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2017 INCOME TAX RETURN

_	_	ulifying Widow(er)¹ O Head of Household²	O Married Filing Separate ayer/Spouse (date:)
	TAXPAYER	SPOUS	Ē
Name		Name	
Occupation		Occupation	
SSN	Date of Birth	SSN	Date of Birth
l	Disabled \square	Home Phone	Disabled
Work Phone	Blind	Work Phone	Blind \square
Cell Phone		Cell Phone	<u></u>
Best Time to Call		Best Time to Call	
	Fax		
Address		Cour	nty
City		State Zip C	
Address on Last Year's	Tax Return (if different)	Date Address	Changed
is the principal home o	considered unmarried) at the end of f a qualifying person (generally you during the last six months of the tax	f the tax year, and maintain a home that for ir child or relative). You may be considered year. If you are maintaining the household	unmarried if your spouse did
Persona	al Income Tax Org	ganizer and Deduction	on Finder [©]
✓ CHECKLIST	1099-B for sale of securitie als, 1099-G for state tax refor unemployment compen	95, 1098 and 1099 (such as 1099-INT for intest, 1099-R for annuities, pensions, IRA or ot funds, 1099-S for real estate sales, SSA-10 asation, 1099-K for merchant card and thirdens and fees, etc.). Include all copies.	her retirement plan withdraw- 99 for social security, 1099-G
Documents needed in addition to your completed		ships, S corporations, estates or trusts. (Next) ax appointment. You can provide them at a	
organizer:	☐ 3) If you sold real estate, stoo	ck or mutual fund shares during the year, se	e STEP 4.
	4) If you acquired, sold or ref statement.	inanced a home or other property in 2017,	provide a copy of the closing
	☐ 5) If you are a new client, pro	vide copies of tax returns for the last three	years.
Note: When completing	vour organizer, round all amounts	to the nearest dollar. For married couples	. guestions referring to "vou"

generally mean you or your spouse.

STEP	The following items may affect your tax return. Please answer carefully.						
These question	ons pertain to calendar year 2017 unless otherwise noted.						
1) Y O N O	Did you pay or receive alimony (Tax Tip 1)? Do not include child support. (Select one.) Pay O Receive O						
	To/From: Name Social Security Number Amount \$						
2) YO NO	For the entire year, did you, your spouse and your dependents have health care coverage provided by either an employer or the government (Medicare, Medicaid or VA) or purchased through the Health Insurance Marketplace (Exchange) or directly from an insurance company?						
3) Y O N O	Did you move because of a job change?						
	Distance from old house to old job: Distance from old house to new job:						
4) Y O N O	Did you (or do you plan to before April 17, 2018) contribute to a traditional IRA or Roth IRA for 2017? (Tax Tip 2)						
	Self: Traditional IRA \$ Roth IRA \$ Spouse: Traditional IRA \$ Roth IRA \$						
5) Y O N O	Did you convert a traditional IRA or roll a qualified plan distribution to a Roth IRA in 2017?						
	If yes, amount converted/rolled over: \$						
6) YONO	Did you (or do you plan to before April 17, 2018) contribute to a health savings account (HSA) for 2017? (Tax Tip 3)						
	Amount of contribution: (Do not list employer contributions, including amounts you elected to contribute under a cafeteria plan, shown on your Form W-2.)						
	Self: \$ Spouse: \$ Type of health plan coverage: Self-only O Family O						
7) Y O N O							
	Amount of distributions: \$ Amount of unreimbursed qualified medical expenses (attach list): \$						
8) YO NO							
5) 1/0 1/0	If yes, enter amount of out-of-pocket classroom costs you paid (Tax Tip 4): \$						
9) YO NO	9) YONO Did you pay child care costs for a dependent child under age 13, or costs of caring for a disabled dependent or s so you could work, attend school or look for a job?						
	If yes, provide the amounts paid for each individual and the names, addresses and taxpayer identification numbers of the care providers. Amount, if any, reimbursed by an employer dependent care plan (Tax Tip 5): \$						
10) Y O N O	Did you pay expenses related to adopting a child? If yes, provide details of any expenses incurred (attach list).						
11) Y O N O	Did you pay any individual \$2,000 or more to perform household services during the year, such as a babysitter, caretaker, housekeeper, cook or gardener?						
12) Y O N O	Did you have any debts cancelled or reduced (including credit cards), property repossessed or foreclosed upon, or did you file for bankruptcy? (Tax Tip 6)						
13) YO NO	Did you have a financial interest in, or signature authority over, a financial account (such as a bank or securities account) located in a foreign country at any time during 2017? A financial account is located in a foreign country if it is physically located outside of the U.S., including an account maintained with a branch of a U.S. bank that is physically located outside of the U.S.						
	YONO If yes, did the aggregate value of all accounts located in a foreign country (other than accounts maintained on a U.S. military installation) exceed \$10,000 at any time during the year?						
14) Y O N O	Did you receive a distribution from, or were you the grantor of, or a transferor to, a foreign trust?						
15) YO NO	Do you have financial accounts maintained by a foreign (non-U.S.) bank or financial institution that totaled more than \$50,000 on the last day of the year or more than \$75,000 at any time during the year (\$100,000 and \$150,000, respectively, if married filing a joint return)?						
16) Y O N O	Did you own any other foreign financial assets (such as stock in a foreign corporation or an interest in a foreign partnership) that are not held in a financial account?						
17) TO SO	Do you (or your spouse) want to designate \$3 to the Presidential Election Campaign Fund? (Does not change amount due or refund.) Leave blank if neither wishes to designate \$3.						
18) Y O N O	Do you want to allow your preparer or another individual to discuss your federal return with the IRS? Provide name, phone number and personal identification number of individual if not preparer.						
	Name: Phone Number: Identification Number:						
19) Y O N O	Have you (or your spouse) received an Identity Protection Personal Identification Number (IP PIN) from the IRS?						
	If yes, enter six-digit code: Self: Spouse:						
20) Y O N O	Did you make gifts to a trust or gifts totaling more than \$14,000 to any individual during the year? If so, provide recipient's name, address, relationship to you and the amount of the gift.						

