| 2017 | 1040 | US | Client Information | 1 |
|---|---|---|---|---|

**LOGAN GENERAL TAX PRACTICE**
**2245 Jordan Ave**
**Juneau, AK 99801**
**Telephone number:** **(907) 789-3894**
**Fax number:** **(907) 789-5999**
**E-mail address:** **logantax@ak.net**

## Tax Return Appointment

**Date:**
**Time:**
**Location:**

**This tax organizer will assist you in gathering information necessary for the preparation of your 2017 tax return. Please add, change, or delete information as appropriate.**

## CLIENT INFORMATION

| | | |
|---|---|---|
| Filing Status | Filing status (table) | 1 |
| | 1=married filing separate and lived with spouse | |
| | Year spouse died, if qualifying widow(er) (2015 or 2016) | |
| Taxpayer | First name and initial | |
| | Last name | |
| | Title/suffix | |
| | Social security number | |
| | Occupation | |
| | Date of birth (m/d/y) | |
| | Date of death (m/d/y) | |
| | 1=blind | |
| Spouse | First name and initial | |
| | Last name | |
| | Title/suffix | |
| | Social security number | |
| | Occupation | |
| | Date of birth (m/d/y) | |
| | Date of death (m/d/y) | |
| | 1=blind | |
| Address | In care of | |
| | Street address | |
| | Apartment number | |
| | City | |
| | State | |
| | ZIP code | |
| Foreign Address | Region | |
| | Postal code | |
| | Country | |

**Filing Status**

1 = Single
2 = Married filing joint
3 = Married filing separate
4 = Head of household
5 = Qualifying widow(er)

| 2017 | 1040 | US | Client Information (continued) | 1 p2 |
|---|---|---|---|---|

**Please add, change or delete information for 2017.**

## CLIENT INFORMATION

| | | |
|---|---|---|
| Taxpayer Contact Information | Home phone | |
| | Work phone | |
| | Work extension | |
| | Daytime phone (table) | 1 |
| | Mobile phone | |
| | Fax number | |
| | E-mail address | |
| Spouse Contact Information | Home phone | |
| | Work phone | |
| | Work extension | |
| | Daytime phone (table) | |
| | Mobile phone | |
| | Fax number | |
| | E-mail address | |
| Taxpayer Authentication | Driver's license no. | |
| | Driver's license state | |
| | Expiration date (m/d/y) | |
| | Issue date (m/d/y) | |
| | Theft protection PIN | |
| Spouse Authentication | Driver's license no. | |
| | Driver's license state | |
| | Expiration date (m/d/y) | |
| | Issue date (m/d/y) | |
| | Theft protection PIN | |

**Daytime Phone**

1 = Work
2 = Home
3 = Mobile

| 2017 | 1040 | US | Dependents | 2 |
|---|---|---|---|---|

**Please add, change or delete information for 2017.**

## DEPENDENTS

| | Dependent | Dependent |
|---|---|---|
| First name | | |
| Last name | | |
| Title/suffix | | |
| Date of birth (m/d/y) | | |
| Date of death | | |
| Date of adoption | | |
| Social security number | | |
| Relationship | | |
| Months lived at home | | |
| Type of dependent (see table) | | |
| Earned income credit (see table) | | |
| Claimed by: 1=taxpayer, 2=spouse | | |

| | Dependent | Dependent |
|---|---|---|
| First name | | |
| Last name | | |
| Title/suffix | | |
| Date of birth (m/d/y) | | |
| Date of death | | |
| Date of adoption | | |
| Social security number | | |
| Relationship | | |
| Months lived at home | | |
| Type of dependent (see table) | | |
| Earned income credit (see table) | | |
| Claimed by: 1=taxpayer, 2=spouse | | |

| | Dependent | Dependent |
|---|---|---|
| First name | | |
| Last name | | |
| Title/suffix | | |
| Date of birth (m/d/y) | | |
| Date of death | | |
| Date of adoption | | |
| Social security number | | |
| Relationship | | |
| Months lived at home | | |
| Type of dependent (see table) | | |
| Earned income credit (see table) | | |
| Claimed by: 1=taxpayer, 2=spouse | | |

