

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

Phone # (If Changed): \_\_\_\_\_

This Tax Organizer is designed to help you collect and report the information needed to prepare your 2017 income tax return. The attached worksheets cover income, deductions, and credits, and will help in the preparation of your tax return by focusing attention on your special needs.

Please enter your 2017 information in the designated areas on the worksheets. If you need to include additional information, you may use the back of a worksheet or an additional page.

When possible, 2016 information is included for your reference. You do not need to make any 2016 entries.

Note: The General Questions and Business/Investment Questions worksheets include a variety of questions designed to assist in completing your tax return. If you answer **yes** to any of the questions, be sure to provide the applicable details.

Please provide the following information:

- A copy of your 2016 tax return (if not in our possession).
- Original Form(s) W-2.
- Schedule(s) K-1 showing income or loss from partnerships, S corporations or estates or trusts.
- Copies of other compensation or pension documentation, such as Form 1099-MISC or Form 1099-R.
- Form(s) 1099 or statements reporting dividend and interest income.
- Brokerage statements showing transactions for stocks, bonds, etc.
- Form(s) 1098 reporting interest paid, copies of real estate tax bills and other information relating to real property holdings.
- Copies of closing statements regarding the sale or purchase of real property.
- All other information notices you received, or any items you have questions about.

Thank you for taking the time to complete this Tax Organizer.

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**2017  
TAX ORGANIZER**

Taxpayer Information				Spouse Information			
Last name .....				Last name .....			
First name .....				First name .....			
Middle Initial.....		Suffix.....		Middle Initial.....		Suffix.....	
Social security number .....				Social security number .....			
Occupation .....				Occupation.....			
Work phone .....		Ext ...		Work phone.....		Ext ...	
Cell phone .....				Cell phone .....			
E-mail address.....				E-mail address.....			
Date of birth.....				Date of birth .....			
Address .....						Apartment number.....	
City .....				State.....		ZIP Code.....	
Home phone.....		Fax number .....					

Dependent Information					
First name	MI	Social Security Number	Date of Birth	Months Lived with Taxpayer	Child Care Expense
Last name	Suffix	Relationship			

Child and Dependent Care Provider Expenses			
Name	Address	ID Number	Amount Paid

**Education Tuition and Fees**  
Attach all Form 1098-Ts and a list of your qualified education expenses.

**Student Loan Interest Paid**  
Enter total 2017 qualified student loan interest.....

**Attach Form(s) W-2 – Wages, Salaries, Tips and Other Compensation**

Employer Name	2016 Amount
_____	_____
_____	_____
_____	_____

**Attach Form(s) 1099-R – Distributions from Pensions, Annuities, Retirement, Profit-Sharing, IRAs, etc**

1099-R Payer Name	2016 Amount
_____	_____
_____	_____
_____	_____

**Attach Form(s) SSA-1099 – Social Security/Railroad Benefits**

	Taxpayer	Spouse
Social Security Benefits from Form SSA-1099 .....	_____	_____
Railroad Retirement Benefits from Form RRB-1099 .....	_____	_____
Medicare B premiums withheld.....	_____	_____
Medicare C premiums withheld.....	_____	_____
Medicare D premiums withheld.....	_____	_____

**Attach Form(s) 1099-MISC – Miscellaneous Income**

1099-MISC Payer Name
_____
_____
_____
_____

**Attach Form(s) 1099-INT – Interest Income**

1099-INT Payer Name	2016 Amount
_____	_____
_____	_____
_____	_____
_____	_____

**Attach Form(s) 1099-DIV – Dividend Income**

1099-DIV Payer Name	2016 Amount
_____	_____
_____	_____
_____	_____
_____	_____

**Attach Form(s) 1099-B, 1099-S – Sales of Stocks, Bonds, Real Estate, etc**

Attach all stock sale transaction information, including initial cost information.

