

Client Organizer Topical Index

This client organizer topical index is designed to help you quickly locate the items listed. To use the index just locate the topic and refer to the page number listed. The page number corresponds to the number printed in the top right corner of your organizer sheets. Please note this organizer is customized specifically for you, and may not contain all of the pages listed here.

Topic	Page	Topic	Page
ABLE account distributions	73	Gambling winnings	10, 18, 20
Adoption expenses	84	Gambling losses	59
Affordable Care Act Health Coverage	69, 70	Health savings account (HSA)	71, 72
Alaska Permanent Fund dividends	18, 77	Household employee taxes	78
Alimony paid	51	Identity authentication	7
Alimony received	18	Installment sales	41, 42
Annuity payments received	10, 24	Interest income, including foreign	11, 13, 17b
Automobile information -		Interest paid	58
Business or profession	68	Investment expenses	57
Employee business expense	50	Investment interest expenses	58
Farm, Farm Rental	68	IRA, Roth IRA contributions	26
Rent and royalty	68	IRA distributions	10, 24
Bank account information	3	Like-kind exchange of property	43
Broker Statement - Consolidated	17b	Long-term care services and contracts (LTC)	72
Business income and expenses	28, 29, 30	Medical and dental expenses	57
Business use of home	67	Medical savings account (MSA)	71, 72
Cancellation of debt	19	Minister earnings and expenses	28, 49, 75
Casualty and theft losses, business	63, 65	Miscellaneous income	18, 18a, 18b
Casualty and theft losses, personal	64, 66	Miscellaneous adjustments	51
Child and dependent care expenses	80	Miscellaneous itemized deductions	59, 59a
Children's interest and dividend	76, 77	Mortgage interest expense	58, 60
Charitable contributions	59, 61, 62	Moving expenses - Active Military	48
Contracts and straddles	22	Nonresident Alien	4, 5
Dependent care benefits received	12	Partnership income	10, 38
Dependent information	1	Payments from Qualified Education Programs (1099-Q)	10, 55
Depreciable asset acquisitions and dispositions -		Pension distributions	10, 24
Business or profession	92, 93	Personal property taxes paid	57
Employee business expense	92, 93	Railroad retirement benefits	25
Farm, Farm Rental	92, 93	Real estate taxes	57
Rent and royalty	92, 93	REMIC's	16
Direct deposit information	3	Rent and royalty, vacation home, income and expenses	31, 32
Disability income	24, 81	Residential energy credit	82
Dividend income, including foreign	11, 14, 17b	S corporation income	10, 21, 38
Early withdrawal penalty	13	Sale of business property	41, 42
Education Credits and tuition and fees deduction	54	Sale of personal residence	40
Education Savings Account & Qualified Tuition Programs	55	Sale of stock, securities, and other capital assets	17, 17a, 17b
Electronic filing	6	Self-employed health insurance premiums	28, 33, 69
Email address	2	Self-employed Keogh, SEP and SIMPLE plan contributions	27
Employee business expenses	49	Seller-financed mortgage interest received	15
Estate income	10, 39	Social security benefits received	25
Farm income and expenses	33, 34, 35	State and local income tax refunds	18
Farm rental income and expenses	36, 37	State & local estimate payments	9
Federal estimate payments	8	State & local withholding	12, 20, 24
Federal student aid application information (FAFSA)	56	Statutory employee	12, 28
Federal withholding	12, 20, 24, 25	Student loan interest paid	53
First-time homebuyer credit repayment	79	Taxes paid	57
Foreign bank accounts & financial assets	44, 45	Trust income	39
Foreign earned income & housing deduction	46, 47	Unemployment compensation	18
Foreign employer compensation	23	Unreported tip or unreported wage income	74
Foreign taxes paid	83	U.S. savings bonds educational exclusion	52
Fuel tax credit	85, 86, 87	Wages and salaries	10, 12

Please note the following conventions used throughout your client organizer: T/S/J and T/S headings should be used to indicate if an item belongs to the (T)axpayer, (S)pouse, or (J)oint. Also, if an item did not occur in your resident state, please indicate the state's postal code abbreviation in which the item occurred. Control totals and [] numbers are for preparer use only.

Personal Information

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

Mark if you were married but living apart all year _____

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

	Taxpayer	Spouse
Social security number	_____	_____
First name	_____	_____
Last name	_____	_____
Occupation	_____	_____
Designate \$3.00 to the presidential election campaign fund? (1 = Yes, 2 = No, 3 = Blank)	_____	_____
Mark if dependent of another taxpayer	_____	_____
Taxpayer with income less than 1/2 support age 18 or 19 - 23 full-time student? (Y, N)	_____	_____
Mark if legally blind	_____	_____
Date of birth	_____	_____
Date of death	_____	_____
Work/daytime telephone number/ext number	_____	_____
Home/evening telephone number	_____	_____
Do you authorize us to discuss your return with the IRS? (Y, N)	_____	_____

Present Mailing Address

Address _____

Apartment number _____

City, state postal code, zip code _____

Foreign country name _____

Foreign phone number _____

In care of addressee _____

Dependent Information

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

First Name	Last Name	Date of Birth	Social Security No.	Relationship	Months in home	***Dep * **	Care expenses paid for dependent

Name of child who lived with you but is not your dependent _____

Social security number of qualifying person _____

Dependent Codes

- | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>*Basic</p> <ul style="list-style-type: none"> 1 = Child who lived with you 2 = Child who did not live with you due to divorce/separation 3 = Other dependent 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 <p>***Months</p> <ul style="list-style-type: none"> 77 = Reported on odd year return 88 = Reported on even year return 99 = Not reported on return | <p>**Other</p> <ul style="list-style-type: none"> 1 = Student (Age 19 - 23) 2 = Disabled dependent 3 = Dependent who is both a student and disabled |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Preparer - Enter on Screen Contact

Tax matters person (Indicate which spouse handles tax return related questions) (Blank = Both, T = Taxpayer, S = Spouse) _____

Taxpayer email address _____

Spouse email address _____

Taxpayer

Spouse

Fax telephone number _____

Mobile telephone number _____

Mobile telephone #2 number _____

Pager number _____

Other: _____

Telephone number _____

Extension _____

Preferred method of contact: _____

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. _____

Primary account:

Financial institution routing transit number _____

Name of financial institution _____

Your account number _____

Type of account (1 = Savings, 2 = Checking, 3 = IRA*) _____

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

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

Enter the maximum dollar amount, or percentage of total refund Dollar _____ or Percent (xxx.xx) _____

Secondary account #1:

Financial institution routing transit number _____

Name of financial institution _____

Your account number _____

Type of account (1 = Savings, 2 = Checking, 3 = IRA*) _____

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

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

Enter the maximum dollar amount, or percentage of total refund Dollar _____ or Percent (xxx.xx) _____

Secondary account #2:

Financial institution routing transit number _____

Name of financial institution _____

Your account number _____

Type of account (1 = Savings, 2 = Checking, 3 = IRA*) _____

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

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

Enter the maximum dollar amount, or percentage of total refund Dollar _____ or Percent (xxx.xx) _____

*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 _____ or Percent (xxx.xx) _____

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 _____ or Percent (xxx.xx) _____

Owner's name (First Last) _____

Co-owner or beneficiary (First Last) _____

Mark if the name listed above is a beneficiary _____

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 _____ or Percent (xxx.xx) _____

Owner's name (First Last) _____

Co-owner or beneficiary (First Last) _____

Mark if the name listed above is a beneficiary _____

Please provide copies of all Forms 1042-S, SSA-1042S, 8288A, and 8805

Country where you are a citizen or national during the tax year _____

Foreign address to use for refund check, if different than mailing address entered on Screen 1040:

Foreign address _____

Foreign city _____

Foreign country name _____

Foreign province or county _____

Foreign postal code _____

Country of permanent residence for tax purposes _____

Scholarships and fellowship grants received during tax year: _____

U.S. real property interests that were disposed at a gain during the tax year _____

Income Not Effectively Connected with a U.S. Trade or Business

Payer / Description	Tax Rate	Income	U.S. Fed Withholding
Dividends paid by U.S. corporations:			
_____	_____	_____	_____
Dividends paid by foreign corporations:			
_____	_____	_____	_____
Interest received on mortgages:			
_____	_____	_____	_____
Interest paid by foreign corporations:			
_____	_____	_____	_____
Other Interest received:			
_____	_____	_____	_____
Industrial royalties (patents, trademarks, etc.)			
_____	_____	_____	_____
Motion picture or T.V. copyright royalties			
_____	_____	_____	_____
Other royalties (copyrights, recording, publishing, etc.)			
_____	_____	_____	_____
Real property income and natural resources royalties			
_____	_____	_____	_____
Pensions and annuities:			
_____	_____	_____	_____
Gambling - Residents of Canada only:			
Winnings _____ Losses _____			
Gambling - Residents of countries other than Canada:			
_____	_____	_____	_____
Other income:			
_____	_____	_____	_____
_____	_____	_____	_____

Capital Gains & Losses Not Effectively Connected with a U.S. Trade or Business

Description of Property	Date Acquired	Date Sold	Sales Price	Cost/Basis	U.S. Fed W/H
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Have you ever applied to be a green card holder of the United States (Y, N) _____

Were you ever a U.S. citizen? (Y, N) _____

Were you ever a green card holder of the U.S.? (Y, N) _____

If you had a visa on December 31, 2018, enter your visa type _____

If you did not have a visa, enter your U.S. immigration status on December 31, 2018 _____

Date you first entered U.S. _____

If you've ever changed your visa types (nonimmigrant status) or U.S. immigration status:
 Date of visa change _____
 Nature of your visa change _____

If you are a resident of Canada or Mexico AND commute to work in the U.S. at frequent intervals, enter 1 for Canada or 2 for Mexico _____

List all dates you entered and left the United States during 2018 (NA for residents of Canada or Mexico):

Date Entered	Date Left	Date Entered	Date Left	Date Entered	Date Left	Date Entered	Date Left
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

Enter the total number of days (including vacation, nonworkdays, partial work days) you were present in the U.S. during:
 2016 _____
 2017 _____
 2018 _____

Latest U.S. income tax return you filed prior to 2018:
 Year filed _____
 Type of return filed _____

Did you receive total compensation of \$250,000 or more during 2018 (Y, N) _____
 If "Yes" did you use an alternative method to determine the source of the compensation? (Y, N) _____
 If you used an alternative method to determine the source of the compensation, provide details in the space below.

Complete the following if claiming exemption from income tax under a U.S. income tax treaty

Country Name	Tax Treaty Article	Months Claimed in 2017	Exempt Income in 2018
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Were you subject to tax in a foreign country on any of the income entered in the "Exempt income 2018" column (Y, N) _____
 Are you claiming treaty benefits pursuant to a Competent Authority determination. If yes, attach a copy of the determination (Y, N) _____

If you paid any amounts related to your 2018 nonresident return (i.e. estimates, extension, Form 1040-C), enter the Internal Revenue Service office that received the payments _____

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 _____

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

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 _____

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) _____

Spouse self-selected Personal Identification Number (PIN) _____

NOTES/QUESTIONS:

Taxpayer -

Form of identification (1 = Driver's license, 2 = State issued identification card, 3 = No applicable identification, 4 = Identification not provided) _____

Identification number _____

Issue date _____

Expiration date (mm/dd/yyyy) _____

Location of issuance (State issued only) _____

Document number (New York only) _____

Spouse -

Form of identification (1 = Driver's license, 2 = State issued identification card, 3 = No applicable identification, 4 = Identification not provided) _____

Identification number _____

Issue date _____

Expiration date (mm/dd/yyyy) _____

Location of issuance (State issued only) _____

Document number (New York only) _____

NOTES/QUESTIONS:

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

Refunded _____

Applied to 2019 estimated tax liability _____

Do you expect a considerable change in your 2019 income? (Y, N) _____

If yes, please explain any differences:

Do you expect a considerable change in your deductions for 2019? (Y, N) _____

If yes, please explain any differences:

Do you expect a considerable change in the amount of your 2019 withholding? (Y, N) _____

If yes, please explain any differences:

Do you expect a change in the number of dependents claimed for 2019? (Y, N) _____

If yes, please explain any differences:

Mark if you use the Electronic Federal Tax Payment System (EFTPS) to pay your estimated taxes _____

2018 Federal Estimated Tax Payments

2017 overpayment applied to 2018 estimates _____

Mark if you paid the calculated amounts on the dates due indicated below. Skip the remaining fields. _____

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	_____	_____	_____	_____
2nd quarter payment	6/15/18	_____	_____	_____	_____
3rd quarter payment	9/17/18	_____	_____	_____	_____
4th quarter payment	1/15/19	_____	_____	_____	_____
Additional payment		_____	_____	_____	_____

*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) _____
 State postal code _____

Amount paid with 2017 return _____
 2017 overpayment applied to '18 estimates _____
 Treat calculated amounts as paid _____

	Date Paid	Amount Paid	Calculated Amount
1st quarter payment	_____	_____	_____
2nd quarter payment	_____	_____	_____
3rd quarter payment	_____	_____	_____
4th quarter payment	_____	_____	_____
Additional payment	_____	_____	_____

2018 City Estimated Tax Payments

City #1
 City name _____
 Amount paid with 2017 return _____
 2017 overpayment applied to '18 estimates _____
 Treat calculated amounts as paid _____

City #2
 City name _____
 Amount paid with 2017 return _____
 2017 overpayment applied to '18 estimates _____
 Treat calculated amounts as paid _____

	Date Paid	Amount Paid
1st quarter payment	_____	_____
2nd quarter payment	_____	_____
3rd quarter payment	_____	_____
4th quarter payment	_____	_____

	Date Paid	Amount Paid
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	_____

Calculated Amount

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

City #3
 City name _____
 Amount paid with 2017 return _____
 2017 overpayment applied to '18 estimates _____
 Treat calculated amounts as paid _____

City #4
 City name _____
 Amount paid with 2017 return _____
 2017 overpayment applied to '18 estimates _____
 Treat calculated amounts as paid _____

	Date Paid	Amount Paid
1st quarter payment	_____	_____
2nd quarter payment	_____	_____
3rd quarter payment	_____	_____
4th quarter payment	_____	_____

	Date Paid	Amount Paid
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	_____

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) _____

Employer name _____

Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Farming / Fishing, 4 = National Guard) _____

Mark if this is your current employer _____

Federal wages and salaries (Box 1) _____

Federal tax withheld (Box 2) _____

Social security wages (Box 3) (If different than federal wages) _____

Social security tax withheld (Box 4) _____

Medicare wages (Box 5) (If different than federal wages) _____

Medicare tax withheld (Box 6) _____

SS tips (Box 7) _____

Allocated tips (Box 8) _____

Dependent care benefits (Box 10) _____

Box 13 -

- Statutory employee _____
- Retirement plan _____
- Third-party sick pay _____

State postal code (Box 15) _____

State wages (Box 16) (If different than federal wages) _____

State tax withheld (Box 17) _____

Local wages (Box 18) _____

Local tax withheld (Box 19) _____

Name of locality (Box 20) _____

Control Totals

Wages and Salaries #2

Please provide all copies of Form W-2.

