar	33	Medical and Dental Expenses	14
Casualty or Theft Losses	16	Ministerial Income	13B
Child and Dependent Care Expenses	18	Miscellaneous Income and Adjustments	13
Consolidated Brokerage Statements:		Miscellaneous Itemized Deductions	16
Interest Income & Foreign Information	5E	Mortgage Interest Paid	14A
Dividend Income & Foreign Information	5F	Moving Expenses	8
Sales of Stocks, Securities, Capital Assets & Misc. Income	5G	Partnership Income	11
Contributions	15	Pension Income	9A
Dependent Information	3A	Personal Information	3
Depreciable Property and Equipment:		Railroad Retirement Benefits	13
Business	6A	Real Estate Mortgage Investment Conduit Income (REMIC)	11
Employee Business Expenses	17	Rental and Royalty Income and Expenses	10, 10A
Farm	12B	Roth IRA Contributions/Conversions	9
Rental and Royalty	10B	S Corporation Income	11
Direct Deposit Information	4A	Sale of Stock, Securities and Other Capital Assets	7
Dividend Income	5B	Sale of Your Home	8
Education Expenses	18	Savings Bond Purchases	4B
Educator (Teacher) Expenses	13A	SEP/SIMPLE Plan Contributions	9A
Electronic Filing	4	Social Security Benefits	13
Employee Business Expenses	17	State and Local Tax Refunds	13
Estate Income	11	Student Loan Interest	13A
Farm Income and Expenses	12, 12A, 12B	Taxes Paid	14
Federal, State and City Estimated Taxes	20, 20A	Trust Income	11
Foreign Assets	5C, 5D	Unemployment Compensation	13
Foreign Employment Information	30, 30A, 30B	Vehicle/Other Listed Property Information:	
Foreign Housing Expenses	30C	Business	6B, 6C
Foreign Taxes	32	Employee Business Expenses	17
Foreign Travel and Workdays	30D	Farm	12C, 12D
Foreign Wages and Other Income	31, 31A, 31B	Rental and Royalty	10C, 10D
		Partnership/S Corporation	11A
		Wages and Salaries	3A

The following questions pertain to the 2017 tax year. For any question answered Yes, include supporting detail or documents.

Personal Information:

	Yes	No
Did your marital status change?	<input type="checkbox"/>	<input type="checkbox"/>
Are you married?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, do you and your spouse want to file separate returns?	<input type="checkbox"/>	<input type="checkbox"/>
If No, are you in a domestic partnership, civil union, or other state-defined relationship?	<input type="checkbox"/>	<input type="checkbox"/>
Can you or your spouse be claimed as a dependent by another taxpayer?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse serve in the military or were you or your spouse on active duty?	<input type="checkbox"/>	<input type="checkbox"/>

Dependents:

Were there any changes in dependents from the prior year?	<input type="checkbox"/>	<input type="checkbox"/>
Note: Include non-child dependents for whom you provided more than half the support.		
Did you or your spouse pay for child care while you or your spouse worked or looked for work?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any children under age 18 with unearned income more than \$1,050?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any children age 18 or student children, aged 19 to 23, who did not provide more than half of their cost of support with earned income and that have unearned income of more than \$1,050?	<input type="checkbox"/>	<input type="checkbox"/>
Did you adopt a child or begin adoption proceedings?	<input type="checkbox"/>	<input type="checkbox"/>
Are any of your dependents non-U.S. citizens or non-U.S. residents?	<input type="checkbox"/>	<input type="checkbox"/>

Healthcare:

Did you have healthcare coverage (health insurance, including Medicare, Medicaid, CHIP, and TRICARE) for you, your spouse, and any dependents for the entire year?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, include all Forms 1095-A, 1095-B, and 1095-C. If you did not receive Forms 1095-A, 1095-B or 1095-C, attach information detailing each month you, your spouse, and your dependents had coverage.		
If No, there are several exemptions from the mandate requiring health insurance coverage. Examples include membership in a healthcare sharing ministry, membership in a federally recognized Indian tribe, incarceration, membership in certain religious sects, and enrollment in certain Medicaid and TRICARE programs that do not provide minimum essential coverage. If any of these provisions apply, provide information regarding the exemption, the individual(s) (taxpayer, spouse, dependents) to which the exemption(s) may apply, and the month(s) for which the exemption(s) apply.		
Are you claiming the exemption for someone having healthcare coverage purchased in the Marketplace and for whom you did not receive Form 1095-A?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive Form 1095-A for someone for whom another taxpayer will claim the personal exemption on their tax return?	<input type="checkbox"/>	<input type="checkbox"/>
Did you apply for an exemption through the Marketplace?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, provide the Exemption Certificate Number. _____		
Are any of your dependents required to file a tax return?	<input type="checkbox"/>	<input type="checkbox"/>

Healthcare (continued):

	Yes	No
Was anyone covered on your health insurance policy also covered on another health insurance policy for any part of the year?	<input type="checkbox"/>	<input type="checkbox"/>
Were you eligible for employer-sponsored healthcare coverage?	<input type="checkbox"/>	<input type="checkbox"/>
If you received advance premium tax credit or enrolled in coverage through the Marketplace, are married, and are filing separately from your spouse, are you a victim of domestic abuse or spousal abandonment?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse have any transactions pertaining to a health savings account (HSA)?	<input type="checkbox"/>	<input type="checkbox"/>
If you received a distribution from an HSA, include all Forms 1099-SA.		
Did you or your spouse have any transactions pertaining to a medical savings account (MSA)?	<input type="checkbox"/>	<input type="checkbox"/>
If you received a distribution from an MSA, include all Forms 1099-SA.		
Did you or your spouse receive any distributions from long-term care insurance contracts?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, include all Forms 1099-LTC.		
If you or your spouse are self-employed, are you or your spouse eligible to be covered under an employer's health plan at another job?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, how many months were you covered?		
If you or your spouse are self-employed, are you or your spouse eligible to be covered under an employer's long-term care plan at another job?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, how many months were you covered?		
Did you or your spouse lose your job because of foreign competition and pay for your own health insurance?	<input type="checkbox"/>	<input type="checkbox"/>