(Continued) Check any of	f the boxes bel	ow that apply to	you for 20	17:			
Purchased health insurance for yourself 1095-A (Heath Insurance Marketplace S		nrough the Health Insu	rance Marketplac	ce (Exchan	ge). [Attach Form		
☐ Were granted stock options by your employer and/or exercised employer stock options.							
Owned any securities or held any debts that became worthless during the year.							
Contributed to or received distributions		-	•				
	Traveled more than 100 miles from home and stayed overnight to perform duties as a National Guard member or reservist.						
<u> </u>							
Lived or worked in a foreign country.							
Purchased the following new plug-in ele	ectric venicle:						
	☐ Were in the military (or reservist).☐ Received any notice from the IRS or a state taxing authority.						
☐ Contributed to or received distributions		Better Life Experience	(ABLE) account.				
☐ I can be claimed as a dependent on and			()	•			
Please provide any other informa	•		rted elsewhere	on this org	ganizer:		
STEP 2 Dependents	(Tax Tip 7) (attac	ch additional sheet, i	f necessary)				
Children							
Age 18 or younger (age 19–23 if attending s							
lived with you more than half the year and w permanently and totally disabled child).	no dia noi provide mi	ore than hall of their o	wn support (or a	Is	2017 Unearned		
Full Name		Date of Birth SSN		In	(Investment) come > \$1,050?		
					. ,		
			_				
☐ Check if it is possible that a different tax	payer might claim a	child listed above as a	dependent.				
☐ Check if you are divorced and either sig	ned or received Forn	n 8332 (release of exe	mption for child).				
			Is 2017 Gross	# Month Resided			
Other Dependents		Social	Income less	Your Ho			
(relatives and/or members of household)	Relationship	Security #	than \$4,050?	in 201	7 From You		
STEP 3 Income							
	Wages—Prov	ide Forms W-2					
Number of employers (during the year):	Self	Spouse					
	Dividend and I	nterest Income					
Provide all Forms 1099-INT, 1099-DIV and 10 do not duplicate what's reported on the 1099)99 on a se	parate sheet, but		
Ins	tallment Sale P	ayments Recei	ved				
Total Payments \$	Is payer	a relative or related p	arty? Yes O	No O			
Interest \$		uses property as a pri			ayer's:		
Principal \$			-		-		
Did sale occur in 2017? Yes O No O If yes, complete STEP 4.		ecurity number					

	STEP 3 Income (Co	ontinued)						
	Retire	ement Plan and Soci	al Security Income					
1)	Did you receive distributions from IRA	s, SEPs, pensions, 401(k)s or	other retirement plans (includ-					
	ing amounts rolled over and in-plan Roth rollovers)? Yes O No O							
	If yes, provide all Forms 1099-R rec 1099-R here			\$				
2)								
3)	Amount of distribution rolled over to a	a Roth IRA						
4)								
5)	Amount of distribution made directly t	to a qualified charity						
6)	If you were under age 59½ when the tributions? (Tax Tip 9) Yes O No Explain:	distribution was received, do O	you qualify for an exception to	the 10% penalty on early dis-				
7)	If age 70½ or older in 2017, did you qualified retirement plans? Self:	take the 2017 required minim Yes O No O Yes O No O	num distributions from your IRA	s (other than Roth IRAs) and				
8)	Did you receive social security or rails If yes, provide all Forms SSA-1099 or		es O No O					
	Partners	ships, Estates, Trusts	s and S Corporations					
Indi not	vide a list of all the partnerships and scate on the list whether you materially engaged in a trade or business (for exn as stocks and bonds). Provide all Sc	participated in that entity's tra ample, an entity whose only a	de or business in 2017 (Tax Tip activity is ownership of rental rea	10). Write "N/A" if the entity is				
	Other	Income—Provide Fo	rms 1098 and 1099					
Bar	ering Income			\$				
Bon	uses and Prizes not reported on Form	n W-2 (Explain)						
Car	Cancellation of Debt (Form 1099-A or 1099-C) (Tax Tip 6)							
Cor	nmissions and Fees (Not reported in S	STEP 5)						
	ability Income not included on Form W							
	cation Savings Account or Qualified T	* *						
	nbling/Lottery Winnings							
-	Duty—Election Board Fees							
	olarships (Form 1098-T)							
	e Income Tax Refund (Form 1099-G)							
	and Gratuities not reported on Form			·				
	mployment Compensation (Form 109 erans' Pension and Disability	,						
	kers' Compensation							
	er (attach separate sheets if necessar			·				
	Cir (attach coparate choose ii hooccar	<i>y</i> ,						
	STEP 4 Sales and B	Exchanges						
Dro	vide information about sales of stock,		along with Forms 1000-B 1000	-S. closing statement or other				
sup	porting information. Attach separate solvide, there is no need to complete the	sheet if necessary. If all trans	actions, including basis, are re	ported on Forms 1099-B you				
		Asset #1	Asset #2	Asset #3				
Des	cription of Property							
Dat	e Acquired							
Dat	e Sold							
Sale	es Price	\$	\$	\$				
	is (Tax Tips 12 and 13)							
	enses of Sale							

