

Adam R. Rosenberg & Company, CPAs

2122 Encinitas Boulevard, Suite 102

Encinitas, California 92024

(760) 753-5528

Dear Client:

Enclosed, please find a set of worksheets (the Tax Organizer) to help you gather the information we need to prepare your 2017 income tax returns. Also enclosed is an Engagement Letter for you to sign and return with the Tax Organizer. The Engagement letter includes a copy of our privacy policy, which we are now required to provide to you, in writing.

Please complete the Organizer sheets to the best of your ability and include supporting documentation where necessary. Prior year data is included on the organizer sections for your reference. We will also need the following additional information.

- A copy of your 2016 tax return, if not prepared by this office
- Form(s) W-2 (wages, etc.)
- Form(s) 1099 (interest, dividends, etc.)
- Schedule(s) K-1 (income/loss from partnerships, S corporations, etc.)
- Form(s) 1098 (mortgage interest) and property tax statements
- Brokerage statements from stock, bond or other investment transactions
- Closing statements pertaining to real estate transactions
- Form(s) 1099-K (Merchant Card and Third-Party Network Payments)
- All other supporting documents (schedules, checkbooks, etc.)
- Any tax notices received from the IRS or other taxing authorities
- Statements pertaining to foreign-held assets and investments
- Form 1095 (Health Insurance Marketplace Statement)

If you would like to schedule an appointment, please call our office as soon as possible. The filing deadline for tax returns is April 17, 2018. In order to meet this filing deadline, we must receive your information in substantially complete form by March 25, 2018. After March 25, an extension will be filed. As a reminder, **all fees for preparation of your tax returns are due and payable upon delivery of your tax return. Tax returns will not be filed electronically until fees are paid.**

We look forward to hearing from you soon.

Sincerely,

Adam R. Rosenberg & Company, CPAs

Adam R. Rosenberg & Company, CPAs
2122 Encinitas Boulevard, Suite 102
Encinitas, Ca. 92024

Dear Client,

Thank you for selecting Adam R. Rosenberg & Company, CPAs to assist you in preparing your personal income tax returns. This letter confirms the terms of our engagement and the nature, timing, and limitations of the services we will provide.

We will prepare your [ORGYEAR] federal and state personal income tax returns from information you furnish us. We will not audit or otherwise verify the data you submit, although it may be necessary to request clarification and/or documentation of some of the information. Generally, we will rely on your representation that you have maintained the documentation required by law to support the information you provide, including expenses for meals, entertainment, travel, gifts, vehicle use, charitable contributions, etc. If you are not clear regarding what documentation is needed for any given item of income or deduction, we'd be happy to discuss it with you. Penalties may be imposed on returns that are late, underpaid, or incorrect and it is your responsibility to pay for any penalties that may be assessed. Note that you have the final responsibility for the income tax returns and, therefore, should carefully review them before they are electronically filed.

We will use professional judgment in resolving issues when the tax law is unclear or when there is conflict among the authorities. In the event of preparer error, you will be responsible for additional tax due but it may be our responsibility to pay for any penalty that may be assessed.

The filing deadline for the tax return is April 17, 2018. In order to meet this filing deadline, we must receive your information in substantially complete form by March 25.

If an extension of time to file is required, we will use the information available to us at the time to prepare an extension. To prepare a valid, accurate extension, we need as much information as is available. We also need your express approval to file the extension on your behalf. An extension, however, only provides you with an extension to file the tax return; not an extension to pay the tax. Taxes paid after April 17 will result in penalties and interest.

Under both federal and California law, we are required to electronically file your returns. However, you may opt out of electronically filing without explanation. If you would rather not e-file please let us know and we will provide you with the government opt-out forms you must sign and return to us.

If a joint return is prepared, tax returns and copies of all supporting documentation will be made available to either spouse without the consent or notification of the other spouse.

You are responsible for reporting activities. By signing this letter, you acknowledge that you will inform us if you have income from foreign sources or if you have signatory authority over any foreign account. If you are unsure whether income or an account is foreign, we will review it. Note that the penalties for failure to report foreign activities are severe.

Your tax returns may be selected for review by the taxing authorities. If the government selects your return for examination, we will be available to assist you. At our discretion, there may be additional fees for this service. We generally retain, for seven years, the final work product generated for our clients. After the retention period, the documents are destroyed. We do not keep original documents - they are returned to you after completion of the returns. It is your responsibility to retain your records for possible future use, including possible examination by tax authorities.

Our fees for tax preparation services are increased periodically and all invoices are due and payable upon presentation. Tax returns will not be filed electronically until fees are paid.

We often communicate with you and others via e-mail. As emails can be intercepted and read by an unintended third party, we cannot guarantee or warrant that emails from us will be properly delivered and read only by the addressee.

Adam R. Rosenberg & Company, CPAs, cannot be held responsible for the interception or unintentional disclosure of emails transmitted by us in connection with the performance of this engagement.

Our Privacy Policy - It has always been the policy of Adam R. Rosenberg & Company, CPAs to keep all information we collect from our clients confidential. We restrict access to all nonpublic personal information about you to members of our firm who need to know this information in order to provide services to you. We do collect nonpublic personal information about our clients from the following sources:

- Information we receive from our clients within Tax Organizers, worksheets, Federal and State reporting forms and from other documents we use in tax preparation or other financial and related services;
- Information about your transactions with us, our affiliates and others; and - Information we may receive from outside agencies such as banks and brokerage houses.

We do not disclose any nonpublic personal information about our clients or former clients, except as permitted, required or approved by you, in writing, as listed below:

- Requirements to comply with Federal, State or local law
- Requirements to comply with National, State or local licensing rules;
- Requirements to disclose information in response to legal subpoenas;
- Items you permit or request us to disclose, as authorized by you, in writing;
- Information which you authorize us to disclose by signing this Engagement Letter, to electronically file your tax return, when applicable;
- Information which you authorize us to disclose Engagement Letter, which discloses that you are our client without disclosure of financial or other personal information.

