

**FIELDER & COMPANY, LLC**  
**Certified Public Accountants**  
**13902 N. DALE MABRY HWY., SUITE 122**  
**TAMPA, FL 33618**  
**813-961-0990 Fax: 813-960-3870**  
**E-mail: Fielderco@mindspring.com**  
**Website: www.fielderco.com**

Dear Client:

This Client Organizer is designed to help you gather tax information needed to prepare your 2018 personal income tax return. **PLEASE READ AND SIGN THE ENGAGEMENT LETTER ENCLOSED AND RETURN IT WITH YOUR TAX DATA. In consideration of professional requirements we must have your signed engagement letter prior to filing for you.**

Adding bank account information for direct deposit, if you authorize one, will speed up any refund due. A copy of a voided check from the account will suffice, if provided by the time you submit your e-file authorization. **Let us know prior to filing if there is a change to the bank account information. When you receive your completed tax return(s), please review the bank information for accuracy. Report any discrepancies to this office immediately, to allow correction before e-file authorization is submitted.**

You may enter 2018 information on the Client Organizer sheets provided. Please enter estimated tax deposits made, if any, with dates paid. The Questions page asks about pertinent tax items necessary for preparing the most accurate tax return possible. Please answer all applicable questions, attach a statement when necessary for additional information not provided in the Client Organizer, and return this data organizer with your tax related statements whether completed or not. **Please include current contact information, with your e-mail address if you authorize that method of contact with us, on pages 1 and 2 and answer the Questions pages. The Client Organizer Topical Index will refer you to page numbers relevant to you so that you may ignore pages which are not. If relevant pages are not included in your organizer, add the information with your tax data to us. You may retrieve and print useful pages not on your organizer at [www.fielderco.com](http://www.fielderco.com) (2018 Blank Organizer) to complete and attach (such as new rental or self-employment information). Please give us a call if you need assistance.**

We will also need the following information:

- Forms W-2 for wages, salaries and tips.
- All Forms 1099 for interest, dividends, retirement and annuity distributions, health savings and education account distributions including 1098-T, 1098-E and 1099-Q, miscellaneous income, cancellation of debt, Social Security, state or local refunds, gambling winnings, etc.
- Brokerage statements showing investment transactions for stocks, bonds, etc., including December account statements with taxable gains and loss detail for 2018.
- Schedule K-1 showing income from partnerships, S corporations, estates and trusts.
- Copy of 2018 real estate closing statements for sales, purchases or refinancing.
- If you itemize, statements supporting deductions for mortgage interest, taxes, and charitable contributions (including any Form 1098-C regarding contributions of motor vehicles, boats or planes).
- Legal papers for adoption, divorce, or separation involving custody of your dependent children, including signed copy of Form 8332 (Release/Revocation of Release of Claim for Exemption for Child by Custodial Parent), if applicable.

(Continued on next page)

- Any tax notices sent to you by the IRS or other taxing authority, **including Form 1095-A, 1095-B and 1095-C received because you or a family member enrolled in insurance coverage through Health Insurance Marketplace or have coverage through an employer plan, or receive confirmation of health insurance coverage from your insurance provider.**
- A copy of your income tax return from last year, if not prepared by this office.
- **A copy of your FinCEN reporting, which YOU MUST FILE ON-LINE BY APRIL 15, 2019, A NEW, EARLIER DEADLINE** (see [www.fincen.gov](http://www.fincen.gov) for reporting and instructions) if you are required to file due to balances in foreign accounts totaling \$10,000 or more at any time in 2018, including foreign accounts holding on-line gambling funds. Extensions are granted. Instructions are online.

**We must receive your complete data by March 15 to insure your filing by April 15. Data received after March 15 will be prepared for filing during the extension period. If you need assistance in estimating tax due April 15 but haven't received all data, please get your incomplete data to us no later than March 15 with a note regarding data to be received and request we estimate your balance due with the extension, if possible.**

Our services include electronic filing of your federal tax return at no additional cost That should relieve you of mailing time and costs, speed processing with greater protection against IRS processing errors and follow-up notices, confirm timely receipt to reduce penalty exposure, and accelerate refunds to you.

Professional assistance from experienced CPAs is now more valuable than ever in light of changing and increasingly complex rules, higher penalties for errors, non-compliance or non-disclosure, and most importantly, to confidently receive deductions and advantages affordable to you to maximize savings and improve your financial condition. Thank you for the opportunity to serve you, and for your referrals which allow us to enjoy over forty years of client service at reasonable costs to you.

Sincerely,

FIELDER & COMPANY, LLC

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## **ENGAGEMENT LETTER**

Dear Client:

This letter confirms the arrangements for our preparation of your 2018 tax return due April 15, 2019.

We will prepare your federal income tax return and required state returns, if requested, from information you furnish us. It is your responsibility to provide us with all of the information necessary to complete your tax return. In that regard you state that, to the best of your knowledge and belief:

You have provided us true, correct and complete information regarding amounts you claimed as tax deductions, and have maintained written documentation supporting all amounts, including log books and receipts. You understand that taxing authorities may examine the returns, that documentation should be retained to support the information provided to us, especially business travel and entertainment deductions, business mileage deduction claimed with contemporaneous details of business travel miles and business use description for autos and other assets, barter activities, and the required documents to support all charitable contributions, and that penalties may be imposed on returns that are late, underpaid or incorrect. **By engaging us to prepare your return you are verifying that you have and will retain such required documentation in your files, even though we may not examine their existence or accuracy, and that you will provide complete filing information to us on a timely basis, allowing time for preparation and filing of the return within the filing deadline.**

We will not audit or otherwise verify any information. We may require clarification or additional information. We are not responsible for disallowed deductions, or the inclusion of additional unreported income or any resulting taxes, penalties or interest. **You are responsible for advising us if you have any foreign account or trust ownership during the tax year and the country or countries holding your assets or business interests in response to required disclosure on your 1040 and for filing your required FBAR (Foreign Bank Account Report, Form FinCEN 114) electronically by the NEW EARLIER FILING DEADLINE OF APRIL 15, 2019, if total value of foreign accounts exceed \$10,000 at any time in 2018. Non-filing or late filing penalties are very high. (See [www.fincen.gov](http://www.fincen.gov) for filing and instructions as soon as possible, if this requirement applies to you.) You agree to provide a copy of your FinCEN reporting, and descriptions of gifts to individuals exceeding \$15,000 total value by recipient with name and address and relationship, description, date and value of gift for our preparation of a gift tax return for you, if applicable.**

We will resolve questions involving application of tax rules in your favor, if there is justification for it. We will be available to answer your inquiries on specific tax matters and to consult with you on income tax and financial planning. You consent to our use of e-mail, fax and phone methods of communication indicated on pages 1 and 2 of your organizer.

Fees for our services will be at our standard rates for tax work, which recognizes time, complexity and costs for services provided. ***YOUR INVOICE WILL BE PROVIDED WITH YOUR COMPLETED RETURN AND IS PAYABLE UPON RECEIPT OF SERVICE. WE ACCEPT PAYMENT BY VISA, DISCOVER OR MASTERCARD. FUTURE SERVICE IS CONTINGENT UPON PROMPT PAYMENT.*** We will electronically file your return, if you qualify to file electronically. Your return copy will be accompanied by a signature-required e-file authorization form to sign and return to us in the prepaid envelope which will be enclosed or by e-mail or fax. If you owe additional taxes, a payment voucher and envelope will be provided for you to mail to Internal Revenue Service. **Your return will not be filed until our receipt of your signed e-file authorization form copy.**

It is understood that if this engagement involves a joint return, this firm shall provide a copy (including copies of supporting data) to either of the parties upon request at any time upon payment of applicable charges, and it is agreed that there is no expectation of confidentiality between parties eligible to file jointly and us.

Your returns are, of course, subject to review by taxing authorities. Any items resolved against you by the examining agent are subject to certain rights of appeal. In the event of an examination, we will be available to represent you. Billing for such services is at our standard rates for the nature of service performed.

If you are in agreement with the contents of this letter, ***please sign and date below*** and return it and your tax organizer with your tax information. **A signed engagement letter copy for our files is required for our tax preparation services.** Please let us know if you have questions regarding this agreement. We are pleased to have you as a client and look forward to a long and mutually satisfying relationship.

Sincerely,

FIELDER & COMPANY, LLC

APPROVED:

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Taxpayer

Spouse

Date

## Questions

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

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

**Income Information**

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

**Retirement Information**

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

**Education Information**

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

**Health Care Information**

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

the Affordable Care Act? If yes, attach any Form(s) 1095-A you received.	p	p
Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act and share a policy with anyone who is not included in your family?	p	p
Did you make any contributions to a Health savings account (HSA) or Archer MSA?	p	p
Did you receive any distributions from a Health savings account (HSA), Archer MSA, or Medicare Advantage MSA this year?	p	p
Did you pay long-term care premiums for yourself or your family?	p	p
Did you make any contributions to an ABLE (Achieving a Better Life Experience) account? If yes, attach any Form(s) 5498-QA you received.	p	p
Did you receive any withdrawals from an ABLE (Achieving a Better Life Experience) account? If yes, attach any Form(s) 1099-QA you received.	p	p
If you are a business owner, did you pay health insurance premiums for your employees this year?	p	p
Did you receive any Health Coverage Tax Credit (HCTC) advance payments? If yes, attach any Form(s) 1099-H you received.	p	p

### Itemized Deduction Information

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

### Miscellaneous Information

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

## 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.



Form ID: 1040 Personal Information 1

Filing (Marital) status code (1 = Single, 2 = Married filing joint, 3 = Married filing separate, 4 = Head of household, 5 = Qualifying widow(er)) \_\_\_\_\_

Mark if you were married but living apart all year \_\_\_\_\_

Mark if your nonresident alien spouse does not have an Individual Taxpayer Identification Number (ITIN) \_\_\_\_\_

	Taxpayer	Spouse
Social security number	_____	_____
First name	_____	_____
Last name	_____	_____
Occupation	_____	_____
Designate \$3.00 to the presidential election campaign fund? (1 = Yes, 2 = No, 3 = Blank)	2	_____
Mark if dependent of another taxpayer	_____	_____
Taxpayer with income less than 1/2 support age 18 or 19 - 23 full-time student? (Y, N)	_____	_____
Mark if legally blind	_____	_____
Date of birth	_____	_____
Date of death	_____	_____
Work/daytime telephone number/ext number	_____	_____
Home/evening telephone number	_____	_____
Do you authorize us to discuss your return with the IRS? (Y, N)	_____	_____

Present Mailing Address

Address \_\_\_\_\_

Apartment number \_\_\_\_\_

City, state postal code, zip code \_\_\_\_\_

Foreign country name \_\_\_\_\_

Foreign phone number \_\_\_\_\_

In care of addressee \_\_\_\_\_

Dependent Information

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

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

Name of child who lived with you but is not your dependent \_\_\_\_\_

Social security number of qualifying person \_\_\_\_\_

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

Preparer - Enter on Screen Contact

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

Taxpayer email address \_\_\_\_\_

Spouse email address \_\_\_\_\_

	Taxpayer	Spouse
Fax telephone number	_____	_____
Mobile telephone number	_____	_____
Mobile telephone #2 number	_____	_____
Pager number	_____	_____
Other:	_____	_____
Telephone number	_____	_____
Extension	_____	_____
Preferred method of contact:	_____	_____
Email, Work phone, Home phone, Fax, Mobile phone, Mobile phone #2	_____	_____

NOTES/QUESTIONS:

## Direct Deposit/Electronic Funds Withdrawal Information

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. \_\_\_\_\_

Primary account:

Financial institution routing transit number \_\_\_\_\_

Name of financial institution \_\_\_\_\_

Your account number \_\_\_\_\_

Type of account (1 = Savings, 2 = Checking, 3 = IRA\*) \_\_\_\_\_

Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) \_\_\_\_\_

Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) \_\_\_\_\_

Enter the maximum dollar amount, or percentage of total refund

Dollar \_\_\_\_\_

or

Percent (xxx.xx) \_\_\_\_\_

Secondary account #1:

Financial institution routing transit number \_\_\_\_\_

Name of financial institution \_\_\_\_\_

Your account number \_\_\_\_\_

Type of account (1 = Savings, 2 = Checking, 3 = IRA\*) \_\_\_\_\_

Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) \_\_\_\_\_

Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) \_\_\_\_\_

Enter the maximum dollar amount, or percentage of total refund

Dollar \_\_\_\_\_

or

Percent (xxx.xx) \_\_\_\_\_

Secondary account #2:

Financial institution routing transit number \_\_\_\_\_

Name of financial institution \_\_\_\_\_

Your account number \_\_\_\_\_

Type of account (1 = Savings, 2 = Checking, 3 = IRA\*) \_\_\_\_\_

Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) \_\_\_\_\_

Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) \_\_\_\_\_

Enter the maximum dollar amount, or percentage of total refund

Dollar \_\_\_\_\_

or

Percent (xxx.xx) \_\_\_\_\_

\*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 \_\_\_\_\_

or

Percent (xxx.xx) \_\_\_\_\_

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 \_\_\_\_\_

or

Percent (xxx.xx) \_\_\_\_\_

Owner's name (First Last) \_\_\_\_\_

Co-owner or beneficiary (First Last) \_\_\_\_\_

Mark if the name listed above is a beneficiary \_\_\_\_\_

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 \_\_\_\_\_

or

Percent (xxx.xx) \_\_\_\_\_

Owner's name (First Last) \_\_\_\_\_

Co-owner or beneficiary (First Last) \_\_\_\_\_

Mark if the name listed above is a beneficiary \_\_\_\_\_

Taxpayer -

Form of identification ( 1 = Driver's license, 2 = State issued identification card, 3 = No applicable identification, 4 = Identification not provided) \_\_\_\_\_

Identification number \_\_\_\_\_

Issue date \_\_\_\_\_

Expiration date (mm/dd/yyyy) \_\_\_\_\_

Location of issuance (State issued only) \_\_\_\_\_

Document number (New York only) \_\_\_\_\_

Spouse -

Form of identification ( 1 = Driver's license, 2 = State issued identification card, 3 = No applicable identification, 4 = Identification not provided) \_\_\_\_\_

Identification number \_\_\_\_\_

Issue date \_\_\_\_\_

Expiration date (mm/dd/yyyy) \_\_\_\_\_

Location of issuance (State issued only) \_\_\_\_\_

Document number (New York only) \_\_\_\_\_

NOTES/QUESTIONS:

Form ID: Est	<b>Estimated Taxes</b>	8
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If you have an overpayment of 2018 taxes, do you want the excess:

Refunded \_\_\_\_\_

Applied to 2019 estimated tax liability \_\_\_\_\_

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

If yes, please explain any differences:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

If yes, please explain any differences:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

If yes, please explain any differences:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

If yes, please explain any differences:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

<b>2018 Federal Estimated Tax Payments</b>
--

2017 overpayment applied to 2018 estimates \_\_\_\_\_

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

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	_____	_____		_____	_____
2nd quarter payment	6/15/18	_____	_____		_____	_____
3rd quarter payment	9/17/18	_____	_____		_____	_____
4th quarter payment	1/15/19	_____	_____		_____	_____
Additional payment		_____	_____		_____	_____

*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:

Form ID: St Pmt	2018 State Estimated Tax Payments	9
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Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_  
 State postal code \_\_\_\_\_

Amount paid with 2017 return \_\_\_\_\_  
 2017 overpayment applied to '18 estimates \_\_\_\_\_  
 Treat calculated amounts as paid \_\_\_\_\_

	Date Paid	Amount Paid			Calculated Amount
1st quarter payment	_____	_____			_____ _____ _____ _____ _____
2nd quarter payment	_____	_____			
3rd quarter payment	_____	_____			
4th quarter payment	_____	_____			
Additional payment	_____	_____			

2018 City Estimated Tax Payments
----------------------------------

City #1

City name \_\_\_\_\_  
 Amount paid with 2017 return \_\_\_\_\_  
 2017 overpayment applied to '18 estimates \_\_\_\_\_  
 Treat calculated amounts as paid \_\_\_\_\_

	Date Paid	Amount Paid
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	_____

City #2

City name \_\_\_\_\_  
 Amount paid with 2017 return \_\_\_\_\_  
 2017 overpayment applied to '18 estimates \_\_\_\_\_  
 Treat calculated amounts as paid \_\_\_\_\_

