

## Miscellaneous Information

Name:

SSN:

### Personal Information

**Yes**   **No**

Did your marital status change during the year?

If "Yes," explain \_\_\_\_\_

Can you or your spouse be claimed as a dependent by someone else?

Did your address change during the year?

Provide proof of identity to be eligible to e-file your tax return (driver's license or state-issued photo ID)

### Dependent Information

Did you have any changes in dependents during the year?

If "Yes," explain \_\_\_\_\_

Can another person qualify to claim any of your dependents?

Did you have any childcare expenses during the year?

Did you have any adoption expenses during the year?

Did you have any children under age 19 or a full-time student under age 24 with more than \$2100 of unearned income?

Provide documentation for proof of dependent related credits (school records, medical records, daycare records, etc.)

### Health Care Information

Did any member of your household **NOT** have healthcare coverage for the entire year?

Provide copies of all Forms 1095-A, 1095-B, 1095-C for **ALL** members of your household.

If any member of your household received an exemption from the marketplace, provide the Exemption Certificate Number (ECN).

Did you receive any distributions from a Health Savings Account (HSA), Archer MSA, or Medicare Advantage MSA during the year?

### Income, Purchases, Sales, and Debt Information

Did you receive any tips not reported to your employer?

Did you receive any disability income during the year?

Did you cash any U.S. savings bonds during the year?

Did you receive any other income not provided with this organizer?

If "Yes," explain \_\_\_\_\_

Did you start a new business or purchase any rental property during the year?

Did you sell an existing business, rental property, or other property during the year?

Did you purchase any business assets or convert any assets to business use?

If "Yes," provide the cost of the asset, the date it was placed in service, and business use percentage.

Did you purchase any gasoline, diesel, or special fuels for non-highway business use?

Did you buy or sell any stocks, bonds, or other investments during the year?

Did you sell a principal residence during the year?

If "Yes," provide closing documentation for the purchase and sale of the home

Did you have a principal residence or a piece of real property foreclosed on during the year?

Did you abandon a principal residence or a piece of real property during the year?

Did you refinance your principal home or second home or take out a home equity loan during the year?

If "Yes," provide all escrow, closing, and other pertinent documentation and information.

Did you receive any principal or interest during this year from property sold in prior years?

Did you rent out your home or use it for business?

Did you sell, exchange, or purchase any real estate during the year?

Did you acquire a new or additional interest in a partnership or S corporation?

Did you have any debts canceled or forgiven this year?

Does anyone owe you money that has become uncollectible?

Did you purchase a new hybrid, alternative motor, or electric motor energy-efficient vehicle during the year?

If "Yes," provide the year, make, model, VIN, and date the vehicle was placed in service.

### Itemized Deduction Information

Did you pay out-of-pocket medical or dental expenses (premiums, prescriptions, mileage, etc.) during the year?

Did you pay any long-term care premiums for yourself, your spouse, or a dependent during the year?

Did you receive any state or local income tax refunds from prior years?

Did you make any major purchases (vehicle, boat, etc.) during the year?

Did you pay any real estate property taxes or personal taxes during the year?

Did you pay mortgage interest during the year?

## Miscellaneous Information

Name:

SSN:

### Itemized Deduction Information (continued)

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Did you make cash donations to charity during the year?
<input type="checkbox"/>	<input type="checkbox"/>	Did you make noncash donations to charity (clothes, furniture, etc.) during the year?
<input type="checkbox"/>	<input type="checkbox"/>	Did you donate a boat or vehicle during the year? If "Yes," attach Form 1098-C.
<input type="checkbox"/>	<input type="checkbox"/>	Did you have gambling winnings or losses during the year?
<input type="checkbox"/>	<input type="checkbox"/>	Did you have any job-related expenses that were not reimbursed by your employer (uniforms, safety equipment, etc.)?
<input type="checkbox"/>	<input type="checkbox"/>	Did you use your vehicle on the job other than for commuting to work?
<input type="checkbox"/>	<input type="checkbox"/>	Did you work out of town at any time during the year?






### Retirement Information

- Did you receive any payments from a pension, profit sharing, or 401(k) plan during the year?
- Did you make any withdrawals from or contributions to an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), myRA, or other qualified retirement plan during the year?
- Did you receive any Social Security benefits during the year?

### Education Information

- Did you pay tuition expenses that were required for attending college, university, or vocational school for yourself, your spouse, or a dependent during the year (even if classes were attended in another year)?
- Did anyone in your household attend a post-secondary school during the year?
- Did you make a contribution to or receive a distribution from an Education Savings Account or Qualified Tuition Program during the year?
- Did you pay student loan interest for yourself, your spouse, or your dependent(s) during the year?

### Miscellaneous Information

- Did you incur a gain or loss due to damaged or stolen property?  
If "Yes," provide the incident date, value of the property, and amount of insurance reimbursements.
- Did you pay wages to any household employees (babysitter, nanny, housekeeper, etc.)?
- Did you make gifts to any one person in excess of \$15,000 during the year?  
If "Yes," are you splitting the gift with your spouse? \_\_\_\_\_
- Did you incur moving expenses during the year?
- Did you make any energy-efficient improvements to your main home during the year?
- Are you a business owner who paid health insurance premiums for your employees during the year?
- Did you apply an overpayment of your 2017 taxes to your 2018 estimated taxes?
- If you have an overpayment of 2018 taxes, do you want the refund applied to your 2019 estimated taxes?
- Did you make any estimated payments toward your 2018 taxes?
- Do you want to have any refund or balance due directly deposited or withdrawn?  
If "Yes," provide a canceled checking or savings slip.
- Did you receive any notices from the IRS or state taxing authority?  
If "Yes," explain \_\_\_\_\_
- May the IRS discuss your tax return with your preparer?
- Would you like a copy of your tax return emailed to you instead of receiving a printed copy?

### Foreign Account Information

- Did you have a financial interest in or signature authority over a financial account or asset located in a foreign country?
- Did you receive a distribution from, or were you a grantor of, or transferor to, a foreign trust?
- Did you have any income from, or pay taxes to, a foreign country?
- Did you own property in a foreign country?
- Did the aggregate value of your foreign accounts exceed \$10,000 at any time during the year?

### Preparer Notes

**Miscellaneous Notes** \_\_\_\_\_

## 2018 Summary Organizer Personal and Dependent Information

### Personal Information

Name		SSN	Date of birth	Healthcare coverage ALL year
Taxpayer				
Spouse				
Street address, city, state, and ZIP				
Occupation		Daytime phone	Evening phone	Cell phone
Taxpayer				
Spouse				
Taxpayer email				
Spouse email				

### Marital Status at end of 2018

- Married  
 Married filing separately  
 Single  
 Widow(er) If spouse died in 2018 enter the date of death \_\_\_\_\_

- Are you blind?  Yes  No  
 Are you disabled?  Yes  No  
 Are you a full-time student?  Yes  No  
 Do you want \$3 to go to the Presidential Election Campaign Fund?  Yes  No

### Taxpayer

- Yes  No  
 Yes  No  
 Yes  No  
 Yes  No

### Spouse

- Yes  No  
 Yes  No  
 Yes  No  
 Yes  No

### Dependent Information

First and last name	SSN	Relationship	Months in home	Date of birth	Disabled	Full-time student	Healthcare coverage ALL year

List dependents required to file a return \_\_\_\_\_

### Estimates

	Federal		Resident state		Resident city	
	Date paid	Amount	Date paid	Amount	Date paid	Amount
Overpayment applied from 2017	_____	_____	_____	_____	_____	_____
First quarter	_____	_____	_____	_____	_____	_____
Second quarter	_____	_____	_____	_____	_____	_____
Third quarter	_____	_____	_____	_____	_____	_____
Fourth quarter	_____	_____	_____	_____	_____	_____
Additional payments	_____	_____	_____	_____	_____	_____

### Account Information for Deposits or Withdrawals

Name of bank	Bank routing number	Bank account number	Type of account		Use this account for	
			Checking	Savings	Deposits	Withdrawals

### Appointment Information

Your 2018 appointment is scheduled for \_\_\_\_\_

### Healthcare Coverage Questionnaire

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

**Healthcare Information**

Member of household for healthcare purposes	Covered the entire year	Covered less than 12 months	No healthcare coverage at all

**YES    NO**

- Did anyone other than you or your spouse pay for healthcare coverage for anyone listed above?
- Did you pay for healthcare coverage for anyone not listed above?

