

2017 1040 US Topical Index

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2017	1040	US	Client Information	1
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WEHNER ACCOUNTING & TAX, INC.
 2744 DEL RIO PLACE, SUITE 200
 DAVIS, CA 95618
 Telephone number: 530-908-1761
 Fax number: 530-231-0284
 E-mail address: matthew@wehnercpa.com

Tax Return Appointment

Date:
 Time:
 Location:

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

CLIENT INFORMATION

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

Please add, change or delete information for 2017.

CLIENT INFORMATION

Taxpayer Contact Information	Home phone.....		Daytime Phone 1 = Work 2 = Home 3 = Mobile
	Work phone.....		
	Work extension.....		
	Daytime phone (table).....	1	
	Mobile phone.....		
	Fax number.....		
	E-mail address.....		
Spouse Contact Information	Home phone.....		RDP Filing Status 1 = Not applicable 2 = Joint 3 = Separate
	Work phone.....		
	Work extension.....		
	Daytime phone (table).....		
	Mobile phone.....		
	Fax number.....		
	E-mail address.....		
Taxpayer Authentication	Driver's license no.		
	Driver's license state.....		
	Expiration date (m/d/y).....		
	Issue date (m/d/y).....		
	Theft protection PIN.....		
Spouse Authentication	Driver's license no.		
	Driver's license state.....		
	Expiration date (m/d/y).....		
	Issue date (m/d/y).....		
	Theft protection PIN.....		
CA State Information	Registered domestic partner filing status (see table).....		
	1=PMB no. in address.....		
	NOTE:If the taxpayer's mailing address includes a private mail box number (PMB), indicate this below and enter the PMB number in the "Apartment Number" field in the Address area of Client Information.		

2017	1040	US	Dependents	2
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Please add, change or delete information for 2017.

DEPENDENTS

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

2017	1040	US	Miscellaneous Questions
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If any of the following items pertain to you or your spouse for 2017, please check the appropriate box and provide additional information if necessary.

PERSONAL INFORMATION

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Did your marital status change during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did your address change during the year? If so, please update it in the client information section of the organizer. |
| <input type="checkbox"/> | <input type="checkbox"/> | Could you be claimed as a dependent on another person's tax return for 2017? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you or your spouse been a victim of identity theft and have you contacted the IRS? |

If Yes, furnish the 6-digit identity protection PIN issued to you by the IRS.

Taxpayer _____ Spouse _____

DEPENDENTS

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Were there any changes in dependents? <i>Note: Include non-child dependents for whom you provided more than half the support.</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | Were any of your unmarried children who might be claimed as dependents 19 years of age or older at the end of 2017? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have any children under age 19 or full-time students under age 24 at the end of 2017, with interest and dividend income in excess of \$1,050, or total investment income in excess of \$2,100? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you adopt a child or begin adoption proceedings? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you pay for childcare in 2017? |

HEALTH CARE COVERAGE

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you and your dependents have healthcare coverage for the full-year? If you did not have full-year coverage please let me know which months were not covered. |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive any of the following IRS Documents? Form 1095-A (Health Insurance Marketplace Statement), 1095-B (Health Coverage) or Form 1095-C (Employer Provided Health Insurance Offer and Coverage) If so, please attach. |

INCOME

2017	1040	US	Miscellaneous Questions
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Did you cash any Series EE U.S. savings bonds issued after 1989 and pay qualified higher education expenses for yourself, your spouse, or your dependents?

Did you receive any disability income?

Did you have any foreign income or pay any foreign taxes?

Did you receive unemployment income in 2017?

PURCHASES, SALES AND DEBT

Did you start a business or farm, purchase rental or royalty property, or acquire an interest in a partnership, S corporation, trust, or REMIC? If so, please provide information on the new venture. Please note that most business returns are due by March 15th (sole proprietorships are part of your individual return and are generally due by April 15th). If you need me to prepare an extension for your business return (generally extended until September 15th), please let me know as soon as possible.

Did you sell an existing business, rental property, farm, or any existing interest in a partnership or S Corporation? If so, please provide details.

Did you purchase or dispose of any business assets (furniture, equipment, vehicles, real estate, etc.), or convert any personal assets to business use? If so, please provide invoices for items purchased with a cost > \$2,500.

Did you buy or sell any stocks, bonds or other investment property in 2017?

Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan? If so, please be sure to include a copy of the settlement statement (HUD-1)

Did you make any residential energy-efficient improvements or purchases involving solar, wind, geothermal or fuel cell energy sources? If so, please included the invoice(s) for the purchase(s).

Did you have any debts cancelled or forgiven? If so, please provide details.

Does anyone owe you money which has become uncollectible? If so, please provide details (name, relationship, type of debt & amount of debt not paid).

RETIREMENT PLANS

Did you receive a distribution from a retirement plan (401(k), IRA, Roth IRA, SEP, SIMPLE, Qualified Plan, etc.)?

Did you make a contribution to a retirement plan (401(k), IRA, Roth IRA, SEP, SIMPLE, Qualified Plan, etc.)? Please provide details (e.g. see W-2 or \$5,500 to Roth IRA).

2017	1040	US	Miscellaneous Questions
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- Did you transfer or rollover any amount from one retirement plan to another retirement plan?
- Did you convert part or all of your traditional, SEP, or SIMPLE IRA to a Roth IRA in 2017?
- Did you inherit a retirement plan in 2017?
- Did you turn 70 1/2 in 2017 and not take the required minimum distribution(s)?
- Did you retire or change jobs in 2017?

EDUCATION

- Did you receive a distribution from an Education Savings Account or a Qualified Tuition Program (529 Plan)? Please include Form(s) 1099-Q with your information.
- Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school? Please include Form(s) 1098-T with your information.
- Did you or your spouse pay student loan interest?

ITEMIZED DEDUCTIONS

- Did you incur a loss because of damaged or stolen property? If so, please describe.
- Did you work out of town for part of the year?
- Did you use your car on the job (other than to and from work)?
- Cash donations of less than \$250 should be documented by a bank record, written communication from the charity or payroll deduction. Cash donations of \$250 or more should be documented by a written communication from the charity. Do you have receipts or proper documentation for all cash donations provided to me (I do not need copies of these)?

If you donated items with a fair market value over \$500, please see my website www.wehnercpa.com/non-cash-contributions for resources on estimating the fair market value of noncash items (e.g. household items & clothing).

ESTIMATED TAXES

- Did you apply an overpayment of 2016 taxes to your 2017 estimated tax (instead of being refunded)?
- If you have an overpayment of 2017 taxes, do you want the excess applied to your 2018 estimated tax (instead of being refunded)?

2017	1040	US	Miscellaneous Questions
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- Do you expect your 2018 taxable income and withholdings to be *significantly* different from 2017? If so, please provide details.

FOREIGN ASSETS - FinCEN Form 114 ("FBAR") & Form 8938

- Did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust?
- Did you have an interest in or signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account?

Complete the following only if answered "Yes" to the either of the two immediate questions above:

- Did you have an interest in ANY foreign financial accounts? (e.g. you have a checking account in Italy) This does not include domestic brokerage accounts with foreign holdings.
- Did you have signature authority for ANY foreign financial accounts that are not your own (e.g. authority to sign for your father's checking account in Italy)?
- Was the maximum account balance for the aggregate of ALL foreign accounts greater than \$10,000 USD at ANY POINT IN 2017?

MISCELLANEOUS

- Do you want to electronically file your tax return?
- Do you want to allocate \$3 to the Presidential Election Campaign Fund?
- Does your spouse want to allocate \$3 to the Presidential Election Campaign Fund?
- May the IRS discuss your tax return with your preparer?
- Do you own, directly or indirectly, more than 10% of a foreign corporation?
- Are you an officer or director of a foreign corporation?
- Was your home rented out or used for business?
- Did you have a medical savings account (MSA), a Medicare + Choice MSA, or acquire an interest in an MSA or a Medicare + Choice MSA because of the death of the account holder? Or, were you a policyholder who received payments under a long-term care (LTC) insurance contract or received any accelerated death benefits from a life insurance policy?
- Did you incur moving expenses due to a change of employment?

