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2017 TAX ORGANIZER

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This tax organizer has been prepared for your use in gathering the information needed for your 2017 tax return.

To save you time, selected information from your 2016 tax return has been entered in this organizer. Please line through any information that does not apply to your 2017 tax return.

In some cases, 2016 amounts have been included in a separate column. These amounts are for comparison purposes only. You do not need to change these prior year amounts.

If we may be of further assistance, please contact us at your convenience.

REMOVE THIS SHEET PRIOR TO RETURNING THE COMPLETED ORGANIZER

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2017 TAX ORGANIZER

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I (We) have submitted this information for the sole purpose of preparing my (our) tax return(s). Each item can be substantiated by receipts, canceled checks or other documents. This information is true, correct and complete to the best of my (our) knowledge.

Taxpayer Signature	**Date**
Spouse Signature	**Date**

The following questions pertain to the 2017 tax year. For any question answered Yes, include supporting detail or documents.

Personal Information:

	Yes	No
Did your marital status change?		X
Are you married?	X	
If Yes, do you and your spouse want to file separate returns?		X
If No, are you in a domestic partnership, civil union, or other state-defined relationship?		X
Can you or your spouse be claimed as a dependent by another taxpayer?		X
Did you or your spouse serve in the military or were you or your spouse on active duty?		X

Dependents:

	Yes	No
Were there any changes in dependents from the prior year? Note: Include non-child dependents for whom you provided more than half the support.		X
Did you or your spouse pay for child care while you or your spouse worked or looked for work?		X
Do you have any children under age 18 with unearned income more than $1,050?		X
Do you have any children age 18 or student children, aged 19 to 23, who did not provide more than half of their cost of support with earned income and that have unearned income of more than $1,050?		X
Did you adopt a child or begin adoption proceedings?		X
Are any of your dependents non-U.S. citizens or non-U.S. residents?		X

Healthcare:

	Yes	No
Did you have healthcare coverage (health insurance, including Medicare, Medicaid, CHIP, and TRICARE) for you, your spouse, and any dependents for the entire year?	X	

If Yes, include all Forms 1095-A, 1095-B, and 1095-C. If you did not receive Forms 1095-A, 1095-B or 1095-C, attach information detailing each month you, your spouse, and your dependents had coverage.

If No, there are several exemptions from the mandate requiring health insurance coverage. Examples include membership in a healthcare sharing ministry, membership in a federally recognized Indian tribe, incarceration, membership in certain religious sects, and enrollment in certain Medicaid and TRICARE programs that do not provide minimum essential coverage. If any of these provisions apply, provide information regarding the exemption, the individual(s) (taxpayer, spouse, dependents) to which the exemption(s) may apply, and the month(s) for which the exemption(s) apply.

	Yes	No
Are you claiming the exemption for someone having healthcare coverage purchased in the Marketplace and for whom you did not receive Form 1095-A?		X
Did you receive Form 1095-A for someone for whom another taxpayer will claim the personal exemption on their tax return?		X
Did you apply for an exemption through the Marketplace? If Yes, provide the Exemption Certificate Number. ______		X
Are any of your dependents required to file a tax return?		X

Healthcare (continued):

	Yes	No
Was anyone covered on your health insurance policy also covered on another health insurance policy for any part of the year?		X
Were you eligible for employer-sponsored healthcare coverage?	X	
If you received advance premium tax credit or enrolled in coverage through the Marketplace, are married, and are filing separately from your spouse, are you a victim of domestic abuse or spousal abandonment?		X
Did you or your spouse have any transactions pertaining to a health savings account (HSA)? If you received a distribution from an HSA, include all Forms 1099-SA.		X
Did you or your spouse have any transactions pertaining to a medical savings account (MSA)? If you received a distribution from an MSA, include all Forms 1099-SA.		X
Did you or your spouse receive any distributions from long-term care insurance contracts? If Yes, include all Forms 1099-LTC.		X
If you or your spouse are 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? ________		X
If you or your spouse are self-employed, are you or your spouse eligible to be covered under an employer's long-term care plan at another job? If Yes, how many months were you covered? ________		X
Did you or your spouse lose your job because of foreign competition and pay for your own health insurance?		X

Education:

	Yes	No
Did you or your spouse pay any student loan interest?		X
Did you or your spouse withdraw any amounts from your IRA to pay for higher education expenses incurred by you, your spouse, your children or grandchildren?		X
Did you or your spouse withdraw any amounts from a Coverdell Education Savings Account or Qualified Education Program (Section 529 plan)? If Yes, include all Forms 1099-Q.		X
Did you, your spouse, or your dependents incur any post-secondary education expenses, such as tuition?		X

Deductions and Credits:

	Yes	No
Did you or your spouse contribute property (other than cash) with a fair market value of more than $5,000 to a charitable organization? If Yes, provide the appraisal of property contributed. An appraisal is not required for contributions of publicly traded securities or contributions of non-publicly traded stock of $10,000 or less.		X
Did you or your spouse incur any casualty or theft losses?		X
Did you or your spouse make any large purchases, such as motor vehicles and boats?		X
Did you or your spouse incur any casualty or loss attributable to a federally declared disaster?		X
Did you or your spouse purchase a new alternative technology vehicle, including a qualified plug-in electric drive motor vehicle?		X
Did you or your spouse use gasoline or special fuels for business or farm purposes (other than for a highway vehicle)? If Yes, provide the number of gallons of gasoline or special fuels used for off-highway business purposes. ________ Gallons ________________ Type		X
Did you or your spouse install any alternative energy equipment in your residence such as solar water heaters, solar electricity equipment (photovoltaic) or fuel cells?		X
Did you or your spouse install any energy efficiency improvements or energy property in your residence such as exterior doors or windows, insulation, heat pumps, furnaces, central air conditioners, or water heaters?		X

Investments:	Yes	No
Did you or your spouse have any debts canceled, forgiven or refinanced?		X
Did you or your spouse start or purchase a business, rental property, or farm, or acquire any new interest in any partnership or S corporation?		X
Did you or your spouse sell an existing business, rental property, farm, or any existing interest in a partnership or S corporation?		X
Did you or your spouse sell, exchange, or purchase any real estate? If Yes, include closing statements.		X
Did you or your spouse receive grants of stock options from your employer, exercise any stock options granted to you or your spouse or dispose of any stock acquired under a qualified employee stock purchase plan?		X
Did you or your spouse engage in any put or call transactions? If Yes, provide the transaction details.		X
Did you or your spouse close any open short sales?		X
Did you or your spouse sell any securities not reported on Form 1099-B?		X

Retirement or Severance:	Yes	No
Did you or your spouse contribute to a Roth IRA or convert an existing IRA into a Roth IRA?		X
Did you or your spouse roll into a Roth IRA any distributions from a retirement plan, an annuity plan, tax shelter annuity or deferred compensation plan?		X
Did you or your spouse turn age 70 1/2 and have money in an IRA or other retirement account without taking any distribution?		X
Did you or your spouse retire or change jobs?		X
Did you or your spouse receive deferred, retirement or severance compensation? If Yes, enter the date received (Mo/Da/Yr). ____	X	

Personal Residence:	Yes	No
Did your address change? If Yes, provide the new address.		X
If Yes, did you move to a different home because of a change in the location of your job?		X
Did you or your spouse claim a homebuyer credit for a home purchased in 2008?		X
Did you or your spouse withdraw any amounts from your Individual Retirement Account (IRA) or Roth IRA to acquire a principal residence?		X
Are your total mortgages on your first and/or second residence greater than $1,000,000? If Yes, provide the principal balance and interest rate at the beginning and end of the year. ____		X
Did you or your spouse take out a home equity loan?		X
Did you or your spouse have an outstanding home equity loan at the end of the year? If Yes, provide the principal balance and interest rate at the beginning and end of the year. ____		X
Are you claiming a deduction for mortgage interest paid to a financial institution and someone else received the Form 1098?		X
Did you or your mortgagee receive mortgage assistance payments? If Yes, include all Forms 1098-MA.		X

Sale of Your Home:

	Yes	No
Did you sell your home?		X
Did you receive Form 1099-S? If Yes, include Form 1099-S.		X
Did you or your spouse own and occupy the home as your principal residence for at least two years of the five-year period prior to the sale?		X
Did you or your spouse ever rent out the property?		X
Did you or your spouse ever use any portion of the home for business purposes?		X
Have you or your spouse sold a principal residence within the last two years?		X

