



2018

## Questions (Page 1 of 5)

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The following questions pertain to the 2018 tax year. For any question answered Yes, include supporting detail or documents.

### Personal Information:

	Yes	No
Did your marital status change? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Are you married? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, do you and your spouse want to file separate returns? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
If No, are you in a domestic partnership, civil union, or other state-defined relationship? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Can you or your spouse be claimed as a dependent by another taxpayer? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse serve in the military or were you or your spouse on active duty? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>

### Dependents:

Were there any changes in dependents from the prior year? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Note: Include non-child dependents for whom you provided more than half the support.		
Did you or your spouse pay for child care while you or your spouse worked or looked for work? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any children under age 18 with unearned income more than \$1,050? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any children age 18 or student children, aged 19 to 23, who did not provide more than half of their cost of support with earned income and that have unearned income of more than \$1,050? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Did you adopt a child or begin adoption proceedings? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Are any of your dependents non-U.S. citizens or non-U.S. residents? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>

### Healthcare:

Did you have healthcare coverage (health insurance, including Medicare, Medicaid, CHIP, and TRICARE) for you, your spouse, and any dependents for the entire year? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, include all Forms 1095-A, 1095-B, and 1095-C. If you did not receive Forms 1095-A, 1095-B or 1095-C, attach information detailing each month you, your spouse, and your dependents had coverage.		
If No, there are several exemptions from the mandate requiring health insurance coverage. Examples include membership in a healthcare sharing ministry, membership in a federally recognized Indian tribe, incarceration, membership in certain religious sects, and enrollment in certain Medicaid and TRICARE programs that do not provide minimum essential coverage. If any of these provisions apply, provide information regarding the exemption, the individual(s) (taxpayer, spouse, dependents) to which the exemption(s) may apply, and the month(s) for which the exemption(s) apply.		
Are you claiming the exemption for someone having healthcare coverage purchased in the Marketplace and for whom you did not receive Form 1095-A? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive Form 1095-A for someone for whom another taxpayer will claim the personal exemption on their tax return? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Did you apply for an exemption through the Marketplace? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, provide the Exemption Certificate Number. _____		
Are any of your dependents required to file a tax return? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>



2018

Questions (Page 2 of 5)

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Healthcare (continued):

Was anyone covered on your health insurance policy also covered on another health insurance policy for any part of the year?	<input type="checkbox"/>	<input type="checkbox"/>
Were you eligible for employer-sponsored healthcare coverage?	<input type="checkbox"/>	<input type="checkbox"/>
If you received advance premium tax credit or enrolled in coverage through the Marketplace, are married, and are filing separately from your spouse, are you a victim of domestic abuse or spousal abandonment?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse have any transactions pertaining to a health savings account (HSA)? If you received a distribution from an HSA, include all Forms 1099-SA.	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse have any transactions pertaining to a medical savings account (MSA)? If you received a distribution from an MSA, include all Forms 1099-SA.	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse receive any distributions from long-term care insurance contracts? If Yes, include all Forms 1099-LTC.	<input type="checkbox"/>	<input type="checkbox"/>
If you or your spouse are self-employed, are you or your spouse eligible to be covered under an employer's health plan at another job? If Yes, how many months were you covered?	<input type="checkbox"/>	<input type="checkbox"/>
If you or your spouse are self-employed, are you or your spouse eligible to be covered under an employer's long-term care plan at another job? If Yes, how many months were you covered?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse lose your job because of foreign competition and pay for your own health insurance?	<input type="checkbox"/>	<input type="checkbox"/>

Education:

Did you or your spouse pay any student loan interest?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse withdraw any amounts from your IRA to pay for higher education expenses incurred by you, your spouse, your children or grandchildren?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse withdraw any amounts from a Coverdell Education Savings Account or Qualified Education Program (Section 529 plan)? If Yes, include all Forms 1099-Q.	<input type="checkbox"/>	<input type="checkbox"/>
Did you, your spouse, or your dependents incur any post-secondary education expenses, such as tuition?	<input type="checkbox"/>	<input type="checkbox"/>

Deductions and Credits:

Did you or your spouse contribute property (other than cash) with a fair market value of more than \$5,000 to a charitable organization? If Yes, provide the appraisal of property contributed. An appraisal is not required for contributions of publicly traded securities or contributions of non-publicly traded stock of \$10,000 or less.	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse incur any casualty or theft losses?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse make any large purchases, such as motor vehicles and boats?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse incur any casualty or loss attributable to a federally declared disaster?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse purchase a new alternative technology vehicle, including a qualified plug-in electric drive motor vehicle?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse use gasoline or special fuels for business or farm purposes (other than for a highway vehicle)? If Yes, provide the number of gallons of gasoline or special fuels used for off-highway business purposes. Gallons Type	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse install any alternative energy equipment in your residence such as solar water heaters, solar electricity equipment (photovoltaic) or fuel cells?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse install any energy efficiency improvements or energy property in your residence such as exterior doors or windows, insulation, heat pumps, furnaces, central air conditioners, or water heaters?	<input type="checkbox"/>	<input type="checkbox"/>