**If you had coverage for any part of the year:**

Where was the policy obtained?

Employer / Medicare / Medicaid / Marketplace(Exchange) / Other

**If you didn't have coverage part or all of the year:**

Answer YES if the following applies to any member of the household

- Was your previous insurance policy canceled in 2018?
- Was coverage offered by your employer or your spouse's employer?
- Are you a member of a federally recognized Indian tribe?
- Are you eligible for services through an Indian healthcare provider?
- Are you a member of a healthcare sharing ministry?
- Did you live in the United States the entire year?
- Are you enrolled in TRICARE?
- Did you apply for CHIP coverage?
- Do any of the following apply to you? Do NOT indicate which one.
  - Became homeless
  - Evicted in the past six months, or facing eviction or foreclosure
  - Received a shut-off notice from a utility company
  - Recently experienced domestic violence
  - Recently experienced the death of a close family member
  - Recently experienced a fire, flood, or other natural or human-caused disaster that resulted in substantial damage to your property
  - Filed for bankruptcy in the last six months
  - Incurred unreimbursed medical expenses in the last 24 months that resulted in substantial debt
  - Experienced unexpected increases in essential expenses due to caring for an ill, disabled, or aging family member

### Healthcare Coverage Questionnaire for taxpayer and spouse ( for preparer use)

**PRIMARY TAXPAYER**

All Year   January   February   March   April   May   June   July   August   September   October   November   December

Insured through Marketplace (Exchange). MUST provide 1095-A														
Had health care coverage from another source														
Was exempt from health care mandate. Has Exemption Certificate Number? If yes, provide number.														
Employer offered health coverage which was declined														
If YES, what would be the cost for SELF coverage?														
If YES, what would be the cost for FAMILY coverage?														
Would the FAMILY policy have covered the spouse?														

**SPOUSE**

All Year   January   February   March   April   May   June   July   August   September   October   November   December

Insured through Marketplace (Exchange). MUST provide 1095-A														
Had health care coverage from another source														
Was exempt from health care mandate. Has Exemption Certificate Number? If yes, provide number.														
Employer offered health coverage which was declined														
If YES, what would be the cost for SELF coverage?														
If YES, what would be the cost for FAMILY coverage?														
Would the FAMILY policy have covered the spouse?														

### Healthcare Coverage Questionnaire for Dependents ( for preparer use)

  All Year     January     February     March     April     May     June     July     August     September     October     November     December  

Insured through Marketplace (Exchange). MUST provide 1095-A															
Had health care coverage from another source															
Was exempt from health care mandate. Has Exemption Certificate Number? If yes, provide number.															
Required to file a return?	YES <input type="checkbox"/> NO <input type="checkbox"/>		AGI of that return?												

  All Year     January     February     March     April     May     June     July     August     September     October     November     December  

Insured through Marketplace (Exchange). MUST provide 1095-A															
Had health care coverage from another source															
Was exempt from health care mandate. Has Exemption Certificate Number? If yes, provide number.															
Required to file a return?	YES <input type="checkbox"/> NO <input type="checkbox"/>		AGI of that return?												

  All Year     January     February     March     April     May     June     July     August     September     October     November     December  

Insured through Marketplace (Exchange). MUST provide 1095-A															
Had health care coverage from another source															
Was exempt from health care mandate. Has Exemption Certificate Number? If yes, provide number.															
Required to file a return?	YES <input type="checkbox"/> NO <input type="checkbox"/>		AGI of that return?												

### Child and Dependent Care

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

#### Child Care Provider's Information

		2018	2017
Social Security Number or Employer ID Number _____	Amount paid _____		
Name _____			
Street address _____			
City _____		Phone _____	
<b>U.S. only</b>	State, ZIP _____		
<b>Foreign only</b>	Province/State, Country, Postal code _____		

		2018	2017
Social Security Number or Employer ID Number _____	Amount paid _____		
Name _____			
Street address _____			
City _____		Phone _____	
<b>U.S. only</b>	State, ZIP _____		
<b>Foreign only</b>	Province/State, Country, Postal code _____		

		2018	2017
Social Security Number or Employer ID Number _____	Amount paid _____		
Name _____			
Street address _____			
City _____		Phone _____	
<b>U.S. only</b>	State, ZIP _____		
<b>Foreign only</b>	Province/State, Country, Postal code _____		

		2018	2017
Social Security Number or Employer ID Number _____	Amount paid _____		
Name _____			
Street address _____			
City _____		Phone _____	
<b>U.S. only</b>	State, ZIP _____		
<b>Foreign only</b>	Province/State, Country, Postal code _____		

## Wages and Salaries

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

**Provide all copies of Form W-2**

TS \_\_\_\_\_ Employer's name and address: \_\_\_\_\_ Federal EIN \_\_\_\_\_

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

	2018	2017		2018	2017
Wages, tips, other compensation _____			State _____ State I.D. _____		
Federal income tax withheld _____			State wages _____		
Social Security wages _____			State income tax _____		
Social Security tax withheld _____			Locality name _____		
Medicare wages and tips _____			Local wages _____		
Medicare tax withheld _____			Local income tax _____		
Social Security tips _____			State _____ State I.D. _____		
Allocated tips _____			State wages _____		
Dependent care benefits _____			State income tax _____		
			Locality name _____		
Are you a statutory employee? _____			Local wages _____		
Are you covered by a retirement plan? _____			Local income tax _____		
Did you receive third-party sick pay? _____					

TS \_\_\_\_\_ Employer's name and address: \_\_\_\_\_ Federal EIN \_\_\_\_\_

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

	2018	2017		2018	2017
Wages, tips, other compensation _____			State _____ State I.D. _____		
Federal income tax withheld _____			State wages _____		
Social Security wages _____			State income tax _____		
Social Security tax withheld _____			Locality name _____		
Medicare wages and tips _____			Local wages _____		
Medicare tax withheld _____			Local income tax _____		
Social Security tips _____			State _____ State I.D. _____		
Allocated tips _____			State wages _____		
Dependent care benefits _____			State income tax _____		
			Locality name _____		
Are you a statutory employee? _____			Local wages _____		
Are you covered by a retirement plan? _____			Local income tax _____		
Did you receive third-party sick pay? _____					



### Interest Income

Name:

SSN:

**Provide all Form(s) 1099-INT relating to interest income**

TSJ	Name of payer (If seller-financed mortgage enter ID number and address of payer)	Interest income	Federal income tax withheld	Foreign tax paid	Tax exempt interest	Amount of resident state municipal interest	Nominee interest

Did you have a financial interest in or signature authority over a financial account or asset located in a foreign country?  Yes  No

### Dividend Income

Name:

SSN:

Provide all Form(s) 1099-DIV relating to dividend income

TSJ	Name of payer	Ordinary	Qualified	Capital gains	Federal income tax withheld	Foreign tax paid	Other	
							Description	Amount

Did you have a financial interest in or signature authority over a financial account or asset located in a foreign country?       Yes     No

Schedule C - Profit or Loss from Business

Name:

SSN:

General Business Information

TS Principal business product or profession Business code

Employer I.D. number

Business name

Business address

City

U.S. only State, ZIP

Foreign only Province/State, Country, Postal code

Accounting method, if not cash Accrual Other

Inventory method, if not cost Lower of cost or market Other

Change of inventory method Yes No

You started or acquired this business during 2018

Some investment is NOT at risk

You disposed of this property during 2018

Did you make any payments in 2018 that would require you to file Form(s) 1099? Yes No

If "Yes," did you or will you file all required Form(s) 1099 for the individual(s)? Yes No

