

Client Organizer Topical Index

This client organizer topical index is designed to help you quickly locate the items listed. To use the index just locate the topic and refer to the page number listed. The page number corresponds to the number printed in the top right corner of your organizer sheets. Please note this organizer is customized specifically for you, and may not contain all of the pages listed here.

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Please note the following conventions used throughout your client organizer: T/S/J and T/S headings should be used to indicate if an item belongs to the (T)axpayer, (S)pouse, or (J)oint. Also, if an item did not occur in your resident state, please indicate the state's postal code abbreviation in which the item occurred. Control totals and [] numbers are for preparer use only.

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]

	Taxpayer	Spouse
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:

Per IRS Security Summit requirements, verify the name of financial institution, routing transit number, account number, and type of account below. If you would like to have a refund direct deposited into or a balance due debited from your bank account(s), please enter information in the fields below. Note that electronic funds will be withdrawn only from the primary account listed below.

Mark to verify all accounts listed below have been reviewed, updated as needed, and are correct. [1]

Primary account:

Financial institution routing transit number _____ [3]

Name of financial institution _____ [4]

Your account number _____ [5]

Type of account (1 = Savings, 2 = Checking, 3 = IRA*) _____ [6]

Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) _____ [7]

Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) _____ [8]

Enter the maximum dollar amount, or percentage of total refund Dollar _____ [9] or Percent (xxx.xx) _____ [10]

Secondary account #1:

Financial institution routing transit number _____ [25]

Name of financial institution _____ [26]

Your account number _____ [27]

Type of account (1 = Savings, 2 = Checking, 3 = IRA*) _____ [28]

Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) _____ [29]

Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) _____ [30]

Enter the maximum dollar amount, or percentage of total refund Dollar _____ [11] or Percent (xxx.xx) _____ [12]

Secondary account #2:

Financial institution routing transit number _____ [31]

Name of financial institution _____ [32]

Your account number _____ [33]

Type of account (1 = Savings, 2 = Checking, 3 = IRA*) _____ [34]

Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) _____ [35]

Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) _____ [36]

Enter the maximum dollar amount, or percentage of total refund Dollar _____ [15] or Percent (xxx.xx) _____ [16]

*Refunds may only be direct deposited to established traditional, Roth or SEP-IRA accounts. Make sure direct deposits will be accepted by the bank or financial institution.

Refund - U.S. Series I Savings Bond Purchases

A tax refund may be used to buy up to \$5,000 of U.S. Series I Savings bonds and registered for up to three different persons. If you would like to purchase U.S. Series I Savings bonds (in increments of \$50) with your refund, if applicable, please complete the following information. Please note you may enter only one name per registration (with exception of married filing joint returns) and must enter the party's given name, do not use nicknames.

Indicate either a maximum dollar amount (up to \$5,000), or percentage of refund you would like used to purchase bonds

The bonds will be registered to the name(s) on the return. For married filing joint returns this means the bonds will be registered in both names listed on the return.

To register the bonds separately, leave these fields blank and use the fields provided below.

Enter either a dollar amount or percent, but not both Dollar _____ [13] or Percent (xxx.xx) _____ [14]

Bond information for someone other than taxpayer and spouse, if married filing jointly

Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase bonds Dollar _____ [17] or Percent (xxx.xx) _____ [18]

Owner's name (First Last) _____ [38] _____ [39]

Co-owner or beneficiary (First Last) _____ [40] _____ [41]

Mark if the name listed above is a beneficiary _____ [42]

Bond information for someone other than taxpayer and spouse, if married filing jointly

Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase bonds Dollar _____ [21] or Percent (xxx.xx) _____ [22]

Owner's name (First Last) _____ [43] _____ [44]

Co-owner or beneficiary (First Last) _____ [45] _____ [46]

Mark if the name listed above is a beneficiary _____ [47]

IRS regulations require paid tax preparers who expect to prepare a certain amount of federal individual tax returns to file them electronically. To comply with this requirement your return will be electronically filed this year if it qualifies for electronic filing under IRS rules. Taxpayers may choose to file a paper return instead of filing electronically.

Mark if you want to file a paper return even if you qualify for electronic filing _____[1]

Receive email notification(s) when your electronic file is accepted by the taxing agency (Blank = None, 1 = Return, 2 = Return & Extension) _____[2]

If 1 or 2, please provide email address on Organizer Form ID: Info

Mark if you are filing a balance due return electronically and you want to pay the amount due by debiting your financial institution account _____[9]

The IRS requires a Personal Identification Number (PIN) be used in signing returns that are electronically filed.

Each taxpayer and spouse, if applicable, must provide a 5 digit self-selected PIN of your choice other than all zeroes.

Taxpayer self-selected Personal Identification Number (PIN) _____[7]

Spouse self-selected Personal Identification Number (PIN) _____[8]

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:

Taxpayer/Spouse/Joint (T, S, J) _____ [1]
 State postal code _____ [2]

Amount paid with 2017 return + _____ [3]
 2017 overpayment applied to '18 estimates + _____ [4]
 Treat calculated amounts as paid _____ [8]

	Date Paid	Amount Paid	Calculated Amount
1st quarter payment	_____ [9]	+ _____ [10]	
2nd quarter payment	_____ [11]	+ _____ [12]	
3rd quarter payment	_____ [13]	+ _____ [14]	
4th quarter payment	_____ [15]	+ _____ [16]	
Additional payment	_____ [17]	+ _____ [18]	

