

Kofsky Weinger P.A.
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CLIENT ORGANIZER INSTRUCTIONS

Each year we send out client organizers as a tool to help our clients get their documents and information organized in advance of getting their tax returns prepared. This helps us to identify topics that we might have to address with you.

- 1) **COMPLETE** the three pages of questions with the yes/no answers. If you don't know the answers to certain questions, just put a question mark.
- 2) **USE IT AS A GUIDE** Last year's preprinted information is presented to assist you in gathering this year's documents. To expedite the preparation process, please include a list of deductions, and rental/ business income and expenses, if applicable.
- 3) **PROVIDE** the following information:
 - Forms W-2 for wages, salaries and tips.
 - Forms 1095 A, B, or C for health insurance coverage.
 - Forms 1099/1098 for interest, dividends, miscellaneous income, mortgage interest etc.
 - Brokerage statements showing investment transactions for stocks, bonds, etc.
 - Schedule K-1 showing income from partnerships, S corporations, estates and trusts.
 - Receipts for charitable contributions.
 - Dates and amounts of 2017 Estimated Tax payments paid to the US Treasury or states.
 - 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 returns from last two years, if not prepared by this office.
- 4) **SEND** the information:
 - Please contact Jan Gold to upload your documents securely through a Sharefile link or email the documents directly to her at jgold@kofskyweinger.com
 - When emailing, password protect the documents with taxpayer's social security number without the dashes.

In your Client Organizer, all social security numbers and bank account numbers have been replaced with asterisks (**-*-**.*) and (****1234) to protect your privacy and personal information. Report any change in your banking information, address or phone number to this office. 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.

Thank you once again for choosing us as your tax professionals.
Respectfully.

Kofsky Weinger P.A.

Questions

Please check the appropriate box and include all necessary details and documentation.

	Yes	No
Personal Information		
Did your marital status change during the year? If yes, explain.	<input type="checkbox"/>	<input type="checkbox"/>
Did your address change from last year?	<input type="checkbox"/>	<input type="checkbox"/>
Can you be claimed as a dependent by another taxpayer?	<input type="checkbox"/>	<input type="checkbox"/>
Have you had any changes to your bank account information used for direct deposit from taxing authorities?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or any family members 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.	<input type="checkbox"/>	<input type="checkbox"/>
Dependent Information		
Were there any changes in dependents from the prior year?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any children under age 19 or a full-time student under age 24 with unearned income in excess of \$2,100?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have dependents who must file a tax return?	<input type="checkbox"/>	<input type="checkbox"/>
Did you provide over half the support for any other person(s) other than your dependent children during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay for child care while you worked, looked for work, or while a full-time student?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
Purchases, Sales and Debt Information		
Did you start a new business or purchase rental property during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell, exchange, or purchase any assets used in your trade or business?	<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, or purchase any real estate during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you foreclose or abandon a principal residence or real property during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you acquire or dispose of any stock during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you take out a home equity loan or refinance this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell an existing business, rental, or other property this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you lend money with the understanding of repayment and this year it became totally uncollectable?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any debts canceled or forgiven this year, such as a home mortgage or student loan(s)?	<input type="checkbox"/>	<input type="checkbox"/>
Income Information		
Did you have foreign income or taxes (eg. investment accts, partnerships, employer?)	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any income from property sold prior to this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any unemployment benefits or 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?	<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		
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?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any withdrawals from an IRA, Roth, myRA, Keogh, SIMPLE, SEP, 401(k), other qualified retirement plan, pension or profit sharing?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, were any withdrawals due to a Federally declared disaster?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any contributions to an IRA, Roth, myRA, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan?	<input type="checkbox"/>	<input type="checkbox"/>

