Personal Information

Filing (Marital) status code (1 = Single, 2 = Married filing joint, 3 = Married filing separate, 4 = Head of household, 5 = Qualifying widow(er)) ____[1]
Mark if you were married but living apart all year ____[2]
Mark if your nonresident alien spouse does not have an Individual Taxpayer Identification Number (ITIN) ____[3]

	Taxpayer	Spouse
Social security number	____[4]	____[5]
First name	____[6]	____[7]
Last name	____[8]	____[9]
Occupation	____[10]	____[11]
Designate $3.00 to the presidential election campaign fund? (1 = Yes, 2 = No, 3 = Blank)	____[12]	____[14]
Mark if dependent of another taxpayer	____[15]	____[16]
Taxpayer with income less than 1/2 support age 18 or 19 - 23 full-time student? (Y, N)	____[17]	
Mark if legally blind	____[20]	____[21]
Date of birth	____[22]	____[24]
Date of death	____[26]	____[27]
Work/daytime telephone number/ext number	____[28] ____[29]	____[30] ____[31]
Home/evening telephone number	____[32]	____[33]
Do you authorize us to discuss your return with the IRS? (Y, N)	____[34]	

Present Mailing Address

Address ____[38]
Apartment number ____[39]
City, state postal code, zip code ____[40] ____[41] ____[42]
Foreign country name ____[44]
Foreign phone number ____[47]
In care of addressee ____[48]

Dependent Information

(*Please refer to Dependent Codes located at the bottom)

First Name[49]	Last Name	Date of Birth	Social Security No.	Relationship	Months*** in home	Dep Codes *	Dep Codes **	Care expenses paid for dependent

Name of child who lived with you but is not your dependent ____[50]
Social security number of qualifying person ____[51]

Dependent Codes

***Basic**
1 = Child who lived with you
2 = Child who did not live with you due to divorce/separation
3 = Other dependent
5 = Qualifying child for Earned Income Credit only
6 = Children who lived with you, but do not qualify for Earned Income Credit
7 = Children who lived with you, but do not qualify for Child Tax Credit
8 = Children who lived with you, but do not qualify for Child Tax Credit or Earned Income Credit

****Other**
1 = Student (Age 19 - 23)
2 = Disabled dependent
3 = Dependent who is both a student and disabled

*****Months**
77 = Reported on odd year return
88 = Reported on even year return
99 = Not reported on return

Direct Deposit/Electronic Funds Withdrawal Information

Per IRS Security Summit requirements, verify the name of financial institution, routing transit number, account number , and type of account below. If you would like to have a refund direct deposited into or a balance due debited from your bank account(s), please enter information in the fields below. Note that electronic funds will be withdrawn only from the primary account listed below.

Mark to verify all accounts listed below have been reviewed, updated as needed, and are correct. __[1]

Primary account:

Financial institution routing transit number ______[3]
Name of financial institution ______[4]
Your account number ______[5]
Type of account (1 = Savings, 2 = Checking, 3 = IRA*) __[6]
Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) __[7]
Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) __[8]
Enter the maximum dollar amount, or percentage of total refund Dollar ______[9] **or** Percent (xxx.xx) ______[10]

Secondary account #1:

Financial institution routing transit number ______[25]
Name of financial institution ______[26]
Your account number ______[27]
Type of account (1 = Savings, 2 = Checking, 3 = IRA*) __[28]
Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) __[29]
Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) __[30]
Enter the maximum dollar amount, or percentage of total refund Dollar ______[11] **or** Percent (xxx.xx) ______[12]

Secondary account #2:

Financial institution routing transit number ______[31]
Name of financial institution ______[32]
Your account number ______[33]
Type of account (1 = Savings, 2 = Checking, 3 = IRA*) __[34]
Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) __[35]
Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) __[36]
Enter the maximum dollar amount, or percentage of total refund Dollar ______[15] **or** Percent (xxx.xx) ______[16]

*Refunds may only be direct deposited to established traditional, Roth or SEP-IRA accounts. Make sure direct deposits will be accepted by the bank or financial institution.

Refund - U.S. Series I Savings Bond Purchases

A tax refund may be used to buy up to $5,000 of U.S. Series I Savings bonds and registered for up to three different persons. If you would like to purchase U.S. Series I Savings bonds (in increments of $50) with your refund, if applicable, please complete the following information. Please note you may enter only one name per registration (with exception of married filing joint returns) and must enter the party's given name, do not use nicknames.

