



# ELECTRONIC FILING



**In 2017, it is mandatory to file your personal income tax return electronically.**

- ◆ E-filing is a secure and safe way to file your tax return.
- ◆ E-filing gives you the option to participate in **direct deposit payment** (see next page).
- ◆ Any refund due to you can be **directly deposited** into your bank account.
- ◆ **Conversely**, any taxes that you owe can be **directly withdrawn** from your account.
- ◆ E-filing gives you the option to file early and pay later by scheduling an electronic funds withdrawal any time through April 18, 2017. Taxpayers can also pay by credit card.

# DIRECT DEPOSIT ELECTION

Would you like your tax refund (if any) direct deposited?

|     |    |
|-----|----|
| Yes | No |
|     |    |

**If yes:**

- ◆ Fill out the below information for the account to which you want your refund deposited.
- ◆ With IRS e-file, taxpayers get refunds in half the time it takes to file a paper tax return and receive a refund check.
- ◆ E-filers who choose direct deposit can receive their refund in as few as 10 days.

**If balance due with return, please choose one of the options below:**

**Pay Personally by Check**

**Electronic Funds Withdrawal**

Please choose from the options below:

**Electronic Withdrawal Paid with Return**

**Schedule Electronic Withdrawal**                      Date: \_\_\_\_\_

Schedule an electronic funds withdrawal any time through April 15, 2014.

## Direct Deposit Information Required:

Please fill out the information below.



⑆0000000000⑆ 1234567890⑆ 0101

|                |                |
|----------------|----------------|
| Routing Number | Account Number |
|                |                |

## SOURCES OF INCOME

**Wages & Salaries:** Please enclose copies of all current year Forms W-2

| Employer's Name | Taxable Wages | Federal Withholding | State Withholding | W-2 Attached             |
|-----------------|---------------|---------------------|-------------------|--------------------------|
|                 |               |                     |                   | <input type="checkbox"/> |
|                 |               |                     |                   | <input type="checkbox"/> |
|                 |               |                     |                   | <input type="checkbox"/> |
|                 |               |                     |                   | <input type="checkbox"/> |
|                 |               |                     |                   | <input type="checkbox"/> |
|                 |               |                     |                   | <input type="checkbox"/> |

**Interest Income:** Please enclose copies of all Forms 1099-INT or other documents relating to interest received

| Payer's Name | Taxable Interest | Exempt Interest | Early Withdrawal Penalty | Federal Withholding | 1099-INT Attached        |
|--------------|------------------|-----------------|--------------------------|---------------------|--------------------------|
|              |                  |                 |                          |                     | <input type="checkbox"/> |
|              |                  |                 |                          |                     | <input type="checkbox"/> |
|              |                  |                 |                          |                     | <input type="checkbox"/> |
|              |                  |                 |                          |                     | <input type="checkbox"/> |
|              |                  |                 |                          |                     | <input type="checkbox"/> |
|              |                  |                 |                          |                     | <input type="checkbox"/> |

**Dividend Income:** Please enclose copies of all Forms 1099-DIV or other documents relating to dividends received

| Payer's Name | Ordinary Dividends | Qualified Dividends | Capital Gain Distributions | Federal Withholding | 1099-DIV Attached        |
|--------------|--------------------|---------------------|----------------------------|---------------------|--------------------------|
|              |                    |                     |                            |                     | <input type="checkbox"/> |
|              |                    |                     |                            |                     | <input type="checkbox"/> |
|              |                    |                     |                            |                     | <input type="checkbox"/> |
|              |                    |                     |                            |                     | <input type="checkbox"/> |
|              |                    |                     |                            |                     | <input type="checkbox"/> |
|              |                    |                     |                            |                     | <input type="checkbox"/> |

**Brokerage Statements:**

Please enclose two statements for each account.  
**December Month End & Annual Report of Income.**  
 (These will look similar, but we must have both)

| Year End Statement Attached | Form 1099-B Attached |
|-----------------------------|----------------------|
|                             |                      |
|                             |                      |

# SOURCES OF INCOME

## Profit or Loss From Business

Business Name: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Business Activity: \_\_\_\_\_

