2018		
	Miscellaneous Information	
Name:	SSN:	
Persor	onal Information	
Yes M	No Did your marital status change during the year?	
	 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) 	
Depen	endent Information	
	 Did you have any changes in dependents during the year? If "Yes," explain	
	 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	th 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 	
	 Did you receive any distributions from a Health Savings Account (HSA), Archer MSA, or Medicare Advantage MSA during the 	, ,
Incom	me, 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 start a new 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 sell any stocks, bonds, or other investments during the year? Did you alar a principal residence during the year? Did you ave 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 abandon a principal residence or a piece of real property during the year? Did you refinance your principal nome or second home or take out a home equity loan during the year? Id you sell escrow, closing, and other pertinent documentation and information. Did you sell, exchange, or purchase any seate during the year? Did you sell, exchange, or purchase any real estate during the year? Did you sell, exchange, or purchase any real estate during the year? Did you sell escrow, closing, and other pertinent documentation and information. Did you sell, exchange, or purchase any partnership or S corporation? Did you acquire a new or additional interest in a partnership or S corporation? Did you acquire a new or additional interest in a partnership or S corporation? Did you have any debts canceled or forgiven this year? Did you	
Itemize	If "Yes," provide the year, make, model, VIN, and date the vehicle was placed in service.	
	 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? 	

018	Missellansous Information	
	Miscellaneous Information	
ame:		SSN:
	Deduction Information (continued)	
'es		
Ц	Did you make cash donations to charity during the year?	
	Did you make noncash donations to charity (clothes, furniture, etc.) during the year?	
L	Did you donate a boat or vehicle during the year? If "Yes " attach Form 1098-C	
	If "Yes," attach Form 1098-C. Did you have gambling winnings or losses during the year?	
H	Did you have gambling winnings of losses during the year? Did you have any job-related expenses that were not reimbursed by your employer (uniforms, safety equip	ment etc.)?
Н	Did you use your vehicle on the job other than for commuting to work?	mont, oto.y.
	Did you work out of town at any time during the year?	
Retir	Information	
	Did you receive any payments from a pension, profit sharing, or 401(k) plan during the year? Did you make any withdrawals <u>f</u> rom or contributions to an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), myRA.	ar other qualified
Ц 	retirement plan during the year?	, or other quanned
	Did you receive any Social Security benefits during the year?	
Educ	n Information	
	Did you pay tuition expenses that were required for attending college, university, or vocational school for you	ourself, 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?	
H	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 Tu	uition Program during the year?
	Did you make a contribution to or receive a distribution from an Education Savings Account or Quanied Tu Did you pay student loan interest for yourself, your spouse, or your dependent(s) during the year?	Illon Frogram during the jean.
Mii 300	eous Information	
\Box	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?	
	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?	
П	Did you incur moving expenses during the year?	
H	Did you make any energy-efficient improvements to your main home during the year?	
Ц	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?	
	f 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.	
\Box	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?	
Forei	ccount Information	
	Did you have a financial interest in or signature authority over a financial account or asset located in a fore	ign country?
Ц	Did you receive a distribution from, or were you a grantor of, or transferor to, a foreign trust?	
Ц	Did you have any income from, or pay taxes to, a foreign country?	
Ц	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?	
	Did the aggregate value of your foreign accounts exceed \$10,000 at any time during the year?	
Prepa	Notes	
-Misce	eous Notes	