Indicate either a maximum dollar amount (up to $5,000), or percentage of refund you would like used to purchase bonds

The bonds will be registered to the name(s) on the return. For married filing joint returns this means the bonds will be registered in both names listed on the return.

To register the bonds separately, leave these fields blank and use the fields provided below.

Enter either a dollar amount or percent, but not both Dollar ______[13] **or** Percent (xxx.xx) ______[14]

Bond information for someone other than taxpayer and spouse, if married filing jointly

Maximum dollar amount (up to $5,000), or percentage of refund used to purchase bonds Dollar ______[17] **or** Percent (xxx.xx) ______[18]
Owner's name (First Last) ______[38] ______[39]
Co-owner or beneficiary (First Last) ______[40] ______[41]
Mark if the name listed above is a beneficiary __[42]

Bond information for someone other than taxpayer and spouse, if married filing jointly

Maximum dollar amount (up to $5,000), or percentage of refund used to purchase bonds Dollar ______[21] **or** Percent (xxx.xx) ______[22]
Owner's name (First Last) ______[43] ______[44]
Co-owner or beneficiary (First Last) ______[45] ______[46]
Mark if the name listed above is a beneficiary __[47]

Wages and Salaries #1

Please provide all copies of Form W-2.

	2017 Information		**Prior Year Information**
Taxpayer/Spouse (T, S)	__	[1]	
Employer name	____	[3]	
Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Farming / Fishing, 4 = National Guard)	__	[5]	
Mark if this is your current employer	__	[6]	
Federal wages and salaries **(Box 1)**	+ ____	[10]	____
Federal tax withheld **(Box 2)**	+ ____	[12]	____
Social security wages **(Box 3)** (If different than federal wages)	+ ____	[14]	____
Social security tax withheld **(Box 4)**	+ ____	[16]	____
Medicare wages **(Box 5)** (If different than federal wages)	+ ____	[18]	____
Medicare tax withheld **(Box 6)**	+ ____	[21]	____
SS tips **(Box 7)**	+ ____	[23]	____
Allocated tips **(Box 8)**	+ ____	[25]	____
Dependent care benefits **(Box 10)**	+ ____	[27]	____
Box 13 -			
Statutory employee	__	[29]	
Retirement plan	__	[30]	
Third-party sick pay	__	[31]	
State postal code **(Box 15)**	____	[32]	
State wages **(Box 16)** (If different than federal wages)	+ ____	[34]	____
State tax withheld **(Box 17)**	+ ____	[36]	____
Local wages **(Box 18)**	+ ____	[38]	____
Local tax withheld **(Box 19)**	+ ____	[40]	____
Name of locality **(Box 20)**	____	[43]	

	Control Totals +	

Wages and Salaries #2

Please provide all copies of Form W-2.

	2017 Information		**Prior Year Information**
Taxpayer/Spouse (T, S)	__	[1]	
Employer name	____	[3]	
Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Farming / Fishing, 4 = National Guard)	__	[5]	
Mark if this your current employer	__	[6]	
Federal wages and salaries **(Box 1)**	+ ____	[10]	____
Federal tax withheld **(Box 2)**	+ ____	[12]	____
Social security wages **(Box 3)** (If different than federal wages)	+ ____	[14]	____
Social security tax withheld **(Box 4)**	+ ____	[16]	____
Medicare wages **(Box 5)** (If different than federal wages)	+ ____	[18]	____
Medicare tax withheld **(Box 6)**	+ ____	[21]	____
SS tips **(Box 7)**	+ ____	[23]	____
Allocated tips **(Box 8)**	+ ____	[25]	____
Dependent care benefits **(Box 10)**	+ ____	[27]	____
Box 13 -			
Statutory employee	__	[29]	
Retirement plan	__	[30]	
Third-party sick pay	__	[31]	
State postal code **(Box 15)**	____	[32]	
State wages **(Box 16)** (If different than federal wages)	+ ____	[34]	____
State tax withheld **(Box 17)**	+ ____	[36]	____
Local wages **(Box 18)**	+ ____	[38]	____
Local tax withheld **(Box 19)**	+ ____	[40]	____
Name of locality **(Box 20)**	____	[43]	