	Date Paid	Amount Paid
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	_____

City #3

City name \_\_\_\_\_  
 Amount paid with 2017 return \_\_\_\_\_  
 2017 overpayment applied to '18 estimates \_\_\_\_\_  
 Treat calculated amounts as paid \_\_\_\_\_

	Date Paid	Amount Paid
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	_____

City #4

City name \_\_\_\_\_  
 Amount paid with 2017 return \_\_\_\_\_  
 2017 overpayment applied to '18 estimates \_\_\_\_\_  
 Treat calculated amounts as paid \_\_\_\_\_

	Date Paid	Amount Paid
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	_____

Please provide all copies of Form W-2.  
2018 Information

Prior Year Information

Taxpayer/Spouse (T, S)	—	
Employer name		
Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Farming / Fishing, 4 = National Guard)	—	
Mark if this is your current employer	—	
Federal wages and salaries (Box 1)		
Federal tax withheld (Box 2)		
Social security wages (Box 3) (If different than federal wages)		
Social security tax withheld (Box 4)		
Medicare wages (Box 5) (If different than federal wages)		
Medicare tax withheld (Box 6)		
SS tips (Box 7)		
Allocated tips (Box 8)		
Dependent care benefits (Box 10)		
Box 13 -		
Statutory employee	—	
Retirement plan	—	
Third-party sick pay	—	
State postal code (Box 15)		
State wages (Box 16) (If different than federal wages)		
State tax withheld (Box 17)		
Local wages (Box 18)		
Local tax withheld (Box 19)		
Name of locality (Box 20)		

	Control Totals	
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Wages and Salaries #2

Please provide all copies of Form W-2.  
2018 Information

Prior Year Information

Taxpayer/Spouse (T, S)	—	
Employer name		
Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Farming / Fishing, 4 = National Guard)	—	
Mark if this your current employer	—	
Federal wages and salaries (Box 1)		
Federal tax withheld (Box 2)		
Social security wages (Box 3) (If different than federal wages)		
Social security tax withheld (Box 4)		
Medicare wages (Box 5) (If different than federal wages)		
Medicare tax withheld (Box 6)		
SS tips (Box 7)		
Allocated tips (Box 8)		
Dependent care benefits (Box 10)		
Box 13 -		
Statutory employee	—	
Retirement plan	—	
Third-party sick pay	—	
State postal code (Box 15)		
State wages (Box 16) (If different than federal wages)		
State tax withheld (Box 17)		
Local wages (Box 18)		
Local tax withheld (Box 19)		
Name of locality (Box 20)		

	Control Totals	
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## Interest Income

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

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

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

\*\*Dividend Codes  
Blank = Other                      3 = Nominee

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

2018 Information

Prior Year Information

<p>Taxpayer/Spouse/Joint (T, S, J) _____</p> <p>Payer's name _____</p> <p>Payer's street address _____</p> <p>Payer's city, state, zip code _____</p> <p>Payer's social security number _____</p> <p>Interest income amount received in 2018 _____</p>	<p>—</p>	<div style="border: 1px solid black; height: 80px; width: 100%;"></div>
<p>Taxpayer/Spouse/Joint (T, S, J) _____</p> <p>Payer's name _____</p> <p>Payer's street address _____</p> <p>Payer's city, state, zip code _____</p> <p>Payer's social security number _____</p> <p>Interest income amount received in 2018 _____</p>	<p>—</p>	<div style="border: 1px solid black; height: 80px; width: 100%;"></div>
<p>Taxpayer/Spouse/Joint (T, S, J) _____</p> <p>Payer's name _____</p> <p>Payer's street address _____</p> <p>Payer's city, state, zip code _____</p> <p>Payer's social security number _____</p> <p>Interest income amount received in 2018 _____</p>	<p>—</p>	<div style="border: 1px solid black; height: 80px; width: 100%;"></div>
<p>Taxpayer/Spouse/Joint (T, S, J) _____</p> <p>Payer's name _____</p> <p>Payer's street address _____</p> <p>Payer's city, state, zip code _____</p> <p>Payer's social security number _____</p> <p>Interest income amount received in 2018 _____</p>	<p>—</p>	<div style="border: 1px solid black; height: 80px; width: 100%;"></div>
<p>Taxpayer/Spouse/Joint (T, S, J) _____</p> <p>Payer's name _____</p> <p>Payer's street address _____</p> <p>Payer's city, state, zip code _____</p> <p>Payer's social security number _____</p> <p>Interest income amount received in 2018 _____</p>	<p>—</p>	<div style="border: 1px solid black; height: 80px; width: 100%;"></div>
<p>Taxpayer/Spouse/Joint (T, S, J) _____</p> <p>Payer's name _____</p> <p>Payer's street address _____</p> <p>Payer's city, state, zip code _____</p> <p>Payer's social security number _____</p> <p>Interest income amount received in 2018 _____</p>	<p>—</p>	<div style="border: 1px solid black; height: 80px; width: 100%;"></div>
<p>Taxpayer/Spouse/Joint (T, S, J) _____</p> <p>Payer's name _____</p> <p>Payer's street address _____</p> <p>Payer's city, state, zip code _____</p> <p>Payer's social security number _____</p> <p>Interest income amount received in 2018 _____</p>	<p>—</p>	<div style="border: 1px solid black; height: 80px; width: 100%;"></div>
<p>Taxpayer/Spouse/Joint (T, S, J) _____</p> <p>Payer's name _____</p> <p>Payer's street address _____</p> <p>Payer's city, state, zip code _____</p> <p>Payer's social security number _____</p> <p>Interest income amount received in 2018 _____</p>	<p>—</p>	<div style="border: 1px solid black; height: 80px; width: 100%;"></div>

Please provide all Schedules Q.

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

Name of activity

Employer identification number

State postal code

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Name of activity

Employer identification number

State postal code

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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NOTES/QUESTIONS:





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

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

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

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

	Control Totals	
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NOTES/QUESTIONS:

Form ID: 1099PATR	Taxable Distributions Received from Cooperatives #1	18b
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Please provide all Forms 1099-PATR

		Preparer use only
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Name of payer	
Taxpayer/Spouse/Joint (T, S, J)	—
State postal code	—
Patron dividends (Box 1)	
Nonpatronage distributions (Box 2)	
Per-unit retain allocations (Box 3)	
Federal income tax withheld (Box 4)	
Redemption of nonqualified notices and retain allocations (Box 5)	
Domestic production activities deductions (Box 6)	
Investment credit (Box 7)	
Work opportunity credit (Box 8)	
Patron's AMT adjustments (Box 9)	
Other credits and deductions #1 (Box 10)	
Other credits and deductions #2 (Box 10)	

	Control Totals	
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Form ID: 1099PATR	Taxable Distributions Received from Cooperatives #2
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Please provide all Forms 1099-PATR

		Preparer use only
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Name of payer	
Taxpayer/Spouse/Joint (T, S, J)	—
State postal code	—
Patron dividends (Box 1)	
Nonpatronage distributions (Box 2)	
Per-unit retain allocations (Box 3)	
Federal income tax withheld (Box 4)	
Redemption of nonqualified notices and retain allocations (Box 5)	
Domestic production activities deductions (Box 6)	
Investment credit (Box 7)	
Work opportunity credit (Box 8)	
Patron's AMT adjustments (Box 9)	
Other credits and deductions #1 (Box 10)	
Other credits and deductions #2 (Box 10)	

	Control Totals	
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NOTES/QUESTIONS:

Form ID: 1099C	<b>Cancellation of Debt, Abandonment #1</b>	19
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Preparer use only

Please provide all Forms 1099-C and 1099-A

Enter a brief description of the debt (i.e. type of debt) and why it was canceled to assist in determining tax ramifications:

---

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_  
 State postal code \_\_\_\_\_  
 Name of creditor/lender \_\_\_\_\_

**Form 1099-C Cancellation of Debt**

Date of identifiable event (Box 1) \_\_\_\_\_  
 Amount of debt discharged (Box 2) \_\_\_\_\_  
 Interest if included in box 2 (Box 3) \_\_\_\_\_  
 Personally liable for repayment of the debt (if checked) (Box 5) \_\_\_\_\_  
 Identifiable event code (Box 6) (A = Bankruptcy, B = Other judicial debt relief, C = Statute of limitations, D = Foreclosure, E = Debt relief from probate  
 F = By agreement, G = Decision to discontinue collection, H = Other actual discharge) \_\_\_\_\_  
 Fair market value of property (Box 7) \_\_\_\_\_

**Form 1099-A Acquisition or Abandonment of Secured Property**

Date of lender's acquisition or knowledge of abandonment (Box 1) \_\_\_\_\_  
 Balance of principal outstanding (Box 2) \_\_\_\_\_  
 Fair market value of property (Box 4) \_\_\_\_\_  
 Personally liable for repayment of the debt (if checked) (Box 5) \_\_\_\_\_

	<b>Control Totals</b>	
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<b>Cancellation of Debt, Abandonment #2</b>
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Preparer use only

Please provide all Forms 1099-C and 1099-A

Enter a brief description of the debt (i.e. type of debt) and why it was canceled to assist in determining tax ramifications:

---

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_  
 State postal code \_\_\_\_\_  
 Name of creditor \_\_\_\_\_

**Form 1099-C Cancellation of Debt**

Date of identifiable event (Box 1) \_\_\_\_\_  
 Amount of debt discharged (Box 2) \_\_\_\_\_  
 Interest if included in box 2 (Box 3) \_\_\_\_\_  
 Personally liable for repayment of the debt (if checked) (Box 5) \_\_\_\_\_  
 Identifiable event code (Box 6) (A = Bankruptcy, B = Other judicial debt relief, C = Statute of limitations, D = Foreclosure, E = Debt relief from probate  
 F = By agreement, G = Decision to discontinue collection, H = Other actual discharge) \_\_\_\_\_  
 Fair market value of property (Box 7) \_\_\_\_\_

**Form 1099-A Acquisition or Abandonment of Secured Property**

Date of lender's acquisition or knowledge of abandonment (Box 1) \_\_\_\_\_  
 Balance of principal outstanding (Box 2) \_\_\_\_\_  
 Fair market value of property (Box 4) \_\_\_\_\_  
 Personally liable for repayment of the debt (if checked) (Box 5) \_\_\_\_\_

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



Form ID: W2G	<b>Gambling Winnings #1</b>	20
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Please provide all copies of Form W-2G.

	2018 Information	Prior Year Information
Taxpayer/Spouse (T, S)	—	
Payer name	_____	
State postal code	_____	
Mark if professional gambler	—	
Reportable winnings (Box 1)	_____	_____
Date won (Box 2)	_____	_____
Type of wager (Box 3)	_____	_____
Federal withholding (Box 4)	_____	_____
Transaction (Box 5)	_____	_____
Race (Box 6)	_____	_____
Identical wager winnings (Box 7)	_____	_____
Cashier (Box 8)	_____	_____
Taxpayer identification number (Box 9)	_____	_____
Window (Box 10)	_____	_____
First ID (Box 11)	_____	_____
Second ID (Box 12)	_____	_____
Payer's state ID no. (Box 13)	_____	_____
State winnings (Box 14)	_____	_____
State withholding (Box 15)	_____	_____
Local winnings (Box 16)	_____	_____
Local withholding (Box 17)	_____	_____
Name of locality (Box 18)	_____	_____
<b>Control Totals</b>		

<b>Gambling Winnings #2</b>
-----------------------------

Please provide all copies of Form W-2G.

	2018 Information	Prior Year Information
Taxpayer/Spouse (T, S)	—	
Payer name	_____	
State postal code	_____	
Mark if professional gambler	—	
Reportable winnings (Box 1)	_____	_____
Date won (Box 2)	_____	_____
Type of wager (Box 3)	_____	_____
Federal withholding (Box 4)	_____	_____
Transaction (Box 5)	_____	_____
Race (Box 6)	_____	_____
Identical wager winnings (Box 7)	_____	_____
Cashier (Box 8)	_____	_____
Taxpayer identification number (Box 9)	_____	_____
Window (Box 10)	_____	_____
First ID (Box 11)	_____	_____
Second ID (Box 12)	_____	_____
Payer's state ID no. (Box 13)	_____	_____
State winnings (Box 14)	_____	_____
State withholding (Box 15)	_____	_____
Local winnings (Box 16)	_____	_____
Local withholding (Box 17)	_____	_____
Name of locality (Box 18)	_____	_____
<b>Control Totals</b>		

NOTES/QUESTIONS:

Form ID: 2439	<b>Shareholders Undistributed Capital Gain #1</b>	21
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Please provide all copies of Form 2439

	2018 Information	Prior Year Information
Taxpayer/Spouse (T, S) _____	—	<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div>
RIC or REIT name _____	—	
State postal code _____	—	
Total undistributed long-term capital gains (Box 1a)	_____	
Unrecaptured section 1250 gain (Box 1b)	_____	
Section 1202 gain (Box 1c)	_____	
If your interest in the RIC/REIT was held on the date the RIC/REIT acquired the Section 1202 stock and continuously until sold indicate the appropriate section 1202 code (1 = 50% exclusion, 2 = 60% exclusion within an empowerment zone, 3 = 75% exclusion, 4 = 100% exclusion)	_____	
Collectibles (28%) gain (Box 1d)	_____	
Tax paid by the RIC or REIT on the box 1a gains (Box 2)	_____	

	Control Totals	
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<b>Shareholders Undistributed Capital Gain #2</b>
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Please provide all copies of Form 2439

	2018 Information	Prior Year Information
Taxpayer/Spouse (T, S) _____	—	<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div>
RIC or REIT name _____	—	
State postal code _____	—	
Total undistributed long-term capital gains (Box 1a)	_____	
Unrecaptured section 1250 gain (Box 1b)	_____	
Section 1202 gain (Box 1c)	_____	
If your interest in the RIC/REIT was held on the date the RIC/REIT acquired the Section 1202 stock and continuously until sold indicate the appropriate section 1202 code (1 = 50% exclusion, 2 = 60% exclusion within an empowerment zone, 3 = 75% exclusion, 4 = 100% exclusion)	_____	
Collectibles (28%) gain (Box 1d)	_____	
Tax paid by the RIC or REIT on the box 1a gains (Box 2)	_____	

	Control Totals	
--	----------------	--

<b>Shareholders Undistributed Capital Gain #3</b>
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Please provide all copies of Form 2439

	2018 Information	Prior Year Information
Taxpayer/Spouse (T, S) _____	—	<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div>
RIC or REIT name _____	—	
State postal code _____	—	
Total undistributed long-term capital gains (Box 1a)	_____	
Unrecaptured section 1250 gain (Box 1b)	_____	
Section 1202 gain (Box 1c)	_____	
If your interest in the RIC/REIT was held on the date the RIC/REIT acquired the Section 1202 stock and continuously until sold indicate the appropriate section 1202 code (1 = 50% exclusion, 2 = 60% exclusion within an empowerment zone, 3 = 75% exclusion, 4 = 100% exclusion)	_____	
Collectibles (28%) gain (Box 1d)	_____	
Tax paid by the RIC or REIT on the box 1a gains (Box 2)	_____	

	Control Totals	
--	----------------	--

NOTES/QUESTIONS:

Subject to self-employment tax code (T = Taxpayer, S = Spouse, J = Joint) \_\_\_\_\_

Mark to indicate all the elections that apply:

Mixed straddle election \_\_\_\_\_

Mixed straddle account election (Attach explanation) \_\_\_\_\_

Straddle-by-straddle identification election \_\_\_\_\_

Net section 1256 contracts loss election \_\_\_\_\_

**Section 1256 Contracts Marked to Market**

Identification of Account A \_\_\_\_\_

Identification of Account B \_\_\_\_\_

Identification of Account C \_\_\_\_\_

	Account A	Account B	Account C
Taxpayer/Spouse/Joint (T, S, J)	—	—	—
State postal code	—	—	—
-Loss/Gain for entire year (Enter losses as a negative amount)	_____	_____	_____
Total Form 1099-B adjustment	_____	_____	_____
Total net 1256 contract loss carryback	_____	_____	_____

**Gains and Losses From Straddles**

Description of Property A \_\_\_\_\_

Name of Contract \_\_\_\_\_

Component \_\_\_\_\_ Type \_\_\_\_\_

Description of Property B \_\_\_\_\_

Name of Contract \_\_\_\_\_

Component \_\_\_\_\_ Type \_\_\_\_\_

Description of Property C \_\_\_\_\_

Name of Contract \_\_\_\_\_

Component \_\_\_\_\_ Type \_\_\_\_\_

Description of Property D \_\_\_\_\_

Name of Contract \_\_\_\_\_

Component \_\_\_\_\_ Type \_\_\_\_\_

	Property A	Property B	Property C	Property D
Taxpayer/Spouse/Joint (T, S, J)	—	—	—	—
State postal code	—	—	—	—
Date entered into/acquired	_____	_____	_____	_____
Date closed out/sold	_____	_____	_____	_____
Gross sales price	_____	_____	_____	_____
Cost plus expense of sale	_____	_____	_____	_____
Unrecognized gain	_____	_____	_____	_____

**Unrecognized Gain From Positions Held on Last Business Day**

Description of Property A \_\_\_\_\_

Description of Property B \_\_\_\_\_

Description of Property C \_\_\_\_\_

	Property A	Property B	Property C
Date acquired	_____	_____	_____
Fair market value on last business day	_____	_____	_____
Cost or other basis as adjusted	_____	_____	_____

Enter foreign employer compensation that was not reported to you on Form 1099-MISC.

