

From:

Alex C Deshowitz & Julie L Wolfe
545 Chesapeake Ln
Southlake, TX 76092

To:

EAST AND ASSOCIATES, PLLC
1703 FOUNTAINVIEW DR STE 101
MANSFIELD, TX 76063
|||||

2017 Client Organizer

This information is complete and correct to the best of my (our) knowledge.

Taxpayer signature  Date 2/4/18

Spouse signature  Date 2/4/18

**EAST AND ASSOCIATES, PLLC
1703 FOUNTAINVIEW DR STE 101
MANSFIELD, TX 76063
817-453-4022**

Alex C Deshowitz & Julie L Wolfe
545 Chesapeake Ln
Southlake, TX 76092

Dear Alex & Julie:

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, when available, you will find certain information from your 2016 personal income tax return.

To protect your privacy, your Tax Organizer contains masked data. Masked data displays as asterisks. For example, a Social Security number could display as ***-**-6789, an account number as *****6789, and a date of birth as **/**/2000. If you would like to confirm the masked data or make a change to your data, please contact this office. Do not indicate any changes to your data on your Tax Organizer. When you receive your completed tax return(s), make sure you review all Social Security numbers, bank account numbers, and dates of birth for accuracy.

Enter 2017 information on the Tax Organizer pages provided. If any information does not apply to you or is incorrect, please draw a line through it or make the necessary corrections.

The Client Questionnaire asks about pertinent tax items necessary for preparing the most accurate tax return possible. Please answer all questions and attach a statement when necessary for additional information not provided in the Client Organizer.

You will also need to provide the following information:

- 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, taxes, and 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.

IRS regulations require paid tax preparers who expect to prepare and file 11 or more federal individual or trust tax returns to file them electronically. To comply with this requirement your

return will be electronically filed this year. The benefits of e-filing include a secure way to file tax returns and it provides proof of acceptance that the IRS has accepted your return for processing. Contact this office if you prefer your return be filed on paper.

Thank you for the opportunity to serve you.

Sincerely,

EAST AND ASSOCIATES, PLLC

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 checked="" type="checkbox"/>
If yes, explain: _____		
Did your address change from last year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Can you be claimed as a dependent by another taxpayer?	<input type="checkbox"/>	<input checked="" 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 checked="" 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 checked="" type="checkbox"/>
Did you reside in or operate a business in a Federally declared disaster area? The Federally declared disaster areas include hurricane and tropical storm victims in Georgia, Florida, Puerto Rico, the Virgin Islands and parts of Texas, Louisiana and South Carolina, as well as wildfire victims in California.	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Dependent Information

Were there any changes in dependents from the prior year?	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>
Do you have dependents who must file a tax return?	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>
Did you pay for child care while you worked, looked for work, or while a full-time student?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Did you pay any expenses related to the adoption of a child during the year?	<input type="checkbox"/>	<input checked="" 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 checked="" 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 checked="" type="checkbox"/>

Purchases, Sales and Debt Information

Did you start a new business or purchase rental property during the year?	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>
Did you sell, exchange, or purchase any real estate during the year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Did you purchase or sell a principal residence during the year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Did you foreclose or abandon a principal residence or real property during the year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Did you acquire or dispose of any stock during the year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Did you take out a home equity loan this year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Did you refinance a principal residence or second home this year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Did you sell an existing business, rental, or other property this year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Did you lend money with the understanding of repayment and this year it became totally uncollectable?	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>
Did you purchase a qualified plug-in electric drive vehicle or qualified fuel cell vehicle this year?	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/> |
| Did you receive any income from property sold prior to this year? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Did you receive any unemployment benefits during the year? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Did you receive any disability income during the year? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Did you receive tip income not reported to your employer this year? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Did any of your life insurance policies mature, or did you surrender any policies? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Did you receive any awards, prizes, hobby income, gambling or lottery winnings? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Do you expect a large fluctuation in income, deductions, or withholding next year? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Retirement Information

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

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? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 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 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Did anyone in your family receive a scholarship of any kind during the year? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| If yes, were any of the scholarship funds used for expenses other than tuition, such as room and board? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you make any withdrawals from an education savings or 529 Plan account? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Did you make any contributions to an education savings or 529 Plan account? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Did you pay any student loan interest this year? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Did you cash any Series EE or I U.S. Savings bonds issued after 1989? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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? | <input type="checkbox"/> | <input type="checkbox"/> |

