



Dear Client:

We hope this finds you well and your 2018 is off to a great start! As your CPA firm, we are committed to working with you to minimize your tax liability by preparing a complete and accurate tax return. We appreciate you and hope to build a lasting relationship.

Enclosed is your 2017 Tax Organizer to assist you in collecting and reporting information necessary for us to properly prepare your 2017 income tax return. Please complete the organizer sections where appropriate and provide supporting documentation where necessary. If you prefer to use a different method of organizing your tax information, please feel free to use whatever method works best for you.

Please provide us with the following information:

Copies of your 2016 & 2015 returns, **if not prepared by us**

2016 Depreciation Schedules, if applicable

Form(s) W-2 (wages, etc)

Form(s) 1099 & 1095 (interest, dividends, retirement, 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, and cost basis of securities sold

Closing statements pertaining to real estate transactions

All other supporting documents (schedules, checkbooks, etc)

Any tax notices received from the IRS or other taxing authorities

There were some tax law changes late in 2017 that might affect your tax situation. Please see our website for copies of our recent newsletters that discuss these changes.

Every year as a firm, we perform an examination of resources spent on people and equipment. We are dedicated to providing the high level of service and personal care you have come to expect from us. In order to continue providing quality service to our clients, we must continue to retain and attract the best talent in our marketplace while utilizing up-to-date technology. This year especially, we have seen large increases in these areas. The increases in the marketplace will necessitate an increase in our fees. We anticipate that some clients **may see a 10-15% increase in their tax preparation bill over last year. We will make every effort to keep your fee as low as possible.** Please contact your CPA if you would like a customized estimate for 2018 and consider the tips below as a way to reduce your 2017 tax preparation bills:

1. Organize and summarize data in preparation for your spring tax interview appointment
2. Take a QB class and get your individualized questions answered
3. Send the answers to your CPA's list of questions all at the same time
4. Utilize your Tax Organizer as much as possible
5. Contact our on-staff bookkeepers to complete the majority of the work before year-end

Please call our office if you have any questions as you organize your tax information. You can be confident that we will provide you with the best personal and professional service. We will assist you in taking every tax deduction that you are entitled to and prepare accurate and timely tax returns.

We look forward to seeing you soon.

Sincerely,

The Team of Silver Bridge CPAs



2006 South Eagle Road
Meridian, Idaho 83642
(208) 376-8808

Referral Certificate

Referred By:

Individual Referred:

Referral Certificate

Gift Card

Would you like to receive a Gift Card? Just refer someone to Silver Bridge CPAs for accounting and tax services and we will send you a Gift Card as a thank you!

Once the person you referred uses our services, we will issue the Gift Card to you...it is that simple.

Just complete the Referral Certificate to the left and pass it on to a friend!

Thank you for your referrals!

The Silver Bridge CPAs Team

Questions (Page 1 of 3)

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

Personal Information:

Yes No

- Did your marital status change? _____ _____
- Did your address change? _____ _____
- Are you or your spouse in the military? _____ _____
- If Yes, did you serve for at least 120 continuous and uninterrupted days outside of Idaho while an Idaho resident? _____ _____

Dependents:

- Were there any changes in dependents from the prior year? _____ _____
- Did you or your spouse pay for child care while you or your spouse worked, looked for work, or attended college? _____ _____
- Do you have any children under age 23 that have unearned (investment) income of more than \$1,050? _____ _____
- Did you adopt a child or begin adoption proceedings? _____ _____
- Are any of your dependents required to file a tax return? _____ _____
- Please review the dependents page of the organizer. Do you need to make any corrections to the way any dependent is labeled as to their relationship with you, or the birthdate listed for each dependent? _____ _____
- Did any of your dependents provide more than half their own support for the year? _____ _____
- Did any of your dependents file a joint return (except to claim a refund of tax withheld)? _____ _____
- Do you have any dependents who are not U.S. citizens, U.S. nationals, or U.S. resident aliens? _____ _____
- Do you have any dependents who did not live with you for more than half the year? (If No, please elaborate.) _____ _____
- Is there anyone else who may be eligible to claim any of your dependents as a qualifying child for the Child Tax Credit, Earned Income Credit, or American Opportunity Credit? _____ _____
- Have you ever signed Form 8332, Release/Revocation of Claim to Exemption, with regard to any of the dependents you are listing on your tax return this year? _____ _____
- If necessary, could you provide documentation to substantiate your eligibility to claim credits for your dependents? _____ _____

Healthcare:

- Did you have healthcare coverage (health insurance, including Medicare, Medicaid, CHIP, and TRICARE) for you, your spouse, and any dependents for the entire year? Please include any forms you received such as Forms 1095-A, 1095-B, and 1095-C. _____ _____
- If you do not have health insurance coverage, do you think you may qualify for one of the exemptions to the penalty? _____ _____
- Did you apply for an exemption through the Marketplace? _____ _____
- If Yes, provide the Exemption Certificate Number. _____
- Did you or your spouse have any transactions pertaining to a health savings account (HSA)? (Does not include an FSA from your employer.) If you received a distribution from an HSA, include all Forms 1099-SA. _____ _____
- If you or your spouse are self-employed, are you or your spouse eligible to be covered under an employer's health plan at another job? _____ _____

Deductions and Credits:

- Did you or your spouse make any large purchases, such as motor vehicles and boats? If so, please provide the amount of sales tax you paid on those purchases. _____ _____
- Did you or your spouse install any alternative energy equipment, or any energy efficiency improvement or energy property in your residence such as solar water heaters, fuel cells, exterior doors or windows, insulation, heat pumps, furnaces, central air conditioners, or water heaters? If Yes, please provide a copy of the invoice for the qualifying property. _____ _____

Questions (Page 2 of 3)

Education:

Yes No

Did you or your spouse pay any student loan interest? _____

Did you or your spouse withdraw any amounts from a Coverdell Education Savings Account or Qualified Education Program (Section 529) plan? If Yes, include all Forms 1099-Q. _____

Did you, your spouse, or your dependents incur any post-secondary education expenses, such as tuition? If yes, please provide the amount of college tuition and course materials, including books, computers, and supplies needed for those courses, paid by you and your dependents during the year and a copy of Form 1098-T. _____

Is any student with higher education expenses NOT enrolled at least half-time in a credentialed education program? _____

Have any students with higher education expenses completed the first 4 years of postsecondary education before this year? _____

How many years before this year has your eligible student(s) claimed the American Opportunity tax credit? _____

Have any students with higher education expenses been convicted of a felony for possession or distribution of a controlled substance? _____

If necessary, could you provide documentation to substantiate your eligibility to claim credits for higher education expenses for yourself or your dependents? _____

Investments:

Did you or your spouse have any debts canceled or forgiven? If so, please include Form 1099-C. _____

Did you or your spouse start or purchase a business, rental property, or farm, or acquire any new interest in any partnership or S corporation? _____

Did you or your spouse sell an existing business, rental property, farm, or any existing interest in a partnership or S corporation? _____

Did you or your spouse sell, refinance, exchange, or purchase any real estate? If Yes, include closing statements. _____

Did you or your spouse receive grants of stock options from your employer, exercise any stock options granted to you or your spouse or dispose of any stock acquired under a qualified employee stock purchase plan? _____

Did you or your spouse sell or trade any securities not reported on Form 1099-B? _____

Retirement or Severance:

Did you or your spouse receive a distribution from an IRA, 401k, or any other retirement plan? If so, include Form 1099-R. _____

Did you or your spouse convert an existing IRA into a Roth IRA or roll distributions from a retirement plan, an annuity plan, tax shelter annuity, or deferred compensation plan into a Roth IRA? _____

Have you or your spouse made or do you plan to make a contribution to a traditional IRA, Roth IRA, or nondeductible IRA? If Yes, please provide the amount and type of the contribution. _____

Did you or your spouse turn age 70 ½ and have money in an IRA or other retirement account without taking any distribution? _____

Did you or your spouse retire this year? _____

Foreign Matters:

Did you or your spouse have foreign income or pay any foreign taxes? _____

Were you or your spouse grantor or transferor for a foreign trust, have any interest in or a signature authority over a bank account, securities account or other financial account in a foreign country? _____

Did you or your spouse own any foreign financial assets? _____

Questions (Page 3 of 3)

Personal Residence:

- Did you or your spouse claim a homebuyer credit for a home purchased in 2008? _____
- Did you or your spouse take out a home equity loan this year? _____
- Do you share a mortgage with someone other than your spouse? _____
- Did you pay property taxes on real estate outside of an escrow account? If Yes, please provide the amount paid. _____
- Did you sell your home this year? _____
- If you sold your home, did you or your spouse own and occupy the home as your principal residence for at least two years of the five-year period prior to the sale? _____
- If you sold your home, did you or your spouse ever rent out the property? _____
- If you sold your home, did you or your spouse ever use any portion of the home for business purposes? _____
- If you sold your home, have you or your spouse previously sold a principal residence within the last two years? _____

Gifts:

- Did you or your spouse make any gifts, including birthday, holiday, anniversary, graduation, education savings, etc., with a total (aggregate) value in excess of \$14,000 to any individual? _____
- Did you or your spouse make any gifts to a trust for any amount? _____

Miscellaneous:

- Were you a resident of, or did you have income or work in, more than one state? _____
- Did you or your spouse pay in excess of \$1,000 in any quarter or \$2,000 during the year for domestic services performed in or around your home to individuals who could be considered household employees? _____
- Were you or your spouse notified by the IRS or other taxing authority of any changes in prior year returns? _____
- Have you ever had the Earned Income Credit, the Child Tax Credit, or the American Opportunity Credit disallowed or reduced in a previous year? _____
- Is there a trust or estate that you or your spouse created or are a trustee or executor for? _____
- Did you have any transactions with Bitcoin or any other cryptocurrency during the year? If so, please describe. _____
- Do you generate funds from renting out your property? _____
- Do you provide services to clients you find via a website (web host or platform)? _____
- Did you receive a 1099-K for any Internet-related activity? _____
- Did you have any other Internet-related transactions that generated income or deductions? _____

Idaho:

- Did you pay for your own health insurance premiums (outside of a pretax plan) for yourself, spouse, and dependents? If so, please provide the amount you paid: _____
- Did you withdraw funds from an Idaho College Savings (529) program for transfer to a qualified program operated by another state? _____
- Did you make any non-qualified withdrawals from an Idaho College Savings Program? Non-qualified withdrawals include any withdrawals not used for qualified education expenses, such as tuition, fees, books, room & board, etc. _____
- Did you make contributions to an Idaho College Savings (529) program? If Yes, how much? _____
- Did you make contributions to an Idaho Medical Savings Account (Idaho MSA)?
If Yes, please provide the amount: _____, the bank's name _____,
your account number _____, and interest earned this year _____.



Personal Information

Taxpayer:

First Name and Initial _____ Last Name _____ Social Security Number _____

Occupation _____ Date of Birth (Mo/Da/Yr) _____ Date of Death (Mo/Da/Yr) _____

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

Driver's License State-Issued ID No Identification

Spouse:

First Name and Initial _____ Last Name _____ Social Security Number _____

Occupation _____ Date of Birth (Mo/Da/Yr) _____ Date of Death (Mo/Da/Yr) _____

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

Driver's License State-Issued ID No Identification

Contact Information:

Street Address _____ Apartment Number _____

City _____ State _____ ZIP or Postal Code _____

Foreign Province or County _____

Foreign Country _____

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

Taxpayer Cell Phone _____ Taxpayer Fax Number _____

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

Spouse Cell Phone _____ Spouse Fax Number _____

Taxpayer Email Address _____

Spouse Email Address _____

Preferred Method of Contact _____

May the IRS or other taxing authority discuss the return with the preparer?

Is the taxpayer claimed as a dependent on someone else's tax return?

Yes	No		
<input type="checkbox"/>	<input type="checkbox"/>		
		Taxpayer	Spouse
Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are you considered legally blind per IRS regulations?

Do you want to contribute to the Presidential Election Campaign Fund?

Are you a U.S. citizen or Green Card holder?

Personal Identification Numbers:

Code - 1 - Issued by IRS 2 - Issued by State or City

TS	State	City	Code	PIN

Tax Organizer Legend:

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

Worksheets: Basic Data > General and Return Options > Processing Options

Forms 1, 1A and 2



Dependents and Wages

Dependent Information:

	First Name and Initial	Last Name	Social Security Number	Date of Birth (Mo/Da/Yr)	Date of Death (Mo/Da/Yr)	Relationship to Taxpayer
A						
B						
C						
D						
E						
F						
G						
H						

Did dependent have income over \$4,050?



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

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

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

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

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

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

TS	Employer's Name	Taxable Wages	Tax Withheld				
			Federal	FICA/TIER 1	Medicare	State	Local



2017

Electronic Filing

Electronic Filing:

Electronic filing is the means by which your return is transmitted directly to the IRS and state tax authorities. The IRS has implemented an electronic filing mandate requiring certain preparers, including this firm, to file all returns that they prepare electronically. Some states also require certain preparers to electronically file state returns prepared. The IRS and some states allow taxpayers to elect not to file their returns electronically.

Do not electronically file the federal return

Do not electronically file the state return(s)

Note: The IRS and some states that require returns to be electronically filed also impose fees and/or penalties for failure to do so. If you checked either of the boxes above, you may be required to sign an "opt-out" form before we can release your returns. As a follow-up we will contact you to discuss these requirements and your ability to "opt-out" of electronic filing.

The IRS requires, and many states allow, the use of a Personal Identification Number (PIN) in lieu of mailing a signature document when electronically filing.

Would you like to use a randomly generated PIN?		Yes	No
Taxpayer		<input type="checkbox"/>	<input type="checkbox"/>
Spouse		<input type="checkbox"/>	<input type="checkbox"/>

If No, enter a 5-digit self-selected PIN:

Taxpayer PIN _____

Spouse PIN _____



2017

Direct Deposit and Withdrawal

Direct Deposit and Electronic Funds Withdrawal Account Information:

The IRS and certain states allow refunds to be deposited to and balances due to be paid directly from your financial institution. If you would like to receive your refund or pay a balance due electronically, complete the following information. If you selected either of these options in 2016, your account information may already be included below.

Would you like any refunds owed to you directly deposited?	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No
Would you like to pay any amount due on your <i>federal</i> return using electronic withdrawal?	<input type="checkbox"/>	<input type="checkbox"/>		
If Yes, what amount would you like withdrawn, if not the entire balance due? _____				
If Yes, when should the withdrawal occur, if other than the due date of the return? _____ (Mo/Da/Yr)				
Would you like to pay any amount due on your <i>state</i> return(s) using electronic withdrawal?	<input type="checkbox"/>	<input type="checkbox"/>		
If Yes, what amount would you like withdrawn, if not the entire balance due? _____				
If Yes, when should the withdrawal occur, if other than the due date of the return? _____ (Mo/Da/Yr)				
The IRS and some states allow estimated payments to be electronically withdrawn on the due dates of the estimated payments.				
Would you like to pay any estimated payments due for your <i>federal</i> return using electronic withdrawal?	<input type="checkbox"/>	<input type="checkbox"/>		
Would you like to pay any estimated payments due for your <i>state</i> return(s) using electronically withdrawal, if available?	<input type="checkbox"/>	<input type="checkbox"/>		

Name of bank or financial institution

Routing Transit Number (RTN)

Account number

Type of account: Checking Traditional Savings IRA Savings myRA
 Archer MSA Savings Coverdell Ed. Savings HSA Savings

Is this a business account? Yes No

Account owner Taxpayer Spouse Joint

I confirm that the bank account information and the direct deposit/electronic withdrawal options selected above are correct.

Would you like any refunds owed to you directly deposited?	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No
Would you like to pay any amount due on your <i>federal</i> return using electronic withdrawal?	<input type="checkbox"/>	<input type="checkbox"/>		
If Yes, what amount would you like withdrawn, if not the entire balance due? _____				
If Yes, when should the withdrawal occur, if other than the due date of the return? _____ (Mo/Da/Yr)				
Would you like to pay any amount due on your <i>state</i> return(s) using electronic withdrawal?	<input type="checkbox"/>	<input type="checkbox"/>		
If Yes, what amount would you like withdrawn, if not the entire balance due? _____				
If Yes, when should the withdrawal occur, if other than the due date of the return? _____ (Mo/Da/Yr)				
The IRS and some states allow estimated payments to be electronically withdrawn on the due dates of the estimated payments.				
Would you like to pay any estimated payments due for your <i>federal</i> return using electronic withdrawal?	<input type="checkbox"/>	<input type="checkbox"/>		
Would you like to pay any estimated payments due for your <i>state</i> return(s) using electronically withdrawal, if available?	<input type="checkbox"/>	<input type="checkbox"/>		

Name of bank or financial institution

Routing Transit Number (RTN)

Account number

Type of account: Checking Traditional Savings IRA Savings myRA
 Archer MSA Savings Coverdell Ed. Savings HSA Savings

Is this a business account? Yes No

Account owner Taxpayer Spouse Joint

I confirm that the bank account information and the direct deposit/electronic withdrawal options selected above are correct.



2017

Brokerage Statement Details

5EA

	TSJ	Payer Name	Account No.	Information Included (X or ✓)
A				
B				
C				
D				
E				
F				
G				
H				
I				
J				
K				
L				
M				
N				
O				
P				
Q				
R				
S				
T				

	Interest Income	U.S. Bonds and Obligations	Code	Tax-Exempt Interest	Box 1a Total Ordinary Dividends	Box 1b Qualified Dividends	Box 2a Total Capital Gain Distribution	U.S. Bond Interest Amount or Percent in Box 1a
A								
B								
C								
D								
E								
F								
G								
H								
I								
J								
K								
L								
M								
N								
O								
P								
Q								
R								
S								
T								

▲

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

Note: For other amounts not listed, attach a copy of your brokerage statement.



Consolidated Brokerage Statement Sales of Stocks, Securities, Capital Assets and Miscellaneous Income

5G

Gains or Losses from Sales of Stocks, Securities and Other Capital Assets:

Include all Forms 1099-A, 1099-B, 1099-MISC, 1099-S and copies of mutual fund statements for the year

Did you have any of the following during the year?

Table with 2 columns: Yes, No. Rows include: Mutual fund transactions, Exchange of any securities or investments for something other than cash, Sales of inherited property, Sales of any stock or stock options at a loss and purchases of the same or substantially similar stock or options 30 days before or 30 days after the sale, Commodity sales, short sales or straddles, Reinvestment of the proceeds of the sale of a publicly traded security into an SSBIC interest, Reinvestment of the proceeds of the sale of qualified small business stock in other qualified small business stock, Securities which became worthless.

Table with 3 columns: Kind of Property and Description, Date Acquired (Mo/Da/Yr), Date Sold (Mo/Da/Yr). Rows A, B, C, D.

Table with 4 columns: Gross Sales Price (Less Commissions), Cost or Other Basis, Federal Tax Withheld, State Tax Withheld. Rows A, B, C, D.

Other Income:

Table with 3 columns: Nature and Source, 2017 Amount, 2016 Amount.

Other Adjustments to Income:

Table with 3 columns: Nature and Source, 2017 Amount, 2016 Amount.

Investment Interest Expense:

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

Table with 3 columns: Paid To, 2017 Amount, 2016 Amount.

Foreign Bank Accounts and Trusts:

At any time during 2017, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account? Yes No

If Yes, enter name of foreign country

Were you the grantor of, or transferor to, a foreign trust that existed during 2017, whether or not you had any beneficial interest in it? Yes No



Sale or Exchange of Your Home:

Include the closing statements from the purchase and sale of your former and new homes

Former Home Information:

TSJ
Date acquired (Mo/Da/Yr)
Date sold (Mo/Da/Yr)
Selling price

Original Cost and Cost of Improvements:

Table with 2 columns: Description, Amount

Sale Expenses:

Commissions, legal fees, advertising and other expenses.

Table with 2 columns: Description, Amount

Did you personally own and occupy the home for at least 2 of the 5 years preceding the sale?
If your spouse is deceased, did the sale occur within two years of the date of death and did your spouse live in the home for at least 2 of the 5 years preceding the sale?
If you had a foreign mortgage on the above property, please provide the amount of the mortgage retired on the sale and the date the mortgage was acquired or the date the mortgage was most recently renegotiated

Moving Expenses:

TSJ
Were the moving expenses reimbursed by your employer?
Enter reimbursements not included in wages on your Form W-2

Mileage:

Number of miles from old home to new workplace
Number of miles from old home to old workplace
Number of automobile miles in move

Transportation Expenses:

Costs of transportation of household goods and personal effects
Costs of travel and lodging (do not include meals or automobile expenses)
Automobile expenses (gasoline, oil, etc.)
Meals (Pennsylvania only)



2017

Miscellaneous Income, Adjustments and Alimony

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

Miscellaneous Income and Adjustments:

	TSJ _____		TSJ _____	
	2017 Amount	2016 Amount	2017 Amount	2016 Amount
Unemployment compensation received				
Unemployment compensation repaid in 2017				
Social security benefits received				
Social security benefits repaid in 2017				
Medicare premiums withheld				
Tier 1 railroad retirement benefits received				
Tier 1 railroad retirement benefits repaid in 2017				
Total lump sum social security received				
Lump sum taxable social security				
Other federal withholding				
Other state withholding				

State and Local Income Tax Refunds:

TSJ	State	City	Tax Year	Income Tax Refund	
				State	Local

Other Income:

TSJ	Nature and Source	2017 Amount	2016 Amount

Alimony Paid or Received:

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



Miscellaneous Adjustments

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

TS	2017 Amount	2016 Amount

Health Savings Accounts (HSAs)

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

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

Were any HSA contributions listed above also shown on your Form W-2?

Were all distributions from your HSA for unreimbursed medical expenses?

Did you or your spouse enroll in Medicare?

If Yes, what month did you enroll?

What month did your spouse enroll?

Yes	No

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

TSJ	Nature and Source	2017 Amount	2016 Amount



Medical and Dental Expenses:

Prescription medicines and drugs

Total medical insurance premiums paid *

Long-term care expenses

Total insurance reimbursement

Number of miles traveled for medical care

Lodging

Doctors, dentists, etc.

Hospitals

Lab fees

Eyeglasses and contacts

TSJ	2017 Amount	2016 Amount

2017 Amount	2016 Amount

Taxpayer long-term care insurance premiums paid

Spouse long-term care insurance premiums paid

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

Other Medical Expenses:

TSJ	Description	2017 Amount	2016 Amount

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

Personal property taxes paid (include vehicle taxes)

General sales taxes paid on specified items

TSJ	2017 Amount	2016 Amount

Itemize real estate taxes by state.

TSJ	Real Estate Taxes	2017 Amount	2016 Amount

Other Taxes Paid:

TSJ	Description	2017 Amount	2016 Amount

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



Mortgage Questions for 2017:

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

Home Mortgage Interest Paid To Financial Institutions:

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

Other Home Mortgage Interest Paid:

TSJ	Paid To		ID Number	2017 Amount	2016 Amount
	Name	Address			

Deductible Points:

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

Mortgage Insurance Premiums:

Premiums paid or accrued for qualified mortgage insurance.

TSJ	2017 Amount	2016 Amount

Investment Interest Expense:

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

TSJ	Paid To	2017 Amount	2016 Amount



Itemized Deductions - Contributions

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

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

TSJ	Organization or Description of Contribution	2017 Amount	2016 Amount

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

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

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

TSJ	Description of Donated Property	2017 Amount	2016 Amount

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

TSJ _____
Description of the donated property _____

Donee organization name _____

Donee organization address _____

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

Date the property was donated (Mo/Da/Yr) _____

Cost or basis of the donated property

Fair market value of the donated property

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

- Appraisal
 Thrift shop value
 Catalog
 Comparable sale

Other - please explain _____

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

- Purchase
 Gift
 Inheritance
 Exchange



Miscellaneous Itemized Deductions:

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

TSJ	2017 Amount	2016 Amount

Other Itemized Deductions:

Examples:

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

TSJ	Description	2017 Amount	2016 Amount

Casualty or Theft Loss:

TSJ _____
 Property description _____

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

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

Date acquired (Mo/Da/Yr) _____
 Date damaged or lost (Mo/Da/Yr) _____

- Original cost or other basis
- Fair market value before casualty
- Fair market value after casualty
- Cost of replacement
- Insurance reimbursement



Employee Business Expenses

TS: _____ Occupation: _____

Business Expenses: Enter all expenses at 100 percent Include all documentation

If these expenses are to be divided between Schedule A (Itemized Deductions) and one or more businesses, enter the percentage to apply to Schedule A _____ %

	2017 Amount	2016 Amount
Parking fees and tolls		
Local transportation		
Travel expenses		
Meals and entertainment		
Other Business Expenses:		

Description	2017 Amount	2016 Amount

Reimbursements: List only reimbursements NOT reported in Box 1 of your Form W-2

	2017 Amount	2016 Amount
Amount received for other expenses		
Amount received for meals and entertainment		

Does your employer's reimbursement plan for meals and entertainment allow for offset of other reimbursements? Yes No

Vehicle: Include all documentation

If these vehicle expenses are to be divided between Schedule A (Itemized Deductions) and one or more businesses, please enter the percentage to apply to Schedule A _____ %

Description of vehicle

Date vehicle was placed in service

Do you (or your spouse) have another vehicle available for personal purposes? Yes No

Was your vehicle available for personal use during off-duty hours? Yes No

	2017	2016
Total miles		
Total business miles		
Average daily commuting miles		
Total commuting miles for the year		
Gasoline and oil		
Repairs		
Insurance		
Taxes		
Value of employer provided vehicle		
Temporary vehicle rentals		
Fair market value of leased vehicle		
Vehicle leases		
Other Vehicle Expenses:		

Description	2017 Amount	2016 Amount



Child/Dependent Care Expenses & Education Expenses

Child/Dependent Care Expenses:

General Information:

TSJ

Were you or your spouse a full time student or disabled? Yes No

Did you pay an individual for services performed in your home? Yes No

Expenses incurred in 2016 but paid in 2017

Employer-provided dependent care benefits that were forfeited in 2017

2016 carryover used in grace period

Child/Dependent Care Providers:

Provider 1:

Name

Street address

City, state, ZIP or postal code, and country

Social security number OR

Employer identification number

Telephone number (California only)

	2017 Amount	2016 Amount
Expenses incurred and paid in 2017		
Expenses incurred and not paid in 2017		

Provider 2:

Name

Street address

City, state, ZIP or postal code, and country

Social security number OR

Employer identification number

Telephone number (California only)

	2017 Amount	2016 Amount
Expenses incurred and paid in 2017		
Expenses incurred and not paid in 2017		

Qualifying Persons for Child/Dependent Care Expenses:

First Name and Initial	Last Name	Social Security Number	2017 Expenses Incurred	2016 Expenses Incurred

Higher Education Expenses for Education Credits and/or Tuition Fees Deduction:

Qualified expenses are for post-secondary education tuition and related expenses; they do not include room or board. Include a detailed listing of the expenses.

Include copies of all Forms 1098-T

First Name and Initial	Last Name	Social Security Number	2017 Qualified Expenses



Federal Tax Payments

Refund Application:

If you have an overpayment of 2017 taxes, do you want the excess:

Refunded Yes No
 Applied to your 2018 estimated tax liability Yes No

Federal Estimated Tax Payments:

2017 1st Quarter Estimate (Due 04-18-2017)
 2017 2nd Quarter Estimate (Due 06-15-2017)
 2017 3rd Quarter Estimate (Due 09-15-2017)
 2017 4th Quarter Estimate (Due 01-16-2018)

Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid

2016 overpayment applied to 2017 estimate

Tax Planning Information for Tax Year 2018:

Do you expect any of the following to occur in 2018?

	Yes	No
A change in your marital status	<input type="checkbox"/>	<input type="checkbox"/>
A change in the number of your dependents	<input type="checkbox"/>	<input type="checkbox"/>
A substantial change in your income	<input type="checkbox"/>	<input type="checkbox"/>
A substantial change in your withholding	<input type="checkbox"/>	<input type="checkbox"/>
A substantial change in deductions	<input type="checkbox"/>	<input type="checkbox"/>

If you answered Yes to any of the above questions, provide details.



2017

State and City Tax Payments

20A

State and City Estimated Tax Payments:

TSJ _____ State/City _____		
Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid

2017 1st Quarter Estimate

2017 2nd Quarter Estimate

2017 3rd Quarter Estimate

2017 4th Quarter Estimate

If you have an overpayment of 2017 taxes, do you
want the excess applied to your 2018 estimated tax liability? Yes No

2016 overpayment applied to 2017 estimate

Balance of prior year(s)' tax paid in 2017 plus
amount paid with 2016 extensions

Estimated tax payments for 2016 paid in 2017

State and City Estimated Tax Payments:

TSJ _____ State/City _____		
Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid

2017 1st Quarter Estimate

2017 2nd Quarter Estimate

2017 3rd Quarter Estimate

2017 4th Quarter Estimate

If you have an overpayment of 2017 taxes, do you
want the excess applied to your 2018 estimated tax liability? Yes No

2016 overpayment applied to 2017 estimate

Balance of prior year(s)' tax paid in 2017 plus
amount paid with 2016 extensions

Estimated tax payments for 2016 paid in 2017

State and City Estimated Tax Payments:

TSJ _____ State/City _____		
Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid

2017 1st Quarter Estimate

2017 2nd Quarter Estimate

2017 3rd Quarter Estimate

2017 4th Quarter Estimate

If you have an overpayment of 2017 taxes, do you
want the excess applied to your 2018 estimated tax liability? Yes No

2016 overpayment applied to 2017 estimate

Balance of prior year(s)' tax paid in 2017 plus
amount paid with 2016 extensions

Estimated tax payments for 2016 paid in 2017



2017

Idaho Information

General Information:

Taxpayer

Spouse

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Are you disabled and age 62, 63 or 64?

Are you the unremarried widow of a retired U.S. Civil Service employee,
U.S. Military Serviceman, Idaho fireman or Idaho policeman?

Enter the amount of Internet or out of state purchases for which you did not pay sales tax ..

Residency Information:

Taxpayer	
From (Mo/Da/Yr)	To (Mo/Da/Yr)

Spouse	
From (Mo/Da/Yr)	To (Mo/Da/Yr)

If you did not live in Idaho for all of 2017, enter the dates you did live in Idaho

Enter the state names other than Idaho where you had income

Taxpayer

Spouse

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Are you a resident on active military duty?

Are you a military nonresident?

Education Savings:

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Did you or your spouse make any contributions to a Idaho College Savings Program account?

If Yes, enter the following:

TS	Name of Designated Beneficiary	Social Security Number	Account Number	2017 Amount Contributed

Voluntary Contributions:

Enter the amount you wish to contribute on your 2017 tax return to:

Nongame Wildlife Conservation Fund	<input type="text"/>
Idaho Guard and Reserve Family Support Fund	<input type="text"/>
Children's Trust Fund/Child Abuse Prevention	<input type="text"/>
American Red Cross of Greater Idaho Fund	<input type="text"/>
Special Olympics Idaho	<input type="text"/>
Idaho Food Bank	<input type="text"/>
Veterans Support Fund	<input type="text"/>
Opportunity Scholarship Program	<input type="text"/>

Enter Any Additional Idaho Information:
