TAX DEDUCTION LOCATOR & IRS TROUBLE MINIMIZER

YOUR TAX APPOINTMENT

Please complete and sign this organizer prior to your appointment.

Please call to schedule your appointment. Try to call early before the calendar is booked up.

Please mail the completed organizer along with the requested information to this office prior to your appointment.

Please mail the completed organizer along with the requested information to this office so the return can be prepared by correspondence.

Your tax appointment is scheduled for:

Day:

Date:

Time:

Please notify this office promptly if you are unable to keep this appointment.

REFERRALS ARE ALWAYS APPRECIATED

If you know someone who would like a tax appointment, please have them call this office. Do not be concerned that your business, personal or financial matters will be discussed with clients whom you refer. All client information is treated in the utmost confidence.

IF YOU ARE A NEW CLIENT, BE SURE TO PROVIDE A COPY OF LAST YEAR'S TAX RETURN.

SAVE TIME - READ THIS FIRST

This organizer is designed to assist and remind you of information that is needed to prepare your tax return. The goal is not to overlook anything so you can maximize your legal deductions, comply with government reporting requirements, and avoid problems with the IRS after the return is filed.

Taxes are complicated and the rules change constantly. This organizer was designed specifically for the 2018 tax year and certain items may not apply to other years. Although care has been taken to accommodate most taxpayers' needs, please note questions that are related to issues not included here under "Questions You May Have" in Section D6.

Section Categories

To help you collect your information quickly, this organizer is organized into four general areas. Information required from:

- everyone Sections A1 A13 (Pages 2 & 3)
- those who itemize their deductions Sections B1 B11 (Pages 4 & 5)
- those with business or rental income Sections C1 C7 (Pages 6 & 7)
- everyone Health Care reporting Section D1 (page 8)
- those who have relocated, sold their home, made home energy improvements or have debt relief income – Sections D2 – D5 (Page 8)

The instructions provided in the header of each section will help you determine if you are required to complete the information in that section. Before proceeding, please take a moment to review the purpose of the SPECIAL MARKERS used throughout this organizer.



Your tax information from the prior year is automatically transferred to this year's tax return. Therefore, not all taxpayer data and contact info needs to be recorded. The marker signifies that returning clients need only enter data in that section if it has changed since the prior year or if there is new information.



This marker notes areas where the IRS can match the entry on their computer and incomplete or incorrect information can trigger government correspondence or, worse yet, an office audit. Pay particular attention to sections or individual entries with this symbol.



This flag symbol denotes areas where a deduction or item of income is to be treated differently when computing the alternative minimum tax (AMT). The AMT is another way of computing your tax liability, which applies more restrictive limits on certain deductions and preference income. If higher than the regular tax, the AMT applies.



This marker indicates payments that may require the issuance of a 1099 if the annual amount paid to an individual is \$600 or more. Failure to file 1099s can lead to a loss of the tax deduction for that expense and failure to timely file the forms with the IRS and furnish copies to payees can result in substantial penalties.

A - TAXPAYER INFORMATION The information on this page is required for every taxpayer. Please review each section on this page and report items that are applicable to you, your

spouse or dependents.