Other Information

Table with 2 columns: 2018, 2017. Row: Family health coverage

Income

Table with 2 columns: 2018, 2017. Rows: Gross receipts or sales, Returns and allowances, Other income

Cost of Goods Sold

Table with 2 columns: 2018, 2017. Rows: Inventory at beginning of the year, Purchases (less cost of items withdrawn for personal use), Cost of labor, Materials and supplies, Other costs (list on detail worksheet), Inventory at end of year

**Schedule C - Profit or Loss from Business**

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

**Expenses**

TS \_\_\_\_\_ Business name \_\_\_\_\_ Profession or product \_\_\_\_\_

**2018**

**2017**

Advertising . . . . .	_____	
Car and truck expenses . . . . .	_____	
Commissions and fees . . . . .	_____	
Contract labor . . . . .	_____	
Depletion . . . . .	_____	
Employee benefit programs . . . . .	_____	
Insurance (other than health) . . . . .	_____	
Interest - mortgage (paid to banks, etc.) . . . . .	_____	
Interest - other . . . . .	_____	
Legal and professional services . . . . .	_____	
Office expenses . . . . .	_____	
Pension and profit sharing plans . . . . .	_____	
Rent or lease (vehicles, machinery, and equipment) . . . . .	_____	
Rent (other business property) . . . . .	_____	
Repairs and maintenance . . . . .	_____	
Supplies . . . . .	_____	
Taxes and licenses (including real estate taxes) . . . . .	_____	
Travel . . . . .	_____	
Total meals . . . . .	_____	
Utilities . . . . .	_____	
Wages . . . . .	_____	

Other expenses (list):

_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	

**2018**

**Sale of Capital Assets**

Name:

SSN:

**Sale of Capital Assets (not reported on Form 1099-B)**

Provide all brokerage statements

Description of property	Date purchased	Date sold	Sales price	Cost

Casualties and Thefts

Name:

SSN:

FEMA code \_\_\_\_\_

Description of property \_\_\_\_\_

Location of property \_\_\_\_\_

Was property  Personal  Business  Income-producing  Employee income-producing

Date acquired . . . . . \_\_\_\_\_ Fair market value before incident . . . . . \_\_\_\_\_

Cost or other basis . . . . . \_\_\_\_\_ Fair market value after incident . . . . . \_\_\_\_\_

Insurance or other reimbursement (whether or not you filed a claim) . . . . . \_\_\_\_\_ Date of incident . . . . . \_\_\_\_\_

Theft Loss Deduction for Ponzi-Type Investment Scheme

Part I Computation of Deduction

Initial investment . . . . . \_\_\_\_\_ Percentage of qualified investment . . . . . \_\_\_\_\_

Subsequent investments . . . . . \_\_\_\_\_ Actual recovery . . . . . \_\_\_\_\_

Income reported in prior years . . . . . \_\_\_\_\_ Potential insurance / SIPC recovery . . . . . \_\_\_\_\_

Withdrawals . . . . . \_\_\_\_\_

Part II Required Statements and Declarations

Information about the person or entity that conducted fraudulent arrangements

Name \_\_\_\_\_ SSN/EIN \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

FEMA code \_\_\_\_\_

Description of property \_\_\_\_\_

Location of property \_\_\_\_\_

Was property  Personal  Business  Income-producing  Employee income-producing

Date acquired . . . . . \_\_\_\_\_ Fair market value before incident . . . . . \_\_\_\_\_

Cost or other basis . . . . . \_\_\_\_\_ Fair market value after incident . . . . . \_\_\_\_\_

Insurance or other reimbursement (whether or not you filed a claim) . . . . . \_\_\_\_\_ Date of incident . . . . . \_\_\_\_\_

Theft Loss Deduction for Ponzi-Type Investment Scheme

Part I Computation of Deduction

Initial investment . . . . . \_\_\_\_\_ Percentage of qualified investment . . . . . \_\_\_\_\_

Subsequent investments . . . . . \_\_\_\_\_ Actual recovery . . . . . \_\_\_\_\_

Income reported in prior years . . . . . \_\_\_\_\_ Potential insurance / SIPC recovery . . . . . \_\_\_\_\_

Withdrawals . . . . . \_\_\_\_\_

Part II Required Statements and Declarations

Information about the person or entity that conducted fraudulent arrangements

Name \_\_\_\_\_ SSN/EIN \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

### Installment Sale Income

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

TSJ \_\_\_\_\_ Description of property: \_\_\_\_\_

Date acquired _____ Date sold _____	2018	Prior years
Selling price . . . . .	_____	
Mortgages assumed . . . . .	_____	
Cost of property sold . . . . .	_____	
Depreciation allowed . . . . .	_____	
Commissions and expense of sale . . . . .	_____	
Gross profit percentage . . . . .	_____	
Interest received . . . . .	_____	
Principal payments received . . . . .	_____	

TSJ \_\_\_\_\_ Description of property: \_\_\_\_\_

Date acquired _____ Date sold _____	2018	Prior years
Selling price . . . . .	_____	
Mortgages assumed . . . . .	_____	
Cost of property sold . . . . .	_____	
Depreciation allowed . . . . .	_____	
Commissions and expense of sale . . . . .	_____	
Gross profit percentage . . . . .	_____	
Interest received . . . . .	_____	
Principal payments received . . . . .	_____	

TSJ \_\_\_\_\_ Description of property: \_\_\_\_\_

Date acquired _____ Date sold _____	2018	Prior years
Selling price . . . . .	_____	
Mortgages assumed . . . . .	_____	
Cost of property sold . . . . .	_____	
Depreciation allowed . . . . .	_____	
Commissions and expense of sale . . . . .	_____	
Gross profit percentage . . . . .	_____	
Interest received . . . . .	_____	
Principal payments received . . . . .	_____	

**Schedule E - Income or Loss from Rental Real Estate & Royalties**

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

**General Property Information**

Property description \_\_\_\_\_  
 Address, city, state, ZIP \_\_\_\_\_

**Select the property type**

- Single family residence      Vacation / short-term rental      Land      Self-rental  
 Multi-family residence      Commercial      Royalties      Other \_\_\_\_\_

Number of days property was rented \_\_\_\_\_ Number of days property was used for personal use \_\_\_\_\_

If the rental is a multi-dwelling unit and you occupied part of the unit, what percentage did you occupy \_\_\_\_\_

- This property is your main home      Yes  No Payments of \$600 or more were paid to an individual who is not your employee for services provided for this rental.  
 This property was disposed of during 2018      Yes  No You filed Form(s) 1099 for the individual(s)  
 This property was owned as a qualified joint venture

**Income**

	2018	2017		2018	2017
Rent Income . . . . .	_____	_____	Royalties from oil, gas, mineral, copyright or patent . . . .	_____	_____
Rental income from Form(s) 1099-MISC _____	_____	_____	Royalties from Form 1099(s)-MISC _____	_____	_____

**Expenses**

	Rental unit expenses		Rental <u>and</u> homeowner expenses		
Advertising . . . . .	_____	_____	_____	_____	If this Schedule E is for a multi-unit dwelling and you lived in one unit and rented out the other units, use the "Rental and homeowner expenses" column to show expenses that apply to the entire property. Use the "Rental unit expenses" column to show expenses that pertain ONLY to the rental portion of the property.
Auto & travel . . . . .	_____	_____	_____	_____	
Cleaning & maintenance . . . . .	_____	_____	_____	_____	
Commissions . . . . .	_____	_____	_____	_____	
Depletion . . . . .	_____	_____	_____	_____	
Insurance . . . . .	_____	_____	_____	_____	
Legal & professional fees . . . . .	_____	_____	_____	_____	
Management fees . . . . .	_____	_____	_____	_____	
Interest - mortgage . . . . .	_____	_____	_____	_____	
Interest - other . . . . .	_____	_____	_____	_____	
Repairs . . . . .	_____	_____	_____	_____	If the Schedule E is not for a multi-unit property in which you lived in one unit, complete just the "Rental unit expenses" column.
Supplies . . . . .	_____	_____	_____	_____	
Taxes . . . . .	_____	_____	_____	_____	
Utilities . . . . .	_____	_____	_____	_____	
Other expenses (list)	_____	_____	_____	_____	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	





