

TAX ORGANIZER

Dear ,

Enclosed is your Tax Organizer for tax year 2017 .

Your Organizer contains several sections that include common expenses and deductions that many taxpayers overlook. Please review these sections carefully. Depending upon your tax bracket, you may save as much as \$35 for each \$100 in deductible expenses you find in your 2017 records.

If my firm prepared your return last year, your prior year amounts are included in the Prior Year Amount column of your Organizer. Use this information to help you remember the types of income and deductions you reported last year.

To complete the Organizer, enter all relevant information in the designated areas on each page. Please add any notes or questions that will help me prepare a complete and accurate return for you and to plan with you how to manage your tax situation in future years.

If you answer 'Yes' to any of the General Business and Investment questions, please provide detailed information with your answer.

Please call or email me for an appointment time.

When you arrive for your appointment, please bring your Organizer and any of the following that apply to your tax situation:

- Last year's tax return (if not in my possession)
- Original Form(s) W-2
- Schedule(s) K-1 from partnerships, S-corporations, estates or trusts
- Information about contributions to a pension or other retirement plan if this is the first year you received income from the plan
- Form(s) 1099 or statements reporting dividend, interest, retirement or other income
- Broker statements providing details of capital gains transactions
- Form(s) 1098 and copies of real estate tax bills, etc.
- Legal documents pertaining to the sale or purchase of real property

If you have any questions before your scheduled appointment, please give me a call.

Sincerely,

David J Magruder
180 Main St.
Menasha, WI 54952
920-277-6109
david@magruder CPA.com

David J Magruder
816 Grant Pl
Neenah, WI 54956

December 4, 2017

Dear ,

Thank you for choosing my firm to prepare your corporate income tax returns for tax year 2017. This letter confirms the services we will provide.

I will prepare your federal and state returns for tax year 2017 based on information you provide. Although my work will not include procedures to discover irregularities or inaccuracies in the tax data you provide, I may ask for clarification of certain information, or additional information, so that I can prepare accurate and complete returns for you.

It is your responsibility to provide all necessary information related to income and deductions for tax year 2017, and to respond to our inquiries in a timely manner so that we are able to accurately complete your returns by the appropriate due dates.

You are responsible for maintaining appropriate records, such as official tax documents you receive, receipts and substantiation for your deductions, and purchase and sales information for assets.

It is your responsibility to review your returns before they are filed to determine that all income has been correctly reported and that you have substantiation for your deductions. Filing your returns by the due dates is your responsibility.

If your returns are later selected for review or audit by taxing authorities, I will be glad to assist or represent you if you desire. My fees for preparing your returns do not include time that might be necessary to assist you during a taxing authority review.

My fees for preparation of your returns are based upon our standard billing rates plus out-of-pocket expenses. My invoices are due and payable upon presentation.

If this letter accurately summarizes your understanding of our agreement relating to the preparation of your tax returns, please sign the enclosed copy in the space indicated and return it to us.

Thank you again for choosing my firm to prepare your 2017 tax return. We appreciate your business.

Sincerely,

David J Magruder

Accepted by:

Date _____

Date _____

David Magruder CPA LLC
David J Magruder
180 Main St
Menasha, WI 54952



Organizer Mailing Slip

General Information

Taxpayer

Spouse

First Name
Middle Initial
Last Name
Suffix
Social Security Number
Date of Birth
Date of Death

First Name
Middle Initial
Last Name
Suffix
Social Security Number
Date of Birth
Date of Death

Check ("X") which phone number to list on return.

Home Phone
Work Phone
Cell Phone
Fax Number

Home Phone
Work Phone
Cell Phone
Fax Number

Legally Blind
Totally Disabled
Claimed as a Dependent
Presidential Election Fund (\$3)

Legally Blind
Totally Disabled
Claimed as a Dependent
Presidential Election Fund (\$3)

Occupation
E-mail address
State of Residence as of 12/31
County of Residence as of 12/31
School District as of 12/31

Occupation
E-mail address
State of Residence as of 12/31
County of Residence as of 12/31
School District as of 12/31

Sales tax rate of locality in 2017 %
If Part Year, Period of Residency to

Sales tax rate of locality in 2017 %
If Part Year, Period of Residency to

Additional information is being requested this filing season in an effort to combat stolen-identity tax fraud. Please provide the requested information from the driver's license or state-issued identification card. Providing the information could help process state returns faster.

