



Dear Valued Client,

This Tax Organizer is designed to help you gather the tax information needed for Anderson to prepare your personal income tax return for 2017.

Do not fill out every page of the organizer, this is intended to provide your tax organizer with as much information as possible. Enter all 2017 information for which you do not have official documentation. If any information does not apply to you, please disregard that part of the organizer.

1. Complete the Tax Organizer

- Enter all 2017 information. If any information does not apply to you or is incorrect, please draw a line through it or make necessary changes.

2. Gather your supporting documents and make copies.

- See list below for examples.
- Send the copies with your completed organizer and keep originals.

3. Submit the Tax Organizer, and any supporting documentation, using one of these methods:

- Upload to your Box account [<https://andersonadvisors.app.box.com/>], then notify your coordinator.
- Fax: 702-644-0545

Note: To ensure your privacy, please do not submit your Tax Organizer or supporting documents via email.

The following are examples of supporting documentation:

- Forms W-2 for wages, salaries, tips, and gambling winnings.
- All Forms 1099 for interest, dividends, retirement, miscellaneous income, social security, state or local refunds, etc.
- Brokerage statements showing investment transactions for stocks, bonds, options, etc.
- Schedule K-1 from partnerships, S-corporations, estates and trusts.
- Statements supporting educational expenses, deductions or distributions, including any Forms 1098-T, 1098-E, or 1099-Q.
- All Forms 1095-A, 1095-B, and/or 1095-C related to health care coverage for the Premium Tax Credit.
- Statements supporting deductions for mortgage interest, taxes, and charitable contributions, including any Form 1098-C.
- Copies of closing statements regarding the sale or purchase of real property.
- Legal papers for adoption, divorce, or separation involving custody of your dependent children.
- Any tax notices sent to you by the IRS or other taxing authority.
- A copy of your income tax return from last year, if not prepared by Anderson.

In your Tax Organizer, all social security numbers and bank account numbers have been concealed to protect your privacy. If you need to change or update your social security number or bank account information, please contact our Tax Department. Do not indicate social security number or bank account changes in the organizer. When you receive your completed tax return(s), please review all social security numbers and bank account information for accuracy. Report any discrepancies to our Tax Department immediately.

The IRS does not send out unsolicited e-mails nor make unsolicited phone calls requesting or demanding personal information or immediate payment. Such authentic looking e-mails are called "phishing" emails and responding may expose you to identity theft. If you receive such emails, forward a copy to the IRS at phishing@irs.gov. Please do not respond to the email. You may also contact our office regarding any written or electronic correspondence or phone calls that you receive from the IRS.

In order to make the filing deadline for your 2017 income tax return, your completed organizer and backup documents should be in our office no later than March 15th, 2017 to avoid any expedite fees (Please review Client Statement for more details). Any information received after that date may require an extension to be filed for your return. Also, based on the complexity of your return an extension may need to be filed. Anderson will file your extension when necessary. You are responsible for paying any tax due to the IRS by April 17, 2018 in order to avoid certain late penalties and interest even if an extension has been or will be filed.

Your Client Coordinator is available to assist should you have any questions regarding the Tax Organizer, uploading information to Box, or the preparation process.

Thank You for choosing Anderson for your Asset Protection, Estate and Tax Planning needs.

Sincerely,
Anderson Advisors Tax Team

2017 Tax Organizer for Individual Tax Returns 1040 Returns



Washington
732 Broadway, Suite 201
Tacoma, WA 98402
Fax: 253.238.0003

Nevada
3225 McLeod Drive
Las Vegas, NV 89121
Fax: 702.664.0549

800.706.4741
www.AndersonAdvisors.com

Use this Organizer for Individual (or Married Filing Joint) Returns

IMPORTANT

We will be unable to complete your tax return until we have received the completed tax organizer and required documentation including the client statement, payment information, corporate information & ownership information.