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. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 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. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Did you make any contributions to a Health savings account (HSA) or Archer MSA? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Did you receive any distributions from a Health savings account (HSA), Archer MSA, or Medicare Advantage MSA this year? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Did you pay long-term care premiums for yourself or your family?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Did you make any contributions to an ABLE (Achieving a Better Life Experience) account? If yes, attach any Form(s) 5498-QA you received.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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 checked="" type="checkbox"/>
If you are a business owner, did you pay health insurance premiums for your employees this year?	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>

Itemized Deduction Information

Did you incur a casualty or theft loss or any condemnation awards during the year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If yes, did the loss occur in a Federally declared disaster area?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay out-of-pocket medical expenses (Co-pays, prescription drugs, etc.)?	<input checked="" 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 checked="" type="checkbox"/>
Did you donate a vehicle or boat during the year? If yes, attach Form 1098-C or other written acknowledgment from the donee organization.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Did you pay real estate taxes for your primary home and/or second home?	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>
Did you incur interest expenses associated with any investment accounts you held?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Did you have an expense account or allowance during the year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Did you use your car on the job, for other than commuting?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Did you work out of town for part of the year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Did you have any expenses related to seeking a new job during the year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Did you make any major purchases during the year (cars, boats, etc.)?	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>

Miscellaneous Information

Did you make gifts of more than \$14,000 to any individual?	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>
Did you retire or change jobs this year? <i>Julia changed from Sally</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Did you incur moving costs because of a job change?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Did you pay any individual as a household employee during the year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Did you make energy efficient improvements to your main home this year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Did you receive a distribution from, or were you a grantor or transferor for a foreign trust?	<input type="checkbox"/>	<input checked="" 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 checked="" 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?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If yes, explain: <i>late filing of partnership return</i>		
Do you have previous years of tax returns that are either unfiled or filed with unpaid balances due?	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>

Form ID: INDX

Client Organizer Topical Index

This client organizer topical index is designed to help you quickly locate the items listed. To use the index just locate the topic and refer to the page number listed. The page number corresponds to the number printed in the top right corner of your organizer sheets. Please note this organizer is customized specifically for you, and may not contain all of the pages listed here.

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Please note the following conventions used throughout your client organizer: T/S/J and T/S headings should be used to indicate if an item belongs to the (T)axpayer, (S)pouse, or (J)oint. Also, if an item did not occur in your resident state, please indicate the state's postal code abbreviation in which the item occurred. Control totals and [] numbers are for preparer use only.

Form ID: INDX

Form ID: 1040

Personal Information

1

Filing (Marital) status code (1 = Single, 2 = Married filing joint, 3 = Married filing separate, 4 = Head of household, 5 = Qualifying widow(er))

2[1]

Mark if you were married but living apart all year

[2]

Mark if your nonresident alien spouse does not have an Individual Taxpayer Identification Number (ITIN)

[3]

	Taxpayer		Spouse
Social security number	***-**-8567[4]		***-**-5935[5]
First name	Alex C [6]		Julie L [7]
Last name	Deshowitz [8]		Wolfe [9]
Occupation	Airline Data Science mgr [10]		Business Consultant [11]
Designate \$3.00 to the presidential election campaign fund? (1 = Yes, 2 = No, 3 = Blank)	2 [12]		2 [14]
Mark if dependent of another taxpayer	[15]		[16]
Taxpayer with income less than 1/2 support age 18 or 19 - 23 full-time student? (Y, N)	[17]		
Mark if legally blind	[20]		[21]
Date of birth	07/21/1988 [22]		08/03/1969 [24]
Date of death	[26]		[27]
Work/daytime telephone number/ext number	[28] [29]		[30] [31]
Home/evening telephone number	[32]		[33]
Do you authorize us to discuss your return with the IRS? (Y, N)	Y [34]		

Present Mailing Address

Address 545 Chesapeake Ln [38]
 Apartment number [39]
 City, state postal code, zip code Southlake TX [40] [41] 76092 [42]
 Foreign country name [44]
 Foreign phone number [47]
 In care of addressee [48]

Dependent Information

(*Please refer to Dependent Codes located at the bottom)

