

**Prepared By:**

**Cornelius, Schou & Leone, LLC**  
4496 Southside Boulevard  
Jacksonville, FL 32216

**Prepared For:**

**2018 Client Organizer**

**From:**

**To:**

Cornelius, Schou & Leone, LLC  
4496 Southside Boulevard  
Jacksonville, FL 32216  
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**2018 Client Organizer**

This information is complete and correct to the best of my (our) knowledge.

Taxpayer signature \_\_\_\_\_ Date \_\_\_\_\_

Spouse signature \_\_\_\_\_ Date \_\_\_\_\_

Dear :

This Tax Organizer is designed to help you gather the tax information needed to prepare your 2018 personal income tax return. To help you complete the Organizer with minimal time and effort, when available, you will find certain information from your 2017 personal income tax return.

To protect your privacy, your Tax Organizer contains masked data. Masked data displays as asterisks. For example, a Social Security number could display as \*\*\*-\*\*-6789, an account number as \*\*\*\*\*6789, and a date of birth as \*\*/\*\*/2000. If you would like to confirm the masked data or make a change to your data, please contact this office. Do not indicate any changes to your data on your Tax Organizer. When you receive your completed tax return(s), make sure you review all Social Security numbers, bank account numbers, and dates of birth for accuracy.

Enter 2018 information on the Tax Organizer pages provided. If any information does not apply to you or is incorrect, please draw a line through it or make the necessary corrections.

Enter 2018 information on the Tax Organizer pages provided. If any information does not apply to you or is incorrect, please delete it or make the necessary corrections.

The Client Questionnaire asks about pertinent tax items necessary for preparing the most accurate tax return possible. Please answer all questions and attach a statement when necessary for additional information not provided in the Client Organizer.

Please answer all applicable questions and use the Notes to Preparer screen to enter additional information not provided in the Tax Organizer. The Notes to Preparer screen is also available for any questions that you may have for our office.

The Organizer is a list of source documents and information needed to prepare your return. You may also use it as a cover sheet when submitting your tax information and source documents. Please, also indicate if there are any items listed that no longer pertain to you.

The Tax Checklist can be found in a PDF file either at the root of Documents or in the Action Items PDF file found in the Tax Returns folder for the applicable year end.

You will also need to provide the following information:

- Forms W-2 for wages, salaries and tips.
- All Forms 1099 for interest, dividends, retirement, miscellaneous income, Social Security, state or local refunds, gambling winnings, etc.
- Brokerage statements showing investment transactions for stocks, bonds, etc.
- Schedule K-1 from partnerships, S corporations, estates and trusts.
- Statements supporting educational expenses, deductions or distributions, including any Forms 1098-T, 1098-E, or 1099-Q.
- All Forms 1095-A, 1095-B, and/or 1095-C related to health care coverage or the Premium Tax Credit.
- Statements supporting deductions for mortgage interest, taxes, and charitable contributions (including any Form 1098-C).
- Copies of closing statements regarding the sale or purchase of real property.
- Legal papers for adoption, divorce, or separation involving custody of your dependent children.

- Any tax notices sent to you by the IRS or other taxing authority.
- A copy of your income tax return from last year, if not prepared by this office.

Thank you for the opportunity to serve you.

Sincerely,

Cornelius, Schou & Leone, LLC

**Cornelius, Schou & Leone, LLC**  
**4496 Southside Boulevard**  
**Jacksonville, FL 32216**  
**904-642-1794**

**\*IMPORTANT UPDATES - MUST BE SIGNED & RETURNED\***

**2018 Income Tax Preparation Engagement Letter**

This letter is to confirm and specify the terms of our engagement with you and to clarify the nature and extent of the services we will provide. In order to ensure an understanding of our mutual responsibilities, we ask all clients for whom returns are prepared to confirm the following arrangements.

We will prepare your 2018 federal and requested state/local income tax returns from information that you will furnish to us. We will not audit or otherwise verify the data you submit, although it may be necessary to ask you for clarification on some of the information. We will furnish you with a client organizer (enclosed) to guide you in gathering the necessary information. Your use of such forms will assist in keeping pertinent information from being overlooked.

It is your responsibility to provide all the information required for the preparation of complete and accurate returns. You should retain all of the original documents, canceled checks and other data that form the basis of income and deductions. These may be necessary to prove the accuracy and completeness of the returns to a taxing authority. As a taxpayer, you have the final responsibility for the income tax return(s) and, therefore, you should review them carefully before they are filed.

The filing deadline for the 2018 tax return is **April 15, 2019**. In order to meet this filing deadline, the information needed to complete the return should be received by us no later than **April 1, 2019**. If we have not received your information by this date, we cannot guarantee the completion of your tax return (s) prior to April 17, 2018. If necessary, we can apply for an automatic extension of time to file your tax return(s). If an extension of time is required, any tax that may be due with the return must be paid with that extension. Any amounts not paid by the filing deadline are subject to interest and late payment penalties when those amounts are actually paid.

Your returns may be selected for review by the taxing authorities. Any proposed adjustments by the examining agent are subject to certain rights of appeal. In the event of such government tax examination, we will be available upon request to assist you. Please contact us immediately upon receipt of any IRS notice.

Certain communications involving tax advice between you and our firm may be privileged and not subject to disclosure to the IRS. By disclosing the contents of those communications to anyone, or by turning over information about those communications to the government, you may be waiving this privilege. To protect your rights, please consult us or your attorney prior to disclosing any information about our tax advice.

**Electronic filing will be standard for all returns prepared** unless a specific state or local return does not have electronic filing capabilities. This will also apply to returns with a balance due - you will have the option to send the IRS a check via USPS or have the funds directly withdrawn from your bank account on the date you specify. This is a mandated rule that the Internal Revenue Service has put in place. **Form 8879** is available online or on our website ([www.cslcpajax.com](http://www.cslcpajax.com) - under the "Resources" tab) and will need to be filled out, signed and returned with this engagement letter to our office before your return is e-filed. If you wish, we can provide you with a draft copy of your return before it is e-filed - please indicate below as an additional request.

We have available to our clients a Client Portal feature on our website that can be used as a secure place to "store" your tax return copies and documents. It will allow you to print your client copy or save it to your computer as you wish. **The Client Portal is an option of providing you a client copy of your return.** If you wish to receive the client copy using our Client Portal, please indicate below as an additional request - you will be sent a username and password as well as instructions on how to log in and use the portal. We assure you that our Client Portal service is completely secure. We can also provide a client copy in the form of a paper copy.

**Please provide us with an email address below, so you will receive updates from our portal system as well as the status of your e-filed tax return.**

If the foregoing fairly sets forth your understanding, please sign below and return to our office.

We want to express our appreciation for this opportunity to work with you.

Sincerely,

## Cornelius, Schou & Leone, LLC

The undersigned hereby authorizes Cornelius, Schou & Leone, LLC and all of its representatives, agents and employees to furnish my/our full and complete personal financial information and documents as necessary to those personnel connected with preparing and reviewing my/our federal and/or state tax return(s), amendments or other tax services that are required/ requested.

Accepted By: \_\_\_\_\_  
Taxpayer Signature Printed Name  
\_\_\_\_\_  
Spouse Signature Printed Name

Date: \_\_\_\_\_ Email: \_\_\_\_\_  
**(WE MUST HAVE YOUR EMAIL ON FILE).**

**Comments / additional requests (your comments are important to us, so please include information (positive or negative) you feel is important for us to address):**

Select (√)	Process	Comments
	I would like to use the Client Portal	
	I would like to see a DRAFT of my return before it is e-filed	

\_\_\_\_\_ (please initial) If applicable, I want my balance due withdrawn from my bank account (please attach a voided check).

\_\_\_\_\_ (please initial) I would rather pay with a check using USPS on the date I specify.

**\*\*\*NEW FOR THE 2018 TAX YEAR\*\*\***

**We must receive a voided check or your bank's name, routing number, and your account number. The IRS software we use removes your bank account information each year, which requires us to obtain this info from you. If we do not receive this information, your refund WILL NOT be direct deposited.**

## Questions

Please check the appropriate box and include all necessary details and documentation.

