

General Information

Taxpayer

Spouse

First Name
 Middle Initial
 Last Name
 Suffix
 Social Security Number
 Date of Birth
 Date of Death

Check ("X") which phone number to list on return.

Home Phone
 Work Phone
 Cell Phone
 Fax Number

Legally Blind
 Totally Disabled
 Claimed as a Dependent
 Presidential Election Fund (\$3)

Occupation
 E-mail address
 State of Residence as of 12/31
 County of Residence as of 12/31
 School District as of 12/31

Sales tax rate of locality in 2017 %
 If Part Year, Period of Residency to

 _____ to _____

Additional information is being requested this filing season in an effort to combat stolen-identity tax fraud. Please provide the requested information from the driver's license or state-issued identification card. Providing the information could help process state returns faster.

ID type Driver's license OR State Issued ID
 ID number _____
 ID issuing state _____
 ID issue date _____
 ID expiration date _____

Driver's license OR State Issued ID

Filing Status

Status on 2016 return :
 Status as of 12/31/2017 :
 Enter ("X") in the box

1 Single
 2 Married filing joint
 3 Married filing separately
 (Enter spouse's name and SSN above)
 4 Head of Household Non-dependent name: _____
 Non-dependent SSN: _____
 5 Qualifying widow(er) with minor child Year spouse died _____

Taxpayer's Address

Street _____ Apt/Suite : _____
 City _____ State _____ Zip Code _____
 If address is in a foreign country, enter that country
 Foreign province/county Foreign postal code _____
 If a bona fide resident of a U.S. territory, enter territory

Preparer's Information

Preparer's name Robert H Bowers, E.A.
 Firm's name Bowers & Associates, Inc.
 Street 8616 La Tijera Blvd., Suite #504
 City Los Angeles State CA Zip Code 90045

Name _____

SSN _____

Questions

Yes No

Personal Information

- 1 Did any births, adoptions, marriages, divorces, or deaths occur in your family since last year?
2 Did you purchase or sell your principal residence or did your address change?
3 Are either you or your spouse being claimed (or are eligible to be claimed) as a dependent on anyone else's return?
4 Were you in a Registered Domestic Partnership, civil union or same-sex marriage during 2017?
5 Were either you or your spouse in the military or National Guard?
6 Have you been notified by the IRS or state of changes to a prior year's return, or received any other tax correspondence?

Yes No

Dependents

- 1 Are there any changes in your dependents from last year?
2 Did you have any children under 19 (or 24 if a full time student) who received more than \$1,050 in investment income?
3 Did you pay education expenses for your dependent children?
4 Did you pay any dependent care expenses for a child or a parent?
5 Did you pay over half of the support for a parent or someone else you aren't claiming as a dependent?
6 Are all of your dependents either US residents or citizens?

Yes No

Health Care Coverage

- 1 Did you or a member of your family have minimum essential coverage in 2017? (The entity that provided the coverage may have sent you a Form 1095-A, 1095-B, or 1095-C, that lists individuals in your family who were enrolled in minimum essential coverage and shows their months of coverage.)
2 Did you have a Health Insurance Marketplace granted coverage exemption or are you claiming a coverage exemption?

Yes No

Income (In 2017, did you or your spouse have any of the following?)

- 1 Wages? (include form(s) W-2)
2 Non-employee compensation? (include form(s) 1099-MISC)
3 Interest income? (include form(s) 1099-INT)
4 Dividend income? (include form(s) 1099-DIV)
5 Did you receive any tax-exempt income, such as interest or dividends from municipal bonds or a mutual fund account?
6 Gambling income? (include form(s) W-2G). Be sure to include any gambling expenses.
7 Social security or Railroad Retirement benefits? (include form(s) SSA-1099 & RRB-1099)
8 Did you receive a state or local refund, or a refund of any other deduction you itemized in a prior year? (attach 1099-G)
9 Disability income? (include form(s) W-2 or 1099)
10 Unemployment compensation? (include form(s) 1099-G)
11 Alimony?
12 Did you receive tip income NOT reported to your employer?
13 Did you receive payments from a Long-Term Care insurance contract?
14 Did you barter your services for goods or services from someone else?
15 Did you receive, or expect to receive, a Schedule K-1 (or substitute K-1) from a trust, estate, partnership, or S corp?
16 Did you receive employer-provided adoption benefits for a previous year?
17 Did you cash in any U.S. savings bonds?
18 Did you make a loan to someone at an interest rate below market rate?
19 Did you receive a housing allowance for ministerial services you provided?
20 Did you receive any income not reported somewhere in this Organizer?
21 Did you own an interest in a Real Estate Mortgage Investment Conduit (REMIC)?

Yes No

Foreign Reporting

- 1 Did you have an interest in or signature authority over a financial account in a foreign country?
2 Were you the grantor of or transferor to a foreign trust?
3 Did you receive income from a foreign source or pay taxes to a foreign government?

Yes No

Retirement & Other Plans

- 1 Did you receive any distributions from a retirement plan? (Include form(s) 1099-R)
2 Did you rollover a retirement plan distribution into another plan?
3 Did you convert a traditional IRA to a Roth IRA?
4 Did you make a contribution to a retirement plan? (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?
5 Did you receive a distribution from an Achieving a Better Life Experience (ABLE) savings account?
6 Did you receive a distribution from an HSA, Archer MSA or Medicare Advantage MSA (Include form(s) 1099-SA)
7 Did you make any contributions to an HSA (Health Savings Account) in 2017?

