2018 Engagement Letter and Tax Questionnaire
prepared for:

Client Name: ____

Bottom Line Accounting
P.O. Box 40935
Fayetteville, NC 28309-0935
225 Addison Street
Fayetteville, NC 28314-1253

Phone: (910) 424-0004
Fax: (910) 424-1803
NonaFisher@aol.com

www.bottomlineaccounting.org

Your 2018 Engagement Letter MUST be signed and the Tax Questionnaire should be completed to the best of your ability and returned with your tax documents. If you have any questions, be sure to give us a call or email your questions.

Bottom Line Accounting
P.O. Box 40935
Fayetteville, NC 28309-0935

2018 Engagement Letter for Tax Return Preparation

Dear Client:_____________________________________

We appreciate the opportunity to work with you and to assist and advise you regarding your 2018 income tax return. This engagement letter is designed to confirm the terms and conditions under which we will provide you with tax services. It also outlines the responsibilities for each of us in this process. It is important that you read, sign, and return this engagement letter with your tax documents. Without a signed engagement letter, we will be unable to begin your tax filing.

Tax Preparation:

- We will prepare your federal and state tax return(s) with supporting schedules for the applicable tax year based upon information you provide.
- You will provide any requested records needed in order to complete the tax return(s) preparation. Original records will be returned upon completion of the tax return(s). Photocopies or scanned copies will be accepted as long as <u>all pages</u> and <u>both sides</u> of documents are included. We are not responsible for lost, damaged, or stolen records.
- Our policy is to process all tax returns in the order that they are received. It is imperative that we receive your documents as soon as possible for timely filing.
- If we are unable to complete your tax return by the due date, or if we receive your documents too late in the season, you give us permission to file a tax extension (Form 4868) on your behalf.
- We will not be responsible for any penalties and/or interest charges that you might incur if you have not met your tax liability by the due date of the return. Whenever possible, we will attempt to advise you if we project that you may have an unmet tax liability.
- We will not audit or otherwise verify your records to discover errors or omissions, should any exist. However, if we find irregularities or unusual items, we will bring them to your attention and/or ask for clarification.
- We will provide bookkeeping assistance necessary to complete the tax preparation at an additional charge.
- You confirm that income and expense items you claim are substantiated by proper records and receipts, and can furnish such documentation in the event of an audit.
- You confirm that the information you provide is accurate and complete to the best of your knowledge.
- You are ultimately responsible for the accuracy of the tax return(s) and should review all documents carefully before signing.

Fees & Payment:

- Tax preparation fees are <u>due at the time the return is complete</u> unless a payment arrangement has been signed and approved prior to tax preparation.
- We reserve the right to ask for a retainer to be paid in advance.
- We accept MasterCard and Visa payments as a courtesy to our clients. If a payment plan is needed, it must be signed and approved prior to tax preparation.
- All preparation fees are invoiced per tax return per tax year.
- Our fees are based on a per form fee with additional fees added based upon the complexity of your tax return(s) and any additional out-of pocket expenses we may incur.
- If you terminate this engagement before completion, you agree to pay the higher of a $50.00 terminating fee or for actual time and expenses incurred prior to the date of termination, even if the tax return(s) are not completed.
- In the event the client has any past due balances, we reserve the right to cease working on your tax return(s) or providing any other services until the balance has been paid in full or other acceptable payment arrangements have been made.
- Past due balances of more than 30 days are subject to 18% annual interest.
- At any time after 90 days past due, your account may be sent to collections. You are responsible for any court costs, attorneys' fees, and any costs resulting from collection attempts.

Important Notices:

•Where tax law is ambiguous or unclear; we will use our best judgment. Unless otherwise instructed by you, we will resolve such questions, when possible, in your favor.

•Penalties can be imposed when taxpayers understate their tax liability.

•If an extension to file taxes is required, any estimated taxes owed must be paid when the extension is filed. And while we may assist you in determining the amount of estimated tax payment you should make, *we are not responsible if the estimate we recommend does not cover your tax liability*. Any amounts not paid by the original filing deadline are subject to interest and late payment penalties. *We are not responsible for any penalties and interest charges you may incur if estimated tax payments are not timely made*.