	Yes	No
<b>Personal Information</b>		
Did your marital status change during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____		
Did your address change from last year?	<input type="checkbox"/>	<input type="checkbox"/>
Can you be claimed as a dependent by another taxpayer?	<input type="checkbox"/>	<input type="checkbox"/>
Did you change any bank accounts, or did routing transit numbers (RTN) and/or bank account number change for existing bank accounts that have been used to direct deposit (or direct debit) funds from (or to) the IRS or other taxing authority during the tax year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive an Identity Protection PIN (IP PIN) from the IRS or have you been a victim of identity theft? If yes, attach the IRS letter.	<input type="checkbox"/>	<input type="checkbox"/>
Did you reside in or operate a business in a Federally declared disaster area? The Federally declared disaster areas include victims of hurricanes, tropical storms, floods, as well as wildfires.	<input type="checkbox"/>	<input type="checkbox"/>
<b>Dependent Information</b>		
Were there any changes in dependents from the prior year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____		
Do you have any children under age 19 or a full-time student under age 24 with unearned income in excess of \$2,100?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have dependents who must file a tax return?	<input type="checkbox"/>	<input type="checkbox"/>
Did you provide over half the support for any other person(s) other than your dependent children during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay for child care while you worked, looked for work, or while a full-time student?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any expenses related to the adoption of a child during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If you are divorced or separated with child(ren), do you have a divorce decree or other form of separation agreement which establishes custodial responsibilities?	<input type="checkbox"/>	<input type="checkbox"/>
Did any dependents receive an Identity Protection PIN (IP PIN) from the IRS or have they been a victim of identity theft? If yes, attach the IRS letter.	<input type="checkbox"/>	<input type="checkbox"/>
<b>Purchases, Sales and Debt Information</b>		
Did you start a new business or purchase rental property during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell, exchange, or purchase any assets used in your trade or business?	<input type="checkbox"/>	<input type="checkbox"/>
Did you acquire a new or additional interest in a partnership or S corporation?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell, exchange, or purchase any real estate during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you purchase or sell a principal residence during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you foreclose or abandon a principal residence or real property during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you acquire or dispose of any stock during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you take out a home equity loan this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you refinance a principal residence or second home this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell an existing business, rental, or other property this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you lend money with the understanding of repayment and this year it became totally uncollectable?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any debts canceled or forgiven this year, such as a home mortgage or student loan(s)?	<input type="checkbox"/>	<input type="checkbox"/>
Did you purchase a qualified plug-in electric drive vehicle or qualified fuel cell vehicle this year?	<input type="checkbox"/>	<input type="checkbox"/>

## Income Information

- Did you have any foreign income or pay any foreign taxes during the year, directly or indirectly, such as from investment accounts, partnerships or a foreign employer?
- Did you receive any income from property sold prior to this year?
- Did you receive any unemployment benefits during the year?
- Did you receive any disability income during the year?
- Did you receive tip income not reported to your employer this year?
- Did any of your life insurance policies mature, or did you surrender any policies?
- Did you receive any awards, prizes, hobby income, gambling or lottery winnings?
- Do you expect a large fluctuation in income, deductions, or withholding next year?
- Did you have any sales or other exchanges of virtual currencies, or used virtual currencies to pay for goods or services, or you are holding virtual currencies as an investment?

## Retirement Information

- Are you an active participant in a pension or retirement plan?
- Did you receive any Social Security benefits during the year?
- Did you make any withdrawals from an IRA, Roth, myRA, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan?
- If yes, were any withdrawals due to a Federally declared disaster?
- Did you receive any lump-sum payments from a pension, profit sharing or 401(k) plan?
- Did you make any contributions to an IRA, Roth, myRA, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan?

## Education Information

- Did you, your spouse, or your dependents attend a post-secondary school during the year, or plan to attend one in the coming year?
- Did you have any educational expenses during the year on behalf of yourself, your spouse, or a dependent? If yes, attach any Form(s) 1098-T and receipts for qualified tuition and related expenses
- Did anyone in your family receive a scholarship of any kind during the year? If yes, were any of the scholarship funds used for expenses other than tuition, such as room and board?
- Did you make any withdrawals from an education savings or 529 Plan account? If yes, were any of these withdrawals rolled over into a ABLE (Achieving a Better Life Experience) account?
- Did you make any contributions to an education savings or 529 Plan account?
- Did you pay any student loan interest this year?
- Did you cash any Series EE or I U.S. Savings bonds issued after 1989?
- Would you like a worksheet to aid in the completion of a Free Application for Federal Student Aid (FAFSA) with the U.S. Department of Education?

## Health Care Information

- Did you have qualifying health care coverage, such as employer-sponsored coverage or government-sponsored coverage (i.e. Medicare/Medicaid) for your family? "Your family" for health care coverage refers to you, your spouse if filing jointly, and anyone you can claim as a dependent. If yes, attach any Form(s) 1095-B and/or 1095-C you received.
- Did anyone in your family qualify for an exemption from the health care coverage mandate? Examples of exemptions include (but are not limited to) certain non-citizens, members of a health care sharing ministry, members of Federally-recognized Indian tribes, and exemptions requested from the Marketplace. If yes, attach the Exemption Certificate Number (ECN) or type of exemption.
- Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act? If yes, attach any Form(s) 1095-A you received.
- Did you enroll for lower cost Marketplace Coverage through healthcare.gov under



- the Affordable Care Act and share a policy with anyone who is not included in your family?
- Did you make any contributions to a Health savings account (HSA) or Archer MSA?
- Did you receive any distributions from a Health savings account (HSA), Archer MSA, or Medicare Advantage MSA this year?
- Did you pay long-term care premiums for yourself or your family?
- Did you make any contributions to an ABLE (Achieving a Better Life Experience) account? If yes, attach any Form(s) 5498-QA you received.
- Did you receive any withdrawals from an ABLE (Achieving a Better Life Experience) account? If yes, attach any Form(s) 1099-QA you received.
- If you are a business owner, did you pay health insurance premiums for your employees this year?
- Did you receive any Health Coverage Tax Credit (HCTC) advance payments? If yes, attach any Form(s) 1099-H you received.

### Itemized Deduction Information

- Did you incur a casualty or theft loss or any condemnation awards during the year?
- If yes, did the loss occur in a Federally declared disaster area?
- Did you pay out-of-pocket medical expenses (Co-pays, prescription drugs, etc.)?
- Did you make any cash or noncash charitable contributions (clothes, furniture, etc.)?
- If yes, please provide evidence such as a receipt from the donee organization, a canceled check, or record of payment, to substantiate all contributions made.
- Did you donate a vehicle or boat during the year? If yes, attach Form 1098-C or other written acknowledgment from the donee organization.
- Did you pay real estate taxes for your primary home and/or second home?
- Did you pay any mortgage interest on an existing home loan? If yes, attach any Form(s) 1098 you received.
- Did you incur interest expenses associated with any investment accounts you held?
- Did you make any major purchases during the year (cars, boats, etc.)?
- Did you make any out-of-state purchases (by telephone, internet, mail, or in person) for which the seller did not collect state sales or use tax?

### Miscellaneous Information

- Did you make gifts of more than \$15,000 to any individual?
- Did you utilize an area of your home for business purposes?
- Did you engage in any bartering transactions?
- Did you retire or change jobs this year?
- Did you incur moving costs because of a permanent change of station as a member of the Armed Forces on active duty?
- Did you pay any individual as a household employee during the year?
- Did you make energy efficient improvements to your main home this year?
- Did you receive a distribution from, or were you a grantor or transferor for a foreign trust?
- Did you have a financial interest in or signature authority over a financial account such as a bank account, securities account, or brokerage account, located in a foreign country?
- Do you have any foreign financial accounts, foreign financial assets, or hold interest in a foreign entity?
- Did you receive correspondence from the State or the IRS?
- If yes, explain: \_\_\_\_\_
- Do you have previous years of tax returns that are either unfiled or filed with unpaid balances due?
- Do you want to designate \$3 to the Presidential Election Campaign Fund? If you check yes, it will not change your tax or reduce your refund.