Yes No

Purchases, Sales, Gains and Losses

- 1 Did you exchange any securities or investments for something other than cash?
2 Do you have any short sales, commodity sales, or straddles?
3 Did you receive Form 2439?
4 Did you buy or sell any bonds?
5 Did you receive stock from a stock bonus plan with your employer?
6 Did you sell any other personal assets at a gain?
7 Did you sell any real estate (other than your home) during the year?

- | | | | |
|--------------------------|--------------------------|----|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 8 | Did you sell any assets using the installment method? |
| <input type="checkbox"/> | <input type="checkbox"/> | 9 | Did you receive payments from a prior year installment sale? |
| <input type="checkbox"/> | <input type="checkbox"/> | 10 | Did you purchase a rental property? |
| <input type="checkbox"/> | <input type="checkbox"/> | 11 | Did you exchange any property for other property? |
| <input type="checkbox"/> | <input type="checkbox"/> | 12 | Did you incur a loss because of damaged or stolen property? |
| <input type="checkbox"/> | <input type="checkbox"/> | 13 | Did you purchase a new vehicle, aircraft or boat? |
| <input type="checkbox"/> | <input type="checkbox"/> | 14 | Did any security become worthless during 2017? |
| <input type="checkbox"/> | <input type="checkbox"/> | 15 | Did any debts become uncollectible during 2017? |
| <input type="checkbox"/> | <input type="checkbox"/> | 16 | Did you purchase any items acquired out of state, online or by mail order that did not include sales tax? |

Yes **No** **Business and Rental Property Income & Deductions**

- | | | | |
|--------------------------|--------------------------|----|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1 | If you own rental property, do you qualify as a Real Estate Professional? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2 | Did you start or acquire a new business? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3 | Did you sell any part of an existing business, or sell business assets? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4 | Did you cease operating any business or rental property? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5 | Did you remove any of your business assets for personal use? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6 | Did you use part of your home for business purposes? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7 | Did you make any contributions to a Keogh or a self-employed SEP plan for 2017? |
| <input type="checkbox"/> | <input type="checkbox"/> | 8 | Do you pay for any health or long term care insurance through your business? |
| <input type="checkbox"/> | <input type="checkbox"/> | 9 | If you or your spouse are self-employed, are either of you covered under an employer's health plan? |
| <input type="checkbox"/> | <input type="checkbox"/> | 10 | Did you purchase any furniture or equipment for your business? |
| <input type="checkbox"/> | <input type="checkbox"/> | 11 | Did you make any improvements to your rental properties? |

Yes **No** **Other Deductions**

- | | | | |
|--------------------------|--------------------------|----|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1 | Did you use your car on the job (other than to and from work)? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2 | Did you work out of town for part of the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3 | Did you incur any travel and entertainment expenses for business purposes? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4 | Did you pay expenses for the care of your child or other dependent so you could work? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5 | Did you purchase a 'clean fuel' or electric hybrid vehicle in 2017? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6 | Did you make energy efficient improvements to your home or purchase any energy-saving property during 2017? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7 | Did you contribute less than an entire interest in any property to charity? |
| <input type="checkbox"/> | <input type="checkbox"/> | 8 | Did you refinance a mortgage or take out a home equity loan during 2017? |
| <input type="checkbox"/> | <input type="checkbox"/> | 9 | Did you incur moving expenses during the year due to a change of employment? |
| <input type="checkbox"/> | <input type="checkbox"/> | 10 | Did you or your spouse pay any educational expenses for yourselves? |
| <input type="checkbox"/> | <input type="checkbox"/> | 11 | Did you pay any student loan interest? |
| <input type="checkbox"/> | <input type="checkbox"/> | 12 | Did you make any federal or state estimated payments? |
| <input type="checkbox"/> | <input type="checkbox"/> | 13 | Did you have a certain trade or business from which you figured your domestic production activities deduction? |
| <input type="checkbox"/> | <input type="checkbox"/> | 14 | Did you pay alimony? |
| <input type="checkbox"/> | <input type="checkbox"/> | 15 | Did you donate non-cash donations? |
| <input type="checkbox"/> | <input type="checkbox"/> | 16 | Did you donate a vehicle? |

Yes **No** **Miscellaneous**

- | | | | |
|--------------------------|--------------------------|---|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1 | Did you make gifts of more than \$14,000 to any one person? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2 | Did you engage the service of any household employees? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3 | Did your bank account information change within the last twelve months? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4 | Do you want to allocate \$3 to the Presidential Election Campaign Fund? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5 | Does your spouse want to allocate \$3 to the Presidential Election Campaign Fund? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6 | Did you file Form 8839, Adoption Credit, in a previous year or incur adoption expenses in 2017? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7 | Did you claim a First-time Homebuyer Credit for a home purchased in 2008? |
| <input type="checkbox"/> | <input type="checkbox"/> | 8 | Was there a disposition or change in use of your main home for which you claimed the First-time Homebuyer Credit? |

