

**MEZZASALMA CPAs  
106 Apple St Ste 107  
Tinton Falls, NJ 07724-2670  
732-842-1120**

**Fax - 732-676-7639    Email - john@mezzcpa.com    Website - mezzcpa.com**

Dear Client:

**It's time to get your taxes done! We would like to thank the many of you who have been with us for most of our over 30 years in practice! With our 2 main CPAs, John and son Anthony, we will be around for the next 30 to help you! We appreciate your business!**

For your convenience, please find enclosed your Tax Organizer for 2017. It is designed to facilitate gathering information necessary to **prepare your 2017 tax return**. To help you complete the organizer with minimal time and effort, we have preprinted information from your 2016 tax returns if we prepared your 2016 returns.

**Please supply all K-1, W-2, 1099 & 1098 forms** as well as complete documentation regarding loans, real estate transactions, stock transactions, and any other items which may require research. **By supplying these forms, you need not fill out the information on the Organizer!** Please enter all other information on the Organizer and draw a line through or make corrections to any information that does not apply or is incorrect.

In order to serve you better and make it more convenient for many clients, you may **mail** in your information. If you mailed it in last year, a return envelope is enclosed for your convenience. It is advisable to mail or make an appointment **as early as possible**. In fact, this should be done **even if you do not have your K-1 form(s)** (if applicable) yet. **You can always send/fax them later when you receive them.**

Please note that best efforts will be made to file all returns by the April 15th deadline. No guarantees, however, can be made if the deadlines on the following page are not met.

**If you expect to owe taxes, it is strongly recommended that you file on a timely basis to avoid potentially harsh penalties.**

Thank you for the opportunity to serve you.

Sincerely,

MEZZASALMA CPAs

P.S. Important: If you are making an appointment, please specify which location (NY or NJ) you prefer. If you **mail** your information, please use the **above NJ address**. Also please note: If you are contemplating **IRA, ROTH IRA, 401k or SEP Contributions**, it would be advisable to discuss different options **before** you finalize them.

**In order to provide you with the best possible service and turn around time, we ask that you please adhere to our deadline schedule:**

**\*\*\*DEADLINES\*\*\***

**MARCH 26, 2018** - All required data should be received by this date in order to guarantee filing of your return by April 15, **2018**.

**April 1, 2018**- Extensions will be filed on all returns with information received **after** March 26, **2018** and **before** April 1, **2018**.

**\*\*\*MAILING YOUR RETURN IN?\*\*\***

**March 26, 2018**- If you are mailing your information to us, it should be received by this date.

**\*\*\*\*\*Avoid Delays\*\*\*\*\***

Many K-1s are sent out sometime **after** March 15. Please don't let a missing K-1 form delay the preparation of your return.

Make sure we get all the other information early. The K-1s can be sent or faxed to us afterward!

## **\*\*\*OUR PRIVACY POLICY\*\*\***

Like all providers of personal financial services, tax professionals are required by law to inform clients of their policies regarding privacy of client information. Our firm continues to adhere to professional standards of confidentiality that are even more stringent than those required by law. We have always protected the security and privacy of your personal and financial information.

### **Types of Nonpublic Personal Information We Collect**

The only nonpublic personal information we collect is provided to us by you or obtained with your authorization.

### **Parties to Whom We Disclose Information**

We do not disclose any nonpublic personal information obtained in the course of our practice except as required or permitted by law. Permitted disclosures may include providing information to our employees. In all situations, we stress the confidential nature of the information being shared.

### **Protecting the Confidentiality and Security of Clients' Information**

We retain records relating to our professional services to better serve your professional needs and, in some cases, to comply with professional guidelines. In order to protect your nonpublic personal information, we maintain physical, electronic, and procedural safeguards that comply with our professional standards.

## **\*\*\*IRS EFILE INFORMATION\*\*\***

IRS regulations require paid tax preparers who expect to prepare and file 11 or more federal individual or trust tax returns to file them electronically. To comply with this requirement your return will be electronically filed this year. The benefits of e-filing include a secure way to file tax returns and it provides proof of acceptance that the IRS has accepted your return for processing. Contact this office if you prefer your return be filed on paper.

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Dear Client:

This letter is to confirm and specify the terms of our engagement with you and to clarify the nature and extent of the services we will provide. In order to ensure an understanding of our mutual responsibilities, we ask all clients for whom returns are prepared to confirm the following arrangements.

We will prepare your 2017 federal and state income tax returns from information which you will furnish to us. We will not audit or otherwise verify the data you submit, although it may be necessary to ask you for clarification of some of the information. We will furnish you with questionnaires and worksheets to guide you in gathering the necessary information. Your use of such forms will assist in keeping the fee to a minimum.

It is your responsibility to provide all the information required for the preparation of complete and accurate returns. It is our policy to keep records related to this engagement for 5 years. However, MEZZASALMA CPAs does not keep any original client records, so we will return those to you at the completion of the services rendered under this engagement. When records are returned to you, it is your responsibility to retain and protect your records. These may be necessary to prove the accuracy and completeness of the returns to a taxing authority. You have the final responsibility for the income tax returns and, therefore, you should review them carefully before you sign them.

