2018		
	Miscellaneous Information	
Name:		SSN:
	onal Information	
Yes	No Did your marital status change during the year? If "Yes," explain	
	Can you or your spouse be claimed as a dependent by someone else?	
	 Did your address change during the year? Provide proof of identity to be eligible to e-file your tax return (driver's license or state-issued photo ID) 	
Done	endent Information	
Debe	Did you have any changes in dependents during the year?	
	If "Yes," explain	
	Can another person qualify to claim any of your dependents?	
H	Did you have any childcare expenses during the year?	
H	 Did you have any adoption expenses during the year? Did you have any children under age 19 or a full-time student under age 24 with more than \$2100 of unea 	vrad incomo?
	Did you have any children under age 19 or a full-time student under age 24 with more than \$2100 of unea Provide documentation for proof of dependent related credits (school records, medical records, daycare r	
Heal	th Care Information	
Пеан		
	Did any member of your household NOT have healthcare coverage for the entire year?	
	Provide copies of all Forms 1095-A, 1095-B, 1095-C for ALL members of your household. If any member of your household received an exemption from the marketplace, provide the Exemption	Certificate Number (ECN)
	 Did you receive any distributions from a Health Savings Account (HSA), Archer MSA, or Medicare Advant 	
Inco	me, Purchases, Sales, and Debt Information	
H	Did you receive any tips not reported to your employer?	
H	 Did you receive any disability income during the year? Did you cash any U.S. savings bonds during the year? 	
	Did you receive any other income not provided with this organizer?	
	If "Yes," explain	
	Did you start a new business or purchase any rental property during the year?	
Ц	Did you sell an existing business, rental property, or other property during the year?	
	Did you purchase any business assets or convert any assets to business use?	
	If "Yes," provide the cost of the asset, the date it was placed in service, and business use percentage.	
Н	Did you buy or sell any stocks, bonds, or other investments during the year?	
П	Did you sell a principal residence during the year?	
	If "Yes," provide closing documentation for the purchase and sale of the home	
	Did you have a principal residence or a piece of real property foreclosed on during the year?	
	Did you abandon a principal residence or a piece of real property during the year?	
	Did you refinance your principal home or second home or take out a home equity loan during the year?	
	If "Yes," provide all escrow, closing, and other pertinent documentation and information. Did you receive any principal or interest during this year from property sold in prior years?	
Н	Did you receive any principal of interest during this year non property sold in prior years? Did you rent out your home or use it for business?	
Ы	Did you sell, exchange, or purchase any real estate during the year?	
	Did you acquire a new or additional interest in a partnership or S corporation?	
	Did you have any debts canceled or forgiven this year?	
Ц	Does anyone owe you money that has become uncollectible?	
	Did you purchase a new hybrid, alternative motor, or electric motor energy-efficient vehicle during the year If "Yes," provide the year, make, model, VIN, and date the vehicle was placed in service.	r?
14		
item	ized Deduction Information	
Ц	Did you pay out-of-pocket medical or dental expenses (premiums, prescriptions, mileage, etc.) during the	year?
H	Did you pay any long-term care premiums for yourself, your spouse, or a dependent during the year?	
	Did you receive any state or local income tax refunds from prior years?	
	 Did you make any major purchases (vehicle, boat, etc.) during the year? Did you pay any real estate property taxes or personal taxes during the year? 	
Ц	Did you pay mortgage interest during the year?	