Anderson Business Advisors
3225 McLeod Drive, Suite 100
Las Vegas, NV 89121

Toll Free: 800.706.4741
Local: 702.214.1100
Fax: 702.664.0547

E-Mail: taxcoordinators@andersonadvisors.com
Secure Online Upload Page: <https://andersonadvisors.com/upload-documents/>

FAX COVER PAGE

Attention: Tax Preparation Department

To: Anderson Business Advisors: 702.664.0547

Attention:

From:

Date:

Total Number of Pages: (including cover page)

THIS FAX INCLUDES THE FOLLOWING (Check all that apply)

- Client Statement
- Organizer for (Name: _____)
- Supporting Documents
- Other

You may also upload all documents securely online at:
<https://andersonadvisors.com/upload-documents/>

CLIENT STATEMENT

In order to make the filing tax deadline, completed Tax Organizers and supporting documents are due in our offices 30 days prior to the return deadline. Tax returns are prepared in the order this information is received. In the event a Tax Organizer is received within the 30 day period prior to the tax deadline, client will pay an expedite fee of \$300 for timely completion. If received in the final two weeks before the deadline, we cannot guarantee the return will be completed timely; client will pay an additional \$250 for timely completion. The due date for filing your income tax return is April 17, 2018. It may become necessary to apply for an extension of time to file your tax return if there are unresolved issues, delays in processing, or if we do not receive all the necessary information from you on a timely basis. We will apply for an extension on all returns not filed with the taxing authorities within 3 business days of the filing deadline. All tax is still due and payable by the filing deadline to avoid all penalties and interest..

The scope of work in connection with the preparation of your ("the Client") federal and state income tax returns is intended to be in compliance with the requirements issued by the various taxing authorities. Because tax laws are not always clear, honest differences of opinions may arise between our interpretation of laws and that of the various taxing authorities. We will assist you in resolving these differences in your favor whenever possible.

Client and/or your duly appointed representative agree not to hold Anderson Business Advisors ("Anderson") liable for interpretations made with regard to any of the information supplied by Client and used in the preparation of the tax returns. Unless compelled to do so by law, Anderson does not disclose any irregularities or provide statements with regard to the validity of the information supplied by Client to any taxing authority.

All tax returns are subject to review and acceptance by the various taxing authorities. In the event of an examination or other taxing authority, contact Anderson. We can respond or represent your position to the taxing authority; however, there is a fee for this service. You may appeal any adjustments proposed by a taxing authority.

Please review any completed tax returns carefully. As preparers, we have a responsibility both to the various taxing authorities with whom we file tax returns as well as to our clients. Any client will remain liable for the contents of tax returns prepared by Anderson with data provided by said client.

All tax return preparation fees must be paid before the tax return can be electronically processed. Once payment is received and the proper forms are signed to electronically file the tax return, i.e. Form 8879, Anderson will electronically file the tax return.

By signing this document I acknowledge this statement and the dates below.

Signature:

Name on Credit Card:

Last 4 digits of Credit Card being used (if Tax Package is not used):

By submitting this form, you are authorizing Anderson Business Advisors to send you an invoice electronically (via email or Box.com) and to charge the credit card provided above five (5) days after the invoice has been submitted to you.

Would you like to use your prepaid tax package time for this return or have a quote prior to preparing your return?

Yes No



Anderson Law Group, PLLC
3225 McLeod Drive
Las Vegas, NV 89121

Dear Valued Client:

This letter is to confirm and specify the terms of our engagement with you and to clarify the nature and extent of the services we will provide. In order to ensure an understanding of our mutual responsibilities, we ask all clients for whom returns are prepared to confirm the following arrangements.

We will prepare your 2017 federal and requested state income tax returns from information that you will furnish us. We will not audit or otherwise verify the data you submit, although it may be necessary to ask you for clarification of some of the information. We will furnish you with questionnaires and/or worksheets to guide you in gathering the necessary information. Your use of such forms will assist in keeping permanent information from being overlooked.

It is your responsibility to provide all the information required for the preparation of complete and accurate returns. You should retain all the documents, cancelled checks, and other data that form the basis of income and deductions. These may be necessary to prove the accuracy and completeness of the returns to a taxing authority. You have the final responsibility for the income tax returns and, therefore, you should review them carefully before you sign them.