| | Dependent | Dependent |
|---|---|---|
| First name | | |
| Last name | | |
| Title/suffix | | |
| Date of birth (m/d/y) | | |
| Date of death | | |
| Date of adoption | | |
| Social security number | | |
| Relationship | | |
| Months lived at home | | |
| Type of dependent (see table) | | |
| Earned income credit (see table) | | |
| Claimed by: 1=taxpayer, 2=spouse | | |

### Type of Dependent

1 = Child living w/taxpayer
2 = Child not living w/taxpayer
3 = Dependent other than child
4 = Head of household only, not a dependent
5 = Earned income credit only, not a dependent

### Earned Income Credit

1 = When applicable (default)
2 = Student age 19 to 23
3 = Disabled
4 = Force
5 = Suppress

NOTE: If you claim the earned income credit, please provide proof that your child is a resident of the U.S. This proof is typically in the form of:

1. School records or statement
2. Landlord or property management statement
3. Health care provider statement
4. Medical records
5. Child care provider records
6. Placement agency statement
7. Social service records or statement
8. Place of worship statement
9. Indian tribe office statement
10. Employer statement

NOTE: If your child is disabled, please provide one of the following forms of proof of disability:

1. Doctor statement
2. Other health care provider statement
3. Social services agency or program statement

## 2017 | 1040 | US | Miscellaneous Questions

If any of the following items pertain to you or your spouse for 2017,
please check the appropriate box and provide additional information if necessary.

| Yes | No | PERSONAL PREFERENCES |
|---|---|---|
| ☐ | ☐ | Would you like to receive the client-copy of your 2017 tax return and supporting documents on a CD-ROM rather than a hard copy? |
| ☐ | ☐ | Would you be interested in receiving this tax organizer via e-mail next year? If yes, please include your e-mail address in client information. Please note: organizers are not currently supported by MAC. |
| ☐ | ☐ | Do you want to allocate $3 to the Presidential Election Campaign Fund? If YES - who? ( ) Taxpayer ( ) Spouse |
| | | **PERSONAL INFORMATION** |
| ☐ | ☐ | Did your bank account information change within the last twelve months? |
| ☐ | ☐ | Did your marital status change during the year? |
| ☐ | ☐ | Did your address change during the year? |
| ☐ | ☐ | Could you be claimed as a dependent on another individual's tax return for 2017? |
| | | **DEPENDENTS** |
| ☐ | ☐ | Were there any changes in dependents? |
| ☐ | ☐ | Were any of your unmarried children who might be claimed as dependents 19 years of age or older at the end of 2017? |
| ☐ | ☐ | Did you have any children under age 19 or full-time students under age 24 at the end of 2017, with interest and dividend income in excess of $1,050, or total investment income in excess of $2,100? |
| | | **HEALTH CARE COVERAGE** |
| ☐ | ☐ | Did you and your dependents have healthcare coverage for the full-year? |
| ☐ | ☐ | Did you receive any of the following IRS Documents? Form 1095-A (Health Insurance Marketplace Statement), 1095-B (Health Coverage) or Form 1095-C (Employer Provided Health Insurance Offer and Coverage) If so, please attach. |
| ☐ | ☐ | If you or your dependents did not have health care coverage during the year, do you fall into one of the following exemption categories: Indian tribe membership, health sharing ministry membership, religious sect membership, incarceration, exempt non-citizen or economic hardship? If you received an exemption certificate, please attach. |