2017	1040	US	Miscellaneous Questions
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- Did you engage the services of any household employees?
- Were you notified or audited by either the Internal Revenue Service or the State taxing agency?
- Did you or your spouse make any gifts to an individual that total more than \$14,000, or any gifts to a trust?
- Did your bank account information change within the last twelve months?
- Did you or your spouse purchase a new alternative technology vehicle, including a qualified plug-in electric drive motor vehicle? If so, please provide the purchase documents.
- Were you a resident of, or did you have income from, more than one state during the year? If yes, provide details.
- Do you expect a large fluctuation in your income, deductions or withholding next year? If yes, provide details.
- Did you, or do you plan to contribute before April 17, 2018, to a health savings account (HSA) for last calendar year? If yes, provide details.
- Did you make distribute money from an HSA account in 2017? If so, please include for 1099-SA
- If you, or your spouse, have self-employment income, did you pay any health insurance premiums or long-term care premiums?
- Generally, I mail out your individual tax return in hard copy/paper version form. Alternatively, I can forward an electronic copy to you via email in a password protected PDF file. The electronic version would replace the hard copy/paper version. Would you like to switch to the paperless/electronic version?
- Would you like to receive your 2018 organizer electronically in a secure manner (e.g. a password protected PDF or via my client portal)?

*** If you have a business, please see my webpage www.wehnercpa.com/business-tax-returns for information needed for those returns.

*** Please see my website www.wehnercpa.com/occupational-deductions for common occupational deductions.

Please enter all pertinent 2017 information.

DIRECT DEPOSIT / ELECTRONIC PAYMENT (3)

1=direct deposit of federal tax refund into bank account		
1=electronic payment of balance due		
1=electronic payment of estimated tax		
1=direct deposit CA refund to one account, 2=split deposit between two accounts		
1=electronic payment of CA state tax balance due		
1=electronic payment of CA estimated tax		

BANK INFORMATION

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

2017 ESTIMATED TAX / 1040-ES (6)

Federal

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

State

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

1 **Type of Account**

1 = Savings
2 = Checking

2 **Type of Investment**

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

2017

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US

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

7.1

Please enter all pertinent 2017 information.

APPLICATION OF 2017 OVERPAYMENT (7.1)

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

Other (please explain): _____

2018 ESTIMATED TAX INFORMATION

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

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

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

If "yes" explain any differences: _____

7.1

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

WAGES, SALARIES, TIPS (10)

No.	Name of Employer (Box c)	1=retirement plan (Box 13)		Wages, Tips, Other Compensation (Box 1)	Tax Withheld					2016 Wages
		1=spouse			Federal (Box 2)	Social Security (Box 4)	Medicare (Box 6)	State (Box 17)	SDI (Box 14)	

PENSIONS, IRA DISTRIBUTIONS (13.1)

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

GAMBLING WINNINGS (W-2G) (13.2)

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

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

	2017 Amount	TS	2016 Amount
Total gambling losses			
Winnings not reported on Form W-2G			

10, 13.1, 13.2

2017	1040	US	Interest & Dividend Income	11, 12
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Please enter all pertinent 2017 amounts & attach all 1099-INT, 1099-OID and 1099-DIV forms.
Last year's amounts are provided for your reference.

INTEREST INCOME (11)

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

DIVIDEND INCOME (12)

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

2017	1040	US	Miscellaneous Income	14.1
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Please enter all pertinent 2017 amounts and attach all 1099-MISC, SSA-1099, and RRB-1099 forms. Last year's amounts are provided for your reference.

MISCELLANEOUS INCOME

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

Other income (1099-MISC, box 3, 8)				

TAX WITHHELD (not entered elsewhere)

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

	14.1
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2017	1040	US	State & Local Tax Refunds / Unemployment Compensation	14.2
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Please add, change or delete 2017 information as appropriate.
Be sure to attach all 1099-G forms.

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

2017 1099-G Amount

No. <input style="width:40px;" type="text"/>	Name of payer		
	1=spouse.....		
	Unemployment compensation:		
	Total received (Box 1)		
	2017 Overpayment repaid.....		
	State and local refunds:		
	State and local income tax refund, credit or offsets (Box 2).		
	1=city or local income tax refund		
	Tax year for box 2 if not 2016 (Box 3)		
	Federal income tax withheld (Box 4)		
	RTAA payments (Box 5)		
	Taxable grants:		
	Federal taxable amount (Box 6)		
	State taxable amount, if different		
	Farm amounts:		
Agriculture payments (Box 7)			
1=agriculture payments are from conservation reserve program			
Market gain (Box 9)			
Number of farm.			
1=box 2 is trade or business income (Box 8)			
State income tax withheld (Box 11)			

No. <input style="width:40px;" type="text"/>	Name of payer		
	1=spouse.....		
	Unemployment compensation:		
	Total received (Box 1)		
	2017 Overpayment repaid.....		
	State and local refunds:		
	State and local income tax refund, credit or offsets (Box 2).		
	1=city or local income tax refund		
	Tax year for box 2 if not 2016 (Box 3)		
	Federal income tax withheld (Box 4)		
	RTAA payments (Box 5)		
	Taxable grants:		
	Federal taxable amount (Box 6)		
	State taxable amount, if different		
	Farm amounts:		
Agriculture payments (Box 7)			
1=agriculture payments are from conservation reserve program			
Market gain (Box 9)			
Number of farm.			
1=box 2 is trade or business income (Box 8)			
State income tax withheld (Box 11)			

2017	1040	US	Education Distributions (ESA's and QTP's)	14.3
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**Please enter all pertinent 2017 amounts and attach all 1099-Q forms.
Enter qualified education expenses below that are not entered elsewhere.
Last year's amounts are provided for your reference.**

ESA'S AND QTP'S (Form 1099-Q)

2017 Amount

2016 Amount

No. <input style="width:40px;" type="text"/>	Name of payer		
	1=spouse.....		
	Qualified expenses:		
	Higher education (net of nontaxable benefits)		
	Elementary & secondary education (net of nontaxable benefits) ..		
	Form 1099-Q:		
	Gross distributions (Box 1).....		
	Earnings (Box 2).....		
	Basis (Box 3).....		
	Rollover: 1=nontaxable, 2=taxable (Box 4).....		
	Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5) ...		
	ESA's only:		
2017 contributions to this ESA			
Value of this account at 12/31/17 (plus outstanding rollovers)....			
Basis in this ESA as of 12/31/16.....			

No. <input style="width:40px;" type="text"/>	Name of payer		
	1=spouse.....		
	Qualified expenses:		
	Higher education (net of nontaxable benefits)		
	Elementary & secondary education (net of nontaxable benefits) ..		
	Form 1099-Q:		
	Gross distributions (Box 1).....		
	Earnings (Box 2).....		
	Basis (Box 3).....		
	Rollover: 1=nontaxable, 2=taxable (Box 4).....		
	Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5) ...		
	ESA's only:		
2017 contributions to this ESA			
Value of this account at 12/31/17 (plus outstanding rollovers)....			
Basis in this ESA as of 12/31/16.....			

No. <input style="width:40px;" type="text"/>	Name of payer		
	1=spouse.....		
	Qualified expenses:		
	Higher education (net of nontaxable benefits)		
	Elementary & secondary education (net of nontaxable benefits) ..		
	Form 1099-Q:		
	Gross distributions (Box 1).....		
	Earnings (Box 2).....		
	Basis (Box 3).....		
	Rollover: 1=nontaxable, 2=taxable (Box 4).....		
	Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5) ...		
	ESA's only:		
2017 contributions to this ESA			
Value of this account at 12/31/17 (plus outstanding rollovers)....			
Basis in this ESA as of 12/31/16.....			

2017	1040	US	ABLE Distributions	14.4
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Please enter all pertinent 2017 amounts. Last year's amounts are provided for your reference.

