

## 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 the end of 2018

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

#### Taxpayer

- Yes  No  
 Yes  No  
 Yes  No  
 Yes  No

#### Spouse

- Yes  No 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?

### 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 2018 | _____     | _____  | _____          | _____  | _____         | _____  |
| First quarter                 | _____     | _____  | _____          | _____  | _____         | _____  |
| Second quarter                | _____     | _____  | _____          | _____  | _____         | _____  |
| Third quarter                 | _____     | _____  | _____          | _____  | _____         | _____  |
| Fourth quarter                | _____     | _____  | _____          | _____  | _____         | _____  |
| Additional payments           | _____     | _____  | _____          | _____  | _____         | _____  |

### Appointment Information & Notes

Your 2018 appointment is scheduled for \_\_\_\_\_

**Notes**







### Other Income and Adjustments

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

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

#### Other Income

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

#### Adjustments

|  | 2018<br>Taxpayer | 2018<br>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

|  | 2018  |
|--|-------|
| Number of miles from old home to old workplace . . . . .   | _____ |
| Number of miles from old home to new workplace . . . . .   | _____ |
| Expenses to move household goods & personal effects and lodging expenses while traveling to your new home (Do not include cost of meals) . . . . . | _____ |
| <input type="checkbox"/> This was a military move  |       |

**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 & entertainment . . . . . _____ |
| Commissions & fees . . . . .                               | _____ | Utilities . . . . . _____                   |
| Contract labor . . . . .                                   | _____ | Wages . . . . . _____                       |
| Depletion . . . . .  | _____ | Other expenses (list) . . . . . _____       |
| Employee benefit programs . . . . .                        | _____ | _____                                       |
| Insurance (other than health) . . . . .                    | _____ | _____                                       |
| Mortgage interest . . . . .                                | _____ | _____                                       |
| Other interest . . . . .                                   | _____ | _____                                       |
| 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

- Single family residence, Multi-family residence, Vacation / short-term rental, Commercial, Land, Royalties, Self-rental, 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

- This property is your main home, This property was disposed of during 2018, This property was owned as a qualified joint venture, Yes/No for \$600 payments and 1099 filing

Income

Table with 4 columns: Description, 2018, 2018, 2018. Rows include Rent income, Rental income from Form(s) 1099-MISC, Royalties from oil, gas, mineral, copyright or patent, Royalties from Form 1099-MISC.

Expenses

Table with 3 columns: Description, Rental unit expenses, Rental and homeowner expenses. Rows include Advertising, Auto & travel, Cleaning & maintenance, Commissions, Depletion, Insurance, Legal & professional fees, Management fees, Interest - mortgage, Interest - other, Repairs, Supplies, Taxes, Utilities, Other expenses.

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.

Expenses Related to Business

Name:

SSN:

Auto Expense

Name of business vehicle is used for \_\_\_\_\_

Description of vehicle \_\_\_\_\_ Date vehicle was placed in service \_\_\_\_\_

- Another vehicle is available for personal use
This vehicle is available for use during off-duty hours
There is evidence to support your deduction
The evidence is written

Number of miles the vehicle was driven during 2018
Business \_\_\_\_\_ Commuting \_\_\_\_\_ Total \_\_\_\_\_

Garage rent Property tax
Gas Repairs
Insurance Tires
Licenses Tolls
Oil Other expenses
Parking fees
Lease payments
Interest

Business Use of Home

Name of business home is used for \_\_\_\_\_

What is the total square footage of your home that was used regularly and exclusively for business? \_\_\_\_\_

What is the total square footage of your home? \_\_\_\_\_

For daycare facilities not used exclusively for business, complete the following questions

How many days during the year was the area used? \_\_\_\_\_ How many hours per day was the area used? \_\_\_\_\_

The daycare facility was in operation for the entire year

Expenses Office expenses Home expenses
Mortgage interest
Real estate taxes
Excess mortgage interest
Insurance
Rent
Repairs & maintenance
Utilities
Other expenses

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.

**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) . . . . . \_\_\_\_\_  
 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 \_\_\_\_\_

**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 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 . . . . . \_\_\_\_\_

**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 Expense Not Reimbursed by Your Employer**

|  | 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 & entertainment . . . . .  | _____                           | _____  |
| Overnight business travel expenses<br>(Do not include meals & entertainment) . . . . . | _____                           | _____  |
| Other business expenses . . . . .  | _____                           | _____  |
| _____  | _____                           | _____  |
| _____  | _____                           | _____  |
| _____  | _____                           | _____  |

- |  |  |
|--|--|
| <input type="checkbox"/> You used your personal vehicle for your job during 2017 | <input type="checkbox"/> You are a fee-based state or local government official            |
| <input type="checkbox"/> You are a reservist                                     | <input type="checkbox"/> You are a disabled employee with impairment-related work expenses |
| <input type="checkbox"/> You are a qualified performing artist                   | <input type="checkbox"/> You are a member of the clergy                                    |

**Casualties and Thefts**

|   |   |
|---|---|
| Property description _____                | Property description _____                |
| Property location _____                   | Property location _____                   |
| 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<br>or<br>EIN | Amount paid |
|-----------------------|---------|------------------|-------------|
|                       |         |                  |             |
|                       |         |                  |             |
|                       |         |                  |             |
|                       |         |                  |             |

**Education Expenses**

Provide all copies of Form 1098-T

Student name \_\_\_\_\_ Student name \_\_\_\_\_

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

Student name \_\_\_\_\_ Student name \_\_\_\_\_

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

## 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