

# TAX ORGANIZER

## FOR TAX YEAR 2018



Taxpayer's Name \_\_\_\_\_ SS No. \_\_\_\_\_ Birthdate \_\_\_\_\_

Spouse's Name \_\_\_\_\_ SS No. \_\_\_\_\_ Birthdate \_\_\_\_\_

Address: \_\_\_\_\_ Telephone (Home) (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_ Telephone (Work) (\_\_\_\_) \_\_\_\_\_

Cell Phone: Taxpayer \_\_\_\_\_ Spouse \_\_\_\_\_

Email Address: Taxpayer \_\_\_\_\_ Spouse \_\_\_\_\_

Occupation: Taxpayer \_\_\_\_\_ Spouse \_\_\_\_\_

Check One:  Single  Married Filing Joint  Surviving Widow/Widower  
 Married Filing Separately (enter spouse's name/SS No. Above)  Unmarried Head of Household

### DEPENDENTS

Name	Birthdate	Social Security Number*	Relationship	No. of Months lived in your home in 2018	No. of Months of Qualifying Healthcare Coverage
		<input type="text"/>			
		<input type="text"/>			
		<input type="text"/>			
		<input type="text"/>			
		<input type="text"/>			
		<input type="text"/>			

**\*A personal exemption is disallowed for any dependent unless the SSN or ITIN is provided on the tax return.**

Members of your family attending college may make you eligible for an American Opportunity Credit, Lifetime Learning Credit, or Tuition and Fees Deduction. # of Students \_\_\_\_\_

**Taxpayer:**  65 or over  Blind/Disabled **Spouse:**  65 or over  Blind/Disabled

The checklist below could lead to helpful deductions. Please answer and provide supporting information.

**All questions below pertain to the year 2018.**

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <b>YES</b>               | <b>NO</b>                |   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive any employer-provided educational assistance? \$ _____  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you incur any educational expenses on behalf of yourself, your spouse, or a dependent? \$ _____   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you contribute to a Qualified State Tuition Plan? \$ _____  |
| <input type="checkbox"/> | <input type="checkbox"/> | If you are an educator, did you have unreimbursed work-related expenses? Amount: \$ _____   |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you or your spouse have any kind of pension, profit-sharing, 401K, Retirement, Keogh, IRA, Roth or tax sheltered annuity plan? If yes, please list: _____  |
| <input type="checkbox"/> | <input type="checkbox"/> | If you answered yes above, were you or your spouse at least 70 ½ years of age on Dec. 31st?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you withdraw IRA or Keogh funds during the year? If so, please indicate the amount of funds:<br>Withdrawn: \$ _____ Date: _____ Re-deposited: \$ _____ Date: _____<br>Were any funds withheld? <input type="checkbox"/> Yes <input type="checkbox"/> No Amount: \$ _____<br>Were the withdrawn funds used to pay medical expenses? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Were you called to active duty before you withdrew the amounts? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> | <input type="checkbox"/> | If you are self-employed, did you pay health insurance premiums for yourself and your family?<br>Amount: \$ _____   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you pay alimony? If yes, paid to: _____<br>SS No.: _____ Amount Paid: \$ _____  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive alimony, if so how much? \$ _____   |



**RETIREMENT BENEFITS RECEIVED** (Enclose all 1099R Forms)

Payer	T or S	Amount	Plan Type

Payer	T or S	Amount	Plan Type

**INTEREST INCOME** (Enclose all 1099-INT Forms)

Payer	T or S	Amount	Seller Financed Mortgage	Early Withdrawal Penalty	Tax Exempt (Y or N)

Total Municipal Bond Interest Earned in 2018: \$ \_\_\_\_\_

For seller financed mortgage: Buyer's name, Social Security number and addresses: \_\_\_\_\_

**DIVIDEND INCOME** (Enclose all 1099-DIV Forms)

Payer	T or S	Total Amount	Qualified Dividends	Capital Gain Dist.	Non-Taxable

Do you have funds in a foreign account?  Yes  No

Did you have any stock sales in 2018? If yes, submit all 1099B forms.  Yes  No

Installment Sale Payments Received: Interest \$ \_\_\_\_\_ Principal \$ \_\_\_\_\_

Buyer's name: \_\_\_\_\_ SS # \_\_\_\_\_ Address: \_\_\_\_\_

**OTHER BENEFITS/INCOME RECEIVED** (Enclose all 1099, SSA-1099, K-1s and other Misc. Forms)

	Social Security	Unemployment	Alimony	State Refund	Schedule K Income	Other
Taxpayer						
Spouse						

**CAPITAL ASSETS SOLD** (Securities, Real Estate, etc.) Attach Forms 1099B and 1099S

Description of Property	Date Acquired	Date Sold	Sale Price	Depreciation Taken (if applicable)	Cost or Basis

\*To qualify for long term capital gain rates, assets sold must have been held for more than one year.

**RENTAL INCOME** (Attach 1099 Forms)

Property Description														
Gross Income														
Expenses														
Advertising														
Auto & Travel														
Cleaning & Maintenance														
Commissions														
Insurance														
Professional Fees														
Mortgage Interest														
Other Interest														
Repairs														
Supplies														
Taxes														
Utilities														
Wages/Schedule														
% Occupancy by Taxpayer														

**DEPRECIABLE ASSET ADDITIONS**

For Schedule C, E, F, 2106	Description	Date Purchased	Cost	Trade-in (if any)

**IMPROVEMENTS TO PERSONAL RESIDENCE** Note: If you refinanced your home this year, please bring a copy of your closing statement.

For Schedule C, E, F, 2106	Description	Date Purchased	Cost

**BUSINESS INCOME** (Attach 1099-MISC Forms)

Business Name \_\_\_\_\_  
Federal ID No. \_\_\_\_\_  
Principal Business Activity \_\_\_\_\_  
Principal Product \_\_\_\_\_  
Method Used to Value Inventory \_\_\_\_\_  
Accounting Method:  Cash  Accrual

**GROSS INCOME** **AMOUNT**

Gross Income ..... \_\_\_\_\_  
Less Returns/Allowances. .... \_\_\_\_\_

**COST OF SALES**

Beginning Inventory..... \_\_\_\_\_  
Purchases..... \_\_\_\_\_  
Cost of Labor..... \_\_\_\_\_  
Materials and Supplies..... \_\_\_\_\_  
Freight In..... \_\_\_\_\_  
Other..... \_\_\_\_\_  
Ending Inventory..... \_\_\_\_\_

**DEDUCTIONS**

Advertising..... \_\_\_\_\_  
Auto-Truck Expense..... \_\_\_\_\_  
Bad Debts..... \_\_\_\_\_  
Collection Expense..... \_\_\_\_\_  
Commissions..... \_\_\_\_\_  
Professional Dues & Subscriptions .. \_\_\_\_\_  
Employee Benefit Program..... \_\_\_\_\_  
Freight & Express..... \_\_\_\_\_  
Utilities..... \_\_\_\_\_  
Insurance..... \_\_\_\_\_  
Interest—Mortgage..... \_\_\_\_\_  
Interest—Other..... \_\_\_\_\_  
Janitorial & Cleaning..... \_\_\_\_\_  
Laundry..... \_\_\_\_\_  
Legal & Accounting Fees..... \_\_\_\_\_  
Office Expense..... \_\_\_\_\_  
Postage..... \_\_\_\_\_  
Rent..... \_\_\_\_\_  
Repairs..... \_\_\_\_\_  
Salaries..... \_\_\_\_\_  
Supplies..... \_\_\_\_\_  
Telephone..... \_\_\_\_\_  
Travel..... \_\_\_\_\_  
Total Meals & Entertainment..... \_\_\_\_\_  
..... \_\_\_\_\_  
..... \_\_\_\_\_

Did you have business start-up costs in 2018?  Yes  No  
If so, was the business running by the end of 2018?  Yes  No

Did you have income (or loss) on K-1 from Partnership, LLC, S Corp., Estate or Trust in 2018? Provide all copies of K-1.

**BUSINESS USE OF HOME**

Total Area of Home: \_\_\_\_\_ sq. ft. Total area Used for Business: \_\_\_\_\_ sq. ft.  
Nature of Business Activity Performed in Home: \_\_\_\_\_  
Was Another Office Available to You Outside the Home?  Yes  No

**NON-EXCLUSIVE USE BY DAY CARE PROVIDERS ONLY:**

Hours/Day Used for Day Care: \_\_\_\_\_ Days/Year Used for Day Care: \_\_\_\_\_

**FARM INCOME** (Attach 1099 Forms)

Farm Name \_\_\_\_\_  
Principal Activity \_\_\_\_\_  
Accounting Method:  Cash  Accrual

**INCOME**

Sales of Items Bought for Resale..... \_\_\_\_\_  
Cost of Items Bought for Resale. .... \_\_\_\_\_

**SALES OF LIVESTOCK & PRODUCE RAISED EXCEPT FOR BREEDING STOCK**

Feeders & Calves..... \_\_\_\_\_  
Pigs & Sheep..... \_\_\_\_\_  
Poultry & Eggs..... \_\_\_\_\_  
Dairy Products..... \_\_\_\_\_  
Corn, Peas, etc..... \_\_\_\_\_  
Wheat, Oats, Hay & Straw ..... \_\_\_\_\_  
Fruit..... \_\_\_\_\_  
Patronage Dividends..... \_\_\_\_\_  
Agricultural Program Payments..... \_\_\_\_\_  
Commodity Credit Loans Neglected..... \_\_\_\_\_  
CCC Loans: Forfeited..... \_\_\_\_\_  
Repaid with Certificates..... \_\_\_\_\_  
Crop Insurance Proceeds..... \_\_\_\_\_  
Federal Gasoline Tax Credit..... \_\_\_\_\_  
Other..... \_\_\_\_\_

**DEDUCTIONS**

Breeding Fees..... \_\_\_\_\_  
Chemicals..... \_\_\_\_\_  
Conservation Expenses..... \_\_\_\_\_  
Custom Hire (Machine Work)..... \_\_\_\_\_  
Employee Benefits Programs..... \_\_\_\_\_  
Feed Purchased..... \_\_\_\_\_  
Fertilizers & Lime..... \_\_\_\_\_  
Freight & Trucking..... \_\_\_\_\_  
Gasoline, Fuel, Oil..... \_\_\_\_\_  
Insurance..... \_\_\_\_\_  
Interest—Mortgage..... \_\_\_\_\_  
Interest—Other..... \_\_\_\_\_  
Labor Hired..... \_\_\_\_\_  
Pension & Profit Sharing Plans..... \_\_\_\_\_  
Rent of Farm, Pasture..... \_\_\_\_\_  
Repairs, Maintenance..... \_\_\_\_\_  
Seeds, Plants Purchased..... \_\_\_\_\_  
Storage, Warehousing..... \_\_\_\_\_  
Supplies Purchased..... \_\_\_\_\_  
Taxes..... \_\_\_\_\_  
Utilities..... \_\_\_\_\_  
Veterinary Fees, Medicine..... \_\_\_\_\_  
..... \_\_\_\_\_  
..... \_\_\_\_\_

**RETIREMENT CONTRIBUTIONS FOR 2018** Do you want to make any nondeductible IRA contributions?  Yes  No

	Taxpayer	Spouse
IRA or Roth, Specify		
SEP		
Keogh		
Other:		

**PERSONAL ITEMIZED DEDUCTIONS**

MEDICAL	AMOUNT
Prescription Drugs.....	_____
Medical Insurance Premiums.....	_____
Long Term Care Ins. Premiums.....	_____
Medicare Premiums.....	_____
Doctors/Dentists.....	_____
Clinic/Lab Tests.....	_____
Hospitals.....	_____
Eyeglasses/Hearing Aids.....	_____
Orthopedic Shoes/Braces.....	_____
Medical Long-Distance Phone.....	_____
Other.....	_____
_____ Miles.....	_____
Fares: Taxi, Bus, etc.....	_____
Do you have a medical savings acct.?	_____

**INTEREST**

Deductible Home Mortgage Interest Paid to Financial Institutions.....	_____
Home Equity Interest.....	_____
Deductible Home Mortgage Interest Paid to Individuals:*	
Name Address:*	_____
Social Security No.:	_____
*Failure to provide is subject to a \$50 penalty.	
Deductible Points (Include Amortization Points from Prior Years).....	_____
Investment Interest (list).....	_____
_____	_____
_____	_____
_____	_____

**HOUSEHOLD EMPLOYEE INFORMATION**

Household Employer EIN: \_\_\_\_\_  
 Did you pay any one household employee \$2,000 or more in 2018?  Yes  No  
 Did you withhold Federal income tax during 2018 at the request of any household employee?  Yes  No  
 Did you pay total cash wages of \$1,000 in any calendar quarter of 2018 to household employees?  Yes  No  
 Was the employee under age 18?  Yes  No Student?  Yes  No  
 Do you have a Form I-9 on file for your household employee?  Yes  No  
 Household Employee Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
 Address: \_\_\_\_\_

Gross Wages	FITW	SS Withheld	Employer Share FICA	Advance EIC	vFUTA	State Unemployment

**MOVING EXPENSES**

Enter No. of miles from your old home to your new workplace \_\_\_\_\_  
 Enter No. of miles from your old home to your old workplace \_\_\_\_\_  
 Date of Move \_\_\_\_\_ Arrival at New Location \_\_\_\_\_

	AMOUNT		AMOUNT
Cost to Ship and Pack Household Goods...	_____	Reimbursements (on W-2)? <input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Cost to Travel to New Home.....	_____	Other:	_____
Cost of Lodging during Move.....	_____		_____

**TAXES**

Real Estate.....	_____
Personal Property.....	_____
State & Local Income Tax.....	_____
State & Local General Sales Tax.*.....	_____
_____	_____
*Not yet extended	

**CHARITABLE CONTRIBUTIONS**

Cash Contributions*.....	_____
_____	_____
_____	_____
Other Than Cash Contributions.....	_____
_____	_____
_____ Miles for Charity.....	_____
*Contributions of \$250 or more require written substantiation from the organizations.	

**MISCELLANEOUS DEDUCTIONS SUBJECT TO 2% AGI**

Unreimbursed Employee Business Expense.....	_____
Union & Professional Dues.....	_____
Safe Deposit Box Rental.....	_____
Tax Return Preparation Fee.....	_____
Business Publications.....	_____
Business Telephone Calls.....	_____
Tools, Supplies, Equipment.....	_____
Employment-Related Education.....	_____
Investment Expenses.....	_____
Other.....	_____

**MISCELLANEOUS DEDUCTIONS NOT SUBJECT TO 2% AGI**

Gambling Losses (limited to winnings).....	_____
_____	_____

**EMPLOYEE BUSINESS EXPENSE TRAVEL EXPENSE**

AMOUNT

Air Fares.....		
Auto Rentals.....		
Entertainment.....		
Garage.....		
Hotel/Motel.....		
Meals.....		
Parking.....		
Postage.....		

AMOUNT

Road Tolls.....		
Taxi, Subway.....		
Telephone, Telegraph.....		
Tips.....		
Other.....		

**AUTOMOBILE EXPENSE**

Total Miles Driven	Car 1	Car 2
Total Mileage		
Business Mileage		
Business Use %		
Average Daily Commuting		
Written Records Available	Y/N	Y/N
Is another vehicle available for personal use?	Y/N	Y/N
Is an employer-provided vehicle available for personal use?	Y/N	Y/N

Actual Automobile Expenses	Car 1	Car 2
Gas & Oil		
Insurance		
Licenses		
Lubrication		
Repairs		
Tires, Tire Repair		
Wash		
Other:		

**CHILD CARE DEDUCTIONS** (Number of Dependents Qualifying: \_\_\_\_\_)

Provider's Name & Address (Include Individual's Name and/or Org. Name)	SS No. or Federal ID	Amount

Did you receive employer-provided dependent care assistance benefits?  Yes  No Amount: \$ \_\_\_\_\_

**SALE OF PERSONAL RESIDENCE** (Attach copy of closing/settlement statement)

Date Old Residence Acquired	
Cost or Basis of Old Residence	
Cost of Improvements (landscaping, driveway, roof, etc.)	
Date Old Residence Sold	
Selling Price	
Expenses of Sale (commissions, legal fees, points, deed stamps, etc.)	
Was any part of residence rented or used for business?	
Was it your principal place of residence for 2 of the last 5 years, ending on date of sale?	
Date New Residence Acquired (or construction began)	
Date you occupied new residence	
Cost of New Residence	
If married do you and/or your spouse meet the ownership and residence requirements?	

Do you wish to designate us to be contacted by the IRS in case any questions arise regarding your tax return?  Yes  No

**To the best of my knowledge the enclosed information is correct and includes all income deductions and other information necessary for the preparation of this year's income tax returns for which I have adequate contemporaneous records**

\_\_\_\_\_  
Taxpayer's Signature  
  
\_\_\_\_\_  
Spouse's Signature

\_\_\_\_\_  
Date  
  
\_\_\_\_\_  
Date