income ta	Organizer is designed to help you collect and report the information needed to prepare your 2018 or return. The attached worksheets cover income, deductions, and credits, and will help in the n of your tax return by focusing attention on your special needs.
Please en informatio	ter your 2018 information in the designated areas on the worksheets. If you need to include additional n, you may use the back of a worksheet or an additional page.
When pos	sible, 2017 information is included for your reference. You do not need to make any 2017 entries.
designed t	General Questions and Business/Investment Questions worksheets include a variety of questions to assist in completing your tax return. If you answer yes to any of the questions, be sure to provide able details.
Please prov	ride the following information:
	A copy of your 2017 tax return (if not in our possession).
	Original Form(s) W-2.
	Schedule(s) K-1 showing income or loss from partnerships, S corporations or estates or trusts.
	Copies of other compensation or pension documentation, such as Form 1099-MISC or Form 1099-R.
	Form(s) 1099 or statements reporting dividend and interest income.
	Brokerage statements showing transactions for stocks, bonds, etc.
	Form(s) 1098 reporting interest paid, copies of real estate tax bills and other information relating to real property holdings.
	Copies of closing statements regarding the sale or purchase of real property.
	All other information notices you received, or any items you have questions about.
Thank you	for taking the time to complete this Tax Organizer.

2018 TAX ORGANIZER

Taxpayer Information				Information			
Last name		Last name					
First name		First name		and the same of th			
Middle Initial Suffix		Middle Initial					
Social security number		Social security	number				
Occupation		Occupation					
Work phone				Ext			
Cell phone		Cell phone	Cell phone				
E-mail address							
Date of birth							
Address				Apartment nur	mber		
City							
Home phone		number					
Dependent Information							
First name	М	Social Security Number	Date	Months Lived	Child Care		
Last name	Suffix	Relationship	of Birth	with Taxpayer	Expense		
			- H				
			u g				
Child and Dependent Care Provider Expens	es						
Name		Address		ID Number	Amount Paid		
Education Tuition and Fees							
Attach all Form 1098-Ts and a list of your qualified	education	n expenses.					
Student Loan Interest Paid							
Enter total 2018 qualified student loan interest							

Attach Form(s) W-2 — Wages, Salaries, Tips and Other Compensation Employer Name	2017 Amount
Attach Form(s) 1099-R — Distributions from Pensions, Annuities, Retirement, Pro	fit-Sharing IRAs etc
1099-R Payer Name	2017 Amount
Attach Form(s) SSA-1099 — Social Security/Railroad Benefits Taxpayo	
Social Security Benefits from Form SSA-1099 Railroad Retirement Benefits from Form RRB-1099 Medicare B premiums withheld Medicare C premiums withheld Medicare D premiums withheld	
Attach Form(s) 1099-MISC — Miscellaneous Income 1099-MISC Payer Name	
Attach Form(s) 1099-INT — Interest Income 1099-INT Payer Name	2017 Amount
Attach Form(s) 1099-DIV — Dividend Income 1099-DIV Payer Name	2017 Amount
Attach Form(s) 1099-B, 1099-S — Sales of Stocks, Bonds, Real Estate, etc Attach all stock sale transaction information, including initial cost information.	
Other Government Forms to attach: Form(s) 1099-G — Certain Government Payments, Schedule K-1s — Partnership, S-Corporation, Trust Gambling or Lottery Winnings, Form(s) 1099-Q — Payments from Qualified Education Programs	or Estate Income, Form(s) W-2G –
Other Income: Alimony, jury duty, unreported tips, disability income, etc. Business, rentals, farms: Attach income and farm you own. Include a list of all new equipment acquired this year, including date of purchase and co	expenses for any business, rental or ost.
Retirement Plan Contributions Traditional IRA contributions made for 2018	spayer Spouse