	Control Totals +	

Interest Income

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

***Whole numbers will be treated as $ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.**

T/S/J	Type Code (**See codes below)			Interest Income [1]	Tax Exempt Income	Penalty on Early Withdrawal	U.S. Obligations* $ or %	Tax Exempt* $ or %	Foreign Taxes Paid	Prior Year Information
		1	Payer							
			Amounts	+						
		2	Payer							
			Amounts	+						
		3	Payer							
			Amounts	+						
		4	Payer							
			Amounts	+						
		5	Payer							
			Amounts	+						
		6	Payer							
			Amounts	+						
		7	Payer							
			Amounts	+						
		8	Payer							
			Amounts	+						
		9	Payer							
			Amounts	+						
		10	Payer							
			Amounts	+						

**Interest Codes		
Blank = Regular Interest	4 = Accrued Interest	6 = ABP Adjustment
3 = Nominee Distribution	5 = OID Adjustment	7 = Series EE & I Bond

	Control Totals +		Form ID: B-1

Dividend Income

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

***Whole numbers will be treated as $ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.**

T S J	Type Code (**See codes below)			Ordinary [2] Dividends	Qualified Dividends	Total Cap Gain Distributions	Section 1250	Sec. 1202	28% Capital Gain	Tax Exempt Dividends	U.S. Obligations* $ or %	Tax Exempt* $ or %	Foreign Taxes Paid	Prior Year Information
		1	Payer											
			Amounts +											
		2	Payer											
			Amounts +											
		3	Payer											
			Amounts +											
		4	Payer											
			Amounts +											
		5	Payer											
			Amounts +											
		6	Payer											
			Amounts +											
		7	Payer											
			Amounts +											
		8	Payer											
			Amounts +											
		9	Payer											
			Amounts +											
		10	Payer											
			Amounts +											

****Dividend Codes**	
Blank = Other	3 = Nominee

	Control Totals +		Form ID: B-2

Form ID: D

Sales of Stocks, Securities, and Other Investment Property

Please provide copies of all Forms 1099-B and 1099-S

Did you have any securities become worthless during 2017? (Y, N) __[8]

Did you have any debts become uncollectible during 2017? (Y, N) __[9]

Did you have any commodity sales, short sales, or straddles? (Y, N) __[10]

Did you exchange any securities or investments for something other than cash? (Y, N) __[12]

T/S/J	Description of Property[1]	Date Acquired	Date Sold	Gross Sales Price (Less expenses of sale)	Cost or Other Basis
				+	+
				+	+
				+	+
				+	+
				+	+
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	Control Totals +		**Form ID: D**

Miscellaneous Income #1

Please provide all Forms 1099-MISC

Preparer use only

Name of payer		____	[3]
Taxpayer/Spouse/Joint (T, S, J)		____	[5]
State postal code		____	[6]
Rents **(Box 1)**	+	____	[13]
Royalties **(Box 2)**	+	____	[15]
Other income **(Box 3)**	+	____	[17]
Federal income tax withheld **(Box 4)**	+	____	[19]
Fishing boat proceeds **(Box 5)**	+	____	[21]
Medical and health care payments **(Box 6)**	+	____	[23]
Nonemployee compensation **(Box 7)**	+	____	[25]
Substitute payments in lieu of dividends or interest **(Box 8)**	+	____	[27]
Payer made direct sales of $5,000 or more of consumer products **(Box 9)**		____	[29]
Crop Insurance proceeds **(Box 10)**	+	____	[31]
Excess golden parachute payments **(Box 13)**	+	____	[36]
Gross proceeds paid to an attorney **(Box 14)**	+	____	[38]
Section 409A deferrals **(Box 15a)**	+	____	[40]
Section 409A income **(Box 15b)**	+	____	[42]
State tax withheld **(Box 16)**	+	____	[44]
State/Payer's state no. **(Box 17)**		____	[46]
State income **(Box 18)**	+	____	[47]

	Control Totals +	

Miscellaneous Income #2

Please provide all Forms 1099-MISC

Preparer use only

Name of payer		____	[3]
Taxpayer/Spouse/Joint (T, S, J)		____	[5]
State postal code		____	[6]
Rents **(Box 1)**	+	____	[13]
Royalties **(Box 2)**	+	____	[15]
Other income **(Box 3)**	+	____	[17]
Federal income tax withheld **(Box 4)**	+	____	[19]
Fishing boat proceeds **(Box 5)**	+	____	[21]
Medical and health care payments **(Box 6)**	+	____	[23]
Nonemployee compensation **(Box 7)**	+	____	[25]
Substitute payments in lieu of dividends or interest **(Box 8)**	+	____	[27]
Payer made direct sales of $5,000 or more of consumer products **(Box 9)**		____	[29]
Crop Insurance proceeds **(Box 10)**	+	____	[31]
Excess golden parachute payments **(Box 13)**	+	____	[36]
Gross proceeds paid to an attorney **(Box 14)**	+	____	[38]
Section 409A deferrals **(Box 15a)**	+	____	[40]
Section 409A income **(Box 15b)**	+	____	[42]
State tax withheld **(Box 16)**	+	____	[44]
State/Payer's state no. **(Box 17)**		____	[46]
State income **(Box 18)**	+	____	[47]

	Control Totals +	

NOTES/QUESTIONS:

Gambling Winnings #1

Please provide all copies of Form W-2G.