A1 - TAXPAY	ER IN	FORMAT	ION		€ ,	A 6	- INCO	ME & ADJUSTMENTS 😌	You	Spouse
Returning clients: enter fi	rst and last n	ame of filer and ar	ny changes only.			W-2 \	Vages – Please pr	rovide W-2 Forms (retain copy "C" for your records	;)	1
Filer Name							• *	-Corporation K-1s (provide complete K-1 copies)	1	1
(Must Match SS Admin)								ary of an inheritance? If so, please verify with you will be receiving a K-1.	Yes	Yes
Social Security No. 😌			Birth Date		/ /	State	Tax Refund (prov	vide 1099-G)		
Occupation			🗌 🗆 Legall	ly Blind		Socia	l Security or RR (p	provide SSA-1099 or RRB-1099)		
Contact Phone			C)ay	Evening		on Income (provid	· · · · · · · · · · · · · · · · · · ·		
Email Address							, ,	matches with alimony paid) name and SSN below)		
Spouse Name						Paid	<i>,</i>	SSN:		
(Must Match SS Admin)			Disth Date		, ,		not included in W			
Social Security No 😌			Birth Date		/ /	Unem	ployment Compe	ensation (provide 1099-G)		
Occupation			Legally	y Blind		Gamt	ling Winnings (pr	rovide W-2Gs)		
Contact Phone			Da	ау	Evening		- IRA &	SE PLANS 8	You	Spouse
Email Address										
A2 - ADDRE	55				⊖ ⊖		ement plan with y	e convert a traditional IRA into a Roth IRA during	☐ Yes	Yes
Returning clients can skip		excent for change	s		₿ ←→	2018		e convert a traditional IRA into a Roth IRA during	C Yes	Ses 1
	ins section	except for change						Traditional IRA, Keogh & SEP Plans		
Street			Apt/Unit No	<u> </u>	1	Contr	ibutions			
City			State	Zip		- ├ ────	Irawals (1099-R) ⁽¹	(1)		
Home Phone Number							vers ⁽²⁾⁽³⁾			
						Basis	(Total of your pri-	ior year non-deductible contributions)		
A3 · STATUS			<u>R 2018</u>			Cantu	ihutione	Roth IRA	1	1
Check any that apply and	enter the effe	ective date.					ibutions Irawals (1099-R) ⁽¹	(1)		
Married ,	/ /	Moved		/	/		vers ⁽²⁾⁽³⁾			
Separated ,	/ /	Home So	bld	/	/			age 59-1/2 (2) Must be reported even if not taxable unless	l directly "trans	l ferred"
Divorced /	/ /	Spouse I	Deceased	/	/	(3) Ro	lovers from Tradition	nal to a Roth IRA may be taxable.		
Retired	/ /	Depende	ent Deceased	/	/	A	- SPEC	IAL QUESTIONS & INF	0	
						Cove	dell Education A	ccount Contribution		
A4 · ESTIMA					e	Cove	dell Education Ad	ccount Distribution (provide 1099-Q)		
This office cannot assume on time. Therefore, please						Quali	fied Tuition Plan	(Sec. 529) Distribution (provide 1099-Q)		
payments. Incorrect amou						Stude	ent Loan Interest	paid (provide 1098-E)		
filed.						HSA	Distributions (pro	ovide 1099-SA)		
Payment & Due Date		Date Paid	Federal	Stat	e	Adop	tion Expenses		Special r	needs child
Applied from Last Year'	s Refund				-	CA to re	JTION – Review the port an interest in o	e following questions carefully. There are severe penaltie or signature authority over a foreign bank account. Please dealings related to foreign accounts and inheritances.	s associated w call our atten	ith failing ition to any
First Quarter (April 17, 2	2018)	/ /				СНЕ	CK ALL THAT			
Second Quarter (June 1	5, 2018)	/ /						use have signature authority or are named as a c	o-owner on	a bank
Third Quarter (Sept. 17,	2018)					1⊢		reign country even if the funds are not yours.		
Fourth Quarter (Jan. 15						╢畳		inheritance from someone in a foreign country.		2010
Tourin Quarter (Jan. 15)	,2019)	/ /						use have a foreign bank account (over \$10,000 at use received a distribution from, or were the grar	,	,
A5 - REFUNI	D DIRE	CT DEP	OSIT				foreign trust			
Complete this section to h Doing so will speed up the							At any time duri	ing the year you or your spouse held an interest i	n a foreign f	financial
stolen. Direct deposit can							You have been o	denied Earned Income Credit by the IRS		
account are provided belo additional account inform				e provide	lne		You've been re-o Credit	certified for the Earned Income, Child Tax, or Ame	rican Oppor	tunity
Bank Name							You bought, solo discuss what do	d, or gifted real estate in 2018. If you have, please ocuments are needed.	call in adva	ance to
Bank Routing Number (Exactly 9 Digits)						of money or property to any individual in excess y a married couple)	of \$15,000	(\$30,000
Account Number (include			aracters – 17 digits	max)			You employ hou	• •		
		•	<u> </u>				You sold jewelry	y, gold, coins, or other precious metals during the	year	
Account Type	Checking	Savings	Allocation	:	%	-	iler Vou wie	sh to contribute to the Presidential campaign fun	4	
L		nc.				[−] □ s	You wis	on to contribute to the rresidential campaign fun	u	

A - TAXPAYER INFORMATION The information on this page is required for every taxpayer. Please review each section on this page and report items that are applicable to you, your

spouse or dependents.

