



To Our Valued Tax Client:

This Tax Organizer is designed to help you gather the tax information needed to prepare your 2016 personal income tax return. To help you complete the organizer with minimal time and effort, when available, you will find certain information from your 2017 personal income tax return.

Either enter information on the Tax Organizer pages provided or enclose the tax documents requested. If any information does not apply to you or is incorrect, please draw a line through it or make the necessary corrections.

Please read and sign the 2017 Engagement Letter and the 2017 ACA Requirement to Have Health Care forms that follows this cover letter. We must have all taxpayers sign both forms prior to e-filing any returns on your behalf.

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

We ask that you also provide us with the following information:

- A copy of Driver's Licenses for both spouses
- All W-2 forms for wages, salaries and tips
- All 1099 forms for interest, dividends, retirement, miscellaneous income, Social Security, state or local refunds, gambling winnings, etc.
- Brokerage statements showing investment transactions of stocks, bonds, etc.
- Schedule K-1 from partnerships, S corporations, estates and trusts
- Statements and schedules supporting educational expenses paid, deductions or distributions, including any 1098-T, 1098-E, or 1099-Q forms.
- All 1095-A forms for the advance payment of the Premium Tax Credit for healthcare coverage purchased under the Marketplace at www.healthcare.gov.
- HSA forms - 1099-SA and 5498-SA.
- Statements supporting deductions for mortgage interest, taxes, and charitable contributions (including any 1098-C forms received for car donations)
- Closing statements for all sales or purchases 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.

In order to timely file your return, we request that you submit your information to us by March 31. Information submitted after March 31 may require your return to be extended.

Thank you for the opportunity to serve you.

Best Regards,

Vander Lugt, Mulder, DeVries & Elders



2017 ENGAGEMENT LETTER – PLEASE READ AND SIGN

1. We are pleased to confirm our understanding of the arrangements for your income tax return preparation. This letter confirms the services you have asked our firm to perform and the terms under which we have agreed to do that work. Please read this letter carefully because it is important to both our firm and you that you understand what you can and cannot expect from our work. If you are confused at all by this letter or believe we have misunderstood what you need, please call us before you sign it.
2. This engagement letter represents the entire agreement regarding the services described herein and supersedes all prior negotiations, proposals, representations or agreements, written or oral, regarding these services. It shall be binding on the heirs, successors and assigns of you and us. **The Internal Revenue Service imposes penalties on taxpayers, and on us as return preparers, for failure to observe due care in reporting for income tax returns.** In order to ensure an understanding of our mutual responsibilities, we ask all clients for whom we prepare tax returns to confirm the following arrangements.

Tax Preparer Responsibilities

3. We will prepare your 2017 Federal and applicable resident State and Local Individual Income Tax Form 1040 and related Federal and state or local individual Form 1040 income tax return schedules from information you furnish us. We will not audit, review, compile or otherwise verify the data you submit although we may ask you to clarify some of the information. We are not responsible for returns prepared by other preparers. In order to keep our fees to a minimum, we may furnish you with tax organizers and questionnaires to help you gather and organize the necessary information for us. ***If you have taxable activity in a state or locality other than your resident state or locality you are responsible for providing our firm with all information necessary to prepare any additional applicable state(s) or local income tax returns as well as informing us of the applicable states. We will prepare only those state returns specifically listed above.***
4. ***We are responsible for preparing only the specific individual income tax forms for the specified reporting agencies listed in this letter. Any other required services, forms or other actions on our part require a separate engagement letter. In the absence of written communications from us documenting such services, our services will be limited to and governed by the terms of this engagement letter.***

Taxpayer Responsibilities - Foreign Sourced Assets

5. Please note that any person or entity subject to the jurisdiction of the United States (includes individuals, corporations, partnerships, trusts, and estates) having a financial interest in, or signature or other authority over, bank accounts, securities, or other financial accounts having an aggregate value exceeding \$10,000 in a foreign country at any time during 2016, shall report such a relationship. Although there are some limited exceptions, filing requirements also apply to taxpayers that have direct or indirect control over a foreign or domestic entity with foreign financial accounts, even if the taxpayer does not have foreign account(s). For example, a corporate-owned foreign account would require filings by the corporation and by the individual corporate officers with signature authority. Failure to disclose the required information to the U.S. Department of the Treasury may result in substantial civil and/or criminal penalties. Such disclosure includes filing Form 8938 with this Form 1040. ***If you do not provide our firm with information regarding any interest you may have in a foreign account, we will not be able to prepare any of the required Income Tax related forms and penalties may be due, for which we have no responsibility. In the absence of such information being provided we will presume you do not have any foreign assets or financial interests and will not file any applicable disclosure forms without separate written authorization.***

6. If you and/or your entity have a financial interest in any foreign accounts, you are responsible for filing Form FinCen 114 required by the U.S. Department of the Treasury on or before June 30th of each tax year.

