

**Personal Information**

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

Mark if you were married but living apart all year [2]

Mark if your nonresident alien spouse does not have an Individual Taxpayer Identification Number (ITIN) [3]

	<b>Taxpayer</b>	<b>Spouse</b>
Social security number	_____ [4]	_____ [5]
First name	_____ [6]	_____ [7]
Last name	_____ [8]	_____ [9]
Occupation	_____ [10]	_____ [11]
Designate \$3.00 to the presidential election campaign fund? (1 = Yes, 2 = No, 3 = Blank)	_____ [12]	_____ [14]
Mark if dependent of another taxpayer	_____ [15]	_____ [16]
Taxpayer with income less than 1/2 support age 18 or 19 - 23 full-time student? (Y, N)	_____ [17]	
Mark if legally blind	_____ [20]	_____ [21]
Date of birth	_____ [22]	_____ [24]
Date of death	_____ [26]	_____ [27]
Work/daytime telephone number/ext number	_____ [28] _____ [29]	_____ [30] _____ [31]
Home/evening telephone number	_____ [32]	_____ [33]
Do you authorize us to discuss your return with the IRS? (Y, N)	_____ [34]	

**Present Mailing Address**

Address \_\_\_\_\_ [38]

Apartment number \_\_\_\_\_ [39]

City, state postal code, zip code \_\_\_\_\_ [40] \_\_\_\_\_ [41] \_\_\_\_\_ [42]

Foreign country name \_\_\_\_\_ [44]

Foreign phone number \_\_\_\_\_ [47]

In care of addressee \_\_\_\_\_ [48]

**Dependent Information**

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

First Name <sup>[49]</sup>	Last Name	Date of Birth	Social Security No.	Relationship	Months in home	**Dep Codes * **	Care expenses paid for dependent
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

Name of child who lived with you but is not your dependent \_\_\_\_\_ [50]

Social security number of qualifying person \_\_\_\_\_ [51]

**Dependent Codes**

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

**Preparer - Enter on Screen Contact**

Tax matters person (Indicate which spouse handles tax return related questions) (Blank = Both, T = Taxpayer, S = Spouse) \_\_\_\_\_ [8]

Taxpayer email address \_\_\_\_\_ [9]

Spouse email address \_\_\_\_\_ [10]

**Taxpayer**

**Spouse**

Fax telephone number \_\_\_\_\_ [11] \_\_\_\_\_ [19]

Mobile telephone number \_\_\_\_\_ [12] \_\_\_\_\_ [20]

Mobile telephone #2 number \_\_\_\_\_ [13] \_\_\_\_\_ [21]

Pager number \_\_\_\_\_ [14] \_\_\_\_\_ [22]

Other: \_\_\_\_\_ [15] \_\_\_\_\_ [23]

    Telephone number \_\_\_\_\_ [16] \_\_\_\_\_ [24]

    Extension \_\_\_\_\_ [17] \_\_\_\_\_ [25]

Preferred method of contact: \_\_\_\_\_ [18] \_\_\_\_\_ [26]  
    Email, Work phone, Home phone, Fax, Mobile phone, Mobile phone #2

**NOTES/QUESTIONS:**

**Per IRS Security Summit requirements, verify the name of financial institution, routing transit number, account number, and type of account below. If you would like to have a refund direct deposited into or a balance due debited from your bank account(s), please enter information in the fields below. Note that electronic funds will be withdrawn only from the primary account listed below.**

Mark to verify all accounts listed below have been reviewed, updated as needed, and are correct.  [1]

Primary account:

Financial institution routing transit number \_\_\_\_\_ [3]

Name of financial institution \_\_\_\_\_ [4]

Your account number \_\_\_\_\_ [5]

Type of account (1 = Savings, 2 = Checking, 3 = IRA\*) \_\_\_\_\_ [6]

Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account)  [7]

Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States)  [8]

Enter the maximum dollar amount, or percentage of total refund Dollar \_\_\_\_\_ [9] or Percent (xxx.xx) \_\_\_\_\_ [10]

Secondary account #1:

Financial institution routing transit number \_\_\_\_\_ [25]

Name of financial institution \_\_\_\_\_ [26]

Your account number \_\_\_\_\_ [27]

Type of account (1 = Savings, 2 = Checking, 3 = IRA\*) \_\_\_\_\_ [28]

Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account)  [29]

Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States)  [30]

Enter the maximum dollar amount, or percentage of total refund Dollar \_\_\_\_\_ [11] or Percent (xxx.xx) \_\_\_\_\_ [12]

Secondary account #2:

Financial institution routing transit number \_\_\_\_\_ [31]

Name of financial institution \_\_\_\_\_ [32]

Your account number \_\_\_\_\_ [33]

Type of account (1 = Savings, 2 = Checking, 3 = IRA\*) \_\_\_\_\_ [34]

Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account)  [35]

Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States)  [36]

Enter the maximum dollar amount, or percentage of total refund Dollar \_\_\_\_\_ [15] or Percent (xxx.xx) \_\_\_\_\_ [16]

\*Refunds may only be direct deposited to established traditional, Roth or SEP-IRA accounts. Make sure direct deposits will be accepted by the bank or financial institution.

### Refund - U.S. Series I Savings Bond Purchases

**A tax refund may be used to buy up to \$5,000 of U.S. Series I Savings bonds and registered for up to three different persons. If you would like to purchase U.S. Series I Savings bonds (in increments of \$50) with your refund, if applicable, please complete the following information. Please note you may enter only one name per registration (with exception of married filing joint returns) and must enter the party's given name, do not use nicknames.**

Indicate either a maximum dollar amount (up to \$5,000), or percentage of refund you would like used to purchase bonds

The bonds will be registered to the name(s) on the return. For married filing joint returns this means the bonds will be registered in both names listed on the return.

To register the bonds separately, leave these fields blank and use the fields provided below.

Enter either a dollar amount or percent, but not both Dollar \_\_\_\_\_ [13] or Percent (xxx.xx) \_\_\_\_\_ [14]

Bond information for someone other than taxpayer and spouse, if married filing jointly

Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase bonds Dollar \_\_\_\_\_ [17] or Percent (xxx.xx) \_\_\_\_\_ [18]

Owner's name (First Last) \_\_\_\_\_ [38] \_\_\_\_\_ [39]

Co-owner or beneficiary (First Last) \_\_\_\_\_ [40] \_\_\_\_\_ [41]

Mark if the name listed above is a beneficiary  [42]

Bond information for someone other than taxpayer and spouse, if married filing jointly

Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase bonds Dollar \_\_\_\_\_ [21] or Percent (xxx.xx) \_\_\_\_\_ [22]

Owner's name (First Last) \_\_\_\_\_ [43] \_\_\_\_\_ [44]

Co-owner or beneficiary (First Last) \_\_\_\_\_ [45] \_\_\_\_\_ [46]

Mark if the name listed above is a beneficiary  [47]

**IRS regulations require paid tax preparers who expect to prepare a certain amount of federal individual tax returns to file them electronically. To comply with this requirement your return will be electronically filed this year if it qualifies for electronic filing under IRS rules. Taxpayers may choose to file a paper return instead of filing electronically.**

Mark if you want to file a paper return even if you qualify for electronic filing \_\_\_\_\_[1]

Receive email notification(s) when your electronic file is accepted by the taxing agency (Blank = None, 1 = Return, 2 = Return & Extension) \_\_\_\_\_[2]

If 1 or 2, please provide email address on Organizer Form ID: Info

Mark if you are filing a balance due return electronically and you want to pay the amount due by debiting your financial institution account \_\_\_\_\_[9]

The IRS requires a Personal Identification Number (PIN) be used in signing returns that are electronically filed.

Each taxpayer and spouse, if applicable, must provide a 5 digit self-selected PIN of your choice other than all zeroes.

Taxpayer self-selected Personal Identification Number (PIN) \_\_\_\_\_[7]

Spouse self-selected Personal Identification Number (PIN) \_\_\_\_\_[8]

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## NOTES/QUESTIONS:

**Taxpayer -**

Form of identification ( 1 = Driver's license, 2 = State issued identification card, 3 = No applicable identification, 4 = Identification not provided) \_\_\_\_\_ [1]  
Identification number \_\_\_\_\_ [2]  
Issue date \_\_\_\_\_ [3]  
Expiration date (mm/dd/yyyy) \_\_\_\_\_ [4]  
Location of issuance (State issued only) \_\_\_\_\_ [5]  
Document number (New York only) \_\_\_\_\_ [6]

**Spouse -**

Form of identification ( 1 = Driver's license, 2 = State issued identification card, 3 = No applicable identification, 4 = Identification not provided) \_\_\_\_\_ [9]  
Identification number \_\_\_\_\_ [10]  
Issue date \_\_\_\_\_ [11]  
Expiration date (mm/dd/yyyy) \_\_\_\_\_ [12]  
Location of issuance (State issued only) \_\_\_\_\_ [13]  
Document number (New York only) \_\_\_\_\_ [14]

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**NOTES/QUESTIONS:**

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

Refunded \_\_\_\_\_ [52]

Applied to 2019 estimated tax liability \_\_\_\_\_ [53]

Do you expect a considerable change in your 2019 income? (Y, N) \_\_\_\_\_ [54]

If yes, please explain any differences:

\_\_\_\_\_ [55]

\_\_\_\_\_ [56]

\_\_\_\_\_ [57]

\_\_\_\_\_ [58]

Do you expect a considerable change in your deductions for 2019? (Y, N) \_\_\_\_\_ [59]

If yes, please explain any differences:

\_\_\_\_\_ [60]

\_\_\_\_\_ [61]

\_\_\_\_\_ [62]

\_\_\_\_\_ [63]

Do you expect a considerable change in the amount of your 2019 withholding? (Y, N) \_\_\_\_\_ [64]

If yes, please explain any differences:

\_\_\_\_\_ [65]

\_\_\_\_\_ [66]

\_\_\_\_\_ [67]

\_\_\_\_\_ [68]

Do you expect a change in the number of dependents claimed for 2019? (Y, N) \_\_\_\_\_ [69]

If yes, please explain any differences:

\_\_\_\_\_ [70]

\_\_\_\_\_ [71]

\_\_\_\_\_ [72]

\_\_\_\_\_ [73]

Mark if you use the Electronic Federal Tax Payment System (EFTPS) to pay your estimated taxes \_\_\_\_\_ [74]

**2018 Federal Estimated Tax Payments**

2017 overpayment applied to 2018 estimates + \_\_\_\_\_ [1]

Mark if you paid the calculated amounts on the dates due indicated below. Skip the remaining fields. \_\_\_\_\_ [5]

If your estimated payments were not made on the date due or were for an amount other than the calculated amount below, please enter the actual date and amount paid.

