

## **2017 Income Tax Organizer**

This tax organizer was designed to assist you in collecting information needed for your income tax return. Data from your year 2016 return has been reflected to remind you of items that may recur in 2017.

Please enter your 2017 information in the blanks provided. Make additions and corrections as necessary to reflect your 2017 tax data. Please also answer all the questions on the Organizer Questionnaire. They are designed to assure that your return will be as accurate and complete as possible. A blank page is provided at the end of the Organizer for questions, comments and additional information.

Please enclose the following documents with your Organizer when you return it to us:

- Forms W-2 received from all employers.
- Forms 1099, 1099R, etc., for interest, dividends, pensions, IRA distributions, etc.
- Schedules K-1 for your share of income/deductions from S Corps, p'ships, estates and trusts
- Copies of closing statements relating to the purchase or sale of real property
- Forms 1098, copies of real estate bills, property tax bills, mortgage statements, etc.
- Receipts or verification for medical expenses, charitable contributions and other deductions
- A copy of your 2016 income tax return (not necessary if we prepared it)
- All forms, correspondence and notices received by you from the Internal Revenue Service.

We hope this Organizer will simplify the accumulation and organization of your income tax data. It will also assist us in our service to you. Please call if you have any questions.

Please return or bring your completed Organizer to:

**Patrick M. Burns, CPA, PA  
1918 Hillcrest Street  
Orlando, FL 32803  
(407)228-4443**

# Questionnaire

Please answer the following questions with respect to your 2017 tax year. Include details for any "Yes" answers.

	<u>Yes</u>	<u>No</u>
Were you notified of any adjustments or changes to a prior year's return?	<input type="checkbox"/>	<input type="checkbox"/>
Are you aware of any corrections or adjustments that should be made with respect to income, deductions or credits reported on a prior year's return?	<input type="checkbox"/>	<input type="checkbox"/>
Describe your health insurance coverage this year.		
<input type="checkbox"/> No coverage	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Private carrier	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Federal or state exchange	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 12 months	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Someone with partial coverage	<input type="checkbox"/>	<input type="checkbox"/>
Have you received Form 1095-A, detailing your health insurance coverage through an exchange?	<input type="checkbox"/>	<input type="checkbox"/>
Do you believe you are exempt from having to purchase health insurance coverage? Explain (include any notifications received)	<input type="checkbox"/>	<input type="checkbox"/>
_____		
_____		
Did you receive a pension or annuity, from the federal, state, or local government, for services as an employee, that was not included on your W-2? How much? _____	<input type="checkbox"/>	<input type="checkbox"/>
Did you buy or sell any stocks or bonds?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any stocks, bonds or loans that became worthless?	<input type="checkbox"/>	<input type="checkbox"/>
Did you purchase, sell or refinance a home?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever claimed the "First Time Homebuyer's credit?"	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Did you fulfill all residency obligations and repay all loans incurred?	<input type="checkbox"/>	<input type="checkbox"/>
Did you purchase or sell or cease to operate a rental or business property?	<input type="checkbox"/>	<input type="checkbox"/>
If YES, which one (and attach details)? _____		
Did you receive a lump sum distribution from a retirement plan?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any foreign income or pay any foreign taxes?	<input type="checkbox"/>	<input type="checkbox"/>
Were you a U.S. citizen or a U.S. resident alien residing in a foreign country for 330 days or more, of a continuous 365 days (i.e. June 1 thru May 31)?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, enter the dates of your residency/physical presence.		
Country: _____ From: _____ To: _____		
Did you engage in the bartering of goods or services?	<input type="checkbox"/>	<input type="checkbox"/>