# 2017 | 1040 | US | Miscellaneous Questions

| Yes | No | INCOME |
|---|---|---|
| ☐ | ☐ | Did you receive unreported tip income of $20 or more in any month? |
| ☐ | ☐ | Did you cash any Series EE U.S. savings bonds issued after 1989 and pay qualified higher education expenses for yourself, your spouse, or your dependents? |
| ☐ | ☐ | Did you receive any disability income?<br>If YES - who? ( ) Taxpayer ( ) Spouse |
| ☐ | ☐ | Did you have any foreign income or pay any foreign taxes? |
| ☐ | ☐ | Did you or your spouse receive the Alaska Permanent Fund Dividend in 2017?<br>If YES - who? ( ) Taxpayer ( ) Spouse |
| | | **PURCHASES, SALES AND DEBT** |
| ☐ | ☐ | Did you start a business or farm, purchase rental or royalty property, or acquire an interest in a partnership, S corporation, trust, or REMIC? |
| ☐ | ☐ | Did you purchase or dispose of any business assets (furniture, equipment, vehicles, real estate, etc.), or convert any personal assets to business use? |
| ☐ | ☐ | Did you buy or sell any stocks, bonds or other investment property in 2017? |
| ☐ | ☐ | Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan? |
| ☐ | ☐ | Did you purchase a home in 2017 and you were overseas on official extended duty? |
| ☐ | ☐ | Did you make any residential energy-efficient improvements or purchases involving solar, wind, geothermal or fuel cell energy sources? |
| ☐ | ☐ | Did you have any debts cancelled or forgiven? |
| ☐ | ☐ | Did anyone owe you money which had become uncollectible? |
| | | **RETIREMENT PLANS** |
| ☐ | ☐ | Did you receive a distribution from a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)? |
| ☐ | ☐ | Did you make a contribution to a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)? |
| ☐ | ☐ | Did you transfer or rollover any amount from one retirement plan to another retirement plan? |

| 2017 | 1040 | US | Miscellaneous Questions |
|---|---|---|---|

| Yes | No | |
|---|---|---|
| ☐ | ☐ | Did you convert part or all of your traditional, SEP, or SIMPLE IRA to a Roth IRA in 2017? |
| | | **EDUCATION** |
| ☐ | ☐ | Did you receive a distribution from an Education Savings Account or a Qualified Tuition Program? |
| ☐ | ☐ | Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school?<br>If YES - who? ( ) Taxpayer ( ) Spouse ( ) Dependent(s) |
| | | **ITEMIZED DEDUCTIONS** |
| ☐ | ☐ | Did you incur a loss because of damaged or stolen property? |
| ☐ | ☐ | Did you work out of town for part of the year? |
| ☐ | ☐ | Did you use your car on the job (other than to and from work)? |
| ☐ | ☐ | Do you have receipts for all cash contributions? |
| ☐ | ☐ | Did you incur moving expenses due to a change of employment? |
| ☐ | ☐ | Did you engage the services of any household employees? |
| | | **ESTIMATED TAXES** |
| ☐ | ☐ | Did you apply an overpayment of 2016 taxes to your 2017 estimated tax (instead of being refunded)? |
| ☐ | ☐ | If you have an overpayment of 2017 taxes, do you want the excess applied to your 2018 estimated tax (instead of being refunded)? |
| ☐ | ☐ | Do you expect your 2018 taxable income and withholdings to be different from 2017? |
| | | **MISCELLANEOUS** |
| ☐ | ☐ | Did you have an interest in, signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account? |
| ☐ | ☐ | Did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust or did you have an interest in any foreign assets or accounts? |

| 2017 | 1040 | US | Miscellaneous Questions |
|---|---|---|---|

| Yes | No | |
|---|---|---|
| ☐ | ☐ | Was your home rented out or used for business?<br>If Yes please explain<br>__________________________________________________ (we will contact you with more questions) |
| ☐ | ☐ | Did you have a medical savings account (MSA), a Medicare + Choice MSA, or acquire an interest in an MSA or a Medicare + Choice MSA because of the death of the account holder? Or, were you a policyholder who received payments under a long-term care (LTC) insurance contract or received any accelerated death benefits from a life insurance policy? |
| ☐ | ☐ | Did you or your spouse make any gifts to an individual that total more than $14,000, or any gifts to a trust?<br>If YES - who? ( ) Taxpayer ( ) Spouse |
| ☐ | ☐ | Were you notified or audited by either the Internal Revenue Service or a state taxing agency? |

| 2017 | 1040 | US | Direct Deposit & Estimates (Form 1040 ES) | 3, 6 |
|---|---|---|---|---|

Please enter all pertinent 2017 information.