2018 City Estimated Tax Payments

<p>City name _____ [28]</p> <p>Amount paid with 2017 return + _____ [31]</p> <p>2017 overpayment applied to '18 estimates + _____ [32]</p> <p>Treat calculated amounts as paid _____ [36]</p>	<p>City name _____ [50]</p> <p>Amount paid with 2017 return + _____ [53]</p> <p>2017 overpayment applied to '18 estimates + _____ [54]</p> <p>Treat calculated amounts as paid _____ [58]</p>
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<table border="0"> <thead> <tr> <th></th> <th>Date Paid</th> <th>Amount Paid</th> </tr> </thead> <tbody> <tr> <td>1st quarter payment</td> <td>_____ [37]</td> <td>+ _____ [38]</td> </tr> <tr> <td>2nd quarter payment</td> <td>_____ [39]</td> <td>+ _____ [40]</td> </tr> <tr> <td>3rd quarter payment</td> <td>_____ [41]</td> <td>+ _____ [42]</td> </tr> <tr> <td>4th quarter payment</td> <td>_____ [43]</td> <td>+ _____ [44]</td> </tr> </tbody> </table>		Date Paid	Amount Paid	1st quarter payment	_____ [37]	+ _____ [38]	2nd quarter payment	_____ [39]	+ _____ [40]	3rd quarter payment	_____ [41]	+ _____ [42]	4th quarter payment	_____ [43]	+ _____ [44]	<table border="0"> <thead> <tr> <th></th> <th>Date Paid</th> <th>Amount Paid</th> </tr> </thead> <tbody> <tr> <td>1st quarter payment</td> <td>_____ [59]</td> <td>+ _____ [60]</td> </tr> <tr> <td>2nd quarter payment</td> <td>_____ [61]</td> <td>+ _____ [62]</td> </tr> <tr> <td>3rd quarter payment</td> <td>_____ [63]</td> <td>+ _____ [64]</td> </tr> <tr> <td>4th quarter payment</td> <td>_____ [65]</td> <td>+ _____ [66]</td> </tr> </tbody> </table>		Date Paid	Amount Paid	1st quarter payment	_____ [59]	+ _____ [60]	2nd quarter payment	_____ [61]	+ _____ [62]	3rd quarter payment	_____ [63]	+ _____ [64]	4th quarter payment	_____ [65]	+ _____ [66]
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4th quarter payment	_____ [65]	+ _____ [66]																													

Calculated Amount

1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

Calculated Amount

1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

<p>City name _____ [72]</p> <p>Amount paid with 2017 return + _____ [75]</p> <p>2017 overpayment applied to '18 estimates + _____ [76]</p> <p>Treat calculated amounts as paid _____ [80]</p>	<p>City name _____ [94]</p> <p>Amount paid with 2017 return + _____ [97]</p> <p>2017 overpayment applied to '18 estimates + _____ [98]</p> <p>Treat calculated amounts as paid _____ [102]</p>
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2nd quarter payment	_____ [105]	+ _____ [106]																													
3rd quarter payment	_____ [107]	+ _____ [108]																													
4th quarter payment	_____ [109]	+ _____ [110]																													

Calculated Amount

1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

Calculated Amount

1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

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 ^[1]	Tax Exempt Income	Penalty on Early Withdrawal	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	+					

**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	[2]	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	+											

**Dividend Codes
Blank = Other 3 = Nominee

Seller Financed Mortgage Interest Income

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

2018 Information

Prior Year Information

Taxpayer/Spouse/Joint (T, S, J) _____

Payer's name _____

Payer's street address _____

Payer's city, state, zip code _____

Payer's social security number _____

Interest income amount received in 2018 + _____ [1]

Taxpayer/Spouse/Joint (T, S, J) _____

Payer's name _____

Payer's street address _____

Payer's city, state, zip code _____

Payer's social security number _____

Interest income amount received in 2018 + _____ [1]

Taxpayer/Spouse/Joint (T, S, J) _____

Payer's name _____

Payer's street address _____

Payer's city, state, zip code _____

Payer's social security number _____

Interest income amount received in 2018 + _____ [1]

Taxpayer/Spouse/Joint (T, S, J) _____

Payer's name _____

Payer's street address _____

Payer's city, state, zip code _____

Payer's social security number _____

Interest income amount received in 2018 + _____ [1]

Taxpayer/Spouse/Joint (T, S, J) _____

Payer's name _____

Payer's street address _____

Payer's city, state, zip code _____

Payer's social security number _____

Interest income amount received in 2018 + _____ [1]

Taxpayer/Spouse/Joint (T, S, J) _____

Payer's name _____

Payer's street address _____

Payer's city, state, zip code _____

Payer's social security number _____

Interest income amount received in 2018 + _____ [1]

Taxpayer/Spouse/Joint (T, S, J) _____

Payer's name _____

Payer's street address _____

Payer's city, state, zip code _____

Payer's social security number _____

Interest income amount received in 2018 + _____ [1]

Taxpayer/Spouse/Joint (T, S, J) _____

Payer's name _____

Payer's street address _____

Payer's city, state, zip code _____

Payer's social security number _____

Interest income amount received in 2018 + _____ [1]

Miscellaneous Income #1

Please provide all Forms 1099-MISC

Preparer use only

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

Control Totals +

Miscellaneous Income #2

Please provide all Forms 1099-MISC

Preparer use only

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

Control Totals +

NOTES/QUESTIONS:

Gambling Winnings #1

Please provide all copies of Form W-2G.

2018 Information

Prior Year Information

Taxpayer/Spouse (T, S)	_____	[1]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
Payer name	_____	[3]	
State postal code	_____	[4]	
Mark if professional gambler	_____	[9]	
Reportable winnings (Box 1)	+ _____	[11]	
Date won (Box 2)	_____	[13]	
Type of wager (Box 3)	_____	[15]	
Federal withholding (Box 4)	+ _____	[17]	
Transaction (Box 5)	_____	[19]	
Race (Box 6)	_____	[21]	
Identical wager winnings (Box 7)	+ _____	[23]	
Cashier (Box 8)	_____	[25]	
Taxpayer identification number (Box 9)	_____	[27]	
Window (Box 10)	_____	[28]	
First ID (Box 11)	_____	[30]	
Second ID (Box 12)	_____	[31]	
Payer's state ID no. (Box 13)	_____	[32]	
State winnings (Box 14)	+ _____	[33]	
State withholding (Box 15)	+ _____	[35]	
Local winnings (Box 16)	+ _____	[37]	
Local withholding (Box 17)	+ _____	[39]	
Name of locality (Box 18)	_____	[42]	

Control Totals +

Gambling Winnings #2

Please provide all copies of Form W-2G.