Taxpayer/Spouse (T/S) \_\_\_\_\_  
 State \_\_\_\_\_

Foreign Employer Identification (ID) number \_\_\_\_\_  
 Foreign Employer Name \_\_\_\_\_  
 Foreign Employer Address \_\_\_\_\_  
 Foreign street address \_\_\_\_\_  
 Foreign city \_\_\_\_\_  
 Foreign country code/name \_\_\_\_\_  
 Foreign province/county \_\_\_\_\_  
 Foreign postal code \_\_\_\_\_  
 Name "in care of" \_\_\_\_\_

Employee address, if different from home address on Organizer Form ID: 1040  
 Enter U.S. (street, city, state, zip code) OR foreign (street, city, country, province, postal code)  
 Street address \_\_\_\_\_  
 City, state, zip code \_\_\_\_\_  
 Foreign country code/name \_\_\_\_\_  
 Foreign province/county \_\_\_\_\_  
 Foreign postal code \_\_\_\_\_

Income
--------

	2018 Information	Prior Year Information
Foreign employer compensation	_____	<table border="1" style="width: 100%; height: 20px;"> </table>

NOTES/QUESTIONS:

Form ID: 1099R	<b>Pension, Annuity, and IRA Distributions #1</b>	24
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Please provide all Forms 1099-R.

	2018 Information	Prior Year Information	
Taxpayer/Spouse (T, S)	—	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>	
Name of payer _____	_____		
State postal code _____	_____		
Gross distributions received (Box 1)	_____		
Taxable amount received (Box 2a)	_____		
Federal withholding (Box 4)	_____		
Distribution code (Box 7)	_____		
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan	—		
State withholding (Box 12)	_____		
Local withholding (Box 15)	_____		
Amount of rollover	_____		
Mark if distribution was due to a pre-retirement age disability	—		
<b>Control Totals</b>			

<b>Pension, Annuity, and IRA Distributions #2</b>
---

Please provide all Forms 1099-R.

	2018 Information	Prior Year Information	
Taxpayer/Spouse (T, S)	—	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>	
Name of payer _____	_____		
State postal code _____	_____		
Gross distributions received (Box 1)	_____		
Taxable amount received (Box 2a)	_____		
Federal withholding (Box 4)	_____		
Distribution code (Box 7)	_____		
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan	—		
State withholding (Box 12)	_____		
Local withholding (Box 15)	_____		
Amount of rollover	_____		
Mark if distribution was due to a pre-retirement age disability	—		
<b>Control Totals</b>			

<b>Pension, Annuity, and IRA Distributions #3</b>
---

Please provide all Forms 1099-R.

	2018 Information	Prior Year Information	
Taxpayer/Spouse (T, S)	—	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>	
Name of payer _____	_____		
State postal code _____	_____		
Gross distributions received (Box 1)	_____		
Taxable amount received (Box 2a)	_____		
Federal withholding (Box 4)	_____		
Distribution code (Box 7)	_____		
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan	—		
State withholding (Box 12)	_____		
Local withholding (Box 15)	_____		
Amount of rollover	_____		
Mark if distribution was due to a pre-retirement age disability	—		
<b>Control Totals</b>			

NOTES/QUESTIONS:

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

Taxpayer/Spouse (T, S) \_\_\_\_\_  
 State postal code \_\_\_\_\_

<b>Social Security Benefits</b>
---------------------------------

	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)	_____	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="border-bottom: 1px solid black; height: 20px;"> </td></tr> <tr><td style="border-bottom: 1px solid black; height: 20px;"> </td></tr> <tr><td style="border-bottom: 1px solid black; height: 20px;"> </td></tr> <tr><td style="border-bottom: 1px solid black; height: 20px;"> </td></tr> </table>				
Voluntary Federal Income Tax Withheld (Box 6)	_____					
From the DESCRIPTION OF AMOUNT IN BOX 3 area of Form SSA-1099:						
Medicare premiums	_____					
Prescription drug (Part D) premiums	_____					

<b>Tier 1 Railroad Benefits</b>
---------------------------------

	2018 Information	Prior Year Information				
If you received a Form RRB - 1099, please complete the following information:						
Net Social Security Equivalent Benefit:		<table style="width: 100%; border-collapse: collapse;"> <tr><td style="border-bottom: 1px solid black; height: 20px;"> </td></tr> <tr><td style="border-bottom: 1px solid black; height: 20px;"> </td></tr> <tr><td style="border-bottom: 1px solid black; height: 20px;"> </td></tr> <tr><td style="border-bottom: 1px solid black; height: 20px;"> </td></tr> </table>				
Portion of Tier 1 Paid in 2018 (Box 5)	_____					
Federal Income Tax Withheld (Box 10)	_____					
Medicare Premium Total (Box 11)	_____					

<b>Additional Information About Benefits Received</b>
---

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.

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NOTES/QUESTIONS:

Form ID: IRA	Traditional IRA	26
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	Taxpayer	Spouse
Are you or your spouse (if MFJ or MFS) covered by an employer's retirement plan? (Y, N)	—	—
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)	—	—
Enter the total traditional IRA contributions made for use in 2018	_____	_____
	Taxpayer	Spouse
Enter the nondeductible contribution amount made for use in 2018	_____	_____
Enter the nondeductible contribution amount made in 2019 for use in 2018	_____	_____
Traditional IRA basis	_____	_____
Value of all your traditional IRA's on December 31, 2018:	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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	—	—
Enter the total Roth IRA contributions made for use in 2018	_____	_____
Enter the total amount of Roth IRA conversion recharacterizations for 2018	_____	_____
Enter the total contribution Roth IRA basis on December 31, 2017	_____	_____
Enter the total Roth IRA contribution recharacterizations for 2018	_____	_____
Enter the Roth conversion IRA basis on December 31, 2017	_____	_____
Value of all your Roth IRA's on December 31, 2018:	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

NOTES/QUESTIONS:

<input style="width: 50px; height: 15px;" type="text"/>	<input style="width: 50px; height: 15px;" type="text"/>	Preparer use only	
Business activity or profession name		_____	
Taxpayer/Spouse (T, S)			—
State postal code			—
Contribute the maximum allowable contribution amount? (1 = Keogh, 2 = SEP, 3 = SIMPLE 401(k), 4 = Solo 401(k), 5 = SIMPLE IRA, 6 = SARSEP)			
Plan contribution rate. Enter in xx.xx format (Limitation percentage)			—
Enter the total amount of contributions made to a Keogh plan in 2018		_____	
Enter the total amount of contributions made to a Solo 401(k) plan in 2018		_____	
Enter the total amount of contributions made to a SEP plan in 2018		_____	
Enter the total amount of contributions made to a SARSEP plan in 2018		_____	
Enter the total amount of contributions made to a defined benefit plan in 2018		_____	
Enter the total amount of contributions made to a profit-sharing plan in 2018		_____	
Enter the total amount of contributions made to a money purchase plan in 2018		_____	
Enter the total amount of contributions made to a SIMPLE 401(k) plan in 2018		_____	
Enter the total amount of contributions to a SIMPLE IRA plan in 2018		_____	

<b>Catch-up Contributions</b>
-------------------------------

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

<b>Elective Deferrals</b>
---------------------------

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

NOTES/QUESTIONS:



Preparer use only

	2018 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)	—	
Employer identification number	_____	
Business name	_____	
Principal business/profession	_____	
Business code	_____	
Business address, if different from home address on Organizer Form ID: 1040		
Address	_____	
City/State/Zip	_____	
Accounting method (1 = Cash, 2 = Accrual, 3 = Other)	—	—
If other:	_____	_____
Inventory method (1 = Cost, 2 = LCM, 3 = Other)	—	—
If other enter explanation:	_____	_____
_____		
_____		
Enter an explanation if there was a change in determining your inventory:		
_____		
_____		
Did you "materially participate" in this business? (Y, N)	—	—
If not, number of hours you did significantly participate	_____	_____
Mark if you began or acquired this business in 2018	—	
Did you make any payments in 2018 that require you to file Form(s) 1099? (Y, N)	—	—
If "Yes", did you or will you file all required Forms 1099? (Y, N)	—	—
Mark if this business is considered related to qualified services as a minister or religious worker	—	—
Did you receive wages as a statutory employee or as a minister? (1 = Statutory employee, 2 = Minister)	—	—
Medical insurance premiums paid by this activity	_____	_____
Long-term care premiums paid by this activity	_____	_____
Amount of wages received as a statutory employee	_____	_____

**Business Income**

	2018 Information	Prior Year Information
Gross receipts and sales		
_____	_____	_____
_____	_____	_____
_____	_____	_____
Returns and allowances	_____	_____
Other income:		
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Cost of Goods Sold**

	2018 Information	Prior Year Information
Beginning inventory	_____	_____
Purchases	_____	_____
Labor:		
_____	_____	_____
_____	_____	_____
Materials	_____	_____
Other costs:		
_____	_____	_____
_____	_____	_____
_____	_____	_____
Ending inventory	_____	_____

Control Totals

BUSINESS

Form ID: C-1



Preparer use only  
Principal business or profession \_\_\_\_\_

Preparer use only Carryovers	Regular	AMT
Operating		
Short-term capital		
Long-term capital		
28% rate capital		
Section 1231 loss		
Ordinary business gain/loss		
Section 179		

NOTES/QUESTIONS:

Form ID: Rent	<b>Rent and Royalty Property - General Information</b>	31
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	Preparer use only	2018 Information	Prior Year Information	
Description	_____			
Taxpayer/Spouse/Joint (T, S, J)	_____	State postal code		_____
Physical address: Street	_____			
City, state, zip code	_____			
Foreign country	_____			
Foreign province/county	_____			
Foreign postal code	_____			
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)	_____			
Description of other type (Type code #8)	_____			
Did you make any payments in 2018 that require you to file Form(s) 1099? (Y,N)	_____			_____
If "Yes", did you or will you file all required Forms 1099? (Y, N)	_____		_____	
Fair rental days (if not full year) (For types 1, 2, 4, 5, 7 and 8 only) (Use Rent-2 for type 3)	_____			
Percentage of ownership if not 100%	_____			
Business use percentage, if not 100% (Not vacation home percentage)	_____			

<b>Rent and Royalty Income</b>
--------------------------------

Rents and royalties	2018 Information	Prior Year Information
_____	_____	_____
_____	_____	_____

<b>Rent and Royalty Expenses</b>
----------------------------------

	2018 Information	Percent if not 100%	Prior Year Information
Advertising	_____	_____	_____
Auto	_____	_____	_____
Travel	_____	_____	_____
Cleaning and maintenance	_____	_____	_____
Commissions:	_____	_____	_____
_____	_____	_____	_____
Insurance:	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Legal and professional fees	_____	_____	_____
Management fees:	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Mortgage interest paid to banks, etc (Form 1098)	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Other mortgage interest	_____	_____	_____
Qualified mortgage insurance premiums	_____	_____	_____
Other interest:	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Repairs	_____	_____	_____
Supplies	_____	_____	_____
Taxes:	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Utilities	_____	_____	_____
Depreciation	_____	_____	_____
Depletion	_____	_____	_____
Other expenses:	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Preparer use only  
Description \_\_\_\_\_

**Refinancing Points**

Preparer - Enter on Screen Rent

	2018 Information	Prior Year Information
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)	_____	
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	_____	_____
Number of days home was rented	_____	_____
Number of day home owned, if not 365	_____	_____
Carryover of disallowed operating expenses into 2018	_____	_____
Carryover of disallowed depreciation expenses into 2018	_____	_____

**Passive and Other Information**

Preparer use only Carryovers	Regular	AMT
Operating		
Short-term capital		
Long-term capital		
28% rate capital		
Section 1231 loss		
Ordinary business gain/loss		
Comm revitalization		
Section 179		

Please provide all Forms 1099-K

Preparer use only

	2018 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)	—	
Employer identification number	_____	
Description	_____	
Principal Product	_____	
State postal code	_____	
Accounting method (1 = Cash, 2 = Accrual)	—	—
Agricultural activity code	_____	_____
Did you "materially participate" in this business? (Y, N)	—	—
Did you make any payments in 2018 that require you to file Form(s) 1099? (Y, N)	—	—
If "Yes", did you or will you file all required Forms 1099? (Y, N)	—	—
Mark if Schedule F net income or loss should be excluded from self-employment income	—	—
Medical insurance premiums paid by this activity	_____	_____
Long-term care premiums paid by this activity	_____	_____

**Schedule F Income**

Sales Code**	Income description	2018 Information	Prior Year Information
—	_____	_____	_____
—	_____	_____	_____
—	_____	_____	_____
—	_____	_____	_____

** Sales Codes	
1 = Cash sales of items bought for resale	4 = Custom hire (machine work)
2 = Cash sales of items raised	5 = Other income
3 = Accrual sales	

	2018 Information	Prior Year Information
Cost or other basis of livestock and other items you bought for resale (Cash method)	_____	_____
Beginning inventory of livestock and other items (Accrual method)	_____	_____
Accrual cost of livestock, produce, grains, and other products purchased	_____	_____
Ending inventory of livestock and other items (Accrual method)	_____	_____
Total cooperative distributions you received	_____	_____
Taxable cooperative distributions you received	_____	_____

	2018 Total	2018 Taxable	Prior Year Information
Agricultural program payments	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

	2018 Information	Prior Year Information
CRP payments received while enrolled to receive social security or disability benefits	_____	_____
Commodity credit loans reported under election:	_____	_____
_____	_____	_____
Total commodity credit loans forfeited	_____	_____
Taxable commodity credit loans forfeited	_____	_____
2018 Total	2018 Taxable	Prior Year Information

Total crop insurance proceeds you received in 2018	_____	_____
_____	_____	_____
_____	_____	_____
Mark if electing to defer crop insurance proceeds to 2019	—	—
Crop insurance proceeds deferred from 2017	_____	_____

Preparer use only

Description

	2018 Information	Prior Year Information
Car and truck expenses	_____	_____
Chemicals	_____	_____
Conservation expenses	_____	_____
Carryover from prior years	_____	_____
Custom hire (machine work)	_____	_____
Depreciation	_____	_____
Employee benefit programs (Include Small Employer Health Ins Premiums credit)	_____	_____
Feed purchased	_____	_____
Fertilizers and lime	_____	_____
Freight and trucking	_____	_____
Gasoline, fuel, and oil	_____	_____
Insurance (Other than health)	_____	_____
_____	_____	_____
_____	_____	_____
Mortgage interest (Paid to banks, etc.)	_____	_____
_____	_____	_____
_____	_____	_____
Other interest	_____	_____
Labor hired (Less employment credit)	_____	_____
Pension and profit sharing	_____	_____
Rent - vehicles, machinery, and equipment	_____	_____
Rent - other	_____	_____
Repairs and maintenance	_____	_____
Seed and plants purchased	_____	_____
Storage and warehousing	_____	_____
Supplies purchased	_____	_____
Taxes:	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Utilities	_____	_____
Veterinary, breeding, and medicine	_____	_____
Other expenses:	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Preproductive period expenses	_____	_____