Our work in connection with the preparation of your income tax returns does not include any procedures designed to discover defalcations or other irregularities, should any exist. We will render such accounting and bookkeeping assistance as determined to be necessary for preparation of the income tax returns.

We will use professional judgment in resolving questions where the tax law is unclear, or where there may be conflicts between the taxing authorities' interpretations of the law and other supportable positions. Unless otherwise instructed by you, we will resolve such questions in your favor whenever possible.

The law provides various penalties that may be imposed when taxpayers understate their tax liability. If you would like information on the amount or the circumstances of these penalties, please contact us. Your returns may be selected for review by the taxing authorities. Any proposed adjustments by the examining agent are subject to certain rights of appeal. In the event of such government tax examination, we will be available upon request to represent you and will render additional invoices for the time and expenses incurred.

Our fee for these services will be based upon the amount of time required at standard billing rates plus out-of-pocket expenses. All invoices are due and payable upon presentation.

If the foregoing fairly sets forth your understanding, please sign the enclosed copy of this letter in the space indicated and return it to our office. However, if there are other tax returns you expect us to prepare, such as gift and/or property, please inform us by noting so just below your signature at the end of the returned copy of this letter.

We want to express our appreciation for this opportunity to work with you.

Sincerely,

Anderson Business Advisors Tax Team

Accepted By:

Date:

Additional Returns (if applicable):

Anderson Law Group, PLLC
3225 McLeod Drive
Las Vegas, NV 89121

PRIVACY POLICY

Certified Public Accountants (CPAs), like all providers of personal financial services, are now required by law to inform their clients of their policies regarding privacy of client information. CPAs have been and continue to be bound by professional standards of confidentiality that are even more stringent than those required by law. Therefore, we have always protected your right to privacy.

TYPES OF NONPUBLIC PERSONAL INFORMATION WE COLLECT

We collect nonpublic personal information about you that is either provided to us by you or obtained by us with your authorization.

PARTIES TO WHOM WE DISCLOSE INFORMATION

For current and former clients, we do not disclose any nonpublic personal information obtained in the course of our practice except as required or permitted by law. Permitted disclosures include, for instance, providing information to our employees and, in limited situations, to unrelated third parties who need to know that information to assist us in providing services to you. In all such situations, we stress the confidential nature of information being shared.

PROTECTING THE CONFIDENTIALITY AND SECURITY OF CURRENT AND FORMER CLIENTS' INFORMATION

We retain records relating to professional services that we provide so that we are better able to assist you with your professional needs and, in some cases, to comply with professional guidelines. In order to guard your nonpublic personal information, we maintain physical, electronic, and procedural safeguards that comply with our professional standards.

Please call if you have any questions, because your privacy, our professional ethics, and the ability to provide you with quality financial services are very important to us.

Questions (Page 1 of 3)

The following questions pertain to the 2017 tax year. For any question answered Yes, include supporting detail or documents.

Personal Information

	Yes	No
Did your marital status change?	<input type="checkbox"/>	<input type="checkbox"/>
Are you married?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, do you and your spouse want to file separate returns?	<input type="checkbox"/>	<input type="checkbox"/>
If No, are you in a domestic partnership, civil union, or other state-defined relationship?	<input type="checkbox"/>	<input type="checkbox"/>
Can you or your spouse be claimed as a dependent by another taxpayer?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse serve in the military or were you or your spouse on active duty?	<input type="checkbox"/>	<input type="checkbox"/>
Were you or your spouse notified by the IRS or other taxing authority of any changes in prior year returns?	<input type="checkbox"/>	<input type="checkbox"/>

Dependents:

Were there any changes in dependents from the prior year?	<input type="checkbox"/>	<input type="checkbox"/>
<i>Note: Include non-child dependents for whom you provided more than half the support.</i>		
Did you or your spouse pay for child care while you or your spouse worked or looked for work?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any children under age 18 with unearned income more than \$1,050?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any children age 18, or student children aged 19 to 23, who did not provide more than half of their cost of support with earned income and that have unearned income of more than \$1,050?	<input type="checkbox"/>	<input type="checkbox"/>

Healthcare:

Did you have healthcare coverage (health insurance, including Medicare, Medicaid, CHIP, and TRICARE) for you, your spouse, and any dependents for the entire year?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, include all Forms 1095-A, 1095-B, and 1095-C. If you did not receive Forms 1095-A, 1095-B, or 1095-C, attach information detailing each month you, your spouse, and your dependents had coverage.		