2018 Information

Prior Year Information

Taxpayer/Spouse (T, S) _____

Employer name _____

Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Farming / Fishing, 4 = National Guard) _____

Mark if this your current employer _____

Federal wages and salaries (Box 1) _____

Federal tax withheld (Box 2) _____

Social security wages (Box 3) (If different than federal wages) _____

Social security tax withheld (Box 4) _____

Medicare wages (Box 5) (If different than federal wages) _____

Medicare tax withheld (Box 6) _____

SS tips (Box 7) _____

Allocated tips (Box 8) _____

Dependent care benefits (Box 10) _____

Box 13 -

- Statutory employee _____
- Retirement plan _____
- Third-party sick pay _____

State postal code (Box 15) _____

State wages (Box 16) (If different than federal wages) _____

State tax withheld (Box 17) _____

Local wages (Box 18) _____

Local tax withheld (Box 19) _____

Name of locality (Box 20) _____

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	Tax Exempt Income	Penalty on Early Withdrawal	U.S. Obligations* \$ or %	Tax Exempt* \$ or %	Foreign Taxes Paid	Prior Year Information
	1	Payer						
		Amounts						
	2	Payer						
		Amounts						
	3	Payer						
		Amounts						
	4	Payer						
		Amounts						
	5	Payer						
		Amounts						
	6	Payer						
		Amounts						
	7	Payer						
		Amounts						
	8	Payer						
		Amounts						
	9	Payer						
		Amounts						
	10	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	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
1	Payer											
	Amounts											
2	Payer											
	Amounts											
3	Payer											
	Amounts											
4	Payer											
	Amounts											
5	Payer											
	Amounts											
6	Payer											
	Amounts											
7	Payer											
	Amounts											
8	Payer											
	Amounts											
9	Payer											
	Amounts											
10	Payer											
	Amounts											

**Dividend Codes	
Blank = Other	3 = Nominee

Seller Financed Mortgage Interest Income

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

2018 Information

Prior Year Information

Taxpayer/Spouse/Joint (T, S, J) _____

Payer's name _____

Payer's street address _____

Payer's city, state, zip code _____

Payer's social security number _____

Interest income amount received in 2018 _____

Taxpayer/Spouse/Joint (T, S, J) _____

Payer's name _____

Payer's street address _____

Payer's city, state, zip code _____

Payer's social security number _____

Interest income amount received in 2018 _____

Taxpayer/Spouse/Joint (T, S, J) _____

Payer's name _____

Payer's street address _____

Payer's city, state, zip code _____

Payer's social security number _____

Interest income amount received in 2018 _____

Taxpayer/Spouse/Joint (T, S, J) _____

Payer's name _____

Payer's street address _____

Payer's city, state, zip code _____

Payer's social security number _____

Interest income amount received in 2018 _____

Taxpayer/Spouse/Joint (T, S, J) _____

Payer's name _____

Payer's street address _____

Payer's city, state, zip code _____

Payer's social security number _____

Interest income amount received in 2018 _____

Taxpayer/Spouse/Joint (T, S, J) _____

Payer's name _____

Payer's street address _____

Payer's city, state, zip code _____

Payer's social security number _____

Interest income amount received in 2018 _____

Taxpayer/Spouse/Joint (T, S, J) _____

Payer's name _____

Payer's street address _____

Payer's city, state, zip code _____

Payer's social security number _____

Interest income amount received in 2018 _____

Taxpayer/Spouse/Joint (T, S, J) _____

Payer's name _____

Payer's street address _____

Payer's city, state, zip code _____

Payer's social security number _____

Interest income amount received in 2018 _____

Please provide all Schedules Q.

Taxpayer/Spouse/Joint (T, S, J)

Name of activity

Employer identification number

State postal code

Taxpayer/Spouse/Joint (T, S, J)

Name of activity

Employer identification number

State postal code

NOTES/QUESTIONS:

Consolidated Broker Statement

Please provide copies of the Consolidated Broker Statement - Include all pages and all inserts

Preparer use only

T/S/J _____	Employer identification number _____
Broker Name _____	Margin interest _____
Account number _____	Investment management/advisory fees _____

*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.

Type Code	1099-INT	Interest Income	Tax Exempt Income	Penalty on Early Withdrawal	U.S. Obligations* \$ or %	Tax Exempt* \$ or %	Foreign Taxes Paid	Prior Year Information
	1 Payer							
	Amounts							
	2 Payer							
	Amounts							
	3 Payer							
	Amounts							
	4 Payer							
	Amounts							
	5 Payer							
	Amounts							

Type Code	1099-DIV	Ordinary Dividends	Qualified Dividends	Total Cap Gain Distr	Section 1250	Sec. 1202	28% Capital Gain	Tax Exempt Dividends	US Obligations* \$ or %	Tax Exempt* \$ or %	Foreign Tax Paid	Prior Year Information
	1 Payer											
	Amounts											
	2 Payer											
	Amounts											
	3 Payer											
	Amounts											
	4 Payer											
	Amounts											
	5 Payer											
	Amounts											

Form 1099-B Proceeds From Broker and Barter Exchange Transactions

Description of Property	Date Acquired	Date Sold	Gross Sales Price <small>(Less expenses of sale)</small>	Cost or Other Basis
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Description of Account - Aggregate profit/-loss on contracts	-Loss/Gain Entire Yr	1099-B Adjustment	Net 1256 loss carryback
--------------------------------------------------------------	----------------------	-------------------	-------------------------

Control Totals

		2018 Information		Prior Year Information
		Taxpayer	Spouse	
State and local income tax refunds		_____	_____	_____ _____ _____ _____ _____ _____
Alimony received		_____	_____	
Unemployment compensation		_____	_____	
Unemployment compensation federal withholding		_____	_____	
Unemployment compensation state withholding		_____	_____	
Unemployment compensation repaid		_____	_____	
Alaska Permanent Fund dividends		_____	_____	

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

NOTES/QUESTIONS:

Miscellaneous Income #1

Please provide all Forms 1099-MISC

Preparer use only

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

Control Totals

Miscellaneous Income #2

Please provide all Forms 1099-MISC

Preparer use only

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

Control Totals

NOTES/QUESTIONS:

Taxable Distributions Received from Cooperatives #1

Please provide all Forms 1099-PATR

Preparer use only

Name of payer _____
 Taxpayer/Spouse/Joint (T, S, J) _____
 State postal code _____
 Patron dividends (Box 1) _____
 Nonpatronage distributions (Box 2) _____
 Per-unit retain allocations (Box 3) _____
 Federal income tax withheld (Box 4) _____
 Redemption of nonqualified notices and retain allocations (Box 5) _____
 Domestic production activities deductions (Box 6) _____
 Investment credit (Box 7) _____
 Work opportunity credit (Box 8) _____
 Patron's AMT adjustments (Box 9) _____
 Other credits and deductions #1 (Box 10) _____
 Other credits and deductions #2 (Box 10) _____

Control Totals

Taxable Distributions Received from Cooperatives #2

Please provide all Forms 1099-PATR

Preparer use only

Name of payer _____
 Taxpayer/Spouse/Joint (T, S, J) _____
 State postal code _____
 Patron dividends (Box 1) _____
 Nonpatronage distributions (Box 2) _____
 Per-unit retain allocations (Box 3) _____
 Federal income tax withheld (Box 4) _____
 Redemption of nonqualified notices and retain allocations (Box 5) _____
 Domestic production activities deductions (Box 6) _____
 Investment credit (Box 7) _____
 Work opportunity credit (Box 8) _____
 Patron's AMT adjustments (Box 9) _____
 Other credits and deductions #1 (Box 10) _____
 Other credits and deductions #2 (Box 10) _____

Control Totals

NOTES/QUESTIONS:

Cancellation of Debt, Abandonment #1

Please provide all Forms 1099-C and 1099-A

Preparer use only

Enter a brief description of the debt (i.e. type of debt) and why it was canceled to assist in determining tax ramifications:

Taxpayer/Spouse/Joint (T, S, J) _____
 State postal code _____
 Name of creditor/lender _____

Form 1099-C Cancellation of Debt

Date of identifiable event (Box 1) _____
 Amount of debt discharged (Box 2) _____
 Interest if included in box 2 (Box 3) _____
 Personally liable for repayment of the debt (if checked) (Box 5) _____
 Identifiable event code (Box 6) (A = Bankruptcy, B = Other judicial debt relief, C = Statue of limitations, D = Foreclosure, E = Debt relief from probate
 F = By agreement, G = Decision to discontinue collection, H = Other actual discharge) _____
 Fair market value of property (Box 7) _____

Form 1099-A Acquisition or Abandonment of Secured Property

Date of lender's acquisition or knowledge of abandonment (Box 1) _____
 Balance of principal outstanding (Box 2) _____
 Fair market value of property (Box 4) _____
 Personally liable for repayment of the debt (if checked) (Box 5) _____

Control Totals

Cancellation of Debt, Abandonment #2

Please provide all Forms 1099-C and 1099-A

Preparer use only

Enter a brief description of the debt (i.e. type of debt) and why it was canceled to assist in determining tax ramifications:

Taxpayer/Spouse/Joint (T, S, J) _____
 State postal code _____
 Name of creditor _____

Form 1099-C Cancellation of Debt

Date of identifiable event (Box 1) _____
 Amount of debt discharged (Box 2) _____
 Interest if included in box 2 (Box 3) _____
 Personally liable for repayment of the debt (if checked) (Box 5) _____
 Identifiable event code (Box 6) (A = Bankruptcy, B = Other judicial debt relief, C = Statue of limitations, D = Foreclosure, E = Debt relief from probate
 F = By agreement, G = Decision to discontinue collection, H = Other actual discharge) _____
 Fair market value of property (Box 7) _____

Form 1099-A Acquisition or Abandonment of Secured Property

Date of lender's acquisition or knowledge of abandonment (Box 1) _____
 Balance of principal outstanding (Box 2) _____
 Fair market value of property (Box 4) _____
 Personally liable for repayment of the debt (if checked) (Box 5) _____

Control Totals

NOTES/QUESTIONS:

Gambling Winnings #1

Please provide all copies of Form W-2G.

2018 Information

Prior Year Information

Taxpayer/Spouse (T, S) _____

Payer name _____

State postal code _____

Mark if professional gambler _____

Reportable winnings (Box 1) _____

Date won (Box 2) _____

Type of wager (Box 3) _____

Federal withholding (Box 4) _____

Transaction (Box 5) _____

Race (Box 6) _____

Identical wager winnings (Box 7) _____

Cashier (Box 8) _____

Taxpayer identification number (Box 9) _____

Window (Box 10) _____

First ID (Box 11) _____

Second ID (Box 12) _____

Payer's state ID no. (Box 13) _____

State winnings (Box 14) _____

State withholding (Box 15) _____

Local winnings (Box 16) _____

Local withholding (Box 17) _____

Name of locality (Box 18) _____

	Control Totals	
--	----------------	--

Gambling Winnings #2

Please provide all copies of Form W-2G.

2018 Information

Prior Year Information

Taxpayer/Spouse (T, S) _____

Payer name _____

State postal code _____

Mark if professional gambler _____

Reportable winnings (Box 1) _____

Date won (Box 2) _____

Type of wager (Box 3) _____

Federal withholding (Box 4) _____

Transaction (Box 5) _____

Race (Box 6) _____

Identical wager winnings (Box 7) _____

Cashier (Box 8) _____

Taxpayer identification number (Box 9) _____

Window (Box 10) _____

First ID (Box 11) _____

Second ID (Box 12) _____

Payer's state ID no. (Box 13) _____

State winnings (Box 14) _____

State withholding (Box 15) _____

Local winnings (Box 16) _____

Local withholding (Box 17) _____

Name of locality (Box 18) _____

	Control Totals	
--	----------------	--

NOTES/QUESTIONS:

Shareholders Undistributed Capital Gain #1

Please provide all copies of Form 2439

	2018 Information	Prior Year Information	
Taxpayer/Spouse (T, S)	—	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>	
RIC or REIT name	_____		
State postal code	_____		
Total undistributed long-term capital gains (Box 1a)	_____		
Unrecaptured section 1250 gain (Box 1b)	_____		
Section 1202 gain (Box 1c)	_____		
If your interest in the RIC/REIT was held on the date the RIC/REIT acquired the Section 1202 stock and continuously until sold indicate the appropriate section 1202 code (1 = 50% exclusion, 2 = 60% exclusion within an empowerment zone, 3 = 75% exclusion, 4 = 100% exclusion)			_____
Collectibles (28%) gain (Box 1d)	_____		
Tax paid by the RIC or REIT on the box 1a gains (Box 2)	_____		
Control Totals			

Shareholders Undistributed Capital Gain #2

Please provide all copies of Form 2439

	2018 Information	Prior Year Information	
Taxpayer/Spouse (T, S)	—	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>	
RIC or REIT name	_____		
State postal code	_____		
Total undistributed long-term capital gains (Box 1a)	_____		
Unrecaptured section 1250 gain (Box 1b)	_____		
Section 1202 gain (Box 1c)	_____		
If your interest in the RIC/REIT was held on the date the RIC/REIT acquired the Section 1202 stock and continuously until sold indicate the appropriate section 1202 code (1 = 50% exclusion, 2 = 60% exclusion within an empowerment zone, 3 = 75% exclusion, 4 = 100% exclusion)			_____
Collectibles (28%) gain (Box 1d)	_____		
Tax paid by the RIC or REIT on the box 1a gains (Box 2)	_____		
Control Totals			