ABLE DISTRIBUTIONS / CONTRIBUTIONS

2017 Amount

2016 Amount

No. <input style="width:40px;" type="text"/>	Name of payer or issuer.....		
	1=spouse.....		
	Distributions (1099-QA):		
	Gross distributions (1).....		
	Earnings (2).....		
	Basis (3).....		
	1=program to program transfer (4).....		
	1=ABLE account terminated (5).....		
	1=recipient is not the designated beneficiary (6).....		
	Qualified disability expenses paid.....		
	Amount excluded from 10% tax.....		
	Excess contributions:		
Excess contributions withdrawn by due date of return.....			
Earnings on excess contributions.....			

No. <input style="width:40px;" type="text"/>	Name of payer or issuer.....		
	1=spouse.....		
	Distributions (1099-QA):		
	Gross distributions (1).....		
	Earnings (2).....		
	Basis (3).....		
	1=program to program transfer (4).....		
	1=ABLE account terminated (5).....		
	1=recipient is not the designated beneficiary (6).....		
	Qualified disability expenses paid.....		
	Amount excluded from 10% tax.....		
	Excess contributions:		
Excess contributions withdrawn by due date of return.....			
Earnings on excess contributions.....			

No. <input style="width:40px;" type="text"/>	Name of payer or issuer.....		
	1=spouse.....		
	Distributions (1099-QA):		
	Gross distributions (1).....		
	Earnings (2).....		
	Basis (3).....		
	1=program to program transfer (4).....		
	1=ABLE account terminated (5).....		
	1=recipient is not the designated beneficiary (6).....		
	Qualified disability expenses paid.....		
	Amount excluded from 10% tax.....		
	Excess contributions:		
Excess contributions withdrawn by due date of return.....			
Earnings on excess contributions.....			

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

GENERAL INFORMATION

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

Accounting method: 1=cash, 2=accrual.....		
Inventory method: 1=cost, 2=lower cost/market, 3=other.....		
1=change of inventory method.....		
1=spouse, 2=joint.....		
1=first Schedule C filed for this business.....		
If required to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no.....		
1=not subject to self-employment tax.....		
1=did not "materially participate".....		
1=personal services is not a material income producing factor.....		
1=investment.....		
1=minister's Schedule C.....		
1=single member limited liability company.....		
1=trader in financial instruments or commodities.....		
CA FTB Form 3805V:		
1=eligible small business.....		
Qualified new business year: 1=1st, 2=2nd, 3=3rd.....		
Principle business code (SIC 1987).....		

INCOME

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

COST OF GOODS SOLD

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

Inventory at end of the year.....		

2017

1040

US

Business Income (Schedule C) (cont.)

No.

16 p2

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

EXPENSES

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

Other expenses:

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

16 p2

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

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

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

PRIOR YEAR INSTALLMENT SALE

		2017 Amount	2016 Amount
No. <input style="width:40px;" type="text"/>	Description of property		
	Date acquired (m/d/y)		
	Date sold (m/d/y)		
	Gross profit ratio (.xxxx)		
	Current year principal payments (-1 if none)		

No. <input style="width:40px;" type="text"/>	Description of property		
	Date acquired (m/d/y)		
	Date sold (m/d/y)		
	Gross profit ratio (.xxxx)		
	Current year principal payments (-1 if none)		

No. <input style="width:40px;" type="text"/>	Description of property		
	Date acquired (m/d/y)		
	Date sold (m/d/y)		
	Gross profit ratio (.xxxx)		
	Current year principal payments (-1 if none)		

No. <input style="width:40px;" type="text"/>	Description of property		
	Date acquired (m/d/y)		
	Date sold (m/d/y)		
	Gross profit ratio (.xxxx)		
	Current year principal payments (-1 if none)		

No. <input style="width:40px;" type="text"/>	Description of property		
	Date acquired (m/d/y)		
	Date sold (m/d/y)		
	Gross profit ratio (.xxxx)		
	Current year principal payments (-1 if none)		

No. <input style="width:40px;" type="text"/>	Description of property		
	Date acquired (m/d/y)		
	Date sold (m/d/y)		
	Gross profit ratio (.xxxx)		
	Current year principal payments (-1 if none)		

No. <input style="width:40px;" type="text"/>	Description of property		
	Date acquired (m/d/y)		
	Date sold (m/d/y)		
	Gross profit ratio (.xxxx)		
	Current year principal payments (-1 if none)		

2017

1040

US

Sale of Home & Moving Expenses

17, 27

If you sold your home or moved in 2017, please complete the information below. For the sale of home, please provide Form 1099-S and closing statements from the purchase and sale of your home.

SALE OF HOME (17)

Description of property (Box 3)
Date acquired (m/d/y)
Date sold (m/d/y) (Box 1)
Sales price (Box 2)
1=sale of home
1=owned and used property as main home for at least 2 of 5 years before sale
1=first-time homebuyer credit was previously taken on this home
1=business use in year of sale
Number of days after December 31, 2008 that home was not used as principal residence

Adjusted Basis

Original cost
Improvements:
Adjusted basis

Expenses of Sale (Commissions, advertising fees, legal fees, and loan charges paid by the seller)

Total expenses of sale

Reduced Exclusion

Please complete the following information if due to a change in health, place of employment, or unforeseen circumstances you either: a) Did not meet the ownership and use tests *, or b) Excluded gain on the sale of another home after May 6, 1997.

If excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y)
1=sale due to change in health, employment or unforeseen circumstances
Days used as main home - taxpayer
Days used as main home - spouse
Days property owned - taxpayer
Days property owned - spouse

MOVING EXPENSES (27) (If you moved because of a change in the location of your job)

1=spouse, 2=joint
1=armed forces move due to permanent change of station
Miles from old home to new work place
Miles from old home to old work place
Expenses for transportation and storage of household goods and personal effects
Lodging and travel (excluding meals):
Lodging and travel (excluding automobile)
Parking fees and tolls
Gas and oil
Miles driven to new home

(* owned and used property as main home for at least 2 of 5 years before sale)

17, 27

2017

1040

US/CA

Rental & Royalty Income (Schedule E)

No.

18

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

GENERAL INFORMATION

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

Percentage of ownership if not 100% (.xxxx).....	<input type="text"/>	1=did not actively participate... 1=RE prof., activity is trade or business, 2=RE prof., not trade or business.....	<input type="text"/>
Percentage of tenant occupancy if not 100% (.xxxx).....	<input type="text"/>		<input type="text"/>
1=spouse, 2=joint.....	<input type="text"/>	1=rental other than real estate..	<input type="text"/>
1=qualified joint venture.....	<input type="text"/>	1=investment.....	<input type="text"/>
1=nonpassive activity, 2=passive royalty.....	<input type="text"/>	1=single member limited liability company.....	<input type="text"/>
If required to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no.....	<input type="text"/>		<input type="text"/>

CA FTB Form 3805V:		
1=eligible small business.....	<input type="text"/>	
Qualified new business year: 1, 2 or 3.....	<input type="text"/>	
Principle business code (SIC 1987).....	<input type="text"/>	

INCOME

	2017 Amount	2016 Amount
Rents or royalties received.....	<input type="text"/>	<input type="text"/>

DIRECT EXPENSES

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

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

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

18

2017

1040

US

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

No.

18 p2

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

GENERAL INFORMATION

Foreign region	
Foreign postal code	
Foreign country	

OIL AND GAS

	2017 Amount	2016 Amount
Production type (preparer use only)		
Cost depletion		
Percentage depletion rate or amount		
State cost depletion, if different (-1 if none)		
State % depletion rate or amount, if different (-1 if none)		

VACATION HOME

Number of days personal use	
Number of days owned (if optional method elected)	

INDIRECT EXPENSES

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

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

2017

1040

US/CA

Farm Income (Schedule F/Form 4835)

No.

