

Name

Date

Your Name _____

Address _____

Preparer's

Name _____

(subject to terms and conditions)

Name

Date

Your Name _____

Address _____

Preparer's

Name _____

(subject to terms and conditions)

Name

Date

Your Name _____

Address _____

Preparer's

Name _____

(subject to terms and conditions)

Miscellaneous Information

Name:

SSN:

Personal Information

Yes No

☐☐

Did your marital status change during the year?

If "Yes," explain _____

☐☐

Can you or your spouse be claimed as a dependent by someone else?

☐☐

Did your address change during the year?

Provide proof of identity to be eligible to e-file your tax return (driver's license or state-issued photo ID)

Dependent Information

☐☐

Did you have any changes in dependents during the year?

If "Yes," explain _____

☐☐

Can another person qualify to claim any dependents?

☐☐

Did you have any childcare expenses during the year?

☐☐

Did you have any adoption expenses during the year?

☐☐

Did you have any children under age 19 or a full-time student under age 24 with more than \$1900 of unearned income?

Provide documentation for proof of dependent related credits (school records, medical records, daycare records, etc.)

Health Care Information

☐☐

Did any member of your household NOT have healthcare coverage for the entire year?

Provide copies of all Forms 1095-A, 1095-B, 1095-C for ALL members of your household.

If any member of your household received an exemption from the marketplace, provide the Exemption Certificate Number (ECN).

☐☐

Did you receive any distributions from a Health Savings Account (HSA), Archer MSA, or Medicare Advantage MSA during the year?

Income, Purchases, Sales, and Debt Information

☐☐

Did you have a financial interest in or signature authority over a financial account or asset located in a foreign country?

☐☐

Did you receive a distribution from, or were you a grantor of, or transferor to, a foreign trust?

☐☐

Did you have any income from, or pay taxes to, a foreign country?

☐☐

Did you own property in a foreign country?

☐☐

Did you receive any tips not reported to your employer?

☐☐

Did you receive any disability income during the year?

☐☐

Did you cash any U.S. savings bonds during the year?

☐☐

Did you receive any other income not provided with this organizer?

If "Yes," explain _____

☐☐

Did you start a new business or purchase any rental property during the year?

☐☐

Did you sell an existing business, rental property, or other property during the year?

☐☐

Did you purchase any business assets or convert any assets to business use?

If "Yes," provide the cost of the asset, the date it was placed in service, and business use percentage.

☐☐

Did you purchase any gasoline, diesel, or special fuels for non-highway business use?

☐☐

Did you buy or sell any stocks, bonds, or other investments during the year?

☐☐

Did you sell a principal residence during the year?

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

☐☐

Did you foreclose or abandon a principal residence or real property during the year?

☐☐

Did you refinance your principal home or second home or take out a home equity loan during the year?

If "Yes," provide all escrow, closing, and other pertinent documentation and information.

☐☐

Did you receive any principal or interest during this year from property sold in prior years?

☐☐

Did you rent out your home or use it for business?

☐☐

Did you sell, exchange, or purchase any real estate during the year?

☐☐

Did you acquire a new or additional interest in a partnership or S corporation?

☐☐

Did you have any debts canceled or forgiven this year?

☐☐

Does anyone owe you money that has become uncollectible?

☐☐

Did you purchase a new hybrid, alternative motor, or electric motor energy-efficient vehicle during the year?

If "Yes," provide the year, make, model, VIN, and date the vehicle was placed in service.

Itemized Deduction Information

☐☐

Did you pay out-of-pocket medical or dental expenses (premiums, prescriptions, mileage, etc.) during the year?

☐☐

Did you pay any long-term care premiums for yourself, your spouse, or a dependent during the year?

☐☐

Did you receive any state or local income tax refunds from prior years?