2018 Information

Prior Year Information

Taxpayer/Spouse (T, S)	_____	[1]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
Payer name	_____	[3]	
State postal code	_____	[4]	
Mark if professional gambler	_____	[9]	
Reportable winnings (Box 1)	+ _____	[11]	
Date won (Box 2)	_____	[13]	
Type of wager (Box 3)	_____	[15]	
Federal withholding (Box 4)	+ _____	[17]	
Transaction (Box 5)	_____	[19]	
Race (Box 6)	_____	[21]	
Identical wager winnings (Box 7)	+ _____	[23]	
Cashier (Box 8)	_____	[25]	
Taxpayer identification number (Box 9)	_____	[27]	
Window (Box 10)	_____	[28]	
First ID (Box 11)	_____	[30]	
Second ID (Box 12)	_____	[31]	
Payer's state ID no. (Box 13)	_____	[32]	
State winnings (Box 14)	+ _____	[33]	
State withholding (Box 15)	+ _____	[35]	
Local winnings (Box 16)	+ _____	[37]	
Local withholding (Box 17)	+ _____	[39]	
Name of locality (Box 18)	_____	[42]	

Control Totals +

NOTES/QUESTIONS:

Pension, Annuity, and IRA Distributions #1

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]	

	Control Totals +	
--	------------------	--

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]	

	Control Totals +	
--	------------------	--

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]	

	Control Totals +	
--	------------------	--

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) (Box 5)	+ _____ [8]	
Voluntary Federal Income Tax Withheld (Box 6)	+ _____ [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:		
Portion of Tier 1 Paid in 2018 (Box 5)	+ _____ [22]	
Federal Income Tax Withheld (Box 10)	+ _____ [25]	
Medicare Premium Total (Box 11)	+ _____ [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:

	Taxpayer	Spouse
Are you or your spouse (if MFJ or MFS) covered by an employer's retirement plan? (Y, N)	__ [1]	__ [2]
Do you want to contribute the maximum allowable traditional IRA contribution amount? If yes, enter the applicable code: (1 = Deductible only, 2 = Both deductible and nondeductible)	__ [3]	__ [4]
Enter the total traditional IRA contributions made for use in 2018	+ _____ [5]	+ _____ [6]
	Taxpayer	Spouse
Enter the nondeductible contribution amount made for use in 2018	+ _____ [11]	+ _____ [12]
Enter the nondeductible contribution amount made in 2019 for use in 2018	+ _____ [13]	+ _____ [14]
Traditional IRA basis	+ _____ [15]	+ _____ [16]
Value of all your traditional IRA's on December 31, 2018:	+ _____ [17]	+ _____ [18]
_____	+ _____	+ _____
_____	+ _____	+ _____
_____	+ _____	+ _____
_____	+ _____	+ _____
_____	+ _____	+ _____

Roth IRA

Please provide copies of any 1998 through 2017 Form 8606 not prepared by this office

	Taxpayer	Spouse
Mark if you want to contribute the maximum Roth IRA contribution	__ [27]	__ [28]
Enter the total Roth IRA contributions made for use in 2018	+ _____ [29]	+ _____ [30]
Enter the total amount of Roth IRA conversion recharacterizations for 2018	+ _____ [37]	+ _____ [38]
Enter the total contribution Roth IRA basis on December 31, 2017	+ _____ [41]	+ _____ [42]
Enter the total Roth IRA contribution recharacterizations for 2018	+ _____ [43]	+ _____ [44]
Enter the Roth conversion IRA basis on December 31, 2017	+ _____ [45]	+ _____ [46]
Value of all your Roth IRA's on December 31, 2018:	+ _____ [47]	+ _____ [48]
_____	+ _____	+ _____
_____	+ _____	+ _____
_____	+ _____	+ _____
_____	+ _____	+ _____
_____	+ _____	+ _____

NOTES/QUESTIONS:

Preparer use only

- Business activity or profession name _____ [3]
- Taxpayer/Spouse (T, S) _____ [4]
- State postal code _____ [5]
- Contribute the maximum allowable contribution amount? (1 = Keogh, 2 = SEP, 3 = SIMPLE 401(k), 4 = Solo 401(k), 5 = SIMPLE IRA, 6 = SARSEP) _____ [6]
- Plan contribution rate. Enter in xx.xx format (Limitation percentage) _____ [7]
- Enter the total amount of contributions made to a Keogh plan in 2018 + _____ [8]
- Enter the total amount of contributions made to a Solo 401(k) plan in 2018 + _____ [9]
- Enter the total amount of contributions made to a SEP plan in 2018 + _____ [10]
- Enter the total amount of contributions made to a SARSEP plan in 2018 + _____ [11]
- Enter the total amount of contributions made to a defined benefit plan in 2018 + _____ [12]
- Enter the total amount of contributions made to a profit-sharing plan in 2018 + _____ [13]
- Enter the total amount of contributions made to a money purchase plan in 2018 + _____ [14]
- Enter the total amount of contributions made to a SIMPLE 401(k) plan in 2018 + _____ [15]
- Enter the total amount of contributions to a SIMPLE IRA plan in 2018 + _____ [16]

Catch-up Contributions

- Enter the amount of catch-up contributions made to a Solo 401(k) or SARSEP in 2018 + _____ [17]
- Enter the amount of catch-up contributions made to a SIMPLE Plan in 2018 + _____ [18]