Form ID: 1040 **Personal Information** **1**

Filing (Marital) status code (1 = Single, 2 = Married filing joint, 3 = Married filing separate, 4 = Head of household, 5 = Qualifying widow(er)) [1]  
 Mark if you were married but living apart all year [2]  
 Mark if your nonresident alien spouse does not have an Individual Taxpayer Identification Number (ITIN) [3]

	<b>Taxpayer</b>	<b>Spouse</b>
Social security number	***-**-0000 [4]	
First name	[6]	[7]
Last name	[8]	[9]
Occupation	[10]	[11]
Designate \$3.00 to the presidential election campaign fund? (1 = Yes, 2 = No, 3 = Blank) [12]		[14]
Mark if dependent of another taxpayer [15]		[16]
Taxpayer with income less than 1/2 support age 18 or 19 - 23 full-time student? (Y, N) [17]		
Mark if legally blind [20]		[21]
Date of birth [22]		[24]
Date of death [26]		[27]
Work/daytime telephone number/ext number [28] [29]		[30] [31]
Home/evening telephone number [32]		[33]
Do you authorize us to discuss your return with the IRS? (Y, N) [34]		

**Present Mailing Address**

Address [38]  
 Apartment number [39]  
 City, state postal code, zip code [40] [41] [42]  
 Foreign country name [44]  
 Foreign phone number [47]  
 In care of addressee [48]

**Dependent Information**

(\*Please refer to Dependent Codes located at the bottom)

First Name [49]	Last Name	Date of Birth	Social Security No.	Relationship	Months in home	Dep Codes * **	Care expenses paid for dependent

Name of child who lived with you but is not your dependent [50]  
 Social security number of qualifying person [51]

**Dependent Codes**

<b>*Basic</b>	1 = Child who lived with you	<b>**Other</b>	1 = Student (Age 19 - 23)
	2 = Child who did not live with you due to divorce/separation		2 = Disabled dependent
	3 = Other dependent		3 = Dependent who is both a student and disabled
	4 = Other dependents, but do not qualify for Credit for Other Dependents (ODC)		
	5 = Qualifying child for Earned Income Credit only		
	6 = Children who lived with you, but do not qualify for Earned Income Credit		
	7 = Children who lived with you, but do not qualify for Child Tax Credit		
	8 = Children who lived with you, but do not qualify for Child Tax Credit/Credit for Other Dependents/Earned Income Credit		
<b>***Months</b>	77 = Reported on odd year return		
	88 = Reported on even year return		
	99 = Not reported on return		

**Preparer - Enter on Screen Contact**

Tax matters person (Indicate which spouse handles tax return related questions) (Blank = Both, T = Taxpayer, S = Spouse) \_\_\_\_\_ [8]

Taxpayer email address \_\_\_\_\_ [9]

Spouse email address \_\_\_\_\_ [10]

	<b>Taxpayer</b>	<b>Spouse</b>
Fax telephone number	_____ [11]	_____ [19]
Mobile telephone number	_____ [12]	_____ [20]
Mobile telephone #2 number	_____ [13]	_____ [21]
Pager number	_____ [14]	_____ [22]
Other:	_____ [15]	_____ [23]
Telephone number	_____ [16]	_____ [24]
Extension	_____ [17]	_____ [25]
Preferred method of contact:		
Email, Work phone, Home phone, Fax, Mobile phone, Mobile phone #2	_____ [18]	_____ [26]

**NOTES/QUESTIONS:**



If you have an overpayment of 2018 taxes, do you want the excess:

Refunded \_\_\_\_\_ [52]

Applied to 2019 estimated tax liability \_\_\_\_\_ [53]

Do you expect a considerable change in your 2019 income? (Y, N) \_\_\_\_\_ [54]

If yes, please explain any differences: \_\_\_\_\_ [55]

\_\_\_\_\_ [56]

\_\_\_\_\_ [57]

\_\_\_\_\_ [58]

Do you expect a considerable change in your deductions for 2019? (Y, N) \_\_\_\_\_ [59]

If yes, please explain any differences: \_\_\_\_\_ [60]

\_\_\_\_\_ [61]

\_\_\_\_\_ [62]

\_\_\_\_\_ [63]

Do you expect a considerable change in the amount of your 2019 withholding? (Y, N) \_\_\_\_\_ [64]

If yes, please explain any differences: \_\_\_\_\_ [65]

\_\_\_\_\_ [66]

\_\_\_\_\_ [67]

\_\_\_\_\_ [68]

Do you expect a change in the number of dependents claimed for 2019? (Y, N) \_\_\_\_\_ [69]

If yes, please explain any differences: \_\_\_\_\_ [70]

\_\_\_\_\_ [71]

\_\_\_\_\_ [72]

\_\_\_\_\_ [73]

Mark if you use the Electronic Federal Tax Payment System (EFTPS) to pay your estimated taxes \_\_\_\_\_ [74]

**2018 Federal Estimated Tax Payments**

2017 overpayment applied to 2018 estimates + \_\_\_\_\_ [1]

Mark if you paid the calculated amounts on the dates due indicated below. Skip the remaining fields. \_\_\_\_\_ [5]

If your estimated payments were not made on the date due or were for an amount other than the calculated amount below, please enter the actual date and amount paid.

	Date Due	Date Paid if After Date Due		Amount Paid	Calculated Amount	Method*
1st quarter payment	4/18/18	_____ [6]	+	_____ [7]	_____	_____
2nd quarter payment	6/15/18	_____ [8]	+	_____ [9]	_____	_____
3rd quarter payment	9/17/18	_____ [10]	+	_____ [11]	_____	_____
4th quarter payment	1/15/19	_____ [12]	+	_____ [13]	_____	_____
Additional payment		_____ [14]	+	_____ [15]	_____	_____

**\*Method of payment indicated in prior year**

EFW = Electronic funds withdrawal      EFTPS = Electronic Federal Tax Payment System

Voucher = Form 1040-ES estimated tax payment voucher

**NOTES/QUESTIONS:**

Please provide all copies of Form W-2.

**2018 Information**

**Prior Year Information**

Taxpayer/Spouse (T, S)		__	[1]
Employer name	_____		[3]
Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Farming / Fishing, 4 = National Guard)			[5]
Mark if this is your current employer			[6]
Federal wages and salaries ( <b>Box 1</b> )	+	_____	[10]
Federal tax withheld ( <b>Box 2</b> )	+	_____	[12]
Social security wages ( <b>Box 3</b> ) (If different than federal wages)	+	_____	[14]
Social security tax withheld ( <b>Box 4</b> )		+ _____	[16]
Medicare wages ( <b>Box 5</b> ) (If different than federal wages)	+	_____	[18]
Medicare tax withheld ( <b>Box 6</b> )	+	_____	[21]
SS tips ( <b>Box 7</b> )	+	_____	[23]
Allocated tips ( <b>Box 8</b> )		+ _____	[25]
Dependent care benefits ( <b>Box 10</b> )		+ _____	[27]
<b>Box 13 -</b>			
Statutory employee			[29]
Retirement plan			[30]
Third-party sick pay			[31]
State postal code ( <b>Box 15</b> )		_____	[32]
State wages ( <b>Box 16</b> ) (If different than federal wages)	+	_____	[34]
State tax withheld ( <b>Box 17</b> )	+	_____	[36]
Local wages ( <b>Box 18</b> )	+	_____	[38]
Local tax withheld ( <b>Box 19</b> )		+ _____	[40]
Name of locality ( <b>Box 20</b> )	_____		[43]

	<b>Control Totals+</b>	
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<b>Wages and Salaries #2</b>
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Please provide all copies of Form W-2.

**2018 Information**

**Prior Year Information**

Taxpayer/Spouse (T, S)		__	[1]
Employer name	_____		[3]
Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Farming / Fishing, 4 = National Guard)			[5]
Mark if this your current employer			[6]
Federal wages and salaries ( <b>Box 1</b> )	+	_____	[10]
Federal tax withheld ( <b>Box 2</b> )	+	_____	[12]
Social security wages ( <b>Box 3</b> ) (If different than federal wages)	+	_____	[14]
Social security tax withheld ( <b>Box 4</b> )		+ _____	[16]
Medicare wages ( <b>Box 5</b> ) (If different than federal wages)	+	_____	[18]
Medicare tax withheld ( <b>Box 6</b> )	+	_____	[21]
SS tips ( <b>Box 7</b> )	+	_____	[23]
Allocated tips ( <b>Box 8</b> )		+ _____	[25]
Dependent care benefits ( <b>Box 10</b> )		+ _____	[27]
<b>Box 13 -</b>			
Statutory employee			[29]
Retirement plan			[30]
Third-party sick pay			[31]
State postal code ( <b>Box 15</b> )		_____	[32]
State wages ( <b>Box 16</b> ) (If different than federal wages)	+	_____	[34]
State tax withheld ( <b>Box 17</b> )	+	_____	[36]
Local wages ( <b>Box 18</b> )	+	_____	[38]
Local tax withheld ( <b>Box 19</b> )		+ _____	[40]
Name of locality ( <b>Box 20</b> )	_____		[43]

	<b>Control Totals+</b>	
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### Interest Income

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

\*Whole numbers will be treated as \$ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.