**Form 4835 - Farm Rental Income and Expenses**

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

**General Information**

Description \_\_\_\_\_ Employer ID number \_\_\_\_\_

This farm was disposed of during 2018

**Income**

	2018	2017		2018	2017
Income from production of livestock, grains, and other crops . . . . .	_____	_____	Crop insurance proceeds:		
Total cooperative distributions . . . . .	_____	_____	Amount received in 2018 . . . . .	_____	_____
Total agricultural payments . . . . .	_____	_____	<input type="checkbox"/> You elect to defer to 2019		
Commodity Credit Corporation (CCC) loans:			Amount deferred from 2017 . . . . .	_____	_____
CCC loans reported . . . . .	_____	_____	Other income . . . . .	_____	_____
CCC loans forfeited . . . . .	_____	_____			

**Expenses**

	2018	2017		2018	2017
Car & truck expenses . . . . .	_____	_____	Seeds & plants purchased . . . . .	_____	_____
Chemicals . . . . .	_____	_____	Storage & warehousing . . . . .	_____	_____
Conservation expenses . . . . .	_____	_____	Supplies purchased . . . . .	_____	_____
Custom hire (machine work) . . . . .	_____	_____	Taxes . . . . .	_____	_____
Employee benefit programs . . . . .	_____	_____	Utilities . . . . .	_____	_____
Feed purchased . . . . .	_____	_____	Veterinary, breeding, & medicine . . . . .	_____	_____
Fertilizers & lime . . . . .	_____	_____	Other expenses (list)		
Freight & trucking . . . . .	_____	_____	_____	_____	_____
Gasoline, fuel, & oil . . . . .	_____	_____	_____	_____	_____
Insurance (other than health) . . . . .	_____	_____	_____	_____	_____
Interest - mortgage (paid to banks, etc.)	_____	_____	_____	_____	_____
Interest - other . . . . .	_____	_____	_____	_____	_____
Labor hired (less jobs credit) . . . . .	_____	_____	_____	_____	_____
Pension & profit-sharing plans . . . . .	_____	_____	_____	_____	_____
Rent - vehicles, machinery & equip . . . . .	_____	_____	_____	_____	_____
Rent - other (land, animals, etc.) . . . . .	_____	_____	_____	_____	_____
Repairs & maintenance . . . . .	_____	_____	_____	_____	_____

**Schedule F - Profit or Loss from Farming**

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

**General Information**

Principal product \_\_\_\_\_ Employer ID number \_\_\_\_\_

This farm was disposed of during 2018

Yes  No Payments of \$600 or more were paid to an individual who is not your employee for services provided for this farm

Yes  No You filed Form(s) 1099 for the individual(s)

**Income**

	2018	2017		2018	2017
Sale of livestock / other items . . . . .	_____	_____	Custom hire income . . . . .	_____	_____
Cost of items bought for resale . . . . .	_____	_____	Beginning inventory for accrual . . . . .	_____	_____
Sale of products you raised . . . . .	_____	_____	Ending inventory for accrual . . . . .	_____	_____
Total cooperative distributions . . . . .	_____	_____	<input type="checkbox"/> You used unit-livestock-price or farm-price inventory method		
Total agricultural payments . . . . .	_____	_____	Other income . . . . .	_____	_____
Commodity Credit Corporation (CCC) loans:					
CCC loans reported . . . . .	_____	_____		_____	_____
CCC loans forfeited . . . . .	_____	_____		_____	_____
Crop insurance proceeds:					
Amount received in 2018 . . . . .	_____	_____		_____	_____
<input type="checkbox"/> You elect to defer to 2019					
Amount deferred from 2017 . . . . .	_____	_____		_____	_____

**Expenses**

	2018	2017		2018	2017
Car & truck expenses . . . . .	_____	_____	Repairs & maintenance . . . . .	_____	_____
Chemicals . . . . .	_____	_____	Seeds & plants purchased . . . . .	_____	_____
Conservation expenses . . . . .	_____	_____	Storage & warehousing . . . . .	_____	_____
Custom hire (machine work) . . . . .	_____	_____	Supplies purchased . . . . .	_____	_____
Employee benefit programs . . . . .	_____	_____	Taxes . . . . .	_____	_____
Feed purchased . . . . .	_____	_____	Utilities . . . . .	_____	_____
Fertilizers & lime . . . . .	_____	_____	Veterinary, breeding, & medicine . . . . .	_____	_____
Freight & trucking . . . . .	_____	_____	Other expenses . . . . .	_____	_____
Gasoline, fuel, & oil . . . . .	_____	_____		_____	_____
Insurance (other than health) . . . . .	_____	_____		_____	_____
Interest - mortgage (paid to banks, etc.)	_____	_____		_____	_____
Interest - other . . . . .	_____	_____		_____	_____
Labor hired (less jobs credit) . . . . .	_____	_____		_____	_____
Pension & profit-sharing plans . . . . .	_____	_____		_____	_____
Rent - vehicles, machinery, & equip . . . . .	_____	_____		_____	_____
Rent - other (land, animals, etc.) . . . . .	_____	_____		_____	_____

Form 1099-G Unemployment Compensation

Name:

SSN:

Provide all copies of Form 1099-G

TSJ \_\_\_\_\_ Payer's Federal I.D. Number: \_\_\_\_\_

Payer's name: \_\_\_\_\_

Payer's address: \_\_\_\_\_

City: \_\_\_\_\_

U.S. only State, ZIP: \_\_\_\_\_

Foreign only Province/State, Country, Postal code: \_\_\_\_\_

Payer's phone: \_\_\_\_\_

Account number: \_\_\_\_\_

	2018	2017		2018	2017
Unemployment compensation . . .	_____	_____	<input type="checkbox"/> Trade/business		
Unemployment compensation repaid in current year . . . . .	_____	_____	Market gain . . . . .	_____	_____
State/local tax refunds/credits . .	_____	_____	State _____ State I.D. _____		
Tax year . . . . .	_____	_____	State unemployment . . . . .	_____	_____
Federal tax withheld . . . . .	_____	_____	State withholding . . . . .	_____	_____
RTAA payments . . . . .	_____	_____	<input type="checkbox"/> Unemployment benefits are from railroad		
Taxable grants . . . . .	_____	_____			
Agriculture . . . . .	_____	_____			

TSJ \_\_\_\_\_ Payer's Federal I.D. Number: \_\_\_\_\_

Payer's name: \_\_\_\_\_

Payer's address: \_\_\_\_\_

City: \_\_\_\_\_

U.S. only State, ZIP: \_\_\_\_\_

Foreign only Province/State, Country, Postal code: \_\_\_\_\_

Payer's phone: \_\_\_\_\_

Account number: \_\_\_\_\_

	2018	2017		2018	2017
Unemployment compensation . . .	_____	_____	<input type="checkbox"/> Trade/business		
Unemployment compensation repaid in current year . . . . .	_____	_____	Market gain . . . . .	_____	_____
State/local tax refunds/credits . .	_____	_____	State _____ State I.D. _____		
Tax year . . . . .	_____	_____	State unemployment . . . . .	_____	_____
Federal tax withheld . . . . .	_____	_____	State withholding . . . . .	_____	_____
RTAA payments . . . . .	_____	_____	<input type="checkbox"/> Unemployment benefits are from railroad		
Taxable grants . . . . .	_____	_____			
Agriculture . . . . .	_____	_____			

