2018 Summary Organizer
Personal and Dependent Information

Personal Information

	Name	SSN	Date of birth	Healthcare coverage ALL year
Taxpayer				
Spouse				

Street address, city, state, and ZIP

	Occupation	Daytime phone	Evening phone	Cell phone
Taxpayer				
Spouse				

Taxpayer email	
Spouse email	

Marital Status at end of 2018

☐ Married
☐ Married filing separately
☐ Single
☐ Widow(er) If spouse died in 2018 enter the date of death ______

	Taxpayer		Spouse	
Are you blind?	☐ Yes	☐ No	☐ Yes	☐ No
Are you disabled?	☐ Yes	☐ No	☐ Yes	☐ No
Are you a full-time student?	☐ Yes	☐ No	☐ Yes	☐ No
Do you want $3 to go to the Presidential Election Campaign Fund?	☐ Yes	☐ No	☐ Yes	☐ No

Dependent Information

First and last name	SSN	Relationship	Months in home	Date of birth	Disabled	Full-time student	Healthcare coverage ALL year

List dependents required to file a return ______

Estimates

	Federal		Resident state		Resident city	
	Date paid	Amount	Date paid	Amount	Date paid	Amount
Overpayment applied from 2017						
First quarter						
Second quarter						
Third quarter						
Fourth quarter						
Additional payments						

Account Information for Deposits or Withdrawals

Name of bank	Bank routing number	Bank account number	Type of account		Use this account for	
			Checking	Savings	Deposits	Withdrawals

Appointment Information

Your 2018 appointment is scheduled for ______

2018

Miscellaneous Information

Name: SSN:

Personal Information

Yes	No	
☐	☐	Did your marital status change during the year? If "Yes," explain
☐	☐	Can you or your spouse be claimed as a dependent by someone else?
☐	☐	Did your address change during the year?
		Provide proof of identity to be eligible to e-file your tax return (driver's license or state-issued photo ID)

Dependent Information

Yes	No	
☐	☐	Did you have any changes in dependents during the year? If "Yes," explain
☐	☐	Can another person qualify to claim any of your dependents?
☐	☐	Did you have any childcare expenses during the year?
☐	☐	Did you have any adoption expenses during the year?
☐	☐	Did you have any children under age 19 or a full-time student under age 24 with more than $2100 of unearned income?
		Provide documentation for proof of dependent related credits (school records, medical records, daycare records, etc.)

Health Care Information

Yes	No	
☐	☐	Did any member of your household **NOT** have healthcare coverage for the entire year?
		Provide copies of all Forms 1095-A, 1095-B, 1095-C for **ALL** members of your household.
		If any member of your household received an exemption from the marketplace, provide the Exemption Certificate Number (ECN).
☐	☐	Did you receive any distributions from a Health Savings Account (HSA), Archer MSA, or Medicare Advantage MSA during the year?

Income, Purchases, Sales, and Debt Information

Yes	No	
☐	☐	Did you receive any tips not reported to your employer?
☐	☐	Did you receive any disability income during the year?
☐	☐	Did you cash any U.S. savings bonds during the year?
☐	☐	Did you receive any other income not provided with this organizer? If "Yes," explain
☐	☐	Did you start a new business or purchase any rental property during the year?
☐	☐	Did you sell an existing business, rental property, or other property during the year?
☐	☐	Did you purchase any business assets or convert any assets to business use?
		If "Yes," provide the cost of the asset, the date it was placed in service, and business use percentage.
☐	☐	Did you purchase any gasoline, diesel, or special fuels for non-highway business use?
☐	☐	Did you buy or sell any stocks, bonds, or other investments during the year?
☐	☐	Did you sell a principal residence during the year?
		If "Yes," provide closing documentation for the purchase and sale of the home
☐	☐	Did you have a principal residence or a piece of real property foreclosed on during the year?
☐	☐	Did you abandon a principal residence or a piece of real property during the year?
☐	☐	Did you refinance your principal home or second home or take out a home equity loan during the year?
		If "Yes," provide all escrow, closing, and other pertinent documentation and information.
☐	☐	Did you receive any principal or interest during this year from property sold in prior years?
☐	☐	Did you rent out your home or use it for business?
☐	☐	Did you sell, exchange, or purchase any real estate during the year?
☐	☐	Did you acquire a new or additional interest in a partnership or S corporation?
☐	☐	Did you have any debts canceled or forgiven this year?
☐	☐	Does anyone owe you money that has become uncollectible?
☐	☐	Did you purchase a new hybrid, alternative motor, or electric motor energy-efficient vehicle during the year?
		If "Yes," provide the year, make, model, VIN, and date the vehicle was placed in service.