T/S/J	Type Code <small>(**See codes below)</small>	Interest Income <sup>[1]</sup>	Tax Exempt Income	Penalty on Early Withdrawal	U.S. Obligations* \$ or %	Tax Exempt* \$ or %	Foreign Taxes Paid	Prior Year Information
	<b>1</b>	Payer						
		Amounts	+					
	<b>2</b>	Payer						
		Amounts	+					
	<b>3</b>	Payer						
		Amounts	+					
	<b>4</b>	Payer						
		Amounts	+					
	<b>5</b>	Payer						
		Amounts	+					
	<b>6</b>	Payer						
		Amounts	+					
	<b>7</b>	Payer						
		Amounts	+					
	<b>8</b>	Payer						
		Amounts	+					
	<b>9</b>	Payer						
		Amounts	+					
	<b>10</b>	Payer						
		Amounts	+					

**Interest Codes		
Blank = Regular Interest	4 = Accrued Interest	6 = ABP Adjustment
3 = Nominee Distribution	5 = OID Adjustment	7 = Series EE & I Bond

## Dividend Income

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

\*Whole numbers will be treated as \$ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.

T S J	Type Code	(**See codes below)	Ordinary Dividends	Qualified Dividends	Total Cap Gain Distributions	Section 1250	Sec. 1202	28% Capital Gain	Tax Exempt Dividends	U.S. Obligations* \$ or %	Tax Exempt* \$ or %	Foreign Taxes Paid	Prior Year Information
1	Payer												
	Amounts	+											
2	Payer												
	Amounts	+											
3	Payer												
	Amounts	+											
4	Payer												
	Amounts	+											
5	Payer												
	Amounts	+											
6	Payer												
	Amounts	+											
7	Payer												
	Amounts	+											
8	Payer												
	Amounts	+											
9	Payer												
	Amounts	+											
10	Payer												
	Amounts	+											

<b>**Dividend Codes</b>	
Blank = Other	3 = Nominee







Form ID: 1099M	<b>Miscellaneous Income #1</b>	<b>18a</b>
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Please provide all Forms 1099-MISC

		<b>Preparer use only</b>
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Name of payer		[3]
Taxpayer/Spouse/Joint (T, S, J)		[5]
State postal code		[6]
Rents <b>(Box 1)</b>	+	[13]
Royalties <b>(Box 2)</b>	+	[15]
Other income <b>(Box 3)</b>	+	[17]
Federal income tax withheld <b>(Box 4)</b>	+	[19]
Fishing boat proceeds <b>(Box 5)</b>	+	[21]
Medical and health care payments <b>(Box 6)</b>	+	[23]
Nonemployee compensation <b>(Box 7)</b>	+	[25]
Substitute payments in lieu of dividends or interest <b>(Box 8)</b>	+	[27]
Payer made direct sales of \$5,000 or more of consumer products <b>(Box 9)</b>		[29]
Crop Insurance proceeds <b>(Box 10)</b>	+	[31]
Excess golden parachute payments <b>(Box 13)</b>	+	[36]
Gross proceeds paid to an attorney <b>(Box 14)</b>	+	[38]
Section 409A deferrals <b>(Box 15a)</b>	+	[40]
Section 409A income <b>(Box 15b)</b>	+	[42]
State tax withheld <b>(Box 16)</b>	+	[44]
State/Payer's state no. <b>(Box 17)</b>		[46]
State income <b>(Box 18)</b>	+	[47]

	<b>Control Totals +</b>	
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<b>Miscellaneous Income #2</b>
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Please provide all Forms 1099-MISC

		<b>Preparer use only</b>
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Name of payer		[3]
Taxpayer/Spouse/Joint (T, S, J)		[5]
State postal code		[6]
Rents <b>(Box 1)</b>	+	[13]
Royalties <b>(Box 2)</b>	+	[15]
Other income <b>(Box 3)</b>	+	[17]
Federal income tax withheld <b>(Box 4)</b>	+	[19]
Fishing boat proceeds <b>(Box 5)</b>	+	[21]
Medical and health care payments <b>(Box 6)</b>	+	[23]
Nonemployee compensation <b>(Box 7)</b>	+	[25]
Substitute payments in lieu of dividends or interest <b>(Box 8)</b>	+	[27]
Payer made direct sales of \$5,000 or more of consumer products <b>(Box 9)</b>		[29]
Crop Insurance proceeds <b>(Box 10)</b>	+	[31]
Excess golden parachute payments <b>(Box 13)</b>	+	[36]
Gross proceeds paid to an attorney <b>(Box 14)</b>	+	[38]
Section 409A deferrals <b>(Box 15a)</b>	+	[40]
Section 409A income <b>(Box 15b)</b>	+	[42]
State tax withheld <b>(Box 16)</b>	+	[44]
State/Payer's state no. <b>(Box 17)</b>		[46]
State income <b>(Box 18)</b>	+	[47]

	<b>Control Totals +</b>	
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**NOTES/QUESTIONS:**

Please provide all Forms 1099-R.

**2018 Information**

**Prior Year Information**

Taxpayer/Spouse (T, S) \_\_\_\_\_ [1]  
 Name of payer \_\_\_\_\_ [3]  
 State postal code \_\_\_\_\_ [5]  
 Gross distributions received (**Box 1**) + \_\_\_\_\_ [7]  
 Taxable amount received (**Box 2a**) + \_\_\_\_\_ [9]  
 Federal withholding (**Box 4**) + \_\_\_\_\_ [11]  
 Distribution code (**Box 7**) \_\_\_\_\_ [14]  
 Mark if distribution is from an IRA, SEP, SIMPLE retirement plan \_\_\_\_\_ [16]  
 State withholding (**Box 12**) + \_\_\_\_\_ [17]  
 Local withholding (**Box 15**) + \_\_\_\_\_ [19]  
 Amount of rollover + \_\_\_\_\_ [21]  
 Mark if distribution was due to a pre-retirement age disability \_\_\_\_\_ [23]


	<b>Control Totals+</b>	
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**Pension, Annuity, and IRA Distributions #2**

Please provide all Forms 1099-R.

**2018 Information**

**Prior Year Information**

Taxpayer/Spouse (T, S) \_\_\_\_\_ [1]  
 Name of payer \_\_\_\_\_ [3]  
 State postal code \_\_\_\_\_ [5]  
 Gross distributions received (**Box 1**) + \_\_\_\_\_ [7]  
 Taxable amount received (**Box 2a**) + \_\_\_\_\_ [9]  
 Federal withholding (**Box 4**) + \_\_\_\_\_ [11]  
 Distribution code (**Box 7**) \_\_\_\_\_ [14]  
 Mark if distribution is from an IRA, SEP, SIMPLE retirement plan \_\_\_\_\_ [16]  
 State withholding (**Box 12**) + \_\_\_\_\_ [17]  
 Local withholding (**Box 15**) + \_\_\_\_\_ [19]  
 Amount of rollover + \_\_\_\_\_ [21]  
 Mark if distribution was due to a pre-retirement age disability \_\_\_\_\_ [23]


	<b>Control Totals+</b>	
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**Pension, Annuity, and IRA Distributions #3**

Please provide all Forms 1099-R.

