

TAX ORGANIZER

Dear ,

Enclosed is your Tax Organizer for tax year 2018.

Your Organizer contains several sections that include common expenses and deductions that many taxpayers overlook. Please review these sections carefully. Depending upon your tax bracket, you may save as much as \$35 for each \$100 in deductible expenses you find in your 2018 records.

If my firm prepared your return last year, your prior year amounts are included in the Prior Year Amount column of your Organizer. Use this information to help you remember the types of income and deductions you reported last year.

To complete the Organizer, enter all relevant information in the designated areas on each page. Please add any notes or questions that will help me prepare a complete and accurate return for you and to plan with you how to manage your tax situation in future years.

If you answer 'Yes' to any of the General Business and Investment questions, please provide detailed information with your answer.

Please call or email me for an appointment time.

When you arrive for your appointment, please bring your Organizer and any of the following that apply to your tax situation:

- Last year's tax return (if not in my possession)
- Original Form(s) W-2
- Schedule(s) K-1 from partnerships, S-corporations, estates or trusts
- Information about contributions to a pension or other retirement plan if this is the first year you received income from the plan
- Form(s) 1099 or statements reporting dividend, interest, retirement or other income
- Broker statements providing details of capital gains transactions
- Form(s) 1098 and copies of real estate tax bills, etc.
- Legal documents pertaining to the sale or purchase of real property

If you have any questions before your scheduled appointment, please give me a call.

Sincerely,

David J Magruder
180 Main St.
Menasha, WI 54952
920-277-6109
david@magrudercpa.com

David J Magruder
180 Main St.
Menasha, WI 54952

January 2019

Dear ,

Thank you for choosing my firm to prepare your corporate income tax returns for tax year 2018. This letter confirms the services we will provide.

I will prepare your federal and state returns for tax year 2018 based on information you provide. Although my work will not include procedures to discover irregularities or inaccuracies in the tax data you provide, I may ask for clarification of certain information, or additional information, so that I can prepare accurate and complete returns for you.

It is your responsibility to provide all necessary information related to income and deductions for tax year 2018, and to respond to our inquiries in a timely manner so that we are able to accurately complete your returns by the appropriate due dates.

You are responsible for maintaining appropriate records, such as official tax documents you receive, receipts and substantiation for your deductions, and purchase and sales information for assets.

It is your responsibility to review your returns before they are filed to determine that all income has been correctly reported and that you have substantiation for your deductions. Filing your returns by the due dates is your responsibility.

If your returns are later selected for review or audit by taxing authorities, I will be glad to assist or represent you if you desire. My fees for preparing your returns do not include time that might be necessary to assist you during a taxing authority review.

My fees for preparation of your returns are based upon our standard billing rates plus out-of-pocket expenses. My invoices are due and payable upon presentation.

If this letter accurately summarizes your understanding of our agreement relating to the preparation of your tax returns, please sign the enclosed copy in the space indicated and return it to us.

Thank you again for choosing my firm to prepare your 2018 tax return. We appreciate your business.

Sincerely,

Dave Magruder,

David J Magruder

Accepted by:

Date _____

Date _____

David Magruder CPA LLC
David J Magruder
180 Main St.
Menasha, WI 54952



Organizer Mailing Slip

Questions**Yes** **No****Personal Information**

- | | | | |
|--------------------------|--------------------------|---|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1 | Did any births, adoptions, marriages, divorces, or deaths occur in your family since last year? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2 | Did you purchase or sell your principal residence or did your address change? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3 | Are either you or your spouse being claimed (or are eligible to be claimed) as a dependent on anyone else's return? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4 | Were you in a Registered Domestic Partnership, civil union or same-sex marriage during 2018? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5 | Were either you or your spouse in the military or National Guard? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6 | Have you been notified by the IRS or state of changes to a prior year's return, or received any other tax correspondence? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7 | Were you a single parent or care for a older family member in your home last year? |

Yes **No****Dependents**

- | | | | |
|--------------------------|--------------------------|---|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1 | Are there any changes in your dependents from last year? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2 | Did you have any children under 19 (or 24 if a full time student) who received more than \$1,050 in investment income? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3 | Did you pay education expenses for your dependent children? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4 | Did you pay any dependent care expenses for a child or a parent? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5 | Did you pay over half of the support for a parent or someone else you aren't claiming as a dependent? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6 | Are all of your dependents either US residents or citizens? |

Yes **No****Health Care Coverage**

- | | | | |
|--------------------------|--------------------------|---|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1 | Did you or a member of your family have minimum essential coverage in 2018? (The entity that provided the coverage may have sent you a Form 1095-A, 1095-B, or 1095-C, that lists individuals in your family who were enrolled in minimum essential coverage and shows their months of coverage.) |
| <input type="checkbox"/> | <input type="checkbox"/> | 2 | Did you have a Health Insurance Marketplace granted coverage exemption or are you claiming a coverage exemption? |

