

Dievendorf and Company
271 Delaware Avenue
Delmar, NY 12054
518-439-1040

NEW CLIENT

Dear NEW CLIENT:

This letter is to confirm and specify the terms of our engagement with you and to clarify the nature and extent of the services we will provide. In order to ensure an understanding of our mutual responsibilities, we ask all clients for whom returns are prepared to confirm the following arrangements.

We will prepare your 2017 federal and state income tax returns from information which you will furnish to us. We will not audit or otherwise verify the data you submit, although it may be necessary to ask you for clarification of some of the information. We will furnish you with questionnaires and worksheets to guide you in gathering the necessary information. Your use of such forms will assist in keeping the fee to a minimum.

It is your responsibility to provide all the information required for the preparation of complete and accurate returns. You should retain all the documents, cancelled checks and other data that form the basis of income and deductions. These may be necessary to prove the accuracy and completeness of the returns to a taxing authority. You have the final responsibility for the income tax returns and, therefore, you should review them carefully before you sign them.

Our work in connection with the preparation of your income tax returns does not include any procedures designed to discover defalcations and/or irregularities, should any exist. We will render such accounting and bookkeeping assistance as determined to be necessary for preparation of the income tax returns.

The law provides various penalties that may be imposed when taxpayers understate their tax liability. If you would like information on the amount or the circumstances of these penalties, please contact us.

Your returns may be selected for review by the taxing authorities. Any proposed adjustments by the examining agent are subject to certain rights of appeal. In the event of such government tax examination, we will be available upon request to represent you and will render additional invoices for the time and expenses incurred. Our fee for these services will be based upon the amount of time required at standard billing rates plus out-of-pocket expenses. All invoices are due and payable upon presentation.

If the foregoing fairly sets forth your understanding, please sign the enclosed copy of this letter in the space indicated and return it to our office.

We want to express our appreciation for this opportunity to work with you.

Very truly yours,

Dievendorf and Company

I accept these terms:

Date: _____

**Dievendorf and Company
271 Delaware Avenue
Delmar, NY 12054
518-439-1040**

January 5, 2018

NEW CLIENT

CONSENT TO DISCLOSURE OF TAX RETURN INFORMATION

Federal law requires this consent form be provided to you to engage our tax preparation services. Unless authorized by law, we cannot disclose your tax return information to third parties for purposes other than the preparation and filing of your tax return without your consent. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

You are not required to complete this form. Because our ability to disclose your tax return information to another tax return preparer affects the tax preparation services that we provide to you and its cost, we may decline to provide you with tax preparation services or change the terms (including the cost) of tax preparation services that we provide to you if you do not sign this form. If you agree to the disclosure of your tax return information, your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature.

We, Dievendorf and Company, a U.S.- based firm may disclose your 2017 tax return information to the entities listed below. The information disclosed may include information furnished to for or in connection with the preparation of your tax return(s); information derived or generated by Dievendorf and Company from the information furnished; and/or tax return information associated with prior years' returns in the possession of Dievendorf and Company. The information disclosed may also include all information contained within your tax return(s); if you wish to request a more limited disclosure of your tax return information you must inform Dievendorf and Company.

If you would like to agree to allow Dievendorf and Company to disclose your tax return information to the entities listed below, initial next to the authorization declaration below and sign and date this consent to the disclosure of your 2017 tax return information.

_____ I, NEW CLIENT authorize Dievendorf and Company to disclose to the following my 2017 tax return information:

- _____ TAX PAYMENTS AND REFUNDS
- _____ MORTGAGE BROKERS
- _____ HEALTH CARE PROGRAMS
- _____ BROKERS AND FINANCIAL PLANNERS

Taxpayer Signature: NEW CLIENT

Date Signed

Consent Valid Until: **One year from signature date**

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at complaints@tigta.treas.gov.

Please feel free to contact us at 518-439-1040 if you have questions or would like more information regarding our privacy and confidentiality policies and procedures.