If the foregoing fairly sets forth your understanding, please sign the enclosed copy of this letter and return it to our office. Work cannot commence until a signed copy of this document is returned. If this is a joint return, both spouses must sign.

Yours truly,

Adam R. Rosenberg & Company, CPAs

Acknowledged:

Signature: _____

Print name: _____

Signature: _____

Print name: _____

2017	1040	US	Client Information	1
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ADAM R. ROSENBERG AND COMPANY
 2122 ENCINITAS BLVD STE 102
 ENCINITAS, CA 92024
 Telephone number: 760-753-5528
 Fax number: 760-753-4827
 E-mail address: STAFF@arrcpa.com

Tax Return Appointment

Date:
 Time:
 Location:

This tax organizer will assist you in gathering information necessary for the preparation of your 2017 tax return. Please add, change, or delete information as appropriate.

CLIENT INFORMATION

Filing Status	Filing status (table)		<p align="center">Filing Status</p> <p>1 = Single 2 = Married filing joint 3 = Married filing separate 4 = Head of household 5 = Qualifying widow(er)</p>
	1=married filing separate and lived with spouse		
	Year spouse died, if qualifying widow(er) (2015 or 2016)		
Taxpayer	First name and initial		
	Last name		
	Title/suffix		
	Social security number		
	Occupation		
	Date of birth (m/d/y)		
	Date of death (m/d/y)		
1=blind			
Spouse	First name and initial		
	Last name		
	Title/suffix		
	Social security number		
	Occupation		
	Date of birth (m/d/y)		
	Date of death (m/d/y)		
1=blind			
Address	In care of		
	Street address		
	Apartment number		
	City		
	State		
Foreign Address	ZIP code		
	Region		
	Postal code		
	Country		

Please add, change or delete information for 2017.

CLIENT INFORMATION

Taxpayer Contact Information	Home phone		<p>Daytime Phone</p> <p>1 = Work 2 = Home 3 = Mobile</p>
	Work phone		
	Work extension		
	Daytime phone (table)		
	Mobile phone		
	Fax number		
	E-mail address		
	Home phone		
Spouse Contact Information	Work phone		
	Work extension		
	Daytime phone (table)		
	Mobile phone		
	Fax number		
	E-mail address		
Taxpayer Authentication	Driver's license no.		
	Driver's license state		
	Expiration date (m/d/y)		
	Issue date (m/d/y)		
	Theft protection PIN		
Spouse Authentication	Driver's license no.		
	Driver's license state		
	Expiration date (m/d/y)		
	Issue date (m/d/y)		
	Theft protection PIN		

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Miscellaneous Questions

If any of the following items pertain to you or your spouse for 2017, please check the appropriate box and provide additional information if necessary.

- | Yes | No | |
|--------------------------|--------------------------|--|
| <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? |
| <input type="checkbox"/> | <input type="checkbox"/> | Were there any changes in dependents? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you and your dependents have health care coverage for the full-year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive any of the following IRS Documents? Form 1095-A (Health Insurance Marketplace Statement), 1095-B (Health Coverage) or Form 1095-C (Employer Provided Health Insurance Offer and Coverage) If no, please attach. |
| <input type="checkbox"/> | <input type="checkbox"/> | If you or your dependents did not have health 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 attach. |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive any disability income? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you buy or sell any stocks, bonds or other investment property? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make any residential energy-efficient improvements or purchases involving solar, wind, geothermal or fuel cell energy sources? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive a distribution from or make a contribution to a retirement plan (401(k), IRA, etc.)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you transfer or rollover any amount from one retirement plan to another retirement plan? |
| <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, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school? |
| <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 use your car on the job (other than to and from work)? |

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Miscellaneous Questions

- Was your home rented out or used for business?
- Were you notified or audited by either the Internal Revenue Service or the State taxing agency?
- May the IRS discuss your tax return with your preparer?
- Do you want to electronically file your tax return?

2017	1040	US	Dependents	2
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Please add, change or delete information for 2017.

DEPENDENTS

	Dependent	Dependent	
First name.....			<p>Type of Dependent</p> <p>1 = Child living w/taxpayer 2 = Child not living w/taxpayer 3 = Dependent other than child 4 = Head of household only, not a dependent 5 = Earned income credit only, not a dependent</p> <p>Earned Income Credit</p> <p>1 = When applicable (default) 2 = Student age 19 to 23 3 = Disabled 4 = Force 5 = Suppress</p> <p>NOTE: If you claim the earned income credit, please provide proof that your child is a resident of the U.S. This proof is typically in the form of:</p> <ol style="list-style-type: none"> 1. School records or statement 2. Landlord or property management statement 3. Health care provider statement 4. Medical records 5. Child care provider records 6. Placement agency statement 7. Social service records or statement 8. Place of worship statement 9. Indian tribe office statement 10. Employer statement <p>NOTE: If your child is disabled, please provide one of the following forms of proof of disability:</p> <ol style="list-style-type: none"> 1. Doctor statement 2. Other health care provider statement 3. Social services agency or program statement
Last name.....			
Title/suffix.....			
Date of birth (m/d/y).....			
Date of death.....			
Date of adoption.....			
Social security number.....			
Relationship.....			
Months lived at home.....			
Type of dependent (see table).....			
Earned income credit (see table).....			
Claimed by: 1=taxpayer, 2=spouse.....			
	Dependent	Dependent	
First name.....			
Last name.....			
Title/suffix.....			
Date of birth (m/d/y).....			
Date of death.....			
Date of adoption.....			
Social security number.....			
Relationship.....			
Months lived at home.....			
Type of dependent (see table).....			
Earned income credit (see table).....			
Claimed by: 1=taxpayer, 2=spouse.....			
	Dependent	Dependent	
First name.....			
Last name.....			
Title/suffix.....			
Date of birth (m/d/y).....			
Date of death.....			
Date of adoption.....			
Social security number.....			
Relationship.....			
Months lived at home.....			
Type of dependent (see table).....			
Earned income credit (see table).....			
Claimed by: 1=taxpayer, 2=spouse.....			
	Dependent	Dependent	
First name.....			
Last name.....			
Title/suffix.....			
Date of birth (m/d/y).....			
Date of death.....			
Date of adoption.....			
Social security number.....			
Relationship.....			
Months lived at home.....			
Type of dependent (see table).....			
Earned income credit (see table).....			
Claimed by: 1=taxpayer, 2=spouse.....			