7. In addition, currently the Internal Revenue Service, under IRC §6038 and §6046, requires information reporting if you are an officer, director or shareholder with respect to certain foreign corporations (Form 5471); foreign-owned U.S. corporation or foreign corporation engaged in a U.S. trade or business (Form 5472); U.S. transferor of property to a foreign corporation (Form 926)); and, for taxable years beginning after March 18, 2010, if you hold foreign financial assets with an aggregate value exceeding \$50,000 (Form 8938) . These code sections describe the information required to be reported on the respective forms, which are due when your income tax return is due, including extensions. Therefore, if you fall into one of the above categories **you** may be required to file one of the above listed forms. Failure to timely file may result in substantial monetary penalties. By your signature below, you accept responsibility for informing us if you believe that you fall into one of the above categories and you agree to provide us with the information necessary to prepare the appropriate form(s). We assume no liability for penalties associated with the failure to file or untimely filing of any of these forms.

Other Items

8. *Our fee does not include responding to inquires or examination by taxing authorities or third parties, for which you will be separately billed for time and expenses involved. However, we are available to represent you and our fees for such services are at our standard rates and would be covered under a separate engagement letter. You agree to immediately notify us upon the receipt of any correspondence from any agency covered by this letter. **Please do not respond to or click on any links from emails purportedly from the IRS-the IRS never initiates correspondence via email and any such emails are attempts to steal your identity.** Additionally in order to protect your identity we will verify your id, birthdate and social security number when you call or visit our office.*

9. It is your responsibility to maintain, in your records, the documentation necessary to support the data used in preparing your tax returns, including but not limited to the auto, travel, entertainment, and related expenses and the required documents to support charitable contributions for three years from the filing date. If you have any questions as to the type of records required, please ask us for advice in that regard. It is also your responsibility to carefully examine and approve your completed tax returns before signing and mailing them to the tax authorities. We are not responsible for the disallowance of doubtful deductions or inadequately supported documentation, nor for resulting taxes, penalties and interest. We will rely, without further verification, upon information you provide to us from 3rd parties including, but not limited to, K1's, 1099's, 1098's, and receipts and similar items.

10. We DO NOT automatically file tax extensions for clients-you must notify us in writing, email or fax if you wish us to file an extension, and the notification should include your estimate of any balance due with the extension. We must receive your information by March 31 in order to complete your return in a timely manner and information received after that date may cause your return to be extended and completed after the April 15 due date. Failure to file an extension may make you subject to various penalties and interest. Additionally, if your return is extended it does not relieve you from paying any tax due on the due date, or making quarterly estimated tax payments for the current year. Failure to pay any tax due with the extension or failure to pay quarterly estimated tax payments may make you subject to various penalties and interest.

11. We will use our professional judgment in preparing your tax returns. Whenever we are aware that a possibly applicable tax law is unclear or that there are conflicting interpretations of the law by authorities (e.g., tax agencies and courts), we will explain the possible positions that may be taken on your return. We will adopt whatever position you request on your return so long as it is consistent with the codes, regulations, and interpretations that have been promulgated. If the Internal Revenue Service should later contest the position taken, there may be an assessment of additional tax plus interest and penalties. We assume no liability for any such additional penalties or assessments.

12. While a self-employed taxpayer's business deductions reduce income tax they also reduce the earned income reported to the Social Security Administration. This could reduce current and future benefits for you and your dependents. You acknowledge and agree to the current business deductions and the potential negative effects on future social security benefits for you, your spouse and dependents.

13. New privacy laws were established by the IRS effective January 1, 2009 and we are now prohibited from providing confidential information or copies to anyone other than you without your specific, written authorization. To comply with these new regulations we may provide copies of all returns to you in a secure web portal. Your use of this portal is limited to lawful income tax related documents in compliance with our written portal usage policy and will be maintained and accessible solely in accordance with our policy for no more than 30 days after any notification of termination of services by either party, after which point it will be electronically deleted. Our portal policy is available on request. In the interest of maintaining service quality and timeliness, we may use a 3rd party service provider to assist us in the use of technology to facilitate compliance with disclosure and storage of your tax information. The provider has established procedures and controls designed to protect client confidentiality and maintain data security.