	Date Due	Date Paid if After Date Due	Amount Paid	Calculated Amount	Method*
1st quarter payment	4/18/18	_____ [6]	+ _____ [7]	_____	_____
2nd quarter payment	6/15/18	_____ [8]	+ _____ [9]	_____	_____
3rd quarter payment	9/17/18	_____ [10]	+ _____ [11]	_____	_____
4th quarter payment	1/15/19	_____ [12]	+ _____ [13]	_____	_____
Additional payment		_____ [14]	+ _____ [15]	_____	_____

**\*Method of payment indicated in prior year**  
**EFW = Electronic funds withdrawal      EFTPS = Electronic Federal Tax Payment System**  
**Voucher = Form 1040-ES estimated tax payment voucher**

**NOTES/QUESTIONS:**

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [1]

State postal code \_\_\_\_\_ [2]

Amount paid with 2017 return + \_\_\_\_\_ [3]

2017 overpayment applied to '18 estimates + \_\_\_\_\_ [4]

Treat calculated amounts as paid \_\_\_\_\_ [8]

Date Paid	Amount Paid	Calculated Amount
1st quarter payment _____ [9]	+ _____ [10]	
2nd quarter payment _____ [11]	+ _____ [12]	
3rd quarter payment _____ [13]	+ _____ [14]	
4th quarter payment _____ [15]	+ _____ [16]	
Additional payment _____ [17]	+ _____ [18]	

**2018 City Estimated Tax Payments**

City #1		City #2	
City name _____ [28]		City name _____ [50]	
Amount paid with 2017 return + _____ [31]		Amount paid with 2017 return + _____ [53]	
2017 overpayment applied to '18 estimates- _____ [32]		2017 overpayment applied to '18 estimates- _____ [54]	
Treat calculated amounts as paid _____ [36]		Treat calculated amounts as paid _____ [58]	

Date Paid	Amount Paid	Date Paid	Amount Paid
1st quarter payment _____ [37]	+ _____ [38]	1st quarter payment _____ [59]	+ _____ [60]
2nd quarter payment _____ [39]	+ _____ [40]	2nd quarter payment _____ [61]	+ _____ [62]
3rd quarter payment _____ [41]	+ _____ [42]	3rd quarter payment _____ [63]	+ _____ [64]
4th quarter payment _____ [43]	+ _____ [44]	4th quarter payment _____ [65]	+ _____ [66]

**Calculated Amount**

1st quarter payment _____
2nd quarter payment _____
3rd quarter payment _____
4th quarter payment _____

**Calculated Amount**

1st quarter payment _____
2nd quarter payment _____
3rd quarter payment _____
4th quarter payment _____

City #3		City #4	
City name _____ [72]		City name _____ [94]	
Amount paid with 2017 return + _____ [75]		Amount paid with 2017 return + _____ [97]	
2017 overpayment applied to '18 estimates- _____ [76]		2017 overpayment applied to '18 estimates- _____ [98]	
Treat calculated amounts as paid _____ [80]		Treat calculated amounts as paid _____ [102]	

Date Paid	Amount Paid	Date Paid	Amount Paid
1st quarter payment _____ [81]	+ _____ [82]	1st quarter payment _____ [103]	+ _____ [104]
2nd quarter payment _____ [83]	+ _____ [84]	2nd quarter payment _____ [105]	+ _____ [106]
3rd quarter payment _____ [85]	+ _____ [86]	3rd quarter payment _____ [107]	+ _____ [108]
4th quarter payment _____ [87]	+ _____ [88]	4th quarter payment _____ [109]	+ _____ [110]

**Calculated Amount**

1st quarter payment _____
2nd quarter payment _____
3rd quarter payment _____
4th quarter payment _____

**Calculated Amount**

1st quarter payment _____
2nd quarter payment _____
3rd quarter payment _____
4th quarter payment _____







### Wages and Salaries #1

Please provide all copies of Form W-2.

**2018 Information**

**Prior Year Information**

Taxpayer/Spouse (T, S) \_\_\_\_\_ [1]  
 Employer name \_\_\_\_\_ [3]  
 Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Farming / Fishing, 4 = National Guard) \_\_\_\_\_ [5]  
 Mark if this is your current employer \_\_\_\_\_ [6]  
 Federal wages and salaries (**Box 1**) + \_\_\_\_\_ [10]  
 Federal tax withheld (**Box 2**) + \_\_\_\_\_ [12]  
 Social security wages (**Box 3**) (If different than federal wages) + \_\_\_\_\_ [14]  
 Social security tax withheld (**Box 4**) + \_\_\_\_\_ [16]  
 Medicare wages (**Box 5**) (If different than federal wages) + \_\_\_\_\_ [18]  
 Medicare tax withheld (**Box 6**) + \_\_\_\_\_ [21]  
 SS tips (**Box 7**) + \_\_\_\_\_ [23]  
 Allocated tips (**Box 8**) + \_\_\_\_\_ [25]  
 Dependent care benefits (**Box 10**) + \_\_\_\_\_ [27]  
**Box 13 -**  
     Statutory employee \_\_\_\_\_ [29]  
     Retirement plan \_\_\_\_\_ [30]  
     Third-party sick pay \_\_\_\_\_ [31]  
 State postal code (**Box 15**) \_\_\_\_\_ [32]  
 State wages (**Box 16**) (If different than federal wages) + \_\_\_\_\_ [34]  
 State tax withheld (**Box 17**) + \_\_\_\_\_ [36]  
 Local wages (**Box 18**) + \_\_\_\_\_ [38]  
 Local tax withheld (**Box 19**) + \_\_\_\_\_ [40]  
 Name of locality (**Box 20**) \_\_\_\_\_ [43]

**Control Totals +**

### Wages and Salaries #2

Please provide all copies of Form W-2.

**2018 Information**

**Prior Year Information**

Taxpayer/Spouse (T, S) \_\_\_\_\_ [1]  
 Employer name \_\_\_\_\_ [3]  
 Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Farming / Fishing, 4 = National Guard) \_\_\_\_\_ [5]  
 Mark if this your current employer \_\_\_\_\_ [6]  
 Federal wages and salaries (**Box 1**) + \_\_\_\_\_ [10]  
 Federal tax withheld (**Box 2**) + \_\_\_\_\_ [12]  
 Social security wages (**Box 3**) (If different than federal wages) + \_\_\_\_\_ [14]  
 Social security tax withheld (**Box 4**) + \_\_\_\_\_ [16]  
 Medicare wages (**Box 5**) (If different than federal wages) + \_\_\_\_\_ [18]  
 Medicare tax withheld (**Box 6**) + \_\_\_\_\_ [21]  
 SS tips (**Box 7**) + \_\_\_\_\_ [23]  
 Allocated tips (**Box 8**) + \_\_\_\_\_ [25]  
 Dependent care benefits (**Box 10**) + \_\_\_\_\_ [27]  
**Box 13 -**  
     Statutory employee \_\_\_\_\_ [29]  
     Retirement plan \_\_\_\_\_ [30]  
     Third-party sick pay \_\_\_\_\_ [31]  
 State postal code (**Box 15**) \_\_\_\_\_ [32]  
 State wages (**Box 16**) (If different than federal wages) + \_\_\_\_\_ [34]  
 State tax withheld (**Box 17**) + \_\_\_\_\_ [36]  
 Local wages (**Box 18**) + \_\_\_\_\_ [38]  
 Local tax withheld (**Box 19**) + \_\_\_\_\_ [40]  
 Name of locality (**Box 20**) \_\_\_\_\_ [43]

**Control Totals +**

## Interest Income

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

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

T/S/J	Type Code (**See codes below)	Interest Income <sup>[1]</sup>	Tax Exempt Income	Penalty on Early Withdrawal	U.S. Obligations* \$ or %	Tax Exempt* \$ or %	Foreign Taxes Paid	Prior Year Information
	<b>1</b>	Payer						
		Amounts	+					
	<b>2</b>	Payer						
		Amounts	+					
	<b>3</b>	Payer						
		Amounts	+					
	<b>4</b>	Payer						
		Amounts	+					
	<b>5</b>	Payer						
		Amounts	+					
	<b>6</b>	Payer						
		Amounts	+					
	<b>7</b>	Payer						
		Amounts	+					
	<b>8</b>	Payer						
		Amounts	+					
	<b>9</b>	Payer						
		Amounts	+					
	<b>10</b>	Payer						
		Amounts	+					

**Interest Codes		
Blank = Regular Interest	4 = Accrued Interest	6 = ABP Adjustment
3 = Nominee Distribution	5 = OID Adjustment	7 = Series EE & I Bond

## Dividend Income

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

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

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

**\*\*Dividend Codes**

Blank = Other                      3 = Nominee





	2018 Information		[1]
	Taxpayer	Spouse	
State and local income tax refunds		+	
Alimony received	+ _____ [3]	+ _____ [4]	
Unemployment compensation	+ _____ [8]	+ _____ [9]	
Unemployment compensation federal withholding	+ _____ [8]	+ _____ [9]	
Unemployment compensation state withholding	+ _____ [8]	+ _____ [9]	
Unemployment compensation repaid	+ _____ [11]	+ _____ [12]	
Alaska Permanent Fund dividends	+ _____ [17]	+ _____ [18]	

**Prior Year Information**

T/S/J	Self-Employment Income ? (Y, N)	2018 Information		[14]
Other income, such as: Commissions, Jury pay, Director fees, Taxable scholarships		+		
— — _____		+		
— — _____		+		
— — _____		+		
— — _____		+		
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— — _____		+		

**Prior Year Information**

**NOTES/QUESTIONS:**

**Miscellaneous Income #1**

Please provide all Forms 1099-MISC

Preparer use only

Name of payer	_____	[3]
Taxpayer/Spouse/Joint (T, S, J)	_____	[5]
State postal code	_____	[6]
Rents (Box 1)	+ _____	[13]
Royalties (Box 2)	+ _____	[15]
Other income (Box 3)	+ _____	[17]
Federal income tax withheld (Box 4)	+ _____	[19]
Fishing boat proceeds (Box 5)	+ _____	[21]
Medical and health care payments (Box 6)	+ _____	[23]
Nonemployee compensation (Box 7)	+ _____	[25]
Substitute payments in lieu of dividends or interest (Box 8)	+ _____	[27]
Payer made direct sales of \$5,000 or more of consumer products (Box 9)	_____	[29]
Crop Insurance proceeds (Box 10)	+ _____	[31]
Excess golden parachute payments (Box 13)	+ _____	[36]
Gross proceeds paid to an attorney (Box 14)	+ _____	[38]
Section 409A deferrals (Box 15a)	+ _____	[40]
Section 409A income (Box 15b)	+ _____	[42]
State tax withheld (Box 16)	+ _____	[44]
State/Payer's state no. (Box 17)	_____	[46]
State income (Box 18)	+ _____	[47]

**Control Totals +**

**Miscellaneous Income #2**

Please provide all Forms 1099-MISC

Preparer use only

Name of payer	_____	[3]
Taxpayer/Spouse/Joint (T, S, J)	_____	[5]
State postal code	_____	[6]
Rents (Box 1)	+ _____	[13]
Royalties (Box 2)	+ _____	[15]
Other income (Box 3)	+ _____	[17]
Federal income tax withheld (Box 4)	+ _____	[19]
Fishing boat proceeds (Box 5)	+ _____	[21]
Medical and health care payments (Box 6)	+ _____	[23]
Nonemployee compensation (Box 7)	+ _____	[25]
Substitute payments in lieu of dividends or interest (Box 8)	+ _____	[27]
Payer made direct sales of \$5,000 or more of consumer products (Box 9)	_____	[29]
Crop Insurance proceeds (Box 10)	+ _____	[31]
Excess golden parachute payments (Box 13)	+ _____	[36]
Gross proceeds paid to an attorney (Box 14)	+ _____	[38]
Section 409A deferrals (Box 15a)	+ _____	[40]
Section 409A income (Box 15b)	+ _____	[42]
State tax withheld (Box 16)	+ _____	[44]
State/Payer's state no. (Box 17)	_____	[46]
State income (Box 18)	+ _____	[47]

**Control Totals +**

**NOTES/QUESTIONS:**



### Pension, Annuity, and IRA Distributions #1

Please provide all Forms 1099-R.

