

McQuillan and Company, P.A.
4532 W Kennedy Blvd Suite 335
Tampa, FL 33609
813-490-3994

Dear Prospect:

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.

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 questions and attach a statement when necessary for additional information not provided in the Client Organizer.

You will also need to provide 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.
- 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.

IRS regulations require paid tax preparers who expect to prepare and file 11 or more federal individual or trust tax returns to file them electronically. To comply with this requirement your return will be electronically filed this year. The benefits of e-filing include a secure way to file tax returns and it provides proof of acceptance that the IRS has accepted your return for processing. Contact this office if you prefer your return be filed on paper.

The IRS does not send out unsolicited emails requesting detailed personal information. Such authentic-looking emails are called "phishing" emails and responding may expose you to identity theft. If you receive such an email from the IRS, send a copy of the email to phishing@irs.gov.

Please do not respond to the email unless the email request you send to the IRS has been verified as legitimate. You may also contact our office regarding any correspondence, written or electronic, that you receive from the IRS.

Thank you for the opportunity to serve you.

Sincerely,

A handwritten signature in blue ink, appearing to be 'D. Quillan', with a long horizontal stroke extending to the right.

McQuillan and Company, 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?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____		
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"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
Did you 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"/>
Did you reside in or operate a business in a Federally declared disaster area? The Federally declared disaster areas include hurricane and tropical storm victims in Georgia, Florida, Puerto Rico, the Virgin Islands and parts of Texas, Louisiana and South Carolina, as well as wildfire victims in California.	<input type="checkbox"/>	<input type="checkbox"/>
Dependent Information		
Were there any changes in dependents from the prior year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____		
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"/>
Did you pay any expenses related to the adoption of a child during the year?	<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"/>
Did any dependents receive an Identity Protection PIN (IP PIN) from the IRS or have they been a victim of identity theft? If yes, attach the IRS letter.	<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 purchase or sell a principal residence 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 this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you refinance a principal residence or second home 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"/>
Did you purchase a qualified plug-in electric drive vehicle or qualified fuel cell vehicle this year?	<input type="checkbox"/>	<input type="checkbox"/>

Income Information

- 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?
- Did you receive any income from property sold prior to this year?
- Did you receive any unemployment benefits during the year?
- Did you receive any disability income during the year?
- Did you receive tip income not reported to your employer this year?
- Did any of your life insurance policies mature, or did you surrender any policies?
- Did you receive any awards, prizes, hobby income, gambling or lottery winnings?
- Do you expect a large fluctuation in income, deductions, or withholding next year?

Retirement Information

- Are you an active participant in a pension or retirement plan?
- Did you receive any Social Security benefits during the year?
- Did you make any withdrawals from an IRA, Roth, myRA, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan?
- If yes, were any withdrawals due to a Federally declared disaster?
- Did you receive any lump-sum payments from a pension, profit sharing or 401(k) plan?
- Did you make any contributions to an IRA, Roth, myRA, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan?

Education Information

- Did you, your spouse, or your dependents attend a post-secondary school during the year, or plan to attend one in the coming year?
- Did you have any educational expenses during the year on behalf of yourself, your spouse, or a dependent? If yes, attach any Form(s) 1098-T and receipts for qualified tuition and related expenses
- Did anyone in your family receive a scholarship of any kind during the year?
- If yes, were any of the scholarship funds used for expenses other than tuition, such as room and board?
- Did you make any withdrawals from an education savings or 529 Plan account?
- Did you make any contributions to an education savings or 529 Plan account?
- Did you pay any student loan interest this year?
- Did you cash any Series EE or I U.S. Savings bonds issued after 1989?
- Would you like a worksheet to aid in the completion of a Free Application for Federal Student Aid (FAFSA) with the U.S. Department of Education?

Health Care Information

- Did you have qualifying health care coverage, such as employer-sponsored coverage or government-sponsored coverage (i.e. Medicare/Medicaid) for your family? "Your family" 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.
- Did anyone in your family qualify for an exemption from the health care coverage mandate? Examples of exemptions include (but are not limited to) certain non-citizens, members of a health care sharing ministry, members of Federally-recognized Indian tribes, and exemptions requested from the Marketplace. If yes, attach the Exemption Certificate Number (ECN) or type of exemption.
- Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act? If yes, attach any Form(s) 1095-A you received.
- Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act and share a policy with anyone who is not included in your family?
- Did you make any contributions to a Health savings account (HSA) or Archer MSA?
- Did you receive any distributions from a Health savings account (HSA), Archer MSA, or Medicare Advantage MSA this year?