	2017 Information	Prior Year Information
Taxpayer/Spouse (T, S)	[1]	
Payer name	[3]	
State postal code	[4]	
Mark if professional gambler	[9]	
Reportable winnings **(Box 1)**	+ [11]	
Date won **(Box 2)**	[13]	
Type of wager **(Box 3)**	[15]	
Federal withholding **(Box 4)**	+ [17]	
Transaction **(Box 5)**	[19]	
Race **(Box 6)**	[21]	
Identical wager winnings **(Box 7)**	+ [23]	
Cashier **(Box 8)**	[25]	
Taxpayer identification number **(Box 9)**	[27]	
Window **(Box 10)**	[28]	
First ID **(Box 11)**	[30]	
Second ID **(Box 12)**	[31]	
Payer's state ID no. **(Box 13)**	[32]	
State winnings **(Box 14)**	+ [33]	
State withholding **(Box 15)**	+ [35]	
Local winnings **(Box 16)**	+ [37]	
Local withholding **(Box 17)**	+ [39]	
Name of locality **(Box 18)**	[42]	

	Control Totals +	

Gambling Winnings #2

Please provide all copies of Form W-2G.

	2017 Information	Prior Year Information
Taxpayer/Spouse (T, S)	[1]	
Payer name	[3]	
State postal code	[4]	
Mark if professional gambler	[9]	
Reportable winnings **(Box 1)**	+ [11]	
Date won **(Box 2)**	[13]	
Type of wager **(Box 3)**	[15]	
Federal withholding **(Box 4)**	+ [17]	
Transaction **(Box 5)**	[19]	
Race **(Box 6)**	[21]	
Identical wager winnings **(Box 7)**	+ [23]	
Cashier **(Box 8)**	[25]	
Taxpayer identification number **(Box 9)**	[27]	
Window **(Box 10)**	[28]	
First ID **(Box 11)**	[30]	
Second ID **(Box 12)**	[31]	
Payer's state ID no. **(Box 13)**	[32]	
State winnings **(Box 14)**	+ [33]	
State withholding **(Box 15)**	+ [35]	
Local winnings **(Box 16)**	+ [37]	
Local withholding **(Box 17)**	+ [39]	
Name of locality **(Box 18)**	[42]	

	Control Totals +	

NOTES/QUESTIONS:

Pension, Annuity, and IRA Distributions #1

Please provide all Forms 1099-R.

		2017 Information	Prior Year Information
Taxpayer/Spouse (T, S)		__[1]	
Name of payer		__[3]	
State postal code		____[5]	
Gross distributions received **(Box 1)**	+	__[7]	
Taxable amount received **(Box 2a)**	+	__[9]	
Federal withholding **(Box 4)**	+	__[11]	
Distribution code **(Box 7)**		__[14]	
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan		__[16]	
State withholding **(Box 12)**	+	__[17]	
Local withholding **(Box 15)**	+	__[19]	
Amount of rollover	+	__[21]	
Mark if distribution was due to a pre-retirement age disability		__[23]	

Control Totals +

Pension, Annuity, and IRA Distributions #2

Please provide all Forms 1099-R.

		2017 Information	Prior Year Information
Taxpayer/Spouse (T, S)		__[1]	
Name of payer		__[3]	
State postal code		____[5]	
Gross distributions received **(Box 1)**	+	__[7]	
Taxable amount received **(Box 2a)**	+	__[9]	
Federal withholding **(Box 4)**	+	__[11]	
Distribution code **(Box 7)**		__[14]	
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan		__[16]	
State withholding **(Box 12)**	+	__[17]	
Local withholding **(Box 15)**	+	__[19]	
Amount of rollover	+	__[21]	
Mark if distribution was due to a pre-retirement age disability		__[23]	

Control Totals +

Pension, Annuity, and IRA Distributions #3

Please provide all Forms 1099-R.