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**Questions (Page 3 of 5)****2C****Investments:**

	Yes	No
Did you or your spouse have any debts canceled, forgiven or refinanced? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse start or purchase a business, rental property, or farm, or acquire any new interest in any partnership or S corporation? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse sell an existing business, rental property, farm, or any existing interest in a partnership or S corporation? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse sell, exchange, or purchase any real estate? .....	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, include closing statements.		
Did you or your spouse receive grants of stock options from your employer, exercise any stock options granted to you or your spouse or dispose of any stock acquired under a qualified employee stock purchase plan? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse engage in any put or call transactions? .....	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, provide the transaction details.		
Did you or your spouse close any open short sales? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse sell any securities not reported on Form 1099-B? .....	<input type="checkbox"/>	<input type="checkbox"/>

**Retirement or Severance:**

Did you or your spouse contribute to a Roth IRA or convert an existing IRA into a Roth IRA? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse roll into a Roth IRA any distributions from a retirement plan, an annuity plan, tax shelter annuity or deferred compensation plan? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse turn age 70 1/2 and have money in an IRA or other retirement account without taking any distribution? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse retire or change jobs? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse receive deferred, retirement or severance compensation? .....	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, enter the date received (Mo/Da/Yr). _____		

**Personal Residence:**

Did your address change? .....	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, provide the new address.		
If Yes, did you move to a different home because of a change in the location of your job? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse claim a homebuyer credit for a home purchased in 2008? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse withdraw any amounts from your Individual Retirement Account (IRA) or Roth IRA to acquire a principal residence? .....	<input type="checkbox"/>	<input type="checkbox"/>
Are your total mortgages on your first and/or second residence greater than \$750,000? .....	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, provide the principal balance and interest rate at the beginning and end of the year. _____		
Did you or your spouse take out a home equity loan? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse have an outstanding home equity loan at the end of the year? .....	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, provide the principal balance and interest rate at the beginning and end of the year. _____		
Are you claiming a deduction for mortgage interest paid to a financial institution and someone else received the Form 1098? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your mortgagee receive mortgage assistance payments? .....	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, include all Forms 1098-MA.		



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### Sale of Your Home:

	Yes	No
Did you sell your home? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive Form 1099-S? .....	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, include Form 1099-S.		
Did you or your spouse own and occupy the home as your principal residence for at least two years of the five-year period prior to the sale? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse ever rent out the property? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse ever use any portion of the home for business purposes? .....	<input type="checkbox"/>	<input type="checkbox"/>
Have you or your spouse sold a principal residence within the last two years? .....	<input type="checkbox"/>	<input type="checkbox"/>
At the time of the sale, the residence was owned by the: <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Both		

### Gifts:

Did you or your spouse make any gifts, including birthday, holiday, anniversary, graduation, education savings, etc., with a total (aggregate) value in excess of \$15,000 to any individual? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse make any gifts of difficult-to-value assets (such as non-publicly traded stock) to any person regardless of value? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse make any gifts to a trust for any amount? .....	<input type="checkbox"/>	<input type="checkbox"/>
Do you or your spouse have a life insurance trust? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse assist with the purchase of any asset (auto, home) for any individual? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse forgive any indebtedness to any individual, trust or entity? .....	<input type="checkbox"/>	<input type="checkbox"/>

### Foreign Matters:

Did you or your spouse perform any work outside of the U.S. or pay any foreign taxes? .....	<input type="checkbox"/>	<input type="checkbox"/>
Were you or your spouse a grantor or transferor for a foreign trust, have any interest in or a signature authority over a bank account, securities account or other financial account in a foreign country? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse create or transfer money or property to a foreign trust? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse own any foreign financial assets? .....	<input type="checkbox"/>	<input type="checkbox"/>
Were you or your spouse subject to the transition tax on undistributed foreign income and elect to pay the tax in installments? ..	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse have an interest in an S corporation that had undistributed foreign income subject to the transition tax? ..	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, did the corporation cease to be an S corporation? .....	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, was there a sale or liquidation of substantially all of the corporation's assets or did the corporation cease business? ..	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, did you or your spouse transfer any share of stock in the corporation? .....	<input type="checkbox"/>	<input type="checkbox"/>



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## Questions (Page 5 of 5)

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### Miscellaneous:

Did you or your spouse pay in excess of \$1,000 in any quarter, or \$2,100 during the year for domestic services performed in or around your home to individuals who could be considered household employees? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse receive unreported tip income of \$20 or more in any month? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Have you or your spouse received a punitive damage award or an award for damages other than for physical injuries or illness? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse engage in any bartering transactions? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Were you or your spouse notified by the IRS or other taxing authority of any changes in prior year returns? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
For any trust that you or your spouse created or are trustee, did any beneficiaries, grantors, or trustees die or move? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse sell or exchange Bitcoin or other cryptocurrencies or engage in any sales or exchanges denominated in Bitcoin or other cryptocurrencies? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>

Additional state pages have been included at the back of the organizer and should be reviewed.



