

Personal Information

If anything changed from prior year, check this box.

Taxpayer

Spouse

First Name & Initial						
Last Name						
Social Security No						
Date of Birth						
Drivers License #						
State/Issue Date/Expiration						
Occupation						
Home Phone						
Cell Phone						
E-Mail Address						
Street Address					Apt No	
City				State		Zip

Filing Status Single MFJ HOH MFS

Dependents

Name	Relationship	Date of Birth	Social Security Number	Months Living with you	Student Disabled	Gross Income
					\	
					\	
					\	
					\	

	Yes	No
Do you have health insurance coverage?		
Did you receive unemployment or Disability Income?		
Did you purchase, sell or refinance any of your homes or take an equity loan?		
Did you convert a traditional/SEP/SIMPLE IRA to a Roth IRA?		
Can you be claimed as a dependent on another persons tax return?		
Did you foreclose, file bankruptcy, or have repossession procedures?		
Do you have any income from foreign country?		
Did you make any purchases from catalog or internet and not pay sales tax?		
Did you have any education expenses for you or dependents?		

Required Document Check List

<input type="checkbox"/> Bring All Wage Statements (W-2's)	<input type="checkbox"/> Bring Soc Security/Railroad Benefits (SSA-1099)
<input type="checkbox"/> Bring All Pension, Annuity IRA Documents (1099-R)	<input type="checkbox"/> Bring Interest Income Statements (1099-INT)
<input type="checkbox"/> Bring All Trust & Estate Documents (K-1's)	<input type="checkbox"/> Bring Dividend Income Documents (1099-DIV)
<input type="checkbox"/> Bring Property Sold Documents (1099-S)	<input type="checkbox"/> Bring Day Care Statements
<input type="checkbox"/> Bring Real Estate Tax Bill	<input type="checkbox"/> Bring Home Refinancing Documents
<input type="checkbox"/> Bring Health Ins Marketplace Statements (1095's)	<input type="checkbox"/> Bring Education Forms (1098-T, 1099-Q)

Adjustments to Income

Alimony Paid	
Name _____	SSN _____
Amount Paid:	\$ _____
IRA/SEP Contribution Taxpayer	\$ _____
IRA/SEP Contribution Spouse	\$ _____
Student Loan Interest	\$ _____
Health Savings Account	\$ _____

Other Income

Alimony Received	\$ _____
Gambling/Lottery Winnings (Bring W-2 G's)	\$ _____
Jury Duty	\$ _____
Disability Income	\$ _____
State Income Tax Refund	\$ _____
Other	\$ _____

Investments Sold

Bring All 1099-B's and Confirmation slips

Investment	Date Acquired	Date Sold	Basis	(cost)	Sale Price

State Information

If rent paid: Amount No Months W / Heat Y/N
 \$ _____ _____ _____
 \$ _____ _____ _____

Health/Long Term Care Insurance

	Yes	No
Amount Paid for health insurance - employer paid a portion		
Amount Paid for health insurance - not employed or retired		
Amount Paid for health insurance - employer did not contribute		

Note: If health insurance premiums are deducted pre-tax, disregard.

Estimated Tax Payments

	Federal		State
Prior Year - Jan 16, 2019	_____	Prior Year - Jan 16, 2019	_____
1st Qtr - Apr 17, 2019	_____	1st Qtr - Apr 17, 2019	_____
2nd Qtr - Jun 15, 2019	_____	2nd Qtr - Jun 15, 2019	_____
3rd Qtr - Sep 17, 2019	_____	3rd Qtr - Sep 17, 2019	_____
4th Qtr - Jan 15, 2020	_____	4th Qtr - Jan 15, 2020	_____
Total	<u>_____</u>	Total	<u>_____</u>

Itemized Deductions

Medical Dental Expenses

Medical Ins Prem (pd by you) _____
 Long Term Care Insurance _____
 Prescription Drugs _____
 Glasses, Contacts _____
 Hearing Aids, Batteries _____
 Medical Equipment, Supplies _____
 Hospital _____
 Doctor, Dentist, Specialist _____
 Medical Miles _____ Miles
 Other _____