		2017 Information	Prior Year Information
Taxpayer/Spouse (T, S)		__[1]	
Name of payer		__[3]	
State postal code		____[5]	
Gross distributions received **(Box 1)**	+	__[7]	
Taxable amount received **(Box 2a)**	+	__[9]	
Federal withholding **(Box 4)**	+	__[11]	
Distribution code **(Box 7)**		__[14]	
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan		__[16]	
State withholding **(Box 12)**	+	__[17]	
Local withholding **(Box 15)**	+	__[19]	
Amount of rollover	+	__[21]	
Mark if distribution was due to a pre-retirement age disability		__[23]	

Control Totals +

NOTES/QUESTIONS:

Social Security, Tier 1 Railroad Benefits

Please provide a copy of Form(s) SSA-1099 or RRB-1099

Taxpayer/Spouse (T, S) __[1]
State postal code ___[2]

Social Security Benefits

		2017 Information	Prior Year Information
If you received a Form SSA - 1099, please complete the following information:			
Net Benefits for 2017 (Box 3 minus Box 4) **(Box 5)**	+	________[8]	________
Voluntary Federal Income Tax Withheld **(Box 6)**	+	________[10]	________
From the DESCRIPTION OF AMOUNT IN BOX 3 area of Form SSA-1099:			
Medicare premiums	+	________[12]	________
Prescription drug (Part D) premiums	+	________[14]	

Tier 1 Railroad Benefits

		2017 Information	Prior Year Information
If you received a Form RRB - 1099, please complete the following information:			
Net Social Security Equivalent Benefit:			
Portion of Tier 1 Paid in 2017 **(Box 5)**	+	________[22]	________
Federal Income Tax Withheld **(Box 10)**	+	________[25]	________
Medicare Premium Total **(Box 11)**	+	________[27]	

Additional Information About Benefits Received

Additional information about the benefits received not reported above. For example did you repay any benefits in 2017 or receive any prior year benefits in 2017. This information will be reported in the SSA-1099 DESCRIPTION OF AMOUNT IN BOX 3 area or in the RRB-1099 Boxes 7 through 9.

________[40]
________[41]
________[42]
________[43]
________[44]

NOTES/QUESTIONS:

Schedule A - Medical and Dental Expenses

T/S/J **2017 Information** **Prior Year Information**

Medical and dental expenses, such as: Doctors, Dentists, Hospital/nursing home fees, Lab/x-ray fees, Medical supplies, Hearing aids, Eyeglasses/contact lenses, and Insurance reimbursements received

__[1] ______ + ______[2] ______
__ ______ + ______ ______
__ ______ + ______ ______
__ ______ + ______ ______
__ ______ + ______ ______
__ ______ + ______ ______

Medical insurance premiums you paid:

Do not include pre-tax amounts paid by an employer-sponsored plan or amounts entered elsewhere, such as amounts paid for your self-employed business (Sch C, Sch F, Sch K-1, etc.) or Medicare premiums entered on Form SSA-1099.

__[4] ______ + ______[5] ______
__ ______ + ______ ______
__ ______ + ______ ______
__ ______ + ______ ______

Long-term care premiums you paid:

Do not include pre-tax amounts paid by an employer-sponsored plan or amounts entered elsewhere, such as amounts paid for your self-employed business (Sch C, Sch F, Sch K-1, etc.)

__[7] ______ + ______[8] ______
__ ______ + ______ ______

Prescription medicines and drugs:

__[10] ______ + ______[11] ______
__ ______ + ______ ______
__ ______ + ______ ______

__[13] Miles driven for medical items ______[14]

Schedule A - Tax Expenses

T/S/J **2017 Information** **Prior Year Information**

State/local income taxes paid:

__[18] ______ + ______[19] ______
__ ______ + ______ ______
__ ______ + ______ ______
__ ______ + ______ ______
__ ______ + ______ ______

2016 state and local income taxes paid in 2017:

__[21] ______ + ______[22] ______
__ ______ + ______ ______
__ ______ + ______ ______

Real estate taxes paid:

__[24] ______ + ______[25] ______
__ ______ + ______ ______
__ ______ + ______ ______

Personal property taxes:

__[27] ______ + ______[28] ______
__ ______ + ______ ______

Other taxes, such as: foreign taxes and State disability taxes

__[30] ______ + ______[31] ______
__ ______ + ______ ______
__ ______ + ______ ______

Sales tax paid on major purchases:

__[36] ______ + ______[37] ______
__ ______ + ______ ______

Sales tax paid on actual expenses:

__[39] ______ + ______[40] ______
__ ______ + ______ ______
__ ______ + ______ ______

	Control Totals +		**Form ID: A-1**

Interest Expenses

T/S/J	Home mortgage interest: From Form 1098	2017 Interest Paid [2]	2017 Points Paid	Type*	2017 Mortgage Ins. Premiums Paid	Prior Year Information
__[1]		+	+	__	+	
__		+	+	__	+	
__		+	+	__	+	
__		+	+	__	+	
__		+	+	__	+	
__		+	+	__	+	
__		+	+	__	+	
__		+	+	__	+	
__		+	+	__	+	

***Mortgage Types**

Blank = Used to buy, build or improve main/qualified second home
1 = Not used to buy, build, improve home or investment
2 = Used to pay off previous mortgage
3 = Used to pay off previous mortgage, excess proceeds invested
4 = Taken out before 7/1/82 and secured by home used by taxpayer

T/S/J	Payee's Name Other, such as: Home mortgage interest paid to individuals	SSN or EIN	2017 Information	Prior Year Information
[4]			+ [5]	
Address				
City, state and zip code				
			+	
Address				
City, state and zip code				

T/S/J Name and address of other person who received Form 1098 for jointly liable mortgage interest you paid -

__ Payer's/Borrower's name ______ [7]
Street Address ______
City/State/Zip code ______ ______ ______

Refinancing Points paid in 2017 -

Taxpayer/Spouse/Joint (T, S, J) __[11]
Recipient/Lender name ______
Total points paid at time of refinance ______
Percentage of principal exceeding original mortgage (For AMT adjustment) ______
Points deemed as paid in 2017 **(Preparer use only)** + ______ [12]
Date of refinance ______
Term of new loan (in months) ______
Reported on Form 1098 in 2017 __
Taxpayer/Spouse/Joint (T, S, J) __
Recipient/Lender name ______
Total points paid at time of refinance ______
Percentage of principal exceeding original mortgage (For AMT adjustment) ______
Points deemed as paid in 2017 **(Preparer use only)** + ______
Date of refinance ______
Term of new loan (in months) ______
Reported on Form 1098 in 2017 __

T/S/J	Investment interest expense, other than on Schedule(s) K-1:	2017 Information	Prior Year Information
__[15]		+ [16]	
__		+	
__		+	
__		+	
__		+	
__		+	
__		+	
__		+	

	Control Totals +		Form ID: A-2

Charitable Contributions

T/S/J | Qualified Disaster Relief** | 2017 Information | Prior Year Information

Contributions made by cash or check (including out-of-pocket expenses)

Any contribution of cash, a check or other monetary gift requires a written record of the contribution in order to claim the contribution on your return.
Individual contributions of $250 or more must be accompanied by a written acknowledgment from the charity to claim the contribution on your return.

__[2] ____ + ____[3]

__[5] Volunteer miles driven ____[6]

Noncash items, such as: Goodwill/Salvation Army/clothing/household goods

__[8] ____ + ____[9]

**Mark if qualifying disaster relief contribution made between 8/23/2017 and 12/31/2017

Miscellaneous Deductions

T/S/J | 2017 Information | Prior Year Information

Unreimbursed expenses, such as: Uniforms, Professional dues,
Business publications, Job seeking expenses, Educational expenses

__[11] ____ + ____[12]

Union dues, other than amounts reported on Form W-2:

__[14] ____ + ____[15]

__[17] Tax preparation fees + ____[18]

Other expenses, subject to 2% AGI limit, such as: Legal/accounting/custodial fees

__[20] ____ + ____[21]

__[23] Safe deposit box rental + ____[24]

Investment expenses, other than on Schedule(s) K-1 or Form(s) 1099-DIV/INT:

__[26] ____ + ____[27]

Other expenses, not subject to the 2% AGI limit:

__[30] ____ + ____[31]

Gambling losses: (Enter only if you have gambling income)

__[33] ____ + ____[34]

Employee Business Expenses

Preparer use only

	2017 Information	Prior Year Information
Taxpayer/Spouse (T, S)	__[2]	
Occupation in which expenses were incurred	____[3]	
State postal code	____[5]	
If the employee expenses were from an occupation listed below, enter the applicable code 1 = Qualified performing artist, 2 = Impairment-related work expenses, 3 = Fee-basis official	__[6]	__
Mark if these employee expenses are related to qualified services as a minister or religious worker	__[10]	
Parking fees and tolls	+ ____[17]	____
Local transportation	+ ____[19]	____
Travel expenses	+ ____[22]	____
Other business expenses:		
____	+ ____[25]	____
____	+ ____	____
____	+ ____	____
____	+ ____	____
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____	+ ____	____
____	+ ____	____
Nonvehicle depreciation	+ ____[28]	____
Meals and entertainment	+ ____[31]	____
Meals for individuals subject to DOT hours of service limitation	+ ____[33]	