Miscellaneous Information

Name:

SSN:

Itemized Deduction Information (continued)

Yes No

- ☐ ☐ Did you make any major purchases (vehicle, boat, etc.) during the year?
- ☐ ☐ Did you pay any real estate property taxes or personal taxes during the year?
- ☐ ☐ Did you pay mortgage interest during the year?
- ☐ ☐ Did you make cash donations to charity during the year?
- ☐ ☐ Did you make noncash donations to charity (clothes, furniture, etc.) during the year?
- ☐ ☐ Did you donate a boat or vehicle during the year?

If "Yes," attach Form 1098-C.

- ☐ ☐ Did you have any job-related expenses that were not reimbursed by your employer (uniforms, safety equipment, etc.)?
- ☐ ☐ Did you use your vehicle on the job other than for commuting to work?
- ☐ ☐ Did you work out of town at any time during the year?
- ☐ ☐ Did you have gambling losses during the year?

Retirement Information

- ☐ ☐ Did you receive any payments from a pension, profit sharing, or 401(k) plan during the year?
- ☐ ☐ Did you make any withdrawals from or contributions to an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), myRA, or other qualified retirement plan during the year?
- ☐ ☐ Did you receive any Social Security benefits during the year?

Education Information

- ☐ ☐ Did you pay tuition expenses that were required for attending college, university, or vocational school for yourself, your spouse, or a dependent during the year (even if classes were attended in another year)?
- ☐ ☐ Did anyone in your household attend a post-secondary school during the year?
- ☐ ☐ Did you make a contribution to or receive a distribution from an Education Savings Account or Qualified Tuition Program during the year?
- ☐ ☐ Did you pay student loan interest for yourself, your spouse, or your dependent(s) during the year?

Miscellaneous Information

- ☐ ☐ Did you incur a loss due to damaged or stolen property?
If "Yes," provide the incident date, value of the property, and amount of insurance reimbursements.
- ☐ ☐ Did you pay wages to any household employees (babysitter, nanny, housekeeper, etc.)?
- ☐ ☐ Did you make any gifts to any one person in excess of \$14,000 during the year?
If "Yes," are you splitting the gift with your spouse? _____
- ☐ ☐ Did you incur moving expenses due to a change in employment?
- ☐ ☐ Did you make any energy-efficient improvements to your main home during the year?
- ☐ ☐ Are you a business owner who paid health insurance premiums for your employees during the year?
- ☐ ☐ Did you apply an overpayment of your 2016 taxes to your 2017 estimated taxes?
- ☐ ☐ If you have an overpayment of 2017 taxes, do you want the refund applied to your 2018 estimated taxes?
- ☐ ☐ Did you make any estimated payments toward your 2017 taxes?
- ☐ ☐ Do you want to have any refund or balance due directly deposited or withdrawn?
If "Yes," provide a canceled checking or savings slip.
- ☐ ☐ Did you receive any notices from the IRS or state taxing authority?
If "Yes," explain _____
- ☐ ☐ May the IRS discuss your tax return with your preparer?
- ☐ ☐ Would you like a copy of your tax return emailed to you instead of receiving a printed copy?

Preparer Notes

Miscellaneous Notes

2017 Summary Organizer

Personal and Dependent Information

Personal Information

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

Marital Status at end of 2017

- ☐ Married
☐ Married filing separately
☐ Single
☐ Widow(er) If spouse deceased in 2017 enter the date of death _____

Taxpayer

- ☐ Yes ☐ No
☐ Yes ☐ No
☐ Yes ☐ No
☐ Yes ☐ No

Spouse

- ☐ Yes ☐ No Are you blind?
☐ Yes ☐ No Are you disabled?
☐ Yes ☐ No Are you a full-time student?
☐ Yes ☐ No Do you want \$3 to go to the Presidential Election Campaign Fund?

