

# 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>◆ <b>RENTAL/SELF-EMPLOYMENT/FARM INCOME</b> (see reverse for expenses)</p> <p>Landlords (rents received) \$ _____</p> <p>Self-employment (total received) \$ _____</p> <p>Farm income (total received) \$ _____</p> <p>★ <b>SALE OF STOCK OR OTHER PROPERTY</b></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> </table> <p><b>OTHER INCOME</b></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><b>OTHER INCOME (cont.)</b></p> <p>★ Gambling Winnings..... \$ _____</p> <p>★ Unemployment (1099-G)..... \$ _____</p> <p>Alimony Received..... \$ _____</p> <p>Prizes/Awards..... \$ _____</p> <p>Scholarships &amp; Fellowships..... \$ _____</p> <p>★ Debt Cancellation..... \$ _____</p> <p>★ Partnerships &amp; S-Corporations..... \$ _____</p> <p>★ Estates &amp; Trusts..... \$ _____</p> <p>★ Social Security/RR Retirement..... \$ _____</p> <p>★ State Tax Refunds..... \$ _____</p> <p>★ Royalties (music/writing/other)..... \$ _____</p> <p>Sick Pay &amp;/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	
<b>Payments to an IRA</b>	Regular <input type="checkbox"/> Roth <input type="checkbox"/>
Taxpayer Amount \$ _____	SEP <input type="checkbox"/> SIMPLE <input type="checkbox"/>
Spouse Amount \$ _____	
<b>Penalty for Early Withdrawal</b>	
<b>Alimony Paid</b> \$: _____	SS#: - -
<b>Self-Employed Health Insurance</b>	
<b>Student Loan Interest</b>	
<b>Payments to HSA/MSA:</b> Taxpayer _____	Spouse _____
<b>Classroom Materials for Educators</b>	

◆ 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) .....	_____
<b>2018 State Tax Estimates</b>	
date pd. \$ _____	date pd. \$ _____
date pd. \$ _____	date pd. \$ _____
<b>2018 Federal Tax Estimates</b>	
date pd. \$ _____	date pd. \$ _____
date pd. \$ _____	date pd. \$ _____
Vehicle License Tabs, Pers. Prop. Tax .....	_____

INTEREST EXPENSE	
<b>Home Mortgage—Paid to Financial Institutions (Form 1098)</b>	
<i>First Mortgage/Refinance</i> .....	_____
<i>Loan Origination Fee/Discount Fee</i> .....	_____
<i>Second Mortgage</i> .....	_____
<i>Home Equity</i> .....	_____
<i>Equity loan used only to buy/build/improve home?</i> Y <input type="checkbox"/> N <input type="checkbox"/>	
Mortgage Insurance .....	_____
Second Home Interest Payments .....	_____
Home Mortgage—Pd. to Individuals .....	_____
(name, address, Social Security number) .....	_____
Investment Interest: <i>Margin Account</i> .....	_____
<i>Other Investment Interest</i> .....	_____

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 <input type="checkbox"/> Solar water heating <input type="checkbox"/> Cost \$ _____	

Please sign here \_\_\_\_\_ date \_\_\_\_\_