A9 - DEPE Returning clients nee	NDENTS d only enter first names a	and any o	hanges. Ente	er all	the informat	ion f	for new dep	endent	ts.							Ş
	Last Name		cial Securit				5, D, F, M, G		Months ir	Home				lf o	ver th	e age of 18
First Name	(If Different)	50	(Mand				her or HOI		(Your H		В	lirth Da	te	Inco		Student
											/	/ .	/			☐ Yes
											/	/	/			C Yes
											/	/	/			C Yes
* Enter S-Son, D-Daug	hter, F-Father, M-Mother,	G-Grand	child, or ente	r oth	ner relationsh	ip. Er	nter HOH fo	or non-	dependent	Head of H	ousehold	qualifie	rs.			
	EREST INCO		name listed o	n 10	199 even if no	ot the	e original so	ource.			Cautior	1: All inte	erest mus	st be reporte	ed ever	n if tax-free! 😝
	Name of Payer ovide all forms 1099INT and e not needed when 1099s are				Banks, Credit Corp Bonds, Financed Mor etc.	Selle	er Di	Saving I	J.S. Obliga Bonds, T-Bill ate Tax-Free)	s, etc.	Home		funicipa ly Tax-Free	al Bonds		Other State Federal Tax-Free)
				-												
					Selle	er Fi	nanced Mo	ortgag	jes						<u> </u>	
			Note: Se	eller f	inanced mortga	iges r			l and addres	s of the paye	r.					
Payer Name: Forfeited Interest (aarly withdrawal	SSN:						ress:		ding on Ir	toroct 9	,				
penalty)	early withdrawat							dends		ding on Ir		×				
IRS matches payer ar the various types of c Nam	DEND INCO amount. Always use pa lividends. Please bring br e of Payer le all forms 1099DIV	yer name oker stat	ements. Foreign	0	rdinary	Q	ualified		e institutio ital Gains	199	A	Source	e U.S.	Taxable	to	eparating Non-Taxable State &
(Entries are not need	ed when 1099s are provided)	la	xes Paid	Di	vidends	DIV	vidends ⁽¹⁾	<u> </u>		Divide	nas	Obligati	ions (2)	State O	nıy	Federal
								-								
(1) Qualified dividend	s receive special tax treat	tment an	d are includ	ed in	the "Ordinar	y Div	vidends" tota	 al. (2) Ir	ncludes ind	ome from	savings b	onds, T-E	Bills, etc.,	which are s	tate ta	x-free.
	·					,					J. J.	,	,			
IRS matches gross pr	ESTMENT SA poceeds from sales using t e sales, see Section D2.			ctior	ns must be re	porte	ed even if th	nere is	no profit. l	f broker pro	ovides a s	summary	of transa	actions, brin	g it an	e skip
(Please provide all forms	Description 1099-B and any gain/loss sta	itements p	provided by bro	ker)	Inherited	?	Date Acqu	uired	Date	e Sold	Selling	g Price	Cost o	r Other Ba	sis	Profit (Memo Only)
					Yes		/	/	/	/						
					Yes		/	/	/	/						
					Yes		/	/	/	/						
(1) The basis from wh	ich gain is determined m	ay not be	e the origina	cos	t and must ac	cour	nt for stock s	splits, r	everse spl	ts, mergers	, reinvest	ed divid	ends, wa	sh sales, etc.		
Care must enable you	LD OR DEPE	ork) or at	tend school	FUL	L-TIME. Care r	nust	be for a chi					o is physi	ically or 1	mentally inc	apable	e of self
	ent, also see section C4. I			r pro		नावा।	to and incol	пе тер		•			Allocat		/Dam	andont
	provides dependent c	are serv	vices V		-		N or Employ Inless it is an			Payn I/Depnd.'s I		1	Depnd.'s	ed by Child		Depnd.'s Name:
Paid To	Address & P	hone Nu	mber				EO). If EO, che	•		o pepila.s I	ante:		ochiia.s	name.	cintu/L	cpitus naille:
												ļ				

B - ITEMIZED DEDUCTIONS

Taxpayers may choose between itemized or standard deductions. This page and the adjoining page are for recording your expenses, which are needed when itemizing your deductions. If you are certain that you cannot itemize your deductions for either federal or state, you can skip this page and the next one **except for B10.**

CAUTION: If you are married and filing separately and either you or your spouse itemize your deductions, then the other spouse must also itemize their deductions. The law does not allow one to itemize and the other to take the standard deduction.

□ If filing married separate and your spouse is itemizing deductions.