- Did you pay long-term care premiums for yourself or your family?
- Did you make any contributions to an ABLE (Achieving a Better Life Experience) account? If yes, attach any Form(s) 5498-QA you received.
- Did you receive any withdrawals from an ABLE (Achieving a Better Life Experience) account? If yes, attach any Form(s) 1099-QA you received.
- If you are a business owner, did you pay health insurance premiums for your employees this year?
- Did you receive any Health Coverage Tax Credit (HCTC) advance payments? If yes, attach any Form(s) 1099-H you received.

Itemized Deduction Information

- Did you incur a casualty or theft loss or any condemnation awards during the year?
- If yes, did the loss occur in a Federally declared disaster area?
- Did you pay out-of-pocket medical expenses (Co-pays, prescription drugs, etc.)?
- 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.
- Did you donate a vehicle or boat during the year? If yes, attach Form 1098-C or other written acknowledgment from the donee organization.
- Did you pay real estate taxes for your primary home and/or second home?
- Did you pay any mortgage interest on an existing home loan? If yes, attach any Form(s) 1098 you received.
- Did you incur interest expenses associated with any investment accounts you held?
- Did you have an expense account or allowance during the year?
- Did you use your car on the job, for other than commuting?
- Did you work out of town for part of the year?
- Did you have any expenses related to seeking a new job during the year?
- Did you make any major purchases during the year (cars, boats, etc.)?
- 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?

Miscellaneous Information

- Did you make gifts of more than \$14,000 to any individual?
- Did you utilize an area of your home for business purposes?
- Did you engage in any bartering transactions?
- Did you retire or change jobs this year?
- Did you incur moving costs because of a job change?
- Did you pay any individual as a household employee during the year?
- Did you make energy efficient improvements to your main home this year?
- Did you receive a distribution from, or were you a grantor or transferor for a foreign trust?
- 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?
- Do you have any foreign financial accounts, foreign financial assets, or hold interest in a foreign entity?
- Did you receive correspondence from the State or the IRS?
- If yes, explain: _____
- Do you have previous years of tax returns that are either unfiled or filed with unpaid balances due?
- 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.

Client Organizer Topical Index

This client organizer topical index is designed to help you quickly locate the items listed. To use the index just locate the topic and refer to the page number listed. The page number corresponds to the number printed in the top right corner of your organizer sheets.

Topic	Page	Topic	Page
Affordable Care Act Health Coverage	69	Gambling winnings	18
Alaska Permanent Fund dividends	18	Gambling losses	57
Alimony paid	49	Identity authentication	7
Alimony received	18	Investment expenses	57
Bank account information	3	Investment interest expenses	56, 13, 17b
Charitable contributions	57	IRA, Roth IRA contributions	57
Dependent care benefits received	12	Medical and dental expenses	56
Dependent information	1, 7	Miscellaneous itemized deductions	26
Direct deposit information	3	Mortgage interest expense	55
	13, 14, 17b	Personal property taxes paid	49, 18a, 18b
Electronic filing	6	Railroad retirement benefits	57
Email address	2	Real estate taxes	56
Federal estimate payments	8		55
Federal withholding	12, 25	Social security benefits received	69, 17a, 17b
		State and local income tax refunds	25
		State & local estimate payments	18
		State & local withholding	9
		Statutory employee	12
		Taxes paid	12
		Unemployment compensation	55
		Wages and salaries	18
			12

Please note the following conventions used throughout your client organizer: T/S/J and T/S headings should be used to indicate if an item belongs to the (T)axpayer, (S)pouse, or (J)oint. Also, if an item did not occur in your resident state, please indicate the state's postal code abbreviation in which the item occurred. Control totals and [] numbers are for preparer use only.

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] _____ [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

- | | |
|--|---|
| <p>*Basic</p> <ul style="list-style-type: none"> 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 <p>***Months</p> <ul style="list-style-type: none"> 77 = Reported on odd year return 88 = Reported on even year return 99 = Not reported on return | <p>**Other</p> <ul style="list-style-type: none"> 1 = Student (Age 19 - 23) 2 = Disabled dependent 3 = Dependent who is both a student and disabled |
|--|---|

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]

IRS regulations require paid tax preparers who expect to prepare a certain amount of federal individual tax returns to file them electronically. To comply with this requirement your return will be electronically filed this year if it qualifies for electronic filing under IRS rules. Taxpayers may choose to file a paper return instead of filing electronically.