Our work in connection with the preparation of your income tax returns does not include any procedures designed to discover defalcations and/or irregularities, should any exist. We will render such accounting and bookkeeping assistance as determined to be necessary for preparation of the income tax returns.

The law provides various penalties that may be imposed when taxpayers understate their tax liability. If you would like information on the amount or the circumstances of these penalties, please contact us.

Our fee for these services will be based upon the amount of time required at standard billing rates plus out-of-pocket expenses. All invoices are due and payable upon presentation.

The fee does not include responding to Internal Revenue Service inquiries, and the client understands that the tax preparer is not responsible for Internal Revenue Service disallowance of doubtful deductions or deductions unsupported by adequate documentation or for resulting taxes, penalties, and interest.

If any dispute arises among the parties hereto, the parties agree first to try in good faith to settle the dispute by mediation administered by the American Arbitration Association under its Rules for Professional Accounting and Related Services Disputes before

resorting to litigation. The costs of any mediation proceeding shall be shared equally by all parties.

Client and accountant both agree that any dispute over fees charged by the accountant to the client will be submitted for resolution by arbitration in accordance with the Rules for Professional Accounting and Related Services Disputes of the American Arbitration Association. Such arbitration shall be binding and final. IN AGREEING TO ARBITRATION, WE BOTH ACKNOWLEDGE THAT IN THE EVENT OF A DISPUTE OVER FEES CHARGED BY THE ACCOUNTANT, EACH OF US IS GIVING UP THE RIGHT TO HAVE THE DISPUTE DECIDED IN A COURT OF LAW BEFORE A JUDGE OR JURY AND INSTEAD WE ARE ACCEPTING THE USE OF ARBITRATION FOR RESOLUTION.

We will be pleased to discuss this letter with you at your convenience. If the foregoing is acceptable to you, please sign the original copy of this letter in the space provided and return it to us in the enclosed envelope.

Very truly yours,

MEZZASALMA CPAs

Accepted By: \_\_\_\_\_

Date: \_\_\_\_\_

Sincerely,

MEZZASALMA CPAs

**From:**

**To:**

MEZZASALMA CPAs  
106 Apple St Ste 107  
Tinton Falls, NJ 07724-2670



## **2017 Client Organizer**

**CELL PHONE** \_\_\_\_\_ **E-MAIL(IF USED):** \_\_\_\_\_

By providing your e-mail address, you provide permission for us to correspond with you by email.

This information is complete and correct to the best of my (our) knowledge.

Taxpayer signature \_\_\_\_\_ Date \_\_\_\_\_

Spouse signature \_\_\_\_\_ Date \_\_\_\_\_

By signing you agree with engagement letter and confirm that your bank information (if applicable) is still accurate .

Preparer Use Only-----Intw \_\_\_\_\_ Primary \_\_\_\_\_ Review1 \_\_\_\_\_ Review2 \_\_\_\_\_

Exceptions:

**TR** \_\_\_\_\_ **SD** \_\_\_\_\_ **TA** \_\_\_\_\_

**DR** \_\_\_\_\_

Filing (Marital) status code (1 = Single, 2 = Married filing joint, 3 = Married filing separate, 4 = Head of household, 5 = Qualifying widow(er)) [1]

Mark if you were married but living apart all year [2]

Mark if your nonresident alien spouse does not have an Individual Taxpayer Identification Number (ITIN) [3]

	Taxpayer	Spouse
Social security number	_____ [4]	_____ [5]
First name	_____ [6]	_____ [7]
Last name	_____ [8]	_____ [9]
Occupation	_____ [10]	_____ [11]
Designate \$3.00 to the presidential election campaign fund? (1 = Yes, 2 = No, 3 = Blank)	3 [12]	_____ [14]
Mark if dependent of another taxpayer	_____ [15]	_____ [16]
Taxpayer with income less than 1/2 support age 18 or 19 - 23 full-time student? (Y, N)	_____ [17]	_____ [18]
Mark if legally blind	_____ [20]	_____ [21]
Date of birth	_____ [22]	_____ [24]
Date of death	_____ [26]	_____ [27]
Work/daytime telephone number/ext number	_____ [28] _____ [29]	_____ [30] _____ [31]
Home/evening telephone number	_____ [32]	_____ [33]
Do you authorize us to discuss your return with the IRS? (Y, N)	_____ [34]	_____ [35]

Present Mailing Address

Address \_\_\_\_\_ [38]

Apartment number \_\_\_\_\_ [39]

City, state postal code, zip code \_\_\_\_\_ [40] \_\_\_\_\_ [41] \_\_\_\_\_ [42]

Foreign country name \_\_\_\_\_ [44]

Foreign phone number \_\_\_\_\_ [47]

In care of addressee \_\_\_\_\_ [48]

Dependent Information

(\*Please refer to Dependent Codes located at the bottom)