B1 - MEDICAL EXPENSES			B 3	- TAXES	PAID				
Although for Federal purposes medical expenses for 2018 extent they exceed 7.5% of your adjusted gross income (AG	l) for the year, son	ne states,		ot list any taxes asso ctible for AMT purpo	ociated with a busine oses.	ess or renta	al activity. T	axes are no	ot
such as Arizona, do not have that limitation. If your state ha be sure to list your medical expenses. Do NOT list expenses			Real	Estate – Primary	Residence			o not	
expenses and premiums paid with pre-tax funds or HSA dis	tributions.		Real	Estate – 2nd Hon	ne			iclude rest and	
INSURANCE PREMIUMS for Medical, Dental, Vision &	& Hospital ⁽¹⁾		Real	Estate – Investme	ent Property (Land, e	tc.)	ре	nalties	
Medicare Insurance Premiums (Not payroll tax)			CAUT	ION – Some tax bills in	iclude non-deductible sp	ecial service	es. Please pro	ovide copies	of the tax bills.
	Filer		Vehi	le License Fees (Tax portion only):	(1)	(2)		(3)
Long-Term Care Insurance	Spouse			onal Property Tax					
Doctors, Dentists ⁽²⁾ (No discretionary cosmetic surgery)				•	(Leave blank for standar				
Acupuncture & Chiropractic Care				ne Taxes Paid to	s, Home, Etc. (Do not	include abo	ve) State:		
Hospital ⁽³⁾					es (not listed in another	category)			
Prescription Drugs (No over-the-counter drugs except insulin)			Othe		(
	f in-home care				e Tax Paid During				
Eye Exam, Glasses, Contact Lenses, Contact Lens Soli			Dalar		e taxes withheld; they ar	e automatic Other Yea		urce documer	nts.
Hearing Aids & Batteries				ce Due Return		Or Adjust			
Ambulance & Paramedics				sion Payment Return		2017 4th Paid Jan. 1	Qtr. Estima 2018	ate	
Auto Travel (To and from medical treatment)			В4	- HOME	MORTGAG	EIN	TERE	ST	9
Parking & tolls (For medical treatment)			Enter	only interest on loa	ans secured by your p	orimary res	idence and	designated	d second
Taxi, Shuttle, Air Fare, Etc. (To reach medical treatment)		miles	debts	incurred after 12/1	is limited, for federa 5/2017) of home acc	uisition de	ebt on your	primary or	designated
Lodging (For medical treatment) No. of days:			spou	se. Equity debt inter	bt limit applies sepa est is not federally d	eductible f	or years 20	18 thru 20	25 unless loan
Telephone (Medical-related toll charges only)			paid	on up to \$100,000 d	home improvement of equity debt. The IR				
Therapy & Special Schooling ⁽⁴⁾				jages.					A
Supplies & Equipment			enter (bayee's name. If paid to	ceived, check "Paid To" b a person from whom yo	u bought	2nd Home	Equity Loan	Amount Provide Form
Handicapped Placard				me and no 1098 receiv aid To:	ed, also complete Box A	below.			1098
Handicapped Home Modifications									
Rentals (crutches, wheelchair, walker, oxygen equipment, etc.)			□ P.	aid To:					
Other:			D P	aid To:					
Other:				aid To:					
(1) Include only amounts you paid.(2) Includes Christian Science practitioner and psychological	-		CAU	TION - If Form 1098 v	vas issued using a co-ow	mer's SSN er			e address & SSN
(3) Includes nursing homes for individuals medically incapa hospital or nursing home meals.	ble of self care. A	lso includes		Name:					
(4) Includes physical therapy and psychotherapy; special sc handicapped.	hooling for physic	cally or mentally	Box	SSN:					
			A	Address:					
B2 · INVESTMENT INTERES	T		If your	home or 2nd home is	a qualified motor home,	boat, etc., lis	t the name o	of the payee h	nere:
Interest paid on loans to acquire investments. This interest of net investment income.	is only allowable	to the extent	СНЕ	CK ALL THAT A	PPLY.				
Brokerage Margin Accounts				_	home loan ever beer	n refinance	d?		
Vacant Land				Did you refinance	e any of these loans t	his year? <mark>(</mark>	lf so, provide	escrow closi	ng statements)
Other:				Have you exceed	ed the \$100,000 (app	olies for so	me states)	equity deb	t limit?
Other:				Does the total of 12/15/2017 loan	all your home loan t s)?	oalances ex	kceed \$1 m	iillion (\$750	0,000 for post-
		I	L						

