

2018 1040 US Tax Organizer

Please enter all pertinent 2018 information. If you have attached a government form for an item, check the box and do not enter a 2018 amount.

WAGES, SALARIES AND TIPS

Employer name:

| | |
|--------------------------|-------|
| <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | _____ |

| 2018 Amount | 2017 Amount |
|-------------------------|-------------|
| Attach Forms W-2 | _____ |
| | _____ |
| | _____ |
| | _____ |

INTEREST INCOME

Payer name:

| | |
|--------------------------|-------|
| <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | _____ |

| | |
|------------------------------|-------|
| Attach Forms 1099-INT | _____ |
| | _____ |
| | _____ |
| | _____ |

DIVIDEND INCOME

Payer name:

| | |
|--------------------------|-------|
| <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | _____ |

| | |
|------------------------------|-------|
| Attach Forms 1099-DIV | _____ |
| | _____ |
| | _____ |
| | _____ |

PENSIONS, IRA AND GAMBLING INCOME

Payer name:

| | |
|--------------------------|-------|
| <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | _____ |

| | |
|---------------------------------------|-------|
| Attach Forms 1099-R & W-2G | _____ |
| | _____ |
| | _____ |
| | _____ |
| _____ | _____ |
| _____ | _____ |

Winnings not reported on W-2G.....
 Total gambling losses.....

OTHER GOVERNMENT FORMS - INCOME

| | |
|--------------------------|--|
| <input type="checkbox"/> | Form 1099-B - Sales of stock (also include transaction history)..... |
| <input type="checkbox"/> | Form 1099-MISC - Miscellaneous income..... |
| <input type="checkbox"/> | Form 1099-K - Merchant card and third party network payments..... |
| <input type="checkbox"/> | Form 1099-S - Sales of real estate (also include closing statements) |

| | |
|--------------------------|--|
| Attach Forms 1099 | |
|--------------------------|--|

| | |
|--------------------------|--------------------------------------|
| <input type="checkbox"/> | Form 1099-G - State tax refunds..... |
|--------------------------|--------------------------------------|

| | |
|--------------------------|--|
| Attach Forms 1099 | |
|--------------------------|--|

Taxpayer:

| | |
|--------------------------|---|
| <input type="checkbox"/> | Form SSA-1099 - Social security benefits..... |
| <input type="checkbox"/> | Form 1099-G - Unemployment compensation..... |
| <input type="checkbox"/> | Form 1099-Q (529 Plan)..... |
| <input type="checkbox"/> | Form 1099-QA/5498-QA (ABLE Accounts)..... |

| | |
|--------------------------|--|
| Attach Forms 1099 | |
|--------------------------|--|

Spouse:

| | |
|--------------------------|---|
| <input type="checkbox"/> | Form SSA-1099 - Social security benefits..... |
| <input type="checkbox"/> | Form 1099-G - Unemployment compensation..... |
| <input type="checkbox"/> | Form 1099-Q (529 Plan)..... |
| <input type="checkbox"/> | Form 1099-QA/5498-QA (ABLE Accounts)..... |

| | |
|--------------------------|--|
| Attach Forms 1099 | |
|--------------------------|--|

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MISCELLANEOUS INCOME

| | | |
|---------------------------------|--|--|
| Taxpayer: Alimony received..... | | |
| Spouse: Alimony received | | |
| Other: _____ | | |

RETIREMENT PLAN CONTRIBUTIONS

| | 2018 Amount | 2017 Amount |
|---|-------------|-------------|
| Taxpayer: Traditional IRA contributions (1=maximum)..... | | |
| Roth IRA contributions (1=maximum) | | |
| Self-employed, SEP, SIMPLE, & qualified plan contributions (1=maximum)..... | | |
| Spouse: Traditional IRA contributions (1=maximum)..... | | |
| Roth IRA contributions (1=maximum) | | |
| Self-employed, SEP, SIMPLE, & qualified plan contributions (1=maximum)..... | | |

OTHER GOVERNMENT FORMS - DEDUCTIONS

| | | |
|--|--------------------------|--|
| <input type="checkbox"/> Form 1098-E - Student loan interest | Attach Forms 1098 | |
| <input type="checkbox"/> Form 1098-T - Tuition and related expenses..... | | |

AFFORDABLE CARE ACT

| | | |
|--|--------------------------|--|
| <input type="checkbox"/> Form 1095-A - Health Insurance Marketplace Statement..... | Attach Forms 1095 | |
| <input type="checkbox"/> Form 1095-B - Health Coverage..... | | |
| <input type="checkbox"/> Form 1095-C - Employer-Provided Health Insurance Offer and Coverage | | |

ADJUSTMENTS TO INCOME

| | | |
|--|--|--|
| Taxpayer: | | |
| Self-employed health insurance premiums..... | | |
| Educator expenses..... | | |
| Other adjustments to income: | | |
| _____ | | |
| Alimony paid - Recipient name & SSN..... | | |
| _____ | | |
| _____ | | |
| Spouse: | | |
| Self-employed health insurance premiums..... | | |
| Educator expenses..... | | |
| Other adjustments to income: | | |
| _____ | | |
| Alimony paid - Recipient name & SSN..... | | |
| _____ | | |
| _____ | | |

MEDICAL AND DENTAL EXPENSES

| | | |
|---|--|--|
| Prescription medicines and drugs..... | | |
| Doctors, dentists and nurses | | |
| Hospitals and nursing homes..... | | |
| Insurance premiums..... | | |
| Long-term care premiums - taxpayer..... | | |
| Long-term care premiums - spouse..... | | |
| Insurance reimbursement..... | | |
| Out-of-pocket lodging and transportation expenses | | |
| Number of medical miles..... | | |
| Other: _____ | | |
| _____ | | |

TAXES PAID

| | | |
|---|--|--|
| State income taxes - 1/18 payment on 2017 state estimate..... | | |
|---|--|--|

| | | | |
|-------------|-------------|-----------|--------------------------------|
| 2018 | 1040 | US | Miscellaneous Questions |
|-------------|-------------|-----------|--------------------------------|

If any of the following items pertain to you or your spouse for 2018, please check the appropriate box and provide additional information if necessary.

| YES | NO | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Did your marital status change during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did your address change during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Could you be claimed as a dependent on another person's tax return? |
| <input type="checkbox"/> | <input type="checkbox"/> | Were there any changes in dependents? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you and your dependents have health care coverage for the full-year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive any of the following IRS documents? Form 1095-A (Health Insurance Marketplace Statement), 1095-B (Health Coverage) or Form 1095-C (Employer Provided Health Insurance Offer and Coverage) If so, please attach. |
| <input type="checkbox"/> | <input type="checkbox"/> | If you or your dependents did not have health care coverage during the year, do you fall into one of the following exemptions categories: Indian tribe membership, health care sharing ministry membership, religious sect membership, incarceration, general hardship or unable to renew existing coverage? If you received an exemption certificate, please attach. |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive unreported tip income of \$20 or more in any month? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive any disability income? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you buy or sell any stocks, bonds or other investment property? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make any residential energy-efficient improvements or purchases involving solar, wind, geothermal or fuel cell energy sources? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive a distribution from or make a contribution to a retirement plan (401(k), IRA, etc.)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you transfer or rollover any amount from one retirement plan to another? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you convert part or all of your traditional/SEP/SIMPLE IRA to a Roth IRA? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you incur a loss because of damaged or stolen property? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you use your car on the job (other than to and from work)? |
| <input type="checkbox"/> | <input type="checkbox"/> | May the IRS discuss your tax return with your preparer? |
| <input type="checkbox"/> | <input type="checkbox"/> | Was your home rented out or used for business? |
| <input type="checkbox"/> | <input type="checkbox"/> | Were you notified or audited by either the IRS or the State taxing agency? |