•The IRS does not permit us to discuss your tax return except if authorized by the client by checking a specific box on your tax return. Unless otherwise instructed by you, we will check the box which authorizes the IRS to discuss your tax return with us. Additionally, we may ask you to sign a Form 8821-Tax Information Authorization or Form 2848-Power of Attorney and Declaration of Representative. Signing these forms will insure that we receive any notices you might receive thus insuring timely responses as needed.

•Your tax return(s) may be selected for audit by tax authorities. We are available to assist you in response to correspondence. However, we reserve the right to invoice for additional time and expenses incurred.

•One printed and one electronic copy of your tax return(s) will be provided to you for your files. Additional copies are available for a fee ($25 minimum). These fees may apply to additional electronic copies for the time and effort involved in providing this service.

•If you require us to release a copy of your tax return(s) to a 3rd party (e.g. mortgage lender) we require documented permission. A postage and/or processing fee ($25 minimum) may be invoiced.

•The IRS recommends that you keep your tax return and documentation for a minimum of three years. We recommend seven years.

Privacy Policy Notice:

It has always been the policy of Bottom Line Accounting to keep all information that we collect from you confidential from all sources. We restrict access to all nonpublic personal information about you to members of our firm who need to know that information to provide services to you. We maintain physical, electronic, and procedural safeguards to guard your nonpublic personal information. We do not disclose any nonpublic personal information about our clients or former clients to anyone, except as instructed by you in writing or as required by law as listed below:

- Requirements to comply with federal, state, or local law.
- Requirements to comply with national, state, or local licensing rules.
- Requirements to disclose information in response to legal subpoenas.
- Items you permit or request us to disclose, as authorized by you in writing.
- Information that you authorize us to disclose by signing this engagement letter to electronically file your tax return.

By signing below you agree that you have read, understand, and accept your obligations and responsibilities stated above, plus you understand our responsibilities and limit of liabilities as explained above. By signing, you also acknowledge receipt of our Privacy Policy. For a joint return, both the taxpayer and spouse must sign (except for a surviving spouse).

We appreciate the opportunity to serve you. If you have any questions, be sure to contact us for further explanation by phone at (910) 424-0004 or by e-mail at NonaFisher@aol.com.

2018 Engagement Accepted by Taxpayer(s):

____
Taxpayer's Signature

____
Taxpayer's Printed Name Date

____
Spouse's Signature

____
Spouse's Printed Name Date

Accepted by BLA Representative:

____
BLA Representative Signature Date

____
BLA Representative Printed Name

2018	1040	US	Miscellaneous Questions

This Tax Organizer is meant to assist you in gathering the appropriate information necessary to prepare a complete and accurate tax return(s). It is extremely important that we have answers to the following questions as we work to complete your 2018 tax return and insure that we are meeting the IRS Due Diligence requirements for your 2018 tax return.

Please answer as many of the following questions pertaining to your 2018 tax return as possible. If there are questions you are unsure of, we will be happy to assist you with understanding those questions.

PERSONAL INFORMATION

On December 31, 2018, were you ___Married? ___Single?

Do you plan to file: _____Married Filing Jointly? _____Married Filing Separate? _____Single? _____Head of Household (which requires that you have a qualifying child or dependent)?

Yes	No	
☐	☐	If you are married and filing separately from your spouse, will they itemize deductions?

If filing Married Filing Separately, please give your spouses full name and social security number as it appears on their Social Security Card:
____
____

What is your job title? ____

Spouse's job title?____

Yes	No	
☐	☐	Are you or your spouse a grade K-12 teacher?
☐	☐	May we contact you by e-mail?