B - ITEMIZED DEDUCTIONS

B5 - CASH	CHAR	RITABLE O	CONTRIBU	TIONS	89 - MI	SCELLANEOUS			
			er a bank record or wri e excluded from the do			sted in this section and section B10 ar			
House of Worship						. Some states allow them only to the e self-employed business expenses		You	Spouse
			Filer		list them in Se	ection C7		Name:	Name:
Payroll Deduction			Spouse		Don't include amou	iness Expenses ants that COULD BE or were reimbursed by y			
Other:						including out-of-town meals, hotel, air fare,			
Other:					Auto Travel		ction C1		
Other:					Must be ordinary ar				
B6 - NON-	CASH	CONTRIB	UTIONS		Continuing Edu		ee Section C4		
Household and clothi	ing items mus	st be in good or bett	er condition. Items of			Seeking & Resume Fees			_
			pt is required for dona return if the total exc			• & Meals (Enter 100% of expense) • Ved (IRS matches with alimony paid)			
			e fair market value (FM		Equipment - Ind	clude individual items with a useful life of o	ne year or more in		
Clothing & Househ	nold Items				Section B11.	alpractice, E&O, Etc.			
Automobile Travel				miles		Licenses, Fees, Credentials, Etc.			
Volunteer Expense	s - Explain:				· · ·	Journals (Not general interest publicatio	ons)		
Vehicle Donation (I	Provide Forn	n 1098-C)			Telephone (Busi	iness calls only)			
Other:						ndividual items with a useful life of one year	or more in Section		
Other:					B11. Supplies				
						ases (Not including street wear)			+
				o du oti come	Uniform Clean				
The expenses listed i are listed separately l			cellaneous" itemized d ne 2% of AGI limit.	leductions but	Union & Profe	5			
Gambling Losses (C	Only to the e	extent of gambling	g winnings)		Other:				
Impairment (Handi	capped) Rel	ated Work Expens	ses			Other Miscellaneous D	eductions	·	
Unrecovered Pensi	on Basis (De	ceased taxpayer)			· · · · · · · · · · · · · · · · · · ·	(To protect or produce taxable income only)			
					IRA or SE Plan	Fees Paid By You (Not deducted from	the plan)		
B8 - CASU			not deductible for fed	eral (some	Tax Preparatio	n & Consulting Fees			
states may allow pers	sonal casualty	losses) unless incur	rred in a presidentially	y declared		ard Fees to Make Tax Payments			
			ualty losses must be ir reimbursement must e		Other:				
of your adjusted gros			amount that exceeds t		B10 - IN	NVESTMENT EXPE	NSES		
deductible.	; in a preside	entially declared o	disaster area			thru 2025 investment expenses are no wed in some states.	t deductible for fe	ederal pu	irposes.
	•	or embezzlement				penses – DIRECTLY connected with the pr r sales costs. Include interest in Section B2.	oduction of TAXABLE	INCOME	ONLY! Do not
The loss was	s the result o	of a Ponzi scheme			Investment Ad				
Casualty Description	on:				Safe Deposit B	Box Fees			
			T		Legal & Accou	nting (Related to investments)			
Date of Casualty				/ /	Other:				
Insurance Reimbur	sement				B1 <u>1 - T</u>	EMS WITH A USE	FUL LIFE	OF	ONE
Р	roperty Dam	naged – or provide a li	ist in the same format			R MORE			
Description of	Date	Original Cost	Fair Marke			s, computers, etc., purchased this year on the sear of the sear of the sear of the sear must be treated different differences and the sear must be treated differences and the sear must be treated differences and the search and the			ng a
Property	Acquired	or Other Basis	Before Casualty	After Casualty		Description of Property	Date Acqui		Cost
	/ /						/ /	/	
	//							,	
	/ /								
FD1PDF © Copyright 2	2018, ClientWi	hys, Inc.					, ,		

C - BUSINESS EXPENSES

These expenses are primarily deductible on business schedules. Prior to 2018 employees could also deduct the expenses as an itemized deduction. However, for 2018 thru 2025 the deductions are not allowed as an itemized deduction for employees on the federal return but may be deductible on some state returns.

C1 - VEHICLE OPERATING EXPENSES

DO NOT complete this section or the Business Vehicle Expense section if your vehicle is used only for commuting to work and for personal travel.

busin	ection MUST be completed for every vehicle that is used for ess whether or not you use the actual expense or "standard	Vehicle #1	Vehicle #2
	ge rate." IF THIS IS THE FIRST YEAR OF BUSINESS USE FOR /EHICLE, PROVIDE A COPY OF THE PURCHASE OR LEASE	You	You
CONT	RACT.	Spouse	Spouse
Enter	vehicle make, model and year		
The v	ehicle is provided (owned) by your employer		
Amou	nt of reimbursement provided by the employer		
Reimt	pursement is included in W-2 (Box 1) wages		
This v	ehicle is available for personal use		
You h	ave another vehicle for personal use		
You h	ave written evidence to support your deduction		
Parkir	ng Expenses (do not include at place of employment) & Tolls		
-	L MILES DRIVEN THIS YEAR e all mileage – personal, commuting and business	miles	miles
	For employer	miles	miles
	Between First & Second Job	miles	miles
Business Miles	From Job to School (for job-related education)	miles	miles
Ss ⊼	Rental	miles	miles
sine	Self-Employed Business	miles	miles
Bu	Temporary Job Sites	miles	miles
	Other (i.e. investment, tax prep, union or professional meetings - Provide detail)	miles	miles
	Average Round-Trip Distance to Work – Required	miles	miles
	Total Commuting Miles for the Year – Required	miles	miles
Vehi	cle Operating Expenses – This information is only required if you a method, or if you used the actual method the first year the vehicle was		
Fuel			
Maint	enance, Tires, Batteries and Repairs		
Insura	ance (Do Not Duplicate Elsewhere)		
Vehic	le Licenses (Do Not Duplicate Elsewhere)		
Lease	Payments		
Loan	Interest (Self-employed only)		
Taxes	(Do Not Duplicate Elsewhere)		
Wash	& Wax		

