ORGANIZER Page 1 Tax Organizer US 2017 1040 **Tax Return Appointment** Luers & Dyer CPAs, LLP PO Box 1934 Date: Julian, CA 92036 Time: Telephone number: 7607650343 Location: Fax number: E-mail address: This tax organizer will assist you in gathering information necessary for the preparation of your 2017 tax return. Please enter all pertinent 2017 information. NOTE: If you claim the earned income credit, please provide proof that your child is a resident of the United States. This proof is typically in the form of: school records or statement, landlord or property management statement, health care provider statement, medical records, child care provider records, placement agency statement, social service records or statement, place of worship, Indian tribal office statement, or employer statement. NOTE: If your child is disabled, please provide one of the following forms of proof of disability: doctor statement, other health care provider statement, or social services agency or program statement. CLIENT INFORMATION **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..... Home phone....... Work phone Work extension..... Cell phone E-mail address In care of Street address..... Apartment number. Address City..... ZIP code..... **DEPENDENTS** Dependent No. Dependent No. First name Last name..... Title/suffix....... Date of birth (m/d/y) Date of death (m/d/y) . . . Date of adoption (m/d/y). Social security number... Relationship..... Months lived at home Dependent No. Dependent No. First name Last name...... Title/suffix..... Date of birth (m/d/y) Date of death (m/d/y) . . .

Date of adoption (m/d/y). Social security number...
Relationship.....
Months lived at home....

Please enter all pertinent 2017 information. If you have attached a government form for an item, check the box and do not enter a 2017 amount. WAGES, SALARIES AND TIPS Employer name:	17	1040	US	Tax Organizer		
Employer name: Attach Forms W-2			-		ation. If you have attached and do not enter a 2017	i amount.
INTEREST INCOME Payer name: Attach Forms 1099-INT DIVIDEND INCOME Payer name: Attach Forms 1099-INT PENSIONS, IRA AND GAMBLING INCOME Payer name: Winnings not reported on W-2G, Total gambling losses. OTHER GOVERNMENT FORMS - INCOME Form 1099-B - Sales of stock (also include transaction history) Form 1099-K - Merchair and and third party network payments. Form 1099-S - Sales of real estate (also include closing statements) Form 1099-G - State tax refunds. Form 1099-G - State tax refunds. Form 1099-Q - Sozial security benefits. Form 1099-Q - Goz Plan). Form 1099-Q - Sozial security benefits.		•	RIES AND	rips	0017.4	0010.4
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Form 1099-Q (529 Plan)	_					
					Attach Forms 1099	
Form 1099-QA/5498-QA (ABLE Accounts)	_					

ORGANIZER Page 3 Tax Organizer 2017 1040 US **MISCELLANEOUS INCOME** Taxpayer: Alimony received..... Spouse: Alimony received Other: RETIREMENT PLAN CONTRIBUTIONS 2017 Amount 2016 Amount Taxpayer: Traditional IRA contributions (1=maximum)..... Self-employed, SEP, SIMPLE, & qualified plan contributions (1=maximum)..... Spouse: Traditional IRA contributions (1=maximum)..... Self-employed, SEP, SIMPLE, & qualified plan contributions (1=maximum)..... OTHER GOVERNMENT FORMS - DEDUCTIONS Form 1098-E - Student loan interest Attach Forms 1098 Form 1098-T - Tuition and related expenses..... AFFORDABLE CARE ACT Form 1095-A - Health Insurance Marketplace Statement..... **Attach Forms 1095** Form 1095-C - Employer-Provided Health Insurance Offer and Coverage. **ADJUSTMENTS TO INCOME** Taxpayer: Self-employed health insurance premiums..... Educator expenses..... Other adjustments to income: Spouse: Self-employed health insurance premiums..... Educator expenses..... Other adjustments to income: Alimony paid - Recipient name & SSN **MEDICAL AND DENTAL EXPENSES** Prescription medicines and drugs..... Doctors, dentists and nurses Hospitals and nursing homes..... Insurance premiums..... Long-term care premiums - taxpayer..... Long-term care premiums - spouse..... Other: **TAXES PAID**

State income taxes - 1/17 payment on 2016 state estimate.....