Itemized Deduction Information

Yes	No	
☐	☐	Did you pay out-of-pocket medical or dental expenses (premiums, prescriptions, mileage, etc.) during the year?
☐	☐	Did you pay any long-term care premiums for yourself, your spouse, or a dependent during the year?
☐	☐	Did you receive any state or local income tax refunds from prior years?
☐	☐	Did you make any major purchases (vehicle, boat, etc.) during the year?
☐	☐	Did you pay any real estate property taxes or personal taxes during the year?
☐	☐	Did you pay mortgage interest during the year?

Miscellaneous Information

Name: SSN:

Itemized Deduction Information (continued)

Yes	No	
☐	☐	Did you make cash donations to charity during the year?
☐	☐	Did you make noncash donations to charity (clothes, furniture, etc.) during the year?
☐	☐	Did you donate a boat or vehicle during the year? If "Yes," attach Form 1098-C.
☐	☐	Did you have gambling winnings or losses during the year?
☐	☐	Did you have any job-related expenses that were not reimbursed by your employer (uniforms, safety equipment, etc.)?
☐	☐	Did you use your vehicle on the job other than for commuting to work?
☐	☐	Did you work out of town at any time during the year?

Retirement Information

Yes	No	
☐	☐	Did you receive any payments from a pension, profit sharing, or 401(k) plan during the year?
☐	☐	Did you make any withdrawals from or contributions to an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), myRA, or other qualified retirement plan during the year?
☐	☐	Did you receive any Social Security benefits during the year?

Education Information

Yes	No	
☐	☐	Did you pay tuition expenses that were required for attending college, university, or vocational school for yourself, your spouse, or a dependent during the year (even if classes were attended in another year)?
☐	☐	Did anyone in your household attend a post-secondary school during the year?
☐	☐	Did you make a contribution to or receive a distribution from an Education Savings Account or Qualified Tuition Program during the year?
☐	☐	Did you pay student loan interest for yourself, your spouse, or your dependent(s) during the year?

Miscellaneous Information

Yes	No	
☐	☐	Did you incur a gain or loss due to damaged or stolen property? If "Yes," provide the incident date, value of the property, and amount of insurance reimbursements.
☐	☐	Did you pay wages to any household employees (babysitter, nanny, housekeeper, etc.)?
☐	☐	Did you make gifts to any one person in excess of $15,000 during the year? If "Yes," are you splitting the gift with your spouse? ______
☐	☐	Did you incur moving expenses during the year?
☐	☐	Did you make any energy-efficient improvements to your main home during the year?
☐	☐	Are you a business owner who paid health insurance premiums for your employees during the year?
☐	☐	Did you apply an overpayment of your 2017 taxes to your 2018 estimated taxes?
☐	☐	If you have an overpayment of 2018 taxes, do you want the refund applied to your 2019 estimated taxes?
☐	☐	Did you make any estimated payments toward your 2018 taxes?
☐	☐	Do you want to have any refund or balance due directly deposited or withdrawn? If "Yes," provide a canceled checking or savings slip.
☐	☐	Did you receive any notices from the IRS or state taxing authority? If "Yes," explain ______
☐	☐	May the IRS discuss your tax return with your preparer?
☐	☐	Would you like a copy of your tax return emailed to you instead of receiving a printed copy?