At the time of the sale, the residence was owned by the: ☐ Taxpayer ☐ Spouse ☐ Both

Gifts:

	Yes	No
Did you or your spouse make any gifts, including birthday, holiday, anniversary, graduation, education savings, etc., with a total (aggregate) value in excess of $14,000 to any individual?	1 X	
Did you or your spouse make any gifts of difficult-to-value assets (such as non-publicly traded stock) to any person regardless of value?		X
Did you or your spouse make any gifts to a trust for any amount?		X
Do you or your spouse have a life insurance trust?		X
Did you or your spouse assist with the purchase of any asset (auto, home) for any individual?		X
Did you or your spouse forgive any indebtedness to any individual, trust or entity?		X

Foreign Matters:

	Yes	No
Did you or your spouse perform any work outside of the U.S. or pay any foreign taxes?		X
Were you or your spouse a grantor or transferor for a foreign trust, have any interest in or a signature authority over a bank account, securities account or other financial account in a foreign country?		X
Did you or your spouse create or transfer money or property to a foreign trust?		X
Did you or your spouse own any foreign financial assets?		X

Questions (Page 5 of 5)

Miscellaneous:

	Yes	No
Did you or your spouse pay in excess of $1,000 in any quarter, or $2,000 during the year for domestic services performed in or around your home to individuals who could be considered household employees?		X
Did you or your spouse receive unreported tip income of $20 or more in any month?		X
Have you or your spouse received a punitive damage award or an award for damages other than for physical injuries or illness?		X
Did you or your spouse engage in any bartering transactions?		X
Were you or your spouse notified by the IRS or other taxing authority of any changes in prior year returns?		X
For any trust that you or your spouse created or are trustee, did any beneficiaries, grantors, or trustees die or move?		X

Additional state pages have been included at the back of the organizer and should be reviewed.

Personal Information

Taxpayer:

Susan	Peterson	ON-FILE
First Name and Initial	Last Name	Social Security Number
Pediatric Surgeon	01/01/77	
Occupation	Date of Birth (Mo/Da/Yr)	Date of Death (Mo/Da/Yr)

Driver's License or State-Issued ID Number | Expiration Date (Mo/Da/Yr) | Issue Date (Mo/Da/Yr) | State | ☐ Does not expire

☐ Driver's License ☐ State-Issued ID ☐ No Identification

Spouse:

Jim	Peterson	ON-FILE
First Name and Initial	Last Name	Social Security Number
Unemployed	01/08/82	
Occupation	Date of Birth (Mo/Da/Yr)	Date of Death (Mo/Da/Yr)

Driver's License or State-Issued ID Number | Expiration Date (Mo/Da/Yr) | Issue Date (Mo/Da/Yr) | State | ☐ Does not expire

☐ Driver's License ☐ State-Issued ID ☐ No Identification

Contact Information:

217 Arbor Green Ave		
Street Address		Apartment Number
Tahoe	Nevada	
City	State	ZIP or Postal Code

Foreign Province or County

Foreign Country

Taxpayer Daytime/Work Phone | Taxpayer Evening/Home Phone | Taxpayer Foreign Phone

Taxpayer Cell Phone | Taxpayer Fax Number

Spouse Daytime/Work Phone | Spouse Evening/Home Phone | Spouse Foreign Phone

Spouse Cell Phone | Spouse Fax Number

Taxpayer Email Address

Spouse Email Address

Preferred Method of Contact

	Yes	No
May the IRS or other taxing authority discuss the return with the preparer?	X	
Is the taxpayer claimed as a dependent on someone else's tax return?		X

	Taxpayer Yes	Taxpayer No	Spouse Yes	Spouse No
Are you considered legally blind per IRS regulations?		X		X
Do you want to contribute to the Presidential Election Campaign Fund?	X		X	
Are you a U.S. citizen or Green Card holder?	X		X	

Personal Identification Numbers: Code - 1 - Issued by IRS 2 - Issued by State or City

TS	State	City	Code	PIN

Tax Organizer Legend:

Throughout the tax organizer, you will find columns with the heading "TSJ". Enter "T" for taxpayer, "S" for spouse or "J" for joint.