Education:

Did you or your spouse pay any student loan interest?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse withdraw any amounts from your IRA to pay for higher education expenses incurred by you, your spouse, your children or grandchildren?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse withdraw any amounts from a Coverdell Education Savings Account or Qualified Education Program (Section 529 plan)?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, include all Forms 1099-Q.		
Did you, your spouse, or your dependents incur any post-secondary education expenses, such as tuition?	<input type="checkbox"/>	<input type="checkbox"/>

Deductions and Credits:

Did you or your spouse contribute property (other than cash) with a fair market value of more than \$5,000 to a charitable organization?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, provide the appraisal of property contributed.		
An appraisal is not required for contributions of publicly traded securities or contributions of non-publicly traded stock of \$10,000 or less.		
Did you or your spouse incur any casualty or theft losses?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse make any large purchases, such as motor vehicles and boats?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse incur any casualty or loss attributable to a federally declared disaster?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse purchase a new alternative technology vehicle, including a qualified plug-in electric drive motor vehicle?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse use gasoline or special fuels for business or farm purposes (other than for a highway vehicle)?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, provide the number of gallons of gasoline or special fuels used for off-highway business purposes		
	Gallons	Fuel Type
	<input type="text"/>	<input type="text"/>
Did you or your spouse install any alternative energy equipment in your residence such as solar water heaters, solar electricity equipment (photovoltaic) or fuel cells?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse install any energy efficiency improvements, or energy property in your residence such as exterior doors or windows, insulation, heat pumps, furnaces, central air conditioners or water heaters?	<input type="checkbox"/>	<input type="checkbox"/>

Investments:

	Yes	No
Did you or your spouse have any debts canceled, forgiven or refinanced?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse start or purchase a business, rental property, or farm, or acquire any new interest in any partnership or S corporation?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse sell an existing business, rental property, farm, or any existing interest in a partnership or S corporation?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse sell, exchange, or purchase any real estate?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, include closing statements.		
Did you or your spouse receive grants of stock options from your employer, exercise any stock options granted to you or your spouse or dispose of any stock acquired under a qualified employee stock purchase plan?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse engage in any put or call transactions?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, provide the transaction details.		
Did you or your spouse close any open short sales?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse sell any securities not reported on Form 1099-B?	<input type="checkbox"/>	<input type="checkbox"/>

Retirement or Severance:

Did you or your spouse contribute to a Roth IRA or convert an existing IRA into a Roth IRA?	<input type="checkbox"/>	<input type="checkbox"/>		
Did you or your spouse roll into a Roth IRA any distributions from a retirement plan, an annuity plan, tax shelter annuity or deferred compensation plan?	<input type="checkbox"/>	<input type="checkbox"/>		
Did you or your spouse turn age 70 1/2 and have money in an IRA or other retirement account without taking any distribution?	<input type="checkbox"/>	<input type="checkbox"/>		
Did you or your spouse retire or change jobs?	<input type="checkbox"/>	<input type="checkbox"/>		
Did you or your spouse receive deferred, retirement or severance compensation?	<input type="checkbox"/>	<input type="checkbox"/>		
If Yes, enter the date received (Mo/Da/Yr).	<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="text-align: center; padding: 2px;">Date</td> </tr> <tr> <td style="height: 20px;"></td> </tr> </table>		Date	
Date				

Personal Residence:

Did your address change?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, provide the new address.		
If Yes, did you move to a different home because of a change in the location of your job?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse claim a homebuyer credit for a home purchased in 2008?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse withdraw any amounts from your Individual Retirement Account (IRA) or Roth IRA to acquire a principal residence?	<input type="checkbox"/>	<input type="checkbox"/>
Are your total mortgages on your first and/or second residence greater than \$1,000,000?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, provide the principal balance and interest rate at the beginning and end of the year. _____		
Did you or your spouse take out a home equity loan?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse have an outstanding home equity loan at the end of the year?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, provide the principal balance and interest rate at the beginning and end of the year. _____		
Are you claiming a deduction for mortgage interest paid to a financial institution and someone else received the Form 1098?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your mortgagee receive mortgage assistance payments?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, include all Forms 1098-MA.		

Sale of Your Home:

	Yes	No
Did you sell your home?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive Form 1099-S?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, include Form 1099-S.		
Did you or your spouse own and occupy the home as your principal residence for at least two years of the five-year period prior to the sale?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse ever rent out the property?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse ever use any portion of the home for business purposes?	<input type="checkbox"/>	<input type="checkbox"/>
Have you or your spouse sold a principal residence within the last two years?	<input type="checkbox"/>	<input type="checkbox"/>
At the time of the sale, the residence was owned by the: <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Both		

Gifts:

Did you or your spouse make any gifts, including birthday, holiday, anniversary, graduation, education savings, etc., with a total (aggregate) value in excess of \$14,000 to any individual?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse make any gifts of difficult-to-value assets (such as non-publicly traded stock) to any person regardless of value?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse make any gifts to a trust for any amount?	<input type="checkbox"/>	<input type="checkbox"/>
Do you or your spouse have a life insurance trust?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse assist with the purchase of any asset (auto, home) for any individual?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse forgive any indebtedness to any individual, trust or entity?	<input type="checkbox"/>	<input type="checkbox"/>

Foreign Matters:

Did you or your spouse perform any work outside of the U.S. or pay any foreign taxes?	<input type="checkbox"/>	<input type="checkbox"/>
Were you or your spouse a grantor or transferor for a foreign trust, have any interest in or a signature authority over a bank account, securities account or other financial account in a foreign country?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse create or transfer money or property to a foreign trust?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse own any foreign financial assets?	<input type="checkbox"/>	<input type="checkbox"/>