ID type Driver's license OR State Issued ID Driver's license OR State Issued ID
ID number _____
ID issuing state _____
ID issue date _____
ID expiration date _____

Filing Status

Status on 2016 return : 2

Status as of 12/31/2017 :
Enter ("X") in the box

1 Single
 2 Married filing joint
 3 Married filing separately
(Enter spouse's name and SSN above)
 4 Head of Household Non-dependent name: _____
Non-dependent SSN: _____
 5 Qualifying widow(er) with minor child Year spouse died _____

Taxpayer's Address

Street _____ Apt/Suite : _____
City _____ State _____ Zip Code _____
If address is in a foreign country, enter that country
Foreign province/county Foreign postal code _____
If a bona fide resident of a U.S. territory, enter territory

Preparer's Information

Preparer's name David J Magruder
Firm's name David Magruder CPA LLC
Street 180 Main St
City Menasha State WI Zip Code 54952

- 10 Did you incur a loss because of damaged or stolen property?
- 11 Did you purchase a new vehicle, aircraft or boat?
- 12 Did any security become worthless during 2017?
- 13 Did any debts become uncollectible during 2017?
- 14 Did you purchase any items acquired out of state, online or by mail order that did not include sales tax?

Yes **No** **Business and Rental Property Income & Deductions**

- 1 If you own rental property, do you qualify as a Real Estate Professional?
- 2 Did you start or acquire a new business?
- 3 Did you sell any part of an existing business, or sell business assets?
- 4 Did you cease operating any business or rental property?
- 5 Did you remove any of your business assets for personal use?
- 6 Did you use part of your home for business purposes?
- 7 Did you make any contributions to a Keogh or a self-employed SEP plan for 2017?
- 8 Do you pay for any health or long term care insurance through your business?
- 9 If you or your spouse are self-employed, are either of you covered under an employer's health plan?
- 10 Did you purchase any furniture or equipment for your business?
- 11 Did you make any improvements to your rental properties?

Yes **No** **Other Deductions**

- 1 Did you use your car on the job (other than to and from work)?
- 2 Did you work out of town for part of the year?
- 3 Did you incur any travel and entertainment expenses for business purposes?
- 4 Did you pay expenses for the care of your child or other dependent so you could work?
- 5 Did you purchase a 'clean fuel' or electric hybrid vehicle in 2017?
- 6 Did you make energy efficient improvements to your home or purchase any energy-saving property during 2017?
- 7 Did you contribute less than an entire interest in any property to charity?
- 8 Did you refinance a mortgage or take out a home equity loan during 2017?
- 9 Did you incur moving expenses during the year due to a change of employment?
- 10 Did you or your spouse pay any educational expenses for yourselves?
- 11 Did you pay any student loan interest?
- 12 Did you make any federal or state estimated payments?
- 13 Did you have a certain trade or business from which you figured your domestic production activities deduction?
- 14 Did you pay alimony?
- 15 Did you donate non-cash donations?
- 16 Did you donate a vehicle?

Yes **No** **Miscellaneous**

- 1 Did you make gifts of more than \$14,000 to any one person?
- 2 Did you engage the service of any household employees?
- 3 Did your bank account information change within the last twelve months?
- 4 Do you want to allocate \$3 to the Presidential Election Campaign Fund?
- 5 Does your spouse want to allocate \$3 to the Presidential Election Campaign Fund?
- 6 Did you file Form 8839, Adoption Credit, in a previous year or incur adoption expenses in 2017?
- 7 Did you claim a First-time Homebuyer Credit for a home purchased in 2008?
- 8 Was there a disposition or change in use of your main home for which you claimed the First-time Homebuyer Credit?