2017

Dependents and Wages

3A

Dependent Information:

	First Name and Initial	Last Name	Social Security Number	Date of Birth (Mo/Da/Yr)	Date of Death (Mo/Da/Yr)	Relationship to Taxpayer
A	Amber	Peterson	ON-FILE	01/07/03		Daughter
B	Andrew	Peterson	ON-FILE	01/02/05		Son
C						
D						
E						
F						
G						
H						

Did dependent have income over $4,050?

	Months Lived in Your Home	X if Disabled	Yes or No	Identity Protection PIN
A	12			
B	12			
C				
D				
E				
F				
G				
H				

Provide the name of any dependent who is not a U.S. citizen or Green Card holder.

Provide the name of any person living with you who is claimed as a dependent on someone else's tax return.

List the years that a release of claim to exemption is given for a dependent child not living with you.

Wages and Salaries: **Include all copies of your current year Forms W-2**

Note: Use this section to report any wages and/or salaries for which no Form W-2 was received.

TS	Employer's Name	Taxable Wages	Tax Withheld				
			Federal	FICA/TIER 1	Medicare	State	Local
	Community Hospital	$500,000	$160,000	$7886	$9950		

2017

Interest Income

5A

Interest Information:

Include copies of all Forms 1099-INT or other documents for interest received

Tax-Exempt Interest Code: 1 - 1099-INT 2 - Private Activity Bond 3 - Both

TSJ	Name of Payer	Interest Income	U.S. Bonds and Obligations	Code	Tax-Exempt Interest	2016 Interest Amount
	Bank of America CD's & Assort Bonds	$10,000				$8800
	Total					

Seller-Financed Mortgage Interest Information:

Name of Individual from Whom Mortgage Interest Was Received	Identification Number of Individual	2017 Interest Amount	2016 Interest Amount

Address of Individual from Whom Mortgage Interest Was Received

Enter Any Additional Information:

Note: List all items sold during the year on Form 7.

2017

Dividend Income

5B

Dividend Information:

Include copies of all Forms 1099-DIV or other documents for dividends received

	TSJ	Name of Payer	Box 1a Total Ordinary Dividends	Box 1b Qualified Dividends	Box 2a Total Capital Gain Distribution	U.S. Bond Interest Amount or Percent in Box 1a
A	J	Fidelity Brokerage Acct.	$14,400	$1,600	$30,000	
B						
C						
D						
E						
F						
G						
H						
I						
J						
K						
L						
M						
N						
		Total				

Tax-Exempt Interest Code: 1 - 1099-DIV 2 - Private Activity Bonds 3 - Both

	Code	Tax-Exempt Interest	2016 Gross Dividends Amount
A			
B			
C			
D			
E			
F			
G			
H			
I			
J			
K			
L			
M			
N			
Total			

Enter Any Additional Information:

Note: List all items sold during the year on Form 7.

Business Income and Cost of Goods Sold

Name of Business: Jim's Adventures

Principal Business or Profession: Entertainment

TSJ: S
Employer ID number:
Street address: 217 Arbor Green Ave.
City, state, ZIP or postal code, and country: Tahoe, NV
Method of inventory:
Method of accounting: Cash

Business Questions for 2017:

	Yes	No
Did you dispose of this business?		
If Yes, what was the disposition date? (Mo/Da/Yr)		
Was there a change in determining quantities, costs or valuations between opening and closing inventory?		
Were you involved in the operations of this business on a regular, continuous and substantial basis?		
Have you prepared or will you prepare all required Forms 1099?		