## Income

Gross Sales excluding Sales Tax \_\_\_\_\_  
Purchase of Goods \_\_\_\_\_  
Inventory At Cost At Year-End \_\_\_\_\_  
Interest Income \_\_\_\_\_  
Income from Sale of Fixed Assets \_\_\_\_\_  
Other Income \_\_\_\_\_

## Expenses

Advertising \_\_\_\_\_  
Bank Charges \_\_\_\_\_  
Commissions \_\_\_\_\_  
Contract Labor \_\_\_\_\_  
Dues and Publications \_\_\_\_\_  
Freight \_\_\_\_\_  
Insurance (Other Than Health) \_\_\_\_\_  
Insurance (Health):  
    Annual premiums to cover your employees \_\_\_\_\_  
    Annual premiums to cover yourself \_\_\_\_\_  
    Annual premiums to cover your family \_\_\_\_\_  
Interest \_\_\_\_\_  
Legal and Professional Services \_\_\_\_\_

# SOURCES OF INCOME

## Profit or Loss From Business (Continued)

### Expenses

|                         |       |
|-------------------------|-------|
| Office Expense          | _____ |
| Rent or Lease           | _____ |
| Repairs and Maintenance | _____ |
| Supplies                | _____ |
| Travel                  | _____ |
| Meals and Entertainment | _____ |
| Telephone               | _____ |
| Utilities               | _____ |
| Wages                   | _____ |
| Other Expenses:         | _____ |
|                         | _____ |
|                         | _____ |

### Automobile Expenses:

|                                       |       |
|---------------------------------------|-------|
| Model and Year of Vehicle             | _____ |
| Total Miles on Auto for Year          | _____ |
| Total Business Miles on Auto for Year | _____ |
| Date Places in Business Use           | _____ |
| Percentage of Business Use            | _____ |
| Gas, Oil, etc.                        | _____ |
| Repairs                               | _____ |
| Tires, Supplies                       | _____ |
| Insurance                             | _____ |
| Licenses                              | _____ |
| Interest (vehicle only)               | _____ |
| Miscellaneous                         | _____ |
| Lease Payment                         | _____ |

# SOURCES OF INCOME

## Home Office Expenses

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

Do you use your home for business?

If YES, please provide the following information:

|                                |       |                       |
|--------------------------------|-------|-----------------------|
| Square Footage of Office       | _____ | <b>Cost of Home</b>   |
| Square Footage of Home         | _____ | _____                 |
| Repairs and Maintenance        | _____ |                       |
| Cable - if TV used in business | _____ | <b>Date Purchased</b> |
| Insurance                      | _____ | _____                 |
| Utilities per year:            |       |                       |
| Gas                            | _____ |                       |
| Electricity                    | _____ |                       |
| Water                          | _____ |                       |
| Pest Control                   | _____ |                       |
| Lawn Care                      | _____ |                       |
| Other:                         | _____ |                       |
|                                | _____ |                       |
|                                | _____ |                       |





# SOURCES OF INCOME

**Pensions, Annuities, & IRAs:**

Please enclose copies of all Forms 1099-R

| Payer's Name | Gross Distribution | Taxable Distribution | Federal Withholding | 1099-R Attached          |
|--------------|--------------------|----------------------|---------------------|--------------------------|
|              |                    |                      |                     | <input type="checkbox"/> |
|              |                    |                      |                     | <input type="checkbox"/> |
|              |                    |                      |                     | <input type="checkbox"/> |
|              |                    |                      |                     | <input type="checkbox"/> |

**Social Security Benefits:**

Please enclose copies of all Forms SSA-1099

| Beneficiary's Name | SS Benefits | Medicare Premiums | Federal Withholding | SSA-1099 Attached        |
|--------------------|-------------|-------------------|---------------------|--------------------------|
|                    |             |                   |                     | <input type="checkbox"/> |
|                    |             |                   |                     | <input type="checkbox"/> |
|                    |             |                   |                     | <input type="checkbox"/> |

**Gambling Winnings:**

Please enclose copies of all Forms W-2G

| Payer's Name | Gross Winnings | W-2G Attached            |
|--------------|----------------|--------------------------|
|              |                | <input type="checkbox"/> |
|              |                | <input type="checkbox"/> |

If you itemize your deductions on Schedule A, you can deduct gambling losses you had during the year, but only up to the amount of your winnings.