**2018 Information**

**Prior Year Information**

Taxpayer/Spouse (T, S) \_\_\_\_\_ [1]  
 Name of payer \_\_\_\_\_ [3]  
 State postal code \_\_\_\_\_ [5]  
 Gross distributions received (**Box 1**) + \_\_\_\_\_ [7]  
 Taxable amount received (**Box 2a**) + \_\_\_\_\_ [9]  
 Federal withholding (**Box 4**) + \_\_\_\_\_ [11]  
 Distribution code (**Box 7**) \_\_\_\_\_ [14]  
 Mark if distribution is from an IRA, SEP, SIMPLE retirement plan \_\_\_\_\_ [16]  
 State withholding (**Box 12**) + \_\_\_\_\_ [17]  
 Local withholding (**Box 15**) + \_\_\_\_\_ [19]  
 Amount of rollover + \_\_\_\_\_ [21]  
 Mark if distribution was due to a pre-retirement age disability \_\_\_\_\_ [23]


	<b>Control Totals+</b>	
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**NOTES/QUESTIONS:**

Please provide a copy of Form(s) SSA-1099 or RRB-1099

Taxpayer/Spouse (T, S) \_\_\_\_\_ [1]  
 State postal code \_\_\_\_\_ [2]

**Social Security Benefits**

	2018 Information	Prior Year Information
If you received a Form SSA - 1099, please complete the following information:		
Net Benefits for 2018 (Box 3 minus Box 4) <b>(Box 5)</b>	+ _____ [8]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
Voluntary Federal Income Tax Withheld <b>(Box 6)</b>	+ _____ [10]	
From the DESCRIPTION OF AMOUNT IN BOX 3 area of Form SSA-1099:		
Medicare premiums	+ _____ [12]	
Prescription drug (Part D) premiums	+ _____ [14]	

**Tier 1 Railroad Benefits**

	2018 Information	Prior Year Information
If you received a Form RRB - 1099, please complete the following information:		
Net Social Security Equivalent Benefit:		<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
Portion of Tier 1 Paid in 2018 <b>(Box 5)</b>	+ _____ [22]	
Federal Income Tax Withheld <b>(Box 10)</b>	+ _____ [25]	
Medicare Premium Total <b>(Box 11)</b>	+ _____ [27]	

**Additional Information About Benefits Received**

Additional information about the benefits received not reported above. For example did you repay any benefits in 2018 or receive any prior year benefits in 2018. This information will be reported in the SSA-1099 DESCRIPTION OF AMOUNT IN BOX 3 area or in the RRB-1099 Boxes 7 through 9.

\_\_\_\_\_  
 \_\_\_\_\_ [40]  
 \_\_\_\_\_ [41]  
 \_\_\_\_\_ [42]  
 \_\_\_\_\_ [43]  
 \_\_\_\_\_ [44]

**NOTES/QUESTIONS:**

**Preparer use only**

**2018 Information**

**Prior Year Information**

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [2]  
 Employer identification number \_\_\_\_\_ [3]  
 Business name \_\_\_\_\_ [5]  
 Principal business/profession \_\_\_\_\_ [6]  
 Business code \_\_\_\_\_ [12]  
 Business address, if different from home address on Organizer Form ID: 1040  
     Address \_\_\_\_\_ [15]  
     City/State/Zip \_\_\_\_\_ [16] \_\_\_\_\_ [17] \_\_\_\_\_ [18]  
 Accounting method (1 = Cash, 2 = Accrual, 3 = Other) \_\_\_\_\_ [19]  
     If other: \_\_\_\_\_ [21]  
 Inventory method (1 = Cost, 2 = LCM, 3 = Other) \_\_\_\_\_ [22]  
     If other enter explanation: \_\_\_\_\_ [24]  
     \_\_\_\_\_  
     \_\_\_\_\_  
 Enter an explanation if there was a change in determining your inventory: \_\_\_\_\_ [25]  
     \_\_\_\_\_  
     \_\_\_\_\_  
 Did you "materially participate" in this business? (Y, N) \_\_\_\_\_ [26]  
     If not, number of hours you did significantly participate \_\_\_\_\_ [28]  
 Mark if you began or acquired this business in 2018 \_\_\_\_\_ [30]  
 Did you make any payments in 2018 that require you to file Form(s) 1099? (Y, N) \_\_\_\_\_ [31]  
     If "Yes", did you or will you file all required Forms 1099? (Y, N) \_\_\_\_\_ [33]  
 Mark if this business is considered related to qualified services as a minister or religious worker \_\_\_\_\_ [35]  
 Did you receive wages as a statutory employee or as a minister? (1 = Statutory employee, 2 = Minister) \_\_\_\_\_ [37]  
 Medical insurance premiums paid by this activity + \_\_\_\_\_ [40]  
 Long-term care premiums paid by this activity + \_\_\_\_\_ [44]  
 Amount of wages received as a statutory employee + \_\_\_\_\_ [47]

**Business Income**

**2018 Information**

**Prior Year Information**

Gross receipts and sales  
 \_\_\_\_\_ + \_\_\_\_\_ [52]  
 \_\_\_\_\_ + \_\_\_\_\_  
 \_\_\_\_\_ + \_\_\_\_\_  
 \_\_\_\_\_ + \_\_\_\_\_  
 Returns and allowances + \_\_\_\_\_ [55]  
 Other income:  
 \_\_\_\_\_ + \_\_\_\_\_ [57]  
 \_\_\_\_\_ + \_\_\_\_\_  
 \_\_\_\_\_ + \_\_\_\_\_  
 \_\_\_\_\_ + \_\_\_\_\_

**Cost of Goods Sold**

**2018 Information**

**Prior Year Information**

Beginning inventory + \_\_\_\_\_ [59]  
 Purchases + \_\_\_\_\_ [61]  
 Labor:  
 \_\_\_\_\_ + \_\_\_\_\_ [63]  
 \_\_\_\_\_ + \_\_\_\_\_  
 Materials + \_\_\_\_\_ [65]  
 Other costs:  
 \_\_\_\_\_ + \_\_\_\_\_ [67]  
 \_\_\_\_\_ + \_\_\_\_\_  
 \_\_\_\_\_ + \_\_\_\_\_  
 \_\_\_\_\_ + \_\_\_\_\_  
 Ending inventory + \_\_\_\_\_ [69]



**Preparer use only**

	2018 Information	Prior Year Information	
Description _____	[2]	<div style="border: 1px solid black; height: 100%;"></div>	
Taxpayer/Spouse/Joint (T, S, J) __[3]	State postal code _____		[5]
Physical address: Street _____	[6]		
City, state, zip code _____ [7] ____ [8]	[9]		
Foreign country _____	[11]		
Foreign province/county _____	[12]		
Foreign postal code _____	[13]		
Type (1=Single-family, 2=Multi-family, 3=Vacation/short-term, 4=Commercial, 5=Land, 6=Royalty, 7=Self-rental, 8=Other, 9=Personal ppty) [14]	[14]		
Description of other type (Type code #8) _____	[15]		
Did you make any payments in 2018 that require you to file Form(s) 1099? (Y,N) _____	[16]		
If "Yes", did you or will you file all required Forms 1099? (Y, N) _____	[18]		
Fair rental days (If not full year) (For types 1, 2, 4, 5, 7 and 8 only) (Use Rent-2 for type 3) _____	[20]		
Percentage of ownership if not 100% _____	[22]		
Business use percentage, if not 100% (Not vacation home percentage) _____	[24]		

**Rent and Royalty Income**

	2018 Information	Prior Year Information
<b>Rents and royalties</b>	+ _____ [34]	<div style="border: 1px solid black; height: 100%;"></div>
_____	+ _____	
_____	+ _____	

**Rent and Royalty Expenses**

	2018 Information	Percent if not 100%	Prior Year Information
Advertising	+ _____ [36]	_____ [37]	<div style="border: 1px solid black; height: 100%;"></div>
Auto	+ _____ [39]	_____ [40]	
Travel	+ _____ [42]	_____ [43]	
Cleaning and maintenance	+ _____ [45]	_____ [46]	
Commissions:			
_____	+ _____ [48]	_____ [50]	
_____	+ _____	_____	
Insurance:			
_____	+ _____ [51]	_____ [53]	
_____	+ _____	_____	
Legal and professional fees	+ _____ [55]	_____ [56]	
Management fees:			
_____	+ _____ [58]	_____ [60]	
_____	+ _____	_____	
Mortgage interest paid to banks, etc (Form 1098)			
_____	+ _____ [61]	_____ [63]	
_____	+ _____	_____	
Other mortgage interest	+ _____ [64]	_____ [66]	
Qualified mortgage insurance premiums	+ _____ [67]	_____ [68]	
Other interest:			
_____	+ _____ [70]	_____ [72]	
_____	+ _____	_____	
Repairs	+ _____ [73]	_____ [74]	
Supplies	+ _____ [76]	_____ [77]	
Taxes:			
_____	+ _____ [79]	_____ [81]	
_____	+ _____	_____	
Utilities	+ _____ [82]	_____ [83]	
Depreciation	+ _____ [85]	_____ [86]	
Depletion	+ _____ [88]	_____ [89]	
Other expenses:			
_____	+ _____ [91]	_____	
_____	+ _____	_____	
_____	+ _____	_____	
_____	+ _____	_____	



Please provide all Forms 5498-SA.