Yes **No** **Return preparation and filing**

- 1 Do you want to e-file your return?
 - 2 If you are due a refund, how do you want to receive it?
 - Check sent to you in the mail Other quick refund via a bank product
 - Apply to next year's estimates
 - Direct deposit (please provide voided blank check) Type of account: Checking Savings
- If you owe taxes, how do you want to pay them?
- Paper check sent with my return Credit card Installment Agreement
 - Direct debit (please provide a voided blank check) Type of account: Checking Savings
 -

- 3 Do you want to allow your tax preparer to discuss this year's return with the IRS?
If no, enter another person (if desired) to be allowed to discuss this return with the IRS:

Designee's name _____ Phone Number _____ Personal identification Number (5 digit PIN) _____

Name _____

SSN _____

Wages

W-2 Information

"X" if spouse	Employer's Name	Box 1 Wages, Tips Other Comp	Box 2 Federal Income Tax Withheld	Box 16 State Wages	Box 17 State Income Tax Withheld
	1 Employer				
	2				
	3				
	4				
	5				
	6				
	7				
	8				
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	41				
	42				
	43				

Name _____

SSN _____

Retirement Income

1099-R Information

"X" if spouse		Payer's Name	Box 1 Gross Distribution	Box 4 Federal Income Tax Withheld	Box 14 State Distribution	Box 12 State Income Tax Withheld
<input type="checkbox"/>	1					
<input type="checkbox"/>	2					
<input type="checkbox"/>	3					
<input type="checkbox"/>	4					
<input type="checkbox"/>	5					
<input type="checkbox"/>	6					
<input type="checkbox"/>	7					
<input type="checkbox"/>	8					
<input type="checkbox"/>	9					
<input type="checkbox"/>	10					
<input type="checkbox"/>	11					
<input type="checkbox"/>	12					
<input type="checkbox"/>	13					
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<input type="checkbox"/>	32					
<input type="checkbox"/>	33					
<input type="checkbox"/>	34					
<input type="checkbox"/>	35					
<input type="checkbox"/>	36					
<input type="checkbox"/>	37					
<input type="checkbox"/>	38					
<input type="checkbox"/>	39					
<input type="checkbox"/>	40					
<input type="checkbox"/>	41					
<input type="checkbox"/>	42					
<input type="checkbox"/>	43					

Name _____

SSN _____

Interest Income

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

* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J	Payer	Taxable Interest Income Current Year Amount	Prior Year Amount	Tax Exempt Interest Current Year Amount	Prior Year Amount	Specified Priv Act Interest Current Year Amount	Prior Year Amount
	1 Bank						
	2						
	3						
	4						
	5						
	6						
	7						
	8						
	9						
	10						
	11						
	12						
	13						
	14						
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	19						
	20						

Dividend Income

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

* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J	Payer	Ordinary Dividends Current Year Amount	Prior Year Amount	Qualified Dividends Current Year Amount	Prior Year Amount	Capital Gains Current Year Amount	Prior Year Amount
	1 Broker		1				
	2						
	3						
	4						
	5						
	6						
	7						
	8						
	9						
	10						
	11						
	12						
	13						
	14						
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	16						
	17						
	18						
	19						
	20						

Name _____

SSN _____

Interest Income

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

* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J	Payer	Taxable Interest Income Current Year Amount	Taxable Interest Income Prior Year Amount	Tax Exempt Interest Current Year Amount	Tax Exempt Interest Prior Year Amount	Specified Priv Act Interest Current Year Amount	Specified Priv Act Interest Prior Year Amount
1	Bank						
2							
3							
4							
5							
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10							
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Name _____

SSN _____

Dividend Income

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

* F/S/J - enter ownership (F)iler, (S)pouse,
or (J)oint.

