

Name

Date

Your Name _____

Address _____

Preparer's Name _____

(subject to terms and conditions)

Name

Date

Your Name _____

Address _____

Preparer's Name _____

(subject to terms and conditions)

Name

Date

Your Name _____

Address _____

Preparer's Name _____

(subject to terms and conditions)

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? 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 Summary Organizer Personal and Dependent Information

Personal Information

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

Marital Status at end of 2018

<input type="checkbox"/> Married <input type="checkbox"/> Married filing separately <input type="checkbox"/> Single <input type="checkbox"/> Widow(er) <small>If spouse died in 2018 enter the date of death _____</small>	Are you blind? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you a full-time student? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you want \$3 to go to the Presidential Election Campaign Fund? <input type="checkbox"/> Yes <input type="checkbox"/> No	Taxpayer <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Spouse <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
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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 for taxpayer and spouse (for preparer use)

PRIMARY TAXPAYER

	All	_Year_	_January_	_February_	_March_	_April_	_May_	_June_	_July_	_August_	_September_	_October_	_November_	_December_
Insured through Marketplace (Exchange). MUST provide 1095-A														
Had health care coverage from another source														
Was exempt from health care mandate. Has Exemption Certificate Number? If yes, provide number.														
Employer offered health coverage which was declined														
If YES, what would be the cost for SELF coverage?														
If YES, what would be the cost for FAMILY coverage?														
Would the FAMILY policy have covered the spouse?														

SPOUSE

	All	_Year_	_January_	_February_	_March_	_April_	_May_	_June_	_July_	_August_	_September_	_October_	_November_	_December_
Insured through Marketplace (Exchange). MUST provide 1095-A														
Had health care coverage from another source														
Was exempt from health care mandate. Has Exemption Certificate Number? If yes, provide number.														
Employer offered health coverage which was declined														
If YES, what would be the cost for SELF coverage?														
If YES, what would be the cost for FAMILY coverage?														
Would the FAMILY policy have covered the spouse?														

Healthcare Coverage Questionnaire for Dependents (for preparer use)

All Year January February March April May June July August September October November December

Insured through Marketplace (Exchange). MUST provide 1095-A																				
Had health care coverage from another source																				
Was exempt from health care mandate. Has Exemption Certificate Number? If yes, provide number.																				
Required to file a return?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	AGI of that return?																	

Insured through Marketplace (Exchange). MUST provide 1095-A																				
Had health care coverage from another source																				
Was exempt from health care mandate. Has Exemption Certificate Number? If yes, provide number.																				
Required to file a return?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	AGI of that return?																	

Insured through Marketplace (Exchange). MUST provide 1095-A																				
Had health care coverage from another source																				
Was exempt from health care mandate. Has Exemption Certificate Number? If yes, provide number.																				
Required to file a return?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	AGI of that return?																	

Child and Dependent Care

Name: _____

SSN: _____

Child Care Provider's Information

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

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

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

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

Wages and Salaries

Name: _____

SSN: _____

Provide all copies of Form W-2

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

	2018	2017		2018	2017
Wages, tips, other compensation _____			State _____ State I.D. _____		
Federal income tax withheld _____			State wages _____		
Social Security wages _____			State income tax _____		
Social Security tax withheld _____			Locality name _____		
Medicare wages and tips _____			Local wages _____		
Medicare tax withheld _____			Local income tax _____		
Social Security tips _____			State _____ State I.D. _____		
Allocated tips _____			State wages _____		
Dependent care benefits _____			State income tax _____		
			Locality name _____		
Are you a statutory employee? _____			Local wages _____		
Are you covered by a retirement plan? _____			Local income tax _____		
Did you receive third-party sick pay? _____					

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

	2018	2017		2018	2017
Wages, tips, other compensation _____			State _____ State I.D. _____		
Federal income tax withheld _____			State wages _____		
Social Security wages _____			State income tax _____		
Social Security tax withheld _____			Locality name _____		
Medicare wages and tips _____			Local wages _____		
Medicare tax withheld _____			Local income tax _____		
Social Security tips _____			State _____ State I.D. _____		
Allocated tips _____			State wages _____		
Dependent care benefits _____			State income tax _____		
			Locality name _____		
Are you a statutory employee? _____			Local wages _____		
Are you covered by a retirement plan? _____			Local income tax _____		
Did you receive third-party sick pay? _____					