Elective Deferrals

- Enter the total contributions to a Solo 401(k) or SARSEP made through elective deferrals in 2018 + _____ [19]
- Enter the amount of elective deferrals designated as Roth contributions in 2018 + _____ [20]

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]	_____

Control Totals +

Preparer use only
Principal business or profession _____

Preparer use only Carryovers	Regular		AMT	
Operating	+	[17]	+	[18]
Short-term capital	+	[19]	+	[20]
Long-term capital	+	[21]	+	[22]
28% rate capital	+	[23]	+	[24]
Section 1231 loss	+	[25]	+	[26]
Ordinary business gain/loss	+	[27]	+	[28]
Section 179	+	[29]	+	[30]

NOTES/QUESTIONS:

Preparer use only

	2018 Information	Prior Year Information
Description _____	[2]	
Taxpayer/Spouse/Joint (T, S, J) ___[3]	State postal code _____	
Physical address: Street _____	[6]	
City, state, zip code _____ [7] ___ [8] _____	[9]	
Foreign country _____	[11]	
Foreign province/country _____	[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]	
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

Rents and royalties	2018 Information	Prior Year Information
_____ + _____	[34]	_____
_____		_____

Rent and Royalty Expenses

	2018 Information	Percent if not 100%	Prior Year Information
Advertising	+ _____	[36] _____ [37]	_____
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] _____	_____
_____	+ _____		_____
_____	+ _____		_____
_____	+ _____		_____

Control Totals +

Preparer use only
Description _____

Refinancing Points

Preparer - Enter on Screen Rent

	2018 Information	Prior Year Information
Refinancing points paid -		
Recipient's/Lender's name _____ [93]		
Date of refinance _____		
Total # Payments _____		
Reported on 1098 in 2018 _____		
Total points paid _____		
Points deemed as paid in current year (Preparer use only) _____		
Refinancing points paid -		
Recipient's/Lender's name _____		
Date of refinance _____		
Total # Payments _____		
Reported on 1098 in 2018 _____		
Total points paid _____		
Points deemed as paid in current year (Preparer use only) _____		
Refinancing points paid -		
Recipient's/Lender's name _____		
Date of refinance _____		
Total # Payments _____		
Reported on 1098 in 2018 _____		
Total points paid _____		
Points deemed as paid in current year (Preparer use only) _____		

Vacation Home Information

	2018 Information	Prior Year Information
Number of days home was used personally _____ [6]		
Number of days home was rented _____ [8]		
Number of day home owned, if not 365 _____ [10]		
Carryover of disallowed operating expenses into 2018 + _____ [22]		
Carryover of disallowed depreciation expenses into 2018 + _____ [23]		

Passive and Other Information

Preparer use only Carryovers	Regular	AMT
Operating	+ [36]	+ [37]
Short-term capital	+ [38]	+ [39]
Long-term capital	+ [40]	+ [41]
28% rate capital	+ [42]	+ [43]
Section 1231 loss	+ [44]	+ [45]
Ordinary business gain/loss	+ [46]	+ [47]
Comm revitalization	+ [48]	+ [49]
Section 179	+ [50]	+ [51]

Please provide copies of Schedules K-1 showing income from partnerships and S-corporations.

Taxpayer/Spouse/Joint (T, S, J) _____ [2]
 Employer identification number _____ [6]
 Name of entity _____ [13]
 State postal code _____ [14]
 Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership) _____ [17]

	Preparer use only Carryovers	Regular	AMT
Enter on K1-7	Operating	[23]	[24]
	Short-term capital	[25]	[26]
	Long-term capital	[27]	[28]
	28% rate capital	[29]	[30]
	Section 1231 loss	[31]	[32]
	Ordinary business gain/loss	[33]	[34]
	Other losses - 1040 Sch 1	[35]	[36]
	Comm revitalization	[37]	[38]
	Section 179	[39]	[40]
	Excess farm loss	[41]	[42]

Taxpayer/Spouse/Joint (T, S, J) _____ [2]
 Employer identification number _____ [6]
 Name of entity _____ [13]
 State postal code _____ [14]
 Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership) _____ [17]

	Preparer use only Carryovers	Regular	AMT
Enter on K1-7	Operating	[23]	[24]
	Short-term capital	[25]	[26]
	Long-term capital	[27]	[28]
	28% rate capital	[29]	[30]
	Section 1231 loss	[31]	[32]
	Ordinary business gain/loss	[33]	[34]
	Other losses - 1040 Sch 1	[35]	[36]
	Comm revitalization	[37]	[38]
	Section 179	[39]	[40]
	Excess farm loss	[41]	[42]

Taxpayer/Spouse/Joint (T, S, J) _____ [2]
 Employer identification number _____ [6]
 Name of entity _____ [13]
 State postal code _____ [14]
 Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership) _____ [17]

	Preparer use only Carryovers	Regular	AMT
Enter on K1-7	Operating	[23]	[24]
	Short-term capital	[25]	[26]
	Long-term capital	[27]	[28]
	28% rate capital	[29]	[30]
	Section 1231 loss	[31]	[32]
	Ordinary business gain/loss	[33]	[34]
	Other losses - 1040 Sch 1	[35]	[36]
	Comm revitalization	[37]	[38]
	Section 179	[39]	[40]
	Excess farm loss	[41]	[42]

Please provide all copies of Schedules K-1 showing income from estates and trusts.