2016 Amount
2010 Amount
8
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rd, or a written communication
nount(s).

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Sea condition of Detter, in addition
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Page 5 **Direct Deposit & Estimates (Form 1040 ES)** US 2017 1040 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** Percent to Type of Type of **Deposit** Account Invest. Name of Bank **Routing Number Account Number** (Table 1) (Table 2) (xx.xx)2017 ESTIMATED TAX / 1040-ES (6) 2017 **Federal Amount Paid Date Paid** Voucher Amount Overpayment applied from 2016..... 1st quarter payment..... 3rd quarter payment..... 4th quarter payment..... Additional Estimated Tax Payments Paid with extension..... Former spouse SSN if joint estimates..... 2017 **State Amount Paid Date Paid Voucher Amount** Overpayment applied from 2016..... 1st quarter payment..... 3rd quarter payment..... 4th quarter payment..... Additional Estimated Tax Payments Paid with extension..... 2 1 Type of Account 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) 1 = Savings 2 = Checking

ORGANIZER Page 6 Direct Deposit & Estimates (Form 1040 ES) (cont.) 2017 US 1040 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 If "yes" explain any differences in income, deductions, dependents, etc.: Do you expect your 2018 withholding to be different from 2017? Yes If "yes" explain any differences:

7.1

17	1040	US	Business Income (Schedu	le C)	No.	16
	Please e	enter all pe	tinent 2017 amounts. Last year's amo	unts are provided for	your reference.	
GEN	IERAL IN	IFORMAT	TION			
Princip	oal business/p	profession				
	•		Form 1040			
			m Form 1040			
			D			
			1040			
Foreig	n postal code	<u>.</u>				
-	-					
Other	accounting m	nethod				
Accou	ntina method	: 1=cash. 2=	accrual			
	· ·		ver cost/market, 3=other			
1=cha	nge of invent	ory method				
1=spo	use, 2=joint .					
			ousiness		_	
			r will you file all required Form(s) 1099: 1=yes, 2=no		_	
			t tax		_	
			erial income producing factor		_	
					_	
					_	
1=sing	gle member li	mited liability	company			
1=trad	ler in financia	l instruments	or commodities			
INC	OME			2017 Amount	2016 Amoun	nt
Gross	receipts or sa	ales (Form 10	99-MISC, box 7)			
Return	ns and allowa	nces				
Other	income:		_		1	
-						
-					1	
-						
COS	T OF GO	ODS SO				
					1	
			ır			
Materi	als and supp	lies				
Other	costs:				_	
-						
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-						
-			<u> </u>			
- - -						
Invent	ory at end of	the year				

2017 1040 US Business Income (Schedule C) (cont.)

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16 p2

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

EXPENSES	2017 Amount	2016 Amount
Accounting		
Advertising		
Answering service		
Bad debts from sales or service		
Bank charges		
Car and truck expenses (not entered elsewhere).		
Commissions.		
Contract labor.		
Delivery and freight		
Dues and subscriptions		
Employee benefit programs		
nsurance (other than health).		
Mortgage interest (paid to banks, etc.)		
Other interest (not entered elsewhere)		
Janitorial.		
aundry and cleaning.		
egal and professional.		
Miscellaneous		
Office expense		
Outside services.		
Parking and tolls		
Pension and profit sharing plans - contributions		
Pension and profit sharing plans - admin. and education costs		
Postage		
Printing		
Rent - vehicles, machinery, & equipment (not entered elsewhere)		
Rent - other		
Repairs		
Security		
Supplies		
Faxes - real estate		
axes - payroll		
axes - sales tax included in gross receipts		
axes - other (not entered elsewhere)		
Telephone		
ools		
ravel		
otal meals and entertainment in full (50%)		
Department of Transportation meals in full (80%)		
Jniforms		
Utilities		
Vages		
		1
Other expenses:		

2017 | 1040 | US | Capital Gains & Losses (Schedule D)

17

If you sold any stocks, bonds, or other investment property in 2017, please list the pertinent information for each sale below or provide a spreadsheet file with this information.

Be sure to attach all 1099-B forms and brokerage statements.