# Questionnaire

	<u>Yes</u>	<u>No</u>
Did you buy securities on margin or otherwise borrow money and use the proceeds for investment?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any interest on a qualified student loan?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or one of your dependents pay expenses to enroll in or attend an education institution?	<input type="checkbox"/>	<input type="checkbox"/>
Did you contribute property other than money to a charity?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make gifts to a trust or gifts of more than \$15,000 to any individual?	<input type="checkbox"/>	<input type="checkbox"/>
Did you incur a loss due to casualty or theft? If yes, enter details in Notes.	<input type="checkbox"/>	<input type="checkbox"/>
Are you a real estate professional?	<input type="checkbox"/>	<input type="checkbox"/>
Did you incur child/dependent care expenses so you (and your spouse if married) could earn a living?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any income which has not been reported in this Organizer? (e.g. tips, child support, worker's compensation, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Did you incur any expenses that you think may be deductible which haven't been reported in this Organizer?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have a dependent child under 24 who received unearned income (dividends, interest, etc.) of more than \$2,100?	<input type="checkbox"/>	<input type="checkbox"/>
Did you move during the year due to a change in your job location?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any major purchases during the year, such as cars, motor homes, motorcycles recreational vehicles, off-road vehicles, etc?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay a babysitter or other household employee wages of more than \$2,000 during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have a health savings account (HSA) or High Deductible Health Plan (HDHP)		
<input type="checkbox"/> your employer contributed to?		
<input type="checkbox"/> you received distributions from?		
<input type="checkbox"/> you failed to maintain coverage for?		
Are you an eligible small employer who meets the following conditions?	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"><li>• I paid employee health premiums under a qualifying arrangement.</li><li>• I had fewer than 25 full time equivalent employees.</li><li>• The average annual wage for all employees was \$53,000 or less.</li></ul>		

# Questionnaire

**Yes**    **No**

Questions (for taxpayer and spouse) to determine eligibility for earned income credit. (The credit is further based on earned income, gross income, age and qualifying dependents.)

Were you a nonresident alien for any part of the tax year?

Could you be a qualifying child for another person for this year?

Was your home in the United States for more than half the year?

Did you have a social security number that allows you to work?

If you are entitled to a refund that will not be credited to next year's estimated tax, would you like for it to be direct deposited?

If YES, please provide the following information:

Type of account:     Checking     Savings

Routing transit number: \_\_\_\_\_

Account number: \_\_\_\_\_

(If checking, the transit number and account number are printed on your checks.)



# Wages, Salaries and Tips (W-2s)

Please provide all Forms W-2 from all employers. Check the box for each W-2 provided.  
Enter amounts only if Forms W-2 are not available.

<u>Employer</u>	<u>T/S</u>	<u>Wages (Box 1)</u>	<u>Fed Tax W/H (Box 2)</u>	<u>SS Tax W/H (Box 4)</u>	<u>Med Tax W/H (Box 6)</u>	<u>State Tax W/H (Box 17)</u>	<u>Local Tax W/H (Box 19)</u>
_____	<input type="checkbox"/>	_____	_____	_____	_____	_____	_____
_____	<input type="checkbox"/>	_____	_____	_____	_____	_____	_____
_____	<input type="checkbox"/>	_____	_____	_____	_____	_____	_____
_____	<input type="checkbox"/>	_____	_____	_____	_____	_____	_____
_____	<input type="checkbox"/>	_____	_____	_____	_____	_____	_____
_____	<input type="checkbox"/>	_____	_____	_____	_____	_____	_____

## Other Income

	<u>2017</u>	<u>2016</u>
State and local income tax refunds	_____	_____
Alimony received	_____	_____
Unemployment compensation received	_____	_____
Social security benefits	_____	_____
Other income:	<u>T/S/J</u>	<u>Earned?</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

## Adjustments to income

	<u>2017</u>	<u>2016</u>
Student loan interest paid	_____	_____
Health savings account deduction	_____	_____
Self-employed health insurance deduction	_____	_____
Keough, SEP and SIMPLE plans - Taxpayer	_____	_____
Keough, SEP and SIMPLE plans - Spouse	_____	_____
Penalty on early withdrawal of savings	_____	_____
Alimony paid (Recipient's SSN: _____ )	_____	_____
IRA contributions Taxpayer: _____ Spouse: _____	_____	_____
Educator expenses	_____	_____
Tuition and Fees	_____	_____
Other adjustments:		
_____	_____	_____
_____	_____	_____

# Interest Income

Please provide all Forms 1099 for all payers of interest. Check the box for each 1099 provided. Enter amounts only if Forms 1099 are not available.

<u>Payer</u>	<u>Code</u>	<u>2017 Fed Tax W/H</u>	<u>2017 Interest Income</u>	<u>2016 Interest Income</u>
_____	<input type="checkbox"/>	_____	_____	_____
_____	<input type="checkbox"/>	_____	_____	_____
_____	<input type="checkbox"/>	_____	_____	_____
_____	<input type="checkbox"/>	_____	_____	_____
_____	<input type="checkbox"/>	_____	_____	_____
_____	<input type="checkbox"/>	_____	_____	_____

**Codes:** T - Taxable Interest    B - Series EE Bond Interest    A - Accrued Interest  
 E - Exempt Interest    N - Nominee Interest    O - Original Issue Discount Adjustment  
 S - Seller Financed Interest (enter borrower's name, address and SSN below)

**Seller Financed Mortgages:** Enter interest income above and the additional following information for each seller financed mortgage.