First Name [49]	Last Name	Date of Birth	Social Security No.	Relationship	Months*** in home	Dep Codes * **	Care expenses paid for dependent

Name of child who lived with you but is not your dependent \_\_\_\_\_ [50]

Social security number of qualifying person \_\_\_\_\_ [51]

Dependent Codes

- |        |  |         |  |
|--------|--|---------|--|
| *Basic | 1 = Child who lived with you   | **Other | 1 = Student (Age 19 - 23)                        |
|        | 2 = Child who did not live with you due to divorce/separation                                    |         | 2 = Disabled dependent                           |
|        | 3 = Other dependent  |         | 3 = Dependent who is both a student and disabled |
|        | 5 = Qualifying child for Earned Income Credit only   |         |  |
|        | 6 = Children who lived with you, but do not qualify for Earned Income Credit                     |         |  |
|        | 7 = Children who lived with you, but do not qualify for Child Tax Credit                         |         |  |
|        | 8 = Children who lived with you, but do not qualify for Child Tax Credit or Earned Income Credit |         |  |
|        | ***Months  |         | 77 = Reported on odd year return                 |
|        | 88 = Reported on even year return  |         |  |
|        | 99 = Not reported on return  |         |  |

Preparer - Enter on Screen Contact

Tax matters person (Indicate which spouse handles tax return related questions) (Blank = Both, T = Taxpayer, S = Spouse) \_\_\_\_\_ [8]

Taxpayer email address \_\_\_\_\_ [9]

Spouse email address \_\_\_\_\_ [10]

**Taxpayer**

**Spouse**

Fax telephone number \_\_\_\_\_ [11] \_\_\_\_\_ [19]

Mobile telephone number \_\_\_\_\_ [12] \_\_\_\_\_ [20]

Mobile telephone #2 number \_\_\_\_\_ [13] \_\_\_\_\_ [21]

Pager number \_\_\_\_\_ [14] \_\_\_\_\_ [22]

Other: \_\_\_\_\_ [15] \_\_\_\_\_ [23]

    Telephone number \_\_\_\_\_ [16] \_\_\_\_\_ [24]

    Extension \_\_\_\_\_ [17] \_\_\_\_\_ [25]

Preferred method of contact: \_\_\_\_\_ [18] \_\_\_\_\_ [26]

    Email, Work phone, Home phone, Fax, Mobile phone, Mobile phone #2 \_\_\_\_\_ [18] \_\_\_\_\_ [26]

**NOTES/QUESTIONS:**



**Taxpayer -**

Form of identification (1 = Driver's license, 2 = State issued identification card) \_\_\_\_\_[1]  
Identification number \_\_\_\_\_[2]  
Issue date \_\_\_\_\_[3]  
Expiration date (mm/dd/yyyy) \_\_\_\_\_[4]  
Location of issuance (State issued only) \_\_\_\_\_[5]  
Document number (New York only) \_\_\_\_\_[6]

**Spouse -**

Form of identification (1 = Driver's license, 2 = State issued identification card) \_\_\_\_\_[7]  
Identification number \_\_\_\_\_[8]  
Issue date \_\_\_\_\_[9]  
Expiration date (mm/dd/yyyy) \_\_\_\_\_[10]  
Location of issuance (State issued only) \_\_\_\_\_[11]  
Document number (New York only) \_\_\_\_\_[12]

**NOTES/QUESTIONS:**



Interest Income

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

\*Whole numbers will be treated as \$ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.

T/S/J	Type Code ("See codes below)	Interest Income (1)	Tax Exempt Income	Penalty on Early Withdrawal	U.S. Obligations* \$ or %	Tax Exempt* \$ or %	Foreign Taxes Paid	Prior Year Information
	1	Payer Amounts						
	2	Payer Amounts						
	3	Payer Amounts						
	4	Payer Amounts						
	5	Payer Amounts						
	6	Payer Amounts						
	7	Payer Amounts						
	8	Payer Amounts						
	9	Payer Amounts						
	10	Payer Amounts						

DON'T FILL OUT

JUST SUPPLY 1099S

\*\*Interest Codes  
 Blank = Regular Interest  
 3 = Nominee Distribution  
 4 = Accrued Interest  
 5 = OID Adjustment  
 6 = ABP Adjustment  
 7 = Series EE & I Bond

Dividend Income

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

\*Whole numbers will be treated as \$ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.