#### 2018 Information

#### Prior Year Information

Taxpayer/Spouse (T, S) \_\_\_\_\_ [1]  
Name of payer \_\_\_\_\_ [3]  
State postal code \_\_\_\_\_ [5]  
Gross distributions received (Box 1) + \_\_\_\_\_ [7]  
Taxable amount received (Box 2a) + \_\_\_\_\_ [9]  
Federal withholding (Box 4) + \_\_\_\_\_ [11]  
Distribution code (Box 7) \_\_\_\_\_ [14]  
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan \_\_\_\_\_ [16]  
State withholding (Box 12) + \_\_\_\_\_ [17]  
Local withholding (Box 15) + \_\_\_\_\_ [19]  
Amount of rollover + \_\_\_\_\_ [21]  
Mark if distribution was due to a pre-retirement age disability \_\_\_\_\_ [23]

Control Totals +

### Pension, Annuity, and IRA Distributions #2

Please provide all Forms 1099-R.

#### 2018 Information

#### Prior Year Information

Taxpayer/Spouse (T, S) \_\_\_\_\_ [1]  
Name of payer \_\_\_\_\_ [3]  
State postal code \_\_\_\_\_ [5]  
Gross distributions received (Box 1) + \_\_\_\_\_ [7]  
Taxable amount received (Box 2a) + \_\_\_\_\_ [9]  
Federal withholding (Box 4) + \_\_\_\_\_ [11]  
Distribution code (Box 7) \_\_\_\_\_ [14]  
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan \_\_\_\_\_ [16]  
State withholding (Box 12) + \_\_\_\_\_ [17]  
Local withholding (Box 15) + \_\_\_\_\_ [19]  
Amount of rollover + \_\_\_\_\_ [21]  
Mark if distribution was due to a pre-retirement age disability \_\_\_\_\_ [23]

Control Totals +

### Pension, Annuity, and IRA Distributions #3

Please provide all Forms 1099-R.

#### 2018 Information

#### Prior Year Information

Taxpayer/Spouse (T, S) \_\_\_\_\_ [1]  
Name of payer \_\_\_\_\_ [3]  
State postal code \_\_\_\_\_ [5]  
Gross distributions received (Box 1) + \_\_\_\_\_ [7]  
Taxable amount received (Box 2a) + \_\_\_\_\_ [9]  
Federal withholding (Box 4) + \_\_\_\_\_ [11]  
Distribution code (Box 7) \_\_\_\_\_ [14]  
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan \_\_\_\_\_ [16]  
State withholding (Box 12) + \_\_\_\_\_ [17]  
Local withholding (Box 15) + \_\_\_\_\_ [19]  
Amount of rollover + \_\_\_\_\_ [21]  
Mark if distribution was due to a pre-retirement age disability \_\_\_\_\_ [23]

Control Totals +

#### NOTES/QUESTIONS:

## Social Security, Tier 1 Railroad Benefits

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

Taxpayer/Spouse (T, S) \_\_\_\_\_ [1]  
 State postal code \_\_\_\_\_ [2]

### Social Security Benefits

	2018 Information	Prior Year Information
If you received a Form SSA - 1099, please complete the following information:		
Net Benefits for 2018 (Box 3 minus Box 4) <b>(Box 5)</b>	+ _____ [8]	<div style="border: 1px solid black; background-color: #e0e0e0; padding: 5px;">                     _____                      _____                      _____                 </div>
Voluntary Federal Income Tax Withheld <b>(Box 6)</b>	+ _____ [10]	
From the DESCRIPTION OF AMOUNT IN BOX 3 area of Form SSA-1099:		
Medicare premiums	+ _____ [12]	
Prescription drug (Part D) premiums	+ _____ [14]	

### Tier 1 Railroad Benefits

	2018 Information	Prior Year Information
If you received a Form RRB - 1099, please complete the following information:		
Net Social Security Equivalent Benefit:		<div style="border: 1px solid black; background-color: #e0e0e0; padding: 5px;">                     _____                      _____                 </div>
Portion of Tier 1 Paid in 2018 <b>(Box 5)</b>	+ _____ [22]	
Federal Income Tax Withheld <b>(Box 10)</b>	+ _____ [25]	
Medicare Premium Total <b>(Box 11)</b>	+ _____ [27]	

### Additional Information About Benefits Received

Additional information about the benefits received not reported above. For example did you repay any benefits in 2018 or receive any prior year benefits in 2018. This information will be reported in the SSA-1099 DESCRIPTION OF AMOUNT IN BOX 3 area or in the RRB-1099 Boxes 7 through 9.

\_\_\_\_\_  
 \_\_\_\_\_ [40]  
 \_\_\_\_\_ [41]  
 \_\_\_\_\_ [42]  
 \_\_\_\_\_ [43]  
 \_\_\_\_\_ [44]

#### NOTES/QUESTIONS:

**Traditional IRA**

	<b>Taxpayer</b>	<b>Spouse</b>
Are you or your spouse (if MFJ or MFS) covered by an employer's retirement plan? (Y, N)	__ [1]	__ [2]
Do you want to contribute the maximum allowable traditional IRA contribution amount? If yes, enter the applicable code: (1 = Deductible only, 2 = Both deductible and nondeductible)	__ [3]	__ [4]
Enter the total traditional IRA contributions made for use in 2018	+ _____ [5]	+ _____ [6]
	<b>Taxpayer</b>	<b>Spouse</b>
Enter the nondeductible contribution amount made for use in 2018	+ _____ [11]	+ _____ [12]
Enter the nondeductible contribution amount made in 2019 for use in 2018	+ _____ [13]	+ _____ [14]
Traditional IRA basis	+ _____ [15]	+ _____ [16]
Value of all your traditional IRA's on December 31, 2018:		
_____	+ _____ [17]	+ _____ [18]
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____

**Roth IRA**

**Please provide copies of any 1998 through 2017 Form 8606 not prepared by this office**

	<b>Taxpayer</b>	<b>Spouse</b>
Mark if you want to contribute the maximum Roth IRA contribution	__ [27]	__ [28]
Enter the total Roth IRA contributions made for use in 2018	+ _____ [29]	+ _____ [30]
Enter the total amount of Roth IRA conversion recharacterizations for 2018	+ _____ [37]	+ _____ [38]
Enter the total contribution Roth IRA basis on December 31, 2017	+ _____ [41]	+ _____ [42]
Enter the total Roth IRA contribution recharacterizations for 2018	+ _____ [43]	+ _____ [44]
Enter the Roth conversion IRA basis on December 31, 2017	+ _____ [45]	+ _____ [46]
Value of all your Roth IRA's on December 31, 2018:		
_____	+ _____ [47]	+ _____ [48]
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____

**NOTES/QUESTIONS:**

**Preparer use only**

Business activity or profession name \_\_\_\_\_ [3]  
 Taxpayer/Spouse (T, S) \_\_\_\_\_ [4]  
 State postal code \_\_\_\_\_ [5]  
 Contribute the maximum allowable contribution amount? (1 = Keogh, 2 = SEP, 3 = SIMPLE 401(k), 4 = Solo 401(k), 5 = SIMPLE IRA, 6 = SARSEP) \_\_\_\_\_ [6]  
 Plan contribution rate. Enter in xx.xx format (Limitation percentage) \_\_\_\_\_ [7]  
 Enter the total amount of contributions made to a Keogh plan in 2018 + \_\_\_\_\_ [8]  
 Enter the total amount of contributions made to a Solo 401(k) plan in 2018 + \_\_\_\_\_ [9]  
 Enter the total amount of contributions made to a SEP plan in 2018 + \_\_\_\_\_ [10]  
 Enter the total amount of contributions made to a SARSEP plan in 2018 + \_\_\_\_\_ [11]  
 Enter the total amount of contributions made to a defined benefit plan in 2018 + \_\_\_\_\_ [12]  
 Enter the total amount of contributions made to a profit-sharing plan in 2018 + \_\_\_\_\_ [13]  
 Enter the total amount of contributions made to a money purchase plan in 2018 + \_\_\_\_\_ [14]  
 Enter the total amount of contributions made to a SIMPLE 401(k) plan in 2018 + \_\_\_\_\_ [15]  
 Enter the total amount of contributions to a SIMPLE IRA plan in 2018 + \_\_\_\_\_ [16]

**Catch-up Contributions**

Enter the amount of catch-up contributions made to a Solo 401(k) or SARSEP in 2018 + \_\_\_\_\_ [17]  
 Enter the amount of catch-up contributions made to a SIMPLE Plan in 2018 + \_\_\_\_\_ [18]

**Elective Deferrals**

Enter the total contributions to a Solo 401(k) or SARSEP made through elective deferrals in 2018 + \_\_\_\_\_ [19]  
 Enter the amount of elective deferrals designated as Roth contributions in 2018 + \_\_\_\_\_ [20]

**NOTES/QUESTIONS:**

Preparer use only

2018 Information

Prior Year Information

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [2]  
 Employer identification number \_\_\_\_\_ [3]  
 Business name \_\_\_\_\_ [5]  
 Principal business/profession \_\_\_\_\_ [6]  
 Business code \_\_\_\_\_ [12]  
 Business address, if different from home address on Organizer Form ID: 1040  
 Address \_\_\_\_\_ [15]  
 City/State/Zip \_\_\_\_\_ [16] \_\_\_\_\_ [17] \_\_\_\_\_ [18]  
 Accounting method (1 = Cash, 2 = Accrual, 3 = Other) \_\_\_\_\_ [19]  
 If other: \_\_\_\_\_ [21]  
 Inventory method (1 = Cost, 2 = LCM, 3 = Other) \_\_\_\_\_ [22]  
 If other enter explanation: \_\_\_\_\_ [24]  
 \_\_\_\_\_ [24]  
 Enter an explanation if there was a change in determining your inventory: \_\_\_\_\_ [25]  
 \_\_\_\_\_ [25]  
 Did you "materially participate" in this business? (Y, N) \_\_\_\_\_ [26]  
 If not, number of hours you did significantly participate \_\_\_\_\_ [28]  
 Mark if you began or acquired this business in 2018 \_\_\_\_\_ [30]  
 Did you make any payments in 2018 that require you to file Form(s) 1099? (Y, N) \_\_\_\_\_ [31]  
 If "Yes", did you or will you file all required Forms 1099? (Y, N) \_\_\_\_\_ [33]  
 Mark if this business is considered related to qualified services as a minister or religious worker \_\_\_\_\_ [35]  
 Did you receive wages as a statutory employee or as a minister? (1 = Statutory employee, 2 = Minister) \_\_\_\_\_ [37]  
 Medical insurance premiums paid by this activity + \_\_\_\_\_ [40]  
 Long-term care premiums paid by this activity + \_\_\_\_\_ [44]  
 Amount of wages received as a statutory employee + \_\_\_\_\_ [47]