Form 1099-MISC

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

**Provide all copies of Form 1099-MISC**

TS \_\_\_\_\_ For \_\_\_\_\_ Payer's federal ID number: \_\_\_\_\_

Payer's name: \_\_\_\_\_

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

	2018	2017		2018	2017
Rents . . . . .	_____	_____	State _____ State I.D. _____	_____	_____
Royalties . . . . .	_____	_____	State tax withheld . . . . .	_____	_____
Other income . . . . .	_____	_____	State income . . . . .	_____	_____
Description _____			Name of locality _____		
Federal tax withheld . . . . .	_____	_____	Local tax withheld . . . . .	_____	_____
Fishing boat proceeds . . . . .	_____	_____	Local income . . . . .	_____	_____
Medical and health care payments . .	_____	_____	State _____ State I.D. _____	_____	_____
Non-employee compensation . . . . .	_____	_____	State tax withheld . . . . .	_____	_____
Substitute payments . . . . .	_____	_____	State income . . . . .	_____	_____
<input type="checkbox"/> Payer made direct sales of \$5,000 or more of consumer products			Name of locality _____		
Crop insurance proceeds . . . . .	_____	_____	Local tax withheld . . . . .	_____	_____
Excess golden parachute . . . . .	_____	_____	Local income . . . . .	_____	_____
Gross attorney proceeds . . . . .	_____	_____			
Taxable Proceeds . . . . .	_____	_____			
Section 409A deferrals . . . . .	_____	_____			
Section 409A income . . . . .	_____	_____			

**Pension, Annuities, Retirement, Etc. Distributions**

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

**Provide all Form(s) 1099-R, Form(s) 1099-SSA, etc.**

TS \_\_\_\_\_ Payer's name: \_\_\_\_\_ Payer's federal ID number: \_\_\_\_\_

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

	2018	2017	2018	2017
			State _____ State I.D. _____	
Disability indicator . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	State income tax withheld . . . . .	
Report as wages on 1040 . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	State distribution . . . . .	
Gross distribution . . . . .			Name of locality _____	
Taxable amount . . . . .			Local income tax withheld . . . . .	
Total distribution . . . . .	<input type="checkbox"/>		Local distribution . . . . .	
Capital gain . . . . .			State _____ State I.D. _____	
Federal income tax withheld . . . . .			State income tax withheld . . . . .	
Employee contributions or insurance premiums . . . . .			State distribution . . . . .	
Distribution code(s) . . . . .			Name of locality _____	
IRA/SEP/SIMPLE . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	Local income tax withheld . . . . .	
Your percentage of total distribution _____			Local distribution . . . . .	

TS \_\_\_\_\_ Payer's name: \_\_\_\_\_ Payer's federal ID number: \_\_\_\_\_

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

	2018	2017	2018	2017
			State _____ State I.D. _____	
Disability indicator . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	State income tax withheld . . . . .	
Report as wages on 1040 . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	State distribution . . . . .	
Gross distribution . . . . .			Name of locality _____	
Taxable amount . . . . .			Local income tax withheld . . . . .	
Total distribution . . . . .	<input type="checkbox"/>		Local distribution . . . . .	
Capital gain . . . . .			State _____ State I.D. _____	
Federal income tax withheld . . . . .			State income tax withheld . . . . .	
Employee contributions or insurance premiums . . . . .			State distribution . . . . .	
Distribution code(s) . . . . .			Name of locality _____	
IRA/SEP/SIMPLE . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	Local income tax withheld . . . . .	
Your percentage of total distribution _____			Local distribution . . . . .	

**Social Security Benefit Statement**

TS _____	2018	2017	TS _____	2018	2017
Net benefits . . . . .			Net benefits . . . . .		
Medicare premiums . . . . .			Medicare premiums . . . . .		
Income tax withheld . . . . .			Income tax withheld . . . . .		

## Adjustments

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

### Moving Expenses

TSJ \_\_\_\_\_

Select this box and complete the fields below if you are a member of the Armed Forces on active duty, and moved due to a military order for a permanent change of station.

	2018	2017
Enter the number of miles from your OLD home to your NEW workplace . . . . .	_____	_____
Enter the number of miles from your OLD home to your OLD workplace . . . . .	_____	_____
Enter the amount you paid for transportation and storage of household goods and personal effects . . . . .	_____	_____
Enter the amount you paid for travel and lodging expenses incurred during the move (do NOT include meals)	_____	_____
Enter the amount of moving expenses reimbursed to you by your employer . . . . .	_____	_____

### Self-Employed Health Insurance

TSJ \_\_\_\_\_

	2018	2017
Enter the qualified long term care amount . . . . .	_____	_____
Enter your Medicare wages from an S corporation . . . . .	_____	_____

### Self-Employed Pensions

TSJ \_\_\_\_\_

	2018	2017
Enter your plan contribution rate as a decimal . . . . .	_____	_____
Enter your allowable elective deferrals made during 2018 . . . . .	_____	_____
Enter your catch-up contributions . . . . .	_____	_____
Enter the amount of designated ROTH contributions included above . . . . .	_____	_____

### Nondeductible IRAs

TS \_\_\_\_\_

	2018	2017
Total traditional IRA contributions made for 2018 . . . . .	_____	_____
Total basis in traditional IRAs as of 12/31/2018 . . . . .	_____	_____
Distributions you received from traditional, SEP, and Simple IRAs. (Do not include rollovers) . . . . .	_____	_____
Amount of traditional IRAs converted to ROTH IRAs . . . . .	_____	_____
IRA basis before conversion . . . . .	_____	_____
Total ROTH IRA contributions made for 2018 . . . . .	_____	_____

### Health Savings Account

TSJ \_\_\_\_\_

	2018	2017
HSA contributions made for 2018 . . . . .	_____	_____
Total distributions from all HSAs during 2018 . . . . .	_____	_____
Distributions included above that were rolled over into another account . . . . .	_____	_____
Qualified medical expenses paid using HSA distributions . . . . .	_____	_____

### Noncash Charitable Contributions

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

TSJ \_\_\_\_\_ Donee I.D. \_\_\_\_\_

Name of donee organization \_\_\_\_\_

Address of donee organization \_\_\_\_\_

City \_\_\_\_\_

**U.S. only** State, ZIP \_\_\_\_\_

**Foreign only** Province/State, Country, Postal code \_\_\_\_\_

Description of donated property \_\_\_\_\_ Donor's cost or adjusted basis \_\_\_\_\_

Valuation method used \_\_\_\_\_ Fair market value \_\_\_\_\_

Physical condition of donated property \_\_\_\_\_ Average security price \_\_\_\_\_

How was it acquired? \_\_\_\_\_ Bargain sale price \_\_\_\_\_

Date acquired \_\_\_\_\_  Capital gain property

Date contributed \_\_\_\_\_

**Property type (if over \$5,000)**  Donated property is publicly traded security

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Art valued more than \$20,000                         | <input type="checkbox"/> Equipment                     | <input type="checkbox"/> Collectibles          |
| <input type="checkbox"/> Qualified conservation - qualified farmer/rancher     | <input type="checkbox"/> Art valued less than \$20,000 | <input type="checkbox"/> Intellectual Property |
| <input type="checkbox"/> Qualified conservation - non-qualified farmer/rancher | <input type="checkbox"/> Other real estate             | <input type="checkbox"/> Vehicles              |
| <input type="checkbox"/> Qualified conservation                                | <input type="checkbox"/> Securities                    | <input type="checkbox"/> Other                 |

TSJ \_\_\_\_\_ Donee I.D. \_\_\_\_\_

Name of donee organization \_\_\_\_\_

Address of donee organization \_\_\_\_\_

City \_\_\_\_\_

**U.S. only** State, ZIP \_\_\_\_\_

**Foreign only** Province/State, Country, Postal code \_\_\_\_\_

Description of donated property \_\_\_\_\_ Donor's cost or adjusted basis \_\_\_\_\_

Valuation method used \_\_\_\_\_ Fair market value \_\_\_\_\_

Physical condition of donated property \_\_\_\_\_ Average security price \_\_\_\_\_

How was it acquired? \_\_\_\_\_ Bargain sale price \_\_\_\_\_

Date acquired \_\_\_\_\_  Capital gain property

Date contributed \_\_\_\_\_

**Property type (if over \$5,000)**  Donated property is publicly traded security

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Art valued more than \$20,000                         | <input type="checkbox"/> Equipment                     | <input type="checkbox"/> Collectibles          |
| <input type="checkbox"/> Qualified conservation - qualified farmer/rancher     | <input type="checkbox"/> Art valued less than \$20,000 | <input type="checkbox"/> Intellectual Property |
| <input type="checkbox"/> Qualified conservation - non-qualified farmer/rancher | <input type="checkbox"/> Other real estate             | <input type="checkbox"/> Vehicles              |
| <input type="checkbox"/> Qualified conservation                                | <input type="checkbox"/> Securities                    | <input type="checkbox"/> Other                 |