Education Information	Yes	No
Did you, your spouse, or your dependents attend a post-secondary school?	<input type="checkbox"/>	<input type="checkbox"/>
Did you, your spouse or dependent have any educational expenses? (Attach 1098-T)	<input type="checkbox"/>	<input type="checkbox"/>
If anyone received a scholarship, were funds used for nontuition expenses?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any withdrawals from an education savings or 529 Plan account?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any student loan interest this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you cash any Series EE or I U.S. Savings bonds issued after 1989?	<input type="checkbox"/>	<input type="checkbox"/>
 Health Care Information		
Did you have qualifying health care coverage for your family? (Attach Forms)	<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 or type of exemption.	<input type="checkbox"/>	<input type="checkbox"/>
Did you enroll for Marketplace Coverage through healthcare.gov? (Attach Forms)	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any contributions or receive any distributions to/from a Health savings account (HSA), Archer MSA, or Medicare Advantage MSA?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay long-term care premiums for yourself or your family?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any withdrawals from an ABLE account? (Attach Forms)	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any Health Coverage Tax Credit (HCTC) advance payments?	<input type="checkbox"/>	<input type="checkbox"/>
 Itemized Deduction Information		
Did you incur a casualty or theft loss or any condemnation awards during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, did the loss occur in a Federally declared disaster area?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay out-of-pocket medical expenses (Co-pays, prescription drugs, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any cash or noncash charitable contributions (clothes, furniture, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay real estate taxes for your primary home and/or second home?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any mortgage interest on an existing home loan?	<input type="checkbox"/>	<input type="checkbox"/>
Did you incur interest expenses associated with any investment accounts you held?	<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?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any expenses related to seeking a new job during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any major purchases during the year (cars, boats, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any out-of-state purchases (by telephone, internet, mail, or in person) for which the seller did not collect state sales or use tax?	<input type="checkbox"/>	<input type="checkbox"/>
 Miscellaneous Information		
Did you make gifts of more than \$14,000 to any individual?	<input type="checkbox"/>	<input type="checkbox"/>
Did you utilize an area of your home for business purposes?	<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 or were you a grantor/ transferor for a foreign trust?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have a financial interest or signature authority over a foreign financial account such as a bank account, securities account, or brokerage account?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any 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? Explain/Attach	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any prior tax returns that are unfiled or have unpaid balances?	<input type="checkbox"/>	<input type="checkbox"/>
Do you want to designate \$3 to the Presidential Election Campaign Fund?	<input type="checkbox"/>	<input type="checkbox"/>

Form ID: 1040 **Personal Information** **1**

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) 2	[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) Y	[34]	

Present Mailing Address

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

Dependent Information

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

First Name ⁽⁴⁹⁾	Last Name	Date of Birth	Social Security No.	Relationship	Months in home	**Dep Codes * **	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	**Other	1 = Student (Age 19 - 23)
	2 = Child who did not live with you due to divorce/separation		2 = Disabled dependent
	3 = Other dependent		3 = Dependent who is both a student and disabled
	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		

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

Form ID: Est	Estimated Taxes	8
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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
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2016 overpayment applied to 2017 estimates + _____ [1]

Mark if you paid the calculated amounts on the dates due indicated below. Skip the remaining fields. _____ [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:

General: 1040 **Personal Information**

Filing (Marital) status code (1 = Single, 2 = Married filing joint, 3 = Married filing separate, 4 = Head of household, 5 = Qualifying widow(er)) _____

Mark if you were married but living apart all year _____ Mark if your nonresident alien spouse does not have an ITIN _____

Taxpayer **Spouse**

Social security number _____

First name _____

Last name _____

Occupation _____

Designate \$3.00 to the presidential election campaign fund? (1 = Yes, 2 = No, 3=Blank) 2 _____

Mark if legally blind _____

Mark if dependent of another taxpayer _____

Taxpayer between 19 and 23, full-time student, with income less than 1/2 support? (Y, N) _____

Date of birth _____

Date of death _____

Work/daytime telephone number/ext number _____

Do you authorize us to discuss your return with the IRS (Y, N) Y _____

General: 1040, Contact **Present Mailing Address**

Address _____

Apartment number _____

City/State postal code/Zip code _____

Foreign country name _____

Foreign phone number _____

Home/evening telephone number _____

Taxpayer email address _____

Spouse email address _____

General: 1040 **Dependent Information**

First Name	Last Name	Date of Birth	Social Security No.	Relationship	Months in home	Care expenses paid for dependent
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Credits: 2441 **Child and Dependent Care Expenses**

Provider information:

Business name _____

First and Last name _____

Street address _____

City, state, and zip code _____

Social security number OR Employer identification number _____

Tax Exempt or Living Abroad Foreign Care Provider (1 = TE, 2 = LAFCP) _____

Amount paid to care provider in 2017 _____

Taxpayer **Spouse**

Employer-provided dependent care benefits that were forfeited _____

Health Care: Coverage **Health Care Coverage**

"Your family" for health care coverage refers to you, your spouse if filing jointly, and anyone you can claim as a dependent.