\_\_\_\_\_ [2]  
 \_\_\_\_\_ [3]  
 \_\_\_\_\_ [5]  
 \_\_\_\_\_ [6]  
 \_\_\_\_\_ [12]  
 \_\_\_\_\_ [15]  
 \_\_\_\_\_ [16] \_\_\_\_\_ [17] \_\_\_\_\_ [18]  
 \_\_\_\_\_ [19]  
 \_\_\_\_\_ [21]  
 \_\_\_\_\_ [22]  
 \_\_\_\_\_ [24]  
 \_\_\_\_\_ [25]  
 \_\_\_\_\_ [26]  
 \_\_\_\_\_ [28]  
 \_\_\_\_\_ [30]  
 \_\_\_\_\_ [31]  
 \_\_\_\_\_ [33]  
 \_\_\_\_\_ [35]  
 \_\_\_\_\_ [37]  
 \_\_\_\_\_ [40]  
 \_\_\_\_\_ [44]  
 \_\_\_\_\_ [47]

Business Income

2018 Information

Prior Year Information

Gross receipts and sales \_\_\_\_\_ + \_\_\_\_\_ [52]  
 \_\_\_\_\_ + \_\_\_\_\_  
 \_\_\_\_\_ + \_\_\_\_\_  
 \_\_\_\_\_ + \_\_\_\_\_  
 Returns and allowances \_\_\_\_\_ + \_\_\_\_\_ [55]  
 Other income:  
 \_\_\_\_\_ + \_\_\_\_\_ [57]  
 \_\_\_\_\_ + \_\_\_\_\_  
 \_\_\_\_\_ + \_\_\_\_\_  
 \_\_\_\_\_ + \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Cost of Goods Sold

2018 Information

Prior Year Information

Beginning inventory + \_\_\_\_\_ [59]  
 Purchases + \_\_\_\_\_ [61]  
 Labor:  
 \_\_\_\_\_ + \_\_\_\_\_ [63]  
 \_\_\_\_\_ + \_\_\_\_\_  
 Materials + \_\_\_\_\_ [65]  
 Other costs:  
 \_\_\_\_\_ + \_\_\_\_\_ [67]  
 \_\_\_\_\_ + \_\_\_\_\_  
 \_\_\_\_\_ + \_\_\_\_\_  
 \_\_\_\_\_ + \_\_\_\_\_  
 Ending inventory + \_\_\_\_\_ [69]

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Preparer use only**

Principal business or profession \_\_\_\_\_

**2018 Information**

**Prior Year Information**

Advertising	+ _____	[6]
Car and truck expenses	+ _____	[8]
Commissions and fees	+ _____	[10]
Contract labor	+ _____	[12]
Depletion	+ _____	[14]
Depreciation	+ _____	[16]
Employee benefit programs (Include Small Employer Health Ins Premiums credit):		
_____	+ _____	[18]
_____	+ _____	
Insurance (Other than health):		
_____	+ _____	[20]
_____	+ _____	
Interest:		
Mortgage (Paid to banks, etc.)		
_____	+ _____	[22]
_____	+ _____	
_____	+ _____	
Other:		
_____	+ _____	[24]
_____	+ _____	
Legal and professional services	+ _____	[26]
Office expense	+ _____	[29]
Pension and profit sharing:		
_____	+ _____	[31]
_____	+ _____	
Rent or lease:		
Vehicles, machinery, and equipment	+ _____	[33]
Other business property	+ _____	[35]
Repairs and maintenance	+ _____	[37]
Supplies	+ _____	[39]
Taxes and licenses:		
_____	+ _____	[41]
_____	+ _____	
_____	+ _____	
_____	+ _____	
Travel and meals:		
Travel	+ _____	[43]
Meals (Enter 100% subject to 50% limitation)	+ _____	[45]
Meals (Enter 100% subject to DOT 80% limit)	+ _____	[47]
Utilities	+ _____	[51]
Wages (Less employment credit):		
_____	+ _____	[53]
_____	+ _____	
Other expenses:		
_____	+ _____	[55]
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	

Grid area for Prior Year Information with dotted pattern and horizontal lines.

**Preparer use only**

Principal business or profession \_\_\_\_\_

<b>Preparer use only Carryovers</b>	<b>Regular</b>		<b>AMT</b>	
Operating	+	[17]	+	[18]
Short-term capital	+	[19]	+	[20]
Long-term capital	+	[21]	+	[22]
28% rate capital	+	[23]	+	[24]
Section 1231 loss	+	[25]	+	[26]
Ordinary business gain/loss	+	[27]	+	[28]
Section 179	+	[29]	+	[30]

**NOTES/QUESTIONS:**

**Preparer use only**

	2018 Information	Prior Year Information
Description _____	[2]	
Taxpayer/Spouse/Joint (T, S, J) ___[3]	State postal code _____	
Physical address: Street _____	[6]	
City, state, zip code _____ [7] ___[8]	[9]	
Foreign country _____	[11]	
Foreign province/county _____	[12]	
Foreign postal code _____	[13]	
Type (1=Single-family, 2=Multi-family, 3=Vacation/short-term, 4=Commercial, 5=Land, 6=Royalty, 7=Self-rental, 8=Other, 9=Personal ppty) [14]		
Description of other type (Type code #8) _____	[15]	
Did you make any payments in 2018 that require you to file Form(s) 1099? (Y,N) _____	[16]	---
If "Yes", did you or will you file all required Forms 1099? (Y, N) _____	[18]	---
Fair rental days (If not full year) (For types 1, 2, 4, 5, 7 and 8 only) (Use Rent-2 for type 3) _____	[20]	
Percentage of ownership if not 100% _____	[22]	
Business use percentage, if not 100% (Not vacation home percentage) _____	[24]	

**Rent and Royalty Income**

Rents and royalties	2018 Information	Prior Year Information
_____ + _____	[34]	
_____		

**Rent and Royalty Expenses**

	2018 Information	Percent if not 100%	Prior Year Information
Advertising + _____	[36]	[37]	
Auto + _____	[39]	[40]	
Travel + _____	[42]	[43]	
Cleaning and maintenance + _____	[45]	[46]	
Commissions: _____ + _____	[48]	[50]	
Insurance: _____ + _____	[51]	[53]	
Legal and professional fees + _____	[55]	[56]	
Management fees: _____ + _____	[58]	[60]	
Mortgage interest paid to banks, etc (Form 1098) _____ + _____	[61]	[63]	
Other mortgage interest + _____	[64]	[66]	
Qualified mortgage insurance premiums + _____	[67]	[68]	
Other interest: _____ + _____	[70]	[72]	
Repairs + _____	[73]	[74]	
Supplies + _____	[76]	[77]	
Taxes: _____ + _____	[79]	[81]	
Utilities + _____	[82]	[83]	
Depreciation + _____	[85]	[86]	
Depletion + _____	[88]	[89]	
Other expenses: _____ + _____	[91]		
_____ + _____			
_____ + _____			
_____ + _____			
_____ + _____			

**Control Totals +**



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

**Refinancing Points**

Preparer - Enter on Screen Rent

2018 Information

Prior Year Information

**Refinancing points paid -**

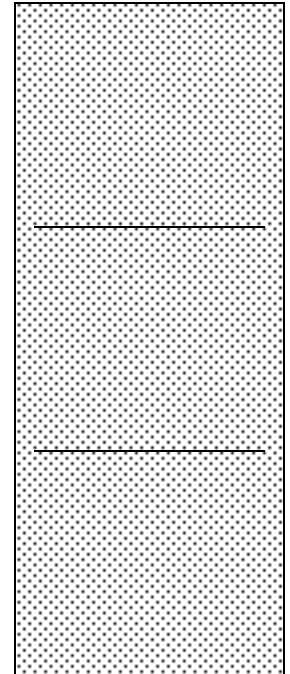
Recipient's/Lender's name \_\_\_\_\_ [93]  
Date of refinance \_\_\_\_\_  
Total # Payments \_\_\_\_\_  
Reported on 1098 in 2018 \_\_\_\_\_  
Total points paid \_\_\_\_\_  
Points deemed as paid in current year **(Preparer use only)** \_\_\_\_\_

**Refinancing points paid -**

Recipient's/Lender's name \_\_\_\_\_  
Date of refinance \_\_\_\_\_  
Total # Payments \_\_\_\_\_  
Reported on 1098 in 2018 \_\_\_\_\_  
Total points paid \_\_\_\_\_  
Points deemed as paid in current year **(Preparer use only)** \_\_\_\_\_

**Refinancing points paid -**

Recipient's/Lender's name \_\_\_\_\_  
Date of refinance \_\_\_\_\_  
Total # Payments \_\_\_\_\_  
Reported on 1098 in 2018 \_\_\_\_\_  
Total points paid \_\_\_\_\_  
Points deemed as paid in current year **(Preparer use only)** \_\_\_\_\_

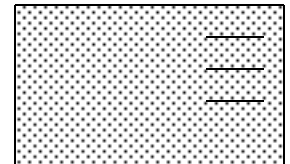


**Vacation Home Information**

2018 Information

Prior Year Information

Number of days home was used personally \_\_\_\_\_ [6]  
Number of days home was rented \_\_\_\_\_ [8]  
Number of day home owned, if not 365 \_\_\_\_\_ [10]  
Carryover of disallowed operating expenses into 2018 + \_\_\_\_\_ [22]  
Carryover of disallowed depreciation expenses into 2018 + \_\_\_\_\_ [23]



**Passive and Other Information**

Preparer use only Carryovers	Regular	AMT
Operating	+ [36]	+ [37]
Short-term capital	+ [38]	+ [39]
Long-term capital	+ [40]	+ [41]
28% rate capital	+ [42]	+ [43]
Section 1231 loss	+ [44]	+ [45]
Ordinary business gain/loss	+ [46]	+ [47]
Comm revitalization	+ [48]	+ [49]
Section 179	+ [50]	+ [51]

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

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [2]  
 Employer identification number \_\_\_\_\_ [6]  
 Name of entity \_\_\_\_\_ [13]  
 State postal code \_\_\_\_\_ [14]  
 Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership) \_\_\_\_\_ [17]

