

## Checklist

Name:

SSN:

### Checklist

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

#### Health Care Coverage (for each member of the household)

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

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

- Sale of assets or property
- Cancellation of debt
- Other income \_\_\_\_\_

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

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

## 2018 Tax Organizer Personal and Dependent Information

### Personal Information

|                                      |            |               |               |                              |
|--------------------------------------|------------|---------------|---------------|------------------------------|
|                                      | Name       | SSN           | Date of birth | Healthcare coverage ALL year |
| Taxpayer                             |            |               |               |                              |
| Spouse                               |            |               |               |                              |
| Street address, city, state, and ZIP |            |               |               |                              |
|                                      | Occupation | Daytime phone | Evening phone | Cell phone                   |
| Taxpayer                             |            |               |               |                              |
| Spouse                               |            |               |               |                              |
| Taxpayer email                       |            |               |               |                              |
| Spouse email                         |            |               |               |                              |

### Marital Status at end of 2018

- Married  
 Married filing separately  
 Single  
 Widow(er)

If spouse died in 2018 enter the date of death \_\_\_\_\_

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

### Taxpayer

- Yes  No  
 Yes  No  
 Yes  No  
 Yes  No

### Spouse

- Yes  No  
 Yes  No  
 Yes  No  
 Yes  No

### Dependent Information

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

List dependents required to file a return \_\_\_\_\_

### Estimates

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

### Account Information for Deposits or Withdrawals

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

### Appointment Information

Your 2018 appointment is scheduled for \_\_\_\_\_

**Questionnaire**

Name:

SSN:

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

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

**Additional Questions****Yes No**

- Did you receive income or incur expenses associated with a fantasy sport league?  
If yes, provide documentation.
- Did you incur gains or losses due to damaged or stolen property?
- Did you incur gains or losses from virtual currencies (e.g., Bitcoin or Ripple)?
- Do you anticipate your income or withholdings to be different for 2019?

### Miscellaneous Information

Name:

SSN:

#### Personal Information

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

#### Dependent Information

- Did you have any changes in dependents during the year?  
If "Yes," explain \_\_\_\_\_
- Can another person qualify to claim any of your dependents?
- Did you have any childcare expenses during the year?
- Did you have any adoption expenses during the year?
- Did you have any children under age 19 or a full-time student under age 24 with more than \$2100 of unearned income?  
Provide documentation for proof of dependent related credits (school records, medical records, daycare records, etc.)

#### Health Care Information

- Did any member of your household **NOT** have healthcare coverage for the entire year?  
Provide copies of all Forms 1095-A, 1095-B, 1095-C for **ALL** members of your household.  
If any member of your household received an exemption from the marketplace, provide the Exemption Certificate Number (ECN).
- Did you receive any distributions from a Health Savings Account (HSA), Archer MSA, or Medicare Advantage MSA during the year?

#### Income, Purchases, Sales, and Debt Information

- Did you receive any tips not reported to your employer?
- Did you receive any disability income during the year?
- Did you cash any U.S. savings bonds during the year?
- Did you receive any other income not provided with this organizer?  
If "Yes," explain \_\_\_\_\_
- Did you start a new business or purchase any rental property during the year?
- Did you sell an existing business, rental property, or other property during the year?
- Did you purchase any business assets or convert any assets to business use?  
If "Yes," provide the cost of the asset, the date it was placed in service, and business use percentage.
- Did you purchase any gasoline, diesel, or special fuels for non-highway business use?
- Did you buy or sell any stocks, bonds, or other investments during the year?
- Did you sell a principal residence during the year?  
If "Yes," provide closing documentation for the purchase and sale of the home
- Did you have a principal residence or a piece of real property foreclosed on during the year?
- Did you abandon a principal residence or a piece of real property during the year?
- Did you refinance your principal home or second home or take out a home equity loan during the year?  
If "Yes," provide all escrow, closing, and other pertinent documentation and information.
- Did you receive any principal or interest during this year from property sold in prior years?
- Did you rent out your home or use it for business?
- Did you sell, exchange, or purchase any real estate during the year?
- Did you acquire a new or additional interest in a partnership or S corporation?
- Did you have any debts canceled or forgiven this year?
- Does anyone owe you money that has become uncollectible?
- Did you purchase a new hybrid, alternative motor, or electric motor energy-efficient vehicle during the year?  
If "Yes," provide the year, make, model, VIN, and date the vehicle was placed in service.