Dependent Information

First and last name	SSN	Relationship	Months in home	Date of birth	Disabled	Full-time student	Healthcare coverage ALL year

List dependents required to file a return _____

Estimates

	Federal		Resident state		Resident city	
	Date paid	Amount	Date paid	Amount	Date paid	Amount
Overpayment applied from 2016	_____	_____	_____	_____	_____	_____
First quarter	_____	_____	_____	_____	_____	_____
Second quarter	_____	_____	_____	_____	_____	_____
Third quarter	_____	_____	_____	_____	_____	_____
Fourth quarter	_____	_____	_____	_____	_____	_____
Additional payments	_____	_____	_____	_____	_____	_____

Appointment Information & Notes

Your 2017 appointment is scheduled for _____

Notes _____

Healthcare Coverage Questionnaire

Name:

SSN:

Healthcare Information

Member of household for healthcare purposes	Covered the entire year	Covered less than 12 months	No healthcare coverage at all

YES NO

☐ ☐ Did anyone other than you or your spouse pay for healthcare coverage for anyone listed above?

☐ ☐ Did you pay for healthcare coverage for anyone not listed above?

If you had coverage for any part of the year:

Where was the policy obtained?

Employer / Medicare / Medicaid / Marketplace(Exchange) / Other

If you didn't have coverage part or all of the year:

Answer YES if the following applies to any member of the household

☐ ☐ Was your previous insurance policy cancelled in 2017?

☐ ☐ Was coverage offered by your employer or your spouse's employer?

☐ ☐ Are you a member of a federally recognized Indian tribe?

☐ ☐ Are you eligible for services through an Indian healthcare provider?

☐ ☐ Are you a member of a healthcare sharing ministry?

☐ ☐ Did you live in the United States the entire year?

☐ ☐ Are you enrolled in TRICARE?

☐ ☐ Did you apply for CHIP coverage?

☐ ☐ Do any of the following apply to you? Do NOT indicate which one.

- Became homeless
- Evicted in the past six months, or facing eviction or foreclosure
- Received a shut-off notice from a utility company
- Recently experienced domestic violence
- Recently experienced the death of a close family member
- Recently experienced a fire, flood, or other natural or human-caused disaster that resulted in substantial damage to your property
- Filed for bankruptcy in the last six months
- Incurred unreimbursed medical expenses in the last 24 months that resulted in substantial debt
- Experienced unexpected increases in essential expenses due to caring for an ill, disabled, or aging family member

Healthcare Coverage Questionnaire for taxpayer and spouse (for preparer use)

PRIMARY TAXPAYER

All Year January February March April May June July August September October

Insured through Marketplace (Exchange). MUST provide 1095-A											
Had health care coverage from another source											
Was exempt from health care mandate. Has Exemption Certificate Number? If yes, provide number.											
Employer offered health coverage which was declined											
If YES, what would be the cost for SELF coverage?											
If YES, what would be the cost for FAMILY coverage?											
Would the FAMILY policy have covered the spouse?											

SPOUSE

All Year January February March April May June July August September October

Insured through Marketplace (Exchange). MUST provide 1095-A											
Had health care coverage from another source											
Was exempt from health care mandate. Has Exemption Certificate Number? If yes, provide number.											
Employer offered health coverage which was declined											
If YES, what would be the cost for SELF coverage?											
If YES, what would be the cost for FAMILY coverage?											
Would the FAMILY policy have covered the spouse?											

Healthcare Coverage Questionnaire for Dependents (for preparer use)

All Year January February March April May June July August September October

Insured through Marketplace (Exchange). MUST provide 1095-A											
Had health care coverage from another source											
Was exempt from health care mandate. Has Exemption Certificate Number? If yes, provide number.											
Required to file a return?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	AGI of that return?								

All Year January February March April May June July August September October

Insured through Marketplace (Exchange). MUST provide 1095-A											
Had health care coverage from another source											
Was exempt from health care mandate. Has Exemption Certificate Number? If yes, provide number.											
Required to file a return?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	AGI of that return?								