2018 Deductions

Medical and Dental Expenses	2018 Amount	2017 Amount
Prescription medications		
Health insurance premiums		
Doctors, dentists, etc		
Hospitals, clinics, etc		
Eyeglasses and contact lenses		
Miles driven for medical purposes.		
Other medical and dental expenses:		
Taxes	2018 Amount	2017 Amount
Real estate taxes paid on principal residence		
Real estate taxes paid on additional homes or land		The complete and the contraction of the first of the shifted and the survey of the contraction of the contra
Auto license registration fees based on the value of the vehicle		
Other personal property taxes		
Interest Expenses Home mortgage interest paid — Attach Form(s) 1098. Lender's Name	2018 Amount	2017 Amount
Points paid on loan to buy, build or improve main home Lender's Name	2018 Amount	
Cash/Check/Credit Contributions	·····	
	2018 Amount	2017 Amount
	<u> </u>	
Noncash Charitable Contributions Attach all receipts with details listing the following information: Donee, done contributed, your cost, value at time of donation, and how you acquired the		acquired and date
Miscellaneous Deductions	2018 Amount	2017 Amount
Union and professional dues		
Professional subscriptions, books, supplies		
Uniforms and protective clothing (including cleaning)		
Job search costs		
Taxpayer educator expenses		
Spouse educator expenses		
Tax return preparation fees		where the property of the property of the section of
Safe deposit box rental		
Gambling losses (to the extent of gambling income)		

2018 Questions

						Yes	No	
1	1 Did a lender cancel any of your debt in 2018? (Attach any Forms 1099-A or 1099-C)							
2	2 Did you make energy efficient improvements to your home or purchase any energy-saving property during 2018? If yes, please attach details.							
3								
	If yes , attach documentation showing sales tax paid.							
4	Did you purchase a hybrid or electric v	vehicle in 2018? If ye	es, enter year, make, i	model,	and date purchased:		, _	
	***************************************						4 4	
5	Did you donate a vehicle in 2018? If yes, attach Form 1098C] [] [
6	what was the sales tax rate in your lo	cality in 2018 ?	%	State	ID		, _[]	
7	If yes , explain:	2018?					J [] [
Q	Were you or your spouse permanently	and totally disabled	l in 2018?			the state of the s	1 ml	
9	Do you have dependents who must file						1 -	
10	Do you have children who are under a						1 1	
11	Did you provide over half the support	-					1 1	
12	Did you incur adoption expenses during	7	_			the same of the sa	1 1	
13	Did you receive a total distribution from	-				-		
	or qualified plan within 60 days of the	distribution?	······		······································	into another not		
14	Did you receive any disability paymen	ts in 2018?						
15	Did you receive tip income not reporte	d to your employer?	·		,			
16 a	Did you buy, sell, refinance, foreclose	or abandon a princi	pal residence or other	real pr	operty in 2018? If ye	s, attach closing or	- m l	
h	escrow statements, 1099-C or 1099-A If you sold a home, did you claim the						1 -	
17						Lane Lane	1 1	
18								
19	Did you pay any individual for domest						1 1	
20	Did you buy or sell any stocks or bond					parties	1 1	
21	Did you use the proceeds from Series					A STATE OF THE PARTY OF THE PAR	1 1	
22	Did you incur any moving expenses?					-	1 1	
23	Did you receive any income not includ					- Londy James		
	If yes, please attach information.							
24	Do you expect your income and deduc		he same as 2018?		,			
25-	If no, attach explanation of changes e		an for the full year?			_	, ,	
20a	Did you and your dependents have he Did you receive any of the following If		•			L		
IJ	(Health Coverage) or Form 1095-C (E.						J [_] │	
26	If you paid any alimony, enter recipier	nt's SSN:	Alimo	ony paid	i :			
27	Enter your state of residence			Тах	payer	Spouse		
	tronic Filing and Direct Deposit					Yes	No	
-	ur tax return is eligible for Electronic F		-				J LJ	
The	Internal Revenue Service is able to dep a receive a refund, would you like direc	posit many refunds o	directly into taxpayers'	accour	nts.			
	s, please provide a voided check (not				as changed.			
Wha	type of account is this?				C	Checking Savir	ngs 🔲	
Esti	mated Tax Paid							
	Federal State Local			Local				
	Date Amount	Date	Amount	ID	Date	Amount	ID	
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Add	litional Information (Enter any ad	ditional information	here and attach any d	ocumer	nts.)			
		Attaches and the same and the s						