Yes **No****Income (In 2018, did you or your spouse have any of the following?)**

- | | | | |
|--------------------------|--------------------------|----|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1 | Wages? (include form(s) W-2) |
| <input type="checkbox"/> | <input type="checkbox"/> | 2 | Non-employee compensation? (include form(s) 1099-MISC) |
| <input type="checkbox"/> | <input type="checkbox"/> | 3 | Interest income? (include form(s) 1099-INT) |
| <input type="checkbox"/> | <input type="checkbox"/> | 4 | Dividend income? (include form(s) 1099-DIV) |
| <input type="checkbox"/> | <input type="checkbox"/> | 5 | Did you receive any tax-exempt income, such as interest or dividends from municipal bonds or a mutual fund account? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6 | Gambling income? (include form(s) W-2G). Be sure to include any gambling expenses. |
| <input type="checkbox"/> | <input type="checkbox"/> | 7 | Social security or Railroad Retirement benefits? (include form(s) SSA-1099 & RRB-1099) |
| <input type="checkbox"/> | <input type="checkbox"/> | 8 | Did you receive a state or local refund, or a refund of any other deduction you itemized in a prior year? (attach 1099-G) |
| <input type="checkbox"/> | <input type="checkbox"/> | 9 | Disability income? (include form(s) W-2 or 1099) |
| <input type="checkbox"/> | <input type="checkbox"/> | 10 | Unemployment compensation? (include form(s) 1099-G) |
| <input type="checkbox"/> | <input type="checkbox"/> | 11 | Alimony? |
| <input type="checkbox"/> | <input type="checkbox"/> | 12 | Did you receive tip income NOT reported to your employer? |
| <input type="checkbox"/> | <input type="checkbox"/> | 13 | Did you receive payments from a Long-Term Care insurance contract? |
| <input type="checkbox"/> | <input type="checkbox"/> | 14 | Did you barter your services for goods or services from someone else? |
| <input type="checkbox"/> | <input type="checkbox"/> | 15 | Did you receive, or expect to receive, a Schedule K-1 (or substitute K-1) from a trust, estate, partnership, or S corp? |
| <input type="checkbox"/> | <input type="checkbox"/> | 16 | Did you receive employer-provided adoption benefits for a previous year? |
| <input type="checkbox"/> | <input type="checkbox"/> | 17 | Did you cash in any U.S. savings bonds? |
| <input type="checkbox"/> | <input type="checkbox"/> | 18 | Did you make a loan to someone at an interest rate below market rate? |
| <input type="checkbox"/> | <input type="checkbox"/> | 19 | Did you receive a housing allowance for ministerial services you provided? |
| <input type="checkbox"/> | <input type="checkbox"/> | 20 | Did you receive any income not reported in this Organizer? |
| <input type="checkbox"/> | <input type="checkbox"/> | 21 | Did you own an interest in a Real Estate Mortgage Investment Conduit (REMIC)? |

Yes **No****Foreign Reporting**

- | | | | |
|--------------------------|--------------------------|---|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1 | Did you have an interest in or signature authority over a financial account in a foreign country? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2 | Were you the grantor of or transferor to a foreign trust? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3 | Did you receive income from a foreign source or pay taxes to a foreign government? |

Yes **No****Retirement & Other Plans**

- | | | | |
|--------------------------|--------------------------|---|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1 | Did you receive any distributions from a retirement plan? (Include form(s) 1099-R) |
| <input type="checkbox"/> | <input type="checkbox"/> | 2 | Did you rollover a retirement plan distribution into another plan? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3 | Did you convert a traditional IRA to a Roth IRA? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4 | Did you make a contribution to a retirement plan? (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5 | Did you receive a distribution from an Achieving a Better Life Experience (ABLE) savings account? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6 | Did you receive a distribution from an HSA, Archer MSA or Medicare Advantage MSA (Include form(s) 1099-SA) |
| <input type="checkbox"/> | <input type="checkbox"/> | 7 | Did you make any contributions to an HSA (Health Savings Account) in 2018? |

Yes **No****Purchases, Sales, Gains and Losses**

- | | | | |
|--------------------------|--------------------------|---|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1 | Did you exchange any securities or investments for something other than cash? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2 | Do you have any short sales, commodity sales, or straddles? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3 | Did you buy or sell any bonds? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4 | Did you receive stock from a stock bonus plan with your employer? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5 | Did you sell any other personal assets at a gain? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6 | Did you sell any real estate (other than your home) during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7 | Did you sell any assets using the installment method? |