Foreign Account Information

Yes	No	
☐	☐	Did you have a financial interest in or signature authority over a financial account or asset located in a foreign country?
☐	☐	Did you receive a distribution from, or were you a grantor of, or transferor to, a foreign trust?
☐	☐	Did you have any income from, or pay taxes to, a foreign country?
☐	☐	Did you own property in a foreign country?
☐	☐	Did the aggregate value of your foreign accounts exceed $10,000 at any time during the year?

Preparer Notes

Miscellaneous Notes

Healthcare Coverage Questionnaire

Name: SSN:

Healthcare Information

Member of household for healthcare purposes	Covered the entire year	Covered less than 12 months	No healthcare coverage at all

YES NO

☐ ☐ Did anyone other than you or your spouse pay for healthcare coverage for anyone listed above?

☐ ☐ Did you pay for healthcare coverage for anyone not listed above?

If you had coverage for any part of the year:

Where was the policy obtained?

Employer / Medicare / Medicaid / Marketplace(Exchange) / Other

If you didn't have coverage part or all of the year:

Answer YES if the following applies to any member of the household

☐ ☐ Was your previous insurance policy canceled in 2018?

☐ ☐ Was coverage offered by your employer or your spouse's employer?

☐ ☐ Are you a member of a federally recognized Indian tribe?

☐ ☐ Are you eligible for services through an Indian healthcare provider?

☐ ☐ Are you a member of a healthcare sharing ministry?

☐ ☐ Did you live in the United States the entire year?

☐ ☐ Are you enrolled in TRICARE?

☐ ☐ Did you apply for CHIP coverage?

☐ ☐ Do any of the following apply to you? Do NOT indicate which one.

- Became homeless
- Evicted in the past six months, or facing eviction or foreclosure
- Received a shut-off notice from a utility company
- Recently experienced domestic violence
- Recently experienced the death of a close family member
- Recently experienced a fire, flood, or other natural or human-caused disaster that resulted in substantial damage to your property
- Filed for bankruptcy in the last six months
- Incurred unreimbursed medical expenses in the last 24 months that resulted in substantial debt
- Experienced unexpected increases in essential expenses due to caring for an ill, disabled, or aging family member

Child and Dependent Care

Name: SSN:

Child Care Provider's Information

	2018	2017
Social Security Number or Employer ID Number ______ Amount paid		

Name

Street address

City Phone

U.S. only State, ZIP

Foreign only Province/State, Country, Postal code

	2018	2017
Social Security Number or Employer ID Number ______ Amount paid		

Name

Street address

City Phone

U.S. only State, ZIP

Foreign only Province/State, Country, Postal code

	2018	2017
Social Security Number or Employer ID Number ______ Amount paid		

Name

Street address

City Phone

U.S. only State, ZIP

Foreign only Province/State, Country, Postal code

	2018	2017
Social Security Number or Employer ID Number ______ Amount paid		

Name

Street address

City Phone

U.S. only State, ZIP

Foreign only Province/State, Country, Postal code

2018

Wages and Salaries

Name: SSN:

Provide all copies of Form W-2

TS ____ Employer's name and address: ______________________ Federal EIN ____________

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

	2018	2017
State ____ State I.D. ____________		
State wages		
State income tax		
Locality name ____________		
Local wages		
Local income tax		
State ____ State I.D. ____________		
State wages		
State income tax		
Locality name ____________		
Local wages		
Local income tax		

TS ____ Employer's name and address: ______________________ Federal EIN ____________

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

	2018	2017
State ____ State I.D. ____________		
State wages		
State income tax		
Locality name ____________		
Local wages		
Local income tax		
State ____ State I.D. ____________		
State wages		
State income tax		
Locality name ____________		
Local wages		
Local income tax		

Interest Income

Name:

SSN:

Provide all Form(s) 1099-INT relating to interest income

TSJ	Name of payer (If seller-financed mortgage enter ID number and address of payer)	Interest income	Federal income tax withheld	Foreign tax paid	Tax exempt interest	Amount of resident state municipal interest	Nominee interest

Did you have a financial interest in or signature authority over a financial account or asset located in a foreign country? ☐ Yes ☐ No

Please attach additional sheets if necessary.

