

RETURNING CLIENTS, JUST ENTER YOUR NAME(S) IN THE SECTION BELOW UNLESS YOU HAVE REVISED INFORMATION.

## 2018 INCOME TAX RETURN

**Filing Status:**  Single  Married Filing Joint  Qualifying Widow(er)<sup>1</sup>  Head of Household<sup>2</sup>  Married Filing Separate  
**In year 2018 only:**  Married (date: \_\_\_\_\_)  Divorced (date: \_\_\_\_\_)  Death—Taxpayer/Spouse (date: \_\_\_\_\_)

TAXPAYER				SPOUSE			
Name	_____			Name	_____		
Occupation	_____			Occupation	_____		
SSN	_____	Date of Birth	_____	SSN	_____	Date of Birth	_____
Home Phone	_____	Disabled	<input type="checkbox"/>	Home Phone	_____	Disabled	<input type="checkbox"/>
Work Phone	_____	Blind	<input type="checkbox"/>	Work Phone	_____	Blind	<input type="checkbox"/>
Cell Phone	_____			Cell Phone	_____		
Best Time to Call	_____			Best Time to Call	_____		
Email	_____	Fax	_____	Email	_____	Fax	_____
Address	_____					County	_____
City	_____	State	_____	Zip Code	_____		
Address on Last Year's Tax Return (if different)	_____					Date Address Changed	_____

<sup>1</sup> All of the following must apply: your spouse died in 2016 or 2017; in that year you qualified to file jointly; you did not remarry before January 1, 2019 and you paid over half the cost of maintaining your home, which was your dependent child's (or stepchild's) main home for the entire year.

<sup>2</sup> Must be unmarried (or considered unmarried) at the end of the tax year, and maintain a home that for more than half of the tax year is the principal home of a qualifying person (generally your child or relative). You may be considered unmarried if your spouse did not live in your home during the last six months of the tax year. If you are maintaining the household of a parent, the parent does not need to live with you to qualify.

## Personal Income Tax Organizer and Deduction Finder<sup>®</sup>

<p>✓</p> <h3 style="margin: 0;">CHECKLIST</h3> <p style="margin: 0;"><b>Documents needed in addition to your completed organizer:</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> All Forms W-2 (wages), 1095, 1098 and 1099 (such as 1099-INT for interest, 1099-DIV for dividends, 1099-B for sale of securities, 1099-R for annuities, pensions, IRA or other retirement plan withdrawals, 1099-G for state tax refunds, 1099-S for real estate sales, SSA-1099 for social security, 1099-G for unemployment compensation, 1099-K for merchant card and third-party network payments and 1099-MISC for commissions and fees, etc.). Include all copies.</li> <li><input type="checkbox"/> Schedules K-1 for partnerships, S corporations, estates or trusts. (<b>Note:</b> You do not need these documents to make your tax appointment. You can provide them at a later date.)</li> <li><input type="checkbox"/> If you sold real estate, stock or mutual fund shares during the year, see <a href="#">STEP 4</a>.</li> <li><input type="checkbox"/> If you acquired, sold or refinanced a home or other property in 2018, provide a copy of the closing statement.</li> <li><input type="checkbox"/> If you are a new client, provide copies of tax returns for the last three years.</li> </ul>
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**Note:** When completing your organizer, round all amounts to the nearest dollar. For married couples, questions referring to “you” generally mean you or your spouse.

**STEP 1**  
**(Continued)**

**Check any of the boxes below that apply to you for 2018:**

- Purchased health insurance for yourself or a family member through the Health Insurance Marketplace (Exchange). [Attach Form 1095-A (Health Insurance Marketplace Statement).]
- Was granted stock options by your employer and/or exercised employer stock options.
- Owned any securities or held any debts that became worthless during the year.
- Contributed to or received distributions from an Archer Medical Savings Account (MSA).
- Traveled more than 100 miles from home and stayed overnight to perform duties as a National Guard member or reservist.
- Performed services in the performing arts for at least two employers.
- Lived or worked in a foreign country.
- Purchased the following new plug-in electric vehicle: \_\_\_\_\_
- Was in the military (or reservist).
- Was an active-duty member of the military and moved pursuant to a military order and incident to a permanent change of station.
- Received any notice from the IRS or a state taxing authority.
- Contributed to or received distributions from an Achieving a Better Life Experience (ABLE) account.
- I can be claimed as a dependent on another person's tax return for 2018.

Please provide any other information related to your 2018 taxes not reported elsewhere on this **Organizer**:

**STEP 2**

**Dependents (Tax Tip 7) (attach additional sheet, if necessary)**

**Children**

Age 18 or younger (age 19–23 if attending school full time for at least five months during the year) who lived with you more than half the year and who did not provide more than half of their own support (or a permanently and totally disabled child).