STEP 5

Self-Employment Income (See also STEPs 7, 8 and 9)

If more than one farm activity or business, list income and expenses separately for each. Also include

any single-member limited liability comp	anies (LLCs).			
Business Activity/Product:				
Business Name:				
Did you begin or end the business in 2017? Begin O End O				
Gross Receipts (provide all Forms 1099-MISC and 1099-K)			\$	
Inventory—Beginning of Year				
Merchandise Purchases (less Product for Personal Use)				
Labor, Materials and Other Costs of Inventory				
Inventory—End of Year				
Did you make any payments requiring Forms 1099 be filed?1			Yes O	No O
If Yes, did you file Forms 1099?			Yes O	No O
¹ Generally, payments of \$600 or more made to individuals and non-reported. Common examples are payments for non-employee compared to the common examples are payments for non-employee compared to the common examples are payments for non-employee compared to the common examples are payments for non-employee compared to the common examples are payments for non-employee compared to the common examples are payments for non-employee compared to the common examples are payments for non-employee compared to the common examples are payments for non-employee compared to the common examples are payments for non-employee compared to the common examples are payments for non-employee compared to the common examples are payments for non-employee compared to the common examples are payments for non-employee compared to the common examples are payments for non-employee compared to the common examples are payments for non-employee compared to the common examples are payments for non-employee compared to the common examples are payments for non-employee compared to the			of a trade or I	ousiness must be
STEP 6 Rental and Royalty Income				
Physical Address (Street, City, State, Zip Code)	Type ¹	Rent/Royalty	Fair Renta	
, , , , , , ,	• •	Received	Days	Use Days
		\$		-
				-
				-
				-
				-
Did you make any payments requiring Forms 1099 be filed?				ю О
If Yes, did you file Forms 1099?				lo O
1 1—Single family residence; 2—Multi-family residence; 3—Vacation	on/short-term	rental; 4—Commo	ercial; 5—La	nd; 6—Royalties;
7—Self-rental; 8—Other (describe).				
STEP 7 Travel, Meals and Entertainme	nt Evnone	206		
,	<u>-</u>			
Travel expenses are deductible if you traveled away from home own not traveling are also deductible (subject to limits), provided you have				
purpose. Employee expenses are not deductible if employee could h				
Use Correct Column [©]	Employe	ee Self-Em	ployed	Rental Activity
Travel:				
Airplane, Train, Taxi, Auto Rental	\$	\$	\$	
Meals (See Employee/Self-Employed Tax Tip C on Page 6)				
Lodging				
Telephone/Internet Connection				
Cleaning and Laundry				
Baggage and Shipping				
Other:				
Meals and Entertainment Not Associated With Travel				
Reimburse	ments		1	
Were you reimbursed for any of the above expenses? Yes O No	O If yes pro	vide details, includ	ing how repo	rted on Form W-2

STEP 8 Self-Employment and Rental Expenses

Do you qualify for business use of home deductions? Yes O No O

(See Employee/Self-Employed Tax Tip B below.)

If yes, attach list of expenses related to home. Do not duplicate below
Business sq. ft
Total sq. ft
Part of home used for business:

<u>'</u>	art or florite asca to		
Use Cor	rect Column 🐨	Self-Employed ¹	Rental ¹
Advertising	\$	\$	\$
Cleaning and Maintenance			
Commissions and Fees Paid			
Contract Labor			
Employee Benefit Programs (include health insurance for employe	es)		
Insurance (not including health)			
Interest • Mortgage (Form 1098)			
Other Interest			
Legal and Professional Fees			
Licenses			
Management Fees			
Office Expenses			
Pension/Profit-Sharing Plan Contributions Made for Employees			
Rent Paid • Vehicles, Machinery and Equipment			
Other Business Property			
Repairs and Maintenance			
Supplies			
Taxes			
Utilities			
Wages Paid			
Other Expenses (provide list)			
¹ If more than one business or rental property, provide information	separately for each	٦.	
Projects and an additional and a second and	المساهم والمراهم والمراهم والمراهم		

Business or rental asset purchases or sales. Provide a separate schedule listing dates of purchase or sale, purchase/sales price and property description. Include copies of sales receipts or contracts if available.