Charitable Contributions (Receipts Required)

Church Cash Contributions _____
 You must have receipts for cash contributions
 Other Cash Contributions _____
 Donated Goods _____
 Must have receipts from organization
 Organization donated to _____
 Address _____
 Volunteer mileage _____ Miles

Real Estate Taxes Paid

Real Estate Taxes -Prin Residence _____
 Other Real Estate Taxes _____
 Personal Property Tax _____
 Sales Tax _____
 Other _____

Bring Tax Bills

Miscellaneous Expenses

Gambling Losses * _____
 Other _____
 Other _____
 Other _____

Mortgage Interest Expense

Mort Int Paid - Bring 1098 _____
 Equity Line of Credit _____
 Use of Equity Loan _____
 Interest pd to others - no 1098 _____
 Paid to: Name _____
 Address _____
 _____ _____
 Soc Sec No/EIN _____

Investment Interest _____

* Gambling losses require documented substantiation.

Day Care Expenses

Children cared for	_____	Provider 2	_____
Provider 1	_____	Address	_____
Address	_____		
Soc Sec No/EIN	Amt Pd	Soc Sec No/EIN	Amt Pd

Schedule C Business Income and Expenses The IRS has determined that small business owners are very likely candidates to make mistakes applying the tax law. Accordingly, anticipate more audits for business owners in the near future. Please review the following information carefully to assure compliance with the law.

Business Name _____

Total Sales \$ _____ Owner Taxpayer Spouse

Holding deposits until next year is *not* a tax planning item. IRS requires all receipt to be reported in the year received. If there are absorbent deposits that occur following the year end, photo copy all checks being deposits to confirm the payment dates.

Credit Cards - Do you accept credit cards from your customers? If you have transactions exceeding \$20,000 and more than 200 transactions, your credit card service is required to send a 1099-K to you. Bring all 1099's to your appointment (1099-K's, 1099-Misc)

During 2018, did you refinance using your primary resident to secure a business loan? Bring all Paperwork.

Balance on note prior to re-finance: _____ Balance on Note at 12-31: _____

Expenses

Advertising	_____	*Repairs & Maintenance	_____
Business Mileage # _____	_____	Supplies	_____
Commissions	_____	Taxes	_____
Contract Labor	_____	**Telephone	_____
Dues & Subscriptions	_____	Tools & Equipment	_____
Insurance (Other than Health Ins)	_____	Travel Expenses	_____
Interest - Mortgage	_____	Uniforms	_____
Interest - Other	_____	Utilities	_____
Legal & Professional Fees	_____	Vehicle Expense	_____
Meals & Entertainment	_____	Wages	_____
Office Expense	_____	Employee Health Ins (see back)	_____
Rent - Building	_____	Other	_____
Rent - Equipment	_____	Other	_____

*Do any amounts shown in Repairs and Maintenance add value to the property, prolong, useful life, or adapt it to new uses? If so, these amounts can be depreciated. Bring in description of alteration, cost, and in service date.

**Cell Phones: Does the business blend itself in such a manner that a cell phone is an ordinary and necessary component of the business? Is the cell phone on your business card? Is the cell phone number listed on your letterhead and/or yellow page advertising?

Cost of Goods Sold

Beginning Inventory	_____
Purchases	_____
Less Personal Use	(_____)
Direct Labor	_____
Supplies	_____
Other	_____
Ending Inventory	_____

Credit Card purchases - Did you use a credit card for business purchases? Payment by credit card is considered to be a payment of cash at the time of the charge, not at the time when the credit card company is paid. Please bring a copy of December 31st credit card statement with business purchases.

Schedule C Home Office Expenses

Is a home office used for administrative or management activities for business? _____

Total Square Feet of Home _____ Purchase Price of Residence _____

Total Square Feet of Office _____ *Bring in Real Estate Tax Bill for 2018* _____

Simplified method available. Square footage of office space x \$5 for maximum of \$1,500 deduction.

Expenses: Mortgage Insurance _____ Property Insurance _____
Real Estate Taxes _____ Utilities _____