2018 Summary Organizer Personal and Dependent Information

Persona	al Infor	mation												
				Name						SSN		Date o	of birth	Healthcare coverage ALL year
Taxpayer														
Spouse														
Street add	dress, city	/, state, an	d ZIP											
			Oce	cupation				Daytime phone		Evening	phone		Cell p	hone
Taxpayer														
Spouse	•													
Taxpayer	email													
Spouse ei	mail													
Marital Sta	itus at enc	l of 2018								<u>Taxpa</u>	<u>iyer</u>		<u>Spo</u>	<u>use</u>
Married						Are you				Yes		No		
Married Single	l filing se	parately				Are you Are you		bled? I-time student?		Ves Yes		10 10	Yes Yes	=
Widow(pouse died i ter the date o				Do you w	vant	\$3 to go to the Election Campaign Fu	nd?	Yes		No	 Ye:	
Depend	dent Info	ormatio	n											
		First an	d last name			SSN		Relationship	Mont in hom	Date o	of birth	Disable		Healthcare coverage
										e			student	ALL year
	1		~1											
		quirea to f	ile a return											
Estimat	tes			Federal				Resident state					dent city	
Overpaym from 2017	ient appli	ed	Date paid	· · · · ·	Amount		Date	paid Ar	nount		Date pai	id		Amount
First quart	er													
Second qu	uarter													
Third quar	ter													
Fourth qua	arter													
Additional	payment	s												
Accoun	nt Inforr	nation f	or Deposit	s or Withdra	wals									
			Bank		Bank		Type of a	ccount		Use this a	ccount for			
		Name o	fbank		ro	uting numbe	ər	account number	C	hecking	Savin	gs I	Deposits	Withdrawals
									-					
A	4 ma a 4 -	- f	•											
Appoint														
Your 2018	8 appoint	ment is s	cheduled for											

Healthcare Coverage Questionnaire

SSN:

Name: SSN:							
Hea	lthcar	e 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 a	anyone listed above?				
		Did you pay for healthcare coverage for anyone not listed above?					
		coverage for any part of the year:					
	Where	was the policy obtained?					
lf voi	ı didn'	Employer / Medicare / Medicaid / Marketplace(Exchange) / Other t have coverage part or all of the year:					
-		S 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 violenceRecently experienced the death of a close family member					
		 Recently experienced the death of a close family member Recently experienced a fire, flood, or other natural or human-caused dist that resulted in substantial damage to your property 	aster				
		Filed for bankruptcy in the last six months					
		Incurred unreimbursed medical expenses in the last 24 months that resu	ilted in substantial de	bt			
		 Experienced unexpected increases in essential expenses due to caring f ill, disabled, or aging family member 	for an				

<u>2018</u>

Income	SSN	
	55N	:
Wages & Salaries Provide all copies of Form W-2		
	2018 federal	2017 federal
Employer name	wages	wages
	<u></u>	
Retirement		
rovide all copies of Form 1099-R		
	2018	2017
Payer name	distribution	distribution
Form 1099-Misc Income		
rovide all copies of Form 1099-MISC (* Also reported on Schedule C or E)		
Payer name	2018 amount	2017 amount

income 2018 ordinary dividends	2017 ordinary dividends	SSN: 2018 qualified	2017
2018 ordinary	ordinary	qualified	
2018 ordinary	ordinary	qualified	
dividends	dividonde		qualified
	GIAIGEURS	dividends	dividends
·			
at report interest inco	me		
		2018 interest	2017 interest
			2018

	Sale of C	Capital Assets			
Name:				SS	SN:
Sale of Capital Assets (not reported	ed on Form 1099-B)				
Provide all brokerage statements Description of prope	ertv	Date purchased	Date sold	Sales price	Cost
		•			
Installment Sale Income					
Description of property:					
Date acquired I	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 •••••			· · · · · · · _		
Property was sold to a related party					

Drake Software - Individual Organizer - Copyright 2018

Other Income and Adjustments

			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	2017	2018	2017
Educator expenses (If you are an educator, enter the amount you paid for classroom supplies)	Taxpayer	Taxpayer	Spouse	Spouse
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 · · · · · · · · · · · · · · · · · · ·				
nterest paid on a student loan · · · · · · · · · · · · · · · · · · ·				
Other adjustments:				
Job-related Moving Expenses				
Select this box and complete the fields below if you are a member of the Arma and moved due to a military order for a permanent change of station.	ed Forces on acti	ve duty,	2018	2017
Number of miles from old home to old workplace ••••••••••••••••••••••••••••••••••••				
Number of miles from old home to new workplace				
Expense to move household goods & personal effects and lodging expenses whi	ilo travoling to vo	ur new home		