			Cost or Basis (Box 1e)	Expenses of Sale (if gross sales price entered)	Federal Income Tax Withheld (Box 4)
	1				
+					

Please enter all pertinent 2017 amounts. Last year's amounts are provided for your reference. GENERAL INFORMATION Description of property. Street address. City. State. 2P code. Type of Property (see table). Other type of property. Number of days rented. The provided of owership of root lives (see table). The control of the property of the property. Precentage of owership of root lives (see table). The provided of owership of root lives (see table). The provided of owership of root lives (see table). The provided of owership of root lives (see table). The provided of owership of root lives (see table). The provided of owership of root lives (see table). The provided of owership of root lives (see table). The provided of owership of root lives (see table). The provided of owership of root lives (see table). The provided of owership of root lives (see table). The provided of owership of root lives (see table). The provided of owership of root lives (see table). The provided of the provided of root lives (see table). The provided of the provided of the provided owership of root lives (see table). The provided of the provided owership of root lives (see table). The provided of the provided owership of root lives (see table). The provided of the provided owership of root lives (see table). The provided of the provided owership of root lives (see table). The provided of the provided of the provided owership of root lives (see table). The provided of the provided owership of root lives (see table). The provided of the provided owership of root lives (see table). The provided of the provided owership of root lives (see table). The provided of the provided owership of root lives (see table). The provided of the provided owership of root lives (see table). The provided of root lives (see table). The provided root lives (see table)	18
Description of property. Street address. City. Street address. City. State. Stat	!.
Street address	ount
Street address. 1 = Single Family 1 = Sing	nerty
City	
A commercial 5 = Land 1 = L	esidence
S = Land S = Royaltes S = Land S = Royaltes T = Self-Rental T = Self-Ren	:-Term Renta
T = Self-Rental T = Self-Rental	
Number of days rented. Purcentage of ownership into 100% (xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	
Percentage of ownership In not 100% (xxxxx) In 1 = young (xxxxxx) In 1 = young (xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	
If not 100% (2xxxx) Precentage of team occupancy	
1=spouse, 2=joint	
1=spouse, 2=joint	
I = injunctified point venture	
Indignates activity. Indignates Indign	
If required to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no	
INCOME Rents or royalties received. DIRECT EXPENSES NOTE: Direct expenses are related only to the rental activity. These include rental agency fees, advertising, and office supplice Advertising. Association dues Auto and travel (not entered elsewhere). Cleaning and maintenance Commissions. Gardening Insurance Legal and professional fees Licenses and permits. Management fees Miscellaneous Mortgage interest (paid to banks, etc.). Qualified mortgage insurance premiums Excess mortgage interest Other interest (not entered elsewhere). Painting and decorating. Pest control. Plumbing and electrical. Repairs Supplies Taxes - real estate Taxes - other (not entered elsewhere). Telephone	
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Taxes - other (not entered elsewhere)	
Taxes - other (not entered elsewhere)	
Telephone	
Ountrod	
Wages and salaries	
Other:	

017	1040	US	Rental & Royalty Income	e (Sch. E) (cont.)	No.	18 p2
Plea e	ase enter a expense co	ll pertinent lumn shou	2017 amounts. Last year's amount ld only be used for vacation homes	ts are provided for your re or less than 100% tenant	ference. The in occupied rent	ndirect tals.
GEN	IERAL IN	IFORMAT	TION			
Foreig	ın region					
Foreig	ın postal code)				
OIL	AND GA	S		2017 Amount	2016 Amo	ount.
Cost of Percents	depletion ntage depletion cost depletion	on rate or am	ount		2010 Allie	
VAC	CATION H	IOME				
			al method elected).			
IND	IRECT EX	(PENSES				
NOTE	E:Indirect exp These inclu	enses are relade repairs, ins	ated to operating or maintaining the dwelling surance, and utilities.	unit.		
Assoc Auto a Cleani Comm Garde Insura Legal Licens Manag Miscel Mortga Qualif Exces Other	riation dues and travel (no ing and maint nissions ning and profession ses and permi gement fees . Illaneous age interest (pried mortgage in interest (not	t entered else enance onal fees paid to banks insurance pre nterest entered elsew	ewhere). , etc.). emiums /here).			
Pest o	control oing and elect	rical				
Taxes Taxes Teleph	- real estate - other (not e	entered elsew	here)			
	s and salaries					
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2017	1040	US	Partnersl	nip and S corpora	tion Information	Page 12 20.1,20.2
PAR			or delete 2017 i		te. Be sure to attach all S	chedule K-1s.
No.		ne of Partners		Employer Identification Number	Tax Shelter Registration Number	Additional Amounts Invested in Partnership
S C	DRPORAT	TON INF	ORMATION (20.2)		
No.	Name	e of S corpora	ation	Employer Identification Number	Tax Shelter Registration Number	Additional Amounts Invested in S corporation

20.1,20.2

ORGANIZER Estate or Trust and REMIC Information US 2017 1040 Please add, change or delete 2017 information as appropriate. Be sure to attach all Schedule K-1s and Schedule Qs. **ESTATE OR TRUST INFORMATION (20.3)** Tax Shelter Employer Registration Number No. Name of Estate or Trust Identification Number **REMIC INFORMATION (20.4)** Employer No. Name of REMIC Identification Number

Estate or Trust and REMIC Information

2017 1040 US Asset Acquisition List

If you purchased any business assets (furniture, equipment, vehicles, real estate, etc.) or converted any personal assets to business use in 2017, please enter all pertinent information below.

		Doloted	Prep	arer Use	Only		Cost	Preparer Us	se Only
No.	Description of Property	Related Business or Activity	Form	No. of Form	Category	Date Placed in Service	or Basis	Current Section 179	Method
								22	2 _{p2}
									– pz

					1490 10
2017	1040	US	Vehicle Expenses	No.	22 p3

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

GENERAL INFORMATION	2017 Amount	2016 Amount
Description of vehicle		
1=no evidence to support your deduction		
1=no written evidence to support your deduction		
1=vehicle is available for off-duty personal use		
1=no other vehicle is available for personal use		
1=vehicle used primarily by more than 5% owner		
Number of months of business use if changed from 100% personal use		
AUTOMOBILE MILEAGE		
Total mileage (for the tax year)		
Business mileage		
Commuting mileage (for the tax year)		
Average daily round-trip commute		
Average daily round-trip commute		
ACTUAL EXPENSES		
Average daily round-trip commute		
Average daily round-trip commute		
Average daily round-trip commute ACTUAL EXPENSES Parking fees and tolls (business portion only) Gasoline, lube, oil Repairs		
Average daily round-trip commute ACTUAL EXPENSES Parking fees and tolls (business portion only). Gasoline, lube, oil Repairs. Tires.		
ACTUAL EXPENSES Parking fees and tolls (business portion only). Gasoline, lube, oil. Repairs. Tires.		
Actual Expenses Parking fees and tolls (business portion only). Gasoline, lube, oil. Repairs. Tires. Insurance. Miscellaneous.		
ACTUAL EXPENSES Parking fees and tolls (business portion only). Gasoline, lube, oil Repairs. Tires. Insurance Miscellaneous Auto license (other than personal property taxes).		
ACTUAL EXPENSES Parking fees and tolls (business portion only). Gasoline, lube, oil Repairs. Tires. Insurance Miscellaneous Auto license (other than personal property taxes). Personal property taxes (based on car's value).		
ACTUAL EXPENSES Parking fees and tolls (business portion only). Gasoline, lube, oil. Repairs. Tires. Insurance. Miscellaneous. Auto license (other than personal property taxes). Personal property taxes (based on car's value). Interest (car loan) (for Schedule C, E & F).		

2017 | 1040 | US | Noncash Contributions (Form 8283)

If your total noncash contributions are in excess of \$500 in 2017, please complete the information below for each donee using the following guidelines:

- * If you contributed a motor vehicle, boat, or airplane with a claimed value of more than \$500, attach Form 1098-C or other written acknowledgement received from the donee organization.
- * A deduction for contributions of clothing or other household items that are not in *good* used condition or better is not allowed. In addition, a deduction for any item with minimal monetary value may be denied. However, these rules do not apply to any contribution of a single item for which a deduction of more than \$500 is claimed, if a qualified appraisal for the donated property is provided.

	Name of ch	aritable organization (donee)			
	Street addr	ess			
	City				
	State				
	ZIP code				
	1=spouse, 2	2=joint			
	Property de	scription (other than vehicle)			
	_	Identification number (VIN)			
lo.	Vehicle	Year (yyyy)			
	Verneie	Make and model			
		Condition and mileage			
	Date of con	tribution (m/d/y)			
	Date acquir	ed by donor (m/y)			
		ed by donor (Table 1 or describe).			
		et or basis			
		value			
		d to determine FMV (Table 2 or des			
·	Name of ch	aritable organization (donee)			
		ess			
	City				
	-				
	ZIP code				
		2=joint			
		scription (other than vehicle)			
		Identification number (VIN)			
о.	Vehicle	Year (yyyy)			
	venicie	Make and model			
		Condition and mileage			
	Date of con	tribution (m/d/y)			
		ed by donor (m/y)			
		ed by donor (Table 1 or describe)			
		at or basis			
		value			
		d to determine FMV (Table 2 or des			
	111101110111011100	a to determine i miv (Table 2 of det			
	5		2		D
	How Pro	pperty was Acquired	-	Method Used to	Determine FMV
	1 = Purchase 2 = Gift	3 = Inheritance 4 = Exchange		Appraisal Thrift shop value	3 = Catalog 4 = Comparable sale
	- ·			•	see IRS Pub. 561.

26

2017	1040	US	Business Use of Home (Form 8829)	No.	29
	IUTU				

Please enter 2017 indirect expenses in full. Nonbusiness portion will carry to Schedule A. Business percentage will be applied to indirect expenses only.

BUSINESS USE OF HOME	2017 Amount	2016 Amount
Form		
Number of form (e.g., enter 2 for Schedule C number 2)		
Business use area (square footage)		
Total area of home (square footage)		
Total hours facility used (for daycare facilities only)		
Total hours available (if not 8,760)		
Area of home included above used exclusively for daycare business, if any (sq ft)		
% (.xx) or amount of gross income from home if not 100% (-1 if none)		
% (.xx) or amount of expenses from home if not 100% (-1 if none)		
INDIRECT EXPENSES		
NOTE: Indirect expenses are for keeping up and running your entire home. They benefit both the business and personal parts of your home.		
Mortgage interest		
Real estate taxes		
Qualified mortgage insurance premiums		
Casualty losses		
Insurance		
Miscellaneous		
Rent		
Repairs and maintenance		
Utilities		
Excess mortgage interest		
Other indirect expenses:		<u> </u>
Other manect expenses.		
DIRECT EXPENSES		
NOTE: Direct expenses benefit only the business part of your home. They incl painting or repairs made to specific areas or rooms used for business.	ude	
Mortgage interest		
Real estate taxes		
Qualified mortgage insurance premiums		
Casualty losses		
Casualty losses		
Insurance		
Insurance Miscellaneous Rent Repairs and maintenance Utilities Excess mortgage interest		
Insurance Miscellaneous Rent. Repairs and maintenance Utilities Excess mortgage interest Excess casualty losses		
Insurance Miscellaneous Rent Repairs and maintenance Utilities Excess mortgage interest Excess casualty losses Allowable casualty losses		
Insurance Miscellaneous Rent. Repairs and maintenance Utilities Excess mortgage interest Excess casualty losses		
Insurance Miscellaneous Rent Repairs and maintenance Utilities Excess mortgage interest Excess casualty losses Allowable casualty losses		
Insurance Miscellaneous Rent Repairs and maintenance Utilities Excess mortgage interest Excess casualty losses Allowable casualty losses		
Insurance Miscellaneous Rent Repairs and maintenance Utilities Excess mortgage interest Excess casualty losses Allowable casualty losses		

2017 1040 US Health Savings Accounts (8889) 32.1

Please enter all pertinent 2017 amounts & attach all 1099-SA forms. Last year's amounts are provided for your reference.

HSA CONTRIBUTIONS

NOTE: Contributions to an HSA are only eligible to persons covered under a high deductible health plan. For tax year 2017, a high deductible health plan is one with an annual deductible that is not less than \$1,300 for self-only coverage or \$2,600 for family coverage, and the annual out-of-pocket expenses (deductibles, co-payments, and other amounts, but not premiums) do not exceed \$6,550 for self-only coverage or \$13,100 for family coverage.

	2017 A	mount		2016 A	mount
_	Taxpayer	Spouse	_	Taxpayer	Spouse
1=self-only coverage, 2=family coverage					
HSA contributions you made or expect to make, except rollovers, employer contributions, and contributions made to an employee account through a cafeteria plan (1=maximum).					
Contributions included above that were made after you became eligible for Medicare					
Contributions made to date			<u> </u>		
HSA DISTRIBUTIONS					
Total HSA distribution received (1099-SA, box 1)					
Distributions included above that were rolled over to another HSA					
Total unreimbursed qualified medical expenses					

