

Carlson SV, LLP

Dear :

This Tax Organizer is designed to help you gather the tax information needed to prepare your 2017 personal income tax return. To help you complete the organizer with minimal time and effort, when available, you will find certain information from your 2016 personal income tax return.

In your Tax Organizer, all social security numbers and bank account numbers have been replaced with asterisks (**_*_*_*_****) and (****1234) to protect your privacy and personal information. If you need to change or update a social security number or bank account information, please contact this office. Do not indicate the social security number or bank account change on your Tax 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 this office immediately.

Enter 2017 information on the Tax Organizer pages provided. If any information does not apply to you or is incorrect, please draw a line through it or make the necessary corrections.

The Client Questionnaire asks about pertinent tax items necessary for preparing the most accurate tax return possible. Please answer all applicable questions and attach a statement when necessary for additional information not provided in the Client Organizer.

We will also need the following information:

- Forms W-2 for wages, salaries and tips.
- All Forms 1099 for interest, dividends, retirement, miscellaneous income, Social Security, state or local refunds, gambling winnings, etc.
- Brokerage statements showing investment transactions for stocks, bonds, 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 or the Premium Tax Credit. This includes any dependents who received a form 1095-A.
- 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 this office.

Thank you for the opportunity to serve you.

Sincerely,

Carlson SV, LLP

Certified Public Accountants & Advisors

TAX RETURN ENGAGEMENT LETTER

Dear :

Thank you for selecting Carlson SV, LLP to assist you with the preparation of your tax return. 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.

We will prepare your 2017 federal and state income tax returns using information which you will provide. We are under no duty to review the information you provide to determine whether you may have a filing obligation with another state. If we become aware of any other filing requirement, we will tell you of the obligation and may prepare the appropriate returns at your request as a separate engagement. This engagement letter does not cover the preparation of any financial statements, which, if we are to provide, will be covered by a separate engagement letter.

You represent that the information you are supplying to us is accurate and complete to the best of your knowledge and that you have disclosed to us all relevant facts affecting the returns. This will include the ownership of or signature authority over any foreign bank accounts or other foreign financial assets. You have the final responsibility for the income tax returns and, therefore, you should review them carefully before you sign them. You should know that IRS audit procedures will almost always include questions on bartering transactions and on deductions that require strict documentation such as travel and entertainment expenses and expenses for business usage of autos and computers. 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.

We will provide an organizer to help you gather the information required for a complete return. If you use the organizer, it will help you avoid overlooking important information and contribute to efficient preparation of your returns.

We will not audit or otherwise verify the data you give us. However, we are required by federal regulations to ask you for clarification of information that is inconsistent or incomplete. Our work in connection with the preparation of your income tax returns does not include any procedures designed to discover defalcations and/or irregularities, should any exist.

In accordance with federal law, in no case will we disclose your tax return information to another tax return preparer outside of our firm for purposes of a second opinion, or to any other third party for any purpose other than to prepare your return without first receiving your consent.

We must use our 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. The law provides various penalties when taxpayers understate their tax liability. If you have questions about such penalties, please contact us.

Your returns may be selected for audit by a taxing authority. Any proposed adjustments by the examining agent are subject to certain rights of appeal. In the event of such government tax examination, we can arrange to be available to represent you. Such representation will be a separate engagement. Fees and expenses for defending returns will be invoiced at our standard billing rates. Should we receive any request for the disclosure of privileged information from any third party, including a subpoena or IRS summons, we will notify you. By disclosing the contents of privileged information to anyone, including the government, you may be waiving this

privilege. To protect this right to privileged information, please consult with us or your attorney prior to disclosing this information.

This engagement does not include any services not specifically stated in this letter. We would be pleased to consult with you regarding other accounting, assurance and tax matters. If this occurs, we will communicate with you regarding the scope of the additional services. We also may issue separate engagement letters covering additional services. In the absence of any other written communication from us documenting such additional services, our services will continue to be governed by the terms of this engagement letter. We will render additional services at our standard billing rates.

We base our fees on the forms prepared and/or the amount of time required at our regular billing rates for the type of services and the personnel assigned plus expenses. We also give consideration to the complexity and size of the assignment, the degree of skill required, time limitations imposed on us by others, the experience and ability of the personnel assigned, the nature of the project, the level of cooperation by the client, and the value of the services to the client. Our regular billing rates and form fees are based upon a number of factors including regulatory requirements, inflation, expenses, overhead, and the cost to hire and retain qualified personnel. We reserve the right to change our fees at any time without advanced notice. All invoices are due and payable upon presentation. All past due balances over 30 days may be subject to a finance charge of 1.5% per month, with a minimum charge of \$7.50.

In accordance with our firm policies we have the right to terminate this engagement, at our discretion, if you don't provide us with information we request in a timely manner, refuse to cooperate with our reasonable requests, or misrepresent any facts. Work may be suspended if your account becomes overdue and will not be resumed until your account has been paid in full or a payment plan is agreed upon. If we elect to terminate our services our engagement will be deemed to have been completed upon notification of termination, even if we have not completed our services. You will be obligated to compensate us for all time expended and to reimburse us for all out-of-pocket expenditures through the date of termination.

We may retain physical or electronic copies of records you supplied to us along with our work papers for your engagement for a period of seven years. After seven years, our work papers and engagement file may be destroyed. All of your original records will be returned to you at the end of this engagement either physically or to your portal in electronic format. When records are returned to you, it is your responsibility to retain and protect the records for future use, including potential examination by governmental or regulatory agencies.

If the foregoing fairly sets forth your understanding of our tax engagement please sign this letter in the space below and return it to our office when you bring in your tax information.

We value the trust you place in us. Please contact us if you have any questions.

Sincerely,

Carlson SV, LLP

Accepted By: _____

Date: _____

Printed Name:

2017 Client Organizer & Questionnaire

Please check the appropriate box and include all necessary details and documentation.
Fill out using **Black** or **Blue ink**. Please highlight with **yellow** only.

Tax Return Delivery Options: There will be a charge for any mailed documents.

Electronic Option: Please deliver an electronic copy of my tax return, action items (signature forms), & invoice for services to a secure portal which **CarlsonSV LLP will keep for 7 years.**

AND (Choose 1, 2 or 3)

- 1. Deliver my supporting documents to a secure portal & SHRED my original copies.
- 2. Deliver my supporting documents to a secure portal & mail my original copies back to me.
- 3. I will pick up my supporting documents, action items (signature forms) & invoice.
- AND I would also like a paper copy of the tax return (**Choose 1, 2 or 3**)
 - 1. I will pick it up
 - 2. Mail to the address shown on my organizer
 - 3. Mail to a different address _____.