#### Itemized Deduction Information

- Did you pay out-of-pocket medical or dental expenses (premiums, prescriptions, mileage, etc.) during the year?
- Did you pay any long-term care premiums for yourself, your spouse, or a dependent during the year?
- Did you receive any state or local income tax refunds from prior years?
- Did you make any major purchases (vehicle, boat, etc.) during the year?
- Did you pay any real estate property taxes or personal taxes during the year?
- Did you pay mortgage interest during the year?

### Miscellaneous Information

Name:

SSN:

#### Itemized Deduction Information (continued)

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

#### Retirement Information

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

#### Education Information

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

#### Miscellaneous Information

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

#### Foreign Account Information

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

#### Preparer Notes

**Miscellaneous Notes** \_\_\_\_\_







### Other Income and Adjustments

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

#### Other Income

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

#### Job-related Moving Expenses

Select this box and complete the fields below if you are member of the Armed Forces on active duty, and moved due to a military order for a permanent change of station. **2018**

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

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

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

### Schedule C - Profit or Loss from Business

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

#### General Business Information

Business name \_\_\_\_\_ Employer ID number \_\_\_\_\_

Professional product or service \_\_\_\_\_

Business address, city, state, ZIP \_\_\_\_\_

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

#### Income

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

#### Expenses

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

#### Cost of Goods Sold

|  | 2018  | 2018  |
|--|-------|---|
| Inventory at beginning of year . . . . . | _____ | Materials & supplies . . . . . _____                            |
| Purchases . . . . .                      | _____ | Other costs . . . . . _____                                     |
| Cost of personal use items . . . . .     | _____ | Inventory at end of year . . . . . _____                        |
| Cost of labor . . . . .                  | _____ | <input type="checkbox"/> There was a change in inventory method |

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

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

### General Property Information

Property description \_\_\_\_\_  
 Address, city, state, ZIP \_\_\_\_\_

#### Select the property type

- |  |   |                                    |                                      |
|--|---|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Single family residence | <input type="checkbox"/> Vacation / short-term rental | <input type="checkbox"/> Land      | <input type="checkbox"/> Self-rental |
| <input type="checkbox"/> Multi-family residence  | <input type="checkbox"/> Commercial                   | <input type="checkbox"/> Royalties | <input type="checkbox"/> Other _____ |

Number of days property was rented \_\_\_\_\_ Number of days property was used for personal use \_\_\_\_\_

If the rental is a multi-dwelling unit and you occupied part of the unit, enter the percentage you occupied \_\_\_\_\_

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

### Income

|  | 2018  | 2018  |
|--|-------|-------|
| Rent income . . . . .                          | _____ | _____ |
| Rental income from Form(s) 1099-MISC . . . . . | _____ | _____ |
|  | _____ | _____ |

### Expenses

|                                     | Rental unit expenses | Rental <u>and</u> homeowner expenses |  |
|-------------------------------------|----------------------|--------------------------------------|--|
| Advertising . . . . .               | _____                | _____                                | If this Schedule E is for a multi-unit dwelling and you lived in one unit and rented out the other units, use the "Rental and homeowner expenses" column to show expenses that apply to the entire property. Use the "Rental unit expenses" column to show expenses that pertain ONLY to the rental portion of the property. |
| Auto & travel . . . . .             | _____                | _____                                |  |
| Cleaning & maintenance . . . . .    | _____                | _____                                |  |
| Commissions . . . . .               | _____                | _____                                |  |
| Depletion . . . . .                 | _____                | _____                                |  |
| Insurance . . . . .                 | _____                | _____                                |  |
| Legal & professional fees . . . . . | _____                | _____                                |  |
| Management fees . . . . .           | _____                | _____                                |  |
| Mortgage interest . . . . .         | _____                | _____                                |  |
| Other interest . . . . .            | _____                | _____                                |  |
| Repairs . . . . .                   | _____                | _____                                | If the Schedule E is not for a multi-unit property in which you lived in one unit, complete just the "Rental unit expenses" column.  |
| Supplies . . . . .                  | _____                | _____                                |  |
| Taxes . . . . .                     | _____                | _____                                |  |
| Utilities . . . . .                 | _____                | _____                                |  |
| Other expenses                      | _____                | _____                                |  |
| _____                               | _____                | _____                                |  |
| _____                               | _____                | _____                                |  |
| _____                               | _____                | _____                                |  |
| _____                               | _____                | _____                                |  |
| _____                               | _____                | _____                                |  |