<u>Borrower's Name (Payer)</u>	<u>Address</u>	<u>Soc Sec #</u>
_____	_____	_____
_____	_____	_____

# Dividend Income

Please provide all Forms 1099-DIV for all payers of dividends. Check the box for each 1099-DIV provided. Enter amounts only if Forms 1099 are not available.

<u>Payer</u>	<u>Code</u>	<u>2017 Fed Tax W/H</u>	<u>2017 Capital Gains*</u>	<u>2017 Ordinary Dividends*</u>	<u>2016 Ordinary Dividends</u>
_____	<input type="checkbox"/>	_____	_____	_____	_____
_____	<input type="checkbox"/>	_____	_____	_____	_____
_____	<input type="checkbox"/>	_____	_____	_____	_____
_____	<input type="checkbox"/>	_____	_____	_____	_____
_____	<input type="checkbox"/>	_____	_____	_____	_____
_____	<input type="checkbox"/>	_____	_____	_____	_____

**Codes:** T - Taxable Dividends    E - Tax Exempt Dividends    N - Nominee Distributions

**\*Note:** From Form 1099-DIV, if Qualified Dividends are different from Total Ordinary Dividends, or there are other amounts not entered above, you must provide the Form 1099-DIV or enter the differences in the Notes to this Organizer.

## Foreign Accounts and Foreign Trusts

At any time during the year, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account or securities account?

<u>Yes</u>	<u>No</u>
<input type="checkbox"/>	<input type="checkbox"/>

If "Yes", enter the name of the foreign country: \_\_\_\_\_

During the tax year, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust?

<input type="checkbox"/>	<input type="checkbox"/>
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# Schedule C - Profit or Loss from Business

Proprietor (T, S or J):  Employer ID#: \_\_\_\_\_ Acct Meth:  Cash  Accrual

Business name: \_\_\_\_\_

Business address: \_\_\_\_\_

Principal business and product: \_\_\_\_\_

Business was started this year

Did you materially participate in the operation of this business during the tax year?

Did you dispose of all or a part of this business during the tax year?

Did you incur expenses for the business use of your home?

If YES, see page for Business Use of Home.

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

	<u>2017</u>	<u>2016</u>
<b>Income</b>		
Gross receipts or sales <input type="checkbox"/> Statutory employee	_____	_____
Returns and allowances	_____	_____
Other income including fuel tax credits and refunds	_____	_____

<b>Cost of Goods Sold</b>		
Beginning inventory	_____	_____
Purchases (less cost of items withdrawn for personal use)	_____	_____
Cost of labor	_____	_____
Materials and supplies	_____	_____
Other costs	_____	_____
Ending inventory	_____	_____

	<u>2017</u>	<u>2016</u>		<u>2017</u>	<u>2016</u>
<b>Expenses</b>					
Advertising	_____	_____	Rent - Other	_____	_____
Car and truck expense	_____	_____	Repairs	_____	_____
Commissions/fees	_____	_____	Supplies	_____	_____
Contract labor	_____	_____	Taxes	_____	_____
Depreciation* (see below)	_____	_____	Travel expenses	_____	_____
Employee benefits	_____	_____	Meals/entertainment	_____	_____
Insurance	_____	_____	Utilities/telephone	_____	_____
Mortgage interest	_____	_____	Wages	_____	_____
Other interest	_____	_____	Other expenses (list)	_____	_____
Legal & professional	_____	_____		_____	_____
Office expense	_____	_____		_____	_____
Pension/profit sharing	_____	_____		_____	_____
Rent - Mach/equip	_____	_____		_____	_____

\*For depreciation, please use the attached Depreciation Schedule to enter assets or to update for acquisitions and dispositions.



# IRA, Pension and Other Retirement Plan Distributions

Please provide all Forms 1099-R from all payers. Check the box and enter the code and amount rolled over for each 1099-R provided. Enter other amounts only if Forms 1099-R are not available.

<u>Name of Payer</u>	<input type="checkbox"/>	<u>T/S</u>	<u>Code</u>	<u>Gross Distribution (Box 1)</u>	<u>Taxable Amount (Box 2a)</u>	<u>Federal Tax W/H (Box 4)</u>	<u>Amount Rolled Over</u>
_____	<input type="checkbox"/>	—	—	_____	_____	_____	_____
_____	<input type="checkbox"/>	—	—	_____	_____	_____	_____
_____	<input type="checkbox"/>	—	—	_____	_____	_____	_____
_____	<input type="checkbox"/>	—	—	_____	_____	_____	_____
_____	<input type="checkbox"/>	—	—	_____	_____	_____	_____
_____	<input type="checkbox"/>	—	—	_____	_____	_____	_____

**Codes:**

- |                              |                           |  |
|------------------------------|---------------------------|--|
| I - Regular IRA Distribution | R - Roth IRA Distribution | P - Pension, Annuity or Retirement Pay |
| E - Education IRA            | C - Roth Conversion       | D - Disability Pension                 |
| M - SIMPLE IRA               | U - Undetermined          |  |

# IRA, Keogh, SEP and Simple Plan Contributions

	<u>2017</u>		<u>2016</u>	
<b>IRA Contributions</b>	<u>Taxpayer</u>	<u>Spouse</u>	<u>Taxpayer</u>	<u>Spouse</u>
Were you covered under a pension, profit-sharing or other employer retirement plan during the year?	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<u>Traditional IRAs:</u>				
Contributions during the year*	_____	_____	_____	_____
Additional contributions to be made before April 15	_____	_____	_____	_____
<u>Roth IRAs:</u>				
Contributions during the year*	_____	_____		
Additional contributions to be made before April 15	_____	_____		
<u>Educational IRAs:</u>				
Contributions during the year*	_____	_____		
Additional contributions to be made before April 15	_____	_____		

\* Do not include contributions applicable to last year

**Keogh, SEP and Simple Plan Contributions**

Contributions during the year*	_____	_____	_____	_____
Additional contributions to be made before April 15	_____	_____	_____	_____

\* Do not include contributions applicable to last year

# Schedule E - Rent and Royalty Income

## Property Types

Single Family, Multi-Family,  
Vacation/Short-Term Rental,  
Commercial, Land,  
Self-Rental, Royalties, Other

Description of property: \_\_\_\_\_

Location of property: \_\_\_\_\_

Type of property: \_\_\_\_\_

**Yes**    **No**

Did you dispose of all or a part of this business during the tax year?

  

If this is a rental real estate activity:

Did you actively participate in the operation of this activity during the year?

  

If you are a real estate professional, did you materially participate?

  

Was this property used for personal purposes?

  

If YES, enter: Days rented: \_\_\_\_\_ Days used for personal purposes: \_\_\_\_\_

	<u>2017</u>	<u>2016</u>
<b>Income</b>		
Rents received	_____	_____
Royalties received	_____	_____
<b>Expenses</b>		
Advertising	_____	_____
Auto and travel	_____	_____
Cleaning and maintenance	_____	_____
Commissions	_____	_____
Depreciation (see below)		
Insurance	_____	_____
Legal & professional	_____	_____
Management fees	_____	_____
Mortgage interest	_____	_____
Other interest	_____	_____
Repairs	_____	_____
Supplies	_____	_____
Property Taxes	_____	_____
Other Taxes	_____	_____
Utilities	_____	_____
Other expenses (list)		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

For depreciation, please use the attached Depreciation Schedule to enter assets or to update for acquisitions and dispositions.



# Itemized Deductions

## Medical and Dental Expenses (Do not include expenses reimbursed by insurance.)

	<u>2017</u>	<u>2016</u>
Total medical and dental expenses (or list detail below) . . . . .	_____	_____
Medicines, drugs, insulin, etc. . . . .	_____	_____
Doctors, dentists, nurses, hospitals, lab work . . . . .	_____	_____
Health insurance premiums paid. . . . .	_____	_____
Mileage _____ and transportation . . . . .	_____	_____
Qualified long term care . . . . .	_____	_____
Lodging for medical purposes (limited to \$50 per person per year). . . . .	_____	_____
Medical equipment and supplies, eyeglasses and contact lenses. . . . .	_____	_____
Other: _____	_____	_____
_____	_____	_____