*F/S/J Payer

		Ordinary Dividends		Qualified Dividends		Capital Gains	
		Current Year	Prior Year	Current Year	Prior Year	Current Year	Prior Year
		Amount	Amount	Amount	Amount	Amount	Amount
	1	Broker			1		
	2						
	3						
	4						
	5						
	6						
	7						
	8						
	9						
	10						
	11						
	12						
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Name _____

SSN _____

Business Assets Placed in Service in Prior Years

Activity	Description	Date Placed In Service	Cost	Explain any assets no longer used by the business
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
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44				

Name _____

SSN _____

Self-Employed Business Income and Expenses (Schedule C)

Enter "X" in one box: Filer Spouse

General Information

Employer Identification Number _____ (do not enter Social Security Number)

Principal business or profession _____

Business name _____

Business address _____

City _____ State _____ Zip _____

Foreign Country _____

Foreign Province/State _____ Postal Code _____

General Check Boxes (Enter "X" where applicable)

- 1 Accounting Method Cash Accrual Other - (Specify) _____
- 2 Did you "materially participate" in this business? Yes No
- 3 Check ('X') if you started or acquired this business in 2017.
- 4 Did you make any payments in 2017 that would require you to file Form(s) 1099? Yes No

Business Income

* Report statutory income as W-2 income.

		Current Year Amount	Prior Year Amount
5	Income reported on 1099 MISC		
	Gross receipts or sales not reported on Form 1099 or Form W-2		
6	Cash Receipts		1,000
7	_____		
8	_____		
9	_____		
10	Returns and allowances		
11	Other income		

Inventory (Enter "X" where applicable)

- 12 Method(s) used to value closing inventory Cost Lower of cost or market Other
- 13 Any change in determining quantities, costs, or valuations between opening and closing inventory? Yes No

		Current Year Amount	Prior Year Amount
14	Inventory at the beginning of year		
15	Purchases less cost of items withdrawn for personal use		
16	Cost of labor		
17	Materials and supplies		
18	Other Costs		
19	Inventory at end of year		

Assets Placed in Service This Year

Description:

		Date Placed In Service	Purchase Amount
A	_____		
B	_____		
C	_____		
D	_____		
E	_____		
F	_____		
G	_____		

Name _____

SSN _____

Business _____

Self-Employed Business Expenses Cont. (Schedule C)

Expenses		Current Year Amount	Prior Year Amount
20	Advertising	20	
21	Contract labor	21	
22	Commissions and fees	22	
23	Depletion	23	
24	Employee benefit programs (other than on line 35)	24	
25	Insurance (other than health)	25	40
Interest:			
26	Mortgage (paid to banks, etc.)	26	
27	Other	27	
28	Legal and professional services	28	
29	Office expense	29	10
30	Pension and profit-sharing plans	30	
Rent or Lease:			
31	Machinery rental or lease	31	
32	Equipment rental or lease	32	
33	_____	33	
34	_____	34	
35	_____	35	
	Other business property rental or lease		
36	_____	36	
37	_____	37	
38	_____	38	
39	Repairs and maintenance	39	
40	Supplies (not included in inventory cost of goods sold)	40	
41	Taxes and licenses	41	93
Travel, Meals, and Entertainment:			
Travel			
42	_____	42	
43	_____	43	
44	_____	44	
45	_____	45	
Meals and entertainment			
46	Enter "X" in the box if subject to DOT hours of service limits	46	<input type="checkbox"/> <input type="checkbox"/>
47	Dinners with clients	47	10
48	_____	48	
49	_____	49	
50	_____	50	
51	Utilities	51	
52	Wages	52	
Other Expenses:			
53	Cell phone	53	1
54	Internet Fees	54	1
55	_____	55	
56	_____	56	
57	_____	57	
58	_____	58	
59	_____	59	
60	_____	60	
61	_____	61	
62	_____	62	
63	_____	63	

Name _____

SSN _____

Business _____

Vehicle Information (Schedule C)

		Vehicle 1 - Car		Vehicle -	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1	Date vehicle was placed in service 1		1/1/2000		
2	Cost of vehicle 2				
3	Total miles driven for the year 3		100		
4	Business miles driven during the year . . . 4		100		
5	Commuting miles included on line 3 5				
6	Parking fees and tolls 6				
7	Vehicle Interest 7				
8	Vehicle Personal Property tax 8				
Actual Expenses					
9	Gasoline, oil and repairs 9		32		
10	Vehicle Insurance 10				
11	Vehicle registration fees 11				
12	Vehicle lease or rental 12				
13	_____ 13				