Dividend Income

Name: SSN:

Provide all Form(s) 1099-DIV relating to dividend income

TSJ	Name of payer	Ordinary	Qualified	Capital gains	Federal income tax withheld	Foreign tax paid	Other: Description	Other: Amount

Did you have a financial interest in or signature authority over a financial account or asset located in a foreign country? ☐ Yes ☐ No

Please attach additional sheets if necessary.

2018

Form 1099-G Unemployment Compensation

Name: SSN:

Provide all copies of Form 1099-G

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

Payer's name: ____

Payer's address: ____

City: ____

U.S. only State, ZIP: ____

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

Payer's phone: ____ Account number: ____

	2018	2017
Unemployment compensation		
Unemployment compensation repaid in current year		
State/local tax refunds/credits		
Tax year		
Federal tax withheld		
RTAA payments		
Taxable grants		
Agriculture		

☐ Trade/business

	2018	2017
Market gain		
State ____ State I.D. ____		
State unemployment		
State withholding		

☐ Unemployment benefits are from railroad

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

Payer's name: ____

Payer's address: ____

City: ____

U.S. only State, ZIP: ____

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

Payer's phone: ____ Account number: ____

	2018	2017
Unemployment compensation		
Unemployment compensation repaid in current year		
State/local tax refunds/credits		
Tax year		
Federal tax withheld		
RTAA payments		
Taxable grants		
Agriculture		

☐ Trade/business

	2018	2017
Market gain		
State ____ State I.D. ____		
State unemployment		
State withholding		

☐ Unemployment benefits are from railroad

Form 1099-MISC

Name: SSN:

Provide all copies of Form 1099-MISC

TS ____ For ______ Payer's federal ID number: ____________

Payer's name: ______________________________

Address: ______________________________

	2018	2017
Rents		
Royalties		
Other income		
Description		
Federal tax withheld		
Fishing boat proceeds		
Medical and health care payments		
Non-employee compensation		
Substitute payments		

☐ Payer made direct sales of $5,000 or more of consumer products

	2018	2017
Crop insurance proceeds		
Excess golden parachute		
Gross attorney proceeds		
Taxable Proceeds		
Section 409A deferrals		
Section 409A income		

	2018	2017
State ____ State I.D. ________		
State tax withheld		
State income		
Name of locality		
Local tax withheld		
Local income		
State ____ State I.D. ________		
State tax withheld		
State income		
Name of locality		
Local tax withheld		
Local income		

Pension, Annuities, Retirement, Etc. Distributions

Name: SSN:

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

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

Address: ____

	2018	2017
Disability indicator	☐	☐
Report as wages on 1040	☐	☐
Gross distribution		
Taxable amount		
Total distribution	☐	
Capital gain		
Federal income tax withheld		
Employee contributions or insurance premiums		
Distribution code(s)		
IRA/SEP/SIMPLE	☐	☐
Your percentage of total distribution		

	2018	2017
State ____ State I.D.		
State income tax withheld		
State distribution		
Name of locality		
Local income tax withheld		
Local distribution		
State ____ State I.D.		
State income tax withheld		
State distribution		
Name of locality		
Local income tax withheld		
Local distribution		

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

Address: ____

	2018	2017
Disability indicator	☐	☐
Report as wages on 1040	☐	☐
Gross distribution		
Taxable amount		
Total distribution	☐	
Capital gain		
Federal income tax withheld		
Employee contributions or insurance premiums		
Distribution code(s)		
IRA/SEP/SIMPLE	☐	☐
Your percentage of total distribution		

	2018	2017
State ____ State I.D.		
State income tax withheld		
State distribution		
Name of locality		
Local income tax withheld		
Local distribution		
State ____ State I.D.		
State income tax withheld		
State distribution		
Name of locality		
Local income tax withheld		
Local distribution		

Social Security Benefit Statement

TS ____	2018	2017
Net benefits		
Medicare premiums		
Income tax withheld		

TS ____	2018	2017
Net benefits		
Medicare premiums		
Income tax withheld		

Schedule C - Profit or Loss from Business

Name: SSN:

General Business Information

TS ____ Principal business product or profession ____ Business code ____

Employer I.D. number ____

Business name ____

Business address ____

City ____

U.S. only State, ZIP ____

Foreign only Province/State, Country, Postal code ____

Accounting method, if not cash ☐ Accrual ☐ Other ____

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

Change of inventory method ☐ Yes ☐ No

You started or acquired this business during 2018 ☐

Some investment is NOT at risk ☐

You disposed of this property during 2018 ☐

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

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

Other Information

	2018	2017
Family health coverage		

Income

	2018	2017
Gross receipts or sales		
Returns and allowances		
Other income		

Cost of Goods Sold

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

Schedule C - Profit or Loss from Business

Name: SSN:

Expenses

TS ____ Business name ______________________ Profession or product ____________

	2018	2017
Advertising		
Car and truck expenses		
Commissions and fees		
Contract labor		
Depletion		
Employee benefit programs		
Insurance (other than health)		
Intereest - mortgage (paid to banks, etc.)		
Interest - other		
Legal and professional services		
Office expenses		
Pension and profit sharing plans		
Rent or lease (vehicles, machinery, and equipment)		
Rent (other business property)		
Repairs and maintenance		
Supplies		
Taxes and licenses (including real estate taxes)		
Travel		
Total meals		
Utilities		
Wages		

Other expenses (list):

		2017

2018

Sale of Capital Assets

Name: SSN:

Sale of Capital Assets (not reported on Form 1099-B)

Provide all brokerage statements

Description of property	Date purchased	Date sold	Sales price	Cost

C_D.LD

Schedule E - Income or Loss from Rental Real Estate & Royalties

Name: SSN:

General Property Information

Property description ______

Address, city, state, ZIP ______

Select the property type

- ☐ Single family residence
- ☐ Multi-family residence
- ☐ Vacation / short-term rental
- ☐ Commercial
- ☐ Land
- ☐ Royalties
- ☐ Self-rental
- ☐ Other ______

Number of days property was rented ______ Number of days property was used for personal use ______

If the rental is a multi-dwelling unit and you occupied part of the unit, what percentage did you occupy ______

- ☐ This property is your main home
- ☐ This property was disposed of during 2018
- ☐ This property was owned as a qualified joint venture

☐ Yes ☐ No Payments of $600 or more were paid to an individual who is not your employee for services provided for this rental.

☐ Yes ☐ No You filed Form(s) 1099 for the individual(s)

Income

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

Expenses

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

If this Schedule E is for a a multi-unit dwelling and you lived in one unit and rented out the other units, use the "Rental and homeowner expenses" column to show expenses that apply to the entire property. Use the "Rental unit expenses" column to show expenses that pertain ONLY to the rental portion of the property.

If the Schedule E is not for a multi-unit property in which you lived in one unit, complete just the "Rental unit expenses" column.

2018

Income or Loss from Partnerships, S corporations, and Fiduciaries

Name: SSN:

Partnerships, S corporations, Estates and Trusts

Provide all copies of Schedule K-1 and attachments

TSJ	Entity name	EIN

Form 4835 - Farm Rental Income and Expenses

Name: SSN:

General Infomation

Description ______ Employer ID number ______

☐ This farm was disposed of during 2018

Income

	2018	2017
Income from production of livestock, grains, and other crops		
Total cooperative distributions		
Total agricultural payments		
Commodity Credit Corporation (CCC) loans:		
CCC loans reported		
CCC loans forfeited		
Crop insurance proceeds:		
Amount received in 2018		
☐ You elect to defer to 2019		
Amount deferred from 2017		
Other income		

Expenses

	2018	2017
Car & truck expenses		
Chemicals		
Conservation expenses		
Custom hire (machine work)		
Employee benefit programs		
Feed purchased		
Fertilizers & lime		
Freight & trucking		
Gasoline, fuel, & oil		
Insurance (other than health)		
Interest - mortgage (paid to banks, etc.)		
Interest - other		
Labor hired (less jobs credit)		
Pension & profit-sharing plans		
Rent - vehicles, machinery & equip		
Rent - other (land, animals, etc.)		
Repairs & maintenance		
Seeds & plants purchased		
Storage & warehousing		
Supplies purchased		
Taxes		
Utilities		
Veterinary, breeding, & medicine		
Other expenses (list)		

2018

Schedule F - Profit or Loss from Farming

Name: SSN:

General Information

Principal product ____________ Employer ID number ____________

☐ This farm was disposed of during 2018

☐ Yes ☐ No Payments of $600 or more were paid to an individual who is not your employee for services provided for this farm

☐ Yes ☐ No You filed Form(s) 1099 for the individual(s)

Income

	2018	2017
Sale of livestock / other items		
Cost of items bought for resale		
Sale of products you raised		
Total cooperative distributions		
Total agricultural payments		
Commodity Credit Corporation (CCC) loans:		
CCC loans reported		
CCC loans forfeited		
Crop insurance proceeds:		
Amount received in 2018		
☐ You elect to defer to 2019		
Amount deferred from 2017		

	2018	2017
Custom hire income		
Beginning inventory for accrual		
Ending inventory for accrual		
☐ You used unit-livestock-price or farm-price inventory method		
Other income		

Expenses

	2018	2017
Car & truck expenses		
Chemicals		
Conservation expenses		
Custom hire (machine work)		
Employee benefit programs		
Feed purchased		
Fertilizers & lime		
Freight & trucking		
Gasoline, fuel, & oil		
Insurance (other than health)		
Interest - mortgage (paid to banks, etc.)		
Interest - other		
Labor hired (less jobs credit)		
Pension & profit-sharing plans		
Rent - vehicles, machinery, & equip		
Rent - other (land, animals, etc.)		

	2018	2017
Repairs & maintenance		
Seeds & plants purchased		
Storage & warehousing		
Supplies purchased		
Taxes		
Utilities		
Veterinary, breeding, & medicine		
Other expenses		

Adjustments

Name: SSN:

Moving Expenses

TSJ ____

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

	2018	2017
Enter the number of miles from your OLD home to your NEW workplace		
Enter the number of miles from your OLD home to your OLD workplace		
Enter the amount you paid for transportation and storage of household goods and personal effects		
Enter the amount you paid for travel and lodging expenses incurred during the move (do NOT include meals)		
Enter the amount of moving expenses reimbursed to you by your employer		

Self-Employed Health Insurance

TSJ ____

	2018	2017
Enter the qualified long term care amount		
Enter your Medicare wages from an S corporation		

Self-Employed Pensions

TSJ ____

	2018	2017
Enter your plan contribution rate as a decimal		
Enter your allowable elective deferrals made during 2018		
Enter your catch-up contributions		
Enter the amount of designated ROTH contributions included above		

Nondeductible IRAs

TS ____

	2018	2017
Total traditional IRA contributions made for 2018		
Total basis in traditional IRAs as of 12/31/2018		
Distributions you received from traditional, SEP, and Simple IRAs. (Do not include rollovers)		
Amount of traditional IRAs converted to ROTH IRAs		
IRA basis before conversion		
Total ROTH IRA contributions made for 2018		

Health Savings Account

TSJ ____

	2018	2017
HSA contributions made for 2018		
Total distributions from all HSAs during 2018		
Distributions included above that were rolled over into another account		
Qualified medical expenses paid using HSA distributions		

2018

Noncash Charitable Contributions

Name: SSN:

TSJ____ Donee I.D. ________

Name of donee organization ________

Address of donee organization ________

City ________

U.S. only State, ZIP ________

Foreign only Province/State, Country, Postal code ________

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

Valuation method used ________ Fair market value ________

Physical condition of donated property ________ Average security price ________

How was it acquired? ________ Bargain sale price ________

☐ Capital gain property

Date acquired ________

Date contributed ________

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

☐ Art valued more than $20,000 ☐ Equipment ☐ Collectibles

☐ Qualified conservation - qualified farmer/rancher ☐ Art valued less than $20,000 ☐ Intellectual Property

☐ Qualified conservation - non-qualified farmer/rancher ☐ Other real estate ☐ Vehicles

