



Personal Information

Taxpayer:

First Name and Initial _____ Last Name _____ Social Security Number _____

Occupation _____ Date of Birth (Mo/Da/Yr) _____ Date of Death (Mo/Da/Yr) _____

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

Driver's License State-Issued ID No Identification

Spouse:

First Name and Initial _____ Last Name _____ Social Security Number _____

Occupation _____ Date of Birth (Mo/Da/Yr) _____ Date of Death (Mo/Da/Yr) _____

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

Driver's License State-Issued ID No Identification

Contact Information:

Street Address _____ Apartment Number _____

City _____ State _____ ZIP or Postal Code _____

Foreign Province or County _____

Foreign Country _____

Taxpayer Daytime/Work Phone _____ Taxpayer Evening/Home Phone _____ Taxpayer Foreign Phone _____

Taxpayer Cell Phone _____ Taxpayer Fax Number _____

Spouse Daytime/Work Phone _____ Spouse Evening/Home Phone _____ Spouse Foreign Phone _____

Spouse Cell Phone _____ Spouse Fax Number _____

Taxpayer Email Address _____

Spouse Email Address _____

Preferred Method of Contact _____

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

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

Are you considered legally blind per IRS regulations? Yes No

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

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

Personal Identification Numbers:

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

TS	State	City	Code	PIN

Tax Organizer Legend:



Dependents and Wages

Dependent Information:

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

Did dependent have income over \$4,050?



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

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

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

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

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

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

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



Electronic Filing

Electronic Filing:

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

Do not electronically file the federal return

Do not electronically file the state return(s)

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

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

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

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

Taxpayer PIN _____

Spouse PIN _____



2017

Direct Deposit and Withdrawal

Direct Deposit and Electronic Funds Withdrawal Account Information:

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

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

Name of bank or financial institution

Routing Transit Number (RTN)

Account number

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

Is this a business account? Yes No

Account owner Taxpayer Spouse Joint

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

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

Name of bank or financial institution

Routing Transit Number (RTN)

Account number

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

Is this a business account? Yes No

Account owner Taxpayer Spouse Joint

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



2017

U.S. Series I Savings Bonds Purchase

4B

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

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

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

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

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

Joint:

Co-owner name

Beneficiary name

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

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

Taxpayer:

Co-owner name

Beneficiary name

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

Spouse:

Co-owner name

Beneficiary name

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

Bond purchases for someone other than the taxpayer or spouse:

Taxpayer name

Co-owner name

Beneficiary name

Amount of purchase

Taxpayer name

Co-owner name

Beneficiary name

Amount of purchase



Interest Income

Interest Information:

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

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

TSJ	Name of Payer	Interest Income	U.S. Bonds and Obligations	Code	Tax-Exempt Interest	2016 Interest Amount
	Total					

Seller-Financed Mortgage Interest Information:

Name of Individual from Whom Mortgage Interest Was Received	Identification Number of Individual	2017 Interest Amount	2016 Interest Amount

Address of Individual from Whom Mortgage Interest Was Received

Enter Any Additional Information:

Additional information input area with three rows.

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



Dividend Income

5B

Dividend Information:

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

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



2017

Interest Income and Foreign Information

5A

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

Interest Income:

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

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

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

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

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

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

Foreign Taxes Paid or Accrued:

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

Additional State Information:

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

Foreign Bank Accounts and Trusts:

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

If Yes, enter name of foreign country _____

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



2017

Dividend Income and Foreign Information

5B

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

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

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

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

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

Foreign Taxes Paid or Accrued:

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

Additional State Information:

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

Foreign Bank Accounts and Trusts:

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

If Yes, enter name of foreign country _____

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



Foreign Assets

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:

Passport	Yes	No
Foreign TIN		

If not passport or TIN, enter description

Number

Country of issue

Information on Foreign Financial Accounts:

1 - Bank Account 2 - Securities Account 3 - Other

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

Street Address	City
A	
B	

State	ZIP/Postal Code	Country	GIIN
A			
B			

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

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

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

# of Joint Owners	Street Address	City
A		
B		

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

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

1 - Deposit 2 - Custodial

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



2017

Foreign Assets

5D

Asset Information:

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

Value	Foreign Currency	Exchange Rate	Source of Exchange Rate

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

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

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

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

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

1 - Issuer 2 - Counterparty

1 - U.S. person
2 - Foreign person

Name of Issuer	Issuer Code	Type of Issuer	Residence of Issuer

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

Mailing Address of Issuer	City or Town of Issuer

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

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

Foreign assets were acquired or sold during the tax year

Foreign Bank Accounts and Trusts:

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

If Yes, enter name of foreign country

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



2017

Business Income and Cost of Goods Sold

Name of Business: _____

Principal Business or Profession: _____

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

Business Questions for 2017:

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

2017 Amount	2016 Amount

Health insurance premiums paid for yourself and your dependents _____

Income:

Include all Forms 1099-K

Payment card and third party transactions:

Description	2017 Amount	2016 Amount

Miscellaneous income:

Include all Forms 1099-MISC

Other Income:

Other gross receipts or sales _____
 Less returns and allowances _____

Cost of Goods Sold:

2017 Amount	2016 Amount

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

Description	2017 Amount	2016 Amount

Ending inventory _____



Business Expenses and Property & Equipment

2017

Name of Business: _____

Principal Business or Profession: _____

Expenses:

- 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

2017 Amount	2016 Amount

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



Business Expenses - Vehicle and Other Listed Property

Name of Business: _____

Principal Business or Profession: _____

Listed Property Questions for 2017:

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

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

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

Vehicle:

Description of vehicle

Date placed in service (Mo/Da/Yr)

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

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

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

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

Mileage:

Total miles

Total business miles

Total commuting miles for the year ..

Actual Expenses:

Gasoline, oil, repairs, insurance, etc ..

Interest

Taxes

Fair market value of leased vehicle ..

Vehicle rentals/leases



Business Expenses

Name of Business: _____
Principal Business or Profession: _____

Business Expenses: Enter all expenses at 100 percent

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

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

Other Business Expenses:

Description	2017 Amount	2016 Amount

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

Amount received for other expenses

Amount received for meals and entertainment

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

2017 Amount	2016 Amount

Yes No

Vehicle:

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

Description of vehicle

Date vehicle was placed in service

_____ %

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

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

Yes No
 Yes No

Total miles

Total business miles

Average daily commuting miles

Total commuting miles for the year

Gasoline and oil

Repairs

Insurance

Interest

Taxes

Value of employer provided vehicle

Temporary vehicle rentals

Fair market value of leased vehicle

Vehicle leases

Other Vehicle Expenses:

2017	2016

Description	2017 Amount	2016 Amount



Business Use of Home

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?

Expenses: Enter all expenses at 100 percent

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

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

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

Other Expenses:

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

Seller-Financed Mortgage Interest Information:

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



Sales of Stocks, Securities, Capital Assets & Installment Sales

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

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

Did you have any of the following during the year?

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

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

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

Installment Sales: Do not include interest received in principal amount

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



Sale of Your Home and Moving Expenses

Sale or Exchange of Your Home:

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

Former Home Information:

TSJ _____

Date acquired _____ (Mo/Da/Yr)

Date sold _____ (Mo/Da/Yr)

Selling price _____

Original Cost and Cost of Improvements:

Description	Amount

Sale Expenses:

Commissions, legal fees, advertising and other expenses.

Description	Amount

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

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

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

Moving Expenses:

TSJ _____

Were the moving expenses reimbursed by your employer? Yes No

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

Mileage:

Number of miles from old home to new workplace _____

Number of miles from old home to old workplace _____

Number of automobile miles in move _____

Miles

Transportation Expenses:

Costs of transportation of household goods and personal effects _____

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

Automobile expenses (gasoline, oil, etc.) _____

Meals (Pennsylvania only) _____

Amount



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 any IRA as security for a loan this year?
- Did you have any transactions with any 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, Annuity and Retirement Plan Information

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

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

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

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

Do you want to contribute the maximum amount allowed?

Taxpayer		Spouse	
Yes	No	Yes	No

Contributions to:

Simplified employee pension plan

Defined benefit plan

Defined contribution plan

SIMPLE plan

2017 Amount	2017 Amount



Rental and Royalty Income

Location of Property: _____

TSJ _____

Type of property _____

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

Yes	No

Ownership percentage if not 100% _____ %

How many days was this property rented at fair market value? _____

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

2017	2016

Income:

Rents received _____

Royalties received _____

2017 Amount	2016 Amount

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

Description	2017 Amount	2016 Amount

Miscellaneous income: Include all Forms 1099-MISC

Description	2017 Amount	2016 Amount

Other income:

Description	2017 Amount	2016 Amount



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



Rental and Royalty Vehicle and Other Listed Property

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?

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

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

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

Mileage:

Total miles

Total business miles

Total commuting miles for the year ..

Actual Expenses:

Gasoline, oil, repairs, insurance, etc ..

Interest

Taxes

Fair market value of leased vehicle ..

Vehicle rentals/leases



2017

Rental and Royalty Business Expenses

Location of Property: _____

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

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

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

Description	2017 Amount	2016 Amount

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

Amount received for other expenses
Amount received for meals and entertainment

2017 Amount	2016 Amount

Vehicle:

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

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

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

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

Description	2017 Amount	2016 Amount



2017

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



Partnership and S Corporation Business Expenses

Activity Name: _____

Business Expenses: Enter all expenses at 100 percent

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

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

Description	2017 Amount	2016 Amount

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

Amount received for other expenses

Amount received for meals and entertainment

2017 Amount	2016 Amount

Vehicle:

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

Description of vehicle

Date vehicle was placed in service

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



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)

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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



Farm Vehicle and Other Listed Property

Proprietor's Name: _____

Principal Crop or Activity: _____

Listed Property Questions for 2017:

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

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

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

Vehicle:

Description of vehicle

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

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

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

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

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



Farm Business Expenses

Proprietor's Name: _____

Principal Crop or Activity: _____

Business Expenses: Enter all expenses at 100 percent

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

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

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

Table with columns: 2017 Amount, 2016 Amount. Rows include Amount received for other expenses and Amount received for meals and entertainment.

Vehicle:

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

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

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

Table with 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, Interest, Taxes, Value of employer provided vehicle, Temporary vehicle rentals, Fair market value of leased vehicle, Vehicle leases, and Other Vehicle Expenses.

Table with columns: Description, 2017 Amount, 2016 Amount. Row for Other Vehicle Expenses.



Miscellaneous Income, Adjustments and Alimony

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

Miscellaneous Income and Adjustments:

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

State and Local Income Tax Refunds:

TSJ	State	City	Tax Year	Income Tax Refund	
				State	Local

Other Income:

TSJ	Nature and Source	2017 Amount	2016 Amount

Alimony Paid or Received:

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



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?

Yes	No

Were all distributions from your HSA for unreimbursed medical expenses?

Yes	No

Did you or your spouse enroll in Medicare?

Yes	No

If Yes, what month did you enroll?

What month did your spouse enroll?

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

TSJ	Nature and Source	2017 Amount	2016 Amount



2017

Ministerial Income

13B

TS

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

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

If Yes, enter the name of the business: _____

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

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

If Yes, enter the occupation: _____

Parsonage:

Fair rental value of parsonage provided by church

Utility allowance of parsonage

Actual expenses for utilities of parsonage

2017 Amount	2016 Amount

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



Itemized Deductions - Medical and Taxes

Medical and Dental Expenses:

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

TSJ	2017 Amount	2016 Amount

2017 Amount	2016 Amount

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

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

Other Medical Expenses:

TSJ	Description	2017 Amount	2016 Amount

Taxes Paid: Include copies of your tax bills

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

TSJ	2017 Amount	2016 Amount

Itemize real estate taxes by state.

TSJ	Real Estate Taxes	2017 Amount	2016 Amount

Other Taxes Paid:

TSJ	Description	2017 Amount	2016 Amount

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



Mortgage Questions for 2017:

	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
	Name	Address			

Deductible Points:

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

Mortgage Insurance Premiums:

Premiums paid or accrued for qualified mortgage insurance.

TSJ	2017 Amount	2016 Amount

Investment Interest Expense:

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

TSJ	Paid To	2017 Amount	2016 Amount



Itemized Deductions - Contributions

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

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

TSJ	Organization or Description of Contribution	2017 Amount	2016 Amount

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

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

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

TSJ	Description of Donated Property	2017 Amount	2016 Amount

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

TSJ _____
Description of the donated property _____

Donee organization name _____

Donee organization address _____

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

Date the property was donated (Mo/Da/Yr) _____

Cost or basis of the donated property

Fair market value of the donated property

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

- Appraisal
 Thrift shop value
 Catalog
 Comparable sale

Other - please explain _____

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

- Purchase
 Gift
 Inheritance
 Exchange



Itemized Deductions - Miscellaneous

Miscellaneous Itemized Deductions:

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

TSJ	2017 Amount	2016 Amount

Other Itemized Deductions:

Examples:

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

TSJ	Description	2017 Amount	2016 Amount

Casualty or Theft Loss:

TSJ _____
 Property description _____

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

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

Date acquired (Mo/Da/Yr) _____
 Date damaged or lost (Mo/Da/Yr) _____

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



2017

Employee Business Expenses

TS: _____ Occupation: _____

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

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

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

Description	2017 Amount	2016 Amount

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

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

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

Vehicle: Include all documentation

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

Description of vehicle

Date vehicle was placed in service

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

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

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

Description	2017 Amount	2016 Amount



Child/Dependent Care Expenses & Education Expenses

Child/Dependent Care Expenses:

General Information:

TSJ

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

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

Expenses incurred in 2016 but paid in 2017

Employer-provided dependent care benefits that were forfeited in 2017

2016 carryover used in grace period

Child/Dependent Care Providers:

Provider 1:

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

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

Provider 2:

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

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

Qualifying Persons for Child/Dependent Care Expenses:

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

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

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

Include copies of all Forms 1098-T

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



General Information:

TSJ

Employer identification number

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

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

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

Social Security, Medicare and Income Taxes:

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)

2017 Amount	2016 Amount

Federal Unemployment (FUTA) Tax:

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

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

State	Total Cash Wages Subject to FUTA	2016 Amount

Complete the following for all state unemployment contributions made:

X if payment to be made after April 18, 2018

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



Federal Tax Payments

Refund Application:

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

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

Federal Estimated Tax Payments:

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

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

2016 overpayment applied to 2017 estimate

Tax Planning Information for Tax Year 2018:

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

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

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



2017

State and City Tax Payments

20A

State and City Estimated Tax Payments:

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

2017 1st Quarter Estimate

2017 2nd Quarter Estimate

2017 3rd Quarter Estimate

2017 4th Quarter Estimate

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

2016 overpayment applied to 2017 estimate

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

Estimated tax payments for 2016 paid in 2017

State and City Estimated Tax Payments:

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

2017 1st Quarter Estimate

2017 2nd Quarter Estimate

2017 3rd Quarter Estimate

2017 4th Quarter Estimate

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

2016 overpayment applied to 2017 estimate

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

Estimated tax payments for 2016 paid in 2017

State and City Estimated Tax Payments:

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

2017 1st Quarter Estimate

2017 2nd Quarter Estimate

2017 3rd Quarter Estimate

2017 4th Quarter Estimate

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

2016 overpayment applied to 2017 estimate

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

Estimated tax payments for 2016 paid in 2017



Foreign Employment Information (Page 1 of 3)

General Information:

TS _____

Foreign address _____

Name of employer _____
 Employer's U.S. address _____

Employer's foreign address _____

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
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



2017

Foreign Housing Expenses Worksheet

30C

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"/>



2017

Foreign Travel and Workdays Information Worksheet

30D

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, provide all information pertaining to the boycott activities.

Yes	No

Foreign Source Wages and Salaries:

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

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 awards		
Miscellaneous		
Imputed tax preparation fees		
Home country pension cost		
401(k) reductions		



Foreign Wages and Other Income (Page 2 of 2)

Allowances and Reimbursements (Continued):

Other Allowances and Reimbursements:

Description	2017 Amount	2016 Amount

State and Local Information:

State	Employer's State I.D. No.	State Wages, Tips	State Income Tax	Local Wages, Tips	Local Income Tax	City	Locality Name

Other Income and Noncash Income:

TSJ	Nature and Source	2017 Amount	2016 Amount

Other Adjustments:

TSJ	Nature and Source	2017 Amount	2016 Amount

Miscellaneous Income:

	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				

Enter Any Additional Information:



Foreign Wages and Other Income Worksheet

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:

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

	Taxpayer	Spouse

Other Allowances - Description	Taxpayer	Spouse

Non-cash Remuneration:

Home (lodging)

Meals

Car

	Taxpayer	Spouse

For additional employers, provide details on a continuation sheet.



2017

Foreign Taxes

Country of residence: _____

Foreign Taxes Paid or Accrued:

TS	Country Name	Income Type (Dividends, Rents, Etc.)	Is Tax Accrued?	Date Paid or Accrued (Mo/Da/Yr)	Tax Amount (In Foreign Currency)	Tax Amount (In U.S. Dollars)

Prior Year Foreign Taxes Paid in the Current Year:

Year	Date Paid (Mo/Da/Yr)	Amount

Enter Any Additional Foreign Tax Information:



Gifts Made Outright to an Individual

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, 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	<input type="text"/>		
Value of assets gifted if other than cash	<input type="text"/>		

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	<input type="text"/>		
Value of assets gifted if other than cash	<input type="text"/>		



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

Residency Information:

From (Mo/Da/Yr)	To (Mo/Da/Yr)
--------------------	------------------

If you did not live in Minnesota for all of 2017, enter the dates you did live in Minnesota

Enter the state names other than Minnesota where you had income

Voluntary Contributions:

Enter the amount you wish to contribute on your 2017 tax return to the Nongame Wildlife Fund

If you or your spouse wish to contribute \$5.00 to a political party, select one party:

Taxpayer:	<input type="checkbox"/> Republican	<input type="checkbox"/> Democratic/Farmer-Labor	<input type="checkbox"/> Independence	<input type="checkbox"/> Grassroots - Legalize Cannabis
	<input type="checkbox"/> Green	<input type="checkbox"/> Libertarian	<input type="checkbox"/> Legal Marijuana Now	<input type="checkbox"/> General Campaign Fund
Spouse:	<input type="checkbox"/> Republican	<input type="checkbox"/> Democratic/Farmer-Labor	<input type="checkbox"/> Independence	<input type="checkbox"/> Grassroots - Legalize Cannabis
	<input type="checkbox"/> Green	<input type="checkbox"/> Libertarian	<input type="checkbox"/> Legal Marijuana Now	<input type="checkbox"/> General Campaign Fund

Qualified School Expenses for Dependents:

	Dependent 1	Dependent 2
Dependent's name		
Dependent's grade		
Qualified expenses	<input type="text"/>	<input type="text"/>
Type of school (public, private, home)		
Type of expense (Classes, Individual instruction, Textbooks, Computer, Tuition, Transportation, Musical instrument)		
Type of Instruction (Class or Individual)		
Instructor or organization or Transportation provider		
Type of class		
Type of musical instrument		

Credit for Parents of Stillborn Children:

Did you or your spouse experience a stillbirth during the year? Yes No

If Yes, include the Minnesota Certificate of Birth for each stillborn child.

