2017 INCOME TAX RETURN

	TAXPAYER			SPOUSE	
Name			Name		
		Date of Birth			
Home Phone		Disabled \square	Home Phone		_ Disabled 🔲
Work Phone		Blind \square	Work Phone		_ Blind \square
Cell Phone			Cell Phone		_
Best Time to Call			Best Time to Call _		
Email		Fax	Email		Fax
Address					y
City			State	Zip Co	ode
Address on Last Year's	Tax Return (if dif	ffarant)		Data Address Cl	hanged
All of the following mu January 1, 2018 and home for the entire year Must be unmarried (o is the principal home	ust apply: your spous you paid over hall ear. r considered unm of a qualifying pe	ouse died in 2015 or If the cost of maintain parried) at the end of erson (generally you	r 2016; in that year you qu ning your home, which wa the tax year, and maintair r child or relative). You ma	alified to file jointly; as your dependent on a home that for may be considered ur	you did not remarry befor child's (or stepchild's) mai ore than half of the tax yea nmarried if your spouse di
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All of the following mu January 1, 2018 and home for the entire year Must be unmarried (o is the principal home not live in your home not need to live with y	ust apply: your spryou paid over hall ear. r considered unm of a qualifying peduring the last size to qualify.	ouse died in 2015 or all the cost of maintain the cost of maintain the end of erson (generally you ix months of the tax	r 2016; in that year you quening your home, which want the tax year, and maintain rehild or relative). You mayear. If you are maintaining	alified to file jointly; as your dependent on a home that for many be considered uring the household o	you did not remarry befor child's (or stepchild's) mai ore than half of the tax yea nmarried if your spouse did a parent, the parent doe
All of the following mu January 1, 2018 and home for the entire ye ² Must be unmarried (o is the principal home not live in your home not need to live with y	ust apply: your spryou paid over halear. r considered unmof a qualifying peduring the last size to qualify. al Incom 1) All Form 1099-B als, 108 for une	ouse died in 2015 or lift the cost of maintain narried) at the end of erson (generally you ix months of the tax in	r 2016; in that year you quaning your home, which was the tax year, and maintain r child or relative). You mayear. If you are maintaining the property of the tax year and maintaining the property of the tax year, and maintaining the tax year. If you are maintaining the property of the tax year, and 1099 (such as s, 1099-R for annuities, perfunds, 1099-R for real estates.)	palified to file jointly; as your dependent on a home that for many be considered uring the household of the sales, IRA or other than the sales, SSA-1098 and card and third-parts and and third-parts are sales.	you did not remarry befor child's (or stepchild's) mai ore than half of the tax yea nmarried if your spouse di of a parent, the parent doe
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All of the following mu January 1, 2018 and home for the entire ye Must be unmarried (o is the principal home not live in your home not need to live with y Person CHECKLIST Documents needed in addition to your completed	ust apply: your spryou paid over halear. r considered unmof a qualifying peduring the last size to qualify. all ncom 1) All Form 1099-B als, 109 for une 1099-M 2) Schedudocume	ouse died in 2015 or lift the cost of maintain parried) at the end of erson (generally you ix months of the tax in months in mo	r 2016; in that year you quining your home, which was the tax year, and maintain r child or relative). You mayear. If you are maintaining the property of the tax year, and maintaining the tax year, and maintaining the tax year. If you are maintaining the tax year, and 1099 (such as still you are the tax year. Include the tax year, and fees, etc.). Include the ships, S corporations, est	palified to file jointly; as your dependent on a home that for many be considered uring the household of the household of the sales, SSA-1098 and card and third-palificates or trusts. (No provide them at a later sour dependent of the sales of trusts.)	you did not remarry befor child's (or stepchild's) mai ore than half of the tax year married if your spouse did a parent, the parent does not be presented by the parent does not be parent does not be presented by the parent does not be presented by the parent does not be presented by the parent does not be parent does not be presented by the parent does not be pa
All of the following mu January 1, 2018 and home for the entire ye Must be unmarried (o is the principal home not live in your home not need to live with y Person CHECKLIST Documents needed in addition	ust apply: your spryou paid over halear. r considered unmof a qualifying peduring the last size to u to qualify. 1) All Form 1099-B als, 109 for une 1099-N 2) Schedu docume 3) If you s	ouse died in 2015 or lift the cost of maintain married) at the end of erson (generally you ix months of the tax in the end of the erson (generally you ix months of the tax in the end of t	r 2016; in that year you quaning your home, which was the tax year, and maintain r child or relative). You mayear. If you are maintaining the property of the tax year, and maintaining the property of the tax year. If you are maintaining the property of the tax year, and 1099 (such as s, 1099-R for annuities, perfunds, 1099-R for real estate sation, 1099-K for merchans and fees, etc.). Include the ships, S corporations, estate ax appointment. You can perfect or mutual fund shares described to the property of the tax appointment. You can perfect or mutual fund shares described to the property of the tax appointment.	palified to file jointly; as your dependent on a home that for many be considered uring the household of the palific sales, SSA-1098 and card and third-palific sales or trusts. (No provide them at a later that the palific sales are trusts.)	you did not remarry befor child's (or stepchild's) mai ore than half of the tax year married if your spouse did a parent, the parent does not be presented by the parent does not be parent does not be presented by the parent does not be presented by the parent does not be presented by the parent does not be parent does not be presented by the parent does not be pa