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## Personal Information

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### Taxpayer:

First Name and Initial	Last Name	Social Security Number
Occupation	Date of Birth (Mo/Da/Yr)	Date of Death (Mo/Da/Yr)
Driver's License or State-Issued ID Number	Expiration Date (Mo/Da/Yr)	Issue Date (Mo/Da/Yr) State
<input type="checkbox"/> Driver's License <input type="checkbox"/> State-Issued ID <input type="checkbox"/> No Identification		<input type="checkbox"/> Does not expire

### Spouse:

First Name and Initial	Last Name	Social Security Number
Occupation	Date of Birth (Mo/Da/Yr)	Date of Death (Mo/Da/Yr)
Driver's License or State-Issued ID Number	Expiration Date (Mo/Da/Yr)	Issue Date (Mo/Da/Yr) State
<input type="checkbox"/> Driver's License <input type="checkbox"/> State-Issued ID <input type="checkbox"/> No Identification		<input type="checkbox"/> Does not expire

### Contact Information:

Street Address	Apartment Number	
City	State	
Foreign Province or County	ZIP or Postal Code	
Foreign Country		
Taxpayer Daytime/Work Phone	Taxpayer Evening/Home Phone	Taxpayer Foreign Phone
Taxpayer Cell Phone	Taxpayer Fax Number	
Spouse Daytime/Work Phone	Spouse Evening/Home Phone	Spouse Foreign Phone
Spouse Cell Phone	Spouse Fax Number	
Taxpayer Email Address		
Spouse Email Address		
Preferred Method of Contact		

May the IRS or other taxing authority discuss the return with the preparer? .....  
Is the taxpayer claimed as a dependent on someone else's tax return? .....

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Taxpayer		Spouse	
Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are you considered legally blind per IRS regulations? .....  
Do you want to contribute to the Presidential Election Campaign Fund? .....  
Are you a U.S. citizen or Green Card holder? .....

### Personal Identification Numbers:

Code - 1 - Issued by IRS 2 - Issued by State or City

TS	State	City	Code	PIN
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Tax Organizer Legend:

Throughout the tax organizer, you will find columns with the heading "TSJ". Enter "T" for taxpayer, "S" for spouse or "J" for joint.

Worksheets: Basic Data > General and Return Options > Processing Options

Forms 1, 1A and 2

800131 04-01-18



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## Dependents and Wages

3A

### Dependent Information:

	First Name and Initial	Last Name	Social Security Number	Date of Birth (Mo/Da/Yr)	Date of Death (Mo/Da/Yr)	Relationship to Taxpayer
A						
B						
C						
D						
E						
F						
G						
H						

Did dependent have income over \$4,150?



	Months Lived in Your Home	X if Disabled	Yes or No	Identity Protection PIN
A				
B				
C				
D				
E				
F				
G				
H				

Provide the name of any dependent who is not a U.S. citizen or Green Card holder.

Provide the name of any person living with you who is claimed as a dependent on someone else's tax return.

List the years that a release of claim to exemption is given for a dependent child not living with you.

### Wages and Salaries: Include all copies of your current year Forms W-2

Note: Use this section to report any wages and/or salaries for which no Form W-2 was received.

TS	Employer's Name	Taxable Wages	Tax Withheld				
			Federal	FICA/TIER 1	Medicare	State	Local



**Electronic Filing**

**2018**

**Electronic Filing:**

Electronic filing is the means by which your return is transmitted directly to the IRS and state tax authorities. The IRS has implemented an electronic filing mandate requiring certain preparers, including this firm, to file all returns that they prepare electronically. Some states also require certain preparers to electronically file state returns prepared. The IRS and some states allow taxpayers to elect not to file their returns electronically.

Do not electronically file the federal return ..... ☐

Do not electronically file the state return(s) ..... ☐

**Note:** The IRS and some states that require returns to be electronically filed also impose fees and/or penalties for failure to do so. If you checked either of the boxes above, you may be required to sign an "opt-out" form before we can release your returns. As a follow-up we will contact you to discuss these requirements and your ability to "opt-out" of electronic filing.

The IRS requires, and many states allow, the use of a Personal Identification Number (PIN) in lieu of mailing a signature document when electronically filing.

Would you like to use a randomly generated PIN?

YesNo

Taxpayer .....

Spouse .....

If No, enter a 5-digit self-selected PIN:

Taxpayer PIN .....

Spouse PIN .....





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**Direct Deposit and Withdrawal****4A****Direct Deposit and Electronic Funds Withdrawal Account Information:**

The IRS and certain states allow refunds to be deposited to and balances due to be paid directly from your financial institution. If you would like to receive your refund or pay a balance due electronically, complete the following information. If you selected either of these options in 2017, your account information may already be included below.