	Preparer use only Carryovers	Regular	AMT
Enter on K1-7	Operating	[23]	[24]
	Short-term capital	[25]	[26]
	Long-term capital	[27]	[28]
	28% rate capital	[29]	[30]
	Section 1231 loss	[31]	[32]
	Ordinary business gain/loss	[33]	[34]
	Other losses - 1040 Sch 1	[35]	[36]
	Comm revitalization	[37]	[38]
	Section 179	[39]	[40]
	Excess farm loss	[41]	[42]

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [2]  
 Employer identification number \_\_\_\_\_ [6]  
 Name of entity \_\_\_\_\_ [13]  
 State postal code \_\_\_\_\_ [14]  
 Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership) \_\_\_\_\_ [17]

	Preparer use only Carryovers	Regular	AMT
Enter on K1-7	Operating	[23]	[24]
	Short-term capital	[25]	[26]
	Long-term capital	[27]	[28]
	28% rate capital	[29]	[30]
	Section 1231 loss	[31]	[32]
	Ordinary business gain/loss	[33]	[34]
	Other losses - 1040 Sch 1	[35]	[36]
	Comm revitalization	[37]	[38]
	Section 179	[39]	[40]
	Excess farm loss	[41]	[42]

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [2]  
 Employer identification number \_\_\_\_\_ [6]  
 Name of entity \_\_\_\_\_ [13]  
 State postal code \_\_\_\_\_ [14]  
 Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership) \_\_\_\_\_ [17]

	Preparer use only Carryovers	Regular	AMT
Enter on K1-7	Operating	[23]	[24]
	Short-term capital	[25]	[26]
	Long-term capital	[27]	[28]
	28% rate capital	[29]	[30]
	Section 1231 loss	[31]	[32]
	Ordinary business gain/loss	[33]	[34]
	Other losses - 1040 Sch 1	[35]	[36]
	Comm revitalization	[37]	[38]
	Section 179	[39]	[40]
	Excess farm loss	[41]	[42]

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

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [2]  
 Employer identification number \_\_\_\_\_ [3]  
 Name of activity \_\_\_\_\_ [4]  
 State postal code \_\_\_\_\_ [5]

	<b>Preparer use only Carryovers</b>	<b>Regular</b>	<b>AMT</b>
<b>Enter on K1T-3</b>	Operating	[23]	[24]
	Short-term capital	[25]	[26]
	Long-term capital	[27]	[28]
	28% rate capital	[29]	[30]
	Section 1231 loss	[31]	[32]
	Ordinary business gain/loss	[33]	[34]
	Comm revitalization	[35]	[36]

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [2]  
 Employer identification number \_\_\_\_\_ [3]  
 Name of activity \_\_\_\_\_ [4]  
 State postal code \_\_\_\_\_ [5]

	<b>Preparer use only Carryovers</b>	<b>Regular</b>	<b>AMT</b>
<b>Enter on K1T-3</b>	Operating	[23]	[24]
	Short-term capital	[25]	[26]
	Long-term capital	[27]	[28]
	28% rate capital	[29]	[30]
	Section 1231 loss	[31]	[32]
	Ordinary business gain/loss	[33]	[34]
	Comm revitalization	[35]	[36]

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [2]  
 Employer identification number \_\_\_\_\_ [3]  
 Name of activity \_\_\_\_\_ [4]  
 State postal code \_\_\_\_\_ [5]

	<b>Preparer use only Carryovers</b>	<b>Regular</b>	<b>AMT</b>
<b>Enter on K1T-3</b>	Operating	[23]	[24]
	Short-term capital	[25]	[26]
	Long-term capital	[27]	[28]
	28% rate capital	[29]	[30]
	Section 1231 loss	[31]	[32]
	Ordinary business gain/loss	[33]	[34]
	Comm revitalization	[35]	[36]

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [2]  
 Employer identification number \_\_\_\_\_ [3]  
 Name of activity \_\_\_\_\_ [4]  
 State postal code \_\_\_\_\_ [5]

	<b>Preparer use only Carryovers</b>	<b>Regular</b>	<b>AMT</b>
<b>Enter on K1T-3</b>	Operating	[23]	[24]
	Short-term capital	[25]	[26]
	Long-term capital	[27]	[28]
	28% rate capital	[29]	[30]
	Section 1231 loss	[31]	[32]
	Ordinary business gain/loss	[33]	[34]
	Comm revitalization	[35]	[36]

Complete this section if you paid interest on a qualified student loan in 2018 for qualified higher education expenses for you, your spouse, or a person who was your dependent when you took out the loan. Please provide all copies of Form 1098-E. Form 1098-E from the lender reports interest received in 2018. The amounts reported by the lender may differ from the amounts you actually paid.

TS	Qualified loan interest recipient/lender	2018 Interest Paid	Prior Year Information
—	_____	+ _____ [1]	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	

**NOTES/QUESTIONS:**

## Education Credits and Tuition and Fees Deduction

Please provide all copies of Form 1098-T.

**Educational institutions use Form 1098-T to report qualified education expenses. An eligible educational institution is any college, university, or vocational school eligible to participate in a student aid program administered by the U.S. Department of Education.**

**Preparer - Enter on Screen Educate2**

Taxpayer/Spouse (T, S) \_\_\_\_\_ [8]  
 Education Code (1=American Opportunity Credit, 2=Lifetime Learning Credit, 3=Tuition and Fees Deduction) \_\_\_\_\_  
 Student's social security number \_\_\_\_\_  
 Student's first name \_\_\_\_\_  
 Student's last name \_\_\_\_\_

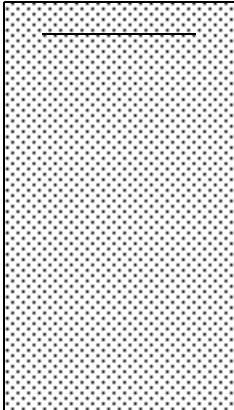
### Institution Information

**Enter information from each institution on a separate page, including the complete address and federal identification number of the institution.**

Institution's federal identification number \_\_\_\_\_ [8]  
 Institution's name \_\_\_\_\_  
 Institution's street address \_\_\_\_\_  
 Institution's city, state, zip code \_\_\_\_\_

### Tuition Paid and Related Information

**Amounts reported in Box 1 may not reflect the actual amount paid for the student during 2018.  
 Enter the amount actually paid during 2018.**

	2018 Information	Prior Year Information
Tuition paid (Enter only the amount actually paid) <b>(Box 1)</b>	+ _____ [8]	
Field no longer applicable	_____	
Educational institution changed its reporting method for 2018 <b>(Box 3)</b>	_____	
Adjustments made for a prior year <b>(Box 4)</b>	_____	
Scholarships or grants <b>(Box 5)</b>	_____	
Adjustments to scholarships or grants for a prior year <b>(Box 6)</b>	_____	
Box 1 or 2 includes amounts for an academic period beginning January - March 2019 <b>(Box 7)</b>	_____	
At least half-time student <b>(Box 8)</b>	_____	
Graduate student <b>(Box 9)</b> (1=Yes, 2=No)	_____	
Insurance contract reimbursement/refund <b>(Box 10)</b>	_____	
Non-Institution expenses (Books and fees not paid directly to the educational institution)	_____	
American Opportunity Tax Credit (AOTC) disqualifier	_____	

1 = Not pursuing degree, 2 = Not enrolled at least half-time, 3 = Felony drug conviction, 4 = 4 yrs post-secondary education before 2018

**NOTES/QUESTIONS:**

**Qualified Education Programs**  
Please provide all copies of Form 1099Q

Taxpayer/Spouse (T, S) \_\_\_\_\_ [1]  
 Payer name \_\_\_\_\_ [3]  
 State postal code \_\_\_\_\_ [4]  
 Type of account (1= Private QTP, 2 = State QTP, 3 = ESA) \_\_\_\_\_ [6]  
 Relationship to account (1 = Beneficiary, 2 = Account owner, 3 = Both, 4 = Neither) \_\_\_\_\_ [7]  
 Final distribution \_\_\_\_\_ [8]

**Contributions and Basis**

Beneficiary's Information (if not taxpayer or spouse)

Social security number \_\_\_\_\_ [11]  
 First name \_\_\_\_\_ [12]  
 Last name \_\_\_\_\_ [13]

	<b>2018 Information</b>	
Amount contributed in current year	+ _____	[14]
Basis of this account at 12/31/17	+ _____	[17]
Value of this account at 12/31/18	+ _____	[19]
Distribution by beneficiary of previously taxed contributions (if not taxpayer or spouse)	+ _____	[24]

**Prior Year Information**


**Payments from Qualified Education Programs**

	<b>2018 Information</b>	
Gross distribution ( <b>Box 1</b> )	+ _____	[30]
Earnings ( <b>Box 2</b> )	+ _____	[32]
Basis ( <b>Box 3</b> )	+ _____	[34]
Trustee-to-trustee rollover ( <b>Box 4</b> )	_____	[36]
Trustee-to-trustee rollover amount if different than Box 1	+ _____	[37]
<b>Box 5 -</b>		
Private QTP	_____	[39]
State QTP	_____	[40]
Coverdell ESA	_____	[41]
Check if the recipient is not the designated beneficiary ( <b>Box 6</b> )	_____	[42]
Qualified education expenses	+ _____	[43]
Elementary and secondary education expenses	+ _____	[45]

**Prior Year Information**


**NOTES/QUESTIONS:**

T/S/J	2018 Information	Prior Year Information
Medical and dental expenses, such as: Doctors, Dentists, Hospital/nursing home fees, Lab/x-ray fees, Medical supplies, Hearing aids, Eyeglasses/contact lenses, and Insurance reimbursements received		
[1] _____	+ _____ [2]	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
Medical insurance premiums you paid: Do not include pre-tax amounts paid by an employer-sponsored plan or amounts entered elsewhere, such as amounts paid for your self-employed business (Sch C, Sch F, Sch K-1, etc.) or Medicare premiums entered on Form SSA-1099.		
[4] _____	+ _____ [5]	
_____	+ _____	
_____	+ _____	
Long-term care premiums you paid: Do not include pre-tax amounts paid by an employer-sponsored plan or amounts entered elsewhere, such as amounts paid for your self-employed business (Sch C, Sch F, Sch K-1, etc.)		
[7] _____	+ _____ [8]	
_____	+ _____	
Prescription medicines and drugs:		
[10] _____	+ _____ [11]	
_____	+ _____	
[13] Miles driven for medical items	_____ [14]	

Schedule A - Tax Expenses

T/S/J	2018 Information	Prior Year Information
State/local income taxes paid:		
[18] _____	+ _____ [19]	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
2017 state and local income taxes paid in 2018:		
[21] _____	+ _____ [22]	
_____	+ _____	
_____	+ _____	
Real estate taxes paid:		
[24] _____	+ _____ [25]	
_____	+ _____	
_____	+ _____	
Personal property taxes:		
[27] _____	+ _____ [28]	
_____	+ _____	
Other taxes, such as: foreign taxes and State disability taxes		
[30] _____	+ _____ [31]	
_____	+ _____	
_____	+ _____	
Sales tax paid on major purchases:		
[36] _____	+ _____ [37]	
_____	+ _____	
Sales tax paid on actual expenses:		
[39] _____	+ _____ [40]	
_____	+ _____	
_____	+ _____	

Control Totals +

## Interest Expenses

T/S/J	2018 Interest Paid <sup>2]</sup>	2018 Points Paid	Type*	2018 Mortgage Ins. Premiums Paid	Prior Year Information
Home mortgage interest: From Form 1098					
[1] _____	+	+	+	+	
_____	+	+	+	+	
_____	+	+	+	+	
_____	+	+	+	+	
_____	+	+	+	+	
_____	+	+	+	+	
_____	+	+	+	+	
_____	+	+	+	+	
_____	+	+	+	+	
_____	+	+	+	+	

**\*Mortgage Types**

**Blank = Used to buy, build or improve main/qualified second home    1 = Not used to buy, build, improve home or investment**

T/S/J	Payee's Name	SSN or EIN	2018 Information	Prior Year Information
Other, such as: Home mortgage interest paid to individuals				
[4] _____	_____	_____	+	[5] _____
<b>Address</b>				
<b>City, state and zip code</b>				
_____	_____	_____	+	_____
<b>Address</b>				
<b>City, state and zip code</b>				

**T/S/J Name and address of other person who received Form 1098 for jointly liable mortgage interest you paid -**

\_\_\_\_\_ Payer's/Borrower's name \_\_\_\_\_ [7]  
 \_\_\_\_\_ Street Address \_\_\_\_\_  
 \_\_\_\_\_ City/State/Zip code \_\_\_\_\_

**Refinancing Points paid in 2018 -**

\_\_\_\_\_ Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [11]  
 \_\_\_\_\_ Recipient/Lender name \_\_\_\_\_  
 \_\_\_\_\_ Total points paid at time of refinance \_\_\_\_\_  
 \_\_\_\_\_ Points deemed as paid in 2018 (Preparer use only) + \_\_\_\_\_ [12]  
 \_\_\_\_\_ Date of refinance \_\_\_\_\_  
 \_\_\_\_\_ Term of new loan (in months) \_\_\_\_\_  
 \_\_\_\_\_ Reported on Form 1098 in 2018 \_\_\_\_\_

\_\_\_\_\_ Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_  
 \_\_\_\_\_ Recipient/Lender name \_\_\_\_\_  
 \_\_\_\_\_ Total points paid at time of refinance \_\_\_\_\_  
 \_\_\_\_\_ Points deemed as paid in 2018 (Preparer use only) + \_\_\_\_\_  
 \_\_\_\_\_ Date of refinance \_\_\_\_\_  
 \_\_\_\_\_ Term of new loan (in months) \_\_\_\_\_  
 \_\_\_\_\_ Reported on Form 1098 in 2018 \_\_\_\_\_

**T/S/J 2018 Information**

Investment interest expense, other than on Schedule(s) K-1:

[15] _____	+	_____	[16] _____
_____	+	_____	_____
_____	+	_____	_____
_____	+	_____	_____
_____	+	_____	_____
_____	+	_____	_____
_____	+	_____	_____
_____	+	_____	_____
_____	+	_____	_____



### Charitable Contributions

T/S/J	Qual Disaster Relief**	2018 Information	Prior Year Information
Contributions made by cash or check (including out-of-pocket expenses)			
Any contribution of cash, a check or other monetary gift requires a written record of the contribution in order to claim the contribution on your return.			
Individual contributions of \$250 or more must be accompanied by a written acknowledgment from the charity to claim the contribution on your return.			
[2]		+ _____ [3]	
		+ _____	
		+ _____	
		+ _____	
		+ _____	
		+ _____	
		+ _____	
		+ _____	
		+ _____	
		+ _____	
		+ _____	
		+ _____	
		+ _____	
		+ _____	
		+ _____	
		+ _____	
		+ _____	
[5]		Volunteer miles driven _____ [6]	
Noncash items, such as: Goodwill/Salvation Army/clothing/household goods			
[8]		+ _____ [9]	
		+ _____	
		+ _____	
		+ _____	
		+ _____	
		+ _____	
		+ _____	
		+ _____	
		+ _____	
		+ _____	
		+ _____	
		+ _____	
		+ _____	
		+ _____	

\*\*Mark if qualifying disaster relief contribution made in 2018 for relief efforts in the California wildfire disaster area

### Miscellaneous Deductions

T/S/J	2018 Information	Prior Year Information
Other expenses, not subject to the 2% AGI limit:		
[12]	+ _____ [13]	
	+ _____	
	+ _____	
	+ _____	
	+ _____	
	+ _____	
	+ _____	
	+ _____	
	+ _____	
	+ _____	
Gambling losses: (Enter only if you have gambling income)		
[15]	+ _____ [16]	
	+ _____	
	+ _____	
	+ _____	
	+ _____	

### NOTES/QUESTIONS:

**Miscellaneous Itemized Deductions (State Use Only)**

**Complete the information below only if you file a state return in AL, AR, CA, HI, IA, MN, NY or PA. Amounts entered here will be used to calculate your state return, but will be ignored for federal return purposes, as the deductions are not allowed.**

T/S/J

2018 Information

Prior Year Information

Unreimbursed expenses, such as: Uniforms, Professional dues,  
Business publications, Job seeking expenses, Educational expenses

[1] _____	+ _____ [2]
— _____	+ _____
— _____	+ _____
— _____	+ _____
— _____	+ _____
— _____	+ _____
— _____	+ _____
— _____	+ _____
— _____	+ _____
— _____	+ _____

Union dues, other than amounts reported on Form W-2:

[4] _____	+ _____ [5]
— _____	+ _____
— _____	+ _____
— _____	+ _____
— _____	+ _____

[7] Tax preparation fees

[7] _____	+ _____ [8]
-----------	-------------

Other expenses, subject to 2% AGI limit, such as: Legal/accounting/custodial fees

[10] _____	+ _____ [11]
— _____	+ _____
— _____	+ _____
— _____	+ _____
— _____	+ _____
— _____	+ _____
— _____	+ _____
— _____	+ _____
— _____	+ _____
— _____	+ _____
— _____	+ _____

[13] Safe deposit box rental

[13] _____	+ _____ [14]
------------	--------------

Investment expenses, other than on Schedule(s) K-1 or Form(s) 1099-DIV/INT:

[16] _____	+ _____ [17]
— _____	+ _____
— _____	+ _____
— _____	+ _____
— _____	+ _____
— _____	+ _____
— _____	+ _____
— _____	+ _____
— _____	+ _____
— _____	+ _____
— _____	+ _____

**NOTES/QUESTIONS:**

**Noncash Contributions Exceeding \$500**

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

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [1]  
 Donated property description \_\_\_\_\_ [4]  
 Name of donee organization \_\_\_\_\_ [5]  
 Address of donee organization \_\_\_\_\_ [6]  
 City \_\_\_\_\_ [7]  
 State postal code \_\_\_\_\_ [8]  
 Zip code \_\_\_\_\_ [9]  
 Date contributed \_\_\_\_\_ [10]  
 Date acquired by donor \_\_\_\_\_ [11]  
 How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange) \_\_\_\_\_ [12]  
 Donor's cost or basis \_\_\_\_\_ + \_\_\_\_\_ [13]  
 Fair market value \_\_\_\_\_ + \_\_\_\_\_ [14]  
 Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) \_\_\_\_\_ [15]  
 If other: \_\_\_\_\_ [16]

**Control Totals +**

**Noncash Contributions Exceeding \$500**

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

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [1]  
 Donated property description \_\_\_\_\_ [4]  
 Name of donee organization \_\_\_\_\_ [5]  
 Address of donee organization \_\_\_\_\_ [6]  
 City \_\_\_\_\_ [7]  
 State postal code \_\_\_\_\_ [8]  
 Zip code \_\_\_\_\_ [9]  
 Date contributed \_\_\_\_\_ [10]  
 Date acquired by donor \_\_\_\_\_ [11]  
 How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange) \_\_\_\_\_ [12]  
 Donor's cost or basis \_\_\_\_\_ + \_\_\_\_\_ [13]  
 Fair market value \_\_\_\_\_ + \_\_\_\_\_ [14]  
 Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) \_\_\_\_\_ [15]  
 If other: \_\_\_\_\_ [16]

**Control Totals +**

**Noncash Contributions Exceeding \$500**

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

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [1]  
 Donated property description \_\_\_\_\_ [4]  
 Name of donee organization \_\_\_\_\_ [5]  
 Address of donee organization \_\_\_\_\_ [6]  
 City \_\_\_\_\_ [7]  
 State postal code \_\_\_\_\_ [8]  
 Zip code \_\_\_\_\_ [9]  
 Date contributed \_\_\_\_\_ [10]  
 Date acquired by donor \_\_\_\_\_ [11]  
 How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange) \_\_\_\_\_ [12]  
 Donor's cost or basis \_\_\_\_\_ + \_\_\_\_\_ [13]  
 Fair market value \_\_\_\_\_ + \_\_\_\_\_ [14]  
 Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) \_\_\_\_\_ [15]  
 If other: \_\_\_\_\_ [16]

**Control Totals +**

**Preparer use only**

Principal business or profession \_\_\_\_\_ [3]  
 Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [4]  
 State postal code \_\_\_\_\_ [5]

**Business Use of Home**

	2018 Information	Prior Year Information										
Total area of home	_____ [14]	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;">_____</td></tr> <tr><td style="text-align: center;">_____</td></tr> <tr><td style="text-align: center;">_____</td></tr> <tr><td style="text-align: center;">_____</td></tr> <tr><td style="text-align: center;">_____</td></tr> <tr><td style="text-align: center;">_____</td></tr> <tr><td style="text-align: center;">_____</td></tr> <tr><td style="text-align: center;">_____</td></tr> <tr><td style="text-align: center;">_____</td></tr> <tr><td style="text-align: center;">_____</td></tr> </table>	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
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_____												
_____												
Area used exclusively for business	_____ [16]											
Information for day-care facilities only:												
Total hours used for day-care during this year	_____ [18]											
Total hours used this year, if less than 8760	_____ [20]											
Special computation for certain day-care facilities:												
Area used regularly and exclusively for day-care business	_____ [22]											
Area used partly for day-care business	_____ [24]											

**List as direct expenses any expenses which are attributable only to the business part of your home.**  
**List as indirect expenses any expenses which are attributable to the overall upkeep and running of your home.**