**Other Government Forms to attach:**

Form(s) 1099-G – Certain Government Payments, Schedule K-1s – Partnership, S-Corporation, Trust or Estate Income, Form(s) W-2G – Gambling or Lottery Winnings, Form(s) 1099-Q – Payments from Qualified Education Programs

**Other Income:**

Alimony, jury duty, unreported tips, disability income, etc. Business, rentals, farms: Attach income and expenses for any business, rental or farm you own. Include a list of all new equipment acquired this year, including date of purchase and cost.

**Retirement Plan Contributions**

	Taxpayer	Spouse
Traditional IRA contributions made for 2017 .....	_____	_____
Roth IRA contributions made for 2017 .....	_____	_____
SEP, Keogh, Individual 401(k) or SIMPLE Contributions .....	_____	_____

**2017 Deductions**

<b>Medical and Dental Expenses</b>	<b>2017 Amount</b>	<b>2016 Amount</b>
Prescription medications.....	_____	_____
Health insurance premiums .....	_____	_____
Doctors, dentists, etc .....	_____	_____
Hospitals, clinics, etc .....	_____	_____
Eyeglasses and contact lenses .....	_____	_____
Miles driven for medical purposes.....	_____	_____
Other medical and dental expenses: _____	_____	_____
<b>Taxes</b>	<b>2017 Amount</b>	<b>2016 Amount</b>
Real estate taxes paid on principal residence .....	_____	_____
Real estate taxes paid on additional homes or land .....	_____	_____
Auto license registration fees based on the value of the vehicle .....	_____	_____
Other personal property taxes .....	_____	_____
<b>Interest Expenses</b>		
Home mortgage interest paid – Attach Form(s) 1098. <b>Lender's Name</b>	<b>2017 Amount</b>	<b>2016 Amount</b>
_____	_____	_____
Points paid on loan to buy, build or improve main home <b>Lender's Name</b>	<b>2017 Amount</b>	
_____	_____	
<b>Cash/Check/Credit Contributions</b>	<b>2017 Amount</b>	<b>2016 Amount</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
<b>Noncash Charitable Contributions</b>		
Attach all receipts with details listing the following information: Donee, donee address, description of donation, date acquired and date contributed, your cost, value at time of donation, and how you acquired the property.		
<b>Miscellaneous Deductions</b>	<b>2017 Amount</b>	<b>2016 Amount</b>
Union and professional dues .....	_____	_____
Professional subscriptions, books, supplies .....	_____	_____
Uniforms and protective clothing (including cleaning) .....	_____	_____
Job search costs .....	_____	_____
Taxpayer educator expenses.....	_____	_____
Spouse educator expenses.....	_____	_____
Tax return preparation fees .....	_____	_____
Safe deposit box rental .....	_____	_____
Gambling losses (to the extent of gambling income) .....	_____	_____
Other expenses (list): _____	_____	_____

**2017 Questions**

	Yes	No
1 Did a lender cancel any of your debt in 2017? (Attach any Forms 1099-A or 1099-C).....	<input type="checkbox"/>	<input type="checkbox"/>
2 Did you make energy efficient improvements to your home or purchase any energy-saving property during 2017? If <b>yes</b> , please attach details.....	<input type="checkbox"/>	<input type="checkbox"/>
3 Did you purchase a motor vehicle or boat during 2017 ?..... If <b>yes</b> , attach documentation showing sales tax paid.	<input type="checkbox"/>	<input type="checkbox"/>
4 Did you purchase a hybrid or electric vehicle in 2017? If <b>yes</b> , enter year, make, model, and date purchased: _____	<input type="checkbox"/>	<input type="checkbox"/>
5 Did you donate a vehicle in 2017? If <b>yes</b> , attach Form 1098C.....	<input type="checkbox"/>	<input type="checkbox"/>
6 What was the sales tax rate in your locality in 2017 ? ..... % State ID .....	<input type="checkbox"/>	<input type="checkbox"/>
7 Did your marital status change during 2017?..... If <b>yes</b> , explain: _____	<input type="checkbox"/>	<input type="checkbox"/>
8 Were you or your spouse permanently and totally disabled in 2017? .....	<input type="checkbox"/>	<input type="checkbox"/>
9 Do you have dependents who must file?.....	<input type="checkbox"/>	<input type="checkbox"/>
10 Do you have children who are under age 19 or a full time student under age 24 with investment income greater than \$2,100?...	<input type="checkbox"/>	<input type="checkbox"/>
11 Did you provide over half the support for any other person during 2017? .....	<input type="checkbox"/>	<input type="checkbox"/>
12 Did you incur adoption expenses during 2017? .....	<input type="checkbox"/>	<input type="checkbox"/>
13 Did you receive a total distribution from an IRA or other qualified plan that was partially or totally rolled over into another IRA or qualified plan within 60 days of the distribution?.....	<input type="checkbox"/>	<input type="checkbox"/>
14 Did you receive any disability payments in 2017? .....	<input type="checkbox"/>	<input type="checkbox"/>
15 Did you receive tip income <b>not</b> reported to your employer? .....	<input type="checkbox"/>	<input type="checkbox"/>
16a Did you buy, sell, refinance, foreclose or abandon a principal residence or other real property in 2017? If <b>yes</b> , attach closing or escrow statements, 1099-C or 1099-A forms.....	<input type="checkbox"/>	<input type="checkbox"/>
b If you sold a home, did you claim the First-Time Homebuyer Credit when you purchased it?.....	<input type="checkbox"/>	<input type="checkbox"/>
17 Did you incur any casualty or theft losses during 2017? .....	<input type="checkbox"/>	<input type="checkbox"/>
18 Did you incur any non-business bad debts?.....	<input type="checkbox"/>	<input type="checkbox"/>
19 Did you pay any individual for domestic services in 2017?.....	<input type="checkbox"/>	<input type="checkbox"/>
20 Did you buy or sell any stocks or bonds in 2017? .....	<input type="checkbox"/>	<input type="checkbox"/>
21 Did you use the proceeds from Series EE or I U.S. savings bonds purchased after 1989 to pay for higher education expenses?..	<input type="checkbox"/>	<input type="checkbox"/>
22 Did you incur any moving expenses? If <b>yes</b> , attach details.....	<input type="checkbox"/>	<input type="checkbox"/>
23 Did you receive any income not included in this Tax Organizer?..... If <b>yes</b> , please attach information.	<input type="checkbox"/>	<input type="checkbox"/>
24 Do you expect your income and deductions in 2018 to be the same as 2017 ? .....	<input type="checkbox"/>	<input type="checkbox"/>
If <b>no</b> , attach explanation of changes expected.		
25a Did you and your dependents have health insurance coverage for the full year? .....	<input type="checkbox"/>	<input type="checkbox"/>
b Did you receive any of the following IRS documents? Forms 1095-A (Health Insurance Marketplace Statement), Form 1095-B (Health Coverage) or Form 1095-C (Employer Provided Health Insurance Offer and Coverage)? If so, please attach.....	<input type="checkbox"/>	<input type="checkbox"/>
26 If you paid any alimony, enter recipient's SSN: _____ Alimony paid: _____		
27 Enter your state of residence..... <b>Taxpayer</b> _____ <b>Spouse</b> _____		

**Electronic Filing and Direct Deposit of Refund** Yes  No

If your tax return is eligible for Electronic Filing, would you like to file electronically?.....

The Internal Revenue Service is able to deposit many refunds directly into taxpayers' accounts.  
If you receive a refund, would you like direct deposit? .....

If **yes**, please provide a voided check (not a deposit slip) if your bank account information has changed.  
What type of account is this?..... Checking  Savings

Estimated Tax Paid							
Federal		State			Local		
Date	Amount	Date	Amount	ID	Date	Amount	ID

**Additional Information** (Enter any additional information here and attach any documents.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Health Insurance Coverage

**ORG3A**

**Preparer note:** The fields on this form are non-enterable. This worksheet is meant to gather client data only. This worksheet will not transfer to the ProSeries/1040 product. Data from this worksheet must be manually entered on the appropriate form in ProSeries/1040.

<b>Part 1 Coverage</b>																
Enter the name, SSN/DOB and health insurance status for each person who will claim on your return in the table below: See the information below regarding the new health insurance reporting requirements beginning in 2015.																
Name of covered individual(s)	SSN or DOB	Covered 12 mos	Exchange Policy	Exemption Received	Indicate which months each person was covered by MEC*:											
					Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1.																
2.																
3.																
4.																
5.																
6.																
7.																
8.																
9.																

Use this worksheet to list the names of individuals listed on the income tax return and their health care insurance coverage status. It will help your tax preparer determine who has health insurance coverage, who may have an exemption, and who may be subject to the individual shared responsibility payment.

Most individuals are required to have:

- ▶ **Minimum Essential Coverage (\*MEC)**, or
- ▶ an **Exemption** from the responsibility to have minimum essential coverage, or
- ▶ Make a **Shared Responsibility Payment**.

**Minimum Essential Coverage** includes employer-sponsored coverage, health insurance purchased through the Health Insurance Marketplace (Exchange), Medicare, Medicaid, certain VA coverage, Tricare, etc.

**Exemptions** may be obtained in advance from Healthcare.gov. Exemptions are available to members of federally recognized tribes, certain religious sects, and members of healthcare sharing ministries. There are numerous other exemptions and hardship exemptions available at [www.irs.gov/uac/ACA-Individual-Shared-Responsibility-Provision-Exemptions](http://www.irs.gov/uac/ACA-Individual-Shared-Responsibility-Provision-Exemptions) or [www.healthcare.gov/exemptions](http://www.healthcare.gov/exemptions). Some exemptions may be claimed directly on the income tax return.

The **Shared Responsibility Payment** for 2017 is the **GREATER OF 2.5%** of the household income that is above the filing threshold for the filing status, or the family's flat dollar amount for 2017 is \$695 per adult and \$347.50 per child, limited to a family maximum of \$2,085. This total is capped at the cost of the national average premium for a bronze level plan available through the Marketplace in 2017. The national average bronze plan amount is \$272 per month and limited to \$1,360 per month for a family of five or more members.

If you purchased a health insurance policy from an exchange (or Marketplace), check the Exchange Policy box above. You will receive Form 1095-A from the exchange that issued your policy. Please provide this form with your Organizer documents to your tax preparer.

Please call with any questions on this worksheet.

**Car And Truck Expenses**  
(Employees use ORG17 – Employee Business Expenses)

**ORG18**

for:

GENERAL INFORMATION-	Vehicle 1	Vehicle 2	Vehicle 3
1 Description of vehicle.....			
2 Date placed in service.....			
3 Enter detail on lines 3a and 3b, or total on line 3c:			
a Ending mileage reading.....			
b Beginning mileage reading.....			
c <b>Total miles</b> for the year (line 3a less line 3b).....			
4 Business miles.....			
5 Total commuting miles.....			
STANDARD MILEAGE RATE	Vehicle 1	Vehicle 2	Vehicle 3
6 Do you qualify for standard mileage? ( <b>Preparer Use</b> ).....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7 Is this a leased vehicle?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
ACTUAL EXPENSES	Vehicle 1	Vehicle 2	Vehicle 3
8 Gasoline, oil, repairs, insurance, etc.....			
9 Vehicle registration fee (excluding property tax).....			
10 Vehicle lease or rental fee.....			
11 Inclusion amount ( <b>Preparer Use Only</b> ).....			
12 Depreciation ( <b>Preparer Use Only</b> ).....			
13 Parking fees, tolls, and local transportation.....			
14 Portion of vehicle registration fee based on value.....			
15 Interest on vehicle.....			
DEPRECIATION/DISPOSITIONS	Vehicle 1	Vehicle 2	Vehicle 3
16 Cost or basis.....			
17 Is this an electric vehicle?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
18 Is this qualified Indian reservation property?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
19 Type of vehicle ( <b>Preparer Use</b> ).....			
20 Section 179 expense ( <b>Preparer Use</b> ).....			
21 Qualified Property for Economic Stimulus? ( <b>Preparer Use</b> ).....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
22 Qualified Property for Qualified Disaster Area? ( <b>Preparer Use</b> ).....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
23 Kansas Disaster Zone? ( <b>Preparer Use</b> ).....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
24 Qualified GO Zone Property ( <b>Preparer Use</b> ).....	<input type="checkbox"/> Reg <input type="checkbox"/> Ext <input type="checkbox"/> N/A	<input type="checkbox"/> Reg <input type="checkbox"/> Ext <input type="checkbox"/> N/A	<input type="checkbox"/> Reg <input type="checkbox"/> Ext <input type="checkbox"/> N/A
25 Percentage for SDA? ( <b>Preparer Use</b> ).....	<input type="checkbox"/> 100%/50% <input type="checkbox"/> 30% <input type="checkbox"/> No	<input type="checkbox"/> 100%/50% <input type="checkbox"/> 30% <input type="checkbox"/> No	<input type="checkbox"/> 100%/50% <input type="checkbox"/> 30% <input type="checkbox"/> No
26 Elect OUT of SDA? ( <b>Preparer Use</b> ).....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
27 Elect 30% in place of 50% SDA ( <b>Preparer Use</b> ).....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
28 Date sold.....			
29 Date acquired, if different from line 2.....			
30 Sales price.....			
31 Expense of sale.....			
32 Gain/loss basis, if different ( <b>Preparer Use</b> ).....			
33 AMT gain/loss basis, if different ( <b>Preparer Use</b> ).....			
VEHICLE QUESTIONS	Vehicle 1	Vehicle 2	Vehicle 3
34 Is another vehicle available for personal use?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
35 Was vehicle available during off duty hours?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
36 Was vehicle used primarily by a greater than 5% owner or related person?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
37 Do you have evidence to support the business use claimed?.....			<input type="checkbox"/> Yes <input type="checkbox"/> No
38 If <b>yes</b> , is the evidence written?.....			<input type="checkbox"/> Yes <input type="checkbox"/> No

**Business Income and Expenses**

**ORG19**

**GENERAL INFORMATION**

1 Check ownership .....  **Taxpayer**       **Spouse**       **Joint**

2 Business name .....

3 a Business street address.....

    b 1 City, State and Zip Code, or .....

    2 Foreign country..... (not applicable)

4 Principal business/profession .....

5 Employer ID number.....

6 Business code (**Preparer Use Only**) .....

7 Was this business fully disposed of in a fully taxable transaction during 2017 ?.....  **Yes**     **No**

8 Accounting method:  
     Cash       Accrual       Other (specify)  .....

9 Method used to value closing inventory:  
     Cost       Lower of       Other (explain)  .....

    cost or market

10 Was there a change in determining quantities, costs, or valuations between opening/closing inventory?  
 (If yes, attach explanation) .....

11 Did you materially participate in the operation of this business during 2017 ? .....

12 Did you start or acquire this business during 2017 ? .....

13 a Did you make any payments in 2017 that require you to file Forms 1099? .....

    b If yes, did you or will you file all the required Forms 1099? .....

14 At-risk determination:  
     a Is all of the investment in this activity at risk? .....

    b Is some of the investment in this activity not at risk? .....

15 Did you have unallowed passive losses in 2016 ? .....

16 a Treat all MACRS assets for this activity as qualified Indian reservation property? .....

    b Treat all assets acquired after August 27, 2005 as qualified GO Zone property?..... **Regular**     **Extension**     **No**

    c Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property? .....

    d Was this business located in a Qualified Disaster Area? .....

Complete ORG51 for Asset Acquisitions and ORG50 for Dispositions.

INCOME	2017	2016
17 Gross receipts or sales.....		
18 Returns and allowances plus other adjustments.....		
19 Other income (include federal/state gas tax credit/refund) .....		

COST OF GOODS SOLD – IF APPLICABLE	2017	2016
20 Inventory at beginning of year .....		
21 Purchases .....		
22 Items withdrawn for personal use .....		
23 Cost of labor (do not include your salary) .....		
24 Materials and supplies .....		
25 Other costs .....		
26 Inventory at end of year.....		

**Business Income and Expenses (continued)**

**ORG19**

EXPENSES	2017	2016
Business name _____		
<b>27</b> Advertising .....		
<b>28</b> Car and truck expenses (complete ORG18).....		
<b>29</b> Commissions and fees .....		
<b>30</b> Contract labor .....		
<b>31</b> Depletion .....		
<b>32</b> Depreciation and Section 179 deduction ( <b>Preparer Use Only</b> ).....		
<b>33</b> Employee benefit programs:		
<b>a</b> Employee health insurance premiums .....		
<b>b</b> Other employee benefit programs .....		
<b>34</b> Insurance (other than health).....		
<b>35</b> Self-employed health insurance attributable to this business.....		
<b>36</b> Interest:		
<b>a</b> Mortgage paid to banks not reported to you on Form 1098.....		
<b>b</b> Other .....		
<b>37</b> Legal and professional services .....		
<b>38</b> Office expenses .....		
<b>39</b> Pension and profit-sharing plans.....		
<b>40</b> Rent or lease:		
<b>a</b> Machinery and equipment (enter vehicle lease on ORG18) .....		
<b>b</b> Other business property.....		
<b>41</b> Repairs and maintenance .....		
<b>42</b> Supplies (not included in cost of goods sold) .....		
<b>43</b> Taxes and licenses not reported to you on Form 1098 .....		
<b>44</b> Travel, meals, and entertainment:		
<b>a</b> Travel.....		
<b>b</b> Meals and entertainment subject to 50% limit .....		
<b>c</b> Meals subject to 80% limit.....		
<b>d</b> Meals and entertainment not subject to limit.....		
<b>45</b> Utilities .....		
<b>46</b> Gross wages .....		
<b>47</b> Other expenses:		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
<b>48</b> Expenses for business use of your home ( <b>Preparer Use Only</b> ).....		
Complete ORG20 for Business Use of Home.		
<b>49</b> Qualified pension plan start-up costs.....		

## Sales of Stocks and Securities

ORG21

**Attach all copies of Forms 1099-B and/or 1099-S here.**

**Yes No**

- |  |                          |                          |
|--|--------------------------|--------------------------|
| <b>1</b> Did you exchange any securities for other securities or any other property held for investment? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>2</b> Did you acquire stock identical to stock sold at a loss within a period beginning 30 days prior to and ending 30 days after the date of the sale? ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>3</b> Did you engage in any transactions involving traded options? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>4</b> Did you engage in any transactions involving commodity future contracts and straddle positions? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>5</b> Did you engage in any transactions involving <i>employee</i> stock options? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>6</b> Schedule D included in the 2016 Federal income tax return? .....  | <input type="checkbox"/> | <input type="checkbox"/> |

Do not include installment sales transactions here. Complete information on Installment Sales Income (ORG23) instead. See notes below for entries to be made on lines 1d, 4a, 4b and 5

### FORMS 1099-B, 1099-S – SALES OF STOCKS, BONDS, REAL ESTATE, ETC.

Transaction number..... \_\_\_\_\_

**1a** Check if this sale was reported to you on Form 1099-B or substitute statement .....

**b If so**, check if Box 6a is marked (i.e., this is the sale of noncovered security).....

**c If so**, check if Box 6b is marked (i.e., the basis amount was reported to the IRS).....

**d If so**, select type of gain (loss) indicated in Box 1c \*.....

**2** Description of property .....

**3a** Date acquired ..... **b** Date sold .....

**4a** Type of transaction \*\*\* ..... **b** Property ownership \*\* .....

**5** Holding period \* .....

**6** Sales price .....

**7** Cost or other basis .....

**8** Wash sale loss disallowed .....

**9** Federal Tax withheld (if any) .....

**10a** State..... **b** State identification ..... **c** State tax withheld .....

Transaction number..... \_\_\_\_\_

**1a** Check if this sale was reported to you on Form 1099-B or substitute statement .....

**b If so**, check if Box 6a is marked (i.e., this is the sale of noncovered security).....

**c If so**, check if Box 6b is marked (i.e., the basis amount was reported to the IRS).....

**d If so**, select type of gain (loss) indicated in Box 1c \*.....

**2** Description of property .....

**3a** Date acquired ..... **b** Date sold .....

**4a** Type of transaction \*\*\* ..... **b** Property ownership \*\* .....

**5** Holding period \* .....

**6** Sales price .....

**7** Cost or other basis .....

**8** Wash sale loss disallowed .....

**9** Federal Tax withheld (if any) .....

**10a** State..... **b** State identification ..... **c** State tax withheld .....

**\* Type of Holding Period**

S = Short-term (one year or less)  
L = Long-term (more than one year)

**\*\* Type of Ownership**

T = Taxpayer Ownership  
S = Spouse Ownership  
J = Joint Ownership

**\*\*\* Type of Transaction**

S = Regular Sale of Stocks, Bonds, etc  
W = Wash Sale  
M = Collectible (28% Rate)  
P = Personal Loss on Noninvestment Property  
X = Expired (options, etc)  
O = Worthless Securities  
K = Bankrupt  
N = Nonbusiness Bad Debt  
E = Stock sales to ESOP's or EWOC's

# Rent and Royalty Income and Expenses

ORG25

## BASIC PROPERTY INFORMATION

Property description: \_\_\_\_\_  
 Property type: \* \_\_\_\_\_ If type is other, enter a description: \_\_\_\_\_  
 Location (street address): \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 If a foreign address: Foreign province or state: \_\_\_\_\_  
 Foreign postal code: \_\_\_\_\_ Foreign Country: (not applicable)

1 Check property owner .....  Taxpayer       Spouse       Joint

	Yes	No
2a Did you make any payments that would require you to file Form(s) 1099? .....	<input type="checkbox"/>	<input type="checkbox"/>
b If <b>yes</b> , did you or will you file all required Forms(s) 1099? .....	<input type="checkbox"/>	<input type="checkbox"/>

3a Enter the ownership percentage (if not 100%) .....		
b If not 100%, are you reporting 100% of the income and expenses? .....	<input type="checkbox"/>	<input type="checkbox"/>

4 Is this a rental property? (If **yes**, answer questions 5 through 11; if **no**, skip to question 12.) .....  Yes  No

5 Did you have personal use of this property or rent it for part of the year at less than fair rental value? .....  Yes  No

6 For all rental properties, **enter the number of days** during 2017 that:

a The property was rented at fair rental value .....		
b The property was used personally or rented at less than fair rental value .....	_____	_____
c You owned the property, if not the entire year .....	_____	_____

7a Does this rental have multiple living units and you live in one of the units? .....	<input type="checkbox"/>	<input type="checkbox"/>
b If <b>yes</b> , enter percentage of rental use .....	_____	_____

8 Did you actively participate in this property's management during 2017? .....  Yes  No

9 Did you materially participate in this property's management during 2017? .....  Yes  No

10 Do you want to treat this property as non-passive?.....  Yes  No

11 Did this property have unallowed passive losses in 2016? .....  Yes  No

12 Did you dispose of this property in a fully taxable transaction? .....  Yes  No

13 Check this box if some of this investment was **not** at-risk.....

14a Treat all MACRS assets for this activity as qualified Indian reservation property? .....  Yes  No

  b Treat all assets acquired after August 27, 2005 as qualified GO Zone property?..... **Regular**  **Extension**  **No**

  c Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property? .....  Yes  No

  d Was this activity located in a Qualified Disaster Area?.....  Yes  No

Complete ORG51 for Asset Acquisitions and ORG50 for Dispositions.