Shareholders Undistributed Capital Gain #3

Please provide all copies of Form 2439

	2018 Information	Prior Year Information	
Taxpayer/Spouse (T, S)	—	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>	
RIC or REIT name	_____		
State postal code	_____		
Total undistributed long-term capital gains (Box 1a)	_____		
Unrecaptured section 1250 gain (Box 1b)	_____		
Section 1202 gain (Box 1c)	_____		
If your interest in the RIC/REIT was held on the date the RIC/REIT acquired the Section 1202 stock and continuously until sold indicate the appropriate section 1202 code (1 = 50% exclusion, 2 = 60% exclusion within an empowerment zone, 3 = 75% exclusion, 4 = 100% exclusion)			_____
Collectibles (28%) gain (Box 1d)	_____		
Tax paid by the RIC or REIT on the box 1a gains (Box 2)	_____		
Control Totals			

NOTES/QUESTIONS:

Subject to self-employment tax code (T = Taxpayer, S = Spouse, J = Joint) _____

Mark to indicate all the elections that apply:

Mixed straddle election _____

Mixed straddle account election (Attach explanation) _____

Straddle-by-straddle identification election _____

Net section 1256 contracts loss election _____

Section 1256 Contracts Marked to Market

Identification of Account A _____

Identification of Account B _____

Identification of Account C _____

	Account A	Account B	Account C
Taxpayer/Spouse/Joint (T, S, J)	_____	_____	_____
State postal code	_____	_____	_____
-Loss/Gain for entire year (Enter losses as a negative amount)	_____	_____	_____
Total Form 1099-B adjustment	_____	_____	_____
Total net 1256 contract loss carryback	_____	_____	_____

Gains and Losses From Straddles

Description of Property A _____

Name of Contract _____

Component _____ Type _____

Description of Property B _____

Name of Contract _____

Component _____ Type _____

Description of Property C _____

Name of Contract _____

Component _____ Type _____

Description of Property D _____

Name of Contract _____

Component _____ Type _____

	Property A	Property B	Property C	Property D
Taxpayer/Spouse/Joint (T, S, J)	_____	_____	_____	_____
State postal code	_____	_____	_____	_____
Date entered into/acquired	_____	_____	_____	_____
Date closed out/sold	_____	_____	_____	_____
Gross sales price	_____	_____	_____	_____
Cost plus expense of sale	_____	_____	_____	_____
Unrecognized gain	_____	_____	_____	_____

Unrecognized Gain From Positions Held on Last Business Day

Description of Property A _____

Description of Property B _____

Description of Property C _____

	Property A	Property B	Property C
Date acquired	_____	_____	_____
Fair market value on last business day	_____	_____	_____
Cost or other basis as adjusted	_____	_____	_____

Enter foreign employer compensation that was not reported to you on Form 1099-MISC.

Taxpayer/Spouse (T/S) _____
State _____

Foreign Employer Identification (ID) number _____
Foreign Employer Name _____
Foreign Employer Address _____
Foreign street address _____
Foreign city _____
Foreign country code/name _____
Foreign province/county _____
Foreign postal code _____
Name "in care of" _____

Employee address, if different from home address on Organizer Form ID: 1040
Enter U.S. (street, city, state, zip code) OR foreign (street, city, country, province, postal code)
Street address _____
City, state, zip code _____
Foreign country code/name _____
Foreign province/county _____
Foreign postal code _____

Income

	2018 Information	Prior Year Information
Foreign employer compensation	_____	<input type="text"/>

NOTES/QUESTIONS:

Pension, Annuity, and IRA Distributions #1

Please provide all Forms 1099-R.

	2018 Information	Prior Year Information
Taxpayer/Spouse (T, S)	—	
Name of payer _____		
State postal code _____		
Gross distributions received (Box 1) _____		
Taxable amount received (Box 2a) _____		
Federal withholding (Box 4) _____		
Distribution code (Box 7) _____		
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan _____		
State withholding (Box 12) _____		
Local withholding (Box 15) _____		
Amount of rollover _____		
Mark if distribution was due to a pre-retirement age disability _____		

Control Totals

Pension, Annuity, and IRA Distributions #2

Please provide all Forms 1099-R.

	2018 Information	Prior Year Information
Taxpayer/Spouse (T, S)	—	
Name of payer _____		
State postal code _____		
Gross distributions received (Box 1) _____		
Taxable amount received (Box 2a) _____		
Federal withholding (Box 4) _____		
Distribution code (Box 7) _____		
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan _____		
State withholding (Box 12) _____		
Local withholding (Box 15) _____		
Amount of rollover _____		
Mark if distribution was due to a pre-retirement age disability _____		

Control Totals

Pension, Annuity, and IRA Distributions #3

Please provide all Forms 1099-R.

	2018 Information	Prior Year Information
Taxpayer/Spouse (T, S)	—	
Name of payer _____		
State postal code _____		
Gross distributions received (Box 1) _____		
Taxable amount received (Box 2a) _____		
Federal withholding (Box 4) _____		
Distribution code (Box 7) _____		
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan _____		
State withholding (Box 12) _____		
Local withholding (Box 15) _____		
Amount of rollover _____		
Mark if distribution was due to a pre-retirement age disability _____		

Control Totals

NOTES/QUESTIONS:

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

Taxpayer/Spouse (T, S) _____

State postal code _____

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) (Box 5)	_____	
Voluntary Federal Income Tax Withheld (Box 6)	_____	
From the DESCRIPTION OF AMOUNT IN BOX 3 area of Form SSA-1099:		
Medicare premiums	_____	
Prescription drug (Part D) premiums	_____	

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:		
Portion of Tier 1 Paid in 2018 (Box 5)	_____	
Federal Income Tax Withheld (Box 10)	_____	
Medicare Premium Total (Box 11)	_____	

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.

NOTES/QUESTIONS:

	Taxpayer	Spouse
Are you or your spouse (if MFJ or MFS) covered by an employer's retirement plan? (Y, N)	—	—
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)	—	—
Enter the total traditional IRA contributions made for use in 2018	_____	_____
	Taxpayer	Spouse
Enter the nondeductible contribution amount made for use in 2018	_____	_____
Enter the nondeductible contribution amount made in 2019 for use in 2018	_____	_____
Traditional IRA basis	_____	_____
Value of all your traditional IRA's on December 31, 2018:		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Roth IRA

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

	Taxpayer	Spouse
Mark if you want to contribute the maximum Roth IRA contribution	—	—
Enter the total Roth IRA contributions made for use in 2018	_____	_____
Enter the total amount of Roth IRA conversion recharacterizations for 2018	_____	_____
Enter the total contribution Roth IRA basis on December 31, 2017	_____	_____
Enter the total Roth IRA contribution recharacterizations for 2018	_____	_____
Enter the Roth conversion IRA basis on December 31, 2017	_____	_____
Value of all your Roth IRA's on December 31, 2018:		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

NOTES/QUESTIONS:

Preparer use only

Business activity or profession name _____

Taxpayer/Spouse (T, S) _____

State postal code _____

Contribute the maximum allowable contribution amount? (1 = Keogh, 2 = SEP, 3 = SIMPLE 401(k), 4 = Solo 401(k), 5 = SIMPLE IRA, 6 = SARSEP) _____

Plan contribution rate. Enter in xx.xx format (Limitation percentage) _____

Enter the total amount of contributions made to a Keogh plan in 2018 _____

Enter the total amount of contributions made to a Solo 401(k) plan in 2018 _____

Enter the total amount of contributions made to a SEP plan in 2018 _____

Enter the total amount of contributions made to a SARSEP plan in 2018 _____

Enter the total amount of contributions made to a defined benefit plan in 2018 _____

Enter the total amount of contributions made to a profit-sharing plan in 2018 _____

Enter the total amount of contributions made to a money purchase plan in 2018 _____

Enter the total amount of contributions made to a SIMPLE 401(k) plan in 2018 _____

Enter the total amount of contributions to a SIMPLE IRA plan in 2018 _____

Catch-up Contributions

Enter the amount of catch-up contributions made to a Solo 401(k) or SARSEP in 2018 _____

Enter the amount of catch-up contributions made to a SIMPLE Plan in 2018 _____

Elective Deferrals

Enter the total contributions to a Solo 401(k) or SARSEP made through elective deferrals in 2018 _____

Enter the amount of elective deferrals designated as Roth contributions in 2018 _____

NOTES/QUESTIONS:

Preparer use only

	2018 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)	_____	
Employer identification number	_____	
Business name	_____	
Principal business/profession	_____	
Business code	_____	
Business address, if different from home address on Organizer Form ID: 1040		
Address	_____	
City/State/Zip	_____	
Accounting method (1 = Cash, 2 = Accrual, 3 = Other)	_____	
If other:	_____	
Inventory method (1 = Cost, 2 = LCM, 3 = Other)	_____	
If other enter explanation:	_____	

Enter an explanation if there was a change in determining your inventory:		

Did you "materially participate" in this business? (Y, N)	_____	
If not, number of hours you did significantly participate	_____	
Mark if you began or acquired this business in 2018	_____	
Did you make any payments in 2018 that require you to file Form(s) 1099? (Y, N)	_____	
If "Yes", did you or will you file all required Forms 1099? (Y, N)	_____	
Mark if this business is considered related to qualified services as a minister or religious worker	_____	
Did you receive wages as a statutory employee or as a minister? (1 = Statutory employee, 2 = Minister)	_____	
Medical insurance premiums paid by this activity	_____	
Long-term care premiums paid by this activity	_____	
Amount of wages received as a statutory employee	_____	

Business Income

	2018 Information	Prior Year Information
Gross receipts and sales		
_____	_____	
_____	_____	
_____	_____	
_____	_____	
Returns and allowances	_____	
Other income:		
_____	_____	
_____	_____	
_____	_____	

Cost of Goods Sold

	2018 Information	Prior Year Information
Beginning inventory	_____	
Purchases	_____	
Labor:		
_____	_____	
_____	_____	
Materials	_____	
Other costs:		
_____	_____	
_____	_____	
_____	_____	
Ending inventory	_____	

Control Totals

Preparer use only

Principal business or profession _____

2018 Information

Prior Year Information

Advertising _____

Car and truck expenses _____

Commissions and fees _____

Contract labor _____

Depletion _____

Depreciation _____

Employee benefit programs (Include Small Employer Health Ins Premiums credit):

Insurance (Other than health):

Interest:

Mortgage (Paid to banks, etc.)

Other:

Legal and professional services _____

Office expense _____

Pension and profit sharing:

Rent or lease:

Vehicles, machinery, and equipment _____

Other business property _____

Repairs and maintenance _____

Supplies _____

Taxes and licenses:

Travel and meals:

Travel _____

Meals (Enter 100% subject to 50% limitation) _____

Meals (Enter 100% subject to DOT 80% limit) _____

Utilities _____

Wages (Less employment credit):

Other expenses:

Control Totals

Preparer use only
Principal business or profession _____

Preparer use only Carryovers	Regular	AMT
Operating		
Short-term capital		
Long-term capital		
28% rate capital		
Section 1231 loss		
Ordinary business gain/loss		
Section 179		

NOTES/QUESTIONS:

Preparer use only

2018 Information

Prior Year Information

Description _____
Taxpayer/Spouse/Joint (T, S, J) _____ State postal code _____
Physical address: Street _____
City, state, zip code _____
Foreign country _____
Foreign province/county _____
Foreign postal code _____

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) _____

Description of other type (Type code #8) _____

Did you make any payments in 2018 that require you to file Form(s) 1099? (Y,N) _____

If "Yes", did you or will you file all required Forms 1099? (Y, N) _____

Fair rental days (if not full year) (For types 1, 2, 4, 5, 7 and 8 only) (Use Rent-2 for type 3) _____

Percentage of ownership if not 100% _____

Business use percentage, if not 100% (Not vacation home percentage) _____

Rent and Royalty Income

Rents and royalties 2018 Information

Prior Year Information

Rent and Royalty Expenses

2018 Information

Percent if not 100%

Prior Year Information

Advertising _____

Auto _____

Travel _____

Cleaning and maintenance _____

Commissions: _____

Insurance: _____

Legal and professional fees _____

Management fees: _____

Mortgage interest paid to banks, etc (Form 1098) _____

Other mortgage interest _____

Qualified mortgage insurance premiums _____

Other interest: _____

Repairs _____

Supplies _____

Taxes: _____

Utilities _____

Depreciation _____

Depletion _____

Other expenses: _____

Preparer use only
Description _____

Refinancing Points

Preparer - Enter on Screen Rent

	2018 Information	Prior Year Information	
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)	_____		
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	_____	
Number of days home was rented	_____	
Number of day home owned, if not 365	_____	
Carryover of disallowed operating expenses into 2018	_____	
Carryover of disallowed depreciation expenses into 2018	_____	

Passive and Other Information

Preparer use only Carryovers	Regular	AMT
Operating		
Short-term capital		
Long-term capital		
28% rate capital		
Section 1231 loss		
Ordinary business gain/loss		
Comm revitalization		
Section 179		

Please provide all Forms 1099-K

Preparer use only

	2018 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)	_____	_____
Employer identification number	_____	_____
Description	_____	_____
Principal Product	_____	_____
State postal code	_____	_____
Accounting method (1 = Cash, 2 = Accrual)	_____	_____
Agricultural activity code	_____	_____
Did you "materially participate" in this business? (Y, N)	_____	_____
Did you make any payments in 2018 that require you to file Form(s) 1099? (Y, N)	_____	_____
If "Yes", did you or will you file all required Forms 1099? (Y, N)	_____	_____
Mark if Schedule F net income or loss should be excluded from self-employment income	_____	_____
Medical insurance premiums paid by this activity	_____	_____
Long-term care premiums paid by this activity	_____	_____

Schedule F Income

Sales Code**	Income description	2018 Information	Prior Year Information
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

** Sales Codes

1 = Cash sales of items bought for resale	4 = Custom hire (machine work)
2 = Cash sales of items raised	5 = Other income
3 = Accrual sales	