Did you have any losses during the year?  
If so, please state amounts.

| Yes | No | Loss Amounts |
|-----|----|--------------|
|     |    |              |

**Certain Government Payments:** Please enclose copies of all Forms 1099-G

| Payer's Name | Unemployment | 1099-G Attached          |
|--------------|--------------|--------------------------|
|              |              | <input type="checkbox"/> |
|              |              | <input type="checkbox"/> |

## SOURCES OF INCOME

**Alimony Paid or Received:**

| Recipient's Name | Amount Paid/Received | Recipient's Social Security Number |
|------------------|----------------------|------------------------------------|
|                  |                      |                                    |
|                  |                      |                                    |

**Miscellaneous Income:**                      Please enclose copies of all Forms 1099-MISC

| Payer's Name | Income | 1099-Misc Attached       |
|--------------|--------|--------------------------|
|              |        | <input type="checkbox"/> |
|              |        | <input type="checkbox"/> |
|              |        | <input type="checkbox"/> |
|              |        | <input type="checkbox"/> |

## ADJUSTMENTS TO INCOME

**Educator Expenses: Deduction for amounts paid by educators of kindergarten through Grade 12**

If you were an eligible educator in 2017, you may be able to deduct up to \$250 of qualified expenses per educator.

| Educator's Name | Qualified Expenses | Documents Attached       |
|-----------------|--------------------|--------------------------|
|                 |                    | <input type="checkbox"/> |
|                 |                    | <input type="checkbox"/> |

**Student Loan Interest:**                      Please enclose copies of all Forms 1098-E

Student loan interest is interest you paid during the year on a qualified student loan.

| Taxpayer's Name | Loan Interest | 1098-E Attached          |
|-----------------|---------------|--------------------------|
|                 |               | <input type="checkbox"/> |
|                 |               | <input type="checkbox"/> |
|                 |               | <input type="checkbox"/> |

# ADJUSTMENTS TO INCOME

**Tuition & Fees Deduction:** Please enclose copies of all Forms 1098-T

Possible deduction for qualified education expenses paid during the year.

| Taxpayer's Name | Education Expense | 1098-T Attached          |
|-----------------|-------------------|--------------------------|
|                 |                   | <input type="checkbox"/> |
|                 |                   | <input type="checkbox"/> |
|                 |                   | <input type="checkbox"/> |
|                 |                   | <input type="checkbox"/> |

**IRA, Pension, Annuity & Retirement Plan Information**

**IRA Questions for 2017:**

Are you covered by an employer's retirement plan?

If no, is your spouse covered by an employer's retirement plan?

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

Did you have any transactions with your IRA during the year?

If Yes, please explain. \_\_\_\_\_

|                          |                          |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|

Did you make any contributions to an educational IRA in 2017?

|                          |                          |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|

Did you make any withdrawals from an educational savings IRA in 2017?

|                          |                          |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|

**Contributions:**

**IRA:**

Contributions in 2017 for the 2017 tax return

Contributions in 2018 for the 2017 tax return

| Amounts |
|---------|
|         |
|         |

**Roth IRA:**

Contributions made for the 2017 tax return

|  |
|--|
|  |
|--|

**Self-Employed Retirement Plan:**

Have you established a self-employed retirement or SIMPLE plan with deductible contributions?

| Taxpayer                 |                          | Spouse                   |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|
| Yes                      | No                       | Yes                      | No                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Contributions to:**

Simplified employee pension plan

Defined benefit plan

Defined contribution plan

SIMPLE plan

| Amount | Amount |
|--------|--------|
|        |        |
|        |        |
|        |        |
|        |        |

# ITEMIZED DEDUCTIONS

## Medical & Dental Expenses:

Note: Medical Expenses must total more than 10% of your income before they are deductible.

