

# General Information

## Taxpayer

## Spouse

First Name \_\_\_\_\_  
 Middle Initial \_\_\_\_\_  
 Last Name \_\_\_\_\_  
 Suffix \_\_\_\_\_  
 Social Security Number \_\_\_\_\_  
 Date of Birth \_\_\_\_\_  
 Date of Death \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Check ("X") which phone number to list on return.

Home Phone \_\_\_\_\_  
 Work Phone \_\_\_\_\_  
 Cell Phone \_\_\_\_\_  
 Fax Number \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Legally Blind  
 Totally Disabled  
 Claimed as a Dependent  
 Presidential Election Fund (\$3)

Occupation \_\_\_\_\_  
 E-mail address \_\_\_\_\_  
 State of Residence as of 12/31 \_\_\_\_\_  
 County of Residence as of 12/31 \_\_\_\_\_  
 School District as of 12/31 \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Sales tax rate of locality in 2018 \_\_\_\_\_ %  
 If Part Year, Period of Residency \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_ %  
 \_\_\_\_\_ to \_\_\_\_\_

Additional information is being requested this filing season in an effort to combat stolen-identity tax fraud. Please provide the requested information from the driver's license or state-issued identification card. Providing the information could help process state returns faster.

ID type  Driver's license OR  State Issued ID  Driver's license OR  State Issued ID  
 ID number \_\_\_\_\_  
 ID issuing state \_\_\_\_\_  
 ID issue date \_\_\_\_\_  
 ID expiration date \_\_\_\_\_

## Filing Status

Status on 2017 return:

Status as of 12/31/2018:  **1** Single  
 Enter ("X") in the box  **2** Married filing joint  
 **3** Married filing separately  
(Enter spouse's name and SSN above)  
 **4** Head of Household Non-dependent name: \_\_\_\_\_  
 Non-dependent SSN: \_\_\_\_\_  
 **5** Qualifying widow(er) with minor child \_\_\_\_\_ Year spouse died

## Taxpayer's Address

Street \_\_\_\_\_ Apt/Suite: \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 If address is in a foreign country, enter that country \_\_\_\_\_  
 Foreign province/county \_\_\_\_\_ Foreign postal code \_\_\_\_\_  
 If a bona fide resident of a U.S. territory, enter territory \_\_\_\_\_

## Preparer's Information

Preparer's name \_\_\_\_\_  
 Firm's name \_\_\_\_\_  
 Street \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

## Attestation and Signature:

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 records.

Sign \_\_\_\_\_ Date \_\_\_\_\_  
 here \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_

SSN \_\_\_\_\_

**Questions**

<b>Yes</b>	<b>No</b>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

**Personal Information**

- 1 Did any births, adoptions, marriages, divorces, or deaths occur in your family since last year?
- 2 Did you purchase or sell your principal residence or did your address change?
- 3 Are either you or your spouse being claimed (or are eligible to be claimed) as a dependent on anyone else's return?
- 4 Were you in a Registered Domestic Partnership, civil union or same-sex marriage during 2018?
- 5 Were either you or your spouse in the military or National Guard?
- 6 Have you been notified by the IRS or state of changes to a prior year's return, or received any other tax correspondence?

<b>Yes</b>	<b>No</b>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

**Dependents**

- 1 Are there any changes in your dependents from last year?
- 2 Did you have any children under 19 (or 24 if a full time student) who received more than \$1,050 in investment income?
- 3 Did you pay education expenses for your dependent children?
- 4 Did you pay any dependent care expenses for a child or a parent?
- 5 Did you pay over half of the support for a parent or someone else you aren't claiming as a dependent?
- 6 Are all of your dependents either US residents or citizens?

<b>Yes</b>	<b>No</b>
<input type="checkbox"/>	<input type="checkbox"/>

**Health Care Coverage**

- 1 Did you or a member of your family have minimum essential coverage in 2018? (The entity that provided the coverage may have sent you a Form 1095-A, 1095-B, or 1095-C, that lists individuals in your family who were enrolled in minimum essential coverage and shows their months of coverage.)
- 2 Did you have a Health Insurance Marketplace granted coverage exemption or are you claiming a coverage exemption?

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

<b>Yes</b>	<b>No</b>
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**Income (In 2018, did you or your spouse have any of the following?)**

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1 Wages? (include form(s) W-2)  |
| <input type="checkbox"/> | <input type="checkbox"/> | 2 Non-employee compensation? (include form(s) 1099-MISC)  |
| <input type="checkbox"/> | <input type="checkbox"/> | 3 Interest income? (include form(s) 1099-INT)   |
| <input type="checkbox"/> | <input type="checkbox"/> | 4 Dividend income? (include form(s) 1099-DIV)   |
| <input type="checkbox"/> | <input type="checkbox"/> | 5 Did you receive any tax-exempt income, such as interest or dividends from municipal bonds or a mutual fund account?       |
| <input type="checkbox"/> | <input type="checkbox"/> | 6 Gambling income? (include form(s) W-2G). Be sure to include any gambling expenses.  |
| <input type="checkbox"/> | <input type="checkbox"/> | 7 Social security or Railroad Retirement benefits? (include form(s) SSA-1099 & RRB-1099)                                    |
| <input type="checkbox"/> | <input type="checkbox"/> | 8 Did you receive a state or local refund, or a refund of any other deduction you itemized in a prior year? (attach 1099-G) |
| <input type="checkbox"/> | <input type="checkbox"/> | 9 Disability income? (include form(s) W-2 or 1099)  |
| <input type="checkbox"/> | <input type="checkbox"/> | 10 Unemployment compensation? (include form(s) 1099-G)  |
| <input type="checkbox"/> | <input type="checkbox"/> | 11 Alimony?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 12 Did you receive tip income NOT reported to your employer?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 13 Did you receive payments from a Long-Term Care insurance contract?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 14 Did you barter your services for goods or services from someone else?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 15 Did you receive, or expect to receive, a Schedule K-1 (or substitute K-1) from a trust, estate, partnership, or S corp?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 16 Did you receive employer-provided adoption benefits for a previous year?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 17 Did you cash in any U.S. savings bonds?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 18 Did you make a loan to someone at an interest rate below market rate?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 19 Did you receive a housing allowance for ministerial services you provided?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 20 Did you receive any income not reported in this Organizer?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 21 Did you own an interest in a Real Estate Mortgage Investment Conduit (REMIC)?  |

<b>Yes</b>	<b>No</b>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

**Foreign Reporting**

- 1 Did you have an interest in or signature authority over a financial account in a foreign country?
- 2 Were you the grantor of or transferor to a foreign trust?
- 3 Did you receive income from a foreign source or pay taxes to a foreign government?

<b>Yes</b>	<b>No</b>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

**Retirement & Other Plans**

- 1 Did you receive any distributions from a retirement plan? (Include form(s) 1099-R)
- 2 Did you rollover a retirement plan distribution into another plan?
- 3 Did you convert a traditional IRA to a Roth IRA?
- 4 Did you make a contribution to a retirement plan? (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?
- 5 Did you receive a distribution from an Achieving a Better Life Experience (ABLE) savings account?
- 6 Did you receive a distribution from an HSA, Archer MSA or Medicare Advantage MSA (Include form(s) 1099-SA)
- 7 Did you make any contributions to an HSA (Health Savings Account) in 2018?

<b>Yes</b>	<b>No</b>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

**Purchases, Sales, Gains and Losses**

- 1 Did you exchange any securities or investments for something other than cash?
- 2 Do you have any short sales, commodity sales, or straddles?
- 3 Did you receive Form 2439?
- 4 Did you buy or sell any bonds?
- 5 Did you receive stock from a stock bonus plan with your employer?
- 6 Did you sell any other personal assets at a gain?
- 7 Did you sell any real estate (other than your home) during the year?
- 8 Did you sell any assets using the installment method?

- |                          |                          |    |   |
|--------------------------|--------------------------|----|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 9  | Did you receive proceeds from a prior year installment sale?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 10 | Did you purchase a rental property?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 11 | Did you exchange any property for other property?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 12 | Did you incur a loss because of damaged or stolen property?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 13 | Did you purchase a new vehicle, aircraft or boat?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 14 | Did any security become worthless during 2018?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 15 | Did any debts become uncollectible during 2018?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 16 | Did you purchase any items acquired out of state, online or by mail order that did not include sales tax? |

**Yes**   **No**   **Business and Rental Property Income & Deductions**

- |                          |                          |    |   |
|--------------------------|--------------------------|----|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1  | If you own rental property, do you qualify as a Real Estate Professional?                           |
| <input type="checkbox"/> | <input type="checkbox"/> | 2  | Did you start or acquire a new business?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 3  | Did you sell any part of an existing business, or sell business assets?                             |
| <input type="checkbox"/> | <input type="checkbox"/> | 4  | Did you cease operating any business or rental property?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 5  | Did you remove any of your business assets for personal use?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 6  | Did you use part of your home for business purposes?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 7  | Did you make any contributions to a Keogh or a self-employed SEP plan for 2018?                     |
| <input type="checkbox"/> | <input type="checkbox"/> | 8  | Do you pay for any health or long term care insurance through your business?                        |
| <input type="checkbox"/> | <input type="checkbox"/> | 9  | If you or your spouse are self-employed, are either of you covered under an employer's health plan? |
| <input type="checkbox"/> | <input type="checkbox"/> | 10 | Did you purchase any furniture or equipment for your business?                                      |
| <input type="checkbox"/> | <input type="checkbox"/> | 11 | Did you make any improvements to your rental properties?  |

**Yes**   **No**   **Other Deductions**

- |                          |                          |    |  |
|--------------------------|--------------------------|----|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1  | Did you use your car on the job (other than to and from work)?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 2  | Did you work out of town for part of the year?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 3  | Did you incur unreimbursed expenses working as a reservist, performing artist, or fee-basis gov't official?          |
| <input type="checkbox"/> | <input type="checkbox"/> | 4  | Did you incur any travel and entertainment expenses for business purposes?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 5  | Did you pay expenses for the care of your child or other dependent so you could work?                                |
| <input type="checkbox"/> | <input type="checkbox"/> | 6  | Did you purchase a 'clean fuel' or electric hybrid vehicle in 2018?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 7  | Did you make energy efficient improvements to your home or purchase any energy-saving property during 2018?          |
| <input type="checkbox"/> | <input type="checkbox"/> | 8  | Did you contribute less than an entire interest in any property to charity?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 9  | Did you refinance a mortgage or take out a home equity loan during 2018?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 10 | Did you incur moving expenses during the year due to a military order and incident to a permanent change in station? |
| <input type="checkbox"/> | <input type="checkbox"/> | 11 | Did you or your spouse pay any educational expenses for yourselves?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 12 | Did you pay any student loan interest?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 13 | Did you make any federal or state estimated payments?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 14 | Did you pay alimony?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 15 | Did you donate non-cash donations?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 16 | Did you donate a vehicle?  |

**Yes**   **No**   **Miscellaneous**

- |                          |                          |   |   |
|--------------------------|--------------------------|---|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1 | Did you make gifts of more than \$15,000 to any one person?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 2 | Did you engage the service of any household employees?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 3 | Did your bank account information change within the last twelve months?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 4 | Do you want to allocate \$3 to the Presidential Election Campaign Fund?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 5 | Does your spouse want to allocate \$3 to the Presidential Election Campaign Fund?                                 |
| <input type="checkbox"/> | <input type="checkbox"/> | 6 | Did you file Form 8839, Adoption Credit, in a previous year or incur adoption expenses in 2018?                   |
| <input type="checkbox"/> | <input type="checkbox"/> | 7 | Did you claim a First-time Homebuyer Credit for a home purchased in 2008?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 8 | Was there a disposition or change in use of your main home for which you claimed the First-time Homebuyer Credit? |

**Yes**   **No**   **Return preparation and filing**

- |                          |                          |  |  |  |                          |                       |
|--------------------------|--------------------------|--|--|--|--------------------------|-----------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | 1  | Do you want to e-file your return?   |  |                          |                       |
|                          |                          | 2  | If you are due a refund, how do you want to receive it?                            |  |                          |                       |
|                          | <input type="checkbox"/> | Check sent to you in the mail                      | <input type="checkbox"/>   | Other quick refund via a bank product                              |                          |                       |
|                          | <input type="checkbox"/> | Apply to next year's estimates                     | <input type="checkbox"/>   |  |                          |                       |
|                          | <input type="checkbox"/> | Direct deposit (please provide voided blank check) | Type of account:   | <input type="checkbox"/> Checking <input type="checkbox"/> Savings |                          |                       |
|                          |                          | If you owe taxes, how do you want to pay them?     |  |  |                          |                       |
|                          | <input type="checkbox"/> | Paper check sent with my return                    | <input type="checkbox"/>   | Credit card  | <input type="checkbox"/> | Installment Agreement |
|                          | <input type="checkbox"/> | Direct debit (please provide a voided blank check) | Type of account:   | <input type="checkbox"/> Checking <input type="checkbox"/> Savings |                          |                       |
|                          | <input type="checkbox"/> |  |  |  |                          |                       |
| <input type="checkbox"/> | <input type="checkbox"/> | 3  | Do you want to allow your tax preparer to discuss this year's return with the IRS? |  |                          |                       |

If no, enter another person (if desired) to be allowed to discuss this return with the IRS:

Designee's name \_\_\_\_\_ Phone Number \_\_\_\_\_ Personal identification Number (5 digit PIN) \_\_\_\_\_



Name \_\_\_\_\_

SSN \_\_\_\_\_

**Federal, State and Local Estimated Taxes Paid**

**Federal Estimates**

Enter Payment Information	Filer and/or Joint Payments			Spouse Only Payments	
	Date Paid	Amount		Date Paid	Amount
1 Overpayment from last year . . . . .			1		
2 First quarter payment . . . . .			2		
3 Second quarter payment . . . . .			3		
4 Third quarter payment . . . . .			4		
5 Fourth quarter payment . . . . .			5		
6 _____			6		
7 _____			7		

**State Estimates**

Enter two-letter state abbreviation	State	State	State	State
	Date Paid	Amount	Date Paid	Amount
1 Overpayment from last year . . . . .				
2 First quarter payment . . . . .				
3 Second quarter payment . . . . .				
4 Third quarter payment . . . . .				
5 Fourth quarter payment . . . . .				
6 _____				
7 _____				
8 _____				

**Local Estimates**

Enter locality name	Locality	Locality	Locality	Locality
	Date Paid	Amount	Date Paid	Amount
1 Overpayment from last year . . . . .				
2 First quarter payment . . . . .				
3 Second quarter payment . . . . .				
4 Third quarter payment . . . . .				
5 Fourth quarter payment . . . . .				
6 _____				
7 _____				
8 _____				



Name \_\_\_\_\_

SSN \_\_\_\_\_

# Wages

## W-2 Information

<b>"X" if spouse</b>		<b>Employer's Name</b>	<b>Box 1 Wages, Tips Other Comp</b>	<b>Box 2 Federal Income Tax Withheld</b>	<b>Box 16 State Wages</b>	<b>Box 17 State Income Tax Withheld</b>
<input type="checkbox"/>	1					
<input type="checkbox"/>	2					
<input type="checkbox"/>	3					
<input type="checkbox"/>	4					
<input type="checkbox"/>	5					
<input type="checkbox"/>	6					
<input type="checkbox"/>	7					
<input type="checkbox"/>	8					
<input type="checkbox"/>	9					
<input type="checkbox"/>	10					
<input type="checkbox"/>	11					
<input type="checkbox"/>	12					
<input type="checkbox"/>	13					
<input type="checkbox"/>	14					
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<input type="checkbox"/>	16					
<input type="checkbox"/>	17					
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<input type="checkbox"/>	24					
<input type="checkbox"/>	25					
<input type="checkbox"/>	26					
<input type="checkbox"/>	27					
<input type="checkbox"/>	28					
<input type="checkbox"/>	29					
<input type="checkbox"/>	30					
<input type="checkbox"/>	31					
<input type="checkbox"/>	32					
<input type="checkbox"/>	33					
<input type="checkbox"/>	34					
<input type="checkbox"/>	35					
<input type="checkbox"/>	36					
<input type="checkbox"/>	37					
<input type="checkbox"/>	38					
<input type="checkbox"/>	39					
<input type="checkbox"/>	40					
<input type="checkbox"/>	41					
<input type="checkbox"/>	42					
<input type="checkbox"/>	43					

Name \_\_\_\_\_

SSN \_\_\_\_\_

### Retirement Income

#### 1099-R Information

<b>"X" if spouse</b>		<b>Payer's Name</b>	<b>Box 1 Gross Distribution</b>	<b>Box 4 Federal Income Tax Withheld</b>	<b>Box 14 State Distribution</b>	<b>Box 12 State Income Tax Withheld</b>
<input type="checkbox"/>	1					
<input type="checkbox"/>	2					
<input type="checkbox"/>	3					
<input type="checkbox"/>	4					
<input type="checkbox"/>	5					
<input type="checkbox"/>	6					
<input type="checkbox"/>	7					
<input type="checkbox"/>	8					
<input type="checkbox"/>	9					
<input type="checkbox"/>	10					
<input type="checkbox"/>	11					
<input type="checkbox"/>	12					
<input type="checkbox"/>	13					
<input type="checkbox"/>	14					
<input type="checkbox"/>	15					
<input type="checkbox"/>	16					
<input type="checkbox"/>	17					
<input type="checkbox"/>	18					
<input type="checkbox"/>	19					
<input type="checkbox"/>	20					
<input type="checkbox"/>	21					
<input type="checkbox"/>	22					
<input type="checkbox"/>	23					
<input type="checkbox"/>	24					
<input type="checkbox"/>	25					
<input type="checkbox"/>	26					
<input type="checkbox"/>	27					
<input type="checkbox"/>	28					
<input type="checkbox"/>	29					
<input type="checkbox"/>	30					
<input type="checkbox"/>	31					
<input type="checkbox"/>	32					
<input type="checkbox"/>	33					
<input type="checkbox"/>	34					
<input type="checkbox"/>	35					
<input type="checkbox"/>	36					
<input type="checkbox"/>	37					
<input type="checkbox"/>	38					
<input type="checkbox"/>	39					
<input type="checkbox"/>	40					
<input type="checkbox"/>	41					
<input type="checkbox"/>	42					
<input type="checkbox"/>	43					



Name \_\_\_\_\_

SSN \_\_\_\_\_

**Interest Income**

Please provide copies of all Form 1099-INT or other statements reporting interest income.

\* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J	Payer	Taxable Interest Income Current Year Amount	Prior Year Amount	Tax Exempt Interest Current Year Amount	Prior Year Amount	Specified Priv Act Interest Current Year Amount	Prior Year Amount
	1						
	2						
	3						
	4						
	5						
	6						
	7						
	8						
	9						
	10						
	11						
	12						
	13						
	14						
	15						
	16						
	17						
	18						
	19						
	20						

**Dividend Income**

Please provide copies of all Form 1099-DIV or other statements reporting dividend income.

\* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J	Payer	Ordinary Dividends Current Year Amount	Prior Year Amount	Qualified Dividends Current Year Amount	Prior Year Amount	Capital Gains Current Year Amount	Prior Year Amount
	1						
	2						
	3						
	4						
	5						
	6						
	7						
	8						
	9						
	10						
	11						
	12						
	13						
	14						
	15						
	16						
	17						
	18						
	19						
	20						

Name \_\_\_\_\_

SSN \_\_\_\_\_

### Seller Financed Mortgage Interest

\* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

\*F/S/J

		Current Year Amount	Prior Year Amount
<input type="checkbox"/>	1 Name _____ Address _____		
<input type="checkbox"/>	2 Name _____ Address _____		
<input type="checkbox"/>	3 Name _____ Address _____		
<input type="checkbox"/>	4 Name _____ Address _____		
<input type="checkbox"/>	5 Name _____ Address _____		
<input type="checkbox"/>	6 Name _____ Address _____		
<input type="checkbox"/>	7 Name _____ Address _____		
<input type="checkbox"/>	8 Name _____ Address _____		
<input type="checkbox"/>	9 Name _____ Address _____		
<input type="checkbox"/>	10 Name _____ Address _____		
<input type="checkbox"/>	11 Name _____ Address _____		
<input type="checkbox"/>	12 Name _____ Address _____		
<input type="checkbox"/>	13 Name _____ Address _____		
<input type="checkbox"/>	14 Name _____ Address _____		
<input type="checkbox"/>	15 Name _____ Address _____		
<input type="checkbox"/>	16 Name _____ Address _____		
<input type="checkbox"/>	17 Name _____ Address _____		
<input type="checkbox"/>	18 Name _____ Address _____		
<input type="checkbox"/>	19 Name _____ Address _____		
<input type="checkbox"/>	20 Name _____ Address _____		
<input type="checkbox"/>	21 Name _____ Address _____		
<input type="checkbox"/>	22 Name _____ Address _____		

Name \_\_\_\_\_

SSN \_\_\_\_\_

### Alimony Received

\* F/S - enter ownership (F)iler or (S)pouse.

F/S*	Payer		Current Year Amount	Prior Year Amount
<input type="checkbox"/>	1 _____	1		
<input type="checkbox"/>	2 _____	2		
<input type="checkbox"/>	3 _____	3		
<input type="checkbox"/>	4 _____	4		
<input type="checkbox"/>	5 _____	5		
<input type="checkbox"/>	6 _____	6		
<input type="checkbox"/>	7 _____	7		
<input type="checkbox"/>	8 _____	8		
<input type="checkbox"/>	9 _____	9		

### Alimony Paid

\* F/S - enter ownership (F)iler or (S)pouse.

F/S*	Recipient's Name	Recipient's SSN	Current Year Amount	Prior Year Amount
<input type="checkbox"/>	1 _____	_____		
<input type="checkbox"/>	2 _____	_____		
<input type="checkbox"/>	3 _____	_____		
<input type="checkbox"/>	4 _____	_____		
<input type="checkbox"/>	5 _____	_____		
<input type="checkbox"/>	6 _____	_____		
<input type="checkbox"/>	7 _____	_____		
<input type="checkbox"/>	8 _____	_____		
<input type="checkbox"/>	9 _____	_____		

Name \_\_\_\_\_

SSN \_\_\_\_\_

### Self-Employed Business Income and Expenses (Schedule C)

Enter "X" in one box:  Filer  Spouse

#### General Information

Employer Identification Number \_\_\_\_\_ (do not enter Social Security Number)

Principal business or profession \_\_\_\_\_

Business name . . . . . \_\_\_\_\_

Business address . . . . . \_\_\_\_\_

City . . . . . \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Foreign Country . . . . . \_\_\_\_\_

Foreign Province/State . . . . . \_\_\_\_\_ Postal Code \_\_\_\_\_

#### General Check Boxes (Enter "X" where applicable)

- 1 Accounting Method . . . . .  Cash  Accrual  Other - (Specify) \_\_\_\_\_
- 2 Did you "materially participate" in this business?  Yes  No
- 3 Check ('X') if you started or acquired this business in 2018.
- 4 Did you make any payments in 2018 that would require you to file Form(s) 1099?  Yes  No

#### Business Income

\* Report statutory income as W-2 income.

		Current Year Amount	Prior Year Amount
5	Income reported on 1099 MISC . . . . .		
	Gross receipts or sales not reported on Form 1099 or Form W-2		
6	_____		
7	_____		
8	_____		
9	_____		
10	Returns and allowances . . . . .		
11	Other income . . . . .		

#### Inventory (Enter "X" where applicable)

- 12 Method(s) used to value closing inventory . . .  Cost  Lower of cost or market  Other
- 13 Any change in determining quantities, costs, or valuations between opening and closing inventory?  Yes  No

		Current Year Amount	Prior Year Amount
14	Inventory at the beginning of year . . . . .		
15	Purchases less cost of items withdrawn for personal use . . . . .		
16	Cost of labor . . . . .		
17	Materials and supplies . . . . .		
18	Other Costs . . . . .		
19	Inventory at end of year . . . . .		

#### Assets Placed in Service This Year

Description:

		Date Placed In Service	Purchase Amount
A	_____		
B	_____		
C	_____		
D	_____		
E	_____		
F	_____		
G	_____		

Name \_\_\_\_\_

SSN \_\_\_\_\_

Business \_\_\_\_\_

### Self-Employed Business Expenses Cont. (Schedule C)

Expenses		Current Year Amount	Prior Year Amount
20	Advertising . . . . .	20	
21	Contract labor . . . . .	21	
22	Commissions and fees . . . . .	22	
23	Depletion . . . . .	23	
24	Employee benefit programs (other than on line 30) . . . . .	24	
25	Insurance (other than health) . . . . .	25	
<b>Interest:</b>			
26	Mortgage (paid to banks, etc.) . . . . .	26	
27	Other . . . . .	27	
28	Legal and professional services . . . . .	28	
29	Office expense . . . . .	29	
30	Pension and profit-sharing plans . . . . .	30	
<b>Rent or Lease:</b>			
31	Machinery rental or lease . . . . .	31	
32	Equipment rental or lease . . . . .	32	
33	_____	33	
34	_____	34	
35	_____	35	
	Other business property rental or lease		
36	_____	36	
37	_____	37	
38	_____	38	
39	Repairs and maintenance . . . . .	39	
40	Supplies (not included in inventory cost of goods sold) . . . . .	40	
41	Taxes and licenses . . . . .	41	
<b>Travel, Meals, and Entertainment:</b>			
Travel			
42	_____	42	
43	_____	43	
44	_____	44	
45	_____	45	
Meals and entertainment			
46	Enter "X" in the box if subject to DOT hours of service limits . . . . .	46	<input type="checkbox"/> <input type="checkbox"/>
47	_____	47	
48	_____	48	
49	_____	49	
50	_____	50	
51	Utilities . . . . .	51	
52	Wages . . . . .	52	
<b>Other Expenses:</b>			
53	_____	53	
54	_____	54	
55	_____	55	
56	_____	56	
57	_____	57	
58	_____	58	
59	_____	59	
60	_____	60	
61	_____	61	

Name \_\_\_\_\_

SSN \_\_\_\_\_

Business \_\_\_\_\_

**Vehicle Information (Schedule C)**

		Vehicle -		Vehicle -	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1	Date vehicle was placed in service . . . . . 1				
2	Cost of vehicle . . . . . 2				
3	Total miles driven for the year . . . . . 3				
4	Business miles driven during the year . . . 4				
5	Commuting miles included on line 3 . . . . 5				
6	Parking fees and tolls . . . . . 6				
7	Vehicle Interest . . . . . 7				
8	Vehicle Personal Property tax . . . . . 8				
<b>Actual Expenses</b>					
9	Gasoline, oil and repairs . . . . . 9				
10	Vehicle Insurance . . . . . 10				
11	Vehicle registration fees . . . . . 11				
12	Vehicle lease or rental . . . . . 12				
13	_____ 13				

		Vehicle -		Vehicle -	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1	Date vehicle was placed in service . . . . . 1				
2	Cost of vehicle . . . . . 2				
3	Total miles driven for the year . . . . . 3				
4	Business miles driven during the year . . . 4				
5	Commuting miles included on line 3 . . . . 5				
6	Parking fees and tolls . . . . . 6				
7	Vehicle Interest . . . . . 7				
8	Vehicle Personal Property tax . . . . . 8				
<b>Actual Expenses</b>					
9	Gasoline, oil and repairs . . . . . 9				
10	Vehicle Insurance . . . . . 10				
11	Vehicle registration fees . . . . . 11				
12	Vehicle lease or rental . . . . . 12				
13	_____ 13				

Name \_\_\_\_\_

SSN \_\_\_\_\_

Home Office Number \_\_\_\_\_

Description of Home Office \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Check ("X") box:  Daycare

### Home Office Expenses

#### Area of Home

- 1 Area used regularly and exclusively for business, regularly for daycare, or for storage of inventory or product samples . . . . . 1
- 2 Total area of home . . . . . 2

#### Daycare only - Part of Home Used Nonexclusively for Daycare

- 3 Multiply days used for daycare during year by hours used per day . . . . . 3
- 4 Enter total hours home was available for daycare during year . . . . . 4

#### Expenses related to entire home including business portion (Indirect)

- 5 Casualty losses . . . . . 5
- 6 Excess mortgage interest . . . . . 6
- 7 Insurance . . . . . 7
- 8 Rent . . . . . 8
- 9 Repairs and maintenance . . . . . 9
- 10 Utilities . . . . . 10
- 11 Other Expenses:

- a \_\_\_\_\_ 11a
- b \_\_\_\_\_ 11b
- c \_\_\_\_\_ 11c
- d \_\_\_\_\_ 11d
- e \_\_\_\_\_ 11e

Current Year Amount	Prior Year Amount




#### Business Allocation:

- Business 1: \_\_\_\_\_
- Business 2: \_\_\_\_\_
- Business 3: \_\_\_\_\_
- Business 4: \_\_\_\_\_

Current Year Allocation %	Prior Year Allocation %

#### Business:

#### Additional expenses related to business portion only (Direct)

- 12 Casualty losses . . . . . 12
- 13 Excess mortgage interest . . . . . 13
- 14 Insurance . . . . . 14
- 15 Rent . . . . . 15
- 16 Repairs and maintenance . . . . . 16
- 17 Utilities . . . . . 17
- 18 Other Expenses:

- a \_\_\_\_\_ 18a
- b \_\_\_\_\_ 18b
- c \_\_\_\_\_ 18c
- d \_\_\_\_\_ 18d
- e \_\_\_\_\_ 18e

Current Year Amount	Prior Year Amount


Name \_\_\_\_\_

SSN \_\_\_\_\_

### Real Estate Rentals and Royalties

Property Description \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Foreign Country \_\_\_\_\_

Foreign Province/State \_\_\_\_\_ Postal Code \_\_\_\_\_

	Current Year Info	Prior Year Info
<b>1a</b> Owner of property (Enter Filer, Spouse, or Joint) . . . . .		
<b>1b</b> Enter property type number (1 to 8) . . . . .	<input type="text"/>	<input type="text"/>
(1) Single-Family Residence (2) Multi-Family Residence (3) Vacation/Short-Term Rental (4) Commercial (5) Land (6) Royalties (7) Self-Rental (8) Other		
<b>2</b> Enter "X" if you actively participated? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>3</b> Enter "X" if property was used for personal use by you or your family for more than 14 days or 10% of the total days rented? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>3a</b> If entered ("X"), enter the number of days of personal use? . . . . .	<input type="text"/>	<input type="text"/>
<b>3b</b> If entered ("X"), enter the number of days rented? . . . . .	<input type="text"/>	<input type="text"/>

Income	Current Year Amounts	Prior Year Amounts
<b>4</b> Royalty received . . . . .		
<b>5</b> Rent received . . . . .		
<b>a</b> If rental real estate, enter the percent of ownership if less than 100% . . . . .		
<b>b</b> Rental use percentage for property used partially for personal use only . . . . .		
<b>6</b> Other Income . . . . .		

Property Expense	Current Year Amounts	Prior Year Amounts
<b>7</b> Advertising . . . . .		
<b>8</b> Cleaning and maintenance . . . . .		
<b>9</b> Commissions . . . . .		
<b>10</b> Insurance . . . . .		
<b>11</b> Legal and other professional fees . . . . .		
<b>12</b> Management fees . . . . .		
<b>13 a</b> Qualified mortgage interest paid to banks, etc. . . . .		
<b>b</b> Other mortgage interest paid to banks, etc. . . . .		
<b>14</b> Other interest . . . . .		
<b>15</b> Repairs . . . . .		
<b>16</b> Supplies . . . . .		
<b>17 a</b> Real estate taxes . . . . .		
<b>b</b> Other Taxes . . . . .		
<b>18</b> Utilities . . . . .		

Assets Placed in Service This Year	Date Placed In Service	Purchase Amount
Description: <b>A</b> _____		
<b>B</b> _____		
<b>C</b> _____		
<b>D</b> _____		
<b>E</b> _____		
<b>F</b> _____		
<b>G</b> _____		



Name \_\_\_\_\_

SSN \_\_\_\_\_

Property \_\_\_\_\_

### Other Expenses (Schedule E)

**Other Expenses:**

19 \_\_\_\_\_  
20 \_\_\_\_\_  
21 \_\_\_\_\_  
22 \_\_\_\_\_  
23 \_\_\_\_\_  
24 \_\_\_\_\_  
25 \_\_\_\_\_  
26 \_\_\_\_\_

	Current Year	Prior Year
19		
20		
21		
22		
23		
24		
25		
26		

**Travel Expenses:**

27 \_\_\_\_\_  
28 \_\_\_\_\_  
29 \_\_\_\_\_  
30 \_\_\_\_\_  
31 \_\_\_\_\_  
32 \_\_\_\_\_  
33 \_\_\_\_\_  
34 \_\_\_\_\_

	Current Year	Prior Year
27		
28		
29		
30		
31		
32		
33		
34		

**Meals and Entertainment Expenses:**

35 \_\_\_\_\_  
36 \_\_\_\_\_  
37 \_\_\_\_\_  
38 \_\_\_\_\_  
39 \_\_\_\_\_  
40 \_\_\_\_\_  
41 \_\_\_\_\_  
42 \_\_\_\_\_

	Current Year	Prior Year
35		
36		
37		
38		
39		
40		
41		
42		

Name \_\_\_\_\_

SSN \_\_\_\_\_

Property \_\_\_\_\_

**Vehicle Information (Schedule E)**

		Vehicle -		Vehicle -	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1	Date vehicle was placed in service . . . . . 1				
2	Cost of vehicle . . . . . 2				
3	Total miles driven for the year . . . . . 3				
4	Business miles driven during the year . . . . . 4				
5	Commuting miles included on line 3 . . . . . 5				
6	Parking fees and tolls . . . . . 6				
7	Vehicle Interest . . . . . 7				
8	Vehicle Personal Property tax . . . . . 8				
<b>Actual Expenses</b>					
9	Gasoline, oil and repairs . . . . . 9				
10	Vehicle Insurance . . . . . 10				
11	Vehicle registration fees . . . . . 11				
12	Vehicle lease or rental . . . . . 12				
13	_____ 13				

		Vehicle -		Vehicle -	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1	Date vehicle was placed in service . . . . . 1				
2	Cost of vehicle . . . . . 2				
3	Total miles driven for the year . . . . . 3				
4	Business miles driven during the year . . . . . 4				
5	Commuting miles included on line 3 . . . . . 5				
6	Parking fees and tolls . . . . . 6				
7	Vehicle Interest . . . . . 7				
8	Vehicle Personal Property tax . . . . . 8				
<b>Actual Expenses</b>					
9	Gasoline, oil and repairs . . . . . 9				
10	Vehicle Insurance . . . . . 10				
11	Vehicle registration fees . . . . . 11				
12	Vehicle lease or rental . . . . . 12				
13	_____ 13				

Name \_\_\_\_\_

SSN \_\_\_\_\_

### K-1 Income

Please provide copies of all Schedule K-1s, or other statements, reporting income from partnerships, S corporations, or estates and trusts.

\* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

\*F/S/J Entity Name

*F/S/J	Entity Name
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	
21	
22	
23	
24	
25	
26	
27	
28	
29	
30	
31	
32	
33	
34	
35	
36	
37	
38	
39	
40	
41	
42	
43	

Enter "S" if K1 (1120S)  
Enter "P" if K1 (1065)  
Enter "E" if K1 (1041)

		Unreimbursed Partnership Exp. Current Year
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		
21		
22		
23		
24		
25		
26		
27		
28		
29		
30		
31		
32		
33		
34		
35		
36		
37		
38		
39		
40		
41		
42		
43		

Name \_\_\_\_\_

SSN \_\_\_\_\_

### Social Security and Railroad Retirement

**Filer**

- 1 Enter the total amount from box 5 of all your Forms SSA-1099 . . . . . 1
- 2 Enter the total taxes withheld from box 6 of all your Forms SSA-1099 . . . . . 2
- 3 Enter the total amount from box 5 of all your Forms RRB-1099 . . . . . 3
- 4 Enter the total taxes withheld from box 10 of all your Forms RRB-1099 . . . . . 4
- 5 Enter the total amount of Medicare B Premiums withheld. . . . . 5
- 6 Enter the total amount of Medicare D Premiums withheld. . . . . 6

Current Year Amount	Prior Year Amount

**Spouse**

- 7 Enter the total amount from box 5 of all your Forms SSA-1099 . . . . . 7
- 8 Enter the total taxes withheld from box 6 of all your Forms SSA-1099 . . . . . 8
- 9 Enter the total amount from box 5 of all your Forms RRB-1099 . . . . . 9
- 10 Enter the total taxes withheld from box 10 of all your Forms RRB-1099 . . . . . 10
- 11 Enter the total amount of Medicare B Premiums withheld. . . . . 11
- 12 Enter the total amount of Medicare D Premiums withheld. . . . . 12


Name \_\_\_\_\_

SSN \_\_\_\_\_

**Miscellaneous Income**

		<b>Filer</b>				<b>Spouse</b>	
		<b>Current Year Amount</b>	<b>Prior Year Amount</b>			<b>Current Year Amount</b>	<b>Prior Year Amount</b>
1	Refund from state . . . . .			1			
2	Unemployment compensation . . . . .			2			
3	Prizes and awards . . . . .			3			
4	Scholarships and fellowships . . . . .			4			
5	Income from rental of personal property, if not in the business of renting such property . . . . .			5			
6	Net operating loss carryover (negative no.) . . . . .			6			
7	Canceled debts (1065 K-1) . . . . .			7			
8	_____			8			
9	_____			9			
10	_____			10			
11	Other income not provided for in this Organizer			11			

**Adjustments to Income**

		<b>Filer</b>				<b>Spouse</b>	
		<b>Current Year Amount</b>	<b>Prior Year Amount</b>			<b>Current Year Amount</b>	<b>Prior Year Amount</b>
1	Educator expenses . . . . .			1			
2	Certain business expenses of reservists, performing artists, and fee-basis government officials . . . . .			2			
3	Health Savings account deduction . . . . .			3			
4	Moving expenses (members of armed forces) . . . . .			4			
5	Self-employed SEP, SIMPLE, or other qualified plans . . . . .			5			
6	Self-employed health insurance deduction . . . . .			6			
7	Penalty on early withdrawal of savings . . . . .			7			
8	Alimony paid . . . . .			8			
9	IRA contribution . . . . .			9			
10	Student loan interest . . . . .			10			
11	Tuition and fees . . . . .			11			
12	Domestic production deduction . . . . .			12			

**Other Adjustments to Income**

		<b>Filer</b>				<b>Spouse</b>	
		<b>Current Year Amount</b>	<b>Prior Year Amount</b>			<b>Current Year Amount</b>	<b>Prior Year Amount</b>
1	Foreign housing deduction . . . . .			1			
2	Jury duty pay given to your employer . . . . .			2			
3	Reforestation amortization . . . . .			3			
4	Repayment of sub-pay under the Trade Act of 1974 . . . . .			4			
5	Contributions to Section 501(c)(18)(D) pension plans . . . . .			5			
6	Attorney fees and court costs paid for actions settled or decided after October 22, 2004 involving unlawful discrimination claims, but only to the extent of gross income from such actions. . . . .			6			
7	Expenses from the rental of personal property but were not in the business of renting such property . . . . .			7			
8	Contributions by chaplains to section 403(b) plans . . . . .			8			
9	Archer MSA deduction . . . . .			9			
10	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations, up to the amount of the award includible in your gross income . . . . .			10			
11	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money . . . . .			11			
12	_____			12			
13	_____			13			



Name \_\_\_\_\_

SSN \_\_\_\_\_

### IRA and Other Contribution Information

#### Traditional IRA Contributions

**Filer**

- 1 Enter total traditional IRA contributions made for 2018 . . . . . 1
- 2 Enter contributions, on line 1, made after 12/31/2018 and before 04/15/2019 . . . . . 2
- 3 Enter value of all traditional IRAs on 12/31/2018 . . . . . 3
- 4 Enter amount of any outstanding traditional rollovers as of 1/1/2019 . . . . . 4

Current Year Amount	Prior Year Amount

**Spouse**

- 5 Enter total traditional IRA contributions made for 2018 . . . . . 5
- 6 Enter contributions, on line 5, made after 12/31/2018 and before 04/15/2019 . . . . . 6
- 7 Enter value of all traditional IRAs on 12/31/2018 . . . . . 7
- 8 Enter amount of any outstanding traditional rollovers as of 1/1/2019 . . . . . 8


#### Roth IRA Contributions

**Filer**

- 1 Enter 2018 Roth IRA contributions . . . . . 1
- 2 Enter value of all Roth IRAs on 12/31/2018 . . . . . 2

Current Year Amount	Prior Year Amount

**Spouse**

- 3 Enter 2018 Roth IRA contributions . . . . . 3
- 4 Enter value of all Roth IRAs on 12/31/2018 . . . . . 4


#### SIMPLE IRA

**Filer**

- 1 Enter value of all SIMPLE IRAs on 12/31/2018 . . . . . 1

Current Year Amount	Prior Year Amount

**Spouse**

- 2 Enter value of all SIMPLE IRAs on 12/31/2018 . . . . . 2

--	--

#### Education (Coverdell ESA)

**Filer**

- 1 Enter 2018 Coverdell ESA contributions . . . . . 1
- 2 Enter value of the Coverdell ESA on 12/31/2018 . . . . . 2

Current Year Amount	Prior Year Amount

**Spouse**

- 3 Enter 2018 Coverdell ESA contributions . . . . . 3
- 4 Enter value of the Coverdell ESA on 12/31/2018 . . . . . 4


#### Other

**Filer**

- 1 Repayment of qualified reservist distributions . . . . . 1

Current Year Amount	Prior Year Amount

**Spouse**

- 2 Repayment of qualified reservist distributions . . . . . 2

--	--

Name \_\_\_\_\_

SSN \_\_\_\_\_

### Medical and Dental - Itemized Deductions

	Current Year Amount	Prior Year Amount
1 Prescription medications . . . . .		
2 Fees for doctors, dentists, etc. . . . .		
3 Fees for hospitals, clinics, etc. . . . .		
4 Lab and X-ray fees . . . . .		
5 Medical aids such as glasses, contacts, hearing aids, wheelchair, etc. . . . .		
6 Medical equipment and supplies . . . . .		
7 Medical mileage (number of miles driven)		
8 Medical parking, tolls and local transportation . . . . .		
9 Lodging for medical purposes (up to \$50 per night per person) . . . . .		
10 Health/Dental/Other ins. premiums (do not include self-employed plans) . . . .		
11 Long Term Care insurance premiums (taxpayer) . . . . .		
12 Long Term Care insurance premiums (spouse) . . . . .		
13 Expenses to stop smoking . . . . .		
14 Health insurance premiums - coverage established under your business (1) . . .		
15 Health insurance premiums - coverage established under your business (2) . . .		
16 Long Term Care insurance premiums - coverage est. under your business (1) .		
17 Long Term Care insurance premiums - coverage est. under your business (2) .		
18 _____		
19 _____		
20 _____		
21 _____		
22 Insurance reimbursement for any medical and dental expense listed above		

- 1 Prescription medications . . . . . 1
- 2 Fees for doctors, dentists, etc. . . . . 2
- 3 Fees for hospitals, clinics, etc. . . . . 3
- 4 Lab and X-ray fees . . . . . 4
- 5 Medical aids such as glasses, contacts, hearing aids, wheelchair, etc. . . . . 5
- 6 Medical equipment and supplies . . . . . 6
- 7 Medical mileage (number of miles driven) 7
- 8 Medical parking, tolls and local transportation . . . . . 8
- 9 Lodging for medical purposes (up to \$50 per night per person) . . . . . 9
- 10 Health/Dental/Other ins. premiums (do not include self-employed plans) . . . . 10
- 11 Long Term Care insurance premiums (taxpayer) . . . . . 11
- 12 Long Term Care insurance premiums (spouse) . . . . . 12
- 13 Expenses to stop smoking . . . . . 13
- 14 Health insurance premiums - coverage established under your business (1) . . . 14
- 15 Health insurance premiums - coverage established under your business (2) . . . 15
- 16 Long Term Care insurance premiums - coverage est. under your business (1) . 16
- 17 Long Term Care insurance premiums - coverage est. under your business (2) . 17
- 18 \_\_\_\_\_ 18
- 19 \_\_\_\_\_ 19
- 20 \_\_\_\_\_ 20
- 21 \_\_\_\_\_ 21
- 22 Insurance reimbursement for any medical and dental expense listed above 22





Name \_\_\_\_\_

SSN \_\_\_\_\_

**Interest - Itemized Deductions**

**Home Mortgage Interest and Points Reported on Form 1098**

47 Lender \_\_\_\_\_ 47  
48 Lender \_\_\_\_\_ 48  
49 Lender \_\_\_\_\_ 49  
50 Lender \_\_\_\_\_ 50

Current Year Amount	Prior Year Amount

**Home Mortgage Interest Not Reported on Form 1098**

51 Name: \_\_\_\_\_ 51  
Address: \_\_\_\_\_  
SSN: \_\_\_\_\_

--	--

52 Mortgage insurance premiums paid on 2018 acquisition indebtedness for principal residence . . . . . 52

--	--

**Refinancing Points**

53 Description . . . . . 53  
Points paid . . . . .  
Date of loan . . . . .  
Total number of scheduled loan payments . . . . .  
Number of payments made in 2018 . . . . .  
54 Description . . . . . 54  
Points paid . . . . .  
Date of loan . . . . .  
Total number of scheduled loan payments . . . . .  
Number of payments made in 2018 . . . . .  
55 Description . . . . . 55  
Points paid . . . . .  
Date of loan . . . . .  
Total number of scheduled loan payments . . . . .  
Number of payments made in 2018 . . . . .  
56 Description . . . . . 56  
Points paid . . . . .  
Date of loan . . . . .  
Total number of scheduled loan payments . . . . .  
Number of payments made in 2018 . . . . .


57 Investment interest paid . . . . . 57

--	--

Name \_\_\_\_\_

SSN \_\_\_\_\_

### Unreimbursed Employee Expenses - Itemized Deductions

List car, truck, transportation, meals and entertainment expenses on Employee Expenses tab

**(Not allowed for current year)**

		Filer		Spouse	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
58	Union and professional dues . . . . .	58			
59	Professional subscriptions . . . . .	59			
60	Uniform and protective clothing . . . . .	60			
61	Job search costs . . . . .	61			
62	_____	62			
63	_____	63			
64	_____	64			
65	_____	65			
66	_____	66			
67	_____	67			

### Certain Miscellaneous Deductions - Itemized Deductions

**(Not allowed for current year)**

		If investment related enter "X"	Current Year Amount	Prior Year Amount
68	Tax preparation fees . . . . .	68		
69	Certain attorney and accounting fees . . . . .	69		
70	Safe deposit box rental . . . . .	70		
71	IRA Custodial fees . . . . .	71		
72	Investment counsel and advisory fees . . . . .	72		
73	Losses on deposits in insolvent or bankrupt financial institutions . . . . .	73		
74	Convenience fees paid with credit or debit card for federal taxes in 2018 . . . . .	74		
75	_____	75		
76	_____	76		
77	_____	77		
78	_____	78		
79	_____	79		
80	_____	80		
81	_____	81		
82	_____	82		
83	_____	83		
84	_____	84		

### Other Miscellaneous Deductions

85	Federal estate tax on income in respect of a decedent . . . . .	85		
86	Amortizable bond premiums on bonds acquired before 10/23/86 . . . . .	86		
87	Gambling losses (if gambling income) . . . . .	87		
88	Repayment of income . . . . .	88		
89	From K1 Input Worksheet (1065 & 1120S) - Portfolio deduction . . . . .	89		
90	Certain unrecovered investment in a pension . . . . .	90		
91	_____	91		
92	_____	92		
93	_____	93		
94	_____	94		
95	_____	95		
96	_____	96		



Name \_\_\_\_\_

SSN \_\_\_\_\_

**Noncash Charitable Contributions (Total of Contributions more than \$500)**

**Information on Donated Property**

(a) Name and Address of the Donee Organization		(b) Description of Donated Property
<b>1</b>	Name Address City State Zip Code	
<b>2</b>	Name Address City State Zip Code	
<b>3</b>	Name Address City State Zip Code	
<b>4</b>	Name Address City State Zip Code	
<b>5</b>	Name Address City State Zip Code	

Note: If the fair market value for an item is \$500 or less, you do not have to complete columns (d), (e), and (f).

	(c) Date of the Contribution	(d) Date Acquired mm/dd/yyyy	(e) How Acquired	(f) Cost or Adjusted Basis	(g) Fair Market Value F. M. V.	(h) Method Used to Determine the F. M. V.
<b>1</b>						
<b>2</b>						
<b>3</b>						
<b>4</b>						
<b>5</b>						

Name \_\_\_\_\_

SSN \_\_\_\_\_

### Unreimbursed Employee Business Expenses - Short Form

Enter "X" in one box:  Filer  Spouse

Occupation in which you incurred these expenses \_\_\_\_\_

Enter "X" if expenses incurred while working as a reservist, performing artist or fee-based gov't official

**IMPORTANT: Per TCJA updates beginning with tax year 2018, only reservists, performing artists, and fee-basis gov't officials can deduct the following business expenses on the federal return. All others, enter information below for certain applicable states that allow the deduction(s).**

		Current Year Amount	Prior Year Amount
<b>Meals and Entertainment</b>			
1	Meals and entertainment expenses . . . . .		
2	Enter "X" in the box if subject to DOT hours of service limits . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other Expenses</b>			
3	Parking fees, tolls, and transportation, including train, bus, etc., that DID NOT involve overnight travel or commuting to and from work . . . . .		
4	Travel expense while away from home overnight, including lodging, airplane, car rental, etc. DO NOT include meals and entertainment . . . . .		
5	_____		
6	_____		
7	_____		
8	_____		
9	_____		

Name \_\_\_\_\_

SSN \_\_\_\_\_

Occupation in which you incurred these expenses \_\_\_\_\_

**Vehicle Information - Unreimbursed Employee Business Expenses - Short Form**

		Vehicle -		Vehicle -	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1	Date vehicle was placed in service . . . . .	1			
2	Cost of vehicle . . . . .	2			
3	Total miles driven for the year . . . . .	3			
4	Business miles driven during the year . . . . .	4			
5	Commuting miles included on line 3 . . . . .	5			
6	Parking fees and tolls . . . . .	6			
7	Vehicle Interest . . . . .	7			
8	Vehicle Personal Property tax . . . . .	8			
<b>Actual Expenses</b>					
9	Gasoline, oil and repairs . . . . .	9			
10	Vehicle Insurance . . . . .	10			
11	Vehicle registration fees . . . . .	11			
12	Vehicle lease or rental . . . . .	12			
13	_____	13			

		Vehicle -		Vehicle -	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1	Date vehicle was placed in service . . . . .	1			
2	Cost of vehicle . . . . .	2			
3	Total miles driven for the year . . . . .	3			
4	Business miles driven during the year . . . . .	4			
5	Commuting miles included on line 3 . . . . .	5			
6	Parking fees and tolls . . . . .	6			
7	Vehicle Interest . . . . .	7			
8	Vehicle Personal Property tax . . . . .	8			
<b>Actual Expenses</b>					
9	Gasoline, oil and repairs . . . . .	9			
10	Vehicle Insurance . . . . .	10			
11	Vehicle registration fees . . . . .	11			
12	Vehicle lease or rental . . . . .	12			
13	_____	13			

Name \_\_\_\_\_

SSN \_\_\_\_\_

### Child and Dependent Care Expenses

- 1 Amount of dependent care benefits forfeited . . . . . **1** \_\_\_\_\_
- 2 Amount of dependent care expenses incurred in 2017 and paid in 2018 . . . . . **2** \_\_\_\_\_

**Note:** Enter qualified expenses for dependents on the Organizer dependent sheet.

#### Filer and/or Spouse Who Is a Student or Disabled

Check one box for each month or partial month that the filer or spouse was a full-time student or disabled.

		Filer's earned income for each month	Spouse's earned income for each month
Filer	Spouse	Filer	Spouse
<input type="checkbox"/>	<input type="checkbox"/>	January . . . . .	_____
<input type="checkbox"/>	<input type="checkbox"/>	February . . . . .	_____
<input type="checkbox"/>	<input type="checkbox"/>	March . . . . .	_____
<input type="checkbox"/>	<input type="checkbox"/>	April . . . . .	_____
<input type="checkbox"/>	<input type="checkbox"/>	May . . . . .	_____
<input type="checkbox"/>	<input type="checkbox"/>	June . . . . .	_____
<input type="checkbox"/>	<input type="checkbox"/>	July . . . . .	_____
<input type="checkbox"/>	<input type="checkbox"/>	August . . . . .	_____
<input type="checkbox"/>	<input type="checkbox"/>	September . . . . .	_____
<input type="checkbox"/>	<input type="checkbox"/>	October . . . . .	_____
<input type="checkbox"/>	<input type="checkbox"/>	November . . . . .	_____
<input type="checkbox"/>	<input type="checkbox"/>	December . . . . .	_____

#### Non-Dependent Information and Qualifying Expenses

	First Name	Last Name	Birthdate	SSN	Amount incurred and paid in 2018
1	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____

#### Persons or Organizations Who Provided the Care

	Name	Address	SSN/EIN	Amount incurred and paid in 2018
1	First: _____	City: _____ State: _____ Zip: _____	SSN: _____	
	Last: _____		EIN: _____	
	Business: _____			
2	First: _____	City: _____ State: _____ Zip: _____	SSN: _____	
	Last: _____		EIN: _____	
	Business: _____			
3	First: _____	City: _____ State: _____ Zip: _____	SSN: _____	
	Last: _____		EIN: _____	
	Business: _____			
4	First: _____	City: _____ State: _____ Zip: _____	SSN: _____	
	Last: _____		EIN: _____	
	Business: _____			
5	First: _____	City: _____ State: _____ Zip: _____	SSN: _____	
	Last: _____		EIN: _____	
	Business: _____			