C2 - AWAY FROM HOME			
EXPENSES	You	Spouse	
Check if expenses incurred as an employee (Section B9)			F
Check if expenses incurred for a self-employed business (Section C7)			
Airfare			
Auto Rental, Bus, Shuttle, Taxi, Train, Etc.			
Meals (Including tips)			
Lodging (Meals must be separated and included in the line above)			
Laundry			
Bellman, Skycap, Etc.			
Other:			L

BUSINESS EXPENSE DOCUMENTATION

Business expenses must be based on a log and/or other receipts and records. Receipts are required for expenditures of \$75 or more and for all lodging expenses. The records should document: the business purpose, date and time, place and amount. Business meals must be ordinary and necessary to carry on the trade or business, not be lavish or extravagant, and be provided to a current or potential business customer or client, with the taxpayer or an employee present. For federal no deduction allowed for entertainment expenses for2018 thru 2025. You must record the name and business relationship of each person for whom a meal is provided. **You may not deduct these expenses unless documented.**

C3 - HOME OFFICE EXPENSES

To qualify, a "home office" must be used exclusively and on a regular basis (a) as your principal place of business, or (b) by patients, clients, or customers in meeting and dealing with you in a normal course of business. A home office will qualify as your principal place of business if: 1) You use it exclusively and regularly for the administrative or management activities of your trade or business, and 2) You have no other fixed location where you conduct substantial administrative or management activities of your trade or business. A federal home office deduction is not allowed by employees for 2018 thru 2025. Enter 100% of home taxes and mortgage interest in Sections B3 & B4.

Office is for: Filer	Spous	9		Self-E	mpl	oyed Bu	siness			
	eparate set of data			Date of use	e be	gan:	/	1	/	
Area (sq ft) of: Entire Home		² Office Ar	ea	:	Ft ²	Busines	s Stora	ge:		Ft ²
If Day Care Cer	nter, Days per We	ek Used:			Hc	ours Per	Day:			
		Expense	es (Entire Home)						
Rent ⁽¹⁾		Utilities				Insura	nce			
Repairs ⁽²⁾		Maintenanc	e			Manag Condo				
		Expenses (Offi	ice Portion On	ly)					
Repairs		Maintenanc	e			Other				
	ur home leave this									

(1) If you own your nome leave this entry blank. If this is the first time to claim this office, provide the non purchase settlement closing statement, property tax statement and list of improvements to the office. (2) Roof, outside painting included, not lawn care or pool maintenance.

C4 - EDUCATION EXPENSES

CAUTION: These expenses may qualify for tax credits and deductions and are used to justify certain exclusions and tax or penalty-free distributions. Expenses must be segregated by student. Use a different column for each student in the family. Please provide forms 1098-T and/or 1099-Q if applicable. Form 1098-T is mandatory to claim credit.

Student #1 Name:		Тахрауе	r Spouse	Dependent
Student #2 Name:		Тахрауе	r Spouse	Dependent
Student #3 Name:		Taxpaye	r Spouse	Dependent
For Tuition	on Credit	Student #1	Student #2	Student #3
Full-Time Student? If y	es, check box			
Post-Secondary Tuition	– First Four Years			
Post-Secondary Tuition	– After Four Years			
Enrollment Fees & Cou	urse Materials			
For Job Related Co	ontinuing Education (No	federal deduction f	for employees for 2	018-2025.)
Tuition & Fees				
Seminar Fees, Etc.				
Books & Supplies				
Travel Expenses	Lis	st in Sections C1	and/or C2	
distributions from Coverd	– Certain expenses, althoug ell Accounts, Qualified Tuitio we distributions from one of	n (Sec. 529) Plans a	and Savings Bond E	xclusions. If you
Tuition K – 12th Grade (C	overdell, 529 plan)			
Tuition – Post Seconda	ry			
Books & Supplies (not	529 plan for Grades K-12)			
Room & Board (not 529	plan for Grades K-12)			



RENTAL & BUSINESS INCOME This marker indicates payments that may require the issuance of a 1099 if the annual amount you paid to an individual is \$600 or

more. Failure to issue 1099s could lead to the loss of the deduction for that expense and/or monetary penalties.

