

Miscellaneous Information

Name:

SSN:

Personal Information

Yes **No**

- Did your marital status change during the year?
If "Yes," explain _____
- Can you or your spouse be claimed as a dependent by someone else?
- Did your address change during the year?
Provide proof of identity to be eligible to e-file your tax return (driver's license or state-issued photo ID)

Dependent Information

- Did you have any changes in dependents during the year?
If "Yes," explain _____
- Can another person qualify to claim any of your dependents?
- Did you have any childcare expenses during the year?
- Did you have any adoption expenses during the year?
- Did you have any children under age 19 or a full-time student under age 24 with more than \$2100 of unearned income?
Provide documentation for proof of dependent related credits (school records, medical records, daycare records, etc.)

Health Care Information

- Did any member of your household **NOT** have healthcare coverage for the entire year?
Provide copies of all Forms 1095-A, 1095-B, 1095-C for **ALL** members of your household.
If any member of your household received an exemption from the marketplace, provide the Exemption Certificate Number (ECN).
- Did you receive any distributions from a Health Savings Account (HSA), Archer MSA, or Medicare Advantage MSA during the year?

Income, Purchases, Sales, and Debt Information

- Did you receive any tips not reported to your employer?
- Did you receive any disability income during the year?
- Did you cash any U.S. savings bonds during the year?
- Did you receive any other income not provided with this organizer?
If "Yes," explain _____
- Did you start a new business or purchase any rental property during the year?
- Did you sell an existing business, rental property, or other property during the year?
- Did you purchase any business assets or convert any assets to business use?
If "Yes," provide the cost of the asset, the date it was placed in service, and business use percentage.
- Did you purchase any gasoline, diesel, or special fuels for non-highway business use?
- Did you buy or sell any stocks, bonds, or other investments during the year?
- Did you sell a principal residence during the year?
If "Yes," provide closing documentation for the purchase and sale of the home
- Did you have a principal residence or a piece of real property foreclosed on during the year?
- Did you abandon a principal residence or a piece of real property during the year?
- Did you refinance your principal home or second home or take out a home equity loan during the year?
If "Yes," provide all escrow, closing, and other pertinent documentation and information.
- Did you receive any principal or interest during this year from property sold in prior years?
- Did you rent out your home or use it for business?
- Did you sell, exchange, or purchase any real estate during the year?
- Did you acquire a new or additional interest in a partnership or S corporation?
- Did you have any debts canceled or forgiven this year?
- Does anyone owe you money that has become uncollectible?
- Did you purchase a new hybrid, alternative motor, or electric motor energy-efficient vehicle during the year?
If "Yes," provide the year, make, model, VIN, and date the vehicle was placed in service.

Itemized Deduction Information

- Did you pay out-of-pocket medical or dental expenses (premiums, prescriptions, mileage, etc.) during the year?
- Did you pay any long-term care premiums for yourself, your spouse, or a dependent during the year?
- Did you receive any state or local income tax refunds from prior years?
- Did you make any major purchases (vehicle, boat, etc.) during the year?
- Did you pay any real estate property taxes or personal taxes during the year?
- Did you pay mortgage interest during the year?

Miscellaneous Information

Name:

SSN:

Itemized Deduction Information (continued)

| Yes | No | |
|-------------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make cash donations to charity during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make noncash donations to charity (clothes, furniture, etc.) during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you donate a boat or vehicle during the year? |
| If "Yes," attach Form 1098-C. | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have gambling winnings or losses during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have any job-related expenses that were not reimbursed by your employer (uniforms, safety equipment, etc.)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you use your vehicle on the job other than for commuting to work? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you work out of town at any time during the year? |

Retirement Information

- Did you receive any payments from a pension, profit sharing, or 401(k) plan during the year?
- Did you make any withdrawals from or contributions to an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), myRA, or other qualified retirement plan during the year?
- Did you receive any Social Security benefits during the year?

Education Information

- Did you pay tuition expenses that were required for attending college, university, or vocational school for yourself, your spouse, or a dependent during the year (even if classes were attended in another year)?
- Did anyone in your household attend a post-secondary school during the year?
- Did you make a contribution to or receive a distribution from an Education Savings Account or Qualified Tuition Program during the year?
- Did you pay student loan interest for yourself, your spouse, or your dependent(s) during the year?

Miscellaneous Information

- Did you incur a gain or loss due to damaged or stolen property?
If "Yes," provide the incident date, value of the property, and amount of insurance reimbursements.
- Did you pay wages to any household employees (babysitter, nanny, housekeeper, etc.)?
- Did you make gifts to any one person in excess of \$15,000 during the year?
If "Yes," are you splitting the gift with your spouse? _____
- Did you incur moving expenses during the year?
- Did you make any energy-efficient improvements to your main home during the year?
- Are you a business owner who paid health insurance premiums for your employees during the year?
- Did you apply an overpayment of your 2017 taxes to your 2018 estimated taxes?
- If you have an overpayment of 2018 taxes, do you want the refund applied to your 2019 estimated taxes?
- Did you make any estimated payments toward your 2018 taxes?
- Do you want to have any refund or balance due directly deposited or withdrawn?
If "Yes," provide a canceled checking or savings slip.
- Did you receive any notices from the IRS or state taxing authority?
If "Yes," explain _____
- May the IRS discuss your tax return with your preparer? _____
- Would you like a copy of your tax return emailed to you instead of receiving a printed copy?

Foreign Account Information

- Did you have a financial interest in or signature authority over a financial account or asset located in a foreign country?
- Did you receive a distribution from, or were you a grantor of, or transferor to, a foreign trust?
- Did you have any income from, or pay taxes to, a foreign country?
- Did you own property in a foreign country?
- Did the aggregate value of your foreign accounts exceed \$10,000 at any time during the year?

Preparer Notes

Miscellaneous Notes

2018 Tax Organizer Personal and Dependent Information

Personal Information

| | | | | |
|--------------------------------------|--|---------------|---------------|------------------------------|
| Name | | SSN | Date of birth | Healthcare coverage ALL year |
| Taxpayer | | | | |
| Spouse | | | | |
| Street address, city, state, and ZIP | | | | |
| Occupation | | Daytime phone | Evening phone | Cell phone |
| Taxpayer | | | | |
| Spouse | | | | |
| Taxpayer email | | | | |
| Spouse email | | | | |

Marital Status at end of 2018

| | | | |
|---|--|---|---|
| <input type="checkbox"/> Married <input type="checkbox"/> Married filing separately <input type="checkbox"/> Single <input type="checkbox"/> Widow(er) <small>If spouse died in 2018 enter the date of death _____</small> | Are you blind? Are you disabled? Are you a full-time student? Do you want \$3 to go to the Presidential Election Campaign Fund? | Taxpayer <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No | Spouse <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|--|---|---|

Dependent Information

| First and last name | SSN | Relationship | Months in home | Date of birth | Disabled | Full-time student | Healthcare coverage ALL year |
|---------------------|-----|--------------|----------------|---------------|----------|-------------------|------------------------------|
| | | | | | | | |
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List dependents required to file a return _____

Estimates

| | Federal | | Resident state | | Resident city | |
|-------------------------------|-----------|--------|----------------|--------|---------------|--------|
| | Date paid | Amount | Date paid | Amount | Date paid | Amount |
| Overpayment applied from 2017 | _____ | _____ | _____ | _____ | _____ | _____ |
| First quarter | _____ | _____ | _____ | _____ | _____ | _____ |
| Second quarter | _____ | _____ | _____ | _____ | _____ | _____ |
| Third quarter | _____ | _____ | _____ | _____ | _____ | _____ |
| Fourth quarter | _____ | _____ | _____ | _____ | _____ | _____ |
| Additional payments | _____ | _____ | _____ | _____ | _____ | _____ |

Account Information for Deposits or Withdrawals

| Name of bank | Bank routing number | Bank account number | Type of account | | Use this account for | |
|--------------|---------------------|---------------------|-----------------|---------|----------------------|-------------|
| | | | Checking | Savings | Deposits | Withdrawals |
| | | | | | | |
| | | | | | | |

Appointment Information

Your 2018 appointment is scheduled for _____

Healthcare Coverage Questionnaire

Name: _____

SSN: _____

Healthcare Information

| Member of household for healthcare purposes | Covered the entire year | Covered less than 12 months | No healthcare coverage at all |
|--|----------------------------|--------------------------------|----------------------------------|
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YES NO

 Did anyone other than you or your spouse pay for healthcare coverage for anyone listed above?

 Did you pay for healthcare coverage for anyone not listed above?

If you had coverage for any part of the year:

Where was the policy obtained?

Employer / Medicare / Medicaid / Marketplace(Exchange) / Other

If you didn't have coverage part or all of the year:

Answer YES if the following applies to any member of the household

 Was your previous insurance policy canceled in 2018?

 Was coverage offered by your employer or your spouse's employer?

 Are you a member of a federally recognized Indian tribe?

 Are you eligible for services through an Indian healthcare provider?

 Are you a member of a healthcare sharing ministry?

 Did you live in the United States the entire year?

 Are you enrolled in TRICARE?

 Did you apply for CHIP coverage?

 Do any of the following apply to you? Do NOT indicate which one.

- Became homeless
- Evicted in the past six months, or facing eviction or foreclosure
- Received a shut-off notice from a utility company
- Recently experienced domestic violence
- Recently experienced the death of a close family member
- Recently experienced a fire, flood, or other natural or human-caused disaster that resulted in substantial damage to your property
- Filed for bankruptcy in the last six months
- Incurred unreimbursed medical expenses in the last 24 months that resulted in substantial debt
- Experienced unexpected increases in essential expenses due to caring for an ill, disabled, or aging family member

Income

Name:

SSN:

Wages & Salaries

Provide all copies of Form W-2

| Employer name | 2018 federal wages |
|---------------|--------------------|
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Retirement

Provide all copies of Form 1099-R

| Payer name | 2018 distribution |
|------------|-------------------|
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Form 1099-Misc Income

Provide all copies of Form 1099-MISC

| Payer name | 2018 amount |
|------------|-------------|
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Sale of Capital Assets

Name:

SSN:

Sale of Capital Assets (not reported on Form 1099-B)

Provide all brokerage statements

Table with 5 columns: Description of property, Date purchased, Date sold, Sales price, Cost. Multiple rows for data entry.

Installment Sale Income

Description of property: _____

Date acquired _____ Date sold _____

Table for installment sale income with columns for 2018 and Prior years, and rows for Selling price, Mortgages assumed, Cost of property sold, Depreciation allowed, Commissions and expense of sale, Gross profit percentage, Interest received, Principal payments received.

Property was sold to a related party

Other Income and Adjustments

Name: _____

SSN: _____

Other Income

| | 2018 Taxpayer | 2018 Spouse |
|--|------------------|----------------|
| Scholarships or grants not reported on Form W-2 | _____ | _____ |
| State income tax refund (attach Forms 1099-G) | _____ | _____ |
| Social Security Benefits (attach Forms 1099-SSA) | _____ | _____ |
| Railroad Retirement Benefits (attach Forms 1099-RRB) | _____ | _____ |
| Alimony received | _____ | _____ |
| Unemployment compensation (attach Forms 1099-G) | _____ | _____ |
| Unemployment compensation repaid in 2018 | _____ | _____ |
| Gambling winnings (attach Forms W2-G) | _____ | _____ |
| Alaska Permanent Fund | _____ | _____ |
| ABLE distributions | _____ | _____ |
| Other income: _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Adjustments

| | 2018 Taxpayer | 2018 Spouse |
|--|------------------|----------------|
| Educator expenses (If you are an educator, enter the amount you paid for classroom supplies) | _____ | _____ |
| Contributions made to a Health Savings Account (HSA) | _____ | _____ |
| Contributions made to a Self-Employed Pension plan (SEP) | _____ | _____ |
| Payments made for Self-Employed Health Insurance for you, your spouse, or dependents- | _____ | _____ |
| Alimony paid | | |
| Name: _____ SSN: _____ | _____ | _____ |
| Name: _____ SSN: _____ | _____ | _____ |
| Contributions made to an Individual Retirement Account (IRA) | _____ | _____ |
| Contributions made to a Roth IRA | _____ | _____ |
| Contributions made to a myRA | _____ | _____ |
| Interest paid on a student loan | _____ | _____ |
| Other adjustments: _____ | _____ | _____ |

Job-related Moving Expenses

Select this box and complete the fields below if you are member of the Armed Forces on active duty, and moved due to a military order for a permanent change of station. **2018**

Number of miles from old home to old workplace _____

Number of miles from old home to new workplace _____

Expense to move household goods & personal effects and lodging expenses while traveling to your new home _____
(Do not include cost of meals)

Schedule C - Profit or Loss from Business

Name: _____

SSN: _____

General Business Information

Business name _____ Employer ID number _____

Professional product or service _____

Business address, city, state, ZIP _____

- This business started or was acquired during 2018 Yes No Payments of \$600 or more were paid to an individual who is not your employee for services provided for this business
- This business was disposed of during 2018 Yes No You filed Form(s) 1099 for the individual(s)

Income

| | 2018 | 2018 |
|--------------------------------------|-------|------------------------------|
| Gross receipts or sales | _____ | Other income _____ |
| Income from Form 1099-MISC | _____ | _____ |
| Returns & allowances | _____ | _____ |

Expenses

| | 2018 | 2018 |
|--|-------|---------------------------------------|
| Advertising | _____ | Travel _____ |
| Car & truck expenses | _____ | Total meals _____ |
| Commissions & fees | _____ | Utilities _____ |
| Contract labor | _____ | Wages _____ |
| Depletion | _____ | Other expenses (list) _____ |
| Employee benefit programs | _____ | _____ |
| Insurance (other than health) | _____ | _____ |
| Interest - mortgage | _____ | _____ |
| Interest - other | _____ | _____ |
| Legal & professional services | _____ | _____ |
| Office expenses | _____ | _____ |
| Pension & profit sharing plans | _____ | _____ |
| Rent or lease (vehicles, machinery, & equipment) | _____ | _____ |
| Rent (other business property) | _____ | _____ |
| Repairs & maintenance | _____ | _____ |
| Supplies | _____ | _____ |
| Taxes & licenses | _____ | _____ |

Cost of Goods Sold

| | 2018 | 2018 |
|--|-------|---|
| Inventory at beginning of year | _____ | Materials & supplies _____ |
| Purchases | _____ | Other costs _____ |
| Cost of personal use items | _____ | Inventory at end of year _____ |
| Cost of labor | _____ | <input type="checkbox"/> There was a change in inventory method |

Schedule E - Income or Loss from Rental Real Estate & Royalties

Name: _____

SSN: _____

General Property Information

Property description _____
 Address, city, state, ZIP _____

Select the property type

- | | | | |
|--|---|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Single family residence | <input type="checkbox"/> Vacation / short-term rental | <input type="checkbox"/> Land | <input type="checkbox"/> Self-rental |
| <input type="checkbox"/> Multi-family residence | <input type="checkbox"/> Commercial | <input type="checkbox"/> Royalties | <input type="checkbox"/> Other _____ |

Number of days property was rented _____ Number of days property was used for personal use _____

If the rental is a multi-dwelling unit and you occupied part of the unit, enter the percentage you occupied _____

- | | | |
|---|--|---|
| <input type="checkbox"/> This property is your main home | <input type="checkbox"/> Yes <input type="checkbox"/> No | Payments of \$600 or more were paid to an individual who is not your employee for services provided for this rental |
| <input type="checkbox"/> This property was disposed of during 2018 | <input type="checkbox"/> Yes <input type="checkbox"/> No | You filed Form(s) 1099 for the individual(s) |
| <input type="checkbox"/> This property was owned as a qualified joint venture | | |

Income

| | 2018 | | 2018 |
|--|-------|---|-------|
| Rent income | _____ | Royalties from oil, gas, mineral, copyright or patent | _____ |
| Rental income from Form(s) 1099-MISC | _____ | Royalties from Form 1099-MISC | _____ |

Expenses

| | Rental unit expenses | Rental <u>and</u> homeowner expenses | |
|-------------------------------------|----------------------|--------------------------------------|--|
| Advertising | _____ | _____ | If this Schedule E is for a multi-unit dwelling and you lived in one unit and rented out the other units, use the "Rental and homeowner expenses" column to show expenses that apply to the entire property. Use the "Rental unit expenses" column to show expenses that pertain ONLY to the rental portion of the property. |
| Auto & travel | _____ | _____ | |
| Cleaning & maintenance | _____ | _____ | |
| Commissions | _____ | _____ | |
| Depletion | _____ | _____ | |
| Insurance | _____ | _____ | |
| Legal & professional fees | _____ | _____ | |
| Management fees | _____ | _____ | |
| Mortgage interest | _____ | _____ | |
| Other interest | _____ | _____ | |
| Repairs | _____ | _____ | If the Schedule E is not for a multi-unit property in which you lived in one unit, complete just the "Rental unit expenses" column. |
| Supplies | _____ | _____ | |
| Taxes | _____ | _____ | |
| Utilities | _____ | _____ | |
| Other expenses | _____ | _____ | |
| _____ | _____ | _____ | |
| _____ | _____ | _____ | |
| _____ | _____ | _____ | |
| _____ | _____ | _____ | |
| _____ | _____ | _____ | |
| _____ | _____ | _____ | |

Schedule A - Itemized Deductions

Name: _____

SSN: _____

Medical and Dental Expenses

Health insurance premiums (paid by you) _____

Long-term care premiums (you) _____

Long-term care premiums (your spouse) _____

Long-term care premiums (dependents) _____

Mileage driven for medical purposes _____

Medical and dental expenses

 Doctor, dental, etc _____

 Prescription medicines _____

 Insulin _____

 Glasses and contacts _____

 Hearing aids _____

 Braces _____

 Medical equipment & supplies _____

 Hospital services _____

 Laboratory services _____

 Nursing services _____

 Other _____

Taxes Paid

State and local income taxes _____

Sales tax _____

Real estate taxes _____

Personal property taxes _____

Other taxes (list) _____

Interest Paid

Mortgage interest paid (attach Form 1098) _____

Some of your home mortgage loan was not used to buy, build, or improve your home

Mortgage interest paid to an individual _____

Paid to:

 Name _____

 Address _____

 City, State, ZIP _____

 SSN or EIN _____

Qualified mortgage insurance premiums _____

Investment interest _____

Charitable Contributions

| Donations to charity | Cash | Noncash | Amount |
|------------------------------|--------------------------|--------------------------|--------|
| Church | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Boy or Girl Scouts | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Goodwill | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Red Cross | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Salvation Army | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| United Way | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Veterans | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Hospital | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| University | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Other | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

Miles driven for charitable purposes _____

Other Miscellaneous Deductions

Amortizable bond premiums _____

Federal estate tax _____

Gambling losses _____

Impairment-related work expenses _____

Claim repayments _____

Unrecovered pension investments _____

Loss from other activities from Schedule K-1 _____

Ordinary loss debt instrument _____

Job Expenses & Certain Miscellaneous Deductions

Necessary job expenses you paid that were not reimbursed by your employer

 Safety equipment, tools, & supplies _____

 Uniforms _____

 Protective clothing (shoes, hardhats, glasses, etc.) _____

 Dues to professional organizations _____

 Books & subscriptions _____

 Other _____

Tax preparation fees _____

Other nonpersonal expenses related to taxable income

 Safe deposit box fees _____

 Investment expenses not entered elsewhere _____

 Other _____

Other Information

Name: _____

SSN: _____

Mortgage Interest

Provide all copies of Form 1098

| Lender's name | Mortgage interest received | Mortgage insurance premiums | Real estate taxes paid |
|---------------|----------------------------|-----------------------------|------------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Employee Business Expenses

- | | |
|--|--|
| <input type="checkbox"/> You are a qualified performing artist | <input type="checkbox"/> You are a member of the clergy |
| <input type="checkbox"/> You are a fee-based state or local government official | <input type="checkbox"/> You used your personal vehicle for your job during 2018 |
| <input type="checkbox"/> You are a disabled employee with impairment-related work expenses | |
| <input type="checkbox"/> You are a reservist | |

| | NOT reimbursed by your employer | Reimbursed by your employer not included on your W-2 |
|---|---------------------------------|--|
| Rural mail carrier expenses | _____ | _____ |
| Parking fees, tolls, local transportation | _____ | _____ |
| Meals | _____ | _____ |
| Overnight business travel expenses (Do not include meals & entertainment) | _____ | _____ |
| Other business expenses | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Casualties and Thefts

| | |
|---|---|
| FEMA code _____ | FEMA code _____ |
| Property description _____ | Property description _____ |
| Property location _____ | Property location _____ |
| Date property was acquired _____ | Date property was acquired _____ |
| Date property was damaged or stolen _____ | Date property was damaged or stolen _____ |
| Cost of property damaged or stolen _____ | Cost of property damaged or stolen _____ |
| Amount of damage _____ | Amount of damage _____ |
| Insurance reimbursement _____ | Insurance reimbursement _____ |

Other Information

Name: _____

SSN: _____

Child and Other Dependent Care Expenses

| Name of care provider | Address | SSN or EIN | Amount paid |
|-----------------------|---------|------------|-------------|
| | | | |
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| | | | |
| | | | |

Education Expenses

Provide all copies of Form 1098-T

Student name _____ Student name _____

| Type of expense | Amount | Type of expense | Amount |
|-----------------|--------|-----------------|--------|
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Student name _____ Student name _____

| Type of expense | Amount | Type of expense | Amount |
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Student name _____ Student name _____

| Type of expense | Amount | Type of expense | Amount |
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