Paper Option: (Choose 1, 2 or 3)

- 1. I want to pick up a paper copy. Call me at this phone number _____.
- 2. Mail to the address shown on my organizer
- 3. Mail to a different address _____.
- AND I would also like a copy of my tax return delivered to a secure portal.

Please provide your email address: _____.

Electronic Deposit of Refunds or Withdrawals of Amounts Owed Yes No

Update/enter your electronic bank information on the organizer and provide a voided check.

If you have a **REFUND**, do you want it direct deposited into your bank account? Yes No

If you **OWE TAXES**, do you want it withdrawn directly from your bank account? Yes No

Unless indicated below, the withdrawal date will be April 15th (March 1st for certain farmers). If those dates fall on a weekend or holiday, the withdrawal date will occur on the next business day. For returns filed after April 15th, the withdrawal date will occur shortly after the return is filed. If you prefer a specific withdrawal date, enter date here: _____/_____/_____

If the specified date you requested occurs before your returns are completed, we will select an appropriate withdrawal date.

Personal Information Yes No

Did your marital status change during the year? If yes, explain: Yes No

Did your address change from last year, update on personal information page? Yes No

Can you be claimed as a dependent by another taxpayer? Yes No

Did you change any bank accounts, or did routing transit numbers (RTN) and/or bank account number change for existing bank accounts that have been used to direct deposit (or direct debit) funds from (or to) the IRS or other taxing authority during the tax year? **If yes, contact us with new account information** Yes No

Did you or any dependents receive an Identity Protection PIN (IP PIN) from the IRS or have you been a victim of identity theft? **If yes, attach the IRS letter(s).** Yes No

Did you reside in or operate a business in a Federally declared disaster area? Yes No

Dependent Information Yes No

Were there any changes in dependents from the prior year? **If yes, explain and provide names, social security numbers & dates of birth for new dependents:** Yes No

Do you have any children under age 19 or a full-time student under age 24 with **unearned income** (i.e. interest, dividends, capital gains) in excess of \$2,100? Yes No

Do you have dependents who must file a tax return? Yes No

Did you provide over half the support for any other person(s) other than your dependent children during the year? Yes No

Did you pay for child care while you worked or looked for work? Yes No

Did you pay any expenses related to the adoption of a child during the year? Yes No

If you are divorced or separated with child(ren), do you have a divorce decree or other form of separation agreement which establishes custodial responsibilities? Yes No

	Yes	No
In a previous year have you ever had the Earned Income Credit or Child Tax Credit disallowed or reduced by the Internal Revenue Service?	<input type="checkbox"/>	<input type="checkbox"/>
If you are eligible to claim the Earned Income Credit or Child Tax Credit do you have documentation to substantiate the credit if audited?	<input type="checkbox"/>	<input type="checkbox"/>
Have you released the claim to a dependent to another person?	<input type="checkbox"/>	<input type="checkbox"/>

Purchases, Sales and Debt Information

	Yes	No
Did you start a new business or purchase rental property during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you acquire a new or additional interest in a partnership or S corporation?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell, exchange, purchase, foreclose or abandon any real estate this year? (including personal residence; attach closing statements & Form 1099-S)	<input type="checkbox"/>	<input type="checkbox"/>
Did you take out a home equity loan or refinance a principal residence or second home this year? (attach closing statements)	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell an existing business, rental, or other property this year? (attach closing statements & Form 1099-S)	<input type="checkbox"/>	<input type="checkbox"/>
Did you acquire or dispose of any stocks or bonds during the year? (attach form 1099-B)	<input type="checkbox"/>	<input type="checkbox"/>
Did you lend money with the understanding of repayment and this year it became totally uncollectible?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any debts canceled or forgiven this year, such as home mortgage or student loans? (attach form 1099-C and/or form 1099-A)	<input type="checkbox"/>	<input type="checkbox"/>
Did you purchase a qualified plug-in electric drive vehicle or qualified fuel cell vehicle this year? (attach copy of purchase invoice)	<input type="checkbox"/>	<input type="checkbox"/>

Income Information

	Yes	No
Did you have any foreign income or pay any foreign taxes during the year, directly or indirectly, such as from investment accounts, partnerships or a foreign employer?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any unemployment benefits during the year? (attach form 1099-G)	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any disability income during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive tip income not reported to your employer this year? \$_____	<input type="checkbox"/>	<input type="checkbox"/>
Did any of your life insurance policies mature, or did you surrender any policies?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any awards, prizes, hobby income, gambling or lottery winnings? (attach form(s) W2-G or 1099-MISC)	<input type="checkbox"/>	<input type="checkbox"/>
Do you expect a large fluctuation in income, deductions, or withholding next year?	<input type="checkbox"/>	<input type="checkbox"/>

Retirement Information

	Yes	No
Are you an active participant in a pension or retirement plan?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any Social Security benefits during the year? (attach Form SSA-1099)	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any withdrawals or rollovers from an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan? (Circle all that apply & attach Form 1099-R)	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any contributions to an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan? (Circle all that apply)	<input type="checkbox"/>	<input type="checkbox"/>
If yes, were all contributions made through an employer retirement plan?	<input type="checkbox"/>	<input type="checkbox"/>

Education Information

	Yes	No
Did you, your spouse, or your dependents attend a post-secondary school during the year, or plan to attend one in the coming year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any educational expenses during the year on behalf of yourself, your spouse, or a dependent? (attach Form 1098-T)	<input type="checkbox"/>	<input type="checkbox"/>
Did anyone in your family receive a scholarship, grant, or other reimbursement?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any student loan interest this year? (attach Form 1098-E)	<input type="checkbox"/>	<input type="checkbox"/>
Did you cash any Series EE or I U.S. Savings bonds issued after 1989? (attach Form 1099-Int)	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any contributions to an education savings or 529 Plan account? (attach investment statements)	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any withdrawals from an education savings or 529 Plan account? (attach Form 1099-Q)	<input type="checkbox"/>	<input type="checkbox"/>

- | | | |
|--|--------------------------|--------------------------|
| In a previous year have you ever had the Education Credit disallowed or reduced by the Internal Revenue Service? | Yes | No |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| If you are eligible to claim the Education Credit do you have documentation to substantiate the credit if audited? | <input type="checkbox"/> | <input type="checkbox"/> |
| Was the student convicted, before the end of the year, of a felony for possession or distribution of a controlled substance? | <input type="checkbox"/> | <input type="checkbox"/> |

