

# TAX4FA

2465 Centreville Rd Ste J17718  
Herndon, VA 20171  
tax4fa@yahoo.com  
Phone: (347)693-6918 | Fax: (877)235-2506

Income tax time is just around the corner! The enclosed packet has been prepared to assist you in gathering information for your 2017 tax return. Review the entire packet; front and back of each page and answer any questions that apply.

Certain lines in the packet contain information from last year's return. You do not need to change the dollar amounts from last year; these figures are provided for reference only. We have also made the information available on the tax portal, if you prefer uploading your documents. The portal information has been sent to your email on file. If you have not received the email please check your spam folder. The portal is also phone friendly for those of you who wish to upload files that way. **For UAL employees it is important that you do not leave your information in my company mail box at Dulles. There were issues with items being stolen last year. I can not be responsible for lost or stolen items.**

Due to identity theft, Federal and States are requiring Driver's license information. Please enclose a copy of the front of your Driver's license. If this is not provided, it may delay your refund or you may get a letter requesting this information from the state.

In order to keep cost down we will be sending a folder along with your completed tax return. This helps allow us to keep the 2017 tax fees the same as 2016. We have also added the ability to pay through Venmo and Cash App.

The new tax act will not affect you this year but will potentially have ramifications next year. If you have concerns about how the new tax laws affect you next year please email to discuss.

We appreciate your trust in our business. Contact our office at (347)693-6918 if you have any questions or need additional information.

Sincerely,

Paula Ritchey  
TAX4FA

# **TAX4FA**

2465 Centreville Rd Ste J17718  
Herndon, VA 20171  
tax4fa@yahoo.com  
Phone: (347)693-6918 | Fax: (877)235-2506

Your privacy is important to us. Read the following privacy policy.

We collect nonpublic personal information about you from various sources, including:

- \* Interviews regarding your tax situation
- \* Applications, organizers, or other documents that supply such information as your name, address, telephone number, Social Security Number, number of dependents, income, and other tax-related data
- \* Tax-related documents you provide that are required for processing tax returns, such as Forms W-2, 1099R, 1099-INT and 1099-DIV, and stock transactions

We do not disclose any nonpublic personal information about our clients or former clients to anyone, except as requested by our clients or as required by law.

We restrict access to personal information concerning you, except to our employees who need such information in order to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your personal information.

If you have any questions about our privacy policy, contact our office at (347)693-6918.

Sincerely,

**Paula Ritchey**  
TAX4FA

# **TAX4FA**

2465 Centreville Rd Ste J17718  
Herndon, VA 20171  
tax4fa@yahoo.com  
Phone: (347)693-6918 | Fax: (877)235-2506

## **Subject: Preparation of Your 2017 Tax Returns**

Thank you for choosing TAX4FA to assist you with your 2017 taxes. This letter confirms the terms of our engagement with you and outlines the nature and extent of the services we will provide.

We will prepare your 2017 federal and state income tax returns. We will depend on you to provide the information we need to prepare complete and accurate returns. We may ask you to clarify some items but will not audit or otherwise verify the data you submit. An Organizer is enclosed to help you collect the data required for your return. The Organizer will help you avoid overlooking important information. By using it, you will contribute to the efficient preparation of your returns and help minimize the cost of our services.

We will perform accounting services only as needed to prepare your tax returns. Our work will not include procedures to find defalcations or other irregularities. Accordingly, our engagement should not be relied upon to disclose errors, fraud, or other illegal acts, though it may be necessary for you to clarify some of the information you submit. We will inform you of any material errors, fraud, or other illegal acts we discover. The law imposes penalties when taxpayers underestimate their tax liability. Call us if you have concerns about such penalties. Should we encounter instances of unclear tax law, or of potential conflicts in the interpretation of the law, we will outline the reasonable courses of action and the risks and consequences of each. We will ultimately adopt, on your behalf, the alternative you select.

Our fee is outlined on the enclosed fee schedule. Fees are due and payable prior to e-filing.