2017 Information Prior Year Information

Was your entire family covered for the full year with minimum essential health care coverage? (Y, N) _____

INTEREST/DIVIDENDS/CAPITAL GAINS/OTHER INCOME

Income: B1 Interest Income

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

T/S/J	Payer Name	Interest Income	Prior Year Information
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Income: B3 Seller Financed Mortgage Interest

T, S, J _____ Payer's name _____ Payer's social security number _____
 Payer's address, city, state, zip code _____
 Amount received in 2017 _____ Amount received in 2016 _____

Income: B2 Dividend Income

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

T/S/J	Payer Name	Ordinary Dividends	Qualified Dividends	Prior Year Information
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Income: D Sales of Stocks, Securities, and Other Investment Property

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

T/S/J	Description of Property	Date Acquired	Date Sold	Gross Sales Price (Less expenses of sale)	Cost or Other Basis
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Income: Income Other Income

Please provide copies of all supporting documentation.

	2017 Information		Prior Year Information
	Taxpayer	Spouse	Prior Year Information
State and local income tax refunds	_____	_____	_____
Alimony received	_____	_____	_____
Unemployment compensation	_____	_____	_____
Unemployment compensation repaid	_____	_____	_____
Social security benefits	_____	_____	_____
Medicare premiums to be reported on Schedule A	_____	_____	_____
Railroad retirement benefits	_____	_____	_____
T/S/J	2017 Information		Prior Year Information
Other Income:	_____	_____	_____
_____	_____	_____	_____

1040 Adj: IRA **Adjustments to Income - IRA Contributions**

Please provide year end statements for each account and any Form 8606 not prepared by this office.

	Taxpayer	Spouse
Traditional IRA Contributions for 2017 - If you want to contribute the maximum allowable traditional IRA contribution amount, enter the applicable code: (1 = Deductible only, 2 = Both deductible and nondeductible) Enter the total traditional IRA contributions made for use in 2017	_____	_____
Roth IRA Contributions for 2017 - Mark if you want to contribute the maximum Roth IRA contribution Enter the total Roth IRA contributions made for use in 2017	_____	_____

Educate: Educate2 **Higher Education Deductions and/or Credits**

Complete this section if you paid interest on a qualified student loan in 2017 for qualified higher education expenses for you, your spouse, or a person who was your dependent when you took out the loan.

T/S	Qualified student loan interest paid	2017 Information	Prior Year Information
_____	_____	_____	_____
_____	_____	_____	_____

Complete this section if you paid qualified education expenses for higher education costs in 2017. Qualified education expenses include tuition and fees required for enrollment or attendance at an eligible educational institution.

Please provide all copies of Form 1098-T.

T/S	Ed Exp Code*	Student's SSN	Student's First Name	Student's Last Name	Qualified Expenses	Prior Year Information
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

*Education Expense Code: 1 = American opportunity credit; 2 = Lifetime learning credit; 3 = Tuition and fees deduction
The student qualifies for the American opportunity credit when enrolled at least half-time in a program leading to a degree, certificate, or recognized credential; has not completed the first 4 years of post-secondary education; has no felony drug convictions on student's record.

1040 Adj: 3903 **Job Related Moving Expenses**

Complete this section if you moved to a new home because of a new principal work place.