	2018 Information		Prior Year Information																	
	Direct Expenses	Indirect Expenses																		
Mortgage interest:	+ _____ [29]	+ _____ [31]	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;">_____</td></tr> <tr><td style="text-align: center;">_____</td></tr> <tr><td style="text-align: center;">_____</td></tr> <tr><td style="text-align: center;">_____</td></tr> <tr><td style="text-align: center;">_____</td></tr> <tr><td style="text-align: center;">_____</td></tr> <tr><td style="text-align: center;">_____</td></tr> <tr><td style="text-align: center;">_____</td></tr> <tr><td style="text-align: center;">_____</td></tr> <tr><td style="text-align: center;">_____</td></tr> <tr><td style="text-align: center;">_____</td></tr> <tr><td style="text-align: center;">_____</td></tr> <tr><td style="text-align: center;">_____</td></tr> <tr><td style="text-align: center;">_____</td></tr> <tr><td style="text-align: center;">_____</td></tr> <tr><td style="text-align: center;">_____</td></tr> <tr><td style="text-align: center;">_____</td></tr> </table>	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
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_____																				
Mortgage insurance premiums	+ _____ [34]	+ _____ [35]																		
Real estate taxes:	+ _____ [37]	+ _____ [39]																		
Excess mortgage interest and insurance premiums	+ _____ [42]	+ _____ [43]																		
Insurance	+ _____ [48]	+ _____ [50]																		
Rent	+ _____ [54]	+ _____ [55]																		
Repairs & maintenance	+ _____ [57]	+ _____ [58]																		
Utilities	+ _____ [60]	+ _____ [61]																		
Other expenses, such as: Supplies & Security system	+ _____ [63]	+ _____ [64]																		
_____	+ _____	+ _____																		
_____	+ _____	+ _____																		
_____	+ _____	+ _____																		
_____	+ _____	+ _____																		
_____	+ _____	+ _____																		
_____	+ _____	+ _____																		
_____	+ _____	+ _____																		
_____	+ _____	+ _____																		
Excess casualty losses		+ _____ [66]																		
Carryovers:																				
Operating expenses		+ _____ [67]																		
Casualty losses		+ _____ [68]																		
Depreciation		+ _____ [70]																		
Business expenses not from business use of home, such as:																				
Travel, Supplies, Business telephone expenses		+ _____ [71]																		
Depreciation		+ _____ [75]																		

**NOTES/QUESTIONS:**

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

Preparer use only

Description of business or profession \_\_\_\_\_ [3]

**Vehicles**

Vehicle 1 -	Date placed in service	_____	[4]
	Description	_____	[5]
	Comments	_____	
Vehicle 2 -	Date placed in service	_____	[9]
	Description	_____	[10]
	Comments	_____	
Vehicle 3 -	Date placed in service	_____	[14]
	Description	_____	[15]
	Comments	_____	
Vehicle 4 -	Date placed in service	_____	[19]
	Description	_____	[20]
	Comments	_____	

**Vehicle Questions**

	Vehicle 1	Prior Year	Vehicle 2	Prior Year	Vehicle 3	Prior Year	Vehicle 4	Prior Year
If you used your automobile for work purposes, answer the following questions:								
Was the vehicle available for off-duty personal use? (Y, N)	___ [60]	<input type="checkbox"/>	___ [62]	<input type="checkbox"/>	___ [64]	<input type="checkbox"/>	___ [66]	<input type="checkbox"/>
Was another vehicle available for personal use? (Y, N)	___ [68]	<input type="checkbox"/>	___ [70]	<input type="checkbox"/>	___ [72]	<input type="checkbox"/>	___ [74]	<input type="checkbox"/>
Do you have evidence to support your deduction? (Y, N)	___ [76]	<input type="checkbox"/>	___ [78]	<input type="checkbox"/>	___ [80]	<input type="checkbox"/>	___ [82]	<input type="checkbox"/>
Is this evidence written? (Y, N)	___ [84]	<input type="checkbox"/>	___ [86]	<input type="checkbox"/>	___ [88]	<input type="checkbox"/>	___ [90]	<input type="checkbox"/>

**Vehicle Expenses**

	Vehicle 1	Prior Year Information	Vehicle 2	Prior Year Information	Vehicle 3	Prior Year Information	Vehicle 4	Prior Year Information
Total miles for year	_____ [32]	<input type="checkbox"/>	_____ [34]	<input type="checkbox"/>	_____ [36]	<input type="checkbox"/>	_____ [38]	<input type="checkbox"/>
Commuting miles	_____ [42]	<input type="checkbox"/>	_____ [44]	<input type="checkbox"/>	_____ [46]	<input type="checkbox"/>	_____ [48]	<input type="checkbox"/>
Business miles	_____ [52]	<input type="checkbox"/>	_____ [54]	<input type="checkbox"/>	_____ [56]	<input type="checkbox"/>	_____ [58]	<input type="checkbox"/>
Parking fees	+ _____ [92]	<input type="checkbox"/>	+ _____ [94]	<input type="checkbox"/>	+ _____ [96]	<input type="checkbox"/>	+ _____ [98]	<input type="checkbox"/>
Tolls	+ _____ [100]	<input type="checkbox"/>	+ _____ [102]	<input type="checkbox"/>	+ _____ [104]	<input type="checkbox"/>	+ _____ [106]	<input type="checkbox"/>
Gasoline	+ _____ [108]	<input type="checkbox"/>	+ _____ [110]	<input type="checkbox"/>	+ _____ [112]	<input type="checkbox"/>	+ _____ [114]	<input type="checkbox"/>
Oil	+ _____ [116]	<input type="checkbox"/>	+ _____ [118]	<input type="checkbox"/>	+ _____ [120]	<input type="checkbox"/>	+ _____ [122]	<input type="checkbox"/>
Repairs	+ _____ [124]	<input type="checkbox"/>	+ _____ [126]	<input type="checkbox"/>	+ _____ [128]	<input type="checkbox"/>	+ _____ [130]	<input type="checkbox"/>
Maintenance	+ _____ [132]	<input type="checkbox"/>	+ _____ [134]	<input type="checkbox"/>	+ _____ [136]	<input type="checkbox"/>	+ _____ [138]	<input type="checkbox"/>
Tires	+ _____ [140]	<input type="checkbox"/>	+ _____ [142]	<input type="checkbox"/>	+ _____ [144]	<input type="checkbox"/>	+ _____ [146]	<input type="checkbox"/>
Car washes	+ _____ [148]	<input type="checkbox"/>	+ _____ [150]	<input type="checkbox"/>	+ _____ [152]	<input type="checkbox"/>	+ _____ [154]	<input type="checkbox"/>
Insurance	+ _____ [156]	<input type="checkbox"/>	+ _____ [158]	<input type="checkbox"/>	+ _____ [160]	<input type="checkbox"/>	+ _____ [162]	<input type="checkbox"/>
Interest	+ _____ [164]	<input type="checkbox"/>	+ _____ [166]	<input type="checkbox"/>	+ _____ [168]	<input type="checkbox"/>	+ _____ [170]	<input type="checkbox"/>
Registration	+ _____ [172]	<input type="checkbox"/>	+ _____ [174]	<input type="checkbox"/>	+ _____ [176]	<input type="checkbox"/>	+ _____ [178]	<input type="checkbox"/>
Licenses	+ _____ [180]	<input type="checkbox"/>	+ _____ [182]	<input type="checkbox"/>	+ _____ [184]	<input type="checkbox"/>	+ _____ [186]	<input type="checkbox"/>
Property taxes	+ _____ [188]	<input type="checkbox"/>	+ _____ [190]	<input type="checkbox"/>	+ _____ [192]	<input type="checkbox"/>	+ _____ [194]	<input type="checkbox"/>
Other vehicle expenses	+ _____ [196]	<input type="checkbox"/>	+ _____ [198]	<input type="checkbox"/>	+ _____ [200]	<input type="checkbox"/>	+ _____ [202]	<input type="checkbox"/>
Vehicle rentals	+ _____ [204]	<input type="checkbox"/>	+ _____ [206]	<input type="checkbox"/>	+ _____ [208]	<input type="checkbox"/>	+ _____ [210]	<input type="checkbox"/>
Inclusion amt (Preparer only)	_____ [212]	<input type="checkbox"/>	_____ [214]	<input type="checkbox"/>	_____ [216]	<input type="checkbox"/>	_____ [218]	<input type="checkbox"/>
Depreciation	+ _____ [220]	<input type="checkbox"/>	+ _____ [222]	<input type="checkbox"/>	+ _____ [224]	<input type="checkbox"/>	+ _____ [226]	<input type="checkbox"/>

**“Your family”** for health care coverage refers to you, your spouse if filing jointly, and anyone you can claim as a dependent.

Please provide all copies of Form(s) 1095-B and/or 1095-C

**2018 Information**

**Prior Year Information**

Was your entire family covered for the full year with minimum essential health care coverage? (Y, N) \_\_[1]

If your entire family was not covered for the full year with minimum essential health care coverage, enter information for all family members who are covered, or are exempt from the requirement to maintain minimum essential health coverage.

Enter either the Exemption Certificate Number issued by the Marketplace, or the Other Exemption Type you are claiming.

Mark Full Year if the coverage or exemption is for the entire year, otherwise indicate the Start Month and End Month.

Social Security No.	First Name	Last Name	Exemption Certificate Number	Coverage/Exemption Type *	Full Year	Start Month	End Month
_____	_____	_____	_____	—	—	—	— <sup>[7]</sup>
_____	_____	_____	_____	—	—	—	—
_____	_____	_____	_____	—	—	—	—
_____	_____	_____	_____	—	—	—	—
_____	_____	_____	_____	—	—	—	—
_____	_____	_____	_____	—	—	—	—
_____	_____	_____	_____	—	—	—	—
_____	_____	_____	_____	—	—	—	—
_____	_____	_____	_____	—	—	—	—
_____	_____	_____	_____	—	—	—	—
_____	_____	_____	_____	—	—	—	—
_____	_____	_____	_____	—	—	—	—
_____	_____	_____	_____	—	—	—	—
_____	_____	_____	_____	—	—	—	—
_____	_____	_____	_____	—	—	—	—
_____	_____	_____	_____	—	—	—	—
_____	_____	_____	_____	—	—	—	—
_____	_____	_____	_____	—	—	—	—
_____	_____	_____	_____	—	—	—	—
_____	_____	_____	_____	—	—	—	—
_____	_____	_____	_____	—	—	—	—
_____	_____	_____	_____	—	—	—	—
_____	_____	_____	_____	—	—	—	—
_____	_____	_____	_____	—	—	—	—
_____	_____	_____	_____	—	—	—	—

**\*Other Exemption Type Codes**

<p><b>A = Unaffordable coverage</b></p> <p><b>B = Short coverage gap</b></p> <p><b>C = Exempt noncitizen</b></p> <p><b>D = Health care sharing ministry</b></p> <p><b>E = Indian tribe member</b></p>	<p><b>F = Incarcerated individual</b></p> <p><b>G = Hardship (combined coverage unaffordable, initial open enrollment, CHIP)</b></p> <p><b>H = Member of tax household born, adopted, or died</b></p> <p><b>X = Insured with minimum essential coverage (coverage info found on Form(s) 1095-B or 1095-C)</b></p>
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**2018 Information**