All Year January February March April May June July August September October

Insured through Marketplace (Exchange). MUST provide 1095-A											
Had health care coverage from another source											
Was exempt from health care mandate. Has Exemption Certificate Number? If yes, provide number.											
Required to file a return?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	AGI of that return?								

Income

Name:

SSN:

Wages & Salaries

Provide all copies of Form W-2

Employer name	2017 federal wages	2016 federal wages

Retirement

Provide all copies of Form 1099-R

Payer name	2017 distribution	2016 distribution

Form 1099-Misc Income

Provide all copies of Form 1099-MISC (* Also reported on Schedule C or E)

Payer name	2017 amount	2016 amount

Name:

SSN:

Dividend Income

Provide all copies of Form 1099-DIV and other statements that report dividend income

[illegible]

Interest Income

Provide all copies of Form 1099-INT, Form 1099-OID and other statements that report interest income

[illegible]

If any interest income listed above is from a seller-financed mortgage, provide the payer's ID number and address

Sale of Capital Assets

Name: _____

SSN:

Sale of Capital Assets (not reported on Form 1099-B)

Provide all brokerage statements

[illegible]

Installment Sale Income

Description of property: _____

Date acquired _____ Date sold _____

2017

Prior years

Selling price 100

Mortgages assumed

Cost of property sold

Depreciation allowed 100

Commissions and expense of sale

Gross profit percentage

Interest received

Principal payments received

Property was sold to a related party ☐

Other Income and Adjustments

Name: _____

SSN: _____

Other Income

	2017 Taxpayer	2016 Taxpayer	2017 Spouse	2016 Spouse
Scholarships or grants not reported on Form W-2	_____	_____	_____	_____
State income tax refund (attach Forms 1099-G)	_____	_____	_____	_____
Alimony received	_____	_____	_____	_____
Unemployment compensation (attach Forms 1099-G)	_____	_____	_____	_____
Unemployment compensation repaid in 2017	_____	_____	_____	_____
Social Security Benefits (attach Forms 1099-SSA)	_____	_____	_____	_____
Railroad Retirement Benefits (attach Forms 1099-RRB)	_____	_____	_____	_____
Gambling winnings (attach Forms W2-G)	_____	_____	_____	_____
Alaska Permanent Fund	_____	_____	_____	_____
Other income: _____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Adjustments

	2017 Taxpayer	2016 Taxpayer	2017 Spouse	2016 Spouse
Educator expenses (If you are an educator, enter the amount you paid for classroom supplies)	_____	_____	_____	_____
Contributions made to a Health Savings Account (HSA)	_____	_____	_____	_____
Contributions made to a Self-Employed Pension plan (SEP)	_____	_____	_____	_____
Payments made for Self-Employed Health Insurance for you, your spouse, or dependents	_____	_____	_____	_____
Alimony paid				
Name: _____ SSN: _____	_____	_____	_____	_____
Name: _____ SSN: _____	_____	_____	_____	_____
Contributions made to an Individual Retirement Account (IRA)	_____	_____	_____	_____
Contributions made to a Roth IRA	_____	_____	_____	_____
Contributions made to a myRA	_____	_____	_____	_____
Interest paid on a student loan	_____	_____	_____	_____
Other adjustments: _____	_____	_____	_____	_____

Job-related Moving Expenses

	2017	2016
Number of miles from old home to old workplace	_____	_____
Number of miles from old home to new workplace	_____	_____
Expense to move household goods & personal effects and lodging expenses while traveling to your new home (Do not include cost of meals)	_____	_____
<input type="checkbox"/> This was a military move		

Schedule C - Profit or Loss from Business

Name: _____

SSN: _____

General Business Information

Business name _____ Employer ID number _____

Professional product or service _____

Business address, city, state, ZIP _____

☐ This business started or was acquired during 2017☐ Yes ☐ No

Payments of \$600 or more were paid to an individual who is not your employee for services provided for this business

☐ This business was disposed of during 2017☐ Yes ☐ No

You filed Form(s) 1099 for the individual(s)