	2018 Information	Prior Year Information
Cost or other basis of livestock and other items you bought for resale (Cash method)	_____	_____
Beginning inventory of livestock and other items (Accrual method)	_____	_____
Accrual cost of livestock, produce, grains, and other products purchased	_____	_____
Ending Inventory of livestock and other items (Accrual method)	_____	_____
Total cooperative distributions you received	_____	_____
Taxable cooperative distributions you received	_____	_____

	2018 Total	2018 Taxable	Prior Year Information
Agricultural program payments	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

	2018 Information	Prior Year Information
CRP payments received while enrolled to receive social security or disability benefits	_____	_____
Commodity credit loans reported under election:	_____	_____
_____	_____	_____
Total commodity credit loans forfeited	_____	_____
Taxable commodity credit loans forfeited	_____	_____

	2018 Total	2018 Taxable	Prior Year Information
Total crop insurance proceeds you received in 2018	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Mark if electing to defer crop insurance proceeds to 2019	_____	_____
Crop insurance proceeds deferred from 2017	_____	_____

Control Totals

Preparer use only

Description

2018 Information

Prior Year Information

Car and truck expenses	_____	_____
Chemicals	_____	_____
Conservation expenses	_____	_____
Carryover from prior years	_____	_____
Custom hire (machine work)	_____	_____
Depreciation	_____	_____
Employee benefit programs (Include Small Employer Health Ins Premiums credit)	_____	_____
Feed purchased	_____	_____
Fertilizers and lime	_____	_____
Freight and trucking	_____	_____
Gasoline, fuel, and oil	_____	_____
Insurance (Other than health)	_____	_____
_____	_____	_____
_____	_____	_____
Mortgage interest (Paid to banks, etc.)	_____	_____
_____	_____	_____
_____	_____	_____
Other interest	_____	_____
Labor hired (Less employment credit)	_____	_____
Pension and profit sharing	_____	_____
Rent - vehicles, machinery, and equipment	_____	_____
Rent - other	_____	_____
Repairs and maintenance	_____	_____
Seed and plants purchased	_____	_____
Storage and warehousing	_____	_____
Supplies purchased	_____	_____
Taxes:	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Utilities	_____	_____
Veterinary, breeding, and medicine	_____	_____
Other expenses:	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Preproductive period expenses	_____	_____

Preparer use only

Description

Preparer use only Carryovers	Regular	AMT
Operating		
Short-term capital		
Long-term capital		
28% rate capital		
Section 1231 loss		
Ordinary business gain/loss		
Section 179		
Excess farm loss		

NOTES/QUESTIONS:

Preparer use only

	2018 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)	—	
Employer identification number	_____	
Description	_____	
State postal code	—	
Did you "actively participate" in the operation of this business this year? (Y, N)	—	

Income Items

	2018 Information	Prior Year Information
Income from production of livestock, produce, grains, and other crops:		
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
Total cooperative distributions you received	_____	
Taxable cooperative distributions you received	_____	

	2018 Total	2018 Taxable	Prior Year Information
Agricultural program payments:			
_____	_____	_____	
_____	_____	_____	

	2018 Information	Prior Year Information
Commodity credit loans reported under election:		
_____	_____	
_____	_____	
Total commodity credit loans forfeited	_____	
Taxable commodity credit loans forfeited	_____	

	2018 Total	2018 Taxable	Prior Year Information
Crop insurance proceeds you received in 2018			
_____	_____	_____	
_____	_____	_____	

	2018 Information	Prior Year Information
Mark if electing to defer crop insurance proceeds to 2019	—	—
Crop insurance proceeds deferred from 2017	_____	_____
Other income:		
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	

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

Taxpayer/Spouse/Joint (T, S, J) _____
 Employer identification number _____
 Name of entity _____
 State postal code _____
 Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership) _____

	Preparer use only Carryovers	Regular	AMT
Enter on K1-7	Operating		
	Short-term capital		
	Long-term capital		
	28% rate capital		
	Section 1231 loss		
	Ordinary business gain/loss		
	Other losses - 1040 Sch 1		
	Comm revitalization		
	Section 179		
	Excess farm loss		

Taxpayer/Spouse/Joint (T, S, J) _____
 Employer identification number _____
 Name of entity _____
 State postal code _____
 Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership) _____

	Preparer use only Carryovers	Regular	AMT
Enter on K1-7	Operating		
	Short-term capital		
	Long-term capital		
	28% rate capital		
	Section 1231 loss		
	Ordinary business gain/loss		
	Other losses - 1040 Sch 1		
	Comm revitalization		
	Section 179		
	Excess farm loss		

Taxpayer/Spouse/Joint (T, S, J) _____
 Employer identification number _____
 Name of entity _____
 State postal code _____
 Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership) _____

	Preparer use only Carryovers	Regular	AMT
Enter on K1-7	Operating		
	Short-term capital		
	Long-term capital		
	28% rate capital		
	Section 1231 loss		
	Ordinary business gain/loss		
	Other losses - 1040 Sch 1		
	Comm revitalization		
	Section 179		
	Excess farm loss		

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

Taxpayer/Spouse/Joint (T, S, J) _____
 Employer identification number _____
 Name of activity _____
 State postal code _____

	Preparer use only Carryovers	Regular	AMT
Enter on K1T-3	Operating		
	Short-term capital		
	Long-term capital		
	28% rate capital		
	Section 1231 loss		
	Ordinary business gain/loss		
	Comm revitalization		

Taxpayer/Spouse/Joint (T, S, J) _____
 Employer identification number _____
 Name of activity _____
 State postal code _____

	Preparer use only Carryovers	Regular	AMT
Enter on K1T-3	Operating		
	Short-term capital		
	Long-term capital		
	28% rate capital		
	Section 1231 loss		
	Ordinary business gain/loss		
	Comm revitalization		

Taxpayer/Spouse/Joint (T, S, J) _____
 Employer identification number _____
 Name of activity _____
 State postal code _____

	Preparer use only Carryovers	Regular	AMT
Enter on K1T-3	Operating		
	Short-term capital		
	Long-term capital		
	28% rate capital		
	Section 1231 loss		
	Ordinary business gain/loss		
	Comm revitalization		

Taxpayer/Spouse/Joint (T, S, J) _____
 Employer identification number _____
 Name of activity _____
 State postal code _____

	Preparer use only Carryovers	Regular	AMT
Enter on K1T-3	Operating		
	Short-term capital		
	Long-term capital		
	28% rate capital		
	Section 1231 loss		
	Ordinary business gain/loss		
	Comm revitalization		

Description _____
 Taxpayer/Spouse/Joint (T, S, J) _____
 State postal code _____
 Mark if electing to pay tax on entire gain (No exclusion will be calculated and entire gain will be reported on Schedule D) _____
 Date former residence was acquired _____
 Date former residence was sold _____
 Selling price of former residence _____
 Expenses related to the sale of your old home _____
 Original cost of home sold including capital improvements _____

Exclusion Information

Mark if meet use and ownership test without exceptions (2 years use within 5-year period preceding sale date) _____

	Taxpayer	Spouse
Reduced exclusion days: (Enter only days within 5-year period ending on sale date)		
Number of days each person used property as main home	_____	_____
Number of days each person owned property used as main home	_____	_____
Number of days between date of sale of the other home and date of sale of this home	_____	_____

Form 6252 - Current Year Installment Sale

Mortgage and other debts the buyer assumed _____
 Total current year payments received _____

Form 6252 - Related Party Installment Sale Information

Related party name _____
 Address _____
 City, State and Zip _____
 Identifying number of related party _____
 Was the property sold as a marketable security? (Y, N) _____
 Enter date of second sale if more than 2 years after the first sale _____
 Indicate special conditions if applicable (1 = Sale/exchange, 2 = Involuntary conv, 3 = Death of seller, 4 = No tax avoidance) _____
 Selling price of property sold by a related party _____

NOTES/QUESTIONS:

Preparer use only

	2018 Information	Prior Year Information
Description _____		
Taxpayer/Spouse/Joint (T, S, J)	_____	
State postal code	_____	
Date acquired	_____	
Date sold	_____	
Gross sales price of property sold	_____	_____
Mortgage and other debts the buyer assumed	_____	_____
Cost or other basis	_____	_____
Commissions and other expenses of the sale	_____	_____
Gross profit percentage	_____	_____
Total current year principal payments received	_____	_____
Prior year principal payments received	_____	_____
Total ordinary income to recapture	_____	_____
Total ordinary income previously recaptured	_____	_____
	Control Totals	

Prior Year Installment Sale

Preparer use only

	2018 Information	Prior Year Information
Description _____		
Taxpayer/Spouse/Joint (T, S, J)	_____	
State postal code	_____	
Date acquired	_____	
Date sold	_____	
Gross sales price of property sold	_____	_____
Mortgage and other debts the buyer assumed	_____	_____
Cost or other basis	_____	_____
Commissions and other expenses of the sale	_____	_____
Gross profit percentage	_____	_____
Total current year principal payments received	_____	_____
Prior year principal payments received	_____	_____
Total ordinary income to recapture	_____	_____
Total ordinary income previously recaptured	_____	_____
	Control Totals	

NOTES/QUESTIONS:

Preparer use only

Description _____
 Taxpayer/Spouse/Joint (T, S, J) _____
 State postal code _____
 Mark to include gross proceeds for 1099-S reporting on Form 4797, line 1 _____
 Mark if disposition is due to casualty or theft _____
 Mark if disposition was to a related party _____

Sale Information

Date acquired _____
 Date sold _____
 Gross sales price or insurance proceeds received _____
 Cost or other basis _____
 Commissions and other expenses of sale _____
 Depreciation allowed or allowable _____

Form 4797, Part III - Recapture

Additional depreciation after 1975 (Section 1250) _____
 Applicable percentage (if not 100%) (Section 1250) _____
 Additional depreciation after 1969 (Section 1250) _____
 Soil, water and land clearing expenses (Section 1252) _____
 Applicable percentage (if not 100%) (Section 1252) _____
 Intangible drilling and development costs (Section 1254) _____
 Applicable payments excluded from income under sec. 126 (Section 1255) _____

Form 6252 - Current Year Installment Sale

Mortgage and other debts the buyer assumed _____
 Total current year payments received _____

Form 6252 - Related Party Installment Sale Information

Related party name _____
 Address _____
 City, State, and Zip _____
 Identifying number of related party _____
 Was the property sold as a marketable security? (Y, N) _____
 Enter date of second sale _____
 Indicate special conditions if applicable (1 = Sale/exchange, 2 = Involuntary conv, 3 = Death of seller, 4 = No tax avoidance) _____
 Selling price of property sold by a related party _____

NOTES/QUESTIONS:

Preparer use only

Description of property given up _____

Taxpayer/Spouse/Joint (T, S, J) _____

State postal code _____

Description of property received _____

Date Information

Date the like-kind property given up was acquired _____

Date you transferred your property to the other party _____

Date the like-kind property received was identified _____

Date you received the like-kind property from the other party _____

Gain and Basis Information

Fair market value of other property given up _____

Adjusted basis of other property given up _____

Cash received _____

Fair market value of other (not like-kind) property received _____

Installment obligation received in like-kind exchange _____

Fair market value of like-kind property you received _____

Fair market value of non-section 1245 property you received _____

Liabilities, including mortgages, assumed by you _____

Cash paid _____

Adjusted basis of like-kind property given up _____

Adjusted basis of like-kind property from pass through entity _____

Cost or other basis _____

Depreciation allowed or allowable excluding Section 179 _____

Section 179 expense deduction passed through _____

Section 179 carryover _____

Liabilities, including mortgages, assumed by the other party _____

Exchange expenses incurred by you _____

Related Party Exchange Information

Name of related party _____

Address of related party _____

City _____

State _____

Zip code _____

Identifying number of related party _____

Relationship to you _____

During this tax year, did the related party sell or dispose of the property received? (Y, N) _____

During this tax year, did you sell or dispose of the like-kind property you received? (Y, N) _____

Indicate if any special conditions apply (1 = Death of either party, 2 = Involuntary conversion, 3 = No tax avoidance) _____

Mark if this exchange is a prior year like-kind exchange _____

NOTES/QUESTIONS:

This form is used to report other foreign assets (not held in a foreign financial account), as required by the Internal Revenue Service. Report foreign financial assets held in a foreign financial account on Organizer Form ID: FrgnAcct.

	2018 Information	Prior Year Information
Asset description	_____	
Asset identifying number or other designation	_____	
Date asset acquired	_____	
Date asset disposed	_____	
Asset jointly owned with spouse	_____	
Maximum value of asset	_____	

Asset foreign entity information - (Enter either foreign entity information or issuer/counterparty information, but not both)

Type of foreign entity: (P = Partnership, C = Corporation, T = Trust, E = Estate) _____

Foreign entity name _____

Foreign entity address _____

City, state, zip code _____

Foreign country code/name _____

Foreign province/county _____

Foreign postal code _____

Asset issuer or counterparty information - (Enter either foreign entity information or issuer/counterparty information, but not both)

Type: (I = Issuer, C = Counterparty) _____

Entity: (I = Individual, P = Partnership, C = Corporation, T = Trust, E = Estate) _____

If an individual, select either U.S. or foreign (1 = U.S. Person, 2 = Foreign Person) _____

Individual or organization name _____

Address of issuer or counterparty _____

City, state, zip code _____

Foreign country code/name _____

Foreign province/county _____

Foreign postal code _____

Asset issuer or counterparty information - (Enter either foreign entity information or issuer/counterparty information, but not both)

Type: (I = Issuer, C = Counterparty) _____

Entity: (I = Individual, P = Partnership, C = Corporation, T = Trust, E = Estate) _____

If an individual, select either U.S. or foreign (1 = U.S. Person, 2 = Foreign Person) _____

Individual or organization name _____

Address of issuer or counterparty _____

City, state, zip code _____

Foreign country code/name _____

Foreign province/county _____

Foreign postal code _____

NOTES/QUESTIONS:

This form is used to report financial accounts in foreign countries, as required by the Internal Revenue Service.