Taxpayer's preferred e-mail address:___________________________________

Spouse's preferred e-mail address: ___________________________________

Yes	No	
☐	☐	Did your address change during the year? If yes, please record new address:

____
____

Yes	No	
☐	☐	Could you be claimed as a dependent on another person's tax return for 2018?
☐	☐	Did any of the taxpayers or dependents that were on last year's tax return pass away or become legally blind during the year? If yes, explain:

____
____
____

2018	1040	US	Miscellaneous Questions

DEPENDENTS

Yes	No	
☐	☐	Were there any changes in dependents? If yes, explain: ______
☐	☐	Were any of your unmarried children, who might be claimed as dependents, 19 years of age or older at the end of 2018?
☐	☐	Did any of your children under age 19 or who were full-time students under age 24 at the end of 2018 have a total investment income in excess of $1,050?
☐	☐	Do you have dependents who must file a tax return?
☐	☐	If your dependent(s) need to file a tax return, would they like Bottom Line Accounting to prepare their tax return(s)?
☐	☐	Did you provide over half the support for any person(s) other than your dependent children during the year? If yes, explain: ______
☐	☐	Did you pay for ___childcare for a child under age 13 or ___adult daycare while you worked or looked for work?
☐	☐	Did you pay any expenses related to the adoption of a child during the year?
☐	☐	If you divorced or separated with child(ren), do you have a divorce decree or other form of separation agreement which establishes custodial responsibilities and can you provide a copy?

MILITARY

Yes	No	
☐	☐	Are you an active duly military member, retired from the military, or have served in the military? Years of Service? ______
		Dates of enlistment?______ (A copy of DD-214 may be requested.)
☐	☐	Did you serve outside of the US at any time during 2018? If yes, can you please describe the location and dates? ______

2018	1040	US	Miscellaneous Questions

☐ ☐ Is your spouse an active duly military member, retired from the military, or has served in the military? Years of Service? ______

Dates of enlistment?____
(A copy of DD-214 may be requested.)

☐ ☐ Did your spouse serve outside of the US at any time during 2018? If yes, can you please describe the location and the dates?

____

____

☐ ☐ If you are a member of the military, did you incur moving expenses due to a change of duty station?

STATE RESIDENCY

Yes No

☐ ☐ Did you live in North Carolina all year? If not, then what State(s), Counties/Townships did you live in and from what dates?

____

____

☐ ☐ Did your spouse live in North Carolina all year? If not, then what State(s), Counties/Townships did he/she live in and from what dates?

____

____

GENERAL

Yes No

☐ ☐ Do you have ALL records to substantiate the PERSONAL and/or BUSINESS deductions you are claiming on your 2018 tax return?

☐ ☐ If you have business mileage expenses, do you have a written mileage log(s)? (With new tax law (TCJA) you can no longer deduct personal work related mileage.)

☐ ☐ Did you ____pay or ____receive alimony in 2018?
_____Paid to or _____Received from:

____

Social Security Number: ____
Total Amount Paid or Received: $____

☐ ☐ Did you enter into this alimony agreement with your former spouse on or before December 31, 2018?

☐ ☐ Do you need to file a State Tax Return other than North Carolina for any reason? If yes, which State(s)? ____

2018	1040	US	Miscellaneous Questions

☐ ☐ Do you know of any changes to a prior year's tax information which would require an amended tax return?

____

☐ ☐ Have you been a victim of tax related identity theft? If you received an Identity Theft Pin from the IRS, you will need to provide this information for electronic filing.

☐ ☐ Did you pay anyone not in business $2,000 or more in 2018 for ___housekeeping, ___babysitting, ___home health care, ___yard work, etc.?

☐ ☐ Did you, or your spouse, have bank accounts in foreign countries that together had a balance of over $10,000 at any time in 2018?

☐ ☐ Did you, or your spouse, make gifts of over $15,000 (cash or property) to any individual(s) during 2018?

☐ ☐ Was your home rented out or used for business in 2018?

HEALTH CARE COVERAGE

Yes No

☐ ☐ Did you, your spouse, and your dependents (that is anyone you claim on your tax return) have healthcare coverage, such as employer-sponsored coverage or government-sponsored coverage (i.e. Medicare/Medicaid/VA Benefits/Tri-Care) for the full-year?

☐ ☐ 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 you or your dependents did not have health care coverage during the year, do you fall into one of the following exemption categories: ___Indian tribe membership, ___health care sharing ministry membership, ___religious sect membership, ___incarceration, ___general hardship (see below) or ___unable to renew existing coverage? If you received an exemption certificate we will need to see that document.

Yes No

Other specific exceptions under the new Code G, General Hardship, include:

☐ ☐ Were you homeless at any time during 2018?