Miscellaneous:

	Yes	No
Did you or your spouse pay in excess of \$1,000 in any quarter, or \$2,000 during the year for domestic services performed in or around your home to individuals who could be considered household employees?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse receive unreported tip income of \$20 or more in any month?	<input type="checkbox"/>	<input type="checkbox"/>
Have you or your spouse received a punitive damage award or an award for damages other than for physical injuries or illness?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse engage in any bartering transactions?	<input type="checkbox"/>	<input type="checkbox"/>
Were you or your spouse notified by the IRS or other taxing authority of any changes in prior year returns?	<input type="checkbox"/>	<input type="checkbox"/>
For any trust that you or your spouse created or are trustee, did any beneficiaries, grantors, or trustees die or move?	<input type="checkbox"/>	<input type="checkbox"/>

Additional state pages have been included at the back of the organizer and should be reviewed.

Personal Information

Taxpayer:

First Name	Middle Init	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 <input type="checkbox"/> Does not expire
<input type="checkbox"/> Driver's License	<input type="checkbox"/> State-Issued ID	<input type="checkbox"/> No Identification	

Spouse:

First Name	Middle Init	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 <input type="checkbox"/> Does not expire
<input type="checkbox"/> Driver's License	<input type="checkbox"/> State-Issued ID	<input type="checkbox"/> No Identification	

Contact Information:

Street Address	Apartment Number	
City	State	
Foreign Province or County	ZIP or Postal Code	
Foreign Country	Foreign Postal Code	
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?

Is the taxpayer claimed as a dependent on someone else's tax return?

Yes	No

Are you considered legally blind per IRS regulations?

Do you want to contribute to the Presidential Election Campaign Fund?

Are you a U.S. citizen or Green Card holder?

Taxpayer		Spouse	
Yes	No	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.

Personal Information

Taxpayer:

_____ First Name		_____ Middle Init	_____ 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	<input type="checkbox"/> Does not expire
<input type="checkbox"/> Driver's License	<input type="checkbox"/> State-Issued ID	<input type="checkbox"/> No Identification		<input type="checkbox"/> Choose not to provide	

Spouse:

_____ First Name		_____ Middle Init	_____ 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	<input type="checkbox"/> Does not expire
<input type="checkbox"/> Driver's License	<input type="checkbox"/> State-Issued ID	<input type="checkbox"/> No Identification		<input type="checkbox"/> Choose not to provide	

Contact Information:

_____ Street Address				_____ Apartment Number
_____ City		_____ State	_____ ZIP or Postal Code	
_____ Foreign Province or County				
_____ Foreign Country		_____ Foreign Postal Code		
_____ 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?

Is the taxpayer claimed as a dependent on someone else's tax return?

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

Are you considered legally blind per IRS regulations?

Do you want to contribute to the Presidential Election Campaign Fund?

Are you a U.S. citizen or Green Card holder?

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

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.

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/TIER1	Medicare	State	Local

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 fee 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?	<input type="checkbox"/>	<input type="checkbox"/>
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 _____

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.

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:

SHEFFIELD, TRACKWELL & RAPP LLC 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) signature(s) below represent(s) my (our) agreement that I (we) was (were) not influenced by my (our) preparer or any other member of the firm to sign this statement.

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?
Taxpayer

Yes	No
<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 _____

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.

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

	Yes	No
If you qualify for electronic filing, would you like to file the return electronically with the IRS?	<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?	Yes	No
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 _____

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.

	Yes	No
Would you like any refunds owed to you directly deposited?	<input type="checkbox"/>	<input type="checkbox"/>
Would you like to pay any amount due on your federal return using electronic withdrawal?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, what amount do you want 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 state return(s) using electronic withdrawal?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, what amount do you want 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 federal return using electronic withdrawal?	<input type="checkbox"/>	<input type="checkbox"/>
Would you like to pay any estimated payments due for your state return(s) using electronic withdrawal, if available?	<input type="checkbox"/>	<input type="checkbox"/>
Name of bank or financial institution		
Routing Transit Number (RTN)		
Account number		
Type of account	<input type="checkbox"/> Checking	<input type="checkbox"/> Traditional Savings
	<input type="checkbox"/> Archer MSA Savings	<input type="checkbox"/> Coverdell Ed. Savings
		<input type="checkbox"/> IRA Savings
		<input type="checkbox"/> HSA Savings
Is this a business account?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Account owner	<input type="checkbox"/> Taxpayer	<input type="checkbox"/> Spouse
		<input type="checkbox"/> Joint
I confirm that the bank account information and the direct deposit/electronic withdrawal options selected above are correct. <input type="checkbox"/>		

	Yes	No
Would you like any refunds owed to you directly deposited?	<input type="checkbox"/>	<input type="checkbox"/>
Would you like to pay any amount due on your federal return using electronic withdrawal?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, what amount do you want 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 state return(s) using electronic withdrawal?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, what amount do you want 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 federal return using electronic withdrawal?	<input type="checkbox"/>	<input type="checkbox"/>
Would you like to pay any estimated payments due for your state return(s) using electronic withdrawal, if available?	<input type="checkbox"/>	<input type="checkbox"/>
Name of bank or financial institution		
Routing Transit Number (RTN)		
Account number		
Type of account	<input type="checkbox"/> Checking	<input type="checkbox"/> Traditional Savings
	<input type="checkbox"/> Archer MSA Savings	<input type="checkbox"/> Coverdell Ed. Savings
		<input type="checkbox"/> IRA Savings
		<input type="checkbox"/> HSA Savings
Is this a business account?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Account owner	<input type="checkbox"/> Taxpayer	<input type="checkbox"/> Spouse
		<input type="checkbox"/> Joint
I confirm that the bank account information and the direct deposit/electronic withdrawal options selected above are correct. <input type="checkbox"/>		

U.S. Series I Savings Bonds Purchase

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

Dividend Information:

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

T/SJ	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					
Total					

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		
Total		

Enter Any Additional Information:

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

Interest Income and Foreign Information

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

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

Interest Income:

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

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

Dividend Income:

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 Sec. 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

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

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 TIN 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	Owner-ship 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							

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

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?