	Miscellaneous Information	
ame:		SSN:
emi	zed Deduction Information (continued)	
	 No Did you make cash donations to charity during the year? Did you make noncash donations to charity (clothes, furniture, etc.) during the year? Did you donate a boat or vehicle during the year? If "Yes," attach Form 1098-C. Did you have gambling winnings or losses during the year? Did you have any job-related expenses that were not reimbursed by your employer (uniforms, safety equipr Did you use your vehicle on the job other than for commuting to work? Did you work out of town at any time during the year? 	nent, etc.)?
Retir	ement Information	
	 Did you receive any payments from a pension, profit sharing, or 401(k) plan during the year? Did you make any withdrawals from or contributions to an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), myRA, retirement plan during the year? Did you receive any Social Security benefits during the year? 	or other qualified
duc	ation Information	
	 Did you pay tuition expenses that were required for attending college, university, or vocational school for you dependent during the year (even if classes were attended in another year)? Did anyone in your household attend a post-secondary school during the year? Did you make a contribution to or receive a distribution from an Education Savings Account or Qualified Tuit Did you pay student loan interest for yourself, your spouse, or your dependent(s) during the year? 	
lisc	ellaneous Information	
	 Did you incur a gain or loss due to damaged or stolen property? If "Yes," provide the incident date, value of the property, and amount of insurance reimbursements. Did you pay wages to any household employees (babysitter, nanny, housekeeper, etc.)? Did you make gifts to any one person in excess of \$15,000 during the year? If "Yes," are you splitting the gift with your spouse? Did you incur moving expenses during the year? Did you make any energy-efficient improvements to your main home during the year? Are you a business owner who paid health insurance premiums for your employees during the year? Did you have an overpayment of your 2017 taxes to your 2018 estimated taxes? If you have an overpayment of 2018 taxes, do you want the refund applied to your 2019 estimated taxes? Did you make any refund or balance due directly deposited or withdrawn? If "Yes," provide a canceled checking or savings slip. Did you receive any notices from the IRS or state taxing authority? If "Yes," explain May the IRS discuss your tax return with your preparer? Would you like a copy of your tax return emailed to you instead of receiving a printed copy? 	
		an country?
	 Did you have a financial interest in or signature authority over a financial account or asset located in a foreign Did you receive a distribution from, or were you a grantor of, or transferor to, a foreign trust? Did you have any income from, or pay taxes to, a foreign country? Did you own property in a foreign country? Did the aggregate value of your foreign accounts exceed \$10,000 at any time during the year? 	gn country?
Prep	arer Notes	
Misc	ellaneous Notes	

2018 Summary Organizer Personal and Dependent Information

Personal Information													
Name								SSN		te of birth	Healthcare coverage ALL year		
Taxpayer	er												
Spouse													
Street add	dress, city	, state, an	d ZIP										
			Occupation					Daytime phone		Evening phon	e	Cell	phone
Taxpayer													
Spouse													
Taxpayer	email												
Spouse e	mail												
Marital Stat	tus at end	of 2018			I					<u>Taxpayer</u>		<u>Spc</u>	ouse
Married						Are you				Yes] No	Ye	H
Single	l filing sep	arately				Are you Are you		bled? I-time student?		└ Yes └ └ Yes └	No No	└ Ye │ Ye	H
Widow(pouse died i er the date c				Do you v	vant	\$3 to go to the Election Campaign Fur	nd?	 Yes] No	 Ye	sNo
Depend	lent Info	ormatio	n		·						-		
		First and	d last name		;	SSN Relationship			Months in	Date of birt	h Disa	abled time	Healthcare coverage
									home			student	ALL year
											+		
ist depen	ndents rec	uired to f	ile a return										.1
Estimat													
			Fede Date paid		mount		Date	Resident state	ount	Date		lesident city	Amount
Overpaym from 2017	nent applie	ed				 	2 410				pulu		
First quart	ter												
Second qu	uarter												
Third quar	rter												
Fourth qua	arter												
Additional payments													
Account Information for Deposits or Withdrawals													
			Bank		Bank		Type of accour			ccount for			
Name of bank			rou	uting numbe	ing number account number		Che	Checking Saving		Deposits	Withdrawals		
	• • • •		•										<u> </u>
Appoint													
Your 201	8 appoint	ment is s	cheduled for										

Healthcare Coverage Questionnaire

SSN:

Name: SSN:								
Healthcare Information								
		Member of household for healthcare purposes	Covered the entire year	Covered less than 12 months	No healthcare coverage at all			
YES	NO							
		Did anyone other than you or your spouse pay for healthcare coverage for	anyone listed above?	2				
		Did you pay for healthcare coverage for anyone not listed above?						
lf you	ı had o	coverage for any part of the year:						
	Where	was the policy obtained?						
lf voi	ı didn'	Employer / Medicare / Medicaid / Marketplace(Exchange) / Other t have coverage part or all of the year:						
-		S if the following applies to any member of the household						
		Was your previous insurance policy canceled in 2018?						
		Was coverage offered by your employer or your spouse's employer?						
		Are you a member of a federally recognized Indian tribe?						
		Are you eligible for services through an Indian healthcare provider?						
		Are you a member of a healthcare sharing ministry?						
		Did you live in the United States the entire year?						
		Are you enrolled in TRICARE?						
		Did you apply for CHIP coverage?						
		Do any of the following apply to you? Do NOT indicate which one.						
		Became homelessEvicted in the past six months, or facing eviction or foreclosure						
		 Recently experienced domestic violence Recently experienced the death of a close family member 						
		 Recently experienced a fire, flood, or other natural or human-caused disaster that resulted in substantial damage to your property 						
		Filed for bankruptcy in the last six months						
	 Incurred unreimbursed medical expenses in the last 24 months that resulted in substantial debt 							
	 Experienced unexpected increases in essential expenses due to caring for an ill, disabled, or aging family member 							