- | | | | |
|--------------------------|--------------------------|----|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 8 | Did you receive proceeds from a prior year installment sale? |
| <input type="checkbox"/> | <input type="checkbox"/> | 9 | Did you purchase a rental property? |
| <input type="checkbox"/> | <input type="checkbox"/> | 10 | Did you exchange any property for other property? |
| <input type="checkbox"/> | <input type="checkbox"/> | 11 | Did you incur a loss because of damaged or stolen property? |
| <input type="checkbox"/> | <input type="checkbox"/> | 12 | Did you purchase a new vehicle, aircraft or boat? |
| <input type="checkbox"/> | <input type="checkbox"/> | 13 | Did any security become worthless during 2018? |
| <input type="checkbox"/> | <input type="checkbox"/> | 14 | Did any debts become uncollectible during 2018? |
| <input type="checkbox"/> | <input type="checkbox"/> | 15 | Did you purchase any items acquired out of state, online or by mail order that did not include sales tax? |

Yes **No** **Business and Rental Property Income & Deductions**

- | | | | |
|--------------------------|--------------------------|----|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1 | If you own rental property, do you qualify as a Real Estate Professional? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2 | Did you start or acquire a new business? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3 | Did you sell any part of an existing business, or sell business assets? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4 | Did you cease operating any business or rental property? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5 | Did you remove any of your business assets for personal use? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6 | Did you use part of your home for business purposes? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7 | Did you make any contributions to a Keogh or a self-employed SEP plan for 2018? |
| <input type="checkbox"/> | <input type="checkbox"/> | 8 | Do you pay for any health or long term care insurance through your business? |
| <input type="checkbox"/> | <input type="checkbox"/> | 9 | If you or your spouse are self-employed, are either of you covered under an employer's health plan? |
| <input type="checkbox"/> | <input type="checkbox"/> | 10 | Did you purchase any furniture or equipment for your business? |
| <input type="checkbox"/> | <input type="checkbox"/> | 11 | Did you make any improvements to your rental properties? |

Yes **No** **Other Deductions**

- | | | | |
|--------------------------|--------------------------|----|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1 | Did you use your car on the job (other than to and from work)? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2 | Did you work out of town for part of the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3 | Did you incur unreimbursed expenses working as a reservist, performing artist, or fee-basis gov't official? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4 | Did you incur any travel and entertainment expenses for business purposes? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5 | Did you pay expenses for the care of your child or other dependent so you could work? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6 | Did you purchase a 'clean fuel' or electric hybrid vehicle in 2018? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7 | Did you make energy efficient improvements to your home or purchase any energy-saving property during 2018? |
| <input type="checkbox"/> | <input type="checkbox"/> | 8 | Did you contribute less than an entire interest in any property to charity? |
| <input type="checkbox"/> | <input type="checkbox"/> | 9 | Did you refinance a mortgage or take out a home equity loan during 2018? |
| <input type="checkbox"/> | <input type="checkbox"/> | 10 | Did you incur moving expenses during the year due to a military order and incident to a permanent change in station? |
| <input type="checkbox"/> | <input type="checkbox"/> | 11 | Did you or your spouse pay any educational expenses for yourselves? |
| <input type="checkbox"/> | <input type="checkbox"/> | 12 | Did you pay any student loan interest? |
| <input type="checkbox"/> | <input type="checkbox"/> | 13 | Did you make any federal or state estimated payments? |
| <input type="checkbox"/> | <input type="checkbox"/> | 14 | Did you pay alimony? |
| <input type="checkbox"/> | <input type="checkbox"/> | 15 | Did you donate non-cash donations? |
| <input type="checkbox"/> | <input type="checkbox"/> | 16 | Did you donate a vehicle? |

Yes **No** **Miscellaneous**

- | | | | |
|--------------------------|--------------------------|---|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1 | Did you make gifts of more than \$15,000 to any one person? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2 | Did you engage the service of any household employees? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3 | Did your bank account information change within the last twelve months? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4 | Do you want to allocate \$3 to the Presidential Election Campaign Fund? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5 | Does your spouse want to allocate \$3 to the Presidential Election Campaign Fund? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6 | Did you file Form 8839, Adoption Credit, in a previous year or incur adoption expenses in 2018? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7 | Did you claim a First-time Homebuyer Credit for a home purchased in 2008? |
| <input type="checkbox"/> | <input type="checkbox"/> | 8 | Was there a disposition or change in use of your main home for which you claimed the First-time Homebuyer Credit? |

Yes **No** **Return preparation and filing**

- | | | | | |
|--------------------------|--------------------------|--|---|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1 | Do you want to e-file your return? | |
| | | 2 | If you are due a refund, how do you want to receive it? | |
| | <input type="checkbox"/> | Check sent to you in the mail | <input type="checkbox"/> | Other quick refund via a bank product |
| | <input type="checkbox"/> | Apply to next year's estimates | <input type="checkbox"/> | |
| | <input type="checkbox"/> | Direct deposit (please provide voided blank check) | Type of account: | <input type="checkbox"/> Checking <input type="checkbox"/> Savings |

If you owe taxes, how do you want to pay them?