We will return your original records to you at the end of this engagement. Store these records, along with all supporting documents, canceled checks, etc., in a secure location in case these items are needed later to prove accuracy and completeness of a return. We retain copies of your records and our work papers for your engagement for seven years, after which these documents will be destroyed.

Our engagement to prepare your 2017 tax returns will conclude with the delivery of the completed returns to you (if paper-filing) or your signature and our subsequent submittal of your tax return (if e-filing). If you have not selected to e-file your returns with our office, you will be solely responsible to file the returns with the appropriate taxing authorities.

Review all tax-return documents carefully before signing them.

To affirm that this letter correctly summarizes your understanding of the arrangements for this work, sign the enclosed copy of this letter in the space indicated and return it to us. We appreciate your confidence in us. Please call 347-693-6918 if you have any questions.

Sincerely,

Paula Ritchey  
TAX4FA

(Both spouses must sign for preparation of joint returns.)

Accepted By:

---

Taxpayer

Date

---

Spouse

Date

**2017 Tax Preparation Fee Schedule**

SERVICES	Cost	Your Expenses
<b>Basic 1040 Return Base Fee</b>		
Received by 2.28	\$ 135.00	
Received by 3.31	\$ 150.00	
Received after 4.1	\$ 175.00	
Received after 4.10	**	
**Please call/email for availability if taxes are not sent before April 1, 2018		
<b>Additional Forms</b>		
K-1's (each form)	\$ 15.00	
Schedule A (Itemized deductions)	\$ -	
Schedule B (Interest and dividends)	\$ -	
Schedule C (Self-Employment) First 2 forms	\$ 25.00	
Schedule C (Self-Employment) each form after	\$ 25.00	
Schedule D (Capital Gains)	\$ -	
Schedule E (Rental) First 2 forms	\$ 25.00	
Schedule E (Rental) each form after	\$ 25.00	
Schedule EIC (Earned Income Credit)	\$ -	
Form 2106 (Employee Deductions)	\$ -	
Form 2441 (Child Care Credit)	\$ -	
Form 2555 (Foreign Earned Income)	\$ -	
Form 3115 (Application for Change in Accounting Method)	\$ 25.00	
Form 3903 (Moving Expenses)	\$ -	
Form 8917 (Tuition and Fees Deduction)	\$ -	
Form 8938 (Statement of Foreign Financial Assets)	\$ 10.00	
FinCEN Form 114	\$ 25.00	
FBAR	\$ 25.00	
FASFA	\$ 50.00	
<b>1st State Return</b>	\$ 15.00	
<b>2nd State Return</b>	\$ 25.00	
<b>Local Returns</b>	\$ 25.00	
<b>Other Services Included</b>		
Document storage - 7 years	\$ -	
Electronic filing and acknowledgment	\$ -	
Direct Deposit to bank account	\$ -	
Split refund (Form 8888)	\$ -	
US Savings Bond	\$ -	
<b>Total Tax Preparation Fees</b>		
<b>Payment Methods</b>		
Check/Money Orders/Alliant CU transfer	\$ -	
Venmo/ Cash App	\$ -	
Credit Card Services Fee	\$ 10.00	
Return Check Fee	\$ 35.00	
<b>Total Amount Due and Included with tax forms</b>		

No taxes will be processed without payment and full documentation.

Questions? Call 347.693.6918

**TAX4FA**  
**2465 Centreville Road Ste. J17-718**  
**Herndon, VA 20171**

**Credit Card Payment Authorization Form**

**CREDIT CARD HOLDER INFORMATION**

Please check credit card type:

Visa       MasterCard       American Express

Credit Card Number \_\_\_\_\_

Expiration date: \_\_\_\_/\_\_\_\_ (mm/yy)      CVC Code/Security Code  
back

Exact name as it appears on the credit card: \_\_\_\_\_

Billing Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Primary phone number \_\_\_\_\_

Payment for Tax Preparation Services .....\$ \_\_\_\_\_

Credit Card Fee \$ 10.00

Authorized TOTAL \$ \_\_\_\_\_

I hereby authorize tax4fa (Paula Ritchey/Heather Burroughs) to charge the fee as described above on my credit card whose information I provided above. I understand that the fee and my signature on this agreement is binding.

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**IRS e-file Signature Authorization**

**2017**

Department of the Treasury  
Internal Revenue Service

► Return completed Form 8879 to your ERO. (Do not send to IRS.)  
► Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.

Submission Identification Number (SID) ►

Taxpayer's name	Social security number
Spouse's name	Spouse's social security number

**Part I Tax Return Information — Tax Year Ending December 31, 2017 (Whole dollars only)**

1	Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4; Form 1040NR, line 37) . . . . .	1	
2	Total tax (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ, line 12; Form 1040NR, line 61) . . . . .	2	
3	Federal income tax withheld from Forms W-2 and 1099 (Form 1040, line 64; Form 1040A, line 40; Form 1040EZ, line 7; Form 1040NR, line 62a) . . . . .	3	
4	Refund (Form 1040, line 76a; Form 1040A, line 48a; Form 1040EZ, line 13a; Form 1040-SS, Part I, line 13a; Form 1040NR, line 73a) . . . . .	4	
5	Amount you owe (Form 1040, line 78; Form 1040A, line 50; Form 1040EZ, line 14; Form 1040NR, line 75) . . . . .	5	

**Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)**

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2017, and to the best of my knowledge and belief, it is true, correct, and accurately lists all amounts and sources of income I received during the tax year. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4637. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

**Taxpayer's PIN: check one box only**

- I authorize TAX4FA ERO firm name to enter or generate my PIN       as my signature on my tax year 2017 electronically filed income tax return. Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on my tax year 2017 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ► \_\_\_\_\_ Date ► \_\_\_\_\_

**Spouse's PIN: check one box only**

- I authorize TAX4FA ERO firm name to enter or generate my PIN       as my signature on my tax year 2017 electronically filed income tax return. Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on my tax year 2017 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ► \_\_\_\_\_ Date ► \_\_\_\_\_

**Practitioner PIN Method Returns Only—continue below**

**Part III Certification and Authentication — Practitioner PIN Method Only**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.                      Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2017 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ► \_\_\_\_\_ Date ► \_\_\_\_\_

**ERO Must Retain This Form — See Instructions  
Don't Submit This Form to the IRS Unless Requested To Do So**

# Allocation of Refund (Including Savings Bond Purchases)

Department of the Treasury  
Internal Revenue Service  
Name(s) shown on return

▶ Go to [www.irs.gov/Form8888](http://www.irs.gov/Form8888) for the latest information.  
▶ Attach to your income tax return.

Your social security number

### Part I Direct Deposit

Complete this part if you want us to directly deposit a portion of your refund to one or more accounts.

1a	Amount to be deposited in first account (see instructions) . . . . .	1a	
b	Routing number <input type="text"/> ▶ c <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number <input type="text"/>		
2a	Amount to be deposited in second account . . . . .	2a	
b	Routing number <input type="text"/> ▶ c <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number <input type="text"/>		
3a	Amount to be deposited in third account . . . . .	3a	
b	Routing number <input type="text"/> ▶ c <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number <input type="text"/>		

### Part II U.S. Series I Savings Bond Purchases

Complete this part if you want to buy paper bonds with a portion of your refund.



*If a name is entered on line 5c or 6c below, co-ownership will be assumed unless the beneficiary box is checked. See instructions for more details.*

4	Amount to be used for bond purchases for yourself (and your spouse, if filing jointly) . . . . .	4	
5a	Amount to be used to buy bonds for yourself, your spouse, or someone else . . . . .	5a	
b	Enter the owner's name (First then Last) for the bond registration <input type="text"/>		
c	If you would like to add a co-owner or beneficiary, enter the name here (First then Last). If beneficiary, also check here ▶ <input type="checkbox"/> <input type="text"/>		
6a	Amount to be used to buy bonds for yourself, your spouse, or someone else . . . . .	6a	
b	Enter the owner's name (First then Last) for the bond registration <input type="text"/>		
c	If you would like to add a co-owner or beneficiary, enter the name here (First then Last). If beneficiary, also check here ▶ <input type="checkbox"/> <input type="text"/>		

### Part III Paper Check

Complete this part if you want a portion of your refund to be sent to you as a check.