Employer Reimbursements

Enter Reimbursements not entered on Screen W2, Box 12, Code L

	2017 Information	Prior Year Information
Reimbursements for other expenses not included on Form W-2	+ ____[60]	____
Reimbursements for meals and entertainment not included on Form W-2	+ ____[62]	____
Reimbursements for meals for DOT service limitation not included on Form W-2	+ ____[64]	

	Control Totals +		**Form ID: 2106**

Noncash Contributions Exceeding $500

For donated securities, include the company name and number of shares in the donated property description, below

Taxpayer/Spouse/Joint (T, S, J) __[1]
Donated property description ____[4]
Name of donee organization ____[5]
Address of donee organization ____[6]
City ____[7]
State postal code ___[8]
Zip code ____[9]
Date contributed ____[10]
Date acquired by donor ____[11]
How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange) __[12]
Donor's cost or basis +____[13]
Fair market value +____[14]
Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) __[15]
If other: ____[16]

	Control Totals +	

Noncash Contributions Exceeding $500

For donated securities, include the company name and number of shares in the donated property description, below

Taxpayer/Spouse/Joint (T, S, J) __[1]
Donated property description ____[4]
Name of donee organization ____[5]
Address of donee organization ____[6]
City ____[7]
State postal code ___[8]
Zip code ____[9]
Date contributed ____[10]
Date acquired by donor ____[11]
How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange) __[12]
Donor's cost or basis +____[13]
Fair market value +____[14]
Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) __[15]
If other: ____[16]

	Control Totals +	

Noncash Contributions Exceeding $500

For donated securities, include the company name and number of shares in the donated property description, below

Taxpayer/Spouse/Joint (T, S, J) __[1]
Donated property description ____[4]
Name of donee organization ____[5]
Address of donee organization ____[6]
City ____[7]
State postal code ___[8]
Zip code ____[9]
Date contributed ____[10]
Date acquired by donor ____[11]
How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange) __[12]
Donor's cost or basis +____[13]
Fair market value +____[14]
Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) __[15]
If other: ____[16]

	Control Totals +	

Health Care Coverage and Exemptions

"Your family" for health care coverage refers to you, your spouse if filing jointly, and anyone you can claim as a dependent.
Please provide all copies of Form(s) 1095-B and/or 1095-C

	2017 Information	Prior Year Information
Was your entire family covered for the full year with minimum essential health care coverage? (Y, N)	__ [1]	

If your entire family was not covered for the full year with minimum essential health care coverage, enter information for all family members who are covered, or are exempt from the requirement to maintain minimum essential health coverage. Enter either the Exemption Certificate Number issued by the Marketplace, or the Other Exemption Type you are claiming. Mark Full Year if the coverage or exemption is for the entire year, otherwise indicate the Start Month and End Month.

Social Security No.	First Name	Last Name	Exemption Certificate Number	Coverage/ Exemption Type *	Full Year	Start Month	End Month
							[7]

***Other Exemption Type Codes**

A = Unaffordable coverage	**F = Incarcerated individual**
B = Short coverage gap	**G = Hardship (combined coverage unaffordable, initial open enrollment, CHIP)**
C = Exempt noncitizen	**H = Medicaid/TRICARE/Fiscal year employer plan**
D = Health care sharing ministry	**X = Insured with minimum essential coverage (coverage info found on Form(s) 1095-B or 1095-C)**
E = Indian tribe member	

	2017 Information Taxpayer	2017 Information Spouse	Prior Year Information
Self-employed health insurance premiums: (Not entered elsewhere)			
	+ [13]	+ [14]	
	+	+	
Self-employed long-term care premiums: (Not entered elsewhere)			
	+ [16]	+ [17]	
	+	+	

NOTES/QUESTIONS:

	Control Totals +		Form ID: Coverage

ACA - Health Insurance Marketplace Statement #1

Please provide all Forms 1095-A

Taxpayer/Spouse (T,S) __[1]
Marketplace identifier **(Box 1)** ____[6]
Marketplace-assigned policy number **(Box 2)** ____[7]
Policy issuer's name **(Box 3)** ____[2]