STEP 9 Health Insurance and Retirement Plans for the Self-Employed

Insurance premiums paid: Health \$

Long-Term Care \$

Include premiums paid for yourself, spouse, dependents and children under age 27, as well as Medicare premiums. Do not include any premiums for months self-employed person was eligible to participate under any subsidized employer's plan. Report in STEP 12 instead.

Contributions made to your SEP, SIMPLE or qualified retirement plan for 2017. See *Employee/Self-Employed Tax Tip D* below. \$

Employee/Self-Employed Tax Tips

- A) **First-Year Expensing Election.** A certain amount of qualifying business assets purchased and placed in service in 2017 may be expensed currently. (Separate limits apply to business vehicles.)
- B) **Business Use of Home Deduction.** If an area of the home is used regularly and exclusively for business, a deduction for a portion of mortgage interest, taxes, insurance, other operating costs and depreciation may be allowed. Special rules apply for inventory storage and daycare. Ask for details.
- C) **Per Diem Meal Rates.** In lieu of using actual expenses incurred for meals and incidental expenses while travelling, self-employed individuals and employees may deduct IRS-approved per diem amounts. The amounts depend on location. Provide detailed list of dates and locations of business travel.
- D) **Self-Employed Retirement Plans.** Many retirement plans (funded with pre-tax dollars) are available to self-employed business owners. The deadlines for establishing and contributing to a retirement plan vary. If you have employees, matching contributions may be required.
- E) Small Employer Health Insurance Credit. A credit is available to qualified small employers that pay health insurance premiums for employees. Premiums paid for the business owner and his family members don't qualify. Ask us for details.

STEP 10 Vehicle Expense

• Commuting between your home and regular work location is not deductible.

ness use. Daily records provide the best protection in case of an audit.

- · Commuting expenses for going between your home and a temporary work location outside the metropolitan area where you live and normally work are deductible. Travel expenses between your home and a temporary work location within your metropolitan area are not deductible unless either of the following tests are met:
 - 1) You have one or more regular work locations away from your home or
 - 2) Your home is your principal place of business.
- A work location is considered temporary if employment is expected to last and actually does last for one year or less.
- There are two methods to determine the deduction for vehicles used for business: (1) actual expenses or (2) standard mileage rate (for 2017, 53.5¢ per mile).
- For each vehicle used for business, complete lines 1–6. If you know that you use standard mileage allowance, ignore lines 7–13. If you purchased a vehicle this year and do not use standard mileage allowance, provide a copy of the sales invoice.

	Veh	icle	#	1	#.	2	#:	3
1)	Total miles driven this year:	Business						
		Commuting						
		Other Personal						
2)	Vehicle Description							
3)	Date Vehicle Was First Used	for Business						
4)	Cost (cash paid, net of any tra	ade allowance)	\$		\$		\$	
	Was a car traded in?		Yes O	Νο Ο	Yes O	No O	Yes O	Νο Ο
	or Lease Payments (for the	/ear)						
5)	Interest Paid on Vehicle Loan	(Self-Employed Only)						
6)	Parking and Tolls							
7)	Gasoline, Oil, Lubrication							
8)	Repairs, Maintenance, Car W	ashes						
9)	Tires and Supplies							
10)	Insurance							
11)	Tags and Licenses							
•	•							
13)	Other:							
14)	Sold in 2017? If yes, date sol	d:	Yes O	Νο Ο	Yes O	No O	Yes O	Νο Ο
15)	If yes, provide sales price and	d any trade information						
Que	estions for All Taxpayers Cla	iming Vehicle Expenses:						
1)	Do you have evidence to sup	port business use?					Yes O	No O
2)	If yes, is the evidence written	?					Yes O	No O
3)	Do you (or your spouse) have	another vehicle available for perso	nal use?				Yes O	No O
4)	Do you have an employer-pro	ovided vehicle that is available for pe	ersonal use	during of	f-duty hour	s?	Yes O	No O
5)	Were you reimbursed for any	of above auto expenses?					Yes O	No O
6)	If yes, is the reimbursement in	ncluded in your Form W-2?					Yes O	No O
Rec	ordkeeping: Your vehicle exp	enses will not be allowed by the IRS	S without ac	lequate re	cords or su	fficient evi	dence verify	ing busi-