Preparer use only

Description

Preparer use only Carryovers	Regular	AMT
Operating		
Short-term capital		
Long-term capital		
28% rate capital		
Section 1231 loss		
Ordinary business gain/loss		
Section 179		
Excess farm loss		

NOTES/QUESTIONS:



Preparer use only

	2018 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)	—	<div style="border: 1px solid black; width: 100%; height: 100%;"></div>
Employer identification number	_____	
Description	_____	
State postal code	—	
Did you "actively participate" in the operation of this business this year? (Y, N)	—	

<b>Income Items</b>
---------------------

	2018 Information	Prior Year Information
Income from production of livestock, produce, grains, and other crops:		<div style="border: 1px solid black; width: 100%; height: 100%;"></div>
_____	_____	
_____	_____	
_____	_____	
_____	_____	
Total cooperative distributions you received	_____	
Taxable cooperative distributions you received	_____	

	2018 Total	2018 Taxable	Prior Year Information
Agricultural program payments:			<div style="border: 1px solid black; width: 100%; height: 100%;"></div>
_____	_____	_____	
_____	_____	_____	

	2018 Information	Prior Year Information
Commodity credit loans reported under election:		<div style="border: 1px solid black; width: 100%; height: 100%;"></div>
_____	_____	
_____	_____	
Total commodity credit loans forfeited	_____	
Taxable commodity credit loans forfeited	_____	

	2018 Total	2018 Taxable	Prior Year Information
Crop insurance proceeds you received in 2018			<div style="border: 1px solid black; width: 100%; height: 100%;"></div>
_____	_____	_____	
_____	_____	_____	

	2018 Information	Prior Year Information
Mark if electing to defer crop insurance proceeds to 2019	—	—
Crop insurance proceeds deferred from 2017	_____	_____
Other income:		<div style="border: 1px solid black; width: 100%; height: 100%;"></div>
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	

Preparer use only

Description	2018 Information	Prior Year Information
Car and truck expenses	_____	_____
Chemicals	_____	_____
Conservation expenses	_____	_____
Carryover from prior years	_____	_____
Custom hire (machine work)	_____	_____
Depreciation	_____	_____
Employee benefit programs	_____	_____
Feed purchased	_____	_____
Fertilizers and lime	_____	_____
Freight and trucking	_____	_____
Gasoline, fuel, and oil	_____	_____
Insurance (Other than health):	_____	_____
_____	_____	_____
_____	_____	_____
Mortgage interest (Paid to banks, etc.):	_____	_____
_____	_____	_____
_____	_____	_____
Other interest	_____	_____
Labor hired (Less employment credit)	_____	_____
Pension and profit sharing	_____	_____
Rent - vehicles, machinery, and equipment	_____	_____
Rent - other	_____	_____
Repairs and maintenance	_____	_____
Seed and plants purchased	_____	_____
Storage and warehousing	_____	_____
Supplies purchased	_____	_____
Taxes:	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Utilities	_____	_____
Veterinary, breeding, and medicine	_____	_____
Other expenses:	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Preproductive period expenses	_____	_____

Preparer use only Carryovers	Regular	AMT
Operating		
Short-term capital		
Long-term capital		
28% rate capital		
Section 1231 loss		
Ordinary business gain/loss		
Section 179		
Excess farm loss		

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

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_  
 Employer identification number \_\_\_\_\_  
 Name of entity \_\_\_\_\_  
 State postal code \_\_\_\_\_  
 Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership) \_\_\_\_\_

	Preparer use only Carryovers	Regular	AMT
Enter on K1-7	Operating		
	Short-term capital		
	Long-term capital		
	28% rate capital		
	Section 1231 loss		
	Ordinary business gain/loss		
	Other losses - 1040 Sch 1		
	Comm revitalization		
	Section 179		
	Excess farm loss		

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_  
 Employer identification number \_\_\_\_\_  
 Name of entity \_\_\_\_\_  
 State postal code \_\_\_\_\_  
 Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership) \_\_\_\_\_

	Preparer use only Carryovers	Regular	AMT
Enter on K1-7	Operating		
	Short-term capital		
	Long-term capital		
	28% rate capital		
	Section 1231 loss		
	Ordinary business gain/loss		
	Other losses - 1040 Sch 1		
	Comm revitalization		
	Section 179		
	Excess farm loss		

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_  
 Employer identification number \_\_\_\_\_  
 Name of entity \_\_\_\_\_  
 State postal code \_\_\_\_\_  
 Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership) \_\_\_\_\_

	Preparer use only Carryovers	Regular	AMT
Enter on K1-7	Operating		
	Short-term capital		
	Long-term capital		
	28% rate capital		
	Section 1231 loss		
	Ordinary business gain/loss		
	Other losses - 1040 Sch 1		
	Comm revitalization		
	Section 179		
	Excess farm loss		

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

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_  
 Employer identification number \_\_\_\_\_  
 Name of activity \_\_\_\_\_  
 State postal code \_\_\_\_\_

	Preparer use only Carryovers	Regular	AMT
Enter on K1T-3	Operating		
	Short-term capital		
	Long-term capital		
	28% rate capital		
	Section 1231 loss		
	Ordinary business gain/loss		
	Comm revitalization		

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_  
 Employer identification number \_\_\_\_\_  
 Name of activity \_\_\_\_\_  
 State postal code \_\_\_\_\_

	Preparer use only Carryovers	Regular	AMT
Enter on K1T-3	Operating		
	Short-term capital		
	Long-term capital		
	28% rate capital		
	Section 1231 loss		
	Ordinary business gain/loss		
	Comm revitalization		

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_  
 Employer identification number \_\_\_\_\_  
 Name of activity \_\_\_\_\_  
 State postal code \_\_\_\_\_

	Preparer use only Carryovers	Regular	AMT
Enter on K1T-3	Operating		
	Short-term capital		
	Long-term capital		
	28% rate capital		
	Section 1231 loss		
	Ordinary business gain/loss		
	Comm revitalization		

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_  
 Employer identification number \_\_\_\_\_  
 Name of activity \_\_\_\_\_  
 State postal code \_\_\_\_\_

	Preparer use only Carryovers	Regular	AMT
Enter on K1T-3	Operating		
	Short-term capital		
	Long-term capital		
	28% rate capital		
	Section 1231 loss		
	Ordinary business gain/loss		
	Comm revitalization		

Form ID: Home	Sale of Principal Residence	40
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Description \_\_\_\_\_

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_

State postal code \_\_\_\_\_

Mark if electing to pay tax on entire gain (No exclusion will be calculated and entire gain will be reported on Schedule D) \_\_\_\_\_

Date former residence was acquired \_\_\_\_\_

Date former residence was sold \_\_\_\_\_

Selling price of former residence \_\_\_\_\_

Expenses related to the sale of your old home \_\_\_\_\_

Original cost of home sold including capital improvements \_\_\_\_\_

Exclusion Information
-----------------------

Mark if meet use and ownership test without exceptions (2 years use within 5-year period preceding sale date) \_\_\_\_\_

	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	_____	_____
Number of days each person owned property used as main home	_____	_____
Number of days between date of sale of the other home and date of sale of this home	_____	_____

Form 6252 - Current Year Installment Sale
---

Mortgage and other debts the buyer assumed \_\_\_\_\_

Total current year payments received \_\_\_\_\_

Form 6252 - Related Party Installment Sale Information

Related party name \_\_\_\_\_

Address \_\_\_\_\_

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

Identifying number of related party \_\_\_\_\_

Was the property sold as a marketable security? (Y, N) \_\_\_\_\_

Enter date of second sale if more than 2 years after the first sale \_\_\_\_\_

Indicate special conditions if applicable (1 = Sale/exchange, 2 = Involuntary conv, 3 = Death of seller, 4 = No tax avoidance) \_\_\_\_\_

Selling price of property sold by a related party \_\_\_\_\_

NOTES/QUESTIONS:

Form ID: InstPY	<b>Prior Year Installment Sale</b>	41
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		Preparer use only
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	2018 Information	Prior Year Information
Description _____		<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
Taxpayer/Spouse/Joint (T, S, J) _____	—	
State postal code _____	—	
Date acquired _____		
Date sold _____		
Gross sales price of property sold _____		
Mortgage and other debts the buyer assumed _____		
Cost or other basis _____		
Commissions and other expenses of the sale _____		
Gross profit percentage _____		
Total current year principal payments received _____		
Prior year principal payments received _____		
Total ordinary income to recapture _____		
Total ordinary income previously recaptured _____		
<b>Control Totals</b>		

<b>Prior Year Installment Sale</b>
------------------------------------

		Preparer use only
--	--	-------------------

	2018 Information	Prior Year Information
Description _____		<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
Taxpayer/Spouse/Joint (T, S, J) _____	—	
State postal code _____	—	
Date acquired _____		
Date sold _____		
Gross sales price of property sold _____		
Mortgage and other debts the buyer assumed _____		
Cost or other basis _____		
Commissions and other expenses of the sale _____		
Gross profit percentage _____		
Total current year principal payments received _____		
Prior year principal payments received _____		
Total ordinary income to recapture _____		
Total ordinary income previously recaptured _____		
<b>Control Totals</b>		

NOTES/QUESTIONS:

		Preparer use only
Description _____		
Taxpayer/Spouse/Joint (T, S, J) _____		
State postal code _____		
Mark to include gross proceeds for 1099-S reporting on Form 4797, line 1 _____		
Mark if disposition is due to casualty or theft _____		
Mark if disposition was to a related party _____		

Sale Information
------------------

Date acquired	_____
Date sold	_____
Gross sales price or insurance proceeds received	_____
Cost or other basis	_____
Commissions and other expenses of sale	_____
Depreciation allowed or allowable	_____

Form 4797, Part III - Recapture
---------------------------------

Additional depreciation after 1975 (Section 1250)	_____
Applicable percentage (if not 100%) (Section 1250)	_____
Additional depreciation after 1969 (Section 1250)	_____
Soil, water and land clearing expenses (Section 1252)	_____
Applicable percentage (if not 100%) (Section 1252)	_____
Intangible drilling and development costs (Section 1254)	_____
Applicable payments excluded from income under sec. 126 (Section 1255)	_____

Form 6252 - Current Year Installment Sale
---

Mortgage and other debts the buyer assumed	_____
Total current year payments received	0

Form 6252 - Related Party Installment Sale Information

Related party name	_____
Address	_____
City, State, and Zip	_____
Identifying number of related party	_____
Was the property sold as a marketable security? (Y, N)	_____
Enter date of second sale	_____
Indicate special conditions if applicable (1 = Sale/exchange, 2 = Involuntary conv, 3 = Death of seller, 4 = No tax avoidance)	_____
Selling price of property sold by a related party	_____

NOTES/QUESTIONS:

		Preparer use only
Description of property given up _____		
_____		
Taxpayer/Spouse/Joint (T, S, J) _____		
State postal code _____		
Description of property received _____		
_____		

Date Information
------------------

Date the like-kind property given up was acquired	_____
Date you transferred your property to the other party	_____
Date the like-kind property received was identified	_____
Date you received the like-kind property from the other party	_____

Gain and Basis Information
----------------------------

Fair market value of other property given up	_____
Adjusted basis of other property given up	_____
Cash received	_____
Fair market value of other (not like-kind) property received	_____
Installment obligation received in like-kind exchange	_____
Fair market value of like-kind property you received	_____
Fair market value of non-section 1245 property you received	_____
Liabilities, including mortgages, assumed by you	_____
Cash paid	_____
Adjusted basis of like-kind property given up	_____
Adjusted basis of like-kind property from pass through entity	_____
Cost or other basis	_____
Depreciation allowed or allowable excluding Section 179	_____
Section 179 expense deduction passed through	_____
Section 179 carryover	_____
Liabilities, including mortgages, assumed by the other party	_____
Exchange expenses incurred by you	_____

Related Party Exchange Information
------------------------------------

Name of related party	_____
Address of related party	_____
City	_____
State	_____
Zip code	_____
Identifying number of related party	_____
Relationship to you	_____
During this tax year, did the related party sell or dispose of the property received? (Y, N)	___
During this tax year, did you sell or dispose of the like-kind property you received? (Y, N)	___
Indicate if any special conditions apply (1 = Death of either party, 2 = Involuntary conversion, 3 = No tax avoidance)	___
Mark if this exchange is a prior year like-kind exchange	___

NOTES/QUESTIONS:



Form ID: 2555 Foreign Earned Income Exclusion 46

Taxpayer/Spouse (T, S) \_\_\_\_\_ State postal code \_\_\_\_\_  
 Foreign street address \_\_\_\_\_ City \_\_\_\_\_  
 State/Province \_\_\_\_\_ Country code \_\_\_\_\_  
 Country \_\_\_\_\_ Postal code \_\_\_\_\_  
 Employer's name \_\_\_\_\_  
 U.S. address \_\_\_\_\_ City \_\_\_\_\_  
 State postal code \_\_\_\_\_ Zip code \_\_\_\_\_  
 Foreign street address \_\_\_\_\_ City \_\_\_\_\_  
 State/Province \_\_\_\_\_ Country code \_\_\_\_\_  
 Country \_\_\_\_\_ Postal code \_\_\_\_\_  
 Employer type (A = Foreign entity, B = U.S. company, C = Self, D = Foreign affiliate of a U.S. company, E = Other) \_\_\_ If other, specify type \_\_\_\_\_  
 Country of citizenship \_\_\_\_\_  
 If maintained a separate foreign residence for your family due to adverse living conditions, provide city, country, and days:  
 City/Country \_\_\_\_\_ Days \_\_\_\_\_  
 City/Country \_\_\_\_\_ Days \_\_\_\_\_  
 List tax home(s) during the tax year and dates established:  
 Tax home \_\_\_\_\_ Date \_\_\_\_\_  
 Tax home \_\_\_\_\_ Date \_\_\_\_\_

**Foreign Earned Income Allocation Information**

\*U.S. Business Days and Travel Type Code: 1=Travel to United States; 2=Travel to restricted country; 3=Travel to foreign country  
 U.S. business days and travel information:

Type Code*	Name of Country including United States	Date Arrived	Date Left	No. of U.S. business days
—	_____	_____	_____	_____
—	_____	_____	_____	_____
—	_____	_____	_____	_____
—	_____	_____	_____	_____
—	_____	_____	_____	_____

Foreign days worked before and after foreign assignment \_\_\_\_\_ Total days worked before and after foreign assignment \_\_\_\_\_  
 Total number of days worked during year (defaults to 240) \_\_\_\_\_

**Bona Fide Residence Test**

Date foreign residence began \_\_\_\_\_ Date foreign residence ended \_\_\_\_\_  
 Kind of foreign living quarters (A = Purchased house, B = Rented house or apartment, C = Rented room, D = Quarters furnished by employer) \_\_\_  
 If any family members lived abroad with you during any part of tax year, list who and for what period:  
 Relationship \_\_\_\_\_ Period abroad \_\_\_\_\_  
 Relationship \_\_\_\_\_ Period abroad \_\_\_\_\_  
 Relationship \_\_\_\_\_ Period abroad \_\_\_\_\_  
 Relationship \_\_\_\_\_ Period abroad \_\_\_\_\_  
 Mark if you submitted a statement to foreign country authorities that you are not a resident of that country \_\_\_  
 Mark if required to pay income tax to that country \_\_\_  
 List any contractual terms or other conditions relating to length of employment abroad \_\_\_\_\_

Type of visa used to enter foreign country \_\_\_\_\_  
 Explanation if visa limited length of stay or employment \_\_\_\_\_

If maintained a home in U.S., enter address, whether it was rented, names of occupants and their relationship to you:  
 Address \_\_\_\_\_ City \_\_\_\_\_  
 State postal code \_\_\_\_\_ Zip code \_\_\_\_\_  
 Rented \_\_\_ Occupant \_\_\_\_\_ Relationship \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_  
 State postal code \_\_\_\_\_ Zip code \_\_\_\_\_  
 Rented \_\_\_ Occupant \_\_\_\_\_ Relationship \_\_\_\_\_

**Physical Presence Test**

Principal country of employment \_\_\_\_\_

Employer's name \_\_\_\_\_  
 Taxpayer/Spouse (T, S) \_\_\_\_\_  
 State postal code \_\_\_\_\_

Foreign Earned Income
-----------------------

\*Please use the Foreign Earned Income Allocation Codes located below

	Allocation Code*	Amount
Noncash income:		
Home (lodging) _____	—	_____
Meals _____	—	_____
Car _____	—	_____
Other properties or facilities (Please enter code here and description and amount below):	—	_____
_____	—	_____
_____	—	_____
_____	—	_____
_____	—	_____
Allowances, reimbursements or expenses paid on behalf:		
Cost of living and overseas differential	—	_____
Family	—	_____
Education	—	_____
Home leave	—	_____
Quarters	—	_____
Other purposes (Please enter code here and description and amount below):	—	_____
_____	—	_____
_____	—	_____
_____	—	_____
_____	—	_____
Other foreign earned income (Please enter code here and description and amount below):	—	_____
_____	—	_____
_____	—	_____
_____	—	_____
_____	—	_____
Excludable meals and lodging under section 119	—	_____

\*Foreign Earned Income Allocation Codes

1 = 100% foreign during assignment  
 2 = 100% U.S. during assignment  
 3 = U.S. and foreign days worked during assignment  
 4 = U.S. and foreign days before/after assignment  
 5 = Days worked before, during, and after assignment

Deductions Allocable to Foreign Earned Income
---

	Allocation Code*	Amount
Other allocable deductions	—	_____

Housing Exclusion/Deduction
-----------------------------

Qualified housing expense \_\_\_\_\_

NOTES/QUESTIONS:

Please provide all Forms 5498-SA.