## Taxes Paid

	<u>2017</u>	<u>2016</u>
State and local income taxes (not included on Forms W-2 and 1099-R) _____	_____	_____
State general sales taxes: Enter state and county of residence: _____		
If more than one state, enter second state and # of days: _____		
General sales taxes paid on specified items (cars, motor homes, motorcycles, recreational vehicles, off-road vehicles, etc.), if any: _____	_____	_____
Real estate taxes (including personal property taxes) . . . . .	_____	_____
State/local sales/excise taxes you paid on a new vehicle after 02/16/09 _____		
Purchase price (before taxes) of the new vehicle . . . . .	_____	_____
Other: _____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## Interest Paid

	<u>2017</u>	<u>2016</u>
Home mortgage interest and points (from Form 1098). . . . .	_____	_____
Other home mortgage interest . . . . .	_____	_____
If paid to an individual:		
Name: _____ SSN: _____		
Address: _____		
Points paid to purchase a residence (not on Form 1098). . . . .	_____	_____
Qualified Mortgage Insurance Premiums . . . . .	_____	_____
Interest paid on money borrowed for investment purposes . . . . .	_____	_____
Other: _____	_____	_____



# Itemized Deductions

## Charitable Contributions

	<u>2017</u>	<u>2016</u>
Cash or check contributions:		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Noncash contributions:		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Mileage	_____	

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## Miscellaneous Deductions

	<u>2017</u>	<u>2016</u>
Unreimbursed employee expenses (Union dues, job education, etc.) Use Form 2106 for auto, travel, meals and entertainment.		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Did you use any part of your home for business as an employee? If YES, see page for Business Use of Home. <input type="checkbox"/> Yes <input type="checkbox"/> No		
Tax preparation and electronic filing fees	_____	_____
Other expenses (Investment, safe deposit box, etc.)		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Other expenses including gambling losses		
_____	_____	_____
_____	_____	_____

# Employee Business Expenses

## General Information

Were expenses incurred by (T) taxpayer or (S) spouse?

Occupation in which expenses were incurred \_\_\_\_\_

If applicable, enter one of the following special codes:

(Q) Qualified performing artist (D) Department of Transportation employee

(F) Fee based government official (H) Impairment related expense of handicapped employee

Did you incur expenses for the business use of your home?  Yes  No

If YES, see page for Business Use of Home.

## Expenses other than vehicle

	<u>2017</u>	<u>2016</u>
Parking fees, tolls, and transportation expenses (train, bus, etc.) not involving overnight travel or commuting to and from work	_____	_____
Travel expense while away from home overnight (lodging, airplane, car rental, etc.) Do not include meals and entertainment.	_____	_____
Other business expenses. Do not include meals and entertainment.	_____	_____
Meals and entertainment expenses	_____	_____

## Employer Reimbursements

(Reimbursements received from your employer that were not reported to you in Box 1 of Form W-2. Include reimbursements reported under code "L" in Box 13 of your Form W-2.)

Reimbursements for meal and entertainment expenses	_____	_____
Reimbursements for other expenses <input type="checkbox"/> Subject to DOT service limits	_____	_____

## Vehicle expenses

	<u>Yes</u>	<u>No</u>
Do you have another vehicle available for personal use?	<input type="checkbox"/>	<input type="checkbox"/>
If employer-provided, is personal off-duty use permitted?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have evidence to support business use of the vehicle?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, is the evidence written?	<input type="checkbox"/>	<input type="checkbox"/>

	<u>Vehicle 1</u>	<u>Vehicle 2</u>
Enter date vehicle was placed in service	_____	_____
If the vehicle was owned: Vehicle description	_____	_____
Original cost or basis	_____	_____
If the vehicle was leased: Date lease term began	_____	_____
Value on first day of lease	_____	_____

	<u>2017</u>	<u>2016</u>	<u>2017</u>	<u>2016</u>
Total miles the vehicle was driven during the year	_____	_____	_____	_____
Business miles included in total	_____	_____	_____	_____
Commuting miles included in total	_____	_____	_____	_____
Expenses:				
Gasoline, oil, repairs, vehicle insurance, etc.	_____	_____	_____	_____
Vehicle rentals	_____	_____	_____	_____

# Child and Dependent Care Expenses

## Persons/Organizations Who Provided the Care

Name	Address	SSN/FEIN	Amount Paid	
			2017	2016
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