- | | | | | | | |
|--------------------------|--|--------------------------|--------------------------|--------------------------|--------------------------|---------|
| <input type="checkbox"/> | Paper check sent with my return | <input type="checkbox"/> | Credit card | <input type="checkbox"/> | Installment Agreement | |
| <input type="checkbox"/> | Direct debit (please provide a voided blank check) | Type of account: | <input type="checkbox"/> | Checking | <input type="checkbox"/> | Savings |
| <input type="checkbox"/> | | | | | | |

- | | | | |
|--------------------------|--------------------------|---|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 3 | Do you want to allow your tax preparer to discuss this year's return with the IRS?
If no, enter another person (if desired) to be allowed to discuss this return with the IRS: |
|--------------------------|--------------------------|---|---|

Designee's name	Phone Number	Personal identification Number (5 digit PIN)
_____	_____	_____

Yes **No** **Other**

- | | | | |
|--------------------------|--------------------------|---|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1 | Please note that they have added new requirements for the child tax credit. So I will need to ask for some corroborating docu |
|--------------------------|--------------------------|---|---|

Name _____

SSN _____

Wages

W-2 Information

"X" if spouse	Employer's Name	Box 1 Wages, Tips Other Comp	Box 2 Federal Income Tax Withheld	Box 16 State Wages	Box 17 State Income Tax Withheld
<input type="checkbox"/>	1				
<input type="checkbox"/>	2				
<input type="checkbox"/>	3				
<input type="checkbox"/>	4				
<input type="checkbox"/>	5				
<input type="checkbox"/>	6				
<input type="checkbox"/>	7				
<input type="checkbox"/>	8				
<input type="checkbox"/>	9				
<input type="checkbox"/>	10				
<input type="checkbox"/>	11				
<input type="checkbox"/>	12				
<input type="checkbox"/>	13				
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<input type="checkbox"/>	31				
<input type="checkbox"/>	32				
<input type="checkbox"/>	33				
<input type="checkbox"/>	34				
<input type="checkbox"/>	35				
<input type="checkbox"/>	36				
<input type="checkbox"/>	37				
<input type="checkbox"/>	38				
<input type="checkbox"/>	39				
<input type="checkbox"/>	40				
<input type="checkbox"/>	41				
<input type="checkbox"/>	42				
<input type="checkbox"/>	43				

Name _____

SSN _____

Retirement Income

1099-R Information

"X" if spouse		Payer's Name	Box 1 Gross Distribution	Box 4 Federal Income Tax Withheld	Box 14 State Distribution	Box 12 State Income Tax Withheld
<input type="checkbox"/>	1					
<input type="checkbox"/>	2					
<input type="checkbox"/>	3					
<input type="checkbox"/>	4					
<input type="checkbox"/>	5					
<input type="checkbox"/>	6					
<input type="checkbox"/>	7					
<input type="checkbox"/>	8					
<input type="checkbox"/>	9					
<input type="checkbox"/>	10					
<input type="checkbox"/>	11					
<input type="checkbox"/>	12					
<input type="checkbox"/>	13					
<input type="checkbox"/>	14					
<input type="checkbox"/>	15					
<input type="checkbox"/>	16					
<input type="checkbox"/>	17					
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<input type="checkbox"/>	28					
<input type="checkbox"/>	29					
<input type="checkbox"/>	30					
<input type="checkbox"/>	31					
<input type="checkbox"/>	32					
<input type="checkbox"/>	33					
<input type="checkbox"/>	34					
<input type="checkbox"/>	35					
<input type="checkbox"/>	36					
<input type="checkbox"/>	37					
<input type="checkbox"/>	38					
<input type="checkbox"/>	39					
<input type="checkbox"/>	40					
<input type="checkbox"/>	41					
<input type="checkbox"/>	42					
<input type="checkbox"/>	43					

Name _____

SSN _____

Interest Income

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

* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J	Payer	Taxable Interest Income Current Year Amount	Prior Year Amount	Tax Exempt Interest Current Year Amount	Prior Year Amount	Specified Priv Act Interest Current Year Amount	Prior Year Amount
	1						
	2						
	3						
	4						
	5						
	6						
	7						
	8						
	9						
	10						
	11						
	12						
	13						
	14						
	15						
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	17						
	18						
	19						
	20						

Dividend Income

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

* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J	Payer	Ordinary Dividends Current Year Amount	Prior Year Amount	Qualified Dividends Current Year Amount	Prior Year Amount	Capital Gains Current Year Amount	Prior Year Amount
	1						
	2						
	3						
	4						
	5						
	6						
	7						
	8						
	9						
	10						
	11						
	12						
	13						
	14						
	15						
	16						
	17						
	18						
	19						
	20						

Name _____

SSN _____

Interest Income

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

* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J	Payer	Taxable Interest Income Current Year Amount	Taxable Interest Income Prior Year Amount	Tax Exempt Interest Current Year Amount	Tax Exempt Interest Prior Year Amount	Specified Priv Act Interest Current Year Amount	Specified Priv Act Interest Prior Year Amount
1							
2							
3							
4							
5							
6							
7							
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9							
10							
11							
12							
13							
14							
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37							
38							
39							
40							
41							
42							
43							
44							

Name _____

SSN _____

Dividend Income

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

* F/S/J - enter ownership (F)iler, (S)pouse,
or (J)oint.