2016 Schedule	C - Profit o	r Loss from Business		
Name:			SSN	:
General Business Information				
Business name		Employe	r ID number	
Professional product or service				
Business address, city, state, ZIP				
This business started or was acquired during 2018	Yes	No Payments of \$600 or more were paid not your employee for services provid		
This business was disposed of during 2018	Yes	No You filed Forms(s) 1099 for the individ		633
Income				
2018	2017		2018	2017
Gross receipts or sales • • • • • • • • • • •		Other income • • • • • • • • • • • • • • • • • • •		
Income from Form(s) 1099-MISC · · ·				
Returns & allowances • • • • • • • • • • • • •				
Expenses	- 2 / =			
2018	2017	1	2018	2017
Advertising		_ Travel • • • • • • • • • • • • • • • • • • •		
Car & truck expenses · · · · · · · · ·		_ Total meals • • • • • • • • • • •		
Commissions & fees · · · · · · · · · · · ·		Utilities • • • • • • • • • • • • • • • • • •		
Contract labor · · · · · · · · · · · · · · · ·		Wages · · · · · · · · · · · · · · · · · · ·		
Depletion • • • • • • • • • • • • • • • • • •		Other expenses (list) · · · · · · _		
Employee benefit programs • • • • • •				
Insurance (other than health) • • • • • •				
Interest - mortgage · · · · · · · · · · ·				
Interest - other				
Legal & professional services				
Office expenses				
Pension & profit sharing plans • • • • •				
Rent or lease (vehicles, machinery, & equipment)				
Rent (other business property)				
Repairs & maintenance • • • • • • • •				
Supplies • • • • • • • • • • • • • • • • • • •				
Taxes & licenses				
Cost of Goods Sold				
2018	2017		2018	2017
Inventory at beginning of year		Materials & supplies		
Purchases • • • • • • • • • • • • • • • • • •		Other costs · · · · · · · · · · · · · · · · · ·		
Cost of personal use items • • • • • •		Inventory at end of year •••••		
Cost of labor		There was a change in inventory	method	

l

Schedule E - Income or	Loss from	Rental Real Estate	e & Royalti	ies	
Name:				SSN:	
General Property Information					
Property description Address, city, state, ZIP Select the property type Single family residence Vacation / short-	term rental		Self-renta		
Multi-family residence Commercial	Number of dour	Royalties			
Number of days property was rented If the rental is a multi-dwelling unit and you occupied part of t		property was used for pers percentage you occupied			
 This property is your main home This property was disposed of during 2018 This property was owned as a qualified joint venture 	☐ Yes ☐	No Payments of \$600 o not your employee f No You filed Form(s) 10	or services prov	vided for this renta	who is II.
Income					
2018	2017			2018	2017
Rent Income • • • • • • • • • • • • • • • • • •		Royalties from oil, gas, mineral, copyright or pat	ent • • • • _		
Rental income from Form(s) 1099-MISC		Royalties from Form(s	s) 1099-MISC _		
Expenses					
Advertising				property. Use th expenses" colu expenses that p	lling and you and rented its, use the neowner mn to show upply to the entire re "Rental unit mn to show pertain ONLY to n of the property. E is not for a rty in which you , complete just

<u>2018</u>

Income or Loss from Partnerships, S corporations, and Fiduciaries	
Name:	SSN:
Partnerships, S corporations, Estates and Trusts	
Provide all copies of Schedule K-1 and attachments	
Entity name	EIN
	<u> </u>

Expenses	Related to	Business
----------	------------	-----------------

	Expenses	Relateu	to Dusiness		0011	
Name:					SSN:	
Auto Expense						
Name of business vehicle is used for Description of vehicle				te vehicle was place	d in service	
				•		
Another vehicle is available for persona This vehicle is available for use during		 There is evidence to support your deduction The evidence is written 				
Number of miles the vehicle was driven durin Business Commuting	g 2018 Tota	al	prior years Total			
	2018 20	17			2018	2017
Garage rent • • • • • • • • • • • • • • • • • • •			Property tax ••	· · · · · · · · · · <u>-</u>		
Gas			Repairs • • • •	· · · · · · · · · · · <u>-</u>		
Insurance			Tires • • • • • •			
Licenses			Tolls			
Oil • • • • • • • • • • • • • • • • • • •			Other expenses			
Parking fees						
Lease payments						
Interest · · · · · · · · · · · · · · · · · · ·						
Business Use of Home						
What is the total square footage of your home What is the total square footage of your home For daycare facilities not used exclusively for How many days during the year was the How many hours per day was the area use The daycare facility was in operation	business, complete the f area used sed					
Expenses	Office expenses 2018 20	17	Home expe 2018	enses 2017		
Mortgage interest			-		In the "Office expe	enses" column.
Real estate taxes					enter those expen	ses that
Excess mortgage interest					pertain exclusively in the "Home expe	-
Insurance					enter those expen	ses that
					pertain to the entir	e dwelling.
Repairs & maintenance						
Utilities · · · · · · · · · · · · · · · · · · ·						
Other expenses						