Schedule C - Profit or Loss from Business

Name: _____

SSN: _____

General Business Information

TS _____ Principal business product or profession _____ Business code _____

Employer I.D. number _____

Business name _____

Business address _____

City _____

U.S. only State, ZIP _____

Foreign only Province/State, Country, Postal code _____

Accounting method, if not cash Accrual Other _____

Inventory method, if not cost Lower of cost or market Other

Change of inventory method Yes No

You started or acquired this business during 2018

Some investment is NOT at risk

You disposed of this property during 2018

Did you make any payments in 2018 that would require you to file Form(s) 1099? Yes No

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

Other Information

	2018	2017
Family health coverage	_____	_____

Income

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

Cost of Goods Sold

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

Casualties and Thefts

Name:

SSN:

[Redacted area]

FEMA code _____

Description of property _____

Location of property _____

Was property Personal Business Income-producing Employee income-producing

Date acquired _____ Fair market value before incident _____

Cost or other basis _____ Fair market value after incident _____

Insurance or other reimbursement (whether or not you filed a claim) _____ Date of incident _____

Theft Loss Deduction for Ponzi-Type Investment Scheme

Part I Computation of Deduction

Initial investment _____ Percentage of qualified investment _____

Subsequent investments _____ Actual recovery _____

Income reported in prior years _____ Potential insurance / SIPC recovery _____

Withdrawals _____

Part II Required Statements and Declarations

Information about the person or entity that conducted fraudulent arrangements

Name _____ SSN/EIN _____

Address _____

City _____ State _____ ZIP _____

FEMA code _____

Description of property _____

Location of property _____

Was property Personal Business Income-producing Employee income-producing

Date acquired _____ Fair market value before incident _____

Cost or other basis _____ Fair market value after incident _____

Insurance or other reimbursement (whether or not you filed a claim) _____ Date of incident _____

Theft Loss Deduction for Ponzi-Type Investment Scheme

Part I Computation of Deduction

Initial investment _____ Percentage of qualified investment _____

Subsequent investments _____ Actual recovery _____

Income reported in prior years _____ Potential insurance / SIPC recovery _____

Withdrawals _____

Part II Required Statements and Declarations

Information about the person or entity that conducted fraudulent arrangements

Name _____ SSN/EIN _____

Address _____

City _____ State _____ ZIP _____

Installment Sale Income

Name: _____

SSN: _____

TSJ _____ Description of property: _____

Date acquired _____ Date sold _____

	2018	Prior years
Selling price	_____	
Mortgages assumed	_____	
Cost of property sold	_____	
Depreciation allowed	_____	
Commissions and expense of sale	_____	
Gross profit percentage	_____	
Interest received	_____	
Principal payments received	_____	

TSJ _____ Description of property: _____

Date acquired _____ Date sold _____

	2018	Prior years
Selling price	_____	
Mortgages assumed	_____	
Cost of property sold	_____	
Depreciation allowed	_____	
Commissions and expense of sale	_____	
Gross profit percentage	_____	
Interest received	_____	
Principal payments received	_____	

TSJ _____ Description of property: _____

Date acquired _____ Date sold _____

	2018	Prior years
Selling price	_____	
Mortgages assumed	_____	
Cost of property sold	_____	
Depreciation allowed	_____	
Commissions and expense of sale	_____	
Gross profit percentage	_____	
Interest received	_____	
Principal payments received	_____	

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

- | | | | |
|--|---|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Single family residence | <input type="checkbox"/> Vacation / short-term rental | <input type="checkbox"/> Land | <input type="checkbox"/> Self-rental |
| <input type="checkbox"/> Multi-family residence | <input type="checkbox"/> Commercial | <input type="checkbox"/> Royalties | <input type="checkbox"/> 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, what percentage did you occupy _____

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

Income

	2018	2017		2018	2017
Rent Income			Royalties from oil, gas, mineral, copyright or patent		
Rental income from Form(s) 1099-MISC _____			Royalties from Form 1099(s)-MISC _____		

Expenses

	Rental unit expenses		Rental and 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. 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.
Auto & travel				
Cleaning & maintenance				
Commissions				
Depletion				
Insurance				
Legal & professional fees				
Management fees				
Interest - mortgage				
Interest - other				
Repairs				
Supplies				
Taxes				
Utilities				
Other expenses (list)				

Form 1099-G Unemployment Compensation

Name:

SSN:

Provide all copies of Form 1099-G

TSJ _____ Payer's Federal I.D. Number: _____

Payer's name: _____

Payer's address: _____

City: _____

U.S. only State, ZIP: _____

Foreign only Province/State, Country, Postal code: _____

Payer's phone: _____ Account number: _____

	2018	2017		2018	2017
Unemployment compensation	_____	_____	<input type="checkbox"/> Trade/business		
Unemployment compensation repaid in current year	_____	_____	Market gain	_____	_____
State/local tax refunds/credits	_____	_____	State _____ State I.D. _____		
Tax year	_____	_____	State unemployment	_____	_____
Federal tax withheld	_____	_____	State withholding	_____	_____
RTAA payments	_____	_____	<input type="checkbox"/> Unemployment benefits are from railroad		
Taxable grants	_____	_____			
Agriculture	_____	_____			

TSJ _____ Payer's Federal I.D. Number: _____

Payer's name: _____

Payer's address: _____

City: _____

U.S. only State, ZIP: _____

Foreign only Province/State, Country, Postal code: _____

Payer's phone: _____ Account number: _____

	2018	2017		2018	2017
Unemployment compensation	_____	_____	<input type="checkbox"/> Trade/business		
Unemployment compensation repaid in current year	_____	_____	Market gain	_____	_____
State/local tax refunds/credits	_____	_____	State _____ State I.D. _____		
Tax year	_____	_____	State unemployment	_____	_____
Federal tax withheld	_____	_____	State withholding	_____	_____
RTAA payments	_____	_____	<input type="checkbox"/> Unemployment benefits are from railroad		
Taxable grants	_____	_____			
Agriculture	_____	_____			

Form 1099-MISC

Name: _____

SSN: _____

Provide all copies of Form 1099-MISC

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

Payer's name: _____

Address: _____

	2018	2017		2018	2017
Rents	_____	_____	State _____ State I.D. _____	_____	_____
Royalties	_____	_____	State tax withheld	_____	_____
Other income	_____	_____	State income	_____	_____
Description _____			Name of locality _____		
Federal tax withheld	_____	_____	Local tax withheld	_____	_____
Fishing boat proceeds	_____	_____	Local income	_____	_____
Medical and health care payments	_____	_____	State _____ State I.D. _____	_____	_____
Non-employee compensation	_____	_____	State tax withheld	_____	_____
Substitute payments	_____	_____	State income	_____	_____
<input type="checkbox"/> Payer made direct sales of \$5,000 or more of consumer products			Name of locality _____		
Crop insurance proceeds	_____	_____	Local tax withheld	_____	_____
Excess golden parachute	_____	_____	Local income	_____	_____
Gross attorney proceeds	_____	_____			
Taxable Proceeds	_____	_____			
Section 409A deferrals	_____	_____			
Section 409A income	_____	_____			

Pension, Annuities, Retirement, Etc. Distributions

Name: _____

SSN: _____

Provide all Form(s) 1099-R, Form(s) 1099-SSA, etc.

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

Address: _____

	2018	2017	2018	2017
			State _____ State I.D. _____	
Disability indicator	<input type="checkbox"/>	<input type="checkbox"/>	State income tax withheld	
Report as wages on 1040	<input type="checkbox"/>	<input type="checkbox"/>	State distribution	
Gross distribution			Name of locality _____	
Taxable amount			Local income tax withheld	
Total distribution	<input type="checkbox"/>		Local distribution	
Capital gain			State _____ State I.D. _____	
Federal income tax withheld			State income tax withheld	
Employee contributions or insurance premiums			State distribution	
Distribution code(s)			Name of locality _____	
IRA/SEP/SIMPLE	<input type="checkbox"/>	<input type="checkbox"/>	Local income tax withheld	
Your percentage of total distribution _____			Local distribution	

