

# J&J Financial Management Inc

PO Box 5504  
Williamsburg, VA 23188  
Info@jandjfinancial.com  
Phone: (757)258-2429 | Fax: (757)258-5549

January 09, 2019

:

Income tax time is just around the corner! The enclosed packet has been prepared to assist you in gathering information for your 2018 tax return. Review the entire packet and answer any questions that apply.

Certain lines in the packet contain information from last year's return. You do not need to change the dollar amounts from last year; these figures are provided for reference only.

Bring this packet and all supporting documents, including W-2 and 1099 statements, to your tax-preparation appointment. We appreciate your trust in our business. Contact our office at (757)258-2429 if you have any questions or need additional information.

Sincerely,

Jamie Vinson  
J&J Financial Management Inc

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Your privacy is important to us. Read the following privacy policy.

We collect nonpublic personal information about you from various sources, including:

- \* Interviews regarding your tax situation
- \* Applications, organizers, or other documents that supply such information as your name, address, telephone number, Social Security Number, number of dependents, income, and other tax-related data
- \* Tax-related documents you provide that are required for processing tax returns, such as Forms W-2, 1099R, 1099-INT and 1099-DIV, and stock transactions

We do not disclose any nonpublic personal information about our clients or former clients to anyone, except as requested by our clients or as required by law.

We restrict access to personal information concerning you, except to our employees who need such information in order to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your personal information.

If you have any questions about our privacy policy, contact our office at (757)258-2429.

Sincerely,

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January 09, 2019

Subject: Preparation of Your 2018 Tax Returns

1. We are pleased to confirm our understanding of the arrangements for your income tax return(s). This letter confirms the services you have asked our firm to perform and the terms under which we have agreed to do that work. Please read this letter carefully because it is important to both our firm and you that you understand what you can and cannot expect from our work. In other words, we want you to know the limitations of the services you have asked us to perform. If you are confused at all by this letter or believe we have misunderstood what you need, please call us before you sign it.

2. This engagement letter represents the entire agreement regarding the services described herein and supersedes all prior negotiations, proposals, representations or agreements, written or oral, regarding these services. It shall be binding on the heirs, successors and assigns of you and us. The Internal Revenue Service imposes penalties on taxpayers, and on us as return preparers, for failure to observe due care in reporting for income tax returns. In order to ensure an understanding of our mutual responsibilities, we ask all clients for whom we prepare tax returns to confirm the following arrangements. We will prepare the returns from information which you will furnish to us. It is your responsibility to provide all the information required for the preparation of complete and accurate returns. We will furnish you with any questionnaires and/or worksheets that you request to guide you in gathering the necessary information. Your use of such forms will assist us in keeping our fee to a minimum. To the extent we render any accounting and/or bookkeeping assistance, including (but not limited to) telephone calls, letters, emails and 3<sup>rd</sup> party consultations it will be limited to those tasks we deem necessary for preparation of the returns and will be billed at our standard billing rate of \$75 per hour, billed in ¼ hour increments.

## Tax Preparer Responsibilities

3. We will prepare your 2018, and only your 2018 Federal and **Specific State(s)/Cities:** \_\_\_\_\_ Individual Income Tax Form 1040 and the related Federal and **Specific State(s)/Cities** individual Form 1040 income tax return schedules from information you furnish us. We will not audit, review, compile or otherwise verify the data you submit although we may ask you to clarify some of the information. Our minimum fee to prepare an individual federal tax return is \$200, and your fee will be based upon our fee per form schedule plus any hourly charges incurred as discussed in number 2 above. We are not responsible for returns prepared by other preparers. ***If you have taxable activity in a state/city other than that specifically listed you are responsible for providing our firm with all information necessary to prepare any additional applicable state(s) or local income tax returns as well as informing us of the applicable states. We will prepare only those state/city returns specifically listed above.***

***4. We are responsible for preparing only the specific individual income tax forms for the specified reporting agencies listed in this letter. Any other required services, forms or other actions on our part require a separate engagement letter. In the absence of written communications from us documenting such services, our services will be limited to and governed by the terms of this engagement letter. Our services are not intended to determine whether you have filing requirements in taxing jurisdictions other than the one(s) of which you have requested in paragraph 3 above. Our firm is available under the terms of a separate engagement letter to provide a nexus study that will enable us to determine whether any other state tax filings are required.***

## Taxpayer Responsibilities

5. Please note that any person or entity subject to the jurisdiction of the United States (includes individuals, corporations, partnerships, trusts, and estates) having a financial interest in, or signature or other authority over, bank accounts, securities, or other financial accounts having an aggregate value exceeding \$10,000 in a foreign country, shall report such a relationship. Although there are some limited exceptions, filing requirements also apply to taxpayers that have direct or indirect control over a foreign or domestic entity with foreign financial accounts, even if the taxpayer does not have foreign account(s). For example, a corporation-owned foreign account would require filings by the corporation and by the individual corporate officers with signature authority. Failure to disclose the required information to the U.S. Department of the Treasury may result in substantial civil and/or criminal penalties. Such disclosure includes filing Form 8938 with this Form 1040. ***If you do not provide our firm with information regarding any interest you may have in a foreign account, we will not be able to prepare any of the required Income Tax related forms, and penalties may be due, for which we have no responsibility. In the absence of such information being provided we will presume you do not have any foreign assets or financial interests and will not file any applicable disclosure forms without separate written authorization.***

6. If you and/or your entity have a financial interest in any foreign accounts, you are also responsible for filing Form FinCen 114 required by the U.S. Department of the Treasury on or before April 15th of each tax year. US citizens are required to report worldwide income on their US tax return.