### Other Income and Adjustments

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

#### Other Income

	2018 Taxpayer	2017 Taxpayer	2018 Spouse	2017 Spouse
Scholarships or grants not reported on Form W-2 . . . . .	_____	_____	_____	_____
State income tax refund (attach Forms 1099-G) . . . . .	_____	_____	_____	_____
Social Security Benefits (attach Forms 1099-SSA) . . . . .	_____	_____	_____	_____
Railroad Retirement Benefits (attach Forms 1099-RRB) . . . . .	_____	_____	_____	_____
Alimony received . . . . .	_____	_____	_____	_____
Unemployment compensation (attach Forms 1099-G) . . . . .	_____	_____	_____	_____
Unemployment compensation repaid in 2018 . . . . .	_____	_____	_____	_____
Gambling winnings (attach Forms W2-G) . . . . .	_____	_____	_____	_____
Alaska Permanent Fund . . . . .	_____	_____	_____	_____
ABLE distributions . . . . .	_____	_____	_____	_____
Other income: _____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

#### Adjustments

	2018 Taxpayer	2017 Taxpayer	2018 Spouse	2017 Spouse
Educator expenses (If you are an educator, enter the amount you paid for classroom supplies) . . . . .	_____	_____	_____	_____
Contributions made to a Health Savings Account (HSA) . . . . .	_____	_____	_____	_____
Contributions made to a Self-Employed Pension plan (SEP) . . . . .	_____	_____	_____	_____
Payments made for Self-Employed Health Insurance for you, your spouse, or dependents . . . . .	_____	_____	_____	_____
Alimony paid				
Name: _____ SSN: _____	_____	_____	_____	_____
Name: _____ SSN: _____	_____	_____	_____	_____
Contributions made to an Individual Retirement Account (IRA) . . . . .	_____	_____	_____	_____
Contributions made to a Roth IRA . . . . .	_____	_____	_____	_____
Contributions made to a myRA . . . . .	_____	_____	_____	_____
Interest paid on a student loan . . . . .	_____	_____	_____	_____
Other adjustments: _____	_____	_____	_____	_____

**Schedule A - Itemized Deductions**

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

<b>Medical and Dental Expenses</b>	
2018	2017
Health insurance premiums (paid by you) _____	
Long-term care premiums (you) . . . _____	
Long-term care premiums (your spouse) _____	
Long-term care premiums (dependents) _____	
Mileage driven for medical purposes . . _____	
Medical and dental expenses (list) . . . _____	
_____	
_____	
_____	
_____	
_____	
_____	
_____	
_____	
_____	

<b>Charitable Contributions</b>	
2018	2017
Donations to charity (cash) . . . . _____	
Hurricane relief contributions . . . _____	
Miles driven for charitable purposes _____	
Donations to charity (noncash) . . _____	
If noncash donations are greater than \$500, list below	
_____	
_____	
_____	
_____	
_____	
_____	
_____	

<b>Taxes Paid</b>	
State and local income taxes . . . . . _____	
Sales tax . . . . . _____	
Real estate taxes . . . . . _____	
Personal property taxes . . . . . _____	
Other taxes (list) _____	
_____	
_____	

<b>Other Miscellaneous Deductions</b>	
Amortizable bond premiums . . _____	
Federal estate tax . . . . . _____	
Gambling losses . . . . . _____	
Impairment-related work expenses _____	
Claim repayments . . . . . _____	
Unrecovered pension investments _____	
Schedule K-1 . . . . . _____	
Ordinary loss debt instrument . _____	

<b>Interest Paid</b>	
Mortgage interest paid (attach Form 1098) _____	
<input type="checkbox"/> Some of your home mortgage loan was not used to buy, build, or improve your home	
Mortgage interest paid to an individual _____	
Paid to:	
Name _____	
Address _____	
City, State, ZIP _____	
SSN or EIN _____	
Qualified mortgage insurance premiums _____	
Investment interest . . . . . _____	

<b>Job Expenses &amp; Certain Miscellaneous Deductions</b>	
Necessary job expenses you paid that were not reimbursed by your employer (list)	
_____	
_____	
_____	
_____	
Tax preparation fees . . . . . _____	
Other nonpersonal expenses related to taxable income (list)	
_____	
_____	
_____	
Investment expenses not entered elsewhere . . . . . _____	

## Mortgage Interest

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

**Provide all copies of Form 1098**

TSJ \_\_\_\_\_ For \_\_\_\_\_ Business name \_\_\_\_\_ Product \_\_\_\_\_

Recipient/Lender information: \_\_\_\_\_ Federal ID # \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

	2018	2017		2018	2017
Mortgage interest received . . . .	_____	_____	Points paid . . . . .	_____	_____
Outstanding mortgage principal . .	_____	_____	Real estate taxes paid . . . . .	_____	_____
Mortgage insurance premiums . .	_____	_____	Account number _____		

TSJ \_\_\_\_\_ For \_\_\_\_\_ Business name \_\_\_\_\_ Product \_\_\_\_\_

Recipient/Lender information: \_\_\_\_\_ Federal ID # \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

	2018	2017		2018	2017
Mortgage interest received . . . .	_____	_____	Points paid . . . . .	_____	_____
Outstanding mortgage principal . .	_____	_____	Real estate taxes paid . . . . .	_____	_____
Mortgage insurance premiums . .	_____	_____	Account number _____		

TSJ \_\_\_\_\_ For \_\_\_\_\_ Business name \_\_\_\_\_ Product \_\_\_\_\_

Recipient/Lender information: \_\_\_\_\_ Federal ID # \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

	2018	2017		2018	2017
Mortgage interest received . . . .	_____	_____	Points paid . . . . .	_____	_____
Outstanding mortgage principal . .	_____	_____	Real estate taxes paid . . . . .	_____	_____
Mortgage insurance premiums . .	_____	_____	Account number _____		

TSJ \_\_\_\_\_ For \_\_\_\_\_ Business name \_\_\_\_\_ Product \_\_\_\_\_

Recipient/Lender information: \_\_\_\_\_ Federal ID # \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

	2018	2017		2018	2017
Mortgage interest received . . . .	_____	_____	Points paid . . . . .	_____	_____
Outstanding mortgage principal . .	_____	_____	Real Estate taxes paid . . . . .	_____	_____
Mortgage insurance premiums . .	_____	_____	Account number _____		

## Employee Business Expense

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

### Employee Business Expense

TSJ \_\_\_\_\_ Occupation \_\_\_\_\_

- You are a qualifying performing artist
- You are a fee-based state or local government official
- You are a disabled employee with impairment-related work expenses
- You are a reservist
- You are a member of the clergy

#### Part I - Employee Business Expense and Reimbursements

	2018	2017
Rural mail carrier . . . . .		
Parking fees, tolls, and local transportation, including train, bus, etc. . . . .		
Travel expense while away from home overnight, including lodging, airplane, car rental, etc. <b>Do not</b> include meals and entertainment . . . . .		
Other business expenses . . . . .		
Meals and entertainment expenses . . . . .		
DOT meals . . . . .		
Enter reimbursements received from your employer that were <b>not</b> reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 on your Form W-2 for . . . . .		
Other business expenses . . . . .		
Meals and entertainment expenses . . . . .		
Portion of total expenses that is for impairment-related work expenses of disabled employee . . . . .		
Portion of total expenses that is for an Armed Forces reservist . . . . .		

### Business Vehicle Expenses

	Vehicle 1		Vehicle 2	
	2018	2017	2018	2017
Enter the date vehicle was placed in service . . . . .				
Total miles vehicle was driven during 2018 . . . . .				
Business miles . . . . .				
Average daily roundtrip commuting distance . . . . .				
Commuting miles included in total miles above . . . . .				
Taxes . . . . .				
Gasoline, oil, repairs, vehicle insurance, etc. . . . .				
Vehicle rentals . . . . .				
Inclusion amount . . . . .				
Value of employer-provided vehicle (applies only if 100% annual lease value was included on Form W-2) . . . . .				
Enter cost or other basis . . . . .				
Enter section 179 deduction . . . . .				
Enter depreciation percentage . . . . .				

- If your employer provided a vehicle, was personal use during off duty hours permitted?  Yes  No
- Do you or your spouse have another vehicle available for personal use? . . . . .  Yes  No
- Do you have evidence to support your deduction? . . . . .  Yes  No
- If "Yes," is the evidence written? . . . . .  Yes  No

## Auto Expense Worksheet

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

### General Information

For \_\_\_\_\_

Business name and profession/product \_\_\_\_\_

Description \_\_\_\_\_

Date placed in service \_\_\_\_\_

Do you or your spouse have another vehicle available for personal use?  Yes  No

Was this vehicle available for use during off-duty hours?  Yes  No

Do you have evidence to support your deduction?  Yes  No

If "Yes," is the evidence written?  Yes  No

Enter the number of miles your vehicle was used for:

	2018	2017		Prior year total
a Business . . . . .	_____		Business	
b Commuting . . . . .	_____		Total	
c Other . . . . .	_____			

### Expenses

	2018	2017
Garage rent . . . . .	_____	
Gas . . . . .	_____	
Insurance . . . . .	_____	
Licenses . . . . .	_____	
Oil . . . . .	_____	
Parking fees . . . . .	_____	
Rental fees . . . . .	_____	
Interest . . . . .	_____	
Property tax . . . . .	_____	
Repairs . . . . .	_____	
Tires . . . . .	_____	
Tolls . . . . .	_____	
Lease addbacks . . . . .	_____	
Other expenses (list):	Apply business %	
_____ <input type="checkbox"/>	_____	
_____ <input type="checkbox"/>	_____	
_____ <input type="checkbox"/>	_____	

### Expenses for Business Use of Your Home

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

#### Business Use of Home

TSJ \_\_\_\_\_ For \_\_\_\_\_

	2018	2017
Square feet of home used exclusively for business . . . . .		
Total square feet of home . . . . .		

#### Use of Home for Daycare

	2018	2017
Area used part time for business . . . . .		
Total hours used for daycare . . . . .		
Total hours available . . . . .		

Did you live in the home all year?  Yes  No

#### Expenses

	Office expenses		Home expenses		
	2018	2017	2018	2017	
Mortgage interest . . . . .					In the "Office expenses" column, enter those expenses that pertain exclusively to your office; in the "Home expenses" column, enter those expenses that pertain to the entire dwelling.
Real estate taxes . . . . .					
Excess mortgage interest . . . . .					
Insurance . . . . .					
Rent . . . . .					
Repairs & maintenance . . . . .					
Utilities . . . . .					
Other expenses . . . . .					

#### Cost of Home

	2018	2017
Enter the <b>smaller</b> of your home's adjusted basis or its fair market value . . . . .		
Does this include the value of the land? <input type="checkbox"/> Yes <input type="checkbox"/> No . . . . . Value of land		
Date placed in service . . . . .		
Date taken out of service . . . . .		

## Asset Listing for 2018

Name:

SSN:

For	Multi	Description of property	Placed in service	Cost/Basis	Method	Life	Prior depreciation	Sec 179 exp	Date sold	Sales price	Expense of sale

Foreign Earned Income

Name:

SSN:

Part I - General Information

Taxpayer's foreign address

Street 1 . . . . .

Street 2 . . . . .

Foreign city . . . . .

Province/State . . . . . Country Postal code

Occupation . . . . .

Employer's name . . . . .

Employer's U.S. address

Street . . . . .

City . . . . . ST Zip

Employer's foreign address

Street 1 . . . . .

Street 2 . . . . .

City . . . . .

Province/State . . . . . Country Postal code

Employer is: (check any that apply)

- A foreign entity A U.S. company Self A foreign affiliate of a U.S. company Other (specify):

If you have previously filed Form 2555, enter the last year you filed Form 2555.

If you claimed an exclusion in an earlier year, have you ever revoked your choice? Yes No

If yes, give the type of exclusion and tax year

Of which country are you a citizen?

Did you maintain a separate foreign residence for your family because of adverse living conditions at your tax home? Yes No

If yes, enter the city and country of the separate foreign residence. Also, show the number of days during your tax year that you maintained a second household at that address.

Table with 2 columns: City and country, Number of days

List your tax homes during your tax year and dates established

Table with 2 columns: Home, Date established



## Foreign Earned Income

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

### Part II - Bona Fide Residence Test

Date bona fide residence began \_\_\_\_\_, ended \_\_\_\_\_

Type of living quarters in foreign country  Purchased house  Rented house or apartment  
 Rented room  Quarters furnished by employer

Did any of your family live with you abroad during any part of the tax year? . . . . .  Yes  No  
 If yes, who and for what period Relationship For what period

_____	_____
_____	_____
_____	_____

Have you submitted a statement to the authorities of the foreign country where you claim bona fide residence that you are not a resident of that country? . . . . .  Yes  No

Are you required to pay income tax to the country where you claim bona fide residence? . . . . .  Yes  No

If you were present in the United States during the tax year, enter the information below.

Date arrived in U.S.	Date left U.S.	Number of days in U.S. on business	Income earned in U.S. on business		Date arrived in U.S.	Date left U.S.	Number of days in U.S. on business	Income earned in U.S. on business
_____	_____	_____	_____		_____	_____	_____	_____
_____	_____	_____	_____		_____	_____	_____	_____
_____	_____	_____	_____		_____	_____	_____	_____

List any contractual terms or other conditions relating to the length of your employment abroad:  
 \_\_\_\_\_

List the type of visa under which you entered the foreign country: \_\_\_\_\_

Did your visa limit the length of your stay or employment in a foreign country? . . . . .  Yes  No

If yes, explain \_\_\_\_\_

Did you maintain a home in the United States while living abroad? . . . . .  Yes  No

If yes, enter the address of your home, whether it was rented, the names of the occupants, and their relationship to you

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Name of occupant \_\_\_\_\_ Relationship of occupant \_\_\_\_\_

\_\_\_\_\_

Was the home rented?

### Part III - Physical Presence Test

The physical presence test is based on the 12-month period from: \_\_\_\_\_ through: \_\_\_\_\_

Enter your principal country of employment during your tax year: \_\_\_\_\_

Enter all travel abroad during the 12-month period shown above. Exclude travel between foreign countries that did not involve travel on or over international waters, or in or over the United States, for 24 hours or more. If the last entry is an arrival in a foreign country, enter the number of full days to the end of the 12-month period. If you have no travel to report during the period, write in the schedule "physically present in a foreign country or countries for the entire 12-month period." **Do not** include the income listed in the last column below in Part IV, but report it on Form 1040.