DEDEVIS	THE CARE EVERNOES (22.1)	2017	' Amount	2016 Am	ount
	PENT CARE EXPENSES (33.1)	Taxpayer	Spouse	Taxpayer	Spouse
•	are expenses incurred but not paid in 2017			+	
	_				
PERSON	IS AND EXPENSES QUALIFYING First name				
	Last name				
	Title or suffix				
No.	Date of birth (m/d/y)				
	Qualified dependent care expenses incurred and paid in 2017			2016 amt:	
	1=disabled				
	First name				
	Last name				
	Title or suffix				
No.	Social security number				
	Qualified dependent care expenses incurred and paid in 2017			2016 amt:	
	1=disabled				
PERSON	IS OR ORGANIZATIONS PROVID	ING CARE	33 2)		
LINSON	Name of provider	III OAKE (JJ.L)		
	Street address				
	City				
	ZIP code.				
No.	Foreign region				
	Foreign postal code				
	Foreign country				
	Identification number (SSN or EIN)			2016	
	Amount paid to care provider in 2017			2016 amt:	
	1. speace, = jonk				

33.1,33.2

Education Credits / Tuition Deduction 2017 1040 US No. 38 Please complete the information below if you paid qualified education expenses in 2017 for you, your spouse, or your dependents enrolled in an accredited postsecondary institution. Last year's amounts are provided for your reference. STUDENT INFORMATION 1=taxpayer, 2=spouse First name..... Social security number..... Number of years hope credit claimed Number of prior years AOC claimed 1=student was NOT enrolled at least half-time for at least one academic period that began in 2017 (or the first 3 months of 2018 if the qualified expenses were made in 2017) at an eligible institution in a qualified program. 1=student completed first four years of post-secondary education before 2017. 1=student was convicted, before the end of 2017, of a felony for possession or distribution of a controlled substance. EDUCATIONAL INSTITUTION ATTENDED (#1) 1=2017 Form 1098-T was NOT received..... 1=2017 Form 1098-T received with Box 2 & 7 completed..... 1=2016 Form 1098-T received with Box 2 & 7 completed..... Federal ID number from Form 1098-T..... **EDUCATIONAL INSTITUTION ATTENDED (#2)** ZIP code..... 1=2017 Form 1098-T was NOT received..... 1=2017 Form 1098-T received with Box 2 & 7 completed..... 1=2016 Form 1098-T received with Box 2 & 7 completed..... Federal ID number from Form 1098-T..... QUALIFIED EDUCATION EXPENSES 2017 Amount 2016 Amount Qualified tuition & fees paid in 2017 (net of refund or assistance, & not entered elsewhere). Books & supplies required to be purchased from institution..... Books & supplies not entered above..... Amount of prior year refund or assistance *..... * Refund of qualified expenses and tax-free educational assistance received after you file your return for the year in which the expenses were paid.

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2017	1040	US	Health Coverage Form	39.	1

GENERAL INFORMATION	
l=entire household covered for all months, 2=no month	ns
Date married (if in current year)	
, ,	
COVERED INDIVIDUAL (#1)	COVERED INDIVIDUAL (#2)
a) First name	(a) First name
(a) Last name	(a) Last name
b) ID number (SSN or TIN)	(b) ID number (SSN or TIN)
d) 1=covered all 12 months	(d) 1=covered all 12 months
e) Months of coverage:	(e) Months of coverage:
1=November 2016	1=November 2016
1=December 2016	1=December 2016
1=January	1=January
1=February	1=February
1=March	1=March
1=April	1=April
1=May	1=May
1=June	1=June
1=July	1=July
1=August	1=August
1=September	1=September
1=October	1 0 1 1
1-00100001	1=October
1=November	1=October
1=November	1=November
1=November 1=December 2: OVERED 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=February. 1=March. 1=April. 1=June. 1=July. 1=August.	1=November
1=November	1=November
1=November	1=November
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=February. 1=March 1=April. 1=May 1=June 1=July 1=August 1=September.	1=November

39.1

2017 1040 US Report of Foreign Bank and Financial Accounts 82.1

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

GENERAL INFORMATION	2017 Amount	2016 Amount
Canadian province or Mexican state		
Other type of filer		
Foreign identification:		
Taxpayer:		
1=passport, 2=foreign TIN		
Other type of identification		
Number		
Country of issue		
Spouse:		
1=passport, 2=foreign TIN		
Other type of identification		
Number		
Country of issue		
Taxpayer:		
Title		
Spouse:		
Title	·	

2	2017	1040	US	Additional Information
	Pleas	se furnish a	any additio	onal information or supporting details not provided elsewhere in this tax organizer.
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