Dievendorf and Company
271 Delaware Avenue
Delmar, NY 12054
518-439-1040

NEW CLIENT

Dear NEW CLIENT:

This Tax Organizer is designed to help you gather the tax information needed to prepare your 2017 personal income tax return. To help you complete the Organizer with minimal time and effort, should you choose to do so, when available, you will find certain information from your 2016 personal income tax return. You are not required to fill out this organizer, **BUT YOU MUST BRING IT WITH YOU TO YOUR APPOINTMENT OR INCLUDE IT IF YOU DROP OFF YOUR INFORMATION.**

You must sign the engagement letter and fill out and sign the questionnaire.

The *Consent to Disclose* is not required to be signed, although clients have found it useful when they suddenly need a copy of a tax return sent to someone else, like a broker or a bank. The language of this document is directly from the IRS.

If any information does not apply to you or is incorrect, please draw a line through it or make the necessary corrections. Please use pencil and normal rules of rounding. Remember, I am required to efile all returns for both IRS and the states.

I prepare from original documents, so please be sure to enclose all the following documents if they pertain to you. The bold type is for documents that are newly required or where questions have been raised in the past:

- **A copy of your drivers license or non-driver ID.**
- **Copies of checks of all estimated payments made for 2017.**
- Forms W-2 for wages, salaries and tips.
- All Forms 1099 for interest, dividends, retirement, miscellaneous income, Social Security, state or local refunds, gambling winnings, etc.
- Brokerage statements showing investment transactions for stocks, bonds, etc.
- Schedule K-1 from partnerships, S corporations, estates and trusts.
- Statements supporting educational expenses, deductions or distributions, including any Forms 1098-T, 1098-E, or 1099-Q.
- All Forms 1095-A, 1095-B, and/or 1095-C related to health care coverage or the Premium Tax Credit.
- Statements supporting deductions for mortgage interest, **property & school tax bills paid in 2017**, charitable contributions (including any Form 1098-C)
- Copies of closing statements regarding the sale or purchase of real property.
- Legal papers for adoption, divorce, or separation involving custody of your dependent children.
- Any tax notices sent to you by the IRS or other taxing authority.
- A copy of your income tax return from last year, **if not prepared by this office.**

K-1's and brokerage statements are usually received late, so I would appreciate it if you would drop off your information or sit for your appointment even if those things are missing. We can get the bulk of the work done before they arrive and add them when they do. This will lessen our mutual frustration as April approaches.

Like all providers of personal financial services, tax professionals are required by law to inform

clients of their policies regarding privacy of client information. Our firm continues to adhere to professional standards of confidentiality that are even more stringent than those required by law. We have always protected the security and privacy of your personal and financial information.

Types of Nonpublic Personal Information We Collect

The only nonpublic personal information we collect is provided to us by you or obtained with your authorization.

Parties to Whom We Disclose Information

We do not disclose any nonpublic personal information obtained in the course of our practice except as required or permitted by law. Permitted disclosures may include providing information to our employees, or, in limited situations, to unrelated third parties who need that information to assist us in serving you. In all situations, we stress the confidential nature of the information being shared.

Protecting the Confidentiality and Security of Clients' Information

We retain records relating to our professional services to better serve your professional needs and, in some cases, to comply with professional guidelines. In order to protect your nonpublic personal information, we maintain physical, electronic, and procedural safeguards that comply with our professional standards.

Thank you for the opportunity to serve you again this year.

Sincerely,

Judith Dievendorf

Questions

Please check the appropriate box and include all necessary details and documentation.

	Yes	No
Personal Information		
Did your marital status change during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____		
Did your address change from last year?	<input type="checkbox"/>	<input type="checkbox"/>
Can you be claimed as a dependent by another taxpayer?	<input type="checkbox"/>	<input type="checkbox"/>
Did you change any bank accounts, or did routing transit numbers (RTN) and/or bank account number change for existing bank accounts that have been used to direct deposit (or direct debit) funds from (or to) the IRS or other taxing authority during the tax year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive an Identity Protection PIN (IP PIN) from the IRS or have you been a victim of identity theft? If yes, attach the IRS letter.	<input type="checkbox"/>	<input type="checkbox"/>
Did you reside in or operate a business in a Federally declared disaster area?	<input type="checkbox"/>	<input type="checkbox"/>
Dependent Information		
Were there any changes in dependents from the prior year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____		
Do you have any children under age 19 or a full-time student under age 24 with unearned income in excess of \$2,100?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have dependents who must file a tax return?	<input type="checkbox"/>	<input type="checkbox"/>
Did you provide over half the support for any other person(s) other than your dependent children during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay for child care while you worked, looked for work, or while a full-time student?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any expenses related to the adoption of a child during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If you are divorced or separated with child(ren), do you have a divorce decree or other form of separation agreement which establishes custodial responsibilities?	<input type="checkbox"/>	<input type="checkbox"/>
Did any dependents receive an Identity Protection PIN (IP PIN) from the IRS or have they been a victim of identity theft? If yes, attach the IRS letter.	<input type="checkbox"/>	<input type="checkbox"/>
Purchases, Sales and Debt Information		
Did you start a new business or purchase rental property during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell, exchange, or purchase any assets used in your trade or business?	<input type="checkbox"/>	<input type="checkbox"/>
Did you acquire a new or additional interest in a partnership or S corporation?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell, exchange, or purchase any real estate during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you purchase or sell a principal residence during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you foreclose or abandon a principal residence or real property during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you acquire or dispose of any stock during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you take out a home equity loan this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you refinance a principal residence or second home this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell an existing business, rental, or other property this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you lend money with the understanding of repayment and this year it became totally uncollectable?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any debts canceled or forgiven this year, such as a home mortgage or student loan(s)?	<input type="checkbox"/>	<input type="checkbox"/>
Did you purchase a qualified plug-in electric drive vehicle or qualified fuel cell vehicle this year?	<input type="checkbox"/>	<input type="checkbox"/>
Income Information		
Did you have any foreign income or pay any foreign taxes during the year, directly or indirectly, such as from investment accounts, partnerships or a foreign employer?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any income from property sold prior to this year?	<input type="checkbox"/>	<input type="checkbox"/>

- Did you receive any unemployment benefits during the year?
- Did you receive any disability income during the year?
- Did you receive tip income not reported to your employer this year?
- Did any of your life insurance policies mature, or did you surrender any policies?
- Did you receive any awards, prizes, hobby income, gambling or lottery winnings?
- Do you expect a large fluctuation in income, deductions, or withholding next year?

Retirement Information

- Are you an active participant in a pension or retirement plan?
- Did you receive any Social Security benefits during the year?
- Did you make any withdrawals from an IRA, Roth, myRA, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan?
- If yes, were any withdrawals due to a Federally declared disaster?
- Did you receive any lump-sum payments from a pension, profit sharing or 401(k) plan?
- Did you make any contributions to an IRA, Roth, myRA, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan?

Education Information

- Did you, your spouse, or your dependents attend a post-secondary school during the year, or plan to attend one in the coming year?
- Did you have any educational expenses during the year on behalf of yourself, your spouse, or a dependent? If yes, attach any Form(s) 1098-T and receipts for qualified tuition and related expenses
- Did anyone in your family receive a scholarship of any kind during the year?
- If yes, were any of the scholarship funds used for expenses other than tuition, such as room and board?
- Did you make any withdrawals from an education savings or 529 Plan account?
- Did you make any contributions to an education savings or 529 Plan account?
- Did you pay any student loan interest this year?
- Did you cash any Series EE or I U.S. Savings bonds issued after 1989?
- Would you like a worksheet to aid in the completion of a Free Application for Federal Student Aid (FAFSA) with the U.S. Department of Education?

Health Care Information

- Did you have qualifying health care coverage, such as employer-sponsored coverage or government-sponsored coverage (i.e. Medicare/Medicaid) for your family? "Your family" for health care coverage refers to you, your spouse if filing jointly, and anyone you can claim as a dependent. If yes, attach any Form(s) 1095-B and/or 1095-C you received.
- Did anyone in your family qualify for an exemption from the health care coverage mandate? Examples of exemptions include (but are not limited to) certain non-citizens, members of a health care sharing ministry, members of Federally-recognized Indian tribes, and exemptions requested from the Marketplace. If yes, attach the Exemption Certificate Number (ECN) or type of exemption.
- Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act? If yes, attach any Form(s) 1095-A you received.
- Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act and share a policy with anyone who is not included in your family?
- Did you make any contributions to a Health savings account (HSA) or Archer MSA?
- Did you receive any distributions from a Health savings account (HSA), Archer MSA, or Medicare Advantage MSA this year?
- Did you pay long-term care premiums for yourself or your family?
- Did you make any contributions to an ABLE (Achieving a Better Life Experience) account? If yes, attach any Form(s) 5498-QA you received.
- Did you receive any withdrawals from an ABLE (Achieving a Better Life Experience)

account? If yes, attach any Form(s) 1099-QA you received.	<input type="checkbox"/>	<input type="checkbox"/>
If you are a business owner, did you pay health insurance premiums for your employees this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any Health Coverage Tax Credit (HCTC) advance payments? If yes, attach any Form(s) 1099-H you received.	<input type="checkbox"/>	<input type="checkbox"/>

Itemized Deduction Information

Did you incur a casualty or theft loss or any condemnation awards during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, did the loss occur in a Federally declared disaster area?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay large out-of-pocket medical expenses (Co-pays, prescription drugs, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any cash or noncash charitable contributions (clothes, furniture, etc.)? If yes, please provide evidence such as a receipt from the donee organization, a canceled check, or record of payment, to substantiate all contributions made.	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay real estate taxes for your primary home and/or second home? Attach the paid receipts for 2017 (not January 2018 bill)	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any mortgage interest on an existing home loan? If yes, attach any Form(s) 1098 you received.	<input type="checkbox"/>	<input type="checkbox"/>
Did you incur interest expenses associated with any investment accounts you held?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have an expense account or allowance during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you use your car on the job, for other than commuting?	<input type="checkbox"/>	<input type="checkbox"/>
Did you work out of town for part of the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any expenses related to seeking a new job during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any major purchases during the year (cars, boats, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any out-of-state purchases (by telephone, internet, mail, or in person) for which the seller did not collect state sales or use tax?	<input type="checkbox"/>	<input type="checkbox"/>

Miscellaneous Information

Did you make gifts of more than \$14,000 to any individual?	<input type="checkbox"/>	<input type="checkbox"/>
Did you utilize an area of your home for business purposes?	<input type="checkbox"/>	<input type="checkbox"/>
Did you engage in any bartering transactions?	<input type="checkbox"/>	<input type="checkbox"/>
Did you retire or change jobs this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you incur moving costs because of a job change?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any individual as a household employee during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make energy efficient improvements to your main home this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive a distribution from, or were you a grantor or transferor for a foreign trust?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have a financial interest in or signature authority over a financial account such as a bank account, securities account, or brokerage account, located in a foreign country?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any foreign financial accounts, foreign financial assets, or hold interest in a foreign entity?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive correspondence from the State or the IRS? If yes, explain: _____	<input type="checkbox"/>	<input type="checkbox"/>
Do you have previous years of tax returns that are either unfiled or filed with unpaid balances due?	<input type="checkbox"/>	<input type="checkbox"/>
Do you want to designate \$3 to the Presidential Election Campaign Fund? If you check yes, it will not change your tax or reduce your refund.	<input type="checkbox"/>	<input type="checkbox"/>

 Signed _____ Date _____ 2018

Preparer - Enter on Screen Contact

Tax matters person (Indicate which spouse handles tax return related questions) (Blank = Both, T = Taxpayer, S = Spouse) _____ [8]