Education:

Did you or your spouse pay any student loan interest?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse withdraw any amounts from your IRA to pay for higher education expenses incurred by you, your spouse, your children, or grandchildren?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse withdraw any amounts from a Coverdell Education Savings Account or Qualified Education Program (Section 529) plan?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, include all Forms 1099-Q.		
Did you, your spouse, or your dependents incur any post-secondary education expenses, such as tuition?	<input type="checkbox"/>	<input type="checkbox"/>

Questions (Page 2 of 3)

Deductions and Credits:

Yes No

Did you or your spouse contribute property (other than cash) with a fair market value of more than \$5,000 to a charitable organization?

If Yes, provide the appraisal of property contributed. An appraisal is not required for contributions of publicly traded securities or contributions of non-publicly traded stock of \$10,000 or less.

Did you or your spouse incur any casualty or theft losses?

Did you or your spouse make any large purchases, such as motor vehicles and boats?

Did you or your spouse incur any casualty or loss attributable to a federally declared disaster?

Did you or your spouse purchase a new alternative technology vehicle, including a qualified plug-in electric drive motor vehicle?

Did you or your spouse install any alternative energy equipment in your residence such as solar water heaters, solar electricity equipment (photovoltaic), or fuel cells?

Did you or your spouse install any alternative energy improvement or energy property in your residence such as exterior doors or windows, insulation, heat pumps, furnaces, central air conditioners, or water heaters?

Investments:

Did you or your spouse have any debts canceled, forgiven, or refinanced?

Did you or your spouse start or purchase a business, rental property, or farm, or acquire any new interest in any partnership or S corporation?

Did you or your spouse sell an existing business, rental property, farm, or any existing interest in a partnership or S-corporation?

Did you or your spouse sell, exchange, or purchase any real estate?
If Yes, include closing statements.

Did you or your spouse receive grants of stock options from your employer, exercise any stock options granted to you or your spouse, or dispose of any stock acquired under a qualified employee stock purchase plan?

Did you or your spouse engage in any put or call transactions?
If Yes, provide the transaction details.

Did you or your spouse close any open short sales?

Did you or your spouse sell any securities not reported on Form 1099-B?

Retirement or Severance:

Did you or your spouse contribute to a Roth IRA or convert an existing IRA into a Roth IRA?

Did you or your spouse roll into a Roth IRA any distributions from a retirement plan, an annuity plan, tax shelter annuity, or deferred compensation plan?

Did you or your spouse turn age 70 ½ and have money in an IRA or other retirement account without taking any distribution?

Did you or your spouse retire or change jobs?

Questions (Page 3 of 3)

Personal Residence:

	Yes	No
Did your address change?..... If Yes, provide the new address.	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, did you move to a different home because of a change in the location of your job?.....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse claim a homebuyer credit for a home purchased in 2008?.....	<input type="checkbox"/>	<input type="checkbox"/>
Are you claiming a deduction for mortgage interest paid to a financial institution and someone else received the Form 1098?.....	<input type="checkbox"/>	<input type="checkbox"/>

Sale of Your Home:

Did you sell your home?.....	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive Form 1099-S?..... If Yes, include Form 1099-S.	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse own and occupy the home as your principal residence for at least two years of the five year period prior to the sale?.....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse ever rent out the property?.....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse ever use any portion of the home for business purposes?.....	<input type="checkbox"/>	<input type="checkbox"/>
Have you or your spouse sold a principal residence within the last two years?.....	<input type="checkbox"/>	<input type="checkbox"/>
At the time of the sale, the residence was owned by the: <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Both		

Gifts:

Did you or your spouse make any gifts, including birthday, holiday, anniversary, graduation, education savings, etc., with a total (aggregate) value in excess of \$14,000 to any individual?.....	<input type="checkbox"/>	<input type="checkbox"/>
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------	--------------------------

Foreign Matters:

Did you or your spouse perform any work outside of the U.S. or pay any foreign taxes?.....	<input type="checkbox"/>	<input type="checkbox"/>
Were you or your spouse grantor or transferor for a foreign trust, have any interest in or a signature authority over a bank account, securities account or other financial account in a foreign country?.....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse create or transfer money or property to a foreign trust?.....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse own any foreign financial assets?.....	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, are the foreign financial assets valued at over \$10,000?.....	<input type="checkbox"/>	<input type="checkbox"/>

Personal Information

2017

Taxpayer:

First Name and Initial	Last Name	Social Security Number
Occupation	Date of Birth (Mo/Da/Yr)	Date of Death (Mo/Da/Yr)
Driver's License or State-Issued ID Number	Issue Date (Mo/Da/Yr)	Expiration Date (Mo/Da/Yr) State
<input type="checkbox"/> Driver's License <input type="checkbox"/> State-Issued ID <input type="checkbox"/> No Identification		

Spouse:

First Name and Initial	Last Name	Social Security Number
Occupation	Date of Birth (Mo/Da/Yr)	Date of Death (Mo/Da/Yr)
Driver's License or State-Issued ID Number	Issue Date (Mo/Da/Yr)	Expiration Date (Mo/Da/Yr) State
<input type="checkbox"/> Driver's License <input type="checkbox"/> State-Issued ID <input type="checkbox"/> No Identification		

Contact Information:

Street Address	Apartment Number	
City	State	
Foreign Province or County	ZIP or Postal Code	
Foreign Country		
Taxpayer Daytime/Work Phone	Taxpayer Evening/Home Phone	Taxpayer Foreign Phone
Taxpayer Cell Phone	Taxpayer Fax Number	
Spouse Daytime/Work Phone	Spouse Evening/Home Phone	Spouse Foreign Phone
Spouse Cell Phone	Spouse Fax Number	
Taxpayer Email Address		
Spouse Email Address		
Preferred Method of Contact		

May the IRS or other taxing authority discuss the return with the preparer?	Yes	No	
Is the taxpayer claimed as a dependent on someone else's tax return?	<input type="checkbox"/>	<input type="checkbox"/>	
	Taxpayer	Spouse	
Are you considered legally blind per IRS regulations?	Yes	No	Yes No
Do you want to contribute to the Presidential Election Campaign Fund?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Are you a U.S. citizen or Green Card holder?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

Personal Identification Numbers: Code - 1 - Issued by IRS 2 - Issued by State or City

TS	State	City	Code	PIN

Tax Organizer Legend:

Throughout the tax organizer, you will find columns with the heading "TSJ". Enter "T" for taxpayer, "S" for spouse or "J" for joint.

Dependents and Wages

2017

Dependent Information:

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

Did dependent have income over \$4,050?

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

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

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

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

Wages and Salaries:

Include all copies of your current year Forms W-2

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

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

Direct Deposit and Withdrawal

2017

Direct Deposit and Electronic Funds Withdrawal Account Information:

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

Would you like any refunds owed to you directly deposited? Yes No

Would you like to pay any amount due on your federal return using electronic withdrawal? Yes No

 If Yes, what amount would you like withdrawn, if not the entire balance due? _____
 If Yes, when should the withdrawal occur, if other than the due date of the return? _____ (Mo/Da/Yr)

Would you like to pay any amount due on your state return(s) using electronic withdrawal? Yes No

 If Yes, what amount would you like withdrawn, if not the entire balance due? _____
 If Yes, when should the withdrawal occur, if other than the due date of the return? _____ (Mo/Da/Yr)

The IRS and some states allow estimated payments to be electronically withdrawn on the due dates of the estimated payments.
 Would you like to pay any estimated payments due for your federal return using electronic withdrawal? Yes No