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

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

Amount of annual deductible	_____	_____
Enter compensation from employer maintaining high deductible health plan	_____	_____
If self-employed, enter earned income from business under which plan was established	_____	_____

Complete this section if your account is an HSA

Was the high deductible health plan in effect for December 2018? (Y, N) —

NOTES/QUESTIONS:

Form ID: 1099SA	<b>Health, Medical Savings Account Distributions</b>	72
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Please provide all Forms 1099-SA.

	2018 Information	Prior Year Information
Taxpayer/Spouse (T, S)	—	
Name of Trustee _____	_____	
State postal code _____	_____	
Gross distributions received (Box 1)	_____	_____
Earnings on excess contributions (Box 2)	_____	_____
Distribution code (Box 3)	—	
Fair Market Value on date of death (Box 4)	_____	
Box 5 -		
HSA	—	
Archer MSA	—	
MA MSA	—	
All distributions were used to pay unreimbursed qualified medical expenses	—	—
If some distributions were used to pay for other than qualified medical expenses, enter the unreimbursed qualified medical expenses for 2018	_____	_____
Withdrawal of excess contributions by the due date of the return	_____	_____
Amount of distribution rolled over for 2018	_____	_____
If the distribution is due to the death of the account holder, enter the qualified decedent medical expenses paid by the taxpayer	_____	_____
If MA (Medicare Advantage) MSA, enter value of account on 12/31/17	_____	_____
For HSA accounts:		
Was the high deductible health plan coverage started in 2017 and in effect for the month of December 2017? (Y, N)	—	
Was the high deductible health plan coverage ended before 12/31/18? (Y, N)	—	

<b>Long Term Care (LTC) Service and Contracts</b>
---

Please provide all Forms 1099-LTC.

	2018 Information	Prior Year Information
Name of the insured chronically ill individual _____	_____	
Social security number of insured _____	_____	
Gross long-term care (LTC) benefits paid (Box 1)	_____	_____
Accelerated death benefits paid (Box 2)	_____	_____
Check one (Box 3)		
Per diem	—	
Reimbursed amount	—	
Qualified contract (Box 4)	—	
Check, if applicable (Box 5)		
Chronically ill	—	
Terminally ill	—	
Are there other individuals who received LTC payments during 2018? (Y, N)	—	
If the insured is terminally ill, were payments received on account of terminal illness? (Y, N)	—	
Number of days during the long-term care period _____	_____	
Cost incurred for qualified long-term care services during the long-term care period _____	_____	_____

NOTES/QUESTIONS:

Form ID: 1099QA	<b>ABLE Account Information #1</b>	73
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Please provide all Forms 1099-QA and 5498-QA

	2018 Information	Prior Year Information
Taxpayer/Spouse (T, S)	—	
Payer name	_____	
State postal code	—	
Recipient's Social Security Number	_____	
Recipient's Name	_____	
Gross distribution (Form 1099-QA Box 1)	_____	_____
Earnings (Form 1099-QA Box 2)	_____	0
Basis (Form 1099-QA Box 3)	_____	0
Program-to-program transfer (Form 1099-QA Box 4)	—	
Check if ABLE account terminated in 2018 (Form 1099-QA Box 5)	—	
Check if the recipient is not the designated beneficiary (Form 1099-QA Box 6)	—	
Qualified disability expenses	_____	_____
Amount of rollover	_____	_____
Amount contributed in 2018 (Form 5498-QA Box 1)	_____	_____
Value of account on 12/31/18 (Form 5498-QA Box 4)	_____	0
<b>Control Totals</b>		

<b>ABLE Account Information #2</b>
------------------------------------

Please provide all Forms 1099-QA and 5498-QA

	2018 Information	Prior Year Information
Taxpayer/Spouse (T, S)	—	
Payer name	_____	
State postal code	—	
Recipient's Social Security Number	_____	
Recipient's Name	_____	
Gross distribution (Form 1099-QA Box 1)	_____	_____
Earnings (Form 1099-QA Box 2)	_____	0
Basis (Form 1099-QA Box 3)	_____	0
Program-to-program transfer (Form 1099-QA Box 4)	—	
Check if ABLE account terminated in 2018 (Form 1099-QA Box 5)	—	
Check if the recipient is not the designated beneficiary (Form 1099-QA Box 6)	—	
Qualified disability expenses	_____	_____
Amount of rollover	_____	_____
Amount contributed in 2018 (Form 5498-QA Box 1)	_____	_____
Value of account on 12/31/18 (Form 5498-QA Box 4)	_____	0
<b>Control Totals</b>		

NOTES/QUESTIONS:

Preparer use only

Description of move \_\_\_\_\_

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_

Mark if the move was due to service in the armed forces \_\_\_\_\_

Number of miles from old home to new workplace \_\_\_\_\_

Number of miles from old home to old workplace \_\_\_\_\_

Mark if move is outside United States or its possessions \_\_\_\_\_

Transportation and storage expenses \_\_\_\_\_

Travel and lodging (not including meals) \_\_\_\_\_

Miles driven to new home \_\_\_\_\_

Total amount reimbursed for moving expenses \_\_\_\_\_

NOTES/QUESTIONS:



## Exclusion of Interest Income from Series EE or I U.S. Savings Bonds

Complete if you cashed qualified U.S. Savings bonds in 2018 that were issued after 1989, and you paid qualified higher education expenses in 2018 for yourself, your spouse, or your dependents.

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_  
 SSN of person enrolled at eligible educational institution \_\_\_\_\_  
 Name of person enrolled at eligible educational institution (First/Last) \_\_\_\_\_  
 Name of eligible educational institution \_\_\_\_\_  
 Address of eligible educational institution \_\_\_\_\_  
 City, state, and zip code \_\_\_\_\_  
 Qualified higher education expenses you paid in 2018 for person listed above \_\_\_\_\_  
 Enter any nontaxable educational benefits received for 2018 for person listed above \_\_\_\_\_  
 Type of qualified education program, if contributions made for enrollee (ESA = Coverdell ESA, QTP = Qualified Tuition Program) \_\_\_\_\_  
 Financial institution name (ESA) or name of program (QTP) \_\_\_\_\_  
 Financial institution address (ESA) or address of program (QTP) \_\_\_\_\_  
 City, state and zip code \_\_\_\_\_

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_  
 SSN of person enrolled at eligible educational institution \_\_\_\_\_  
 Name of person enrolled at eligible educational institution (First/Last) \_\_\_\_\_  
 Name of eligible educational institution \_\_\_\_\_  
 Address of eligible educational institution \_\_\_\_\_  
 City, state, and zip code \_\_\_\_\_  
 Qualified higher education expenses you paid in 2018 for person listed above \_\_\_\_\_  
 Enter any nontaxable educational benefits received for 2018 for person listed above \_\_\_\_\_  
 Type of qualified education program, if contributions made for enrollee (ESA = Coverdell ESA, QTP = Qualified Tuition Program) \_\_\_\_\_  
 Financial institution name (ESA) or name of program (QTP) \_\_\_\_\_  
 Financial institution address (ESA) or address of program (QTP) \_\_\_\_\_  
 City, state and zip code \_\_\_\_\_

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_  
 SSN of person enrolled at eligible educational institution \_\_\_\_\_  
 Name of person enrolled at eligible educational institution (First/Last) \_\_\_\_\_  
 Name of eligible educational institution \_\_\_\_\_  
 Address of eligible educational institution \_\_\_\_\_  
 City, state, and zip code \_\_\_\_\_  
 Qualified higher education expenses you paid in 2018 for person listed above \_\_\_\_\_  
 Enter any nontaxable educational benefits received for 2018 for person listed above \_\_\_\_\_  
 Type of qualified education program, if contributions made for enrollee (ESA = Coverdell ESA, QTP = Qualified Tuition Program) \_\_\_\_\_  
 Financial institution name (ESA) or name of program (QTP) \_\_\_\_\_  
 Financial institution address (ESA) or address of program (QTP) \_\_\_\_\_  
 City, state and zip code \_\_\_\_\_

Total proceeds from Series EE or I U.S. Savings bonds issued after 1989 and cashed in 2018 \_\_\_\_\_

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
—	_____	_____	_____
—	_____	_____	_____
—	_____	_____	_____
—	_____	_____	_____

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) \_\_\_\_\_  
 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 \_\_\_\_\_  
 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)	_____	<div style="border: 1px solid black; height: 100px; width: 100%;"></div>
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) \_\_\_\_\_

Payer name \_\_\_\_\_

State postal code \_\_\_\_\_

Type of account (1 = Private QTP, 2 = State QTP, 3 = ESA) \_\_\_\_\_

Relationship to account (1 = Beneficiary, 2 = Account owner, 3 = Both, 4 = Neither) \_\_\_\_\_

Final distribution \_\_\_\_\_

### Contributions and Basis

**Beneficiary's Information** (if not taxpayer or spouse)

Social security number \_\_\_\_\_

First name \_\_\_\_\_

Last name \_\_\_\_\_

	2018 Information	Prior Year Information
Amount contributed in current year	_____	_____
Basis of this account at 12/31/17	_____	_____
Value of this account at 12/31/18	_____	_____
Distribution by beneficiary of previously taxed contributions (if not taxpayer or spouse)	_____	_____

### Payments from Qualified Education Programs

	2018 Information	Prior Year Information
Gross distribution (Box 1)	_____	_____
Earnings (Box 2)	_____	_____
Basis (Box 3)	_____	_____
Trustee-to-trustee rollover (Box 4)	_____	_____
Trustee-to-trustee rollover amount if different than Box 1	_____	_____
Box 5 -		
Private QTP	_____	
State QTP	_____	
Coverdell ESA	_____	
Check if the recipient is not the designated beneficiary (Box 6)	_____	
Qualified education expenses	_____	_____
Elementary and secondary education expenses	_____	_____

NOTES/QUESTIONS:

Complete a FAFSA information section for both the parent and student. Both may be required to complete the FAFSA.  
If the parent or student tax return was prepared elsewhere, please provide the completed tax return.

This FAFSA information is for the:  Preparer use only

Who is listed as the primary taxpayer on the tax return of the individual to whom this information applies?

(1 = Father or stepfather, 2 = Mother or stepmother, 3 = Student, 4 = Student's spouse)

The information for the FAFSA worksheet will be:

(1 = Calculated for the taxpayer on this return, 2 = Entered from someone else's return)

Taxpayer's (and spouse's) current balance of all cash, savings and checking accounts		
Taxpayer's (and spouse's) net worth in investments, including real estate but do not include the primary residence		
Taxpayer's (and spouse's) net worth in current businesses and/or investment farms		
	<b>2017 Information</b>	<b>2018 Information</b>
Child support paid because of divorce, separation, or a result of a legal requirement		
Taxable earnings from need-based employment programs		
Student grant and scholarship aid included in adjusted gross income		
Earnings from work under a cooperative education program offered by a college		
Child support received but do not include foster care or adoption payments		
Veterans noneducation benefits		
Other untaxed income not reported elsewhere, such as worker's compensation, disability, etc., but do not include student aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits, SSI, on-base military housing or a military housing allowance, or combat pay.		
Money received or paid on behalf of the student (For the student's worksheet only)		

	Control Totals	
--	----------------	--

<b>Federal Student Aid Application Information #2</b>
---

This FAFSA information is for the:  Preparer use only

Who is listed as the primary taxpayer on the tax return of the individual to whom this information applies?

(1 = Father or stepfather, 2 = Mother or stepmother, 3 = Student, 4 = Student's spouse)

The information for the FAFSA worksheet will be:

(1 = Calculated for the taxpayer on this return, 2 = Entered from someone else's return)

Taxpayer's (and spouse's) current balance of all cash, savings and checking accounts		
Taxpayer's (and spouse's) net worth in investments, including real estate but do not include the primary residence		
Taxpayer's (and spouse's) net worth in current businesses and/or investment farms		
	<b>2017 Information</b>	<b>2018 Information</b>
Child support paid because of divorce, separation, or a result of a legal requirement		
Taxable earnings from need-based employment programs		
Student grant and scholarship aid included in adjusted gross income		
Earnings from work under a cooperative education program offered by a college		
Child support received but do not include foster care or adoption payments		
Veterans noneducation benefits		
Other untaxed income not reported elsewhere, such as worker's compensation, disability, etc., but do not include student aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits, SSI, on-base military housing or a military housing allowance, or combat pay.		
Money received or paid on behalf of the student (For the student's worksheet only)		

NOTES/QUESTIONS:

Form ID: A-1	<b>Schedule A - Medical and Dental Expenses</b>	57
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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		<div style="border: 1px solid black; padding: 5px;"> <table style="width:100%; border-collapse: collapse;"> <tr><td style="border-bottom: 1px solid black; height: 15px;"> </td></tr> <tr><td style="border-bottom: 1px solid black; height: 15px;"> </td></tr> <tr><td style="border-bottom: 1px solid black; height: 15px;"> </td></tr> <tr><td style="border-bottom: 1px solid black; height: 15px;"> </td></tr> <tr><td style="border-bottom: 1px solid black; height: 15px;"> </td></tr> <tr><td style="border-bottom: 1px solid black; height: 15px;"> </td></tr> <tr><td style="border-bottom: 1px solid black; height: 15px;"> </td></tr> <tr><td style="border-bottom: 1px solid black; height: 15px;"> </td></tr> <tr><td style="border-bottom: 1px solid black; height: 15px;"> </td></tr> <tr><td style="border-bottom: 1px solid black; height: 15px;"> </td></tr> <tr><td style="border-bottom: 1px solid black; height: 15px;"> </td></tr> <tr><td style="border-bottom: 1px solid black; height: 15px;"> </td></tr> <tr><td style="border-bottom: 1px solid black; height: 15px;"> </td></tr> <tr><td style="border-bottom: 1px solid black; height: 15px;"> </td></tr> <tr><td style="border-bottom: 1px solid black; height: 15px;"> </td></tr> </table> </div>															
---	_____	_____																
---	_____	_____																
---	_____	_____																
---	_____	_____																
---	_____	_____																
---	_____	_____																
	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>																	
---	_____	_____																
---	_____	_____																
---	_____	_____																
---	_____	_____																
	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>																	
---	_____	_____																
---	_____	_____																
	Prescription medicines and drugs:																	
---	_____	_____																
---	_____	_____																
---	_____	_____																
---	_____	_____																
	Miles driven for medical items																	
---	_____	_____																

