

# Please follow these few steps . . .

**1** If you are viewing our website, print this Tax Organizer

**2** New Clients please complete page I. Returning clients skip to number **3**.

**3** Read the "Important Information" on pages II & III

**4** Accumulate your tax documents

**Generally,**

Income: W-2s, 1099-R, 1099-INT, 1099-DIV, rental, etc.

Deductions: 1098 for mortgage, contributions, medical, etc.

Other: Sale of home, purchase of home, etc.

**5** Complete the General Questions starting on and following page IV

**Organize and attach your tax documents behind the corresponding pages of your tax organizer.** For example, paperclip (**do not staple**) all your W-2s behind the page in your tax organizer that lists your W-2s. **If you are unsure where to attach a document, paperclip it behind the last page of the Organizer, "1099-B Broker Statements. Miscellaneous Documents" page.** Also put all year-end **1099-B** broker statements behind this page.

**6** Sign the organizer on page IV

**7** Sign the e-file forms and accompanying Refund/Payment options form

Sign only. Do not date the e-file forms or enter any other information.

Complete the Refund/Payment options sheet which will tell us how you wish to receive your refunds or pay any balance due.

**8** Return the tax organizer and e-file forms to us

Include the signed (undated) e-file forms and Refund/Payment options form (see **7** above).

Please KEEP COPIES (or send us copies) of your original tax documents.

To help control costs, we will not return any documents you send

**unless you request we do so.** We will destroy these documents after 3 years.

## IMPORTANT DATES TO REMEMBER:

**March 1, 2019:** Last date to receive all pertinent information to complete your personal tax returns by April 15, 2019.

**Hope Scholarship / FASFA:** Please provide us with all pertinent tax information preferably 2 weeks prior to the date you need your completed tax return for Hope Scholarship or FASFA, but no less than 7 days.

# NEW CLIENTS ONLY (returning clients skip this page)

## General Information














	TAXPAYER	SPOUSE
FIRST NAME & Middle Initial	<hr/>	<hr/>
LAST NAME	<hr/>	<hr/>
SOCIAL SEC #	<hr/>	<hr/>
DATE of BIRTH	<hr/>	<hr/>
ADDRESS	Street 1	<hr/>
	<hr/>	<hr/>
	Street 2 / PO Box	<hr/>
	City / State / Zip	<hr/>
TELEPHONE DAYTIME	<hr/>	<hr/>
EVENING	<hr/>	<hr/>
CELL PHONE CELL PROVIDER	<hr/>	<hr/>

**May we please have your cell phone provider to add to our data base? The information will allow us to send you important text message alerts if we think you are not getting your email. Thank you!**












E-MAIL	DEPENDENT 1	DEPENDENT 2	DEPENDENT 3	DEPENDENT 4	DEPENDENT 5
FIRST NAME	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
LAST NAME (if different)	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
SOCIAL SEC. #	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
DATE of BIRTH	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>

**RETURNING CLIENTS SKIP TO NEXT PAGE**

## IMPORTANT INFORMATION. PLEASE READ AND SIGN YOUR TAX ORGANIZER FOLLOWING THIS SECTION.

-  **NEW CLIENTS.** Please ***BE SURE TO COMPLETE*** the General Information and Dependent Information Sections of this organizer on the previous page. Also, be sure to read carefully the following points. You can help us process your work more efficiently by understanding our procedures.
-  **CURRENT CLIENTS.** Please **BE SURE TO REVIEW AND UPDATE** the preprinted General Information and Dependent Information Sections. Make any necessary changes, such as new address, phone number, email, etc.
-  **RESPONSIBILITY.** First and foremost, ***remember that YOU are responsible*** for keeping necessary records of your income and deductions, and YOU have the final responsibility for the content of your tax returns. Our responsibility, as for all CPAs, lies in our skill to use your information to your best benefit.
-  **APPOINTMENTS. WE CANNOT MEET WITHOUT SCHEDULING APPOINTMENTS.** We will make every effort to arrange a convenient time for you if we cannot schedule an appointment during our normal business hours. Please call our office **Monday through Thursday** to schedule your appointment in Fayetteville or Atlanta. Please visit our website for office hours and contact information: [www.oddocpas.com](http://www.oddocpas.com)
-  **MAIL, EMAIL, OR DELIVER YOUR ORGANIZER TO OUR OFFICES.** Many times, appointments are unnecessary if you complete and mail or deliver your organizer to us. If you SCAN and email your organizer and documents, please scan only one document per page. We will contact you with any questions. ***If you send your documents certified mail, please send to: 819 REDWINE ROAD, FAYETTEVILLE, GA 30215.***
-  **WE WILL NOT RETURN DOCUMENTS UNLESS YOU REQUEST US TO.** In an effort to hold down costs, we will not return the documents you provide unless you request us to. Please retain copies of all documents you send us.
-  **ITEMIZED DEDUCTIONS.**  
HEALTH INSURANCE PREMIUMS: "Pre-tax" amounts are not deductible.  
If you have included payments for health insurance premiums, **DO NOT** list any "pre-tax" amounts.  
AD VALOREM TAXES: **DO NOT** include the cost of tags.  
PERSONAL PROPERTY TAXES: Remember to **INCLUDE** tax paid on a boat or plane.
-  **RECEIPT TOTALS.** Please provide us with **TOTAL** income and expense, not individual receipts. Untotaled receipts will result in extra time preparing your return, and higher bills for our services.
-  **RECEIPTS.** Save all receipts for tax purposes such as audits.  
Examples: Sales tax on car; Medical payments; Home remodeling. Email us if you are unsure.
-  **REQUESTS FOR ADDITIONAL INFORMATION.** We may request copies of information to document justification of positions in your favor. We will not audit nor otherwise verify data that you submit, but we may ask that you clarify some items to enable us to fully understand your tax position and to properly prepare your returns.
-  **ERRORS.** In the rare instance in which our work contains an error, we reserve the right to amend or correct your return at no charge for our time. Please inform us immediately of any such errors.
-  **AUDITS.** All tax returns are subject to review by the taxing authorities. Should your return be selected for audit, please advise us immediately so that we may discuss with you the best method under which to proceed.
-  **CONTACTING US.** At times during tax season we are not available to answer your call. However, you may contact us in a variety of ways. If possible, we prefer you **E-MAIL** us at [IRSGOAWAY@AOL.COM](mailto:IRSGOAWAY@AOL.COM). If not possible, FAX your message to 770-461-8535, or leave a message or question on our voice mail so we can be prepared when we return your call.