Taxpayer/Spouse/Joint (T, S, J) _____

	2018 Information	Prior Year Information
Deposit or Custodial account (D= Deposit, C = Custodial)	—	
Type of Account:		
Bank	—	
Securities	—	
Other	_____	
Maximum value of account	_____	
Account number or other designation	_____	
Financial institution	_____	
Address of financial institution	_____	
City, state, zip code	_____	
Foreign country code/name	_____	
For addresses in Mexico, enter state	_____	
Foreign province/county	_____	
Foreign postal code	_____	
Account jointly owned with spouse	—	
Account opened during the tax year	—	
Account closed during the tax year	—	
Information is reported for a financial account which is:	—	
2 = Owned separately, 3 = Owned jointly, 4 = Authority over but no financial interest		

Complete this section if there is a joint owner other than the spouse, or you have signature authority only over the account

Taxpayer identification number of account holder/joint owner _____
 Foreign identification number of account holder/joint owner (If no Taxpayer identification number) _____
 Last name or organization name of account holder/joint owner _____
 First name and middle initial of account holder/joint owner _____
 Address and apartment _____
 City, state, zip code _____
 Foreign country code/name _____
 For addresses in Mexico, enter state _____
 Foreign postal code _____
 Number of joint owners (Not including taxpayer, if applicable) _____
 Filer's title with this owner (If applicable) _____

NOTES/QUESTIONS:

Taxpayer/Spouse (T, S) State postal code _____
 Foreign street address _____ City _____
 State/Province _____ Country code _____
 Country _____ Postal code _____
 Employer's name _____
 U.S. address _____ City _____
 State postal code _____ Zip code _____
 Foreign street address _____ City _____
 State/Province _____ Country code _____
 Country _____ Postal code _____
 Employer type (A = Foreign entity, B = U.S. company, C = Self, D = Foreign affiliate of a U.S. company, E = Other) If other, specify type _____
 Country of citizenship _____
 If maintained a separate foreign residence for your family due to adverse living conditions, provide city, country, and days:
 City/Country _____ Days _____
 City/Country _____ Days _____
 List tax home(s) during the tax year and dates established:
 Tax home _____ Date _____
 Tax home _____ Date _____

Foreign Earned Income Allocation Information

*U.S. Business Days and Travel Type Code: 1=Travel to United States; 2=Travel to restricted country; 3=Travel to foreign country

U.S. business days and travel information:

Type Code*	Name of Country including United States	Date Arrived	Date Left	No. of U.S. business days
—	_____	_____	_____	_____
—	_____	_____	_____	_____
—	_____	_____	_____	_____
—	_____	_____	_____	_____
—	_____	_____	_____	_____
—	_____	_____	_____	_____
Foreign days worked before and after foreign assignment _____		Total days worked before and after foreign assignment _____		_____
Total number of days worked during year (defaults to 240)				_____

Bona Fide Residence Test

Date foreign residence began _____ Date foreign residence ended _____
 Kind of foreign living quarters (A = Purchased house, B = Rented house or apartment, C = Rented room, D = Quarters furnished by employer) _____
 If any family members lived abroad with you during any part of tax year, list who and for what period:
 Relationship _____ Period abroad _____
 Relationship _____ Period abroad _____
 Relationship _____ Period abroad _____
 Relationship _____ Period abroad _____
 Mark if you submitted a statement to foreign country authorities that you are not a resident of that country _____
 Mark if required to pay income tax to that country _____
 List any contractual terms or other conditions relating to length of employment abroad _____

Type of visa used to enter foreign country _____
 Explanation if visa limited length of stay or employment _____

If maintained a home in U.S., enter address, whether it was rented, names of occupants and their relationship to you:
 Address _____ City _____
 State postal code _____ Zip code _____
 Rented Occupant _____ Relationship _____
 Address _____ City _____
 State postal code _____ Zip code _____
 Rented Occupant _____ Relationship _____

Physical Presence Test

Principal country of employment _____

Employer's name _____
 Taxpayer/Spouse (T, S) _____
 State postal code _____

Foreign Earned Income

*Please use the Foreign Earned Income Allocation Codes located below.

	Allocation Code	Amount
Noncash income:		
Home (lodging) _____	—	_____
Meals _____	—	_____
Car _____	—	_____
Other properties or facilities (Please enter code here and description and amount below):	—	_____
_____		_____
_____		_____
_____		_____
_____		_____
Allowances, reimbursements or expenses paid on behalf:		
Cost of living and overseas differential	—	_____
Family	—	_____
Education	—	_____
Home leave	—	_____
Quarters	—	_____
Other purposes (Please enter code here and description and amount below):	—	_____
_____		_____
_____		_____
_____		_____
_____		_____
Other foreign earned income (Please enter code here and description and amount below):	—	_____
_____		_____
_____		_____
_____		_____
_____		_____
Excludable meals and lodging under section 119		_____

<p align="center">*Foreign Earned Income Allocation Codes</p> <p>1 = 100% foreign during assignment 2 = 100% U.S. during assignment 3 = U.S. and foreign days worked during assignment 4 = U.S. and foreign days before/after assignment 5 = Days worked before, during, and after assignment</p>

Deductions Allocable to Foreign Earned Income

	Allocation Code	Amount
Other allocable deductions	—	_____

Housing Exclusion/Deduction

Qualified housing expense _____

NOTES/QUESTIONS:

Preparer use only

Description of move	_____
Taxpayer/Spouse/Joint (T, S, J)	_____
Mark if the move was due to service in the armed forces	_____
Number of miles from old home to new workplace	_____
Number of miles from old home to old workplace	_____
Mark if move is outside United States or its possessions	_____
Transportation and storage expenses	_____
Travel and lodging (not including meals)	_____
Miles driven to new home	_____
Total amount reimbursed for moving expenses	_____

NOTES/QUESTIONS:

Preparer use only

Taxpayer/Spouse (T, S) _____
 Occupation in which expenses were incurred _____
 State postal code _____

Vehicle Questions

If you used your automobile for work purposes, please answer the following questions:

	2018 Information	Prior Year Information
Was the vehicle available for off-duty personal use? (Y, N, Blank = Not applicable)	—	—
Was another vehicle available for personal use? (Y, N)	—	—
Do you have evidence to support your deduction? (1 = Yes - written, 2 = Yes - not written, 3 = No)	—	—

Vehicle Information

Vehicle 1 -	Date placed in service _____
	Description _____
	Comments _____
Vehicle 2 -	Date placed in service _____
	Description _____
	Comments _____
Vehicle 3 -	Date placed in service _____
	Description _____
	Comments _____
Vehicle 4 -	Date placed in service _____
	Description _____
	Comments _____

Vehicles Actual Expenses

	Vehicle 1	Prior Year Information	Vehicle 2	Prior Year Information	Vehicle 3	Prior Year Information	Vehicle 4	Prior Year Information
Total mileage for the year	_____		_____		_____		_____	
Business mileage	_____		_____		_____		_____	
Average daily round trip commuting mileage	_____		_____		_____		_____	
Total commuting mileage	_____		_____		_____		_____	
Gasoline	_____		_____		_____		_____	
Oil	_____		_____		_____		_____	
Repairs	_____		_____		_____		_____	
Maintenance	_____		_____		_____		_____	
Tires	_____		_____		_____		_____	
Car washes	_____		_____		_____		_____	
Insurance	_____		_____		_____		_____	
Interest	_____		_____		_____		_____	
Registration	_____		_____		_____		_____	
Licenses	_____		_____		_____		_____	
Property taxes (Plates, tags, etc)	_____		_____		_____		_____	
Vehicle rentals	_____		_____		_____		_____	
Inclusion amt (Preparer only)	_____		_____		_____		_____	
Other vehicle expenses	_____		_____		_____		_____	
Value of employer provided vehicle	_____		_____		_____		_____	
Depreciation	_____		_____		_____		_____	

Alimony Paid:

T/S/J	Recipient name	Recipient SSN	2018 Information	Prior Year Information
Address				
Address				
Address				

	2018 Information		Prior Year Information
	Taxpayer	Spouse	
Educator expenses:			
Other adjustments:			

NOTES/QUESTIONS:

Complete if you cashed qualified U.S. Savings bonds in 2018 that were issued after 1989, and you paid qualified higher education expenses in 2018 for yourself, your spouse, or your dependents.

Taxpayer/Spouse/Joint (T, S, J) _____

SSN of person enrolled at eligible educational institution _____

Name of person enrolled at eligible educational institution (First/Last) _____

Name of eligible educational institution _____

Address of eligible educational institution _____

City, state, and zip code _____

Qualified higher education expenses you paid in 2018 for person listed above _____

Enter any nontaxable educational benefits received for 2018 for person listed above _____

Type of qualified education program, if contributions made for enrollee (ESA = Coverdell ESA, QTP = Qualified Tuition Program) _____

Financial institution name (ESA) or name of program (QTP) _____

Financial institution address (ESA) or address of program (QTP) _____

City, state and zip code _____

Taxpayer/Spouse/Joint (T, S, J) _____

SSN of person enrolled at eligible educational institution _____

Name of person enrolled at eligible educational institution (First/Last) _____

Name of eligible educational institution _____

Address of eligible educational institution _____

City, state, and zip code _____

Qualified higher education expenses you paid in 2018 for person listed above _____

Enter any nontaxable educational benefits received for 2018 for person listed above _____

Type of qualified education program, if contributions made for enrollee (ESA = Coverdell ESA, QTP = Qualified Tuition Program) _____

Financial institution name (ESA) or name of program (QTP) _____

Financial institution address (ESA) or address of program (QTP) _____

City, state and zip code _____

Taxpayer/Spouse/Joint (T, S, J) _____

SSN of person enrolled at eligible educational institution _____

Name of person enrolled at eligible educational institution (First/Last) _____

Name of eligible educational institution _____

Address of eligible educational institution _____

City, state, and zip code _____

Qualified higher education expenses you paid in 2018 for person listed above _____

Enter any nontaxable educational benefits received for 2018 for person listed above _____

Type of qualified education program, if contributions made for enrollee (ESA = Coverdell ESA, QTP = Qualified Tuition Program) _____

Financial institution name (ESA) or name of program (QTP) _____

Financial institution address (ESA) or address of program (QTP) _____

City, state and zip code _____

Total proceeds from Series EE or I U.S. Savings bonds issued after 1989 and cashed in 2018 _____

NOTES/QUESTIONS:

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
—	_____	_____	_____
—	_____	_____	
—	_____	_____	
—	_____	_____	

NOTES/QUESTIONS:

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) _____
 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 _____
 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) (Box 1)	_____	_____
Field no longer applicable	_____	
Educational institution changed its reporting method for 2018 (Box 3)	_____	
Adjustments made for a prior year (Box 4)	_____	
Scholarships or grants (Box 5)	_____	
Adjustments to scholarships or grants for a prior year (Box 6)	_____	
Box 1 or 2 includes amounts for an academic period beginning January - March 2019 (Box 7)	_____	
At least half-time student (Box 8)	_____	
Graduate student (Box 9) (1=Yes, 2=No)	_____	
Insurance contract reimbursement/refund (Box 10)	_____	
Non-Institution expenses (Books and fees not paid directly to the educational institution)	_____	
American Opportunity Tax Credit (AOTC) disqualifier	_____	
<small>1 = Not pursuing degree, 2 = Not enrolled at least half-time, 3 = Felony drug conviction, 4 = 4 yrs post-secondary education before 2018</small>		

NOTES/QUESTIONS:

Qualified Education Programs
Please provide all copies of Form 1099Q

Taxpayer/Spouse (T, S) _____

Payer name _____

State postal code _____

Type of account (1= Private QTP, 2 = State QTP, 3 = ESA) _____

Relationship to account (1 = Beneficiary, 2 = Account owner, 3 = Both, 4 = Neither) _____

Final distribution _____

Contributions and Basis

Beneficiary's Information (if not taxpayer or spouse)

Social security number _____

First name _____

Last name _____

	2018 Information	Prior Year Information
Amount contributed in current year	_____	_____ _____ _____
Basis of this account at 12/31/17	_____	
Value of this account at 12/31/18	_____	
Distribution by beneficiary of previously taxed contributions (if not taxpayer or spouse)	_____	

Payments from Qualified Education Programs

	2018 Information	Prior Year Information
Gross distribution (Box 1)	_____	_____ _____ _____ _____ _____ _____ _____ _____ _____ _____
Earnings (Box 2)	_____	
Basis (Box 3)	_____	
Trustee-to-trustee rollover (Box 4)	_____	
Trustee-to-trustee rollover amount if different than Box 1	_____	
Box 5 -		
Private QTP	_____	
State QTP	_____	
Coverdell ESA	_____	
Check if the recipient is not the designated beneficiary (Box 6)	_____	
Qualified education expenses	_____	
Elementary and secondary education expenses	_____	

NOTES/QUESTIONS:

Complete a FAFSA information section for both the parent and student. Both may be required to complete the FAFSA. If the parent or student tax return was prepared elsewhere, please provide the completed tax return.

This FAFSA information is for the: Preparer use only

Who is listed as the primary taxpayer on the tax return of the individual to whom this information applies?

(1 = Father or stepfather, 2 = Mother or stepmother, 3 = Student, 4 = Student's spouse)

The information for the FAFSA worksheet will be:

(1 = Calculated for the taxpayer on this return, 2 = Entered from someone else's return)

Taxpayer's (and spouse's) current balance of all cash, savings and checking accounts _____

Taxpayer's (and spouse's) net worth in investments, including real estate but do not include the primary residence _____

Taxpayer's (and spouse's) net worth in current businesses and/or investment farms _____

	2017 Information	2018 Information
Child support paid because of divorce, separation, or a result of a legal requirement	_____	_____

	2017 Information	2018 Information
Taxable earnings from need-based employment programs	_____	_____

	2017 Information	2018 Information
Student grant and scholarship aid included in adjusted gross income	_____	_____

	2017 Information	2018 Information
Earnings from work under a cooperative education program offered by a college	_____	_____

	2017 Information	2018 Information
Child support received but do not include foster care or adoption payments	_____	_____

	2017 Information	2018 Information
Veterans noneducation benefits	_____	_____

	2017 Information	2018 Information
Other untaxed income not reported elsewhere, such as worker's compensation, disability, etc., but do not include student aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits, SSI, on-base military housing or a military housing allowance, or combat pay.	_____	_____

	2017 Information	2018 Information
Money received or paid on behalf of the student (For the student's worksheet only)	_____	_____

	Control Totals	
--	----------------	--

Federal Student Aid Application Information #2

This FAFSA information is for the: Preparer use only

Who is listed as the primary taxpayer on the tax return of the individual to whom this information applies?