<b>Schedule A - Tax Expenses</b>
----------------------------------

T/S/J		2018 Information	Prior Year Information															
	State/local income taxes paid:		<div style="border: 1px solid black; padding: 5px;"> <table style="width:100%; border-collapse: collapse;"> <tr><td style="border-bottom: 1px solid black; height: 15px;"> </td></tr> <tr><td style="border-bottom: 1px solid black; height: 15px;"> </td></tr> <tr><td style="border-bottom: 1px solid black; height: 15px;"> </td></tr> <tr><td style="border-bottom: 1px solid black; height: 15px;"> </td></tr> <tr><td style="border-bottom: 1px solid black; height: 15px;"> </td></tr> <tr><td style="border-bottom: 1px solid black; height: 15px;"> </td></tr> <tr><td style="border-bottom: 1px solid black; height: 15px;"> </td></tr> <tr><td style="border-bottom: 1px solid black; height: 15px;"> </td></tr> <tr><td style="border-bottom: 1px solid black; height: 15px;"> </td></tr> <tr><td style="border-bottom: 1px solid black; height: 15px;"> </td></tr> <tr><td style="border-bottom: 1px solid black; height: 15px;"> </td></tr> <tr><td style="border-bottom: 1px solid black; height: 15px;"> </td></tr> <tr><td style="border-bottom: 1px solid black; height: 15px;"> </td></tr> <tr><td style="border-bottom: 1px solid black; height: 15px;"> </td></tr> <tr><td style="border-bottom: 1px solid black; height: 15px;"> </td></tr> </table> </div>															
---	_____	_____																
---	_____	_____																
---	_____	_____																
---	_____	_____																
---	_____	_____																
	2017 state and local income taxes paid in 2018:																	
---	_____	_____																
---	_____	_____																
---	_____	_____																
	Real estate taxes paid:																	
---	_____	_____																
---	_____	_____																
---	_____	_____																
	Personal property taxes:																	
---	_____	_____																
---	_____	_____																
---	_____	_____																
	Other taxes, such as: foreign taxes and State disability taxes																	
---	_____	_____																
---	_____	_____																
---	_____	_____																
	Sales tax paid on major purchases:																	
---	_____	_____																
---	_____	_____																
	Sales tax paid on actual expenses:																	
---	_____	_____																
---	_____	_____																
---	_____	_____																

T/S/J	2018 Interest Paid	2018 Points Paid	Type*	2018 Mortgage Ins. Premiums Paid	Prior Year Information
	Home mortgage interest: From Form 1098				
—	_____	_____	—	_____	_____
—	_____	_____	—	_____	_____
—	_____	_____	—	_____	_____
—	_____	_____	—	_____	_____
—	_____	_____	—	_____	_____
—	_____	_____	—	_____	_____
—	_____	_____	—	_____	_____
—	_____	_____	—	_____	_____
—	_____	_____	—	_____	_____

\*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								
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20%;">Address</td><td colspan="3">_____</td></tr> <tr><td>City, state and zip code</td><td>_____</td><td>_____</td><td>_____</td></tr> </table>				Address	_____			City, state and zip code	_____	_____	_____
Address	_____											
City, state and zip code	_____	_____	_____									
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20%;">Address</td><td colspan="3">_____</td></tr> <tr><td>City, state and zip code</td><td>_____</td><td>_____</td><td>_____</td></tr> </table>				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 \_\_\_\_\_

— Street Address \_\_\_\_\_

— City/State/Zip code \_\_\_\_\_

Refinancing Points paid 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 \_\_\_\_\_

— 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
—	_____	_____	_____
—	_____	_____	_____
—	_____	_____	_____
—	_____	_____	_____
—	_____	_____	_____
—	_____	_____	_____
—	_____	_____	_____
—	_____	_____	_____
—	_____	_____	_____
—	_____	_____	_____







Complete this section if either of the following applies:

- You have home acquisition/improvement debt over \$750,000 for loans taken out in 2018
- You have home acquisition/improvement debt over \$1,000,000 for loans taken out in 2017 or earlier

Mortgages taken out before 10/14/87 generally qualify as grandfather debt regardless of how the proceeds are used.

Home acquisition debt is a mortgage taken out after 10/13/87, the proceeds of which are used to buy, build or substantially improve your home.

	2018 Information	Prior Year Information
Description of loan/property _____		
Taxpayer/Spouse/Joint (T, S, J) _____	—	
Loan origination date _____		
If refinanced debt, date of initial loan _____		
Fair market value of home _____		
Number of months loan was outstanding in 2018, if not 12 _____	—	—
Number of months home was a qualifying home _____	—	—
<small>(If different from number of months loan was outstanding)</small>		
Principal paid in 2018 _____		
Interest paid during 2018 _____		
Points reported on Form 1098 for 2018 _____		
Home mortgage interest you paid, not reported on Form 1098:		
Recipient name _____		
Recipient SSN or EIN _____		
Recipient address _____		
Recipient city, state, zip code _____		
Grandfather debt as of 12/31/17 <small>(or first day mortgage was outstanding)</small> _____		
Grandfather debt as of 12/31/18 <small>(or last day mortgage was outstanding)</small> _____		
Home acquisition/improvement debt as of 12/31/17 <small>(or first day mortgage was outstanding)</small> _____		
Home acquisition/improvement debt as of 12/31/18 <small>(or last day mortgage was outstanding)</small> _____		
Home equity debt as of 12/31/17*** <small>(or first day mortgage was outstanding)</small> _____		
Home equity debt as of 12/31/18*** <small>(or last day mortgage was outstanding)</small> _____		
*** ONLY portion of loan proceeds used to buy, build, or improve qualified residence		
Average balance in 2018 of grandfather debt _____		
Average balance in 2018 of home acquisition/improvement debt _____		
Average balance for 2018 all types of debt _____		

NOTES/QUESTIONS:



Preparer use only

Taxpayer/Spouse (T, S) \_\_\_\_\_

Occupation in which expenses were incurred \_\_\_\_\_

State postal code \_\_\_\_\_

### Vehicle Questions

	2018 Information	Prior Year Information
If you used your automobile for work purposes, please answer the following questions:		
Was the vehicle available for off-duty personal use? (Y, N, Blank = Not applicable)	—	—
Was another vehicle available for personal use? (Y, N)	—	—
Do you have evidence to support your deduction? (1 = Yes - written, 2 = Yes - not written, 3 = No)	—	

### Vehicle Information

Vehicle 1 -	Date placed in service		
	Description	_____	
	Comments	_____	
Vehicle 2 -	Date placed in service		
	Description	_____	
	Comments	_____	
Vehicle 3 -	Date placed in service		
	Description	_____	
	Comments	_____	
Vehicle 4 -	Date placed in service		
	Description	_____	
	Comments	_____	

### Vehicles Actual Expenses

	Vehicle 1	Prior Year Information	Vehicle 2	Prior Year Information	Vehicle 3	Prior Year Information	Vehicle 4	Prior Year Information
Total mileage for the year	_____		_____		_____		_____	
Business mileage	_____		_____		_____		_____	
Average daily round trip commuting mileage	_____		_____		_____		_____	
Total commuting mileage	_____		_____		_____		_____	
Gasoline	_____		_____		_____		_____	
Oil	_____		_____		_____		_____	
Repairs	_____		_____		_____		_____	
Maintenance	_____		_____		_____		_____	
Tires	_____		_____		_____		_____	
Car washes	_____		_____		_____		_____	
Insurance	_____		_____		_____		_____	
Interest	_____		_____		_____		_____	
Registration	_____		_____		_____		_____	
Licenses	_____		_____		_____		_____	
Property taxes (Plates, tags, etc)	_____		_____		_____		_____	
Vehicle rentals	_____		_____		_____		_____	
Inclusion amt (Preparer only)	_____		_____		_____		_____	
Other vehicle expenses	_____		_____		_____		_____	
Value of employer provided vehicle	_____		_____		_____		_____	
Depreciation	_____		_____		_____		_____	

Form ID: 8283	<b>Noncash Contributions Exceeding \$500</b>	61
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For donated securities, include the company name and number of shares in the donated property description, below

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_

Donated property description \_\_\_\_\_

Name of donee organization \_\_\_\_\_

Address of donee organization \_\_\_\_\_

City \_\_\_\_\_

State postal code \_\_\_\_\_

Zip code \_\_\_\_\_

Date contributed \_\_\_\_\_

Date acquired by donor \_\_\_\_\_

How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange) \_\_\_\_\_

Donor's cost or basis \_\_\_\_\_

Fair market value \_\_\_\_\_

Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) \_\_\_\_\_

If other: \_\_\_\_\_

	Control Totals	
--	----------------	--

<b>Noncash Contributions Exceeding \$500</b>
--

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

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_

Donated property description \_\_\_\_\_

Name of donee organization \_\_\_\_\_

Address of donee organization \_\_\_\_\_

City \_\_\_\_\_

State postal code \_\_\_\_\_

Zip code \_\_\_\_\_

Date contributed \_\_\_\_\_

Date acquired by donor \_\_\_\_\_

How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange) \_\_\_\_\_

Donor's cost or basis \_\_\_\_\_

Fair market value \_\_\_\_\_

Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) \_\_\_\_\_

If other: \_\_\_\_\_

	Control Totals	
--	----------------	--

<b>Noncash Contributions Exceeding \$500</b>
--

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

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_

Donated property description \_\_\_\_\_

Name of donee organization \_\_\_\_\_

Address of donee organization \_\_\_\_\_

City \_\_\_\_\_

State postal code \_\_\_\_\_

Zip code \_\_\_\_\_

Date contributed \_\_\_\_\_

Date acquired by donor \_\_\_\_\_

How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange) \_\_\_\_\_

Donor's cost or basis \_\_\_\_\_

Fair market value \_\_\_\_\_

Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) \_\_\_\_\_

If other: \_\_\_\_\_

	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) \_\_\_\_\_

Donee's name \_\_\_\_\_

State postal code \_\_\_\_\_

Date of contribution (Box 1) \_\_\_\_\_

Odometer mileage (Box 2a) \_\_\_\_\_

Year of vehicle (Box 2b) \_\_\_\_\_

Make of vehicle (Box 2c) \_\_\_\_\_

Model of vehicle (Box 2d) \_\_\_\_\_

Vehicle or other identification number (Box 3) \_\_\_\_\_

Donee certifies that vehicle was sold in arm's length transaction to unrelated party (Box 4a) \_\_\_\_\_

Date of sale (Box 4b) \_\_\_\_\_

Gross proceeds from sale (Box 4c) \_\_\_\_\_

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) \_\_\_\_\_

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) \_\_\_\_\_

Detailed description of material improvements or significant intervening use and duration of use (Box 5c)  
 \_\_\_\_\_  
 \_\_\_\_\_

Did you provide goods or services in exchange for the vehicle? (Box 6a) Yes  No

Value of goods and services provided in exchange for the vehicle (Box 6b) \_\_\_\_\_

Donee certifies that the goods and services consisted solely of intangible religious benefits (Box 6c) \_\_\_\_\_

Description of goods and services (Box 6c)  
 \_\_\_\_\_  
 \_\_\_\_\_

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

Other Information for Donated Property
--

Overall physical condition of property \_\_\_\_\_

Date property was acquired by donor \_\_\_\_\_

How property was acquired by donor (P = Purchase, I = Inheritance, G = Gift, E = Exchange) \_\_\_\_\_

Donor's cost or basis \_\_\_\_\_

Fair market value on date of contribution \_\_\_\_\_

Method used to determine FMV (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other)  
 If other: \_\_\_\_\_

Bargain sale amount received \_\_\_\_\_

Donee's address, and ZIP code \_\_\_\_\_

Donee's telephone number \_\_\_\_\_

NOTES/QUESTIONS:

Preparer use only

Occurrence description \_\_\_\_\_  
 Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_  
 State postal code \_\_\_\_\_  
 Date of casualty or theft \_\_\_\_\_

Casualty and Theft - Business/Income Producing Properties
---

Description of casualty or theft - Property A \_\_\_\_\_  
 Description of casualty or theft - Property B \_\_\_\_\_  
 Description of casualty or theft - Property C \_\_\_\_\_  
 Description of casualty or theft - Property D \_\_\_\_\_

	A	B	C	D
Property type (1 = Business, 2 = Income producing, 3 = Employee prop)	—	—	—	—
Date acquired	_____	_____	_____	_____
Cost or other basis of property	_____	_____	_____	_____
Insurance or other reimbursement	_____	_____	_____	_____
Fair market value before casualty	_____	_____	_____	_____
Fair market value after casualty	_____	_____	_____	_____

Business/Income Use Replacement Information
---

Description of replacement property A \_\_\_\_\_  
 Description of replacement property B \_\_\_\_\_  
 Description of replacement property C \_\_\_\_\_  
 Description of replacement property D \_\_\_\_\_

	A	B	C	D
Mark if property was acquired from a related party	—	—	—	—
Date acquired	_____	_____	_____	_____
Cost of replacement property	_____	_____	_____	_____

NOTES/QUESTIONS:

Preparer use only

Occurrence description \_\_\_\_\_  
 Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_  
 State postal code \_\_\_\_\_  
 Date of casualty or theft \_\_\_\_\_  
 Mark if casualty resulted due to a federally declared disaster. Federally declared disasters are determined by the President of the United States to warrant assistance by the Federal Government \_\_\_\_\_  
 FEMA disaster declaration number (ex. DR-4399) \_\_\_\_\_

Casualty and Theft - Personal Use Properties

	Type of property	City	State	Zip code
Property A	_____	_____	_____	_____
Property B	_____	_____	_____	_____
Property C	_____	_____	_____	_____
Property D	_____	_____	_____	_____
	A	B	C	D
Date acquired	_____	_____	_____	_____
Cost or other basis of property	_____	_____	_____	_____
Insurance or other reimbursement	_____	_____	_____	_____
Fair market value before casualty	_____	_____	_____	_____
Fair market value after casualty	_____	_____	_____	_____

Personal Use Replacement Information

Description of replacement property A \_\_\_\_\_  
 Description of replacement property B \_\_\_\_\_  
 Description of replacement property C \_\_\_\_\_  
 Description of replacement property D \_\_\_\_\_

	A	B	C	D
Mark if property was acquired from a related party	_____	_____	_____	_____
Date acquired	_____	_____	_____	_____
Cost of replacement property	_____	_____	_____	_____

NOTES/QUESTIONS:

Form ID: 4684PY Prior Year Casualty and Theft - Business/Income Producing Properties 65

Preparer use only

Occurrence description \_\_\_\_\_  
 Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_  
 State postal code \_\_\_\_\_  
 Date of casualty or theft \_\_\_\_\_

Prior Year Casualty and Theft - Business/Income Producing Properties (Cont'd)

Description of casualty or theft - Property A \_\_\_\_\_  
 Description of casualty or theft - Property B \_\_\_\_\_  
 Description of casualty or theft - Property C \_\_\_\_\_  
 Description of casualty or theft - Property D \_\_\_\_\_

	A	B	C	D
Property type (1 = Business, 2 = Income producing, 3 = Employee prop)	—	—	—	—
Date acquired	_____	_____	_____	_____
Cost or other basis of property	_____	_____	_____	_____
Insurance or other reimbursement	_____	_____	_____	_____
Fair market value before casualty	_____	_____	_____	_____
Fair market value after casualty	_____	_____	_____	_____

Current Year Business/Income Use Replacement Information

Description of replacement property A \_\_\_\_\_  
 Description of replacement property B \_\_\_\_\_  
 Description of replacement property C \_\_\_\_\_  
 Description of replacement property D \_\_\_\_\_

	A	B	C	D
Date acquired	_____	_____	_____	_____
Prior year cost of replacement property	_____	_____	_____	_____
Cost of replacement property	_____	_____	_____	_____
Postponed gain	_____	_____	_____	_____
Adjusted basis of replacement property	_____	_____	_____	_____

NOTES/QUESTIONS:



Form ID: CasPY	Prior Year Casualty and Theft - Personal Use Properties	66
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Occurrence description \_\_\_\_\_  
 Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_  
 State postal code \_\_\_\_\_  
 Date of casualty or theft \_\_\_\_\_  
 Damage to personal residence from corrosive drywall \_\_\_\_\_  
 Amount paid to repair damage to home or household appliances \_\_\_\_\_  
 25% loss available from 2017 \_\_\_\_\_