Would you like any refunds owed to you directly deposited? .....	<table border="1"><tr><td>Yes</td><td>No</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></table>	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>
Yes	No				
<input type="checkbox"/>	<input type="checkbox"/>				
Would you like to pay any amount due on your <u>federal</u> return using electronic withdrawal? .....	<table border="1"><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></table>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>				
If Yes, what amount would you like withdrawn, if not the entire balance due? .....					
If Yes, when should the withdrawal occur, if other than the due date of the return? .....	(Mo/Da/Yr)				
Would you like to pay any amount due on your <u>state</u> return(s) using electronic withdrawal? .....	<table border="1"><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></table>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>				
If Yes, what amount would you like withdrawn, if not the entire balance due? .....					
If Yes, when should the withdrawal occur, if other than the due date of the return? .....	(Mo/Da/Yr)				
The IRS and some states allow estimated payments to be electronically withdrawn on the due dates of the estimated payments.					
Would you like to pay any estimated payments due for your <u>federal</u> return using electronic withdrawal? .....	<table border="1"><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></table>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>				
Would you like to pay any estimated payments due for your <u>state</u> return(s) using electronically withdrawal, if available? .....	<table border="1"><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></table>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>				

Name of bank or financial institution .....

Routing Transit Number (RTN) .....

Account number .....

Type of account: 

<input type="checkbox"/> Checking	<input type="checkbox"/> Traditional Savings	<input type="checkbox"/> IRA Savings
<input type="checkbox"/> Archer MSA Savings	<input type="checkbox"/> Coverdell Ed. Savings	<input type="checkbox"/> HSA Savings

Is this a business account? 

<input type="checkbox"/> Yes	<input type="checkbox"/> No
------------------------------	-----------------------------

Account owner 

<input type="checkbox"/> Taxpayer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Joint
-----------------------------------	---------------------------------	--------------------------------

I confirm that the bank account information and the direct deposit/electronic withdrawal options selected above are correct. ☐

Would you like any refunds owed to you directly deposited? .....	<table border="1"><tr><td>Yes</td><td>No</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></table>	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>
Yes	No				
<input type="checkbox"/>	<input type="checkbox"/>				
Would you like to pay any amount due on your <u>federal</u> return using electronic withdrawal? .....	<table border="1"><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></table>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>				
If Yes, what amount would you like withdrawn, if not the entire balance due? .....					
If Yes, when should the withdrawal occur, if other than the due date of the return? .....	(Mo/Da/Yr)				
Would you like to pay any amount due on your <u>state</u> return(s) using electronic withdrawal? .....	<table border="1"><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></table>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>				
If Yes, what amount would you like withdrawn, if not the entire balance due? .....					
If Yes, when should the withdrawal occur, if other than the due date of the return? .....	(Mo/Da/Yr)				
The IRS and some states allow estimated payments to be electronically withdrawn on the due dates of the estimated payments.					
Would you like to pay any estimated payments due for your <u>federal</u> return using electronic withdrawal? .....	<table border="1"><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></table>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>				
Would you like to pay any estimated payments due for your <u>state</u> return(s) using electronically withdrawal, if available? .....	<table border="1"><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></table>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>				

Name of bank or financial institution .....

Routing Transit Number (RTN) .....

Account number .....

Type of account: 

<input type="checkbox"/> Checking	<input type="checkbox"/> Traditional Savings	<input type="checkbox"/> IRA Savings
<input type="checkbox"/> Archer MSA Savings	<input type="checkbox"/> Coverdell Ed. Savings	<input type="checkbox"/> HSA Savings

Is this a business account? 

<input type="checkbox"/> Yes	<input type="checkbox"/> No
------------------------------	-----------------------------

Account owner 

<input type="checkbox"/> Taxpayer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Joint
-----------------------------------	---------------------------------	--------------------------------

I confirm that the bank account information and the direct deposit/electronic withdrawal options selected above are correct. ☐



**5A**

**Include copies of all Forms 1099-INT or other documents for interest received**

↓

**Total****Address of Individual from Whom Mortgage Interest Was Received**


**Worksheet: Interest**  
**Form IRS-1099INT**



2018

**Dividend Income**

**5B**

**Dividend Information:**

**Include copies of all Forms 1099-DIV or other documents for dividends received**

TSJ	Name of Payer	Box 1a Total Ordinary Dividends	Box 1b Qualified Dividends	Box 2a Total Capital Gain Distribution	U.S. Bond Interest Amount or Percent in Box 1a
A					
B					
C					
D					
E					
F					
G					
H					
I					
J					
K					
L					
M					
N					
Total					

**Tax-Exempt Interest Code: 1 - 1099-DIV 2 - Private Activity Bonds 3 - Both**

Code	Tax-Exempt Interest	2017 Gross Dividends Amount
A		
B		
C		
D		
E		
F		
G		
H		
I		
J		
K		
L		
M		
N		
Total		

**Enter Any Additional Information:**


**Note: List all items sold during the year on Form 7.**



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## Interest Income and Foreign Information

5A

**Include all Forms 1099-INT or other documents for interest received**

(List all items sold during the year on Form 7.)