## DIRECT DEPOSIT / ELECTRONIC PAYMENT (3)

| | |
|---|---|
| 1=direct deposit of federal tax refund into bank account | |
| 1=electronic payment of balance due | |
| 1=electronic payment of estimated tax | |

## BANK INFORMATION

| Name of Bank | Percent to Deposit (xx.xx) | Routing Number | Account Number | Type of Account (Table 1) | Type of Invest. (Table 2) |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |

## 2017 ESTIMATED TAX / 1040-ES (6)

### Federal

| | Amount Paid | Date Paid | TS | 2017 Voucher Amount |
|---|---|---|---|---|
| Overpayment applied from 2016 | | | | |
| 1st quarter payment | | | | |
| 2nd quarter payment | | | | |
| 3rd quarter payment | | | | |
| 4th quarter payment | | | | |
| Additional Estimated Tax Payments | | | | |
| | | | | |
| | | | | |
| | | | | |
| Paid with extension | | | | |
| Former spouse SSN if joint estimates | | | | |

### State

| | Amount Paid | Date Paid | TS | 2017 Voucher Amount |
|---|---|---|---|---|
| Overpayment applied from 2016 | | | | |
| 1st quarter payment | | | | |
| 2nd quarter payment | | | | |
| 3rd quarter payment | | | | |
| 4th quarter payment | | | | |
| Additional Estimated Tax Payments | | | | |
| | | | | |
| | | | | |
| | | | | |
| Paid with extension | | | | |

**1 Type of Account**

1 = Savings
2 = Checking

**2 Type of Investment**

1 = Checking or savings (default)
2 = Taxpayer's IRA (next year limits)
3 = Spouse's IRA (next year limits)
4 = Health savings account (HSA)
5 = Archer MSA
6 = Coverdell savings account (ESA)
7 = Other
8 = Taxpayer's IRA (current year limits)
9 = Spouse's IRA (current year limits)

| 2017 | 1040 | US | Direct Deposit & Estimates (Form 1040 ES) (cont.) | 7.1 |
|---|---|---|---|---|

**Please enter all pertinent 2017 information.**

## APPLICATION OF 2017 OVERPAYMENT (7.1)

If you have an overpayment of 2017 taxes, do you want the excess refunded? . ☐ or applied to 2018 estimate? . . . ☐

Other (please explain):

## 2018 ESTIMATED TAX INFORMATION

Do you expect your 2018 taxable income to be different from 2017? . . . . . Yes ☐ No ☐

If "yes" explain any differences in income, deductions, dependents, etc.:

Do you expect your 2018 withholding to be different from 2017? . . . . . Yes ☐ No ☐

If "yes" explain any differences:

| 2017 | 1040 | US | Wages, Pensions, Gambling Winnings | 10, 13.1, 13.2 |
|---|---|---|---|---|

**Please enter all pertinent 2017 amounts & attach all W-2, W-2G and 1099-R forms.**
**Last year's amounts are provided for your reference.**

## WAGES, SALARIES, TIPS (10)

| No. | Name of Employer (Box c) | 1=retirement plan (Box 13) | 1=spouse | Wages, Tips, Other Compensation (Box 1) | Tax Withheld Federal (Box 2) | Social Security (Box 4) | Medicare (Box 6) | State (Box 17) | Local (Box 19) | 2016 Wages |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | |
| | | | | | | | | | | |
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## PENSIONS, IRA DISTRIBUTIONS (13.1)

| No. | Name of Payer | 1=spouse | 1=IRA/SEP/SIMPLE | Distribution code #1 | Distribution code #2 | Gross Distribution (Box 1) | Taxable Amount (Box 2a) | Tax Withheld Federal (Box 4) | State (Box 12) | Value of all IRAs at 12/31/17 | 2016 Distribution |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
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| | | | | | | | | | | | |

## GAMBLING WINNINGS (W-2G) (13.2)

| No. | Name of Payer | 1=spouse | Gross Winnings (Box 1) | Tax Withheld Federal (Box 4) | State (Box 15) | Local (Box 17) | 2016 Winnings |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

## GAMBLING LOSSES & WINNINGS (NON W-2G) (13.2)

| | 2017 Amount | TS | 2016 Amount |
|---|---|---|---|
| Total gambling losses | | | |
| Winnings not reported on Form W-2G | | | |

10, 13.1, 13.2

| 2017 | 1040 | US | Interest & Dividend Income | 11, 12 |
|---|---|---|---|---|

**Please enter all pertinent 2017 amounts & attach all 1099-INT, 1099-OID and 1099-DIV forms.**
**Last year's amounts are provided for your reference.**

## INTEREST INCOME (11)

| No. | Name of Payer (also enter SSN & address for seller-financed mortgage) | 1=taxpayer 2=spouse | Interest Income: Banks, S&Ls, C/Us, etc. (Box 1) | Interest Income: Seller-Financed Mtg. (Box 1) | Interest Income: U.S. Bonds, T-Bills (Box 3) | Tax-Exempt Interest: Total Municipal Bonds | Tax-Exempt Interest: In-state Municipal Bonds | Early Withdrawal Penalty (Box 2) | 2016 Interest |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | |
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## DIVIDEND INCOME (12)

| No. | Name of Payer | 1=tp 2=sp | Dividend Income: Total Ordinary Dividends (Box 1a) | Dividend Income: Qualified Dividends (Box 1b) | Dividend Income: Total Capital Gain Distrib. (Box 2a) | Dividend Income: U.S. Bonds (% or amt.) | Tax-Exempt Interest: Total Municipal Bonds | Tax-Exempt Interest: In-state Muni-bonds (% or amt.) | Foreign Tax Paid (Box 6) | 2016 Dividends |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | |
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| 2017 | 1040 | US | Miscellaneous Income | 14.1 |
|---|---|---|---|---|

**Please enter all pertinent 2017 amounts and attach all 1099-MISC, SSA-1099, and RRB-1099 forms. Last year's amounts are provided for your reference.**

## MISCELLANEOUS INCOME

| | 2017 Amount | | 2016 Amount | |
|---|---|---|---|---|
| | Taxpayer | Spouse | Taxpayer | Spouse |
| Social security benefits (SSA-1099, box 5) | | | | |
| Medicare premiums paid (SSA-1099) | | | | |
| 1=treat Medicare premiums paid as SE health ins. | | | | |
| Tier 1 RR retirement benefits (RRB-1099, box 5) | | | | |
| 1=lump-sum election for SS benefits | | | | |
| Alimony received | | | | |
| Taxable scholarships and fellowships | | | | |
| Jury duty pay | | | | |
| Household employee income not on W-2 | | | | |
| Excess minister's allowance | | | | |
| Alaska permanent fund dividends | | | | |
| Income from rental of personal property | | | | |
| Income subject to S/E tax: | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Other income (1099-MISC, box 3, 8) | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

## TAX WITHHELD (not entered elsewhere)

| | Taxpayer 2017 | Spouse 2017 | Taxpayer 2016 | Spouse 2016 |
|---|---|---|---|---|
| Federal income tax withheld | | | | |
| State income tax withheld | | | | |
| Local income tax withheld | | | | |

| 2017 | 1040 | US | Itemized Deductions | 25 |
|---|---|---|---|---|

**Please enter all pertinent 2017 amounts and attach all 1098 forms.**
**Last year's amounts are provided for your reference.**

## MEDICAL AND DENTAL EXPENSES

NOTE: Enter self-employed health insurance premiums on Sheet 24 and Medicare insurance premiums on Sheet 14.

| | 2017 Amount | TS | 2016 Amount |
|---|---|---|---|
| Prescription medicines and drugs | | | |
| Doctors, dentists and nurses | | | |
| Hospitals and nursing homes | | | |
| Insurance premiums not entered elsewhere (excl. LT care & amts. paid w/pre-tax dollars) | | | |
| Long-term care premiums - taxpayer | | | |
| Long-term care premiums - spouse | | | |
| Insurance reimbursement (enter as a positive number) | | | |
| Lodging and transportation: | | | |
| Out-of-pocket expenses | | | |
| Medical miles driven | | | |
| Other medical and dental expenses: | | | |
| | | | |
| | | | |
| | | | |

## TAXES PAID (State and local withholding and 2017 estimates are automatic.)

| | 2017 Amount | TS | 2016 Amount |
|---|---|---|---|
| State income taxes - 1/17 payment on 2016 state estimate | | | |
| State income taxes - paid with 2016 state return extension | | | |
| State income taxes - paid with 2016 state return | | | |
| State income taxes - paid for prior years and/or to other state | | | |
| City/local income taxes - 1/17 payment on 2016 city/local estimate | | | |
| City/local income taxes - paid with 2016 city/local extension | | | |
| City/local income taxes - paid with 2016 city/local return | | | |

## SALES AND USE TAXES PAID

| | 2017 Amount | TS | 2016 Amount |
|---|---|---|---|
| State and local sales taxes (except autos and special items) | | | |
| Use taxes paid on 2017 purchases | | | |
| Use taxes paid with 2016 state return | | | |
| Sales tax on autos not included above | | | |
| Sales tax on boats, aircraft, other special items | | | |

## OTHER TAXES PAID

| | 2017 Amount | TS | 2016 Amount |
|---|---|---|---|
| Real estate taxes - principal residence: | | | |
| | | | |
| | | | |
| | | | |
| Real estate taxes - property held for investment | | | |
| Personal property taxes (including auto fees in some states. Provide a copy of tax notice) | | | |
| Foreign income taxes | | | |
| Other taxes: | | | |
| | | | |
| | | | |
| | | | |

| 2017 | 1040 | US | Itemized Deductions (continued) | 25 p2 |
|---|---|---|---|---|

**Please enter all pertinent 2017 amounts. Last year's amounts are provided for your reference.**

## INTEREST PAID

| | 2017 Amount | TS | 2016 Amount |
|---|---|---|---|
| Home mortgage int. (Box 1) and points (Box 2) reported on Form 1098: | | | |
| | | | |
| | | | |
| | | | |
| Home mortgage interest not reported on Form 1098: | | | |
| Payee's name | | | |
| Payee's SSN or FEIN | | | |
| Payee's street address | | | |
| Payee's city | | | |
| Payee's state | | | |
| Payee's ZIP code | | | |
| Payee's region | | | |
| Payee's postal code | | | |
| Payee's country | | | |
| Amount paid | | | |
| Points not reported on Form 1098: | | | |
| | | | |
| | | | |
| Mortgage insurance premiums on post 12/31/06 contracts (Box 4) | | | |
| Investment interest (interest on margin accounts): | | | |
| | | | |
| | | | |
| Passive interest | | | |
| Certain home mortgage interest included above (6251) | | | |

NOTE: Points paid on loans other than to buy, build, or improve your main home are deductible over the life of the mortgage. For these types of loans also provide the dates and lives of the loans.

## CASH CONTRIBUTIONS

NOTE: No deduction is allowed for cash or check contributions unless the donor maintains a bank record, or a written communication from the donee, showing the name of the organization, contribution date(s), and contribution amount(s).