		Vehicle -		Vehicle -	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1	Date vehicle was placed in service 1				
2	Cost of vehicle 2				
3	Total miles driven for the year 3				
4	Business miles driven during the year . . . 4				
5	Commuting miles included on line 3 5				
6	Parking fees and tolls 6				
7	Vehicle Interest 7				
8	Vehicle Personal Property tax 8				
Actual Expenses					
9	Gasoline, oil and repairs 9				
10	Vehicle Insurance 10				
11	Vehicle registration fees 11				
12	Vehicle lease or rental 12				
13	_____ 13				

Name _____

SSN _____

Home Office Number Home Office 1

Description of Home Office Home Office

Address _____

City _____ State _____ Zip _____

Check ("X") box: Daycare

* Simplified (Safe Harbor) Method used in 2016

Home Office Expenses

Area of Home

1 Area used regularly and exclusively for business, regularly for daycare, or for storage of inventory or product samples 1

2 Total area of home 2

Daycare only - Part of Home Used Nonexclusively for Daycare

3 Multiply days used for daycare during year by hours used per day 3

4 Enter total hours home was available for daycare during year 4

Expenses related to entire home including business portion (Indirect) *

5 Casualty losses 5

6 Excess mortgage interest 6

7 Insurance 7

8 Rent 8

9 Repairs and maintenance 9

10 Utilities 10

11 Other Expenses:

a _____ 11a

b _____ 11b

c _____ 11c

d _____ 11d

e _____ 11e

Current Year Amount	Prior Year Amount
	70
	1,000

Business Allocation:

Business 1: Sch C: 01 (Filer)

Business 2: _____

Business 3: _____

Business 4: _____

Current Year Allocation %	Prior Year Allocation %
	100.00%

Business: Sch C: 01 (Filer)

Additional expenses related to business portion only (Direct) *

12 Casualty losses 12

13 Excess mortgage interest 13

14 Insurance 14

15 Rent 15

16 Repairs and maintenance 16

17 Utilities 17

18 Other Expenses:

a _____ 18a

b _____ 18b

c _____ 18c

d _____ 18d

e _____ 18e

Current Year Amount	Prior Year Amount

Name _____

SSN _____

Real Estate Rentals and Royalties

Property Description Rental property
 Address _____
 City _____ State _____ Zip _____
 Foreign Country _____
 Foreign Province/State _____ Postal Code _____

	Current Year Info	Prior Year Info
1a Owner of property (Enter Filer, Spouse, or Joint)		Filer
1b Enter property type number (1 to 8) (1) Single-Family Residence (2) Multi-Family Residence (3) Vacation/Short-Term Rental (4) Commercial (5) Land (6) Royalties (7) Self-Rental (8) Other	<input type="text"/>	1
2 Enter "X" if you actively participated?	<input type="checkbox"/>	X
3 Enter "X" if property was used for personal use by you or your family for more than 14 days or 10% of the total days rented?	<input type="checkbox"/>	<input type="checkbox"/>
3a If entered ("X"), enter the number of days of personal use?	<input type="text"/>	0
3b If entered ("X"), enter the number of days rented?	<input type="text"/>	365

Income	Current Year Amounts	Prior Year Amounts
4 Royalty received		
5 Rent received		
5a If rental real estate, enter the percent of ownership if less than 100%		100.00%
5b Rental use percentage for property used partially for personal use only		
6 Other Income		1

Property Expense	Current Year Amounts	Prior Year Amounts
7 Advertising		
8 Cleaning and maintenance		
9 Commissions		
10 Insurance		
11 Legal and other professional fees		
12 Management fees		
13a Qualified mortgage interest paid to banks, etc.		
13b Other mortgage interest paid to banks, etc.		
14 Other interest		
15 Repairs		
16 Supplies		
17a Real estate taxes		
17b Other Taxes		
18 Utilities		

Assets Placed in Service This Year	Date Placed In Service	Purchase Amount
A Description: _____		
B _____		
C _____		
D _____		
E _____		
F _____		
G _____		

Name _____

SSN _____

Property Rental property _____

Other Expenses (Schedule E)

Other Expenses:

19 _____
20 _____
21 _____
22 _____
23 _____
24 _____
25 _____
26 _____

	Current Year	Prior Year
19		
20		
21		
22		
23		
24		
25		
26		

Travel Expenses:

27 _____
28 _____
29 _____
30 _____
31 _____
32 _____
33 _____
34 _____

	Current Year	Prior Year
27		
28		
29		
30		
31		
32		
33		
34		

Meals and Entertainment Expenses:

35 _____
36 _____
37 _____
38 _____
39 _____
40 _____
41 _____
42 _____

	Current Year	Prior Year
35		
36		
37		
38		
39		
40		
41		
42		

Miscellaneous Income

	Filer			Spouse	
	Current Year Amount	Prior Year Amount		Current Year Amount	Prior Year Amount
1 Refund from state			1		
2 Unemployment compensation			2		
3 Prizes and awards			3		
4 Scholarships and fellowships			4		
5 Bartering income			5		
6 Fees received for jury duty			6		
7 Income from rental of personal property, if not in the business of renting such property			7		
8 Precinct election board duty			8		
9 Alaska Permanent Fund Dividends			9		
10 Net operating loss carryover (negative no.)			10		
11 Canceled debts			11		
12 _____			12		
13 _____			13		
14 _____			14		
15 Other income not provided for in this Organizer			15		

Adjustments to Income

* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J				Current Year Amount	Prior Year Amount
<input type="checkbox"/>	1	Educator expenses	1		
F	2	Student loan interest	2		152
<input type="checkbox"/>	3	Health Savings account deduction	3		
<input type="checkbox"/>	4	Moving expenses	4		
<input type="checkbox"/>	5	Self-employed SEP, SIMPLE, or other qualified plans	5		
<input type="checkbox"/>	6	Penalty on early withdrawal of savings	6		
<input type="checkbox"/>	7	Tuition and fees	7		

Other Adjustments to Income

* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J				Current Year Amount	Prior Year Amount
<input type="checkbox"/>	1	Performing-arts-related expenses	1		
<input type="checkbox"/>	2	Foreign housing deduction	2		
<input type="checkbox"/>	3	Jury duty pay given to your employer	3		
<input type="checkbox"/>	4	Reforestation amortization	4		
<input type="checkbox"/>	5	Repayment of sub-pay under the Trade Act of 1974	5		
<input type="checkbox"/>	6	Contributions to Section 501(c)(18)(D) pension plans	6		
<input type="checkbox"/>	7	Attorney fees and court costs paid for actions settled or decided after October 22, 2004 involving unlawful discrimination claims, but only to the extent of gross income from such actions.	7		
<input type="checkbox"/>	8	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations, up to the the amount of the award includible in your gross income	8		
<input type="checkbox"/>	9	Employee business expenses of fee-basis state or local government officials	9		
<input type="checkbox"/>	10	Expenses from the rental of personal property but were not in the business of renting such property	10		
<input type="checkbox"/>	11	Contributions by chaplains to section 403(b) plans	11		
<input type="checkbox"/>	12	Archer MSA deduction	12		
<input type="checkbox"/>	13	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money	13		
<input type="checkbox"/>	14	_____	14		
<input type="checkbox"/>	15	_____	15		

Name _____

SSN _____

Medical and Dental - Itemized Deductions

	Current Year Amount	Prior Year Amount
1 Prescription medications	1	
2 Fees for doctors, dentists, etc.	2	
3 Fees for hospitals, clinics, etc.	3	
4 Lab and X-ray fees	4	
5 Medical aids such as glasses, contacts, hearing aids, wheelchair, etc.	5	
6 Medical equipment and supplies	6	
7 Medical mileage (number of miles driven)	7	
8 Medical parking, tolls and local transportation	8	
9 Lodging for medical purposes (up to \$50 per night per person)	9	
10 Health/Dental/Other ins. premiums (do not include self-employed plans)	10	
11 Long Term Care insurance premiums (taxpayer)	11	1,280
12 Long Term Care insurance premiums (spouse)	12	2,209
13 Expenses to stop smoking	13	
14 Health insurance premiums - coverage established under your business (1)	14	
15 Health insurance premiums - coverage established under your business (2)	15	
16 Long Term Care insurance premiums - coverage est. under your business (1)	16	
17 Long Term Care insurance premiums - coverage est. under your business (2)	17	
18 <u>Medical expenses</u> _____	18	1
19 _____	19	
20 _____	20	
21 _____	21	
22 Insurance reimbursement for any medical and dental expense listed above	22	