Health Care Information

- | | | |
|---|--------------------------|--------------------------|
| | Yes | No |
| Were there any times during the year that you did NOT have qualifying health care coverage for your family? " <u>Your family</u> " for health care coverage refers to you, your spouse if filing jointly, and anyone you can claim as a dependent. If yes, attach any Form(s) 1095-B and/or 1095-C you received. | <input type="checkbox"/> | <input type="checkbox"/> |
| Did anyone in your family qualify for an exemption from the health care coverage mandate? If yes, attach the Exemption Certificate Number (ECN) or type of exemption. | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you enroll for lower cost Marketplace Coverage through healthcare.gov? If yes, attach any Form(s) 1095-A received by you or your dependents reported on your tax return. | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you enroll for lower cost Marketplace Coverage through healthcare.gov and share a policy with anyone not included in your family? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you make any contributions to a Health savings account (HSA) or Archer MSA? (attach bank statements and/or Form 5498-SA) | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you make any contributions that were NOT deducted from your paycheck? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive any distributions from a Health savings account (HSA), Archer MSA, or Medicare Advantage MSA this year? (attach Form 1099-SA) . Reimbursed expenses should NOT be included as medical expenses on the organizer | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, were the distributions used for NON-Medical expenses? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you pay long-term care premiums for yourself or your family? (if new, please provide the insurance company name and policy number) | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you make/receive any contributions/withdrawals to/from an ABLA (Achieving a Better Life Experience) account? If yes, attach any Form(s) 1099-QA you received. If yes, attach any Form(s) 1099-QA you received. | <input type="checkbox"/> | <input type="checkbox"/> |

Itemized Deduction Information

- | | | |
|--|--------------------------|--------------------------|
| | Yes | No |
| Did you incur a casualty or theft loss or any condemnation awards during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you pay <u>significant</u> out-of-pocket medical expenses (Co-pays, Rx drugs, etc.)? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you make any cash or noncash charitable contributions (clothes, furniture, etc.)? If yes, please provide evidence such as a receipt from the donee organization, a canceled check, or record of payment, to substantiate all contributions made. | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you donate a vehicle or boat during the year? (If yes, attach Form 1098-C or other written acknowledgement from the donee organization). | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you have an expense account or allowance during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you use your car on the job, for OTHER than commuting? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you work out of town for part of the year? If yes, you are allowed to deduct a per diem (instead of actual) for meals while traveling away from home overnight. Enter your documented days overnight:
_____ days Jan 1 - Sept 30
_____ days Oct 1 - Dec 31 | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive any reimbursements from your employer for out of pocket expenses? Reimbursements (\$ _____ Meals)(\$ _____ Mileage)(\$ _____ Other) | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you have any <u>significant</u> expenses related to seeking a new job during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you make any NON business major purchases during the year (motor vehicles, boats, homes, including mobile & prefabricated, home building materials, planes, etc.) Please attach receipt(s) | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you make any out-of-state purchases (by telephone, internet, mail, or in person) that the seller did not collect state sales or use tax?(Purchase Amount\$ _____) | <input type="checkbox"/> | <input type="checkbox"/> |

Miscellaneous Information

- | | | |
|---|--------------------------|--------------------------|
| | Yes | No |
| Did you make gifts of more than \$14,000 to any individual? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you make any estimated tax payments? (If Yes, please note dates & amounts on the organizer?) | <input type="checkbox"/> | <input type="checkbox"/> |
| If you are making estimated tax payments do you want to pay them electronically? | <input type="checkbox"/> | <input type="checkbox"/> |

	Yes	No
Did you utilize an area of your home <u>regularly & exclusively</u> for business purposes? (exclusively means used 100% for your business only and no other purpose including personal)	<input type="checkbox"/>	<input type="checkbox"/>
Did you engage in any bartering transactions?	<input type="checkbox"/>	<input type="checkbox"/>
Did you retire or change jobs this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you incur moving costs because of a job change?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any individual as a household employee during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make energy efficient improvements to your main home this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive a distribution from, or were you a grantor or transferor for a foreign trust?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have a financial interest in or signature authority over a financial account such as a bank account, securities account, or brokerage account, located in a foreign country?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any foreign financial accounts, foreign financial assets, or hold interest in a foreign entity?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive correspondence from the State or the IRS? If yes, attach a copy of the notice and explain: _____	<input type="checkbox"/>	<input type="checkbox"/>
Do you have previous years of tax returns that are either unfiled or filed with unpaid balances due?	<input type="checkbox"/>	<input type="checkbox"/>
Do you want to designate \$3 to the Presidential Election Campaign Fund? If you check yes, it will not change your tax or reduce your refund.	<input type="checkbox"/>	<input type="checkbox"/>

Business Owners Only (including Farmers)

	Yes	No
Did you make any <u>business related</u> payments of \$600 or more during the year for services, rent or interest that would require you to file Form(s) 1099? If you prepared your own Form 1099s, provide copies.	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any personal consumption of your business products or supplies? Provide the total value or cost of all items consumed to be claimed as additional income on the organizer.	<input type="checkbox"/>	<input type="checkbox"/>
Did you engage in any transactions with a related party?	<input type="checkbox"/>	<input type="checkbox"/>
Is the sales tax you collected included in your gross receipts/sales on the organizer?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have bartering transactions during the year (if yes, include income and expense on organizer)?	<input type="checkbox"/>	<input type="checkbox"/>
Is there any income reported to you on Forms 1099-MISC or 1099-K (provide copies) that is NOT included in your gross receipts/sales on the organizer?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any government payments, patronage dividends or crop insurance proceeds (provide Forms 1099-PATR, 1099-G and other 1099s)?	<input type="checkbox"/>	<input type="checkbox"/>
Are there any expenses that you have reported to others on Form 1099 (for services, rent and interest) that are NOT included in your expenses? (Those expenses should be included on the organizer.)	<input type="checkbox"/>	<input type="checkbox"/>
Are any of the business expenses on the organizer only a percentage or portion of the total expense incurred (such as for personal use)? Provide additional information.	<input type="checkbox"/>	<input type="checkbox"/>
Did you purchase any equipment, livestock, real estate, or construct or remodel any buildings? (provide invoices and indicate as new or used)	<input type="checkbox"/>	<input type="checkbox"/>
Did you trade in anything on equipment you purchased (provide additional information on the organizer, including dates, description and value of items purchased, description and value of items traded, and money paid to boot)?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell any equipment, livestock, or real estate? (provide date, description, & sales price)	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay health insurance premiums for your employees this year? (provide additional information)	<input type="checkbox"/>	<input type="checkbox"/>