T S Type J Code (**See codes below)	Ordinary Dividends	Qualified Dividends	Total Cap Gain Distributions	Section 1250	Sec. 1202	28% Capital Gain	Tax Exempt Dividends	U.S. Obligations* \$ or %	Tax Exempt* \$ or %	Foreign Taxes Paid	Prior Year Information
1	Payer Amounts	DON'T FILL OUT									
2	Payer Amounts	JUST SUPPLY 1099S									
3	Payer Amounts										
4	Payer Amounts										
5	Payer Amounts										
6	Payer Amounts										
7	Payer Amounts										
8	Payer Amounts										
9	Payer Amounts										
10	Payer Amounts										

\*\*Dividend Codes  
Blank = Other  
3 = Nominee

Please provide copies of all Forms 1099-B and 1099-S

Did you have any securities become worthless during 2017? (Y, N)

\_\_ [8]

Did you have any debts become uncollectible during 2017? (Y, N)

\_\_ [9]

Did you have any commodity sales, short sales, or straddles? (Y, N)

\_\_ [10]

Did you exchange any securities or investments for something other than cash? (Y, N)

\_\_ [12]

T/S/J	Description of Property [1]	Date Acquired	Date Sold	Gross Sales Price (Less expenses of sale)	Cost or Other Basis
-	PLEASE PROVIDE BROKER STATEMEN			+	+
-				+	+
-				+	+
-				+	+
-				+	+
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1 Preparer use only

	2017 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)	_____ [2]	
Employer identification number	_____ [3]	
Business name	<u>PLEASE PROVIDE IF APPLICABLE</u> [5]	
Principal business/profession	<u>PHYSICIAN</u> [6]	
Business code	_____ [12]	
Business address, if different from home address on Organizer Form ID: 1040		
Address	_____ [15]	
City/State/Zip	_____ [16]    _____ [17] _____ [18]	
Accounting method (1 = Cash, 2 = Accrual, 3 = Other)	_____ [19]	
If other:	_____ [21]	
Inventory method (1 = Cost, 2 = LCM, 3 = Other)	_____ [22]	
If other enter explanation:	_____ [24]	
Enter an explanation if there was a change in determining your inventory:	_____ [25]	
Did you "materially participate" in this business? (Y, N)	_____ [26]	
If not, number of hours you did significantly participate	_____ [28]	
Mark if you began or acquired this business in 2017	_____ [30]	
Did you make any payments in 2017 that require you to file Form(s) 1099? (Y, N)	_____ [31]	
If "Yes", did you or will you file all required Forms 1099? (Y, N)	_____ [33]	
Mark if this business is considered related to qualified services as a minister or religious worker	_____ [35]	
Did you receive wages as a statutory employee or as a minister? (1 = Statutory employee, 2 = Minister)	_____ [37]	
Medical insurance premiums paid by this activity	+ _____ [41]	
Long-term care premiums paid by this activity	+ _____ [45]	
Amount of wages received as a statutory employee	+ _____ [48]	

**Business Income**

	2017 Information	Prior Year Information
Gross receipts and sales		
_____	+ _____ [53]	
_____	+ _____	
_____	+ _____	
_____	+ _____	
Returns and allowances	+ _____ [56]	
Other income:		
_____	+ _____ [58]	
_____	+ _____	
_____	+ _____	
_____	+ _____	

**Cost of Goods Sold**

	2017 Information	Prior Year Information
Beginning inventory	+ _____ [60]	
Purchases	+ _____ [62]	
Labor:		
_____	+ _____ [64]	
_____	+ _____	
Materials	+ _____ [66]	
Other costs:		
_____	+ _____ [68]	
_____	+ _____	
_____	+ _____	
_____	+ _____	
Ending inventory	+ _____ [70]	

Control Totals +

BUSINESS



1 Preparer use only

		2017 Information	Prior Year Information
Description	PLEASE PROVIDE IF APPLICABLE	[2]	
Taxpayer/Spouse/Joint (T, S, J)	[3]	State postal code	[5]
Physical address: Street			[6]
City, state, zip code	[7] [8]		[9]
Foreign country			[11]
Foreign province/county			[12]
Foreign postal code			[13]
Type (1=Single-family, 2=Multi-family, 3=Vacation/short-term, 4=Commercial, 5=Land, 6=Royalty, 7=Self-rental, 8=Other, 9=Personal ppty)			[14]
Description of other type (Type code #8)			[15]
Did you make any payments in 2017 that require you to file Form(s) 1099? (Y,N)			[16]
If "Yes", did you or will you file all required Forms 1099? (Y, N)			[18]
Fair rental days (If not full year) (For types 1, 2, 4, 5, 7 and 8 only) (Use Rent-2 for type 3)			[20]
Percentage of ownership if not 100%			[22]
Business use percentage, if not 100% (Not vacation home percentage)			[24]

Rent and Royalty Income

Rents and royalties	2017 Information	Prior Year Information
	+ [34]	

Rent and Royalty Expenses

	2017 Information	Percent if not 100%	Prior Year Information
Advertising	+ [36]	[37]	
Auto	+ [39]	[40]	
Travel	+ [42]	[43]	
Cleaning and maintenance	+ [45]	[46]	
Commissions:			
	+ [48]	[50]	
	+ [48]	[50]	
Insurance:			
	+ [51]	[53]	
	+ [51]	[53]	
Legal and professional fees	+ [55]	[56]	
Management fees:			
	+ [58]	[60]	
	+ [58]	[60]	
Mortgage interest paid to banks, etc (Form 1098)			
	+ [61]	[63]	
	+ [61]	[63]	
Other mortgage interest	+ [64]	[66]	
Qualified mortgage insurance premiums	+ [67]	[68]	
Other interest:			
	+ [70]	[72]	
	+ [70]	[72]	
Repairs	+ [73]	[74]	
Supplies	+ [76]	[77]	
Taxes:			
	+ [79]	[81]	
	+ [79]	[81]	
Utilities	+ [82]	[83]	
Depreciation	+ [85]	[86]	
Depletion	+ [88]	[89]	
Other expenses:			
	+ [91]		
	+ [91]		
	+ [91]		