(1 = Father or stepfather, 2 = Mother or stepmother, 3 = Student, 4 = Student's spouse)

The information for the FAFSA worksheet will be:

(1 = Calculated for the taxpayer on this return, 2 = Entered from someone else's return)

Taxpayer's (and spouse's) current balance of all cash, savings and checking accounts _____

Taxpayer's (and spouse's) net worth in investments, including real estate but do not include the primary residence _____

Taxpayer's (and spouse's) net worth in current businesses and/or investment farms _____

	2017 Information	2018 Information
Child support paid because of divorce, separation, or a result of a legal requirement	_____	_____

	2017 Information	2018 Information
Taxable earnings from need-based employment programs	_____	_____

	2017 Information	2018 Information
Student grant and scholarship aid included in adjusted gross income	_____	_____

	2017 Information	2018 Information
Earnings from work under a cooperative education program offered by a college	_____	_____

	2017 Information	2018 Information
Child support received but do not include foster care or adoption payments	_____	_____

	2017 Information	2018 Information
Veterans noneducation benefits	_____	_____

	2017 Information	2018 Information
Other untaxed income not reported elsewhere, such as worker's compensation, disability, etc., but do not include student aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits, SSI, on-base military housing or a military housing allowance, or combat pay.	_____	_____

	2017 Information	2018 Information
Money received or paid on behalf of the student (For the student's worksheet only)	_____	_____

NOTES/QUESTIONS:

	Control Totals	Form ID: FAFSA
--	----------------	----------------

Interest Expenses

T/S/J	Home mortgage interest: From Form 1098	2018 Interest Paid	2018 Points Paid	Type*	2018 Mortgage Ins. Premiums Paid	Prior Year Information

***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 Other, such as: Home mortgage interest paid to individuals	SSN or EIN	2018 Information	Prior Year Information

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	_____
	Street Address	_____
	City/State/Zip code	_____
	Refinancing Points paid 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	
	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	Investment interest expense, other than on Schedule(s) K-1:	2018 Information	Prior Year Information

Complete this section if either of the following applies:

- You have home acquisition/improvement debt over \$750,000 for loans taken out in 2018
- You have home acquisition/improvement debt over \$1,000,000 for loans taken out in 2017 or earlier

Mortgages taken out before 10/14/87 generally qualify as grandfather debt regardless of how the proceeds are used.

Home acquisition debt is a mortgage taken out after 10/13/87, the proceeds of which are used to buy, build or substantially improve your home.

	2018 Information	Prior Year Information
Description of loan/property _____		
Taxpayer/Spouse/Joint (T, S, J) _____	—	
Loan origination date _____		
If refinanced debt, date of initial loan _____		
Fair market value of home _____		
Number of months loan was outstanding in 2018, if not 12 _____	—	
Number of months home was a qualifying home _____ <small>(If different from number of months loan was outstanding)</small>	—	
Principal paid in 2018 _____		
Interest paid during 2018 _____		
Points reported on Form 1098 for 2018 _____		
Home mortgage interest you paid, not reported on Form 1098:		
Recipient name _____		
Recipient SSN or EIN _____		
Recipient address _____		
Recipient city, state, zip code _____		
Grandfather debt as of 12/31/17 (or first day mortgage was outstanding) _____		
Grandfather debt as of 12/31/18 (or last day mortgage was outstanding) _____		
Home acquisition/improvement debt as of 12/31/17 (or first day mortgage was outstanding) _____		
Home acquisition/improvement debt as of 12/31/18 (or last day mortgage was outstanding) _____		
Home equity debt as of 12/31/17*** (or first day mortgage was outstanding) _____		
Home equity debt as of 12/31/18*** (or last day mortgage was outstanding) _____ <small>*** ONLY portion of loan proceeds used to buy, build, or improve qualified residence</small>		
Average balance in 2018 of grandfather debt _____		
Average balance in 2018 of home acquisition/improvement debt _____		
Average balance for 2018 all types of debt _____		

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) _____

Donated property description _____

Name of donee organization _____

Address of donee organization _____

City _____

State postal code _____

Zip code _____

Date contributed _____

Date acquired by donor _____

How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange) _____

Donor's cost or basis _____

Fair market value _____

Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) _____

If other: _____

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) _____

Donated property description _____

Name of donee organization _____

Address of donee organization _____

City _____

State postal code _____

Zip code _____

Date contributed _____

Date acquired by donor _____

How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange) _____

Donor's cost or basis _____

Fair market value _____

Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) _____

If other: _____

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) _____

Donated property description _____

Name of donee organization _____

Address of donee organization _____

City _____

State postal code _____

Zip code _____

Date contributed _____

Date acquired by donor _____

How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange) _____

Donor's cost or basis _____

Fair market value _____

Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) _____

If other: _____

Control Totals

Please provide all Forms 1098-C. If you received a different acknowledgment from the donee organization in lieu of Form 1098-C, enter the equivalent donation information in the fields provided below.

Taxpayer/Spouse (T, S) _____

Donee's name _____

State postal code _____

Date of contribution (Box 1) _____

Odometer mileage (Box 2a) _____

Year of vehicle (Box 2b) _____

Make of vehicle (Box 2c) _____

Model of vehicle (Box 2d) _____

Vehicle or other identification number (Box 3) _____

Donee certifies that vehicle was sold in arm's length transaction to unrelated party (Box 4a) _____

Date of sale (Box 4b) _____

Gross proceeds from sale (Box 4c) _____

Donee certifies that vehicle will not be transferred for money, other property, or services before completion of material improvement or significant intervening use (Box 5a) _____

Donee certifies that vehicle is to be transferred to a needy individual for significantly below fair market value in furtherance of donee's charitable purpose (Box 5b) _____

Detailed description of material improvements or significant intervening use and duration of use (Box 5c) _____

Did you provide goods or services in exchange for the vehicle? (Box 6a) Yes No

Value of goods and services provided in exchange for the vehicle (Box 6b) _____

Donee certifies that the goods and services consisted solely of intangible religious benefits (Box 6c) _____

Description of goods and services (Box 6c) _____

Under the law, the donor may not claim a deduction of more than \$500 for this vehicle if this box is checked (Box 7) _____

Other Information for Donated Property

Overall physical condition of property _____

Date property was acquired by donor _____

How property was acquired by donor (P = Purchase, I = Inheritance, G = Gift, E = Exchange) _____

Donor's cost or basis _____

Fair market value on date of contribution _____

Method used to determine FMV (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) _____

If other: _____

Bargain sale amount received _____

Donee's address, and ZIP code _____

Donee's telephone number _____

NOTES/QUESTIONS:

Preparer use only

Occurrence description _____
 Taxpayer/Spouse/Joint (T, S, J) _____
 State postal code _____
 Date of casualty or theft _____

Casualty and Theft - Business/Income Producing Properties

Description of casualty or theft - Property A _____
 Description of casualty or theft - Property B _____
 Description of casualty or theft - Property C _____
 Description of casualty or theft - Property D _____

	A	B	C	D
Property type (1 = Business, 2 = Income producing, 3 = Employee prop)	___	___	___	___
Date acquired	_____	_____	_____	_____
Cost or other basis of property	_____	_____	_____	_____
Insurance or other reimbursement	_____	_____	_____	_____
Fair market value before casualty	_____	_____	_____	_____
Fair market value after casualty	_____	_____	_____	_____

Business/Income Use Replacement Information

Description of replacement property A _____
 Description of replacement property B _____
 Description of replacement property C _____
 Description of replacement property D _____

	A	B	C	D
Mark if property was acquired from a related party	___	___	___	___
Date acquired	_____	_____	_____	_____
Cost of replacement property	_____	_____	_____	_____

NOTES/QUESTIONS:

Preparer use only

Occurrence description _____
 Taxpayer/Spouse/Joint (T, S, J) _____
 State postal code _____
 Date of casualty or theft _____
 Mark if casualty resulted due to a federally declared disaster. Federally declared disasters are determined by the President of the United States to warrant assistance by the Federal Government _____
 FEMA disaster declaration number (ex. DR-4399) _____

Casualty and Theft - Personal Use Properties

	Type of property	City	State	Zip code
Property A	_____	_____	_____	_____
Property B	_____	_____	_____	_____
Property C	_____	_____	_____	_____
Property D	_____	_____	_____	_____
	A	B	C	D
Date acquired	_____	_____	_____	_____
Cost or other basis of property	_____	_____	_____	_____
Insurance or other reimbursement	_____	_____	_____	_____
Fair market value before casualty	_____	_____	_____	_____
Fair market value after casualty	_____	_____	_____	_____

Personal Use Replacement Information

Description of replacement property A	_____			
Description of replacement property B	_____			
Description of replacement property C	_____			
Description of replacement property D	_____			
	A	B	C	D
Mark if property was acquired from a related party	_____	_____	_____	_____
Date acquired	_____	_____	_____	_____
Cost of replacement property	_____	_____	_____	_____

NOTES/QUESTIONS:

Preparer use only

Occurrence description _____
 Taxpayer/Spouse/Joint (T, S, J) _____
 State postal code _____
 Date of casualty or theft _____

Prior Year Casualty and Theft - Business/Income Producing Properties (Cont'd)

Description of casualty or theft - Property A _____
 Description of casualty or theft - Property B _____
 Description of casualty or theft - Property C _____
 Description of casualty or theft - Property D _____

	A	B	C	D
Property type (1 = Business, 2 = Income producing, 3 = Employee prop)	—	—	—	—
Date acquired	_____	_____	_____	_____
Cost or other basis of property	_____	_____	_____	_____
Insurance or other reimbursement	_____	_____	_____	_____
Fair market value before casualty	_____	_____	_____	_____
Fair market value after casualty	_____	_____	_____	_____

Current Year Business/Income Use Replacement Information

Description of replacement property A _____
 Description of replacement property B _____
 Description of replacement property C _____
 Description of replacement property D _____

	A	B	C	D
Date acquired	_____	_____	_____	_____
Prior year cost of replacement property	_____	_____	_____	_____
Cost of replacement property	_____	_____	_____	_____
Postponed gain	_____	_____	_____	_____
Adjusted basis of replacement property	_____	_____	_____	_____

NOTES/QUESTIONS:

Occurrence description _____
 Taxpayer/Spouse/Joint (T, S, J) _____
 State postal code _____
 Date of casualty or theft _____
 Damage to personal residence from corrosive drywall _____
 Amount paid to repair damage to home or household appliances _____
 25% loss available from 2017 _____

Prior Year Casualty and Theft - Personal Use Properties (Cont'd)

Description of casualty or theft - Property A	_____	_____	_____	_____
Description of casualty or theft - Property B	_____	_____	_____	_____
Description of casualty or theft - Property C	_____	_____	_____	_____
Description of casualty or theft - Property D	_____	_____	_____	_____
	A	B	C	D
Date acquired	_____	_____	_____	_____
Cost or other basis of property	_____	_____	_____	_____
Insurance or other reimbursement	_____	_____	_____	_____
Principal residence exclusion taken	_____	_____	_____	_____
Fair market value before casualty	_____	_____	_____	_____
Fair market value after casualty	_____	_____	_____	_____

Personal Use Replacement Information

Description of replacement property A	_____	_____	_____	_____
Description of replacement property B	_____	_____	_____	_____
Description of replacement property C	_____	_____	_____	_____
Description of replacement property D	_____	_____	_____	_____
	A	B	C	D
Date acquired	_____	_____	_____	_____
Prior year cost of replacement property	_____	_____	_____	_____
Cost of replacement property	_____	_____	_____	_____
Postponed gain	_____	_____	_____	_____
Adjusted basis of replacement property	_____	_____	_____	_____

NOTES/QUESTIONS:

		Preparer use only
Principal business or profession _____		
Taxpayer/Spouse/Joint (T, S, J) _____		
State postal code _____		

Business Use of Home

	2018 Information	Prior Year Information
Total area of home	_____	<div style="border: 1px solid black; height: 100%;"></div>
Area used exclusively for business	_____	
Information for day-care facilities only:		
Total hours used for day-care during this year	_____	
Total hours used this year, if less than 8760	_____	
Special computation for certain day-care facilities:		
Area used regularly and exclusively for day-care business	_____	
Area used partly for day-care business	_____	

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:	_____	_____	<div style="border: 1px solid black; height: 100%;"></div>
Mortgage insurance premiums	_____	_____	
Real estate taxes:	_____	_____	
Excess mortgage interest and insurance premiums	_____	_____	
Insurance	_____	_____	
Rent	_____	_____	
Repairs & maintenance	_____	_____	
Utilities	_____	_____	
Other expenses, such as: Supplies & Security system	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
Excess casualty losses	_____	_____	
Carryovers:			
Operating expenses	_____	_____	
Casualty losses	_____	_____	
Depreciation	_____	_____	
Business expenses not from business use of home, such as:			
Travel, Supplies, Business telephone expenses	_____	_____	
Depreciation	_____	_____	

NOTES/QUESTIONS:

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

Preparer use only

Description of business or profession _____

Vehicles

Vehicle 1 -	Date placed in service	_____
	Description	_____
	Comments	_____
Vehicle 2 -	Date placed in service	_____
	Description	_____
	Comments	_____
Vehicle 3 -	Date placed in service	_____
	Description	_____
	Comments	_____
Vehicle 4 -	Date placed in service	_____
	Description	_____
	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)	—	<input type="text"/>	—	<input type="text"/>	—	<input type="text"/>	—	<input type="text"/>
Was another vehicle available for personal use? (Y, N)	—	<input type="text"/>	—	<input type="text"/>	—	<input type="text"/>	—	<input type="text"/>
Do you have evidence to support your deduction? (Y, N)	—	<input type="text"/>	—	<input type="text"/>	—	<input type="text"/>	—	<input type="text"/>
Is this evidence written? (Y, N)	—	<input type="text"/>	—	<input type="text"/>	—	<input type="text"/>	—	<input type="text"/>