### Schedule F - Profit or Loss from Farming

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

**General Information**

Principal product \_\_\_\_\_ Employer ID number \_\_\_\_\_

This farm was disposed of during 2018

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

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

**Income**

|   | 2018  |   | 2018  |
|---|-------|---|-------|
| Sale of livestock / other items . . . . .           | _____ | Custom hire income . . . . .  | _____ |
| Cost of items bought for resale . . . . .           | _____ | Beginning inventory for accrual . . . . .   | _____ |
| Sale of products you raised . . . . .               | _____ | Ending inventory for accrual . . . . .  | _____ |
| Total cooperative distributions . . . . .           | _____ | <input type="checkbox"/> You used unit-livestock-price or farm-price inventory method |       |
| Total agricultural payments . . . . .               | _____ | Other income . . . . .  | _____ |
| Commodity Credit Corporation (CCC) loans:           |       |   |       |
| CCC loans reported . . . . .                        | _____ |   | _____ |
| CCC loans forfeited . . . . .                       | _____ |   | _____ |
| Crop insurance proceeds:                            |       |   |       |
| Amount received in 2018 . . . . .                   | _____ |   | _____ |
| <input type="checkbox"/> You elect to defer to 2019 |       |   |       |
| Amount deferred from 2017 . . . . .                 | _____ |   | _____ |

**Expenses**

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

### Form 4835 - Farm Rental Income and Expenses

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

#### General Information

Description \_\_\_\_\_ Employer ID Number \_\_\_\_\_

This farm was disposed of during 2018

#### Income

|  | 2018  | 2018  |
|--|-------|---|
| Income from production of livestock, grains, and other crops . . . . . | _____ | Crop insurance proceeds:                            |
| Total cooperative distributions . . . . .                              | _____ | Amount received in 2018 . . . . .                   |
| Total agricultural payments . . . . .                                  | _____ | <input type="checkbox"/> You elect to defer to 2019 |
| Commodity Credit Corporation (CCC) loans:                              |       | Amount deferred from 2017 . . . . .                 |
| CCC loans reported . . . . .   | _____ | Other income . . . . .                              |
| CCC loans forfeited . . . . .  | _____ | _____   |

#### Expenses

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

### Expenses Related to Business

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

#### Auto Expense

Name of business vehicle is used for \_\_\_\_\_

Description of vehicle \_\_\_\_\_ Date vehicle was placed in service \_\_\_\_\_

- |  |  |
|--|--|
| <input type="checkbox"/> Another vehicle is available for personal use           | <input type="checkbox"/> There is evidence to support your deduction |
| <input type="checkbox"/> This vehicle is available for use during off-duty hours | <input type="checkbox"/> The evidence is written                     |

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

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

#### Business Use of Home

Name of business home is used for \_\_\_\_\_

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

What is the total square footage of your home? \_\_\_\_\_

For daycare facilities not used exclusively for business, complete the following questions

How many days during the year was the area used? \_\_\_\_\_

How many hours per day was the area used? \_\_\_\_\_

The daycare facility was in operation for the entire year

| Expenses                                 | Office expenses | Home expenses |
|--|-----------------|---------------|
| Mortgage interest . . . . . _____        | _____           | _____         |
| Real estate taxes . . . . . _____        | _____           | _____         |
| Excess mortgage interest . . . . . _____ | _____           | _____         |
| Insurance . . . . . _____                | _____           | _____         |
| Rent . . . . . _____                     | _____           | _____         |
| Repairs & maintenance . . . . . _____    | _____           | _____         |
| Utilities . . . . . _____                | _____           | _____         |
| Other expenses . . . . . _____           | _____           | _____         |

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

Schedule A - Itemized Deductions

Name:

SSN:

Medical and Dental Expenses

Health insurance premiums (paid by you)
Long-term care premiums (you)
Long-term care premiums (your spouse)
Long-term care premiums (dependents)
Mileage driven for medical purposes
Medical and dental expenses
Doctor, dental, etc
Prescription medicines
Insulin
Glasses and contacts
Hearing aids
Braces
Medical equipment & supplies
Hospital services
Laboratory services
Nursing services
Other

Taxes Paid

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

Interest Paid

Mortgage interest paid (attach Form 1098)
Some of your home mortgage loan was not used to buy, build, or improve your home
Mortgage interest paid to an individual
Paid to:
Name
Address
City, State, ZIP
SSN or EIN
Qualified mortgage insurance premiums
Investment interest

Charitable Contributions

Donations to charity
Church
Boy or Girl Scouts
Goodwill
Red Cross
Salvation Army
United Way
Veterans
Hospital
University
Other
Miles driven for charitable purposes

Other Miscellaneous Deductions

Amortizable bond premiums
Federal estate tax
Gambling losses
Impairment-related work expenses
Claim repayments
Unrecovered pension investments
Loss from other activities from Schedule K-1
Ordinary loss debt instrument

Job Expenses & Certain Miscellaneous Deductions

Necessary job expenses you paid that were not reimbursed by your employer
Safety equipment, tools, & supplies
Uniforms
Protective clothing (shoes, hardhats, glasses, etc.)
Dues to professional organizations
Books & subscriptions
Other
Tax preparation fees
Other nonpersonal expenses related to taxable income
Safe deposit box fees
Investment expenses not entered elsewhere
Other

**Other Information**

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

**Mortgage Interest**

Provide all copies of Form 1098

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

**Employee Business Expenses**

- |  |  |
|--|--|
| <input type="checkbox"/> You are a qualified performing artist                             | <input type="checkbox"/> You are a member of the clergy                          |
| <input type="checkbox"/> You are a fee-based state or local government official            | <input type="checkbox"/> You used your personal vehicle for your job during 2018 |
| <input type="checkbox"/> You are a disabled employee with impairment-related work expenses |  |
| <input type="checkbox"/> You are a reservist   |  |

|  |   |
|--|---|
| <b>NOT reimbursed<br/>by your employer</b> | <b>Reimbursed by your employer<br/>not included on your W-2</b> |
|--|---|

|  |       |       |
|--|-------|-------|
| Rural mail carrier expenses . . . . .  | _____ | _____ |
| Parking fees, tolls, local transportation . . . . .                                    | _____ | _____ |
| Meals . . . . .  | _____ | _____ |
| Overnight business travel expenses<br>(Do not include meals & entertainment) . . . . . | _____ | _____ |
| Other business expenses . . . . .  | _____ | _____ |
| _____  | _____ | _____ |
| _____  | _____ | _____ |
| _____  | _____ | _____ |

**Casualties and Thefts**

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

**Other Information**

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

**Child and Other Dependent Care Expenses**

| Name of care provider | Address | SSN<br>or<br>EIN | Amount paid |
|-----------------------|---------|------------------|-------------|
|                       |         |                  |             |
|                       |         |                  |             |
|                       |         |                  |             |
|                       |         |                  |             |

**Education Expenses**

Provide all copies of Form 1098-T

Student name \_\_\_\_\_ Student name \_\_\_\_\_

| Type of expense | Amount | Type of expense | Amount |
|-----------------|--------|-----------------|--------|
|                 |        |                 |        |
|                 |        |                 |        |
|                 |        |                 |        |
|                 |        |                 |        |
|                 |        |                 |        |
|                 |        |                 |        |

Student name \_\_\_\_\_ Student name \_\_\_\_\_

| Type of expense | Amount | Type of expense | Amount |
|-----------------|--------|-----------------|--------|
|                 |        |                 |        |
|                 |        |                 |        |
|                 |        |                 |        |
|                 |        |                 |        |
|                 |        |                 |        |
|                 |        |                 |        |

Student name \_\_\_\_\_ Student name \_\_\_\_\_

| Type of expense | Amount | Type of expense | Amount |
|-----------------|--------|-----------------|--------|
|                 |        |                 |        |
|                 |        |                 |        |
|                 |        |                 |        |
|                 |        |                 |        |
|                 |        |                 |        |
|                 |        |                 |        |