## IMPORTANT INFORMATION. PLEASE READ AND SIGN YOUR TAX ORGANIZER FOLLOWING THIS SECTION.

-  **TURNAROUND.** Your tax return is customized for you. We take the time necessary to ensure that we have kept your income taxes to the absolute minimum. If you require quick turnaround, please advise us when you schedule your appointment or when you send us your completed tax organizer. "Final" information received from you after March 1 will most likely ensure completion will be after April 15. We will prepare an extension.
-  **EXTENSIONS.** We will make every effort to have your tax return prepared before **April 15**. However, if we have not received all necessary information from you **BY MARCH 1**, we will prepare, and possibly file an extension for you. *An extension neither increases nor decreases your chance of an audit.* We will estimate how much tax payment, if any, is to be sent with your extension.
-  **AFTER MARCH 1.** As a precaution we will prepare extensions for all tax returns, regardless of whether or not they will be used. Please make every effort to send us your work more than five weeks prior to the end of the season.
-  **MORTGAGE FINANCING & REFINANCING / FASFA / HOPE SCHOLARSHIP.** If your mortgage company will need financial information or tax returns prepared by us, or if you need tax returns for FASFA or the Hope Scholarship, *please provide at least seven days notice, and preferably longer, before the date the requested information is needed.*
-  **SERVICES WE OFFER IN ADDITION TO TAX PREPARATION.** Throughout the year we are available for consultation regarding your questions on specific tax matters or assistance in tax and business planning. However, we will not offer recommendations as to investment quality of any specific stock, bond, limited partnership or similar investment.
-  **FEE.** Fees for tax preparation and for all other related services are based on time spent at our hourly standard rates.  
Estimated MINIMUM charge for the completion of both an individual's federal and state returns: \$190.00.  
Estimated AVERAGE charge for the completion of both an individual's federal and state returns: \$295.00.  
Review of "client-prepared" tax return: minimum \$150.  
**NOTE:** Fees reflect timing and staffing. Many clients provide tax information late in the season, requiring staff overtime to meet tax deadlines. Invoices will reflect the additional cost due to time constraints to meet the April 15 deadline unless extensions are acceptable.  
*Actual charges often vary from from these estimates, depending on the complexity of the returns.*  
Charge for additional copies of tax returns and support in divorce situations, for replacements, etc., is \$45 minimum. Either or both spouses or taxpayers may request. For further price information, please visit our web site at: **[www.oddocpas.com/pricing](http://www.oddocpas.com/pricing)**
-  **ONLINE PAYMENT.** For your convenience, we accept Credit Card payments online through MasterCard, Visa, American Express, and Discover.
-  **TO KEEP YOUR COST OF TAX PREPARATION TO A MINIMUM:** PLEASE INCLUDE ALL PERTINENT TAX DATA WITH YOUR TAX ORGANIZER or note that information will follow. We will charge to redo completed returns for data received late.
-  **INVOICING & PAYMENT.** We prefer to invoice clients via e-mail. We would appreciate your participation. Please make sure you check the appropriate response on the following page regarding invoice via e-mail.
-  **BILLING OF COMPLETED WORK.** In general, a service charge of 1.5% per month will be added to all accounts not paid currently unless you contact us to make arrangements for payment.
-  **PRIVACY POLICY.** All non-public information about our clients is restricted to those members of our staff who need to know such information in order to provide the services you requested. We will not sell your name to any other firm. From time to time we may provide your name to firms we work with to inform you of financial information that could benefit you.

**PLEASE SIGN YOUR TAX ORGANIZER BELOW**

To the best of my (our) knowledge and belief, the information provided to Oddo Brothers CPAs in this tax organizer and accompanying supplement and / or notes, is true and correct. Also, I (we) have read and understand the preceding information regarding operating procedures of Oddo Brothers CPAs and agree to abide by them while having Oddo Brothers CPAS prepare our tax returns or other work.

 **TAXPAYER**

 **SPOUSE**

DATE

DATE

**2018 TAX QUESTIONS**

**GENERAL QUESTIONS**

YES	NO	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are your names, including your dependents' names, as printed in this Tax Organizer in the GENERAL INFORMATION section, spelled as they appear on your Social Security Card(s)? If not, please make the necessary corrections.