Taxpayer/Spouse/Joint (T, S, J) _____ [2]
 Employer identification number _____ [3]
 Name of activity _____ [4]
 State postal code _____ [5]

	Preparer use only Carryovers	Regular	AMT
Enter on K1T-3	Operating	[23]	[24]
	Short-term capital	[25]	[26]
	Long-term capital	[27]	[28]
	28% rate capital	[29]	[30]
	Section 1231 loss	[31]	[32]
	Ordinary business gain/loss	[33]	[34]
	Comm revitalization	[35]	[36]

Taxpayer/Spouse/Joint (T, S, J) _____ [2]
 Employer identification number _____ [3]
 Name of activity _____ [4]
 State postal code _____ [5]

	Preparer use only Carryovers	Regular	AMT
Enter on K1T-3	Operating	[23]	[24]
	Short-term capital	[25]	[26]
	Long-term capital	[27]	[28]
	28% rate capital	[29]	[30]
	Section 1231 loss	[31]	[32]
	Ordinary business gain/loss	[33]	[34]
	Comm revitalization	[35]	[36]

Taxpayer/Spouse/Joint (T, S, J) _____ [2]
 Employer identification number _____ [3]
 Name of activity _____ [4]
 State postal code _____ [5]

	Preparer use only Carryovers	Regular	AMT
Enter on K1T-3	Operating	[23]	[24]
	Short-term capital	[25]	[26]
	Long-term capital	[27]	[28]
	28% rate capital	[29]	[30]
	Section 1231 loss	[31]	[32]
	Ordinary business gain/loss	[33]	[34]
	Comm revitalization	[35]	[36]

Taxpayer/Spouse/Joint (T, S, J) _____ [2]
 Employer identification number _____ [3]
 Name of activity _____ [4]
 State postal code _____ [5]

	Preparer use only Carryovers	Regular	AMT
Enter on K1T-3	Operating	[23]	[24]
	Short-term capital	[25]	[26]
	Long-term capital	[27]	[28]
	28% rate capital	[29]	[30]
	Section 1231 loss	[31]	[32]
	Ordinary business gain/loss	[33]	[34]
	Comm revitalization	[35]	[36]

Description	_____	[1]
Taxpayer/Spouse/Joint (T, S, J)	_____	[5]
State postal code	_____	[6]
Mark if electing to pay tax on entire gain (No exclusion will be calculated and entire gain will be reported on Schedule D)	_____	[7]
Date former residence was acquired	_____	[9]
Date former residence was sold	_____	[10]
Selling price of former residence	+ _____	[11]
Expenses related to the sale of your old home	+ _____	[12]
Original cost of home sold including capital improvements	+ _____	[13]

Exclusion Information

Mark if meet use and ownership test without exceptions (2 years use within 5-year period preceding sale date)	_____	[19]
	Taxpayer	Spouse
Reduced exclusion days: (Enter only days within 5-year period ending on sale date)		
Number of days each person used property as main home	_____ [21]	_____ [22]
Number of days each person owned property used as main home	_____ [23]	_____ [24]
Number of days between date of sale of the other home and date of sale of this home	_____ [25]	_____ [26]

Form 6252 - Current Year Installment Sale

Mortgage and other debts the buyer assumed	+ _____	[28]
Total current year payments received	+ _____	[29]

Form 6252 - Related Party Installment Sale Information

Related party name	_____	[30]
Address	_____	[31]
City, State and Zip	_____ [32] [33]	[34]
Identifying number of related party	_____	[35]
Was the property sold as a marketable security? (Y, N)	_____	[36]
Enter date of second sale if more than 2 years after the first sale	_____	[37]
Indicate special conditions if applicable (1 = Sale/exchange, 2 = Involuntary conv, 3 = Death of seller, 4 = No tax avoidance)	_____	[38]
Selling price of property sold by a related party	+ _____	[40]

NOTES/QUESTIONS:

Preparer use only

Description of move	_____	[2]
Taxpayer/Spouse/Joint (T, S, J)	_____	[3]
Mark if the move was due to service in the armed forces	_____	[7]
Number of miles from old home to new workplace	_____	[8]
Number of miles from old home to old workplace	_____	[9]
Mark if move is outside United States or its possessions	_____	[10]
Transportation and storage expenses	+ _____	[11]
Travel and lodging (not including meals)	+ _____	[12]
Miles driven to new home	_____	[13]
Total amount reimbursed for moving expenses	+ _____	[15]

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]	<div style="background-color: #cccccc; padding: 5px;"> _____ _____ _____ </div>
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	

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) (Box 1)	+ _____[8]	
Field no longer applicable	_____	
Educational institution changed its reporting method for 2018 (Box 3)	_____	
Adjustments made for a prior year (Box 4)	_____	
Scholarships or grants (Box 5)	_____	
Adjustments to scholarships or grants for a prior year (Box 6)	_____	
Box 1 or 2 includes amounts for an academic period beginning January - March 2019 (Box 7)	_____	
At least half-time student (Box 8)	_____	
Graduate student (Box 9) (1=Yes, 2=No)	_____	
Insurance contract reimbursement/refund (Box 10)	_____	
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]

Contributions and Basis

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]	_____ _____ _____ _____
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]	

Payments from Qualified Education Programs

	2018 Information	Prior Year Information
Gross distribution (Box 1)	+ _____ [30]	_____ _____ _____ _____ _____ _____ _____ _____ _____
Earnings (Box 2)	+ _____ [32]	
Basis (Box 3)	+ _____ [34]	
Trustee-to-trustee rollover (Box 4)	_____ [36]	
Trustee-to-trustee rollover amount if different than Box 1	+ _____ [37]	
Box 5 -		
Private QTP	_____ [39]	
State QTP	_____ [40]	
Coverdell ESA	_____ [41]	
Check if the recipient is not the designated beneficiary (Box 6)	_____ [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]	
—	+ _____	
—	+ _____	

Interest Expenses

T/S/J	Home mortgage interest: From Form 1098	2018 Interest Paid ^[2]	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	Prior Year Information
[4]	_____	_____	+ _____	[5]
	Address _____			
	City, state and zip code _____			
	_____	+		
	Address _____			
	City, state and zip code _____			

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	Prior Year Information
[15]	_____	+ _____	[16]
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	