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

Address: _____

	2018	2017	2018	2017
			State _____ State I.D. _____	
Disability indicator	<input type="checkbox"/>	<input type="checkbox"/>	State income tax withheld	
Report as wages on 1040	<input type="checkbox"/>	<input type="checkbox"/>	State distribution	
Gross distribution			Name of locality _____	
Taxable amount			Local income tax withheld	
Total distribution	<input type="checkbox"/>		Local distribution	
Capital gain			State _____ State I.D. _____	
Federal income tax withheld			State income tax withheld	
Employee contributions or insurance premiums			State distribution	
Distribution code(s)			Name of locality _____	
IRA/SEP/SIMPLE	<input type="checkbox"/>	<input type="checkbox"/>	Local income tax withheld	
Your percentage of total distribution _____			Local distribution	

Social Security Benefit Statement

TS _____	2018	2017	TS _____	2018	2017
Net benefits			Net benefits		
Medicare premiums			Medicare premiums		
Income tax withheld			Income tax withheld		

Adjustments

Name: _____

SSN: _____

Moving Expenses

TSJ _____

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

2018

2017

Enter the number of miles from your OLD home to your NEW workplace		
Enter the number of miles from your OLD home to your OLD workplace		
Enter the amount you paid for transportation and storage of household goods and personal effects		
Enter the amount you paid for travel and lodging expenses incurred during the move (do NOT include meals)		
Enter the amount of moving expenses reimbursed to you by your employer		

Self-Employed Health Insurance

TSJ _____

2018

2017

Enter the qualified long term care amount		
Enter your Medicare wages from an S corporation		

Self-Employed Pensions

TSJ _____

2018

2017

Enter your plan contribution rate as a decimal		
Enter your allowable elective deferrals made during 2018		
Enter your catch-up contributions		
Enter the amount of designated ROTH contributions included above		

Nondeductible IRAs

TS _____

2018

2017

Total traditional IRA contributions made for 2018		
Total basis in traditional IRAs as of 12/31/2018		
Distributions you received from traditional, SEP, and Simple IRAs. (Do not include rollovers)		
Amount of traditional IRAs converted to ROTH IRAs		
IRA basis before conversion		
Total ROTH IRA contributions made for 2018		

Health Savings Account

TSJ _____

2018

2017

HSA contributions made for 2018		
Total distributions from all HSAs during 2018		
Distributions included above that were rolled over into another account		
Qualified medical expenses paid using HSA distributions		

Noncash Charitable Contributions

Name: _____

SSN: _____

TSJ _____ Donee I.D. _____

Name of donee organization _____

Address of donee organization _____

City _____

U.S. only State, ZIP _____

Foreign only Province/State, Country, Postal code _____

Description of donated property _____ Donor's cost or adjusted basis _____

Valuation method used _____ Fair market value _____

Physical condition of donated property _____ Average security price _____

How was it acquired? _____ Bargain sale price _____

Date acquired _____ Capital gain property

Date contributed _____

Property type (if over \$5,000) Donated property is publicly traded security

- | | | |
|--|--|--|
| <input type="checkbox"/> Art valued more than \$20,000 | <input type="checkbox"/> Equipment | <input type="checkbox"/> Collectibles |
| <input type="checkbox"/> Qualified conservation - qualified farmer/rancher | <input type="checkbox"/> Art valued less than \$20,000 | <input type="checkbox"/> Intellectual Property |
| <input type="checkbox"/> Qualified conservation - non-qualified farmer/rancher | <input type="checkbox"/> Other real estate | <input type="checkbox"/> Vehicles |
| <input type="checkbox"/> Qualified conservation | <input type="checkbox"/> Securities | <input type="checkbox"/> Other |

