

## 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?<br>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 Summary 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

- Married  
 Married filing separately  
 Single  
 Widow(er) If spouse died in 2018 enter the date of death \_\_\_\_\_

Are you blind?  Yes  No  
 Are you disabled?  Yes  No  
 Are you a full-time student?  Yes  No  
 Do you want \$3 to go to the Presidential Election Campaign Fund?  Yes  No

### Taxpayer

Yes  No  
 Yes  No  
 Yes  No  
 Yes  No

### Spouse

Yes  No  
 Yes  No  
 Yes  No  
 Yes  No

### Dependent Information

First and last name	SSN	Relationship	Months in home	Date of birth	Disabled	Full-time student	Healthcare coverage ALL year

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

**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

### Child and Dependent Care

Name:

SSN:

#### Child Care Provider's Information

		2018	2017
Social Security Number or Employer ID Number _____	Amount paid _____		
Name _____			
Street address _____			
City _____		Phone _____	
<b>U.S. only</b>	State, ZIP _____		
<b>Foreign only</b>	Province/State, Country, Postal code _____		

		2018	2017
Social Security Number or Employer ID Number _____	Amount paid _____		
Name _____			
Street address _____			
City _____		Phone _____	
<b>U.S. only</b>	State, ZIP _____		
<b>Foreign only</b>	Province/State, Country, Postal code _____		

		2018	2017
Social Security Number or Employer ID Number _____	Amount paid _____		
Name _____			
Street address _____			
City _____		Phone _____	
<b>U.S. only</b>	State, ZIP _____		
<b>Foreign only</b>	Province/State, Country, Postal code _____		

		2018	2017
Social Security Number or Employer ID Number _____	Amount paid _____		
Name _____			
Street address _____			
City _____		Phone _____	
<b>U.S. only</b>	State, ZIP _____		
<b>Foreign only</b>	Province/State, Country, Postal code _____		

### Wages and Salaries

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

**Provide all copies of Form W-2**

TS \_\_\_\_\_ Employer's name and address: \_\_\_\_\_ Federal EIN \_\_\_\_\_

	2018	2017		2018	2017
Wages, tips, other compensation	_____	_____	State _____ State I.D. _____	_____	_____
Federal income tax withheld	_____	_____	State wages	_____	_____
Social Security wages	_____	_____	State income tax	_____	_____
Social Security tax withheld	_____	_____	Locality name _____	_____	_____
Medicare wages and tips	_____	_____	Local wages	_____	_____
Medicare tax withheld	_____	_____	Local income tax	_____	_____
Social Security tips	_____	_____	State _____ State I.D. _____	_____	_____
Allocated tips	_____	_____	State wages	_____	_____
Dependent care benefits	_____	_____	State income tax	_____	_____
			Locality name _____	_____	_____
Are you a statutory employee?	_____	_____	Local wages	_____	_____
Are you covered by a retirement plan?	_____	_____	Local income tax	_____	_____
Did you receive third-party sick pay?	_____	_____			

TS \_\_\_\_\_ Employer's name and address: \_\_\_\_\_ Federal EIN \_\_\_\_\_

	2018	2017		2018	2017
Wages, tips, other compensation	_____	_____	State _____ State I.D. _____	_____	_____
Federal income tax withheld	_____	_____	State wages	_____	_____
Social Security wages	_____	_____	State income tax	_____	_____
Social Security tax withheld	_____	_____	Locality name _____	_____	_____
Medicare wages and tips	_____	_____	Local wages	_____	_____
Medicare tax withheld	_____	_____	Local income tax	_____	_____
Social Security tips	_____	_____	State _____ State I.D. _____	_____	_____
Allocated tips	_____	_____	State wages	_____	_____
Dependent care benefits	_____	_____	State income tax	_____	_____
			Locality name _____	_____	_____
Are you a statutory employee?	_____	_____	Local wages	_____	_____
Are you covered by a retirement plan?	_____	_____	Local income tax	_____	_____
Did you receive third-party sick pay?	_____	_____			







### Schedule C - Profit or Loss from Business

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

**General Business Information**

TS \_\_\_\_\_ Principal business product or profession \_\_\_\_\_ Business code \_\_\_\_\_

Employer I.D. number \_\_\_\_\_

Business name \_\_\_\_\_

Business address \_\_\_\_\_

City \_\_\_\_\_

**U.S. only** State, ZIP \_\_\_\_\_

**Foreign only** Province/State, Country, Postal code \_\_\_\_\_

Accounting method, if not cash  Accrual  Other \_\_\_\_\_

Inventory method, if not cost  Lower of cost or market  Other

Change of inventory method  Yes  No

You started or acquired this business during 2018

Some investment is NOT at risk

You disposed of this property during 2018

Did you make any payments in 2018 that would require you to file Form(s) 1099?  Yes  No

If "Yes," did you or will you file all required Form(s) 1099 for the individual(s)?  Yes  No

**Other Information**

	2018	2017
Family health coverage . . . . .		

**Income**

	2018	2017
Gross receipts or sales . . . . .		
Returns and allowances . . . . .		
Other income . . . . .		

**Cost of Goods Sold**

	2018	2017
Inventory at beginning of the year . . . . .		
Purchases (less cost of items withdrawn for personal use) . . . . .		
Cost of labor . . . . .		
Materials and supplies . . . . .		
Other costs (list on detail worksheet) . . . . .		
Inventory at end of year . . . . .		

### Schedule C - Profit or Loss from Business

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

#### Expenses

TS _____ Business name _____	Profession or product _____	2018	2017
Advertising . . . . .	_____	_____	_____
Car and truck expenses . . . . .	_____	_____	_____
Commissions and fees . . . . .	_____	_____	_____
Contract labor . . . . .	_____	_____	_____
Depletion . . . . .	_____	_____	_____
Employee benefit programs . . . . .	_____	_____	_____
Insurance (other than health) . . . . .	_____	_____	_____
Interest - mortgage (paid to banks, etc.) . . . . .	_____	_____	_____
Interest - other . . . . .	_____	_____	_____
Legal and professional services . . . . .	_____	_____	_____
Office expenses . . . . .	_____	_____	_____
Pension and profit sharing plans . . . . .	_____	_____	_____
Rent or lease (vehicles, machinery, and equipment) . . . . .	_____	_____	_____
Rent (other business property) . . . . .	_____	_____	_____
Repairs and maintenance . . . . .	_____	_____	_____
Supplies . . . . .	_____	_____	_____
Taxes and licenses (including real estate taxes) . . . . .	_____	_____	_____
Travel . . . . .	_____	_____	_____
Total meals . . . . .	_____	_____	_____
Utilities . . . . .	_____	_____	_____
Wages . . . . .	_____	_____	_____
Other expenses (list): _____ _____ _____ _____ _____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____ _____ _____ _____ _____	



## 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, what percentage did you occupy \_\_\_\_\_

- |   |  |  |
|---|--|--|
| <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	2017		2018	2017
Rent Income . . . . .			Royalties from oil, gas, mineral, copyright or patent . . . . .		
Rental income from Form(s) 1099-MISC			Royalties from Form 1099(s)-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.  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.
Auto & travel . . . . .					
Cleaning & maintenance . . . . .					
Commissions . . . . .					
Depletion . . . . .					
Insurance . . . . .					
Legal & professional fees . . . . .					
Management fees . . . . .					
Interest - mortgage . . . . .					
Interest - other . . . . .					
Repairs . . . . .					
Supplies . . . . .					
Taxes . . . . .					
Utilities . . . . .					
Other expenses (list)					
_____					
_____					
_____					
_____					
_____					
_____					



### Other Income and Adjustments

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

#### Other Income

	2018 Taxpayer	2017 Taxpayer	2018 Spouse	2017 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	2017 Taxpayer	2018 Spouse	2017 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: _____	_____	_____	_____	_____

**Schedule A - Itemized Deductions**

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

**Medical and Dental Expenses**

	2018	2017
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 (list) . . . _____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		

**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) _____	
<input type="checkbox"/> 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**

	2018	2017
Donations to charity (cash) . . . . . _____		
Hurricane relief contributions . . . _____		
Miles driven for charitable purposes _____		
Donations to charity (noncash) . . _____		
If noncash donations are greater than \$500, list below		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		

**Other Miscellaneous Deductions**

Amortizable bond premiums . . . _____	
Federal estate tax . . . . . _____	
Gambling losses . . . . . _____	
Impairment-related work expenses _____	
Claim repayments . . . . . _____	
Unrecovered pension investments _____	
Schedule K-1 . . . . . _____	
Ordinary loss debt instrument . . _____	

**Job Expenses & Certain Miscellaneous Deductions**

Necessary job expenses you paid that were not reimbursed by your employer (list) _____	
_____	
_____	
_____	
Tax preparation fees . . . . . _____	
Other nonpersonal expenses related to taxable income (list) _____	
_____	
_____	
_____	
Investment expenses not entered elsewhere . . . . . _____	

### Expenses for Business Use of Your Home

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

#### Business Use of Home

TSJ \_\_\_\_\_ For \_\_\_\_\_

	2018	2017
Square feet of home used exclusively for business . . . . .		
Total square feet of home . . . . .		

#### Use of Home for Daycare

	2018	2017
Area used part time for business . . . . .		
Total hours used for daycare . . . . .		
Total hours available . . . . .		

Did you live in the home all year?  Yes  No

#### Expenses

	Office expenses		Home expenses		
	2018	2017	2018	2017	
Mortgage interest . . . . .					In the "Office expenses" column, enter those expenses that pertain exclusively to your office; in the "Home expenses" column, enter those expenses that pertain to the entire dwelling.
Real estate taxes . . . . .					
Excess mortgage interest . . . . .					
Insurance . . . . .					
Rent . . . . .					
Repairs & maintenance . . . . .					
Utilities . . . . .					
Other expenses . . . . .					

#### Cost of Home

	2018	2017
Enter the <b>smaller</b> of your home's adjusted basis or its fair market value . . . . .		
Does this include the value of the land? <input type="checkbox"/> Yes <input type="checkbox"/> No . . . . . Value of land		
Date placed in service . . . . .		
Date taken out of service . . . . .		