Income

	2017	2016		2017	2016
Gross receipts or sales	_____	_____	Other income	_____	_____
Income from Form(s) 1099-MISC . . .	_____	_____		_____	_____
Returns & allowances	_____	_____		_____	_____

Expenses

	2017	2016		2017	2016
Advertising	_____	_____	Travel	_____	_____
Car & truck expenses	_____	_____	Total meals & entertainment . . .	_____	_____
Commissions & fees	_____	_____	Utilities	_____	_____
Contract labor	_____	_____	Wages	_____	_____
Depletion	_____	_____	Other expenses (list)	_____	_____
Employee benefit programs	_____	_____		_____	_____
Insurance (other than health)	_____	_____		_____	_____
Mortgage interest	_____	_____		_____	_____
Other interest	_____	_____		_____	_____
Legal & professional services	_____	_____		_____	_____
Office expenses	_____	_____		_____	_____
Pension & profit sharing plans	_____	_____		_____	_____
Rent or lease (vehicles, machinery, & equipment)	_____	_____		_____	_____
Rent (other business property)	_____	_____		_____	_____
Repairs & maintenance	_____	_____		_____	_____
Supplies	_____	_____		_____	_____
Taxes & licenses	_____	_____		_____	_____

Cost of Goods Sold

	2017	2016		2017	2016
Inventory at beginning of year	_____	_____	Materials & supplies	_____	_____
Purchases	_____	_____	Other costs	_____	_____
Cost of personal use items	_____	_____	Inventory at end of year	_____	_____
Cost of labor	_____	_____	<input type="checkbox"/> There was a change in inventory method		

Schedule E - Income or Loss from Rental Real Estate & Royalties

Name: _____

SSN: _____

General Property Information

Property description _____

Address, city, state, ZIP _____

Select the property type

☐

Single family residence

☐

Vacation / short-term rental

☐

Land

☐

Self-rental

☐

Multi-family residence

☐

Commercial

☐

Royalties

☐

Other _____

Number of days property was rented _____

Number of days property was used for personal use _____

If the rental is a multi-dwelling unit and you occupied part of the unit, enter the percentage you occupied _____

☐

This property is your main home

☐

Yes

☐

No

Payments of \$600 or more were paid to an individual who is not your employee for services provided for this rental.

☐

This property was disposed of during 2017

☐

Yes

☐

No

You filed Form(s) 1099 for the individual(s)

☐

This property was owned as a qualified joint venture

Income

	2017	2016		2017	2016
Rent Income	_____	_____	Royalties from oil, gas, mineral, copyright or patent	_____	_____
Rental income from Form(s) 1099-MISC	_____	_____	Royalties from Form(s) 1099-MISC	_____	_____

Expenses

	Rental unit expenses		Rental <u>and</u> homeowner expenses	
Advertising	_____	_____	_____	_____
Auto & travel	_____	_____	_____	_____
Cleaning & maintenance	_____	_____	_____	_____
Commissions	_____	_____	_____	_____
Depletion	_____	_____	_____	_____
Insurance	_____	_____	_____	_____
Legal & professional fees	_____	_____	_____	_____
Management fees	_____	_____	_____	_____
Interest - mortgage	_____	_____	_____	_____
Interest - other	_____	_____	_____	_____
Repairs	_____	_____	_____	_____
Supplies	_____	_____	_____	_____
Taxes	_____	_____	_____	_____
Utilities	_____	_____	_____	_____
Other expenses (list)	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

If this Schedule E is for a multi-unit dwelling and you lived in one unit and rented out the other units, use the "Rental and homeowner expenses" column to show expenses that apply to the entire property. Use the "Rental unit expenses" column to show expenses that pertain ONLY to the rental portion of the property.

If the Schedule E is not for a multi-unit property in which you lived in one unit, complete just the "Rental unit expenses" column.