Part III Household Information -

	A. 2017 Monthly Premium Amount	Prior Year Information	B. 2017 Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP)	C. 2017 Monthly Advance Payment of Premium Tax Credit	Prior Year Information
January	+ ____[12]	____	+ ____[25]	+ ____[38]	____
February	+ ____[13]	____	+ ____[26]	+ ____[39]	____
March	+ ____[14]	____	+ ____[27]	+ ____[40]	____
April	+ ____[15]	____	+ ____[28]	+ ____[41]	____
May	+ ____[16]	____	+ ____[29]	+ ____[42]	____
June	+ ____[17]	____	+ ____[30]	+ ____[43]	____
July	+ ____[18]	____	+ ____[31]	+ ____[44]	____
August	+ ____[19]	____	+ ____[32]	+ ____[45]	____
September	+ ____[20]	____	+ ____[33]	+ ____[46]	____
October	+ ____[21]	____	+ ____[34]	+ ____[47]	____
November	+ ____[22]	____	+ ____[35]	+ ____[48]	____
December	+ ____[23]	____	+ ____[36]	+ ____[49]	____
Annual total	+ ____[24]	____	+ ____[37]	+ ____[50]	____

Control Totals +

ACA - Health Insurance Marketplace Statement #2

Please provide all Forms 1095-A

Taxpayer/Spouse (T,S) __[1]
Marketplace identifier **(Box 1)** ____[6]
Marketplace-assigned policy number **(Box 2)** ____[7]
Policy issuer's name **(Box 3)** ____[2]

Part III Household Information -

	A. 2017 Monthly Premium Amount	Prior Year Information	B. 2017 Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP)	C. 2017 Monthly Advance Payment of Premium Tax Credit	Prior Year Information
January	+ ____[12]	____	+ ____[25]	+ ____[38]	____
February	+ ____[13]	____	+ ____[26]	+ ____[39]	____
March	+ ____[14]	____	+ ____[27]	+ ____[40]	____
April	+ ____[15]	____	+ ____[28]	+ ____[41]	____
May	+ ____[16]	____	+ ____[29]	+ ____[42]	____
June	+ ____[17]	____	+ ____[30]	+ ____[43]	____
July	+ ____[18]	____	+ ____[31]	+ ____[44]	____
August	+ ____[19]	____	+ ____[32]	+ ____[45]	____
September	+ ____[20]	____	+ ____[33]	+ ____[46]	____
October	+ ____[21]	____	+ ____[34]	+ ____[47]	____
November	+ ____[22]	____	+ ____[35]	+ ____[48]	____
December	+ ____[23]	____	+ ____[36]	+ ____[49]	____
Annual total	+ ____[24]	____	+ ____[37]	+ ____[50]	____

Control Totals +

NOTES/QUESTIONS:

Form ID: AZ

Arizona General Information

Last name on prior returns, if different ____________________[1]

If you were a part-year resident during the tax year, enter the dates you lived in Arizona

Part-year residency dates:

From ________[2]

To ________[3]

Other state(s) of residency (Part-year residents only) ____[4] ____[5] ____[6] ____[7]

Mark if on active military assignment in Arizona during the year (Part-year residents and Nonresidents only) ____[8]

Contributions

Amount of political and charitable contributions you wish to make to:

Political Contributions

Political gift ________[9]

Name of party (1 = Arizona Green Party, 2 = Democratic, 3 = Libertarian, 4 = Republican) ____[10]

Charitable Contributions

Solutions Teams Assigned to Schools ________[11]

Arizona Wildlife Fund ________[12]

Child Abuse Prevention Fund ________[13]

Domestic Violence Shelter Fund ________[14]

Neighbors Helping Neighbors Fund ________[15]

Special Olympics Fund ________[16]

Veterans Donation Fund ________[17]

I Didn't Pay Enough Fund ________[18]

Sustainable State Parks and Road Fund ________[19]

Spay/Neuter of Animals ________[20]

Property Tax Credit Information

Full Year Residents Only

Homestead status on December 31 (1 = Rent, 2 = Own) ____[21]

Mark if you:

Received Title 16, SSI payments ____[22]

Lived alone ____[23]

Property taxes paid through rent payments ________[24]

If claimed as a dependent on another's return, enter claimant's information:

Name ____________________[25]

Social security number ________[26]

Address ____________________[27] Apartment number ________[28]

City ____________[29] State ____[30] Zip code ________[31]

Income earned by other household residents ________[32]

NOTES/QUESTIONS: