

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

◆ RENTAL/SELF-EMPLOYMENT/FARM INCOME

(see reverse for expenses)

Landlords (rents received) \$ _____

Self-employment (total received) \$ _____

Farm income (total received) \$ _____

★ SALE OF STOCK OR OTHER PROPERTY

Item:	Cost:	Sale:
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

OTHER INCOME

★ Wages (forms W2)..... \$ _____

★ Interest (forms 1099-INT)..... \$ _____

★ Dividends (forms 1099-DIV)..... \$ _____

Tips..... \$ _____

◆ Child Care..... \$ _____

★ Pensions/Annuities/Retirement..... \$ _____

★ Roth Conversions..... \$ _____

Jury Duty..... \$ _____

Election Judging..... \$ _____

OTHER INCOME (cont.)

★ Gambling Winnings..... \$ _____

★ Unemployment (1099-G)..... \$ _____

Alimony Received..... \$ _____

Prizes/Awards..... \$ _____

Scholarships & Fellowships..... \$ _____

★ Debt Cancellation..... \$ _____

★ Partnerships & S-Corporations..... \$ _____

★ Estates & Trusts..... \$ _____

★ Social Security/RR Retirement..... \$ _____

★ State Tax Refunds..... \$ _____

★ Royalties (music/writing/other)..... \$ _____

Sick Pay &/or Disability..... \$ _____

Veteran's Payments..... \$ _____

★ Withdrawals from HSA/MSA..... \$ _____

★ Hobby Income..... \$ _____

Odd Jobs/Side Jobs..... \$ _____

Research/Survey/Online..... \$ _____

Insurance Claims/Lawsuits..... \$ _____

Public Assistance..... \$ _____

Barter..... \$ _____

★ Foreign Income..... \$ _____

Other Income..... \$ _____

Other Income..... \$ _____

★ 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 _____