Income or Loss from Partnerships, S corporations, and Fiduciaries

Name: _____

SSN:

Partnerships, S corporations, Estates and Trusts

Provide all copies of Schedule K-1 and attachments

[illegible]

Schedule F - Profit or Loss from Farming

Name: _____

SSN: _____

General Information

Principal product _____ Employer ID number _____

- ☐ This farm was disposed of during 2017 ☐ Yes ☐ No Payments of \$600 or more were paid to an individual who is not your employee for services provided for this farm
☐ This farm received government subsidy in 2017 ☐ Yes ☐ No You filed Form(s) 1099 for the individual(s)

Income

	2017	2016		2017	2016
Sale of livestock / other items	_____	_____	Beginning inventory for accrual . . .	_____	_____
Cost of items bought for resale	_____	_____	Ending inventory for accrual	_____	_____
Sale of products you raised	_____	_____	<input type="checkbox"/> You used unit-livestock-price or farm-price inventory method		
Total cooperative distributions	_____	_____	Other income	_____	_____
Total agricultural payments	_____	_____		_____	_____
Commodity Credit Corporation (CCC) loans:					
CCC loans reported	_____	_____		_____	_____
CCC loans forfeited	_____	_____		_____	_____
Crop insurance proceeds:					
Amount received in 2017	_____	_____		_____	_____
<input type="checkbox"/> You elect to defer to 2018					
Amount deferred from 2016	_____	_____		_____	_____
Custom hire income	_____	_____		_____	_____

Expenses

	2017	2016		2017	2016
Car & truck expenses	_____	_____	Seeds & plants purchased	_____	_____
Chemicals	_____	_____	Storage & warehousing	_____	_____
Conservation expenses	_____	_____	Supplies purchased	_____	_____
Custom hire (machine work)	_____	_____	Taxes	_____	_____
Employee benefit programs	_____	_____	Utilities	_____	_____
Feed purchased	_____	_____	Veterinary, breeding, & medicine . . .	_____	_____
Fertilizers & lime	_____	_____	Other expenses	_____	_____
Freight & trucking	_____	_____		_____	_____
Gasoline, fuel, & oil	_____	_____		_____	_____
Insurance (other than health)	_____	_____		_____	_____
Interest - mortgage (paid to banks, etc.)	_____	_____		_____	_____
Interest - other	_____	_____		_____	_____
Labor hired (less jobs credit)	_____	_____		_____	_____
Pension & profit-sharing plans	_____	_____		_____	_____
Rent - vehicles, machinery, & equip . . .	_____	_____		_____	_____
Rent - other (land, animals, etc.)	_____	_____		_____	_____
Repairs & maintenance	_____	_____		_____	_____

Form 4835 - Farm Rental Income and Expenses

Name: _____

SSN: _____

General Information

Description _____ Employer ID number _____

☐ This farm was disposed of during 2017☐ This farm received applicable subsidy during 2017

Income

	2017	2016		2017	2016
Income from production of livestock, grains, and other crops	_____	_____	Other income	_____	_____
Total cooperative distributions	_____	_____		_____	_____
Total agricultural payments	_____	_____		_____	_____
Commodity Credit Corporation (CCC) loans:					
CCC loans reported	_____	_____		_____	_____
CCC loans forfeited	_____	_____		_____	_____
Crop insurance proceeds:					
Amount received in 2017	_____	_____		_____	_____
<input type="checkbox"/> You elect to defer to 2018					
Amount deferred from 2016	_____	_____		_____	_____