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	_____	<input type="text"/>	_____	<input type="text"/>	_____	<input type="text"/>	_____	<input type="text"/>
Commuting miles	_____	<input type="text"/>	_____	<input type="text"/>	_____	<input type="text"/>	_____	<input type="text"/>
Business miles	_____	<input type="text"/>	_____	<input type="text"/>	_____	<input type="text"/>	_____	<input type="text"/>
Parking fees	_____	<input type="text"/>	_____	<input type="text"/>	_____	<input type="text"/>	_____	<input type="text"/>
Tolls	_____	<input type="text"/>	_____	<input type="text"/>	_____	<input type="text"/>	_____	<input type="text"/>
Gasoline	_____	<input type="text"/>	_____	<input type="text"/>	_____	<input type="text"/>	_____	<input type="text"/>
Oil	_____	<input type="text"/>	_____	<input type="text"/>	_____	<input type="text"/>	_____	<input type="text"/>
Repairs	_____	<input type="text"/>	_____	<input type="text"/>	_____	<input type="text"/>	_____	<input type="text"/>
Maintenance	_____	<input type="text"/>	_____	<input type="text"/>	_____	<input type="text"/>	_____	<input type="text"/>
Tires	_____	<input type="text"/>	_____	<input type="text"/>	_____	<input type="text"/>	_____	<input type="text"/>
Car washes	_____	<input type="text"/>	_____	<input type="text"/>	_____	<input type="text"/>	_____	<input type="text"/>
Insurance	_____	<input type="text"/>	_____	<input type="text"/>	_____	<input type="text"/>	_____	<input type="text"/>
Interest	_____	<input type="text"/>	_____	<input type="text"/>	_____	<input type="text"/>	_____	<input type="text"/>
Registration	_____	<input type="text"/>	_____	<input type="text"/>	_____	<input type="text"/>	_____	<input type="text"/>
Licenses	_____	<input type="text"/>	_____	<input type="text"/>	_____	<input type="text"/>	_____	<input type="text"/>
Property taxes	_____	<input type="text"/>	_____	<input type="text"/>	_____	<input type="text"/>	_____	<input type="text"/>
Other vehicle expenses	_____	<input type="text"/>	_____	<input type="text"/>	_____	<input type="text"/>	_____	<input type="text"/>
Vehicle rentals	_____	<input type="text"/>	_____	<input type="text"/>	_____	<input type="text"/>	_____	<input type="text"/>
Inclusion amt (Preparer only)	_____	<input type="text"/>	_____	<input type="text"/>	_____	<input type="text"/>	_____	<input type="text"/>
Depreciation	_____	<input type="text"/>	_____	<input type="text"/>	_____	<input type="text"/>	_____	<input type="text"/>

Please provide all Forms 1095-A

Taxpayer/Spouse (T,S) _____
 Marketplace identifier (Box 1) _____
 Marketplace-assigned policy number (Box 2) _____
 Policy issuer's name (Box 3) _____
 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	_____	_____	_____	_____	_____
February	_____	_____	_____	_____	_____
March	_____	_____	_____	_____	_____
April	_____	_____	_____	_____	_____
May	_____	_____	_____	_____	_____
June	_____	_____	_____	_____	_____
July	_____	_____	_____	_____	_____
August	_____	_____	_____	_____	_____
September	_____	_____	_____	_____	_____
October	_____	_____	_____	_____	_____
November	_____	_____	_____	_____	_____
December	_____	_____	_____	_____	_____
Annual total	_____	_____	_____	_____	_____

	Control Totals	
--	----------------	--

ACA - Health Insurance Marketplace Statement #2

Please provide all Forms 1095-A

Taxpayer/Spouse (T,S) _____
 Marketplace identifier (Box 1) _____
 Marketplace-assigned policy number (Box 2) _____
 Policy issuer's name (Box 3) _____
 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	_____	_____	_____	_____	_____
February	_____	_____	_____	_____	_____
March	_____	_____	_____	_____	_____
April	_____	_____	_____	_____	_____
May	_____	_____	_____	_____	_____
June	_____	_____	_____	_____	_____
July	_____	_____	_____	_____	_____
August	_____	_____	_____	_____	_____
September	_____	_____	_____	_____	_____
October	_____	_____	_____	_____	_____
November	_____	_____	_____	_____	_____
December	_____	_____	_____	_____	_____
Annual total	_____	_____	_____	_____	_____

	Control Totals	
--	----------------	--

NOTES/QUESTIONS:

Please provide all Forms 5498-SA.

	2018 Information	Prior Year Information
Taxpayer/Spouse (T, S)	—	
Name of Trustee _____	—	
State postal code _____	—	
Indicate type of health or medical savings account:		
HSA	—	
Archer MSA	—	
MA (Medicare Advantage) MSA	—	
Total HSA/MSA contributions made	—	
for 2018 (Enter all amounts contributed, including through employer cafeteria plans) _____	—	
Indicate type of coverage under qualifying high deductible health plan (1 = Self-Only, 2 = Family)	—	
Number of months in qualified high deductible health plan in 2018 _____	—	
Mark if you want to contribute the maximum allowable health or medical savings account contribution amount _____	—	
Total HSA/MSA contribution to be made for 2018 _____	—	
Fair market value of HSA, Archer MSA, or MA MSA (Form 5498-SA, Box 5) _____	—	
Excess contributions for 2017 taken as constructive contributions for 2018 _____	—	
Rollover contribution (Form 5498-SA, Box 4) _____	—	

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

Amount of annual deductible _____	_____
Enter compensation from employer maintaining high deductible health plan _____	_____
If self-employed, enter earned income from business under which plan was established _____	_____

Complete this section if your account is an HSA

Was the high deductible health plan in effect for December 2018? (Y, N) _____

NOTES/QUESTIONS:

Health, Medical Savings Account Distributions

Please provide all Forms 1099-SA.

2018 Information

Prior Year Information

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

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 _____		
Social security number of insured _____	_____	
Gross long-term care (LTC) benefits paid (Box 1)	_____	_____
Accelerated death benefits paid (Box 2)	_____	_____
Check one (Box 3)		
Per diem	—	
Reimbursed amount	—	
Qualified contract (Box 4)	—	
Check, if applicable (Box 5)		
Chronically ill	—	
Terminally ill	—	
Are there other individuals who received LTC payments during 2018? (Y, N)	—	
If the insured is terminally ill, were payments received on account of terminal illness? (Y, N)	—	
Number of days during the long-term care period _____	_____	
Cost incurred for qualified long-term care services during the long-term care period _____	_____	_____

NOTES/QUESTIONS:

Please provide all Forms 1099-QA and 5498-QA

	2018 Information	Prior Year Information
Taxpayer/Spouse (T, S)	—	
Payer name	_____	
State postal code	_____	
Recipient's Social Security Number	_____	
Recipient's Name	_____	
Gross distribution (Form 1099-QA Box 1)	_____	_____
Earnings (Form 1099-QA Box 2)	_____	_____
Basis (Form 1099-QA Box 3)	_____	_____
Program-to-program transfer (Form 1099-QA Box 4)	_____	_____
Check if ABLE account terminated in 2018 (Form 1099-QA Box 5)	_____	_____
Check if the recipient is not the designated beneficiary (Form 1099-QA Box 6)	_____	_____
Qualified disability expenses	_____	_____
Amount of rollover	_____	_____
Amount contributed in 2018 (Form 5498-QA Box 1)	_____	_____
Value of account on 12/31/18 (Form 5498-QA Box 4)	_____	_____

Control Totals

ABLE Account Information #2

Please provide all Forms 1099-QA and 5498-QA

	2018 Information	Prior Year Information
Taxpayer/Spouse (T, S)	—	
Payer name	_____	
State postal code	_____	
Recipient's Social Security Number	_____	
Recipient's Name	_____	
Gross distribution (Form 1099-QA Box 1)	_____	_____
Earnings (Form 1099-QA Box 2)	_____	_____
Basis (Form 1099-QA Box 3)	_____	_____
Program-to-program transfer (Form 1099-QA Box 4)	_____	_____
Check if ABLE account terminated in 2018 (Form 1099-QA Box 5)	_____	_____
Check if the recipient is not the designated beneficiary (Form 1099-QA Box 6)	_____	_____
Qualified disability expenses	_____	_____
Amount of rollover	_____	_____
Amount contributed in 2018 (Form 5498-QA Box 1)	_____	_____
Value of account on 12/31/18 (Form 5498-QA Box 4)	_____	_____

Control Totals

NOTES/QUESTIONS:

Social Security Tax on Unreported Tips

Complete if you received cash/charge tips of \$20 or less in a month in 2018.

	2018 Information	Spouse	Prior Year Information
Total cash and charge tips under \$20 per month and not reported to employer	Taxpayer	Spouse	Prior Year Information

Complete if you received cash/charge tips of \$20 or more in a month and did not report all of those tips to your employer.

	Employer name	Employer identification number	Total tips received in 2018	Total tips reported in 2018
Taxpayer information				
Spouse information				

Social Security Tax on Unreported Wages

Complete if you received pay from a firm for services performed not as an independent contractor and social security and Medicare taxes were not withheld from the pay.

(**Please refer to Reason Codes located at the bottom)

	Firm name	Firm's federal identification number	Reason Code **	Date of IRS determination or correspondence received	Mark if 1099-MISC received	Total wages received with no social security or Medicare tax withheld
Taxpayer information						
Spouse information						

**** Reason Codes**

A = I filed Form SS-8 and received a determination letter stating that I am an employee of this firm.
 C = I received other correspondence from the IRS that states I am an employee.
 G = I filed Form SS-8 with the IRS and have not received a reply.
 H = I received a Form W-2 and a Form 1099-MISC from this firm for 2018. The amount on Form 1099-MISC should have been included as wages on Form W-2.

	Taxpayer	Spouse
State postal code	_____	_____

	Taxpayer	Spouse	Prior Year Information	
If you received a parsonage provided by the church, please complete the following information:				
Fair rental value of parsonage provided by church	_____	_____	_____ _____ _____ _____ _____ _____ _____ _____ _____ _____	
Actual parsonage utilities expense	_____	_____		
If you received a rental or parsonage allowance provided by the church, please complete the following information:				
Utilities allowance,				
if separate from parsonage allowance	_____	_____		
Actual parsonage expense	_____	_____		
Fair rental value of home	_____	_____		
Actual utilities expense	_____	_____		
Mark if you have claimed exemption from self-employment tax				
by filing Form 4361 with the IRS	_____	_____		
If you are a self-employed minister, enter any tax-deductible contributions to a 403(b) retirement plan	_____	_____		

NOTES/QUESTIONS:

Enter parent's information for children under age 19 on 1/1/19 or a full-time student under age 24 with unearned income of more than \$2,100.

Parent's social security number (Enter the name and social security number of the parent listed first on the return)

Parent's first name

Parent's last name

NOTES/QUESTIONS:

Children's Interest Income

Please provide copies of all Form 1099-INT or other statements reporting child's 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.
 Complete a separate Organizer Form ID: 8814 for each child.

Child's social security number _____
 Child's date of birth _____
 Child's name _____
 Taxpayer/Spouse/Joint (T, S, J) _____

Type Code (**See codes below)	Payer	Interest Income	Tax Exempt Income	U.S. Obligations* \$ or %	Tax Exempt* \$ or %	Prior Year Information

**Interest Codes					
Blank = Regular Interest	3 = Nominee Distribution	4 = Accrued Interest	5 = OID Adjustment	6 = ABP Adjustment	

Children's Dividend Income

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

Type Code (** See codes below)		Ordinary Dividends	Qualified Dividends	Total Capital Gain Distributions	Section 1250	Section 1202	28% Capital Gain	Tax Exempt Dividends	U.S. Obligations* \$ or %	Tax Exempt* \$ or %	Prior Year Information
1	Payer										
	Amounts										
2	Payer										
	Amounts										
3	Payer										
	Amounts										
4	Payer										
	Amounts										
5	Payer										
	Amounts										
6	Payer										
	Amounts										

**Dividend Codes	
Blank = Other	3 = Nominee

Alaska Permanent Fund dividends:

	2018 Information	Prior Year Information

Control Totals

Complete if you paid cash wages of \$1,000 or more to any household employee.

Taxpayer/Spouse (T, S) _____

Employer identification number _____

Total cash wages subject to social security taxes _____

Total cash wages subject to Medicare taxes _____

Total cash wages subject to Additional Medicare Tax withholding _____

Federal income tax withheld _____

State disability plan social security & Medicare withheld _____

Did you:

(A) pay any household employee cash wages of \$2100 or more in 2018? (Y, N) _____

(B) withhold Federal income tax for any household employee? (Y, N) _____

(C) pay household employees cash wages equal to or greater than \$1,000 in any quarter of 2017 or 2018? (Y, N) _____

Federal Unemployment (FUTA) Tax

If you answered "Yes" to question (C) above, complete the following information.
 Complete only items marked with an asterisk (*) if total cash wages subject to FUTA tax amount is also taxable as defined by your State act and unemployment contributions are paid to only one State.

Total cash wages subject to FUTA tax _____

State #1 information

State postal code where you have to pay unemployment contributions * _____

State reporting number as shown on state unemployment tax return _____

Taxable wages (as defined in state act) _____

State experience rate period:

From _____

To _____

State experience rate (xxx.xx) _____

Contributions paid to state unemployment fund * _____

Contributions for 2018 paid after 04/15/19 _____

State #2 information

State postal code where you have to pay unemployment contributions _____

State reporting number as shown on state unemployment tax return _____

Taxable wages (as defined in state act) _____

State experience rate period:

From _____

To _____

State experience rate (xxx.xx) _____

Contributions paid to state unemployment fund _____

Contributions for 2018 paid after 04/15/19 _____

NOTES/QUESTIONS:

You are required to repay the First-Time Homebuyer credit if you claimed the credit in 2008. If the credit was claimed in 2009, 2010, or 2011, you do not have to repay the credit.