Mark if you want to file a paper return even if you qualify for electronic filing

____ [1]

Receive email notification(s) when your electronic file is accepted by the taxing agency (Blank = None, 1 = Return, 2 = Return & Extension)

____ [2]

If 1 or 2, please provide email address on Organizer Form ID: Info

Mark if you are filing a balance due return electronically and you want to pay the amount due by debiting your financial institution account

____ [9]

The IRS requires a Personal Identification Number (PIN) be used in signing returns that are electronically filed.

Each taxpayer and spouse, if applicable, must provide a 5 digit self-selected PIN of your choice other than all zeroes.

Taxpayer self-selected Personal Identification Number (PIN)

____ [7]

Spouse self-selected Personal Identification Number (PIN)

____ [8]

NOTES/QUESTIONS:

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. _____ [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) _____ [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

<p>City #1</p> <p>City name _____ [28]</p> <p>Amount paid with 2016 return + _____ [31]</p> <p>2016 overpayment applied to '17 estimates + _____ [32]</p> <p>Treat calculated amounts as paid _____ [36]</p>	<p>City #2</p> <p>City name _____ [50]</p> <p>Amount paid with 2016 return + _____ [53]</p> <p>2016 overpayment applied to '17 estimates + _____ [54]</p> <p>Treat calculated amounts as paid _____ [58]</p>
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<table border="0"> <thead> <tr> <th>Date Paid</th> <th>Amount Paid</th> </tr> </thead> <tbody> <tr> <td>1st quarter payment _____ [37]</td> <td>+ _____ [38]</td> </tr> <tr> <td>2nd quarter payment _____ [39]</td> <td>+ _____ [40]</td> </tr> <tr> <td>3rd quarter payment _____ [41]</td> <td>+ _____ [42]</td> </tr> <tr> <td>4th quarter payment _____ [43]</td> <td>+ _____ [44]</td> </tr> </tbody> </table>	Date Paid	Amount Paid	1st quarter payment _____ [37]	+ _____ [38]	2nd quarter payment _____ [39]	+ _____ [40]	3rd quarter payment _____ [41]	+ _____ [42]	4th quarter payment _____ [43]	+ _____ [44]	<table border="0"> <thead> <tr> <th>Date Paid</th> <th>Amount Paid</th> </tr> </thead> <tbody> <tr> <td>1st quarter payment _____ [59]</td> <td>+ _____ [60]</td> </tr> <tr> <td>2nd quarter payment _____ [61]</td> <td>+ _____ [62]</td> </tr> <tr> <td>3rd quarter payment _____ [63]</td> <td>+ _____ [64]</td> </tr> <tr> <td>4th quarter payment _____ [65]</td> <td>+ _____ [66]</td> </tr> </tbody> </table>	Date Paid	Amount Paid	1st quarter payment _____ [59]	+ _____ [60]	2nd quarter payment _____ [61]	+ _____ [62]	3rd quarter payment _____ [63]	+ _____ [64]	4th quarter payment _____ [65]	+ _____ [66]
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1st quarter payment _____ [59]	+ _____ [60]																				
2nd quarter payment _____ [61]	+ _____ [62]																				
3rd quarter payment _____ [63]	+ _____ [64]																				
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	_____