*F/S/J	Payer	Ordinary Dividends Current Year Amount	Ordinary Dividends Prior Year Amount	Qualified Dividends Current Year Amount	Qualified Dividends Prior Year Amount	Capital Gains Current Year Amount	Capital Gains Prior Year Amount
	1						
	2						
	3						
	4						
	5						
	6						
	7						
	8						
	9						
	10						
	11						
	12						
	13						
	14						
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	37						
	38						
	39						
	40						
	41						
	42						
	43						
	44						

Name _____

SSN _____

Alimony Received

* F/S - enter ownership (F)iler or (S)pouse.

F/S*	Payer		Current Year Amount	Prior Year Amount
<input type="checkbox"/>	1 _____	1		
<input type="checkbox"/>	2 _____	2		
<input type="checkbox"/>	3 _____	3		
<input type="checkbox"/>	4 _____	4		
<input type="checkbox"/>	5 _____	5		
<input type="checkbox"/>	6 _____	6		
<input type="checkbox"/>	7 _____	7		
<input type="checkbox"/>	8 _____	8		
<input type="checkbox"/>	9 _____	9		

Alimony Paid

* F/S - enter ownership (F)iler or (S)pouse.

F/S*	Recipient's Name	Recipient's SSN	Current Year Amount	Prior Year Amount
<input type="checkbox"/>	1 _____	_____		
<input type="checkbox"/>	2 _____	_____		
<input type="checkbox"/>	3 _____	_____		
<input type="checkbox"/>	4 _____	_____		
<input type="checkbox"/>	5 _____	_____		
<input type="checkbox"/>	6 _____	_____		
<input type="checkbox"/>	7 _____	_____		
<input type="checkbox"/>	8 _____	_____		
<input type="checkbox"/>	9 _____	_____		

Name _____

SSN _____

Business Assets Placed in Service in Prior Years

Activity	Description	Date Placed In Service	Cost	Explain any assets no longer used by the business
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
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39				
40				
41				
42				
43				
44				

Name _____

SSN _____

Self-Employed Business Income and Expenses (Schedule C)

Enter "X" in one box: Filer Spouse

General Information

Employer Identification Number _____ (do not enter Social Security Number)

Principal business or profession _____

Business name _____

Business address _____

City _____ State _____ Zip _____

Foreign Country _____

Foreign Province/State _____ Postal Code _____

General Check Boxes (Enter "X" where applicable)

- 1 Accounting Method Cash Accrual Other - (Specify) _____
- 2 Did you "materially participate" in this business? Yes No
- 3 Check ('X') if you started or acquired this business in 2018.
- 4 Did you make any payments in 2018 that would require you to file Form(s) 1099? Yes No

Business Income

* Report statutory income as W-2 income.

		Current Year Amount	Prior Year Amount
5	Income reported on 1099 MISC		
	Gross receipts or sales not reported on Form 1099 or Form W-2		
6	_____		
7	_____		
8	_____		
9	_____		
10	Returns and allowances		
11	Other income		

Inventory (Enter "X" where applicable)

- 12 Method(s) used to value closing inventory Cost Lower of cost or market Other
- 13 Any change in determining quantities, costs, or valuations between opening and closing inventory? Yes No

		Current Year Amount	Prior Year Amount
14	Inventory at the beginning of year		
15	Purchases less cost of items withdrawn for personal use		
16	Cost of labor		
17	Materials and supplies		
18	Other Costs		
19	Inventory at end of year		

Assets Placed in Service This Year

Description:

		Date Placed In Service	Purchase Amount
A	_____		
B	_____		
C	_____		
D	_____		
E	_____		
F	_____		
G	_____		

Name _____

SSN _____

Business _____

Self-Employed Business Expenses Cont. (Schedule C)

Expenses		Current Year Amount	Prior Year Amount
20	Advertising	20	
21	Contract labor	21	
22	Commissions and fees	22	
23	Depletion	23	
24	Employee benefit programs (other than on line 30)	24	
25	Insurance (other than health)	25	
Interest:			
26	Mortgage (paid to banks, etc.)	26	
27	Other	27	
28	Legal and professional services	28	
29	Office expense	29	
30	Pension and profit-sharing plans	30	
Rent or Lease:			
31	Machinery rental or lease	31	
32	Equipment rental or lease	32	
33	_____	33	
34	_____	34	
35	_____	35	
36	Other business property rental or lease	36	
37	_____	37	
38	_____	38	
39	Repairs and maintenance	39	
40	Supplies (not included in inventory cost of goods sold)	40	
41	Taxes and licenses	41	
Travel, Meals, and Entertainment:			
Travel			
42	_____	42	
43	_____	43	
44	_____	44	
45	_____	45	
Meals and entertainment			
46	Enter "X" in the box if subject to DOT hours of service limits	46	<input type="checkbox"/> <input type="checkbox"/>
47	_____	47	
48	_____	48	
49	_____	49	
50	_____	50	
51	Utilities	51	
52	Wages	52	
Other Expenses:			
53	_____	53	
54	_____	54	
55	_____	55	
56	_____	56	
57	_____	57	
58	_____	58	
59	_____	59	
60	_____	60	
61	_____	61	