STEP 1 The following items may affect your tax return. Please answer carefully.						
These question	ons pertain to calendar year 2017 unless otherwise noted.					
1) Y O N O	Did you pay or receive alimony (Tax Tip 1)? Do not include child support. (Select one.) Pay O Receive O					
	To/From: Name Social Security Number Amount \$					
2) YO NO	For the entire year, did you, your spouse and your dependents have health care coverage provided by either an employer or the government (Medicare, Medicaid or VA) or purchased through the Health Insurance Marketplace (Exchange) or directly from an insurance company?					
3) Y O N O	Did you move because of a job change?					
	Distance from old house to old job: Distance from old house to new job:					
4) Y O N O	Did you (or do you plan to before April 17, 2018) contribute to a traditional IRA or Roth IRA for 2017? (Tax Tip 2)					
	Self: Traditional IRA \$ Roth IRA \$ Spouse: Traditional IRA \$ Roth IRA \$					
5) Y O N O	Did you convert a traditional IRA or roll a qualified plan distribution to a Roth IRA in 2017?					
	If yes, amount converted/rolled over: \$					
6) YONO	Did you (or do you plan to before April 17, 2018) contribute to a health savings account (HSA) for 2017? (Tax Tip 3)					
	Amount of contribution: (Do not list employer contributions, including amounts you elected to contribute under a cafeteria plan, shown on your Form W-2.)					
	Self: \$Spouse: \$Type of health plan coverage: Self-only O					
7) Y O N O						
	Amount of distributions: \$ Amount of unreimbursed qualified medical expenses (attach list): \$					
8) YO NO						
5) 1/0 1/0	If yes, enter amount of out-of-pocket classroom costs you paid (Tax Tip 4): \$					
9) Y O N O	Did you pay child care costs for a dependent child under age 13, or costs of caring for a disabled dependent or spouse, so you could work, attend school or look for a job?					
	If yes, provide the amounts paid for each individual and the names, addresses and taxpayer identification numbers of the care providers. Amount, if any, reimbursed by an employer dependent care plan (Tax Tip 5): \$					
10) Y O N O	Did you pay expenses related to adopting a child? If yes, provide details of any expenses incurred (attach list).					
11) Y O N O	Did you pay any individual \$2,000 or more to perform household services during the year, such as a babysitter, caretaker, housekeeper, cook or gardener?					
12) Y O N O	Did you have any debts cancelled or reduced (including credit cards), property repossessed or foreclosed upon, or did you file for bankruptcy? (Tax Tip 6)					
13) YO NO	Did you have a financial interest in, or signature authority over, a financial account (such as a bank or securities account) located in a foreign country at any time during 2017? A financial account is located in a foreign country if it is physically located outside of the U.S., including an account maintained with a branch of a U.S. bank that is physically located outside of the U.S.					
	YONO If yes, did the aggregate value of all accounts located in a foreign country (other than accounts maintained on a U.S. military installation) exceed \$10,000 at any time during the year?					
14) Y O N O	Did you receive a distribution from, or were you the grantor of, or a transferor to, a foreign trust?					
15) YO NO	Do you have financial accounts maintained by a foreign (non-U.S.) bank or financial institution that totaled more than \$50,000 on the last day of the year or more than \$75,000 at any time during the year (\$100,000 and \$150,000, respectively, if married filing a joint return)?					
16) Y O N O	Did you own any other foreign financial assets (such as stock in a foreign corporation or an interest in a foreign partnership) that are not held in a financial account?					
17) TO SO	Do you (or your spouse) want to designate \$3 to the Presidential Election Campaign Fund? (Does not change amount due or refund.) Leave blank if neither wishes to designate \$3.					
18) Y O N O	Do you want to allow your preparer or another individual to discuss your federal return with the IRS? Provide name, phone number and personal identification number of individual if not preparer.					
	Name: Phone Number: Identification Number:					
19) Y O N O	Have you (or your spouse) received an Identity Protection Personal Identification Number (IP PIN) from the IRS?					
	If yes, enter six-digit code: Self: Spouse: Spouse:					
20) Y O N O	Did you make gifts to a trust or gifts totaling more than \$14,000 to any individual during the year? If so, provide recipient's name, address, relationship to you and the amount of the gift.					

(Continued) Check any of	the boxes bel	ow that apply to	you for 20	17:			
Purchased health insurance for yourself 1095-A (Heath Insurance Marketplace S		nrough the Health Insu	rance Marketplac	ce (Exchange). [Attach Form		
☐ Were granted stock options by your emp	oloyer and/or exercis	ed employer stock opt	ions.				
Owned any securities or held any debts	that became worthle	ss during the year.					
Contributed to or received distributions f			· ·				
Traveled more than 100 miles from home and stayed overnight to perform duties as a National Guard member or reservist.							
Performed services in the performing art	ts for at least two em	ployers.					
Lived or worked in a foreign country.	atata contintata						
☐ Purchased the following new plug-in elements ☐ Were in the military (or reservist).	ctric venicie:						
Received any notice from the IRS or a s	tate taxing authority						
☐ Contributed to or received distributions f		Better Life Experience	(ABLE) account.				
☐ I can be claimed as a dependent on ano							
Please provide any other informa	tion related to your	2017 taxes not repo	rted elsewhere	on this orga	nizer:		
STEP 2 Dependents	(lax lip 7) (attac	ch additional sheet, i	f necessary)				
Children							
Age 18 or younger (age 19–23 if attending so lived with you more than half the year and when the second sec							
permanently and totally disabled child).	no dia not provide in		wir support (or a	_	017 Unearned nvestment)		
Full Name		Date of Birth	SSN		ome > \$1,050?		
			_				
			_				
			_				
			_				
Check if it is possible that a different tax	. ,		<u>:</u>				
Check if you are divorced and either sign	ned or received Forn	າ 8332 (release of exe	mption for child).	·			
			Is 2017 Gross	# Months Resided in			
Other Dependents		Social	Income less	Your Hom			
(relatives and/or members of household)	Relationship	Security #	than \$4,050?	in 2017	From You		
					_		
					-		
					_		
STEP 3 Income							
	Wages—Prov	ide Forms W-2					
1 7 (3 7 7	Self	Spouse					
	Dividend and I	nterest Income					
Provide all Forms 1099-INT, 1099-DIV and 10 do not duplicate what's reported on the 1099)99 on a sepa	rate sheet, but		
Inst	tallment Sale P	ayments Recei	ved				
Total Payments \$	Is payer	a relative or related pa	arty? Yes O	No O			
Interest \$		uses property as a pri			er's:		
Principal \$, .	-				
Did sale occur in 2017? Yes O No O If yes, complete STEP 4.		ecurity number					

	STEP 3 Income (Co	ontinued)		
	Retire	ement Plan and Socia	al Security Income	
1)	Did you receive distributions from IRA	As, SEPs, pensions, 401(k)s or	other retirement plans (includ-	
	ing amounts rolled over and in-plan F	Roth rollovers)? Yes O	10 O	
	If yes, provide all Forms 1099-R rec 1099-R here			\$
2)	Amount of distribution rolled over to a	a qualified plan or traditional IF	RA (Tax Tip 8)	
3)	Amount of distribution rolled over to a	a Roth IRA		
4)	Amount of distribution rolled over to a	a Designated Roth Account		
5)	Amount of distribution made directly t	to a qualified charity		
6)	If you were under age 59½ when the tributions? (Tax Tip 9) Yes O No Explain:	distribution was received, do o O	you qualify for an exception to	the 10% penalty on early dis-
7)	If age 70½ or older in 2017, did you qualified retirement plans? Self:	take the 2017 required minim Yes O No O Yes O No O	um distributions from your IRA	s (other than Roth IRAs) and
8)	Did you receive social security or rails If yes, provide all Forms SSA-1099 o		s O No O	
	Partners	ships, Estates, Trusts	and S Corporations	
Indi not	vide a list of all the partnerships and cate on the list whether you materially engaged in a trade or business (for expression as stocks and bonds). Provide all So	participated in that entity's trac cample, an entity whose only a	de or business in 2017 (Tax Tip ctivity is ownership of rental rea	10). Write "N/A" if the entity is
	Other	Income—Provide Fo	rms 1098 and 1099	
Bar	ering Income			\$
Bon	uses and Prizes not reported on Form	n W-2 (Explain)		
Can	cellation of Debt (Form 1099-A or 109	99-C) (Tax Tip 6)		
Con	nmissions and Fees (Not reported in S	STEP 5)		
Disa	ability Income not included on Form W	/-2 (taxable)		
	cation Savings Account or Qualified T	* *	· ·	·
	nbling/Lottery Winnings			
•	Duty—Election Board Fees			
	olarships (Form 1098-T)			
	e Income Tax Refund (Form 1099-G)			
	and Gratuities not reported on Form			-
	mployment Compensation (Form 109	•		
	erans' Pension and Disability			
	kers' Compensationer (attach separate sheets if necessar			
Otti	ei (attacii separate sheets ii hecessar	y)		
	STEP 4 Sales and I	Exchanges		
Drov	vide information about sales of stock,		long with Forms 1000 R 1000	S closing statement or other
sup	porting information. Attach separate solide, there is no need to complete the	sheet if necessary. If all transa	actions, including basis, are re	ported on Forms 1099-B you
	·	Asset #1	Asset #2	Asset #3
Des	cription of Property			
Date	Acquired			
Date	9 Sold			
Sale	es Price	\$	\$	\$
Bas	is (Tax Tips 12 and 13)			
Ехр	enses of Sale			

STEP 5

Self-Employment Income (See also STEPs 7, 8 and 9)

If more than one farm activity or business, list income and expenses separately for each. Also include

any single-member limited liability comp	anies (LLCs).			
Business Activity/Product:				
Business Name:				
Did you begin or end the business in 2017? Begin O End O				
Gross Receipts (provide all Forms 1099-MISC and 1099-K)			\$	
Inventory—Beginning of Year				
Merchandise Purchases (less Product for Personal Use)				
Labor, Materials and Other Costs of Inventory				
Inventory—End of Year				
Did you make any payments requiring Forms 1099 be filed?1			Yes O	lo O
If Yes, did you file Forms 1099?			Yes O	юО
¹ Generally, payments of \$600 or more made to individuals and non reported. Common examples are payments for non-employee com			of a trade or bu	usiness must be
STEP 6 Rental and Royalty Income				
Physical Address (Street, City, State, Zip Code)	Type ¹	Rent/Royalty Received	Fair Rental Days	Personal Use Days
		\$		
Did and a second and a second	-			
Did you make any payments requiring Forms 1099 be filed?				
If Yes, did you file Forms 1099?				
¹ 1—Single family residence; 2—Multi-family residence; 3—Vacati 7—Self-rental; 8—Other (describe).	on/short-term	rental; 4—Comm	ercial; 5—Land	d; 6—Royalties;
1 Con Toman, C Caron (accombo).				
STEP 7 Travel, Meals and Entertainme	ent Expens	ses		
Travel expenses are deductible if you traveled away from home ov	-		neals and ente	ertainment when
not traveling are also deductible (subject to limits), provided you have	e records show	ing date, amount,	persons prese	
purpose. Employee expenses are not deductible if employee could h	ave been reim	bursed by the emp	oloyer.	
Use Correct Column [©]	Employ	ee Self-Em	ployed	ental Activity
Travel:				
Airplane, Train, Taxi, Auto Rental	\$	\$	\\$_	
Meals (See Employee/Self-Employed Tax Tip C on Page 6)			_	
Lodging			_	
Telephone/Internet Connection	·		_	
Cleaning and Laundry			_	
Baggage and Shipping			_	
Other:			_	
Meals and Entertainment Not Associated With Travel	<u> </u>		-	
Reimburse	ements			
Were you reimbursed for any of the above expenses? Yes O No	O If yes, pro	vide details, includ	ing how reporte	ed on Form W-2.

STEP 8 Self-Employment and Rental Expenses

Do you qualify for business use of home deductions? Yes O

(See Employee/Self-Employed Tax Tip B below.)

d to home. Do not duplicate below.

Use Correct Column F	Self-Employed ¹	Rental ¹
Advertising	\$	\$
Cleaning and Maintenance		
Commissions and Fees Paid		
Contract Labor		
Employee Benefit Programs (include health insurance for employees)		
Insurance (not including health)		
Interest • Mortgage (Form 1098)		
Other Interest		
Legal and Professional Fees		
Licenses		
Management Fees		
Office Expenses		
Pension/Profit-Sharing Plan Contributions Made for Employees		
Rent Paid • Vehicles, Machinery and Equipment		
Other Business Property		
Repairs and Maintenance		
Supplies		
Taxes		
Utilities		
Wages Paid		
Other Expenses (provide list)		
1 If more than one husiness or rental property, provide information separately for ea		

Business or rental asset purchases or sales. Provide a separate schedule listing dates of purchase or sale, purchase/sales price and property description. Include copies of sales receipts or contracts if available.

Health Insurance and Retirement Plans for the Self-Employed STEP 9

Insurance premiums paid: Health \$

Long-Term Care \$

Include premiums paid for yourself, spouse, dependents and children under age 27, as well as Medicare premiums. Do not include any premiums for months self-employed person was eligible to participate under any subsidized employer's plan. Report in STEP

Contributions made to your SEP, SIMPLE or qualified retirement plan for 2017. See Employee/Self-Employed Tax Tip D below. \$

Employee/Self-Employed Tax Tips

- A) First-Year Expensing Election. A certain amount of qualifying business assets purchased and placed in service in 2017 may be expensed currently. (Separate limits apply to business vehicles.)
- B) Business Use of Home Deduction. If an area of the home is used regularly and exclusively for business, a deduction for a portion of mortgage interest, taxes, insurance, other operating costs and depreciation may be allowed. Special rules apply for inventory storage and daycare. Ask for details.
- C) Per Diem Meal Rates. In lieu of using actual expenses incurred for meals and incidental expenses while travelling, self-employed individuals and employees may deduct IRS-approved per diem amounts. The amounts depend on location. Provide detailed list of dates and locations of business travel.
- D) Self-Employed Retirement Plans. Many retirement plans (funded with pre-tax dollars) are available to self-employed business owners. The deadlines for establishing and contributing to a retirement plan vary. If you have employees, matching contributions may be required.
- E) Small Employer Health Insurance Credit. A credit is available to qualified small employers that pay health insurance premiums for employees. Premiums paid for the business owner and his family members don't qualify. Ask us for details.

If more than one business or rental property, provide information separately for each.

STEP 10 Vehicle Expense

• Commuting between your home and regular work location is not deductible.

ness use. Daily records provide the best protection in case of an audit.

- · Commuting expenses for going between your home and a temporary work location outside the metropolitan area where you live and normally work are deductible. Travel expenses between your home and a temporary work location within your metropolitan area are not deductible unless either of the following tests are met:
 - 1) You have one or more regular work locations away from your home or
 - 2) Your home is your principal place of business.
- A work location is considered temporary if employment is expected to last and actually does last for one year or less.
- There are two methods to determine the deduction for vehicles used for business: (1) actual expenses or (2) standard mileage rate (for 2017, 53.5¢ per mile).
- For each vehicle used for business, complete lines 1–6. If you know that you use standard mileage allowance, ignore lines 7–13. If you purchased a vehicle this year and do not use standard mileage allowance, provide a copy of the sales invoice.

	Veh	icle	#	1	#.	2	#:	3
1)	Total miles driven this year:	Business						
		Commuting						
		Other Personal						
2)	Vehicle Description							
3)	Date Vehicle Was First Used	for Business						
4)	Cost (cash paid, net of any tra	ade allowance)	\$		\$		\$	
	Was a car traded in?		Yes O	Νο Ο	Yes O	No O	Yes O	No O
	or Lease Payments (for the	/ear)						
5)	Interest Paid on Vehicle Loan	(Self-Employed Only)						
6)	Parking and Tolls							
7)	Gasoline, Oil, Lubrication							
8)	Repairs, Maintenance, Car W	ashes						
9)	Tires and Supplies							
10)	Insurance							
11)	Tags and Licenses							
•	•							
13)	Other:							
14)	Sold in 2017? If yes, date sol	d:	Yes O	No O	Yes O	No O	Yes O	No O
15)	If yes, provide sales price and	d any trade information						
Que	estions for All Taxpayers Cla	iming Vehicle Expenses:						
1)	Do you have evidence to sup	port business use?					Yes O	No O
2)	If yes, is the evidence written	?					Yes O	No O
3)	Do you (or your spouse) have	another vehicle available for perso	nal use?				Yes O	No O
4)	Do you have an employer-pro	ovided vehicle that is available for pe	ersonal use	during of	f-duty hour	s?	Yes O	No O
5)	Were you reimbursed for any	of above auto expenses?					Yes O	No O
6)	If yes, is the reimbursement in	ncluded in your Form W-2?					Yes O	No O
Rec	ordkeeping: Your vehicle exp	enses will not be allowed by the IRS	S without ac	lequate re	cords or su	fficient evi	dence verify	/ing busi-

Include information about education expenses incurred for you, your spouse or your dependents. 1) Student's Name	STEP 11 Education Expenses (A	ttach Form	s 1098-E,	1098-T	and 10	99-Q)			
2) If in college, was student enrolled at least half-time for at least one academic period beginning in 2017?	Include information about education expe	nses incurre	d for you,	your sp	oouse or	your c	leper	ndents.	
at least one academic period beginning in 2017?	1) Student's Name								
Yes O No O Yes O No O Yes O No O Yes O No O Yes O No O Yes O No O Yes O No O Yes O No O Yes O N	,	_	•		_	_			•
4) Educational Purpose (degree seeking, job related) 5) Name of Institution 6) Total Amount Paid (attach detailed list of expenses) (See Tax Tip 14) 7) Paid By Whom? 8) Student's Grade or Year in College 9 Indicate whether or not student was convicted before 12/31/2017 of a felony for possession or distribution of a controlled substance. STEP 12 Itemized Deductions Note: Complete this step only if you think your total itemized deductions might exceed the IRS standard deduction for your filing status (see below). 2017 Standard Deduction Filing Status Standard Deduction Filing Status Other (Plandard Deduction	at least one academic period beginning in 2017?	Yes O	No O	Y	⁄es O	No C)	Yes O	No O
5) Name of Institution	3) Felony Conviction? ¹	Yes O	No O	Y	′es O	No C)	Yes O	No O
STEP 12 Itemized Deductions	4) Educational Purpose (degree seeking, job related)			_					
(See Tax Tip 14)	5) Name of Institution			_					
7) Paid By Whom?	6) Total Amount Paid (attach detailed list of expenses) (See Tax Tip 14)	\$		\$				\$	
Itemized Deductions Note: Complete this step only if you think your total itemized deductions might exceed the IRS standard deduction for your filing status (see below). 2017 Standard Deduction Standard Deduction Standard Deduction Standard Deduction Add for Blind and/or Over 65 Married Filing Jointly or Qualifying Widow(er). Single. 6,350 1,550 Head of Household. 9,350 1,550 Married Filing Separately. Medical Expenses Deductible only if net expenses exceed 10% of Adjusted Gross Income (AGI) Note: Do not include amounts paid for or reimbursed by insurance or health insurance premiums paid with pre-tax income. Did you pay medical expenses for a person you cannot claim as a dependent? Yes O Not of include amounts paid for or reimbursed by insurance or health insurance premiums paid with pre-tax income. Medicare Insurance Premiums' (Include premiums for vision and dental insurance but not for disability or loss of income policies). Medicare Insurance Premiums' (Form SSA-1099) Long-Term Care Insurance Premiums' (Tax Tip 15). Prescribed Drugs and Insulin. Dentists and Orthodontists. Glasses, Contact Lenses, Eye Exams, Laser Eye Surgery. Hospitals, Nurses, Ambulance. Nursing or Long-Term Care Facility. Other (please detail):	7) Paid By Whom?			_					
Note: Complete this step only if you think your total itemized deductions might exceed the IRS standard deduction for your filing status (see below). 2017 Standard Deduction Standard Deduction	8) Student's Grade or Year in College			_					
Note: Complete this step only if you think your total itemized deductions might exceed the IRS standard deduction for your filling status (see below). 2017 Standard Deduction Standard Deduction Pilling Status Deduction \$12,700	¹ Indicate whether or not student was convicted before 12/31	/2017 of a f	elony for po	ossessi	ion or dis	stributio	n of	a controlled s	ubstance.
Standard Deduction Filing Status Deduction Standard Deduction Add for Blind and/or Over 65 Married Filing Jointly or Qualifying Widow(er)	STEP 12 Itemized Deductions								
Standard Deduction Deduction Deduction Standard Deduction And/or Over 65		zed deducti	ons might	excee	d the IR	S stand	dard	deduction fo	r your filing
## Status Peduction Status Peduction Status Sta	2017 Sta	andard E	eductio	on					
Married Filing Jointly or Qualifying Widow(er) \$ 12,700				Standa	ard		-	Add for Blind	d
Single	Filing Status		1	Deduct	tion		а	nd/or Over 6	55
Head of Household				12,7	00	+		\$ 1,250	
Medical Expenses Deductible only if net expenses exceed 10% of Adjusted Gross Income (AGI) Note: Do not include amounts paid for or reimbursed by insurance or health insurance premiums paid with pre-tax income. Did you pay medical expenses for a person you cannot claim as a dependent? Yes O No O If yes, ask your tax preparer. Health Insurance Premiums¹ (Include premiums for vision and dental insurance but not for disability or loss of income policies). Medical Expenses Deductible only if net expenses exceed 10% of Adjusted Gross Income (AGI) No O If yes, ask your tax preparer. \$ Medical Expenses Deal of the expenses exceed 10% of Adjusted Gross Income (AGI) No O If yes, ask your tax preparer. \$ Medical Expenses Deal of the expenses exceed 10% of Adjusted Gross Income (AGI) No O If yes, ask your tax preparer. \$ Medical Expenses No O If yes, ask your tax preparer. \$ Medical Expenses Should a prevail income. Should a preparer of the prevail income. Should a preparer of the preparer of th	Single			6,3	50			1,550	
Medical Expenses Deductible only if net expenses exceed 10% of Adjusted Gross Income (AGI) Note: Do not include amounts paid for or reimbursed by insurance or health insurance premiums paid with pre-tax income. Did you pay medical expenses for a person you cannot claim as a dependent? Yes O No O If yes, ask your tax preparer. Health Insurance Premiums¹ (Include premiums for vision and dental insurance but not for disability or loss of income policies)	Head of Household			9,3	50			1,550	
Note: Do not include amounts paid for or reimbursed by insurance or health insurance premiums paid with pre-tax income. Did you pay medical expenses for a person you cannot claim as a dependent? Yes O No O If yes, ask your tax preparer. Health Insurance Premiums¹ (Include premiums for vision and dental insurance but not for disability or loss of income policies) Medicare Insurance Premiums¹ (Form SSA-1099) Long-Term Care Insurance Premiums¹ (Tax Tip 15) Prescribed Drugs and Insulin Doctors and Clinics Dentists and Orthodontists Glasses, Contact Lenses, Eye Exams, Laser Eye Surgery Hospitals, Nurses, Ambulance Other (please detail): Other (please detail):	Married Filing Separately			6.3	50			1,250	
Did you pay medical expenses for a person you cannot claim as a dependent? Yes O No O If yes, ask your tax preparer. Health Insurance Premiums¹ (Include premiums for vision and dental insurance but not for disability or loss of income policies)				-,-					
Health Insurance Premiums¹ (Include premiums for vision and dental insurance but not for disability or loss of income policies)	Med	ical Exp	enses		ross Inc	ome (AGI)		
but not for disability or loss of income policies)	Med Deductible only if net expenses	ical Expenses	enses % of Adjus	sted G			-	pre-tax incom	ne.
Long-Term Care Insurance Premiums¹ (Tax Tip 15) Prescribed Drugs and Insulin Doctors and Clinics Dentists and Orthodontists Glasses, Contact Lenses, Eye Exams, Laser Eye Surgery Hospitals, Nurses, Ambulance Nursing or Long-Term Care Facility Other (please detail):	Deductible only if net expenses Note: Do <i>not</i> include amounts paid for or reimbursed by ins	ical Expension Expension in Exp	enses % of Adjus lealth insul	sted Grance p	remium	s paid	with	•	
Prescribed Drugs and Insulin	Deductible only if net expenses Note: Do not include amounts paid for or reimbursed by ins Did you pay medical expenses for a person you cannot claid Health Insurance Premiums¹ (Include premiums for vision a	ical Expense or home as a dependent dental in	enses % of Adjust tealth insure tendent? Ye tensurance	sted Grance per O	oremium No O	s paid	with pyes,	•	
Prescribed Drugs and Insulin	Deductible only if net expenses Note: Do not include amounts paid for or reimbursed by ins Did you pay medical expenses for a person you cannot clai Health Insurance Premiums¹ (Include premiums for vision a but not for disability or loss of income policies)	ical Exp exceed 10° surance <i>or</i> h im as a dep and dental in	enses % of Adjust realth insur- endent? Yearsurance	sted Grance per O	no O	s paid	with pyes,	•	
Dentists and Orthodontists	Deductible only if net expenses Note: Do not include amounts paid for or reimbursed by ins Did you pay medical expenses for a person you cannot claid Health Insurance Premiums¹ (Include premiums for vision a but not for disability or loss of income policies)	ical Expo exceed 10° surance or h im as a dep and dental in	enses % of Adjust nealth insur endent? Yes nsurance	sted Grance pes O	No O	s paid	with pyes,	•	
Glasses, Contact Lenses, Eye Exams, Laser Eye Surgery Hospitals, Nurses, Ambulance Nursing or Long-Term Care Facility Other (please detail):	Deductible only if net expenses Note: Do not include amounts paid for or reimbursed by ins Did you pay medical expenses for a person you cannot clai Health Insurance Premiums¹ (Include premiums for vision a but not for disability or loss of income policies) Medicare Insurance Premiums¹ (Form SSA-1099)	ical Exp exceed 10° surance <i>or</i> h im as a dep and dental in	enses % of Adjus ealth insurendent? Yearsurance	sted Grance pes O	No O	s paid	with pyes,	•	
Hospitals, Nurses, Ambulance	Deductible only if net expenses Note: Do not include amounts paid for or reimbursed by institution. Did you pay medical expenses for a person you cannot claid Health Insurance Premiums¹ (Include premiums for vision a but not for disability or loss of income policies)	ical Exp exceed 10° surance <i>or</i> h im as a dep and dental ir	enses % of Adjust ealth insur endent? Ye nsurance	rance pes O	No O	s paid	with pyes,	•	
Other (please detail):	Deductible only if net expenses Note: Do not include amounts paid for or reimbursed by ins Did you pay medical expenses for a person you cannot clai Health Insurance Premiums¹ (Include premiums for vision a but not for disability or loss of income policies) Medicare Insurance Premiums¹ (Form SSA-1099)	ical Exp exceed 10° surance <i>or</i> h im as a dep and dental in	enses % of Adjus ealth insurendent? Yes ensurance	rance pes O	No O	s paid	with pyes,	•	
Other (please detail):	Deductible only if net expenses Note: Do not include amounts paid for or reimbursed by institution. Did you pay medical expenses for a person you cannot claid Health Insurance Premiums¹ (Include premiums for vision a but not for disability or loss of income policies)	ical Exp exceed 10° surance <i>or</i> h im as a dep and dental ir	enses % of Adjus ealth insur endent? Ye nsurance	rance pes O	No O	s paid	with pyes,	•	
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	Deductible only if net expenses Note: Do not include amounts paid for or reimbursed by institute the properties of the	ical Exp exceed 10° surance <i>or</i> h im as a dep and dental ir	enses % of Adjust ealth insur endent? Ye asurance	rance pes O	No O	s paid If	with pyes,	•	
	Deductible only if net expenses Note: Do not include amounts paid for or reimbursed by institute the properties of the	ical Exp exceed 10° surance <i>or</i> h im as a dep and dental ir	enses % of Adjust ealth insur endent? Ye asurance	rance pes O	No O	s paid If	with p	•	
Medical Miles Driven in 2017	Deductible only if net expenses Note: Do not include amounts paid for or reimbursed by ins Did you pay medical expenses for a person you cannot claid Health Insurance Premiums¹ (Include premiums for vision a but not for disability or loss of income policies)	ical Exponence or home as a dependent dental in	enses % of Adjust tealth insurance insurance	rance pes O	No O	s paid If	with p	•	
Parking Fees	Deductible only if net expenses Note: Do not include amounts paid for or reimbursed by ins Did you pay medical expenses for a person you cannot claid Health Insurance Premiums¹ (Include premiums for vision a but not for disability or loss of income policies)	ical Expense or his as a depand dental in	enses % of Adjustealth insurance	rance pes O	No O	s paid If	with p	•	
Lodging While Obtaining Medical Treatment Limited to \$50 per night, per person	Deductible only if net expenses Note: Do not include amounts paid for or reimbursed by institution disability or loss of income policies)	ical Exp exceed 10° surance or h im as a dep and dental ir	enses % of Adjus ealth insur endent? Ye nsurance	rance pes O	No O	See Note Above	with p	•	
	Deductible only if net expenses Note: Do not include amounts paid for or reimbursed by institute the properties of the	ical Exponence or home as a dependent dental in	enses % of Adjustealth insurance	es O	No O	See Note Above	with p	•	
	Deductible only if net expenses Note: Do not include amounts paid for or reimbursed by institute the properties of the	ical Exponence or home as a dependent dental in	enses % of Adjustealth insurance	es O	No O	See Note Above	with p	•	

STEP 12 Itemized Deductions (Continued)	
Taxes	
State and Local Income Taxes Paid in 2017 (include 2017 estimated tax payments and amounts paid with 2016 return)	\$
State and Local Sales Tax Paid for Major Purchases (motor vehicles, boats, airplanes, homes or home building materials, if rate same as general sales tax rate)	
Foreign Taxes	
Real Estate Taxes—Homestead (less special assessments)	
Other Real Estate Taxes (second home, cabin, etc.)	
Property Tax Refund	
Special Assessments—Interest Portion Only	
Personal Property Taxes (auto license tags, etc.)	
Charitable Donations (Use separate sheet if needed.) Monetary donations under \$250 each must be substantiated by either (1) a bank record (such as (2) a written receipt from the charity showing its name and the date and amount of the donation \$250 or more, the taxpayer must obtain a written acknowledgment from the charity. (Se	For each donation of
Cash, Check or Credit Card (include payroll deductions):	
Churches or Synagogues	\$
Other:	
Other:	
Other:	
Noncash:	
Fair Market Value (FMV) of Items Given to Charities	
Attach list of each item (or group of similar items) and its FMV (Tax Tip 17).	
If a vehicle, boat or airplane donation over \$500, provide Form 1098-C.	
Out-of-Pocket Expenses for Charitable Work	
Charitable Miles: Miles × 14¢ =	
Other:	
	D. N. (D U (OTED 7
Miscellaneous Expenses	Do Not Duplicate STEP 7
Deductible only if total exceeds 2% of Adjusted Gross Income (AGI)	
Unreimbursed employee business expenses (for example, union dues, tools and supplies, special uniforms and safety equipment, professional dues and subscriptions, job-related education—see	
Tax Tip 18). List items on separate sheet. See STEP 7 for automobile expenses and travel and entertainment	\$
entertainment	\$
entertainment	\$
entertainment	\$
entertainment	\$
entertainment Job-Seeking Expenses in Same Field (Tax Tip 19) Travel/Air Fare/Lodging \$ Meals Employment Agency Fees	
entertainment Job-Seeking Expenses in Same Field (Tax Tip 19) Travel/Air Fare/Lodging \$ Meals	
entertainment Job-Seeking Expenses in Same Field (Tax Tip 19) Travel/Air Fare/Lodging	
entertainment Job-Seeking Expenses in Same Field (Tax Tip 19) Travel/Air Fare/Lodging \$ Meals \$ Employment Agency Fees \$ Resume \$ Other \$ Total = Tax Prep, Financial Planning/Consultation Fees (Tax Tip 20)	
entertainment Job-Seeking Expenses in Same Field (Tax Tip 19) Travel/Air Fare/Lodging	
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entertainment Job-Seeking Expenses in Same Field (Tax Tip 19) Travel/Air Fare/Lodging \$ Meals \$ Employment Agency Fees \$ Resume \$ Other \$ Total = Tax Prep, Financial Planning/Consultation Fees (Tax Tip 20) Investment Expenses (Tax Tip 21) Phone/Postage/Supplies for Investments \$ Safe Deposit Box \$ Investment Publications and Journals \$ IRA and Other Retirement Plan Fees You Paid Directly \$ IRA and Other Retirement Plan Fees You Paid Directly \$ Investment Publications and Journals \$ IRA and Other Retirement Plan Fees You Paid Directly \$ Investment Publications \$ IRA and Other Retirement Plan Fees You Paid Directly \$ IRA and Other Retirement Plan Fees You Paid Directly \$ Investment Plan Fees You Paid Directly \$ Investment Plan Fees You Paid Directly \$ IRA and Other Retirement Plan Fees You Paid Directly \$ IRA and Other Retirement Plan Fees You Paid Directly \$ IRA and Other Retirement Plan Fees You Paid Directly \$ IRA and IR	
entertainment Job-Seeking Expenses in Same Field (Tax Tip 19) Travel/Air Fare/Lodging	
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entertainment	
entertainment Job-Seeking Expenses in Same Field (Tax Tip 19) Travel/Air Fare/Lodging	

ST	ΓΕΡ 13	Principal Residence (attach any 2017 closing statements)
Yes O	ΝοΟ	Did you sell your principal residence in 2017? If yes: (Tax Tip 25)
		Yes O No O Did you own and use it as a principal residence for at least two of five years before the sale?
		Yes O No O Did you sell a previous residence within two years before the sale date and exclude any gain?
		Yes O No O After 2008, was the property ever used for anything other than as a principal residence (for example, as a vacation home or rental property)?
Yes O	ΝοΟ	Did you purchase a residence in 2017?
Yes O	No O	Did you refinance your mortgage or take out a home equity loan in 2017? Amount of proceeds used for something other than acquiring or improving your home: \$
Yes O	№ О	Did you purchase any energy-efficient improvements such as solar water heaters, generators or fuel cells, small wind energy property, geothermal heat pump property or energy efficient exterior doors, windows, insulation, heat pumps, furnaces, central air conditioners or water heaters?
Yes O	No O	Did you receive a first-time homebuyer credit for a home purchased in 2008? If yes, enter the amount of the credit: \$

STEP 14 2017 Estimated Tax Payments ¹							
		Federal	Date Paid	State	Date Paid		
Amount applied from 20°	16 overpayment, if any:	\$		\$			
First Quarter Payment M	lade			T			
Second Quarter Paymer	nt Made						
Third Quarter Payment I	Made						
Fourth Quarter Payment	Made						
¹ Do not include withhold	ding from Forms W-2 or	1099 in estimated ta	x payments listed he	re.			

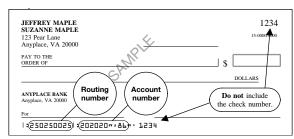
STEP 15 Tax Refund—Direct Deposit Information

If you receive a 2017 federal tax refund, the refund can be routed to up to three of your checking or savings accounts. (Tax refunds may also be directly deposited to your IRA, myRA, Health Savings Account, Archer MSA, Education Savings Account or Treasury Direct Account or used to buy up to \$5,000 in series I savings bonds.) If you prefer a direct deposit, please complete the following information. Otherwise a refund check will be mailed to you at the address on your tax return.

Type of Account (Checking, Savings, IRA, etc.)	Routing Number (Nine digits)	Account Number	Percent of Refund

Sample check:

Note: The routing and account numbers may be in different places on your check.



Privacy Policy:

We collect nonpublic information about you from the following sources:

- Information we receive from you on applications, tax organizers, worksheets and other forms,
-) Information about your transactions with us, our affiliates or others and
- 3) Information we receive from a consumer reporting agency.

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

We restrict access to nonpublic personal information about you to those members of our firm who need to know that information in order to provide services to you. We maintain physical, electronic and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.

Tax Tips

- 1) Payments that meet specific requirements are treated as alimony for tax, regardless of how they are described in a divorce decree. One of the requirements is that the payments end upon the recipient's death. So, payments for maintenance or spousal support may be considered alimony for tax. Ask us for details.
- IRA contributions are limited to the lesser of \$5,500 (\$6,500 if age 50 or older at year-end) or compensation. If you (and your spouse) are not covered by an employer retirement plan, traditional IRA contributions (up to the limit) are fully deductible. If you or your spouse are covered by an employer retirement plan, the deduction is phased out at higher income levels. Roth IRA contributions are not deductible. Also, regardless of whether you are covered by an employer retirement plan, the Roth IRA contribution limit is phased out at certain income levels. If only one spouse has compensation, a spousal IRA can be set up for the nonworking spouse. Each spouse (working and nonworking) can contribute up to \$5,500 (\$6,500 if age 50 or older) provided the working spouse's compensation is at least equal to the IRA contributions.
- 3) Individuals covered only by a high deductible health plan (for 2017, deductible of at least \$1,300 for individual coverage and \$2,600 for family coverage) can make deductible (subject to limits) HSA contributions.
- 4) Grade K-12 teachers may be able to deduct amounts paid for books, supplies (other than nonathletic supplies for health and PE courses), computer software and other equipment and materials used in the classroom as well as certain expenses for professional development courses.
- 5) The child and dependent care credit is generally available to married taxpayers only if both spouses have earned income, unless a spouse is a full-time student or disabled.
- 6) Cancellation of debt (COD) generally results in taxable income. However, exceptions are available for bankrupt and insolvent taxpayers as well as for cancellations or reductions of student loans, farm-related loans and loans related to business real property.
- 7) A person who files a joint return (other than a return filed solely to claim a refund) cannot be claimed as a dependent. Also, special rules apply to children of divorced parents.
- 8) To be tax free, IRA and qualified plan distributions must be rolled over to another traditional IRA or qualified plan within 60 days. Also, for IRAs, there is a one-year waiting period between tax-free rollovers.
- 9) IRA (but not qualified plan) withdrawals before age 591/2 are not subject to the 10% penalty if the funds are used for (a) medical expenses that are deductible as an itemized deduction (b) certain higher educational expenses (c) a first-time home purchase for distributions up to \$10,000 or (d) medical insurance by individuals who are unemployed for at least 12 weeks. Other exceptions may apply to IRA and qualified plan withdrawals.
- 10) Material participation in a trade or business generally means the taxpayer spends more than 500 hours participating in the activity during the year. However, the test can also be met in other situations, such as when the taxpayer is the only one who substantially participates in the activity or spends more than 100 hours participating and no one else spends more time.
- 11) If "allocated tips" are listed on year-end Form W-2, the amount will be subject to both social security and income tax unless records (tip log) verify that a lesser amount was actually received.

- 12) Improvement costs may reduce taxable gain upon sale of property. Keep records of improvement costs made to all real property at least four years after the property is sold.
- 13) If stock or mutual fund dividends are automatically reinvested instead of received in cash, these reinvestments increase cost basis, and reduce gain or increase loss upon sale.
- 14) Tax benefits such as a credit, deduction or income exclusion for interest on certain U.S. savings bonds may be available for certain education expenses. Benefits may be phased out at certain income levels. List the following expenses: (a) tuition and required fees, (b) books, supplies and equipment required for attendance, (c) computer equipment and internet access, (d) room and board (if at least half-time attendance) and (e) student loan interest.
- 15) Qualified long-term care insurance premiums are deductible subject to age and annual dollar limits.
- 16) Charitable contributions of \$250 or more in any one day to any one organization must have written acknowledgment from the organization. The acknowledgment must state whether or not any goods or services were received in exchange for the donation.
- 17) When making contributions of used furniture, appliances and clothing to nonprofit organizations, attach a record of the items donated to the receipt for proof of this deductible contribution. Contributions must be in good or better condition to be deductible.
- 18) Expenses incurred for education for improving your skills for your present job or maintaining your job may be deducted. Seminars, tuition, books and some travel expenses can be deducted.
- 19) Job-seeking costs in the same field of employment are deductible. Successful job placement is not necessary.
- 20) Part of a legal fee incurred in a divorce or an estate plan may be deductible if it is for advice on the tax consequences. Have your attorney clearly indicate how much of the fee is for tax advice.
- 21) Expenses incurred for attending conventions, seminars or other meetings that give investment advice to taxpayers are not deductible.
- 22) Generally, a net loss due to a casualty (such as flood, fire, theft, etc.) is deductible to the extent it exceeds 10% of your AGI. Special rules apply to federally declared disasters.
- 23) A home can be a house, condominium, cooperative, mobile home, boat or similar property. It must provide basic living accommodations including sleeping space, toilet, and cooking facilities.
- 24) Loan origination fees (points) paid on a loan to buy or build a principal residence are generally deductible as interest in the year paid. Points paid on refinancing an existing mortgage or on a loan to purchase or improve a second home must be deducted (amortized) over the life of the loan. Exception: If part of the proceeds were used to improve your main home, points related to the improvements may be deducted in the year paid.
- 25) You can exclude up to \$250,000 (\$500,000 if married and filing jointly or certain surviving spouses) of the gain on a sale of a principal residence if you owned and occupied the residence for two out of the five years before the date of sale. If the home was used other than as your principal residence any time after 2008, some of the gain may be
- 26) Keep receipts supporting tax deductions at least four years.