Is your address correct, as printed in this Tax Organizer in the GENERAL INFORMATION section? If not, please make the necessary corrections next to your address.

**SPECIAL NOTE REGARDING DECEASED SPOUSES:** If a joint tax return was prepared last year under the names of the surviving and deceased spouses, this tax return will be filed under the name of the surviving spouse only. There is no need to correct your name.

Have COPIES of **ALL** pertinent 2018 tax information been enclosed with this Tax Organizer? If additional information follows after completion of your tax returns, **amendments or changes to your tax returns due to incomplete data will be charged for.**

YES	NO	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are your phone number(s), e-mail address(es), and/or fax number(s), as printed in this Tax Organizer, correct? If not, please make corrections.

**E-mail:** We have installed security to guard your confidential information during transmissions. If you do not use email, or do not wish to use email, please advise us.

**Invoicing:** We will invoice you via email unless you check the "NO" box.

**Telephone:** If we need to call you, what are the best times to contact you via telephone? We do not want to call you too early or too late.

Telephone No:

Best times to call:

**REMINDER: For returns completed by April 15, 2019, return your organizer and tax documents by March 1, 2019**

# 2018 TAX QUESTIONS

## GENERAL QUESTIONS

PDF	PAPER

***IN LIEU OF A PRINTED TAX RETURN***, we will deliver your copy via e-mail in PDF printable format unless you request otherwise. Please mark your appropriate preferences.

PDF format via E-mail.

Encryption password, if desired: \_\_\_\_\_

Traditional paper format (paper requires more time to process to completion).

YES	NO	N/A

**IRA CONTRIBUTION:** Will you make a **TRADITIONAL** IRA Contribution by April 15, **2019**?

**IRA CONTRIBUTION:** Will you make a **ROTH** IRA Contribution by April 15, **2019**?

**Note:** if your contribution is reflected on your W2, or handled through your corporation, do not include any amounts here.

Taxpayer \$ \_\_\_\_\_  Taxpayer's Spouse \$ \_\_\_\_\_

**TAX ESTIMATES:** Do you wish us to calculate **2019** income tax estimates? (usually unnecessary if your withholding is adequate and consistently overpaid)

YES	NO	N/A

Did you make any contributions to a qualified higher education program / qualified higher education college savings account (**Section 529 Plan**)? Such payments may be deductible on your state income tax return.

YES	NO	N/A

**TAXPAYER:** Do you wish to contribute \$3 to the presidential campaign fund?

**SPOUSE:** Do you wish to contribute \$3 to the presidential campaign fund?

YES	NO	N/A

Did your employer reimburse any employee business expenses, including overnight travel?

If yes, attach a list, or complete section EMPLOYEE BUSINESS EXPENSES if included later in your organizer. Example: \$500 auto expense. Reimbursement \$300.

YES	NO	N/A

**NON-CASH CONTRIBUTIONS** of \$250 or more. **SPECIAL NOTE:** The IRS requires taxpayers to maintain written documentation indicating the name of the donee(s), the date(s) of the contribution(s), and the amount(s) of the contribution(s) for all cash **AND** non-cash charitable contributions. Without this support, the IRS may deny the deduction(s).

DATE	DONEE	DESCRIPTION	VALUE
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

**REMINDER: For returns completed by April 15, 2019, return your organizer and tax documents by March 1, 2019**

# 2018 TAX QUESTIONS

## AT ANY TIME DURING 2018

YES	NO	N/A

Were any changes made to your prior year's tax return by you, the IRS, or the State? If yes, please provide details (e.g. change in refund received). If not, we will use the information shown on your prior year's tax return:

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YES	NO	N/A

Do you file multiple state tax returns? If so, which?

Did you prepare and file your own extension(s)? If yes, how much was paid with extension(s)?

Federal     \$ \_\_\_\_\_     State     \$ \_\_\_\_\_

Did you receive retirement plan distributions (e.g. IRA, 401-k, etc.)? If yes, please provide copies of your 1099Rs.

If yes, were they rolled over within 60 days?

If yes, were any funds used to pay for post secondary schooling or as a down payment on the purchase of a first home?

Did you pay SALES TAX on any major purchase(s)? (e.g. new car)     \$ \_\_\_\_\_

Are you considering bankruptcy? If so, consider reviewing your plan with us for tax consequences and possible tax strategies. For example, you should consider not filing bankruptcy until your tax returns are filed up-to-date.

## DEPENDENT INFORMATION

NAME of Dependent  
(do not include yourself or your spouse)

Last Name, if different


	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO		
Dependent is married?												
... is a U.S. citizen or permanent resident?												
... is a full-time student 5 or more months?												
... if in college, in what year?    circle year ⇨	1	2	3	4	1	2	3	4	1	2	3	4
	5+				5+				5+			
... received over 1/2 support from Taxpayer?												
Wages of Dependent	\$ _____		\$ _____		\$ _____		\$ _____		\$ _____			
Investment income of Dependent	\$ _____		\$ _____		\$ _____		\$ _____		\$ _____			



**IF YOU PLAN TO CLAIM YOUR CHILDREN AS DEPENDENTS, BE SURE HE/SHE/THEY DO NOT FILE PERSONAL RETURNS AND CLAIM THEMSELVES.**

IN ADDITION TO THE DEPENDENT INFORMATION PROVIDED ABOVE, PLEASE VERIFY, AND CORRECT IF NECESSARY, THE DEPENDENT INFORMATION IN THE FOLLOWING SECTION ENTITLED "GENERAL INFORMATION."

