

<b>2017</b>	<b>1040</b>	<b>US</b>	<b>Miscellaneous Questions</b>
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**PERSONAL INFORMATION**

Yes	No	
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- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Did your marital status change during the year?                                      |
| <input type="checkbox"/> | <input type="checkbox"/> | Did your address change during the year?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Could you be claimed as a dependent on another person's tax return for 2017?         |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you and your spouse want to, or need to file separate returns?                    |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you in a domestic partnership, civil union, or other state-defined relationship? |

**DEPENDENTS**

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Were there any changes in the number or status of dependents this year?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Could your dependent be claimed as a dependent on another person's return?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you entitled to a dependency exemption due to a divorce decree?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did any of your dependents have earned (w-2) income of \$6,350 or more (\$400 if self-employed) or unearned (interest, dividends or capital gains) of \$1,100? If so, they will likely have to file.   |
| <input type="checkbox"/> | <input type="checkbox"/> | Are any dependent children married and filing a joint return with their spouse?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did any dependent, age 19-23 attend school full-time for less than five months during the year?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Were there any individuals living with you that you are not claiming as a dependent? (If yes, please explain)  |
| <hr/>                    |                          |  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you provide over half the support for any other person other than your dependent? (If yes, please explain)   |
| <hr/>                    |                          |  |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have any dependents that are disabled? (If yes, please provide names.)  |
| <hr/>                    |                          |  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you adopt a child or pay any expenses related to the adoption of a child during this year?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Were any of your unmarried children who might be claimed as dependents, 19 years of age or older at the end of 2017?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have any children under age 19 or full-time students under age 24 at the end of 2017, with interest and dividend income in excess of \$1,000, or total investment income in excess of \$2,000? |

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Yes

No

☐☐

Did you pay for child care or dependent care expenses, so that you and/or your spouse could work or continue your education?

☐☐

Did you pay into and/or receive pre-tax dependent care benefits through your employer?

☐☐

Did you have a stillborn child this year?

☐☐

Did you provide a home for a parent, ancestral parent(s) that required assistance with activities of daily living?

☐☐

Did you pay more than \$800 in residential care, assisted living, or other medical costs for any Arizona resident aged 65 years old or older?

☐☐

Did you adopt a child this year?

☐☐

Did you pay any student loan interest on behalf of a dependent, your spouse or yourself?

☐☐

Did you not claim a dependent on your federal return, in order to allow your dependent to claim the federal education credit?

#### HEALTH CARE COVERAGE

☐☐

Did you and your dependents have health care coverage for the full year?

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Is your family covered by a health insurance plan through your employer? If NO, provide amounts paid for each NON-covered individual on this organizer.

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If YES, is your share of the premiums deducted PRE-TAX from your paycheck?

☐☐

Did you receive any of the following IRS Forms Form 1095-A (Health Insurance Marketplace Statement), Form 1095-B (Health Coverage) or Form 1095-C (Employer Provided Health Insurance Offer or Coverage)? If so, please provide a copy.

☐☐

If you or your dependent(s) **DID NOT** have health care coverage during the year, do you fall into one of the following exemption categories; Indian Tribe Membership, Health Sharing Ministry Membership, Religious Sect Membership, Incarceration, Exempt Non-Citizen or Economic Hardship? If you received an exemption certificate, please provide.

☐☐

Were you or your spouse self-employed, are you or your spouse eligible to be covered under an employer's health plan at another job? If Yes, how many months were you covered? \_\_\_\_\_

☐☐

Did you or your spouse lose your job because of foreign competition and pay for your own health insurance?

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Yes      No

### INCOME

- ☐ ☐ Did you receive unreported tip income of \$20 or more in any month?
- ☐ ☐ Did you cash any Series EE U.S. savings bonds issued after 1989 and pay qualified higher education expenses for yourself, your spouse, or your dependents?
- ☐ ☐ Did you receive any disability income?
- ☐ ☐ Did you receive income from any legal proceedings or cancellation of student loan debt?
- ☐ ☐ Did you receive any social security, unemployment, disability, gambling, jury duty, prizes or unreported tip income during this year? (Circle all that apply)
- ☐ ☐ Was your primary residence rented out or used for business or employment?
- ☐ ☐ Did you receive income from gravel, timber, mineral, oil, gas, copyrights, or patent royalties?
- ☐ ☐ Did you have any foreign income or pay any foreign taxes?
- ☐ ☐ Did you receive income from the rental of a property? If so, we will need the income and expenses for each property broken down by property. Also on a property by property basis we will need to know the type of property (SFR, MFR, Vacation/ST rental, commercial, land, royalties or self-rental). For each property, we will need to know the number of days rented at FMV and the number of days used personally.
- ☐ ☐ Did you receive unemployment compensation? If yes, please provide the 1099-G.
- ☐ ☐ Did you receive or pay any alimony\*? (Which, pay or receive \_\_\_\_\_  
In what amount \$ \_\_\_\_\_)
- \*Please understand that child support is not taxable income nor is it deductible.
- ☐ ☐ Did you receive any income from a property sold prior to this year under an installment contract? Please provide details.
- ☐ ☐ Did you have any Arizona Lottery winnings in 2017?
- ☐ ☐ Did you receive tax-exempt interest or dividends not reported on Forms 1099-INT or 1099-DIV?
- ☐ ☐ Did you receive compensation as a result of Active US Armed Services, National Guard or Reservist Service?

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Yes	No
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<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any income or buy or sell property in any state other than your state of residence? Which state(s)?
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<input type="checkbox"/>	<input type="checkbox"/>	Did anyone in your family receive a scholarship of any kind this year? (If YES, please provide the details.)
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**PURCHASES, SALES, AND DEBT**

<input type="checkbox"/>	<input type="checkbox"/>	Did you start a business or farm, purchase rental or royalty property, or acquire an interest in a partnership, S corporation, trust, LLC, Estate/trust or REMIC? Please provide documentation.
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<input type="checkbox"/>	<input type="checkbox"/>	Did you purchase, exchange, or dispose of any business assets (furniture, equipment, vehicles, real estate, etc.), or convert any personal assets to business use? If yes, please provide all details.
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<input type="checkbox"/>	<input type="checkbox"/>	Did you sell or do you plan to sell any dividend generating stocks or mutual funds during the first 60 days of 2018?
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<input type="checkbox"/>	<input type="checkbox"/>	Were you granted any restricted stock/stock options or did you exercise any stock options or dispose of any stock acquired under a qualified stock purchase plan?
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<input type="checkbox"/>	<input type="checkbox"/>	Did you purchase, surrender, or sell any bonds for which you paid more or less than the face value? This would include those used to pay for higher education expenses.
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<input type="checkbox"/>	<input type="checkbox"/>	Did you engage in any put or call transactions or other securities sales not reported on a Form 1099-B?
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<input type="checkbox"/>	<input type="checkbox"/>	Did you close any open short sales, in 2017?
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<input type="checkbox"/>	<input type="checkbox"/>	Did you buy or sell any stocks, bonds, or other investment property in 2017?
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**If assets have been sold, please provide information, so that we may determine the cost basis and date of purchase of the assets.**

<input type="checkbox"/>	<input type="checkbox"/>	Did you purchase, sell, or refinance your principal home or second home, or did you take out a home equity loan? If so, please provide a copy of the settlement statement (HUD) and Form 1099-S. If refinanced, please provide information as to the use of the funds.
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<input type="checkbox"/>	<input type="checkbox"/>	Did you make any residential energy-efficient improvements or purchases such as solar energy, wind energy, geothermal, or fuel cell energy?
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<input type="checkbox"/>	<input type="checkbox"/>	Did you purchase a home in 2017 and you were overseas on official extended duty?
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Yes

No

☐☐

Did you pay sales tax on the purchase of one or more new mobile homes, motor vehicles, or recreational vehicles? If so, please provide a copy of the bill(s) of sale. If the vehicle qualifies for a tax credit, please advise.

☐☐

Did you have any debts cancelled or forgiven? If so, please include related documents and any Forms 1099-C or 1099-A.