 Would you like to pay any estimated payments due for your state return(s) using electronically withdrawal, if available? Yes No

Name of bank or financial institution _____
 Routing Transit Number (RTN) _____
 Account number _____

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

Is this a business account? Yes No

Account owner Taxpayer Spouse Joint

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

Would you like any refunds owed to you directly deposited? Yes No

Would you like to pay any amount due on your federal return using electronic withdrawal? Yes No

 If Yes, what amount would you like withdrawn, if not the entire balance due? _____
 If Yes, when should the withdrawal occur, if other than the due date of the return? _____ (Mo/Da/Yr)

Would you like to pay any amount due on your state return(s) using electronic withdrawal? Yes No

 If Yes, what amount would you like withdrawn, if not the entire balance due? _____
 If Yes, when should the withdrawal occur, if other than the due date of the return? _____ (Mo/Da/Yr)

The IRS and some states allow estimated payments to be electronically withdrawn on the due dates of the estimated payments.
 Would you like to pay any estimated payments due for your federal return using electronic withdrawal? Yes No

 Would you like to pay any estimated payments due for your state return(s) using electronically withdrawal, if available? Yes No

Name of bank or financial institution _____
 Routing Transit Number (RTN) _____
 Account number _____

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

Is this a business account? Yes No

Account owner Taxpayer Spouse Joint

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

Interest and Dividend Income Information

2017

Include all Forms 1099-INT or other documents for interest received
(List all items sold during the year on Form 7.)

Interest Income:

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

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

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

Federal Withholding	State Withholding	Investment Expenses	Tax Exempt Paid CUSIP No.	2017 Interest Amount	
A					Tax-Exempt Interest Code: 1 - 1099-DIV 2 - Private Activity Bonds 3 - Both
B					
C					
D					
E					

Dividend Income:

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

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

Form 1099-DIV						
Box 2a Total Capital Gain Distribution	Box 2b Unrecaptured Section 1250 Gain	Box 2c Section 1202 Gain	Box 2d Collectibles (28%) Gain	Box 3 Nontaxable Distributions	2017 Gross Dividends Amount	
A						Tax-Exempt Interest Code: 1 - 1099-DIV 2 - Private Activity Bonds 3 - Both
B						
C						
D						
E						

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

Business Income and Cost of Goods Sold

2017

Name of Business: _____

Principal Business or Profession: _____

TSJ _____

Employer ID number _____

Street address _____

City, state, ZIP or postal code, and country _____

Method of inventory _____

Method of accounting _____

Business Questions for 2017:

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

2017 Amount

Health insurance premiums paid for yourself and your dependents

Income:

Include all Forms 1099-K

Payment card and third party transactions:

Description	2017 Amount

Miscellaneous income:

Include all Forms 1099-MISC

Other Income:

Other gross receipts or sales

Less returns and allowances

2017 Amount

Cost of Goods Sold:

Beginning inventory

Purchases less cost of items withdrawn for personal use

Cost of labor (do not include amounts paid to yourself)

Materials and supplies

Other costs of goods sold:

Description	2017 Amount

Ending inventory

Business Expenses

2017

Name of Business: _____
 Principal Business or Profession: _____

Business Expenses: Enter all expenses at 100 percent

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

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

Other Business Expenses:

Description	2017 Amount

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

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

If you are a statutory employee, does your employer's reimbursement plan for meals and entertainment allow for offset of other reimbursements? Yes No

Vehicle:

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

Description of vehicle

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

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

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

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

Other Vehicle Expenses:

Description	2017 Amount

Business Use of Home

2017

Name of Business:

Principal Business or Profession:

Partial Use of Your Home for Business:

Square footage of home used exclusively for business

Total square footage of home

Total hours home was used for day care during the year

2017	

Was your home used for day care purposes for the entire year?

Were improvements made to the home and/or home office since the time you began using the home for business?