19

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

GENERAL INFORMATION

Principal product	<input type="text"/>
Employer ID number	<input type="text"/>

Agricultural activity code	<input type="text"/>	
Accounting method: 1=cash, 2=accrual	<input type="text"/>	
1=spouse, 2=joint	<input type="text"/>	
1=farm rental (Form 4835)	<input type="text"/>	
Type of rental property (farm rental only): 1=land, 2=self-rental, 3=other	<input type="text"/>	
1=crop insurance proceeds election	<input type="text"/>	
Received applicable subsidy this year: 1=yes, 2=no	<input type="text"/>	
If required to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no	<input type="text"/>	
1=did not "materially participate" (Schedule F only)	<input type="text"/>	
1=did not actively participate (Farm rental only)	<input type="text"/>	
1=real estate professional, activity is trade or business,	<input type="text"/>	
2=real estate professional, not trade or business (farm rental only)	<input type="text"/>	
1=single member limited liability company	<input type="text"/>	
% of ownership if not 100% (.xxxx) (Farm rental only)	<input type="text"/>	
CA FTB Form 3805V:		
1=eligible small business	<input type="text"/>	
Qualified new business year: 1=1st, 2=2nd, 3=3rd	<input type="text"/>	
Principle business code (SIC 1987)	<input type="text"/>	

FARM INCOME

	2017 Amount	2016 Amount
Cash method:		
Sales of livestock and other resale items	<input type="text"/>	<input type="text"/>
Cost or basis of livestock or other resale items	<input type="text"/>	<input type="text"/>
Sales of products raised	<input type="text"/>	<input type="text"/>
Accrual method:		
Sales of livestock, produce, etc.	<input type="text"/>	<input type="text"/>
Beginning inventory of livestock, etc.	<input type="text"/>	<input type="text"/>
Cost of livestock, etc. purchased	<input type="text"/>	<input type="text"/>
Ending inventory of livestock, etc.	<input type="text"/>	<input type="text"/>
Other farm income:		
Total cooperative distributions	<input type="text"/>	<input type="text"/>
Taxable cooperative distributions	<input type="text"/>	<input type="text"/>
Total agricultural program payments (other than CRP)	<input type="text"/>	<input type="text"/>
Taxable agricultural program payments (other than CRP)	<input type="text"/>	<input type="text"/>
Total conservation reserve program payments	<input type="text"/>	<input type="text"/>
Taxable conservation reserve program payments	<input type="text"/>	<input type="text"/>
Commodity credit loans reported under election	<input type="text"/>	<input type="text"/>
Total commodity credit loans forfeited or repaid	<input type="text"/>	<input type="text"/>
Taxable commodity credit loans forfeited or repaid	<input type="text"/>	<input type="text"/>
Total crop insurance proceeds received in 2017	<input type="text"/>	<input type="text"/>
Taxable crop insurance proceeds received in 2017	<input type="text"/>	<input type="text"/>
Taxable crop insurance proceeds deferred from 2016	<input type="text"/>	<input type="text"/>
Custom hire (machine work) income not included above	<input type="text"/>	<input type="text"/>

2017

1040

US

Farm Income (Sch. F/Form 4835) (cont.)

No.

19 p2

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

FARM INCOME (continued)

Other income:

	2017 Amount	2016 Amount

FARM EXPENSES

Car and truck expenses (not entered elsewhere).....		
Chemicals.....		
Conservation expenses.....		
Custom hire (machine work).....		
Employee benefit programs.....		
Feed purchased.....		
Fertilizers and lime.....		
Freight and trucking.....		
Gasoline, fuel, and oil.....		
Insurance (other than health).....		
Mortgage interest (paid to banks, etc.).....		
Other interest (not entered elsewhere).....		
Labor hired.....		
Pension and profit sharing - contributions.....		
Pension and profit sharing plans - admin. and education costs.....		
Rent - vehicles, machinery, and equipment (not entered elsewhere).....		
Rent - other (land, animals, etc.).....		
Repairs and maintenance.....		
Seeds and plants purchased.....		
Storage and warehousing.....		
Supplies purchased.....		
Taxes (not entered elsewhere).....		
Utilities.....		
Veterinary, breeding, and medicine.....		
Capitalized preproductive period expenses (also enter below).....		

Other expenses:

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

19 p2

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

PARTNERSHIP INFORMATION (20.1)

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

S CORPORATION INFORMATION (20.2)

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

20.1,20.2

2017	1040	US	Estate or Trust and REMIC Information	20.3,20.4
-------------	-------------	-----------	--	------------------

Please add, change or delete 2017 information as appropriate.
Be sure to attach all Schedule K-1s and Schedule Qs.

ESTATE OR TRUST INFORMATION (20.3)

No.	Name of Estate or Trust	Employer Identification Number	Tax Shelter Registration Number

REMIC INFORMATION (20.4)

No.	Name of REMIC	Employer Identification Number

20.3,20.4

2017	1040	US	Asset Disposition List	22
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If you disposed of any business assets in 2017, please enter date sold, sales price, and expenses of sale. For real estate transactions, be sure to attach all 1099-S forms and closing statements.

No.	Description of Property (Box 3)	Date Placed in Service	Date Sold (Box 1)	Sales Price (Box 2)	Cost or Basis	Expenses of Sale

2017	1040	US	Asset Acquisition List	22 p2
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If you purchased any business assets (furniture, equipment, vehicles, real estate, etc.) or converted any personal assets to business use in 2017, please enter all pertinent information below.

No.	Description of Property	Related Business or Activity	Preparer Use Only			Date Placed in Service	Cost or Basis	Preparer Use Only	
			Form	No. of Form	Category			Current Section 179	Method
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									

2017

1040

US

Vehicle Expenses

No.

22 p3

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

GENERAL INFORMATION

	2017 Amount	2016 Amount
Description of vehicle.....		
1=no evidence to support your deduction.....		
1=no written evidence to support your deduction.....		
1=vehicle is available for off-duty personal use.....		
1=no other vehicle is available for personal use.....		
1=vehicle used primarily by more than 5% owner.....		
Number of months of business use if changed from 100% personal use.....		

AUTOMOBILE MILEAGE

Total mileage (for the tax year).....		
Business mileage.....		
Commuting mileage (for the tax year).....		
Average daily round-trip commute.....		

ACTUAL EXPENSES

Parking fees and tolls (business portion only).....		
Gasoline, lube, oil.....		
Repairs.....		
Tires.....		
Insurance.....		
Miscellaneous.....		
Auto license (other than personal property taxes).....		
Personal property taxes (based on car's value).....		
Interest (car loan) (for Schedule C, E & F).....		
Vehicle rent or lease payments.....		
Inclusion amount (enter as positive).....		
Value of employer-provided vehicle on Form W-2 (2106).....		

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

TRADITIONAL IRA CONTRIBUTIONS

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

ROTH IRA CONTRIBUTIONS

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

SEP, SIMPLE AND QUALIFIED PLANS (KEOGH)

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

ADJUSTMENTS TO INCOME

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

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

2017

1040

US

Itemized Deductions

25

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

MEDICAL AND DENTAL EXPENSES

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

Table with 3 columns: 2017 Amount, TS, 2016 Amount. Rows include Prescription medicines and drugs, Doctors, dentists and nurses, Hospitals and nursing homes, Insurance premiums not entered elsewhere, Long-term care premiums, Insurance reimbursement, Lodging and transportation, Out-of-pocket expenses, Medical miles driven, and Other medical and dental expenses.

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

Table with 3 columns: 2017 Amount, TS, 2016 Amount. Rows include State income taxes (1/17 payment, 2016 state return extension, 2016 state return, prior years), and City/local income taxes (1/17 payment, 2016 city/local extension, 2016 city/local return).

SALES AND USE TAXES PAID

Table with 3 columns: 2017 Amount, TS, 2016 Amount. Rows include State and local sales taxes (except autos and special items), Use taxes paid on 2017 purchases, Use taxes paid with 2016 state return, Sales tax on autos not included above, and Sales tax on boats, aircraft, other special items.

OTHER TAXES PAID

Table with 3 columns: 2017 Amount, TS, 2016 Amount. Rows include Real estate taxes (principal residence, property held for investment), Personal property taxes, Foreign income taxes, and Other taxes.

