National Society of Accountants

**Compliments of:**



10314 Shawnee Mission Parkway Ste 200

Shawnee KS 66203

Phone 913-432-3147 Fax 913-722-4653

**Tax Organizer**

 for Tax Year 2019

**Name:**

Taxpayer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SS No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate/Age \_\_\_\_\_\_\_

Spouse \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SS No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate/Age \_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone (Home) (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone (Work) (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Cell Phone:** Taxpayer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Spouse \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email Address:** Taxpayer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Spouse \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Occupation:** Taxpayer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Spouse \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Check One:** ⁭ Single ⁭ Married Filing Joint ⁭ Surviving Widow/Widower

 ⁭ Married Filing Separately (enter spouse’s name/SS No. Above) ⁭ Unmarried Head of Household

**Dependents**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name | Birthdate/Age | Social Security Number\* | Relationship | No. of Months lived in your home in 2018 | No. of Months of Qualifying Healthcare Coverage |
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**\*A personal exemption is disallowed for any dependent unless the Social Security number is provided on the tax return.**

Members of your family attending college may make you eligible for an American Opportunity Credit, Lifetime Learning Credit, or Tuition and Fees Deduction. # Students\_\_\_\_\_\_\_\_\_

**Taxpayer:** ⁭ 65 or over ⁭ Blind/Disabled **Spouse:** ⁭ 65 or over ⁭ Blind/Disabled

The checklist below could lead to helpful deductions. Please answer and provide supporting information. **All questions below pertain to the year 2018.**

**YES NO**

**⁭ ⁭** Did you receive any employer-provided educational assistance? $ \_\_\_\_\_\_\_\_\_\_\_\_

**⁭ ⁭** Did you incur any educational expenses on behalf of yourself, your spouse, or a dependent?

**⁭ ⁭** Did you contribute to a Qualified State Tuition Plan?

⁭ ⁭ If you are an educator, did you have unreimbursed work-related expenses? Amount: $\_\_\_\_\_\_\_\_

**⁭ ⁭** Do you or your spouse have any kind of pension, profit-sharing, 401K, Retirement, Keogh, IRA, Roth or

 tax sheltered annuity plan? If yes, please circle above which ones.

**⁭ ⁭** If yes, were you or your spouse at least 70 ½ years of age on Dec. 31st?

**⁭ ⁭** Did you withdraw IRA or Keogh funds during the year? If so, please indicate the amount of funds:
 Withdrawn: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_ Re-deposited: $\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

 Were any funds withheld? ⁭ Yes ⁭ No Amount: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Were the withdrawn funds used to pay medical expenses? ⁭ Yes ⁭ No

**⁭ ⁭** Were you called to active duty before you withdrew the amounts?

**⁭ ⁭** If you are self-employed, did you pay health insurance premiums for yourself and your family?
 Amount: $ \_\_\_\_\_\_\_\_\_\_\_\_\_

**⁭ ⁭** Did you pay alimony? If yes, paid to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 SS no.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount Paid: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**⁭ ⁭** Did you receive alimony, if so how much? $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**YES NO**

**⁭ ⁭** Did you have any adoption expenses? $ \_\_\_\_\_\_\_\_\_\_\_\_

**⁭ ⁭** Did you receive gifts in excess of $16,111 from a foreign entity?

**⁭ ⁭** Did you receive gifts in excess of $100,000 from a foreign person?

**⁭ ⁭**  Did your college student receive educational benefits under a prepaid tuition program?

**⁭ ⁭** Do you wish to designate $3 of your taxes to the Presidential Campaign Fund?

**⁭ ⁭** Did you receive an advance child tax credit payment? If yes, how much? $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**⁭ ⁭** Have you ever qualified for the Earned Income Tax Credit?

**⁭ ⁭** Did you purchase an alternative fuel motor vehicle?

**⁭ ⁭** Did you have a casualty of theft loss? If so, attach itemized list (including original cost and the value on

 date of loss), insurance information regarding coverage, reimbursement and police report.

**⁭ ⁭** Did you make qualified energy improvements, such as energy efficient windows, doors, or metal roofs?

**⁭ ⁭** Did you purchase alternative energy sources for your personal residence, such as solar water heaters, solar electric

 equipment, geothermal heat pumps or wind turbines and fuel cell plants?

**⁭ ⁭** Did you have a property foreclosed on, have a short sale, or relinquish a property in lieu of foreclosure?
 **⁭ ⁭** Did you receive a Form 1099-A and/or Form 1099C? If so, please provide any Form(s) 1099 you received.

**⁭ ⁭** Did you or your spouse contribute to a Health Savings Account?

**⁭ ⁭** Did you or your spouse pay any interest on a student loan?

 **Health Care Reform**

**⁭ ⁭** Did you have qualifying health care coverage, such as employer-sponsored coverage or government-sponsored coverage

(i.e. Medicare/Medicaid) for every month of 2018 for your family? "Your family" for health care coverage refers to you, your

 spouse if filing jointly, and anyone you can claim as a dependent.

 If you or any member of your family did NOT have coverage all year, indicate the # of months of coverage for each person

 in the dependent section at the beginning of this organizer.

**⁭ ⁭** Did anyone in your family qualify for an exemption from the health care coverage mandate?

**⁭ ⁭** Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act? If yes, please

provide any Form(s) 1095-A you received.

**Estimated Tax Payments**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 1st Quarter | 2nd Quarter | 3rd Quarter | 4th Quarter | TOTAL |
|  | Date Paid | Amount | Date Paid | Amount | Date Paid | Amount | Date Paid | Amount |
| Federal |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| State |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| City |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Wage Income**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Employer’s Name | T or S | Wages | Federal W/H | FICA | Medicare | State W/H | City W/H |
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**Retirement Benefits Received** (Enclose all 1099R Forms)

|  |  |  |  |
| --- | --- | --- | --- |
| Payer | T or S | Amount | Plan Type |
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|  |  |  |  |
| --- | --- | --- | --- |
| Payer | T or S | Amount | Plan Type |
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**Interest Income** (Enclose all 1099-INT Forms)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Payer | T or S | Amount | Seller Financed Mortgage | Early Withdrawal Penalty | Tax Exempt(Y or N) |
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 **Total Municipal Bond Interest Earned in 2018: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**For seller financed mortgage: Buyer’s name, Social Security number and addresses:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Dividend Income** (Enclose all 1099-DIV Forms)

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| --- | --- | --- | --- | --- | --- |
| Payer | T or S | Total Amount | Qualified Dividends | Capital Gain Dist. | Non-Taxable |
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 **Do you have funds in a foreign account? ⁭ Yes ⁭ No**

**Did you have any stock sales in 2018? If yes, submit all 1099B forms. ⁭ Yes ⁭ No**

**Installment Sale Payments Received: Interest $\_\_\_\_\_\_\_\_\_\_\_\_ Principal $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Buyer’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SS # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Other Benefits/Income Received** (Enclose all 1099, SSA-1099, K-1s and other Misc. Forms)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Taxpayer | Social Security | Unemployment | Alimony | State Refund | Schedule K Income | Other |
|  |  |  |  |  |  |  |  |  |  |  |  |
| Spouse |  |  |  |  |  |  |  |  |  |  |  |  |

 **Capital Assets Sold** (Securities, Real Estate, etc.) Attach Forms 1099B and 1099S

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Description of Property | Date Acquired | Date Sold | Sale Price | Depreciation Taken (if applicable) | Cost or Basis |
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\*To qualify for long term capital gain rates, assets sold must have been held for more than one year.

**Rental Income** (Attach 1099 Forms)

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| Property Description |  |  |  |  |  |  |  |  |
| Gross Income |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Expenses |  |  |  |  |  |  |  |  |
|  Advertising |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  Auto & Travel |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  Cleaning & Maintenance |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  Commissions |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  Insurance |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  Professional Fees |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  Mortgage Interest |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  Other Interest |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  Repairs |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  Supplies |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  Taxes |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  Utilities |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  Wages/Schedule |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| % Occupancy by Taxpayer |  |  |  |  |  |  |  |  |

**Depreciable Asset Additions**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| For ScheduleC, E, F, 2106 | Description | Date Purchased | Cost | Trade-In (if any) |
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**Improvements to Personal Residence** Note: If you refinanced your home this year, please bring a copy of your closing statement.