First Name[49]	Last Name	Date of Birth	Social Security No.	Relationship	Months in home	Dep Codes	Care expenses paid for dependent

Name of child who lived with you but is not your dependent

[50]

Social security number of qualifying person

[51]

Dependent Codes

*Basic	1 = Child who lived with you	**Other	1 = Student (Age 19 - 23)
	2 = Child who did not live with you due to divorce/separation		2 = Disabled dependent
	3 = Other dependent		3 = Dependent who is both a student and disabled
	5 = Qualifying child for Earned Income Credit only		
	6 = Children who lived with you, but do not qualify for Earned Income Credit		
	7 = Children who lived with you, but do not qualify for Child Tax Credit		
	8 = Children who lived with you, but do not qualify for Child Tax Credit or Earned Income Credit		
***Months	77 = Reported on odd year return		
	88 = Reported on even year return		
	99 = Not reported on return		

General

Form ID: 1040

Form ID: Bank

Direct Deposit/Electronic Funds Withdrawal Information**3**

Per IRS Security Summit requirements, verify the name of financial institution, routing transit number, account number, and type of account below. If you would like to have a refund direct deposited into or a balance due debited from your bank account(s), please enter information in the fields below. Note that electronic funds will be withdrawn only from the primary account listed below.

Mark to verify all accounts listed below have been reviewed, updated as needed, and are correct. _____ [1]

Primary account:

Financial institution routing transit number 311090673 [3]
 Name of financial institution Southwest Airlines Federal CU [4]
 Your account number 5001985570 [5]
 Type of account (1 = Savings, 2 = Checking, 3 = IRA*) 2 [6]
 Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) _____ [7]
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) _____ [8]
 Enter the maximum dollar amount, or percentage of total refund Dollar _____ [9] or Percent (xxx.xx) _____ [10]

Secondary account #1:

Financial institution routing transit number _____ [25]
 Name of financial institution _____ [26]
 Your account number _____ [27]
 Type of account (1 = Savings, 2 = Checking, 3 = IRA*) _____ [28]
 Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) _____ [29]
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) _____ [30]
 Enter the maximum dollar amount, or percentage of total refund Dollar _____ [11] or Percent (xxx.xx) _____ [12]

Secondary account #2:

Financial institution routing transit number _____ [31]
 Name of financial institution _____ [32]
 Your account number _____ [33]
 Type of account (1 = Savings, 2 = Checking, 3 = IRA*) _____ [34]
 Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) _____ [35]
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) _____ [36]
 Enter the maximum dollar amount, or percentage of total refund Dollar _____ [15] or Percent (xxx.xx) _____ [16]

*Refunds may only be direct deposited to established traditional, Roth or SEP-IRA accounts. Make sure direct deposits will be accepted by the bank or financial institution.

Refund - U.S. Series I Savings Bond Purchases

A tax refund may be used to buy up to \$5,000 of U.S. Series I Savings bonds and registered for up to three different persons. If you would like to purchase U.S. Series I Savings bonds (in increments of \$50) with your refund, if applicable, please complete the following information. Please note you may enter only one name per registration (with exception of married filing joint returns) and must enter the party's given name, do not use nicknames.

Indicate either a maximum dollar amount (up to \$5,000), or percentage of refund you would like used to purchase bonds

The bonds will be registered to the name(s) on the return. For married filing joint returns this means the bonds will be registered in both names listed on the return.

To register the bonds separately, leave these fields blank and use the fields provided below.

Enter either a dollar amount or percent, but not both Dollar _____ [13] or Percent (xxx.xx) _____ [14]

Bond information for someone other than taxpayer and spouse, if married filing jointly

Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase bonds Dollar _____ [17] or Percent (xxx.xx) _____ [18]
 Owner's name (First Last) _____ [38] _____ [39]
 Co-owner or beneficiary (First Last) _____ [40] _____ [41]
 Mark if the name listed above is a beneficiary _____ [42]

Bond information for someone other than taxpayer and spouse, if married filing jointly

Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase bonds Dollar _____ [21] or Percent (xxx.xx) _____ [22]
 Owner's name (First Last) _____ [43] _____ [44]
 Co-owner or beneficiary (First Last) _____ [45] _____ [46]
 Mark if the name listed above is a beneficiary _____ [47]

General**Form ID: Bank**