☐☐

Did anyone owe you money which had become uncollectible?

☐☐

During this year, do you have any securities that became worthless?

☐☐

If you own any rental properties (commercial or residential), have you filed the required sales tax reports and required 1099s?

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If you own any rental properties (commercial or residential), have you done or would consider having a cost segregation study done for potential significant tax savings?

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Did you realize a gain or loss on property which was taken from you by destruction, theft, seizure or condemnation?

☐☐

Did you sell any Qualified Small Business Stock?

#### RETIREMENT PLANS

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Did you receive a distribution from a profit-sharing, retirement plan, or individual retirement arrangement (including Traditional, 401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)? If yes, please provide Form(s) 1099-R.

☐☐

Did you make a contribution to a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, ROTH etc.)? In what amount(s)? \_\_\_\_\_  
Date(s): \_\_\_\_\_

☐☐

Did you receive a distribution from a profit-sharing, retirement plan or individual retirement arrangement that was partially or totally rolled over into another IRA or qualified plan within 60 days of the distribution?

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Did you receive a pension distribution due to the death of a Public Safety Officer?

☐☐

Did you contribute to a Achieving a Better Life Experience Account (ABLE). These contributions are not tax deductible, however the distributions are not taxable if used for qualified disability expenses?

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If it will benefit you, would you want to contribute to an IRA, SEP or SIMPLE IRA or to a ROTH IRA?

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If you typically do not qualify to contribute to a ROTH IRA due to income restrictions, would you want to contribute to a Non-deductible Traditional IRA for the purpose of converting to ROTH at a future time?

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Yes	No
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|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you transfer or roll over any amount from one retirement plan to another retirement plan?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive a retirement distribution from a U.S. Government , Arizona State, or Local Government Pension?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you convert part or all of your traditional, SEP, or SIMPLE IRA to a Roth IRA in 2017?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you take qualified reservist distributions due to the financial demands caused by being called to Active Military Service?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you take retirement distributions to pay medical expenses or to pay health insurance, as a result of being unemployed, or due to disability?                               |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive retirement distributions from an estate?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive retirement distributions due to total and permanent disability?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive retirement distributions after separation from your employer, after reaching age 55 or from a qualified government defined benefit plan after reaching age 50? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive retirement distributions as part of a qualified domestic relations order or distributions of dividends from an employee stock ownership plan?                  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive retirement distributions as part of a series of substantially equal payments?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive retirement distributions as a result of an IRS levy?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive retirement distributions to purchase your first home?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you take retirement distributions to pay for qualified higher education expenses for you, your spouse, a child or a grandchild?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Will you or have you attained age 70 ½ in 2018? If so, please provide the value of all of your IRA accounts as of 12/31/2016. \$ _____   |
| <input type="checkbox"/> | <input type="checkbox"/> | Will your spouse or has your spouse attained age 70 ½ in 2018? If so, please provide the value of all of your spouses IRA accounts as of 12/31/2016. \$ _____                  |
| <input type="checkbox"/> | <input type="checkbox"/> | If you are self-employed, do you maintain a Money Purchase or Profit Sharing Plan? If so, please provide a copy of the 12/31/2016 investment account statement for your plan.  |

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**EDUCATION**

Yes	No	
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|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive a distribution from a Education Savings Account, Section 529 plan, or a Qualified Tuition Program? If yes, please provide Form 1099-Q   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school? If yes, please provide all tax related forms. Which year of studies (freshman, sophomore, junior, or senior) was the student considered in 2017? Was the person(s) attending Full-Time or Part-Time _____? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you incur any unreimbursed expenses working as a teacher, counselor, or principal for kindergarten through grade 12? If so, in what amount?<br>_____  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you contribute to any Section 529 plan during 2017? <b>The Arizona deductible contribution limits are up to \$2,000 (Single or HOH) or \$4,000 (married filing jointly)</b> If so, in what amount(s)? _____ Date(s) _____   |

**ITEMIZED DEDUCTIONS**

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you incur a loss because of damaged or stolen property?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you work out of town for part of the year?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you use your car on the job (other than to and from work)?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you pay any deductible investment interest in 2017? This would be interest on a loan where you used the proceeds to purchase an investment; or interest on a loan that is secured by investment property, such as a margin loan from a securities brokerage firm        |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you pay any property taxes on any real property? If yes, please provide information, if not listed on the Form 1098 or equivalent mortgage interest statement.  |
| <input type="checkbox"/> | <input type="checkbox"/> | Is your primary mortgage balance in excess of \$1,000,000 or a home equity loans in excess of \$100,000? <b>Note</b> for years 2018 and beyond the maximum allowable primary mortgage will be \$750,000 and the interest deduction on home equity loans will be eliminated. |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you claiming a deduction for mortgage interest paid to a financial institution and someone else received the Form 1098?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you or your mortgagee receive any mortgage assistance payments? If yes, please provide Form 1098-MA.  |

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Yes	No	
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<input type="checkbox"/>	<input type="checkbox"/>	Do you have evidence to substantiate your charitable contributions? If NO, then a deduction is NOT allowed. For your non-cash charitable donation, an itemized list is required. Please use the Non-cash charitable contribution worksheet provided for any non-cash contributions over \$500
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<input type="checkbox"/>	<input type="checkbox"/>	Did you have any unreimbursed, out-of-pocket employment expenses?
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<input type="checkbox"/>	<input type="checkbox"/>	Did you have an expense account or allowance with your employer?. If YES, and you are claiming your expenses, list the totals of each category and any reimbursements treated as taxable income on the organizer.
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<input type="checkbox"/>	<input type="checkbox"/>	If YES, and you are NOT claiming your expenses, were your reimbursements received greater than your expenses?
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<input type="checkbox"/>	<input type="checkbox"/>	Did you pay out-of-pocket medical, dental, or prescription drug expenses not covered by health insurance or a flexible spending account? (Including copays etc...)
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<input type="checkbox"/>	<input type="checkbox"/>	Were either you or your spouse the beneficiary of COBRA premium assistance for any month in 2017?
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<input type="checkbox"/>	<input type="checkbox"/>	Did you incur any transportation (including mileage) or lodging expense to obtain medical care? (If YES, please indicate on the organizer under section 25, medical and dental expenses, lodging and transportation).
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<input type="checkbox"/>	<input type="checkbox"/>	Did you incur expenses for any other medical supplies (hearing aids/batteries, eyeglasses, contacts/supplies, medical devices/supplies/equipment, etc)? (If YES, please indicate on the organizer under section 25, medical and dental expenses, other medical expenses).
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<input type="checkbox"/>	<input type="checkbox"/>	Did you incur any personal property taxes (i.e. vehicle registration based on value, etc)? (If YES, please indicate on the organizer under section 25, other taxes paid, personal property taxes).
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<input type="checkbox"/>	<input type="checkbox"/>	Did you have any expenses related to seeking a new job, in the same field of work?
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**ESTIMATED TAXES**

<input type="checkbox"/>	<input type="checkbox"/>	Did you apply an overpayment of 2016 taxes to your 2017 estimated tax (instead of being refunded)?
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<input type="checkbox"/>	<input type="checkbox"/>	If you have an overpayment of 2017 taxes, do you want the excess applied to your 2018 estimated tax (instead of being refunded)?
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<input type="checkbox"/>	<input type="checkbox"/>	Do you expect your 2018 taxable income and withholdings to be different from 2017? If so, please describe any anticipated changes:
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Yes	No	
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**CREDITS**

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you invest in a Limited/General Partnership that provides Tax Credits or substantial first year tax deductions?            |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive tax credit bonds in which the holder receives a tax credit in lieu of some or all of the interest on the bond? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive a low-income Mortgage Interest Credit?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did your mutual fund or REIT pay taxes on your behalf for undistributed capital gains?   |

**BUSINESS OWNERS (Schedule C, E)**

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Have you included in your gross receipts/sales on the organizer, all income reported to you on Forms 1099-Misc or 1099-K?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make any business related payments of \$600 or more, during the year, for services, rents, or interest for which you were required to file Form 1099? (If Yes, were they filed _____)?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you included in expenses on the organizer, all expenses you have reported to others on your Forms 1099 (for services, rents, and interest)?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you refinance any business loans? (If YES, please provide the closing statement- HUD).  |
| <input type="checkbox"/> | <input type="checkbox"/> | If you collect sales taxes, is it included in your gross receipts/sales/rents on the organizer? (If YES, please indicate in that area that sales taxes are included)  |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you added, disposed of, or converted to personal use, any fixed assets used in your trade or business, rental or farm activity? (If YES, please provide the details or the additions or disposals).                                |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you lease a vehicle which you used in your trade or business? (If YES, please provide the details)  |
| <input type="checkbox"/> | <input type="checkbox"/> | Was there any change in the determining quantities, costs, or valuation between the opening and closing inventory? (If yes, please provide explanation).  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have any personal consumption of your business products, supplies, or inventory? (If YES, please provide the total value of all items consumed to be claimed as additional income or a reduction of expenses on the organizer). |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you reduced any business expenses by the personal use portion (i.e. utilities, phone, auto, real estate taxes, etc)? (If YES, please explain).   |

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Yes	No	
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|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have written documentation (mileage log) to support your vehicle mileage deduction? (If NO, a deduction is NOT allowed).   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you acquire, lease, or dispose of a vehicle used for business during this year? If yes, provide purchase/ sales contract, or lease agreement.   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you do any bartering during the year? (If YES, please explain).   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you pay health insurance premiums for your employees this year?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you qualify to take the Work Opportunity Tax Credit? If yes, provide copies of certificates for employees of targeted groups and associated wages.  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you operate your business in more than one state? If yes, please provide a list of the states in which you conducted business and provide a breakdown of the income and expenses by state.  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you use an area of your home <u>regularly</u> and <u>exclusively</u> for business purposes?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you materially participate in the operations of the business during the year?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Was all of your investment in this activity at risk?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Was this business still in operation at the end of the year?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have any business rents, interest or management fees paid to a <u>related party</u> (parent, grandparent, child, grandchild, brother, sister, corporation or partnership)? (If YES, provide the amount and type of expenses for each person, including their SSN or EIN and the relationship to you.)                             |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have records to support travel, entertainment or gift expenses? The law requires that adequate records be maintained for travel, entertainment and gift expenses. The documentation should include amount, time and place, date, business purpose, description of gift(s) (if any), and business relationship of the recipient(s). |

**MISCELLANEOUS**

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Do you want to allocate \$3 to the Presidential Election Campaign Fund?                          |
| <input type="checkbox"/> | <input type="checkbox"/> | Does your spouse want to allocate \$3 to the Presidential Election Campaign Fund?                |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you pay any premiums for Long-Term Care Insurance?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make or were you the recipient of any "below-market" or "interest-free" loans this year? |

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Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Did you make any out-of-state purchases (by telephone, internet, mail, in person) that you did NOT pay state sales or use taxes on? (If YES, provide details on the organizer).
<input type="checkbox"/>	<input type="checkbox"/>	Are you paying interest on a loan for a boat or recreational vehicle that has basic living accommodations, such as sleeping, restroom, and cooking facilities?
<input type="checkbox"/>	<input type="checkbox"/>	Were you the victim of a Ponzi-type investment scheme?
<input type="checkbox"/>	<input type="checkbox"/>	Did you purchase gasoline, oil, or special fuels for non-highway use vehicles? If yes, please provide the gallons of gasoline or special fuels used for off-highway business purposes. _____ gallons _____ type.
<input type="checkbox"/>	<input type="checkbox"/>	Did you have an interest in or signature or other authority over a financial account in a foreign country, such as a bank account, securities account, foreign annuity or other financial account?
<input type="checkbox"/>	<input type="checkbox"/>	Did you work outside of the US or pay any foreign taxes?
<input type="checkbox"/>	<input type="checkbox"/>	Did you purchase a new alternative technology, electric, or other new vehicle?
<input type="checkbox"/>	<input type="checkbox"/>	Did you make any large purchases or home improvements?
<input type="checkbox"/>	<input type="checkbox"/>	Do you own shares of stock in a foreign corporation, or own property in a foreign country?
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust or did you have an interest in any foreign assets or accounts?
<input type="checkbox"/>	<input type="checkbox"/>	Are you considered totally or partially blind?
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive payments under a Medicare waiver program for caring for someone who lives in your home?
<input type="checkbox"/>	<input type="checkbox"/>	Did you have a medical savings account (MSA), a Medicare + Choice MSA or acquire an interest in an MSA or a Medicare + Choice MSA because of the death of an account holder? Or, were you a policyholder who received payments under a long-term care (LTC) insurance contract or received any accelerated death benefits from a life insurance policy?
<input type="checkbox"/>	<input type="checkbox"/>	Are you a policyholder who received payments under a long-term care (LTC) insurance contract or received any accelerated death benefits from a life insurance policy?
<input type="checkbox"/>	<input type="checkbox"/>	Did you incur moving expenses due to a change of employment?
<input type="checkbox"/>	<input type="checkbox"/>	Did you pay Primary Mortgage Insurance Premiums (PMI) on a mortgage taken out after 12/31/2006?

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Yes

No

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Did you engage the services of any household employees to whom you paid more than \$2,100 in 2017 for domestic services performed in or around your home to individuals who could be considered household employees?

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Did you make contributions to a Health Savings Account (HSA) this year or will you before April 17th?

☐☐

Did you have distributions from a Health Savings Account (HSA) this year?

☐☐

Have you sold an asset/assets for which Bonus Depreciation or the IRS Section 179 deduction was not allowed on the state return?

☐☐

Did you receive a federal or state pension? If so, please provide the Form 1099-R.

☐☐

Did you pay medical expenses for someone you could not claim as a dependent?

☐☐

Did you incur a casualty loss (sudden, unexpected, and unusual in nature)?

☐☐

Did you incur a theft loss (including larceny, robbery and embezzlement)?

☐☐

Did you incur any investor expenses to produce, collect, conserve, manage, or maintain income-producing property or investments?

☐☐

Did you refinance a home loan, for which the points from the prior loan, have not been completely amortized?

☐☐

Were you notified or audited by either the Internal Revenue Service or the State taxing agency? If so, please provide a copy of the notice or report

☐☐

Did you or your spouse make any gifts to any one individual that totaled more than \$14,000, or any gifts to a trust?

☐☐

Did you inherit or purchase any property in 2017? If yes, please provide details.

☐☐

Did you go through bankruptcy proceedings?

☐☐

Have either you or your spouse been a victim of identity theft and given an identity theft protection PIN by the IRS? If yes, please provide the six digit PIN number. \_\_\_\_\_ Taxpayer \_\_\_\_\_ Spouse

☐☐

Do you have a trust as part of your overall estate and transfer planning?

☐☐

Has your trust been reviewed in the last three years?

☐☐

Do you or your spouse have a life insurance trust?

☐☐

May the IRS discuss your tax return with your preparer?

☐☐

Did your direct deposit banking information change in the last 12 months?

2017	1040	US	Miscellaneous Questions
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Yes No

☐☐

Do either you or your spouse have any delinquent child or spousal support payments, student loans, or federal debt?

☐☐

If you owe federal or state taxes upon the completion of your returns, are you able to pay the balance due?

☐☐

Are you aware of any changes to your income, deductions and credits reported on **any prior year's returns** ?

☐☐

Do you think you qualify for any other Federal or State Tax expense deduction or credit, that is not listed here or discussed elsewhere in your Tax Organizer? Please provide details.

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Did you make any advanced payments due to the changes in the tax laws for 2018? If so, please provide the amount(s), what was paid and when.

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To the very best of my/our knowledge, the provided information is complete, correct, includes all income, deductions and other information necessary for the preparation of this year's income tax returns for which I/we have adequate records.

Taxpayer's Signature \_\_\_\_\_ Date \_\_\_\_\_