Expenses

	2017	2016		2017	2016
Car & truck expenses	_____	_____	Seeds & plants purchased	_____	_____
Chemicals	_____	_____	Storage & warehousing	_____	_____
Conservation expenses	_____	_____	Supplies purchased	_____	_____
Custom hire (machine work)	_____	_____	Taxes	_____	_____
Employee benefit programs	_____	_____	Utilities	_____	_____
Feed purchased	_____	_____	Veterinary, breeding, & medicine	_____	_____
Fertilizers & lime	_____	_____	Other expenses (list)		
Freight & trucking	_____	_____		_____	_____
Gasoline, fuel, & oil	_____	_____		_____	_____
Insurance (other than health)	_____	_____		_____	_____
Interest - mortgage (paid to banks, etc.)	_____	_____		_____	_____
Interest - other:	_____	_____		_____	_____
Labor hired (less jobs credit)	_____	_____		_____	_____
Pension & profit-sharing plans	_____	_____		_____	_____
Rent - vehicles, machinery & equip	_____	_____		_____	_____
Rent - other (land, animals, etc.)	_____	_____		_____	_____
Repairs & maintenance	_____	_____		_____	_____

Expenses Related to Business

Name: _____

SSN: _____

Auto Expense

Name of business vehicle is used for _____

Description of vehicle _____

Date vehicle was placed in service _____

☐

Another vehicle is available for personal use

☐

There is evidence to support your deduction

☐

This vehicle is available for use during off-duty hours

☐

The evidence is written

Number of miles the vehicle was driven during 2017

Number of miles driven in prior years

Business _____

Commuting _____

Total _____

Business _____

Total _____

2017

2016

2017

2016

Garage rent

Property tax

Gas

Repairs

Insurance

Tires

Licenses

Tolls

Oil

Other expenses

Parking fees

Lease payments

Interest

Business Use of Home

Name of business home is used for _____

What is the total square footage of your home that was used regularly and exclusively for business _____

What is the total square footage of your home _____

For daycare facilities not used exclusively for business, complete the following questions

How many days during the year was the area used _____

How many hours per day was the area used _____

☐

The daycare facility was in operation for the entire year

Expenses

Office expenses
2017 2016Home expenses
2017 2016

Mortgage interest

Real estate taxes

Excess mortgage interest

Insurance

Rent

Repairs & maintenance

Utilities

Other expenses

In the "Office expenses" column,
enter those expenses that
pertain exclusively to your office;
in the "Home expenses" column,
enter those expenses that
pertain to the entire dwelling.

2017

Asset Listing for 2017

Name:

SSN:

Assets for:

[illegible]

Other Information

Name: _____

SSN: _____

Mortgage Interest

Provide all copies of Form 1098

Lender's name	2017 Mortgage interest received	2016 Mortgage interest received	2017 Mortgage insurance premiums	2016 Mortgage insurance premiums	2017 Real estate taxes paid	2016 Real estate taxes paid
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Employee Business Expenses

	NOT reimbursed by your employer		Reimbursed by your employer not included on your W-2	
	2017	2016	2017	2016
Rural mail carrier expenses	_____	_____	_____	_____
Parking fees, tolls, local transportation	_____	_____	_____	_____
Meals & entertainment	_____	_____	_____	_____
Overnight business travel expenses (Do not include meals & entertainment)	_____	_____	_____	_____
Other business expenses	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

☐
☐
☐

You used your personal vehicle for your job during 2017

You are a reservist

You are a qualified performing artist

☐
☐
☐

You are a member of the clergy

You are a fee-based state or local government official

You are a disabled employee with impairment-related work expenses

Casualties and Thefts

Property description _____	Property description _____
Property location _____	Property location _____
Date property was damaged or stolen _____	Date property was damaged or stolen _____
Cost of property damaged or stolen _____	Cost of property damaged or stolen _____
Amount of damage _____	Amount of damage _____
Insurance reimbursement _____	Insurance reimbursement _____

Other Information

Name:

SSN:

Child and Other Dependent Care Expenses

Name of care provider	Address	SSN or EIN	Amount paid

Education Expenses

Provide all copies of Form 1098-T

Student name

Type of expense

Amount

Student name

Type of expense

Amount

Student name

Type of expense

Amount

Student name

Type of expense

Amount

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S_OTHER2.LD

2017

Detail Worksheet

Name:

SSN:

[illegible]