T/S/J

2017 Information

Prior Year Information

Medical and dental expenses, such as: Doctors, Dentists, Hospital/nursing home fees, Lab/x-ray fees, Medical supplies, Hearing aids, Eyeglasses/contact lenses, and Insurance reimbursements received

[1] MEDICAL EXPENSES MUST EXCEED 10% OF YOUR INCOME TO BE USEFUL + [2]

Medical insurance premiums you paid:

Do not include pre-tax amounts paid by an employer-sponsored plan or amounts entered elsewhere, such as amounts paid for your self-employed business (Sch C, Sch F, Sch K-1, etc.) or Medicare premiums entered on Form SSA-1099.

[4] + [5]

Long-term care premiums you paid:

Do not include pre-tax amounts paid by an employer-sponsored plan or amounts entered elsewhere, such as amounts paid for your self-employed business (Sch C, Sch F, Sch K-1, etc.)

[7] + [8]

Prescription medicines and drugs:

[10] + [11]

[13] Miles driven for medical items [14]

Large vertical box for prior year information with multiple horizontal lines.

Schedule A - Tax Expenses

T/S/J

2017 Information

Prior Year Information

State/local income taxes paid:

[18] + [19]

2016 state and local income taxes paid in 2017:

[21] + [22]

Real estate taxes paid:

[24] PLEASE PROVIDE FORM 1098 FROM MORTGAGE COMPANY + [25]

Personal property taxes:

[27] + [28]

Other taxes, such as: foreign taxes and State disability taxes

[30] + [31]

Sales tax paid on major purchases:

[36] + [37]

Sales tax paid on actual expenses:

[39] + [40]

Large vertical box for prior year information with multiple horizontal lines.

Control Totals +

ITEMIZED DEDUCTIONS

Form ID: A-1

T/S/J		2017 Interest Paid [2]	2017 Points Paid	Type*	2017 Mortgage Ins. Premiums Paid	Prior Year Information
	Home mortgage interest: From Form 1098					
[1]	NO NEED TO FILL OUT	+	+		+	
	PLEASE PROVIDE FORM 1098	+	+		+	
	FROM YOUR MORTGAGE CO.	+	+		+	
		+	+		+	
		+	+		+	
		+	+		+	
		+	+		+	
		+	+		+	
		+	+		+	
		+	+		+	

\*Mortgage Types

Blank = Used to buy, build or improve main/qualified second home  
 1 = Not used to buy, build, improve home or investment  
 2 = Used to pay off previous mortgage

3 = Used to pay off previous mortgage, excess proceeds invested  
 4 = Taken out before 7/1/82 and secured by home used by taxpayer

T/S/J	Payee's Name	SSN or EIN	2017 Information	Prior Year Information
	Other, such as: Home mortgage interest paid to individuals			
[4]			+	[5]
	Address			
	City, state and zip code			
			+	
	Address			
	City, state and zip code			

T/S/J Name and address of other person who received Form 1098 for jointly liable mortgage interest you paid -

Payer's/Borrower's name \_\_\_\_\_ [7]  
 Street Address \_\_\_\_\_  
 City/State/Zip code \_\_\_\_\_

Refinancing Points paid in 2017 -

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [11]

Recipient/Lender name \_\_\_\_\_

Total points paid at time of refinance \_\_\_\_\_

Percentage of principal exceeding original mortgage (For AMT adjustment) \_\_\_\_\_

Points deemed as paid in 2017 (Preparer use only) + \_\_\_\_\_ [12]

Date of refinance \_\_\_\_\_

Term of new loan (in months) \_\_\_\_\_

Reported on Form 1098 in 2017 \_\_\_\_\_

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_

Recipient/Lender name \_\_\_\_\_

Total points paid at time of refinance \_\_\_\_\_

Percentage of principal exceeding original mortgage (For AMT adjustment) \_\_\_\_\_

Points deemed as paid in 2017 (Preparer use only) + \_\_\_\_\_

Date of refinance \_\_\_\_\_

Term of new loan (in months) \_\_\_\_\_

Reported on Form 1098 in 2017 \_\_\_\_\_

T/S/J 2017 Information

Investment interest expense, other than on Schedule(s) K-1:

[15]	_____	+	_____ [16]
	_____	+	_____
	_____	+	_____
	_____	+	_____
	_____	+	_____
	_____	+	_____
	_____	+	_____
	_____	+	_____
	_____	+	_____
	_____	+	_____