### Interest Income:

Special Interest Code: 1 - Qualified Educational Series EE Bonds 2 - Seller Financed Mortgage Interest 3 - Early Withdrawal Penalty 4 - Nominee Interest 5 - Accrued Interest 6 - Original Issue Discount Adjustment 7 - Amortizable Bond Premium Adjustment

TSJ	Source	Interest Income	U.S. Bonds and Obligations	Code	Special Interest
A					
B					
C					
D					
E					

Tax-Exempt Interest Code: 1 - 1099-INT 2 - Private Activity Bond 3 - Both

Social Security No. of Home Buyer	Address of Individual from Whom Mortgage Interest Was Received	Code	Tax-Exempt Interest
A			
B			
C			
D			
E			

Federal Withholding	State Withholding	Investment Expenses	Tax Exempt Paid CUSIP No.	2017 Interest Amount
A				
B				
C				
D				
E				

### Foreign Taxes Paid or Accrued:

Source	Name of Foreign Country Imposing Tax	X if Tax Accrued	Date Paid or Accrued (Mo/Da/Yr)	Tax Amount (in Foreign Currency)	Tax Amount (in U.S. Dollars)
A					
B					
C					
D					
E					

### Additional State Information:

Payer ID	New Hampshire or Illinois Reason Interest is Nontaxable
A	
B	
C	
D	
E	

### Foreign Bank Accounts and Trusts:

At any time during 2018, did you have an interest in or a signature authority over a financial account in a foreign country, such as a bank account, securities account or other financial account? .....

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

If Yes, enter name of foreign country .....

Were you the grantor of, or transferor to, a foreign trust that existed during 2018, whether or not you had any beneficial interest in it? .....

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------



2018

**Dividend Income and Foreign Information**

5B

Dividend Income:

Include all Forms 1099-DIV or other documents for dividends received

(List all items sold during the year on Form 7.)

TSJ	Source	Form 1099-DIV				
		Box 1a Total Ordinary Dividends	Box 1b Qualified Dividends	U.S. Bond Interest Amount or Percent in Box 1a	Code	Tax-Exempt Interest
A						
B						
C						
D						
E						

Form 1099-DIV					
Box 2a Total Capital Gain Distribution	Box 2b Unrecaptured Section 1250 Gain	Box 2c Section 1202 Gain	Box 2d Collectibles (28%) Gain	Box 3 Nontaxable Distributions	2017 Gross Dividends Amount
A					
B					
C					
D					
E					

Tax-Exempt Interest Code:

1 - 1099-DIV

2 - Private Activity Bonds

3 - Both

Form 1099-DIV		
Box 4 Federal Withholding	Box 5 Investment Expenses	State Withholding
A		
B		
C		
D		
E		

Foreign Taxes Paid or Accrued:

Source	Name of Foreign Country Imposing Tax	X if Tax Accrued	Date Paid or Accrued (Mo/Da/Yr)	Tax Amount (in Foreign Currency)	Tax Amount (in U.S. Dollars)
A					
B					
C					
D					
E					

Additional State Information:

Payer ID	New Hampshire Reason Dividend is Nontaxable
A	
B	
C	
D	
E	

Foreign Bank Accounts and Trusts:

At any time during 2018, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account?

Yes  
☐No  
☐

If Yes, enter name of foreign country

Were you the grantor of, or transferor to, a foreign trust that existed during 2018, whether or not you had any beneficial interest in it?

☐☐



2018

Brokerage Statement Details

5EA

TSJ	Payer Name	Account No.	Information Included (X or ✓)
A			
B			
C			
D			
E			
F			
G			
H			
I			
J			
K			
L			
M			
N			
O			
P			
Q			
R			
S			
T			

Interest Income	U.S. Bonds and Obligations	Code	Tax-Exempt Interest	Box 1a Total Ordinary Dividends	Box 1b Qualified Dividends	Box 2a Total Capital Gain Distribution	U.S. Bond Interest Amount or Percent in Box 1a
A							
B							
C							
D							
E							
F							
G							
H							
I							
J							
K							
L							
M							
N							
O							
P							
Q							
R							
S							
T							

Tax-Exempt Interest Code: 1 - 1099-DIV/1099-INT 2 - Private Activity Bonds 3 - Both

Note: For other amounts not listed, attach a copy of your brokerage statement.



2018

# Consolidated Brokerage Statement Sales of Stocks, Securities, Capital Assets and Miscellaneous Income

5G

## Gains or Losses from Sales of Stocks, Securities and Other Capital Assets:

Include all Forms 1099-A, 1099-B, 1099-MISC, 1099-S and copies of mutual fund statements for the year

Did you have any of the following during the year?

