2018 Summary Organizer Personal and Dependent Information

Person	al Infor	mation												
				Name						SSN	Da	te of birth	ı	Healthcare coverage ALL year
Taxpayer														
Spouse														
Street add	dress, cit	y, state, an	Id ZIP											
			Occupa	tion				Daytime phone		Evening phon	e	(Cell p	hone
Taxpayer														
Spouse														
Taxpayer	email													
Spouse e	mail													
Marital Sta	itus at en	d of 2018			1					<u>Taxpayer</u>			<u>Spoι</u>	ise
Married						Are you I				Yes] No		Yes	H
Married Single	l filing se	parately				Are you o Are you a		oled? -time student?		Yes Yes	No No		Yes Yes	
Uidow(spouse died i ter the date o				Do you w	ant :	\$3 to go to the Election Campaign Fu	nd?	Yes	_] No	Г	Yes	
Depend	dent Inf	ormatio	n		1	Flesiden					-			
									Month	3	.		ıll-	Healthcare
		First and	d last name			SSN		Relationship h		Date of bir	h Disa		ne dent	coverage ALL year
											_			
											_			
List depen	ndents re	quired to f	file a return											
Estimat	tes													
Overpaym from 2017	nent appl	ied	Pate paid	Federal A	mount	<u> </u>	Date j	Resident state paid Am	ount	Date	R paid	esident o	ity A	Amount
First quart														
Second qu														
Third quar														
Fourth qua														
Additional		ts												
Accoun	nt Infor	mation f	or Deposits o	r Withdra	wals									
						Bank		Bank		Type of accou	nt	Use ti	nis ad	count for
		Name of	f bank		ro	uting numbe	er	account number	Che	cking Sav	/ings	Depos	its	Withdrawals
					_				_					
Appoin	tment I	nformat	ion											
Your 201	8 appoin	tment is s	cheduled for _											

		Wages a	Ind Salaries		
Name:		5		SSI	N:
Provide all copies of Form W-2					
TS Employer's name and address	s:			Federal EIN	
· · · · · · · · · · · · · · · · ·					
2		2017		2018	2017
Wages, tips, other compensation			State State I.D		
			State wages		
Social Security wages			State income tax		
Social Security tax withheld			Locality name		
Medicare wages and tips			Local wages		
Medicare tax withheld			Local income tax		
Social Security tips			State State I.D		
Allocated tips			State wages		
Dependent care benefits			State income tax		
			Locality name		
Are you a statutory employee?			Local wages		
Are you covered by a retirement plan?			Local income tax		
Did you receive third-party sick pay?					
TS Employer's name and address	s:			Federal EIN	
2	2018	2017		2018	2017
Wages, tips, other compensation			State State I.D		
Federal income tax withheld			State wages		
Social Security wages			State income tax		
Social Security tax withheld			Locality name		
Medicare wages and tips			Local wages		
Medicare tax withheld			Local income tax		
Social Security tips			State State I.D		
Allocated tips			State wages		
Dependent care benefits			State income tax		
			Locality name		
Are you a statutory employee?			Local wages		
Are you covered by a retirement plan?			Local income tax		
Did you receive third-party sick pay?					

Name: SSN: **Personal Information** Yes No Did your marital status change during the year? П If "Yes," explain Can you or your spouse be claimed as a dependent by someone else? Π 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? \Box Did you have any childcare expenses during the year? \Box Did you have any adoption expenses during the year? Π 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? Π 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? Π Did you sell an existing business, rental property, or other property during the year? Π 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. П Did you purchase any gasoline, diesel, or special fuels for non-highway business use? Π Did you buy or sell any stocks, bonds, or other investments during the year? Π Did you sell a principal residence during the year? If "Yes," provide closing documentation for the purchase and sale of the home П Did you have a principal residence or a piece of real property foreclosed on during the year? Π Did you abandon a principal residence or a piece of real property during the year? Π 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. П 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? $\overline{\Box}$ Did you acquire a new or additional interest in a partnership or S corporation? Did you have any debts canceled or forgiven this year? \Box Does anyone owe you money that has become uncollectible? Π 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?

2018

Miscellaneous Information

	Miscellaneous Information	
ame:		SSN:
emi	zed Deduction Information (continued)	
es	No	
	Did you make cash donations to charity during the year?	
ļ	Did you make noncash donations to charity (clothes, furniture, etc.) during the year?	
	Did you donate a boat or vehicle during the year?	
7	If "Yes," attach Form 1098-C.	
ł	 Did you have gambling winnings or losses during the year? Did you have any job-related expenses that were not reimbursed by your employer (uniforms, safet 	ty aquipment, etc.)?
ł	 Did you have any job-related expenses that were not reimbursed by your employer (uniforms, safet Did you use your vehicle on the job other than for commuting to work? 	y equipment, etc.)?
i	Did you work out of town at any time during the year?	
_ 	ement Information	
-		
ļ	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), retirement plan during the year?	myRA, or other qualified
]	Did you receive any Social Security benefits during the year?	
duc	ation Information	
7	Did you pay tuition expenses that were required for attending college, university, or vocational school	ol 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 Qual	ified Tuition Program during the year
	Did you pay student loan interest for yourself, your spouse, or your dependent(s) during the year?	
isc	ellaneous 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	S.
	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?	
ļ	Did you incur moving expenses during the year?	
ļ	Did you make any energy-efficient improvements to your main home during the year?	_
ļ	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?	
ł	If you have an overpayment of 2018 taxes, do you want the refund applied to your 2019 estimated to Did you make any estimated asymptote toward your 2019 taxes?	axes?
{	 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.	
٦	 Did you receive any notices from the IRS or state taxing authority? 	
	If "Yes," explain	
٦	May the IRS discuss your tax return with your preparer?	
j	Would you like a copy of your tax return emailed to you instead of receiving a printed copy?	
orei	gn Account Information	
٦	 Did you have a financial interest in or signature authority over a financial account or asset located in 	n a faraign country?
Ĭ	Did you receive a distribution from, or were you a grantor of, or transferor to, a foreign trust?	
f	Did you have any income from, or pay taxes to, a foreign country?	
f	 Did you own property in a foreign country? 	
j	Did the aggregate value of your foreign accounts exceed \$10,000 at any time during the year?	
rep	arer Notes	
-		
/lisc/	ellaneous Notes	

Name						SSN	1
	Provide all Form(s	s) 1099-INT rela	ting to interest	income			
TSJ	Name of payer (If seller-financed mortgage enter ID number and address of payer)	Interest income	Federal income tax withheld	Foreign tax paid	Tax exempt interest	Amount of resident state municipal interest	Nominee interest
Did	you have a financial interest in or signature authority over a financial account or asset local	ted in a foreign cou	Intry?	íes 🗌 No		· I	,

Ν

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2018

Interest Income

CONI

			Divide	end Income				
Name	:						SS	SN:
		Provid	de all Form(s) 10	99-DIV relating to	o dividend income	•		
					Federal income	Foreign tax paid	Othe	
TSJ	Name of payer	Ordinary	Qualified	Capital gains	tax withheld	paid	Description	Amount
			upt or papet located	in a foreign country?	Yes	No	I	J
Did	you have a financial interest in or signature authority	over a imancial acco	unt of asset located	in a loreign country?		טאון		

Healthcare Coverage Questionnaire

Name: SSN:					
Heal	thcar	e Information			
		Member of household for healthcare purposes	Covered the entire year	Covered less than 12 months	No healthcare coverage at all
YES	NO				
		Did anyone other than you or your spouse pay for healthcare coverage for	anyone listed above	?	
		Did you pay for healthcare coverage for anyone not listed above?			
		coverage for any part of the year:			
	Where	was the policy obtained? Employer / Medicare / Medicaid / Marketplace(Exchange) / Other			
lf you	ı didn'	t have coverage part or all of the year:			
Ansv	wer YE	S if the following applies to any member of the household			
		Was your previous insurance policy canceled in 2018?			
		Was coverage offered by your employer or your spouse's employer?			
		Are you a member of a federally recognized Indian tribe?			
		Are you eligible for services through an Indian healthcare provider?			
		Are you a member of a healthcare sharing ministry?			
		Did you live in the United States the entire year?			
		Are you enrolled in TRICARE?			
		Did you apply for CHIP coverage?			
		Do any of the following apply to you? Do NOT indicate which one.			
		Became homeless			
		Evicted in the past six months, or facing eviction or foreclosure			
		Received a shut-off notice from a utility company			
		Recently experienced domestic violence			
		Recently experienced the death of a close family member			
		 Recently experienced a fire, flood, or other natural or human-caused di that resulted in substantial damage to your property 	saster		
		Filed for bankruptcy in the last six months			
		Incurred unreimbursed medical expenses in the last 24 months that res	sulted in substantial d	ebt	
		 Experienced unexpected increases in essential expenses due to caring ill, disabled, or aging family member 	for an		

2010		Child and Depend	dent Care		
Name:				S	SN:
Child Care P	Provider's Information				
				2018	2017
Social Security N	Number or Employer ID Number		Amount paid		
Name					
U.S. only	State 7IP				
Foreign only	Province/State, Country, Postal code				
				2018	2017
Social Security N	Number or Employer ID Number		Amount paid		
Name					
U.S. only					
Foreign only	Province/State, Country, Postal code				
				2018	2017
Social Security N	Number or Employer ID Number		Amount paid		
Name					
Street address					
City			Phone		
U.S. only					
Foreign only	Province/State, Country, Postal code				
				2018	2017
Social Security N	Number or Employer ID Number		Amount paid		
Name					
Street address					
City			Phone		
U.S. only	State, ZIP Province/State,				
Foreign only	Country, Postal code				

Employer I.D. number	SSN:	
FS Principal business product or profession Business	siness code	
Employer I.D. number	siness code	
Business name		
Business address		
City		
U.S. only State, ZIP Foreign only Province/State, Country, Postal code Accounting method, if not cash Accrual Other Inventory method, if not cash Lower of cost or market Other Change of inventory method Yes No You started or acquired this business during 2018 Some investment is NOT at risk You disposed of this property during 2018 Some investment is NOT at risk Image: Some investment is not at risk You disposed of this property during 2018 No You disposed of this property during 2018 Image: Some investment is NOT at risk Yes No Other Information Image: Some investment is not cost or market Image: Some investment is not cost or market Yes No There Information Image: Some investment in adlowances Image: Some investment in adlowance Image: Some investment in adlowances		
Foreign only Province/State, Country, Postal code Accounting method, if not cash Accrual Other Inventory method, if not cash Lower of cost or market Other Change of inventory method Yes No You started or acquired this business during 2018 Some investment is NOT at risk You disposed of this property during 2018 Oid you make any payments in 2018 that would require you to file Form(s) 1099? Yes No of "Yes," did you or will you file all required Form(s) 1099 for the individual(s)? Yes No Other Information		
Accounting method, if not cash Accrual Other Inventory method, if not cost Lower of cost or market Other Change of inventory method Yes No You started or acquired this business during 2018 Some investment is NOT at risk You disposed of this property during 2018 Did you make any payments in 2018 that would require you to file Form(s) 1099? Yes No of "Yes," did you or will you file all required Form(s) 1099 for the individual(s)? Yes No Other Information		
nventory method, if not cost Lower of cost or market Other Change of inventory method Yes No You started or acquired this business during 2018 Some investment is NOT at risk You disposed of this property during 2018 Some investment is NOT at risk You disposed of this property during 2018 No Did you make any payments in 2018 that would require you to file Form(s) 1099? Yes No of "Yes," did you or will you file all required Form(s) 1099 for the individual(s)? Yes No Other Information Family health coverage Corose receipts or sales Cost of Goods Sold nventory at beginning of the year Purchases (less cost of items withdrawn for personal use)		
Change of inventory method Yes No You started or acquired this business during 2018 Some investment is NOT at risk You disposed of this property during 2018 Did you make any payments in 2018 that would require you to file Form(s) 1099? Yes No f "Yes," did you or will you file all required Form(s) 1099 for the individual(s)? Yes No Other Information Family health coverage		
You started or acquired this business during 2018		
Some investment is NOT at risk You disposed of this property during 2018 Did you make any payments in 2018 that would require you to file Form(s) 1099? Yes No Other Information Family health coverage Income Gross receipts or sales Cost of Goods Sold Inventory at beginning of the year Purchases (less cost of items withdrawn for personal use)		
You disposed of this property during 2018 Did you make any payments in 2018 that would require you to file Form(s) 1099? Yes No Yes No Other Information Family health coverage		
Did you make any payments in 2018 that would require you to file Form(s) 1099? Yes No f "Yes," did you or will you file all required Form(s) 1099 for the individual(s)? Yes No Other Information =amily health coverage		
f "Yes," did you or will you file all required Form(s) 1099 for the individual(s)?		
Other Information =amily health coverage		
Family health coverage Income Gross receipts or sales Gross receipts or sales Cost of Goods Sold Inventory at beginning of the year Purchases (less cost of items withdrawn for personal use)		
Income Gross receipts or sales		
Income Gross receipts or sales	2018	2017
Gross receipts or sales		
Returns and allowances		
Returns and allowances	2018	2017
Dther income		
Cost of Goods Sold nventory at beginning of the year Purchases (less cost of items withdrawn for personal use)		
nventory at beginning of the year ••••••••••••••••••••••••••••••••••••		
Purchases (less cost of items withdrawn for personal use)		
Purchases (less cost of items withdrawn for personal use)	2018	2017
Cost of labor		
Materials and supplies		
Other costs (list on detail worksheet)		
nventory at end of year • • • • • • • • • • • • • • • • • • •		

Form 1	1099-MISC	
Name:	SSN	J:
Provide all copies of Form 1099-MISC		
S For Payer's federal ID number:		
Payer's name:		
Address:		
2018 2017	2018	2017
Rents • • • • • • • • • • • • • • • • • • •	State State I.D	
Royalties • • • • • • • • • • • • • • • • • • •	State tax withheld • • • • • • • • • •	_
Dther income • • • • • • • • • • • • • • • • • • •	State income • • • • • • • • • • • • • • • •	
Description	Name of locality	_
Federal tax withheld • • • • • • • • • • • • • • • • • • •	Local tax withheld	_
Fishing boat proceeds	Local income • • • • • • • • • • • • • • • • • • •	
Nedical and health care payments • •	State State I.D	
Ion-employee compensation • • • •	State tax withheld	_
Substitute payments	State income • • • • • • • • • • • • • • • • • • •	
Payer made direct sales of \$5,000 or more of consumer products	Name of locality	_
Crop insurance proceeds · · · · ·	Local tax withheld	_
Excess golden parachute • • • • •	Local income • • • • • • • • • • • • • • • •	
Gross attorney proceeds · · · · ·		
axable Proceeds		
Section 409A deferrals • • • • • •		
Section 409A income		

Adjustments		
Name:	SSI	N:
Moving Expenses		
TSJ		
Select this box and complete the fields below if you are a member of the Armed Forces on active duty, and moved due to a military order for a permanent change of station. Enter the number of miles from your OLD home to your NEW workplace	2018	2017
Enter the number of miles from your OLD home to your OLD workplace		-
Enter the amount you paid for transportation and storage of household goods and personal effects		
Enter the amount you paid for travel and lodging expenses incurred during the move (do NOT include meals)		
Enter the amount of moving expenses reimbursed to you by your employer		
Self-Employed Health Insurance		
TSJ	2018	2017
Enter the qualified long term care amount		
Enter your Medicare wages from an S corporation		
Self-Employed Pensions		
TSJ	2018	2017
Enter your plan contribution rate as a decimal		
Enter your allowable elective deferrals made during 2018		
Enter your catch-up contributions		
Enter the amount of designated ROTH contributions included above		
Nondeductible IRAs		
TS	2018	2017
Total traditional IRA contributions made for 2018		
Total basis in traditional IRAs as of 12/31/2018		
Distributions you received from traditional, SEP, and Simple IRAs. (Do not include rollovers)		
Amount of traditional IRAs converted to ROTH IRAs		
IRA basis before conversion		
Total ROTH IRA contributions made for 2018		
Health Savings Account		
TSJ	2018	2017
HSA contributions made for 2018		
Total distributions from all HSAs during 2018		
Distributions included above that were rolled over into another account		
Qualified medical expenses paid using HSA distributions		

Education Credits and Deduction
Name: SSN:
Provide all Form(s) 1098-T
Student's first and last name: SSN:
Yes Has the Hope Scholarship Credit or American Opportunity Credit been claimed for this student for a total of four times in any prior years? Was the student enrolled at least half time for at least one academic period that began in 2018 at an eligible education institution in a program leading toward a post-secondary degree, certificate, or other recognized post-secondary educational credential?
Did the student complete the first four years of post-secondary education before 2018?
Was the student convicted, before the end of 2018, of a felony for possession or distribution of a controlled substance?
Is the student pursuing a degree?
Number of years the American Opportunity Credit has been claimed for this student
Total qualified education expenses (including the cost of books, supplies, and equipment) that were REQUIRED to be paid directly to the eductional institution
ADDITIONAL qualified education expenses that were NOT required to be paid directly to the educational institution • • • • • • • • • • • • • • • • • • •
Tax-free education assistance received in 2018 allocable to the academic period
2018 return is filed
Educational Institution Name:
Educational Institution Name:
Student's first and last name: SSN:
Student's first and last name: SSN: Yes
Has the Hope Scholarship Credit or American Opportunity Credit been claimed for this student for a total of four times in any prior years?
Did the student complete the first four years of post-secondary education before 2018?
Was the student convicted, before the end of 2018, of a felony for possession or distribution of a controlled substance?
Is the student pursuing a degree?
Number of years the American Opportunity Credit has been claimed for this student
Total qualified education expenses (including the cost of books, supplies, and equipment) that 2018 2017 were REQUIRED to be paid directly to the eductional institution
Tax-free education assistance received in 2018 allocable to the academic period
Refunds of qualified education expenses paid in 2018 if the refund is received before the 2018 return is filed
Educational Institution Name:
Educational Institution Name:

Detail Worksheet		
Name:	SSN:	
Description	2018	2017