**2018 Information**

**Prior Year Information**

Taxpayer/Spouse (T, S) \_\_\_\_\_ [1]  
 Name of Trustee \_\_\_\_\_ [4]  
 State postal code \_\_\_\_\_ [2]  
 Indicate type of health or medical savings account:  
     HSA \_\_\_\_\_ [6]  
     Archer MSA \_\_\_\_\_ [7]  
     MA (Medicare Advantage) MSA \_\_\_\_\_ [9]  
 Total HSA/MSA contributions made  
     for 2018 (Enter all amounts contributed, including through employer cafeteria plans) + \_\_\_\_\_ [10]  
 Indicate type of coverage under qualifying high deductible health plan (1 = Self-Only, 2 = Family) \_\_\_\_\_ [12]  
 Number of months in qualified high deductible health plan in 2018 \_\_\_\_\_ [13]  
 Mark if you want to contribute the maximum allowable health or  
     medical savings account contribution amount \_\_\_\_\_ [14]  
 Total HSA/MSA contribution to be made for 2018 + \_\_\_\_\_ [15]  
 Fair market value of HSA, Archer MSA, or MA MSA (Form 5498-SA, Box 5) + \_\_\_\_\_ [16]  
 Excess contributions for 2017 taken as constructive contributions for 2018 + \_\_\_\_\_ [19]  
 Rollover contribution (Form 5498-SA, Box 4) + \_\_\_\_\_ [21]

**Complete this section if your account is an Archer MSA or MA MSA**

Amount of annual deductible + \_\_\_\_\_ [24]  
 Enter compensation from employer maintaining high deductible health plan + \_\_\_\_\_ [27]  
 If self-employed, enter earned income from business  
     under which plan was established + \_\_\_\_\_ [31]

**Complete this section if your account is an HSA**

Was the high deductible health plan in effect for December 2018? (Y, N) \_\_\_\_\_ [33]

**NOTES/QUESTIONS:**

Please provide all Forms 1099-SA.

	2018 Information	Prior Year Information
Taxpayer/Spouse (T, S)	__ [1]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
Name of Trustee _____	[4]	
State postal code _____	[2]	
Gross distributions received <b>(Box 1)</b>	+ _____ [7]	
Earnings on excess contributions <b>(Box 2)</b>	+ _____ [9]	
Distribution code <b>(Box 3)</b>	__ [11]	
Fair Market Value on date of death <b>(Box 4)</b>	+ _____ [12]	
<b>Box 5 -</b>		
HSA	__ [13]	
Archer MSA	__ [14]	
MA MSA	__ [15]	
All distributions were used to pay unreimbursed qualified medical expenses	__ [17]	
If some distributions were used to pay for other than qualified medical expenses, enter the unreimbursed qualified medical expenses for 2018	+ _____ [19]	
Withdrawal of excess contributions by the due date of the return	+ _____ [21]	
Amount of distribution rolled over for 2018	+ _____ [23]	
If the distribution is due to the death of the account holder, enter the qualified decedent medical expenses paid by the taxpayer	+ _____ [26]	
If MA (Medicare Advantage) MSA, enter value of account on 12/31/17	+ _____ [27]	
For HSA accounts:		
Was the high deductible health plan coverage started in 2017 and in effect for the month of December 2017? (Y, N)	__ [29]	
Was the high deductible health plan coverage ended before 12/31/18? (Y, N)	__ [30]	

**Long Term Care (LTC) Service and Contracts**

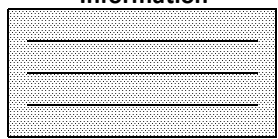
Please provide all Forms 1099-LTC.

	2018 Information	Prior Year Information
Name of the insured chronically ill individual _____	[39]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
Social security number of insured _____	[40]	
Gross long-term care (LTC) benefits paid <b>(Box 1)</b>	+ _____ [42]	
Accelerated death benefits paid <b>(Box 2)</b>	+ _____ [44]	
Check one <b>(Box 3)</b>		
Per diem	__ [46]	
Reimbursed amount	__ [47]	
Qualified contract <b>(Box 4)</b>	__ [48]	
Check, if applicable <b>(Box 5)</b>		
Chronically ill	__ [49]	
Terminally ill	__ [50]	
Are there other individuals who received LTC payments during 2018? (Y, N)	__ [52]	
If the insured is terminally ill, were payments received on account of terminal illness? (Y, N)	__ [53]	
Number of days during the long-term care period _____	[54]	
Cost incurred for qualified long-term care services during the long-term care period	+ _____ [55]	

**NOTES/QUESTIONS:**



Complete this section if you paid interest on a qualified student loan in 2018 for qualified higher education expenses for you, your spouse, or a person who was your dependent when you took out the loan. Please provide all copies of Form 1098-E. Form 1098-E from the lender reports interest received in 2018. The amounts reported by the lender may differ from the amounts you actually paid.

TS	Qualified loan interest recipient/lender	2018 Interest Paid	Prior Year Information
—	_____	+ _____ [1]	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	

**NOTES/QUESTIONS:**

Please provide all copies of Form 1098-T.

Educational institutions use Form 1098-T to report qualified education expenses. An eligible educational institution is any college, university, or vocational school eligible to participate in a student aid program administered by the U.S. Department of Education.

**Preparer - Enter on Screen Educate2**

Taxpayer/Spouse (T, S) \_\_\_\_\_ [8]  
 Education Code (1=American Opportunity Credit, 2=Lifetime Learning Credit, 3=Tuition and Fees Deduction) \_\_\_\_\_  
 Student's social security number \_\_\_\_\_  
 Student's first name \_\_\_\_\_  
 Student's last name \_\_\_\_\_

**Institution Information**

Enter information from each institution on a separate page, including the complete address and federal identification number of the institution.

Institution's federal identification number \_\_\_\_\_ [8]  
 Institution's name \_\_\_\_\_  
 Institution's street address \_\_\_\_\_  
 Institution's city, state, zip code \_\_\_\_\_

**Tuition Paid and Related Information**

Amounts reported in Box 1 may not reflect the actual amount paid for the student during 2018.  
 Enter the amount actually paid during 2018.

	2018 Information	Prior Year Information
Tuition paid (Enter only the amount actually paid) <b>(Box 1)</b>	+ _____ [8]	[8]
Field no longer applicable	_____	
Educational institution changed its reporting method for 2018 <b>(Box 3)</b>	_____	
Adjustments made for a prior year <b>(Box 4)</b>	_____	
Scholarships or grants <b>(Box 5)</b>	_____	
Adjustments to scholarships or grants for a prior year <b>(Box 6)</b>	_____	
Box 1 or 2 includes amounts for an academic period beginning January - March 2019 <b>(Box 7)</b>	_____	
At least half-time student <b>(Box 8)</b>	_____	
Graduate student <b>(Box 9)</b> (1=Yes, 2=No)	_____	
Insurance contract reimbursement/refund <b>(Box 10)</b>	_____	
Non-Institution expenses (Books and fees not paid directly to the educational institution)	_____	
American Opportunity Tax Credit (AOTC) disqualifier	_____	
<small>1 = Not pursuing degree, 2 = Not enrolled at least half-time, 3 = Felony drug conviction, 4 = 4 yrs post-secondary education before 2018</small>		

**NOTES/QUESTIONS:**

**Qualified Education Programs**  
Please provide all copies of Form 1099Q

Taxpayer/Spouse (T, S) \_\_\_\_\_ [1]  
 Payer name \_\_\_\_\_ [3]  
 State postal code \_\_\_\_\_ [4]  
 Type of account (1= Private QTP, 2 = State QTP, 3 = ESA) \_\_\_\_\_ [6]  
 Relationship to account (1 = Beneficiary, 2 = Account owner, 3 = Both, 4 = Neither) \_\_\_\_\_ [7]  
 Final distribution \_\_\_\_\_ [8]