**Is 2018 Unearned (Investment) Income > \$1,050?**

Full Name	Date of Birth	SSN	Is 2018 Unearned (Investment) Income > \$1,050?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- Check if it is possible that a different taxpayer might claim a child listed above as a dependent.
- Check if you are divorced and either signed or received Form 8332 (release of exemption for child). (Provide Form 8332.)

**Other Dependents (relatives and/or members of household)**

Relationship	Social Security #	Is 2018 Gross Income less than \$4,150?	# Months Resided in Your Home in 2018	% Support Received From You
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**STEP 3**

**Income**

**Wages—Provide Forms W-2**

Number of employers (during the year): Self \_\_\_\_\_ Spouse \_\_\_\_\_

**Dividend and Interest Income**

Provide all Forms 1099-INT, 1099-DIV and 1099-OID. List interest and dividends not reported on Form 1099 on a separate sheet, but do not duplicate what's reported on the 1099s. Also, list any penalty on early withdrawal from savings.

**Installment Sale Payments Received**

Total Payments \$ _____	Is payer a relative or related party? Yes <input type="radio"/> No <input type="radio"/>
Interest \$ _____	If payer uses property as a principal residence, provide payer's: Name _____
Principal \$ _____	
Did sale occur in 2018? Yes <input type="radio"/> No <input type="radio"/>	Address _____
If yes, complete <b>STEP 4</b> .	Social security number _____

**2018 1040 US Tax Organizer**

Please enter all pertinent 2018 information. If you have attached a government form for an item, check the box and do not enter a 2018 amount.

**WAGES, SALARIES AND TIPS**

Employer name:

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

2018 Amount	2017 Amount
<b>Attach Forms W-2</b>	_____
	_____
	_____
	_____

**INTEREST INCOME**

Payer name:

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

<b>Attach Forms 1099-INT</b>	_____
	_____
	_____
	_____

**DIVIDEND INCOME**

Payer name:

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

<b>Attach Forms 1099-DIV</b>	_____
	_____
	_____
	_____

**PENSIONS, IRA AND GAMBLING INCOME**

Payer name:

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

<b>Attach Forms 1099-R &amp; W-2G</b>	_____
	_____
	_____
	_____
_____	_____
_____	_____

Winnings not reported on W-2G.....  
 Total gambling losses.....

**OTHER GOVERNMENT FORMS - INCOME**

<input type="checkbox"/>	Form 1099-B - Sales of stock (also include transaction history).....
<input type="checkbox"/>	Form 1099-MISC - Miscellaneous income.....
<input type="checkbox"/>	Form 1099-K - Merchant card and third party network payments.....
<input type="checkbox"/>	Form 1099-S - Sales of real estate (also include closing statements)

<b>Attach Forms 1099</b>	
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<input type="checkbox"/>	Form 1099-G - State tax refunds.....
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<b>Attach Forms 1099</b>	
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Taxpayer:

<input type="checkbox"/>	Form SSA-1099 - Social security benefits.....
<input type="checkbox"/>	Form 1099-G - Unemployment compensation.....
<input type="checkbox"/>	Form 1099-Q (529 Plan).....
<input type="checkbox"/>	Form 1099-QA/5498-QA (ABLE Accounts).....

<b>Attach Forms 1099</b>	
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Spouse:

<input type="checkbox"/>	Form SSA-1099 - Social security benefits.....
<input type="checkbox"/>	Form 1099-G - Unemployment compensation.....
<input type="checkbox"/>	Form 1099-Q (529 Plan).....
<input type="checkbox"/>	Form 1099-QA/5498-QA (ABLE Accounts).....

<b>Attach Forms 1099</b>	
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<b>2018</b>	<b>1040</b>	<b>US</b>	<b>Tax Organizer</b>
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**MISCELLANEOUS INCOME**

Taxpayer: Alimony received.....

Spouse: Alimony received .....

Other: \_\_\_\_\_


**RETIREMENT PLAN CONTRIBUTIONS**

Taxpayer: Traditional IRA contributions (1=maximum).....

Roth IRA contributions (1=maximum) .....

Self-employed, SEP, SIMPLE, & qualified plan contributions (1=maximum).....

Spouse: Traditional IRA contributions (1=maximum).....

Roth IRA contributions (1=maximum) .....

Self-employed, SEP, SIMPLE, & qualified plan contributions (1=maximum).....

	2018 Amount	2017 Amount

**OTHER GOVERNMENT FORMS - DEDUCTIONS**

Form 1098-E - Student loan interest .....

Form 1098-T - Tuition and related expenses.....

<b>Attach Forms 1098</b>	

**AFFORDABLE CARE ACT**

Form 1095-A - Health Insurance Marketplace Statement.....

Form 1095-B - Health Coverage.....

Form 1095-C - Employer-Provided Health Insurance Offer and Coverage .....

<b>Attach Forms 1095</b>	

**ADJUSTMENTS TO INCOME**

Taxpayer:

Self-employed health insurance premiums.....

Educator expenses.....