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] WI [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)

Table with columns: First Name, Last Name, Date of Birth, Social Security No., Relationship, Months in home, 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

Preparer - Enter on Screen Contact

Tax matters person (Indicate which spouse handles tax return related questions) (Blank = Both, T = Taxpayer, S = Spouse) _____ [8]

Taxpayer email address _____ [9]

Spouse email address _____ [10]

Taxpayer

Spouse

Fax telephone number _____ [11] _____ [19]

Mobile telephone number _____ [12] _____ [20]

Mobile telephone #2 number _____ [13] _____ [21]

Pager number _____ [14] _____ [22]

Other: _____ [15] _____ [23]

Telephone number _____ [16] _____ [24]

Extension _____ [17] _____ [25]

Preferred method of contact: _____ [18] _____ [26]

Email, Work phone, Home phone, Fax, Mobile phone, Mobile phone #2 _____ [18] _____ [26]

NOTES/QUESTIONS:

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]

Taxpayer -

Form of identification (1 = Driver's license, 2 = State issued identification card) _____[1]
Identification number _____[2]
Issue date _____[3]
Expiration date (mm/dd/yyyy) _____[4]
Location of issuance (State issued only) _____[5]
Document number (New York only) _____[6]

Spouse -

Form of identification (1 = Driver's license, 2 = State issued identification card) _____[7]
Identification number _____[8]
Issue date _____[9]
Expiration date (mm/dd/yyyy) _____[10]
Location of issuance (State issued only) _____[11]
Document number (New York only) _____[12]

NOTES/QUESTIONS:

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

Refunded _____ [52]

Applied to 2018 estimated tax liability _____ [53]

Do you expect a considerable change in your 2018 income? (Y, N) _____ [54]

If yes, please explain any differences:

_____ [55]

_____ [56]

_____ [57]

_____ [58]

Do you expect a considerable change in your deductions for 2018? (Y, N) _____ [59]

If yes, please explain any differences:

_____ [60]

_____ [61]

_____ [62]

_____ [63]

Do you expect a considerable change in the amount of your 2018 withholding? (Y, N) _____ [64]

If yes, please explain any differences:

_____ [65]

_____ [66]

_____ [67]

_____ [68]

Do you expect a change in the number of dependents claimed for 2018? (Y, N) _____ [69]

If yes, please explain any differences:

_____ [70]

_____ [71]

_____ [72]

_____ [73]

Mark if you use the Electronic Federal Tax Payment System (EFTPS) to pay your estimated taxes _____ [74]

2017 Federal Estimated Tax Payments

2016 overpayment applied to 2017 estimates _____ + _____ [1]

Mark if you paid the calculated amounts on the dates due indicated below. Skip the remaining fields. X [5]

If your estimated payments were not made on the date due or were for an amount other than the calculated amount below, please enter the actual date and amount paid.

	Date Due	Date Paid if After Date Due	Amount Paid	Calculated Amount	Method*
1st quarter payment	4/18/17	_____ [6]	+ _____ [7]	_____	_____
2nd quarter payment	6/15/17	_____ [8]	+ _____ [9]	_____	_____
3rd quarter payment	9/15/17	_____ [10]	+ _____ [11]	_____	_____
4th quarter payment	1/16/18	_____ [12]	+ _____ [13]	_____	_____
Additional payment		_____ [14]	+ _____ [15]	_____	_____

***Method of payment indicated in prior year**
 EFW = Electronic funds withdrawal EFTPS = Electronic Federal Tax Payment System
 Voucher = Form 1040-ES estimated tax payment voucher

NOTES/QUESTIONS:

Taxpayer/Spouse/Joint (T, S, J)

State postal code

WI [1]
[2]

Amount paid with 2016 return	+ _____	[3]
2016 overpayment applied to '17 estimates	+ _____	[4]
Treat calculated amounts as paid		[8]

	Date Paid		Amount Paid		Calculated Amount
1st quarter payment	_____ [9]	+	_____ [10]		_____ _____ _____ _____
2nd quarter payment	_____ [11]	+	_____ [12]		
3rd quarter payment	_____ [13]	+	_____ [14]		
4th quarter payment	_____ [15]	+	_____ [16]		
Additional payment	_____ [17]	+	_____ [18]		

2017 City Estimated Tax Payments

City #1		City #2	
City name	_____ [28]	City name	_____ [50]
Amount paid with 2016 return	+ _____ [31]	Amount paid with 2016 return	+ _____ [53]
2016 overpayment applied to '17 estimates	+ _____ [32]	2016 overpayment applied to '17 estimates	+ _____ [54]
Treat calculated amounts as paid	_____ [36]	Treat calculated amounts as paid	_____ [58]

City #1		City #2	
Date Paid	Amount Paid	Date Paid	Amount Paid
1st quarter payment	_____ [37] + _____ [38]	1st quarter payment	_____ [59] + _____ [60]
2nd quarter payment	_____ [39] + _____ [40]	2nd quarter payment	_____ [61] + _____ [62]
3rd quarter payment	_____ [41] + _____ [42]	3rd quarter payment	_____ [63] + _____ [64]
4th quarter payment	_____ [43] + _____ [44]	4th quarter payment	_____ [65] + _____ [66]

Calculated Amount

1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

Calculated Amount

1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

City #3		City #4	
City name	_____ [72]	City name	_____ [94]
Amount paid with 2016 return	+ _____ [75]	Amount paid with 2016 return	+ _____ [97]
2016 overpayment applied to '17 estimates	+ _____ [76]	2016 overpayment applied to '17 estimates	+ _____ [98]
Treat calculated amounts as paid	_____ [80]	Treat calculated amounts as paid	_____ [102]

City #3		City #4	
Date Paid	Amount Paid	Date Paid	Amount Paid
1st quarter payment	_____ [81] + _____ [82]	1st quarter payment	_____ [103] + _____ [104]
2nd quarter payment	_____ [83] + _____ [84]	2nd quarter payment	_____ [105] + _____ [106]
3rd quarter payment	_____ [85] + _____ [86]	3rd quarter payment	_____ [107] + _____ [108]
4th quarter payment	_____ [87] + _____ [88]	4th quarter payment	_____ [109] + _____ [110]