<b>Contributions and Basis</b>
--------------------------------

Beneficiary's Information (if not taxpayer or spouse)

Social security number \_\_\_\_\_ [11]  
 First name \_\_\_\_\_ [12]  
 Last name \_\_\_\_\_ [13]

	2018 Information		Prior Year Information				
Amount contributed in current year	+ _____	[14]	<table border="1" style="width:100%; height: 100%; border-collapse: collapse;"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>				
Basis of this account at 12/31/17	+ _____	[17]					
Value of this account at 12/31/18	+ _____	[19]					
Distribution by beneficiary of previously taxed contributions (if not taxpayer or spouse)	+ _____	[24]					

<b>Payments from Qualified Education Programs</b>
---

	2018 Information		Prior Year Information										
Gross distribution ( <b>Box 1</b> )	+ _____	[30]	<table border="1" style="width:100%; height: 100%; border-collapse: collapse;"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>										
Earnings ( <b>Box 2</b> )	+ _____	[32]											
Basis ( <b>Box 3</b> )	+ _____	[34]											
Trustee-to-trustee rollover ( <b>Box 4</b> )	_____	[36]											
Trustee-to-trustee rollover amount if different than Box 1	+ _____	[37]											
<b>Box 5 -</b>													
Private QTP	_____	[39]											
State QTP	_____	[40]											
Coverdell ESA	_____	[41]											
Check if the recipient is not the designated beneficiary ( <b>Box 6</b> )	_____	[42]											
Qualified education expenses	+ _____	[43]											
Elementary and secondary education expenses	+ _____	[45]											

**NOTES/QUESTIONS:**

T/S/J	2018 Information	Prior Year Information
Medical and dental expenses, such as: Doctors, Dentists, Hospital/nursing home fees, Lab/x-ray fees, Medical supplies, Hearing aids, Eyeglasses/contact lenses, and Insurance reimbursements received		
[1] _____	+ _____ [2]	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
Medical insurance premiums you paid: <small>Do not include pre-tax amounts paid by an employer-sponsored plan or amounts entered elsewhere, such as amounts paid for your self-employed business (Sch C, Sch F, Sch K-1, etc.) or Medicare premiums entered on Form SSA-1099.</small>		
[4] _____	+ _____ [5]	
_____	+ _____	
_____	+ _____	
_____	+ _____	
Long-term care premiums you paid: <small>Do not include pre-tax amounts paid by an employer-sponsored plan or amounts entered elsewhere, such as amounts paid for your self-employed business (Sch C, Sch F, Sch K-1, etc.)</small>		
[7] _____	+ _____ [8]	
_____	+ _____	
Prescription medicines and drugs:		
[10] _____	+ _____ [11]	
_____	+ _____	
_____	+ _____	
[13] Miles driven for medical items	_____ [14]	

**Schedule A - Tax Expenses**

T/S/J	2018 Information	Prior Year Information
State/local income taxes paid:		
[18] _____	+ _____ [19]	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
2017 state and local income taxes paid in 2018:		
[21] _____	+ _____ [22]	
_____	+ _____	
_____	+ _____	
Real estate taxes paid:		
[24] _____	+ _____ [25]	
_____	+ _____	
_____	+ _____	
Personal property taxes:		
[27] _____	+ _____ [28]	
_____	+ _____	
Other taxes, such as: foreign taxes and State disability taxes		
[30] _____	+ _____ [31]	
_____	+ _____	
_____	+ _____	
Sales tax paid on major purchases:		
[36] _____	+ _____ [37]	
_____	+ _____	
Sales tax paid on actual expenses:		
[39] _____	+ _____ [40]	
_____	+ _____	
_____	+ _____	

T/S/J	Home mortgage interest: From Form 1098	2018 Interest Paid <sup>2]</sup>	2018 Points Paid	Type*	2018 Mortgage Ins. Premiums Paid	Prior Year Information
[1]		+	+	-	+	
		+	+	-	+	
		+	+	-	+	
		+	+	-	+	
		+	+	-	+	
		+	+	-	+	
		+	+	-	+	
		+	+	-	+	
		+	+	-	+	
		+	+	-	+	

**\*Mortgage Types**

**Blank = Used to buy, build or improve main/qualified second home    1 = Not used to buy, build, improve home or investment**

T/S/J	Payee's Name Other, such as: Home mortgage interest paid to individuals	SSN or EIN	2018 Information	2018 Information	Prior Year Information
[4]			+	[5]	
	<b>Address</b>				
	<b>City, state and zip code</b>				
			+		
	<b>Address</b>				
	<b>City, state and zip code</b>				

**T/S/J Name and address of other person who received Form 1098 for jointly liable mortgage interest you paid -**

Payer's/Borrower's name \_\_\_\_\_ [7]  
 Street Address \_\_\_\_\_  
 City/State/Zip code \_\_\_\_\_

**Refinancing Points paid in 2018 -**  
 Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [11]  
 Recipient/Lender name \_\_\_\_\_  
 Total points paid at time of refinance \_\_\_\_\_  
 Points deemed as paid in 2018 (Preparer use only) + \_\_\_\_\_ [12]  
 Date of refinance \_\_\_\_\_  
 Term of new loan (in months) \_\_\_\_\_  
 Reported on Form 1098 in 2018 \_\_\_\_\_

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_  
 Recipient/Lender name \_\_\_\_\_  
 Total points paid at time of refinance \_\_\_\_\_  
 Points deemed as paid in 2018 (Preparer use only) + \_\_\_\_\_  
 Date of refinance \_\_\_\_\_  
 Term of new loan (in months) \_\_\_\_\_  
 Reported on Form 1098 in 2018 \_\_\_\_\_

T/S/J	Investment interest expense, other than on Schedule(s) K-1:	2018 Information	2018 Information	Prior Year Information
[15]		+	[16]	
		+		
		+		
		+		
		+		
		+		
		+		
		+		
		+		



Form ID: A-3 **Charitable Contributions** 59

T/S/J		Qual Disaster Relief**	2018 Information	Prior Year Information
	Contributions made by cash or check (including out-of-pocket expenses) Any contribution of cash, a check or other monetary gift requires a written record of the contribution in order to claim the contribution on your return. Individual contributions of \$250 or more must be accompanied by a written acknowledgment from the charity to claim the contribution on your return.			
[2]	_____	+	_____ [3]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	
[5]	Volunteer miles driven _____		_____ [6]	
	Noncash items, such as: Goodwill/Salvation Army/clothing/household goods			
[8]	_____	+	_____ [9]	
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	

\*\*Mark if qualifying disaster relief contribution made in 2018 for relief efforts in the California wildfire disaster area

**Miscellaneous Deductions**

T/S/J			2018 Information	Prior Year Information
	Other expenses, not subject to the 2% AGI limit:			
[12]	_____	+	_____ [13]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	
[15]	Gambling losses: (Enter only if you have gambling income) _____	+	_____ [16]	
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	

**NOTES/QUESTIONS:**

Complete the information below only if you file a state return in AL, AR, CA, HI, IA, MN, NY or PA. Amounts entered here will be used to calculate your state return, but will be ignored for federal return purposes, as the deductions are not allowed.