## 2018 TAX QUESTIONS

**AT ANY TIME DURING 2018**

YES	NO

**Did you or your spouse receive income from the following sources:**

Wages?

Tips?

Interest or Dividends?

Social Security or Tier I Railroad Retirement?

Foreign Assets? Failure to report may result in a \$10,000 civil penalty, not to exceed \$50,000.

Lump sum from an employer sponsored plan and the recipient and/or employee was born before January 2, **1936**?


Retirement or IRA distribution for which the recipient is under age 59 1/2?

Other pension, annuity, IRA, or retirement income?

If IRA distribution, were nondeductible contributions ever made?

If yes, provide the balance of all IRA accounts as of the end of 2018. \$ \_\_\_\_\_


Unemployment compensation?

Alimony?

Self-employment and/or operation of a business?

Operation of a farm?

Rental of land and property for agricultural purposes?

Other rental property?

Hobby Income/Loss? Please read: <https://www.irs.gov/uac/is-your-hobby-a-for-profit-endeavor>

Gambling winnings? If you are claiming gambling losses, be sure to have supporting data which will include the dates gambled and places gambled. Be sure to report winnings which have not been reported to you.


Royalties?

Any miscellaneous income, such as prizes or jury duty pay?

YES	NO

**Did you or your spouse receive any of the following forms: (Please provide them)**

W-2    W-2G    1099R    1099 INT    1099 DIV

1099 MISC    1099B    1099S    1099G    Other 1099    K-1

K-1

IRS notice of change to prior year's return

Closing statements from real estate sales, purchases, or refinancing

**REMINDER: For returns completed by April 15, 2019, return your organizer and tax documents by March 1, 2019**



## 2018 TAX QUESTIONS

AT ANY TIME DURING 2018

### AFFORDABLE CARE ACT / HEALTH INSURANCE

With few exceptions, every taxpayer is required to have health insurance. Your answers to the following questions will help determine any potential liability. These questions must be answered for the taxpayer, taxpayer's spouse, dependents, and every child up to age 26 still covered under the parents' insurance. If every listed individual can answer yes to any question, skip to the next section. Answering yes indicates you have no penalty.

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Did everyone in your household have insurance all 12 months of 2018?  
(Private, Employer, Medicare, or Health Insurance Marketplace aka Obamacare)

Did you receive Form 1095A, 1095B, or 1095C? If you received 1095A, please provide a copy.

NOTE: ACH (OBAMACARE) RECIPIENTS WILL RECEIVE AND MUST PROVIDE FORM 1095A.

IF YOU ANSWERED YES TO THE PREVIOUS TWO QUESTIONS, SKIP TO THE NEXT PAGE.  
IF YOU ANSWERED NO TO ANY OF THE PREVIOUS TWO QUESTIONS, WE WILL CALCULATE THE POTENTIAL PENALTY.

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

POTENTIAL EXEMPTIONS:

Your religious beliefs conflict with holding insurance.

More than 8% of your income goes to health insurance costs.

You belong to an Indian tribe.

Your family income falls below the amount required to file a tax return.

You are an undocumented immigrant.

**If you are unsure, we will assume you have health insurance coverage for you and your family that meets ACA requirements, and we will indicate accordingly on your tax return (no penalty assessed), but you will be liable for any applicable penalty and interest for an incorrect tax return.**

### GOOD NEWS!

**The ACA no-insurance penalty is scheduled to go away beginning in tax year 2019!**

**REMINDER: For returns completed by April 15, 2019, return your organizer and tax documents by March 1, 2019**

# 2018 TAX QUESTIONS

**AT ANY TIME DURING 2018**

YES	NO

**Did you or your spouse sell or dispose of any of the following property:**

- Stock, mutual fund, or other non-business assets?
- Your personal residence?
- Rental Property?
- Property relating to a business or farm?
- Any other business property not listed above (i.e. equipment, land)?
- If you sold any property above, did it involve a bartering agreement?
- If you sold any property above, are you receiving payments in installments?


**Did you or your spouse**

- Have a home mortgage?
- Refinance your home mortgage?
- Use a portion of your home exclusively for business?
- Have medical expenses or pay for health insurance?
- Make regular or substantial contributions to charity, church, etc.?  
If yes, did you make over \$500.00 in non-cash contributions?
- Suffer a casualty loss in a federally declared disaster area?
- Incur any out-of-pocket expenses or use your personal vehicle in conjunction with your job while you were a member of the Armed Forces?


- Move to be closer to a new job?
- Send payments to the IRS/state, or apply an overpayment, to prepay your current tax year liability?
- Expect to receive Form K-1 for any interest in a partnership or S-corporation, estate or trust?
- Have any household employees to whom you paid \$1000.00 or more?
- Have a qualified fuel tax credit?
- Contribute to an:  IRA?  SEP?  Keogh? or  Simple retirement plan?
- Get claimed (or were eligible to be claimed) as a dependent on anyone else's return?
- Did your children receive more than \$1,050 and less than \$10,500 from interest and dividends that you wish to claim on your own tax return instead of your child's?