Other adjustments to income:

\_\_\_\_\_

Alimony paid - Recipient name & SSN.....

\_\_\_\_\_


Spouse:

Self-employed health insurance premiums.....

Educator expenses.....

Other adjustments to income:

\_\_\_\_\_

Alimony paid - Recipient name & SSN.....

\_\_\_\_\_


**MEDICAL AND DENTAL EXPENSES**

Prescription medicines and drugs.....

Doctors, dentists and nurses .....

Hospitals and nursing homes.....

Insurance premiums.....

Long-term care premiums - taxpayer.....

Long-term care premiums - spouse.....

Insurance reimbursement.....

Out-of-pocket lodging and transportation expenses .....

Number of medical miles.....

Other: \_\_\_\_\_

\_\_\_\_\_


**TAXES PAID**

State income taxes - 1/18 payment on 2017 state estimate.....

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<b>2018</b>	<b>1040</b>	<b>US</b>	<b>Miscellaneous Questions</b>
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**If any of the following items pertain to you or your spouse for 2018, please check the appropriate box and provide additional information if necessary.**

- | YES                      | NO                       |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Did your marital status change during the year?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did your address change during the year?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Could you be claimed as a dependent on another person's tax return?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Were there any changes in dependents?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you and your dependents have health care coverage for the full-year?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive any of the following IRS documents? Form 1095-A (Health Insurance Marketplace Statement), 1095-B (Health Coverage) or Form 1095-C (Employer Provided Health Insurance Offer and Coverage) If so, please attach.   |
| <input type="checkbox"/> | <input type="checkbox"/> | If you or your dependents did not have health care coverage during the year, do you fall into one of the following exemptions categories: Indian tribe membership, health care sharing ministry membership, religious sect membership, incarceration, general hardship or unable to renew existing coverage? If you received an exemption certificate, please attach. |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive unreported tip income of \$20 or more in any month?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive any disability income?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you buy or sell any stocks, bonds or other investment property?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make any residential energy-efficient improvements or purchases involving solar, wind, geothermal or fuel cell energy sources?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive a distribution from or make a contribution to a retirement plan (401(k), IRA, etc.)?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you transfer or rollover any amount from one retirement plan to another?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you convert part or all of your traditional/SEP/SIMPLE IRA to a Roth IRA?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you incur a loss because of damaged or stolen property?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you use your car on the job (other than to and from work)?  |
| <input type="checkbox"/> | <input type="checkbox"/> | May the IRS discuss your tax return with your preparer?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Was your home rented out or used for business?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Were you notified or audited by either the IRS or the State taxing agency?  |

Please enter all pertinent 2018 information.

**DIRECT DEPOSIT / ELECTRONIC PAYMENT (3)**

1=direct deposit of federal tax refund into bank account .....		
1=electronic payment of balance due .....		
1=electronic payment of estimated tax .....		

**BANK INFORMATION**

Name of Bank	Percent to Deposit (xx.xx)	Routing Number	Account Number	Type of Account (Table 1)	Type of Invest. (Table 2)

**2018 ESTIMATED TAX / 1040-ES (6)**

**Federal**

	Amount Paid	Date Paid	TS	2018 Voucher Amount
Overpayment applied from 2017 .....				
1st quarter payment .....				
2nd quarter payment .....				
3rd quarter payment .....				
4th quarter payment .....				
Additional Estimated Tax Payments				
Paid with extension .....				
Former spouse SSN if joint estimates .....				

**State**

	Amount Paid	Date Paid	TS	2018 Voucher Amount
Overpayment applied from 2017 .....				
1st quarter payment .....				
2nd quarter payment .....				
3rd quarter payment .....				
4th quarter payment .....				
Additional Estimated Tax Payments				
Paid with extension .....				

**1**      **Type of Account**

1 = Savings  
2 = Checking

**2**      **Type of Investment**

1 = Checking or savings (default)	6 = Coverdell savings account (ESA)
2 = Taxpayer's IRA (next year limits)	7 = Other
3 = Spouse's IRA (next year limits)	8 = Taxpayer's IRA (current year limits)
4 = Health savings account (HSA)	9 = Spouse's IRA (current year limits)
5 = Archer MSA	

2018

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US

Direct Deposit & Estimates (Form 1040 ES) (cont.)

7.1

Please enter all pertinent 2018 information.

**APPLICATION OF 2018 OVERPAYMENT (7.1)**

If you have an overpayment of 2018 taxes, do you want the excess refunded?  or applied to 2019 estimate? ...

Other (please explain): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2019 ESTIMATED TAX INFORMATION**

Do you expect your 2019 taxable income to be different from 2018? ..... Yes  No   
If "yes" explain any differences in income, deductions, dependents, etc.: \_\_\_\_\_

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

Do you expect your 2019 withholding to be different from 2018? ..... Yes  No   
If "yes" explain any differences: \_\_\_\_\_

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

7.1