	Yes	No
Mutual fund transactions		
Exchange of any securities or investments for something other than cash		
Sales of inherited property		
Sales of any stock or stock options at a loss and purchases of the same or substantially similar stock or options 30 days before or 30 days after the sale		
Commodity sales, short sales or straddles		
Reinvestment of the proceeds of the sale of a publicly traded security into an SSBIC interest		
Reinvestment of the proceeds of the sale of qualified small business stock in other qualified small business stock		
Securities which became worthless		

	Kind of Property and Description	Date Acquired (Mo/Da/Yr)	Date Sold (Mo/Da/Yr)
A			
B			
C			
D			

	Gross Sales Price (Less Commissions)	Cost or Other Basis	Federal Tax Withheld	State Tax Withheld
A				
B				
C				
D				

## Other Income:

Nature and Source	2018 Amount	2017 Amount

## Other Adjustments to Income:

Nature and Source	2018 Amount	2017 Amount

## Investment Interest Expense:

Interest paid on money you borrowed that is allocable to property held for investment.

Paid To	2018 Amount	2017 Amount

## Foreign Bank Accounts and Trusts:

At any time during 2018, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account?	Yes	No
If Yes, enter name of foreign country		
Were you the grantor of, or transferor to, a foreign trust that existed during 2018, whether or not you had any beneficial interest in it?		



## Interest Income

[illegible]





## Dividend Income

[illegible]



## Brokerage Statements

[illegible]



2018

## Business Expenses

6C

Name of Business: \_\_\_\_\_  
Principal Business or Profession: \_\_\_\_\_

Business Expenses: **Enter all expenses at 100 percent**

If not 100%, please enter the percentage to apply to this business \_\_\_\_\_ %

	2018 Amount	2017 Amount
Parking fees and tolls .....		
Local transportation .....		
Travel expenses .....		
Meals .....		
Entertainment (deductible only on some state returns) .....		

Other Business Expenses:

Description	2018 Amount	2017 Amount

Reimbursements: **List only reimbursements NOT reported in Box 1 of your Form W-2**

Amount received for other expenses .....

Amount received for meals .....

Amount received for entertainment .....

If you are a statutory employee, does your employer's reimbursement plan for meals and entertainment allow for offset of other reimbursements? .....

2018 Amount	2017 Amount

☐ Yes ☐ No

### Vehicle:

If not 100%, please enter the percentage to apply to this business \_\_\_\_\_ %

Description of vehicle .....

Date vehicle was placed in service ..... (Mo/Da/Yr)

Do you (or your spouse) have another vehicle available for personal purposes? .....

Was your vehicle available for personal use during off-duty hours? .....

☐ Yes ☐ No  
☐ Yes ☐ No

Total miles .....

Total business miles .....

Average daily commuting miles .....

Total commuting miles for the year .....

Gasoline and oil .....

Repairs .....

Insurance .....

Interest .....

Taxes .....

Value of employer provided vehicle .....

Temporary vehicle rentals .....

Fair market value of leased vehicle .....

Vehicle leases .....

Other Vehicle Expenses:

Description	2018 Amount	2017 Amount



2018

**Business Use of Home****6D**

Name of Business: .....

Principal Business or Profession: .....

**Partial Use of Your Home for Business:**

Square footage of home used exclusively for business .....

Total square footage of home .....

Total hours home was used for day care during the year .....

2018	2017

Was your home used for day care purposes for the entire year? .....

Were improvements made to the home and/or home office since the time you began using the home for business? .....

Yes	No

**Expenses:** **Enter all expenses at 100 percent**

Direct expenses benefit the business part of your home.

Example: Cost of painting or repairs made to the specific area or room used for business.

Indirect expenses are required for keeping up and running your entire home.

Example: Real estate taxes.

	Direct Expenses		Indirect Expenses	
	2018 Amount	2017 Amount	2018 Amount	2017 Amount
Casualty losses .....				
Deductible mortgage interest paid to:				
Financial institutions .....				
Individuals .....				
Real estate taxes .....				
Insurance .....				
Qualified mortgage insurance premiums .....				
Repairs and maintenance .....				
Utilities .....				
Rent .....				

**Other Expenses:**

Description	Direct Expenses		Indirect Expenses	
	2018 Amount	2017 Amount	2018 Amount	2017 Amount

**Seller-Financed Mortgage Interest Information:**

Name of Individual to Whom Mortgage Interest Was Paid	Identification Number of Individual	Address of Individual to Whom Mortgage Interest Was Paid



## 9

TS .....

[illegible]

If Yes, explain. \_\_\_\_\_

Total retirement plans converted to Roth IRAs .....

Amount for 2018 you choose to be treated as nondeductible . . . . .

Contributions made for the 2018 tax year .....

**Include all Forms 1099-R and any nontaxable distribution details**

[illegible]



2018

Pension, Annuity and Retirement Plan Information

9A

Pensions and Annuities: Include all Forms 1099-R and any nontaxable distribution details

TSJ	Name of Payer	2018 Gross Distributions	Taxable Amount	Federal Tax Withheld	State Tax Withheld	Is this a Rollover?	2017 Gross Distributions

Self-Employed Retirement Plan: Include copies of all Forms 1099-R

Have you established a self-employed retirement or SIMPLE plan with deductible contributions? . . . . .

Do you want to contribute the maximum amount allowed? . . . . .

Taxpayer		Spouse	
Yes	No	Yes	No
2018 Amount		2018 Amount	

Contributions to:

Simplified employee pension plan . . . . .

Defined benefit plan . . . . .

Defined contribution plan . . . . .

SIMPLE plan . . . . .



## IRA/Pension/Annuity Income

[illegible]



## **Schedule K-1 Information**

[illegible]





2018

**Business Income and Cost of Goods Sold**

Name of Business: \_\_\_\_\_

Principal Business or Profession: \_\_\_\_\_

TSJ \_\_\_\_\_  
Employer ID number \_\_\_\_\_  
Street address \_\_\_\_\_  
City, state, ZIP or postal code, and country \_\_\_\_\_  
Method of inventory \_\_\_\_\_  
Method of accounting \_\_\_\_\_

**Business Questions for 2018:**

Did you dispose of this business? .....	<div>Yes</div>	<div>No</div>
If Yes, what was the disposition date? ..... (Mo/Da/Yr) _____		
Was there a change in determining quantities, costs or valuations between opening and closing inventory? .....	<div></div>	<div></div>
Were you involved in the operations of this business on a regular, continuous and substantial basis? .....	<div></div>	<div></div>
Have you prepared or will you prepare all required Forms 1099? .....	<div></div>	<div></div>

Health insurance premiums paid for yourself and your dependents .....

2018 Amount	2017 Amount

**Income:**

Include all Forms 1099-K

Payment card and third party transactions:

Description	2018 Amount	2017 Amount

Miscellaneous income: Include all Forms 1099-MISC


Other Income:

Other gross receipts or sales .....		
Less returns and allowances .....		

**Cost of Goods Sold:**

Beginning inventory .....

Purchases less cost of items withdrawn for personal use .....

Cost of labor (do not include amounts paid to yourself) .....

Materials and supplies .....

Other costs of goods sold:

2018 Amount	2017 Amount

Description	2018 Amount	2017 Amount
Ending inventory .....		



2018

**Itemized Deductions - Medical and Taxes**

**Medical and Dental Expenses:**

Prescription medicines and drugs .....  
Total medical insurance premiums paid \* .....  
Long-term care expenses .....  
Total insurance reimbursement .....  
Number of miles traveled for medical care .....  
Lodging .....  
Doctors, dentists, etc. ....  
Hospitals .....  
Lab fees .....  
Eyeglasses and contacts .....

TSJ	2018 Amount	2017 Amount

Taxpayer long-term care insurance premiums paid .....  
Spouse long-term care insurance premiums paid .....

2018 Amount	2017 Amount

\* Do not include Medicare premiums or premiums deducted in computing taxable wages reported on a W-2.

**Other Medical Expenses:**

TSJ	Description	2018 Amount	2017 Amount

**Taxes Paid:** Include copies of your tax bills

Personal property taxes paid (include vehicle taxes) .....  
General sales taxes paid on specified items .....

TSJ	2018 Amount	2017 Amount

Itemize real estate taxes by state.

TSJ	Real Estate Taxes	2018 Amount	2017 Amount

**Other Taxes Paid:**

TSJ	Description	2018 Amount	2017 Amount

If you purchased or sold your home in 2018, did you include any taxes from your closing statement in the amounts above? ☐ Yes ☐ No



**6A**

**Principal Business or Profession:** . . . \_\_\_\_\_

[illegible][illegible]

<b>X if not new</b>	<b>Acquisitions - Description</b>	<b>Date Acquired (Mo/Da/Yr)</b>	<b>Cost</b>

Dispositions - Description	Date Acquired (Mo/Da/Yr)	Cost	Date Sold (Mo/Da/Yr)	Selling Price



2018

**Itemized Deductions - Contributions**

15

**Cash Contributions:** Include all Forms 1098-C or other documentation.

You cannot deduct a cash contribution, regardless of the amount, unless you keep as a record of the contribution a bank record (such as a canceled check, a bank copy of a canceled check, or a bank statement containing the name of the charity, the date, and the amount) or a written communication from the charity. The written communication must include the name of the charity, date of the contribution, and amount of the contribution. Clothes and household items donated must be in good, used condition or better in order to be deductible unless the item donated is worth more than \$500 and you have the item's value appraised. Attach a copy of the appraisal. Include any vehicles donated to charity.