	2017 Amount	2016 Amount
Health insurance premiums paid for yourself and your dependents		

Income:

Include all Forms 1099-K

Payment card and third party transactions:

Description	2017 Amount	2016 Amount

Miscellaneous income: Include all Forms 1099-MISC

Other Income:

Other gross receipts or sales	7,000	
Less returns and allowances		

Cost of Goods Sold:

	2017 Amount	2016 Amount
Beginning inventory		
Purchases less cost of items withdrawn for personal use		
Cost of labor (do not include amounts paid to yourself)		
Materials and supplies		

Other costs of goods sold:

Description	2017 Amount	2016 Amount
Ending inventory		

2017

Business Expenses and Property & Equipment

6A

Name of Business: ______________________

Principal Business or Profession: ______________________

Expenses:

	2017 Amount	2016 Amount
Advertising	$3,000	
Car and truck expenses		
Parking fees and tolls		
Commissions and fees		
Contract labor		
Employee benefit programs and health insurance (other than pension and profit-sharing plans)		
Insurance (other than health)		
Interest - mortgage (paid to banks, etc.)		
Interest - other		
Legal and professional fees		
Office expense	$ 750	
Pension and profit-sharing plans		
Rent or lease - vehicles, machinery and equipment		
Rent or lease - other business property		
Repairs and maintenance		
Supplies (not included in Cost of Goods Sold)		
Taxes and licenses		
Travel	$ 3,800	
Meals and entertainment	$1,000	
Utilities		
Wages		
Dependent care benefits		

Other Expenses:

Description	2017 Amount	2016 Amount
Networking	$2,500	
Website	$1,000	

Property and Equipment: Include **a** list if **more** space is needed

X if not new	Acquisitions - Description	Date Acquired (Mo/Da/Yr)	Cost

Dispositions - Description	Date Acquired (Mo/Da/Yr)	Cost	Date Sold (Mo/Da/Yr)	Selling Price

2017

Business Expenses - Vehicle and Other Listed Property

6B

Name of Business: . . . . Jim's Adventures

Principal Business or Profession: . . . Entertainment

Listed Property Questions for 2017:

	Yes	No
Do you have evidence to support your deduction?	X	
If Yes, is the evidence written?		X
Do you have evidence to support the business use percentage claimed on listed property?	X	
If Yes, is the evidence written?		X

If you are an employer who provides vehicles for use by employees:

	Yes	No
Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees?		
Do you treat all use of vehicles by employees as personal use?		
Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles and retain the information received?		
Do you meet the requirements for qualified demonstration use by maintaining a written policy statement that prohibits vehicle use by individuals other than full-time vehicle salespersons, use for personal vacation trips, storage of personal possessions in the vehicle and limits the total mileage outside the salesperson's normal working hours?		

Vehicle:

	Vehicle 1	Vehicle 2
Description of vehicle		
Date placed in service (Mo/Da/Yr)		
Do you (or your spouse) have another vehicle available for your personal use?	☐ Yes ☐ No	☐ Yes ☐ No
Was your vehicle available for use during off-duty hours?	☐ Yes ☐ No	☐ Yes ☐ No

Mileage:

	Vehicle 1 2017 Miles	Vehicle 1 2016 Miles	Vehicle 2 2017 Miles	Vehicle 2 2016 Miles
Total miles				
Total business miles				
Total commuting miles for the year				

Actual Expenses:

	Vehicle 1 2017 Amount	Vehicle 1 2016 Amount	Vehicle 2 2017 Amount	Vehicle 2 2016 Amount
Gasoline, oil, repairs, insurance, etc				
Interest				
Taxes				
Fair market value of leased vehicle				
Vehicle rentals/leases				

Individual Retirement Account (IRA) Information

Individual Retirement Account (IRA): Include all copies of **Forms** 1099-R and **5498.**

TS . . . . ____

IRA Questions for 2017:

	Yes	No
Are you covered by an employer's retirement plan?	X	
If no, is your spouse covered by an employer's retirement plan?		X
Do you want to limit your IRA contribution to the maximum amount deductible on your tax return?	X	
If no, do you want to contribute the maximum allowable amount to your IRA even though you may not qualify for an IRA deduction?		X
Did you use any IRA as security for a loan this year?		X
Did you have any transactions with any IRA during the year?		X

If Yes, explain. ____

IRA Values, Rollovers, and Distributions:

Total value of all traditional IRAs on December 31, 2017	158,000
Note: This information or Form 5498 is required if you received a distribution during the year.	
Outstanding rollovers on December 31, 2017	
Total distributions converted to Roth IRAs	
Total retirement plans converted to Roth IRAs	

Contributions:

IRA:	
Contributions in 2017 for the 2017 tax return	0
Contributions in 2018 for the 2017 tax return	0
Amount for 2017 you choose to be treated as nondeductible	
Roth IRA:	
Contributions made for the 2017 tax year	

Distributions: Include **all Forms** 1099-R **and any non**taxable distribution details

Name of Payer	2017 Gross Distributions	Taxable Amount	Federal Tax Withheld	State Tax Withheld	Is this a Rollover?	2016 Gross Distributions

Miscellaneous Income, Adjustments and Alimony

Include **Forms:** W-2G, 1099-MISC, 1099-RRB, 1099-SSA, 1099-SA, 1099-LTC and 1099-G

Miscellaneous Income and Adjustments:

	TSJ S		TSJ ____	
	2017 Amount	**2016 Amount**	**2017 Amount**	**2016 Amount**
Unemployment compensation received		$13,780		
Unemployment compensation repaid in 2017		$0		
Social security benefits received				
Social security benefits repaid in 2017				
Medicare premiums withheld				
Tier 1 railroad retirement benefits received				
Tier 1 railroad retirement benefits repaid in 2017				
Total lump sum social security received				
Lump sum taxable social security				
Other federal withholding				
Other state withholding				

State and Local Income Tax Refunds:

TSJ	State	City	Tax Year	Income Tax Refund	
				State	Local

Other Income:

TSJ	Nature and Source	2017 Amount	2016 Amount

Alimony Paid or Received:

TSJ	Recipient's Name	Recipient's Social Security No.	Alimony Received?	2017 Amount	2016 Amount

2017

Miscellaneous Adjustments

13A

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

TS	2017 Amount	2016 Amount

Health Savings Accounts (HSAs)

TS	Description	2017 Amount	2016 Amount
	Contributions made for 2017		
	Distributions received from all HSAs in 2017		

What type of coverage applies to your high deductible health plan? ☐ Self only ☐ Family

	Yes	No
Were any HSA contributions listed above also shown on your Form W-2?	☐	☐
Were all distributions from your HSA for unreimbursed medical expenses?	☐	☐
Did you or your spouse enroll in Medicare?	☐	☐

If Yes, what month did you enroll? ______

What month did your spouse enroll? ______

Other Adjustments to Income: Include all Forms 1098-E for **Student Loan** Interest Paid

TSJ	Nature and Source	2017 Amount	2016 Amount
	Student loan interest	$1,700	$1,900

Itemized Deductions - Medical and Taxes

Medical and Dental Expenses:

	TSJ	2017 Amount	2016 Amount
Prescription medicines and drugs			
Total medical insurance premiums paid *			
Long-term care expenses			
Total insurance reimbursement			
Number of miles traveled for medical care			
Lodging			
Doctors, dentists, etc.			
Hospitals			
Lab fees			
Eyeglasses and contacts			

	2017 Amount	2016 Amount
Taxpayer long-term care insurance premiums paid		
Spouse long-term care insurance premiums paid		

* Do not include Medicare premiums or premiums deducted in computing taxable wages reported on a W-2.

Other Medical Expenses:

TSJ	Description	2017 Amount	2016 Amount

Taxes Paid: Include copies of **your tax** bills

	TSJ	2017 Amount	2016 Amount
Personal property taxes paid (include vehicle taxes)			
General sales taxes paid on specified items			

Itemize real estate taxes by state.

TSJ	Real Estate Taxes	2017 Amount	2016 Amount
	Property Taxes	$8,300	$8,100

Other Taxes Paid:

TSJ	Description	2017 Amount	2016 Amount

If you purchased or sold your home in 2017, did you include any taxes from your closing statement in the amounts above? ☐ Yes ☐ No

Itemized Deductions - Mortgage Interest and Points

2017

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Mortgage Questions for 2017:

	Yes	No
If you purchased or sold your home, did you include any mortgage interest from your closing statement in the amount below? . . .		
Did you refinance your home? (If Yes, enclose the closing statement.)		
If Yes, how many years is your new mortgage loan? . . . . ______		
Did you purchase a new home or sell your former home during the year?		
If Yes, enclose the closing statements from the purchase and sale of your new and former homes.		
If Yes, also, did you (or your spouse, if married) have an ownership interest in a principal residence in the US during the 3 year period prior to the purchase of this home?		
If Yes, did you (and your spouse, if married at the time of purchase) own and use the same home as a principal residence in the U.S. for any 5 consecutive year period during the 8 year period ending on the purchase date of the new home?		