Yes	No

Expenses: Enter all expenses at 100 percent

Casualty losses

Deductible mortgage interest paid to:

Financial institutions

Individuals

Real estate taxes

Insurance

Qualified mortgage insurance premiums

Repairs and maintenance

Utilities

Rent

Expenses	
2017 Amount	

Other Expenses:

Description	Direct Expenses	
	2017 Amount	

Sales of Stocks, Securities, Capital Assets & Installment Sales

2017

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

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

Please complete the following table for sales without supporting documentation, otherwise include copies of original supporting documents.

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

Installment Sales:

Do not include interest received in principal amount

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

Retirement Plan and IRA Information

2017

Individual Retirement Account (IRA): Include all copies of Forms 1099-R and 5498.

TS

IRA Questions for 2017:

		Yes	No
Are you covered by an employer's retirement plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If no, is your spouse covered by an employer's retirement plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you want to limit your IRA contribution to the maximum amount deductible on your tax return?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If no, do you want to contribute the maximum allowable amount to your IRA even though you may not qualify for an IRA deduction?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any transactions with any IRA during the year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, explain. _____			

Total amount converted to Roth IRAs

IRA Values, Rollovers, and Distributions:

Total value of all traditional IRAs on December 31, 2017

Note: This information or Form 5498 is required if you received a distribution during the year.

Contributions:

IRA:

Contributions in 2017 for the 2017 tax return				
Contributions in 2017 for the 2017 tax year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amount for 2017 you choose to be treated as nondeductible				

Roth IRA:

Contributions made for the 2017 tax year				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

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

	Taxpayer		Spouse	
	Yes	No	Yes	No
Have you established a self-employed retirement or SIMPLE plan with deductible contributions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you want to contribute the maximum amount allowed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contributions to:	2017 Amount		2017 Amount	
Simplified employee pension				
Defined benefit plan				
Defined contribution plan				
SIMPLE plan				

Rental and Royalty Income

2017

Location of Property: _____

TSJ. _____

Type of property. _____

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

Yes

No

2017

Ownership percentage if not 100% %

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

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

Income:

2017 Amount

Rents received.

Royalties received

Rental and Royalty Expenses

Location of Property: _____

Expenses:

- Advertising
- Auto and travel
- Cleaning and maintenance
- Commissions
- Insurance
- Legal and other professional fees
- Management fees
- Mortgage interest paid to banks, etc.
- Mortgage interest paid to individuals
- Other interest
- Repairs
- Supplies
- Taxes
- Utilities
- Dependent care benefits

2017 Amount

Other Expenses:

Description	2017 Amount

Miscellaneous Income, Adjustments and Alimony

2017

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

Miscellaneous Income and Adjustments:

	TSJ _____	TSJ _____
	2017 Amount	2017 Amount
Unemployment compensation received		
Social security benefits received		
Medicare premiums withheld		
Tier 1 railroad retirement benefits received		
Other federal withholding		
Other state withholding		

State and Local Income Tax Refunds:

TSJ	State	City	Tax Year	Income Tax Refund	
				State	Local

Other Income:

TSJ	Nature and Source	2017 Amount

Alimony Paid or Received:

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

Miscellaneous Adjustments

2017

Educator Expenses: Deduction for amounts paid by educators of kindergarten through Grade 12

TS	2017 Amount	2016 Amount

Health Savings Accounts (HSAs)

TS	Description	2017 Amount	2016 Amount
	Contributions made for 2017		
	Distributions received from all HSAs in 2017		

What type of coverage applies to your high deductible health plan? Self only Family

Yes No

Were all distributions from your HSA for unreimbursed medical expenses? Yes No

Student Loan Intrest: Include all Forms 1098-E for Student Loan Interest Paid

TSJ	Nature and Source	2017 Amount

Itemized Deductions - Medical and Taxes

2017

Medical and Dental Expenses:

	TSJ	2017 Amount
Prescription medicines and drugs		
Total medical insurance premiums paid *		
Long-term care expenses		
Total insurance reimbursement		
Number of miles traveled for medical care		
Lodging		
Doctors, dentists, etc.		
Hospitals		
Lab fees		
Eyeglasses and contacts		

	2017 Amount
Taxpayer long-term care insurance premiums paid	
Spouse long-term care insurance premiums paid	

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

Other Medical Expenses:

TSJ	Description	2017 Amount

Taxes Paid:

Include copies of your tax bills

	TSJ	2017 Amount
Personal property taxes paid (include vehicle taxes)		
Local sales taxes paid on large purchases		

Itemize real estate taxes by state.