Taxpayer email address gobae@oakandacorn.com _____ [9]

Spouse email address _____ [10]

Taxpayer

Spouse

Fax telephone number _____ [11] _____ [19]

Mobile telephone number _____ [12] _____ [20]

Mobile telephone #2 number _____ [13] _____ [21]

Pager number _____ [14] _____ [22]

Other: _____ [15] _____ [23]

Telephone number _____ [16] _____ [24]

Extension _____ [17] _____ [25]

Preferred method of contact: _____ [18] _____ [26]

Email, Work phone, Home phone, Fax, Mobile phone, Mobile phone #2 _____ [18] _____ [26]

NOTES/QUESTIONS:

Interest Income

Please provide copies of all Form 1099-INT or other statements reporting interest income.

*Whole numbers will be treated as \$ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.

T/S/J	Type Code (**See codes below)	Interest Income ⁽¹⁾	Tax Exempt Income	Penalty on Early Withdrawal	U.S. Obligations* \$ or %	Tax Exempt* \$ or %	Foreign Taxes Paid	Prior Year Information	
	1	Payer Taxable Interest Income							
		Amounts	+					877	
	2	Payer							
		Amounts	+						
	3	Payer							
		Amounts	+						
	4	Payer							
		Amounts	+						
	5	Payer							
		Amounts	+						
	6	Payer							
		Amounts	+						
	7	Payer							
		Amounts	+						
	8	Payer							
		Amounts	+						
	9	Payer							
		Amounts	+						
	10	Payer							
		Amounts	+						

**Interest Codes		
Blank = Regular Interest	4 = Accrued Interest	6 = ABP Adjustment
3 = Nominee Distribution	5 = OID Adjustment	7 = Series EE & I Bond

	Control Totals	+	Income	Form ID: B-1
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1 Preparer use only

	2017 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)	_____ [2]	
Employer identification number	_____ [3]	
Business name	_____ [5]	
Principal business/profession <input checked="" type="checkbox"/>	_____ [6]	
Business code	_____ [12]	
Business address, if different from home address on Organizer Form ID: 1040		
Address	_____ [15]	
City/State/Zip	_____ [16] _____ [17] _____ [18]	
Accounting method (1 = Cash, 2 = Accrual, 3 = Other)	_____ [19]	_____
If other:	_____ [21]	_____
Inventory method (1 = Cost, 2 = LCM, 3 = Other)	_____ [22]	_____
If other enter explanation:	_____ [24]	

Enter an explanation if there was a change in determining your inventory:	_____ [25]	

Did you "materially participate" in this business? (Y, N)	_____ [26]	_____
If not, number of hours you did significantly participate	_____ [28]	_____
Mark if you began or acquired this business in 2017	_____ [30]	
Did you make any payments in 2017 that require you to file Form(s) 1099? (Y, N)	_____ [31]	_____
If "Yes", did you or will you file all required Forms 1099? (Y, N)	_____ [33]	_____
Mark if this business is considered related to qualified services as a minister or religious worker	_____ [35]	_____
Did you receive wages as a statutory employee or as a minister? (1 = Statutory employee, 2 = Minister)	_____ [37]	_____
Medical insurance premiums paid by this activity	+ _____ [41]	_____
Long-term care premiums paid by this activity	+ _____ [45]	_____
Amount of wages received as a statutory employee	+ _____ [48]	_____

Business Income

	2017 Information	Prior Year Information
Gross receipts and sales		
_____	+ _____ [53]	
_____	+ _____	
_____	+ _____	
_____	+ _____	
Returns and allowances	+ _____ [56]	
Other income:		
_____	+ _____ [58]	
_____	+ _____	
_____	+ _____	
_____	+ _____	

Cost of Goods Sold

	2017 Information	Prior Year Information
Beginning inventory	+ _____ [60]	
Purchases	+ _____ [62]	
Labor:		
_____	+ _____ [64]	
_____	+ _____	
Materials	+ _____ [66]	
Other costs:		
_____	+ _____ [68]	
_____	+ _____	
_____	+ _____	
_____	+ _____	
Ending inventory	+ _____ [70]	

Control Totals +

Business

1 Preparer use only

		2017 Information	Prior Year Information
Description	X _____ [2]		
Taxpayer/Spouse/Joint (T, S, J)	___ [3]	State postal code _____ [5]	
Physical address: Street	_____ [6]		
City, state, zip code	_____ [7] _____ [8] _____ [9]		
Foreign country	_____ [11]		
Foreign province/county	_____ [12]		
Foreign postal code	_____ [13]		
Type (1=Single-family, 2=Multi-family, 3=Vacation/short-term, 4=Commercial, 5=Land, 6=Royalty, 7=Self-rental, 8=Other, 9=Personal ppty)	___ [14]		
Description of other type (Type code #8)	_____ [15]		
Did you make any payments in 2017 that require you to file Form(s) 1099? (Y,N)	___ [16]		
If "Yes", did you or will you file all required Forms 1099? (Y, N)	___ [18]		
Fair rental days (If not full year) (For types 1, 2, 4, 5, 7 and 8 only) (Use Rent-2 for type 3)	_____ [20]		
Percentage of ownership if not 100%	_____ [22]		
Business use percentage, if not 100% (Not vacation home percentage)	_____ [24]		

Rent and Royalty Income

Rents and royalties	2017 Information	Prior Year Information
_____	+ _____ [34]	_____
_____	_____	_____

Rent and Royalty Expenses

	2017 Information	Percent if not 100%	Prior Year Information
Advertising	+ _____ [36]	_____ [37]	_____
Auto	+ _____ [39]	_____ [40]	_____
Travel	+ _____ [42]	_____ [43]	_____
Cleaning and maintenance	+ _____ [45]	_____ [46]	_____
Commissions:			_____
_____	+ _____ [48]	_____ [50]	_____
_____	+ _____	_____	_____
Insurance:			_____
_____	+ _____ [51]	_____ [53]	_____
_____	+ _____	_____	_____
Legal and professional fees	+ _____ [55]	_____ [56]	_____
Management fees:			_____
_____	+ _____ [58]	_____ [60]	_____
_____	+ _____	_____	_____
Mortgage interest paid to banks, etc (Form 1098)			_____
_____	+ _____ [61]	_____ [63]	_____
_____	+ _____	_____	_____
Other mortgage interest	+ _____ [64]	_____ [66]	_____
Qualified mortgage insurance premiums	+ _____ [67]	_____ [68]	_____
Other interest:			_____
_____	+ _____ [70]	_____ [72]	_____
_____	+ _____	_____	_____
Repairs	+ _____ [73]	_____ [74]	_____
Supplies	+ _____ [76]	_____ [77]	_____
Taxes:			_____
_____	+ _____ [79]	_____ [81]	_____
_____	+ _____	_____	_____
Utilities	+ _____ [82]	_____ [83]	_____
Depreciation	+ _____ [85]	_____ [86]	_____
Depletion	+ _____ [88]	_____ [89]	_____
Other expenses:			_____
_____	+ _____ [91]	_____	_____
_____	+ _____	_____	_____
_____	+ _____	_____	_____
_____	+ _____	_____	_____

Please enter all amounts paid in 2017 for the care of one or more dependents which enables you to work or attend school. Enter the amount of dependent care expenses paid for each qualifying dependent on Organizer Form ID:1040

	Taxpayer	Spouse
2016 employer-provided dependent care benefits used during 2017 grace period	+ _____ [3]	+ _____ [4]
Employer-provided dependent care benefits that were forfeited in 2017	+ _____ [5]	+ _____ [6]
Total qualified expenses incurred in 2017		_____ [9]
Were you or your spouse a full time student or disabled? (Yes or No)	_____ [10]	_____ [11]
Did you provide care expenses for any person(s) who is not listed as a dependent? (Y, N)		_____ [12]