Assets for: Description of property Date acquired Cost/Basis Discription Image: I	Ate osed of price	Expense of sale
Date Di	ate Sales price	Expense of sale
Date acquired Cost/Basis D disp Image: Ima	ate Sales price	Expense of sale
Description of property adquired Costidesis disp Image: Imag		
Image: set of the		
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	1	

Schedule A - Itemized Deductions						
Name: SSN:						
Medical and Dental Expenses	Charitable Contributions					
2018 2017	2018 2017					
Health insurance premiums (paid by you)	Donations to charity (cash) · · · ·					
Long-term care premiums (you)	Hurricane relief contributions					
Long-term care premiums (your spouse)	Miles driven for charitable purposes					
Long-term care premiums (dependents)	Donations to charity (noncash) · ·					
Mileage driven for medical purposes • •	If noncash donations are greater than \$500, list below					
Medical and dental expenses (list)						
	Other Miscellaneous Deductions					
	Amortizable bond premiums • •					
	Federal estate tax · · · · · ·					
Taxes Paid	Gambling losses					
State and local income taxes	Impairment-related work expenses					
Sales tax	Claim repayments • • • • • • •					
Real estate taxes	Unrecovered pension investments					
Personal property taxes	Schedule K-1					
Other taxes (list)	Ordinary loss debt instrument ·					
	Job Expenses & Certain Miscellaneous Deductions					
	 Necessary job expenses you paid that were not reimbursed by your employer (list) 					
Interest Paid						
Mortgage interest paid (attach Form 1098)						
Some of your home mortgage loan was not used to buy, build, or improve your home						
Mortgage interest paid to an individual	Tax preparation fees · · · · · ·					
Paid to: Name	Other nonpersonal expenses related to taxable income (list)					
Address						
City, State, ZIP						
SSN or EIN						
Qualified mortgage insurance premiums	Investment expenses not					
	entered elsewhere · · · · ·					
Investment interest						

Other	Information
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		Other into	ormation				
Name:					SSN:		
Mortgage Interest							
Provide all copies of Form 1098 Lender's name	2018 Mortgage interest received	2017 Mortgage interest received	2018 Mortgage insurance premiums	2017 Mortgage insurance premiums	2018 Real estate taxes paid	2017 Real estate taxes paid	
Employee Business Expenses			·				
Employee Business Expenses							
You are a qualified performing artist You are a fee-based state or local go	vernment official		=	a member of the cle	ergy iicle for your job du	rina 2018	
You are a disabled employee with im		work expenses		your porconal von		1119 20 10	
You are a reservist		NOT	imbursed	Reimbursed by	vour omplovor		
			r employer 2017	not included	on your W-2 2017		
		2010	2017	2010	2017		
			-				
Parking fees, tolls, local transportation • •			-				
Meals Overnight business travel expenses (Do not include meals & entertainment)							
Other business expenses							
			_				
			_				
Casualties and Thefts			-				
FEMA code			FEMA code				
Property description			Property description				
Property location			Property location				
Date property was acquired			Date property was ac	cquired			
Date property was damaged or stolen			Date property was da	amaged or stolen			
Cost of property damaged or stolen							
Amount of damage			Amount of damage				
Insurance reimbursement			Insurance reimburse	ment			

lame:	Other I	nformation		00	SN:
ame: Child and Other Dependent Care Exp	enses			58	ыя.
Name of care provider		Address		SSN	Amount paid
				EIN	
Education Expenses					
Provide all copies of Form 1098-T Student name		Student name			
Type of expense	Amount		Type of expense		Amount
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			. jpo ol okponico		
Student name		Student name			
Type of expense	Amount		Type of expense		Amount

Detail Worksheet		
Name:	SSN:	
Description	2018	2017