TSJ	Real Estate Taxes	2017 Amount

Other Taxes Paid:

TSJ	Description	2017 Amount

Itemized Deductions - Mortgage Interest and Points

2017

Mortgage Questions for 2017:

Did you refinance your home? (If Yes, enclose the closing statement.)

Yes	No

If Yes, how many years is your new mortgage loan? _____

Home Mortgage Interest Paid To Financial Institutions:

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

Other Home Mortgage Interest Paid:

TSJ	Paid To		ID Number	2017 Amount
	Name	Address		

Deductible Points:

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

Mortgage Insurance Premiums:

Premiums paid or accrued for qualified mortgage insurance.

TSJ	2017 Amount

Investment Interest Expense:

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

TSJ	Paid To	2017 Amount

Itemized Deductions - Contributions

2017

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

You cannot deduct a cash contribution, regardless of the amount, unless you keep as a record of the contribution a bank record (such as a canceled check, a bank copy of a canceled check, or a bank statement containing the name of the charity, the date, and the amount) or a written communication from the charity. The written communication must include the name of the charity, date of the contribution, and amount of the contribution. Clothes and household items donated must be in good, used condition or better in order to be deductible unless the item donated is worth more than \$5,000 and you have the item's value appraised. Attach a copy of the appraisal. Include any vehicles donated to charity.

TSJ	Organization or Description of Contribution	2017 Amount

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

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

TSJ	Description of Donated Property	2017 Amount

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

TSJ _____

Description of the donated property _____

Donee organization name _____

Donee organization address _____

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

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

Cost or basis of the donated property

Fair market value of the donated property

Itemized Deductions - Miscellaneous

2017

Miscellaneous Itemized Deductions:

	TSJ	2017 Amount
Union and professional dues		
Tax preparation fee		
Professional subscriptions		
Safe deposit box		
Work tools		

Other Itemized Deductions:

Examples:

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

TSJ	Description	2017 Amount

Employee Business Expenses

2017

TS: _____ Occupation: _____

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

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

Description	2017 Amount

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

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

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

Vehicle: Include all documentation

Description of vehicle

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

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

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

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

Other Vehicle Expenses:

Description	2017 Amount

Child/Dependent Care Expenses & Education Expenses

Child/Dependent Care Expenses:

General Information:

TSJ

Were you or your spouse a full time student or disabled? Yes No
 Did you pay an individual for services performed in your home? Yes No

Expenses incurred in 2016 but paid in 2017
 Employer-provided dependent care benefits that were forfeited in 2017
 2016 carryover used in grace period

Child/Dependent Care Providers:

Provider 1:

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

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

Provider 2:

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

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

Qualifying Persons for Child/Dependent Care Expenses:

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

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

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

Include copies of all Forms 1098-T

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

Federal and State Tax Payments

2017

Refund Application:

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

Refunded	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Applied to your 2017 estimated tax liability	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Federal Estimated Tax Payments:

2017 1st Quarter Estimate	(Due 04-18-2017)
2017 2nd Quarter Estimate	(Due 06-15-2017)
2017 3rd Quarter Estimate	(Due 09-15-2017)
2017 4th Quarter Estimate	(Due 01-17-2017)

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

2016 overpayment applied to 2017 estimate

State and City Tax Payments

State and City Estimated Tax Payments:

2017 1st Quarter Estimate	
2017 2nd Quarter Estimate	
2017 3rd Quarter Estimate	
2017 4th Quarter Estimate	

TSJ <input type="text"/>		
State/City <input style="width: 100%;" type="text"/>		
Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid

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

2016 overpayment applied to 2017 estimate	
Balance of prior year(s)' tax paid in 2017 plus amount paid with 2016 extensions	
Estimated tax payments for 2016 paid in 2017	