Brokerage Statement Details

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.

Brokerage Name	TSJ	Account Number

Brokerage Address

Interest Income and Foreign Information

Interest Income: (List all items sold during the year on Form 5G.)

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

	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

	Code	Tax-Exempt Interest	Investment Expenses	Federal Withholding	State Withholding	Tax Exempt Bond 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	

Consolidated Brokerage Statement Dividend Income and Foreign Information

List all items sold during the year on Form 5G.

Dividend Income:

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

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

Form 1099-DIV					
Box 2a Total Capital Gain Distribution	Box 2b Unrecaptured Sec. 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					

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	

Consolidated Brokerage Statement Sales of Stocks, Securities, Capital Assets and Miscellaneous Income

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

Include all Forms 1099-A, 1099-B, 1099-MISC, 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"/>
Securities which became worthless	<input type="checkbox"/>	<input type="checkbox"/>

	Kind of Property and Description	Gross Sales Price (Less Commissions)	Cost or Other Basis
A			
B			
C			
D			

	Date Acquired (Mo/Da/Yr)	Date Sold (Mo/Da/Yr)	Federal Tax Withheld	State Tax Withheld
A				
B				
C				
D				

Other Income:

Nature and Source	2017 Amount	2016 Amount

Other Adjustments to Income:

Nature and Source	2017 Amount	2016 Amount

Investment Interest Expense:

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

Paid To	2017 Amount	2016 Amount

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?

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:

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

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 Cost of Goods Sold:

Description	2017 Amount	2016 Amount
Ending inventory		

Name of Business:

Principal Business or Profession:

Expenses:

	2017 Amount	2016 Amount
Advertising		
Car and truck expenses		
Parking fees and tolls		
Commissions and fees		
Contract labor		
Employee benefit programs and health insurance (other than pension and profit-sharing plans)		
Insurance (other than health)		
Interest - mortgage (paid to banks, etc.)		
Interest - other		
Legal and professional fees		
Office expense		
Pension and profit-sharing plans		
Rent or lease - vehicles, machinery and equipment		
Rent or lease - other business property		
Repairs and maintenance		
Supplies (not included in Cost of Goods Sold)		
Taxes and licenses		
Travel		
Meals and entertainment		
Utilities		
Wages		
Dependent care benefits		

Other Expenses:

Description	2017 Amount	2016 Amount

Property and Equipment:

Include a list if more space is needed

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

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

Name of Business: _____

Principal Business or Profession: _____

Listed Property Questions for 2017:

	Yes	No
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:

	Yes	No
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	
<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

Detail Depreciation

Business or Activity: _____

Asset #	X if not new	Description of Asset	Cost	Date Asset Was Placed In Service (Mo/Da/Yr)	If the Asset Was Sold, Please Indicate the Following	
					Date (Mo/Da/Yr)	Sales Price

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

	2017 Amount	2016 Amount
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? 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(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

Name of Business:

Principal Business or Profession:

Partial Use of Your Home for Business:

	2017	2016
Square footage of home used exclusively for business		
Total square footage of home		
Total hours home was used for day care during the year		

Was your home used for day care purposes for the entire year? Yes No

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	Street Address	City	State	ZIP

Foreign Country Code	Foreign Province/State/County

Detail Depreciation

Business or Activity: _____

Asset #	X if not new	Description of Asset	Cost	Date Asset Was Placed In Service (Mo/Da/Yr)	If the Asset Was Sold, Please Indicate the Following	
					Date (Mo/Da/Yr)	Sales Price

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		
Exchange of any securities or investments for something other than cash		
Sales of inherited property		
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		
Commodity sales, short sales or straddles		
Reinvestment of the proceeds of the sale of a publicly traded security into an SSBIC interest		
Reinvestment of the proceeds of the sale of qualified small business stock in other qualified small business stock		
Debts that became uncollectible		
Securities that became worthless		
Sale of any property where you will receive payments in future years		

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 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	Miles
Number of miles from old home to old workplace	
Number of automobile miles in move	

Transportation Expenses:

	Amount
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)	

Individual Retirement Account (IRA) Information

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

TS

IRA Questions for 2017:

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 your IRA as security for a loan this year?

Did you have any transactions with your IRA during the year?

If Yes, explain. _____

	Yes	No

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

Pension 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 wish 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

Location of Property: _____

TSJ _____

Type of property _____

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

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

	2017	2016
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)?		

Income:

	2017 Amount	2016 Amount
Rental received		
Royalty received		

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

Location of Property: _____

Expenses:

	2017 Amount	2016 Amount
Advertising		
Auto and travel		
Cleaning and maintenance		
Commissions		
Insurance		
Legal and other professional fees		
Management fees		
Mortgage interest paid to banks, etc.		
Mortgage interest paid to individuals		
Other interest		
Repairs		
Supplies		
Taxes		
Utilities		
Dependent care benefits		
Employee benefits		
Other Expenses:		

Description	2017 Amount	2016 Amount

Location of Property: _____

Rental of Vacation Home:

	2017	2016
How many days was this property rented at fair market value?		
How many days was this property used personally (including use by family members)?		
How many days was this property owned during year if not 366?		
Qualified vacation home mortgage interest		
Vacation home real estate taxes		

Mortgage interest paid to individuals:

ID number _____

Name _____

Address _____

City _____

State _____

ZIP code _____

Rental and Royalty Property and Equipment & Depletion

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

Location of Property: _____

Listed Property Questions for 2017:

	Yes	No
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:

	Yes	No
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? Yes No

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

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

Detail Depreciation

Business or Activity: _____

Asset #	X if not new	Description of Asset	Cost	Date Asset Was Placed In Service (Mo/Da/Yr)	If the Asset Was Sold, Please Indicate the Following	
					Date (Mo/Da/Yr)	Sales Price

Location of Property: _____

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

	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, please 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

Location of Property: _____

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	Street Address	City	State	ZIP

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

Activity Name:

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

	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, please 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

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	Street Address	City	State	ZIP

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		

Farm Income (Page 2 of 2)

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

Proprietor's Name:

Principal Crop or Activity: ...