Please enter all pertinent 2017 information.

DIRECT DEPOSIT / ELECTRONIC PAYMENT (3)

1=direct deposit of federal tax refund into bank account		
1=electronic payment of balance due		
1=electronic payment of estimated tax		

BANK INFORMATION

Name of Bank	Percent to Deposit (xx.xx)	Routing Number	Account Number	Type of Account (Table 1)	Type of Invest. (Table 2)

2017 ESTIMATED TAX / 1040-ES (6)

Federal

	Amount Paid	Date Paid	TS	2017 Voucher Amount
Overpayment applied from 2016				
1st quarter payment				
2nd quarter payment				
3rd quarter payment				
4th quarter payment				
Additional Estimated Tax Payments				
Paid with extension				
Former spouse SSN if joint estimates				

State

	Amount Paid	Date Paid	TS	2017 Voucher Amount
Overpayment applied from 2016				
1st quarter payment				
2nd quarter payment				
3rd quarter payment				
4th quarter payment				
Additional Estimated Tax Payments				
Paid with extension				

1 **Type of Account**

1 = Savings
2 = Checking

2 **Type of Investment**

1 = Checking or savings (default)	6 = Coverdell savings account (ESA)
2 = Taxpayer's IRA (next year limits)	7 = Other
3 = Spouse's IRA (next year limits)	8 = Taxpayer's IRA (current year limits)
4 = Health savings account (HSA)	9 = Spouse's IRA (current year limits)
5 = Archer MSA	

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Direct Deposit & Estimates (Form 1040 ES) (cont.)

7.1

Please enter all pertinent 2017 information.

APPLICATION OF 2017 OVERPAYMENT (7.1)

If you have an overpayment of 2017 taxes, do you want the excess refunded? or applied to 2018 estimate? ...

Other (please explain): _____

2018 ESTIMATED TAX INFORMATION

Do you expect your 2018 taxable income to be different from 2017? Yes No

If "yes" explain any differences in income, deductions, dependents, etc.: _____

Do you expect your 2018 withholding to be different from 2017? Yes No

If "yes" explain any differences: _____

7.1

2017	1040	US	Wages, Pensions, Gambling Winnings	10, 13.1, 13.2
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Please enter all pertinent 2017 amounts & attach all W-2, W-2G and 1099-R forms.
Last year's amounts are provided for your reference.

WAGES, SALARIES, TIPS (10)

No.	Name of Employer (Box c)	1=retirement plan (Box 13)		Wages, Tips, Other Compensation (Box 1)	Tax Withheld					2016 Wages
		1=spouse			Federal (Box 2)	Social Security (Box 4)	Medicare (Box 6)	State (Box 17)	Local (Box 19)	

PENSIONS, IRA DISTRIBUTIONS (13.1)

No.	Name of Payer	Distribution code #2		Gross Distribution (Box 1)	Taxable Amount (Box 2a)	Tax Withheld		Value of all IRAs at 12/31/17	2016 Distribution
		Distribution code #1				Federal (Box 4)	State (Box 12)		
		1=IRA/SEP/SIMPLE							
		1=spouse							

GAMBLING WINNINGS (W-2G) (13.2)

No.	Name of Payer	1=spouse	Gross Winnings (Box 1)	Tax Withheld			2016 Winnings
				Federal (Box 4)	State (Box 15)	Local (Box 17)	

GAMBLING LOSSES & WINNINGS (NON W-2G) (13.2)

	2017 Amount	T	S	2016 Amount
Total gambling losses				
Winnings not reported on Form W-2G				

10, 13.1, 13.2

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Miscellaneous Income

14.1

Please enter all pertinent 2017 amounts and attach all 1099-MISC, SSA-1099, and RRB-1099 forms. Last year's amounts are provided for your reference.

MISCELLANEOUS INCOME

	2017 Amount		2016 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Social security benefits (SSA-1099, box 5)				
Medicare premiums paid (SSA-1099)				
1=treat Medicare premiums paid as SE health ins..				
Tier 1 RR retirement benefits (RRB-1099, box 5) ..				
1=lump-sum election for SS benefits				
Alimony received				
Taxable scholarships and fellowships				
Jury duty pay				
Household employee income not on W-2				
Excess minister's allowance				
Alaska permanent fund dividends				
Income from rental of personal property				
Income subject to S/E tax:				

Other income (1099-MISC, box 3, 8)				

TAX WITHHELD (not entered elsewhere)

Federal income tax withheld				
State income tax withheld				
Local income tax withheld				

14.1

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State & Local Tax Refunds / Unemployment Compensation

14.2

Please add, change or delete 2017 information as appropriate.
Be sure to attach all 1099-G forms.