T/S/J	Qualified Disaster Relief**	2017 Information	Prior Year Information
Contributions made by cash or check (including out-of-pocket expenses) Any contribution of cash, a check or other monetary gift requires a written record of the contribution in order to claim the contribution on your return. Individual contributions of \$250 or more must be accompanied by a written acknowledgment from the charity to claim the contribution on your return.			
[2]		VARIOUS ORGANIZED CHARITIES	[3]
-	-	+	-
-	-	+	-
-	-	+	-
-	-	+	-
-	-	+	-
-	-	+	-
-	-	+	-
-	-	+	-
-	-	+	-
[5]		Volunteer miles driven	[6]
Noncash items, such as: Goodwill/Salvation Army/clothing/household goods			
[8]			[9]
-	-	+	-
-	-	+	-
-	-	+	-
-	-	+	-
-	-	+	-
-	-	+	-
-	-	+	-

\*\*Mark if qualifying disaster relief contribution made between 8/23/2017 and 12/31/2017

Miscellaneous Deductions

T/S/J	2017 Information	Prior Year Information
Unreimbursed expenses, such as: Uniforms, Professional dues, Business publications, Job seeking expenses, Educational expenses		
[11]		[12]
-	-	+
-	-	+
-	-	+
-	-	+
-	-	+
Union dues, other than amounts reported on Form W-2:		
[14]		[15]
-	-	+
[17]		[18]
Tax preparation fees		
[20]		[21]
-	-	+
-	-	+
-	-	+
-	-	+
[23]		[24]
Safe deposit box rental		
[26]		[27]
Investment expenses, other than on Schedule(s) K-1 or Form(s) 1099-DIV/INT:		
-	-	+
-	-	+
-	-	+
-	-	+
Other expenses, not subject to the 2% AGI limit:		
[30]		[31]
-	-	+
-	-	+
-	-	+
-	-	+
[33]		[34]
Gambling losses: (Enter only if you have gambling income)		
-	-	+
-	-	+

1 Preparer use only

	2017 Information	Prior Year Information
Taxpayer/Spouse (T, S)	_____ [2]	
Occupation in which expenses were incurred	<u>PHYSICIAN</u> [3]	
State postal code	_____ [5]	
If the employee expenses were from an occupation listed below, enter the applicable code	_____ [6]	---
1 = Qualified performing artist, 2 = Impairment-related work expenses, 3 = Fee-basis official		
Mark if these employee expenses are related to qualified services as a minister or religious worker	_____ [10]	
Parking fees and tolls	+ _____ [17]	
Local transportation	+ _____ [19]	
Travel expenses	+ _____ [22]	
Other business expenses:		
<u>NOTE: THIS APPLIES ONLY IF YOU</u>	+ _____ [25]	
<u>HAVE UNREIMBURSED BUSINESS EXPENSES:</u>	+ _____	
<u>AUTO EXPENSES - BUSINESS MILES --</u>	+ _____	
<u>BOOKS/JOURNALS</u>	+ _____	
<u>BUSINESS GIFTS</u>	+ _____	
<u>BUSINESS SOFTWARE</u>	+ _____	
<u>BUSINESS TELEPHONE</u>	+ _____	
<u>CONFERENCES</u>	+ _____	
<u>DUES</u>	+ _____	
<u>EDUCATION</u>	+ _____	
<u>FRAMING</u>	+ _____	
<u>GIFTS (BUSINESS)</u>	+ _____	
<u>HOSPITAL PRIVILIGES</u>	+ _____	
<u>JOB SEARCH</u>	+ _____	
<u>LEGAL FEES (EMPLOYMENT RELATED)</u>	+ _____	
<u>MAL PRACTICE INSURANCE</u>	+ _____	
<u>MEDICAL PHOTOGRAPHY</u>	+ _____	
<u>OFFICE EXPENSES</u>	+ _____	
<u>ON LINE SERVICES</u>	+ _____	
<u>POSTAGE</u>	+ _____	
<u>RESEARCH &amp; XEROXING</u>	+ _____	
<u>SEMINAR FEES</u>	+ _____	
<u>SMALL BUSINESS EQUIPMENT</u>	+ _____	
<u>SOFTWARE LICENSE FEES</u>	+ _____	
<u>STATIONERY &amp; POSTAGE</u>	+ _____	
<u>SUBSCRIPTIONS</u>	+ _____	
<u>SUPPLIES</u>	+ _____	
<u>UNIFORM &amp; LAUNDRY</u>	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
Nonvehicle depreciation	+ _____ [28]	
Meals and entertainment	+ _____ [31]	
Meals for individuals subject to DOT hours of service limitation	+ _____ [33]	

Employer Reimbursements

Enter Reimbursements not entered on Screen W2, Box 12, Code L

	2017 Information	Prior Year Information
Reimbursements for other expenses not included on Form W-2	+ _____ [60]	
Reimbursements for meals and entertainment not included on Form W-2	+ _____ [62]	
Reimbursements for meals for DOT service limitation not included on Form W-2	+ _____ [64]	

Control Totals +

ITEMIZED DEDUCTIONS

Your family for health care coverage refers to you, your spouse if filing jointly, and anyone you can claim as a dependent. Please provide all copies of Form(s) 1095-B and/or 1095-C

2017 Information

Prior Year Information

Was your entire family covered for the full year with minimum essential health care coverage? (Y, N)

[1]

Blank box for prior year information

If your entire family was not covered for the full year with minimum essential health care coverage, enter information for all family members who are covered, or are exempt from the requirement to maintain minimum essential health coverage. Enter either the Exemption Certificate Number issued by the Marketplace, or the Other Exemption Type you are claiming. Mark Full Year if the coverage or exemption is for the entire year, otherwise indicate the Start Month and End Month.

Table with 7 columns: Social Security No., First Name, Last Name, Exemption Certificate Number, Coverage/Exemption Type \*, Full Year, Start Month, End Month. Includes a small table for exemption codes.

\*Other Exemption Type Codes

- A = Unaffordable coverage
B = Short coverage gap
C = Exempt noncitizen
D = Health care sharing ministry
E = Indian tribe member
F = Incarcerated individual
G = Hardship (combined coverage unaffordable, initial open enrollment, CHIP)
H = Medicaid/TRICARE/Fiscal year employer plan
X = Insured with minimum essential coverage (coverage info found on Form(s) 1095-B or 1095-C)

2017 Information

Prior Year Information

Taxpayer

Spouse

Self-employed health insurance premiums: (Not entered elsewhere)

Two rows of lines for health insurance premiums with plus signs and reference numbers [13] and [14].

Self-employed long-term care premiums: (Not entered elsewhere)

Two rows of lines for long-term care premiums with plus signs and reference numbers [16] and [17].

Blank box for prior year information

NOTES/QUESTIONS:

## Questions

Please check the appropriate box and include all necessary details and documentation.

	Yes	No
<b>Personal Information</b>		
Did your marital status change during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____		
Did your address change from last year?	<input type="checkbox"/>	<input type="checkbox"/>
Can you be claimed as a dependent by another taxpayer?	<input type="checkbox"/>	<input type="checkbox"/>
Did you change any bank accounts, or did routing transit numbers (RTN) and/or bank account number change for existing bank accounts that have been used to direct deposit (or direct debit) funds from (or to) the IRS or other taxing authority during the tax year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive an Identity Protection PIN (IP PIN) from the IRS or have you been a victim of identity theft? If yes, attach the IRS letter.	<input type="checkbox"/>	<input type="checkbox"/>
Did you reside in or operate a business in a Federally declared disaster area? The Federally declared disaster areas include hurricane and tropical storm victims in Georgia, Florida, Puerto Rico, the Virgin Islands and parts of Texas, Louisiana and South Carolina, as well as wildfire victims in California.	<input type="checkbox"/>	<input type="checkbox"/>
<b>Dependent Information</b>		
Were there any changes in dependents from the prior year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____		
Do you have any children under age 19 or a full-time student under age 24 with unearned income in excess of \$2,100?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have dependents who must file a tax return?	<input type="checkbox"/>	<input type="checkbox"/>
Did you provide over half the support for any other person(s) other than your dependent children during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay for child care while you worked, looked for work, or while a full-time student?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any expenses related to the adoption of a child during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If you are divorced or separated with child(ren), do you have a divorce decree or other form of separation agreement which establishes custodial responsibilities?	<input type="checkbox"/>	<input type="checkbox"/>
Did any dependents receive an Identity Protection PIN (IP PIN) from the IRS or have they been a victim of identity theft? If yes, attach the IRS letter.	<input type="checkbox"/>	<input type="checkbox"/>
<b>Purchases, Sales and Debt Information</b>		
Did you start a new business or purchase rental property during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell, exchange, or purchase any assets used in your trade or business?	<input type="checkbox"/>	<input type="checkbox"/>
Did you acquire a new or additional interest in a partnership or S corporation?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell, exchange, or purchase any real estate during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you purchase or sell a principal residence during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you foreclose or abandon a principal residence or real property during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you acquire or dispose of any stock during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you take out a home equity loan this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you refinance a principal residence or second home this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell an existing business, rental, or other property this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you lend money with the understanding of repayment and this year it became totally uncollectable?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any debts canceled or forgiven this year, such as a home mortgage or student loan(s)?	<input type="checkbox"/>	<input type="checkbox"/>
Did you purchase a qualified plug-in electric drive vehicle or qualified fuel cell vehicle this year?	<input type="checkbox"/>	<input type="checkbox"/>

**Income Information**

- Did you have any foreign income or pay any foreign taxes during the year, directly or indirectly, such as from investment accounts, partnerships or a foreign employer?
- Did you receive any income from property sold prior to this year?
- Did you receive any unemployment benefits during the year?
- Did you receive any disability income during the year?
- Did you receive tip income not reported to your employer this year?
- Did any of your life insurance policies mature, or did you surrender any policies?
- Did you receive any awards, prizes, hobby income, gambling or lottery winnings?
- Do you expect a large fluctuation in income, deductions, or withholding next year?