Expenses:

	2017 Amount	2016 Amount
Business meals and entertainment		
Car and truck expenses		
Chemicals		
Conservation expenses		
Custom hire (machine work)		
Employee benefit programs and health insurance (other than pension and profit sharing plans)		
Feed purchased		
Fertilizers and lime		
Freight and trucking		
Gasoline, fuel and oil		
Insurance (other than health)		
Interest - mortgage (paid to banks, etc.)		
Interest - other		
Labor hired		
Pension and profit-sharing plans		
Rent or lease - vehicles, machinery and equipment		
Rent or lease - other (land, animals, etc.)		
Repairs and maintenance		
Seeds and plants purchased		
Storage and warehousing		
Supplies purchased		
Taxes		
Utilities		
Veterinary, breeding and medicine		
Capitalized preproductive period expenses		
Dependent care benefits		

Other Expenses:

Description	2017 Amount	2016 Amount

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

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

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

Name of Business:

Principal Crop or Activity:

Listed Property Questions for 2017:

Do you have evidence to support your deduction?	Yes	No
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?	Yes	No
	<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?

Yes No

Mileage:

Total miles
Total business miles
Total commuting miles for the year

2017 Miles	2016 Miles

Actual Expenses:

Gasoline, oil, repairs, insurance, etc
Interest
Taxes
Fair market value of leased vehicle
Vehicle rentals/leases

2017 Amount	2016 Amount

Vehicle 2	
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

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, 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

	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, please 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

Detail Depreciation

Business or Activity: _____

Asset #	X if not new	Description of Asset	Cost	Date Asset Was Placed In Service (Mo/Da/Yr)	If the Asset Was Sold, Please Indicate the Following	
					Date (Mo/Da/Yr)	Sales Price

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	Street Address	City	State	ZIP

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

Miscellaneous Adjustments

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

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

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

Medical and Dental Expenses:

	TSJ	2017 Amount	2016 Amount
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			

	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

	TSJ	2017 Amount	2016 Amount
Personal property taxes paid (include vehicle taxes)			
General sales taxes paid on specified items			

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:

	Yes	No
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
	First Name	Last 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

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

Miscellaneous Itemized Deductions:

	TSJ	2017 Amount	2016 Amount
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			

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:

	2017	2016
Square footage of home used exclusively for business		
Total square footage of home		
Total hours home was used for day care during the year		

Was your home used for day care purposes for the entire year? **Yes** **No**

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	Street Address	City	State	ZIP

Detail Depreciation

Business or Activity: _____

Asset #	X if not new	Description of Asset	Cost	Date Asset Was Placed In Service (Mo/Da/Yr)	If the Asset Was Sold, Please Indicate the Following	
					Date (Mo/Da/Yr)	Sales Price

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

Table with 2 columns: 2017 Amount, 2016 Amount. Rows include Parking fees and tolls, Local transportation, Travel expenses, Meals and entertainment.

Table with 3 columns: Description, 2017 Amount, 2016 Amount. Header: Other Business Expenses:

Reimbursements:

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

Table with 2 columns: 2017 Amount, 2016 Amount. Rows include 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 (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? Yes No

Table with 2 columns: 2017, 2016. Rows include 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.

Table with 3 columns: Description, 2017 Amount, 2016 Amount. Header: Other Vehicle Expenses:

Employee Business Expenses- Business Use of Home

Partial Use of Your Home for Business:

	2017	2016
Square footage of home used exclusively for business		
Total square footage of home		
Total hours home was used for day care during the year		

Was your home used for day care purposes for the entire year?	<input type="checkbox"/>	<input type="checkbox"/>
Were improvements made to the home and/or home office since the time you began using the home for business?	<input type="checkbox"/>	<input type="checkbox"/>

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	Street Address	City	State	ZIP

Foreign Country Code	Foreign Province/State/County

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

Last 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

Last 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?

Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2016 or 2017?

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?

State	Total Cash Wages Subject to FUTA

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

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.

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 any 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 any 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 any 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

Foreign Employment Information (Page 1 of 3)

General Information:

TS _____

Foreign address

Street address _____

City _____

State or province _____

ZIP code _____

Foreign country code _____

Name of employer _____

Employer's U.S. address

Street address _____

City _____

State _____

ZIP code _____

Employer's foreign address

Street address _____

City _____

State or province _____

ZIP code _____

Foreign country code _____

Employer type: Foreign entity, U.S. company,
Foreign affiliate of a U.S. company, Self _____

Enter the last year that Form 2555 was
filed to claim either of the exclusions _____

Type of exclusions revoked in prior years _____

Year exclusion revoked _____

If a separate foreign residence was maintained for your
family due to adverse living conditions, please provide
the city, country, and number of days maintained _____

List tax home(s) during tax year and dates established _____

Country of citizenry or nationality _____

Qualified housing expenses for the tax year

Adjustment to employer provided amounts for qualified
housing expense

Tax Home History:

	Principal City and Country of Employment	Start Date (Mo/Da/Yr)	End Date (Mo/Da/Yr)
Most recent tax home			
First previous tax home			
Second previous tax home			
Third previous tax home			

Foreign Employment Information (Page 2 of 3)

Bona Fide Residence Test Information:

Beginning date for foreign residence (Mo/Da/Yr) _____

Ending date for foreign residence (Mo/Da/Yr) _____

Kind of foreign living quarters:

Purchased house, Rented house or apartment, Rented room,

Quarters furnished by employer _____

If any family members lived abroad with you during any part of the tax year, enter their names. Include the dates when the family members lived with you

Relationship	First Name	MI	Last Name	Date Arrived	Date Left	X if Entire Period

Was a statement made to foreign country authorities declaring you were not a resident of their country?