Student's Name Standard Sta		ttach Forms	s 1098-E,	1098-T and 10	099-Q)		
2) It in college, was student enrolled at least half-lime for at least one academic period beginning in 2017? 3) Felony Conviction?* 4) Educational Purpose (degree seeking, job related) 5) Name of Institution 5) Name of Institution 6) Total Amount Paid (attach detailed list of expenses) (See Tax Tip 14) 7) Paid By Whom? 8) Student's Grade or Year in College 1 Indicate whether or not student was convicted before 12/31/2017 of a felony for possession or distribution of a controlled substance. **STEP 12** **Indicate whether or not student was convicted before 12/31/2017 of a felony for possession or distribution of a controlled substance. **STEP 12** **Itemized Deductions** **Note: Complete this step only if you think your total itemized deductions might exceed the IRS standard deduction for your filing status (see below). **2017 Standard Deduction** **Pring Status** **Deduction** **Bandard Deduction** **Standard Deduction** **Pring Status** **Deduction** **Medical Expenses** **Deductible only if net expenses exceed 10% of Adjusted Gross Income (Aci)** **Medical Expenses** **Deductible only if net expenses exceed 10% of Adjusted Gross Income (Aci)** **Note: Do not include amounts paid for or reimbursed by insurance or health insurance premiums paid with pre-tax income.** **Did you pay medical expenses for a person you cannot claim as a dependent? Yes O No O If yes, ask your tax preparer.** **Health Insurance Premiums** (Incude premiums** or vision and dental insurance but not for disability or loss of income policies).** **Medical Expenses** **Deduction** **Deduction** **Medical Expenses** **Deduction** **Medical Expe	Include information about education expe	nses incurre	d for you,	your spouse o	r your de	pendents.	
at least one academic period beginning in 2017?	1) Student's Name						
Yes O No O Yes O No O N	, , ,	•	•		_		•
4) Educational Purpose (degree seeking, job related)	at least one academic period beginning in 2017?	Yes O	No O	Yes O	No O	Yes O	No O
5) Name of Institution	3) Felony Conviction? ¹	Yes O	No O	Yes O	№ О	Yes O	No O
\$ Student's Grade or Year in College	4) Educational Purpose (degree seeking, job related)					_	
See Tax Tip 14)	5) Name of Institution					_	
7) Paid By Whom?		\$		\$		_ \$	
¹ Indicate whether or not student was convicted before 12/31/2017 of a felony for possession or distribution of a controlled substance. STEP 12						_	
Note: Complete this step only if you think your total itemized deductions might exceed the IRS standard deduction for your filing status (see below). 2017 Standard Deduction Filing Status Standard Deduction	8) Student's Grade or Year in College					_	
Note: Complete this step only if you think your total itemized deductions might exceed the IRS standard deduction for your filling status (see below). 2017 Standard Deduction Standard Deduction Deduction Public Deduction Publ	¹ Indicate whether or not student was convicted before 12/31	/2017 of a fe	lony for po	ossession or di	stribution	of a controlled s	ubstance.
Note: Complete this step only if you think your total itemized deductions might exceed the IRS standard deduction for your filling status (see below). 2017 Standard Deduction Standard Deduction Deduction Public Deduction Publ	STEP 12 Itomized Deductions						
Status (see below). 2017 Standard Deduction Standard Deduction Standard Filing Status Married Filing Jointly or Qualifying Widow(er) \$ 12,700							
Standard Deduction Deduction Deduction Deduction Deduction Deduction Deduction Deduction Standard Deduction Standard Deduction Standard Deduction Standard Deduction Standard Deduction Standard		zed deduction	ons might	exceed the IR	S standa	ard deduction fo	r your filing
## Status Deduction Single Singl	2017 Sta	andard D	eductio	on			
Married Filing Jointly or Qualifying Widow(er)			;	Standard		Add for Bline	t
Single	Filing Status			Deduction		and/or Over 6	55
Head of Household				12,700	+	\$ 1,250	
Medical Expenses Deductible only if net expenses exceed 10% of Adjusted Gross Income (AGI) Note: Do not include amounts paid for or reimbursed by insurance or health insurance premiums paid with pre-tax income. Did you pay medical expenses for a person you cannot claim as a dependent? Yes O No O If yes, ask your tax preparer. Health Insurance Premiums' (Include premiums for vision and dental insurance but not for disability or loss of income policies). Medicare Insurance Premiums' (Form SSA-1099) Long-Term Care Insurance Premiums' (Tax Tip 15). Prescribed Drugs and Insulin Doctors and Clinics. Dentists and Orthodontists Glasses, Contact Lenses, Eye Exams, Laser Eye Surgery. Hospitals, Nurses, Ambulance. Nursing or Long-Term Care Facility. Other (please detail): Medical Miles Driven in 2017. Parking Fees Lodging While Obtaining Medical Treatment Limited to \$50 per night, per person.	Single			6,350		1,550	
Medical Expenses Deductible only if net expenses exceed 10% of Adjusted Gross Income (AGI) Note: Do not include amounts paid for or reimbursed by insurance or health insurance premiums paid with pre-tax income. Did you pay medical expenses for a person you cannot claim as a dependent? Yes ○ No ○ If yes, ask your tax preparer. Health Insurance Premiums¹ (Include premiums for vision and dental insurance but not for disability or loss of income policies). Medicare Insurance Premiums¹ (Form SSA-1099) Long-Term Care Insurance Premiums¹ (Tax Tip 15) Prescribed Drugs and Insulin Doctors and Clinics Dentists and Orthodontists Glasses, Contact Lenses, Eye Exams, Laser Eye Surgery Hospitals, Nurses, Ambulance Nursing or Long-Term Care Facility Other (please detail): ———————————————————————————————————	Head of Household	,			1,550		
Note: Do not include amounts paid for or reimbursed by insurance or health insurance premiums paid with pre-tax income. Did you pay medical expenses for a person you cannot claim as a dependent? Yes O No O If yes, ask your tax preparer. Health Insurance Premiums¹ (Include premiums for vision and dental insurance but not for disability or loss of income policies)	Married Filing Separately	6,350			1,250		
Did you pay medical expenses for a person you cannot claim as a dependent? Yes O No O If yes, ask your tax preparer. Health Insurance Premiums¹ (Include premiums for vision and dental insurance but not for disability or loss of income policies)				sted Gross Inc	come (A	GI)	
Health Insurance Premiums¹ (Include premiums for vision and dental insurance but not for disability or loss of income policies)	Note: Do not include amounts paid for or reimbursed by ins	surance <i>or</i> h	ealth insur	ance premium	ns paid w	ith pre-tax incom	ne.
but not for disability or loss of income policies)	Did you pay medical expenses for a person you cannot cla	m as a depe	endent? Ye	es O No C) If ye	es, ask your tax	preparer.
Long-Term Care Insurance Premiums¹ (Tax Tip 15) Prescribed Drugs and Insulin Doctors and Clinics Dentists and Orthodontists Glasses, Contact Lenses, Eye Exams, Laser Eye Surgery Hospitals, Nurses, Ambulance Nursing or Long-Term Care Facility Other (please detail): ———————————————————————————————————					. \$		
Long-Term Care Insurance Premiums¹ (Tax Tip 15) Prescribed Drugs and Insulin Doctors and Clinics Dentists and Orthodontists Glasses, Contact Lenses, Eye Exams, Laser Eye Surgery Hospitals, Nurses, Ambulance Nursing or Long-Term Care Facility Other (please detail): ———————————————————————————————————							
Prescribed Drugs and Insulin							
Dentists and Orthodontists Glasses, Contact Lenses, Eye Exams, Laser Eye Surgery. Hospitals, Nurses, Ambulance. Nursing or Long-Term Care Facility. Other (please detail): Medical Miles Driven in 2017. Parking Fees Lodging While Obtaining Medical Treatment Limited to \$50 per night, per person.	Medicare Insurance Premiums¹ (Form SSA-1099)						
Glasses, Contact Lenses, Eye Exams, Laser Eye Surgery	Medicare Insurance Premiums¹ (Form SSA-1099) Long-Term Care Insurance Premiums¹ (Tax Tip 15)				-		
Hospitals, Nurses, Ambulance Nursing or Long-Term Care Facility Other (please detail): Medical Miles Driven in 2017 Parking Fees Lodging While Obtaining Medical Treatment Limited to \$50 per night, per person.	Medicare Insurance Premiums¹ (Form SSA-1099)				-		
Nursing or Long-Term Care Facility	Medicare Insurance Premiums¹ (Form SSA-1099)						
Nursing or Long-Term Care Facility	Medicare Insurance Premiums¹ (Form SSA-1099)						
Medical Miles Driven in 2017	Medicare Insurance Premiums¹ (Form SSA-1099)						
Medical Miles Driven in 2017	Medicare Insurance Premiums¹ (Form SSA-1099)				Above		
Medical Miles Driven in 2017	Medicare Insurance Premiums¹ (Form SSA-1099)				Note Above		
Medical Miles Driven in 2017 Parking Fees	Medicare Insurance Premiums¹ (Form SSA-1099)				Note Above		
Medical Miles Driven in 2017 Parking Fees	Medicare Insurance Premiums¹ (Form SSA-1099)				Note Above		
Medical Miles Driven in 2017 Parking Fees	Medicare Insurance Premiums¹ (Form SSA-1099)				Note Above		
Parking Fees	Medicare Insurance Premiums¹ (Form SSA-1099)				Note Above		
Parking Fees	Medicare Insurance Premiums¹ (Form SSA-1099) Long-Term Care Insurance Premiums¹ (Tax Tip 15) Prescribed Drugs and Insulin Doctors and Clinics Dentists and Orthodontists Glasses, Contact Lenses, Eye Exams, Laser Eye Surgery. Hospitals, Nurses, Ambulance Nursing or Long-Term Care Facility Other (please detail):				Note Above		
Lodging While Obtaining Medical Treatment Limited to \$50 per night, per person	Medicare Insurance Premiums¹ (Form SSA-1099) Long-Term Care Insurance Premiums¹ (Tax Tip 15) Prescribed Drugs and Insulin Doctors and Clinics Dentists and Orthodontists Glasses, Contact Lenses, Eye Exams, Laser Eye Surgery. Hospitals, Nurses, Ambulance Nursing or Long-Term Care Facility Other (please detail):				See Note Above		
	Medicare Insurance Premiums¹ (Form SSA-1099)				See Note Above		
	Medicare Insurance Premiums¹ (Form SSA-1099) Long-Term Care Insurance Premiums¹ (Tax Tip 15) Prescribed Drugs and Insulin Doctors and Clinics Dentists and Orthodontists Glasses, Contact Lenses, Eye Exams, Laser Eye Surgery. Hospitals, Nurses, Ambulance Nursing or Long-Term Care Facility Other (please detail): Medical Miles Driven in 2017 Parking Fees				See Note Above		