Business name of provider _____

First and last name of provider _____

Street address of provider _____

City, State and Zip code _____

Social security number OR Employer identification number _____

Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN) _____

Amount paid to care provider in 2017 _____ + _____ [7]

Foreign province or state of provider _____

Foreign country and Foreign postal code of provider _____

Business name of provider _____

First and last name of provider _____

Street address of provider _____

City, State and Zip code _____

Social security number OR Employer identification number _____

Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN) _____

Amount paid to care provider in 2017 _____ + _____

Foreign province or state of provider _____

Foreign country and Foreign postal code of provider _____

Business name of provider _____

First and last name of provider _____

Street address of provider _____

City, State and Zip code _____

Social security number OR Employer identification number _____

Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN) _____

Amount paid to care provider in 2017 _____ + _____

Foreign province or state of provider _____

Foreign country and Foreign postal code of provider _____

Business name of provider _____

First and last name of provider _____

Street address of provider _____

City, State and Zip code _____

Social security number OR Employer identification number _____

Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN) _____

Amount paid to care provider in 2017 _____ + _____

Foreign province or state of provider _____

Foreign country and Foreign postal code of provider _____

Business name of provider _____

First and last name of provider _____

Street address of provider _____

City, State and Zip code _____

Social security number OR Employer identification number _____

Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN) _____

Amount paid to care provider in 2017 _____ + _____

Foreign province or state of provider _____

Foreign country and Foreign postal code of provider _____

New York General Information

Taxpayer Spouse

Mark if you were a resident of New York City at any time during the current tax year [1] [2]
Mark if you were a resident of Yonkers at any time during the current tax year [3] [4]
County of residence [5]
School district [6]

Use Tax

Use tax due but receipts or records not available X [7]

Contributions

Amount of contributions you wish to make to:

Return a Gift to Wildlife [8] Teen Health Education [16]
Missing or Exploited Children Fund [9] Veterans Remembrance [17]
Breast Cancer Research Fund [10] Homeless Veterans [18]
Alzheimer's Fund [11] Mental Illness Anti-stigma Fund [19]
Olympic Fund (Maximum \$2 per filer) [12] Women's Cancer Education and Prevention Fund [20]
Prostate and Testicular Cancer Research and Education Fund [13] Autism Fund [21]
9/11 Memorial [14] Veterans' Homes [22]
Volunteer Firefighting and EMS Recruitment Fund [15]

Property Tax Credit Information

Resident who lived six or more months in same taxable residence with market value \$85,000 or less [23]
Mark if you lived in a nursing home and qualify for credit [24]
Enter amounts received for cash public assistance and relief [25]
Enter any other income not reported elsewhere [26]
Homeowners:
Enter the amount of special assessments you and all qualified household members paid during the current tax year [27]
Enter the amount of taxes not paid due to the exemption for persons 65 or older under section 467 [28]
Tenants:
Enter the total rent you and all members of your household paid during current tax year [29]
Rent includes charges for (Specify) [30]
4 = Heat, gas, electricity, furnishings and board 2 = Heat, gas and electricity 0 = Nothing included
3 = Heat, gas, electricity and furnishings 1 = Heat or heat and gas

Part-year Resident and Nonresident Information

Part-year residency dates:
New York State New York City Taxpayer Yonkers New York City Spouse Yonkers
From [31] [33] [35] [37] [39]
To [32] [34] [36] [38] [40]
County of residence while a nonresident of New York City [41] [42]

Nonresident Information for Apartment or Living Quarters Maintained in the State/City

Address #1
Mark if this address is still maintained by or for you [43]
Number of days in NYC
Street address
City, State and Zip code
Is this address within city limits? Specify city (YON = Yonkers)
Address #2
Mark if this address is still maintained by or for you
Number of days in NYC
Street address
City, State and Zip code
Is this address within city limits? Specify city (YON = Yonkers)

Notes to Preparer

Submit questions and provide additional information to your tax return preparer here.

Taxpayer name(s)

NEW CLIENT

Social security number