Home Mortgage Interest Paid To Financial Institutions:

TSJ	Paid To	Did You Receive Form 1098?		2017 Amount	2016 Amount
		Yes	No		
	Mortgage Interest	X		$17,000	$18,200

Other Home Mortgage Interest Paid:

TSJ	Paid To		ID Number	2017 Amount	2016 Amount
	Name	Address			

Deductible Points:

TSJ	Paid To	Did You Receive Form 1098?		2017 Amount	2016 Amount
		Yes	No		

Mortgage Insurance Premiums:

Premiums paid or accrued for qualified mortgage insurance.

TSJ	2017 Amount	2016 Amount

Investment Interest Expense:

Interest paid on money you borrowed that is allocable to property held for investment.

TSJ	Paid To	2017 Amount	2016 Amount

Itemized Deductions - Contributions

Cash Contributions: Include all Forms 1098-C or other documentation.

You cannot deduct a cash contribution, regardless of the amount, unless you keep as a record of the contribution a bank record (such as a canceled check, a bank copy of a canceled check, or a bank statement containing the name of the charity, the date, and the amount) or a written communication from the charity. The written communication must include the name of the charity, date of the contribution, and amount of the contribution. Clothes and household items donated must be in good, used condition or better in order to be deductible unless the item donated is worth more than $500 and you have the item's value appraised. Attach a copy of the appraisal. Include any vehicles donated to charity.

TSJ	Organization or Description of Contribution	2017 Amount	2016 Amount
	United Way	$4,625	$8,000

TSJ	Conservation Real Property	2017 Amount	2016 Amount
	100% limit		
	50% limit		

TSJ	Description	2017 Miles	2016 Miles
	Number of miles traveled performing volunteer work for qualified charitable organizations		

Noncash Contributions Totaling $500 or Less: Include all documentation.

TSJ	Description of Donated Property	2017 Amount	2016 Amount
	Salvation Army	$375	$400

Noncash Contributions Totaling More Than $500: Include all Forms 1098-C or other documentation.

TSJ . . . . ____

Description of the donated property . . . . ____

Donee organization name . . . . ____

Donee organization address . . . . ____

Date the property was acquired by the taxpayer . . (Mo/Da/Yr) ____

Date the property was donated . . . . (Mo/Da/Yr) ____

Cost or basis of the donated property . . . . ____

Fair market value of the donated property . . . . ____

Which of the following methods was used to determine the fair market value? CAUTION: Generally, contributions in excess of $5,000 of similar property will require an appraisal (does not apply to marketable securities)

☐ Appraisal ☐ Thrift shop value ☐ Catalog ☐ Comparable sale

Other - please explain . . . . ____

Which of the following describes how this donated property was acquired?

☐ Purchase ☐ Gift ☐ Inheritance ☐ Exchange

2017

Itemized Deductions - Miscellaneous

Miscellaneous Itemized Deductions:

	TSJ	2017 Amount	2016 Amount
Union and professional dues			
Tax preparation fee			
Professional subscriptions			
Hobby expense (To extent of income)			
Safe deposit box			
Uniforms and protective clothing			
Work tools			
Gambling losses			
Estate taxes			

Other Itemized Deductions:

Examples:

- Certain legal and accounting fees
- Investment expenses
- Custodial fees
- Employment agency fees
- Certain educational expenses

TSJ	Description	2017 Amount	2016 Amount
	HELOC INTEREST	$2,500	$2,800

Casualty or Theft Loss:

TSJ ______

Property description ______

Which of the following describes the type of property that sustained the casualty or theft loss?

☐ Personal use ☐ Business use ☐ Income producing ☐ Employee Use ☐ Personal use attributable to insolvent or bankrupt financial institution losses on deposits

Date acquired (Mo/Da/Yr) ______

Date damaged or lost (Mo/Da/Yr) ______

Original cost or other basis ☐

Fair market value before casualty ☐

Fair market value after casualty ☐

Cost of replacement ☐

Insurance reimbursement ☐