Noncash Contributions Exceeding \$500

For donated securities, include the company name and number of shares in the donated property description, below

Taxpayer/Spouse/Joint (T, S, J)		__ [1]
Donated property description	_____	[4]
Name of donee organization	_____	[5]
Address of donee organization	_____	[6]
City	_____	[7]
State postal code	_____	[8]
Zip code	_____	[9]
Date contributed	_____	[10]
Date acquired by donor	_____	[11]
How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange)		__ [12]
Donor's cost or basis	+ _____	[13]
Fair market value	+ _____	[14]
Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other)		__ [15]
If other:	_____	[16]

	Control Totals +	
--	------------------	--

Noncash Contributions Exceeding \$500

For donated securities, include the company name and number of shares in the donated property description, below

Taxpayer/Spouse/Joint (T, S, J)		__ [1]
Donated property description	_____	[4]
Name of donee organization	_____	[5]
Address of donee organization	_____	[6]
City	_____	[7]
State postal code	_____	[8]
Zip code	_____	[9]
Date contributed	_____	[10]
Date acquired by donor	_____	[11]
How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange)		__ [12]
Donor's cost or basis	+ _____	[13]
Fair market value	+ _____	[14]
Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other)		__ [15]
If other:	_____	[16]

	Control Totals +	
--	------------------	--

Noncash Contributions Exceeding \$500

For donated securities, include the company name and number of shares in the donated property description, below

Taxpayer/Spouse/Joint (T, S, J)		__ [1]
Donated property description	_____	[4]
Name of donee organization	_____	[5]
Address of donee organization	_____	[6]
City	_____	[7]
State postal code	_____	[8]
Zip code	_____	[9]
Date contributed	_____	[10]
Date acquired by donor	_____	[11]
How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange)		__ [12]
Donor's cost or basis	+ _____	[13]
Fair market value	+ _____	[14]
Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other)		__ [15]
If other:	_____	[16]

	Control Totals +	
--	------------------	--

Please provide all Forms 1098-C. If you received a different acknowledgment from the donee organization in lieu of Form 1098-C, enter the equivalent donation information in the fields provided below.

Taxpayer/Spouse (T, S) _____ [1]

Donee's name _____ [4]

State postal code _____ [3]

Date of contribution (Box 1) _____ [9]

Odometer mileage (Box 2a) _____ [10]

Year of vehicle (Box 2b) _____ [11]

Make of vehicle (Box 2c) _____ [12]

Model of vehicle (Box 2d) _____ [13]

Vehicle or other identification number (Box 3) _____ [14]

Donee certifies that vehicle was sold in arm's length transaction to unrelated party (Box 4a) _____ [15]

Date of sale (Box 4b) _____ [16]

Gross proceeds from sale (Box 4c) + _____ [17]

Donee certifies that vehicle will not be transferred for money, other property, or services before completion of material improvement or significant intervening use (Box 5a) _____ [18]

Donee certifies that vehicle is to be transferred to a needy individual for significantly below fair market value in furtherance of donee's charitable purpose (Box 5b) _____ [19]

Detailed description of material improvements or significant intervening use and duration of use (Box 5c) _____ [20]

_____ [20]

_____ [20]

_____ [20]

Did you provide goods or services in exchange for the vehicle? (Box 6a) Yes ___ [21] No ___ [22]

Value of goods and services provided in exchange for the vehicle (Box 6b) + _____ [23]

Donee certifies that the goods and services consisted solely of intangible religious benefits (Box 6c) _____ [24]

Description of goods and services (Box 6c) _____ [25]

_____ [25]

_____ [25]

_____ [25]

Under the law, the donor may not claim a deduction of more than \$500 for this vehicle if this box is checked (Box 7) _____ [26]

Other Information for Donated Property

Overall physical condition of property _____ [31]

Date property was acquired by donor _____ [32]

How property was acquired by donor (P = Purchase, I = Inheritance, G = Gift, E = Exchange) _____ [33]

Donor's cost or basis + _____ [34]

Fair market value on date of contribution + _____ [35]

Method used to determine FMV (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) _____ [36]

If other: _____ [37]

Bargain sale amount received _____ [38]

Donee's address, and ZIP code _____ [42]

_____ [43] _____ [44] _____ [45]

Donee's telephone number _____ [46]

NOTES/QUESTIONS:

Preparer use only

Principal business or profession _____ [3]
 Taxpayer/Spouse/Joint (T, S, J) _____ [4]
 State postal code _____ [5]

Business Use of Home

	2018 Information	Prior Year Information
Total area of home	_____ [14]	_____
Area used exclusively for business	_____ [16]	_____
Information for day-care facilities only:		
Total hours used for day-care during this year	_____ [18]	_____
Total hours used this year, if less than 8760	_____ [20]	_____
Special computation for certain day-care facilities:		
Area used regularly and exclusively for day-care business	_____ [22]	_____
Area used partly for day-care business	_____ [24]	_____

List as direct expenses any expenses which are attributable only to the business part of your home.
 List as indirect expenses any expenses which are attributable to the overall upkeep and running of your home.

	2018 Information		Prior Year Information
	Direct Expenses	Indirect Expenses	
Mortgage interest:	+ _____ [29]	+ _____ [31]	_____
Mortgage insurance premiums	+ _____ [34]	+ _____ [35]	_____
Real estate taxes:	+ _____ [37]	+ _____ [39]	_____
Excess mortgage interest and insurance premiums	+ _____ [42]	+ _____ [43]	_____
Insurance	+ _____ [48]	+ _____ [50]	_____
Rent	+ _____ [54]	+ _____ [55]	_____
Repairs & maintenance	+ _____ [57]	+ _____ [58]	_____
Utilities	+ _____ [60]	+ _____ [61]	_____
Other expenses, such as: Supplies & Security system	+ _____ [63]	+ _____ [64]	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
Excess casualty losses		+ _____ [66]	_____
Carryovers:			_____
Operating expenses		+ _____ [67]	_____
Casualty losses		+ _____ [68]	_____
Depreciation		+ _____ [70]	_____
Business expenses not from business use of home, such as:			_____
Travel, Supplies, Business telephone expenses		+ _____ [71]	_____
Depreciation		+ _____ [75]	_____

NOTES/QUESTIONS:

If you used your automobile for business purposes, please complete the following information.