Calculated Amount

1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

Calculated Amount

1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

	2017 Information	
	Taxpayer	Spouse
State and local income tax refunds		+ _____ [1]
Alimony received	+ _____ [3]	+ _____ [4]
Unemployment compensation	+ _____ [8]	+ _____ [9]
Unemployment compensation federal withholding	+ _____ [8]	+ _____ [9]
Unemployment compensation state withholding	+ _____ [8]	+ _____ [9]
Unemployment compensation repaid	+ _____ [11]	+ _____ [12]
Alaska Permanent Fund dividends	+ _____ [17]	+ _____ [18]

Prior Year Information

T/S/J	Self-Employment Income? (Y, N)	Other income, such as: Commissions, Jury pay, Director fees,	2017 Information		Prior Year Information
				Taxable scholarships	
-	-	_____	+	_____ [14]	_____
-	-	_____	+	_____	
-	-	_____	+	_____	
-	-	_____	+	_____	
-	-	_____	+	_____	
-	-	_____	+	_____	
-	-	_____	+	_____	
-	-	_____	+	_____	
-	-	_____	+	_____	
-	-	_____	+	_____	
-	-	_____	+	_____	
-	-	_____	+	_____	
-	-	_____	+	_____	
-	-	_____	+	_____	
-	-	_____	+	_____	
-	-	_____	+	_____	
-	-	_____	+	_____	
-	-	_____	+	_____	
-	-	_____	+	_____	
-	-	_____	+	_____	
-	-	_____	+	_____	
-	-	_____	+	_____	
-	-	_____	+	_____	
-	-	_____	+	_____	
-	-	_____	+	_____	

NOTES/QUESTIONS:

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]	_____
__	_____ + _____	_____
__	_____ + _____	_____

T/S/J		2017 Interest Paid [2]	2017 Points Paid	Type*	2017 Mortgage Ins. Premiums Paid	Prior Year Information
	Home mortgage interest: From Form 1098					
[1]	_____	+	+		+	<div style="border: 1px solid black; height: 100px; width: 100%;"></div>
	_____	+	+		+	
	_____	+	+		+	
	_____	+	+		+	
	_____	+	+		+	
	_____	+	+		+	
	_____	+	+		+	
	_____	+	+		+	
	_____	+	+		+	
	_____	+	+		+	

*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	SSN or EIN	2017 Information	Prior Year Information
	Other, such as: Home mortgage interest paid to individuals			
[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 2017 Information

Investment interest expense, other than on Schedule(s) K-1:

[15]	_____	+	_____ [16]
	_____	+	_____
	_____	+	_____
	_____	+	_____
	_____	+	_____
	_____	+	_____
	_____	+	_____
	_____	+	_____
	_____	+	_____
	_____	+	_____

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]	+ _____ [18]		
Other expenses, subject to 2% AGI limit, such as: Legal/accounting/custodial fees			
[20]	+ _____ [21]		
-	+ _____		
-	+ _____		
-	+ _____		
[23]	+ _____ [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]		
-	+ _____		

Preparer use only

Taxpayer/Spouse (T, S) _____ [2]
 Occupation in which expenses were incurred _____ [3]
 State postal code _____ [4]

Vehicle Questions

If you used your automobile for work purposes, please answer the following questions:

Was the vehicle available for off-duty personal use? (Y, N, Blank = Not applicable) _____ [5]
 Was another vehicle available for personal use? (Y, N) _____ [7]
 Do you have evidence to support your deduction? (1 = Yes - written, 2 = Yes - not written, 3 = No) _____ [9]

2017 Information

Prior Year Information

	-
	-

Vehicle Information

Vehicle 1 -	Date placed in service	_____	[11]
	Description	_____	[12]
	Comments	_____	
Vehicle 2 -	Date placed in service	_____	[62]
	Description	_____	[63]
	Comments	_____	
Vehicle 3 -	Date placed in service	_____	[109]
	Description	_____	[110]
	Comments	_____	
Vehicle 4 -	Date placed in service	_____	[156]
	Description	_____	[157]
	Comments	_____	

Vehicles Actual Expenses

	Vehicle 1	Prior Year Information	Vehicle 2	Prior Year Information	Vehicle 3	Prior Year Information	Vehicle 4	Prior Year Information
Total mileage for the year	_____ [20]		_____ [69]		_____ [116]		_____ [163]	
Business mileage	_____ [24]		_____ [71]		_____ [118]		_____ [165]	
Average daily round trip commuting mileage	_____ [26]		_____ [73]		_____ [120]		_____ [167]	
Total commuting mileage	_____ [28]		_____ [75]		_____ [122]		_____ [169]	
Gasoline	+ _____ [30]		+ _____ [77]		+ _____ [124]		+ _____ [171]	
Oil	+ _____ [32]		+ _____ [79]		+ _____ [126]		+ _____ [173]	
Repairs	+ _____ [34]		+ _____ [81]		+ _____ [128]		+ _____ [175]	
Maintenance	+ _____ [36]		+ _____ [83]		+ _____ [130]		+ _____ [177]	
Tires	+ _____ [38]		+ _____ [85]		+ _____ [132]		+ _____ [179]	
Car washes	+ _____ [40]		+ _____ [87]		+ _____ [134]		+ _____ [181]	
Insurance	+ _____ [42]		+ _____ [89]		+ _____ [136]		+ _____ [183]	
Interest	+ _____ [44]		+ _____ [91]		+ _____ [138]		+ _____ [185]	
Registration	+ _____ [46]		+ _____ [93]		+ _____ [140]		+ _____ [187]	
Licenses	+ _____ [48]		+ _____ [95]		+ _____ [142]		+ _____ [189]	
Property taxes (Plates, tags, etc)	_____ [50]		+ _____ [97]		+ _____ [144]		+ _____ [191]	
Vehicle rentals	+ _____ [52]		+ _____ [99]		+ _____ [146]		+ _____ [193]	
Inclusion amt (Preparer only)	_____ [54]		+ _____ [101]		+ _____ [148]		+ _____ [195]	
Other vehicle expenses	+ _____ [56]		+ _____ [103]		+ _____ [150]		+ _____ [197]	
Value of employer provided vehicle	+ _____ [58]		+ _____ [105]		+ _____ [152]		+ _____ [199]	
Depreciation	+ _____ [60]		+ _____ [107]		+ _____ [154]		+ _____ [201]	

Control Totals +

The American Tax Relief Act of 2012 provides credits for energy efficient improvements made to personal residences. There are certain restrictions and limits but some of the home improvements that may qualify include exterior windows and doors, metal roofs, solar electric, or solar heating property. Please provide copies of any prior year Forms 5695 not prepared by this office.

Taxpayer/Spouse/Joint (T, S, J)	_ [1]
Were the costs incurred made to your main home located in the United States? (Y, N)	_ [2]
Were the costs incurred related to the construction of your main home located in the United States? (Y, N)	_ [3]
Enter the total amount of costs for insulation material or system to reduce heat loss or gain	+ _____ [5]
Enter the total amount of costs for exterior windows	+ _____ [7]
Enter the total amount of costs for exterior doors	+ _____ [9]
Enter the total amount of costs for qualified metal roofs	+ _____ [11]
Enter the total amount of costs for energy-efficient building property	+ _____ [6]
Enter the total amount of costs for qualified natural gas, propane, or oil furnace or hot water boilers	+ _____ [8]
Enter the total amount of costs for advanced main circulating fan used in a natural gas, propane, or oil furnace	+ _____ [10]
Enter the total amount of costs for qualified solar electric property	+ _____ [12]
Enter the total amount of costs for qualified solar water heating property	+ _____ [14]
Enter the total amount of costs for qualified small wind energy property	+ _____ [16]
Enter the total amount of costs for qualified geothermal heat pump property	+ _____ [13]
Enter the total amount of costs for qualified fuel cell property	+ _____ [15]
Enter the total amount of kilowatt capacity of the qualified fuel cell property	_____ [17]

NOTES/QUESTIONS:

1 Preparer use only

	2017 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)	_____ [2]	
Employer identification number	_____ [3]	
Business name	_____ [5]	
Principal business/profession	_____ [6]	
Business code	_____ [12]	
Business address, if different from home address on Organizer Form ID: 1040		
Address	_____ [15]	
City/State/Zip	_____ [16] _____ [17] _____ [18]	
Accounting method (1 = Cash, 2 = Accrual, 3 = Other)	_____ [19]	_____
If other:	_____ [21]	_____
Inventory method (1 = Cost, 2 = LCM, 3 = Other)	_____ [22]	_____
If other enter explanation:	_____ [24]	

Enter an explanation if there was a change in determining your inventory:	_____ [25]	

Did you "materially participate" in this business? (Y, N)	_____ [26]	_____
If not, number of hours you did significantly participate	_____ [28]	_____
Mark if you began or acquired this business in 2017	_____ [30]	
Did you make any payments in 2017 that require you to file Form(s) 1099? (Y, N)	_____ [31]	_____
If "Yes", did you or will you file all required Forms 1099? (Y, N)	_____ [33]	_____
Mark if this business is considered related to qualified services as a minister or religious worker	_____ [35]	_____
Did you receive wages as a statutory employee or as a minister? (1 = Statutory employee, 2 = Minister)	_____ [37]	_____
Medical insurance premiums paid by this activity	+ _____ [41]	_____
Long-term care premiums paid by this activity	+ _____ [45]	_____
Amount of wages received as a statutory employee	+ _____ [48]	_____

Business Income

	2017 Information	Prior Year Information
Gross receipts and sales		
_____	+ _____ [53]	
_____	+ _____	
_____	+ _____	
_____	+ _____	
Returns and allowances	+ _____ [56]	
Other income:		
_____	+ _____ [58]	
_____	+ _____	
_____	+ _____	
_____	+ _____	

Cost of Goods Sold

	2017 Information	Prior Year Information
Beginning inventory	+ _____ [60]	
Purchases	+ _____ [62]	
Labor:		
_____	+ _____ [64]	
_____	+ _____	
Materials	+ _____ [66]	
Other costs:		
_____	+ _____ [68]	
_____	+ _____	
_____	+ _____	
_____	+ _____	
Ending inventory	+ _____ [70]	

Control Totals +

BUSINESS

Preparer use only

Principal business or profession _____

	2017 Information	Prior Year Information
Advertising	+ _____ [6]	_____
Car and truck expenses	+ _____ [8]	_____
Commissions and fees	+ _____ [10]	_____
Contract labor	+ _____ [12]	_____
Depletion	+ _____ [14]	_____
Depreciation	+ _____ [16]	_____
Employee benefit programs (Include Small Employer Health Ins Premiums credit):		
_____	+ _____ [18]	_____
_____	+ _____	_____
Insurance (Other than health):		
_____	+ _____ [20]	_____
_____	+ _____	_____
Interest:		
Mortgage (Paid to banks, etc.)		
_____	+ _____ [22]	_____
_____	+ _____	_____
_____	+ _____	_____
Other:		
_____	+ _____ [24]	_____
_____	+ _____	_____
Legal and professional services	+ _____ [26]	_____
Office expense	+ _____ [29]	_____
Pension and profit sharing:		
_____	+ _____ [31]	_____
_____	+ _____	_____
Rent or lease:		
Vehicles, machinery, and equipment	+ _____ [33]	_____
Other business property	+ _____ [35]	_____
Repairs and maintenance	+ _____ [37]	_____
Supplies	+ _____ [39]	_____
Taxes and licenses:		
_____	+ _____ [41]	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
Travel, meals, and entertainment:		
Travel	+ _____ [43]	_____
Meals and entertainment	+ _____ [45]	_____
Meals (Enter 100% subject to DOT 80% limit)	+ _____ [47]	_____
Utilities	+ _____ [51]	_____
Wages (Less employment credit):		
_____	+ _____ [53]	_____
_____	+ _____	_____
Other expenses:		
_____	+ _____ [55]	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____

1 Preparer use only

		2017 Information	Prior Year Information
Description		[2]	
Taxpayer/Spouse/Joint (T, S, J)	[3]	State postal code	WI [5]
Physical address: Street		[6]	
City, state, zip code	[7] [8]	[9]	
Foreign country		[11]	
Foreign province/county		[12]	
Foreign postal code		[13]	
Type (1=Single-family, 2=Multi-family, 3=Vacation/short-term, 4=Commercial, 5=Land, 6=Royalty, 7=Self-rental, 8=Other, 9=Personal ppty)		[14]	
Description of other type (Type code #8)		[15]	
Did you make any payments in 2017 that require you to file Form(s) 1099? (Y,N)		[16]	—
If "Yes", did you or will you file all required Forms 1099? (Y, N)		[18]	—
Fair rental days (If not full year) (For types 1, 2, 4, 5, 7 and 8 only) (Use Rent-2 for type 3)		[20]	
Percentage of ownership if not 100%		[22]	
Business use percentage, if not 100% (Not vacation home percentage)		[24]	

Rent and Royalty Income

Rents and royalties	2017 Information	Prior Year Information
	+ [34]	

Rent and Royalty Expenses

	2017 Information	Percent if not 100%	Prior Year Information
Advertising	+ [36]	[37]	
Auto	+ [39]	[40]	
Travel	+ [42]	[43]	
Cleaning and maintenance	+ [45]	[46]	
Commissions:			
	+ [48]	[50]	
Insurance:			
	+ [51]	[53]	
Legal and professional fees	+ [55]	[56]	
Management fees:			
	+ [58]	[60]	
Mortgage interest paid to banks, etc (Form 1098)			
	+ [61]	[63]	
Other mortgage interest	+ [64]	[66]	
Qualified mortgage insurance premiums	+ [67]	[68]	
Other interest:			
	+ [70]	[72]	
Repairs	+ [73]	[74]	
Supplies	+ [76]	[77]	
Taxes:			
	+ [79]	[81]	
Utilities	+ [82]	[83]	
Depreciation	+ [85]	[86]	
Depletion	+ [88]	[89]	
Other expenses:			
	+ [91]		

Please provide all Forms 1099-K

1 Preparer use only

	2017 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)	_____ [2]	
Employer identification number	_____ [3]	
Description	_____ [4]	
Principal Product	_____ [5]	
State postal code	WI _____ [6]	
Accounting method (1 = Cash, 2 = Accrual)	_____ [7]	_____
Agricultural activity code	_____ [9]	_____
Did you "materially participate" in this business? (Y, N)	_____ [12]	_____
Did you make any payments in 2017 that require you to file Form(s) 1099? (Y, N)	_____ [14]	_____
If "Yes", did you or will you file all required Forms 1099? (Y, N)	_____ [16]	_____
Mark if Schedule F net income or loss should be excluded from self-employment income	_____ [18]	_____
Medical insurance premiums paid by this activity	+ _____ [22]	_____
Long-term care premiums paid by this activity	+ _____ [26]	_____

Schedule F Income

Sales Code**	Income description	2017 Information	Prior Year Information
-	_____	+ _____ [36]	_____
-	_____	+ _____	_____
-	_____	+ _____	_____
-	_____	+ _____	_____
-	_____	+ _____	_____

**** Sales Codes**

1 = Cash sales of items bought for resale	4 = Custom hire (machine work)
2 = Cash sales of items raised	5 = Other income
3 = Accrual sales	

	2017 Information	Prior Year Information
Cost or other basis of livestock and other items you bought for resale (Cash method)	+ _____ [38]	_____
Beginning inventory of livestock and other items (Accrual method)	+ _____ [40]	_____
Accrual cost of livestock, produce, grains, and other products purchased	+ _____ [42]	_____
Ending Inventory of livestock and other items (Accrual method)	+ _____ [44]	_____
Total cooperative distributions you received	+ _____ [46]	_____
Taxable cooperative distributions you received	+ _____ [48]	_____

	2017 Total	2017 Taxable	Prior Year Information
Agricultural program payments	+ _____	+ _____ [51]	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____

	2017 Information	Prior Year Information
CRP payments received while enrolled to receive social security or disability benefits	+ _____ [53]	_____
Commodity credit loans reported under election:	+ _____ [55]	_____
_____	+ _____	_____
Total commodity credit loans forfeited	+ _____ [57]	_____
Taxable commodity credit loans forfeited	+ _____ [59]	_____

	2017 Total	2017 Taxable	Prior Year Information
Total crop insurance proceeds you received in 2017	+ _____	+ _____ [62]	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
Mark if electing to defer crop insurance proceeds to 2018	_____ [64]	_____	_____
Crop insurance proceeds deferred from 2016	_____ [66]	+ _____	_____

If you used your automobile for business purposes, please complete the following information.

C 1 Preparer use only

Description of business or profession SCHEDULE C, PART 2 [3]

Vehicles

Vehicle 1 -	Date placed in service		<u>01/01/15</u> [4]
	Description	<u>SAMPLE</u>	[5]
	Comments		
Vehicle 2 -	Date placed in service		[9]
	Description		[10]
	Comments		
Vehicle 3 -	Date placed in service		[14]
	Description		[15]
	Comments		
Vehicle 4 -	Date placed in service		[19]
	Description		[20]
	Comments		

Vehicle Questions

	Vehicle 1	Prior Year	Vehicle 2	Prior Year	Vehicle 3	Prior Year	Vehicle 4	Prior Year
If you used your automobile for work purposes, answer the following questions:								
Was the vehicle available for off-duty personal use? (Y, N)	[60]	-	[62]	-	[64]	-	[66]	-
Was another vehicle available for personal use? (Y, N)	[68]	-	[70]	-	[72]	-	[74]	-
Do you have evidence to support your deduction? (Y, N)	[76]	-	[78]	-	[80]	-	[82]	-
Is this evidence written? (Y, N)	[84]	-	[86]	-	[88]	-	[90]	-

Vehicle Expenses

	Vehicle 1	Prior Year Information	Vehicle 2	Prior Year Information	Vehicle 3	Prior Year Information	Vehicle 4	Prior Year Information
Total miles for year	[32]		[34]		[36]		[38]	
Commuting miles	[42]		[44]		[46]		[48]	
Business miles	[52]		[54]		[56]		[58]	
Parking fees	+ [92]		+ [94]		+ [96]		+ [98]	
Tolls	+ [100]		+ [102]		+ [104]		+ [106]	
Gasoline	+ [108]		+ [110]		+ [112]		+ [114]	
Oil	+ [116]		+ [118]		+ [120]		+ [122]	
Repairs	+ [124]		+ [126]		+ [128]		+ [130]	
Maintenance	+ [132]		+ [134]		+ [136]		+ [138]	
Tires	+ [140]		+ [142]		+ [144]		+ [146]	
Car washes	+ [148]		+ [150]		+ [152]		+ [154]	
Insurance	+ [156]		+ [158]		+ [160]		+ [162]	
Interest	+ [164]		+ [166]		+ [168]		+ [170]	
Registration	+ [172]		+ [174]		+ [176]		+ [178]	
Licenses	+ [180]		+ [182]		+ [184]		+ [186]	
Property taxes	+ [188]		+ [190]		+ [192]		+ [194]	
Other vehicle expenses	+ [196]		+ [198]		+ [200]		+ [202]	
Vehicle rentals	+ [204]		+ [206]		+ [208]		+ [210]	
Inclusion amt (Preparer only)	+ [212]		+ [214]		+ [216]		+ [218]	
Depreciation	+ [220]		+ [222]		+ [224]		+ [226]	

Control Totals +

BUSINESS

If you used your automobile for business purposes, please complete the following information.