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2017

1040

US

Itemized Deductions (continued)

25 p2

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

INTEREST PAID

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

2017 Amount

TS

2016 Amount

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

Home mortgage interest not reported on Form 1098:

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

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

Points not reported on Form 1098:

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

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

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

Investment interest (interest on margin accounts):

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

Passive interest

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

Certain home mortgage interest included above (6251)

Table with 3 columns: Description, 2017 Amount, TS, 2016 Amount. Includes row for certain home mortgage interest.

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

CASH CONTRIBUTIONS

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

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

Contributions by cash or check:

Table with 3 columns: Description, 2017 Amount, TS, 2016 Amount. Includes rows for cash or check contributions.

Volunteer expenses (out-of-pocket)

Table with 3 columns: Description, 2017 Amount, TS, 2016 Amount. Includes row for volunteer expenses.

Number of charitable miles

Table with 3 columns: Description, 2017 Amount, TS, 2016 Amount. Includes row for number of charitable miles.

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

Contributions by cash or check:

Table with 3 columns: Description, 2017 Amount, TS, 2016 Amount. Includes rows for cash or check contributions.

Volunteer expenses (out-of-pocket)

Table with 3 columns: Description, 2017 Amount, TS, 2016 Amount. Includes row for volunteer expenses.

Number of charitable miles

Table with 3 columns: Description, 2017 Amount, TS, 2016 Amount. Includes row for number of charitable miles.

25 p2

2017

1040

US/CA

Itemized Deductions (continued)

25 p3

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

NONCASH CONTRIBUTIONS

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

50% limitation (see above):

2017 Amount

TS

2016 Amount

30% limitation (see above):

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

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

MISCELLANEOUS DEDUCTIONS (subject to 2% AGI limit)

Union and professional dues.....

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

Investment expense:

Tax return preparation fee.....

Safe deposit box rental.....

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

Federal only:

State only:

25 p3

2017	1040	US/CA	Itemized Deductions (continued)	25 p4
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Please enter all pertinent 2017 amounts. Last year's amounts are provided for your reference.

OTHER MISCELLANEOUS DEDUCTIONS

	2017 Amount	TS	2016 Amount
Estate tax, section 691(c)			
Other miscellaneous deductions:			

Federal only:			

State only:			

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

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

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

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

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

LOAN INFORMATION

Loan #1

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

Loan #2

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

Form

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

2017

1040

US

Noncash Contributions (Form 8283)

26

If your total noncash contributions are in excess of \$500 in 2017, please complete the information below for each donee using the following guidelines:

- * If you contributed a motor vehicle, boat, or airplane with a claimed value of more than \$500, attach Form 1098-C or other written acknowledgement received from the donee organization.
- * A deduction for contributions of clothing or other household items that are not in *good* used condition or better is not allowed. In addition, a deduction for any item with minimal monetary value may be denied. However, these rules do not apply to any contribution of a single item for which a deduction of more than \$500 is claimed, if a qualified appraisal for the donated property is provided.

DONATED PROPERTY INFORMATION

No. <input style="width: 40px;" type="text"/>		Name of charitable organization (donee)	
		Street address	
		City	
		State	
		ZIP code	
		1=spouse, 2=joint	
		Property description (other than vehicle)	
	Vehicle	Identification number (VIN)	
		Year (yyyy)	
		Make and model	
		Condition and mileage	
		Date of contribution (m/d/y)	
		Date acquired by donor (m/y)	
		How acquired by donor (Table 1 or describe)	
	Donor's cost or basis		
	Fair market value		
	Method used to determine FMV (Table 2 or describe)		

No. <input style="width: 40px;" type="text"/>		Name of charitable organization (donee)	
		Street address	
		City	
		State	
		ZIP code	
		1=spouse, 2=joint	
		Property description (other than vehicle)	
	Vehicle	Identification number (VIN)	
		Year (yyyy)	
		Make and model	
		Condition and mileage	
		Date of contribution (m/d/y)	
		Date acquired by donor (m/y)	
		How acquired by donor (Table 1 or describe)	
	Donor's cost or basis		
	Fair market value		
	Method used to determine FMV (Table 2 or describe)		

<p>1</p> <p style="text-align: center;">How Property was Acquired</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">1 = Purchase</td> <td style="width: 50%;">3 = Inheritance</td> </tr> <tr> <td>2 = Gift</td> <td>4 = Exchange</td> </tr> </table>	1 = Purchase	3 = Inheritance	2 = Gift	4 = Exchange	<p>2</p> <p style="text-align: center;">Method Used to Determine FMV</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">1 = Appraisal</td> <td style="width: 50%;">3 = Catalog</td> </tr> <tr> <td>2 = Thrift shop value</td> <td>4 = Comparable sales</td> </tr> </table> <p style="text-align: center;">For other methods, see IRS Pub. 561.</p>	1 = Appraisal	3 = Catalog	2 = Thrift shop value	4 = Comparable sales
1 = Purchase	3 = Inheritance								
2 = Gift	4 = Exchange								
1 = Appraisal	3 = Catalog								
2 = Thrift shop value	4 = Comparable sales								

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

BUSINESS USE OF HOME

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

INDIRECT EXPENSES

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

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

DIRECT EXPENSES

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

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

2017

1040

US

Employee/Vehicle Bus. Exp. (Form 2106)

No.

30

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

GENERAL INFORMATION

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

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

EMPLOYEE BUSINESS EXPENSES

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

2017

1040

US

Vehicle Expenses (Form 2106) (cont.)

No.

30 p2

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

VEHICLE INFORMATION

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

VEHICLE 1

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

VEHICLE 2

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

2017

1040

US

Foreign Income Exclusion (Form 2555)

No.

31.1

Please enter all pertinent 2017 information.

GENERAL INFORMATION

1=spouse	<input type="text"/>	<input type="text"/>
Foreign address of taxpayer, if different from Form 1040:		
Street address	<input type="text"/>	
City	<input type="text"/>	
Region	<input type="text"/>	
Postal code	<input type="text"/>	
Country	<input type="text"/>	
Employer:		
Name	<input type="text"/>	
U.S. street address	<input type="text"/>	
U.S. city	<input type="text"/>	
U.S. state	<input type="text"/>	
U.S. ZIP code	<input type="text"/>	
Foreign street address	<input type="text"/>	
Foreign city	<input type="text"/>	
Foreign region	<input type="text"/>	
Foreign postal code	<input type="text"/>	
Foreign country	<input type="text"/>	
Employer type: 1=foreign entity, 2=U.S. company, 3=self, 4=foreign affiliate of U.S. company, 5=other	<input type="text"/>	<input type="text"/>
Employer type, if other	<input type="text"/>	

Type of exclusion revoked if revoked in earlier year (if applicable):	Tax year revocation was effective	
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Country of citizenship	<input type="text"/>
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City and country of separate foreign residence if maintained due to adverse living conditions (if applicable):	Number of days during tax year at separate foreign address (if applicable)	
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Tax homes(s) during tax year:	Dates tax home(s) were established (m/d/y)	
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

31.1

2017

1040

US

Foreign Income Exclusion (2555)

No.

31.1 p2

Please enter all pertinent 2017 information.

TRAVEL INFORMATION

NOTE: Please enter all travel for 2017 as well as travel for 2018 known to date.

Travel Type (table)	Name of country (if not United States)	Date arrived	Date left	Days in U.S. on business

BONA FIDE RESIDENCE TEST AND PHYSICAL PRESENCE TEST

Beginning date for bona fide residence (m/d/y)	<input type="text"/>	
Ending date for bona fide residence (m/d/y)	<input type="text"/>	
Living quarters in foreign country: 1=purchased home, 2=rented house or apartment, 3=rented room, 4=quarters furnished by employer.....	<input type="text"/>	
Names of family living abroad with taxpayer (if applicable):	<input type="text"/>	

Relationship	Period family lived abroad

1=submitted statement to country of bona fide residence	<input type="text"/>	
1=required to pay income tax to country of bona fide residence	<input type="text"/>	
Contractual terms relating to length of employment abroad	<input type="text"/>	
Type of visa you entered foreign country under	<input type="text"/>	
Explanation why visa limited stay or employment in country (if applicable)	<input type="text"/>	

Address of home in U.S. maintained while living abroad (if applicable):	City	State	ZIP Code	1=U.S. home rented (if applicable)

Names of occupants in U.S. home (if applicable)	Relationship of occupants in U.S. home (if applicable)

Principal country of employment.....

FOREIGN HOUSING EXPENSES

	2017 Amount	2016 Amount
Qualified housing expenses	<input type="text"/>	<input type="text"/>
Location of housing expenses:	Qualifying days in location (multiple locations only)	

Travel Type

1 = Travel to U.S. (default)
2 = Travel to foreign country
3 = Travel to restricted country

31.1 p2

2017

1040

US

Foreign Income Exclusion (Form 2555)

No.

31.2

Please enter all pertinent 2017 amounts and attach all W-2 forms, or other wage statements. Enter amounts in U.S. dollars only. Last year's amounts are provided for your reference.

FOREIGN WAGES, SALARIES, TIPS

	2017 Amount	2016 Amount
Name or number.....		
1=spouse.....		
1=retirement plan (Box 13).....		
Name of employer (Box c).....		
Wages, tips, other compensation (Box 1).....		
Federal income tax withheld (Box 2).....		
Social security tax withheld (Box 4).....		
Medicare tax withheld (Box 6).....		
State income tax withheld (Box 17).....		
Local income tax withheld (Box 19).....		

FOREIGN ALLOWANCES, REIMBURSEMENTS AND OTHER EARNED INCOME

Noncash Income

Home (lodging).....		
Meals.....		
Car.....		
Other properties or facilities:		

Allowances and Reimbursements

Cost of living and overseas differential.....		
Family.....		
Education.....		
Home leave.....		
Quarters.....		
Other purposes:		

Meals and lodging provided for the convenience of the Employer (excludable under section 119).....		
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Other Foreign Earned Income

2017 Days Worked Allocation Information

Total number of days worked (if not 240).....		
Total days worked before and after foreign assignment.....		
Foreign days worked before and after foreign assignment.....		

31.2

2017	1040	US	Health Savings Accounts (8889)	32.1
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**Please enter all pertinent 2017 amounts & attach all 1099-SA forms.
Last year's amounts are provided for your reference.**

HSA CONTRIBUTIONS

NOTE: Contributions to an HSA are only eligible to persons covered under a high deductible health plan. For tax year 2017, a high deductible health plan is one with an annual deductible that is not less than \$1,300 for self-only coverage or \$2,600 for family coverage, and the annual out-of-pocket expenses (deductibles, co-payments, and other amounts, but not premiums) do not exceed \$ 6,550 for self-only coverage or \$13,100 for family coverage.

	2017 Amount		2016 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
1= self-only coverage, 2= family coverage.				
HSA contributions you made or expect to make, except rollovers, employer contributions, and contributions made to an employee account through a cafeteria plan (1=maximum).....				
Contributions included above that were made after you became eligible for Medicare				
Contributions made to date.				

HSA DISTRIBUTIONS

Total HSA distribution received (1099-SA, box 1) ...				
Distributions included above that were rolled over to another HSA				
Total unreimbursed qualified medical expenses.				

	32.1
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2017	1040	US/CA	Child and Dependent Care Expenses (Form 2441)	33.1,33.2
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Please enter all pertinent 2017 information. Last year's amounts are provided for your reference. You must have paid for the care of one or more dependents enabling you to work or attend school to qualify for this credit.

DEPENDENT CARE EXPENSES (33.1)	2017 Amount		2016 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Dependent care expenses incurred but not paid in 2017				
Employer-provided benefits forfeited in 2017				

PERSONS AND EXPENSES QUALIFYING FOR DEPENDENT CARE CREDIT

No. <input style="width:40px;" type="text"/>	First name		
	Last name		
	Title or suffix		
	Date of birth (m/d/y)		
	Social security number		
	Qualified dependent care expenses incurred and paid in 2017		2016 amt:
	1=disabled.		
1=spouse, 2=joint			

No. <input style="width:40px;" type="text"/>	First name		
	Last name		
	Title or suffix		
	Date of birth (m/d/y)		
	Social security number		
	Qualified dependent care expenses incurred and paid in 2017		2016 amt:
	1=disabled.		
1=spouse, 2=joint			

PERSONS OR ORGANIZATIONS PROVIDING CARE (33.2)

No. <input style="width:40px;" type="text"/>	Name of provider		
	Street address		
	City		
	State		
	ZIP code		
	Address where care provided (if different):		
	Street address		
	City, state, ZIP code		
	Telephone number		
	Identification number (SSN or EIN)		
	1=organization is tax-exempt		
	1=care provider is a person		
	Foreign region		
	Foreign postal code		
Foreign country			
Amount paid to care provider in 2017		2016 amt:	
1=spouse, 2=joint			

2017	1040	US	Qualified Adoption Expenses (Form 8839)	37
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Please enter all pertinent 2017 information. Last year's amounts are provided for your reference.

ELIGIBLE CHILDREN

2017 Amount

2016 Amount

No. <input style="width: 40px;" type="text"/>	First name.....					
	Last name.....					
	Identification number.....					
	Date of birth (m/d/y).....					
	1=born before 2000 and was disabled.....					
	1=special needs child.....					
	1=foreign child.....					
	1=adoption was not final in 2017.....					
	Qualified Adoption Expenses Paid in	2016 for adoption not finalized by end of 2017.....				
		Prior years for adoption of foreign child finalized in 2017.....				
2016 and 2017 for adoption finalized in 2017.....						
2017 for adoption finalized before 2017.....						
1=spouse, 2=joint.....						
No. <input style="width: 40px;" type="text"/>	First name.....					
	Last name.....					
	Identification number.....					
	Date of birth (m/d/y).....					
	1=born before 2000 and was disabled.....					
	1=special needs child.....					
	1=foreign child.....					
	1=adoption was not final in 2017.....					
	Qualified Adoption Expenses Paid in	2016 for adoption not finalized by end of 2017.....				
		Prior years for adoption of foreign child finalized in 2017.....				
2016 and 2017 for adoption finalized in 2017.....						
2017 for adoption finalized before 2017.....						
1=spouse, 2=joint.....						
No. <input style="width: 40px;" type="text"/>	First name.....					
	Last name.....					
	Identification number.....					
	Date of birth (m/d/y).....					
	1=born before 2000 and was disabled.....					
	1=special needs child.....					
	1=foreign child.....					
	1=adoption was not final in 2017.....					
	Qualified Adoption Expenses Paid in	2016 for adoption not finalized by end of 2017.....				
		Prior years for adoption of foreign child finalized in 2017.....				
2016 and 2017 for adoption finalized in 2017.....						
2017 for adoption finalized before 2017.....						
1=spouse, 2=joint.....						

2017	1040	US	Education Credits / Tuition Deduction	No. <input style="width:40px;" type="text"/>	38
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Please complete the information below if you paid qualified education expenses in 2017 for you, your spouse, or your dependents enrolled in an accredited postsecondary institution. Last year's amounts are provided for your reference.

STUDENT INFORMATION

1=taxpayer, 2=spouse	
First name	
Last name	
Social security number	
Number of years hope credit claimed	
Number of prior years AOC claimed	
1=student was NOT enrolled at least half-time for at least one academic period that began in 2017 (or the first 3 months of 2018 if the qualified expenses were made in 2017) at an eligible institution in a qualified program	
1=student completed first four years of post-secondary education before 2017	
1=student was convicted, before the end of 2017, of a felony for possession or distribution of a controlled substance	

EDUCATIONAL INSTITUTION ATTENDED (#1)

Name	
Street address	
City	
State	
ZIP code	
1=2017 Form 1098-T was NOT received	
1=2017 Form 1098-T received with Box 2 & 7 completed	
1=2016 Form 1098-T received with Box 2 & 7 completed	
Federal ID number from Form 1098-T	

EDUCATIONAL INSTITUTION ATTENDED (#2)

Name	
Street address	
City	
State	
ZIP code	
1=2017 Form 1098-T was NOT received	
1=2017 Form 1098-T received with Box 2 & 7 completed	
1=2016 Form 1098-T received with Box 2 & 7 completed	
Federal ID number from Form 1098-T	

QUALIFIED EDUCATION EXPENSES

	2017 Amount	2016 Amount
Qualified tuition & fees paid in 2017 (net of refund or assistance, & not entered elsewhere) ..		
Books & supplies required to be purchased from institution		
Books & supplies not entered above		
Amount of prior year refund or assistance *		

* Refund of qualified expenses and tax-free educational assistance received after you file your return for the year in which the expenses were paid.

2017

1040

US

Health Coverage Form

39.1

Please do not complete this information if coverage is indicated on Form 1095-A, 1095-B or 1095-C. Attach the document with this organizer if you have it.

GENERAL INFORMATION

1=entire household covered for all months, 2=no months
Date married (if in current year)

COVERED INDIVIDUAL (#1)

(a) First name, (a) Last name, (b) ID number (SSN or TIN), (d) 1=covered all 12 months, (e) Months of coverage: 1=November 2016, 1=December 2016, 1=January, 1=February, 1=March, 1=April, 1=May, 1=June, 1=July, 1=August, 1=September, 1=October, 1=November, 1=December

COVERED INDIVIDUAL (#2)

(a) First name, (a) Last name, (b) ID number (SSN or TIN), (d) 1=covered all 12 months, (e) Months of coverage: 1=November 2016, 1=December 2016, 1=January, 1=February, 1=March, 1=April, 1=May, 1=June, 1=July, 1=August, 1=September, 1=October, 1=November, 1=December

COVERED INDIVIDUAL (#3)

(a) First name, (a) Last name, (b) ID number (SSN or TIN), (d) 1=covered all 12 months, (e) Months of coverage: 1=November 2016, 1=December 2016, 1=January, 1=February, 1=March, 1=April, 1=May, 1=June, 1=July, 1=August, 1=September, 1=October, 1=November, 1=December

COVERED INDIVIDUAL (#4)

(a) First name, (a) Last name, (b) ID number (SSN or TIN), (d) 1=covered all 12 months, (e) Months of coverage: 1=November 2016, 1=December 2016, 1=January, 1=February, 1=March, 1=April, 1=May, 1=June, 1=July, 1=August, 1=September, 1=October, 1=November, 1=December

39.1

2017

1040

US

Household Employment Taxes (Schedule H)

42

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

HOUSEHOLD EMPLOYMENT TAXES

NOTE: If you paid any one household employee cash wages of \$ 2,000 or more in 2017; withheld federal income tax during 2017 for any household employee; or paid total cash wages of \$1,000 or more in any calendar quarter of 2016 or 2017 to household employees, please complete the following:

Employer identification number	
1=spouse, 2=joint	

Social security, Medicare and income taxes:	2017 Amount	2016 Amount
1=paid any one employee cash wages of \$2,000 or more		
1=withheld federal income tax for household employee		
Total cash wages subject to social security taxes		
Total cash wages subject to Medicare taxes		
Federal income tax withheld		
Taxes withheld from state disability payments		

Federal unemployment tax:	2017 Amount	2016 Amount
1=paid total cash wages of \$1,000 or more in any calendar quarter of 2016 or 2017		
Total cash wages subject to FUTA tax		
1=paid unemployment contributions to only one state		
1=paid all state unemployment contributions by 4/15/18		
1=all wages taxable for FUTA were also taxable for state unemployment		
Name of state		
Contributions paid to state unemployment fund		

42

2017	1040	US	Parent's Election to Report Child's Inc.	No. <input style="width:40px;" type="text"/>	44
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**Please enter all pertinent 2017 amounts & attach all 1099-INT and 1099-DIV forms.
Last year's amounts are provided for your reference.**

CHILD'S INFORMATION

First name	<input style="width:95%;" type="text"/>
Last name	<input style="width:95%;" type="text"/>
Social security number	<input style="width:95%;" type="text"/>
Date of birth (m/d/y)	<input style="width:95%;" type="text"/>
1=nontaxable to federal	<input style="width:95%;" type="text"/>
1=nontaxable to state	<input style="width:95%;" type="text"/>

INTEREST INCOME (Form 1099-INT)

	2017 Amount	2016 Amount
Banks, credit unions, etc. (Box 1): _____	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
U.S. bonds, T-bills, etc. (nontaxable to state) (Box 3): _____	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Tax-exempt interest:		
Total municipal bonds	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
In-state municipal bonds	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Adjustments:		
Nominee distribution	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Accrued interest	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Tax-exempt interest (1099-INT in error)	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
OID adjustment	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
ABP adjustment	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Foreign:		
1=interest in or authority over foreign account	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Name of foreign country	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
1=grantor/transferor or received distribution from foreign trust	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Post 8/7/86 private activity bond interest (included above) (6251)	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>

DIVIDEND INCOME (Form 1099-DIV)

	2017 Amount	2016 Amount
Total ordinary dividends (Box 1a): _____	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Qualified dividends (Box 1b)	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Total capital gain distributions (Box 2a): _____	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Unrecaptured section 1250 gain (Box 2b)	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Section 1202 gain (Box 2c)	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Collectibles (28%) gain (Box 2d)	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Nontaxable distributions (Box 3)	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Tax-exempt interest:		
Total municipal bonds	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
In-state municipal bonds	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Nominee distributions:		
Ordinary dividends	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Qualified dividends	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Capital gain distributions	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Alaska permanent fund dividends included above	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>

2017

1040

CA

Other Credits

53.013

Please enter all pertinent 2017 information.

RENTER'S CREDIT

NOTE: To qualify for the credit you must have paid rent, for at least half of the year, on property in California which was your principal residence.

1=qualified renter	
1=filing separate, claiming spouse's credit	
1=filing jointly and one spouse claimed homeowner's property tax exemption	
Number of months in California, if part-year resident	

53.013

2017	1040	CA	California Use Tax	54.012
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Please enter all pertinent 2017 information.

No. <input style="width:40px;" type="text"/>	1=taxpayer, 2=spouse, blank=joint	1		
	Use county (see table)	2		
	Total purchases subject to use tax	3		
	Sales or use tax already paid	5		

No. <input style="width:40px;" type="text"/>	1=taxpayer, 2=spouse, blank=joint	1		
	Use county (see table)	2		
	Total purchases subject to use tax	3		
	Sales or use tax already paid	5		

No. <input style="width:40px;" type="text"/>	1=taxpayer, 2=spouse, blank=joint	1		
	Use county (see table)	2		
	Total purchases subject to use tax	3		
	Sales or use tax already paid	5		

No. <input style="width:40px;" type="text"/>	1=taxpayer, 2=spouse, blank=joint	1		
	Use county (see table)	2		
	Total purchases subject to use tax	3		
	Sales or use tax already paid	5		

No. <input style="width:40px;" type="text"/>	1=taxpayer, 2=spouse, blank=joint	1		
	Use county (see table)	2		
	Total purchases subject to use tax	3		
	Sales or use tax already paid	5		