**Retirement Information**

- Are you an active participant in a pension or retirement plan?
- Did you receive any Social Security benefits during the year?
- Did you make any withdrawals from an IRA, Roth, myRA, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan?
- If yes, were any withdrawals due to a Federally declared disaster?
- Did you receive any lump-sum payments from a pension, profit sharing or 401(k) plan?
- Did you make any contributions to an IRA, Roth, myRA, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan?

**Education Information**

- Did you, your spouse, or your dependents attend a post-secondary school during the year, or plan to attend one in the coming year?
- Did you have any educational expenses during the year on behalf of yourself, your spouse, or a dependent? If yes, attach any Form(s) 1098-T and receipts for qualified tuition and related expenses
- Did anyone in your family receive a scholarship of any kind during the year?
- If yes, were any of the scholarship funds used for expenses other than tuition, such as room and board?
- Did you make any withdrawals from an education savings or 529 Plan account?
- Did you make any contributions to an education savings or 529 Plan account?
- Did you pay any student loan interest this year?
- Did you cash any Series EE or I U.S. Savings bonds issued after 1989?
- Would you like a worksheet to aid in the completion of a Free Application for Federal Student Aid (FAFSA) with the U.S. Department of Education?

**Health Care Information**

- Did you have qualifying health care coverage, such as employer-sponsored coverage or government-sponsored coverage (i.e. Medicare/Medicaid) for your family? "Your family" for health care coverage refers to you, your spouse if filing jointly, and anyone you can claim as a dependent. If yes, attach any Form(s) 1095-B and/or 1095-C you received.
- Did anyone in your family qualify for an exemption from the health care coverage mandate? Examples of exemptions include (but are not limited to) certain non-citizens, members of a health care sharing ministry, members of Federally-recognized Indian tribes, and exemptions requested from the Marketplace. If yes, attach the Exemption Certificate Number (ECN) or type of exemption.
- Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act? If yes, attach any Form(s) 1095-A you received.
- Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act and share a policy with anyone who is not included in your family?
- Did you make any contributions to a Health savings account (HSA) or Archer MSA?
- Did you receive any distributions from a Health savings account (HSA), Archer MSA, or Medicare Advantage MSA this year?

- Did you pay long-term care premiums for yourself or your family?
- Did you make any contributions to an ABLE (Achieving a Better Life Experience) account? If yes, attach any Form(s) 5498-QA you received.
- Did you receive any withdrawals from an ABLE (Achieving a Better Life Experience) account? If yes, attach any Form(s) 1099-QA you received.
- If you are a business owner, did you pay health insurance premiums for your employees this year?
- Did you receive any Health Coverage Tax Credit (HCTC) advance payments? If yes, attach any Form(s) 1099-H you received.

### Itemized Deduction Information

- Did you incur a casualty or theft loss or any condemnation awards during the year?
- If yes, did the loss occur in a Federally declared disaster area?
- Did you pay out-of-pocket medical expenses (Co-pays, prescription drugs, etc.)?
- Did you make any cash or noncash charitable contributions (clothes, furniture, etc.)?
- If yes, please provide evidence such as a receipt from the donee organization, a canceled check, or record of payment, to substantiate all contributions made.
- Did you donate a vehicle or boat during the year? If yes, attach Form 1098-C or other written acknowledgment from the donee organization.
- Did you pay real estate taxes for your primary home and/or second home?
- Did you pay any mortgage interest on an existing home loan? If yes, attach any Form(s) 1098 you received.
- Did you incur interest expenses associated with any investment accounts you held?
- Did you have an expense account or allowance during the year?
- Did you use your car on the job, for other than commuting?
- Did you work out of town for part of the year?
- Did you have any expenses related to seeking a new job during the year?
- Did you make any major purchases during the year (cars, boats, etc.)?
- Did you make any out-of-state purchases (by telephone, internet, mail, or in person) for which the seller did not collect state sales or use tax?

### Miscellaneous Information

- Did you make gifts of more than \$14,000 to any individual?
- Did you utilize an area of your home for business purposes?
- Did you engage in any bartering transactions?
- Did you retire or change jobs this year?
- Did you incur moving costs because of a job change?
- Did you pay any individual as a household employee during the year?
- Did you make energy efficient improvements to your main home this year?
- Did you receive a distribution from, or were you a grantor or transferor for a foreign trust?
- Did you have a financial interest in or signature authority over a financial account such as a bank account, securities account, or brokerage account, located in a foreign country?
- Do you have any foreign financial accounts, foreign financial assets, or hold interest in a foreign entity?
- Did you receive correspondence from the State or the IRS?
- If yes, explain: \_\_\_\_\_
- Do you have previous years of tax returns that are either unfiled or filed with unpaid balances due?
- Do you want to designate \$3 to the Presidential Election Campaign Fund? If you check yes, it will not change your tax or reduce your refund.



### Notes to Preparer

Submit questions and provide additional information to your tax return preparer here.

Taxpayer name(s) \_\_\_\_\_

Social security number \_\_\_\_\_