Name _____

SSN _____

Business _____

Vehicle Information (Schedule C)

		Vehicle -		Vehicle -	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1	Date vehicle was placed in service 1				
2	Cost of vehicle 2				
3	Total miles driven for the year 3				
4	Business miles driven during the year . . . 4				
5	Commuting miles included on line 3 5				
6	Parking fees and tolls 6				
7	Vehicle Interest 7				
8	Vehicle Personal Property tax 8				
Actual Expenses					
9	Gasoline, oil and repairs 9				
10	Vehicle Insurance 10				
11	Vehicle registration fees 11				
12	Vehicle lease or rental 12				
13	_____ 13				

		Vehicle -		Vehicle -	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1	Date vehicle was placed in service 1				
2	Cost of vehicle 2				
3	Total miles driven for the year 3				
4	Business miles driven during the year . . . 4				
5	Commuting miles included on line 3 5				
6	Parking fees and tolls 6				
7	Vehicle Interest 7				
8	Vehicle Personal Property tax 8				
Actual Expenses					
9	Gasoline, oil and repairs 9				
10	Vehicle Insurance 10				
11	Vehicle registration fees 11				
12	Vehicle lease or rental 12				
13	_____ 13				

Name _____

SSN _____

Home Office Number _____

Description of Home Office _____

Address _____

City _____ State _____ Zip _____

Check ("X") box: Daycare

Home Office Expenses

Area of Home

- 1 Area used regularly and exclusively for business, regularly for daycare, or for storage of inventory or product samples 1
- 2 Total area of home 2

Daycare only - Part of Home Used Nonexclusively for Daycare

- 3 Multiply days used for daycare during year by hours used per day 3
- 4 Enter total hours home was available for daycare during year 4

Expenses related to entire home including business portion (Indirect)

- 5 Casualty losses 5
- 6 Excess mortgage interest 6
- 7 Insurance 7
- 8 Rent 8
- 9 Repairs and maintenance 9
- 10 Utilities 10
- 11 Other Expenses:

- a _____ 11a
- b _____ 11b
- c _____ 11c
- d _____ 11d
- e _____ 11e

Current Year Amount	Prior Year Amount

Business Allocation:

- Business 1: _____
- Business 2: _____
- Business 3: _____
- Business 4: _____

Current Year Allocation %	Prior Year Allocation %

Business:

Additional expenses related to business portion only (Direct)

- 12 Casualty losses 12
- 13 Excess mortgage interest 13
- 14 Insurance 14
- 15 Rent 15
- 16 Repairs and maintenance 16
- 17 Utilities 17
- 18 Other Expenses:

- a _____ 18a
- b _____ 18b
- c _____ 18c
- d _____ 18d
- e _____ 18e

Current Year Amount	Prior Year Amount

Name _____

SSN _____

Real Estate Rentals and Royalties

Property Description _____

Address _____

City _____ State _____ Zip _____

Foreign Country _____

Foreign Province/State _____ Postal Code _____

	Current Year Info	Prior Year Info
1a Owner of property (Enter Filer, Spouse, or Joint)		
1b Enter property type number (1 to 8)	<input type="text"/>	<input type="text"/>
(1) Single-Family Residence (2) Multi-Family Residence (3) Vacation/Short-Term Rental (4) Commercial (5) Land (6) Royalties (7) Self-Rental (8) Other		
2 Enter "X" if you actively participated?	<input type="checkbox"/>	<input type="checkbox"/>
3 Enter "X" if property was used for personal use by you or your family for more than 14 days or 10% of the total days rented?	<input type="checkbox"/>	<input type="checkbox"/>
3a If entered ("X"), enter the number of days of personal use?	<input type="text"/>	<input type="text"/>
3b If entered ("X"), enter the number of days rented?	<input type="text"/>	<input type="text"/>

Income	Current Year Amounts	Prior Year Amounts
4 Royalty received		
5 Rent received		
a If rental real estate, enter the percent of ownership if less than 100%		
b Rental use percentage for property used partially for personal use only		
6 Other Income		

Property Expense	Current Year Amounts	Prior Year Amounts
7 Advertising		
8 Cleaning and maintenance		
9 Commissions		
10 Insurance		
11 Legal and other professional fees		
12 Management fees		
13 a Qualified mortgage interest paid to banks, etc.		
b Other mortgage interest paid to banks, etc.		
14 Other interest		
15 Repairs		
16 Supplies		
17 a Real estate taxes		
b Other Taxes		
18 Utilities		