**Taxpayer**

**Spouse**

**Prior Year Information**

Self-employed health insurance premiums: (Not entered elsewhere)

_____ + _____ <sup>[13]</sup>	+	_____ <sup>[14]</sup>
_____ + _____	+	_____

Self-employed long-term care premiums: (Not entered elsewhere)

_____ + _____ <sup>[16]</sup>	+	_____ <sup>[17]</sup>
_____ + _____	+	_____

**NOTES/QUESTIONS:**

Please provide all Forms 1095-A

Taxpayer/Spouse (T,S) \_\_\_\_\_ [1]  
 Marketplace identifier (Box 1) \_\_\_\_\_ [6]  
 Marketplace-assigned policy number (Box 2) \_\_\_\_\_ [7]  
 Policy issuer's name (Box 3) \_\_\_\_\_ [2]

Part III Household Information -

	A. 2018 Monthly Premium Amount	Prior Year Information	B. 2018 Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP)	C. 2018 Monthly Advance Payment of Premium Tax Credit	Prior Year Information
January	+ _____ [12]		+ _____ [25]	+ _____ [38]	
February	+ _____ [13]		+ _____ [26]	+ _____ [39]	
March	+ _____ [14]		+ _____ [27]	+ _____ [40]	
April	+ _____ [15]		+ _____ [28]	+ _____ [41]	
May	+ _____ [16]		+ _____ [29]	+ _____ [42]	
June	+ _____ [17]		+ _____ [30]	+ _____ [43]	
July	+ _____ [18]		+ _____ [31]	+ _____ [44]	
August	+ _____ [19]		+ _____ [32]	+ _____ [45]	
September	+ _____ [20]		+ _____ [33]	+ _____ [46]	
October	+ _____ [21]		+ _____ [34]	+ _____ [47]	
November	+ _____ [22]		+ _____ [35]	+ _____ [48]	
December	+ _____ [23]		+ _____ [36]	+ _____ [49]	
Annual total	+ _____ [24]	+ _____ [37]	+ _____ [50]		

Control Totals +

ACA - Health Insurance Marketplace Statement #2

Please provide all Forms 1095-A

Taxpayer/Spouse (T,S) \_\_\_\_\_ [1]  
 Marketplace identifier (Box 1) \_\_\_\_\_ [6]  
 Marketplace-assigned policy number (Box 2) \_\_\_\_\_ [7]  
 Policy issuer's name (Box 3) \_\_\_\_\_ [2]

Part III Household Information -

	A. 2018 Monthly Premium Amount	Prior Year Information	B. 2018 Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP)	C. 2018 Monthly Advance Payment of Premium Tax Credit	Prior Year Information
January	+ _____ [12]		+ _____ [25]	+ _____ [38]	
February	+ _____ [13]		+ _____ [26]	+ _____ [39]	
March	+ _____ [14]		+ _____ [27]	+ _____ [40]	
April	+ _____ [15]		+ _____ [28]	+ _____ [41]	
May	+ _____ [16]		+ _____ [29]	+ _____ [42]	
June	+ _____ [17]		+ _____ [30]	+ _____ [43]	
July	+ _____ [18]		+ _____ [31]	+ _____ [44]	
August	+ _____ [19]		+ _____ [32]	+ _____ [45]	
September	+ _____ [20]		+ _____ [33]	+ _____ [46]	
October	+ _____ [21]		+ _____ [34]	+ _____ [47]	
November	+ _____ [22]		+ _____ [35]	+ _____ [48]	
December	+ _____ [23]		+ _____ [36]	+ _____ [49]	
Annual total	+ _____ [24]	+ _____ [37]	+ _____ [50]		

Control Totals +

NOTES/QUESTIONS:

Please provide all Forms 5498-SA.

	<b>2018 Information</b>	<b>Prior Year Information</b>
Taxpayer/Spouse (T, S)	_____ [1]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
Name of Trustee _____	_____ [4]	
State postal code _____	_____ [2]	
Indicate type of health or medical savings account:		
HSA	_____ [6]	
Archer MSA	_____ [7]	
MA (Medicare Advantage) MSA	_____ [9]	
Total HSA/MSA contributions made		
for 2018 (Enter all amounts contributed, including through employer cafeteria plans)	+ _____ [10]	
Indicate type of coverage under qualifying high deductible health plan (1 = Self-Only, 2 = Family)	_____ [12]	
Number of months in qualified high deductible health plan in 2018	_____ [13]	
Mark if you want to contribute the maximum allowable health or medical savings account contribution amount	_____ [14]	
Total HSA/MSA contribution to be made for 2018	+ _____ [15]	
Fair market value of HSA, Archer MSA, or MA MSA (Form 5498-SA, Box 5)	+ _____ [16]	
Excess contributions for 2017 taken as constructive contributions for 2018	+ _____ [19]	
Rollover contribution (Form 5498-SA, Box 4)	+ _____ [21]	

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

Amount of annual deductible	+ _____ [24]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
Enter compensation from employer maintaining high deductible health plan	+ _____ [27]	
If self-employed, enter earned income from business under which plan was established	+ _____ [31]	

**Complete this section if your account is an HSA**

Was the high deductible health plan in effect for December 2018? (Y, N) \_\_\_\_\_ [33]

**NOTES/QUESTIONS:**



## Health, Medical Savings Account Distributions

Please provide all Forms 1099-SA.

**2018 Information**

**Prior Year Information**

Taxpayer/Spouse (T, S)	_	[1]	
Name of Trustee _____		[4]	
State postal code _____		[2]	
Gross distributions received <b>(Box 1)</b>	+	_____ [7]	
Earnings on excess contributions <b>(Box 2)</b>	+	_____ [9]	
Distribution code <b>(Box 3)</b>		_____ [11]	
Fair Market Value on date of death <b>(Box 4)</b>	+	_____ [12]	
<b>Box 5 -</b>			
HSA		_____ [13]	
Archer MSA		_____ [14]	
MA MSA		_____ [15]	
All distributions were used to pay unreimbursed qualified medical expenses		_____ [17]	_____
If some distributions were used to pay for other than qualified medical expenses, enter the unreimbursed qualified medical expenses for 2018	+	_____ [19]	_____
Withdrawal of excess contributions by the due date of the return	+	_____ [21]	_____
Amount of distribution rolled over for 2018	+	_____ [23]	_____
If the distribution is due to the death of the account holder, enter the qualified decedent medical expenses paid by the taxpayer	+	_____ [26]	_____
If MA (Medicare Advantage) MSA, enter value of account on 12/31/17	+	_____ [27]	_____
For HSA accounts:			
Was the high deductible health plan coverage started in 2017 and in effect for the month of December 2017? (Y, N)		_____ [29]	_____
Was the high deductible health plan coverage ended before 12/31/18? (Y, N)		_____ [30]	_____

## Long Term Care (LTC) Service and Contracts

Please provide all Forms 1099-LTC.

**2018 Information**

**Prior Year Information**

Name of the insured chronically ill individual _____	_____	[39]	
Social security number of insured _____		[40]	
Gross long-term care (LTC) benefits paid <b>(Box 1)</b>	+	_____ [42]	
Accelerated death benefits paid <b>(Box 2)</b>	+	_____ [44]	
<b>Check one (Box 3)</b>			
Per diem		_____ [46]	
Reimbursed amount		_____ [47]	
Qualified contract <b>(Box 4)</b>		_____ [48]	
<b>Check, if applicable (Box 5)</b>			
Chronically ill		_____ [49]	
Terminally ill		_____ [50]	
Are there other individuals who received LTC payments during 2018? (Y, N)		_____ [52]	_____
If the insured is terminally ill, were payments received on account of terminal illness? (Y, N)		_____ [53]	_____
Number of days during the long-term care period _____		[54]	
Cost incurred for qualified long-term care services during the long-term care period	+	_____ [55]	_____

**NOTES/QUESTIONS:**

## Child and Dependent Care Expenses

**Please enter all amounts paid in 2018 for the care of one or more dependents which enables you to work or attend school.  
Enter the amount of dependent care expenses paid for each qualifying dependent on Organizer Form ID:1040**

	Taxpayer	Spouse
2017 employer-provided dependent care benefits used during 2018 grace period	+ _____ [3]	+ _____ [4]
Employer-provided dependent care benefits that were forfeited in 2018	+ _____ [5]	+ _____ [6]
Total qualified expenses incurred in 2018		_____ [9]
Were you or your spouse a full time student or disabled? (Yes or No)	_____ [10]	_____ [11]
Did you provide care expenses for any person(s) who is not listed as a dependent? (Y, N)		_____ [12]

Business name of provider \_\_\_\_\_  
 First and last name of provider \_\_\_\_\_  
 Street address of provider \_\_\_\_\_  
 City, State and Zip code \_\_\_\_\_  
 Social security number OR Employer identification number \_\_\_\_\_  
 Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN)  
 Amount paid to care provider in 2018 + \_\_\_\_\_ [7]  
 Foreign province or state of provider \_\_\_\_\_  
 Foreign country and Foreign postal code of provider \_\_\_\_\_

Business name of provider \_\_\_\_\_  
 First and last name of provider \_\_\_\_\_  
 Street address of provider \_\_\_\_\_  
 City, State and Zip code \_\_\_\_\_  
 Social security number OR Employer identification number \_\_\_\_\_  
 Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN)  
 Amount paid to care provider in 2018 + \_\_\_\_\_ [7]  
 Foreign province or state of provider \_\_\_\_\_  
 Foreign country and Foreign postal code of provider \_\_\_\_\_

Business name of provider \_\_\_\_\_  
 First and last name of provider \_\_\_\_\_  
 Street address of provider \_\_\_\_\_  
 City, State and Zip code \_\_\_\_\_  
 Social security number OR Employer identification number \_\_\_\_\_  
 Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN)  
 Amount paid to care provider in 2018 + \_\_\_\_\_ [7]  
 Foreign province or state of provider \_\_\_\_\_  
 Foreign country and Foreign postal code of provider \_\_\_\_\_

Business name of provider \_\_\_\_\_  
 First and last name of provider \_\_\_\_\_  
 Street address of provider \_\_\_\_\_  
 City, State and Zip code \_\_\_\_\_  
 Social security number OR Employer identification number \_\_\_\_\_  
 Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN)  
 Amount paid to care provider in 2018 + \_\_\_\_\_ [7]  
 Foreign province or state of provider \_\_\_\_\_  
 Foreign country and Foreign postal code of provider \_\_\_\_\_

Business name of provider \_\_\_\_\_  
 First and last name of provider \_\_\_\_\_  
 Street address of provider \_\_\_\_\_  
 City, State and Zip code \_\_\_\_\_  
 Social security number OR Employer identification number \_\_\_\_\_  
 Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN)  
 Amount paid to care provider in 2018 + \_\_\_\_\_ [7]  
 Foreign province or state of provider \_\_\_\_\_  
 Foreign country and Foreign postal code of provider \_\_\_\_\_