C5 - REAL ESTATE RENTAL INCOME & EXPENSES

For property purchased or converted to rental use this year, provide purchase documents and property tax statement. List business vehicle expenses and travel expenses under "Rental Mileage", Section C1. Enter equipment rental business activities in Section C7 below. Copy this page if you have more than two rental activities or purchased more than four business assets or property improvements.

								IF A VACAT	ION HOME	
Property Number	R or C ⁽¹⁾		Address	or Description		Rental Income (Provide any 1099-Ks)	Percent Ownership (if not 100%)	# of Days Personally Used	Number of Rental Days	
#1										
#2										
Expenses			Property #1	Property #2	Expenses			Property #1	Property #2	
Advertising	g				Taxes – Property					
Cleaning &	& Maintena	nce 🔝			Taxes – Payroll (D	o not include amounts with	held from employees)			
Commissio	ons	1077			Utilities (electric, g	as, water, garbage collectior	n, etc.)			
Insurance					Wages (W-2) (Gene	erally the amount from line	1 of the 2018 form W-3)			
Legal & Pr	ofessional	Fees 🔝			Condo or Homeov	vner Association (HOA)	Dues			
Manageme	ent Fees	1097			Telephone (toll cal	ls only)				
Q Mortga	ige Interest	Paid to Banks			Improvements &	Replacements		urnishings, appliances, dr these expenses in Section		
Q Other I	nterest				For short-term re	ntals, including when te	enants are secured			
Repairs		1097			using online servi	ces such as HomeAway	, Airbnb and VRBO,			
Supplies, H	lardware, E	tc.			enter the average number of days of rental use.					
(1) R for Res	idential, C fo	r Commercial							•	

C6 - BUSINESS PURCHASES AND IMPROVEMENTS

	Date Purchased		Description	Used For		Cost	Date	Description	Use	d For	Cost
			Description	Rental #	Business #	Cost	Purchased	Description	Rental #	Business #	COSL
	/	/					/ /				
	/	/					/ /				

C7 · SELF-EMPLOYED BUSINESS

Business Number	F or S ⁽¹⁾		oloyed Healt ance Cost	h Busine	ss Name		ID Number licable)	Gross Income ⁽²⁾	Returns & Allowances	Beginning Inventory		ions to Inventory (hases provide addition		Ending Inventor
#1														
#2														
Expenses				Property #1	Proper	ty #2	Expenses					Property #1	Proper	ty #2
Advertising]						Legal & Pro	ofessional			1039			
Commissio	ns and Fee	es					Licenses (lis	st multi-year lice	enses & permits ur	nder "other")				
Contract La	abor						Office Expe	nse						
Dues & Pul	blications						Pension Pla	in Fees						
Business M	leals (100%	5)					Rent – Equi	pment						
Employee B	Benefit Pro	ograms					Rent – Othe	er						
Employee H	Health Ber	nefit Plans					Repairs				1059			
Equipment one year	- with usef	ul life of les	s than				Supplies							
Equipment	– Other		Ent	er these expen	ses in Section	n C6 .	Taxes – Pay	roll (Do not inc	lude amounts with	nheld from emplo	yees)			
Freight							Taxes – Sale	es						
Gifts <mark>(Limite</mark>	ed to \$25 pe	r person)					Taxes – Pro	perty						
Insurance (Not Health)						Telephone							
Q Interest	: – Mortga	ge (other th	an home)				Utilities							
Q Interest	. – Other						Wages (W-2	(Generally the	amount from line	1 of the 2018 fo	rm W-3)			
Internet Se	ervice	, .	İ				Other Expe	nses						
Lease Impr	ovements							e (Enter information in the second se	ation at C3 and che ssociated with)	eck box indicating	which			