7. In addition, currently the Internal Revenue Service, under IRC §6038 and §6046, requires information reporting if you are an officer, director or

shareholder with respect to certain foreign corporations (Form 5471); foreign-owned U.S. corporation or foreign corporation engaged in a U.S. trade or business (Form 5472); U.S. transferor of property to a foreign corporation (Form 926); and, for taxable years beginning after March 18, 2010, if you hold foreign financial assets with an aggregate value exceeding \$50,000 (Form 8938). Therefore, if you fall into one of the above categories **you** may be required to file one of the above listed forms. Failure to timely file may result in substantial monetary penalties. By your signature below, you accept responsibility for informing us if you believe that you fall into one of the above categories and you agree to provide us with the information necessary to prepare the appropriate form(s). We assume no liability for penalties associated with the failure to file or untimely filing of any of these forms.

8. You acknowledge that you have reported all 2018 income you received including barter, crypto-currency, consumer-to-consumer activity, cash based revenues and all other income whether received in-person, in-kind, or electronically. You also confirm that you have or will timely file any applicable Forms W-2 and W-3 with the Social Security Administration and IRS for business employees or home workers.

#### **Other Items**

**9. Our fee does not include responding to inquiries or examination by taxing authorities or third parties, for which you will be separately billed for time and expenses involved. However, we are available to represent you and our fees for such services are at our standard rates and would be covered under a separate engagement letter. You agree to immediately notify us upon the receipt of any correspondence from any agency covered by this letter.**

10. It is your responsibility to maintain, in your records, the documentation necessary to support the data used in preparing your tax returns, including but not limited to the auto, travel, entertainment, and related expenses and the required documents to support charitable contributions for three years from the filing date. If you have any questions as to the type of records required, please ask us for advice in that regard. It is also your responsibility to carefully examine and approve your completed tax returns before signing and mailing them to the tax authorities. We are not responsible for the disallowance of doubtful deductions or inadequately supported documentation, nor for resulting taxes, penalties and interest. We will rely, without further verification, upon information you provide to us from 3<sup>rd</sup> parties including, but not limited to, K1's, 1099's, 1098's, and receipts and similar items. **We DO NOT automatically file tax extensions for clients-you must notify us in writing, email or fax if you wish us to file an extension, and the notification should include your estimate of any balance due with the extension. We must receive your information by March 18th in order to complete your return in a timely manner and information received after that date may cause your return to be extended and completed after the April 15 due date. Failure to file an extension may make you subject to various penalties and interest. Additionally, if your return is extended it does not relieve you from paying any tax due on the due date, or making quarterly estimated tax payments for the current year. Failure to pay any tax due with the extension or failure to pay quarterly estimated tax payments may make you subject to various penalties and interest.**

11. The mortgage deduction was changed as of January 1, 2018. Residential mortgages are only deductible if the mortgage is used to buy build or improve the property it is secured by. The total mortgage debt cannot exceed \$750,000 unless it is grandfathered at \$1,000,000 (as of 12/16/17) as long as the terms of the grandfathered debt have not changed. Equity loans are not deductible unless the mortgage funds are used to buy, build or improve your personal residence and does not exceed the allowable mortgage debt. To comply with these new rules we need to know any amounts borrowed against your home in 2018, the date borrowed and the use of the funds. Without that information we are unable to deduct mortgage interest on new borrowings in 2018.

**12. When a self-employed taxpayer reduces taxable income there is also a reduction in earned income reported to the Social Security Administration, which could reduce current and future benefits for the taxpayer and his or her dependents. You acknowledge and agree to the current tax reduction and also acknowledge and agree to the potential negative effects on future social security benefits for you, your spouse and any dependents.**

13. New privacy laws were established by the IRS effective January 1, 2009 and we are now prohibited from providing confidential information or copies to anyone other than you without your specific, written authorization. To comply with these new regulations we provide all copies of all returns to you in a secure web portal as discussed below. In the interest of maintaining service quality and timeliness, we may use a 3<sup>rd</sup> party service provider to assist us in the use of technology to facilitate compliance with disclosure and storage of your tax information. We and the 3<sup>rd</sup> party provider have established written procedures and controls designed to protect client confidentiality and maintain data security.

14. If we are asked to disclose any privileged communication, unless we are required to disclose the communication by law, we will not provide such disclosure until you have had an opportunity to argue that the communication is privileged. You agree to pay any and all reasonable expenses that we incur, including legal fees, that are a result of attempts to protect any communication as privileged. In addition, your confidentiality privilege can be inadvertently waived if you discuss the contents of any privileged communication with a third party, such as a lending institution, a friend, or a business associate. We recommend that you contact us before releasing information to a third party.

15. It is our policy to keep records related to this engagement for three years after which they are destroyed. **However, we do not keep any original client records, so we will return those to you at the completion of the services rendered under this engagement. When records are returned to you, it is your responsibility to retain and protect your records for three years for possible future use, including potential examination by any government or regulatory agencies.** If you move or do not wish to receive an organizer, please notify us or we will send the organizer to the address we used on your prior year's tax return.

16. In the interest of facilitating our services to you, we utilize a secure web portal. Your use of this portal must comply with our standards of use, and as owners of the portal we retain the right to limit and deny use of the portal for inappropriate purposes. Your access to files maintained on the portal will be terminated no later than 30 days after the earlier of your or our termination of services under this agreement or April 15, unless we are notified in writing of your desire to extend your tax return. All confidential information sent to you or third parties (at your direction), as well as the portal will be password protected. While we will use our best efforts to keep such communications secure in accordance with our obligations under applicable laws and professional standards, you recognize and accept that we have no control over the

unauthorized interception of these communications once they have been sent and consent to our use of these devices during this engagement.

