2017 Summary Organizer Personal and Dependent Information

Person	al Infor	mation											
				Name						SSN	Date of	birth	Healthcare coverage ALL year
Taxpayer													
Spouse													
Street add	dress, cit	y, state, and	d ZIP										
			Occup	ation			Dayti	ne phone	E	vening phone		Cell p	hone
Taxpayer													
Spouse													
Taxpayer	email												
Spouse e	mail												
Marital Sta	itus at en	d of 2017			1	Taxpay	er_	<u>Spous</u>	e				
Married						Yes	No No	Yes		Are you blir			
Married	l filing se	parately				Yes Yes	∐ No ∏ No	Ves Yes		Are you dis Are you a fu		dent?	
U Widow(spouse decea ter the date o				☐ Yes		☐ Yes		Do you wan	t \$3 to go	to the	
Depend		ormatio			!					Presidentia	Election	Campaigr	Fund?
			•						Mantha		1	Full-	Healthcare
		First and	l last name		s	SN	Relati	onship	Months in home	Date of birth	Disabled	time student	coverage ALL year
List deper	ndents re	quired to f	ïle a return										
Estimat	tes		-										
				Federal			Reside	ent state			Reside	nt city	
Overpaym from 2016	nent appl	ied	Date paid	A	mount		Date paid	Am	ount	Date p	baid	A	mount
First quart	ter												
Second qu	uarter												
Third quar	rter												
Fourth qua	arter												
Additional	paymen	ts											
Appoin	tment l	nformat	ion & Notes										
Your 201		tment is s	cheduled for										

Healthcare Coverage Questionnaire

Name:				S	SN:
Heal	thcar	e Information			
		Member of household for healthcare purposes	Covered the entire year	Covered less than 12 months	No healthcare coverage at all
YES	NO				
		Did anyone other than you or your spouse pay for healthcare coverage fo	r anyone listed abov	e?	
		Did you pay for healthcare coverage for anyone not listed above?			
-		coverage for any part of the year: was the policy obtained?			
		Employer / Medicare / Medicaid / Marketplace(Exchange) / Other			
-		't have coverage part or all of the year: S if the following applies to any member of the household			
		Was your previous insurance policy cancelled in 2017?			
		Was coverage offered by your employer or your spouse's employer?			
		Are you a member of a federally recognized Indian tribe?			
		Are you eligible for services through an Indian healthcare provider?			
		Are you a member of a healthcare sharing ministry?			
		Did you live in the United States the entire year?			
		Are you enrolled in TRICARE?			
		Did you apply for CHIP coverage?			
		Do any of the following apply to you? Do NOT indicate which one.			
		Became homeless			
		Evicted in the past six months, or facing eviction or foreclosure			
		Received a shut-off notice from a utility company			
		Recently experienced domestic violence			
		Recently experienced the death of a close family member			
		 Recently experienced a fire, flood, or other natural or human-caused d that resulted in substantial damage to your property 	lisaster		
		Filed for bankruptcy in the last six months			
		Incurred unreimbursed medical expenses in the last 24 months that re	sulted in substantial	debt	
		 Experienced unexpected increases in essential expenses due to carin- ill, disabled, or aging family member 	g for an		

Miscellaneous Information

Name		SSN:
Pers	ona	Information
Yes	No	
	Π	Did your marital status change during the year?
		If "Yes," explain
		Can you or your spouse be claimed as a dependent by someone else?
		Did your address change during the year?
		Provide proof of identity to be eligible to e-file your tax return (driver's license or state-issued photo ID)
Don	ondo	unt Information
Deb	enae	ent Information
		Did you have any changes in dependents during the year?
		If "Yes," explain
H	H	Can another person qualify to claim any dependents?
H	H	Did you have any childcare expenses during the year?
H	H	Did you have any adoption expenses during the year?
		Did you have any children under age 19 or a full-time student under age 24 with more than \$1900 of unearned income?
		Provide documentation for proof of dependent related credits (school records, medical records, daycare records, etc.)
Heal	lth C	are Information
		Did any member of your household NOT have healthcare coverage for the entire year?
		Provide copies of all Forms 1095-A, 1095-B, 1095-C for ALL members of your household.
		If any member of your household received an exemption from the marketplace, provide the Exemption Certificate Number (ECN).
		Did you receive any distributions from a Health Savings Account (HSA), Archer MSA, or Medicare Advantage MSA during the year?
Inco	me,	Purchases, Sales, and Debt Information
H	H	Did you have a financial interest in or signature authority over a financial account or asset located in a foreign country?
H	H	Did you receive a distribution from, or were you a grantor of, or transferor to, a foreign trust?
H	H	Did you have any income from, or pay taxes to, a foreign country?
H	H	Did you own property in a foreign country?
	Н	Did you receive any tips not reported to your employer?
H	H	Did you receive any disability income during the year?
H	H	Did you cash any U.S. savings bonds during the year?
		Did you receive any other income not provided with this organizer?
		If "Yes," explain
H	H	Did you start a new business or purchase any rental property during the year?
H	H	Did you sell an existing business, rental property, or other property during the year?
		Did you purchase any business assets or convert any assets to business use?
		If "Yes," provide the cost of the asset, the date it was placed in service, and business use percentage.
H	H	Did you purchase any gasoline, diesel, or special fuels for non-highway business use?
H	Н	Did you buy or sell any stocks, bonds, or other investments during the year?
	\Box	Did you sell a principal residence during the year?
		If "Yes," provide closing documentation for the purchase and sale of the home
Ц	Ц	Did you foreclose or abandon a principal residence or real property during the year?
	\Box	Did you refinance your principal home or second home or take out a home equity loan during the year?
_		If "Yes," provide all escrow, closing, and other pertinent documentation and information.
Ц	Ц	Did you receive any principal or interest during this year from property sold in prior years?
Ц	Ц	Did you rent out your home or use it for business?
Ц	Ц	Did you sell, exchange, or purchase any real estate during the year?
Ц	Ц	Did you acquire a new or additional interest in a partnership or S corporation?
Ц	Ц	Did you have any debts canceled or forgiven this year?
Ц	Ц	Does anyone owe you money that has become uncollectible?
\Box	\Box	Did you purchase a new hybrid, alternative motor, or electric motor energy-efficient vehicle during the year?
		If "Yes," provide the year, make, model, VIN, and date the vehicle was placed in service.
Item	ized	Deduction Information
	П	Did you pay out-of-pocket medical or dental expenses (premiums, prescriptions, mileage, etc.) during the year?
П	Ц	Did you pay any long-term care premiums for yourself, your spouse, or a dependent during the year?
Н	Н	Did you receive any state or local income tax refunds from prior years?

2017		
	Miscellaneous Information	
Name:		SSN:
Item	ized Deduction Information (continued)	
Yes		
	 Did you make any major purchases (vehicle, boat, etc.) during the year? Did you pay any real estate property taxes or personal taxes during the year? 	
H	Did you pay mortgage interest during the year?	
H	Did you make cash donations to charity during the year?	
	Did you make noncash donations to charity (clothes, furniture, etc.) during the year?	
П	 Did you donate a boat or vehicle during the year? 	
	If "Yes," attach Form 1098-C.	
	Did you have any job-related expenses that were not reimbursed by your employer (uniforms, safety equ	uipment, etc.)?
	Did you use your vehicle on the job other than for commuting to work?	
	Did you work out of town at any time during the year?	
	Did you have gambling losses during the year?	
Retir	rement Information	
	Did you receive any payments from a pension, profit sharing, or 401(k) plan during the year?	
	Did you make any withdrawals from or contributions to an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), myR retirement plan during the year?	RA, or other qualified
	retirement plan during the year? Did you receive any Social Security benefits during the year?	
Educ	cation Information	
	Did you pay tuition expenses that were required for attending college, university, or vocational school for dependent during the year (even if classes were attended in another year)?	yourself, your spouse, or a
Π	Did anyone in your household attend a post-secondary school during the year?	
\Box	Did you make a contribution to or receive a distribution from an Education Savings Account or Qualified	Tuition Program during the year?
	Did you pay student loan interest for yourself, your spouse, or your dependent(s) during the year?	
Misc	ellaneous Information	
Π	Did you incur a loss due to damaged or stolen property?	
	If "Yes," provide the incident date, value of the property, and amount of insurance reimbursements.	
	Did you pay wages to any household employees (babysitter, nanny, housekeeper, etc.)?	
	Did you make any gifts to any one person in excess of \$14,000 during the year?	
_	If "Yes," are you splitting the gift with your spouse?	
Ц	Did you incur moving expenses due to a change in employment?	
Ц	Did you make any energy-efficient improvements to your main home during the year?	
H	Are you a business owner who paid health insurance premiums for your employees during the year?	
H	 Did you apply an overpayment of your 2016 taxes to your 2017 estimated taxes? If you have an overpayment of 2017 taxes, do you want the refund applied to your 2018 estimated taxes 	2
H	Did you make any estimated payments toward your 2017 taxes?	• !
	Do you want to have any refund or balance due directly deposited or withdrawn?	
	If "Yes," provide a canceled checking or savings slip.	
	Did you receive any notices from the IRS or state taxing authority?	
	If "Yes," explain	
	May the IRS discuss your tax return with your preparer?	
	Would you like a copy of your tax return emailed to you instead of receiving a printed copy?	
Prep	arer Notes	
— Мі	scellaneous Notes	

Income		
Name:	SSN	:
Wages & Salaries Provide all copies of Form W-2		
	2017 federal	2016 federal
Employer name	wages	wages
Definement		
Retirement Provide all copies of Form 1099-R		
	2017	2016
Payer name	distribution	distribution
Form 1099-Misc Income Provide all copies of Form 1099-MISC (* Also reported on Schedule C or E)		
	2017	2016
Payer name	amount	amount

Incor	ne			
Name:			SSN:	
Dividend Income				
Provide all copies of Form 1099-DIV and other statements that report dividen	d income 2017 ordinary	2016 ordinary	2017 qualified	2016 qualified
Payer name	dividends	dividends	dividends	dividends
Interest Income				
Provide all copies of Form 1099-INT, Form 1099-OID and other statements the	at report interest in	come		
Payer name			2017	2016
			interest	interest
			interest	
			interest	interest
			interest	
			interest	
			interest	interest
			interest	
			interest	interest
			interest	
			interest	
Image:			interest	interest

Sale of Ca	pital Assets			
Name:			SSI	N:
Sale of Capital Assets (not reported on Form 1099-B)				
Provide all brokerage statements Description of property	Date purchased	Date sold	Sales price	Cost
	F F F F		P	
				<u> </u>
				<u> </u>
Installment Sale Income				
Description of property:				
Date acquired Date sold			2017	Prior years
Selling price · · · · · · · · · · · · · · · · · · ·		· · · · · · ·		
Mortgages assumed		· · · · · · · ·		
Cost of property sold • • • • • • • • • • • • • • • • • • •		· · · · · · · ·		
Depreciation allowed		· · · · · · · ·		
Commissions and expense of sale		· · · · · · · ·		
Gross profit percentage				
Interest received				
Principal payments received				
Property was sold to a related party				

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Other Income and Adjustments

Name:	-		SSN	:
Other Income				
	2017 Taxpayer	2016 Taxpayer	2017 Spouse	2016 Spouse
Scholarships or grants not reported on Form W-2 • • • • • • • • • • • • •				
State income tax refund (attach Forms 1099-G)				
Alimony received • • • • • • • • • • • • • • • • • • •				
Unemployment compensation (attach Forms 1099-G) • • • • • • • • •				
Unemployment compensation repaid in 2017 • • • • • • • • • • • • • • • • • • •				
Social Security Benefits (attach Forms 1099-SSA)				
Railroad Retirement Benefits (attach Forms 1099-RRB)				
Gambling winnings (attach Forms W2-G)				
Alaska Permanent Fund				
Other income:				
Adjustments				
	2017 Taxpayer	2016 Taxpayer	2017 Spouse	2016 Spouse
Educator expenses (If you are an educator, enter the amount you paid for classroom supplies)				
Contributions made to a Health Savings Account (HSA) • • • • • • • • •				
Contributions made to a Self-Employed Pension plan (SEP) Payments made for Self-Employed Health Insurance for you, your spouse, or dependents				
Alimony paid				
Name:SSN:				
Name:SSN:				
Contributions made to an Individual Retirement Account (IRA)				
Contributions made to a Roth IRA · · · · · · · · · · · · · · · · · · ·				
Contributions made to a myRA · · · · · · · · · · · · · · · · · · ·				
Interest paid on a student loan				
Other adjustments:				
Job-related Moving Expenses				
			2017	2016
Number of miles from old home to old workplace			-	
Number of miles from old home to new workplace				
Expense to move household goods & personal effects and lodging expenses	while traveling to	your new home		
(Do not include cost of meals)		,		
This was a military move				

Schedule	C - Profit o	r Loss from Business		
Name:	••••		SSN:	
General Business Information				
Business name		Employe	er ID number	
Professional product or service				
Business address, city, state, ZIP				
This business started or was acquired during 2017	Yes	Dourmonto of \$600 or more were nois	to an individual	who is
This business was disposed of during 2017	Yes	No You filed Forms(s) 1099 for the indivi		
Income				
2017	2016		2017	2016
Gross receipts or sales • • • • • • • •		Other income • • • • • • • • • • • • -		
Income from Form(s) 1099-MISC · · ·				
Returns & allowances • • • • • • • • • • • • •				
Expenses				
2017	2016	I	2017	2016
Advertising		Travel		
Car & truck expenses · · · · · · ·		Total meals & entertainment · · · _		
Commissions & fees ••••••		Utilities · · · · · · · · · · · · · · · · · · ·		
Contract labor · · · · · · · · · · · · ·		Wages • • • • • • • • • • • • • • • •		
Depletion		Other expenses (list)		
Employee benefit programs • • • • • •				
Insurance (other than health) • • • • •				
Mortgage interest				
Other interest				
Legal & professional services • • • • •				
Office expenses				
Pension & profit sharing plans • • • •				
Rent or lease (vehicles, machinery, & equipment)				
Rent (other business property) • • • •				
Repairs & maintenance • • • • • • • • •				
Supplies				
Taxes & licenses				
Cost of Goods Sold				
2017	2016	1	2017	2016
Inventory at beginning of year • • • •		Materials & supplies		
Purchases		Other costs		
Cost of personal use items • • • • •		Inventory at end of year •••••		
Cost of labor		There was a change in inventory	/ method	

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Ζu	, 1	

Schedule E - Income or	Loss from	Rental Real Esta	ate & Royal	ties	
Name:				SSN:	
General Property Information					
Property description Address, city, state, ZIP					
Select the property type Single family residence Multi-family residence Commercial	-term rental	Land Royalties	Self-renta	1	
Number of days property was rented If the rental is a multi-dwelling unit and you occupied part of		property was used for pe e percentage you occup			
 This property is your main home This property was disposed of during 2017 This property was owned as a qualified joint venture 	☐ Yes [☐ Yes [No Payments of \$600 not your employed No You filed Form(s)	e for services pro	vided for this rer	al who is ntal.
Income					
2017	2016	Royalties from oil, gas		2017	2016
Rent Income • • • • • • • • • • • • • • • • • • •		mineral, copyright or p	, patent • • • • _		
Rental income from Form(s) 1099-MISC		Royalties from Form	n(s) 1099-MISC		
Expenses Rental unit e		Rental <u>and</u> homeow			
Advertising				property. Use t expenses" colu expenses that the rental portion If the Schedule multi-unit prop	elling and you it and rented nits, use the meowner umn to show apply to the entire he "Rental unit umn to show pertain ONLY to on of the property. e E is not for a erty in which you it, complete just

Le se s	Income or Loss from Partnerships, S corporations, and Fiduciar	
Name:		SSI
	orporations, Estates and Trusts	
Provide all copies of Sc	chedule K-1 and attachments	
	Entity name	

EIN

Expenses	Related to	Business
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Name:					SSN:	
Auto Expense						
Name of business vehicle is used for Description of vehicle				Date vehicle was plac	ed in service	
		_				
Another vehicle is available for perso		_	e evidence is writter	upport your deductior า	1	
Number of miles the vehicle was driven dur Business Commuting	•	Number of miles driven in prior years Total Business Total				
	2017	2016			2017	2016
Garage rent • • • • • • • • • • • • • • • • • • •			Property tax			
Gas						
Insurance						
Licenses						
 Oil • • • • • • • • • • • • • • • • • • •			Other expenses			
Parking fees						
Lease payments						
Interest						
Business Use of Home						
What is the total square footage of your hor For daycare facilities not used exclusively for How many days during the year was the The daycare facility was in operation	or business, completerers area used	ete the followi	•	per day was the area	used	
Expenses	Office exper 2017	nses 2016	Home ex 2017	vpenses 2016		
Mortgage interest					In the "Office exp	enses" column,
Real estate taxes ••••••					enter those expension exclusive	
Excess mortgage interest					in the "Home exp	
Insurance · · · · · · · · · · · · · · · · · · ·					enter those expendent expendent of the enternation to the enternation to the enternation of the enternation	
Rent • • • • • • • • • • • • • • • • • • •						re awening.
Repairs & maintenance				_		
Utilities • • • • • • • • • • • • • • • • • • •				_		
Other expenses · · · · · · · · · · · · · · · ·						

Schedule A - Itemized Deductions					
Name: SSN:					
Medical and Dental Expenses	Charitable Contributions				
2017	2016		2017	2016	
Health insurance premiums (paid by you)		Donations to charity (cash)			
Long-term care premiums (you)		_ Miles driven for charitable purposes			
Long-term care premiums (your spouse)		Donations to charity (noncash)			
Long-term care premiums (dependents)		If noncash donations are greater the	an \$500, list belov	Ι.	
Mileage driven for medical purposes • •		· ·			
Medical and dental expenses (list) • • •		·			
		Job Expenses & Certain Misc	ellaneous Ded	uctions	
		Necessary job expenses you paid tha employer (list)	at were not reimbu	rsed by your	
Taxes Paid					
State and local income taxes • • • •		· ·			
Sales tax					
Real estate taxes • • • • • • • • • • • • • • •		Tax preparation fees			
Personal property taxes • • • • • •		 Other nonpersonal expenses related 	to taxable income	(list)	
Other taxes (list)					
		·			
Interest Paid		Investment expenses not entered elsewhere			
Interest Faio		Other Miscellaneous Deduction	ons		
Mortgage interest paid (attach Form 1098)					
Mortgage interest paid to an individual		Amortizable bond premiums • •			
Paid to: Name		Federal estate tax •••••			
		- Gambling losses			
Address		 Impairment-related work expenses 			
City, State, ZIP		Claim repayments · · · · · ·			
SSN or EIN		Unrecovered pension investments			
Qualified mortgage insurance premiums		Schedule K-1			
Investment interest		Ordinary loss debt instrument			

		Other Info	ormation				
Name:					SSN:		
Mortgage Interest							
Provide all copies of Form 1098	2017 Mortgage interest	2016 Mortgage interest	2017 Mortgage insurance	2016 Mortgage insurance	2017 Real estate	2016 Real estate	
Lender's name	received	received	premiums	premiums	taxes paid	taxes paid	
E							
Employee Business Expenses							
			imbursed [·] employer	Reimbursed by not included	your employer I on your W-2		
		2017	2016	2017	2016		
Rural mail carrier expenses	· · · · · · · · · .						
Parking fees, tolls, local transportation .							
Meals & entertainment							
Overnight business travel expenses (Do not include meals & entertainment)	-						
Other business expenses	-						
	-						
You used your personal vehicle for	your job during 20	17	You are a memb	•••			
You are a reservist You are a qualified performing artis	2t			ased state or local g led employee with ir	-		
				led employee with a			
Casualties and Thefts							
Property description				n			
	operty location		Property location				
Date property was damaged or stolen							
Cost of property damaged or stolen			Cost of property damaged or stolen				
Amount of damage			Amount of damage				
Insurance reimbursement			Insurance reimbursement				

Other Information						
Name:					SSN	l:
Child and Other Dependent	Care Expenses					
Name of care provider	Address			SSN or EIN	Amount paid	
Education Expenses						
Provide all copies of Form 1098-T						
Student name			Student name			
Type of expense		Amount		Type of expense		Amount
Student name			Student name			
Type of expense		Amount		Type of expense		Amount
			·			

Detail Worksheet		
Name:	SSN:	
Description	2017	2016