STEP 12 Itemized Deductions (Continued)	
Taxes	
State and Local Income Taxes Paid in 2017 (include 2017 estimated tax payments and amounts paid with 2016 return)	\$
State and Local Sales Tax Paid for Major Purchases (motor vehicles, boats, airplanes, homes or home building materials, if rate same as general sales tax rate)	·
Foreign Taxes	
Real Estate Taxes—Homestead (less special assessments)	
Other Real Estate Taxes (second home, cabin, etc.)	
Property Tax Refund	
Special Assessments—Interest Portion Only	
Personal Property Taxes (auto license tags, etc.)	
Charitable Donations (Use separate sheet if needed.) Monetary donations under \$250 each must be substantiated by either (1) a bank record (such as (2) a written receipt from the charity showing its name and the date and amount of the donation. \$250 or more, the taxpayer must obtain a written acknowledgment from the charity. (Se	For each donation of
Cash, Check or Credit Card (include payroll deductions):	
Churches or Synagogues	\$
Other:	
Other:	
Other:	
Noncash:	
Fair Market Value (FMV) of Items Given to Charities	
Attach list of each item (or group of similar items) and its FMV (Tax Tip 17).	
If a vehicle, boat or airplane donation over \$500, provide Form 1098-C.	
Out-of-Pocket Expenses for Charitable Work	
Charitable Miles: Miles x 14¢ =	
Other:	
Miscellaneous Expenses	Do Not Duplicate STEP 7
Deductible only if total exceeds 2% of Adjusted Gross Income (AGI)	
Unreimbursed employee business expenses (for example, union dues, tools and supplies, special uniforms and safety equipment, professional dues and subscriptions, job-related education—see Tax Tip 18). List items on separate sheet. See STEP 7 for automobile expenses and travel and entertainment	\$
Job-Seeking Expenses in Same Field (Tax Tip 19)	
Travel/Air Fare/Lodging\$\$	
Meals	
Employment Agency Fees	
Resume \$ Other \$Total =	
Tax Prep, Financial Planning/Consultation Fees (Tax Tip 20)	
Investment Expenses (Tax Tip 21)	
Phone/Postage/Supplies for Investments\$	
Safe Deposit Box	
Investment Dublications and Journals	
Investment Publications and Journals	
IRA and Other Retirement Plan Fees You Paid Directly	
IRA and Other Retirement Plan Fees You Paid Directly Other \$Total =	
IRA and Other Retirement Plan Fees You Paid Directly Other \$	
IRA and Other Retirement Plan Fees You Paid Directly Other \$	
IRA and Other Retirement Plan Fees You Paid Directly Other \$	