D - HEALTH CARE, RELOCATION, HOME SALE, DEBT RELIEF, ENERGY CREDITS



D1 - HEALTH INSURANCE

	KALL THAT APPLY.		mation ret				verage.							
	You had health care coverage with a g have more than one 1095-A.	jovernment Ma	arketplace	(Exchange	e) during 20	018. lf s	so provid	e the Fo	rm 1095	-A issued	d by the M	larketplace. In some family	/ situati	ons you may
	You are claiming someone on your ret	urn who was i	ncluded or	n another	taxpayer's	policy v	with a Ma	arketpla	ce. If so, y	ou will a	also need	a copy of that taxpayer's 1	095-A.	
	A dependent filed a return for 2018. P	rovide a copy c	of the retur	'n.										
	You had compliant health insurance the	hrough an emp	oloyer plan	, private p	olicy or wit	th a go	vernmen	t plan ar	nd provid	e Form :	1095-B, 10	095-C or other proof of ins	urance	document.
	Complete the information below if you	u or any individ	dual includ	led in you	r "tax famil	y" did N	NOT have	insuran	ce covera	age for a	iny month	of 2018. Check for months	s NOT ir	sured.
	Name	Jan Fel	b Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec		
	You were issued a hardship exemption	n by the Market	tplace (Exc	:hange). Pr	ovide all a	pplicat	ble exem	ption ce	rtificate r	numbers	issued fo	r each member of your fan	nily.	
lf you repor the h	HOME SALE sold your home, abandoned it, or lost it ted. If you received a 1099-S, it is very ir ome or lost it to foreclosure, see Section KALL THAT APPLY	nportant that y				e f d f t	For feder Forces wi the distai the old jo Che	al for ye ho move nce to th ob from f eck if em	ars 2018 pursuan he new jo the old h ployer re	- 2025, a t to a mi b from t ome. imburse	allowed or ilitary ord he old ho d any amo	CTIONS nly for active duty member er. To qualify for a moving me must be at least 50 mi pount of moving expense or nent from the employer (F	expense les farth	es deduction, her than to sale assistance
Addre	ss of Home Sold						sub		tatement	,				
Date P	Purchased			/	/		A - Miles f							miles
	ase Price		4007.15			-	3 - Miles 1							miles
	You deferred gain from a home sale may Form 2119 for the year of sale.	de prior to 5/7,	/1997. If so	, please p	rovide the		A minus E	8 – if less	s than 50	miles, s	top: no ded	uction allowed		miles
Improv	vements to Home Sold (not maintenance	e)					Commerc	ial Move	r			Temporary Storage (up to 30 days)		
Date o	escrow statem	ent. This		/	/		Truck Ren	tal				Lodging en route (no		
Sales	information ne											meals)		
	Expenses these entries.) You owned and used the home as your p	orimary resider	ce for two	of the pri	or five vea		Trailer Re					Highway Tolls		
	(counting back from the sale date)						Rental Fu		es driver	<u> </u>		Airfare		
	Your spouse (if married) owned and used two of the prior five years	d the nome as	nıs/ner pri	mary resid	dence for		to new ho			·		Auto Travel		miles
lf own	ed and used less than two years, give re	ason for sale:				E	Boxes/Tap	pe/Suppl	lies			Other:		
	If the home was ever used for business center)	(such as a rent	al, home of	ffice or da	y care		lf you ha	d debt t	otally or	partially	forgiven,	FORECLOSU you may be required to rep card debt, vehicle loans, et	port del	
	Any of the business use in the prior que	stion was befo	re 5/7/97					uptcy are	e not incl	uded. Pl		the office in advance to dis		
	The home was acquired by tax-deferred	(Sec 1031) exc	change afte	er 10/22/0)4		CHECK							
	You (and spouse if married) have exclud within two years of the date of sale of the second second the second sec		he sale of	a prior res	idence		- You	had any	/ amount	of credi	t card deb	ot forgiven and provide a c	opy of t	he 1099-C you
	The home was inherited (including from	n a deceased sp	oouse)				You	abando	ned your	home a	nd provid	e a copy of the 1099-A and		
	The home was not used as your primary	residence for	any period	after 200	8			receive		e financ	ial institu	tion (also complete Section	n D2 hc	me sale
	You previously claimed the new or long	time resident l	homeowne	er credit		(You len	r home der and	was foreo provide a	closed up copy of	pon or you the 1099	u sold it under a "short sale -A and/or the 1099-C you	e" agree	ment with the
	- HOME ENERGY (U MAY HAVE		
	only items certified by the manufacture													
	You installed solar electric generation o Government energy standards for your r													
	Installed on primary residence. Provide	description of e	energy pro	perty and	cost.									
	- SIGNATURE			4	. :									
To the	e best of my knowledge, all the informat	ion contained	within this	aocumén ,	, is true, co	orrect a	ma comp	lete.						/ /
l				/	/									/
	Filer Signature			I	Date				S	pouse	Signatur	e		Date