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

Were you required to pay income tax in that country?

Does the foreign country have an income tax?

State any contractual terms or other conditions relating to the length of employment abroad

What type of visa was used to enter the foreign country?

Explain any limitations of the visa as to length of stay or employment in a foreign country

If a home was maintained in U.S. while residing abroad, show address, whether rented, names and relationships of occupants

Address

Street address

City

State

ZIP Code

X if rented

Occupants			
First Name	MI	Last Name	Relationship

Foreign Employment Information (Page 3 of 3)

Travel Abroad for 12 Month Period:

Name of Country (Including U.S.)	Date Arrived (Mo/Da/Yr)	Date Left (Mo/Da/Yr)	Full Days in Country	Number of Days Present in U.S. on Business

Indicate below (for yourself, spouse and dependents living with you) the amount of housing expenses incurred (whether paid by you or your employer) in the foreign country. If expenses are listed in foreign currency, indicate dates of payment to the left of the amount boxes and enter type of currency.

Type of currency	Amount Reimbursed to You or Paid on Your Behalf by Employer	Amount Paid by You Which is NOT Reimbursable by Your Employer	Total Expenses
Rent			
Fair market value of employer-owned housing furnished to you (Without reduction for U.S. equivalent housing charge)			
Foreign real estate, occupancy taxes or television taxes (not included on Medical Expenses and Taxes form, detail by country on continuation sheet)			
Utilities (but not telephone charges)			
Real and personal property insurance			
"Key money" or other similar nonrefundable deposits paid to secure a lease			
Repairs and maintenance			
Furniture rental			
Lodging portion of temporary living expenses (Do not include on Moving Expenses page)			

Other Expenses:

Description	Amount Reimbursed to You or Paid on Your Behalf by Employer	Amount Paid by You Which is NOT Reimbursable by Your Employer	Total Expenses

Total expenses			
----------------------	--	--	--

Indicate if meals and/or lodging were provided by or on behalf of your employer on his business premises:

(If you resided in a camp, you are considered to be on the business premises of your employer.)

To you	<input type="checkbox"/>	<input type="checkbox"/>
To your family members	<input type="checkbox"/>	<input type="checkbox"/>

Complete for every month even if this may have been your first or last year in the U.S.

Travel To/From the U.S.				Days in Month	Days Worked In and Outside U.S.			
Dates(Mo/Da/Yr)		Dates (Mo/Da/Yr)			Days Not Worked*		Days Worked**	
Left Foreign Country	Arrived U.S.	Left U.S.	Arrived Foreign Country		U.S.	Foreign	U.S.	Foreign
				January 31				
				February 28				
				March 31				
				April 30				
				May 31				
				June 30				
				July 31				
				August 31				
				September 30				
				October 31				
				November 30				
				December 31				
				Total 365				

* Weekends, holidays, vacation, sick, etc.

** Include weekends and holidays if you worked on these days.

During 2017, in which state(s)/city(ies) did you work?

List the dates

State/City	From (Mo/Da/Yr)	To (Mo/Da/Yr)	Days Worked

Total (must agree with U.S. days worked shown above)

Days in U.S. for any reason in 2016 _____ 2015 _____

Foreign Wages and Other Income (Page 1 of 2)

Foreign Questions for 2017:

- If you will be outside the U.S., do you want an automatic extension if you qualify?
 - Will any tax due be paid with the extension?
 - If you were working outside the U.S., did you terminate your foreign employment in 2017?
 - Did you have foreign income derived from sources within designated "Boycott Activities"?
- If Yes, please provide all information pertaining to the boycott activities.

Yes	No

Include all copies of your current year Forms W-2 or other wage statements

Foreign Source Wages and Salaries:

TS _____ Employer name

Employer address

Employer city

Employer state

Employer ZIP

Employer foreign country

	2017 Amount	2016 Amount
Base wages		
Federal tax withheld		
FICA withheld		
Medicare tax withheld		
Days in foreign country before foreign assignment		
Days in foreign country after foreign assignment		
Days in U.S. while on foreign assignment		

Allowances and Reimbursements:

	2017 Amount	2016 Amount
Cost of living and overseas differential		
Moving expense reimbursement		
Family		
Education		
Home leave		
Quarters		
Bonus		
Stock option - current year		
Foreign tax reimbursement		
Survivor's insurance		
Automobile		
Hardship premium		
Home gross salary		
Tax adjustment - current year		
Gross up		
Mobility premium		
Relocation allocation		
Wire transfer allowance		
Home housing allowance		
Home gross entitlement		
Home net entitlement		
Variable pay rewards		
Miscellaneous		
Imputed tax preparation fees		
Home country pension cost		
401 (k) reductions		

You may skip this page if company statements for this information are provided.

NOTE: If you received income in 2017 for services performed in prior years, (bonus, separation payments, etc.) provide us with a copy of your tax return for these years unless we have them in our possession. If expenses are listed in foreign currency, indicate dates of payment and type of currency to the left of the amount boxes.

Compensation: You must Provide the originals of Form W-2

Employer:	Taxpayer	Spouse
Gross base salary		
Tax deferred savings (401K)		
Bonus - 2017		
Bonus - other years		
Indicate year(s) _____		
Cost of living allowance		
Education		
Dependent travel		
Housing		
Group life insurance		
Tax equalization		
Foreign taxes reimbursed - 2017		
- 2016 and prior years		
Moving		

Other Allowances - Description	Taxpayer	Spouse

Non-cash Remuneration:	Taxpayer	Spouse
Home (lodging)		
Meals		
Car		

For additional employers, provide details on a continuation sheet.

2016

January							February							March							April						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
					1	2		1	2	3	4	5	6			1	2	3	4	5						1	2
3	4	5	6	7	8	9	7	8	9	10	11	12	13	6	7	8	9	10	11	12	3	4	5	6	7	8	9
10	11	12	13	14	15	16	14	15	16	17	18	19	20	13	14	15	16	17	18	19	10	11	12	13	14	15	16
17	18	19	20	21	22	23	21	22	23	24	25	26	27	20	21	22	23	24	25	26	17	18	19	20	21	22	23
24	25	26	27	28	29	30	28	29						27	28	29	30	31			24	25	26	27	28	29	30
31																											
May							June							July							August						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
1	2	3	4	5	6	7				1	2	3	4						1	2		1	2	3	4	5	6
8	9	10	11	12	13	14	5	6	7	8	9	10	11	3	4	5	6	7	8	9	7	8	9	10	11	12	13
15	16	17	18	19	20	21	12	13	14	15	16	17	18	10	11	12	13	14	15	16	14	15	16	17	18	19	20
22	23	24	25	26	27	28	19	20	21	22	23	24	25	17	18	19	20	21	22	23	21	22	23	24	25	26	27
29	30	31					26	27	28	29	30			24	25	26	27	28	29	30	28	29	30	31			
31														31													
September							October							November							December						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
				1	2	3						1			1	2	3	4	5					1	2	3	
4	5	6	7	8	9	10	2	3	4	5	6	7	8	6	7	8	9	10	11	12	4	5	6	7	8	9	10
11	12	13	14	15	16	17	9	10	11	12	13	14	15	13	14	15	16	17	18	19	11	12	13	14	15	16	17
18	19	20	21	22	23	24	16	17	18	19	20	21	22	20	21	22	23	24	25	26	18	19	20	21	22	23	24
25	26	27	28	29	30		23	24	25	26	27	28	29	27	28	29	30				25	26	27	28	29	30	31
							30	31																			

2017

January							February							March							April						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
1	2	3	4	5	6	7				1	2	3	4			1	2	3	4							1	
8	9	10	11	12	13	14	5	6	7	8	9	10	11	5	6	7	8	9	10	11	2	3	4	5	6	7	8
15	16	17	18	19	20	21	12	13	14	15	16	17	18	12	13	14	15	16	17	18	9	10	11	12	13	14	15
22	23	24	25	26	27	28	19	20	21	22	23	24	25	19	20	21	22	23	24	25	16	17	18	19	20	21	22
29	30	31					26	27	28					26	27	28	29	30	31	23	24	25	26	27	28	29	
																					30						
May							June							July							August						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
	1	2	3	4	5	6				1	2	3						1			1	2	3	4	5		
7	8	9	10	11	12	13	4	5	6	7	8	9	10	2	3	4	5	6	7	8	6	7	8	9	10	11	12
14	15	16	17	18	19	20	11	12	13	14	15	16	17	9	10	11	12	13	14	15	13	14	15	16	17	18	19
21	22	23	24	25	26	27	18	19	20	21	22	23	24	16	17	18	19	20	21	22	20	21	22	23	24	25	26
28	29	30	31				25	26	27	28	29	30	23	24	25	26	27	28	29	27	28	29	30	31			
														30	31												
September							October							November							December						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
				1	2		1	2	3	4	5	6	7			1	2	3	4						1	2	
3	4	5	6	7	8	9	8	9	10	11	12	13	14	5	6	7	8	9	10	11	3	4	5	6	7	8	9
10	11	12	13	14	15	16	15	16	17	18	19	20	21	12	13	14	15	16	17	18	10	11	12	13	14	15	16
17	18	19	20	21	22	23	22	23	24	25	26	27	28	19	20	21	22	23	24	25	17	18	19	20	21	22	23
24	25	26	27	28	29	30	29	30	31					26	27	28	29	30			24	25	26	27	28	29	30
																				31							

2018

January							February							March							April							
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	
	1	2	3	4	5	6				1	2	3			1	2	3	1	2	3	4	5	6	7				
7	8	9	10	11	12	13	4	5	6	7	8	9	10	4	5	6	7	8	9	10	8	9	10	11	12	13	14	
14	15	16	17	18	19	20	11	12	13	14	15	16	17	11	12	13	14	15	16	17	15	16	17	18	19	20	21	
21	22	23	24	25	26	27	18	19	20	21	22	23	24	18	19	20	21	22	23	24	22	23	24	25	26	27	28	
28	29	30	31				25	26	27	28				25	26	27	28	29	30	31	29	30						
May							June							July							August							
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	
		1	2	3	4	5					1	2			1	2	3	4	5	6	7				1	2	3	4
6	7	8	9	10	11	12	3	4	5	6	7	8	9	8	9	10	11	12	13	14	5	6	7	8	9	10	11	
13	14	15	16	17	18	19	10	11	12	13	14	15	16	15	16	17	18	19	20	21	12	13	14	15	16	17	18	
20	21	22	23	24	25	26	17	18	19	20	21	22	23	22	23	24	25	26	27	28	19	20	21	22	23	24	25	
27	28	29	30	31			24	25	26	27	28	29	30	29	30	31					26	27	28	29	30	31		
September							October							November							December							
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	
						1		1	2	3	4	5	6						1	2	3							1
2	3	4	5	6	7	8	7	8	9	10	11	12	13	4	5	6	7	8	9	10	2	3	4	5	6	7	8	
9	10	11	12	13	14	15	14	15	16	17	18	19	20	11	12	13	14	15	16	17	9	10	11	12	13	14	15	
16	17	18	19	20	21	22	21	22	23	24	25	26	27	18	19	20	21	22	23	24	16	17	18	19	20	21	22	
23	24	25	26	27	28	29	28	29	30	31				25	26	27	28	29	30	23	24	25	26	27	28	29		
30																				30	31							

NOTE: Only complete Forms 34 and/or 35 if in 2017:

- You made gifts of cash or marketable securities to an individual that exceeded \$14,000; or
- You made gifts of hard-to-value assets (such as closely-held stock) to an individual of any amount; or
- You made any transfers to a trust (including paying premiums on a life insurance policy that was transferred to a life insurance trust).