17. From time to time during our relationship, you may seek our advice with regard to potential investments. We are not investment advisors unless **specifically and in writing by separate agreement hired for that purpose**. Accordingly, we suggest that you seek the advice of qualified investment advisors appropriate to each investment being considered. Unless otherwise specifically agreed to in a separate engagement letter signed by both parties, we will not advise you regarding the economic viability or consequences of an investment or whether you should or should not make a particular investment.

18. Payments for billings are due upon receipt and billings become delinquent if not paid within 30 days of the invoice date. If you are delinquent in payment your account may be subjected to collection actions and you will become additionally responsible for collection, legal, administrative, court and any other fees incurred by us in collecting your delinquent account. If billings are not paid within 60 days of the invoice date, at our election, we may stop all work at our discretion until your account is brought current, or we may withdraw from this engagement. You acknowledge and agree that we are not required to continue work in the event of your failure to pay on a timely basis for services rendered as required by this engagement letter. You further acknowledge and agree that in the event we stop work or withdraw from this engagement as a result of your failure to pay on a timely basis for services rendered as required by this engagement letter, we shall not be liable to you for any damages that occur as a result of our ceasing to render services. Our services will conclude upon delivery of the completed income tax returns discussed above or upon our suspension of services or resignation from the engagement.

19. In recognition of the relative risks and benefits of this agreement to both the client and the accounting firm, the client and the accounting firm have discussed and have agreed on the fair allocation of risk between them. As such, the client agrees, to the fullest extent permitted by law, to limit the liability of the accounting firm to the client for any and all claims, losses, costs, and damages of any nature whatsoever, so that the total aggregate liability of the accounting firm to the client shall not exceed the accounting firm's total fee for services rendered under this agreement. The client and the accounting firm intend and agree that this limitation apply to any and all liability or cause of action against the accounting firm, however alleged or arising, unless otherwise prohibited by law. Both parties agree that there is a one-year limitation period to bring a claim against us for errors and omissions. The one-year period will begin upon the date of the tax professional's signature on the tax returns covered by this engagement letter.

***20. From time to time various third parties may request that we sign, for you, some verification of income, employment or tax filing status. Because we were engaged only to prepare your income tax return, without examination, review, audit or verification the state board of accountancy prohibit us from signing any such document and any third party request to do so is a violation of those rules prohibiting us, by law, from the issuance of an opinion without performing an audit. These returns are not intended to benefit or influence any third party, either to obtain credit or for any other purpose.***

20. We are required to obtain a copy of Form W-2 and 1095 before we are allowed to electronically file your return under the rules of IRS Circular 230.

21. Notwithstanding anything contained herein, both the accountant and client agree that regardless of where the client is domiciled and regardless of where this Agreement is physically signed, this Agreement shall have been deemed to have been entered into at Accountant's office located in York County, VA, USA, and York County, VA, USA, shall be the exclusive jurisdiction for resolving disputes related to this Agreement. This Agreement shall be interpreted and governed in accordance with the Laws of the Commonwealth of Virginia.

22. In connection with this engagement, we may communicate with you or others via email transmission. As emails can be intercepted and read, disclosed, or otherwise used or communicated by an unintended third party, or may not be delivered to each of the parties to whom they are directed and only to such parties, we cannot guarantee or warrant that emails from us will be properly delivered and read only by the addressee. Therefore, we specifically disclaim and waive any liability or responsibility whatsoever for interception or unintentional disclosure of emails transmitted by us in connection with the performance of this engagement. In that regard, you agree that we shall have no liability for any loss or damage to any person or entity resulting from the use of email transmissions, including any consequential, incidental, direct, indirect, or special damages, such as loss of revenues or anticipated profits, or disclosure or communication of confidential or proprietary information.

23. While we are, of course, available to provide you with tax and business planning services, it is our policy to put all advice upon which a client might rely into a written memorandum prior to you relying on such advice. We believe this is necessary to avoid confusion and to make clear the specific nature of our advice. You should not rely on any advice that has not been put into writing for you.

24. We appreciate the opportunity to serve you. Please date and sign the enclosed copy of this letter to acknowledge your agreement with and acceptance of your responsibilities and the terms of this engagement. It is our policy to initiate services after we receive the executed engagement letter. If any provision of this agreement is declared invalid or unenforceable, no other provision of this agreement is affected and all other provisions remain in full force and effect.

Thank you for the opportunity to be of service. If you have any questions, contact our office at (757)258-2429.

Sincerely,

Jamie Vinson  
J&J Financial Management Inc

(Both spouses must sign for preparation of joint returns.)

Accepted By:

\_\_\_\_\_  
Taxpayer

\_\_\_\_\_  
Spouse

\_\_\_\_\_  
Date

## HealthCare Coverage Questionnaire

|           | Name | Covered Entire Year      | NOT covered entire year  | Covered Part Year (Specify Months not covered) |
|-----------|------|--------------------------|--------------------------|--|
| Taxpayer  |      | <input type="checkbox"/> | <input type="checkbox"/> |  |
| Spouse    |      | <input type="checkbox"/> | <input type="checkbox"/> |  |
| Dependent |      | <input type="checkbox"/> | <input type="checkbox"/> |  |
| Dependent |      | <input type="checkbox"/> | <input type="checkbox"/> |  |
| Dependent |      | <input type="checkbox"/> | <input type="checkbox"/> |  |
| Dependent |      | <input type="checkbox"/> | <input type="checkbox"/> |  |

\*\*Did you pay for healthcare coverage for anyone not listed above?       YES  NO

**If you had coverage at any time during the year:**

Where was the policy obtained? Circle ALL that apply

Employer/Medicare/TriCare/Medicaid/Marketplace (Exchange)\*/Other: \_\_\_\_\_

\*We MUST have your 1095-A in order to complete your return.

