

DEPENDENTS

1. NAME - first, intial, last		RELATIONSHIP		SSN	
BIRTHDATE	STUDENT/DISABLED	INCOME	MOS LIVED W/ YOU	GRADE IN SCHOOL	PUBLIC OR PRIVATE

2. NAME - first, intial, last		RELATIONSHIP		SSN	
BIRTHDATE	STUDENT/DISABLED	INCOME	MOS LIVED W/ YOU	GRADE IN SCHOOL	PUBLIC OR PRIVATE

3. NAME - first, intial, last		RELATIONSHIP		SSN	
BIRTHDATE	STUDENT/DISABLED	INCOME	MOS LIVED W/ YOU	GRADE IN SCHOOL	PUBLIC OR PRIVATE

INCOME AND DEDUCTION ITEMS - CIRCLE Y OR N; if Yes, then provide tax document....

Marital status change?	Y OR N	Jury Duty?	Y OR N	Medical expenses?	Y OR N
Address change?	Y OR N	Any 1099-Misc?	Y OR N	Mortgage Interest?	Y OR N
Dependents change?	Y OR N	Rental properties?	Y OR N	Property Taxes?	Y OR N
Dependent of another?	Y OR N	Self-employed?	Y OR N	Rent Certificate?	Y OR N
W-2's?	Y OR N	Work from home?	Y OR N	Charity?	Y OR N
State refund last year?	Y OR N	Health insurance all year?	Y OR N	Casualty Loss?	Y OR N
Interest or Dividends?	Y OR N	HSA account?	Y OR N	College Tuition?	Y OR N
Buy, sell investments?	Y OR N	IRA/SEP contributions?	Y OR N	Bankruptcy?	Y OR N
Unemployment?	Y OR N	IRA to ROTH conversion?	Y OR N	Gift \$14K+?	Y OR N
Retirement distribution?	Y OR N	Student Loan Interest?	Y OR N	Foreign Banks?	Y OR N
Social Sec or Railroad?	Y OR N	Educator?	Y OR N	Live outside US?	Y OR N
K-1's?	Y OR N	Daycare?	Y OR N	Any tax notices?	Y OR N
Gambling?	Y OR N	Buy, sell, refinance home?	Y OR N		
Alimony?	Y OR N	Unreimbursed work exp?	Y OR N		

ESTIMATED TAX PAYMENTS

	FEDERAL		STATE	
	\$\$\$	Date Paid	\$\$\$	Date Paid
Prior Year Carryover				
Q1 - April 15				
Q2 - June 15				
Q3 - September 15				
Q4 - December 15 or January Current Year				

SCHEDULE C -- PROFIT OR LOSS FROM BUSINESS

Name of Business _____ EIN (if applicable) _____

Principal Business Activity _____ Date Started _____

Business Address _____

Accounting Method CASH ACCRUAL OTHER

Inventory Value Method COST LOWER COST/MARKET OTHER

Any change in determining quantities? YES OR NO

YES OR NO Did you materially participate in the business?

YES OR NO Did you start or acquire this business in the current tax year?

YES OR NO Was the primary purpose of the business activity to earn a profit?

YES OR NO Has the business reported any losses in prior years?

YES OR NO Did you make payments of \$600 or more to subcontractors, attorneys, accountants, directors, etc?

YES OR NO If yes, did you issue a form 1099-MISC?

YES OR NO Did you make, or plan to make any contributions to a self-employed retirement plan?

YES OR NO Did you pay for your own health/dental insurance?

YES OR NO Did you have any employees?

Income

Gross receipts or sales _____ (Include 1099-MISC, 1099-K and any other source of income from business activity)

Returns/Allowances _____

Other Income _____

Cost of Goods Sold

Inventory at beginning of year _____

Purchases _____

Cost of Labor _____

Materials and Supplies _____

Other Costs _____

Ending Inventory _____

Expenses

Advertising	_____	Start-up costs (first-year of business)	_____
Bank Charges	_____	Pension/profit sharing plans	_____
Business Licenses	_____	Rent or lease - car, machinery, equipment	_____
Commissions/fees	_____	Rent or lease - other business property	_____
Contract Labor*	_____	Repairs and Maintenance	_____
Employee Benefit Programs	_____	Supplies	_____
Employee health care plans	_____	Taxes - payroll	_____
Insurance	_____	Taxes - property	_____
Interest - Mortgage	_____	Taxes - sales	_____
Interest - Other	_____	Taxes - state	_____
Internet Service	_____	Telephone	_____
Legal & Professional Fees	_____	Travel	_____
Management Fees	_____	Utilities	_____
Meals/Entertainment - 50%	_____	Wages*	_____
Meals/Entertainment - 100%	_____	Other	_____
Office Supplies	_____	Other	_____

*Provide copies of Form W-3, Form 940, Form 941, Form 1096, Form 1099-MISC and any state tax forms filed

Assets/Equipment Purchased

Enter the following information for depreciable assets purchased that have a useful life greater than one year.

Description	Date Purchased/In Use	Cost	New or Used
1			
2			
3			
4			
5			

Assets/Equipment Sold or Disposed of during the year

Description	Date Sold/Disposed	Selling Price/FMV	Trade-In?
1			
2			
3			
4			
5			

Car ExpensesVehicle #1Vehicle #2Vehicle #3

<u>Car Expenses</u>	<u>Vehicle #1</u>	<u>Vehicle #2</u>	<u>Vehicle #3</u>
Make/Model			
When did you place in service for business use?			
Enter the cost or basis, if purchased in current year			
Of the total number of miles you drove your vehicle enter the total number of miles for:			
Business			
Commuting			
Other			
Enter your 2017 expenses for:			
Parking, tolls			
Gas, oil			
Insurance			
Other			

YES OR NO Car available for personal use during off-duty hours?

YES OR NO Do you (or your spouse) have another vehicle available for personal use?

YES OR NO Do you have evidence to support your deduction?

YES OR NO If yes, is it written?

Office in Home

Area of home must be exclusively used for business except for storage or daycare.

All taxpayers**Day Care Only**

A) Business use area (sq. ft) _____

1) Hours used for daycare _____

B) Total area of home (sq. ft) _____

2) Total hours in year 8760 _____

Home Cost or FMV _____

Value of Land _____

Insurance _____

Utilities _____

Repairs/maintenance _____

Improvements _____

Other _____

Other _____

SCHEDULE E -- RENTAL INCOME & EXPENSES

	Property A	Property B	Property C	Property D
Property Address				
Property City, State, Zip				
Property Type (‘R’ for residential, ‘N’ for nonresidential)	R or N	R or N	R or N	R or N
Any Personal Use?	Yes or No	Yes or No	Yes or No	Yes or No
If yes, how many days?				
Date Placed in Service				
Income				
Rents Received				
Royalties Received				
Expenses				
Advertising				
Auto/Travel				
Cleaning/maintenance				
Commissions				
Insurance				
Legal & Professional Fees				
Management fees				
Mortgage interest to banks				
Other interest				
Repairs				
Supplies				
Taxes				
Utilities				
Other (list)				

Assets/Property Purchased

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Description	Date Purchased/In Use	Cost	New or Used	New or Used
1				
2				
3				

Assets/Property Sold or Disposed of during the year

Description	Date Sold/Disposed	Selling Price/FMV	Trade-In?	Trade-In?
1				
2				
3				

SCHEDULE F -- PROFIT OR LOSS FROM FARMING

Name of Proprietor _____ EIN (if applicable) _____

Principal Product _____ Code _____

- | | | | | |
|-------------------|---|---------|-------|--|
| Accounting Method | CASH | ACCRUAL | OTHER | |
| YES OR NO | Did you materially participate in the business? | | | |
| YES OR NO | Did you start or acquire this business in the current tax year? | | | |
| YES OR NO | Was the primary purpose of the business activity to earn a profit? | | | |
| YES OR NO | Has the business reported any losses in prior years? | | | |
| YES OR NO | Did you make payments of \$600 or more to subcontractors, attorneys, accountants, directors, etc? | | | |
| YES OR NO | If yes, did you issue a form 1099-MISC? | | | |

CASH METHOD		ACCRUAL METHOD	
<u>Income</u>		<u>Income</u>	
Sale/Resale Items		Sale/Livestock, etc	
Cost/resale items			
Sale/items raised		COOP Distributions	
COOP Distribution		Taxable COOP amount	
Taxable COOP amount		Ag program payments	
Ag program payments		Taxable Ag payments	
Taxable Ag payments		CCC loans elect	
CCC loans elect		CCC loans forfeit	
CCC loans forfeit		Taxable CCC loans	
Taxable CCC loans		Crop insurance proceeds	
Crop insurance proceeds			
Taxable insurance		Custom Hire	
Deferred - previous year		Other income	
Custom hire		Beginning Inventory	
Other income		Cost of Purchases	
		Ending inventory	

Expenses

Car/truck mileage	_____	Labor hired	_____
Car/truck other expense	_____	Pension/profit sharing plans	_____
Chemicals	_____	Rent or lease - machinery, equip.	_____
Conservation expenses	_____	Rent or lease - other business prop.	_____
Custom hire	_____	Repairs and Maintenance	_____
		Seeds/plants purchased	_____
Employee benefit program	_____	Supplies	_____
Feed purchased	_____	Taxes	_____
Fertilizer	_____	Utilities	_____
Freight/Trucking	_____	Veterinary, breeding, medicine	_____
Gas, fuel, oil	_____	Other Expenses	_____
Insurance	_____	_____	_____
		_____	_____
Mortgage interest paid to bank	_____	_____	_____
Other interest	_____	Health Insurance Premiums	_____

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2			
3			

Assets/Equipment Sold or Disposed of during the year

Description	Date Sold	Selling Price/FMV	Trade-In?
1			
2			
3			