## Qualifying Persons and Expenses Incurred and Paid This Year

First Name	Last Name	SSN	2017	2016
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

### If you incurred child care expenses last year (2016) that were paid this year (2017):

Amount of expenses incurred last year and paid last year \_\_\_\_\_

Amount of expenses incurred last year but paid this year \_\_\_\_\_

Number of qualifying persons last year if different from this year \_\_\_\_\_

Amount from last year's Form 2441, line 27 \_\_\_\_\_

Enter the smaller of amounts from last year's Form 2441, lines 4 and 5 \_\_\_\_\_

Enter your adjusted gross income from last year (Form 1040, Line 38) \_\_\_\_\_

### If you incurred child care expenses this year (2017) that were paid in another year:

Amount of expenses incurred this year but paid in another year \_\_\_\_\_

### If dependent care benefits were paid or provided by your employer:

	2017	2016
Were benefits received by (T)axpayer or (S)pouse ?	<input type="checkbox"/>	<input type="checkbox"/>
Dependent benefits received or paid for you by employer (Form W-2, Box 10)	_____	_____
Do not include amounts reported to you as wages in Box 1 on Form W-2.	_____	_____
Amounts forfeited, if any, from a flexible spending account	_____	_____

# Estimated Tax

	<b>Date Paid</b>	<b>Amount</b>
<b>Estimated Tax Payments Made for 2017</b>		
1st Quarter (due 4/15/17)	_____	_____
2nd Quarter (due 6/15/17)	_____	_____
3rd Quarter (due 9/15/17)	_____	_____
4th Quarter (due 1/15/18)	_____	_____
Overpayment on last year's return applied to estimated tax		_____

## Estimated Tax Calculations for 2018

If your return results in an overpayment, do you want the overpayment:  Refunded  
 Applied to 2018 Estimate

Do you expect your 2018 income, expenses exemptions and deductions to be approximately the same as for 2017? If NO, please explain the differences below:

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Do you expect your 2018 withholding taxes and other credits to be approximately the same as for 2017? If NO, please explain the differences below:

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# Business Use of Home

## Qualifying for the Deduction

Did you use a part of your home regularly and exclusively for:

- (1) Your principal place of business for any of your trades or businesses?
- (2) A place used by patients, clients or customers in your normal course of business?
- (3) If you are an employee, use was for the convenience of your employer?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

If NO to all, you may not qualify to deduct home office expenses. There are exceptions for storage of inventory and samples and certain day-care facilities.

## Portion of Home Used for Business

Activity for which business use of home expenses were incurred: \_\_\_\_\_

	2017	2016
Area of home used regularly and exclusively for business	_____	_____
Total area of home	_____	_____
Percentage of business use	_____	_____
Date home was first used for business	_____	_____
The smaller of Original cost/Fair market value of your home	_____	_____
Value of land included in original cost	_____	_____
For day care only - Enter area used and total area above. If not used regularly and exclusively for business, enter days and hours used for day care.	_____	_____
Days used for day care:	_____	_____
Hours used per day:	_____	_____

## Indirect Expenses (Subject to percentage allocation)

Enter those general expenses of keeping up and maintaining your entire home. They benefit both the personal and business parts of your home.

Be careful not to duplicate items as direct and indirect expenses.

	2017	2016
Mortgage interest (do not duplicate on Schedule A)	_____	_____
Real estate taxes (do not duplicate on Schedule A)	_____	_____
Insurance	_____	_____
Repairs and maintenance	_____	_____
Utilities	_____	_____
Other expenses	_____	_____

## Direct Expenses (Not subject to percentage allocation)

Enter only those expenses that are 100% business, not subject to allocation based on portion of home used for business. Include, for example, painting or repairs to a room used for business or supplies used in a home office.

	2017	2016
Mortgage interest (do not duplicate on Schedule A)	_____	_____
Real estate taxes (do not duplicate on Schedule A)	_____	_____
Insurance	_____	_____
Repairs and maintenance	_____	_____
Utilities	_____	_____
Other expenses	_____	_____

## Other information

Did you have a casualty loss involving your home or home office?

If Yes, please provide information on a separate sheet.

Yes  No

Did you have equipment or other assets subject to depreciation in connection with the business use of your home?

Yes  No

If Yes, please use the attached Depreciation Schedule to enter assets or to update for acquisitions and dispositions.





