

2018 Summary Organizer Personal and Dependent Information

Personal Information

| | | | | |
|--------------------------------------|------------|---------------|---------------|------------------------------|
| | Name | SSN | Date of birth | Healthcare coverage ALL year |
| Taxpayer | | | | |
| Spouse | | | | |
| Street address, city, state, and ZIP | | | | |
| | Occupation | Daytime phone | Evening phone | Cell phone |
| Taxpayer | | | | |
| Spouse | | | | |
| Taxpayer email | | | | |
| Spouse email | | | | |

Marital Status at end of 2018

- Married
 Married filing separately
 Single
 Widow(er) If spouse died in 2018 enter the date of death _____

Are you blind? Yes No
 Are you disabled? Yes No
 Are you a full-time student? Yes No
 Do you want \$3 to go to the Presidential Election Campaign Fund? Yes No

Taxpayer

Yes No
 Yes No
 Yes No
 Yes No

Spouse

Yes No
 Yes No
 Yes No
 Yes No

Dependent Information

| First and last name | SSN | Relationship | Months in home | Date of birth | Disabled | Full-time student | Healthcare coverage ALL year |
|---------------------|-----|--------------|----------------|---------------|----------|-------------------|------------------------------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

List dependents required to file a return _____

Estimates

| | Federal | | Resident state | | Resident city | |
|-------------------------------|-----------|--------|----------------|--------|---------------|--------|
| | Date paid | Amount | Date paid | Amount | Date paid | Amount |
| Overpayment applied from 2017 | _____ | _____ | _____ | _____ | _____ | _____ |
| First quarter | _____ | _____ | _____ | _____ | _____ | _____ |
| Second quarter | _____ | _____ | _____ | _____ | _____ | _____ |
| Third quarter | _____ | _____ | _____ | _____ | _____ | _____ |
| Fourth quarter | _____ | _____ | _____ | _____ | _____ | _____ |
| Additional payments | _____ | _____ | _____ | _____ | _____ | _____ |

Account Information for Deposits or Withdrawals

| Name of bank | Bank routing number | Bank account number | Type of account | | Use this account for | |
|--------------|---------------------|---------------------|-----------------|---------|----------------------|-------------|
| | | | Checking | Savings | Deposits | Withdrawals |
| | | | | | | |
| | | | | | | |

Appointment Information

Your 2018 appointment is scheduled for _____

Wages and Salaries

Name: _____

SSN: _____

Provide all copies of Form W-2

TS _____ Employer's name and address: _____ Federal EIN _____

| | 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? _____ | | | | | |

TS _____ Employer's name and address: _____ Federal EIN _____

| | 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? _____ | | | | | |

Miscellaneous Information

Name:

SSN:

Personal Information

Yes **No**

- Did your marital status change during the year?
If "Yes," explain _____
- Can you or your spouse be claimed as a dependent by someone else?
- 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?
- Did you have any childcare expenses during the year?
- Did you have any adoption expenses during the year?
- 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?
- 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?
- Did you sell an existing business, rental property, or other property during the year?
- 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.
- Did you purchase any gasoline, diesel, or special fuels for non-highway business use?
- Did you buy or sell any stocks, bonds, or other investments during the year?
- Did you sell a principal residence during the year?
If "Yes," provide closing documentation for the purchase and sale of the home
- Did you have a principal residence or a piece of real property foreclosed on during the year?
- Did you abandon a principal residence or a piece of real property during the year?
- 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.
- 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?
- Did you acquire a new or additional interest in a partnership or S corporation?
- Did you have any debts canceled or forgiven this year?
- Does anyone owe you money that has become uncollectible?
- 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?

Miscellaneous Information

Name:

SSN:

Itemized Deduction Information (continued)

Yes No

- Did you make cash donations to charity during the year?
- Did you make noncash donations to charity (clothes, furniture, etc.) during the year?
- Did you donate a boat or vehicle during the year?
If "Yes," attach Form 1098-C.
- 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, safety equipment, etc.)?
- Did you use your vehicle on the job other than for commuting to work?
- Did you work out of town at any time during the year?

Retirement Information

- 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), myRA, or other qualified retirement plan during the year?
- Did you receive any Social Security benefits during the year?

Education Information

- Did you pay tuition expenses that were required for attending college, university, or vocational school 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 Qualified Tuition Program during the year?
- Did you pay student loan interest for yourself, your spouse, or your dependent(s) during the year?

Miscellaneous 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.
- 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? _____
- Did you incur moving expenses during the year?
- Did you make any energy-efficient improvements to your main home during the year?
- 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?
- If you have an overpayment of 2018 taxes, do you want the refund applied to your 2019 estimated taxes?
- 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.
- Did you receive any notices from the IRS or state taxing authority?
If "Yes," explain _____
- May the IRS discuss your tax return with your preparer?
- Would you like a copy of your tax return emailed to you instead of receiving a printed copy?

Foreign Account Information

- Did you have a financial interest in or signature authority over a financial account or asset located in a foreign country?
- Did you receive a distribution from, or were you a grantor of, or transferor to, a foreign trust?
- Did you have any income from, or pay taxes to, a foreign country?
- Did you own property in a foreign country?
- Did the aggregate value of your foreign accounts exceed \$10,000 at any time during the year?

Preparer Notes

Miscellaneous Notes

Child and Dependent Care

Name: _____

SSN: _____

Child Care Provider's Information

| | | 2018 | 2017 |
|--|--|-------------|------|
| Social Security Number or Employer ID Number _____ | Amount paid _____ | | |
| Name _____ | | | |
| Street address _____ | | | |
| City _____ | | Phone _____ | |
| U.S. only | State, ZIP _____ | | |
| Foreign only | Province/State, Country, Postal code _____ | | |

| | | 2018 | 2017 |
|--|--|-------------|------|
| Social Security Number or Employer ID Number _____ | Amount paid _____ | | |
| Name _____ | | | |
| Street address _____ | | | |
| City _____ | | Phone _____ | |
| U.S. only | State, ZIP _____ | | |
| Foreign only | Province/State, Country, Postal code _____ | | |

| | | 2018 | 2017 |
|--|--|-------------|------|
| Social Security Number or Employer ID Number _____ | Amount paid _____ | | |
| Name _____ | | | |
| Street address _____ | | | |
| City _____ | | Phone _____ | |
| U.S. only | State, ZIP _____ | | |
| Foreign only | Province/State, Country, Postal code _____ | | |

| | | 2018 | 2017 |
|--|--|-------------|------|
| Social Security Number or Employer ID Number _____ | Amount paid _____ | | |
| Name _____ | | | |
| Street address _____ | | | |
| City _____ | | Phone _____ | |
| U.S. only | State, ZIP _____ | | |
| Foreign only | Province/State, Country, Postal code _____ | | |

Schedule C - Profit or Loss from Business

Name: _____

SSN: _____

General Business Information

TS _____ Principal business product or profession _____ Business code _____

Employer I.D. number _____

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 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

If "Yes," did you or will you file all required Form(s) 1099 for the individual(s)? Yes No

Other Information

| | 2018 | 2017 |
|----------------------------------|-------|-------|
| Family health coverage | _____ | _____ |

Income

| | 2018 | 2017 |
|-----------------------------------|-------|-------|
| Gross receipts or sales | _____ | _____ |
| Returns and allowances | _____ | _____ |
| Other income | _____ | _____ |

Cost of Goods Sold

| | 2018 | 2017 |
|---|-------|-------|
| Inventory at beginning of the year | _____ | _____ |
| Purchases (less cost of items withdrawn for personal use) | _____ | _____ |
| Cost of labor | _____ | _____ |
| Materials and supplies | _____ | _____ |
| Other costs (list on detail worksheet) | _____ | _____ |
| Inventory at end of year | _____ | _____ |

Form 1099-MISC

Name: _____

SSN: _____

Provide all copies of Form 1099-MISC

TS _____ For _____ Payer's federal ID number: _____

Payer's name: _____

Address: _____

| | 2018 | 2017 | | 2018 | 2017 |
|--|-------|-------|------------------------------|-------|-------|
| Rents | _____ | _____ | State _____ State I.D. _____ | _____ | _____ |
| Royalties | _____ | _____ | State tax withheld | _____ | _____ |
| Other income | _____ | _____ | State income | _____ | _____ |
| Description _____ | | | Name of locality _____ | | |
| Federal tax withheld | _____ | _____ | Local tax withheld | _____ | _____ |
| Fishing boat proceeds | _____ | _____ | Local income | _____ | _____ |
| Medical and health care payments | _____ | _____ | State _____ State I.D. _____ | _____ | _____ |
| Non-employee compensation | _____ | _____ | State tax withheld | _____ | _____ |
| Substitute payments | _____ | _____ | State income | _____ | _____ |
| <input type="checkbox"/> 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 | _____ | _____ | | | |
| Taxable Proceeds | _____ | _____ | | | |
| Section 409A deferrals | _____ | _____ | | | |
| Section 409A income | _____ | _____ | | | |

Adjustments

Name: _____

SSN: _____

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.

| | 2018 | 2017 |
|--|-------|-------|
| Enter the number of miles from your OLD home to your NEW workplace | _____ | _____ |
| 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 _____

| | 2018 | 2017 |
|---|-------|-------|
| Total qualified education expenses (including the cost of books, supplies, and equipment) that were REQUIRED to be paid directly to the educational 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 | _____ | _____ |
| Tax-free education assistance received in 2019 (and before 2018 return is filed) 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: _____

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?

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Number of years the American Opportunity Credit has been claimed for this student _____

| | 2018 | 2017 |
|---|-------|-------|
| Total qualified education expenses (including the cost of books, supplies, and equipment) that were REQUIRED to be paid directly to the educational 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 | _____ | _____ |
| Tax-free education assistance received in 2019 (and before 2018 return is filed) 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: _____