<p>City #3</p> <p>City name _____ [72]</p> <p>Amount paid with 2016 return + _____ [75]</p> <p>2016 overpayment applied to '17 estimates + _____ [76]</p> <p>Treat calculated amounts as paid _____ [80]</p>	<p>City #4</p> <p>City name _____ [94]</p> <p>Amount paid with 2016 return + _____ [97]</p> <p>2016 overpayment applied to '17 estimates + _____ [98]</p> <p>Treat calculated amounts as paid _____ [102]</p>
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<table border="0"> <thead> <tr> <th>Date Paid</th> <th>Amount Paid</th> </tr> </thead> <tbody> <tr> <td>1st quarter payment _____ [81]</td> <td>+ _____ [82]</td> </tr> <tr> <td>2nd quarter payment _____ [83]</td> <td>+ _____ [84]</td> </tr> <tr> <td>3rd quarter payment _____ [85]</td> <td>+ _____ [86]</td> </tr> <tr> <td>4th quarter payment _____ [87]</td> <td>+ _____ [88]</td> </tr> </tbody> </table>	Date Paid	Amount Paid	1st quarter payment _____ [81]	+ _____ [82]	2nd quarter payment _____ [83]	+ _____ [84]	3rd quarter payment _____ [85]	+ _____ [86]	4th quarter payment _____ [87]	+ _____ [88]	<table border="0"> <thead> <tr> <th>Date Paid</th> <th>Amount Paid</th> </tr> </thead> <tbody> <tr> <td>1st quarter payment _____ [103]</td> <td>+ _____ [104]</td> </tr> <tr> <td>2nd quarter payment _____ [105]</td> <td>+ _____ [106]</td> </tr> <tr> <td>3rd quarter payment _____ [107]</td> <td>+ _____ [108]</td> </tr> <tr> <td>4th quarter payment _____ [109]</td> <td>+ _____ [110]</td> </tr> </tbody> </table>	Date Paid	Amount Paid	1st quarter payment _____ [103]	+ _____ [104]	2nd quarter payment _____ [105]	+ _____ [106]	3rd quarter payment _____ [107]	+ _____ [108]	4th quarter payment _____ [109]	+ _____ [110]
Date Paid	Amount Paid																				
1st quarter payment _____ [81]	+ _____ [82]																				
2nd quarter payment _____ [83]	+ _____ [84]																				
3rd quarter payment _____ [85]	+ _____ [86]																				
4th quarter payment _____ [87]	+ _____ [88]																				
Date Paid	Amount Paid																				
1st quarter payment _____ [103]	+ _____ [104]																				
2nd quarter payment _____ [105]	+ _____ [106]																				
3rd quarter payment _____ [107]	+ _____ [108]																				
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	_____

Please provide all copies of Form W-2.

2017 Information

Prior Year Information

Taxpayer/Spouse (T, S) _____ [1]
 Employer name _____ [3]
 Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Farming / Fishing, 4 = National Guard) _____ [5]
 Mark if this is your current employer _____ [6]
 Federal wages and salaries (**Box 1**) + _____ [10]
 Federal tax withheld (**Box 2**) + _____ [12]
 Social security wages (**Box 3**) (If different than federal wages) + _____ [14]
 Social security tax withheld (**Box 4**) + _____ [16]
 Medicare wages (**Box 5**) (If different than federal wages) + _____ [18]
 Medicare tax withheld (**Box 6**) + _____ [21]
 SS tips (**Box 7**) + _____ [23]
 Allocated tips (**Box 8**) + _____ [25]
 Dependent care benefits (**Box 10**) + _____ [27]
Box 13 -
 Statutory employee _____ [29]
 Retirement plan _____ [30]
 Third-party sick pay _____ [31]
 State postal code (**Box 15**) _____ [32]
 State wages (**Box 16**) (If different than federal wages) + _____ [34]
 State tax withheld (**Box 17**) + _____ [36]
 Local wages (**Box 18**) + _____ [38]
 Local tax withheld (**Box 19**) + _____ [40]
 Name of locality (**Box 20**) _____ [43]

Control Totals + _____

Wages and Salaries #2

Please provide all copies of Form W-2.

2017 Information

Prior Year Information

Taxpayer/Spouse (T, S) _____ [1]
 Employer name _____ [3]
 Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Farming / Fishing, 4 = National Guard) _____ [5]
 Mark if this your current employer _____ [6]
 Federal wages and salaries (**Box 1**) + _____ [10]
 Federal tax withheld (**Box 2**) + _____ [12]
 Social security wages (**Box 3**) (If different than federal wages) + _____ [14]
 Social security tax withheld (**Box 4**) + _____ [16]
 Medicare wages (**Box 5**) (If different than federal wages) + _____ [18]
 Medicare tax withheld (**Box 6**) + _____ [21]
 SS tips (**Box 7**) + _____ [23]
 Allocated tips (**Box 8**) + _____ [25]
 Dependent care benefits (**Box 10**) + _____ [27]
Box 13 -
 Statutory employee _____ [29]
 Retirement plan _____ [30]
 Third-party sick pay _____ [31]
 State postal code (**Box 15**) _____ [32]
 State wages (**Box 16**) (If different than federal wages) + _____ [34]
 State tax withheld (**Box 17**) + _____ [36]
 Local wages (**Box 18**) + _____ [38]
 Local tax withheld (**Box 19**) + _____ [40]
 Name of locality (**Box 20**) _____ [43]

Control Totals + _____

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

	Control Totals	+	INCOME	Form ID: B-1
--	----------------	---	--------	--------------

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 Dividends	[2] 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

	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)	2017 Information		Prior Year Information																					
		Other income, such as: Commissions, Jury pay, Director fees,	Taxable scholarships																						
-	-	_____	+ _____ [14]	<table border="1"> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> </table>	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

-	-	_____	+ _____																						
-	-	_____	+ _____																						
-	-	_____	+ _____																						
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-	-	_____	+ _____																						
-	-	_____	+ _____																						
-	-	_____	+ _____																						

NOTES/QUESTIONS:

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]

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]

Grey box for Prior Year Information with three horizontal lines.

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:

Portion of Tier 1 Paid in 2017 (Box 5)

+ _____ [22]

Federal Income Tax Withheld (Box 10)

+ _____ [25]

Medicare Premium Total (Box 11)

+ _____ [27]

Grey box for Prior Year Information with three horizontal lines.

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.

Four horizontal lines for additional information with labels [40], [41], [42], [43], [44] on the right.

NOTES/QUESTIONS:

	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
			+ _____ [1]	
Address			+ _____	
			+ _____	
Address			+ _____	

	2017 Information		Prior Year Information
	Taxpayer	Spouse	
Educator expenses:	+ _____ [3]	+ _____ [4]	
	+ _____	+ _____	
Other adjustments:	+ _____ [6]	+ _____ [7]	
	+ _____	+ _____	
	+ _____	+ _____	
	+ _____	+ _____	
	+ _____	+ _____	
	+ _____	+ _____	
	+ _____	+ _____	
	+ _____	+ _____	
	+ _____	+ _____	
	+ _____	+ _____	
	+ _____	+ _____	
	+ _____	+ _____	
	+ _____	+ _____	
	+ _____	+ _____	
	+ _____	+ _____	
	+ _____	+ _____	
	+ _____	+ _____	
	+ _____	+ _____	

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]
------	--------------------------------	-------	------

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]
-	_____	+ _____	
-	_____	+ _____	

Control Totals +

ITEMIZED DEDUCTIONS

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	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]
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
[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]
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
[33] Gambling losses: (Enter only if you have gambling income)		_____ [34]
_____	+	_____
_____	+	_____

Your family for health care coverage refers to you, your spouse if filing jointly, and anyone you can claim as a dependent. Please provide all copies of Form(s) 1095-B and/or 1095-C

2017 Information

Prior Year Information

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

— [1]

Blank box for prior year information

If your entire family was not covered for the full year with minimum essential health care coverage, enter information for all family members who are covered, or are exempt from the requirement to maintain minimum essential health coverage. Enter either the Exemption Certificate Number issued by the Marketplace, or the Other Exemption Type you are claiming. Mark Full Year if the coverage or exemption is for the entire year, otherwise indicate the Start Month and End Month.

Table with columns: Social Security No., First Name, Last Name, Exemption Certificate Number, Coverage/Exemption Type *, Full Year, Start Month, End Month. Includes a small table for exemption codes below.

*Other Exemption Type Codes
A = Unaffordable coverage
B = Short coverage gap
C = Exempt noncitizen
D = Health care sharing ministry
E = Indian tribe member
F = Incarcerated individual
G = Hardship (combined coverage unaffordable, initial open enrollment, CHIP)
H = Medicaid/TRICARE/Fiscal year employer plan
X = Insured with minimum essential coverage (coverage info found on Form(s) 1095-B or 1095-C)

2017 Information

Prior Year Information

Taxpayer

Spouse

Self-employed health insurance premiums: (Not entered elsewhere)

Two rows of lines for health insurance premiums with plus signs and reference numbers [13] and [14]

Self-employed long-term care premiums: (Not entered elsewhere)

Two rows of lines for long-term care premiums with plus signs and reference numbers [16] and [17]

Large blank box for prior year information

NOTES/QUESTIONS:

Notes to Preparer

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

Taxpayer name(s)

Social security number

000-00-0000