Assets Placed in Service This Year	Date Placed In Service	Purchase Amount
A Description: _____		
B _____		
C _____		
D _____		
E _____		
F _____		
G _____		

Name _____

SSN _____

Property _____

Other Expenses (Schedule E)

Other Expenses:

19 _____
20 _____
21 _____
22 _____
23 _____
24 _____
25 _____
26 _____

	Current Year	Prior Year
19		
20		
21		
22		
23		
24		
25		
26		

Travel Expenses:

27 _____
28 _____
29 _____
30 _____
31 _____
32 _____
33 _____
34 _____

	Current Year	Prior Year
27		
28		
29		
30		
31		
32		
33		
34		

Meals and Entertainment Expenses:

35 _____
36 _____
37 _____
38 _____
39 _____
40 _____
41 _____
42 _____

	Current Year	Prior Year
35		
36		
37		
38		
39		
40		
41		
42		

Name _____

SSN _____

Property _____

Vehicle Information (Schedule E)

		Vehicle -		Vehicle -	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1	Date vehicle was placed in service 1				
2	Cost of vehicle 2				
3	Total miles driven for the year 3				
4	Business miles driven during the year . . . 4				
5	Commuting miles included on line 3 5				
6	Parking fees and tolls 6				
7	Vehicle Interest 7				
8	Vehicle Personal Property tax 8				
Actual Expenses					
9	Gasoline, oil and repairs 9				
10	Vehicle Insurance 10				
11	Vehicle registration fees 11				
12	Vehicle lease or rental 12				
13	_____ 13				

		Vehicle -		Vehicle -	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1	Date vehicle was placed in service 1				
2	Cost of vehicle 2				
3	Total miles driven for the year 3				
4	Business miles driven during the year . . . 4				
5	Commuting miles included on line 3 5				
6	Parking fees and tolls 6				
7	Vehicle Interest 7				
8	Vehicle Personal Property tax 8				
Actual Expenses					
9	Gasoline, oil and repairs 9				
10	Vehicle Insurance 10				
11	Vehicle registration fees 11				
12	Vehicle lease or rental 12				
13	_____ 13				

Name _____

SSN _____

Social Security and Railroad Retirement

Filer

- 1 Enter the total amount from box 5 of all your Forms SSA-1099 1
- 2 Enter the total taxes withheld from box 6 of all your Forms SSA-1099 2
- 3 Enter the total amount from box 5 of all your Forms RRB-1099 3
- 4 Enter the total taxes withheld from box 10 of all your Forms RRB-1099 4
- 5 Enter the total amount of Medicare B Premiums withheld. 5
- 6 Enter the total amount of Medicare D Premiums withheld. 6

Current Year Amount	Prior Year Amount

Spouse

- 7 Enter the total amount from box 5 of all your Forms SSA-1099 7
- 8 Enter the total taxes withheld from box 6 of all your Forms SSA-1099 8
- 9 Enter the total amount from box 5 of all your Forms RRB-1099 9
- 10 Enter the total taxes withheld from box 10 of all your Forms RRB-1099 10
- 11 Enter the total amount of Medicare B Premiums withheld. 11
- 12 Enter the total amount of Medicare D Premiums withheld. 12

Name _____

SSN _____

IRA and Other Contribution Information

Traditional IRA Contributions

Filer

- 1 Enter total traditional IRA contributions made for 2018 1
- 2 Enter contributions, on line 1, made after 12/31/2018 and before 04/15/2019 2
- 3 Enter value of all traditional IRAs on 12/31/2018 3
- 4 Enter amount of any outstanding traditional rollovers as of 1/1/2019 4

Current Year Amount	Prior Year Amount

Spouse

- 5 Enter total traditional IRA contributions made for 2018 5
- 6 Enter contributions, on line 5, made after 12/31/2018 and before 04/15/2019 6
- 7 Enter value of all traditional IRAs on 12/31/2018 7
- 8 Enter amount of any outstanding traditional rollovers as of 1/1/2019 8

Roth IRA Contributions

Filer

- 1 Enter 2018 Roth IRA contributions 1
- 2 Enter value of all Roth IRAs on 12/31/2018 2

Current Year Amount	Prior Year Amount

Spouse

- 3 Enter 2018 Roth IRA contributions 3
- 4 Enter value of all Roth IRAs on 12/31/2018 4

SIMPLE IRA

Filer

- 1 Enter value of all SIMPLE IRAs on 12/31/2018 1

Current Year Amount	Prior Year Amount

Spouse

- 2 Enter value of all SIMPLE IRAs on 12/31/2018 2

--	--

Education (Coverdell ESA)

Filer

- 1 Enter 2018 Coverdell ESA contributions 1
- 2 Enter value of the Coverdell ESA on 12/31/2018 2

Current Year Amount	Prior Year Amount

Spouse

- 3 Enter 2018 Coverdell ESA contributions 3
- 4 Enter value of the Coverdell ESA on 12/31/2018 4