County

- | | | | |
|---|---|---|--|
| 1 = Alameda
2 = Alpine
3 = Amador
4 = Butte
5 = Calaveras
6 = Colusa
7 = Colusa (Williams)
8 = Contra Costa
9 = Contra Costa (El Cerrito)
10 = Contra Costa (Pinole)
11 = Contra Costa (Richmond)
12 = Del Norte
13 = El Dorado
14 = El Dorado (So. Lake Tahoe)
15 = El Dorado (Placerville)
16 = Fresno
17 = Fresno (Clovis)
18 = Fresno (Reedley)
19 = Fresno (Sanger)
20 = Fresno (Selma)
21 = Glenn
22 = Humboldt
23 = Humboldt (Trinidad)
24 = Imperial
25 = Imperial (Calexico)
26 = Inyo
27 = Kern
28 = Kern (Delano)
29 = Kings
30 = Lake
31 = Lake (Lakeport)
32 = Lake (Clearlake) | 33 = Lassen
34 = Los Angeles
35 = Los Angeles (Avalon)
36 = Los Angeles (Inglewood)
37 = Los Angeles (South Gate)
38 = Madera
39 = Marin
40 = Marin (San Rafael)
41 = Mariposa
42 = Mendocino
43 = Mendocino (Fort Bragg)
44 = Mendocino (Ukiah)
45 = Mendocino (Point Arena)
46 = Mendocino (Willits)
47 = Merced
48 = Merced (Los Banos)
49 = Merced (Merced)
50 = Modoc
51 = Mono
52 = Mono (Mammoth Lakes)
53 = Monterey
54 = Monterey (Del Ray Oaks)
55 = Monterey (Pacific Grove)
56 = Monterey (Seaside)
57 = Monterey (Salinas)
58 = Monterey (Sand City)
59 = Napa
60 = Nevada
61 = Nevada (Nevada City)
62 = Nevada (Truckee)
63 = Orange
64 = Orange (Laguna Beach) | 65 = Placer
66 = Plumas
67 = Riverside
68 = Riverside (Cathedral City)
69 = Sacramento
70 = San Benito
71 = San Benito (Hollister)
72 = San Benito (San Juan Bautista)
73 = San Bernardino
74 = San Bernardino (Montclair)
75 = San Bernardino (San Bernardino)
76 = San Diego
77 = San Diego (El Cajon)
78 = San Diego (National City)
79 = San Diego (Vista)
80 = San Francisco
81 = San Joaquin
82 = San Joaquin (Manteca)
83 = San Joaquin (Stockton)
84 = San Luis Obispo
85 = San Luis Obispo (Arroyo Grande)
86 = San Luis Obispo (Grover Beach)
87 = San Luis Obispo (Morro Bay)
88 = San Luis Obispo (Pismo Beach)
89 = San Luis Obispo (San Luis Obispo)
90 = San Mateo
91 = San Mateo (San Mateo)
92 = Santa Barbara
93 = Santa Clara
94 = Santa Cruz
95 = Santa Cruz (Capitola)
96 = Santa Cruz (Santa Cruz) | 97 = Santa Cruz (Scotts Valley)
98 = Santa Cruz (Watsonville)
99 = Shasta
100 = Sierra
101 = Siskiyou
102 = Solano
103 = Sonoma
104 = Sonoma (Cotati)
105 = Sonoma (Rohnert Park)
106 = Sonoma (Santa Rosa)
107 = Sonoma (Sebastopol)
108 = Stanislaus
109 = Stanislaus (Ceres)
110 = Sutter
111 = Tehama
112 = Trinity
113 = Tulare
114 = Tulare (Dinuba)
115 = Tulare (Farmersville)
116 = Tulare (Porterville)
117 = Tulare (Tulare)
118 = Tulare (Visalia)
119 = Tuolumne
120 = Tuolumne (Sonora)
121 = Ventura
122 = Yolo
123 = Yolo (Davis)
124 = Yolo (West Sacramento)
125 = Yolo (Woodland)
126 = Yuba |
|---|---|---|--|

54.012

2017

1040

US

Report of Foreign Bank and Financial Accounts

82.1

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

GENERAL INFORMATION

2017 Amount

2016 Amount

Canadian province or Mexican state.....		
Other type of filer.....		

Foreign identification:

Taxpayer:

1=passport, 2=foreign TIN.....		
Other type of identification.....		
Number.....		
Country of issue.....		

Spouse:

1=passport, 2=foreign TIN.....		
Other type of identification.....		
Number.....		
Country of issue.....		

Taxpayer:

Title.....	
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Spouse:

Title.....	
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82.1

2017

1040

US

Report of Foreign Bank & Fin. Accts.

No. 1

82.1 p2

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

INFORMATION ON FINANCIAL ACCOUNTS

	2017 Amount	2016 Amount
1=spouse.....		
Type of account: 1=bank account, 2=securities account, or specify.....		
Maximum value of account (-1 if unknown).....		
Financial institution:		
Name of institution (Line 1) (mandatory).....		
Name of institution (Line 2).....		
Mailing address.....		
Account number.....		
City.....		
State.....		
ZIP/postal code.....		
Country (if not US).....		
Accounts owned jointly:		
Number of joint owners (Mandatory for Part III accounts) (-1 if joint owner is joint filer).....		
Principal joint owner:		
Taxpayer identification number, if not joint filer.....		
TIN type: 1=EIN, 2=SSN/ITIN, 3=foreign.....		
Last name.....		
First name.....		
Middle initial.....		
Address.....		
City.....		
State.....		
ZIP/postal code.....		
Country (if not US).....		
Accounts where filer has no financial interest:		
Last name or org. name (mandatory).....		
First name.....		
Middle initial.....		
Taxpayer identification number.....		
TIN type: 1=EIN, 2=SSN/ITIN, 3=foreign.....		
Address.....		
City.....		
State.....		
ZIP/postal code.....		
Country (if not US).....		
Filer's title.....		

82.1 p2

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

FOREIGN DEPOSIT AND CUSTODIAL ACCOUNTS (Part I)

	2017 Amount	2016 Amount
Description of asset		
Type of account: 1=deposit, 2=custodial		
Use financial institution information from Form 114		
Financial institution information (if not filing Form 114):		
Maximum value of account during year		
Name of institution		
Account number (mandatory for part I)		
Mailing address of institution		
City of institution		
State/province of institution		
Postal code of institution		
Country of institution		
1=account opened during year		
1=account closed during year		
1=account jointly owned with spouse		
1=no tax item in Part III with respect to this account		
1=used foreign currency exchange rate to convert value to US dollars		
Foreign currency in which account is maintained		
Foreign currency exchange rate (xxxx.xxxx)		
Source of exchange rate		

OTHER FOREIGN ASSETS (Part II)

Identifying number or other designation (mandatory for part II)		
Date asset acquired during year (m/d/y)		
Date asset disposed of during year (m/d/y)		
1=jointly owned with spouse		
1=no tax item in Part III with respect to this asset		
Maximum value of asset during year		
1=used foreign currency exchange rate to convert value to US dollars		
Foreign currency in which asset is denominated		
Foreign currency exchange rate (xxxx.xxxx)		
Source of exchange rate		
Foreign entity information (complete if stock or interest):		
Name of entity		
Type of entity		
Mailing address of entity		
City of entity		
State/province of entity		
Postal code of entity		
Country of entity		

1

Type of Entity

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

2017

1040

US

Foreign Reporting (8938) (continued)

No.

82.2 p2

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

OTHER FOREIGN ASSETS (Part II) (continued)

Issuer or counterparty (#1):

Name
1=issuer, 2=counterparty
Type of issuer or counterparty (see table 2)
Issuer or counterparty: 1=US person, 2=foreign person
Mailing address
City
State/province
Postal code
Country

Form grid for issuer/counterparty #1 with shaded columns for amounts.

Issuer or counterparty (#2):

Name
1=issuer, 2=counterparty
Type of issuer or counterparty (see table 2)
Issuer or counterparty: 1=US person, 2=foreign person
Mailing address
City
State/province
Postal code
Country

Form grid for issuer/counterparty #2 with shaded columns for amounts.

Issuer or counterparty (#3):

Name
1=issuer, 2=counterparty
Type of issuer or counterparty (see table 2)
Issuer or counterparty: 1=US person, 2=foreign person
Mailing address
City
State/province
Postal code
Country

Form grid for issuer/counterparty #3 with shaded columns for amounts.

Issuer or counterparty (#4):

Name
1=issuer, 2=counterparty
Type of issuer or counterparty (see table 2)
Issuer or counterparty: 1=US person, 2=foreign person
Mailing address
City
State/province
Postal code
Country

Form grid for issuer/counterparty #4 with shaded columns for amounts.

2
Type of Issuer or Counterparty
1 = Individual
2 = Partnership
3 = Corporation
4 = Trust
5 = Estate

82.2 p2