7	Amount to be refunded by check . . . . .	7	
---	--	---	--

### Part IV Total Allocation of Refund

8	Add lines 1a, 2a, 3a, 4, 5a, 6a, and 7. The total must equal the refund amount shown on your tax return . . . . .	8	
---	---	---	--



## Miscellaneous Information

Name:

SSN:

**Personal Information**

Yes No

  Did your marital status change during the year?

If "Yes," explain \_\_\_\_\_

  Can you or your spouse be claimed as a dependent by someone else?  Did your address change during the year?

Provide proof of identity to be eligible to e-file your tax return (driver's license or state-issued photo ID)

**Dependent Information**  Did you have any changes in dependents during the year?

If "Yes," explain \_\_\_\_\_

  Can another person qualify to claim any dependents?  Did you have any childcare expenses during the year?  Did you have any adoption expenses during the year?  Did you have any children under age 19 or a full-time student under age 24 with more than \$2100 of unearned income?

Provide documentation for proof of dependent related credits (school records, medical records, daycare records, etc.)

**Health Care Information**  Did any member of your household NOT have healthcare coverage for the entire year?

Provide copies of all Forms 1095-A, 1095-B, 1095-C for ALL members of your household.

If any member of your household received an exemption from the marketplace, provide the Exemption Certificate Number (ECN).

  Did you receive any distributions from a Health Savings Account (HSA), Archer MSA, or Medicare Advantage MSA during the year?**Income, Purchases, Sales, and Debt Information**  Did you have a financial interest in or signature authority over a financial account or asset located in a foreign country?  Did you receive a distribution from, or were you a grantor of, or transferor to, a foreign trust?  Did you have any income from, or pay taxes to, a foreign country?  Did you own property in a foreign country?  Did you receive any tips not reported to your employer?  Did you receive any disability income during the year?  Did you cash any U.S. savings bonds during the year?  Did you receive any other income not provided with this organizer?

If "Yes," explain \_\_\_\_\_

  Did you start a new business or purchase any rental property during the year?  Did you sell an existing business, rental property, or other property during the year?  Did you purchase any business assets or convert any assets to business use?

If "Yes," provide the cost of the asset, the date it was placed in service, and business use percentage.

  Did you purchase any gasoline, diesel, or special fuels for non-highway business use?  Did you buy or sell any stocks, bonds, or other investments during the year?  Did you sell a principal residence during the year?

If "Yes," provide closing documentation for the purchase and sale of the home

  Did you foreclose or abandon a principal residence or real property during the year?  Did you refinance your principal home or second home or take out a home equity loan during the year?

If "Yes," provide all escrow, closing, and other pertinent documentation and information.

  Did you receive any principal or interest during this year from property sold in prior years?  Did you rent out your home or use it for business?  Did you sell, exchange, or purchase any real estate during the year?  Did you acquire a new or additional interest in a partnership or S corporation?  Did you have any debts canceled or forgiven this year?  Does anyone owe you money that has become uncollectible?  Did you purchase a new hybrid, alternative motor, or electric motor energy-efficient vehicle during the year?

If "Yes," provide the year, make, model, VIN, and date the vehicle was placed in service.

**Itemized Deduction Information**  Did you pay out-of-pocket medical or dental expenses (premiums, prescriptions, mileage, etc.) during the year?  Did you pay any long-term care premiums for yourself, your spouse, or a dependent during the year?  Did you receive any state or local income tax refunds from prior years?

Miscellaneous Information

Name:

SSN:

Itemized Deduction Information (continued)

Yes No

- Did you make any major purchases (vehicle, boat, etc.) during the year?
Did you pay any real estate property taxes or personal taxes during the year?
Did you pay mortgage interest during the year?
Did you make cash donations to charity during the year?
Did you make noncash donations to charity (clothes, furniture, etc.) during the year?
Did you donate a boat or vehicle during the year?

If "Yes," attach Form 1098-C.

- Did you have any job-related expenses that were not reimbursed by your employer (uniforms, safety equipment, etc.)?
Did you use your vehicle on the job other than for commuting to work?
Did you work out of town at any time during the year?
Did you have gambling losses during the year?

Retirement Information

- Did you receive any payments from a pension, profit sharing, or 401(k) plan during the year?
Did you make any withdrawals from or contributions to an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), myRA, or other qualified retirement plan during the year?
Did you receive any Social Security benefits during the year?

Education Information

- Did you pay tuition expenses that were required for attending college, university, or vocational school for yourself, your spouse, or a dependent during the year (even if classes were attended in another year)?
Did anyone in your household attend a post-secondary school during the year?
Did you make a contribution to or receive a distribution from an Education Savings Account or Qualified Tuition Program during the year?
Did you pay student loan interest for yourself, your spouse, or your dependent(s) during the year?

Miscellaneous Information

- Did you incur a loss due to damaged or stolen property?
Did you pay wages to any household employees (babysitter, nanny, housekeeper, etc.)?
Did you make any gifts to any one person in excess of \$14,000 during the year?
Did you incur moving expenses due to a change in employment?
Did you make any energy-efficient improvements to your main home during the year?
Are you a business owner who paid health insurance premiums for your employees during the year?
Did you apply an overpayment of your 2016 taxes to your 2017 estimated taxes?
If you have an overpayment of 2017 taxes, do you want the refund applied to your 2018 estimated taxes?
Did you make any estimated payments toward your 2017 taxes?
Do you want to have any refund or balance due directly deposited or withdrawn?
Did you receive any notices from the IRS or state taxing authority?
May the IRS discuss your tax return with your preparer?
Would you like a copy of your tax return emailed to you instead of receiving a printed copy?

Preparer Notes

Miscellaneous Notes

## 2017 Tax Organizer Personal and Dependent Information

### Personal Information

	<b>Name</b>	<b>SSN</b>	<b>Date of birth</b>	<b>Healthcare coverage ALL year</b>
<b>Taxpayer</b>				
<b>Spouse</b>				
<b>Street address, city, state, and ZIP</b>				
	<b>Occupation</b>	<b>Daytime phone</b>	<b>Evening phone</b>	<b>Cell phone</b>
<b>Taxpayer</b>				
<b>Spouse</b>				
<b>Taxpayer email</b>				
<b>Spouse email</b>				

#### Marital status at the end of 2017

- Married  
 Married filing separately  
 Single  
 Widow(er) If spouse passed away in 2017 enter the date of death \_\_\_\_\_

#### Taxpayer

- Yes  No  
 Yes  No  
 Yes  No  
 Yes  No

#### Spouse

- Yes  No **Are you blind?**  
 Yes  No **Are you disabled?**  
 Yes  No **Are you a full-time student?**  
 Yes  No **Do you want \$3 to go to the Presidential Election Campaign Fund?**

### Dependent Information

First and last name	SSN	Relationship	Months in home	Date of birth	Disabled	Full-time student	Healthcare coverage ALL year

List dependents required to file a return \_\_\_\_\_

### Estimates

	Federal		Resident state		Resident city	
	Date paid	Amount	Date paid	Amount	Date paid	Amount
Overpayment applied from 2016	_____	_____	_____	_____	_____	_____
First quarter	_____	_____	_____	_____	_____	_____
Second quarter	_____	_____	_____	_____	_____	_____
Third quarter	_____	_____	_____	_____	_____	_____
Fourth quarter	_____	_____	_____	_____	_____	_____
Additional payments	_____	_____	_____	_____	_____	_____

### Appointment Information & Notes

Your 2017 appointment is scheduled for \_\_\_\_\_

Notes

### Healthcare Coverage Questionnaire

Name:

SSN:

**Healthcare Information**

Member of household for healthcare purposes	Covered the entire year	Covered less than 12 months	No healthcare coverage at all

**YES    NO**

- Did anyone other than you or your spouse pay for healthcare coverage for anyone listed above?
- Did you pay for healthcare coverage for anyone not listed above?

**If you had coverage for any part of the year:**

Where was the policy obtained?

Employer / Medicare / Medicaid / Marketplace(Exchange) / Other

**If you didn't have coverage part or all of the year:**

Answer YES if the following applies to any member of the household

- Was your previous insurance policy cancelled in 2017?
- Was coverage offered by your employer or your spouse's employer?
- Are you a member of a federally recognized Indian tribe?
- Are you eligible for services through an Indian healthcare provider?
- Are you a member of a healthcare sharing ministry?
- Did you live in the United States the entire year?
- Are you enrolled in TRICARE?
- Did you apply for CHIP coverage?
- Do any of the following apply to you? Do NOT indicate which one.
  - Became homeless
  - Evicted in the past six months, or facing eviction or foreclosure
  - Received a shut-off notice from a utility company
  - Recently experienced domestic violence
  - Recently experienced the death of a close family member
  - Recently experienced a fire, flood, or other natural or human-caused disaster that resulted in substantial damage to your property
  - Filed for bankruptcy in the last six months
  - Incurred unreimbursed medical expenses in the last 24 months that resulted in substantial debt
  - Experienced unexpected increases in essential expenses due to caring for an ill, disabled, or aging family member

**Income**

Name:

SSN:

**Wages & Salaries**

Provide all copies of Form W-2

Employer name	2017 federal wages

**Retirement**

Provide all copies of Form 1099-R

Payer name	2017 distribution

**Form 1099-Misc Income**

Provide all copies of Form 1099-MISC (\* Also reported on Schedule C or E)

Payer name	2017 amount

Income

Name:

SSN:

**Dividend Income**

Provide all copies of Form 1099-DIV & other statements that report dividend income

Payer name	2017 ordinary dividends	2017 qualified dividends

**Interest Income**

Provide all copies of Form 1099-INT, Form 1099-OID and other statements that report interest income

Payer name	2017 interest

If any interest income listed above is from a seller-financed mortgage, provide the payer's ID number and address

**Other Income and Adjustments**

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

**Other Income**

	2017 Taxpayer	2017 Spouse
Scholarships or grants not reported on form W-2 . . . . .	_____	_____
State income tax refund (attach Forms 1099-G) . . . . .	_____	_____
Alimony received . . . . .	_____	_____
Unemployment compensation (attach Forms 1099-G) . . . . .	_____	_____
Unemployment compensation repaid in 2017 . . . . .	_____	_____
Social Security Benefits (attach Forms 1099-SSA) . . . . .	_____	_____
Railroad Retirement Benefits (attach Forms 1099-RRB) . . . . .	_____	_____
Gambling winnings (attach Forms W2-G) . . . . .	_____	_____
Alaska Permanent Fund . . . . .	_____	_____
Other income: _____	_____	_____
_____	_____	_____
_____	_____	_____

**Adjustments**

	2017 Taxpayer	2017 Spouse
Educator expenses (If you are an educator, enter the amount you paid for classroom supplies) . . . . .	_____	_____
Contributions made to a Health Savings Account (HSA) . . . . .	_____	_____
Contributions made to a Self-Employed Pension plan (SEP) . . . . .	_____	_____
Payments made for Self-Employed Health Insurance for you, your spouse, or dependents . . . . .	_____	_____
Alimony paid		
Name: _____ SSN: _____	_____	_____
Name: _____ SSN: _____	_____	_____
Contributions made to an Individual Retirement Account (IRA) . . . . .	_____	_____
Contributions made to a Roth IRA . . . . .	_____	_____
Contributions made to a myRA . . . . .	_____	_____
Interest paid on a student loan . . . . .	_____	_____
Other adjustments: _____	_____	_____

**Job-related Moving Expenses**

	2017
Number of miles from old home to old workplace . . . . .	_____
Number of miles from old home to new workplace . . . . .	_____
Expenses to move household goods & personal effects and lodging expenses while traveling to your new home (Do not include cost of meals) . . . . .	_____
<input type="checkbox"/> This was a military move	

Schedule C - Profit or Loss from Business

Name:

SSN:

General Business Information

Business name \_\_\_\_\_ Employer ID number \_\_\_\_\_

Professional product or service \_\_\_\_\_

Business address, city, state, ZIP \_\_\_\_\_

This business started or was acquired during 2017  Yes  No Payments of \$600 or more were paid to an individual who is not your employee for services provided for this business

This business was disposed of during 2017  Yes  No You filed Form(s) 1099 for the individual(s)

Income

	2017		2017
Gross receipts or sales . . . . .	_____	Other income . . . . .	_____
Income from Form 1099-MISC . . . . .	_____		_____
Returns & allowances . . . . .	_____		_____

Expenses

	2017		2017
Advertising . . . . .	_____	Travel . . . . .	_____
Car & truck expenses . . . . .	_____	Total meals & entertainment . . . . .	_____
Commissions & fees . . . . .	_____	Utilities . . . . .	_____
Contract labor . . . . .	_____	Wages . . . . .	_____
Depletion . . . . .	_____	Other expenses (list) . . . . .	_____
Employee benefit programs . . . . .	_____		_____
Insurance (other than health) . . . . .	_____		_____
Mortgage interest . . . . .	_____		_____
Other interest . . . . .	_____		_____
Legal & professional services . . . . .	_____		_____
Office expenses . . . . .	_____		_____
Pension & profit sharing plans . . . . .	_____		_____
Rent or lease (vehicles, machinery, & equipment) . . . . .	_____		_____
Rent (other business property) . . . . .	_____		_____
Repairs & maintenance . . . . .	_____		_____
Supplies . . . . .	_____		_____
Taxes & licenses . . . . .	_____		_____

Cost of Goods Sold

	2017		2017
Inventory at beginning of year . . . . .	_____	Materials & supplies . . . . .	_____
Purchases . . . . .	_____	Other costs . . . . .	_____
Cost of personal use items . . . . .	_____	Inventory at end of year . . . . .	_____
Cost of labor . . . . .	_____	<input type="checkbox"/> There was a change in inventory method	



Schedule E - Income or Loss from Rental Real Estate & Royalties

SSN:

Name: \_\_\_\_\_

General Property Information

Property description \_\_\_\_\_  
Address, city, state, ZIP \_\_\_\_\_

Select the property type

- Single family residence
- Multi-family residence
- Vacation / short-term rental
- Commercial
- Land
- Royalties
- Self-rental
- Other \_\_\_\_\_

Number of days property was rented \_\_\_\_\_ Number of days property was used for personal use \_\_\_\_\_

If the rental is a multi-dwelling unit and you occupied part of the unit, enter the percentage you occupied \_\_\_\_\_

- This property is your main home
- This property was disposed of during 2017
- This property was owned as a qualified joint venture
- Yes  No Payments of \$600 or more were paid to an individual who is not your employee for services provided for this rental
- Yes  No You filed Form(s) 1099 for the individual(s)

Income

	2017	2017
Rent income . . . . .	_____	Royalties from oil, gas, mineral, copyright or patent . . . . . _____
Rental income from Form(s) 1099-MISC . . . . .	_____	Royalties from Form 1099-MISC . . . . . _____

Expenses

	Rental unit expenses	Rental and homeowner expenses	
Advertising . . . . .	_____	_____	If this Schedule E is for a multi-unit dwelling and you lived in one unit and rented out the other units, use the "Rental and homeowner expenses" column to show expenses that apply to the entire property. Use the "Rental unit expenses" column to show expenses that pertain ONLY to the rental portion of the property.
Auto & travel . . . . .	_____	_____	
Cleaning & maintenance . . . . .	_____	_____	
Commissions . . . . .	_____	_____	
Depletion . . . . .	_____	_____	
Insurance . . . . .	_____	_____	
Legal & professional fees . . . . .	_____	_____	
Management fees . . . . .	_____	_____	
Interest - mortgage . . . . .	_____	_____	
Interest - other . . . . .	_____	_____	
Repairs . . . . .	_____	_____	If the Schedule E is not for a multi-unit property in which you lived in one unit, complete just the "Rental unit expenses" column.
Supplies . . . . .	_____	_____	
Taxes . . . . .	_____	_____	
Utilities . . . . .	_____	_____	
Other expenses	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	

**Other Information**

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

**Mortgage Interest**

Provide all copies of Form 1098

Lender's name	Mortgage interest received	Mortgage insurance premiums	Real estate taxes paid
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Employee Business Expense Not Reimbursed by Your Employer**

	NOT reimbursed by your employer	Reimbursed by your employer not included on your W-2
Rural mail carrier expenses . . . . .	_____	_____
Parking fees, tolls, local transportation . . . . .	_____	_____
Meals & entertainment . . . . .	_____	_____
Overnight business travel expenses (Do not include meals & entertainment) . . . . .	_____	_____
Other business expenses . . . . .	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- |  |  |
|--|--|
| <input type="checkbox"/> You used your personal vehicle for your job during 2017 | <input type="checkbox"/> You are a fee-based state or local government official            |
| <input type="checkbox"/> You are a reservist                                     | <input type="checkbox"/> You are a disabled employee with impairment-related work expenses |
| <input type="checkbox"/> You are a qualified performing artist                   | <input type="checkbox"/> You are a member of the clergy                                    |

**Casualties and Thefts**

Property description _____	Property description _____
Property location _____	Property location _____
Date property was damaged or stolen _____	Date property was damaged or stolen _____
Cost of property damaged or stolen _____	Cost of property damaged or stolen _____
Amount of damage _____	Amount of damage _____
Insurance reimbursement _____	Insurance reimbursement _____

**Other Information**

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

**Child and Other Dependent Care Expenses**

Name of care provider	Address	SSN or EIN	Amount paid

**Education Expenses**

Provide all copies of Form 1098-T

Student name \_\_\_\_\_ Student name \_\_\_\_\_

Type of expense	Amount	Type of expense	Amount

Student name \_\_\_\_\_ Student name \_\_\_\_\_

Type of expense	Amount	Type of expense	Amount

## Flight Crew Work Related Itemized Deductions

2017	Amount	
1		Uniforms (Shirts, Dress, Skirt, Pants, Sweater, Jacket, Vest, Hat, Winter Coat, etc)
2		Uniform, Shoes, Boots and repairs
3		Uniform Alterations
4		Uniform Drycleaning and Laundry
5		Company mandated flashlight and batteries
6		Company mandated tote, flight and garment bag, luggage
7		Company mandated training related expenses
8		Log book, business day planner for travel expenses
9		Crew tags, Name tags, Wings
10		Bid Service, Bid trading fees, UAL BY Phone, etc
11		Passports, VISA, photos and expenses
12		Union Dues/Fees
13		Reserve emergency cab fees
14		Travel to Company mandated meeting
15		Travel to Union meetings
16		Tips to Limo Drivers and Concierge/maids on layovers
17		Airline related computer hardware, software and supplies
18		Foreign language education courses
19		Professional travel publication, books
20		For Pilots: Sunglasses, heatsets
21		Flight Physicals not reimbursed
22		Telephone (portion of ONE cell or home for work use)
23		Internet (portion for work use)
24		Other
25		Other
26		Other
27		Other
28		Other
29		Other
30		Other
<b>TOTAL</b>	<b>\$</b>	Please initial here

**\*\* Please provide your flight logs or per diem statement if provided by employer\*\***

**\*\*\* Please add any additional notes or questions you may have\*\*\***

**THIS IS THE LAST TAX YEAR THAT YOU MAY CLAIM THESE EXPENSES**