

2018 INCOME TAX ORGANIZER

Taxpayer's Name			Social Security Number		
Spouse's Name			Social Security Number		
Taxpayer's Occupation		Date of Birth (D.O.B.)		Blind?	
Spouse's Occupation		Date of Birth (D.O.B.)		Blind?	
Address			e-mail address		
City	State	Zip	Home Phone	Work Phone	

DEPENDENT CHILDREN (who lived with you more than 6 months)

1) Name	Social Security No.	D.O.B.	2) Name	Social Security No.	D.O.B.
3) Name	Social Security No.	D.O.B.	4) Name	Social Security No.	D.O.B.

OTHER DEPENDENTS

1) Name	Social Security	Time at home	Relationship	Income	Support by you	Support by dependent & others
2) Name	Social Security	Time at home	Relationship	Income	Support by you	Support by dependent & others

THINGS TO BRING (if applicable):

- Last Year's Tax Return (if new client)
- W-2 Form(s) for Wages
- 1099 Form(s) for Interest, Dividends, Retirement, Social Security, Unemployment, & Other Income
- IRA Year-end Statements
- K-1s from Partnerships, Corporations or Estates
- Statements for Assets Held Outside the USA
- Sale of Crypto-currency (e.g. Bitcoin) Details
- Business/Rental/Farm Income & Expenses
- Records of Estimated Taxes Paid
- HSA forms (1099-SA & 5498-SA)
- Childcare Provider Information
- Property Tax Statements
- 1098 Form(s) - Mortgage Interest, Tuition, Student Loans, Vehicle/Boat Donations
- Closing Papers for Purchases & Sales (including purchase and sale dates & amounts)
- All Other Statements Showing Income
- Charitable Contribution Details
- Last Pay Stub of the Year
- Voided Check for Direct Deposit
- Form(s) 1095 - Proof of Health Insurance
- Copy of Driver's License for Taxpayer & Spouse
- Copy of Social Security Card for New Family Members

<p>◆ RENTAL/SELF-EMPLOYMENT/FARM INCOME (see reverse for expenses)</p> <p>Landlords (rents received) \$ _____</p> <p>Self-employment (total received) \$ _____</p> <p>Farm income (total received) \$ _____</p> <p>★ SALE OF STOCK OR OTHER PROPERTY</p> <table border="0"> <tr> <td><u>Item:</u></td> <td><u>Cost:</u></td> <td><u>Sale:</u></td> </tr> <tr> <td>_____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td>_____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td>_____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td>_____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> </table> <p>OTHER INCOME</p> <p>★ Wages (forms W2)..... \$ _____</p> <p>★ Interest (forms 1099-INT)..... \$ _____</p> <p>★ Dividends (forms 1099-DIV)..... \$ _____</p> <p>Tips..... \$ _____</p> <p>◆ Child Care..... \$ _____</p> <p>★ Pensions/Annuities/Retirement..... \$ _____</p> <p>★ Roth Conversions..... \$ _____</p> <p>Jury Duty..... \$ _____</p> <p>Election Judging..... \$ _____</p>	<u>Item:</u>	<u>Cost:</u>	<u>Sale:</u>	_____	\$ _____	\$ _____	_____	\$ _____	\$ _____	_____	\$ _____	\$ _____	_____	\$ _____	\$ _____	<p>OTHER INCOME (cont.)</p> <p>★ Gambling Winnings..... \$ _____</p> <p>★ Unemployment (1099-G)..... \$ _____</p> <p>Alimony Received..... \$ _____</p> <p>Prizes/Awards..... \$ _____</p> <p>Scholarships & Fellowships..... \$ _____</p> <p>★ Debt Cancellation..... \$ _____</p> <p>★ Partnerships & S-Corporations..... \$ _____</p> <p>★ Estates & Trusts..... \$ _____</p> <p>★ Social Security/RR Retirement..... \$ _____</p> <p>★ State Tax Refunds..... \$ _____</p> <p>★ Royalties (music/writing/other).. \$ _____</p> <p>Sick Pay &/or Disability..... \$ _____</p> <p>Veteran's Payments..... \$ _____</p> <p>★ Withdrawals from HSA/MSA.... \$ _____</p> <p>★ Hobby Income..... \$ _____</p> <p>Odd Jobs/Side Jobs..... \$ _____</p> <p>Research/Survey/Online..... \$ _____</p> <p>Insurance Claims/Lawsuits..... \$ _____</p> <p>Public Assistance..... \$ _____</p> <p>Barter..... \$ _____</p> <p>★ Foreign Income..... \$ _____</p> <p>Other Income..... \$ _____</p> <p>Other Income..... \$ _____</p>
<u>Item:</u>	<u>Cost:</u>	<u>Sale:</u>														
_____	\$ _____	\$ _____														
_____	\$ _____	\$ _____														
_____	\$ _____	\$ _____														
_____	\$ _____	\$ _____														

★ Bring statements for marked items. ◆ More detailed worksheet(s) available upon request

Potential Deductions and Credit Items

◆ More detailed worksheet(s) available upon request

ADJUSTMENTS

Payments to an IRA Regular Roth
 Taxpayer Amount \$ _____ SEP SIMPLE
 Spouse Amount \$ _____

Penalty for Early Withdrawal

Alimony Paid \$: _____ SS#: - -

Self-Employed Health Insurance

Student Loan Interest

Payments to HSA/MSA: Taxpayer _____ Spouse _____

Classroom Materials for Educators

◆ MEDICAL EXPENSES

Insurance & Medicare (not pretax)
 Long Term Care Insurance
 Prescriptions
 Eyeglasses, Hearing Aids & Batteries
 Doctors
 Dentists
 Hospital / Ambulance
 Auto Mileage miles
 Other Medical Expenses, Travel
 Reimbursement
 Did you receive reimbursement at work? _____

TAXES

Real Estate Taxes
 State taxes paid in '18 for '17 or earlier
 Sales tax paid on vehicles, boats, planes
 Sales tax paid (from receipts)

2018 State Tax Estimates

date pd. \$ _____ date pd. \$ _____
 date pd. \$ _____ date pd. \$ _____

2018 Federal Tax Estimates

date pd. \$ _____ date pd. \$ _____
 date pd. \$ _____ date pd. \$ _____

Vehicle License Tabs, Pers. Prop. Tax

INTEREST EXPENSE

Home Mortgage—Paid to Financial Institutions (Form 1098)
First Mortgage/Refinance
Loan Origination Fee/Discount Fee
Second Mortgage
Home Equity
Equity loan used only to buy/build/improve home? Y N
 Mortgage Insurance
 Second Home Interest Payments
 Home Mortgage—Pd. to Individuals
 (name, address, Social Security number)
 Investment Interest: *Margin Account*
Other Investment Interest

OTHER MISCELLANEOUS EXPENSES

◆ Gambling Losses
 Impairment Related Work Expenses

HIGHER EDUCATION EXPENSES

Post Secondary Tuition/Req. Fees Paid
 Date: _____ Year in School

◆ CONTRIBUTIONS

Churches (received)
 Other Contributions of Money (received)
 Charitable Auto Mileage
 Volunteer Expenses (received)
 Property Donated (for which you have
 receipts (fair market value)—
 bring documentation if over \$500)
 Auto, Boat Donations (Form 1098C)
 Other

CASUALTY & THEFT LOSSES

(in presidentially declared disaster areas)

Cost of Property Lost
 Fair Market Value of Property
 Insurance Reimbursement Received

AUTOMOBILE EXPENSE

Total Miles
 ◆ Business Miles
 Commuting Miles
 Personal Miles
 Jan. 1, 2018, Odometer Beginning:....
 Dec. 31, 2018, Odometer Ending:.....
 Gas & Oil
 Interest
 Tolls & Local Transportation
 Lease Payments
 Parking
 Other:

◆ BUSINESS EXPENSES

Taxes
 Utilities
 Insurance
 Repairs
 Supplies
 Business Meals
 Business Travel
 Advertising
 Professional Dues/Memberships
 Legal/Professional Fees
 Wages (bring copies of W2s/941s if they have been filed)
 Contract Labor
 Equipment (bring a list with details)
 Other:

Is your primary place of business in your home? If yes, then bring all home related expenses, total square footage of the home, and square footage of space that is exclusively and regularly used for business.

CHILD CARE EXPENSES

Names, addresses, and ID#s of provider(s), amount paid.

Do you have a dependent care benefit plan at work? _____

ADOPTION EXPENSES

Amount Paid: _____ Date Finalized: _____ (bring papers)

ENERGY CREDITS

Solar-electric Solar water heating Cost \$ _____

Please sign here _____ date _____