ST	EP 13	Principal Residence (attach any 2017 closing statements)				
Yes O	No O	Did you sell your principal residence in 2017? If yes: (Tax Tip 25)				
		Yes O No O Did you own and use it as a principal residence for at least two of five years before the sale?				
		Yes O No O Did you sell a previous residence within two years before the sale date and exclude any gain?				
		Yes O No O After 2008, was the property ever used for anything other than as a principal residence (for example, as a vacation home or rental property)?				
Yes O	ΝοΟ	Did you purchase a residence in 2017?				
Yes O	No O	Did you refinance your mortgage or take out a home equity loan in 2017? Amount of proceeds used for something other than acquiring or improving your home: \$				
Yes O	No O	Did you purchase any energy-efficient improvements such as solar water heaters, generators or fuel cells, small wind energy property, geothermal heat pump property or energy efficient exterior doors, windows, insulation, heat pumps, furnaces, central air conditioners or water heaters?				
Yes O	No O	Did you receive a first-time homebuyer credit for a home purchased in 2008? If yes, enter the amount of the credit: \$				

STEP 14	2017 Estimated Tax Payments ¹					
		Federal	Date Paid	State	Date Paid	
Amount applied from 2016 overpayment, if any:		\$		\$		
First Quarter Payment Made						
Second Quarter Payment Made						
Third Quarter Payment Made						
Fourth Quarter Payment Made						
¹ Do not include withholding from Forms W-2 or 1099 in estimated tax payments listed here.						

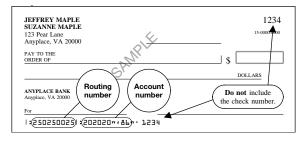
STEP 15 Tax Refund—Direct Deposit Information

If you receive a 2017 federal tax refund, the refund can be routed to up to three of your checking or savings accounts. (Tax refunds may also be directly deposited to your IRA, myRA, Health Savings Account, Archer MSA, Education Savings Account or Treasury Direct Account or used to buy up to \$5,000 in series I savings bonds.) If you prefer a direct deposit, please complete the following information. Otherwise a refund check will be mailed to you at the address on your tax return.

Type of Account (Checking, Savings, IRA, etc.)	Routing Number (Nine digits)	Account Number	Percent of Refund

Sample check:

Note: The routing and account numbers may be in different places on your check.



Privacy Policy:

We collect nonpublic information about you from the following sources:

- Information we receive from you on applications, tax organizers, worksheets and other forms,
- 2) Information about your transactions with us, our affiliates or others and
- 3) Information we receive from a consumer reporting agency.

We do not disclose any nonpublic personal information about our customers or former customers to anyone, except as required by law.

We restrict access to nonpublic personal information about you to those members of our firm who need to know that information in order to provide services to you. We maintain physical, electronic and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.

Tax Tips

- 1) Payments that meet specific requirements are treated as alimony for tax, regardless of how they are described in a divorce decree. One of the requirements is that the payments end upon the recipient's death. So, payments for maintenance or spousal support may be considered alimony for tax. Ask us for details.
- IRA contributions are limited to the lesser of \$5,500 (\$6,500 if age 50 or older at year-end) or compensation. If you (and your spouse) are not covered by an employer retirement plan, traditional IRA contributions (up to the limit) are fully deductible. If you or your spouse are covered by an employer retirement plan, the deduction is phased out at higher income levels. Roth IRA contributions are not deductible. Also, regardless of whether you are covered by an employer retirement plan, the Roth IRA contribution limit is phased out at certain income levels. If only one spouse has compensation, a spousal IRA can be set up for the nonworking spouse. Each spouse (working and nonworking) can contribute up to \$5,500 (\$6,500 if age 50 or older) provided the working spouse's compensation is at least equal to the IRA contributions.
- 3) Individuals covered only by a high deductible health plan (for 2017, deductible of at least \$1,300 for individual coverage and \$2,600 for family coverage) can make deductible (subject to limits) HSA contributions.
- 4) Grade K-12 teachers may be able to deduct amounts paid for books, supplies (other than nonathletic supplies for health and PE courses), computer software and other equipment and materials used in the classroom as well as certain expenses for professional development courses.
- 5) The child and dependent care credit is generally available to married taxpayers only if both spouses have earned income, unless a spouse is a full-time student or disabled.
- 6) Cancellation of debt (COD) generally results in taxable income. However, exceptions are available for bankrupt and insolvent taxpayers as well as for cancellations or reductions of student loans, farm-related loans and loans related to business real property.
- 7) A person who files a joint return (other than a return filed solely to claim a refund) cannot be claimed as a dependent. Also, special rules apply to children of divorced parents.
- 8) To be tax free, IRA and qualified plan distributions must be rolled over to another traditional IRA or qualified plan within 60 days. Also, for IRAs, there is a one-year waiting period between tax-free rollovers.
- 9) IRA (but not qualified plan) withdrawals before age 591/2 are not subject to the 10% penalty if the funds are used for (a) medical expenses that are deductible as an itemized deduction (b) certain higher educational expenses (c) a first-time home purchase for distributions up to \$10,000 or (d) medical insurance by individuals who are unemployed for at least 12 weeks. Other exceptions may apply to IRA and qualified plan withdrawals.
- 10) Material participation in a trade or business generally means the taxpayer spends more than 500 hours participating in the activity during the year. However, the test can also be met in other situations, such as when the taxpayer is the only one who substantially participates in the activity or spends more than 100 hours participating and no one else spends more time.
- 11) If "allocated tips" are listed on year-end Form W-2, the amount will be subject to both social security and income tax unless records (tip log) verify that a lesser amount was actually received.

- 12) Improvement costs may reduce taxable gain upon sale of property. Keep records of improvement costs made to all real property at least four years after the property is sold.
- 13) If stock or mutual fund dividends are automatically reinvested instead of received in cash, these reinvestments increase cost basis, and reduce gain or increase loss upon sale.
- 14) Tax benefits such as a credit, deduction or income exclusion for interest on certain U.S. savings bonds may be available for certain education expenses. Benefits may be phased out at certain income levels. List the following expenses: (a) tuition and required fees, (b) books, supplies and equipment required for attendance, (c) computer equipment and internet access, (d) room and board (if at least half-time attendance) and (e) student loan interest.
- 15) Qualified long-term care insurance premiums are deductible subject to age and annual dollar limits.
- 16) Charitable contributions of \$250 or more in any one day to any one organization must have written acknowledgment from the organization. The acknowledgment must state whether or not any goods or services were received in exchange for the donation.
- 17) When making contributions of used furniture, appliances and clothing to nonprofit organizations, attach a record of the items donated to the receipt for proof of this deductible contribution. Contributions must be in good or better condition to be deductible.
- 18) Expenses incurred for education for improving your skills for your present job or maintaining your job may be deducted. Seminars, tuition, books and some travel expenses can be deducted.
- 19) Job-seeking costs in the same field of employment are deductible. Successful job placement is not necessary.
- 20) Part of a legal fee incurred in a divorce or an estate plan may be deductible if it is for advice on the tax consequences. Have your attorney clearly indicate how much of the fee is for tax advice.
- 21) Expenses incurred for attending conventions, seminars or other meetings that give investment advice to taxpayers are not deductible.
- 22) Generally, a net loss due to a casualty (such as flood, fire, theft, etc.) is deductible to the extent it exceeds 10% of your AGI. Special rules apply to federally declared disasters.
- 23) A home can be a house, condominium, cooperative, mobile home, boat or similar property. It must provide basic living accommodations including sleeping space, toilet, and cooking facilities.
- 24) Loan origination fees (points) paid on a loan to buy or build a principal residence are generally deductible as interest in the year paid. Points paid on refinancing an existing mortgage or on a loan to purchase or improve a second home must be deducted (amortized) over the life of the loan. Exception: If part of the proceeds were used to improve your main home, points related to the improvements may be deducted in the year paid.
- 25) You can exclude up to \$250,000 (\$500,000 if married and filing jointly or certain surviving spouses) of the gain on a sale of a principal residence if you owned and occupied the residence for two out of the five years before the date of sale. If the home was used other than as your principal residence any time after 2008, some of the gain may be
- 26) Keep receipts supporting tax deductions at least four years.