You should include all gifts made to each individual during the year, including gifts for his or her birthday, holiday, anniversary, graduation, etc. In addition, please include any gifts you made for educational or medical expenses. You can exclude amounts paid directly to a qualifying educational organization for tuition. You can also exclude amounts paid directly to health care providers if the expenses relate to nonelective medical expenses.

If you made any loans with an interest rate below the market rate of interest, provide details below.

If your most recent gift tax return was not prepared by us, include a copy.

For gifts other than cash, include a copy of any appraisal(s) of assets.

If no appraisal is available, describe how the value was determined.

For each gift made outright to an individual during the year, provide the following information:

Gift 1:

Person giving the gift	<input type="checkbox"/> Taxpayer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Joint
Name of person receiving the gift			
Address of person			
Your relationship to the person (e.g., son, granddaughter or friend)			
Age of the person			
Date(s) of gift(s) (Mo/Da/Yr)			
Description and amount of assets gifted (e.g., \$14,000 in cash or 500 shares of ABC stock)			
Cost basis of assets gifted if other than cash			
Value of assets gifted if other than cash			

Gift 2:

Person giving the gift	<input type="checkbox"/> Taxpayer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Joint
Name of person receiving the gift			
Address of person			
Your relationship to the person (e.g., son, granddaughter or friend)			
Age of the person			
Date(s) of gift(s) (Mo/Da/Yr)			
Description and amount of assets gifted (e.g., \$14,000 in cash or 500 shares of ABC stock)			
Cost basis of assets gifted if other than cash			
Value of assets gifted if other than cash			

NOTE: Complete this form only if you have made gifts in or to a trust during the year.

For each gift made in trust during the year, provide the following information:

Name of trust receiving the gift

Name of the trustee

Address of the trustee

Trust identification number

Name of the beneficiary of the trust

Your relationship to the beneficiary
(e.g., son, granddaughter or friend)

Age of the beneficiary

Date(s) of gift(s) (Mo/Da/Yr)

Description and amount of assets gifted
(e.g., \$14,000 in cash or 500 shares of ABC stock)

Cost basis of assets gifted if other than cash

Value of assets gifted if other than cash

For gifts other than cash, include a copy of any appraisal(s) of assets. If no appraisal is available, describe how the value was determined.

Include a copy of the following:

A copy of the trust document(s) unless previously furnished to us.

A copy of the letter(s) notifying the beneficiary of his or her right to withdraw, if the trust grants the beneficiary the right to withdraw amounts contributed to the trust.

2017 Tax Return Checklist

Client Name:

Prior Year	Current Year
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Income:

Wages (IRS W-2)	_____	_____
Interest Income (IRS 1099-INT)	_____	_____
Dividend Income (IRS 1099-DIV)	_____	_____
Brokerage Statements (Form 1099-A,B,S)	_____	_____
IRA/Pension/Annuity Income (IRS 1099R)	_____	_____
Schedule K-1s (IRS K-1)	_____	_____
Miscellaneous Income and Adjustments (IRS-1099-MISC, G)	_____	_____
Rent and Royalty Income	_____	_____

Itemized Deductions:

Medical/Dental Expenses	_____	_____
Real Estate Taxes	_____	_____
Property Taxes	_____	_____
Mortgage Interest (Form 1098)	_____	_____
Charitable Contributions	_____	_____

Other:

Estimated Tax Payments	_____	_____
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* Provide any tax related information not listed above, e.g. new brokerage statements, K-1 investment, etc.

2017

Itemized Deductions

TSJ	Description	Prior Year Amount	Information Included (X or ✓)
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Medical/Dental Expenses:

Real Estate Taxes:

Property Taxes:

Mortgage Interest:

Charitable Contributions:

Federal, State, and City Tax Payments

Refund Applications:

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

Refunded Yes No
 Applied to next year's 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 (Mo/Da/Yr)	Amount Paid

State and City Estimated Tax Payments:

- 2017 1st Quarter Estimate
- 2017 2nd Quarter Estimate
- 2017 3rd Quarter Estimate
- 2017 4th Quarter Estimate

TSJ _____ State/City _____		
Amount Due	Date Paid (Mo/Da/Yr)	Amount Paid

- 2017 1st Quarter Estimate
- 2017 2nd Quarter Estimate
- 2017 3rd Quarter Estimate
- 2017 4th Quarter Estimate

TSJ _____ State/City _____		
Amount Due	Date Paid (Mo/Da/Yr)	Amount Paid

- 2017 1st Quarter Estimate
- 2017 2nd Quarter Estimate
- 2017 3rd Quarter Estimate
- 2017 4th Quarter Estimate

TSJ _____ State/City _____		
Amount Due	Date Paid (Mo/Da/Yr)	Amount Paid

- 2017 1st Quarter Estimate
- 2017 2nd Quarter Estimate
- 2017 3rd Quarter Estimate
- 2017 4th Quarter Estimate

TSJ _____ State/City _____		
Amount Due	Date Paid (Mo/Da/Yr)	Amount Paid