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Did you pay child or dependent care expenses? If so, please provide names, addresses, Social Security/EIN numbers, amount paid to each provider, and amount paid for each dependent.

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Did you pay qualified post-secondary education tuition and related expenses for yourself, your spouse, or your dependents? If no 2018 Activity, please write NONE: \_\_\_\_\_

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Did you cash any US EE or I bonds to pay for post-secondary education for yourself, your spouse, or your dependents?

--	--

Did you pay interest on higher education loans?

--	--

Were you a pre-college educator who purchased books or classroom supplies?

--	--

Did you purchase a car, boat, aircraft, motor home or home building materials in 2018 or keep receipts on all sales tax items purchased in 2018? If YES, PROVIDE TOTAL \$ \_\_\_\_\_

--	--

Were there any births, adoptions, divorces, marriages, or deaths in your household?

--	--

If you wish direct deposit, please attach a voided check to the enclosed **3-page 2018 e-File** package.

# W-2 INCOME

2018  
(W-2)

Listed below are your employers shown on your last year's income tax return.

Name of employer \_\_\_\_\_  
Street address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Employer Identification Number \_\_\_\_\_

TAXPAYER  SPOUSE

Name of employer \_\_\_\_\_  
Street address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Employer Identification Number \_\_\_\_\_

TAXPAYER  SPOUSE

Name of employer \_\_\_\_\_  
Street address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Employer Identification Number \_\_\_\_\_

TAXPAYER  SPOUSE

Name of employer \_\_\_\_\_  
Street address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Employer Identification Number \_\_\_\_\_

TAXPAYER  SPOUSE

Name of employer \_\_\_\_\_  
Street address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Employer Identification Number \_\_\_\_\_

TAXPAYER  SPOUSE

Name of employer \_\_\_\_\_  
Street address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Employer Identification Number \_\_\_\_\_

TAXPAYER  SPOUSE

Name of employer \_\_\_\_\_  
Street address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Employer Identification Number \_\_\_\_\_

TAXPAYER  SPOUSE

Name of employer \_\_\_\_\_  
Street address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Employer Identification Number \_\_\_\_\_

TAXPAYER  SPOUSE

\* Please include a W-2 from each of your 2018 employers.

# W-2G INCOME

2018  
(W-2G)

Listed below are payers shown on your last year's income tax return.

**\*Please include any W-2G from each of your 2018 payers.**

Name of payer \_\_\_\_\_  
Street address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Federal Identification Number \_\_\_\_\_  
 TAXPAYER  SPOUSE

Name of payer \_\_\_\_\_  
Street address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Federal Identification Number \_\_\_\_\_  
 TAXPAYER  SPOUSE

Name of payer \_\_\_\_\_  
Street address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Federal Identification Number \_\_\_\_\_  
 TAXPAYER  SPOUSE

# ESTIMATED TAX PAID FOR THE 2018 TAX YEAR

(FED/ST TAX)

**\* Please enter only the payments to be applied to the current year tax, including any payments made in January of 2019.**

### Federal payments

### State of \_\_\_ payments

Date paid	Amount paid	Date paid	Amount paid
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**IMPORTANT: If paid by check, please note the check # above next to the date paid.**

State/local income tax balance due for previous years paid in 2018: \_\_\_\_\_

State/local estimate payment for 2017, due January 15, 2018, paid on or after January 1, 2018: \_\_\_\_\_

# PENSION AND RETIREMENT INCOME

2018  
(1099R)

## PENSIONS AND IRAS

Listed below are your pension, IRA distributions, and Social Security received last year (if any).

Name of payer \_\_\_\_\_  
Street address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Employer Identification Number \_\_\_\_\_

TAXPAYER  SPOUSE  IRA

Name of payer \_\_\_\_\_  
Street address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Employer Identification Number \_\_\_\_\_

TAXPAYER  SPOUSE  IRA

Name of payer \_\_\_\_\_  
Street address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Employer Identification Number \_\_\_\_\_

TAXPAYER  SPOUSE  IRA

Name of payer \_\_\_\_\_  
Street address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Employer Identification Number \_\_\_\_\_

TAXPAYER  SPOUSE  IRA

Name of payer \_\_\_\_\_  
Street address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Employer Identification Number \_\_\_\_\_

TAXPAYER  SPOUSE  IRA

Name of payer \_\_\_\_\_  
Street address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Employer Identification Number \_\_\_\_\_

TAXPAYER  SPOUSE  IRA

\* Please include any 1099's and other 2018 information.

If you ever made non-deductible contributions to your IRA, please provide year-end balances of all your IRA accounts.

## SOCIAL SECURITY BENEFITS

(1040 WKT)

### 2018 AMOUNTS

Taxpayer Amount \$ \_\_\_\_\_

Spouse Amount \$ \_\_\_\_\_

2017 TOTAL AMOUNT

\_\_\_\_\_

# PARTNERSHIP AND S-CORPORATION INCOME

2018  
(K-1 P/S)

Your 2017 K-1 information is shown below.

## K-1 INFORMATION

Name of Partnership or S-Corporation \_\_\_\_\_  
Federal ID Number \_\_\_\_\_  
Enter "P" for partnership or "S" for S-Corp \_\_\_\_\_

## K-1 INFORMATION

Name of Partnership or S-Corporation \_\_\_\_\_  
Federal ID Number \_\_\_\_\_  
Enter "P" for partnership or "S" for S-Corp \_\_\_\_\_

## K-1 INFORMATION

Name of Partnership or S-Corporation \_\_\_\_\_  
Federal ID Number \_\_\_\_\_  
Enter "P" for partnership or "S" for S-Corp \_\_\_\_\_

## K-1 INFORMATION

Name of Partnership or S-Corporation \_\_\_\_\_  
Federal ID Number \_\_\_\_\_  
Enter "P" for partnership or "S" for S-Corp \_\_\_\_\_

## K-1 INFORMATION

Name of Partnership or S-Corporation \_\_\_\_\_  
Federal ID Number \_\_\_\_\_  
Enter "P" for partnership or "S" for S-Corp \_\_\_\_\_

## K-1 INFORMATION

Name of Partnership or S-Corporation \_\_\_\_\_  
Federal ID Number \_\_\_\_\_  
Enter "P" for partnership or "S" for S-Corp \_\_\_\_\_

## K-1 INFORMATION

Name of Partnership or S-Corporation \_\_\_\_\_  
Federal ID Number \_\_\_\_\_  
Enter "P" for partnership or "S" for S-Corp \_\_\_\_\_

## K-1 INFORMATION

Name of Partnership or S-Corporation \_\_\_\_\_  
Federal ID Number \_\_\_\_\_  
Enter "P" for partnership or "S" for S-Corp \_\_\_\_\_

## K-1 INFORMATION

Name of Partnership or S-Corporation \_\_\_\_\_  
Federal ID Number \_\_\_\_\_  
Enter "P" for partnership or "S" for S-Corp \_\_\_\_\_

\* Please attach all K-1 schedules received for 2018.

# ESTATE AND TRUST INCOME

2018  
(K-1 E/T)

Your 2017 K-1 information is shown below.

## K-1 INFORMATION

Name of Estate, Trust \_\_\_\_\_  
Federal ID Number \_\_\_\_\_  
If any rental real estate, are you an active participant? \_\_\_\_\_

## K-1 INFORMATION

Name of Estate, Trust \_\_\_\_\_  
Federal ID Number \_\_\_\_\_  
If any rental real estate, are you an active participant? \_\_\_\_\_

## K-1 INFORMATION

Name of Estate, Trust \_\_\_\_\_  
Federal ID Number \_\_\_\_\_  
If any rental real estate, are you an active participant? \_\_\_\_\_

## K-1 INFORMATION

Name of Estate, Trust \_\_\_\_\_  
Federal ID Number \_\_\_\_\_  
If any rental real estate, are you an active participant? \_\_\_\_\_

## K-1 INFORMATION

Name of Estate, Trust \_\_\_\_\_  
Federal ID Number \_\_\_\_\_  
If any rental real estate, are you an active participant? \_\_\_\_\_

## K-1 INFORMATION

Name of Estate, Trust \_\_\_\_\_  
Federal ID Number \_\_\_\_\_  
If any rental real estate, are you an active participant? \_\_\_\_\_

## K-1 INFORMATION

Name of Estate, Trust \_\_\_\_\_  
Federal ID Number \_\_\_\_\_  
If any rental real estate, are you an active participant? \_\_\_\_\_

## K-1 INFORMATION

Name of Estate, Trust \_\_\_\_\_  
Federal ID Number \_\_\_\_\_  
If any rental real estate, are you an active participant? \_\_\_\_\_

## K-1 INFORMATION

Name of Estate, Trust \_\_\_\_\_  
Federal ID Number \_\_\_\_\_  
If any rental real estate, are you an active participant? \_\_\_\_\_

\* Please attach all K-1 schedules received for 2018.

# CAPITAL GAINS AND LOSSES

2018  
(SCH D)

## Stocks, Bonds, and Non-Business Assets

Description	Date Acquired	Date Sold	Sales Price	Cost

Amount of short-term loss carryover from 2017 \_\_\_\_\_  
Amount of long-term loss carryover from 2017 \_\_\_\_\_







# OTHER INCOME AND ADJUSTMENTS

2018

OTHER INCOME			2018	2017
<b>Seller Financed Mortgages</b>				
Payer	Principal	Interest	Interest	
_____	_____	_____		
_____	_____	_____		
_____	_____	_____		
_____	_____	_____		
_____	_____	_____		
_____	_____	_____		
_____	_____	_____		
_____	_____	_____		
<b>State and Local Income Tax Refunds Received in 2018</b>				
State or Local jurisdiction _____	Amount received _____			
State or Local jurisdiction _____	Amount received _____			
State or Local jurisdiction _____	Amount received _____			
<b>Unemployment</b> (Please attach 1099G(s)).			2018	2017
Amount received:	_____			
Amount repaid:	_____			
<b>Alimony amount received</b>			_____	
<b>Other Income</b>				
Type: _____	Amount: _____			
<b>ADJUSTMENTS</b>				
	Taxpayer 2018	Taxpayer 2017	Spouse 2018	Spouse 2017
Educator expense	_____		_____	
Self-employed retirement plans	_____		_____	
Self-employed health insurance paid	_____		_____	
<b>IRA'S</b>				
Traditional	_____		_____	
Roth	_____		_____	
Student loan interest	_____		_____	
<b>Alimony Paid</b>				
To whom paid: _____	Amount: _____			
SSN: _____				
<b>Tuition and Fees</b>			Amount: _____	
<b>Other Adjustments</b>				
Type: _____	Amount: _____			

Please reprint this page and the next 2 pages if necessary for EACH business you or your spouse had....

# BUSINESS INCOME AND EXPENSES

2018  
(SCH C)

Your principal business or profession \_\_\_\_\_ Is this your spouse's Schedule C? \_\_\_\_\_

Business name \_\_\_\_\_ 2017 Business code \_\_\_\_\_

Business address \_\_\_\_\_ Employer ID \_\_\_\_\_  
(Not SSN)

Accounting method: \_\_\_\_\_

Enter date if you disposed of or sold this business during the year \_\_\_\_\_

BUSINESS VEHICLE	2018	2017
Date placed in service _____		
Miles used for: Business <span style="border: 1px solid black; padding: 2px;"># of Miles--&gt;</span> _____		
Commuting _____		
Other _____		

PART I INCOME	2018	2017
Gross receipts or sales <span style="border: 1px solid black; padding: 2px;">Sales \$-----&gt;</span> _____		
Returns and allowances _____		
Other income _____		

PART II EXPENSES	2018	2017
Advertising	_____	_____
Car/Truck expenses	_____	_____
Commissions	_____	_____
Contract labor	_____	_____
Depletion	_____	_____
Employee benefit programs	_____	_____
Insurance	_____	_____
Interest - mortgage	_____	_____
Interest - other	_____	_____
Legal and professional services	_____	_____
Office expense	_____	_____
Pension and profit sharing	_____	_____
Rent or lease - vehicles, machinery	_____	_____
Rent - Other business property	_____	_____
Repairs and maintenance	_____	_____
Supplies	_____	_____
Taxes and licenses	_____	_____
Travel	_____	_____
Meals and entertainment	_____	_____
Utilities	_____	_____
Wages	_____	_____
Enter prior year unallowed loss (if any)	_____	_____

OTHER EXPENSES	2018	2017
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Inventory method:  Cost  Lower of Cost or Market  Other

Inventory at beginning of year \_\_\_\_\_

Purchases less cost of personal items \_\_\_\_\_

Inventory at end of the year \_\_\_\_\_

# OFFICE IN THE HOME DEDUCTION

**2018  
(8829)**

**2017**

Square footage of area used for business \_\_\_\_\_

Total square footage in your home \_\_\_\_\_

Is this your spouse's Schedule C? \_\_\_\_\_

Day care facilities:

Number of days used for day care \_\_\_\_\_

Number of hours per day used for day care \_\_\_\_\_

Enter date if you disposed of or sold this business during the year \_\_\_\_\_

## EXPENSES DIRECTLY RELATING TO YOUR BUSINESS

**2018**

**2017**

Casualty losses \_\_\_\_\_

Deductible mortgage interest \_\_\_\_\_

Real estate taxes \_\_\_\_\_

Insurance \_\_\_\_\_

Rent \_\_\_\_\_

Repairs and maintenance \_\_\_\_\_

Utilities \_\_\_\_\_

Other expenses \_\_\_\_\_

## EXPENSES RELATING TO ENTIRE HOUSEHOLD

Casualty losses \_\_\_\_\_

Deductible mortgage interest \_\_\_\_\_

Real estate taxes \_\_\_\_\_

Insurance \_\_\_\_\_

Rent \_\_\_\_\_

Repairs and maintenance \_\_\_\_\_

Utilities \_\_\_\_\_

Other expenses \_\_\_\_\_

Carryover of operating expenses from 2017 Form 8829 line 42 \_\_\_\_\_

Carryover of excess casualty losses and depreciation from 2017 Form 8829 line 43 \_\_\_\_\_

Enter the fair market value of your home \_\_\_\_\_

Enter the cost of your home \_\_\_\_\_

Enter the value of the land on which your home is placed \_\_\_\_\_

# BUSINESS ASSET LIST

2018

**Asset acquisition list** (Please list all assets you have purchased or placed in service in 2018.)

Description	Date Acquired	Cost	To Schedule
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Asset disposition list** (Please list all assets you sold, traded, junked, or took out of service for any reason in 2018.)

Description	Date Acquired	Date Sold	Sales Price	Sales Expenses	Cost	Prior Depreciation	From Sch.
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

# 2018 TAX QUESTIONS

## RENTAL PROPERTY

Report income and expenses on next page

TYPE OF PROPERTY	PROPERTY A	PROPERTY B	PROPERTY C
Single Family Residence			
Multi-Family Residence			
Vacation/Short-Term Rental			
Commercial			
Land			
Royalties			
Self-Rental			
Other (describe)			
No. of Days Rented			
No. of Personal Use Days			
Was property part of a Joint Venture?			
PHYSICAL ADDRESS			
Property A			
Property B			
Property C			

**REMINDER: For returns completed by April 15, 2019, return your organizer and tax documents by March 1, 2019**

# RENTAL REAL ESTATE AND ROYALTIES

2018  
(SCH E)

KIND OF PROPERTY LOCATION OF PROPERTY CITY STATE ZIP	Property A		Property B		Property C		
	2018	2017	2018	2017	2018	2017	
	<b>INCOME</b>						
	Rent received						
	Royalties received						
	<b>EXPENSES</b>						
Advertising							
Auto and travel							
Cleaning and maintenance							
Commissions							
Insurance							
Legal, professional fees							
Management fees							
Mortgage interest							
Other interest							
Repairs							
Supplies							
Taxes							
Utilities							
<b>Miscellaneous Expenses</b>							
Type of misc expense 1							
Amount item 1							
Type of misc expense 2							
Amount item 2							
Type of misc expense 3							
Amount item 3							
Type of misc expense 4							
Amount item 4							
Enter loss carryover to 2018							
Did you actively participate in this venture?							
Did you use this property for personal use?							



# 2018 TAX QUESTIONS

## RENTAL PROPERTY

Report income and expenses on next page

TYPE OF PROPERTY	PROPERTY D	PROPERTY E	PROPERTY F
Single Family Residence			
Multi-Family Residence			
Vacation/Short-Term Rental			
Commercial			
Land			
Royalties			
Self-Rental			
Other (describe)			
No. of Days Rented			
No. of Personal Use Days			
Was property part of a Joint Venture?			
PHYSICAL ADDRESS			
Property D			
Property E			
Property F			

**REMINDER: For returns completed by April 15, 2019, return your organizer and tax documents by March 1, 2019**

# RENTAL REAL ESTATE AND ROYALTIES

2018  
(SCH E-DUP)

	Property D		Property E		Property F	
KIND OF PROPERTY						
LOCATION OF PROPERTY						
CITY						
STATE						
ZIP						
<b>INCOME</b>	<b>2018</b>	<b>2017</b>	<b>2018</b>	<b>2017</b>	<b>2018</b>	<b>2017</b>
Rent received						
Royalties received						
<b>EXPENSES</b>						
Advertising						
Auto and travel						
Cleaning and maintenance						
Commissions						
Insurance						
Legal, professional fees						
Management fees						
Mortgage interest						
Other interest						
Repairs						
Supplies						
Taxes						
Utilities						
<b>Miscellaneous Expenses</b>						
Type of misc expense 1						
Amount item 1						
Type of misc expense 2						
Amount item 2						
Type of misc expense 3						
Amount item 3						
Type of misc expense 4						
Amount item 4						
Enter loss carryover to 2018						
Did you actively participate in this venture?						
Did you use this property for personal use?						

# ITEMIZED DEDUCTIONS

2018  
(SCH A)

\*T,S,J

2018

2017

**MEDICAL AND DENTAL EXPENSES** - Include prescription medicine & drugs, nonprescription medical supplies such as crutches, doctors, dentists, nurses, hospitals, medical insurance premiums, medical miles or actual expense.\*

If you are receiving Social Security, please do not list the Medicare insurance here. We will pick the amount up from your 1099-SSA form(s) that you provide to us.

Number of medical miles \_\_\_\_\_

\* Do not list amounts paid with pre-tax dollars or that were reimbursed.

\* Taxpayer, Spouse, or Joint

## TAXES PAID

Real estate taxes \_\_\_\_\_

Personal property taxes \_\_\_\_\_

Other \_\_\_\_\_

## INTEREST PAID

Home mortgage interest \_\_\_\_\_

Points paid in purchasing new home \_\_\_\_\_

Investment interest expense \_\_\_\_\_

## CONTRIBUTIONS - Receipts required for all contributions

Cash

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Non-cash

Number of charity miles \_\_\_\_\_

Unreimbursed employee business expenses such as mileage, hotel, air fare, meals, entertainment....

<https://www.irs.gov/newsroom/tax-reform-affects-if-and-how-taxpayers-itemize-their-deductions>

This deduction has been "suspended" through December 2025.

However, you can still list the expenses for us just in case the IRS changes the rules.

# CHILD AND DEPENDENT CARE EXPENSES

**2018**  
**(2441)**

Please list all care providers and the amounts paid to them in 2018. Any information from the prior year is shown below.

Name of provider	_____	
Street address	_____	
City, State, Zip Code	_____	
Social Security Number or EIN	_____	
Amount paid	\$ _____	<b>2017 AMOUNT</b> \$ _____

Name of provider	_____	
Street address	_____	
City, State, Zip Code	_____	
Social Security Number or EIN	_____	
Amount paid	\$ _____	<b>2017 AMOUNT</b> \$ _____

Name of provider	_____	
Street address	_____	
City, State, Zip Code	_____	
Social Security Number or EIN	_____	
Amount paid	\$ _____	<b>2017 AMOUNT</b> \$ _____

Name of provider	_____	
Street address	_____	
City, State, Zip Code	_____	
Social Security Number or EIN	_____	
Amount paid	\$ _____	<b>2017 AMOUNT</b> \$ _____



Name of provider	_____	
Street address	_____	
City, State, Zip Code	_____	
Social Security Number or EIN	_____	
Amount paid	\$ _____	<b>2017 AMOUNT</b> \$ _____

List name of each child and total amount spent for care of that child.

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

**\*You may change or delete any information that does not apply to the current year.**

## 1099-B Broker Statements Miscellaneous Documents

-  Please put all 1099-B broker statements behind this page.
-  Also, if you are not sure about any of your tax documents, put them behind this page.

### Notes

Please list below any questions or additional information.

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**REMINDER: For returns completed by April 15, 2019, return your organizer and tax documents by March 1, 2019**