Preparer use only

Description of business or profession _____ [3]

Vehicles

Vehicle 1 -	Date placed in service	_____	[4]
	Description	_____	[5]
	Comments	_____	
Vehicle 2 -	Date placed in service	_____	[9]
	Description	_____	[10]
	Comments	_____	
Vehicle 3 -	Date placed in service	_____	[14]
	Description	_____	[15]
	Comments	_____	
Vehicle 4 -	Date placed in service	_____	[19]
	Description	_____	[20]
	Comments	_____	

Vehicle Questions

	Vehicle 1	Prior Year	Vehicle 2	Prior Year	Vehicle 3	Prior Year	Vehicle 4	Prior Year
If you used your automobile for work purposes, answer the following questions:								
Was the vehicle available for off-duty personal use? (Y, N)	___ [60]	<input type="checkbox"/>	___ [62]	<input type="checkbox"/>	___ [64]	<input type="checkbox"/>	___ [66]	<input type="checkbox"/>
Was another vehicle available for personal use? (Y, N)	___ [68]	<input type="checkbox"/>	___ [70]	<input type="checkbox"/>	___ [72]	<input type="checkbox"/>	___ [74]	<input type="checkbox"/>
Do you have evidence to support your deduction? (Y, N)	___ [76]	<input type="checkbox"/>	___ [78]	<input type="checkbox"/>	___ [80]	<input type="checkbox"/>	___ [82]	<input type="checkbox"/>
Is this evidence written? (Y, N)	___ [84]	<input type="checkbox"/>	___ [86]	<input type="checkbox"/>	___ [88]	<input type="checkbox"/>	___ [90]	<input type="checkbox"/>

Vehicle Expenses

	Vehicle 1	Prior Year Information	Vehicle 2	Prior Year Information	Vehicle 3	Prior Year Information	Vehicle 4	Prior Year Information
Total miles for year	_____ [32]		_____ [34]		_____ [36]		_____ [38]	
Commuting miles	_____ [42]		_____ [44]		_____ [46]		_____ [48]	
Business miles	_____ [52]		_____ [54]		_____ [56]		_____ [58]	
Parking fees	+ _____ [92]		+ _____ [94]		+ _____ [96]		+ _____ [98]	
Tolls	+ _____ [100]		+ _____ [102]		+ _____ [104]		+ _____ [106]	
Gasoline	+ _____ [108]		+ _____ [110]		+ _____ [112]		+ _____ [114]	
Oil	+ _____ [116]		+ _____ [118]		+ _____ [120]		+ _____ [122]	
Repairs	+ _____ [124]		+ _____ [126]		+ _____ [128]		+ _____ [130]	
Maintenance	+ _____ [132]		+ _____ [134]		+ _____ [136]		+ _____ [138]	
Tires	+ _____ [140]		+ _____ [142]		+ _____ [144]		+ _____ [146]	
Car washes	+ _____ [148]		+ _____ [150]		+ _____ [152]		+ _____ [154]	
Insurance	+ _____ [156]		+ _____ [158]		+ _____ [160]		+ _____ [162]	
Interest	+ _____ [164]		+ _____ [166]		+ _____ [168]		+ _____ [170]	
Registration	+ _____ [172]		+ _____ [174]		+ _____ [176]		+ _____ [178]	
Licenses	+ _____ [180]		+ _____ [182]		+ _____ [184]		+ _____ [186]	
Property taxes	+ _____ [188]		+ _____ [190]		+ _____ [192]		+ _____ [194]	
Other vehicle expenses	+ _____ [196]		+ _____ [198]		+ _____ [200]		+ _____ [202]	
Vehicle rentals	+ _____ [204]		+ _____ [206]		+ _____ [208]		+ _____ [210]	
Inclusion amt (Preparer only)	+ _____ [212]		+ _____ [214]		+ _____ [216]		+ _____ [218]	
Depreciation	+ _____ [220]		+ _____ [222]		+ _____ [224]		+ _____ [226]	

Please provide all Forms 1095-A

Taxpayer/Spouse (T,S) _____ [1]
 Marketplace identifier (Box 1) _____ [6]
 Marketplace-assigned policy number (Box 2) _____ [7]
 Policy issuer's name (Box 3) _____ [2]
 Part III Household Information -

	A. 2018 Monthly Premium Amount	Prior Year Information	B. 2018 Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP)	C. 2018 Monthly Advance Payment of Premium Tax Credit	Prior Year Information
January	+ _____ [12]	_____	+ _____ [25]	+ _____ [38]	_____
February	+ _____ [13]	_____	+ _____ [26]	+ _____ [39]	_____
March	+ _____ [14]	_____	+ _____ [27]	+ _____ [40]	_____
April	+ _____ [15]	_____	+ _____ [28]	+ _____ [41]	_____
May	+ _____ [16]	_____	+ _____ [29]	+ _____ [42]	_____
June	+ _____ [17]	_____	+ _____ [30]	+ _____ [43]	_____
July	+ _____ [18]	_____	+ _____ [31]	+ _____ [44]	_____
August	+ _____ [19]	_____	+ _____ [32]	+ _____ [45]	_____
September	+ _____ [20]	_____	+ _____ [33]	+ _____ [46]	_____
October	+ _____ [21]	_____	+ _____ [34]	+ _____ [47]	_____
November	+ _____ [22]	_____	+ _____ [35]	+ _____ [48]	_____
December	+ _____ [23]	_____	+ _____ [36]	+ _____ [49]	_____
Annual total	+ _____ [24]	_____	+ _____ [37]	+ _____ [50]	_____