Description of move	_____
Taxpayer/Spouse/Joint (T, S, J)	_____
Mark if the move was due to service in the armed forces	_____
Number of miles from old home to new workplace	_____
Number of miles from old home to old workplace	_____
Mark if move is outside United States or its possessions	_____
Transportation and storage expenses	_____
Travel and lodging (not including meals)	_____
Total amount reimbursed for moving expenses	_____

1040 Adj: OtherAdj **Other Adjustments to Income**

Alimony Paid:				
T/S	Recipient name	Recipient SSN	2017 Information	Prior Year Information
_____	_____	_____	_____	_____
Street address				
City, State and Zip code				
		Taxpayer	Spouse	Prior Year Information
Educator expenses:				
_____	_____	_____	_____	_____
Other adjustments:				
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

General: Bank **Direct Deposit/Electronic Funds Withdrawal Information**

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

Mark to verify all accounts listed below have been reviewed, updated as needed, and are correct. _____

Primary account:

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

Secondary account #1:

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

Secondary account #2:

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

*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.

Electronic Filing: ID Auth **Identity Authentication**

Taxpayer -

Form of identification (1 = Driver's license, 2 = State issued identification) _____
 Identification number _____
 Issue date _____
 Expiration date _____
 Location of issuance _____
 Document number (New York only) _____

Spouse -

Form of identification (1 = Driver's license, 2 = State issued identification) _____
 Identification number _____
 Issue date _____
 Expiration date _____
 Location of issuance _____
 Document number (New York only) _____

NOTES/QUESTIONS:

Form ID: St Pmt	2017 State Estimated Tax Payments	9
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Taxpayer/Spouse/Joint (T, S, J) _____ [1]
 State postal code _____ [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]

Date Paid	Amount Paid	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]

Date Paid	Amount Paid	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	

Interest Income

Please provide copies of all Form 1099-INT or other statements reporting interest income.
 *Whole numbers will be treated as \$ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.

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

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

Dividend Income

Please provide copies of all Form 1099-DIV or other statements reporting dividend income.
 *Whole numbers will be treated as \$ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.

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

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

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

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

Social Security Benefits

	2017 Information	Prior Year Information				
If you received a Form SSA - 1099, please complete the following information:						
Net Benefits for 2017 (Box 3 minus Box 4) (Box 5)	+ _____ [8]	<table border="1" style="width:100%; height: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> </table>				
Voluntary Federal Income Tax Withheld (Box 6)	+ _____ [10]					
From the DESCRIPTION OF AMOUNT IN BOX 3 area of Form SSA-1099:						
Medicare premiums	+ _____ [12]					
Prescription drug (Part D) premiums	+ _____ [14]					

Tier 1 Railroad Benefits

	2017 Information	Prior Year Information				
If you received a Form RRB - 1099, please complete the following information:						
Net Social Security Equivalent Benefit:		<table border="1" style="width:100%; height: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> </table>				
Portion of Tier 1 Paid in 2017 (Box 5)	+ _____ [22]					
Federal Income Tax Withheld (Box 10)	+ _____ [25]					
Medicare Premium Total (Box 11)	+ _____ [27]					

Additional Information About Benefits Received

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

_____ [40]
 _____ [41]
 _____ [42]
 _____ [43]
 _____ [44]

NOTES/QUESTIONS:

Form ID: IRA	Traditional IRA	26
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	Taxpayer	Spouse
Are you or your spouse (if MFJ or MFS) covered by an employer's retirement plan? (Y, N)	__ [1]	__ [2]
Do you want to contribute the maximum allowable traditional IRA contribution amount? If yes, enter the applicable code: (1 = Deductible only, 2 = Both deductible and nondeductible)	__ [3]	__ [4]
Enter the total traditional IRA contributions made for use in 2017	+ _____ [5]	+ _____ [6]

	Taxpayer	Spouse
Enter the nondeductible contribution amount made for use in 2017	+ _____ [11]	+ _____ [12]
Enter the nondeductible contribution amount made in 2018 for use in 2017	+ _____ [13]	+ _____ [14]
Traditional IRA basis	+ _____ [15]	+ _____ [16]
Value of all your traditional IRA's on December 31, 2017:	+ _____ [17]	+ _____ [18]
_____	+ _____	+ _____
_____	+ _____	+ _____
_____	+ _____	+ _____
_____	+ _____	+ _____
_____	+ _____	+ _____