TSJ _____ Donee I.D. _____

Name of donee organization _____

Address of donee organization _____

City _____

U.S. only State, ZIP _____

Foreign only Province/State, Country, Postal code _____

Description of donated property _____ Donor's cost or adjusted basis _____

Valuation method used _____ Fair market value _____

Physical condition of donated property _____ Average security price _____

How was it acquired? _____ Bargain sale price _____

Date acquired _____ Capital gain property

Date contributed _____

Property type (if over \$5,000) Donated property is publicly traded security

- | | | |
|--|--|--|
| <input type="checkbox"/> Art valued more than \$20,000 | <input type="checkbox"/> Equipment | <input type="checkbox"/> Collectibles |
| <input type="checkbox"/> Qualified conservation - qualified farmer/rancher | <input type="checkbox"/> Art valued less than \$20,000 | <input type="checkbox"/> Intellectual Property |
| <input type="checkbox"/> Qualified conservation - non-qualified farmer/rancher | <input type="checkbox"/> Other real estate | <input type="checkbox"/> Vehicles |
| <input type="checkbox"/> Qualified conservation | <input type="checkbox"/> Securities | <input type="checkbox"/> Other |

Other Income and Adjustments

Name: _____

SSN: _____

Other Income

	2018 Taxpayer	2017 Taxpayer	2018 Spouse	2017 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 Taxpayer	2017 Taxpayer	2018 Spouse	2017 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: _____	_____	_____	_____	_____

Schedule A - Itemized Deductions

Name:

SSN:

Medical and Dental Expenses	
2018	2017
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 (list) _____	

Charitable Contributions	
2018	2017
Donations to charity (cash) _____	
Hurricane relief contributions _____	
Miles driven for charitable purposes _____	
Donations to charity (noncash) _____	
If noncash donations are greater than \$500, list below	

Taxes Paid	
State and local income taxes _____	
Sales tax _____	
Real estate taxes _____	
Personal property taxes _____	
Other taxes (list) _____	

Other Miscellaneous Deductions	
Amortizable bond premiums _____	
Federal estate tax _____	
Gambling losses _____	
Impairment-related work expenses _____	
Claim repayments _____	
Unrecovered pension investments _____	
Schedule K-1 _____	
Ordinary loss debt instrument _____	

Interest Paid	
Mortgage interest paid (attach Form 1098) _____	
<input type="checkbox"/> 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 _____	

Job Expenses & Certain Miscellaneous Deductions	
Necessary job expenses you paid that were not reimbursed by your employer (list)	

Tax preparation fees _____	
Other nonpersonal expenses related to taxable income (list)	

Investment expenses not entered elsewhere _____	

Mortgage Interest

Name: _____

SSN: _____

Provide all copies of Form 1098

TSJ _____ For _____ Business name _____ Product _____

Recipient/Lender information: _____ Federal ID # _____

Name _____

Address _____

	2018	2017		2018	2017
Mortgage interest received	_____	_____	Points paid	_____	_____
Outstanding mortgage principal . .	_____	_____	Real estate taxes paid	_____	_____
Mortgage insurance premiums . .	_____	_____	Account number _____		

TSJ _____ For _____ Business name _____ Product _____

Recipient/Lender information: _____ Federal ID # _____

Name _____

Address _____

	2018	2017		2018	2017
Mortgage interest received	_____	_____	Points paid	_____	_____
Outstanding mortgage principal . .	_____	_____	Real estate taxes paid	_____	_____
Mortgage insurance premiums . .	_____	_____	Account number _____		

TSJ _____ For _____ Business name _____ Product _____

Recipient/Lender information: _____ Federal ID # _____

Name _____

Address _____

	2018	2017		2018	2017
Mortgage interest received	_____	_____	Points paid	_____	_____
Outstanding mortgage principal . .	_____	_____	Real estate taxes paid	_____	_____
Mortgage insurance premiums . .	_____	_____	Account number _____		

TSJ _____ For _____ Business name _____ Product _____

Recipient/Lender information: _____ Federal ID # _____

Name _____

Address _____

	2018	2017		2018	2017
Mortgage interest received	_____	_____	Points paid	_____	_____
Outstanding mortgage principal . .	_____	_____	Real Estate taxes paid	_____	_____
Mortgage insurance premiums . .	_____	_____	Account number _____		

Employee Business Expense

Name: _____

SSN: _____

Employee Business Expense

TSJ _____ Occupation _____

- You are a qualifying 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

Part I - Employee Business Expense and Reimbursements

	2018	2017
Rural mail carrier	_____	_____
Parking fees, tolls, and local transportation, including train, bus, etc.	_____	_____
Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment	_____	_____
Other business expenses	_____	_____
Meals and entertainment expenses	_____	_____
DOT meals	_____	_____
Enter reimbursements received from your employer that were not reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 on your Form W-2 for		
Other business expenses	_____	_____
Meals and entertainment expenses	_____	_____
Portion of total expenses that is for impairment-related work expenses of disabled employee	_____	_____
Portion of total expenses that is for an Armed Forces reservist	_____	_____

Business Vehicle Expenses

	Vehicle 1		Vehicle 2	
	2018	2017	2018	2017
Enter the date vehicle was placed in service	_____	_____	_____	_____
Total miles vehicle was driven during 2018	_____	_____	_____	_____
Business miles	_____	_____	_____	_____
Average daily roundtrip commuting distance	_____	_____	_____	_____
Commuting miles included in total miles above	_____	_____	_____	_____
Taxes	_____	_____	_____	_____
Gasoline, oil, repairs, vehicle insurance, etc.	_____	_____	_____	_____
Vehicle rentals	_____	_____	_____	_____
Inclusion amount	_____	_____	_____	_____
Value of employer-provided vehicle (applies only if 100% annual lease value was included on Form W-2)	_____	_____	_____	_____
Enter cost or other basis	_____	_____	_____	_____
Enter section 179 deduction	_____	_____	_____	_____
Enter depreciation percentage	_____	_____	_____	_____

- If your employer provided a vehicle, was personal use during off duty hours permitted? Yes No
- Do you or your spouse have another vehicle available for personal use? Yes No
- Do you have evidence to support your deduction? Yes No
- If "Yes," is the evidence written? Yes No

Auto Expense Worksheet

Name: _____

SSN: _____

General Information

For _____

Business name and profession/product _____

Description _____

Date placed in service _____

Do you or your spouse have another vehicle available for personal use? Yes No

Was this vehicle available for use during off-duty hours? Yes No

Do you have evidence to support your deduction? Yes No

If "Yes," is the evidence written? Yes No

Enter the number of miles your vehicle was used for:

	2018	2017		Prior year total
a Business	_____		Business	
b Commuting	_____		Total	
c Other	_____			

Expenses

	2018	2017
Garage rent	_____	
Gas	_____	
Insurance	_____	
Licenses	_____	
Oil	_____	
Parking fees	_____	
Rental fees	_____	
Interest	_____	
Property tax	_____	
Repairs	_____	
Tires	_____	
Tolls	_____	
Lease addbacks	_____	
Other expenses (list):	Apply business %	
_____	<input type="checkbox"/>	
_____	<input type="checkbox"/>	
_____	<input type="checkbox"/>	

Expenses for Business Use of Your Home

Name: _____

SSN: _____

Business Use of Home

TSJ _____ For _____

	2018	2017
Square feet of home used exclusively for business		
Total square feet of home		

Use of Home for Daycare

	2018	2017
Area used part time for business		
Total hours used for daycare		
Total hours available		

Did you live in the home all year? Yes No

Expenses

	Office expenses		Home expenses		
	2018	2017	2018	2017	
Mortgage interest					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.
Real estate taxes					
Excess mortgage interest					
Insurance					
Rent					
Repairs & maintenance					
Utilities					
Other expenses					

Cost of Home

	2018	2017
Enter the smaller of your home's adjusted basis or its fair market value		
Does this include the value of the land? <input type="checkbox"/> Yes <input type="checkbox"/> No Value of land		
Date placed in service		
Date taken out of service		

Foreign Earned Income

Name: _____

SSN: _____

Part I - General Information

Taxpayer's foreign address

Street 1 _____

Street 2 _____

Foreign city _____

Province/State _____ Country _____ Postal code _____

Occupation _____

Employer's name _____

Employer's U.S. address

Street _____

City _____ ST _____ Zip _____

Employer's foreign address

Street 1 _____

Street 2 _____

City _____

Province/State _____ Country _____ Postal code _____

Employer is: (check any that apply)

- A foreign entity A U.S. company Self
 A foreign affiliate of a U.S. company Other (specify): _____

If you have previously filed Form 2555, enter the last year you filed Form 2555. _____

If you claimed an exclusion in an earlier year, have you ever revoked your choice? Yes No

If yes, give the type of exclusion _____ and tax year _____

Of which country are you a citizen? _____

Did you maintain a separate foreign residence for your family because of adverse living conditions at your tax home? Yes No

If yes, enter the city and country of the separate foreign residence. Also, show the number of days during your tax year that you maintained a second household at that address.

City and country	Number of days
_____	_____
_____	_____
_____	_____

List your tax homes during your tax year and dates established

Home	Date established
_____	_____
_____	_____
_____	_____

Foreign Earned Income

Name:

SSN:

Part II - Bona Fide Residence Test

Date bona fide residence began _____, ended _____

Type of living quarters in foreign country
Purchased house
Rented house or apartment
Rented room
Quarters furnished by employer

Did any of your family live with you abroad during any part of the tax year? Yes No

If yes, who and for what period Relationship For what period

Have you submitted a statement to the authorities of the foreign country where you claim bona fide residence that you are not a resident of that country? Yes No

Are you required to pay income tax to the country where you claim bona fide residence? Yes No

If you were present in the United States during the tax year, enter the information below.

Table with 8 columns: Date arrived in U.S., Date left U.S., Number of days in U.S. on business, Income earned in U.S. on business. Two sets of columns.

List any contractual terms or other conditions relating to the length of your employment abroad:

List the type of visa under which you entered the foreign country: Yes No

Did your visa limit the length of your stay or employment in a foreign country? Yes No

If yes, explain

Did you maintain a home in the United States while living abroad? Yes No

If yes, enter the address of your home, whether it was rented, the names of the occupants, and their relationship to you

Address City State ZIP

Name of occupant Relationship of occupant

Was the home rented?

Part III - Physical Presence Test

The physical presence test is based on the 12-month period from: _____ through: _____

Enter your principal country of employment during your tax year: _____

Enter all travel abroad during the 12-month period shown above. Exclude travel between foreign countries that did not involve travel on or over international waters, or in or over the United States, for 24 hours or more.

Table with 6 columns: Name of country (including U.S.), Date arrived, Date left, Full days present in country, Number of days in U.S. on business, Income earned in U.S. on business (attach computation)

Foreign Earned Income

Name: _____

SSN: _____

Part IV - Foreign Earned Income

2018

2017

Total wages, salaries, bonuses, commissions, etc. _____

Allowable share of income for personal services performed:

In a business (including farming) or profession _____

In a partnership (list name, address, and type of income)

Noncash income:

Home (lodging) _____

Meals _____

Car _____

Other property or facility _____

(specify) _____

Allowances, reimbursements, or expenses paid on your behalf for services performed:

Cost of living and overseas differential _____

Family _____

Education _____

Home leave _____

Quarters _____

Other (specify) _____

Other foreign earned income _____

(specify): _____

Meals and lodging that are excludable _____

For Taxpayers Claiming the Housing Exclusion or Deduction

2018

2017

Qualified housing expenses for the tax year _____

Location where housing expenses incurred _____

Limit on housing expenses _____

Enter the number of days in qualifying period that fall within your 2018 tax year _____

Enter employer-provided amounts _____

For Taxpayers Claiming the Foreign Earned Income Exclusion

2018

2017

Enter the number of days in qualifying period that fall within your 2018 tax year _____

Residential Energy Credits

Name:

SSN:

TSJ _____

Part I - Residential Energy Efficient Property Credit

Qualified solar electric property costs _____

Qualified solar water heating property costs _____

Qualified small wind energy property costs _____

Qualified geothermal heat pump property costs _____

Was qualified fuel cell property installed on or in your main home in U.S.? Yes No

Address of main home _____

City, State, ZIP _____

Qualified fuel cell property costs _____

Kilowatt capacity of property on line 22 _____

Amount of unused credit from 2017 Form 5695, line 28 _____

Part II - Nonbusiness Energy Property Credit

Were improvements or costs made to your main home located in the US? Yes No

Address of main home _____

City, State, ZIP _____

Were improvements or costs related to the construction of this main home? Yes No

Enter the nonbusiness energy property credit that you took in:

2006 _____ 2009 _____ 2011 _____ 2013 _____ 2015 _____ 2017 _____

2007 _____ 2010 _____ 2012 _____ 2014 _____ 2016 _____

Qualified Energy Efficient Improvements

Insulation material or systems primarily designed to reduce heat loss or gain _____

Exterior doors that meet or exceed Energy Star requirements _____

Metal or asphalt roof with appropriate pigmented coatings designed to reduce heat gain _____

Exterior windows and skylights that meet or exceed Energy Star requirements _____

Enter the amount of window expense you claimed in:

2006 _____ 2009 _____ 2011 _____ 2013 _____ 2015 _____ 2017 _____

2007 _____ 2010 _____ 2012 _____ 2014 _____ 2016 _____

Residential Energy Property Costs

Energy efficient building property costs _____

Qualified natural gas, propane, or oil furnace or hot water boiler _____

Advanced main air circulating fan used in a natural gas, propane, or oil furnace _____

Education Credits and Deduction

Name:

SSN:

Provide all Form(s) 1098-T

Student's first and last name: _____ SSN: _____

- Has the Hope Scholarship Credit or American Opportunity Credit been claimed for this student for a total of four times in any prior years?
Was the student enrolled at least half time for at least one academic period that began in 2018 at an eligible education institution in a program leading toward a post-secondary degree, certificate, or other recognized post-secondary educational credential?
Did the student complete the first four years of post-secondary education before 2018?
Was the student convicted, before the end of 2018, of a felony for possession or distribution of a controlled substance?
Is the student pursuing a degree?

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

Table with 2 columns: 2018, 2017. Rows include: Total qualified education expenses (including the cost of books, supplies, and equipment) that were REQUIRED to be paid directly to the educational institution; ADDITIONAL qualified education expenses that were NOT required to be paid directly to the educational institution; Tax-free education assistance received in 2018 allocable to the academic period; Tax-free education assistance received in 2019 (and before 2018 return is filed) allocable to the academic period; Refunds of qualified education expenses paid in 2018 if the refund is received before the 2018 return is filed.

Educational Institution Name: _____

Educational Institution Name: _____

Student's first and last name: _____ SSN: _____

- Has the Hope Scholarship Credit or American Opportunity Credit been claimed for this student for a total of four times in any prior years?
Was the student enrolled at least half time for at least one academic period that began in 2018 at an eligible education institution in a program leading toward a post-secondary degree, certificate, or other recognized post-secondary educational credential?
Did the student complete the first four years of post-secondary education before 2018?
Was the student convicted, before the end of 2018, of a felony for possession or distribution of a controlled substance?
Is the student pursuing a degree?

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

Table with 2 columns: 2018, 2017. Rows include: Total qualified education expenses (including the cost of books, supplies, and equipment) that were REQUIRED to be paid directly to the educational institution; ADDITIONAL qualified education expenses that were NOT required to be paid directly to the educational institution; Tax-free education assistance received in 2018 allocable to the academic period; Tax-free education assistance received in 2019 (and before 2018 return is filed) allocable to the academic period; Refunds of qualified education expenses paid in 2018 if the refund is received before the 2018 return is filed.

Educational Institution Name: _____

Educational Institution Name: _____

Energy Credits

Name:

SSN:

Form 8936 - Qualified Plug-in Electric Drive Motor Vehicle Credit

TSJ _____	Vehicle 1	Vehicle 2
Year of vehicle	_____	_____
Make of vehicle	_____	_____
Model of vehicle	_____	_____
How many wheels does the vehicle have?	_____	_____
Vehicle Identification Number	_____	_____
Date vehicle was placed in service	_____	_____
Tentative credit	_____	_____
Business/investment use percentage	_____	_____
Section 179 expense deduction	_____	_____

Form 8910 - Alternative Motor Vehicle Credit

TSJ _____	Vehicle 1	Vehicle 2
Year of vehicle	_____	_____
Make of vehicle	_____	_____
Model of vehicle	_____	_____
Vehicle Identification Number	_____	_____
Date vehicle was placed in service	_____	_____
Tentative credit	_____	_____
Business/investment use percentage	_____	_____