INCOME	2017	2016			
15 Rents or royalties received .....					
<table style="width: 100%; border: none;"> <tr> <td style="width: 30%; vertical-align: top;">* <b>Property Types:</b></td> <td style="width: 35%; vertical-align: top;"> <b>1</b> Single family residence  <b>2</b> Multi-family residence  <b>3</b> Vacation/short-term rental  <b>4</b> Commercial                 </td> <td style="width: 35%; vertical-align: top;"> <b>5</b> Land  <b>6</b> Royalties  <b>7</b> Self-rental  <b>8</b> Other                 </td> </tr> </table>			* <b>Property Types:</b>	<b>1</b> Single family residence <b>2</b> Multi-family residence <b>3</b> Vacation/short-term rental <b>4</b> Commercial	<b>5</b> Land <b>6</b> Royalties <b>7</b> Self-rental <b>8</b> Other
* <b>Property Types:</b>	<b>1</b> Single family residence <b>2</b> Multi-family residence <b>3</b> Vacation/short-term rental <b>4</b> Commercial	<b>5</b> Land <b>6</b> Royalties <b>7</b> Self-rental <b>8</b> Other			

**Rent and Royalty Income and Expenses (continued)**

**ORG25**

EXPENSES	2017	2016
Property location .....		
<b>16</b> Advertising .....		
<b>17a</b> Automobile (complete ORG18 for autos).....		
<b>b</b> Travel.....		
<b>18</b> Cleaning and maintenance .....		
<b>19</b> Commissions.....		
<b>20a</b> Mortgage insurance premiums – qualified .....		
<b>b</b> Other insurance .....		
<b>21</b> Legal and professional fees .....		
<b>22</b> Management fees .....		
<b>23a</b> Mortgage interest paid to banks – qualified.....		
<b>b</b> Mortgage interest paid to banks – other .....		
<b>24</b> Other interest .....		
<b>25</b> Repairs.....		
<b>26</b> Supplies.....		
<b>27a</b> Real estate taxes.....		
<b>b</b> Other taxes .....		
<b>28</b> Utilities .....		
<b>29</b> Other expenses:		
<b>a</b> .....		
<b>b</b> .....		
<b>c</b> .....		
<b>d</b> .....		
<b>e</b> .....		
<b>30a</b> Depreciation and Section 179 deduction <b>(Preparer Use Only)</b> .....		
<b>b</b> Depletion <b>(Preparer Use Only)</b> .....		

# State Information Worksheet

ORG60

## GENERAL INFORMATION

	<b>Taxpayer</b>	<b>Spouse</b>
1 Enter your state of residence .....		
2 Check the appropriate box if:	<b>Taxpayer</b>	<b>Spouse</b>
a Full year resident.....	<input type="checkbox"/>	<input type="checkbox"/>
b Part year resident.....	<input type="checkbox"/>	<input type="checkbox"/>
c Nonresident .....	<input type="checkbox"/>	<input type="checkbox"/>
	Date of entry: _____	Date of exit: _____
3 Resident locality: _____		
4 County: _____ School district: _____ School district number: _____		
	<b>Taxpayer</b>	<b>Spouse</b>
5 Check if disabled .....	<input type="checkbox"/>	<input type="checkbox"/>

## STATE CREDITS

6 Description/type of credit (for example, solar energy, carpool)	Code	Amount
a _____		
b _____		
c _____		
d _____		
e _____		

## VOLUNTARY STATE CONTRIBUTIONS

7 Description/type of contribution (for example, wildlife, cancer)	Code	Amount
a _____		
b _____		
c _____		
d _____		
e _____		

## MISCELLANEOUS QUESTIONS

		<b>Yes</b>	<b>No</b>
8 Did you file a state return for 2016? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Do you want state forms and instructions sent to you next year? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Do you want any applicable penalty and interest calculated and added to the return? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 How do you want your state refund (if any) applied?			
a Refunded .....	<input type="checkbox"/>	b Apply to 2018 estimates .....	<input type="checkbox"/>
		c Apply to 2018 taxes .....	<input type="checkbox"/>
12 Additional state information: _____			
_____			
_____			