Prior Year Casualty and Theft - Personal Use Properties (Cont'd)
--

Description of casualty or theft - Property A	_____			
Description of casualty or theft - Property B	_____			
Description of casualty or theft - Property C	_____			
Description of casualty or theft - Property D	_____			
	A	B	C	D
Date acquired	_____	_____	_____	_____
Cost or other basis of property	_____	_____	_____	_____
Insurance or other reimbursement	_____	_____	_____	_____
Principal residence exclusion taken	_____	_____	_____	_____
Fair market value before casualty	_____	_____	_____	_____
Fair market value after casualty	_____	_____	_____	_____

Personal Use Replacement Information
--------------------------------------

Description of replacement property A	_____			
Description of replacement property B	_____			
Description of replacement property C	_____			
Description of replacement property D	_____			
	A	B	C	D
Date acquired	_____	_____	_____	_____
Prior year cost of replacement property	_____	_____	_____	_____
Cost of replacement property	_____	_____	_____	_____
Postponed gain	_____	_____	_____	_____
Adjusted basis of replacement property	_____	_____	_____	_____

NOTES/QUESTIONS:

		Preparer use only
Principal business or profession _____		
Taxpayer/Spouse/Joint (T, S, J) _____		
State postal code _____		

Business Use of Home
----------------------

	2018 Information	Prior Year Information
Total area of home	_____	<div style="text-align: center;">_____</div> <div style="text-align: center;">_____</div> <div style="text-align: center;">_____</div> <div style="text-align: center;">_____</div> <div style="text-align: center;">_____</div> <div style="text-align: center;">_____</div> <div style="text-align: center;">_____</div> <div style="text-align: center;">_____</div>
Area used exclusively for business	_____	
Information for day-care facilities only:		
Total hours used for day-care during this year	_____	
Total hours used this year, if less than 8760	_____	
Special computation for certain day-care facilities:		
Area used regularly and exclusively for day-care business	_____	
Area used partly for day-care business	_____	

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:	_____	_____	<div style="text-align: center;">_____</div> <div style="text-align: center;">_____</div> <div style="text-align: center;">_____</div> <div style="text-align: center;">_____</div> <div style="text-align: center;">_____</div> <div style="text-align: center;">_____</div> <div style="text-align: center;">_____</div> <div style="text-align: center;">_____</div> <div style="text-align: center;">_____</div> <div style="text-align: center;">_____</div> <div style="text-align: center;">_____</div> <div style="text-align: center;">_____</div> <div style="text-align: center;">_____</div> <div style="text-align: center;">_____</div> <div style="text-align: center;">_____</div>
Mortgage insurance premiums	_____	_____	
Real estate taxes:	_____	_____	
Excess mortgage interest and insurance premiums	_____	_____	
Insurance	_____	_____	
Rent	_____	_____	
Repairs & maintenance	_____	_____	
Utilities	_____	_____	
Other expenses, such as: Supplies & Security system	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
Excess casualty losses	_____	_____	
Carryovers:			
Operating expenses	_____	_____	
Casualty losses	_____	_____	
Depreciation	_____	_____	
Business expenses not from business use of home, such as:			
Travel, Supplies, Business telephone expenses	_____	_____	
Depreciation	_____	_____	

NOTES/QUESTIONS:

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

Preparer use only  
 Description of business or profession \_\_\_\_\_

**Vehicles**

Vehicle 1 -	Date placed in service _____		
	Description _____		
	Comments _____		
Vehicle 2 -	Date placed in service _____		
	Description _____		
	Comments _____		
Vehicle 3 -	Date placed in service _____		
	Description _____		
	Comments _____		
Vehicle 4 -	Date placed in service _____		
	Description _____		
	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)	—	—	—	—	—	—	—	—
Was another vehicle available for personal use? (Y, N)	—	—	—	—	—	—	—	—
Do you have evidence to support your deduction? (Y, N)	—	—	—	—	—	—	—	—
Is this evidence written? (Y, N)	—	—	—	—	—	—	—	—

**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	_____	_____	_____	_____	_____	_____	_____	_____
Commuting miles	_____	_____	_____	_____	_____	_____	_____	_____
Business miles	_____	_____	_____	_____	_____	_____	_____	_____
Parking fees	_____	_____	_____	_____	_____	_____	_____	_____
Tolls	_____	_____	_____	_____	_____	_____	_____	_____
Gasoline	_____	_____	_____	_____	_____	_____	_____	_____
Oil	_____	_____	_____	_____	_____	_____	_____	_____
Repairs	_____	_____	_____	_____	_____	_____	_____	_____
Maintenance	_____	_____	_____	_____	_____	_____	_____	_____
Tires	_____	_____	_____	_____	_____	_____	_____	_____
Car washes	_____	_____	_____	_____	_____	_____	_____	_____
Insurance	_____	_____	_____	_____	_____	_____	_____	_____
Interest	_____	_____	_____	_____	_____	_____	_____	_____
Registration	_____	_____	_____	_____	_____	_____	_____	_____
Licenses	_____	_____	_____	_____	_____	_____	_____	_____
Property taxes	_____	_____	_____	_____	_____	_____	_____	_____
Other vehicle expenses	_____	_____	_____	_____	_____	_____	_____	_____
Vehicle rentals	_____	_____	_____	_____	_____	_____	_____	_____
Inclusion amt (Preparer only)	_____	_____	_____	_____	_____	_____	_____	_____
Depreciation	_____	_____	_____	_____	_____	_____	_____	_____

Form ID: OtherTax 74  
**Social Security Tax on Unreported Tips**

Complete if you received cash/charge tips of \$20 or less in a month in 2018.

	2018 Information	Spouse	Prior Year Information
Total cash and charge tips under \$20 per month and not reported to employer	Taxpayer		

Complete if you received cash/charge tips of \$20 or more in a month and did not report all of those tips to your employer.

	Employer name	Employer identification number	Total tips received in 2018	Total tips reported in 2018
Taxpayer information	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
Spouse information	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

**Social Security Tax on Unreported Wages**

Complete if you received pay from a firm for services performed not as an independent contractor and social security and Medicare taxes were not withheld from the pay.

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

	Firm name	Firm's federal identification number	Reason Code **	Date of IRS determination or correspondence received	Mark if 1099-MISC received	Total wages received with no social security or Medicare tax withheld
Taxpayer information	_____	_____	—	_____	—	_____
	_____	_____	—	_____	—	_____
	_____	_____	—	_____	—	_____
	_____	_____	—	_____	—	_____
Spouse information	_____	_____	—	_____	—	_____
	_____	_____	—	_____	—	_____
	_____	_____	—	_____	—	_____
	_____	_____	—	_____	—	_____

\*\* Reason Codes

A = I filed Form SS-8 and received a determination letter stating that I am an employee of this firm.  
 C = I received other correspondence from the IRS that states I am an employee.  
 G = I filed Form SS-8 with the IRS and have not received a reply.  
 H = I received a Form W-2 and a Form 1099-MISC from this firm for 2018. The amount on Form 1099-MISC should have been included as wages on Form W-2.



	Taxpayer	Spouse
State postal code	_____	_____

	Taxpayer	Spouse	Prior Year Information
If you received a parsonage provided by the church, please complete the following information:			
Fair rental value of parsonage provided by church	_____	_____	_____
Actual parsonage utilities expense	_____	_____	_____
If you received a rental or parsonage allowance provided by the church, please complete the following information:			
Utilities allowance,			
if separate from parsonage allowance	_____	_____	_____
Actual parsonage expense	_____	_____	_____
Fair rental value of home	_____	_____	_____
Actual utilities expense	_____	_____	_____
Mark if you have claimed exemption from self-employment tax			
by filing Form 4361 with the IRS	_____	_____	
If you are a self-employed minister, enter any tax-deductible			
contributions to a 403(b) retirement plan	_____	_____	

NOTES/QUESTIONS:

Enter parent's information for children under age 19 on 1/1/19 or a full-time student under age 24 with unearned income of more than \$2,100.

Parent's social security number (Enter the name and social security number of the parent listed first on the return) \_\_\_\_\_  
Parent's first name \_\_\_\_\_  
Parent's last name \_\_\_\_\_

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NOTES/QUESTIONS:

Form ID: 8814

### Children's Interest Income

77

Please provide copies of all Form 1099-INT or other statements reporting child's 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.  
 Complete a separate Organizer Form ID: 8814 for each child.

Child's social security number \_\_\_\_\_  
 Child's date of birth \_\_\_\_\_  
 Child's name \_\_\_\_\_  
 Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_

Type Code (**See codes below)	Payer	Interest Income	Tax Exempt Income	U.S. Obligations* \$ or %	Tax Exempt* \$ or %	Prior Year Information

**Interest Codes					
Blank = Regular Interest	3 = Nominee Distribution	4 = Accrued Interest	5 = OID Adjustment	6 = ABP Adjustment	

### Children's Dividend Income

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

Type Code (** See codes below)	Ordinary Dividends	Qualified Dividends	Total Capital Gain Distributions	Section 1250	Section 1202	28% Capital Gain	Tax Exempt Dividends	U.S. Obligations* \$ or %	Tax Exempt* \$ or %	Prior Year Information
1	Payer									
	Amounts									
2	Payer									
	Amounts									
3	Payer									
	Amounts									
4	Payer									
	Amounts									
5	Payer									
	Amounts									
6	Payer									
	Amounts									

**Dividend Codes	
Blank = Other	3 = Nominee

Alaska Permanent Fund dividends:

	2018 Information	Prior Year Information



Form ID: H	<b>Household Employment Tax</b>	78
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Complete if you paid cash wages of \$1,000 or more to any household employee.

Taxpayer/Spouse (T, S)	_____
Employer identification number	_____
Total cash wages subject to social security taxes	_____
Total cash wages subject to Medicare taxes	_____
Total cash wages subject to Additional Medicare Tax withholding	_____
Federal income tax withheld	_____
State disability plan social security & Medicare withheld	_____
Did you:	
(A) pay any household employee cash wages of \$2100 or more in 2018? (Y, N)	_____
(B) withhold Federal income tax for any household employee? (Y, N)	_____
(C) pay household employees cash wages equal to or greater than \$1,000 in any quarter of 2017 or 2018? (Y, N)	_____

<b>Federal Unemployment (FUTA) Tax</b>
--

If you answered "Yes" to question (C) above, complete the following information.  
 Complete only items marked with an asterisk (\*) if total cash wages subject to FUTA tax amount is also taxable as defined by your State act and unemployment contributions are paid to only one State.

Total cash wages subject to FUTA tax	_____
State #1 information	
State postal code where you have to pay unemployment contributions *	_____
State reporting number as shown on state unemployment tax return	_____
Taxable wages (as defined in state act)	_____
State experience rate period:	
From	_____
To	_____
State experience rate (xxx.xx)	_____
Contributions paid to state unemployment fund *	_____
Contributions for 2018 paid after 04/15/19	_____
State #2 information	
State postal code where you have to pay unemployment contributions	_____
State reporting number as shown on state unemployment tax return	_____
Taxable wages (as defined in state act)	_____
State experience rate period:	
From	_____
To	_____
State experience rate (xxx.xx)	_____
Contributions paid to state unemployment fund	_____
Contributions for 2018 paid after 04/15/19	_____

NOTES/QUESTIONS:

You are required to repay the First-Time Homebuyer credit if you claimed the credit in 2008. If the credit was claimed in 2009, 2010, or 2011, you do not have to repay the credit.

Principal residence address, if different from home address on Organizer Form ID: 1040

Address \_\_\_\_\_

City/State/Zip code \_\_\_\_\_

Date home acquired (After 4/8/08 and before 5/1/10) (For service members after 12/31/08 and before 5/1/11) \_\_\_\_\_

Purchase price of the home \_\_\_\_\_

Date the home was sold or ceased being used as principal residence \_\_\_\_\_

If you sold your home, enter the selling price \_\_\_\_\_

If you sold your home, enter the expense of sale \_\_\_\_\_

Were you and your spouse married on the purchase date? (Y, N) \_\_\_\_\_

If your home was transferred to your ex-spouse due to a divorce settlement, enter his or her full name \_\_\_\_\_

If you own the principal residence with another person enter their name and allocation percentage \_\_\_\_\_

Other owner name \_\_\_\_\_

Allocation percentage \_\_\_\_\_

NOTES/QUESTIONS:

## Child and Dependent Care Expenses

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	_____	_____
Employer-provided dependent care benefits that were forfeited in 2018	_____	_____
Total qualified expenses incurred in 2018	_____	_____
Were you or your spouse a full time student or disabled? (Yes or No)	_____	_____
Did you provide care expenses for any person(s) who is not listed as a dependent? (Y, N)	_____	_____

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 \_\_\_\_\_

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 \_\_\_\_\_

Control Totals

CREDITS

Form ID: 2441

Please complete if you were age 65 or older at the end of 2018, OR you were under age 65 and retired under total and permanent disability, and you received taxable disability income.

Taxpayer

Spouse

Nontaxable disability/pension income received in 2018

\_\_\_\_\_

\_\_\_\_\_

Taxable disability income received in 2018

\_\_\_\_\_

\_\_\_\_\_

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NOTES/QUESTIONS:

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)	—
Were the costs incurred made to your main home located in the United States? (Y, N)	—
Were the costs incurred related to the construction of your main home located in the United States? (Y, N)	—
Enter the total amount of costs for insulation material or system to reduce heat loss or gain	_____
Enter the total amount of costs for exterior windows	_____
Enter the total amount of costs for exterior doors	_____
Enter the total amount of costs for qualified metal roofs	_____
Enter the total amount of costs for energy-efficient building property	_____
Enter the total amount of costs for qualified natural gas, propane, or oil furnace or hot water boilers	_____
Enter the total amount of costs for advanced main circulating fan used in a natural gas, propane, or oil furnace	_____
Enter the total amount of costs for qualified solar electric property	_____
Enter the total amount of costs for qualified solar water heating property	_____
Enter the total amount of costs for qualified small wind energy property	_____
Enter the total amount of costs for qualified geothermal heat pump property	_____
Enter the total amount of costs for qualified fuel cell property	_____
Enter the total amount of kilowatt capacity of the qualified fuel cell property	_____

NOTES/QUESTIONS:

Complete if you paid or accrued foreign taxes to a foreign country or U.S. possession in 2018.

Preparer use only

Description \_\_\_\_\_  
 Taxpayer/Spouse (T, S) \_\_\_\_\_  
 Category of income\* \_\_\_\_\_  
 Description of income \_\_\_\_\_

*Category of Income	
A = Section 951A income	E = Section 901(j) income
B = Foreign Branch income	F = Certain income re-sourced by treaty
C = Passive income	G = Lump-sum distributions
D = General income	

Foreign Income or Loss

Country code \_\_\_\_\_  
 Country name \_\_\_\_\_

	Regular	AMT, if different
Foreign gross income	_____	_____
Definitely related expenses:	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Foreign source losses	_____	_____

Foreign Taxes Paid or Accrued

Foreign taxes paid or accrued:  
 Date paid or accrued \_\_\_\_\_  
 In foreign currency - taxes withheld on:  
     Dividends \_\_\_\_\_  
     Rents & royalties \_\_\_\_\_  
     Interest \_\_\_\_\_  
 Other foreign taxes \_\_\_\_\_  
 In US dollars - taxes withheld on:  
     Dividends \_\_\_\_\_  
     Rents & Royalties \_\_\_\_\_  
     Interest \_\_\_\_\_  
 Other foreign taxes \_\_\_\_\_

NOTES/QUESTIONS:

Complete this form if you paid qualified adoption expenses in 2018. Indicate if the adoption was final in or before 2018.  
 Qualified adoption expenses include adoption fees, attorney fees, court costs, and travel expenses while away from home.  
 Please provide copies of legal documents approving the adoption.