TSJ	Organization or Description of Contribution	2018 Amount	2017 Amount

TSJ	Conservation Real Property	2018 Amount	2017 Amount
	100% limit		
	50% limit		

TSJ	Description	2018 Miles	2017 Miles
	Number of miles traveled performing volunteer work for qualified charitable organizations		

**Noncash Contributions Totaling \$500 or Less:** Include all documentation.

TSJ	Description of Donated Property	2018 Amount	2017 Amount

**Noncash Contributions Totaling More Than \$500:** Include all Forms 1098-C or other documentation.

TSJ	Property Description	Date Acquired	Date of Donation	Cost or Basis
A				
B				
C				

	Fair Market Value (FMV)	Method Used to Determine FMV	Other Method Description	Method of Acquisition
A				
B				
C				

1 - Appraisal 3 - Comparable Sale 5 - Thrift Shop Value  
2 - Catalog 4 - Other (Describe)

1 - Gift 3 - Exchange  
2 - Inheritance 4 - Purchase

	Donee Organization Name	Donee Organization Address
A		
B		
C		



Itemized Deductions - Miscellaneous

\* These expenses are not deductible on the federal return but may be deductible on some state returns.

Miscellaneous Itemized Deductions:

Union and professional dues \*  
Tax preparation fee \*  
Professional subscriptions \*  
Hobby expense (To extent of income) \*  
Safe deposit box \*  
Uniforms and protective clothing \*  
Work tools \*  
Gambling losses  
Estate taxes

TSJ	2018 Amount	2017 Amount

Other Itemized Deductions:

Examples:

- Certain legal and accounting fees \*
- Employment agency fees \*
- Impairment-related work expense of a disabled person
- Investment expenses \*
- Certain educational expenses \*
- Repayment of amounts under a claim of right
- Custodial fees \*
- Amortizable bond premium

TSJ	Description	2018 Amount	2017 Amount

Casualty or Theft Loss:

TSJ \_\_\_\_\_  
Property description \_\_\_\_\_  
Which of the following describes the type of property that sustained the casualty or theft loss?

- ☐ Personal use    ☐ Business use    ☐ Income producing    ☐ Employee Use    ☐ Personal use attributable to insolvent or bankrupt financial institution losses on deposits

Was the loss due to a federally declared disaster?    ☐ Yes    ☐ No

Date acquired    (Mo/Da/Yr) \_\_\_\_\_  
Date damaged or lost    (Mo/Da/Yr) \_\_\_\_\_

Original cost or other basis    \_\_\_\_\_  
Fair market value before casualty    \_\_\_\_\_  
Fair market value after casualty    \_\_\_\_\_  
Cost of replacement    \_\_\_\_\_  
Insurance reimbursement    \_\_\_\_\_



2018

## Child/Dependent Care Expenses & Education Expenses

18

### Child/Dependent Care Expenses:

#### General Information:

TSJ .....

Were you or your spouse a full time student or disabled? .....

☐

Yes

☐

No

Did you pay an individual for services performed in your home? .....

☐

Yes

☐

No

Expenses incurred in 2017 but paid in 2018 .....

Employer-provided dependent care benefits that were forfeited in 2018 .....

2017 carryover used in grace period .....


### Child/Dependent Care Providers:

#### Provider 1:

Name .....

Street address .....

City, state, ZIP or postal code, and country .....

Social security number OR .....

Employer identification number .....

Telephone number (California only) .....

2018 Amount

2017 Amount

Expenses incurred and paid in 2018 .....

Expenses incurred and not paid in 2018 .....


#### Provider 2:

Name .....

Street address .....

City, state, ZIP or postal code, and country .....

Social security number OR .....

Employer identification number .....

Telephone number (California only) .....

2018 Amount

2017 Amount

Expenses incurred and paid in 2018 .....

Expenses incurred and not paid in 2018 .....


### Qualifying Persons for Child/Dependent Care Expenses:

First Name and Initial	Last Name	Social Security Number	2018 Expenses Incurred	2017 Expenses Incurred

### Higher Education Expenses for Education Credits and/or Tuition Fees Deduction:

Qualified expenses are for post-secondary education tuition and related expenses; they do not include room or board. Include a detailed listing of the expenses.

**Include copies of all Forms 1098-T**

First Name and Initial	Last Name	Social Security Number	2018 Qualified Expenses



2018

Federal Tax Payments

Refund Application:

If you have an overpayment of 2018 taxes, do you want the excess:

Refunded ☐ Yes ☐ No

Applied to your 2019 estimated tax liability ☐ Yes ☐ No

Federal Estimated Tax Payments:

2018 1st Quarter Estimate	(Due 04-17-2018)
2018 2nd Quarter Estimate	(Due 06-15-2018)
2018 3rd Quarter Estimate	(Due 09-17-2018)
2018 4th Quarter Estimate	(Due 01-15-2019)

Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid

2017 overpayment applied to 2018 estimate

Tax Planning Information for Tax Year 2019:

Do you expect any of the following to occur in 2019?

A change in your marital status

A change in the number of your dependents

A substantial change in your income

A substantial change in your withholding

A substantial change in deductions

Yes

No

If you answered Yes to any of the above questions, provide details.