14. If we are asked to disclose any privileged communication, unless we are required to disclose the communication by law, we will not provide such disclosure until you have had an opportunity to argue that the communication is privileged. You agree to pay any and all reasonable expenses that we incur, including legal fees, that are a result of attempts to protect any communication as privileged. In addition, your confidentiality privilege can be inadvertently waived if you discuss the contents of any privileged communication with a third party, such as a lending institution, a friend, or a business associate. We recommend that you contact us before releasing information to a third party.

15. It is our policy to keep records related to this engagement for three years after which they are destroyed. However, we do not keep any original client records, so we will return those to you at the completion of the services rendered under this engagement. When records are returned to you, it is your responsibility to retain and protect your records for three years for possible future use, including potential examination by any government or regulatory agencies. Prior to each tax filing season we send client organizers to most of our clients as a convenience to assist them with gathering their tax information. If you move or do not wish to receive an organizer, please notify us or we will send the organizer to the address we used on your prior year's tax return.

16. In the interest of facilitating our services to you, we may utilize a secure web portal. Your use of this portal must comply with our standards of use, and as owners of the portal we retain the right to limit and deny use of the portal for inappropriate purposes. Your access to files maintained on the portal will be terminated no later than 30 days after the earlier of your or our termination of services under this agreement or April 15, unless we are notified in writing of your desire to extend your tax return. All confidential information sent to you or third parties (at your direction), as well as the portal will be password protected. While we will use our best efforts to keep such communications secure in accordance with our obligations under applicable laws and professional standards, you recognize and accept that we have no control over the unauthorized interception of these communications once they have been sent and consent to our use of these devices during this engagement.

17. From time to time during our relationship, you may seek our advice with regard to potential investments. **We are not investment advisors unless specifically and in writing by separate agreement hired for that purpose.** Accordingly, we suggest that you seek the advice of qualified investment advisors appropriate to each investment being considered. Unless otherwise specifically agreed to in a separate engagement letter signed by both parties, we will not advise you regarding the economic viability or consequences of an investment or whether you should or should not make a particular investment.

18. Billings become delinquent if not paid within 30 days of the invoice date. If billings are not paid within 60 days of the invoice date, at our election, we may stop all work at our discretion until your account is brought current, or we may withdraw from this engagement. You acknowledge and agree that we are not required to continue work in the event of your failure to pay on a timely basis for services rendered as required by this engagement letter. You further acknowledge and agree that in the event we stop work or withdraw from this engagement as a result of your failure to pay on a timely basis for services rendered as required by this engagement letter, we shall not be liable to you for any damages that occur as a result of our ceasing to render services. Our services will conclude upon delivery of the completed income tax returns discussed above or upon our suspension of services or resignation from the engagement.

19. In recognition of the relative risks and benefits of this agreement to both the client and the accounting firm, the client and the accounting firm have discussed and have agreed on the fair allocation of risk between them. As such, the client agrees, to the fullest extent permitted by law, to limit the liability of the accounting firm to the client for any and all claims, losses, costs, and damages of any nature whatsoever, so that the total aggregate liability of the accounting firm to the client shall not exceed the accounting firm's total fee for services rendered under this agreement. The client and the accounting firm intend and agree that this limitation apply to any and all liability or cause of action against the accounting firm, however alleged or arising, unless otherwise prohibited by law. Both parties agree that there is a one-year limitation period to bring a claim against us for errors and omissions. The one-year period will begin upon the date of the tax professional's signature on the tax returns covered by this engagement letter.

20. From time to time various third parties may request that we sign, for you, some verification of income, employment or tax filing status. Because we were engaged only to prepare your income tax return, without examination, review, audit or verification our insurance carriers as well as the state board of accountancy prohibit us from signing any such document and we suggest that you have them send IRS Form 4506 to the IRS to obtain such verification.

21. Please complete the separate questionnaire for compliance with the individual insurance mandate of the Affordable Care Act. We will rely without independent verification on the information you have provided on the questionnaire to determine your eligibility for credits, application of penalties and reconciliation of any advance credit payments where applicable.

22. We appreciate the opportunity to serve you. Please date and sign the enclosed copy of this letter to acknowledge your agreement with and acceptance of your responsibilities and the terms of this engagement. It is our policy to initiate services after we receive the executed engagement letter. If any provision of this agreement is declared invalid or unenforceable, no other provision of this agreement is affected and all other provisions remain in full force and effect.

Sincerely,

Vander Lugt, Mulder, DeVries, & Elders Inc.

I have read the above terms of the engagement letter and agree with the terms of this engagement.

Taxpayer signature: _____ Date: _____

Spouse signature: _____ Date: _____

THIS LETTER MUST BE SIGNED FOR VMDE TO PREPARE YOUR TAX RETURN



ACA Requirement to Have Health Insurance

In March, 2010 President Obama signed the Affordable Care Act. One provision of the Act required that in 2014 all Americans must have qualified health insurance or face a "Shared Responsibility Payment" more commonly known as the Health Care Penalty. In order to remind you of the rules and to protect us both from future IRS liability in the event of an audit, we require all individual taxpayers for 2017 to positively affirm the following items related to Health Care. Please enter N/A for those that do NOT apply to you and sign the bottom of the affirmation.

- ___ 1. We have provided you with all copies of Forms 1095-A, 1095-B, and 1095-C we received.
Enter N/A if you did NOT receive these forms.
- ___ 2. We did not receive a Form 1095 because we have alternate government provided qualified health care insurance from Medicare, Medicaid, or Tri-Care that covers all members of our household. **Enter N/A if not applicable.**
- ___ 3. We have qualified employer-provided health insurance for the entire year for our entire household.
- ___ 4. We have other qualified health insurance that we purchased directly from an agent or insurance company for the entire year which covers our entire household.

In the event you do NOT have qualified health insurance for the entire year for your entire household, please provide us with the following information regarding insurance coverage for all members of your household. In the absence of the completion of items 1-4 above or item 5 blow, and the absence of your providing us with information regarding an exemption from the requirement to provide health insurance we will calculate the penalty and include it with your return.

Name	Period of Coverage	Insurer
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

 Taxpayer Signature

 Spouse Signature

 Date

 Date

ACA PAGE MUST BE COMPLETED FOR VMDE TO PREPARE YOUR TAX RETURN



VanderLugt ▪ Mulder ▪ DeVries ▪ Elders
Certified Public Accountants

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"/>
Did you change any bank accounts that have been used for direct deposit	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive an Identity Protection PIN from the Internal Revenue Service or have you been a victim of identity theft?	<input type="checkbox"/>	<input type="checkbox"/>
Dependent Information		
Were there any changes in dependents from the prior year?	<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"/>
Purchases, Sales, and Debt Information		
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 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 incur any non-business bad debts this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any debts canceled or forgiven this year?	<input type="checkbox"/>	<input type="checkbox"/>
Income Information		
Did you receive any income from property sold prior to this year?	<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 type="checkbox"/>
Did you make any withdrawals from an education savings account or 529 Plan?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any Social Security benefits during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any unemployment benefits during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any disability income during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive tip income not reported to your employer this year?	<input type="checkbox"/>	<input type="checkbox"/>
Itemized Deduction Information		
Did you incur a casualty or theft loss during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you donate a vehicle or boat during the year? If yes, attach form 1098-C	<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 out-of-state purchases (by telephone, internet, mail, in person) that the seller did not collect state sales or use tax? If yes, how much? \$ _____	<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 make any contributions to an education savings account or 529 Plan?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay long-term health care premiums for yourself or your family?	<input type="checkbox"/>	<input type="checkbox"/>
Did you utilize any area of your home for business purposes?	<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 receive correspondence from the State or the Internal Revenue Service?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____		
Do you have any foreign financial assets, or any signature authority over a foreign bank account or brokerage account?	<input type="checkbox"/>	<input type="checkbox"/>

If you checked a “YES” box, please provide documentation for each item.



VanderLugt ▪ Mulder ▪ DeVries ▪ Elders
Certified Public Accountants

2017 Individual Tax Information Questionnaire

FOR NEW CLIENTS ONLY: Completely fill in all applicable data **RETURNING CLIENTS:** Enter changes as necessary

Name (Taxpayer)	Email	Date of Birth	Cell Phone #
Name (Spouse)	Email	Date of Birth	Cell Phone #
Home Address		Contact Person	Home Phone #
City, State, Zip		School District	
Financial Advisor	Phone Number	Email Address	

Please list all dependents you will claim this year. Include DOB and SSN for NEW DEPENDENTS. If same as last year, check box

Dependent	Date of Birth	Social Security Number	Relationship
1.			
2.			
3.			
4.			

Please review the following and provide documentation if applicable:

- Provide a copy of voided check for direct deposit of refund.
- Provide all copies of W-2, 1099, (stock sales, IRA, gambling, unemployment, social security, brokerage statements) and K-1 forms.
- Provide Home Sale / Purchase HUD Statement.
- Provide detail of all Quarterly Estimated Tax Payments for Federal, State and City. Include amount and date paid.

Federal			State			City		
	Amount Paid	Date Paid		Amount Paid	Date Paid		Amount Paid	Date Paid
1 st			1 st			1 st		
2 nd			2 nd			2 nd		
3 rd			3 rd			3 rd		
4 th			4 th			4 th		

- o College Education expenses including: tuition and expenses for course materials. Do not include cost of room and board. (provide form 1099-T or 1099-Q)

Student Name: _____ Year in College: FR SO JR SR (circle one) Amount Paid: \$ _____

Student Name: _____ Year in College: FR SO JR SR (circle one) Amount Paid: \$ _____

- o Statements of student loan interest paid. Amount: \$ _____ (provide form 1098-E)
- o Health Savings Account (HSA) contributions including plan deductible for 2017. (provide form 1099-SA)

Contributions: \$ _____
 Distributions: \$ _____
 Plan Deductible: \$ _____

- o Business Income (Schedule C) – Please provide a breakdown of all income, expenses and ending inventory number if applicable. If you would like a worksheet to assist you, please download from our website -- www.vmdc.com

January – December Total Miles Driven: _____ Business Miles: _____

- o Rental Income – Please provide a breakdown of all income and expenses. If you would like a worksheet to assist you, please download from our website -- www.vmdc.com

- o Educators with out-of-pocket costs for classroom supplies (maximum deduction of \$250). \$ _____

- o Retirement Plan Contribution:
 Plan Type: IRA Roth IRA SEP Keogh (circle one)

Contribution Amount: Taxpayer \$ _____ Spouse \$ _____

- o Provide summary of all Medical Expenses. (Deduction begins at 10% of Adjusted Gross Income)

Medical*: \$ _____ *Includes Doctor, Dentist, Vision, Hospitals, etc.
 Prescription Expense: \$ _____
 Long Term Care Premiums: \$ _____
 Health Insurance Premiums: \$ _____
 Supplemental Insurance: \$ _____
 Medical Miles Driven January – December _____

- o Copy of Property tax bills for Winter 2016, Summer 2017 and Winter 2017.

Winter 2016:	Amount \$ _____	Date Paid _____
Summer 2017:	Amount \$ _____	Date Paid _____
Winter 2017:	Amount \$ _____	Date Paid _____

- o Automobile renewal registration (license tab) fees: \$ _____
 \$ _____
 \$ _____

- o Mortgage Interest Statements. Please provide form 1098 Mortgage Interest Statements

Interest Paid: \$ _____ 1st Mortgage
 \$ _____ Home Equity
 \$ _____ 2nd Mortgage/Other/Please Specify:

- o Please provide supporting documents for **all monetary** charitable contributions as required (no exception).

Church:	\$ _____	Other: _____	\$ _____
Other: _____	\$ _____	Other: _____	\$ _____
Other: _____	\$ _____	Other: _____	\$ _____
Other: _____	\$ _____	Other: _____	\$ _____
Other: _____	\$ _____	Other: _____	\$ _____
Other: _____	\$ _____	Other: _____	\$ _____
Other: _____	\$ _____	Other: _____	\$ _____

Charitable Miles Driven in 2017: _____

- Please provide supporting documentation for **all non-cash** charitable contributions as required (no exception). For help in determining the Fair Market Value of your donated items, please see the following website:
www.goodwillwm.org/donate/donation-calculator

Goodwill:	Cost \$ _____	Fair Market Value \$ _____
Salvation Army:	Cost \$ _____	Fair Market Value \$ _____
LOVE, Inc.:	Cost \$ _____	Fair Market Value \$ _____
Nice Twice Resale Shop:	Cost \$ _____	Fair Market Value \$ _____
Other: _____	Cost \$ _____	Fair Market Value \$ _____

- Provide detail of the following:
 Non-reimbursed Employee Expenses: \$ _____
 Union Dues: \$ _____
 Investment Expenses: \$ _____
 Tax Preparation fees: \$ _____
 Mileage: January – December _____ Total Miles Driven: _____ Business Miles: _____

- Child Care Expenses – Please provide detail of all expenses related to child care.
 Provider Name: _____
 Address: _____
 Federal ID or SSN: _____
 Amount Paid: _____

- Provide documentation for purchases eligible for Residential Energy Credit (Insulation, windows, doors, furnaces, etc.)
- Worthless Stock – please provide cost basis and purchase date for any stocks that became worthless in 2017.
- Do you have an ownership interest in or signature authority over any foreign bank account that at any time during the 2017 year had a balance of \$10,000 or more? YES NO (circle one)
- Do you have an ownership interest in any foreign asset or business? YES NO (circle one)