Name of country (including U.S.)	Date arrived	Date left	Full days present in country	Number of days in U.S. on business	Income earned in U.S. on business (attach computation)
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**Foreign Earned Income**

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

**Part IV - Foreign Earned Income**

**2018**

**2017**

Total wages, salaries, bonuses, commissions, etc. . . . .	_____	_____
Allowable share of income for personal services performed:		
In a business (including farming) or profession . . . . .	_____	_____
In a partnership (list name, address, and type of income)	_____	_____

**Noncash income:**

Home (lodging) . . . . .	_____	_____
Meals . . . . .	_____	_____
Car . . . . .	_____	_____
Other property or facility _____ (specify) _____	_____	_____

**Allowances, reimbursements, or expenses paid on your behalf for services performed:**

Cost of living and overseas differential . . . . .	_____	_____
Family . . . . .	_____	_____
Education . . . . .	_____	_____
Home leave . . . . .	_____	_____
Quarters . . . . .	_____	_____
Other (specify) _____	_____	_____
Other foreign earned income _____ (specify): _____	_____	_____
Meals and lodging that are excludable . . . . .	_____	_____

**For Taxpayers Claiming the Housing Exclusion or Deduction**

**2018**

**2017**

Qualified housing expenses for the tax year . . . . .	_____	_____
Location where housing expenses incurred _____		
Limit on housing expenses . . . . .	_____	_____
Enter the number of days in qualifying period that fall within your 2018 tax year . . . . .	_____	_____
Enter employer-provided amounts . . . . .	_____	_____

**For Taxpayers Claiming the Foreign Earned Income Exclusion**

**2018**

**2017**

Enter the number of days in qualifying period that fall within your 2018 tax year . . . . .	_____	_____
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Residential Energy Credits

Name:

SSN:

TSJ \_\_\_\_\_

Part I - Residential Energy Efficient Property Credit

Qualified solar electric property costs . . . . . \_\_\_\_\_

Qualified solar water heating property costs . . . . . \_\_\_\_\_

Qualified small wind energy property costs . . . . . \_\_\_\_\_

Qualified geothermal heat pump property costs . . . . . \_\_\_\_\_

Was qualified fuel cell property installed on or in your main home in U.S.?  Yes  No

Address of main home \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Qualified fuel cell property costs . . . . . \_\_\_\_\_

Kilowatt capacity of property on line 22 . . . . . \_\_\_\_\_

Amount of unused credit from 2017 Form 5695, line 28 . . . . . \_\_\_\_\_

Part II - Nonbusiness Energy Property Credit

Were improvements or costs made to your main home located in the US?  Yes  No

Address of main home \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Were improvements or costs related to the construction of this main home?  Yes  No

Enter the nonbusiness energy property credit that you took in:

2006 \_\_\_\_\_ 2009 \_\_\_\_\_ 2011 \_\_\_\_\_ 2013 \_\_\_\_\_ 2015 \_\_\_\_\_ 2017 \_\_\_\_\_

2007 \_\_\_\_\_ 2010 \_\_\_\_\_ 2012 \_\_\_\_\_ 2014 \_\_\_\_\_ 2016 \_\_\_\_\_

Qualified Energy Efficient Improvements

Insulation material or systems primarily designed to reduce heat loss or gain . . . . . \_\_\_\_\_

Exterior doors that meet or exceed Energy Star requirements . . . . . \_\_\_\_\_

Metal or asphalt roof with appropriate pigmented coatings designed to reduce heat gain . . . . . \_\_\_\_\_

Exterior windows and skylights that meet or exceed Energy Star requirements . . . . . \_\_\_\_\_

Enter the amount of window expense you claimed in:

2006 \_\_\_\_\_ 2009 \_\_\_\_\_ 2011 \_\_\_\_\_ 2013 \_\_\_\_\_ 2015 \_\_\_\_\_ 2017 \_\_\_\_\_

2007 \_\_\_\_\_ 2010 \_\_\_\_\_ 2012 \_\_\_\_\_ 2014 \_\_\_\_\_ 2016 \_\_\_\_\_

Residential Energy Property Costs

Energy efficient building property costs . . . . . \_\_\_\_\_

Qualified natural gas, propane, or oil furnace or hot water boiler . . . . . \_\_\_\_\_

Advanced main air circulating fan used in a natural gas, propane, or oil furnace . . . . . \_\_\_\_\_

Education Credits and Deduction

Name:

SSN:

Provide all Form(s) 1098-T

Student's first and last name: \_\_\_\_\_ SSN: \_\_\_\_\_

Yes

Has the Hope Scholarship Credit or American Opportunity Credit been claimed for this student for a total of four times in any prior years? . . . . .

Was the student enrolled at least half time for at least one academic period that began in 2018 at an eligible education institution in a program leading toward a post-secondary degree, certificate, or other recognized post-secondary educational credential? . . . . .

Did the student complete the first four years of post-secondary education before 2018? . . . . .

Was the student convicted, before the end of 2018, of a felony for possession or distribution of a controlled substance? . . . . .

Is the student pursuing a degree? . . . . .

Number of years the American Opportunity Credit has been claimed for this student \_\_\_\_\_

	2018	2017
Total qualified education expenses (including the cost of books, supplies, and equipment) that were REQUIRED to be paid directly to the educational institution . . . . .	_____	_____
ADDITIONAL qualified education expenses that were NOT required to be paid directly to the educational institution . . . . .	_____	_____
Tax-free education assistance received in 2018 allocable to the academic period . . . . .	_____	_____
Tax-free education assistance received in 2019 (and before 2018 return is filed) allocable to the academic period . . . . .	_____	_____
Refunds of qualified education expenses paid in 2018 if the refund is received before the 2018 return is filed . . . . .	_____	_____

Educational Institution Name: \_\_\_\_\_

Educational Institution Name: \_\_\_\_\_

Student's first and last name: \_\_\_\_\_ SSN: \_\_\_\_\_

Yes

Has the Hope Scholarship Credit or American Opportunity Credit been claimed for this student for a total of four times in any prior years? . . . . .

Was the student enrolled at least half time for at least one academic period that began in 2018 at an eligible education institution in a program leading toward a post-secondary degree, certificate, or other recognized post-secondary educational credential? . . . . .

Did the student complete the first four years of post-secondary education before 2018? . . . . .

Was the student convicted, before the end of 2018, of a felony for possession or distribution of a controlled substance? . . . . .

Is the student pursuing a degree? . . . . .

Number of years the American Opportunity Credit has been claimed for this student \_\_\_\_\_

	2018	2017
Total qualified education expenses (including the cost of books, supplies, and equipment) that were REQUIRED to be paid directly to the educational institution . . . . .	_____	_____
ADDITIONAL qualified education expenses that were NOT required to be paid directly to the educational institution . . . . .	_____	_____
Tax-free education assistance received in 2018 allocable to the academic period . . . . .	_____	_____
Tax-free education assistance received in 2019 (and before 2018 return is filed) allocable to the academic period . . . . .	_____	_____
Refunds of qualified education expenses paid in 2018 if the refund is received before the 2018 return is filed . . . . .	_____	_____

Educational Institution Name: \_\_\_\_\_

Educational Institution Name: \_\_\_\_\_

### Energy Credits

Name:

SSN:

#### Form 8936 - Qualified Plug-in Electric Drive Motor Vehicle Credit

TSJ _____	Vehicle 1	Vehicle 2
Year of vehicle . . . . .	_____	_____
Make of vehicle . . . . .	_____	_____
Model of vehicle . . . . .	_____	_____
How many wheels does the vehicle have? . . . . .	_____	_____
Vehicle Identification Number . . . . .	_____	_____
Date vehicle was placed in service . . . . .	_____	_____
Tentative credit . . . . .	_____	_____
Business/investment use percentage . . . . .	_____	_____
Section 179 expense deduction . . . . .	_____	_____

#### Form 8910 - Alternative Motor Vehicle Credit

TSJ _____	Vehicle 1	Vehicle 2
Year of vehicle . . . . .	_____	_____
Make of vehicle . . . . .	_____	_____
Model of vehicle . . . . .	_____	_____
Vehicle Identification Number . . . . .	_____	_____
Date vehicle was placed in service . . . . .	_____	_____
Tentative credit . . . . .	_____	_____
Business/investment use percentage . . . . .	_____	_____

### Credit for Small Employer Health Insurance Premiums

Name: \_\_\_\_\_

SSN: \_\_\_\_\_



TSJ \_\_\_\_\_

Complete the columns below for all eligible employees. Eligible employees do not include business owners, partners, shareholders who own more than 2%, family members, etc.

Complete the columns below for each employee enrolled in health insurance coverage provided under qualifying arrangement.

Employee identifier	Hours of service		Wages paid		Employer premiums paid		State average premiums
	2018	2017	2018	2017	2018	2017	

Employer identification number used to report employment taxes for above individuals . . . . . \_\_\_\_\_

Total amount of any state premium subsidies paid and any state tax credits available . . . . . \_\_\_\_\_