\*\*\* For Taxpayers born before January 2, 1949, medical expenses greater than 7.50% of income are allowed.

| Expenses                                     | Amount | Documents Attached       |
|--|--------|--------------------------|
| Prescription Medicines and Drugs Paid By You |        | <input type="checkbox"/> |
| Medical Insurance Premiums Paid By You       |        | <input type="checkbox"/> |
| Doctors, Dentist, Hospital, Etc. Paid By You |        | <input type="checkbox"/> |
| Eyeglasses and Contacts Paid By You          |        | <input type="checkbox"/> |
| Lodging Costs Associated with Medical Care   |        | <input type="checkbox"/> |
| Number of Miles Driven for Medical Care      |        | <input type="checkbox"/> |

## Taxes Paid:

| Taxes                                       | Amount | Documents Attached       |
|---|--------|--------------------------|
| Sales Tax Paid on Autos, Boats, RV's, etc.  |        | <input type="checkbox"/> |
| Real Estate Taxes on Your Home              |        | <input type="checkbox"/> |
| Other Real Estate Taxes (Other than Rental) |        | <input type="checkbox"/> |
| Auto Licenses Fee                           |        | <input type="checkbox"/> |
| Personal Property Tax (Boat, Plane, Etc.)   |        | <input type="checkbox"/> |

## Interest Paid:

|  |                               |                              |
|--|-------------------------------|------------------------------|
| Were the balances of your qualified home mortgage loans greater than \$1,000,000 individually or in the aggregate? | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> |
|--|-------------------------------|------------------------------|

| Home Mortgage Interest Paid:       | Amount | Documents Attached       |
|------------------------------------|--------|--------------------------|
| To an Institution: First Mortgage  |        | <input type="checkbox"/> |
| To an Institution: Second Mortgage |        | <input type="checkbox"/> |
| To an Individual:                  |        | <input type="checkbox"/> |
|                                    |        | <input type="checkbox"/> |

| Investment Interest Paid: | Amount | Documents Attached       |
|---------------------------|--------|--------------------------|
|                           |        | <input type="checkbox"/> |
|                           |        | <input type="checkbox"/> |

## ITEMIZED DEDUCTIONS

### Charitable Contributions by CASH OR CHECK:

Note: You MUST have a receipt or canceled check documenting charitable gifts.  
Any gifts of \$250 or more must have a receipt from the charity.

| Name of Organization | Amount | Receipt/Canceled Check Attached |
|----------------------|--------|---------------------------------|
|                      |        | <input type="checkbox"/>        |
|                      |        | <input type="checkbox"/>        |
|                      |        | <input type="checkbox"/>        |
|                      |        | <input type="checkbox"/>        |
|                      |        | <input type="checkbox"/>        |
|                      |        | <input type="checkbox"/>        |
|                      |        | <input type="checkbox"/>        |
|                      |        | <input type="checkbox"/>        |
|                      |        | <input type="checkbox"/>        |

### Charitable Contributions of PROPERTY:

Note: Attach the original receipts from the organization to whom you donated the property and include the value of the property donated. If the value is unknown, provide a detailed description of the property donated.

| Name of Organization | Amount | Receipt/Description Attached |
|----------------------|--------|------------------------------|
|                      |        | <input type="checkbox"/>     |
|                      |        | <input type="checkbox"/>     |
|                      |        | <input type="checkbox"/>     |
|                      |        | <input type="checkbox"/>     |
|                      |        | <input type="checkbox"/>     |
|                      |        | <input type="checkbox"/>     |
|                      |        | <input type="checkbox"/>     |
|                      |        | <input type="checkbox"/>     |
|                      |        | <input type="checkbox"/>     |

### Casualty & Theft Losses:

Did you have any casualty or theft losses during the year?

| Yes                      | No                       | Amounts Attached         |
|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## ITEMIZED DEDUCTIONS

| <b>Job Expenses:</b>   | Yes | No | Amount | Receipts Attached        |
|--|-----|----|--------|--------------------------|
| Did you have any expenses in relation to seeking a new job?            |     |    |        | <input type="checkbox"/> |
| Did you move in 2017 because of a job change? Provide Details          |     |    |        | <input type="checkbox"/> |
| Did you purchase any safety equipment that was required by employment? |     |    |        | <input type="checkbox"/> |
| Did you purchase any uniforms or have any cleaning bills for uniforms? |     |    |        | <input type="checkbox"/> |
| Did you pay any union dues?  |     |    |        | <input type="checkbox"/> |
| Did you pay any dues to professional organizations?                    |     |    |        | <input type="checkbox"/> |
| Did you purchase any job tools or supplies required by employment?     |     |    |        | <input type="checkbox"/> |
| Other Job Expenses (Please List) _____<br>_____                        |     |    |        | <input type="checkbox"/> |