Control Totals +

ACA - Health Insurance Marketplace Statement #2

Please provide all Forms 1095-A

Taxpayer/Spouse (T,S) _____ [1]
 Marketplace identifier (Box 1) _____ [6]
 Marketplace-assigned policy number (Box 2) _____ [7]
 Policy issuer's name (Box 3) _____ [2]
 Part III Household Information -

	A. 2018 Monthly Premium Amount	Prior Year Information	B. 2018 Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP)	C. 2018 Monthly Advance Payment of Premium Tax Credit	Prior Year Information
January	+ _____ [12]	_____	+ _____ [25]	+ _____ [38]	_____
February	+ _____ [13]	_____	+ _____ [26]	+ _____ [39]	_____
March	+ _____ [14]	_____	+ _____ [27]	+ _____ [40]	_____
April	+ _____ [15]	_____	+ _____ [28]	+ _____ [41]	_____
May	+ _____ [16]	_____	+ _____ [29]	+ _____ [42]	_____
June	+ _____ [17]	_____	+ _____ [30]	+ _____ [43]	_____
July	+ _____ [18]	_____	+ _____ [31]	+ _____ [44]	_____
August	+ _____ [19]	_____	+ _____ [32]	+ _____ [45]	_____
September	+ _____ [20]	_____	+ _____ [33]	+ _____ [46]	_____
October	+ _____ [21]	_____	+ _____ [34]	+ _____ [47]	_____
November	+ _____ [22]	_____	+ _____ [35]	+ _____ [48]	_____
December	+ _____ [23]	_____	+ _____ [36]	+ _____ [49]	_____
Annual total	+ _____ [24]	_____	+ _____ [37]	+ _____ [50]	_____

Control Totals +

NOTES/QUESTIONS:

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:

Health, Medical Savings Account Distributions

Please provide all Forms 1099-SA.

2018 Information

Prior Year Information

Taxpayer/Spouse (T, S) _____ [1]
 Name of Trustee _____ [4]
 State postal code _____ [2]
 Gross distributions received (Box 1) + _____ [7]
 Earnings on excess contributions (Box 2) + _____ [9]
 Distribution code (Box 3) _____ [11]
 Fair Market Value on date of death (Box 4) + _____ [12]
 Box 5 -
 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]
 Social security number of insured _____ [40]
 Gross long-term care (LTC) benefits paid (Box 1) + _____ [42]
 Accelerated death benefits paid (Box 2) + _____ [44]
 Check one (Box 3)
 Per diem _____ [46]
 Reimbursed amount _____ [47]
 Qualified contract (Box 4) _____ [48]
 Check, if applicable (Box 5)
 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:

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 _____

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 _____

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 _____

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 _____

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:

	Taxpayer	Spouse
Mark if you were a resident of New York City at any time during the current tax year	___[1]	___[2]
Mark if you were a resident of Yonkers at any time during the current tax year	___[3]	___[4]
County of residence	_____ [5]	
School district	_____ [6]	

Use Tax

Use tax due but receipts or records not available ___[7]

Contributions

Amount of contributions you wish to make to:

Return a Gift to Wildlife	___[8]	Homeless Veterans Assistance Fund	___[18]
Missing or Exploited Children Clearinghouse Fund	___[9]	Mental Illness Anti-Stigma Fund	___[19]
Breast Cancer Research and Education Fund	___[10]	Women's Cancers Education and Prevention Fund	___[20]
Alzheimer's Disease Fund	___[11]	Autism Awareness and Research Fund	___[21]
Olympic Fund (Maximum \$2 per filer)	___[12]	Veterans' Homes Assistance Fund	___[22]
Prostate and Testicular Cancer Research and Education Fund	___[13]	Love Your Library Fund	___[23]
9/11 Memorial	___[14]	Lupus Fund	___[24]
Volunteer Firefighting and EMS Recruitment Fund	___[15]	Military Family Fund	___[25]
Teen Health Education Fund	___[16]	CUNY Fund	___[26]
Veterans Remembrance and Cemetery Fund	___[17]		

Property Tax Credit Information

Resident who lived six or more months in same taxable residence with market value \$85,000 or less ___[27]

Mark if you lived in a nursing home and qualify for credit ___[28]

Enter amounts received for cash public assistance and relief ___[29]

Enter any other income not reported elsewhere ___[30]

Homeowners:

Enter the amount of special assessments you and all qualified household members paid during the current tax year ___[31]

Enter the amount of taxes not paid due to the exemption for persons 65 or older under section 467 ___[32]

Tenants:

Enter the total rent you and all members of your household paid during current tax year ___[33]

Rent includes charges for (Specify) ___[34]

4 = Heat, gas, electricity, furnishings and board	2 = Heat, gas and electricity	0 = Nothing included
3 = Heat, gas, electricity and furnishings	1 = Heat or heat and gas	

Part-year Resident and Nonresident Information

	New York State	New York City	Taxpayer Yonkers	New York City	Spouse Yonkers
Part-year residency dates:					
From	___[35]	___[37]	___[39]	___[41]	___[43]
To	___[36]	___[38]	___[40]	___[42]	___[44]
County of residence while a nonresident of New York City	_____ [45]				

Nonresident Information for Apartment or Living Quarters Maintained in the State/City

Address #1

Mark if this address is still maintained by or for you ___[47]

Number of days in NYC _____

Street address _____

City, State and Zip code _____

Is this address within city limits? Specify city (YON = Yonkers, NYC = New York City) _____

Address #2

Mark if this address is still maintained by or for you ___

Number of days in NYC _____

Street address _____

City, State and Zip code _____

Is this address within city limits? Specify city (YON = Yonkers, NYC = New York City) _____