☐ Qualified conservation ☐ Securities ☐ Other

TSJ____ Donee I.D. ________

Name of donee organization ________

Address of donee organization ________

City ________

U.S. only State, ZIP ________

Foreign only Province/State, Country, Postal code ________

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

Valuation method used ________ Fair market value ________

Physical condition of donated property ________ Average security price ________

How was it acquired? ________ Bargain sale price ________

☐ Capital gain property

Date acquired ________

Date contributed ________

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

☐ Art valued more than $20,000 ☐ Equipment ☐ Collectibles

☐ Qualified conservation - qualified farmer/rancher ☐ Art valued less than $20,000 ☐ Intellectual Property

☐ Qualified conservation - non-qualified farmer/rancher ☐ Other real estate ☐ Vehicles

☐ Qualified conservation ☐ Securities ☐ Other

Other Income and Adjustments

Name: SSN:

Other Income

	2018 Taxpayer	2017 Taxpayer	2018 Spouse	2017 Spouse
Scholarships or grants not reported on Form W-2				
State income tax refund (attach Forms 1099-G)				
Social Security Benefits (attach Forms 1099-SSA)				
Railroad Retirement Benefits (attach Forms 1099-RRB)				
Alimony received				
Unemployment compensation (attach Forms 1099-G)				
Unemployment compensation repaid in 2018				
Gambling winnings (attach Forms W2-G)				
Alaska Permanent Fund				
ABLE distributions				
Other income:				

Adjustments

	2018 Taxpayer	2017 Taxpayer	2018 Spouse	2017 Spouse
Educator expenses (If you are an educator, enter the amount you paid for classroom supplies)				
Contributions made to a Health Savings Account (HSA)				
Contributions made to a Self-Employed Pension plan (SEP)				
Payments made for Self-Employed Health Insurance for you, your spouse, or dependents				
Alimony paid				
Name: SSN:				
Name: SSN:				
Contributions made to an Individual Retirement Account (IRA)				
Contributions made to a Roth IRA				
Contributions made to a myRA				
Interest paid on a student loan				
Other adjustments:				

Schedule A - Itemized Deductions

Name: SSN:

Medical and Dental Expenses

	2018	2017
Health insurance premiums (paid by you)		
Long-term care premiums (you) . . .		
Long-term care premiums (your spouse)		
Long-term care premiums (dependents)		
Mileage driven for medical purposes . .		
Medical and dental expenses (list) . . .		

Taxes Paid

	2018	2017
State and local income taxes		
Sales tax		
Real estate taxes		
Personal property taxes		
Other taxes (list)		

Interest Paid

	2018	2017
Mortgage interest paid (attach Form 1098)		

☐ Some of your home mortgage loan was not used to buy, build, or improve your home

	2018	2017
Mortgage interest paid to an individual		

Paid to:

Name

Address

City, State, ZIP

SSN or EIN

	2018	2017
Qualified mortgage insurance premiums		
Investment interest		

Charitable Contributions

	2018	2017
Donations to charity (cash)		
Hurricane relief contributions . . .		
Miles driven for charitable purposes		
Donations to charity (noncash) . .		

If noncash donations are greater than $500, list below

Other Miscellaneous Deductions

	2018	2017
Amortizable bond premiums . .		
Federal estate tax		
Gambling losses		
Impairment-related work expenses		
Claim repayments		
Unrecovered pension investments		
Schedule K-1		
Ordinary loss debt instrument .		

Job Expenses & Certain Miscellaneous Deductions

Necessary job expenses you paid that were not reimbursed by your employer (list)

	2018	2017
Tax preparation fees		

Other nonpersonal expenses related to taxable income (list)

	2018	2017
Investment expenses not entered elsewhere		

2018

Mortgage Interest

Name: SSN:

Provide all copies of Form 1098

TSJ ____ For ______ Business name ______________ Product ______________

Recipient/Lender information: Federal ID # ______________

Name ______________

Address ______________

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

TSJ ____ For ______ Business name ______________ Product ______________

Recipient/Lender information: Federal ID # ______________

Name ______________

Address ______________

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

TSJ ____ For ______ Business name ______________ Product ______________

Recipient/Lender information: Federal ID # ______________

Name ______________

Address ______________

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

TSJ ____ For ______ Business name ______________ Product ______________

Recipient/Lender information: Federal ID # ______________

Name ______________

Address ______________

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

2018

Auto Expense Worksheet

Name: SSN:

General Information

For ________

Business name and profession/product ________

Description ________

Date placed in service ________

Do you or your spouse have another vehicle available for personal use?	☐ Yes	☐ No
Was this vehicle available for use during off-duty hours?	☐ Yes	☐ No
Do you have evidence to support your deduction?	☐ Yes	☐ No
If "Yes," is the evidence written?	☐ Yes	☐ No

Enter the number of miles your vehicle was used for:	2018	2017		Prior year total
a Business			Business	
b Commuting			Total	
c Other				

Expenses

	2018	2017
Garage rent		
Gas		
Insurance		
Licenses		
Oil		
Parking fees		
Rental fees		
Interest		
Property tax		
Repairs		
Tires		
Tolls		
Lease addbacks		

Other expenses (list):	Apply business %		
	☐		
	☐		
	☐		

Expenses for Business Use of Your Home

Name: SSN:

Business Use of Home

TSJ ____ For ________

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

Use of Home for Daycare

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

Did you live in the home all year? ☐ Yes ☐ No

Expenses

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

In the "Office expenses" column, enter those expenses that pertain exclusively to your office; in the "Home expenses" column, enter those expenses that pertain to the entire dwelling.

Cost of Home

	2018	2017
Enter the **smaller** of your home's adjusted basis or its fair market value		
Does this include the value of the land? ☐ Yes ☐ No . . . Value of land		
Date placed in service		
Date taken out of service		

Asset Listing for 2018

Name: SSN:

For	Multi	Description of property	Placed in service	Cost/Basis	Method	Life	Prior depreciation	Sec 179 exp	Date sold	Sales price	Expense of sale

2018

Residential Energy Credits

Name: SSN:

TSJ____

Part I - Residential Energy Efficient Property Credit

Qualified solar electric property costs . . . . ____________

Qualified solar water heating property costs . . . . ____________

Qualified small wind energy property costs . . . . ____________

Qualified geothermal heat pump property costs . . . . ____________

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

Address of main home ____

City, State, ZIP ____

Qualified fuel cell property costs . . . . ____________

Kilowatt capacity of property on line 22 . . . . ____________

Amount of unused credit from 2017 Form 5695, line 28 . . . . ____________

Part II - Nonbusiness Energy Property Credit

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

Address of main home ____

City, State, ZIP ____

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

Enter the nonbusiness energy property credit that you took in:

2006 ________	2009 ________	2011 ________	2013 ________	2015 ________	2017 ________
2007 ________	2010 ________	2012 ________	2014 ________	2016 ________	

Qualified Energy Efficient Improvements

Insulation material or systems primarily designed to reduce heat loss or gain . . . . ____________

Exterior doors that meet or exceed Energy Star requirements . . . . ____________

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

Exterior windows and skylights that meet or exceed Energy Star requirements . . . . ____________

Enter the amount of window expense you claimed in:

2006 ________	2009 ________	2011 ________	2013 ________	2015 ________	2017 ________
2007 ________	2010 ________	2012 ________	2014 ________	2016 ________	

Residential Energy Property Costs

Energy efficient building property costs . . . . ____________

Qualified natural gas, propane, or oil furnace or hot water boiler . . . . ____________

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

2018

Education Credits and Deduction

Name: SSN:

Provide all Form(s) 1098-T

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

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

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

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

Educational Institution Name: ______

Educational Institution Name: ______

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

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

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

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

Educational Institution Name: ______

Educational Institution Name: ______

Energy Credits

Name: SSN:

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

TSJ____

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

Form 8910 - Alternative Motor Vehicle Credit

TSJ____

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

Detail Worksheet

Name: SSN:

Description	2018	2017