Principal residence address, if different from home address on Organizer Form ID: 1040

Address _____

City/State/Zip code _____

Date home acquired (After 4/8/08 and before 5/1/10) (For service members after 12/31/08 and before 5/1/11) _____

Purchase price of the home _____

Date the home was sold or ceased being used as principal residence _____

If you sold your home, enter the selling price _____

If you sold your home, enter the expense of sale _____

Were you and your spouse married on the purchase date? (Y, N) _____

If your home was transferred to your ex-spouse due to a divorce settlement, enter his or her full name _____

If you own the principal residence with another person enter their name and allocation percentage _____

Other owner name _____

Allocation percentage _____

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	_____	_____
Employer-provided dependent care benefits that were forfeited in 2018	_____	_____
Total qualified expenses incurred in 2018	_____	_____
Were you or your spouse a full time student or disabled? (Yes or No)	_____	_____
Did you provide care expenses for any person(s) who is not listed as a dependent? (Y, N)	_____	_____

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 _____

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 _____

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 _____

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 _____

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 _____

Foreign province or state of provider _____

Foreign country and Foreign postal code of provider _____

Credit For The Elderly or Disabled

Please complete if you were age 65 or older at the end of 2018, OR you were under age 65 and retired under total and permanent disability, and you received taxable disability income.

Taxpayer

Spouse

Nontaxable disability/pension income received in 2018

Taxable disability income received in 2018

NOTES/QUESTIONS:

The American Tax Relief Act of 2012 provides credits for energy efficient improvements made to personal residences. There are certain restrictions and limits but some of the home improvements that may qualify include exterior windows and doors, metal roofs, solar electric, or solar heating property. Please provide copies of any prior year Forms 5695 not prepared by this office.

Taxpayer/Spouse/Joint (T, S, J) _____

Were the costs incurred made to your main home located in the United States? (Y, N) _____

Were the costs incurred related to the construction of your main home located in the United States? (Y, N) _____

Enter the total amount of costs for insulation material or system to reduce heat loss or gain _____

Enter the total amount of costs for exterior windows _____

Enter the total amount of costs for exterior doors _____

Enter the total amount of costs for qualified metal roofs _____

Enter the total amount of costs for energy-efficient building property _____

Enter the total amount of costs for qualified natural gas, propane, or oil furnace or hot water boilers _____

Enter the total amount of costs for advanced main circulating fan used in a natural gas, propane, or oil furnace _____

Enter the total amount of costs for qualified solar electric property _____

Enter the total amount of costs for qualified solar water heating property _____

Enter the total amount of costs for qualified small wind energy property _____

Enter the total amount of costs for qualified geothermal heat pump property _____

Enter the total amount of costs for qualified fuel cell property _____

Enter the total amount of kilowatt capacity of the qualified fuel cell property _____

NOTES/QUESTIONS:

Complete if you paid or accrued foreign taxes to a foreign country or U.S. possession in 2018.

Preparer use only

Description _____
 Taxpayer/Spouse (T, S) _____
 Category of income* _____
 Description of income _____

*Category of Income	
A = Section 951A income	E = Section 901(j) income
B = Foreign Branch income	F = Certain income re-sourced by treaty
C = Passive income	G = Lump-sum distributions
D = General income	

Foreign Income or Loss

Country code _____
 Country name _____

	Regular	AMT, if different
Foreign gross income	_____	_____
Definitely related expenses:	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Foreign source losses	_____	_____

Foreign Taxes Paid or Accrued

Foreign taxes paid or accrued:
 Date paid or accrued _____
 In foreign currency - taxes withheld on:
 Dividends _____
 Rents & royalties _____
 Interest _____
 Other foreign taxes _____
 In US dollars - taxes withheld on:
 Dividends _____
 Rents & Royalties _____
 Interest _____
 Other foreign taxes _____

NOTES/QUESTIONS:

Complete this form if you paid qualified adoption expenses in 2018. Indicate if the adoption was final in or before 2018. Qualified adoption expenses include adoption fees, attorney fees, court costs, and travel expenses while away from home. Please provide copies of legal documents approving the adoption.

	Child 1	Child 2	Child 3
Taxpayer/Spouse/Joint (T, S, J)	_____	_____	_____
First name	_____	_____	_____
Last name	_____	_____	_____
Child's date of birth	_____	_____	_____
Mark if this child was:			
born before '01 and was disabled	_____	_____	_____
a child with special needs	_____	_____	_____
a foreign child	_____	_____	_____
Child's identifying number	_____	_____	_____
Total adoption credit received in prior years for this child	_____	_____	_____
Total qualified adoption expenses paid in 2017 for this child	_____	_____	_____
Employer-provided benefits received in 2017 for this child	_____	_____	_____
Total qualified adoption expenses paid in 2018 for this child	_____	_____	_____
Employer-provided benefits received in 2018 for this child	_____	_____	_____
Adoption final in (1 = '18, 2 = Pre '18)	_____	_____	_____

	Child 4	Child 5	Child 6
Taxpayer/Spouse/Joint (T, S, J)	_____	_____	_____
First name	_____	_____	_____
Last name	_____	_____	_____
Child's date of birth	_____	_____	_____
Mark if this child was:			
born before '01 and was disabled	_____	_____	_____
a child with special needs	_____	_____	_____
a foreign child	_____	_____	_____
Child's identifying number	_____	_____	_____
Total adoption credit received in prior years for this child	_____	_____	_____
Total qualified adoption expenses paid in 2017 for this child	_____	_____	_____
Employer-provided benefits received in 2017 for this child	_____	_____	_____
Total qualified adoption expenses paid in 2018 for this child	_____	_____	_____
Employer-provided benefits received in 2018 for this child	_____	_____	_____
Adoption final in (1 = '18, 2 = Pre '18)	_____	_____	_____

If the adoption was incomplete or unsuccessful please provide information below:

NOTES/QUESTIONS:

*Select the Type of Use codes from the chart below

	Type of Use*	Rate	Gallons
Nontaxable use of gasoline -			
Off-highway business use		\$0.183	_____
Use on a farm		0.183	_____
Other nontaxable use	___	0.183	_____
Exported		0.184	_____
Nontaxable use of aviation gasoline -			
Commercial aviation		0.15	_____
Other nontaxable use	___	0.193	_____
Exported		0.194	_____
Leaking underground storage tank (LUST) tax		0.001	_____
Nontaxable use of undyed diesel fuel -			
Explanation of evidence of dyes:			

Other nontaxable use	___	0.243	_____
Use on a farm		0.243	_____
Trains		0.243	_____
Intercity / local bus		0.17	_____
Exported		0.244	_____
Nontaxable use of undyed kerosene (other than aviation) -			
Explanation of evidence of dyes:			

Other nontaxable use	___	0.243	_____
Use on a farm		0.243	_____
Intercity / local buses		0.17	_____
Exported		0.244	_____
Other nontaxable use taxed at \$.044	___	0.043	_____
Other nontaxable use taxed at \$.219	___	0.218	_____
Kerosene used in aviation -			
Kerosene taxed at \$.244		0.200	_____
Kerosene taxed at \$.219		0.175	_____
Other nontaxable use taxed at \$.244	___	0.243	_____
Other nontaxable use taxed at \$.219/.044	___	0.218	_____
Leaking underground storage tank (LUST) tax		0.001	_____

*Type of Use	
1 = Farming purposes	8 = Diesel & Kerosene fuel other than train or highway vehicle
2 = Off highway business use	9 = Foreign trade
3 = Export	10 = Certain helicopter and fixed wing air ambulance uses
4 = Commercial fishing	11 = Aviation fuel other than propulsion engines
5 = Intercity/local bus	13 = Exclusive use by a nonprofit educational organization
6 = In a qualified local bus	14 = Exclusive use by a state, political subdivision or DC
7 = School bus	15 = In an aircraft or vehicle owned by an aircraft museum

NOTES/QUESTIONS:

*Select the Type of Use codes from the chart below

Type of Use*	Rate	Gallons
Sales by registered ultimate vendors of undyed diesel fuel - Registration Number _____ Explanation of evidence of dyes: _____ _____		
State / local government	0.243	_____
Intercity / local buses	0.17	_____
Sales by registered ultimate vendors of undyed kerosene - Registration Number _____ Explanation of evidence of dyes: _____ _____		
Use by state/local government	0.243	_____
Sales from a blocked pump	0.243	_____
Intercity / local buses	0.17	_____
Sales by registered ultimate vendors of kerosene in aviation - Registration Number _____ Commercial aviation taxed at \$.219 (Other than foreign trade)	0.175	_____
Commercial aviation taxed at \$.244 (Other than foreign trade)	0.200	_____
Nonexempt use in noncommercial aviation	0.025	_____
Other nontaxable uses taxed at \$.244 _____	0.243	_____
Other nontaxable uses taxed at \$.219/.044 _____	0.218	_____
Leaking underground storage tank (LUST) tax	0.001	_____

*Type of Use	
1 = Farming purposes	8 = Diesel & Kerosene fuel other than train or highway vehicle
2 = Off highway business use	9 = Foreign trade
3 = Export	10 = Certain helicopter and fixed wing air ambulance uses
4 = Commercial fishing	11 = Aviation fuel other than propulsion engines
5 = Intercity/local bus	13 = Exclusive use by a nonprofit educational organization
6 = In a qualified local bus	14 = Exclusive use by a state, political subdivision or DC
7 = School bus	15 = In an aircraft or vehicle owned by an aircraft museum

NOTES/QUESTIONS:

*Select the Type of Use codes from the chart below

	Type of Use*	Rate	Gallons
Nontaxable use of alternative fuel -			
Liquefied petroleum gas (LPG)	___	0.183	_____
"P Series" fuels	___	0.183	_____
Compressed natural gas (CNG)	___	0.183	_____
Liquefied hydrogen	___	0.183	_____
Any liquid fuel derived from coal through the Fischer-Tropsch process	___	0.243	_____
Liquid hydrocarbons derived from biomass	___	0.243	_____
Liquefied natural gas (LNG)	___	0.243	_____
Liquefied gas derived from biomass	___	0.183	_____
Alternative fuel credit and alternative fuel mixture credit -			
Registration Number			_____
Liquefied hydrogen		0.50	_____
Registered credit card users -			
Registration Number			_____
Diesel for state / local government		0.243	_____
Kerosene for state / local government		0.243	_____
Kerosene for aviation use by state / local gov't taxed at \$.219/.044		0.218	_____
Nontaxable use of a diesel-water fuel emulsion -			
Other nontaxable use	___	0.197	_____
Exported		0.198	_____
Diesel-water fuel emulsion blending -			
Registration Number			_____
Blender credit		0.046	_____
Exported dyed fuels -			
Exported dyed diesel fuel		0.001	_____
Exported dyed kerosene		0.001	_____

*Type of Use	
1 = Farming purposes	8 = Diesel & Kerosene fuel other than train or highway vehicle
2 = Off highway business use	9 = Foreign trade
3 = Export	10 = Certain helicopter and fixed wing air ambulance uses
4 = Commercial fishing	11 = Aviation fuel other than propulsion engines
5 = Intercity/local bus	13 = Exclusive use by a nonprofit educational organization
6 = In a qualified local bus	14 = Exclusive use by a state, political subdivision or DC
7 = School bus	15 = In an aircraft or vehicle owned by an aircraft museum

NOTES/QUESTIONS:

Instructions
 Enter carryovers from prior year(s) as positive numbers.
 Enter utilizations from prior year(s) as negative numbers.

Indefinite Carryovers	2017 to 2018 Amounts
Minimum tax credit	_____
Investment interest	_____
Investment interest - AMT	_____
Short-term capital loss	_____
Short-term capital loss - AMT	_____
Long-term capital loss	_____
Long-term capital loss - AMT	_____
Residential energy credit	_____
D.C. first-time homebuyer credit	_____
Tax credit bonds	_____

Charitable Contribution Carryover Items

Prior C/O Year	50% Contributions	30% Contributions	50/30% Cap Gain Prop	20% Contributions	50% Qualified Conservation Contributions	100% Qualified Conservation Contributions
2006					_____	_____
2007					_____	_____
2008					_____	_____
2009					_____	_____
2010					_____	_____
2011					_____	_____
2012					_____	_____
2013	_____	_____	_____	_____	_____	_____
2014	_____	_____	_____	_____	_____	_____
2015	_____	_____	_____	_____	_____	_____
2016	_____	_____	_____	_____	_____	_____
2017	_____	_____	_____	_____	_____	_____

AMT Charitable Contribution Carryover Items

Prior C/O Year	50% AMT Contributions	30% AMT Contributions	50/30% AMT Cap Gain Prop	20% AMT Contributions	50% AMT Qual Conservation Contributions	100% AMT Qual Conservation Contributions
2006					_____	_____
2007					_____	_____
2008					_____	_____
2009					_____	_____
2010					_____	_____
2011					_____	_____
2012					_____	_____
2013	_____	_____	_____	_____	_____	_____
2014	_____	_____	_____	_____	_____	_____
2015	_____	_____	_____	_____	_____	_____
2016	_____	_____	_____	_____	_____	_____
2017	_____	_____	_____	_____	_____	_____

Section 1231 Nonrecaptured Losses

	Section 1231 Nonrecaptured Losses	AMT Section 1231 Nonrecaptured Losses
2013	_____	_____
2014	_____	_____
2015	_____	_____
2016	_____	_____
2017	_____	_____

Description

A	_____
B	_____
C	_____
D	_____

Prior C/O Year	A	B	C	D
1998	_____	_____	_____	_____
1999	_____	_____	_____	_____
2000	_____	_____	_____	_____
2001	_____	_____	_____	_____
2002	_____	_____	_____	_____
2003	_____	_____	_____	_____
2004	_____	_____	_____	_____
2005	_____	_____	_____	_____
2006	_____	_____	_____	_____
2007	_____	_____	_____	_____
2008	_____	_____	_____	_____
2009	_____	_____	_____	_____
2010	_____	_____	_____	_____
2011	_____	_____	_____	_____
2012	_____	_____	_____	_____
2013	_____	_____	_____	_____
2014	_____	_____	_____	_____
2015	_____	_____	_____	_____
2016	_____	_____	_____	_____
2017	_____	_____	_____	_____

NOTES/QUESTIONS:

Prior C/O Year	Net Operating Loss	AMT NOL
1998		
1999		
2000		
2001		
2002		
2003		
2004		
2005		
2006		
2007		
2008		
2009		
2010		
2011		
2012		
2013		
2014		
2015		
2016		
2017		

NOTES/QUESTIONS: