

Checklist

Name:

SSN: ***-**-****

Checklist

This check list is provided to help you gather necessary information for us to prepare your 2018 income tax return. Return this list, along with the supporting documentation, to our office and let us know of any significant changes from your 2017 tax year.

Health Care Coverage (for each member of the household)

- ☐ Health Insurance Statements (Forms 1095-A, 1095-B, 1095-C)
- ☐ Any exemption certificates received from HHS giving you an exemption from having health insurance

Other Income (provide supporting documentation for income received for the following items)

- ☐ Sale of assets or property
- ☐ Cancellation of debt
- ☐ Other income _____

Payments (provide supporting documentation for payments made for the following items)

- ☐ Educator classroom expenses
- ☐ Employee business expenses
- ☐ Contributions to a Health Savings Account
- ☐ Expenses related to work relocation
- ☐ Alimony
- ☐ Student loan interest
- ☐ Tuition and fees for higher education
- ☐ Expenses related to child or dependent care
- ☐ Contributions to a Retirement Savings Account
- ☐ Medical and dental expenses
- ☐ Real estate taxes
- ☐ Other state and local taxes
- ☐ Mortgage interest
- ☐ Investment interest
- ☐ Cash Contributions
- ☐ Noncash Contributions
- ☐ Unreimbursed employee expenses
- ☐ Investment expenses
- ☐ Gambling losses
- ☐ Other payments _____

Questionnaire

Name:

SSN: ***-**-****

Questionnaire**Sharing Economy****Yes No**

- ☐ ☐ Did you receive income or incur expenses associated with car sharing (e.g., Lyft or Uber)?
If yes, attach Form 1099-MISC and Form 1099-K.
- ☐ ☐ Did you receive income or incur expenses associated with freelancing (e.g., Upwork or TaskRabbit)?
If yes, attach Form 1099-K or Form W-2.
- ☐ ☐ Did you receive income or incur expenses associated with fashion sharing (e.g., Poshmark or thredUP)?
If yes, provide documentation.
- ☐ ☐ Did you receive income or incur expenses associated with crowdfunding (e.g., Kickstarter or Indiegogo)?
If yes, attach Form 1099-K.
- ☐ ☐ Did you receive income or incur expenses associated with a short-term rental (e.g., Airbnb or HomeAway)?
If yes, provide documentation.

Additional Questions**Yes No**

- ☐ ☐ Did you receive income or incur expenses associated with a fantasy sport league?
If yes, provide documentation.
- ☐ ☐ Did you incur gains or losses due to damaged or stolen property?
- ☐ ☐ Did you incur gains or losses from virtual currencies (e.g., Bitcoin or Ripple)?
- ☐ ☐ Do you anticipate your income or withholdings to be different 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

☐ Did you have any changes in dependents during the year?

If "Yes," explain _____

☐ Can another person qualify to claim any of your dependents?

☐ Did you have any childcare expenses during the year?

☐ Did you have any adoption expenses during the year?

☐ Did you have any children under age 19 or a full-time student under age 24 with more than \$2100 of unearned income?

Provide documentation for proof of dependent related credits (school records, medical records, daycare records, etc.)

Health Care Information

☐ Did any member of your household **NOT** have healthcare coverage for the entire year?
Provide copies of all Forms 1095-A, 1095-B, 1095-C for **ALL** members of your household.

If any member of your household received an exemption from the marketplace, provide the Exemption Certificate Number (ECN).

☐ Did you receive any distributions from a Health Savings Account (HSA), Archer MSA, or Medicare Advantage MSA during the year?

Income, Purchases, Sales, and Debt Information

☐ Did you receive any tips not reported to your employer?

☐ Did you receive any disability income during the year?

☐ Did you cash any U.S. savings bonds during the year?

☐ Did you receive any other income not provided with this organizer?

If "Yes," explain _____

☐ Did you start a new business or purchase any rental property during the year?

☐ Did you sell an existing business, rental property, or other property during the year?

☐ Did you purchase any business assets or convert any assets to business use?

If "Yes," provide the cost of the asset, the date it was placed in service, and business use percentage.

☐ Did you purchase any gasoline, diesel, or special fuels for non-highway business use?

☐ Did you buy or sell any stocks, bonds, or other investments during the year?

☐ Did you sell a principal residence during the year?

If "Yes," provide closing documentation for the purchase and sale of the home

☐ Did you have a principal residence or a piece of real property foreclosed on during the year?

☐ Did you abandon a principal residence or a piece of real property during the year?

☐ Did you refinance your principal home or second home or take out a home equity loan during the year?

If "Yes," provide all escrow, closing, and other pertinent documentation and information.

☐ Did you receive any principal or interest during this year from property sold in prior years?

☐ Did you rent out your home or use it for business?

☐ Did you sell, exchange, or purchase any real estate during the year?

☐ Did you acquire a new or additional interest in a partnership or S corporation?

☐ Did you have any debts canceled or forgiven this year?

☐ Does anyone owe you money that has become uncollectible?

☐ Did you purchase a new hybrid, alternative motor, or electric motor energy-efficient vehicle during the year?

If "Yes," provide the year, make, model, VIN, and date the vehicle was placed in service.

Itemized Deduction Information

☐ Did you pay out-of-pocket medical or dental expenses (premiums, prescriptions, mileage, etc.) during the year?

☐ Did you pay any long-term care premiums for yourself, your spouse, or a dependent during the year?

☐ Did you receive any state or local income tax refunds from prior years?

☐ Did you make any major purchases (vehicle, boat, etc.) during the year?

☐ Did you pay any real estate property taxes or personal taxes during the year?

☐ Did you pay mortgage interest during the year?

Miscellaneous Information

Name:

SSN: ***-**-****

Itemized Deduction Information (continued)

- | Yes | No | |
|--------------------------|--------------------------|---|
| ☐ | ☐ | 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

- | | | |
|--------------------------|--------------------------|---|
| ☐ | ☐ | Did you receive any payments from a pension, profit sharing, or 401(k) plan during the year? |
| ☐ | ☐ | Did you make any withdrawals from or contributions to an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), myRA, or other qualified retirement plan during the year? |
| ☐ | ☐ | Did you receive any Social Security benefits during the year? |

Education Information

- | | | |
|--------------------------|--------------------------|--|
| ☐ | ☐ | Did you pay tuition expenses that were required for attending college, university, or vocational school for yourself, your spouse, or a dependent during the year (even if classes were attended in another year)? |
| ☐ | ☐ | Did anyone in your household attend a post-secondary school during the year? |
| ☐ | ☐ | Did you make a contribution to or receive a distribution from an Education Savings Account or Qualified Tuition Program during the year? |
| ☐ | ☐ | Did you pay student loan interest for yourself, your spouse, or your dependent(s) during the year? |

Miscellaneous Information

- | | | |
|--------------------------|--------------------------|--|
| ☐ | ☐ | Did you incur a gain or loss due to damaged or stolen property? |
| | | If "Yes," provide the incident date, value of the property, and amount of insurance reimbursements. |
| ☐ | ☐ | Did you pay wages to any household employees (babysitter, nanny, housekeeper, etc.)? |
| ☐ | ☐ | Did you make gifts to any one person in excess of \$15,000 during the year? |
| | | If "Yes," are you splitting the gift with your spouse? _____ |
| ☐ | ☐ | Did you incur moving expenses during the year? |
| ☐ | ☐ | Did you make any energy-efficient improvements to your main home during the year? |
| ☐ | ☐ | Are you a business owner who paid health insurance premiums for your employees during the year? |
| ☐ | ☐ | Did you apply an overpayment of your 2017 taxes to your 2018 estimated taxes? |
| ☐ | ☐ | If you have an overpayment of 2018 taxes, do you want the refund applied to your 2019 estimated taxes? |
| ☐ | ☐ | Did you make any estimated payments toward your 2018 taxes? |
| ☐ | ☐ | Do you want to have any refund or balance due directly deposited or withdrawn? |
| | | If "Yes," provide a canceled checking or savings slip. |
| ☐ | ☐ | Did you receive any notices from the IRS or state taxing authority? |
| | | If "Yes," explain _____ |
| ☐ | ☐ | May the IRS discuss your tax return with your preparer? |
| ☐ | ☐ | Would you like a copy of your tax return emailed to you instead of receiving a printed copy? |

Foreign Account Information

- | | | |
|--------------------------|--------------------------|---|
| ☐ | ☐ | Did you have a financial interest in or signature authority over a financial account or asset located in a foreign country? |
| ☐ | ☐ | Did you receive a distribution from, or were you a grantor of, or transferor to, a foreign trust? |
| ☐ | ☐ | Did you have any income from, or pay taxes to, a foreign country? |
| ☐ | ☐ | Did you own property in a foreign country? |
| ☐ | ☐ | Did the aggregate value of your foreign accounts exceed \$10,000 at any time during the year? |

Preparer Notes

Miscellaneous Notes _____

2018 Tax 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 _____

Are you blind?
 Are you disabled?
 Are you a full-time student?
 Do you want \$3 to go to the Presidential Election Campaign Fund?

Taxpayer

☐ Yes ☐ No
☐ Yes ☐ No
☐ Yes ☐ No
☐ Yes ☐ No

Spouse

☐ Yes ☐ No
☐ Yes ☐ No
☐ 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 _____

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

Income

Name:SSN: ***_*_*_****

Wages & Salaries

Provide all copies of Form W-2

Employer name	2018 federal wages

Retirement

Provide all copies of Form 1099-R

Payer name	2018 distribution

Form 1099-Misc Income

Provide all copies of Form 1099-MISC

Payer name	2018 amount

Name: _____

SSN: ***-**-****

Provide all copies of Form 1099-DIV & other statements that report dividend income

Provide all copies of Form 1099-INT, Form 1099-OID and other statements that report interest income

If any interest income listed above is from a seller-financed mortgage, provide the payer's ID number and address

Other Income and Adjustments

Name:

SSN: ***-**-****

Other Income

	2018 Taxpayer	2018 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	2018 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: _____		

Job-related Moving Expenses

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

2018

Number of miles from old home to old workplace.

Number of miles from old home to new workplace

Expense to move household goods & personal effects and lodging expenses while traveling to your new home
(Do not include cost of meals)

Schedule C - Profit or Loss from Business

Name: SSN: ***-**-****

General Business Information

Business name Employer ID number
Professional product or service
Business address, city, state, ZIP

This business started or was acquired during 2018 Yes No Payments of \$600 or more were paid to an individual who is not your employee for services provided for this business
This business was disposed of during 2018 Yes No You filed Form(s) 1099 for the individual(s)

Income

	2018	2018
Gross receipts or sales		Other income
Income from Form 1099-MISC		
Returns & allowances		

Expenses

	2018	2018
Advertising		Travel
Car & truck expenses		Total meals
Commissions & fees		Utilities
Contract labor		Wages
Depletion		Other expenses (list)
Employee benefit programs		
Insurance (other than health)		
Interest - mortgage		
Interest - other		
Legal & professional services		
Office expenses		
Pension & profit sharing plans		
Rent or lease (vehicles, machinery, & equipment)		
Rent (other business property)		
Repairs & maintenance		
Supplies		
Taxes & licenses		

Cost of Goods Sold

	2018	2018
Inventory at beginning of year		Materials & supplies
Purchases		Other costs
Cost of personal use items		Inventory at end of year
Cost of labor		☐ There was a change in inventory method

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 ☐ Vacation / short-term rental ☐ Land ☐ Self-rental
☐ Multi-family residence ☐ Commercial ☐ Royalties ☐ 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, enter the percentage you occupied _____

☐ This property is your main home ☐ Yes ☐ No Payments of \$600 or more were paid to an individual who is not your employee for services provided for this rental
☐ This property was disposed of during 2018 ☐ Yes ☐ No You filed Form(s) 1099 for the individual(s)
☐ This property was owned as a qualified joint venture

Income

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

Expenses

	Rental unit expenses	Rental and homeowner expenses	
Advertising	_____	_____	If this Schedule E is for a multi-unit dwelling and you lived in one unit and rented out the other units, use the "Rental and homeowner expenses" column to show expenses that apply to the entire property. Use the "Rental unit expenses" column to show expenses that pertain ONLY to the rental portion of the property.
Auto & travel	_____	_____	
Cleaning & maintenance	_____	_____	
Commissions	_____	_____	
Depletion	_____	_____	
Insurance	_____	_____	
Legal & professional fees	_____	_____	
Management fees	_____	_____	
Mortgage interest	_____	_____	
Other interest	_____	_____	
Repairs	_____	_____	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.
Supplies	_____	_____	
Taxes	_____	_____	
Utilities	_____	_____	
Other expenses	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	

Name:

SSN: ***-**-****

Provide all copies of Schedule K-1 and attachments

[illegible]

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	2018
Sale of livestock / other items		Custom hire income
Cost of items bought for resale		Beginning inventory for accrual
Sale of products you raised		Ending inventory for accrual
Total cooperative distributions		You used unit-livestock-price or farm-price inventory method
Total agricultural payments		Other income
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		

Expenses

	2018	2018
Car & truck expenses		Repairs & maintenance
Chemicals		Seeds & plants purchased
Conservation expenses		Storage & warehousing
Custom hire (machine work)		Supplies purchased
Employee benefit programs		Taxes
Feed purchased		Utilities
Fertilizers & lime		Veterinary, breeding, & medicine
Freight & trucking		Other expenses
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, & equipment		
Rent - other (land, animals, etc.)		

Form 4835 - Farm Rental Income and Expenses

Name: _____ SSN: ***-**-****

General Information

Description _____ Employer ID Number _____

☐ This farm was disposed of during 2018

Income

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

Expenses

2018		2018	
Car & truck expenses	_____	Seeds & plants purchased	_____
Chemicals	_____	Storage & warehousing	_____
Conservation expenses	_____	Supplies purchased	_____
Custom hire (machine work)	_____	Taxes	_____
Employee benefit programs	_____	Utilities	_____
Feed purchased	_____	Veterinary, breeding, & medicine	_____
Fertilizers & lime	_____	Other expenses	
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	_____		_____

Expenses Related to Business

Name: _____ SSN: ***-**-****

Auto Expense

Name of business vehicle is used for _____
Description of vehicle _____ Date vehicle was placed in service _____

- ☐ Another vehicle is available for personal use
- ☐ There is evidence to support your deduction
- ☐ This vehicle is available for use during off-duty hours
- ☐ The evidence is written

Number of miles the vehicle was driven during 2018
Business _____ Commuting _____ Total _____

Garage rent	_____	Property tax	_____
Gas	_____	Repairs	_____
Insurance	_____	Tires	_____
Licenses	_____	Tolls	_____
Oil	_____	Other expenses	_____
Parking fees	_____		_____
Lease payments	_____		_____
Interest	_____		_____

Business Use of Home

Name of business home is used for _____
What is the total square footage of your home that was used regularly and exclusively for business? _____
What is the total square footage of your home? _____

For daycare facilities not used exclusively for business, complete the following questions
How many days during the year was the area used? _____
How many hours per day was the area used? _____
☐ The daycare facility was in operation for the entire year

Expenses	Office expenses	Home expenses
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.

Schedule A - Itemized Deductions

Name: _____

SSN: ***-**-****

Medical and Dental Expenses

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

 Doctor, dental, etc _____

 Prescription medicines _____

 Insulin _____

 Glasses and contacts _____

 Hearing aids _____

 Braces _____

 Medical equipment & supplies _____

 Hospital services _____

 Laboratory services _____

 Nursing services _____

 Other _____

Taxes Paid

State and local income taxes _____

Sales tax _____

Real estate taxes _____

Personal property taxes _____

Other taxes (list) _____

Interest Paid

Mortgage interest paid (attach Form 1098) _____

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

Mortgage interest paid to an individual _____

Paid to:

 Name _____

 Address _____

 City, State, ZIP _____

 SSN or EIN _____

Qualified mortgage insurance premiums _____

Investment interest _____

Charitable Contributions

Donations to charity	Cash	Noncash	Amount
Church	☐	☐	_____
Boy or Girl Scouts	☐	☐	_____
Goodwill	☐	☐	_____
Red Cross	☐	☐	_____
Salvation Army	☐	☐	_____
United Way	☐	☐	_____
Veterans	☐	☐	_____
Hospital	☐	☐	_____
University	☐	☐	_____
Other	☐	☐	_____

Miles driven for charitable purposes _____

Other Miscellaneous Deductions

Amortizable bond premiums _____

Federal estate tax _____

Gambling losses _____

Impairment-related work expenses _____

Claim repayments _____

Unrecovered pension investments _____

Loss from other activities from Schedule K-1 _____

Ordinary loss debt instrument _____

Job Expenses & Certain Miscellaneous Deductions

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

 Safety equipment, tools, & supplies _____

 Uniforms _____

 Protective clothing (shoes, hardhats, glasses, etc.) _____

 Dues to professional organizations _____

 Books & subscriptions _____

 Other _____

Tax preparation fees _____

Other nonpersonal expenses related to taxable income

 Safe deposit box fees _____

 Investment expenses not entered elsewhere _____

 Other _____

Other Information

Name:

SSN: ***-**-****

Mortgage Interest

Provide all copies of Form 1098

Lender's name	Mortgage interest received	Mortgage insurance premiums	Real estate taxes paid

Employee Business Expenses

- ☐ You are a qualified performing artist
- ☐ You are a fee-based state or local government official
- ☐ You are a disabled employee with impairment-related work expenses
- ☐ You are a reservist
- ☐ You are a member of the clergy
- ☐ You used your personal vehicle for your job during 2018

	NOT reimbursed by your employer	Reimbursed by your employer not included on your W-2
Rural mail carrier expenses		
Parking fees, tolls, local transportation		
Meals		
Overnight business travel expenses (Do not include meals & entertainment)		
Other business expenses		

Casualties and Thefts

FEMA code _____	FEMA code _____
Property description _____	Property description _____
Property location _____	Property location _____
Date property was acquired _____	Date property was acquired _____
Date property was damaged or stolen _____	Date property was damaged or stolen _____
Cost of property damaged or stolen _____	Cost of property damaged or stolen _____
Amount of damage _____	Amount of damage _____
Insurance reimbursement _____	Insurance reimbursement _____

Other Information

Name:

SSN: ***_*_*_****

Child and Other Dependent Care Expenses

Name of care provider	Address	SSN or EIN	Amount paid

Education Expenses

Provide all copies of Form 1098-T

Student name

Type of expense

Amount

Student name

Type of expense

Amount

Student name

Type of expense

Amount

Student name

Type of expense

Amount

Student name

Type of expense

Amount

Student name

Type of expense

Amount