Yes **No** **Return preparation and filing**

- | | | | |
|--------------------------|--------------------------|--|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1 | Do you want to e-file your return? |
| | | 2 | If you are due a refund, how do you want to receive it? |
| | <input type="checkbox"/> | Check sent to you in the mail | <input type="checkbox"/> |
| | <input type="checkbox"/> | Apply to next year's estimates | <input type="checkbox"/> |
| | <input type="checkbox"/> | Direct deposit (please provide voided blank check) | Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings |
| | | If you owe taxes, how do you want to pay them? | |
| | <input type="checkbox"/> | Paper check sent with my return | <input type="checkbox"/> Credit card <input type="checkbox"/> Installment Agreement |
| | <input type="checkbox"/> | Direct debit (please provide a voided blank check) | Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings |
| | <input type="checkbox"/> | | |
| <input type="checkbox"/> | <input type="checkbox"/> | 3 | Do you want to allow your tax preparer to discuss this year's return with the IRS? |
| | | | If no, enter another person (if desired) to be allowed to discuss this return with the IRS: |
| | | Designee's name _____ | Phone Number _____ |
| | | | Personal identification Number (5 digit PIN) _____ |

Name _____

SSN _____

Wages

W-2 Information

"X" if spouse		Employer's Name	Box 1 Wages, Tips Other Comp	Box 2 Federal Income Tax Withheld	Box 16 State Wages	Box 17 State Income Tax Withheld
<input type="checkbox"/>	1					
<input type="checkbox"/>	2					
<input type="checkbox"/>	3					
<input type="checkbox"/>	4					
<input type="checkbox"/>	5					
<input type="checkbox"/>	6					
<input type="checkbox"/>	7					
<input type="checkbox"/>	8					
<input type="checkbox"/>	9					
<input type="checkbox"/>	10					
<input type="checkbox"/>	11					
<input type="checkbox"/>	12					
<input type="checkbox"/>	13					
<input type="checkbox"/>	14					
<input type="checkbox"/>	15					
<input type="checkbox"/>	16					
<input type="checkbox"/>	17					
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<input type="checkbox"/>	31					
<input type="checkbox"/>	32					
<input type="checkbox"/>	33					
<input type="checkbox"/>	34					
<input type="checkbox"/>	35					
<input type="checkbox"/>	36					
<input type="checkbox"/>	37					
<input type="checkbox"/>	38					
<input type="checkbox"/>	39					
<input type="checkbox"/>	40					
<input type="checkbox"/>	41					
<input type="checkbox"/>	42					
<input type="checkbox"/>	43					

Name _____

SSN _____

Retirement Income

1099-R Information

"X" if spouse		Payer's Name	Box 1 Gross Distribution	Box 4 Federal Income Tax Withheld	Box 14 State Distribution	Box 12 State Income Tax Withheld
<input type="checkbox"/>	1					
<input type="checkbox"/>	2					
<input type="checkbox"/>	3					
<input type="checkbox"/>	4					
<input type="checkbox"/>	5					
<input type="checkbox"/>	6					
<input type="checkbox"/>	7					
<input type="checkbox"/>	8					
<input type="checkbox"/>	9					
<input type="checkbox"/>	10					
<input type="checkbox"/>	11					
<input type="checkbox"/>	12					
<input type="checkbox"/>	13					
<input type="checkbox"/>	14					
<input type="checkbox"/>	15					
<input type="checkbox"/>	16					
<input type="checkbox"/>	17					
<input type="checkbox"/>	18					
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<input type="checkbox"/>	31					
<input type="checkbox"/>	32					
<input type="checkbox"/>	33					
<input type="checkbox"/>	34					
<input type="checkbox"/>	35					
<input type="checkbox"/>	36					
<input type="checkbox"/>	37					
<input type="checkbox"/>	38					
<input type="checkbox"/>	39					
<input type="checkbox"/>	40					
<input type="checkbox"/>	41					
<input type="checkbox"/>	42					
<input type="checkbox"/>	43					

Name _____

SSN _____

Interest Income

Please provide copies of all Form 1099-INT or other statements reporting interest income.

* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J	Payer	Taxable Interest Income Current Year Amount	Prior Year Amount	Tax Exempt Interest Current Year Amount	Prior Year Amount	Specified Priv Act Interest Current Year Amount	Prior Year Amount
	1						
	2						
	3						
	4						
	5						
	6						
	7						
	8						
	9						
	10						
	11						
	12						
	13						
	14						
	15						
	16						
	17						
	18						
	19						
	20						

Dividend Income

Please provide copies of all Form 1099-DIV or other statements reporting dividend income.

* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J	Payer	Ordinary Dividends Current Year Amount	Prior Year Amount	Qualified Dividends Current Year Amount	Prior Year Amount	Capital Gains Current Year Amount	Prior Year Amount
	1						
	2						
	3						
	4						
	5						
	6						
	7						
	8						
	9						
	10						
	11						
	12						
	13						
	14						
	15						
	16						
	17						
	18						
	19						
	20						

Name _____

SSN _____

Self-Employed Business Income and Expenses (Schedule C)

Enter "X" in one box: Filer Spouse

General Information

Employer Identification Number _____ (do not enter Social Security Number)

Principal business or profession _____

Business name _____

Business address _____

City _____ State _____ Zip _____

Foreign Country _____

Foreign Province/State _____ Postal Code _____

General Check Boxes (Enter "X" where applicable)

- 1 Accounting Method Cash Accrual Other - (Specify) _____
- 2 Did you "materially participate" in this business? Yes No
- 3 Check ('X') if you started or acquired this business in 2017.
- 4 Did you make any payments in 2017 that would require you to file Form(s) 1099? Yes No

Business Income

* Report statutory income as W-2 income.

- 5 Income reported on 1099 MISC 5
Gross receipts or sales not reported on Form 1099 or Form W-2
- 6 _____ 6
- 7 _____ 7
- 8 _____ 8
- 9 _____ 9
- 10 Returns and allowances 10
- 11 Other income 11

	Current Year Amount	Prior Year Amount
5		
6		
7		
8		
9		
10		
11		

Inventory (Enter "X" where applicable)

- 12 Method(s) used to value closing inventory . . . Cost Lower of cost or market Other
- 13 Any change in determining quantities, costs, or valuations between opening and closing inventory? Yes No

- 14 Inventory at the beginning of year 14
- 15 Purchases less cost of items withdrawn for personal use 15
- 16 Cost of labor 16
- 17 Materials and supplies 17
- 18 Other Costs 18
- 19 Inventory at end of year 19

	Current Year Amount	Prior Year Amount
14		
15		
16		
17		
18		
19		

Assets Placed in Service This Year

Description:

- A _____ A
- B _____ B
- C _____ C
- D _____ D
- E _____ E
- F _____ F
- G _____ G

	Date Placed In Service	Purchase Amount
A		
B		
C		
D		
E		
F		
G		

Name _____

SSN _____

Business _____

Self-Employed Business Expenses Cont. (Schedule C)

Expenses		Current Year Amount	Prior Year Amount
20	Advertising	20	
21	Contract labor	21	
22	Commissions and fees	22	
23	Depletion	23	
24	Employee benefit programs (other than on line 35)	24	
25	Insurance (other than health)	25	
Interest:			
26	Mortgage (paid to banks, etc.)	26	
27	Other	27	
28	Legal and professional services	28	
29	Office expense	29	
30	Pension and profit-sharing plans	30	
Rent or Lease:			
31	Machinery rental or lease	31	
32	Equipment rental or lease	32	
33	_____	33	
34	_____	34	
35	_____	35	
36	Other business property rental or lease	36	
37	_____	37	
38	_____	38	
39	Repairs and maintenance	39	
40	Supplies (not included in inventory cost of goods sold)	40	
41	Taxes and licenses	41	
Travel, Meals, and Entertainment:			
Travel			
42	_____	42	
43	_____	43	
44	_____	44	
45	_____	45	
Meals and entertainment			
46	Enter "X" in the box if subject to DOT hours of service limits	46	<input type="checkbox"/>
47	_____	47	
48	_____	48	
49	_____	49	
50	_____	50	
51	Utilities	51	
52	Wages	52	
Other Expenses:			
53	_____	53	
54	_____	54	
55	_____	55	
56	_____	56	
57	_____	57	
58	_____	58	
59	_____	59	
60	_____	60	
61	_____	61	

Name _____

SSN _____

Business _____

Vehicle Information (Schedule C)

		Vehicle -		Vehicle -	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1	Date vehicle was placed in service . . . 1				
2	Cost of vehicle 2				
3	Total miles driven for the year 3				
4	Business miles driven during the year . . 4				
5	Commuting miles included on line 3 . . . 5				
6	Parking fees and tolls 6				
7	Vehicle Interest 7				
8	Vehicle Personal Property tax 8				
Actual Expenses					
9	Gasoline, oil and repairs 9				
10	Vehicle Insurance 10				
11	Vehicle registration fees 11				
12	Vehicle lease or rental 12				
13	_____ 13				

		Vehicle -		Vehicle -	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1	Date vehicle was placed in service . . . 1				
2	Cost of vehicle 2				
3	Total miles driven for the year 3				
4	Business miles driven during the year . . 4				
5	Commuting miles included on line 3 . . . 5				
6	Parking fees and tolls 6				
7	Vehicle Interest 7				
8	Vehicle Personal Property tax 8				
Actual Expenses					
9	Gasoline, oil and repairs 9				
10	Vehicle Insurance 10				
11	Vehicle registration fees 11				
12	Vehicle lease or rental 12				
13	_____ 13				

Name _____

SSN _____

Home Office Number _____

Description of Home Office _____

Address _____

City _____ State _____ Zip _____

Check ("X") box: Daycare

Home Office Expenses

Area of Home

- 1 Area used regularly and exclusively for business, regularly for daycare, or for storage of inventory or product samples 1
- 2 Total area of home 2

Daycare only - Part of Home Used Nonexclusively for Daycare

- 3 Multiply days used for daycare during year by hours used per day 3
- 4 Enter total hours home was available for daycare during year 4

Expenses related to entire home including business portion (Indirect)

- 5 Casualty losses 5
- 6 Excess mortgage interest 6
- 7 Insurance 7
- 8 Rent 8
- 9 Repairs and maintenance 9
- 10 Utilities 10
- 11 Other Expenses:

- a _____ 11a
- b _____ 11b
- c _____ 11c
- d _____ 11d
- e _____ 11e

Business Allocation:

- Business 1: _____
- Business 2: _____
- Business 3: _____
- Business 4: _____

Current Year Amount	Prior Year Amount

Current Year Allocation %	Prior Year Allocation %

Business:

Additional expenses related to business portion only (Direct)

- 12 Casualty losses 12
- 13 Excess mortgage interest 13
- 14 Insurance 14
- 15 Rent 15
- 16 Repairs and maintenance 16
- 17 Utilities 17
- 18 Other Expenses:

- a _____ 18a
- b _____ 18b
- c _____ 18c
- d _____ 18d
- e _____ 18e

Current Year Amount	Prior Year Amount

Name _____

SSN _____

Sale of Stocks, Bonds, Real Estate, and Other Non-Business Assets

* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J	Description	Date Acquired	Date Sold	Gross Sales Price (Less expenses of sale)	Cost or Other Basis
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
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31					
32					
33					
34					
35					
36					
37					
38					
39					
40					
41					
42					
43					
44					
45					

Name _____

SSN _____

Real Estate Rentals and Royalties

Property Description _____

Address _____

City _____ State _____ Zip _____

Foreign Country _____

Foreign Province/State _____ Postal Code _____

	Current Year Info	Prior Year Info
1a Owner of property (Enter Filer, Spouse, or Joint)		
1b Enter property type number (1 to 8)	<input type="text"/>	<input type="text"/>
(1) Single-Family Residence (2) Multi-Family Residence (3) Vacation/Short-Term Rental (4) Commercial (5) Land (6) Royalties (7) Self-Rental (8) Other		
2 Enter "X" if you actively participated?	<input type="checkbox"/>	<input type="checkbox"/>
3 Enter "X" if property was used for personal use by you or your family for more than 14 days or 10% of the total days rented?	<input type="checkbox"/>	<input type="checkbox"/>
3a If entered ("X"), enter the number of days of personal use?	<input type="text"/>	<input type="text"/>
3b If entered ("X"), enter the number of days rented?	<input type="text"/>	<input type="text"/>

Income	Current Year Amounts	Prior Year Amounts
4 Royalty received		
5 Rent received		
a If rental real estate, enter the percent of ownership if less than 100%		
b Rental use percentage for property used partially for personal use only		
6 Other Income		

Property Expense	Current Year Amounts	Prior Year Amounts
7 Advertising		
8 Cleaning and maintenance		
9 Commissions		
10 Insurance		
11 Legal and other professional fees		
12 Management fees		
13 a Qualified mortgage interest paid to banks, etc.		
b Other mortgage interest paid to banks, etc.		
14 Other interest		
15 Repairs		
16 Supplies		
17 a Real estate taxes		
b Other Taxes		
18 Utilities		

Assets Placed in Service This Year	Date Placed In Service	Purchase Amount
A Description: _____		
B _____		
C _____		
D _____		
E _____		
F _____		
G _____		

Name _____

SSN _____

Property _____

Other Expenses (Schedule E)

Other Expenses:

19 _____
20 _____
21 _____
22 _____
23 _____
24 _____
25 _____
26 _____

	Current Year	Prior Year
19		
20		
21		
22		
23		
24		
25		
26		

Travel Expenses:

27 _____
28 _____
29 _____
30 _____
31 _____
32 _____
33 _____
34 _____

	Current Year	Prior Year
27		
28		
29		
30		
31		
32		
33		
34		

Meals and Entertainment Expenses:

35 _____
36 _____
37 _____
38 _____
39 _____
40 _____
41 _____
42 _____

	Current Year	Prior Year
35		
36		
37		
38		
39		
40		
41		
42		

Name _____

SSN _____

Property _____

Vehicle Information (Schedule E)

		Vehicle -		Vehicle -	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1	Date vehicle was placed in service 1				
2	Cost of vehicle 2				
3	Total miles driven for the year 3				
4	Business miles driven during the year . . . 4				
5	Commuting miles included on line 3 5				
6	Parking fees and tolls 6				
7	Vehicle Interest 7				
8	Vehicle Personal Property tax 8				
Actual Expenses					
9	Gasoline, oil and repairs 9				
10	Vehicle Insurance 10				
11	Vehicle registration fees 11				
12	Vehicle lease or rental 12				
13	_____ 13				

		Vehicle -		Vehicle -	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1	Date vehicle was placed in service 1				
2	Cost of vehicle 2				
3	Total miles driven for the year 3				
4	Business miles driven during the year . . . 4				
5	Commuting miles included on line 3 5				
6	Parking fees and tolls 6				
7	Vehicle Interest 7				
8	Vehicle Personal Property tax 8				
Actual Expenses					
9	Gasoline, oil and repairs 9				
10	Vehicle Insurance 10				
11	Vehicle registration fees 11				
12	Vehicle lease or rental 12				
13	_____ 13				

Name _____

SSN _____

Social Security and Railroad Retirement

Filer

- 1 Enter the total amount from box 5 of all your Forms SSA-1099 1
- 2 Enter the total taxes withheld from box 6 of all your Forms SSA-1099 2
- 3 Enter the total amount from box 5 of all your Forms RRB-1099 3
- 4 Enter the total taxes withheld from box 10 of all your Forms RRB-1099 4
- 5 Enter the total amount of Medicare B Premiums withheld. 5
- 6 Enter the total amount of Medicare D Premiums withheld. 6

Current Year Amount	Prior Year Amount

Spouse

- 7 Enter the total amount from box 5 of all your Forms SSA-1099 7
- 8 Enter the total taxes withheld from box 6 of all your Forms SSA-1099 8
- 9 Enter the total amount from box 5 of all your Forms RRB-1099 9
- 10 Enter the total taxes withheld from box 10 of all your Forms RRB-1099 10
- 11 Enter the total amount of Medicare B Premiums withheld. 11
- 12 Enter the total amount of Medicare D Premiums withheld. 12

Miscellaneous Income

	Filer			Spouse	
	Current Year Amount	Prior Year Amount		Current Year Amount	Prior Year Amount
1 Refund from state			1		
2 Unemployment compensation			2		
3 Prizes and awards			3		
4 Scholarships and fellowships			4		
5 Bartering income			5		
6 Fees received for jury duty			6		
7 Income from rental of personal property, if not in the business of renting such property			7		
8 Precinct election board duty			8		
9 Alaska Permanent Fund Dividends			9		
10 Net operating loss carryover (negative no.)			10		
11 Canceled debts			11		
12 _____			12		
13 _____			13		
14 _____			14		
15 Other income not provided for in this Organizer			15		

Adjustments to Income

* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J				Current Year Amount	Prior Year Amount
<input type="checkbox"/>	1	Educator expenses	1		
<input type="checkbox"/>	2	Student loan interest	2		
<input type="checkbox"/>	3	Health Savings account deduction	3		
<input type="checkbox"/>	4	Moving expenses	4		
<input type="checkbox"/>	5	Self-employed SEP, SIMPLE, or other qualified plans	5		
<input type="checkbox"/>	6	Penalty on early withdrawal of savings	6		
<input type="checkbox"/>	7	Tuition and fees	7		

Other Adjustments to Income

* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J				Current Year Amount	Prior Year Amount
<input type="checkbox"/>	1	Performing-arts-related expenses	1		
<input type="checkbox"/>	2	Foreign housing deduction	2		
<input type="checkbox"/>	3	Jury duty pay given to your employer	3		
<input type="checkbox"/>	4	Reforestation amortization	4		
<input type="checkbox"/>	5	Repayment of sub-pay under the Trade Act of 1974	5		
<input type="checkbox"/>	6	Contributions to Section 501(c)(18)(D) pension plans	6		
<input type="checkbox"/>	7	Attorney fees and court costs paid for actions settled or decided after October 22, 2004 involving unlawful discrimination claims, but only to the extent of gross income from such actions.	7		
<input type="checkbox"/>	8	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations, up to the the amount of the award includible in your gross income	8		
<input type="checkbox"/>	9	Employee business expenses of fee-basis state or local government officials	9		
<input type="checkbox"/>	10	Expenses from the rental of personal property but were not in the business of renting such property	10		
<input type="checkbox"/>	11	Contributions by chaplains to section 403(b) plans	11		
<input type="checkbox"/>	12	Archer MSA deduction	12		
<input type="checkbox"/>	13	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money	13		
<input type="checkbox"/>	14	_____	14		
<input type="checkbox"/>	15	_____	15		

Name _____

SSN _____

IRA and Other Contribution Information

Traditional IRA Contributions

Filer

- 1 Enter total traditional IRA contributions made for 2017 1
- 2 Enter contributions, on line 1, made after 12/31/2017 and before 04/15/2018 2
- 3 Enter value of all traditional IRAs on 12/31/2017 3
- 4 Enter amount of any outstanding traditional rollovers as of 1/1/2018 4

Current Year Amount	Prior Year Amount

Spouse

- 5 Enter total traditional IRA contributions made for 2017 5
- 6 Enter contributions, on line 5, made after 12/31/2017 and before 04/15/2018 6
- 7 Enter value of all traditional IRAs on 12/31/2017 7
- 8 Enter amount of any outstanding traditional rollovers as of 1/1/2018 8

Roth IRA Contributions

Filer

- 1 Enter 2017 Roth IRA contributions 1
- 2 Enter value of all Roth IRAs on 12/31/2017 2

Current Year Amount	Prior Year Amount

Spouse

- 3 Enter 2017 Roth IRA contributions 3
- 4 Enter value of all Roth IRAs on 12/31/2017 4

SIMPLE IRA

Filer

- 1 Enter value of all SIMPLE IRAs on 12/31/2017 1

Current Year Amount	Prior Year Amount

Spouse

- 2 Enter value of all SIMPLE IRAs on 12/31/2017 2

--	--

Education (Coverdell ESA)

Filer

- 1 Enter 2017 Coverdell ESA contributions 1
- 2 Enter value of the Coverdell ESA on 12/31/2017 2

Current Year Amount	Prior Year Amount

Spouse

- 3 Enter 2017 Coverdell ESA contributions 3
- 4 Enter value of the Coverdell ESA on 12/31/2017 4

Other

Filer

- 1 Repayment of qualified reservist distributions 1

Current Year Amount	Prior Year Amount

Spouse

- 2 Repayment of qualified reservist distributions 2

--	--

Name _____

SSN _____

Medical and Dental - Itemized Deductions

	Current Year Amount	Prior Year Amount
1		
2		
3		
4		
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- 1 Prescription medications 1
- 2 Fees for doctors, dentists, etc. 2
- 3 Fees for hospitals, clinics, etc. 3
- 4 Lab and X-ray fees 4
- 5 Medical aids such as glasses, contacts, hearing aids, wheelchair, etc. 5
- 6 Medical equipment and supplies 6
- 7 Medical mileage (number of miles driven) 7
- 8 Medical parking, tolls and local transportation 8
- 9 Lodging for medical purposes (up to \$50 per night per person) 9
- 10 Health/Dental/Other ins. premiums (do not include self-employed plans) 10
- 11 Long Term Care insurance premiums (taxpayer) 11
- 12 Long Term Care insurance premiums (spouse) 12
- 13 Expenses to stop smoking 13
- 14 Health insurance premiums - coverage established under your business (1) 14
- 15 Health insurance premiums - coverage established under your business (2) 15
- 16 Long Term Care insurance premiums - coverage est. under your business (1) 16
- 17 Long Term Care insurance premiums - coverage est. under your business (2) 17
- 18 _____ 18
- 19 _____ 19
- 20 _____ 20
- 21 _____ 21
- 22 Insurance reimbursement for any medical and dental expense listed above 22

Name _____

SSN _____

Interest - Itemized Deductions

Home Mortgage Interest and Points Reported on Form 1098

Current Year Amount	Prior Year Amount

47 Lender _____ 47

48 Lender _____ 48

49 Lender _____ 49

50 Lender _____ 50

Home Mortgage Interest Not Reported on Form 1098

51 Name: _____ 51
 Address: _____
 SSN: _____

--	--

52 Mortgage insurance premiums paid on 2017 acquisition indebtedness for principal residence 52

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Refinancing Points

53 Description 53
 Points paid
 Date of loan
 Total number of scheduled loan payments
 Number of payments made in 2017

54 Description 54
 Points paid
 Date of loan
 Total number of scheduled loan payments
 Number of payments made in 2017

55 Description 55
 Points paid
 Date of loan
 Total number of scheduled loan payments
 Number of payments made in 2017

56 Description 56
 Points paid
 Date of loan
 Total number of scheduled loan payments
 Number of payments made in 2017

57 Investment interest paid 57

--	--

Name _____

SSN _____

Unreimbursed Employee Expenses - Itemized Deductions

List car, truck, transportation, meals and entertainment expenses on Employee Expenses tab

		Filer		Spouse	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
58	Union and professional dues	58			
59	Professional subscriptions	59			
60	Uniform and protective clothing	60			
61	Job search costs	61			
62	_____	62			
63	_____	63			
64	_____	64			
65	_____	65			
66	_____	66			
67	_____	67			

Certain Miscellaneous Deductions - Itemized Deductions

		If investment related enter "X"	Current Year Amount	Prior Year Amount
68	Tax preparation fees			68
69	Certain attorney and accounting fees			69
70	Safe deposit box rental			70
71	IRA Custodial fees			71
72	Investment counsel and advisory fees			72
73	Losses on deposits in insolvent or bankrupt financial institutions			73
74	Convenience fees paid with credit or debit card for federal taxes in 2017			74
75	_____			75
76	_____			76
77	_____			77
78	_____			78
79	_____			79
80	_____			80
81	_____			81
82	_____			82
83	_____			83
84	_____			84

Other Miscellaneous Deductions

85	Federal estate tax on income in respect of a decedent	85		
86	Amortizable bond premiums on bonds acquired before 10/23/86	86		
87	Gambling losses (if gambling income)	87		
88	Repayment of income	88		
89	From K1 Input Worksheet (1065 & 1120S) - Portfolio deduction	89		
90	Certain unrecovered investment in a pension	90		
91	_____	91		
92	_____	92		
93	_____	93		
94	_____	94		
95	_____	95		
96	_____	96		

Name _____

SSN _____

Charity - Itemized Deductions

* Total contributions \$500 or less. See Non-Cash Charity if over \$500.

Current Year Amount	Prior Year Amount

- 1 Gifts To Charity Other Than By Cash or Check* 1
- 2 Total Miles driven for charitable activities 2
- 3 Parking fees, tolls and local transportation for charitable activities 3

Gifts To Charity By Cash or Check

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____
- 6 _____
- 7 _____
- 8 _____
- 9 _____
- 10 _____
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Name _____

SSN _____

Noncash Charitable Contributions (Total of Contributions more than \$500)

Information on Donated Property

(a) Name and Address of the Donee Organization		(b) Description of Donated Property
1	Name Address City State Zip Code	
2	Name Address City State Zip Code	
3	Name Address City State Zip Code	
4	Name Address City State Zip Code	
5	Name Address City State Zip Code	

Note: If the fair market value for an item is \$500 or less, you do not have to complete columns (d), (e), and (f).