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| --- | --- | --- | --- |
| For ScheduleC, E, F, 2106 | Description | Date Purchased | Cost |
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**Business Income** (Attach 1099-MISC Forms)

Business Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Federal ID No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Principal Business Activity \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Principal Product \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Method Used to Value Inventory \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Accounting Method: ⁭ Cash ⁭ Accrual

**Gross Income** **Amount**

Gross Income………………………. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Less Returns/Allowances…………….. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Cost of Sales**

Beginning Inventory………………….. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Purchases……………………………... \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cost of Labor…………………………. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Materials and Supplies……………….. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Freight In…………………………….. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.... \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_... \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ending Inventory…………………….. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Deductions**

Advertising………………………… \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Auto-Truck Expense………………. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bad Debts………………………….. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Collection Expense………………… \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Commissions………………………. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Professional Dues & Subscriptions.. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Benefit Program……….. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Freight & Express ……………….. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Utilities…………………………… \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance………………………….. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Interest—Mortgage………………… \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Interest—Other…………………….. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Janitorial & Cleaning……………….. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Laundry…………………………….. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Legal & Accounting Fees………….. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Office Expense…………………….. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postage…………………………….. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rent………………………………... \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Repairs…………………………….. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Salaries…………………………….. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supplies……………………………. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone………………………….. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Travel……………………………… \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Meals & Entertainment……… \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_............ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_............ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did you have business start-up costs in 2018? ⁭ Yes ⁭ No

If so, was the business running by the end of 2018? ⁭ Yes ⁭ No

Did you have income (or loss) on K-1 from Partnership, LLC, S Corp., Estate or Trust in 2018? Provide all copies of K-1.

**Business Use of Home**

Total Area of Home: \_\_\_\_\_\_\_\_\_ sq. ft. Total area Used for Business: \_\_\_\_\_\_\_ sq. ft.

Nature of Business Activity Performed in Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Was Another Office Available to You Outside the Home? ⁭ Yes ⁭ No

**Non-Exclusive Use by Day Care Providers Only:**

Hours/Day Used for Day Care: \_\_\_\_\_\_\_\_\_\_\_ Days/Year Used for Day Care:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Farm Income** (Attach 1099 Forms)

Farm Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Principal Activity\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Accounting Method: ⁭ Cash ⁭ Accrual

**Income**

Sales of Items Bought for Resale……. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cost of Items Bought for Resale…….. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Sales of Livestock & Produce Raised**

**Except for Breeding Stock**

Feeders & Calves………………….. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pigs & Sheep ……………………… \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Poultry & Eggs ……………………. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dairy Products…………………….. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Corn, Peas, etc.. ……………………. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Wheat, Oats, Hay & Straw ………… \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fruit ………………………………... \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patronage Dividends ………………. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agricultural Program Payments……. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Commodity Credit Loans Neglected…. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CCC Loans: Forfeited……………... \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Repaid with Certificates………… \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Crop Insurance Proceeds…………… \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Federal Gasoline Tax Credit……….. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.............. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Deductions**

Breeding Fees……………………. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chemicals………………………… \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Conservation Expenses…………… \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Custom Hire (Machine Work)…… \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Benefits Programs……… \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Feed Purchased……………………. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fertilizers & Lime ………………… \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Freight & Trucking………………... \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gasoline, Fuel, Oil…………………. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance …………………………… \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Interest—Mortgage………………… \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Interest—Other……………………… \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Labor Hired ………………………… \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pension & Profit Sharing Plans……… \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rent of Farm, Pasture……………… \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Repairs, Maintenance ……………… \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Seeds, Plants Purchased …………… \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Storage, Warehousing……………… \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supplies Purchased………………… \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Taxes ……………………………… \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Utilities …………………………… \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Veterinary Fees, Medicine………… \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_............ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_............ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Retirement Contributions for 2018** Do you want to make any nondeductible IRA contributions? ⁭ Yes ⁭ No

|  |  |  |
| --- | --- | --- |
|  | Taxpayer | Spouse |
| IRA or Roth, Specify |  |  |
| SEP |  |  |
| Keogh |  |  |
| Other: |  |  |

**Personal Itemized Deductions**

**Medical Amount**

Prescription Drugs…………………. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Insurance Premiums..…….. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Long Term Care Ins. Premiums…… \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medicare Premiums……………….. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Doctors/Dentists…………………… \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Clinic/Lab Tests…………………… \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hospitals…………………………… \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Eyeglasses/Hearing Aids………….. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Orthopedic Shoes/Braces………….. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Long Distance Phone……. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.................. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.................. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ Miles..................................... \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fares: Taxi, Bus, etc......................... \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have a medical savings acct.? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Interest**

Deductible Home Mortgage Interest Paid to

Financial Institutions……………… \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Equity Interest……………….. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Deductible Home Mortgage Interest Paid to

Individuals:\*

Name Address:\*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security No.:\*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \*Failure to provide is subject to a $50 penalty.

Deductible Points (Include Amortization

Points from Prior Years)………… \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Investment Interest (list)…………… \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.............. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.............. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.............. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Household Employee Information**

Household Employer EIN:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did you pay any one household employee $2,000 or more in 2018? ⁭ Yes ⁭ No

Did you withhold Federal income tax during 2018 at the request of any household employee? ⁭ Yes ⁭ No

Did you pay total cash wages of $1,000 in any calendar quarter of 2018 to household employees? ⁭ Yes ⁭ No

Was the employee under age 18? ⁭ Yes ⁭ No Student? ⁭ Yes ⁭ No

Do you have a Form I-9 on file for your household employee? ⁭ Yes ⁭ No

Household Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Gross Wages | FITW | SS Withheld | Employer Share FICA | Advance EIC | FUTA | State Unemployment |
|  |  |  |  |  |  |  |

**Moving Expenses**

Enter No. of miles from your old home to your *new* workplace \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Enter No. of miles from your old home to your *old* workplace \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Date of Move\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Arrival at New Location\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Amount**  **Amount**

Cost to Ship and Pack Household Goods… \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reimbursements (on W-2)? ⁭ Yes ⁭ No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cost to Travel to New Home……………. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cost of Lodging during Move………… \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Taxes**

Real Estate…………………...………. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Personal Property……………….…… \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State & Local Income Tax…………… \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State & Local General Sales Tax.\*........ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_..................... \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Not yet extended

**Charitable Contributions**

Cash Contributions\*\_\_\_\_\_\_\_\_\_\_\_....... \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_......... \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_......... \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_......... \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Than Cash Contributions……. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_............ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_............. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_Miles for Charity …………… \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Contributions of $250 or more require written substantiation from the organizations.

**Miscellaneous Deductions Subject to 2% AGI**

Unreimbursed Employee Business Expense\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Union & Professional Dues…………… \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Safe Deposit Box Rental…………….. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tax Return Preparation Fee…………. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Publications……………… \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Telephone Calls…………… \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tools, Supplies, Equipment………… \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employment-Related Education…… \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Investment Expenses……………… \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.... \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Miscellaneous Deductions Not Subject to 2% AGI**

Gambling Losses (limited to winnings).. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

**Employee Business Expense**

**Travel Expense Amount**

Air Fares………………………… \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Auto Rentals…………………… \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Entertainment…………………… \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Garage…………………………….. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hotel/Motel………………………. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Meals……………………………... \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parking…………………………… \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postage……………………………. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Automobile Expense**

|  |  |  |
| --- | --- | --- |
| **Total Miles Driven** | **Car 1** | **Car 2** |
| Total Mileage |  |  |
| Business Mileage  |  |  |
| Business Use % |  |  |
| Average Daily Commuting |  |  |
| Written Records Available | Y/N | Y/N |
| Is another vehicle available for personal use? | Y/N | Y/N |
| Is an employer-provided vehicle available for personal use? | Y/N | Y/N |

|  |
| --- |
| **Child Care Deductions** (Number of Dependents Qualifying:\_\_\_\_\_\_\_) |
| Provider’s Name & Address (Include Individual’s Name and/or Org. Name) | SS No. or Federal ID | Amount |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

 Did you receive employer-provided dependent care assistance benefits? ⁭ Yes ⁭ No Amount: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Sale of Personal Residence** (Attach copy of closing/settlement statement)

|  |
| --- |
| Date Old Residence Acquired *Cost or Basis of Old Residence* |
| Cost of Improvements (landscaping, driveway, roof, etc.) |
| Date Old Residence Sold *Selling Price* |
| Expenses of Sale (commissions, legal fees, points, deed stamps, etc.) |
| Was any part of residence rented or used for business? |
| Was it your principal place of residence for 2 of the last 5 years, ending on date of sale? |
| Date New Residence Acquired (or construction began) |
| Date you occupied new residence *Cost of New Residence* |
| If married do you and/or your spouse meet the ownership and residence requirements? |

Do you wish to designate your tax preparer or someone else to be contacted by the IRS in case any questions arise regarding your tax return? If yes, name the person. ⁭ Yes ⁭ No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**To the best of my knowledge the enclosed information is correct and includes all income deductions and other information necessary for the preparation of this year’s income tax returns for which I have adequate contemporaneous records.**

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

 Signature Date

  **Amount**

Road Tolls…………………… \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Taxi, Subway……………………… \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone, Telegraph……………… \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Tips………………………………… \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other………………………………. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_......... \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_......... \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_......... \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Car 1 Car 2**

|  |  |  |
| --- | --- | --- |
| **Actual Automobile Expenses** |  |  |
| Gas & Oil |  |  |
| Insurance |  |  |
| Licenses |  |  |
| Lubrication |  |  |
| Repairs |  |  |
| Tires, Tire Repair |  |  |
| Wash |  |  |
| Other: |  |  |
|  |  |  |