Churches, schools, hospitals, and other charitable organizations (50% limitation):

| Contributions by cash or check: | 2017 Amount | TS | 2016 Amount |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Volunteer expenses (out-of-pocket) | | | |
| Number of charitable miles | | | |

Veterans' organizations, fraternal societies, nonprofit cemeteries, and certain private nonoperating foundations (30% limitation):

| Contributions by cash or check: | 2017 Amount | TS | 2016 Amount |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Volunteer expenses (out-of-pocket) | | | |
| Number of charitable miles | | | |

| 2017 | 1040 | US | Itemized Deductions (continued) | 25 p3 |
|---|---|---|---|---|

**Please enter all pertinent 2017 amounts. Last year's amounts are provided for your reference.**

## NONCASH CONTRIBUTIONS

NOTE: Use Sheet 26 if total noncash contributions are over $500. No deduction is allowed for contributions of clothing and household items that are not in *good* used condition or better. In addition, a deduction for any item with minimal monetary value may be denied.

| | 2017 Amount | TS | 2016 Amount |
|---|---|---|---|
| 50% limitation (see above): | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 30% limitation (see above): | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 30% capital gain property (gifts of capital gain property to 50% limit orgs.): | | | |
| | | | |
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| | | | |
| 20% capital gain property (gifts of capital gain property to non-50% limit orgs.): | | | |
| | | | |
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| | | | |

## MISCELLANEOUS DEDUCTIONS (subject to 2% AGI limit)

| | 2017 Amount | TS | 2016 Amount |
|---|---|---|---|
| Union and professional dues | | | |
| Other unreimbursed employee expenses (uniforms and protective clothing, professional subscriptions, employment agency fees, and certain edu. expenses): | | | |
| | | | |
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| | | | |
| | | | |
| Investment expense: | | | |
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| | | | |
| | | | |
| | | | |
| Tax return preparation fee | | | |
| Safe deposit box rental | | | |
| Miscellaneous deductions (2% AGI) (certain legal and accounting fees, and custodial fees): | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |



(T=taxpayer, S=spouse, Blank=joint)

| 2017 | 1040 | US | Itemized Deductions (continued) | 25 p4 |
|---|---|---|---|---|

**Please enter all pertinent 2017 amounts. Last year's amounts are provided for your reference.**

## OTHER MISCELLANEOUS DEDUCTIONS

| | 2017 Amount | TS | 2016 Amount |
|---|---|---|---|
| Estate tax, section 691(c) | | | |
| Other miscellaneous deductions: | | | |
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| 2017 | 1040 | US | Itemized Deductions (continued) | 25 p5 |
|---|---|---|---|---|

**If either of the following conditions below apply to you, your home mortgage interest deduction may need to be limited and the input section provided below should be completed. If neither condition applies, enter home mortgage interest amounts on organizer sheet 25 p2.**

1. Total home equity debt exceeded $100,000 at any time during 2017 ($50,000 if married filing separate). For this purpose, home equity debt is defined as any mortgages taken out after October 13, 1987 in which the proceeds were used for purposes other than to buy, build, or improve your home. An example of this type of mortgage is a home equity loan use to pay off credit card bills, buy a car, or pay tuition.

2. Total home acquisition debt exceeded $1,000,000 at any time during 2017 ($500,000 if married filing separate). For this purpose, home acquisition debt is defined as any mortgages taken out after October 13, 1987 in which the proceeds were used to buy, build, or improve your home.

NOTE: When completing the input section below, grandfather debt represents loans taken out prior to October 14, 1987.

**Please enter all pertinent 2017 amounts and attach all 1098 forms.**
**Last year's amounts are provided for your reference.**

| | 2017 Amount | TS | 2016 Amount |
|---|---|---|---|
| Fair market value of the property on the date that the last debt was secured | | | |
| Home acquisition and grandfather debt on the date that the last debt was secured | | | |

## LOAN INFORMATION

| | 2017 Amount | TS | 2016 Amount |
|---|---|---|---|
| Loan #1 | | | |
| Lender's name | | | |
| Form (see table) | | | |
| Number of form | | | |
| 1=taxpayer, 2=spouse, blank=joint | | | |
| Interest paid | | | |
| Points paid | | | |
| Total principal paid | | | |
| Lump sum principal payment (if paid off) | | | |
| Months outstanding (if not 12) | | | |
| Home acquisition debt balance - beginning of year | | | |
| Home acquisition debt borrowed in 2017 | | | |
| Home equity debt balance - beginning of year | | | |
| Home equity debt borrowed in 2017 | | | |
| Grandfather debt balance - beginning of year | | | |
| Loan #2 | | | |
| Lender's name | | | |
| Form (see table) | | | |
| Number of form | | | |
| 1=taxpayer, 2=spouse, blank=joint | | | |
| Interest paid | | | |
| Points paid | | | |
| Total principal paid | | | |
| Lump sum principal payment (if paid off) | | | |
| Months outstanding (if not 12) | | | |
| Home acquisition debt balance - beginning of year | | | |
| Home acquisition debt borrowed in 2017 | | | |
| Home equity debt balance - beginning of year | | | |
| Home equity debt borrowed in 2017 | | | |
| Grandfather debt balance - beginning of year | | | |

**Form**

1 = Schedule A (default)
2 = Business use of home
3 = Schedule E

| 2017 | 1040 | US | Health Coverage Form | 39.1 |
|---|---|---|---|---|

**Please do not complete this information if coverage is indicated on Form 1095-A, 1095-B or 1095-C. Attach the document with this organizer if you have it.**

## GENERAL INFORMATION

| | |
|---|---|
| 1=entire household covered for all months, 2=no months | |
| Date married (if in current year) | |

## COVERED INDIVIDUAL (#1)

| | |
|---|---|
| (a) First name | |
| (a) Last name | |
| (b) ID number (SSN or TIN) | |
| (d) 1=covered all 12 months | |
| (e) Months of coverage: | |
| 1=November 2016 | |
| 1=December 2016 | |
| 1=January | |
| 1=February | |
| 1=March | |
| 1=April | |
| 1=May | |
| 1=June | |
| 1=July | |
| 1=August | |
| 1=September | |
| 1=October | |
| 1=November | |
| 1=December | |

## COVERED INDIVIDUAL (#2)

| | |
|---|---|
| (a) First name | |
| (a) Last name | |
| (b) ID number (SSN or TIN) | |
| (d) 1=covered all 12 months | |
| (e) Months of coverage: | |
| 1=November 2016 | |
| 1=December 2016 | |
| 1=January | |
| 1=February | |
| 1=March | |
| 1=April | |
| 1=May | |
| 1=June | |
| 1=July | |
| 1=August | |
| 1=September | |
| 1=October | |
| 1=November | |
| 1=December | |

## COVERED INDIVIDUAL (#3)

| | |
|---|---|
| (a) First name | |
| (a) Last name | |
| (b) ID number (SSN or TIN) | |
| (d) 1=covered all 12 months | |
| (e) Months of coverage: | |
| 1=November 2016 | |
| 1=December 2016 | |
| 1=January | |
| 1=February | |
| 1=March | |
| 1=April | |
| 1=May | |
| 1=June | |
| 1=July | |
| 1=August | |
| 1=September | |
| 1=October | |
| 1=November | |
| 1=December | |

## COVERED INDIVIDUAL (#4)

| | |
|---|---|
| (a) First name | |
| (a) Last name | |
| (b) ID number (SSN or TIN) | |
| (d) 1=covered all 12 months | |
| (e) Months of coverage: | |
| 1=November 2016 | |
| 1=December 2016 | |
| 1=January | |
| 1=February | |
| 1=March | |
| 1=April | |
| 1=May | |
| 1=June | |
| 1=July | |
| 1=August | |
| 1=September | |
| 1=October | |
| 1=November | |
| 1=December | |

| 2017 | 1040 | US | Additional Information |
|---|---|---|---|

**Please furnish any additional information or supporting details not provided elsewhere in this tax organizer.**