<u>2018</u>

lame:	SSN	
	331	•
Wages & Salaries rovide all copies of Form W-2		
Employer name	2018 federal wages	2017 federal wages
		_
Retirement rovide all copies of Form 1099-R		
	2018	2017
Payer name	distribution	distribution
Form 1099-Misc Income		
rovide all copies of Form 1099-MISC (* Also reported on Schedule C or E)	2018	2017
Payer name	amount	amount

Income						
Name:			SSN:			
Dividend Income						
Provide all copies of Form 1099-DIV and other statements that report dividend	2018	2017 ordinany	2018 gualified	2017		
Payer name	ordinary dividends	ordinary dividends	qualified dividends	qualified dividends		
<u></u>						
Interest Income Provide all copies of Form 1099-INT, Form 1099-OID and other statements that	t report interest inco	ome				
Payer name			2018 interest	2017 interest		
.						
If any interest income listed above is from a seller-financed mortgage, provide	the payer's ID numb	per and address				

Other Income and Adjustments

Name:			SSN:	
Other Income				
	2018 Taxpayer	2017 Taxpayer	2018 Spouse	2017 Spouse
Scholarships or grants not reported on Form W-2				
State income tax refund (attach Forms 1099-G)				
Social Security Benefits (attach Forms 1099-SSA)				
Railroad Retirement Benefits (attach Forms 1099-RRB)				
Alimony received				
Unemployment compensation (attach Forms 1099-G)				
Unemployment compensation repaid in 2018				
Gambling winnings (attach Forms W2-G)				
Alaska Permanent Fund				
ABLE distributions				
Other income:				
Adjustments				
	2018	2017	2018	2017
Educator expenses (If you are an educator, enter the amount you paid for classroom supplies)	Taxpayer	Taxpayer	Spouse	Spouse
Contributions made to a Health Savings Account (HSA) • • • • • • • • •				
Contributions made to a Self-Employed Pension plan (SEP) Payments made for Self-Employed Health Insurance for you, your spouse, or dependents				
Alimony paid				
Name:SSN:				
Name:SSN:				
Contributions made to an Individual Retirement Account (IRA)				
Contributions made to a Roth IRA · · · · · · · · · · · · · · · · · · ·				
Contributions made to a myRA · · · · · · · · · · · · · · · · · · ·				
Interest paid on a student loan				
Other adjustments:				
Job-related Moving Expenses				
Select this box and complete the fields below if you are a member of the Arr and moved due to a military order for a permanent change of station.	ned Forces on ac	tive duty,	2018	2017
Number of miles from old home to old workplace				
Number of miles from old home to new workplace				
Expense to move household goods & personal effects and lodging expenses w (Do not include cost of meals)	hile traveling to y	our new home		

Schedule A - Itemized Deductions						
Name:	SSN:					
Medical and Dental Expenses	Charitable Contributions					
2018 2017	2018 2017					
Health insurance premiums (paid by you)	Donations to charity (cash) · · · ·					
Long-term care premiums (you) · · ·	Hurricane relief contributions • • •					
Long-term care premiums (your spouse)	Miles driven for charitable purposes					
Long-term care premiums (dependents)	Donations to charity (noncash) · ·					
Mileage driven for medical purposes • •	If noncash donations are greater than \$500, list below					
Medical and dental expenses (list) • • •						
	Other Miscellaneous Deductions					
	Amortizable bond premiums • •					
	Federal estate tax · · · · ·					
Taxes Paid	Gambling losses · · · · · ·					
State and local income taxes	Impairment-related work expenses					
Sales tax	Claim repayments					
Real estate taxes	Unrecovered pension investments					
Personal property taxes	Schedule K-1					
Other taxes (list)	Ordinary loss debt instrument •					
	Job Expenses & Certain Miscellaneous Deductions					
	Necessary job expenses you paid that were not reimbursed by your employer (list)					
Interest Paid						
Mortgage interest paid (attach Form 1098)						
Some of your home mortgage loan was not used to buy, build, or improve your home						
Mortgage interest paid to an individual						
Paid to:	Tax preparation fees · · · · · Other nonpersonal expenses related to taxable income (list)					
Name						
Address						
City, State, ZIP						
SSN or EIN						
Qualified mortgage insurance premiums	Investment expenses not entered elsewhere					
Investment interest						