☐ ☐ Were you evicted or facing eviction or foreclosure?

☐ ☐ Did you receive a shut-off notice from a utility company during 2018?

☐ ☐ Did you experience domestic violence in 2018?

☐ ☐ Did you experience the death of a close family member in 2018?

☐ ☐ Did you experience a fire, flood, or other natural or human-caused disaster that caused substantial damage to your property in 2018?

☐ ☐ Did you file bankruptcy in 2018?

☐ ☐ Did you have medical expenses in 2018 that you could not pay?

☐ ☐ Did you experience unexpected increases in necessary expenses due to caring for an ill, disabled, or aging family member in 2018?

☐ ☐ Was your child denied Medicaid and CHIP in2018, and another person is required by court order to provide coverage to the child?

2018	1040	US	Miscellaneous Questions

☐ ☐ Were you without coverage while awaiting an appeals decision from the Marketplace in 2018?

☐ ☐ Did you live in a country where there is no qualified health plan offered, there is only one issuer offering coverage, or all affordable plans provide abortion coverage contrary to your beliefs in 2018?

☐ ☐ Did you experience personal circumstances that create a hardship, such as when no affordable plans provide access to needed specialty care in 2018?

☐ ☐ Did you experience a hardship not included in this list that prevented you from getting health insurance in 2018? Please explain:

____

____

____

☐ ☐ Did you make any contributions to a Health Savings Account (HSA) or Archer MSA? If you did, you should receive a Form 5498-SA which is needed to prepare your tax return.

☐ ☐ Did you receive any distributions from a Health Savings Account (HSA) or Archer MSA? If you did, you should receive a Form 1099-SA which is needed to prepare your tax return.

☐ ☐ Did you pay long-term care premiums for yourself or your family? (This is normally thought of as nursing care insurance.)

INCOME

Yes No

☐ ☐ Did you, or your spouse, work for an employer and receive a W-2(s)? Please provide final pay stub along with W-2's. There may be deductible items that can only be found on your final pay stub.

☐ ☐ Did you, or your spouse, receive unreported tip income of $20 or more in any month?

☐ ☐ Did you, or your spouse, cash any Series EE U.S. savings bonds issued after 1989 and pay qualified higher education expenses for yourself, your spouse, or your dependents?

☐ ☐ Did you, or your spouse, receive any ___Social Security Benefits, ___unemployment benefits, ___disability income, or ___VA disability benefits during the year?

☐ ☐ Did you, or your spouse, have any foreign income or pay any foreign taxes?

☐ ☐ Did you, or your spouse, receive any ___awards, ___prizes, ___hobby income, ___gambling or ___lottery winnings?

☐ ☐ Did you, or your spouse, have any debts canceled or forgiven? This would be reported to you on a Form 1099-C or Form 1099-A.

☐ ☐ Did you, or your spouse, have any interest or ownership in a ___partnership,___LLC, or ___S Corporation?

☐ ☐ Did you, or your spouse, run a sole-proprietorship business at any time during 2018?

☐ ☐ Did you, or your spouse, own any rental property?

2018	1040	US	Miscellaneous Questions

INTEREST, DIVIDENDS, AND CAPITAL FROM INVESTMENTS

Yes	No	
☐	☐	Did you receive ___interest, ___dividends,___capital gains distributions or did you sell ___stock or ___mutual funds in 2018? Please provide all related Form 1099's, these are the Year End Brokerage Statements (ALL pages).
☐	☐	Did you inherite any form of ___interest, ___dividend account(s), ___ stock, or ___ property in 2018?

RETIREMENT PLANS

Yes	No	
☐	☐	Did you receive a distribution from a retirement plan ___401(k), ___403(b),___IRA, ___SEP, ___SIMPLE, ___Qualified Plan,___disability, ___Military Retirement? You should receive a Form 1099-R which is needed to prepare your tax return.
☐	☐	If this was a distribution before age 59 1/2, was it due to ___disability, ___death, ___divorce, ___first-time home purchase, ___education, ___medical expenses, ___unemployment, ___military service, ___separation from company (after age 55), or___IRS levy?
☐	☐	If you are age 70 1/2 and have an IRA or other retirement plan, have you taken your Required Minimum Distribution?
☐	☐	Did you make a contribution to a retirement plan ___401(k), ___403(b),___IRA, ___SEP, ___SIMPLE, ___Qualified Plan, ___other?
☐	☐	Did you transfer or rollover any amount from one retirement plan to another retirement plan?
☐	☐	Did you convert part or all of your ___traditional, ___SEP, or___ SIMPLE IRA to a Roth IRA in 2018?
☐	☐	Did you inherite any form of retirment or pension account in 2018?

PURCHASES, SALES, AND DEBT

Yes	No	
☐	☐	Did you start a ___business or ___farm, ___purchase rental or ___royalty property, or ___acquire an interest in a ___partnership, ___S corporation, ___trust, or ___REMIC?
☐	☐	Did you purchase or dispose of any business assets (furniture, equipment, vehicles, real estate, etc.), or convert any personal assets to business use?
☐	☐	Did you buy or sell any stocks, bonds or other investment property in 2018?

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☐ ☐ Did you sell or do you plan to sell any dividend generating stocks or mutual funds during the first 60 days of 2019?

☐ ☐ Did you ___purchase, ___sell, or ___refinance your principal home or second home, or did you take a ___ home equity loan?

☐ ☐ Did you make any residential energy-efficient improvements or purchases involving solar, wind, geothermal or fuel cell energy sources?

EDUCATION

Yes No

☐ ☐ Did you pay any student loan interest during 2018? If yes, you should receive a Form 1098-E for each student loan account. This form(s) will be needed to prepare your tax return.

☐ ☐ Did you make any contributions to an Education Savings or 529 Plan Account?

☐ ☐ Did you receive a distribution from an Education Savings Account or a Qualified Tuition Program?

☐ ☐ Did you, your spouse, or a dependent incur any educational expenses that were required to attend a college, university, or vocational school?

☐ ☐ Did you, your spouse, or a dependent receive a Form 1098-T for tuition paid in 2018?

ITEMIZED DEDUCTIONS

Yes No

☐ ☐ Did you pay for ___health care insurance, ___Medicare, ___Medicare supplement, or ___long term care insurance with after-tax dollars?

☐ ☐ Did you pay medical bills to include: ___doctors, ___dentists, ___prescriptions, ___insulin, ___eyeglasses, ___contact lenses and solution, ___medical supplies, ___hearing aids and batteries, ___other medically necessary expenses, and ___home renovations made for medical reasons.

☐ ☐ Can you provide documentation for mileage driven for medical purposes?

☐ ☐ Did you buy a motor vehicle(s) in 2018?

☐ ☐ Did you register and pay property taxes on a motor vehicle(s)?

☐ ☐ Do you own and pay property taxes on a ___home, ___second home (including ___motor-home or ___house boat that qualifies), ___or other property?

☐ ☐ Have you made cash contributions to charity? You MUST have receipts.

☐ ☐ Have you made donations of property (i.e. clothes, furniture, computers, food, household items, etc.) You MUST have receipts.

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☐ ☐ Did you incur a casualty loss that occurred in a presidentially declared disaster area as a result of the disaster?

☐ ☐ Did you make any out-of-state purchases (by telephone, Internet, mail, or in person) for which the seller did not collect NC State sales and use tax?

ESTIMATED TAXES

Yes No

☐ ☐ Did you make estimated Federal or State income tax payments? Please provide proof of amount paid and date paid.

☐ ☐ Did you apply an overpayment of 2017 taxes to your 2018 estimated tax (instead of receiving a refund)?

☐ ☐ If you have an overpayment of 2018 taxes, do you want the excess applied to your 2019 estimated tax (instead of being refunded)?

☐ ☐ Do you expect your 2019 taxable income and withholdings to be substantially different from 2018?

MISCELLANEOUS

Yes No

☐ ☐ Do you want to electronically file your tax return?

☐ ☐ Do you want to allocate $3 to the Presidential Election Campaign Fund?

☐ ☐ Does your spouse want to allocate $3 to the Presidential Election Campaign Fund?

☐ ☐ May the IRS discuss your tax return with your preparer?

☐ ☐ Were you notified or audited by either the Internal Revenue Service or the State taxing agency?

FINANCIAL INSTITUTION

Yes No

☐ ☐ Did your bank account information change within the last twelve months?

If you would like to have any 2018 Federal refund deposited directly into your financial account, please supply the updated bank information:

Type of financial account: ___Savings Account or ___Checking Account:

Name of financial institution:____
Routing Number: ____
Account Number:____

☐ ☐ Do you want to use this same financial information for any 2018 State refunds?

2018	1040	US	Miscellaneous Questions

****

Completed by:

Signature: ____

Printed Name: ____ Date:_______________

****

Please review the Client Information and Dependents (if applicable) sections on the following page. Please complete and/or update any information that is missing or needs updating.

Please make sure that you complete the Health Coverage Form for each individual whose name will be listed on the 2018 tax return. This is a very important part of the Due Diligence requirements.

You DO NOT need to fill in any dollar amounts/numbers from your tax documents onto this organizer. We enter data directly from the actual tax documents into your tax return.

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Bottom Line Accounting
P.O. Box 40935
Fayetteville, NC 28309-0935
Telephone number: (910) 424-0004
Fax number: (910) 424-1803
E-mail address:

Tax Return Appointment

Date:
Time:

Location:

This tax organizer will assist you in gathering information necessary for the preparation of your 2018 tax return. 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.

CLIENT INFORMATION

	Taxpayer	Spouse
First name and initial.......		
Last name........................		
Title/suffix.........................		
Social security number....		
Occupation......................		
Date of birth (m/d/y)........		
Date of death (m/d/y)......		
1=blind.............................		
Home phone....................		
Work phone.....................		
Work extension................		
Cell phone........................		
E-mail address................		
Drivers License #.............		
Drivers License State.......		
Expiration Date................		
Issue Date........................		

Address	Street address.............	
	Apartment number......	
	City..............................	
	State.........................	
	ZIP code......................	

DEPENDENTS

	Dependent No.	Dependent No.
First name........................		
Last name........................		
Title/suffix.........................		
Date of birth (m/d/y)........		
Date of death (m/d/y)......		
Date of adoption (m/d/y).		
Social security number....		
Relationship.....................		
Months lived at home......		

	Dependent No.	Dependent No.
First name........................		
Last name........................		
Title/suffix.........................		
Date of birth (m/d/y)........		
Date of death (m/d/y)......		
Date of adoption (m/d/y).		
Social security number....		
Relationship.....................		
Months lived at home......		

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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.

OTHER GOVERNMENT FORMS - INCOME

		2018 Amount	2017 Amount
☐	Form 1099-B - Sales of stock (also include transaction history)	Attach Forms 1099	
☐	Form 1099-MISC - Miscellaneous income		
☐	Form 1099-K - Merchant card and third party network payments		
☐	Form 1099-S - Sales of real estate (also include closing statements)		
☐	Form 1099-G - State tax refunds	Attach Forms 1099	
	Taxpayer:		
☐	Form SSA-1099 - Social security benefits	Attach Forms 1099	
☐	Form 1099-G - Unemployment compensation		
	Spouse:		
☐	Form SSA-1099 - Social security benefits	Attach Forms 1099	
☐	Form 1099-G - Unemployment compensation		

MISCELLANEOUS INCOME

	2018 Amount	2017 Amount
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

		2018 Amount	2017 Amount
☐	Form 1098-E - Student loan interest	Attach Forms 1098	
☐	Form 1098-T - Tuition and related expenses		

Affordable Care Act

		2018 Amount	2017 Amount
☐	Form 1095-A - Health Insurance Marketplace Statement	Attach Forms 1095	
☐	Form 1095-B - Health Coverage		
☐	Form 1095-C - Employer-Provided Health Insurance Offer and Coverage		

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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.

ADJUSTMENTS TO INCOME

Taxpayer:	2018 Amount	2017 Amount
Self-employed health insurance premiums		
Educator expenses		
Expenses from rental of personal property		
Other adjustments to income:		
____________		

MEDICAL AND DENTAL EXPENSES

	2018 Amount	2017 Amount
Prescription medicines and drugs		
Doctors, dentists and nurses		
Hospitals and nursing homes		
Insurance premiums		
Taxpayer: Long-term care premiums		
Spouse: Long-term care premiums		
Insurance reimbursements		
Out-of-pocket lodging and transportation expenses		
Number of medical miles		
Other:		
____________		
____________		

TAXES PAID

	2018 Amount	2017 Amount
State income taxes - 1/15 payment on 2017 state estimate		
State income taxes - paid with 2017 state extension		
State income taxes - paid with 2017 state return		
State income taxes - paid for prior years and/or to other states		
City/local income taxes - 1/15 payment on 2017 city/local estimate		
City/local income taxes - paid with 2017 city/local extension		
City/local income taxes - paid with 2017 city/local return		
State and local sales taxes paid (except autos and special items)		
Use taxes paid on 2018 purchases		
Use taxes paid on 2017 state return		
Sales tax on autos not included above		
Sales taxes paid on boats, aircraft and other special items		
Real estate taxes - principal residence		
Real estate taxes - property held for investment		
Foreign income taxes		
Other:		
____________		
____________		
☐ Personal property taxes (including automobile fees in some states)	Attach Tax Notice	

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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.

INTEREST PAID

	2018 Amount	2017 Amount
Home mortgage interest and points paid		
☐	Attach Forms 1098	
☐		
Home mortgage interest not on Form 1098 (include name, SSN, & address of payee)		
Points not reported on Form 1098		
Mortgage insurance premiums on post 12/31/06 contracts....................		
Investment interest (interest on margin accounts):		
Passive Interest..		

CASH CONTRIBUTIONS

Note: No deduction is allowed for cash or check contributions unless the donor maintains a bank record, or a written communication from the donee, showing the name of the organization, contributions date(s), and contribution amount(s).

Volunteer Expenses (out-of-pocket)..		
Number of charitable miles..		

NONCASH CONTRIBUTIONS

Note: No deduction is allowed for contributions of clothing and household items that are not in good used condition or better. In addition, a deduction for any item with minimal monetary value may be denied.

MISCELLANEOUS DEDUCTIONS

Union and professional dues..		
Tax return preparation fee..		
Safe deposit box rental...		
Investment expenses..		
Estate tax, section 691(c)...		
Unreimbursed employee expenses:		
Other:		

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Please do not complete this information if coverage is indicated on Form 1095-A, 1095-B or 1095-C. Attach the document with this organizer if you have it.

GENERAL INFORMATION

1=entire household covered for all months, 2=no months	
Date married (if in current year)	

COVERED INDIVIDUAL (#1)

(a) First name	
(a) Last name	
(b) ID number (SSN or TIN)	
(d) 1=covered all 12 months	
(e) Months of coverage:	
1=November 2017	
1=December 2017	
1=January	
1=February	
1=March	
1=April	
1=May	
1=June	
1=July	
1=August	
1=September	
1=October	
1=November	
1=December	

COVERED INDIVIDUAL (#2)

(a) First name	
(a) Last name	
(b) ID number (SSN or TIN)	
(d) 1=covered all 12 months	
(e) Months of coverage:	
1=November 2017	
1=December 2017	
1=January	
1=February	
1=March	
1=April	
1=May	
1=June	
1=July	
1=August	
1=September	
1=October	
1=November	
1=December	

COVERED INDIVIDUAL (#3)

(a) First name	
(a) Last name	
(b) ID number (SSN or TIN)	
(d) 1=covered all 12 months	
(e) Months of coverage:	
1=November 2017	
1=December 2017	
1=January	
1=February	
1=March	
1=April	
1=May	
1=June	
1=July	
1=August	
1=September	
1=October	
1=November	
1=December	

COVERED INDIVIDUAL (#4)

(a) First name	
(a) Last name	
(b) ID number (SSN or TIN)	
(d) 1=covered all 12 months	
(e) Months of coverage:	
1=November 2017	
1=December 2017	
1=January	
1=February	
1=March	
1=April	
1=May	
1=June	
1=July	
1=August	
1=September	
1=October	
1=November	
1=December	