Name _____

SSN _____

Taxes - Itemized Deductions

Real Estate Taxes

23 Principal residence 23

24 Real estate taxes from Schedule E properties 24

Real Estate Not Held For Investment

25 Cottage Property Tax _____ 25

26 _____ 26

27 _____ 27

28 _____ 28

29 _____ 29

Real Estate Held For Investment

30 _____ 30

31 _____ 31

32 _____ 32

33 _____ 33

34 _____ 34

Personal property taxes

35 Non-business portion of vehicle personal property taxes 35

36 Tag fee _____ 36

37 _____ 37

38 _____ 38

39 _____ 39

40 _____ 40

Non-Personal Property Taxes

41 K1 (1065) - Other deductions/taxes 41

42 K1 (1120S) - Other deductions/taxes 42

43 K1 (1041) - Other deductions/taxes 43

44 _____ 44

45 _____ 45

46 _____ 46

Current Year Amount	Prior Year Amount
	100

	10

	10

Name _____

SSN _____

Interest - Itemized Deductions

Home Mortgage Interest and Points Reported on Form 1098

	Current Year Amount	Prior Year Amount
47 Lender <u>Morgage Co</u>		1
48 Lender _____		
49 Lender _____		
50 Lender _____		

47 Lender Morgage Co 47

48 Lender _____ 48

49 Lender _____ 49

50 Lender _____ 50

Home Mortgage Interest Not Reported on Form 1098

51 Name: _____ 51

Address: _____

SSN: _____

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52 Mortgage insurance premiums paid on 2017 acquisition indebtedness for principal residence 52

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Refinancing Points

53 Description 53

Points paid

Date of loan

Total number of scheduled loan payments

Number of payments made in 2017

54 Description 54

Points paid

Date of loan

Total number of scheduled loan payments

Number of payments made in 2017

55 Description 55

Points paid

Date of loan

Total number of scheduled loan payments

Number of payments made in 2017

56 Description 56

Points paid

Date of loan

Total number of scheduled loan payments

Number of payments made in 2017

57 Investment interest paid 57

--	--

Name _____

SSN _____

Unreimbursed Employee Expenses - Itemized Deductions

List car, truck, transportation, meals and entertainment expenses on Employee Expenses tab

	Filer		Spouse	
	Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
58 Union and professional dues 58				
59 Professional subscriptions 59				
60 Uniform and protective clothing 60				
61 Job search costs 61				
62 _____ 62				
63 _____ 63				
64 _____ 64				
65 _____ 65				
66 _____ 66				
67 _____ 67				

Certain Miscellaneous Deductions - Itemized Deductions

	If investment related enter "X"	Current Year Amount	Prior Year Amount
68 Tax preparation fees 68			1
69 Certain attorney and accounting fees 69			
70 Safe deposit box rental 70			
71 IRA Custodial fees 71			
72 Investment counsel and advisory fees 72			10
73 Losses on deposits in insolvent or bankrupt financial institutions 73			
74 Convenience fees paid with credit or debit card for federal taxes in 2017 74			
75 _____ 75			
76 _____ 76			
77 _____ 77			
78 _____ 78			
79 _____ 79			
80 _____ 80			
81 _____ 81			
82 _____ 82			
83 _____ 83			
84 _____ 84			

Other Miscellaneous Deductions

85 Federal estate tax on income in respect of a decedent 85		
86 Amortizable bond premiums on bonds acquired before 10/23/86 86		
87 Gambling losses (if gambling income) 87		
88 Repayment of income 88		
89 From K1 Input Worksheet (1065 & 1120S) - Portfolio deduction 89		
90 Certain unrecovered investment in a pension 90		
91 _____ 91		
92 _____ 92		
93 _____ 93		
94 _____ 94		
95 _____ 95		
96 _____ 96		