	Child 1	Child 2	Child 3
Taxpayer/Spouse/Joint (T, S, J)	_____	_____	_____
First name	_____	_____	_____
Last name	_____	_____	_____
Child's date of birth	_____	_____	_____
Mark if this child was:			
born before '01 and was disabled	_____	_____	_____
a child with special needs	_____	_____	_____
a foreign child	_____	_____	_____
Child's identifying number	_____	_____	_____
Total adoption credit received in prior years for this child	_____	_____	_____
Total qualified adoption expenses paid in 2017 for this child	_____	_____	_____
Employer-provided benefits received in 2017 for this child	_____	_____	_____
Total qualified adoption expenses paid in 2018 for this child	_____	_____	_____
Employer-provided benefits received in 2018 for this child	_____	_____	_____
Adoption final in (1 = '18, 2 = Pre '18)	_____	_____	_____

	Child 4	Child 5	Child 6
Taxpayer/Spouse/Joint (T, S, J)	_____	_____	_____
First name	_____	_____	_____
Last name	_____	_____	_____
Child's date of birth	_____	_____	_____
Mark if this child was:			
born before '01 and was disabled	_____	_____	_____
a child with special needs	_____	_____	_____
a foreign child	_____	_____	_____
Child's identifying number	_____	_____	_____
Total adoption credit received in prior years for this child	_____	_____	_____
Total qualified adoption expenses paid in 2017 for this child	_____	_____	_____
Employer-provided benefits received in 2017 for this child	_____	_____	_____
Total qualified adoption expenses paid in 2018 for this child	_____	_____	_____
Employer-provided benefits received in 2018 for this child	_____	_____	_____
Adoption final in (1 = '18, 2 = Pre '18)	_____	_____	_____

If the adoption was incomplete or unsuccessful please provide information below:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NOTES/QUESTIONS:

Please provide all Forms 1095-A

Taxpayer/Spouse (T,S) \_\_\_\_\_  
 Marketplace identifier (Box 1) \_\_\_\_\_  
 Marketplace-assigned policy number (Box 2) \_\_\_\_\_  
 Policy issuer's name (Box 3) \_\_\_\_\_  
 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	_____	_____	_____	_____	_____
February	_____	_____	_____	_____	_____
March	_____	_____	_____	_____	_____
April	_____	_____	_____	_____	_____
May	_____	_____	_____	_____	_____
June	_____	_____	_____	_____	_____
July	_____	_____	_____	_____	_____
August	_____	_____	_____	_____	_____
September	_____	_____	_____	_____	_____
October	_____	_____	_____	_____	_____
November	_____	_____	_____	_____	_____
December	_____	_____	_____	_____	_____
Annual total	_____	_____	_____	_____	_____
<b>Control Totals</b>					

ACA - Health Insurance Marketplace Statement #2

Please provide all Forms 1095-A

Taxpayer/Spouse (T,S) \_\_\_\_\_  
 Marketplace identifier (Box 1) \_\_\_\_\_  
 Marketplace-assigned policy number (Box 2) \_\_\_\_\_  
 Policy issuer's name (Box 3) \_\_\_\_\_  
 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	_____	_____	_____	_____	_____
February	_____	_____	_____	_____	_____
March	_____	_____	_____	_____	_____
April	_____	_____	_____	_____	_____
May	_____	_____	_____	_____	_____
June	_____	_____	_____	_____	_____
July	_____	_____	_____	_____	_____
August	_____	_____	_____	_____	_____
September	_____	_____	_____	_____	_____
October	_____	_____	_____	_____	_____
November	_____	_____	_____	_____	_____
December	_____	_____	_____	_____	_____
Annual total	_____	_____	_____	_____	_____
<b>Control Totals</b>					

NOTES/QUESTIONS:



\*Select the Type of Use codes from the chart below

	Type of Use*	Rate	Gallons
<b>Nontaxable use of gasoline -</b>			
Off-highway business use		\$0.183	_____
Use on a farm		0.183	_____
Other nontaxable use	---	0.183	_____
Exported		0.184	_____
<b>Nontaxable use of aviation gasoline -</b>			
Commercial aviation		0.15	_____
Other nontaxable use	---	0.193	_____
Exported		0.194	_____
Leaking underground storage tank (LUST) tax		0.001	_____
<b>Nontaxable use of undyed diesel fuel -</b>			
Explanation of evidence of dyes:			
_____			
_____			
Other nontaxable use	---	0.243	_____
Use on a farm		0.243	_____
Trains		0.243	_____
Intercity / local bus		0.17	_____
Exported		0.244	_____
<b>Nontaxable use of undyed kerosene (other than aviation) -</b>			
Explanation of evidence of dyes:			
_____			
_____			
Other nontaxable use	---	0.243	_____
Use on a farm		0.243	_____
Intercity / local buses		0.17	_____
Exported		0.244	_____
Other nontaxable use taxed at \$.044	---	0.043	_____
Other nontaxable use taxed at \$.219	---	0.218	_____
<b>Kerosene used in aviation -</b>			
Kerosene taxed at \$.244		0.200	_____
Kerosene taxed at \$.219		0.175	_____
Other nontaxable use taxed at \$.244	---	0.243	_____
Other nontaxable use taxed at \$.219/.044	---	0.218	_____
Leaking underground storage tank (LUST) tax		0.001	_____

*Type of Use	
1 = Farming purposes	8 = Diesel & Kerosene fuel other than train or highway vehicle
2 = Off highway business use	9 = Foreign trade
3 = Export	10 = Certain helicopter and fixed wing air ambulance uses
4 = Commercial fishing	11 = Aviation fuel other than propulsion engines
5 = Intercity/local bus	13 = Exclusive use by a nonprofit educational organization
6 = In a qualified local bus	14 = Exclusive use by a state, political subdivision or DC
7 = School bus	15 = In an aircraft or vehicle owned by an aircraft museum

NOTES/QUESTIONS:

\*Select the Type of Use codes from the chart below

Type of Use*	Rate	Gallons
Sales by registered ultimate vendors of undyed diesel fuel -		
Registration Number _____		
Explanation of evidence of dyes: _____		
_____		
_____		
State / local government	0.243	_____
Intercity / local buses	0.17	_____
Sales by registered ultimate vendors of undyed kerosene -		
Registration Number _____		
Explanation of evidence of dyes: _____		
_____		
_____		
Use by state/local government	0.243	_____
Sales from a blocked pump	0.243	_____
Intercity / local buses	0.17	_____
Sales by registered ultimate vendors of kerosene in aviation -		
Registration Number _____		
Commercial aviation taxed at \$.219 (Other than foreign trade)	0.175	_____
Commercial aviation taxed at \$.244 (Other than foreign trade)	0.200	_____
Nonexempt use in noncommercial aviation	0.025	_____
Other nontaxable uses taxed at \$.244 _____	0.243	_____
Other nontaxable uses taxed at \$.219/.044 _____	0.218	_____
Leaking underground storage tank (LUST) tax	0.001	_____

*Type of Use	
1 = Farming purposes	8 = Diesel & Kerosene fuel other than train or highway vehicle
2 = Off highway business use	9 = Foreign trade
3 = Export	10 = Certain helicopter and fixed wing air ambulance uses
4 = Commercial fishing	11 = Aviation fuel other than propulsion engines
5 = Intercity/local bus	13 = Exclusive use by a nonprofit educational organization
6 = In a qualified local bus	14 = Exclusive use by a state, political subdivision or DC
7 = School bus	15 = In an aircraft or vehicle owned by an aircraft museum

NOTES/QUESTIONS:

## Fuel Tax Credit

\*Select the Type of Use codes from the chart below

	Type of Use*	Rate	Gallons
Nontaxable use of alternative fuel -			
Liquefied petroleum gas (LPG)	___	0.183	_____
"P Series" fuels	___	0.183	_____
Compressed natural gas (CNG)	___	0.183	_____
Liquefied hydrogen	___	0.183	_____
Any liquid fuel derived from coal through the Fischer-Tropsch process	___	0.243	_____
Liquid hydrocarbons derived from biomass	___	0.243	_____
Liquefied natural gas (LNG)	___	0.243	_____
Liquefied gas derived from biomass	___	0.183	_____
Alternative fuel credit and alternative fuel mixture credit -			
Registration Number			_____
Liquefied hydrogen		0.50	_____
Registered credit card users -			
Registration Number			_____
Diesel for state / local government		0.243	_____
Kerosene for state / local government		0.243	_____
Kerosene for aviation use by state / local gov't taxed at \$.219/.044		0.218	_____
Nontaxable use of a diesel-water fuel emulsion -			
Other nontaxable use	___	0.197	_____
Exported		0.198	_____
Diesel-water fuel emulsion blending -			
Registration Number			_____
Blender credit		0.046	_____
Exported dyed fuels -			
Exported dyed diesel fuel		0.001	_____
Exported dyed kerosene		0.001	_____

*Type of Use	
1 = Farming purposes	8 = Diesel & Kerosene fuel other than train or highway vehicle
2 = Off highway business use	9 = Foreign trade
3 = Export	10 = Certain helicopter and fixed wing air ambulance uses
4 = Commercial fishing	11 = Aviation fuel other than propulsion engines
5 = Intercity/local bus	13 = Exclusive use by a nonprofit educational organization
6 = In a qualified local bus	14 = Exclusive use by a state, political subdivision or DC
7 = School bus	15 = In an aircraft or vehicle owned by an aircraft museum

NOTES/QUESTIONS:

Instructions

Enter carryovers from prior year(s) as positive numbers.  
 Enter utilizations from prior year(s) as negative numbers.

Indefinite Carryovers

2017 to 2018 Amounts

Minimum tax credit	_____
Investment interest	_____
Investment interest - AMT	_____
Short-term capital loss	_____
Short-term capital loss - AMT	_____
Long-term capital loss	_____
Long-term capital loss - AMT	_____
Residential energy credit	_____
D.C. first-time homebuyer credit	_____
Tax credit bonds	_____

Charitable Contribution Carryover Items

Prior C/O Year	50% Contributions	30% Contributions	50/30% Cap Gain Prop	20% Contributions	50% Qualified Conservation Contributions	100% Qualified Conservation Contributions
2006					_____	_____
2007					_____	_____
2008					_____	_____
2009					_____	_____
2010					_____	_____
2011					_____	_____
2012					_____	_____
2013	_____	_____	_____	_____	_____	_____
2014	_____	_____	_____	_____	_____	_____
2015	_____	_____	_____	_____	_____	_____
2016	_____	_____	_____	_____	_____	_____
2017	_____	_____	_____	_____	_____	_____

AMT Charitable Contribution Carryover Items

Prior C/O Year	50% AMT Contributions	30% AMT Contributions	50/30% AMT Cap Gain Prop	20% AMT Contributions	50% AMT Qual Conservation Contributions	100% AMT Qual Conservation Contributions
2006					_____	_____
2007					_____	_____
2008					_____	_____
2009					_____	_____
2010					_____	_____
2011					_____	_____
2012					_____	_____
2013	_____	_____	_____	_____	_____	_____
2014	_____	_____	_____	_____	_____	_____
2015	_____	_____	_____	_____	_____	_____
2016	_____	_____	_____	_____	_____	_____
2017	_____	_____	_____	_____	_____	_____

Section 1231 Nonrecaptured Losses

	Section 1231 Nonrecaptured Losses	AMT Section 1231 Nonrecaptured Losses
2013	_____	_____
2014	_____	_____
2015	_____	_____
2016	_____	_____
2017	_____	_____

Description

A	
B	
C	
D	

Prior C/O Year	A	B	C	D
1998				
1999				
2000				
2001				
2002				
2003				
2004				
2005				
2006				
2007				
2008				
2009				
2010				
2011				
2012				
2013				
2014				
2015				
2016				
2017				

NOTES/QUESTIONS:

Prior C/O Year	Net Operating Loss	AMT NOL
1998		
1999		
2000	_____	_____
2001	_____	_____
2002	_____	_____
2003	_____	_____
2004	_____	_____
2005	_____	_____
2006	_____	_____
2007	_____	_____
2008	_____	_____
2009	_____	_____
2010	_____	_____
2011	_____	_____
2012	_____	_____
2013	_____	_____
2014	_____	_____
2015	_____	_____
2016	_____	_____
2017	_____	_____

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NOTES/QUESTIONS:

This form is used to report other foreign assets (not held in a foreign financial account), as required by the Internal Revenue Service.  
Report foreign financial assets held in a foreign financial account on Organizer Form ID: FrgnAcct.

	2018 Information	Prior Year Information
Asset description	_____	
Asset identifying number or other designation	_____	
Date asset acquired	_____	
Date asset disposed	_____	
Asset jointly owned with spouse	—	
Maximum value of asset	_____	

Asset foreign entity information - (Enter either foreign entity information or issuer/counterparty information, but not both)

Type of foreign entity: (P = Partnership, C = Corporation, T = Trust, E = Estate) \_\_\_\_\_

Foreign entity name \_\_\_\_\_

Foreign entity address \_\_\_\_\_

City, state, zip code \_\_\_\_\_

Foreign country code/name \_\_\_\_\_

Foreign province/county \_\_\_\_\_

Foreign postal code \_\_\_\_\_

Asset issuer or counterparty information - (Enter either foreign entity information or issuer/counterparty information, but not both)

Type: (I = Issuer, C = Counterparty) \_\_\_\_\_

Entity: (I = Individual, P = Partnership, C = Corporation, T = Trust, E = Estate) \_\_\_\_\_

If an individual, select either U.S. or foreign (1 = U.S. Person, 2 = Foreign Person) \_\_\_\_\_

Individual or organization name \_\_\_\_\_

Address of issuer or counterparty \_\_\_\_\_

City, state, zip code \_\_\_\_\_

Foreign country code/name \_\_\_\_\_

Foreign province/county \_\_\_\_\_

Foreign postal code \_\_\_\_\_

Asset issuer or counterparty information - (Enter either foreign entity information or issuer/counterparty information, but not both)

Type: (I = Issuer, C = Counterparty) \_\_\_\_\_

Entity: (I = Individual, P = Partnership, C = Corporation, T = Trust, E = Estate) \_\_\_\_\_

If an individual, select either U.S. or foreign (1 = U.S. Person, 2 = Foreign Person) \_\_\_\_\_

Individual or organization name \_\_\_\_\_

Address of issuer or counterparty \_\_\_\_\_

City, state, zip code \_\_\_\_\_

Foreign country code/name \_\_\_\_\_

Foreign province/county \_\_\_\_\_

Foreign postal code \_\_\_\_\_

NOTES/QUESTIONS:

This form is used to report financial accounts in foreign countries, as required by the Internal Revenue Service.

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_

	2018 Information	Prior Year Information
Deposit or Custodial account (D= Deposit, C = Custodial)	—	
Type of Account:		
Bank	—	
Securities	—	
Other	_____	
Maximum value of account	_____	
Account number or other designation	_____	
Financial institution	_____	
Address of financial institution	_____	
City, state, zip code	_____	
Foreign country code/name	_____	
For addresses in Mexico, enter state	_____	
Foreign province/county	_____	
Foreign postal code	_____	
Account jointly owned with spouse	—	
Account opened during the tax year	—	
Account closed during the tax year	—	
Information is reported for a financial account which is:	—	

2 = Owned separately, 3 = Owned jointly, 4 = Authority over but no financial interest

Complete this section if there is a joint owner other than the spouse, or you have signature authority only over the account

Taxpayer identification number of account holder/joint owner	_____
Foreign identification number of account holder/joint owner (If no Taxpayer identification number)	_____
Last name or organization name of account holder/joint owner	_____
First name and middle initial of account holder/joint owner	_____
Address and apartment	_____
City, state, zip code	_____
Foreign country code/name	_____
For addresses in Mexico, enter state	_____
Foreign postal code	_____
Number of joint owners (Not including taxpayer, if applicable)	_____
Filer's title with this owner (If applicable)	_____

NOTES/QUESTIONS:





Preparer use only

Activity name \_\_\_\_\_

Use the comments section to provide additional information about the asset. Enter information such as vehicle mileage (total, commuting and business), the total and business square footage of home, home expenses (total and business portion). See the EXAMPLE asset below.

	Description of Asset Acquired	Date Acquired	Cost or Basis
<b>EXAMPLE</b>	2018 Model T - (EXAMPLE ASSET) Comments: 22,500 job-related miles, 25,000 total miles	03/09/18	25,750
1	Comments:		
2	Comments:		
3	Comments:		
4	Comments:		
5	Comments:		
6	Comments:		
7	Comments:		
8	Comments:		
9	Comments:		
10	Comments:		
11	Comments:		
12	Comments:		
13	Comments:		
14	Comments:		
15	Comments:		
16	Comments:		
17	Comments:		
18	Comments:		
19	Comments:		
20	Comments:		
21	Comments:		
22	Comments:		
23	Comments:		
24	Comments:		
25	Comments:		