Other

Filer

- 1 Repayment of qualified reservist distributions 1

Current Year Amount	Prior Year Amount

Spouse

- 2 Repayment of qualified reservist distributions 2

--	--

Name _____

SSN _____

Medical and Dental - Itemized Deductions

	Current Year Amount	Prior Year Amount
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
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19		
20		
21		
22		

- 1 Prescription medications 1
- 2 Fees for doctors, dentists, etc. 2
- 3 Fees for hospitals, clinics, etc. 3
- 4 Lab and X-ray fees 4
- 5 Medical aids such as glasses, contacts, hearing aids, wheelchair, etc. 5
- 6 Medical equipment and supplies 6
- 7 Medical mileage (number of miles driven) 7
- 8 Medical parking, tolls and local transportation 8
- 9 Lodging for medical purposes (up to \$50 per night per person) 9
- 10 Health/Dental/Other ins. premiums (do not include self-employed plans) 10
- 11 Long Term Care insurance premiums (taxpayer) 11
- 12 Long Term Care insurance premiums (spouse) 12
- 13 Expenses to stop smoking 13
- 14 Health insurance premiums - coverage established under your business (1) 14
- 15 Health insurance premiums - coverage established under your business (2) 15
- 16 Long Term Care insurance premiums - coverage est. under your business (1) 16
- 17 Long Term Care insurance premiums - coverage est. under your business (2) 17
- 18 _____ 18
- 19 _____ 19
- 20 _____ 20
- 21 _____ 21
- 22 Insurance reimbursement for any medical and dental expense listed above 22

Name _____

SSN _____

Taxes - Itemized Deductions

	Current Year Amount	Prior Year Amount
23		
24		
25		
26		
27		
28		
29		
30		
31		
32		
33		
34		
35		
36		
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41		
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43		
44		
45		
46		

Real Estate Taxes

23 Principal residence 23

24 Real estate taxes from Schedule E properties 24

Real Estate Not Held For Investment

25 _____ 25

26 _____ 26

27 _____ 27

28 _____ 28

29 _____ 29

Real Estate Held For Investment

30 _____ 30

31 _____ 31

32 _____ 32

33 _____ 33

34 _____ 34

Personal property taxes

35 Non-business portion of vehicle personal property taxes 35

36 _____ 36

37 _____ 37

38 _____ 38

39 _____ 39

40 _____ 40

Non-Personal Property Taxes

41 K1 (1065) - Other deductions/taxes 41

42 K1 (1120S) - Other deductions/taxes 42

43 K1 (1041) - Other deductions/taxes 43

44 _____ 44

45 _____ 45

46 _____ 46

Name _____

SSN _____

Interest - Itemized Deductions

Home Mortgage Interest and Points Reported on Form 1098

	Current Year Amount	Prior Year Amount
47		
48		
49		
50		

47 Lender _____ 47

48 Lender _____ 48

49 Lender _____ 49

50 Lender _____ 50

Home Mortgage Interest Not Reported on Form 1098

51 Name: _____ 51

Address: _____

SSN: _____

52 Mortgage insurance premiums paid on 2018 acquisition indebtedness for principal residence 52

Refinancing Points

53 Description 53

Points paid

Date of loan

Total number of scheduled loan payments

Number of payments made in 2018

54 Description 54

Points paid

Date of loan

Total number of scheduled loan payments

Number of payments made in 2018

55 Description 55

Points paid

Date of loan

Total number of scheduled loan payments

Number of payments made in 2018

56 Description 56

Points paid

Date of loan

Total number of scheduled loan payments

Number of payments made in 2018

57 Investment interest paid 57

Name _____

SSN _____

Charity - Itemized Deductions

* Total contributions \$500 or less. See Non-Cash Charity if over \$500.

- 1 Gifts To Charity Other Than By Cash or Check* 1
- 2 Total Miles driven for charitable activities 2
- 3 Parking fees, tolls and local transportation for charitable activities 3

Gifts To Charity By Cash or Check

1	_____
2	_____
3	_____
4	_____
5	_____
6	_____
7	_____
8	_____
9	_____
10	_____
11	_____
12	_____
13	_____
14	_____
15	_____
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	Current Year Amount	Prior Year Amount
1		
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4		
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Name _____

SSN _____

Noncash Charitable Contributions (Total of Contributions more than \$500)

Information on Donated Property

(a) Name and Address of the Donee Organization		(b) Description of Donated Property
1	Name Address City State Zip Code	
2	Name Address City State Zip Code	
3	Name Address City State Zip Code	
4	Name Address City State Zip Code	
5	Name Address City State Zip Code	

Note: If the fair market value for an item is \$500 or less, you do not have to complete columns (d), (e), and (f).

	(c) Date of the Contribution	(d) Date Acquired mm/dd/yyyy	(e) How Acquired	(f) Cost or Adjusted Basis	(g) Fair Market Value F. M. V.	(h) Method Used to Determine the F. M. V.
1						
2						
3						
4						
5						