**If you did NOT have coverage at any time during the year:**

Answer YES if it applies to ANY member of the household

- YES  NO      Was coverage offered by your employer or your spouse's employer?
- YES  NO      Are you a member of a federally recognized Indian tribe?
- YES  NO      Are you eligible for services through an Indian healthcare provider?
- YES  NO      Are you member of a healthcare sharing ministry?
- YES  NO      Did you live in the United States for the entire year?
- YES  NO      Do you feel you would qualify for a hardship exemption?\*

\_\_\_\_\_  
Taxpayer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\*\* If yes, we will contact you to discuss.

## Checklist

Name:

SSN: \*\*\*-\*\*-\*\*\*\*

### Checklist

This check list is provided to help you gather necessary information for us to prepare your 2018 income tax return. Return this list, along with the supporting documentation, to our office and let us know of any significant changes from your 2017 tax year.

#### Health Care Coverage (for each member of the household)

- Health Insurance Statements (Forms 1095-A, 1095-B, 1095-C)
- Any exemption certificates received from HHS giving you an exemption from having health insurance

#### Other Income (provide supporting documentation for income received for the following items)

- Sale of assets or property
- Cancellation of debt
- Other income \_\_\_\_\_

#### Payments (provide supporting documentation for payments made for the following items)

- Educator classroom expenses
- Employee business expenses
- Contributions to a Health Savings Account
- Expenses related to work relocation
- Alimony
- Student loan interest
- Tuition and fees for higher education
- Expenses related to child or dependent care
- Contributions to a Retirement Savings Account
- Medical and dental expenses
- Real estate taxes
- Other state and local taxes
- Mortgage interest
- Investment interest
- Cash Contributions
- Noncash Contributions
- Unreimbursed employee expenses
- Investment expenses
- Gambling losses
- Other payments \_\_\_\_\_



**Questionnaire**

Name:

SSN: \*\*\*-\*\*-\*\*\*\*

**Questionnaire****Sharing Economy****Yes No**

- Did you receive income or incur expenses associated with car sharing (e.g., Lyft or Uber)?  
If yes, attach Form 1099-MISC and Form 1099-K.
- Did you receive income or incur expenses associated with freelancing (e.g., Upwork or TaskRabbit)?  
If yes, attach Form 1099-K or Form W-2.
- Did you receive income or incur expenses associated with fashion sharing (e.g., Poshmark or thredUP)?  
If yes, provide documentation.
- Did you receive income or incur expenses associated with crowdfunding (e.g., Kickstarter or Indiegogo)?  
If yes, attach Form 1099-K.
- Did you receive income or incur expenses associated with a short-term rental (e.g., Airbnb or HomeAway)?  
If yes, provide documentation.

**Additional Questions****Yes No**

- Did you receive income or incur expenses associated with a fantasy sport league?  
If yes, provide documentation.
- Did you incur gains or losses due to damaged or stolen property?
- Did you incur gains or losses from virtual currencies (e.g., Bitcoin or Ripple)?
- Do you anticipate your income or withholdings to be different for 2018?

### 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                       |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make cash donations to charity during the year?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make noncash donations to charity (clothes, furniture, etc.) during the year?                               |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you donate a boat or vehicle during the year?<br>If "Yes," attach Form 1098-C.                                  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have gambling winnings or losses during the year?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have any job-related expenses that were not reimbursed by your employer (uniforms, safety equipment, etc.)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you use your vehicle on the job other than for commuting to work?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 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** \_\_\_\_\_

## 2018 Tax Organizer Personal and Dependent Information

### Personal Information

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

### 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?**  
**Are you disabled?**  
**Are you a full-time student?**  
**Do you want \$3 to go to the Presidential Election Campaign Fund?**

### 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 \_\_\_\_\_

### Healthcare Coverage Questionnaire

Name: \_\_\_\_\_

SSN: \*\*\*-\*\*-\*\*\*\*

#### Healthcare Information

| Member of household<br>for healthcare purposes | Covered<br>the entire year | Covered less<br>than 12 months | No healthcare<br>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?

**If you had coverage for any part of the year:**

Where was the policy obtained?

Employer / Medicare / Medicaid / Marketplace(Exchange) / Other

**If you didn't have coverage part or all of the year:**

Answer YES 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 disaster that resulted in substantial damage to your property
  - Filed for bankruptcy in the last six months
  - Incurred unreimbursed medical expenses in the last 24 months that resulted in substantial debt
  - Experienced unexpected increases in essential expenses due to caring for an ill, disabled, or aging family member

**Income**

Name:

SSN: \*\*\*-\*\*-\*\*\*\*

**Wages & Salaries**

Provide all copies of Form W-2

| Employer name | 2018 federal wages |
|---------------|--------------------|
|               |                    |
|               |                    |
|               |                    |
|               |                    |
|               |                    |
|               |                    |
|               |                    |
|               |                    |
|               |                    |
|               |                    |
|               |                    |
|               |                    |
|               |                    |

**Retirement**

Provide all copies of Form 1099-R

| Payer name | 2018 distribution |
|------------|-------------------|
|            |                   |
|            |                   |
|            |                   |
|            |                   |
|            |                   |
|            |                   |
|            |                   |
|            |                   |
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|            |                   |
|            |                   |
|            |                   |

**Form 1099-Misc Income**

Provide all copies of Form 1099-MISC

| Payer name | 2018 amount |
|------------|-------------|
|            |             |
|            |             |
|            |             |
|            |             |
|            |             |
|            |             |
|            |             |
|            |             |
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|            |             |
|            |             |
|            |             |
|            |             |
|            |             |

### Income

Name:

SSN: \*\*\*-\*\*-\*\*\*\*

#### **Dividend Income**

Provide all copies of Form 1099-DIV & other statements that report dividend income

| Payer name | 2018<br>ordinary<br>dividends | 2018<br>qualified<br>dividends |
|------------|-------------------------------|--------------------------------|
|            |                               |                                |
|            |                               |                                |
|            |                               |                                |
|            |                               |                                |
|            |                               |                                |
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|            |                               |                                |
|            |                               |                                |
|            |                               |                                |
|            |                               |                                |
|            |                               |                                |

#### **Interest Income**

Provide all copies of Form 1099-INT, Form 1099-OID and other statements that report interest income

| Payer name | 2018<br>interest |
|------------|------------------|
|            |                  |
|            |                  |
|            |                  |
|            |                  |
|            |                  |
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|            |                  |
|            |                  |

If any interest income listed above is from a seller-financed mortgage, provide the payer's ID number and address

### Other Income and Adjustments

Name: \_\_\_\_\_

SSN: \*\*\*-\*\*-\*\*\*\*

#### Other Income

|  | 2018<br>Taxpayer | 2018<br>Spouse |
|--|------------------|----------------|
| Scholarships or grants not reported on Form W-2 . . . . .      | _____            | _____          |
| State income tax refund (attach Forms 1099-G) . . . . .        | _____            | _____          |
| Social Security Benefits (attach Forms 1099-SSA) . . . . .     | _____            | _____          |
| Railroad Retirement Benefits (attach Forms 1099-RRB) . . . . . | _____            | _____          |
| Alimony received . . . . .                                     | _____            | _____          |
| Unemployment compensation (attach Forms 1099-G) . . . . .      | _____            | _____          |
| Unemployment compensation repaid in 2018 . . . . .             | _____            | _____          |
| Gambling winnings (attach Forms W2-G) . . . . .                | _____            | _____          |
| Alaska Permanent Fund . . . . .                                | _____            | _____          |
| ABLE distributions . . . . .                                   | _____            | _____          |
| Other income: _____  | _____            | _____          |
| _____  | _____            | _____          |
| _____  | _____            | _____          |

#### Adjustments

|  | 2018<br>Taxpayer | 2018<br>Spouse |
|--|------------------|----------------|
| Educator expenses (If you are an educator, enter the amount you paid for classroom supplies) . . . . . | _____            | _____          |
| Contributions made to a Health Savings Account (HSA) . . . . .   | _____            | _____          |
| Contributions made to a Self-Employed Pension plan (SEP) . . . . .                                     | _____            | _____          |
| Payments made for Self-Employed Health Insurance for you, your spouse, or dependents . . . . .         | _____            | _____          |
| Alimony paid   |                  |                |
| Name: _____ SSN: _____   | _____            | _____          |
| Name: _____ SSN: _____   | _____            | _____          |
| Contributions made to an Individual Retirement Account (IRA) . . . . .                                 | _____            | _____          |
| Contributions made to a Roth IRA . . . . .   | _____            | _____          |
| Contributions made to a myRA . . . . .   | _____            | _____          |
| Interest paid on a student loan . . . . .  | _____            | _____          |
| Other adjustments: _____   | _____            | _____          |

#### Job-related Moving Expenses

Select this box and complete the fields below if you are member of the Armed Forces on active duty, and moved due to a military order for a permanent change of station. **2018**

Number of miles from old home to old workplace. . . . . \_\_\_\_\_

Number of miles from old home to new workplace . . . . . \_\_\_\_\_

Expense to move household goods & personal effects and lodging expenses while traveling to your new home . . . . . \_\_\_\_\_  
(Do not include cost of meals)



### Schedule C - Profit or Loss from Business

Name: \_\_\_\_\_

SSN: \*\*\*-\*\*-\*\*\*\*

#### General Business Information

Business name \_\_\_\_\_ Employer ID number \_\_\_\_\_

Professional product or service \_\_\_\_\_

Business address, city, state, ZIP \_\_\_\_\_

- This business started or was acquired during 2018       Yes  No      Payments of \$600 or more were paid to an individual who is not your employee for services provided for this business
- This business was disposed of during 2018       Yes  No      You filed Form(s) 1099 for the individual(s)

#### Income

|                                      | 2018  | 2018                         |
|--------------------------------------|-------|------------------------------|
| Gross receipts or sales . . . . .    | _____ | Other income . . . . . _____ |
| Income from Form 1099-MISC . . . . . | _____ | _____                        |
| Returns & allowances . . . . .       | _____ | _____                        |

#### Expenses

|  | 2018  | 2018                                  |
|--|-------|---------------------------------------|
| Advertising . . . . .                                      | _____ | Travel . . . . . _____                |
| Car & truck expenses . . . . .                             | _____ | Total meals . . . . . _____           |
| Commissions & fees . . . . .                               | _____ | Utilities . . . . . _____             |
| Contract labor . . . . .                                   | _____ | Wages . . . . . _____                 |
| Depletion . . . . .  | _____ | Other expenses (list) . . . . . _____ |
| Employee benefit programs . . . . .                        | _____ | _____                                 |
| Insurance (other than health) . . . . .                    | _____ | _____                                 |
| Interest - mortgage . . . . .                              | _____ | _____                                 |
| Interest - other . . . . .                                 | _____ | _____                                 |
| Legal & professional services . . . . .                    | _____ | _____                                 |
| Office expenses . . . . .                                  | _____ | _____                                 |
| Pension & profit sharing plans . . . . .                   | _____ | _____                                 |
| Rent or lease (vehicles, machinery, & equipment) . . . . . | _____ | _____                                 |
| Rent (other business property) . . . . .                   | _____ | _____                                 |
| Repairs & maintenance . . . . .                            | _____ | _____                                 |
| Supplies . . . . .   | _____ | _____                                 |
| Taxes & licenses . . . . .                                 | _____ | _____                                 |

#### Cost of Goods Sold

|  | 2018  | 2018  |
|--|-------|---|
| Inventory at beginning of year . . . . . | _____ | Materials & supplies . . . . . _____                            |
| Purchases . . . . .                      | _____ | Other costs . . . . . _____                                     |
| Cost of personal use items . . . . .     | _____ | Inventory at end of year . . . . . _____                        |
| Cost of labor . . . . .                  | _____ | <input type="checkbox"/> There was a change in inventory method |

### Schedule E - Income or Loss from Rental Real Estate & Royalties

Name: \_\_\_\_\_

SSN: \*\*\*-\*\*-\*\*\*\*

#### General Property Information

Property description \_\_\_\_\_  
Address, city, state, ZIP \_\_\_\_\_

#### Select the property type

- Single family residence       Vacation / short-term rental       Land       Self-rental
- Multi-family residence       Commercial       Royalties       Other \_\_\_\_\_

Number of days property was rented \_\_\_\_\_ Number of days property was used for personal use \_\_\_\_\_

If the rental is a multi-dwelling unit and you occupied part of the unit, enter the percentage you occupied \_\_\_\_\_

- This property is your main home       Yes  No      Payments of \$600 or more were paid to an individual who is not your employee for services provided for this rental
- This property was disposed of during 2018       Yes  No      You filed Form(s) 1099 for the individual(s)
- This property was owned as a qualified joint venture

#### Income

|  | 2018  | 2018  |
|--|-------|---|
| Rent income . . . . .                          | _____ | Royalties from oil, gas, mineral, copyright or patent . . . . . _____ |
| Rental income from Form(s) 1099-MISC . . . . . | _____ | Royalties from Form 1099-MISC . . . . . _____                         |

#### Expenses

|                                     | Rental unit expenses | Rental <u>and</u> homeowner expenses |  |
|-------------------------------------|----------------------|--------------------------------------|--|
| Advertising . . . . .               | _____                | _____                                | If this Schedule E is for a multi-unit dwelling and you lived in one unit and rented out the other units, use the "Rental and homeowner expenses" column to show expenses that apply to the entire property. Use the "Rental unit expenses" column to show expenses that pertain ONLY to the rental portion of the property. |
| Auto & travel . . . . .             | _____                | _____                                |  |
| Cleaning & maintenance . . . . .    | _____                | _____                                |  |
| Commissions . . . . .               | _____                | _____                                |  |
| Depletion . . . . .                 | _____                | _____                                |  |
| Insurance . . . . .                 | _____                | _____                                |  |
| Legal & professional fees . . . . . | _____                | _____                                |  |
| Management fees . . . . .           | _____                | _____                                |  |
| Mortgage interest . . . . .         | _____                | _____                                |  |
| Other interest . . . . .            | _____                | _____                                |  |
| Repairs . . . . .                   | _____                | _____                                | If the Schedule E is not for a multi-unit property in which you lived in one unit, complete just the "Rental unit expenses" column.  |
| Supplies . . . . .                  | _____                | _____                                |  |
| Taxes . . . . .                     | _____                | _____                                |  |
| Utilities . . . . .                 | _____                | _____                                |  |
| Other expenses                      | _____                | _____                                |  |
| _____                               | _____                | _____                                |  |
| _____                               | _____                | _____                                |  |
| _____                               | _____                | _____                                |  |
| _____                               | _____                | _____                                |  |
| _____                               | _____                | _____                                |  |
| _____                               | _____                | _____                                |  |



### Schedule F - Profit or Loss from Farming

Name: \_\_\_\_\_

SSN: \*\*\*-\*\*-\*\*\*\*

#### General Information

Principal product \_\_\_\_\_ Employer ID number \_\_\_\_\_

This farm was disposed of during 2018

Yes  No Payments of \$600 or more were paid to an individual who is not your employee for services provided for this farm

Yes  No You filed Form(s) 1099 for the individual(s)

#### Income

|   | 2018  | 2018  |
|---|-------|---|
| Sale of livestock / other items . . . . .           | _____ | Custom hire income . . . . . _____  |
| Cost of items bought for resale . . . . .           | _____ | Beginning inventory for accrual . . . . . _____                                       |
| Sale of products you raised . . . . .               | _____ | Ending inventory for accrual . . . . . _____  |
| Total cooperative distributions . . . . .           | _____ | <input type="checkbox"/> You used unit-livestock-price or farm-price inventory method |
| Total agricultural payments . . . . .               | _____ | Other income . . . . . _____  |
| Commodity Credit Corporation (CCC) loans:           |       |   |
| CCC loans reported . . . . .                        | _____ | _____   |
| CCC loans forfeited . . . . .                       | _____ | _____   |
| Crop insurance proceeds:                            |       |   |
| Amount received in 2018 . . . . .                   | _____ | _____   |
| <input type="checkbox"/> You elect to defer to 2019 |       |   |
| Amount deferred from 2017 . . . . .                 | _____ | _____   |

#### Expenses

|   | 2018  | 2018   |
|---|-------|--|
| Car & truck expenses . . . . .                    | _____ | Repairs & maintenance . . . . . _____            |
| Chemicals . . . . .                               | _____ | Seeds & plants purchased . . . . . _____         |
| Conservation expenses . . . . .                   | _____ | Storage & warehousing . . . . . _____            |
| Custom hire (machine work) . . . . .              | _____ | Supplies purchased . . . . . _____               |
| Employee benefit programs . . . . .               | _____ | Taxes . . . . . _____                            |
| Feed purchased . . . . .                          | _____ | Utilities . . . . . _____                        |
| Fertilizers & lime . . . . .                      | _____ | Veterinary, breeding, & medicine . . . . . _____ |
| Freight & trucking . . . . .                      | _____ | Other expenses . . . . . _____                   |
| Gasoline, fuel, & oil . . . . .                   | _____ |  |
| Insurance (other than health) . . . . .           | _____ |  |
| Interest - mortgage (paid to banks, etc.)         | _____ |  |
| Interest - other . . . . .                        | _____ |  |
| Labor hired (less jobs credit) . . . . .          | _____ |  |
| Pension & profit-sharing plans . . . . .          | _____ |  |
| Rent - vehicles, machinery, & equipment . . . . . | _____ |  |
| Rent - other (land, animals, etc.) . . . . .      | _____ |  |

### Form 4835 - Farm Rental Income and Expenses

Name: \_\_\_\_\_

SSN: \*\*\*-\*\*-\*\*\*\*

#### General Information

Description \_\_\_\_\_ Employer ID Number \_\_\_\_\_

This farm was disposed of during 2018

#### Income

|  | 2018  | 2018  |
|--|-------|---|
| Income from production of livestock, grains, and other crops . . . . . | _____ | Crop insurance proceeds:                            |
| Total cooperative distributions . . . . .                              | _____ | Amount received in 2018 . . . . .                   |
| Total agricultural payments . . . . .                                  | _____ | <input type="checkbox"/> You elect to defer to 2019 |
| Commodity Credit Corporation (CCC) loans:                              |       | Amount deferred from 2017 . . . . .                 |
| CCC loans reported . . . . .   | _____ | Other income . . . . .                              |
| CCC loans forfeited . . . . .  | _____ | _____   |

#### Expenses

|  | 2018  | 2018                                       |
|--|-------|--|
| Car & truck expenses . . . . .               | _____ | Seeds & plants purchased . . . . .         |
| Chemicals . . . . .                          | _____ | Storage & warehousing . . . . .            |
| Conservation expenses . . . . .              | _____ | Supplies purchased . . . . .               |
| Custom hire (machine work) . . . . .         | _____ | Taxes . . . . .                            |
| Employee benefit programs . . . . .          | _____ | Utilities . . . . .                        |
| Feed purchased . . . . .                     | _____ | Veterinary, breeding, & medicine . . . . . |
| Fertilizers & lime . . . . .                 | _____ | Other expenses                             |
| Freight & trucking . . . . .                 | _____ | _____                                      |
| Gasoline, fuel, & oil . . . . .              | _____ | _____                                      |
| Insurance (other than health) . . . . .      | _____ | _____                                      |
| Interest - mortgage (paid to banks, etc.)    | _____ | _____                                      |
| Interest - other . . . . .                   | _____ | _____                                      |
| Labor hired (less jobs credit) . . . . .     | _____ | _____                                      |
| Pension & profit-sharing plans . . . . .     | _____ | _____                                      |
| Rent - vehicles, machinery & equip . . . . . | _____ | _____                                      |
| Rent - other (land, animals, etc.) . . . . . | _____ | _____                                      |
| Repairs & maintenance . . . . .              | _____ | _____                                      |

### Expenses Related to Business

Name: \_\_\_\_\_

SSN: \*\*\*-\*\*-\*\*\*\*

#### Auto Expense

Name of business vehicle is used for \_\_\_\_\_

Description of vehicle \_\_\_\_\_ Date vehicle was placed in service \_\_\_\_\_

- Another vehicle is available for personal use
- This vehicle is available for use during off-duty hours
- There is evidence to support your deduction
- The evidence is written

Number of miles the vehicle was driven during 2018

Business \_\_\_\_\_ Commuting \_\_\_\_\_ Total \_\_\_\_\_

|                          |       |                        |       |
|--------------------------|-------|------------------------|-------|
| Garage rent . . . . .    | _____ | Property tax . . . . . | _____ |
| Gas . . . . .            | _____ | Repairs . . . . .      | _____ |
| Insurance . . . . .      | _____ | Tires . . . . .        | _____ |
| Licenses . . . . .       | _____ | Tolls . . . . .        | _____ |
| Oil . . . . .            | _____ | Other expenses         | _____ |
| Parking fees . . . . .   | _____ |                        | _____ |
| Lease payments . . . . . | _____ |                        | _____ |
| Interest . . . . .       | _____ |                        | _____ |

#### Business Use of Home

Name of business home is used for \_\_\_\_\_

What is the total square footage of your home that was used regularly and exclusively for business? \_\_\_\_\_

What is the total square footage of your home? \_\_\_\_\_

For daycare facilities not used exclusively for business, complete the following questions

How many days during the year was the area used? \_\_\_\_\_

How many hours per day was the area used? \_\_\_\_\_

- The daycare facility was in operation for the entire year

| Expenses                           | Office expenses | Home expenses |
|------------------------------------|-----------------|---------------|
| Mortgage interest . . . . .        | _____           | _____         |
| Real estate taxes . . . . .        | _____           | _____         |
| Excess mortgage interest . . . . . | _____           | _____         |
| Insurance . . . . .                | _____           | _____         |
| Rent . . . . .                     | _____           | _____         |
| Repairs & maintenance . . . . .    | _____           | _____         |
| Utilities . . . . .                | _____           | _____         |
| Other expenses . . . . .           | _____           | _____         |

In the "Office expenses" column, enter those expenses that pertain exclusively to your office; in the "Home expenses" column, enter those expenses that pertain to the entire dwelling.

Schedule A - Itemized Deductions

Name:

SSN: \*\*\*-\*\*-\*\*\*\*

Medical and Dental Expenses

- Health insurance premiums (paid by you)
Long-term care premiums (you)
Long-term care premiums (your spouse)
Long-term care premiums (dependents)
Mileage driven for medical purposes
Medical and dental expenses
Doctor, dental, etc
Prescription medicines
Insulin
Glasses and contacts
Hearing aids
Braces
Medical equipment & supplies
Hospital services
Laboratory services
Nursing services
Other

Taxes Paid

- State and local income taxes
Sales tax
Real estate taxes
Personal property taxes
Other taxes (list)

Interest Paid

- Mortgage interest paid (attach Form 1098)
Some of your home mortgage loan was not used to buy, build, or improve your home
Mortgage interest paid to an individual
Paid to: Name, Address, City, State, ZIP, SSN or EIN
Qualified mortgage insurance premiums
Investment interest

Charitable Contributions

- Donations to charity: Church, Boy or Girl Scouts, Goodwill, Red Cross, Salvation Army, United Way, Veterans, Hospital, University, Other
Miles driven for charitable purposes

Other Miscellaneous Deductions

- Amortizable bond premiums
Federal estate tax
Gambling losses
Impairment-related work expenses
Claim repayments
Unrecovered pension investments
Loss from other activities from Schedule K-1
Ordinary loss debt instrument

Job Expenses & Certain Miscellaneous Deductions

- Necessary job expenses you paid that were not reimbursed by your employer: Safety equipment, tools, & supplies, Uniforms, Protective clothing (shoes, hardhats, glasses, etc.), Dues to professional organizations, Books & subscriptions, Other
Tax preparation fees
Other nonpersonal expenses related to taxable income: Safe deposit box fees, Investment expenses not entered elsewhere, Other

Other Information

Name:

SSN: \*\*\*-\*\*-\*\*\*\*

Mortgage Interest

Provide all copies of Form 1098

Table with 4 columns: Lender's name, Mortgage interest received, Mortgage insurance premiums, Real estate taxes paid. Includes multiple rows for data entry.

Employee Business Expenses

- Checkboxes for: You are a qualified performing artist, You are a fee-based state or local government official, You are a disabled employee with impairment-related work expenses, You are a reservist, You are a member of the clergy, You used your personal vehicle for your job during 2018.

NOT reimbursed by your employer vs Reimbursed by your employer not included on your W-2

Table for Employee Business Expenses with columns for NOT reimbursed by your employer and Reimbursed by your employer not included on your W-2. Rows include Rural mail carrier expenses, Parking fees, tolls, local transportation, Meals, Overnight business travel expenses, and Other business expenses.

Casualties and Thefts

Table for Casualties and Thefts with two columns for property details. Rows include FEMA code, Property description, Property location, Date property was acquired, Date property was damaged or stolen, Cost of property damaged or stolen, Amount of damage, and Insurance reimbursement.



### Other Information

Name: \_\_\_\_\_

SSN: \*\*\*-\*\*-\*\*\*\*

#### Child and Other Dependent Care Expenses

| Name of care provider | Address | SSN or EIN | Amount paid |
|-----------------------|---------|------------|-------------|
|                       |         |            |             |
|                       |         |            |             |
|                       |         |            |             |
|                       |         |            |             |

#### Education Expenses

Provide all copies of Form 1098-T

Student name \_\_\_\_\_ Student name \_\_\_\_\_

| Type of expense | Amount | Type of expense | Amount |
|-----------------|--------|-----------------|--------|
|                 |        |                 |        |
|                 |        |                 |        |
|                 |        |                 |        |
|                 |        |                 |        |
|                 |        |                 |        |

Student name \_\_\_\_\_ Student name \_\_\_\_\_

| Type of expense | Amount | Type of expense | Amount |
|-----------------|--------|-----------------|--------|
|                 |        |                 |        |
|                 |        |                 |        |
|                 |        |                 |        |
|                 |        |                 |        |
|                 |        |                 |        |

Student name \_\_\_\_\_ Student name \_\_\_\_\_

| Type of expense | Amount | Type of expense | Amount |
|-----------------|--------|-----------------|--------|
|                 |        |                 |        |
|                 |        |                 |        |
|                 |        |                 |        |
|                 |        |                 |        |
|                 |        |                 |        |