	(c) Date of the Contribution	(d) Date Acquired mm/dd/yyyy	(e) How Acquired	(f) Cost or Adjusted Basis	(g) Fair Market Value F. M. V.	(h) Method Used to Determine the F. M. V.
1						
2						
3						
4						
5						

Name _____

SSN _____

Employee Business Expenses

Enter "X" in one box:

Occupation in which you incurred the expenses _____

Filer

Spouse

Meals and Entertainment

- 1 Meals and entertainment expenses 1
- 2 Enter "X" in the box if subject to DOT hours of service limits 2

Current Year Amount	Prior Year Amount
<input type="checkbox"/>	<input type="checkbox"/>

Travel Expenses

- 3 Parking fees, tolls, and transportation, including train, bus, etc., that DID NOT involve overnight travel or commuting to and from work. 3
- 4 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. DO NOT include meals and entertainment. 4

Other Employment Related Expenses

- 5 Business gifts 5
- 6 Employment related education expenses 6
- 7 Trade publications 7
- 8 _____ 8
- 9 _____ 9
- 10 _____ 10
- 11 _____ 11
- 12 _____ 12

Employer Reimbursements

- 13 Enter employer reimbursements reported under code "L" in box 12 of Form W-2 . . . 13
- 14 Enter other employer reimbursements not reported to you in box 1 of Form W-2 . . . 14
- 15 Enter the total expense for meals and entertainment for the period covered by the reimbursements 15

Name _____

SSN _____

Occupation in which you incurred these expenses _____

Vehicle Information - Unreimbursed Employee Business Expenses

		Vehicle -		Vehicle -	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1	Date vehicle was placed in service 1				
2	Cost of vehicle 2				
3	Total miles driven for the year 3				
4	Business miles driven during the year . . . 4				
5	Commuting miles included on line 3 5				
6	Average daily roundtrip commuting miles 6				
7	Parking fees and tolls 7				
8	Vehicle Interest 8				
9	Vehicle Personal Property tax 9				

Actual Expenses

10	Gasoline, oil and repairs 10				
11	Vehicle Insurance 11				
12	Vehicle registration fees 12				
13	Vehicle lease or rental 13				
14	_____ 14				
15	Value of employer-provided vehicle (if 100% is included in W-2) 15				

		Vehicle -		Vehicle -	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1	Date vehicle was placed in service 1				
2	Cost of vehicle 2				
3	Total miles driven for the year 3				
4	Business miles driven during the year . . . 4				
5	Commuting miles included on line 3 5				
6	Average daily roundtrip commuting miles 6				
7	Parking fees and tolls 7				
8	Vehicle Interest 8				
9	Vehicle Personal Property tax 9				

Actual Expenses

10	Gasoline, oil and repairs 10				
11	Vehicle Insurance 11				
12	Vehicle registration fees 12				
13	Vehicle lease or rental 13				
14	_____ 14				
15	Value of employer-provided vehicle (if 100% is included in W-2) 15				

Name _____

SSN _____

Child and Dependent Care Expenses

- 1 Amount of dependent care benefits forfeited **1** _____
- 2 Amount of dependent care expenses incurred in 2016 and paid in 2017 **2** _____

Note: Enter qualified expenses for dependents on the Organizer dependent sheet.

Filer and/or Spouse Who Is a Student or Disabled

Check one box for each month or partial month that the filer or spouse was a full-time student or disabled.

		Filer's earned income for each month	Spouse's earned income for each month
Filer	Spouse	Filer	Spouse
<input type="checkbox"/>	<input type="checkbox"/>	January	_____
<input type="checkbox"/>	<input type="checkbox"/>	February	_____
<input type="checkbox"/>	<input type="checkbox"/>	March	_____
<input type="checkbox"/>	<input type="checkbox"/>	April	_____
<input type="checkbox"/>	<input type="checkbox"/>	May	_____
<input type="checkbox"/>	<input type="checkbox"/>	June	_____
<input type="checkbox"/>	<input type="checkbox"/>	July	_____
<input type="checkbox"/>	<input type="checkbox"/>	August	_____
<input type="checkbox"/>	<input type="checkbox"/>	September	_____
<input type="checkbox"/>	<input type="checkbox"/>	October	_____
<input type="checkbox"/>	<input type="checkbox"/>	November	_____
<input type="checkbox"/>	<input type="checkbox"/>	December	_____

Non-Dependent Information and Qualifying Expenses

	First Name	Last Name	Birthdate	SSN	Amount incurred and paid in 2017
1	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____

Persons or Organizations Who Provided the Care

	Name	Address	SSN/EIN	Amount incurred and paid in 2017
1	First: _____	City: _____ State: _____ Zip: _____	SSN: _____	
	Last: _____		EIN: _____	
	Business: _____			
2	First: _____	City: _____ State: _____ Zip: _____	SSN: _____	
	Last: _____		EIN: _____	
	Business: _____			
3	First: _____	City: _____ State: _____ Zip: _____	SSN: _____	
	Last: _____		EIN: _____	
	Business: _____			
4	First: _____	City: _____ State: _____ Zip: _____	SSN: _____	
	Last: _____		EIN: _____	
	Business: _____			
5	First: _____	City: _____ State: _____ Zip: _____	SSN: _____	
	Last: _____		EIN: _____	
	Business: _____			