  

| <b>Miscellaneous Itemized Deductions:</b> | Yes | No | Amount | Amounts Attached         |
|---|-----|----|--------|--------------------------|
| IRA Fees Paid                             |     |    |        | <input type="checkbox"/> |
| Safety Deposit Box                        |     |    |        | <input type="checkbox"/> |
| Tax Preparation Fee Paid in 2017          |     |    |        | <input type="checkbox"/> |

## TAX CREDITS

| <b>Child &amp; Dependent Care Expenses:</b> |                   |         |          |        |
|---|-------------------|---------|----------|--------|
| Paid To Whom                                | Federal ID or SSN | Address | For Whom | Amount |
|   |                   |         |          |        |
|   |                   |         |          |        |
|   |                   |         |          |        |

  

| <b>Adoption Expenses:</b>                                  | Yes | No | Amount | Amounts Attached         |
|--|-----|----|--------|--------------------------|
| Did you adopt a child or have adoption expenses this year? |     |    |        | <input type="checkbox"/> |

## TAX CREDITS

| <p><b>Clean Energy Expenses:</b></p> <p>Did you purchase a new qualified fuel cell vehicle in 2017? If yes, please bring a copy of your invoice.</p> <p>Did you make energy efficient improvements to your home? (Such as solar, electric property, fuel-cells, solar water heater, geothermal heat pump, storm windows, etc.). If yes, please bring a copy of your invoice.</p> | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 12.5%;">Yes</th> <th style="width: 12.5%;">No</th> <th style="width: 37.5%;">Amount</th> <th style="width: 37.5%;">Invoice Attached</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table> | Yes                  | No                       | Amount | Invoice Attached | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> |
|--|---|----------------------|--------------------------|--------|------------------|--------------------------|--------------------------|----------------------|--------------------------|--------------------------|--------------------------|----------------------|--------------------------|
| Yes  | No  | Amount               | Invoice Attached         |        |                  |                          |                          |                      |                          |                          |                          |                      |                          |
| <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="text"/> | <input type="checkbox"/> |        |                  |                          |                          |                      |                          |                          |                          |                      |                          |
| <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="text"/> | <input type="checkbox"/> |        |                  |                          |                          |                      |                          |                          |                          |                      |                          |

## OTHER TAXES

| <p><b>Household Employment Taxes:</b></p> <p>Did you pay any individual \$2,000 or more to perform household services during the year, such as babysitting, cleaning, etc?</p> | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 12.5%;">Yes</th> <th style="width: 12.5%;">No</th> <th style="width: 37.5%;">Amount</th> <th style="width: 37.5%;">Amounts Attached</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table> | Yes                  | No                       | Amount | Amounts Attached | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> |
|--|--|----------------------|--------------------------|--------|------------------|--------------------------|--------------------------|----------------------|--------------------------|
| Yes  | No   | Amount               | Amounts Attached         |        |                  |                          |                          |                      |                          |
| <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="text"/> | <input type="checkbox"/> |        |                  |                          |                          |                      |                          |

## QUESTIONS

|  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| <b><u>Personal Information</u></b>   |                          |                          |
| Did your marital status change in 2017?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did your Address change in 2017?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Can you be claimed as the dependent of another taxpayer?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you change any bank accounts used to direct deposit (or direct debit) funds from (or to) the IRS or other taxing authority during this tax year?   | <input type="checkbox"/> | <input type="checkbox"/> |
| <b><u>Purchases, Sales and Debt</u></b>  |                          |                          |
| Did you have any debts canceled, forgiven, or refinanced during 2017?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you start a new business, purchase a new rental property, or acquire any new interest in any partnership or S corporation during 2017? If yes, please bring copies of all related documents. | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you sell an existing business, rental property, farm, or any existing interest in a partnership or S Corporation during 2017?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you purchase or dispose of any business assets (furniture, equipment, vehicles, real estate, etc.), or convert any personal assets to business use?  | <input type="checkbox"/> | <input type="checkbox"/> |
| <b><u>Income</u></b>   |                          |                          |
| Did you receive any foreign income or pay any foreign taxes during this year?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive any income from any property sold prior to this year?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive any lump-sum payments from a pension, profit sharing, or 401(k) plan this year?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you make any withdrawals from or contributions to an IRA, Keogh, SIMPLE, or SEP Account?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you make any withdrawals from an education savings/529 plan during this year?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive any disability income during this year?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did any of your life insurance policies mature, or did you surrender any policies during this year?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you cash any Series EE or I U.S. Savings bonds issued after 1989?  | <input type="checkbox"/> | <input type="checkbox"/> |

# QUESTIONS

|   |  | Yes                      | No                       |
|---|--|--------------------------|--------------------------|
| <b><u>Other Itemized Deductions</u></b>   |  |                          |                          |
| Did you use your car on the job for other than commuting?   |  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you have an expense account or allowance during the year?   |  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you work out of town during this year?  |  | <input type="checkbox"/> | <input type="checkbox"/> |
| <b><u>Miscellaneous</u></b>   |  |                          |                          |
| Were you notified by the IRS or other taxing authority of any changes in prior year returns? If so, please enclose copy of notice received.   |  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you engage in any bartering transaction?  |  | <input type="checkbox"/> | <input type="checkbox"/> |
| Are you covered by a pension or retirement plan?  |  | <input type="checkbox"/> | <input type="checkbox"/> |
| Were you a grantor or transferor for a foreign trust?   |  | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have an interest in or a signature or other authority over a bank account, securities account, or other account in a foreign country?  |  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you have any foreign income or pay any foreign taxes during 2017?   |  | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you want any overpayment of taxes applied to next year's estimated taxes?  |  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you ever use any portion of your home for business purposes?  |  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you make gifts of more than \$14,000 to any individual during 2017?   |  | <input type="checkbox"/> | <input type="checkbox"/> |
| If you are filing a Schedule C, Schedule E or Schedule F as part of your tax return, did you make any payments during the year for which the filing of a Form 1099 is required?   |  | <input type="checkbox"/> | <input type="checkbox"/> |
| If the filing of Form 1099 was required, were all such forms filed?   |  | <input type="checkbox"/> | <input type="checkbox"/> |
| <b><u>Affordable Care Coverage</u></b>  |  |                          |                          |
| Was your entire family covered for the entire year with minimum essential health care coverage?   |  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did anyone in your family obtain coverage through the marketplace? If so, please attach the Form 1095-A provided by the insurance carrier.  |  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did anyone in your family obtain coverage through their employer or individual market coverage? If so, please attach the Form 1095-B provided by the insurance carrier. If your employer has over 250 employees, please also provide the Form 1095-C they provided. |  | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have an ACA exemption certificate issued by the insurance market place? If so, please provide a copy.  |  | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you qualify for one of the following ACA shared responsibility exemptions?   |  | <input type="checkbox"/> | <input type="checkbox"/> |
| Unaffordable coverage   |  | <input type="checkbox"/> | <input type="checkbox"/> |
| Short Coverage Gap(Less than 3 continuous months)   |  | <input type="checkbox"/> | <input type="checkbox"/> |
| You are an exempt noncitizen  |  | <input type="checkbox"/> | <input type="checkbox"/> |
| You are part of a health care sharing ministry(i.e. Christian Care Medishare)   |  | <input type="checkbox"/> | <input type="checkbox"/> |
| You are an Indian tribe member  |  | <input type="checkbox"/> | <input type="checkbox"/> |
| You are an incarcerated individual  |  | <input type="checkbox"/> | <input type="checkbox"/> |
| You are covered by Medicaid/Tricare/Fiscal Year Employer Plan   |  | <input type="checkbox"/> | <input type="checkbox"/> |