**STATE AND LOCAL TAX REFUNDS /
UNEMPLOYMENT COMPENSATION (Form 1099-G)**

2017 1099-G Amount

No. <input type="text"/>	Name of payer		
	1=spouse.....		
	Unemployment compensation:		
	Total received (Box 1)		
	2017 Overpayment repaid.....		
	State and local refunds:		
	State and local income tax refund, credit or offsets (Box 2)		
	1=city or local income tax refund		
	Tax year for box 2 if not 2016 (Box 3).....		
	Federal income tax withheld (Box 4).....		
	RTAA payments (Box 5).....		
	Taxable grants:		
	Federal taxable amount (Box 6)		
	State taxable amount, if different.....		
	Farm amounts:		
Agriculture payments (Box 7).....			
1=agriculture payments are from conservation reserve program			
Market gain (Box 9).....			
Number of farm			
1=box 2 is trade or business income (Box 8).....			
State income tax withheld (Box 11).....			

No. <input type="text"/>	Name of payer		
	1=spouse.....		
	Unemployment compensation:		
	Total received (Box 1)		
	2017 Overpayment repaid.....		
	State and local refunds:		
	State and local income tax refund, credit or offsets (Box 2)		
	1=city or local income tax refund		
	Tax year for box 2 if not 2016 (Box 3).....		
	Federal income tax withheld (Box 4).....		
	RTAA payments (Box 5).....		
	Taxable grants:		
	Federal taxable amount (Box 6)		
	State taxable amount, if different.....		
	Farm amounts:		
Agriculture payments (Box 7).....			
1=agriculture payments are from conservation reserve program			
Market gain (Box 9).....			
Number of farm			
1=box 2 is trade or business income (Box 8).....			
State income tax withheld (Box 11).....			

14.2

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

GENERAL INFORMATION

Principal business/profession.....	
Principal business code.....	
Business name, if different from Form 1040.....	
Business address, if different from Form 1040...	
City, if different from Form 1040.....	
State, if different from Form 1040.....	
ZIP code, if different from Form 1040.....	
Foreign region.....	
Foreign postal code.....	
Foreign country.....	
Employer identification number.....	
Other accounting method.....	

Accounting method: 1=cash, 2=accrual.....		
Inventory method: 1=cost, 2=lower cost/market, 3=other.....		
1=change of inventory method.....		
1=spouse, 2=joint.....		
1=first Schedule C filed for this business.....		
If required to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no.....		
1=not subject to self-employment tax.....		
1=did not "materially participate".....		
1=personal services is not a material income producing factor.....		
1=investment.....		
1=minister's Schedule C.....		
1=single member limited liability company.....		
1=trader in financial instruments or commodities.....		

INCOME

	2017 Amount	2016 Amount
Gross receipts or sales (Form 1099-MISC, box 7).....		
Returns and allowances.....		
Other income:		

COST OF GOODS SOLD

Inventory at beginning of the year.....		
Purchases.....		
Cost of items for personal use.....		
Cost of labor.....		
Materials and supplies.....		
Other costs:		

Inventory at end of the year.....		

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

EXPENSES

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

Other expenses:

NOTE: If you purchased or disposed of any business assets, please complete Sheet 22.

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

GENERAL INFORMATION

	2017 Amount	2016 Amount
Description of property.....		Type of Property 1 = Single Family Residence 2 = Multi-Family Residence 3 = Vacation/Short-Term Rental 4 = Commercial 5 = Land 6 = Royalties 7 = Self-Rental
Street address.....		
City.....		
State.....		
ZIP code.....		
Type of property (see table)....		
Other type of property.....		
Number of days rented.....		

Percentage of ownership if not 100% (.xxxx).....		1=did not actively participate... 1=RE prof., activity is trade or business, 2=RE prof., not trade or business.....	
Percentage of tenant occupancy if not 100% (.xxxx).....		1=rental other than real estate.	
1=spouse, 2=joint.....		1=investment.....	
1=qualified joint venture.....		1=single member limited liability company.....	
1=nonpassive activity, 2=passive royalty.....			
If required to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no.....			

INCOME

	2017 Amount	2016 Amount
Rents or royalties received.....		

DIRECT EXPENSES

NOTE: Direct expenses are related only to the rental activity. These include rental agency fees, advertising, and office supplies.

Advertising.....		
Association dues.....		
Auto and travel (not entered elsewhere).....		
Cleaning and maintenance.....		
Commissions.....		
Gardening.....		
Insurance.....		
Legal and professional fees.....		
Licenses and permits.....		
Management fees.....		
Miscellaneous.....		
Mortgage interest (paid to banks, etc.).....		
Qualified mortgage insurance premiums.....		
Excess mortgage interest.....		
Other interest (not entered elsewhere).....		
Painting and decorating.....		
Pest control.....		
Plumbing and electrical.....		
Repairs.....		
Supplies.....		
Taxes - real estate.....		
Taxes - other (not entered elsewhere).....		
Telephone.....		
Utilities.....		
Wages and salaries.....		
Other:		

NOTE: If you purchased or disposed of any business assets, please complete Sheet 22.

Please enter all pertinent 2017 amounts. Last year's amounts are provided for your reference. The indirect expense column should only be used for vacation homes or less than 100% tenant occupied rentals.

GENERAL INFORMATION

Foreign region	
Foreign postal code	
Foreign country	

OIL AND GAS

	2017 Amount	2016 Amount
Production type (preparer use only)		
Cost depletion		
Percentage depletion rate or amount		
State cost depletion, if different (-1 if none)		
State % depletion rate or amount, if different (-1 if none)		

VACATION HOME

Number of days personal use	
Number of days owned (if optional method elected)	

INDIRECT EXPENSES

NOTE: Indirect expenses are related to operating or maintaining the dwelling unit. These include repairs, insurance, and utilities.

Advertising		
Association dues		
Auto and travel (not entered elsewhere)		
Cleaning and maintenance		
Commissions		
Gardening		
Insurance		
Legal and professional fees		
Licenses and permits		
Management fees		
Miscellaneous		
Mortgage interest (paid to banks, etc.)		
Qualified mortgage insurance premiums		
Excess mortgage interest		
Other interest (not entered elsewhere)		
Painting and decorating		
Pest control		
Plumbing and electrical		
Repairs		
Supplies		
Taxes - real estate		
Taxes - other (not entered elsewhere)		
Telephone		
Utilities		
Wages and salaries		
Other:		

2017	1040	US	Partnership and S corporation Information	20.1,20.2
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Please add, change or delete 2017 information as appropriate. Be sure to attach all Schedule K-1s.

PARTNERSHIP INFORMATION (20.1)

No.	Name of Partnership	Employer Identification Number	Tax Shelter Registration Number	Additional Amounts Invested in Partnership

S CORPORATION INFORMATION (20.2)

No.	Name of S corporation	Employer Identification Number	Tax Shelter Registration Number	Additional Amounts Invested in S corporation

2017	1040	US	Estate or Trust and REMIC Information	20.3,20.4
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Please add, change or delete 2017 information as appropriate.
Be sure to attach all Schedule K-1s and Schedule Qs.

ESTATE OR TRUST INFORMATION (20.3)

No.	Name of Estate or Trust	Employer Identification Number	Tax Shelter Registration Number

REMIC INFORMATION (20.4)

No.	Name of REMIC	Employer Identification Number

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

GENERAL INFORMATION

	2017 Amount	2016 Amount
Description of vehicle.....		
1=no evidence to support your deduction.....		
1=no written evidence to support your deduction.....		
1=vehicle is available for off-duty personal use.....		
1=no other vehicle is available for personal use.....		
1=vehicle used primarily by more than 5% owner.....		
Number of months of business use if changed from 100% personal use.....		

AUTOMOBILE MILEAGE

Total mileage (for the tax year).....		
Business mileage.....		
Commuting mileage (for the tax year).....		
Average daily round-trip commute.....		

ACTUAL EXPENSES

Parking fees and tolls (business portion only).....		
Gasoline, lube, oil.....		
Repairs.....		
Tires.....		
Insurance.....		
Miscellaneous.....		
Auto license (other than personal property taxes).....		
Personal property taxes (based on car's value).....		
Interest (car loan) (for Schedule C, E & F).....		
Vehicle rent or lease payments.....		
Inclusion amount (enter as positive).....		
Value of employer-provided vehicle on Form W-2 (2106).....		

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

TRADITIONAL IRA CONTRIBUTIONS

	2017 Amount		2016 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
IRA contributions you made or expect to make (1=maximum) (\$5,500/\$6,500 if 50 or older).....				
Contributions made to date				
1=covered by plan, 2=not covered.....				
2017 payments from 1/1/18 to 4/17/18.....				

ROTH IRA CONTRIBUTIONS

	2017 Amount	2016 Amount
	Taxpayer	Spouse
Roth IRA contributions you made or expect to make (1=maximum) (\$5,500/\$6,500 if 50 or older).....		
Contributions made to date		

SEP, SIMPLE AND QUALIFIED PLANS (KEOGH)

	2017 Amount		2016 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Profit-sharing (25%/1.25) contributions you made or expect to make (1=maximum)				
Money purchase (25%/1.25) contributions you made or expect to make (1=maximum)				
Defined benefit contributions you expect to make.....				
Self-employed SEP (25%/1.25) contributions you made or expect to make (1=maximum)				
Plan contribution rate if not .25 (.xxxx)				
Individual 401k: SE elective deferrals (except Roth) (1=max.)				
Individual 401k: SE designated Roth contributions (1=max.).....				
SIMPLE contributions:				
Self-employed SIMPLE contributions you made or expect to make (1=maximum)				
Employer matching rate if not .03 (.xxxx)				
1=nonelective contributions (2%)				
Contributions made to date				

ADJUSTMENTS TO INCOME

	2017 Amount		2016 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Self-employed health insurance:				
Total premiums (excluding long-term care).....				
Long-term care premiums.....				
Student loan interest paid (1098-E, box 1)				
Educator expenses (kindergarten thru grade 12)				
Jury duty pay given to employer.....				
Expenses from rental of personal property.....				
Other adjustments to income:				

Alimony paid:	2017 Amount		2016 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Recipient's first name....				
Recipient's last name....				
Recipient's SSN.....				
Amount paid				
			2016 amt:	2016 amt:

Please enter all pertinent 2017 amounts and attach all 1098 forms.
Last year's amounts are provided for your reference.

MEDICAL AND DENTAL EXPENSES

NOTE: Enter self-employed health insurance premiums on Sheet 24 and Medicare insurance premiums on Sheet 14.

	2017 Amount	TS	2016 Amount
Prescription medicines and drugs.....			
Doctors, dentists and nurses.....			
Hospitals and nursing homes.....			
Insurance premiums not entered elsewhere (excl. LT care & amts. paid w/pre-tax dollars) .			
Long-term care premiums - taxpayer.....			
Long-term care premiums - spouse.....			
Insurance reimbursement (enter as a positive number).....			
Lodging and transportation:			
Out-of-pocket expenses.....			
Medical miles driven.....			
Other medical and dental expenses:			

TAXES PAID (State and local withholding and 2017 estimates are automatic.)

State income taxes - 1/17 payment on 2016 state estimate.....			
State income taxes - paid with 2016 state return extension.....			
State income taxes - paid with 2016 state return.....			
State income taxes - paid for prior years and/or to other state.....			
City/local income taxes - 1/17 payment on 2016 city/local estimate.....			
City/local income taxes - paid with 2016 city/local extension.....			
City/local income taxes - paid with 2016 city/local return.....			

SALES AND USE TAXES PAID

State and local sales taxes (except autos and special items).....			
Use taxes paid on 2017 purchases.....			
Use taxes paid with 2016 state return.....			
Sales tax on autos not included above.....			
Sales tax on boats, aircraft, other special items.....			

OTHER TAXES PAID

Real estate taxes - principal residence:			

Real estate taxes - property held for investment.....			
Personal property taxes (including auto fees in some states. Provide a copy of tax notice) . .			
Foreign income taxes.....			
Other taxes:			

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

INTEREST PAID

Home mortgage int. (Box 1) and points (Box 2) reported on Form 1098:

2017 Amount

TS

2016 Amount

Home mortgage interest not reported on Form 1098:

Payee's name	_____
Payee's SSN or FEIN ..	_____
Payee's street address .	_____
Payee's city	_____
Payee's state	_____
Payee's ZIP code	_____
Payee's region	_____
Payee's postal code	_____
Payee's country	_____

Amount paid		
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Points not reported on Form 1098:

Mortgage insurance premiums on post 12/31/06 contracts (Box 4)

--	--	--

Investment interest (interest on margin accounts):

Passive interest

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Certain home mortgage interest included above (6251)

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NOTE: Points paid on loans other than to buy, build, or improve your main home are deductible over the life of the mortgage. For these types of loans also provide the dates and lives of the loans.

CASH CONTRIBUTIONS

NOTE: No deduction is allowed for cash or check contributions unless the donor maintains a bank record, or a written communication from the donee, showing the name of the organization, contribution date(s), and contribution amount(s).

Churches, schools, hospitals, and other charitable organizations (50% limitation):

Contributions by cash or check:

Volunteer expenses (out-of-pocket)

--	--	--

Number of charitable miles

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Veterans' organizations, fraternal societies, nonprofit cemeteries, and certain private nonoperating foundations (30% limitation):

Contributions by cash or check:

Volunteer expenses (out-of-pocket)

--	--	--

Number of charitable miles

--	--	--

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

NONCASH CONTRIBUTIONS

NOTE: Use Sheet 26 if total noncash contributions are over \$500. No deduction is allowed for contributions of clothing and household items that are not in *good* used condition or better. In addition, a deduction for any item with minimal monetary value may be denied.

50% limitation (see above):

2017 Amount

TS

2016 Amount

30% limitation (see above):

30% capital gain property (gifts of capital gain property to 50% limit orgs.):

20% capital gain property (gifts of capital gain property to non-50% limit orgs.):

MISCELLANEOUS DEDUCTIONS (subject to 2% AGI limit)

Union and professional dues

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Other unreimbursed employee expenses (uniforms and protective clothing, professional subscriptions, employment agency fees, and certain edu. expenses):

Investment expense:

Tax return preparation fee

Safe deposit box rental

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Miscellaneous deductions (2% AGI) (certain legal and accounting fees, and custodial fees):

If either of the following conditions below apply to you, your home mortgage interest deduction may need to be limited and the input section provided below should be completed. If neither condition applies, enter home mortgage interest amounts on organizer sheet 25 p2.

- Total home equity debt exceeded \$100,000 at any time during 2017 (\$50,000 if married filing separate). For this purpose, home equity debt is defined as any mortgages taken out after October 13, 1987 in which the proceeds were used for purposes other than to buy, build, or improve your home. An example of this type of mortgage is a home equity loan use to pay off credit card bills, buy a car, or pay tuition.
- Total home acquisition debt exceeded \$1,000,000 at any time during 2017 (\$500,000 if married filing separate). For this purpose, home acquisition debt is defined as any mortgages taken out after October 13, 1987 in which the proceeds were used to buy, build, or improve your home.

NOTE: When completing the input section below, grandfather debt represents loans taken out prior to October 14, 1987.

**Please enter all pertinent 2017 amounts and attach all 1098 forms.
Last year's amounts are provided for your reference.**

	2017 Amount	TS	2016 Amount
Fair market value of the property on the date that the last debt was secured			
Home acquisition and grandfather debt on the date that the last debt was secured			

LOAN INFORMATION

Loan #1

Lender's name			
Form (see table)			
Number of form			
1=taxpayer, 2=spouse, blank=joint			
Interest paid			
Points paid			
Total principal paid			
Lump sum principal payment (if paid off)			
Months outstanding (if not 12)			
Home acquisition debt balance - beginning of year			
Home acquisition debt borrowed in 2017			
Home equity debt balance - beginning of year			
Home equity debt borrowed in 2017			
Grandfather debt balance - beginning of year			

Loan #2

Lender's name			
Form (see table)			
Number of form			
1=taxpayer, 2=spouse, blank=joint			
Interest paid			
Points paid			
Total principal paid			
Lump sum principal payment (if paid off)			
Months outstanding (if not 12)			
Home acquisition debt balance - beginning of year			
Home acquisition debt borrowed in 2017			
Home equity debt balance - beginning of year			
Home equity debt borrowed in 2017			
Grandfather debt balance - beginning of year			

Form
 1 = Schedule A (default)
 2 = Business use of home
 3 = Schedule E

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

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

DONATED PROPERTY INFORMATION

No. <input type="text"/>	Name of charitable organization (donee).....			
	Street address			
	City			
	State			
	ZIP code			
	1=spouse, 2=joint			
	Property description (other than vehicle).....			
	Vehicle	Identification number (VIN).....		
		Year (yyyy)		
		Make and model		
		Condition and mileage		
	Date of contribution (m/d/y).....			
	Date acquired by donor (m/y)			
	How acquired by donor (Table 1 or describe).....			
Donor's cost or basis				
Fair market value				
Method used to determine FMV (Table 2 or describe).....				

No. <input type="text"/>	Name of charitable organization (donee).....			
	Street address			
	City			
	State			
	ZIP code			
	1=spouse, 2=joint			
	Property description (other than vehicle).....			
	Vehicle	Identification number (VIN).....		
		Year (yyyy)		
		Make and model		
		Condition and mileage		
	Date of contribution (m/d/y).....			
	Date acquired by donor (m/y)			
	How acquired by donor (Table 1 or describe).....			
Donor's cost or basis				
Fair market value				
Method used to determine FMV (Table 2 or describe).....				

<p>1</p> <p style="text-align: center;">How Property was Acquired</p> <p>1 = Purchase 3 = Inheritance 2 = Gift 4 = Exchange</p>	<p>2</p> <p style="text-align: center;">Method Used to Determine FMV</p> <p>1 = Appraisal 3 = Catalog 2 = Thrift shop value 4 = Comparable sales</p> <p style="text-align: center;">For other methods, see IRS Pub. 561.</p>
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**Please enter 2017 indirect expenses in full. Nonbusiness portion will carry to Schedule A.
Business percentage will be applied to indirect expenses only.**

BUSINESS USE OF HOME

	2017 Amount	2016 Amount
Form		
Number of form (e.g., enter 2 for Schedule C number 2)		
Business use area (square footage)		
Total area of home (square footage)		
Total hours facility used (for daycare facilities only)		
Total hours available (if not 8,760)		
Area of home included above used exclusively for daycare business, if any (sq ft)		
% (.xx) or amount of gross income from home if not 100% (-1 if none)		
% (.xx) or amount of expenses from home if not 100% (-1 if none)		

INDIRECT EXPENSES

NOTE: Indirect expenses are for keeping up and running your entire home. They benefit both the business and personal parts of your home.

Mortgage interest		
Real estate taxes		
Qualified mortgage insurance premiums		
Casualty losses		
Insurance		
Miscellaneous		
Rent		
Repairs and maintenance		
Utilities		
Excess mortgage interest		
Other indirect expenses:		

DIRECT EXPENSES

NOTE: Direct expenses benefit only the business part of your home. They include painting or repairs made to specific areas or rooms used for business.

Mortgage interest		
Real estate taxes		
Qualified mortgage insurance premiums		
Casualty losses		
Insurance		
Miscellaneous		
Rent		
Repairs and maintenance		
Utilities		
Excess mortgage interest		
Excess casualty losses		
Allowable casualty losses		
Other direct expenses:		

2017

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US

Employee/Vehicle Bus. Exp. (Form 2106)

No.

30

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

GENERAL INFORMATION

Occupation, if different from Form 1040.....

Form	<input type="text"/>	
Number of form (1=first Schedule C, 2=second, etc.)	<input type="text"/>	
1=spouse	<input type="text"/>	
1=performance artist, 2=handicapped, 3=fee-basis government official.....	<input type="text"/>	
1=minister's expenses	<input type="text"/>	

EMPLOYEE BUSINESS EXPENSES

	2017 Amount	2016 Amount
Meal and entertainment expenses	<input type="text"/>	<input type="text"/>
Reimbursements for meals and entertainment not on W-2, box 1	<input type="text"/>	<input type="text"/>
1=Department of Transportation (80% meal allowance)	<input type="text"/>	<input type="text"/>
Local transportation (bus, taxi, train, etc.).....	<input type="text"/>	<input type="text"/>
Travel expenses while away from home overnight	<input type="text"/>	<input type="text"/>
Reimbursements not included on Form W-2, box 1.....	<input type="text"/>	<input type="text"/>
Other business expenses:	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

VEHICLE INFORMATION

	2017 Amount	2016 Amount
1=vehicle used primarily by more than 5% owner.....		
1=vehicle is available for off-duty personal use.....		
1=no other vehicle is available for personal use.....		
1=no evidence to support your deduction.....		
1=no written evidence to support your deduction.....		

VEHICLE 1

Description of vehicle.....		
Date placed in service (m/d/y).....		
Total mileage (for the tax year).....		
Business mileage.....		
Commuting mileage (for the tax year).....		
Average daily round-trip commute.....		
Number of months of business use if changed from 100% personal use.....		
Parking fees and tolls (business portion only).....		
Actual expenses:		
Gasoline, lube, oil.....		
Repairs.....		
Tires.....		
Insurance.....		
Miscellaneous.....		
Auto license (other than personal property taxes).....		
Personal property taxes (based on car's value).....		
Interest (car loan) (for Schedule C, E & F).....		
Vehicle rent or lease payments.....		
Inclusion amount (enter as positive).....		
Value of employer-provided vehicle on Form W-2 (2106).....		

VEHICLE 2

Description of vehicle.....		
Date placed in service (m/d/y).....		
Total mileage (for the tax year).....		
Business mileage.....		
Commuting mileage (for the tax year).....		
Average daily round-trip commute.....		
Number of months of business use if changed from 100% personal use.....		
Parking fees and tolls (business portion only).....		
Actual expenses:		
Gasoline, lube, oil.....		
Repairs.....		
Tires.....		
Insurance.....		
Miscellaneous.....		
Auto license (other than personal property taxes).....		
Personal property taxes (based on car's value).....		
Interest (car loan) (for Schedule C, E and F).....		
Vehicle rent or lease payments.....		
Inclusion amount (enter as positive).....		
Value of employer-provided vehicle on Form W-2 (2106).....		

2017	1040	US	Health Savings Accounts (8889)	32.1
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**Please enter all pertinent 2017 amounts & attach all 1099-SA forms.
Last year's amounts are provided for your reference.**

HSA CONTRIBUTIONS

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

	2017 Amount		2016 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
1= self-only coverage, 2= family coverage.....				
HSA contributions you made or expect to make, except rollovers, employer contributions, and contributions made to an employee account through a cafeteria plan (1=maximum).....				
Contributions included above that were made after you became eligible for Medicare.....				
Contributions made to date				

HSA DISTRIBUTIONS

Total HSA distribution received (1099-SA, box 1) ..				
Distributions included above that were rolled over to another HSA				
Total unreimbursed qualified medical expenses ...				

2017	1040	US	Child and Dependent Care Expenses (Form 2441)	33.1,33.2
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Please enter all pertinent 2017 information. Last year's amounts are provided for your reference. You must have paid for the care of one or more dependents enabling you to work or attend school to qualify for this credit.

DEPENDENT CARE EXPENSES (33.1)	2017 Amount		2016 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Dependent care expenses incurred but not paid in 2017...				
Employer-provided benefits forfeited in 2017.....				

PERSONS AND EXPENSES QUALIFYING FOR DEPENDENT CARE CREDIT

No. <input style="width:40px;" type="text"/>	First name.....		
	Last name.....		
	Title or suffix.....		
	Date of birth (m/d/y).....		
	Social security number.....		
	Qualified dependent care expenses incurred and paid in 2017.....		2016 amt:
	1=disabled.....		
1=spouse, 2=joint.....			

No. <input style="width:40px;" type="text"/>	First name.....		
	Last name.....		
	Title or suffix.....		
	Date of birth (m/d/y).....		
	Social security number.....		
	Qualified dependent care expenses incurred and paid in 2017.....		2016 amt:
	1=disabled.....		
1=spouse, 2=joint.....			

PERSONS OR ORGANIZATIONS PROVIDING CARE (33.2)

No. <input style="width:40px;" type="text"/>	Name of provider.....		
	Street address.....		
	City.....		
	State.....		
	ZIP code.....		
	Foreign region.....		
	Foreign postal code.....		
	Foreign country.....		
	Identification number (SSN or EIN).....		
	Amount paid to care provider in 2017.....		2016 amt:
	1=spouse, 2=joint.....		

Please complete the information below if you paid qualified education expenses in 2017 for you, your spouse, or your dependents enrolled in an accredited postsecondary institution. Last year's amounts are provided for your reference.

STUDENT INFORMATION

1=taxpayer, 2=spouse
 First name
 Last name
 Social security number.....
 Number of years hope credit claimed
 Number of prior years AOC claimed
 1=student was NOT enrolled at least half-time for at least one academic period that began in 2017 (or the first 3 months of 2018 if the qualified expenses were made in 2017) at an eligible institution in a qualified program.
 1=student completed first four years of post-secondary education before 2017.
 1=student was convicted, before the end of 2017, of a felony for possession or distribution of a controlled substance.

EDUCATIONAL INSTITUTION ATTENDED (#1)

Name
 Street address
 City
 State
 ZIP code
 1=2017 Form 1098-T was NOT received.
 1=2017 Form 1098-T received with Box 2 & 7 completed.....
 1=2016 Form 1098-T received with Box 2 & 7 completed.....
 Federal ID number from Form 1098-T.....

EDUCATIONAL INSTITUTION ATTENDED (#2)

Name
 Street address
 City
 State
 ZIP code
 1=2017 Form 1098-T was NOT received.
 1=2017 Form 1098-T received with Box 2 & 7 completed.....
 1=2016 Form 1098-T received with Box 2 & 7 completed.....
 Federal ID number from Form 1098-T.....

QUALIFIED EDUCATION EXPENSES

Qualified tuition & fees paid in 2017 (net of refund or assistance, & not entered elsewhere) .
 Books & supplies required to be purchased from institution.
 Books & supplies not entered above.
 Amount of prior year refund or assistance *

	2017 Amount	2016 Amount

* Refund of qualified expenses and tax-free educational assistance received after you file your return for the year in which the expenses were paid.

Please do not complete this information if coverage is indicated on Form 1095-A, 1095-B or 1095-C.
 Attach the document with this organizer if you have it.

GENERAL INFORMATION

1=entire household covered for all months, 2=no months
 Date married (if in current year).....

COVERED INDIVIDUAL (#1)

(a) First name ..
 (a) Last name ..
 (b) ID number (SSN or TIN)....
 (d) 1=covered all 12 months ...
 (e) Months of coverage:
 1=November 2016
 1=December 2016
 1=January
 1=February
 1=March
 1=April
 1=May
 1=June
 1=July
 1=August
 1=September
 1=October
 1=November
 1=December

COVERED INDIVIDUAL (#2)

(a) First name ..
 (a) Last name ..
 (b) ID number (SSN or TIN)....
 (d) 1=covered all 12 months ...
 (e) Months of coverage:
 1=November 2016
 1=December 2016
 1=January
 1=February
 1=March
 1=April
 1=May
 1=June
 1=July
 1=August
 1=September
 1=October
 1=November
 1=December

COVERED INDIVIDUAL (#3)

(a) First name ..
 (a) Last name ..
 (b) ID number (SSN or TIN)....
 (d) 1=covered all 12 months ...
 (e) Months of coverage:
 1=November 2016
 1=December 2016
 1=January
 1=February
 1=March
 1=April
 1=May
 1=June
 1=July
 1=August
 1=September
 1=October
 1=November
 1=December

COVERED INDIVIDUAL (#4)

(a) First name ..
 (a) Last name ..
 (b) ID number (SSN or TIN)....
 (d) 1=covered all 12 months ...
 (e) Months of coverage:
 1=November 2016
 1=December 2016
 1=January
 1=February
 1=March
 1=April
 1=May
 1=June
 1=July
 1=August
 1=September
 1=October
 1=November
 1=December

2017

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US

Report of Foreign Bank and Financial Accounts

82.1

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

GENERAL INFORMATION

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

82.1