T/S/J 2018 Information Prior Year Information

Unreimbursed expenses, such as: Uniforms, Professional dues,  
Business publications, Job seeking expenses, Educational expenses

__ [1]		+ _____	[2]	
—		+ _____		
—		+ _____		
—		+ _____		
—		+ _____		
—		+ _____		
—		+ _____		
—		+ _____		
—		+ _____		
—		+ _____		

Union dues, other than amounts reported on Form W-2:

__ [4]		+ _____	[5]	
—		+ _____		
—		+ _____		
—		+ _____		

\_\_ [7] Tax preparation fees + \_\_\_\_\_ [8]

Other expenses, subject to 2% AGI limit, such as: Legal/accounting/custodial fees

__ [10]		+ _____	[11]	
—		+ _____		
—		+ _____		
—		+ _____		
—		+ _____		
—		+ _____		
—		+ _____		
—		+ _____		
—		+ _____		
—		+ _____		

\_\_ [13] Safe deposit box rental + \_\_\_\_\_ [14]

Investment expenses, other than on Schedule(s) K-1 or Form(s) 1099-DIV/INT:

__ [16]		+ _____	[17]	
—		+ _____		
—		+ _____		
—		+ _____		
—		+ _____		
—		+ _____		
—		+ _____		
—		+ _____		
—		+ _____		
—		+ _____		

**NOTES/QUESTIONS:**



**Preparer use only**

Taxpayer/Spouse (T, S) \_\_\_\_\_ [2]  
 Occupation in which expenses were incurred \_\_\_\_\_ [3]  
 State postal code \_\_\_\_\_ [4]

**Vehicle Questions**

If you used your automobile for work purposes, please answer the following questions:

Was the vehicle available for off-duty personal use? (Y, N, Blank = Not applicable)	_____ [5]	
Was another vehicle available for personal use? (Y, N)	_____ [7]	
Do you have evidence to support your deduction? (1 = Yes - written, 2 = Yes - not written, 3 = No)	_____ [9]	

**Vehicle Information**

Vehicle 1 -	Date placed in service	_____ [11]
	Description	_____ [12]
	Comments	_____
Vehicle 2 -	Date placed in service	_____ [62]
	Description	_____ [63]
	Comments	_____
Vehicle 3 -	Date placed in service	_____ [109]
	Description	_____ [110]
	Comments	_____
Vehicle 4 -	Date placed in service	_____ [156]
	Description	_____ [157]
	Comments	_____

**Vehicles Actual Expenses**

	Vehicle 1	Prior Year Information	Vehicle 2	Prior Year Information	Vehicle 3	Prior Year Information	Vehicle 4	Prior Year Information
Total mileage for the year	_____ [20]		_____ [69]		_____ [116]		_____ [163]	
Business mileage	_____ [24]		_____ [71]		_____ [118]		_____ [165]	
Average daily round trip commuting mileage	_____ [26]		_____ [73]		_____ [120]		_____ [167]	
Total commuting mileage	_____ [28]		_____ [75]		_____ [122]		_____ [169]	
Gasoline	+ _____ [30]		+ _____ [77]		+ _____ [124]		+ _____ [171]	
Oil	+ _____ [32]		+ _____ [79]		+ _____ [126]		+ _____ [173]	
Repairs	+ _____ [34]		+ _____ [81]		+ _____ [128]		+ _____ [175]	
Maintenance	+ _____ [36]		+ _____ [83]		+ _____ [130]		+ _____ [177]	
Tires	+ _____ [38]		+ _____ [85]		+ _____ [132]		+ _____ [179]	
Car washes	+ _____ [40]		+ _____ [87]		+ _____ [134]		+ _____ [181]	
Insurance	+ _____ [42]		+ _____ [89]		+ _____ [136]		+ _____ [183]	
Interest	+ _____ [44]		+ _____ [91]		+ _____ [138]		+ _____ [185]	
Registration	+ _____ [46]		+ _____ [93]		+ _____ [140]		+ _____ [187]	
Licenses	+ _____ [48]		+ _____ [95]		+ _____ [142]		+ _____ [189]	
Property taxes (Plates, tags, etc)	_____ [50]		+ _____ [97]		+ _____ [144]		+ _____ [191]	
Vehicle rentals	+ _____ [52]		+ _____ [99]		+ _____ [146]		+ _____ [193]	
Inclusion amt (Preparer only)	_____ [54]		+ _____ [101]		+ _____ [148]		+ _____ [195]	
Other vehicle expenses	+ _____ [56]		+ _____ [103]		+ _____ [150]		+ _____ [197]	
Value of employer provided vehicle	+ _____ [58]		+ _____ [105]		+ _____ [152]		+ _____ [199]	
Depreciation	+ _____ [60]		+ _____ [107]		+ _____ [154]		+ _____ [201]	

**Please enter all amounts paid in 2018 for the care of one or more dependents which enables you to work or attend school.  
Enter the amount of dependent care expenses paid for each qualifying dependent on Organizer Form ID:1040**

	Taxpayer	Spouse
2017 employer-provided dependent care benefits used during 2018 grace period	+ _____ [3]	+ _____ [4]
Employer-provided dependent care benefits that were forfeited in 2018	+ _____ [5]	+ _____ [6]
Total qualified expenses incurred in 2018		_____ [9]
Were you or your spouse a full time student or disabled? (Yes or No)	_____ [10]	_____ [11]
Did you provide care expenses for any person(s) who is not listed as a dependent? (Y, N)		_____ [12]

---

Business name of provider \_\_\_\_\_

First and last name of provider \_\_\_\_\_

Street address of provider \_\_\_\_\_

City, State and Zip code \_\_\_\_\_

Social security number OR Employer identification number \_\_\_\_\_

Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN) \_\_\_\_\_

Amount paid to care provider in 2018 + \_\_\_\_\_ [7]

Foreign province or state of provider \_\_\_\_\_

Foreign country and Foreign postal code of provider \_\_\_\_\_

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Business name of provider \_\_\_\_\_

First and last name of provider \_\_\_\_\_

Street address of provider \_\_\_\_\_

City, State and Zip code \_\_\_\_\_

Social security number OR Employer identification number \_\_\_\_\_

Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN) \_\_\_\_\_

Amount paid to care provider in 2018 + \_\_\_\_\_

Foreign province or state of provider \_\_\_\_\_

Foreign country and Foreign postal code of provider \_\_\_\_\_

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Business name of provider \_\_\_\_\_

First and last name of provider \_\_\_\_\_

Street address of provider \_\_\_\_\_

City, State and Zip code \_\_\_\_\_

Social security number OR Employer identification number \_\_\_\_\_

Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN) \_\_\_\_\_

Amount paid to care provider in 2018 + \_\_\_\_\_

Foreign province or state of provider \_\_\_\_\_

Foreign country and Foreign postal code of provider \_\_\_\_\_

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Business name of provider \_\_\_\_\_

First and last name of provider \_\_\_\_\_

Street address of provider \_\_\_\_\_

City, State and Zip code \_\_\_\_\_

Social security number OR Employer identification number \_\_\_\_\_

Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN) \_\_\_\_\_

Amount paid to care provider in 2018 + \_\_\_\_\_

Foreign province or state of provider \_\_\_\_\_

Foreign country and Foreign postal code of provider \_\_\_\_\_

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Business name of provider \_\_\_\_\_

First and last name of provider \_\_\_\_\_

Street address of provider \_\_\_\_\_

City, State and Zip code \_\_\_\_\_

Social security number OR Employer identification number \_\_\_\_\_

Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN) \_\_\_\_\_

Amount paid to care provider in 2018 + \_\_\_\_\_

Foreign province or state of provider \_\_\_\_\_

Foreign country and Foreign postal code of provider \_\_\_\_\_

**The American Tax Relief Act of 2012 provides credits for energy efficient improvements made to personal residences. There are certain restrictions and limits but some of the home improvements that may qualify include exterior windows and doors, metal roofs, solar electric, or solar heating property. Please provide copies of any prior year Forms 5695 not prepared by this office.**

Taxpayer/Spouse/Joint (T, S, J)		__ [1]
Were the costs incurred made to your main home located in the United States? (Y, N)		__ [2]
Were the costs incurred related to the construction of your main home located in the United States? (Y, N)		__ [3]
Enter the total amount of costs for insulation material or system to reduce heat loss or gain	+ _____	[5]
Enter the total amount of costs for exterior windows	+ _____	[7]
Enter the total amount of costs for exterior doors	+ _____	[9]
Enter the total amount of costs for qualified metal roofs	+ _____	[11]
Enter the total amount of costs for energy-efficient building property	+ _____	[6]
Enter the total amount of costs for qualified natural gas, propane, or oil furnace or hot water boilers	+ _____	[8]
Enter the total amount of costs for advanced main circulating fan used in a natural gas, propane, or oil furnace	+ _____	[10]
Enter the total amount of costs for qualified solar electric property	+ _____	[12]
Enter the total amount of costs for qualified solar water heating property	+ _____	[14]
Enter the total amount of costs for qualified small wind energy property	+ _____	[16]
Enter the total amount of costs for qualified geothermal heat pump property	+ _____	[13]
Enter the total amount of costs for qualified fuel cell property	+ _____	[15]
Enter the total amount of kilowatt capacity of the qualified fuel cell property	_____	[17]

**NOTES/QUESTIONS:**