Roth IRA

Please provide copies of any 1998 through 2016 Form 8606 not prepared by this office

	Taxpayer	Spouse
Mark if you want to contribute the maximum Roth IRA contribution	__ [27]	__ [28]
Enter the total Roth IRA contributions made for use in 2017	+ _____ [29]	+ _____ [30]
Enter the total amount of Roth IRA conversion recharacterizations for 2017	+ _____ [37]	+ _____ [38]
Enter the total contribution Roth IRA basis on December 31, 2016	+ _____ [41]	+ _____ [42]
Enter the total Roth IRA contribution recharacterizations for 2017	+ _____ [43]	+ _____ [44]
Enter the Roth conversion IRA basis on December 31, 2016	+ _____ [45]	+ _____ [46]
Value of all your Roth IRA's on December 31, 2017:	+ _____ [47]	+ _____ [48]
_____	+ _____	+ _____
_____	+ _____	+ _____
_____	+ _____	+ _____
_____	+ _____	+ _____
_____	+ _____	+ _____

NOTES/QUESTIONS:

Alimony Paid:

T/S/J	Recipient name	Recipient SSN	2017 Information	Prior Year Information
			+	
Address			+	
Address			+	
Address			+	

	2017 Information		Prior Year Information
	Taxpayer	Spouse	
Educator expenses:			
	+	+	
Other adjustments:			
	+	+	

NOTES/QUESTIONS:

Schedule A - Medical and Dental Expenses

T/S/J

2017 Information

Prior Year Information

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

___[1] _____ + _____[2]
 _____ + _____
 _____ + _____
 _____ + _____
 _____ + _____
 _____ + _____

Medical insurance premiums you paid:

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

___[4] _____ + _____[5]
 _____ + _____
 _____ + _____
 _____ + _____

Long-term care premiums you paid:

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

___[7] _____ + _____[8]
 _____ + _____

Prescription medicines and drugs:

___[10] _____ + _____[11]
 _____ + _____
 _____ + _____

___[13] Miles driven for medical items _____[14]

Prior Year Information grid with 10 horizontal lines.

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]
 _____ + _____
 _____ + _____

Prior Year Information grid with 10 horizontal lines.

Interest Expenses

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]	+	+	+		
	+	+	+		
	+	+	+		
	+	+	+		
	+	+	+		
	+	+	+		
	+	+	+		
	+	+	+		
	+	+	+		

***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			2017 Information	Prior Year Information
	Contributions made by cash or check (including out-of-pocket expenses) <small>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.</small>			
__ [2]	_____	+	_____ [3]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
__	_____	+	_____	
__	_____	+	_____	
__	_____	+	_____	
__	_____	+	_____	
__	_____	+	_____	
__	_____	+	_____	
__	_____	+	_____	
__	_____	+	_____	
__	_____	+	_____	
__ [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]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
__	_____	+	_____	
__	_____	+	_____	
__	_____	+	_____	
__	_____	+	_____	
__	_____	+	_____	
__	_____	+	_____	
__	_____	+	_____	
__	_____	+	_____	
__	_____	+	_____	
__ [14]	Union dues, other than amounts reported on Form W-2:		_____ [15]	
__ [17]	Tax preparation fees		_____ [18]	
	Other expenses, subject to 2% AGI limit, such as: Legal/accounting/custodial fees			
__ [20]	_____	+	_____ [21]	
__	_____	+	_____	
__	_____	+	_____	
__	_____	+	_____	
__ [23]	Safe deposit box rental		_____ [24]	
	Investment expenses, other than on Schedule(s) K-1 or Form(s) 1099-DIV/INT:			
__ [26]	_____	+	_____ [27]	
__	_____	+	_____	
__	_____	+	_____	
	Other expenses, not subject to the 2% AGI limit:			
__ [30]	_____	+	_____ [31]	
__	_____	+	_____	
__	_____	+	_____	
__	_____	+	_____	
	Gambling losses: (Enter only if you have gambling income)			
__ [33]	_____	+	_____ [34]	
__	_____	+	_____	