F 1 Preparer use only

Description of business or profession SCHEDULE F [3]

Vehicles

Table with 4 rows (Vehicle 1-4) and 3 columns (Date placed in service, Description, Comments). Includes handwritten entry '01/01/15' and 'SAMPLE'.

Vehicle Questions

Table for vehicle questions with columns for Vehicle 1, Prior Year, Vehicle 2, Prior Year, Vehicle 3, Prior Year, Vehicle 4, Prior Year. Includes questions about off-duty use and evidence.

Vehicle Expenses

Table for vehicle expenses with columns for Vehicle 1, Prior Year Information, Vehicle 2, Prior Year Information, Vehicle 3, Prior Year Information, Vehicle 4, Prior Year Information. Lists various expenses like miles, parking, gas, etc.

Control Totals +

FARM

Form ID: Auto

If you used your automobile for business purposes, please complete the following information.

E 1 Preparer use only

Description of business or profession SCHEDULE E, RENT / ROYALTY [3]

Vehicles

Table with 4 columns: Vehicle ID, Date placed in service, Description, Comments. Includes entries for Vehicle 1 through Vehicle 4 with sample data.

Vehicle Questions

Table with 8 columns: Question, Vehicle 1, Prior Year, Vehicle 2, Prior Year, Vehicle 3, Prior Year, Vehicle 4, Prior Year. Includes questions about off-duty use and evidence.

Vehicle Expenses

Table with 8 columns: Expense Category, Vehicle 1, Prior Year Information, Vehicle 2, Prior Year Information, Vehicle 3, Prior Year Information, Vehicle 4, Prior Year Information. Lists various expenses like miles, parking, gas, etc.

Control Totals +

RENT & ROYALTY

Form ID: Auto

C 1 Preparer use only

Principal business or profession

SCHEDULE C, PART 2 [3]

Taxpayer/Spouse/Joint (T, S, J)

[4]

State postal code

WI [5]

Business Use of Home

	2017 Information	Prior Year Information
Total area of home	_____ [14]	_____
Area used exclusively for business	_____ [16]	_____
Information for day-care facilities only:		
Total hours used for day-care during this year	_____ [18]	_____
Total hours used this year, if less than 8760	_____ [20]	_____
Special computation for certain day-care facilities:		
Area used regularly and exclusively for day-care business	_____ [22]	_____
Area used partly for day-care business	_____ [24]	_____

List as direct expenses any expenses which are attributable only to the business part of your home.
 List as indirect expenses any expenses which are attributable to the overall upkeep and running of your home.

	2017 Information		Prior Year Information
	Direct Expenses	Indirect Expenses	
Mortgage interest:	+ _____ [29]	+ _____ [31]	_____
Mortgage insurance premiums	+ _____ [34]	+ _____ [35]	_____
Real estate taxes:	+ _____ [37]	+ _____ [39]	_____
Excess mortgage interest and insurance premiums	+ _____ [42]	+ _____ [43]	_____
Insurance	+ _____ [45]	+ _____ [47]	_____
Rent	+ _____ [51]	+ _____ [52]	_____
Repairs & maintenance	+ _____ [54]	+ _____ [55]	_____
Utilities	+ _____ [57]	+ _____ [58]	_____
Other expenses, such as: Supplies & Security system	+ _____ [60]	+ _____ [61]	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
Excess casualty losses		+ _____ [63]	_____
Carryovers:			_____
Operating expenses		+ _____ [64]	_____
Casualty losses		+ _____ [65]	_____
Depreciation		+ _____ [67]	_____
Business expenses not from business use of home, such as:			_____
Travel, Supplies, Business telephone expenses		+ _____ [68]	_____
Depreciation		+ _____ [72]	_____

NOTES/QUESTIONS:

Wisconsin General Information

City of residence _____ [1]
 Village of residence _____ [2]
 Town of residence _____ [3]
 County of residence _____ [4]
 School district _____ [5]
 Mark if divorce decree _____ [6]
 Enter rent paid:
 Heat included _____ [7]
 Heat not included _____ [8]

Use Tax

Mark if not subject to Use Tax _____ [9]

	County	Purchases
Sales and use tax on out-of-state purchases	_____	_____ [10]
Sales and use tax on out-of-state purchases	_____	_____
Sales and use tax on out-of-state purchases	_____	_____

Contributions

Amount of charitable contributions you wish to make to:

Cancer research _____ [11]	Red Cross WI disaster relief _____ [15]
Endangered resources _____ [12]	Second Harvest / Feeding America _____ [16]
Military family relief _____ [13]	Special Olympics Wisconsin _____ [17]
Multiple sclerosis _____ [14]	Veterans trust fund _____ [18]

Part-year Resident and Nonresident Information

Residency code _____ [19]

Residency code

Blank = Both spouses have the same residency status (Default) 1 = Taxpayer nonresident, spouse resident 2 = Taxpayer resident, spouse nonresident 3 = Taxpayer part-year, spouse nonresident	4 = Taxpayer nonresident, spouse part-year 5 = Taxpayer resident, spouse part-year 6 = Taxpayer part-year, spouse resident
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If you were a part-year resident during the tax year, enter the dates you lived in Wisconsin

	Taxpayer	Spouse
Part-year residency dates:		
From _____ [20]	_____ [22]	_____ [22]
To _____ [21]	_____ [23]	_____ [23]
State of residency (Nonresidents only) _____ [24]		_____ [25]
Country of residency (Nonresidents only) _____ [26]		_____ [27]
Nonresident aliens:		
Taxpayer or Spouse is a U.S. citizen or a resident alien _____ [28]		
Resident of: IL _____ [29] IN _____ [30] KY _____ [31] MI _____ [32]		

NOTES/QUESTIONS:

Notes to Preparer

Submit questions and provide additional information to your tax return preparer here.

Taxpayer name(s) _____

Social security number _____