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## **2018 TAX ORGANIZER**

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**This tax organizer has been prepared for your use in gathering the information needed for your 2018 tax return.**

**To save you time, selected information from your 2017 tax return has been entered in this organizer. Please line through any information that does not apply to your 2018 tax return.**

**In some cases, 2017 amounts have been included in a separate column. These amounts are for comparison purposes only. You do not need to change these prior year amounts.**

**If we may be of further assistance, please contact us at your convenience.**

**REMOVE THIS SHEET PRIOR TO RETURNING THE COMPLETED ORGANIZER**

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# Personal Information

### Taxpayer:

First Name and Initial \_\_\_\_\_ Last Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Occupation \_\_\_\_\_ Date of Birth (Mo/Da/Yr) \_\_\_\_\_ Date of Death (Mo/Da/Yr) \_\_\_\_\_

Driver's License or State-Issued ID Number \_\_\_\_\_ Expiration Date (Mo/Da/Yr) \_\_\_\_\_ Issue Date (Mo/Da/Yr) \_\_\_\_\_ State \_\_\_\_\_  Does not expire

Driver's License  State-Issued ID  No Identification

### Spouse:

First Name and Initial \_\_\_\_\_ Last Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Occupation \_\_\_\_\_ Date of Birth (Mo/Da/Yr) \_\_\_\_\_ Date of Death (Mo/Da/Yr) \_\_\_\_\_

Driver's License or State-Issued ID Number \_\_\_\_\_ Expiration Date (Mo/Da/Yr) \_\_\_\_\_ Issue Date (Mo/Da/Yr) \_\_\_\_\_ State \_\_\_\_\_  Does not expire

Driver's License  State-Issued ID  No Identification

### Contact Information:

Street Address \_\_\_\_\_ Apartment Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP or Postal Code \_\_\_\_\_

Foreign Province or County \_\_\_\_\_

Foreign Country \_\_\_\_\_

Taxpayer Daytime/Work Phone \_\_\_\_\_ Taxpayer Evening/Home Phone \_\_\_\_\_ Taxpayer Foreign Phone \_\_\_\_\_

Taxpayer Cell Phone \_\_\_\_\_ Taxpayer Fax Number \_\_\_\_\_

Spouse Daytime/Work Phone \_\_\_\_\_ Spouse Evening/Home Phone \_\_\_\_\_ Spouse Foreign Phone \_\_\_\_\_

Spouse Cell Phone \_\_\_\_\_ Spouse Fax Number \_\_\_\_\_

Taxpayer Email Address \_\_\_\_\_

Spouse Email Address \_\_\_\_\_

Preferred Method of Contact \_\_\_\_\_

May the IRS or other taxing authority discuss the return with the preparer?  Yes  No

Is the taxpayer claimed as a dependent on someone else's tax return?  Yes  No

Are you considered legally blind per IRS regulations?  Yes  No

Do you want to contribute to the Presidential Election Campaign Fund?  Yes  No

Are you a U.S. citizen or Green Card holder?  Yes  No

### Personal Identification Numbers:

Code - 1 - Issued by IRS 2 - Issued by State or City

TS	State	City	Code	PIN

### Tax Organizer Legend:

Throughout the tax organizer, you will find columns with the heading "TSJ". Enter "T" for taxpayer, "S" for spouse or "J" for joint.



2018

# Dependents and Wages

3A

## Dependent Information:

	First Name and Initial	Last Name	Social Security Number	Date of Birth (Mo/Da/Yr)	Date of Death (Mo/Da/Yr)	Relationship to Taxpayer
A						
B						
C						
D						
E						
F						
G						
H						

Did dependent have income over \$4,150?



	Months Lived in Your Home	X if Disabled	Yes or No	Identity Protection PIN
A				
B				
C				
D				
E				
F				
G				
H				

Provide the name of any dependent who is not a U.S. citizen or Green Card holder.

Provide the name of any person living with you who is claimed as a dependent on someone else's tax return.

List the years that a release of claim to exemption is given for a dependent child not living with you.

## Wages and Salaries: Include all copies of your current year Forms W-2

Note: Use this section to report any wages and/or salaries for which no Form W-2 was received.

TS	Employer's Name	Taxable Wages	Tax Withheld				
			Federal	FICA/TIER 1	Medicare	State	Local



2018

# Electronic Filing

## Electronic Filing:

Electronic filing is the means by which your return is transmitted directly to the IRS and state tax authorities. The IRS has implemented an electronic filing mandate requiring certain preparers, including this firm, to file all returns that they prepare electronically. Some states also require certain preparers to electronically file state returns prepared. The IRS and some states allow taxpayers to elect not to file their returns electronically.

Do not electronically file the federal return .....

Do not electronically file the state return(s) .....

**Note: The IRS and some states that require returns to be electronically filed also impose fees and/or penalties for failure to do so. If you checked either of the boxes above, you may be required to sign an "opt-out" form before we can release your returns. As a follow-up we will contact you to discuss these requirements and your ability to "opt-out" of electronic filing.**

The IRS requires, and many states allow, the use of a Personal Identification Number (PIN) in lieu of mailing a signature document when electronically filing.

Would you like to use a randomly generated PIN?		<b>Yes</b>	<b>No</b>
Taxpayer .....		<input type="checkbox"/>	<input type="checkbox"/>
Spouse .....		<input type="checkbox"/>	<input type="checkbox"/>

If No, enter a 5-digit self-selected PIN:

Taxpayer PIN ..... \_\_\_\_\_

Spouse PIN ..... \_\_\_\_\_



2018

# Direct Deposit and Withdrawal

## Direct Deposit and Electronic Funds Withdrawal Account Information:

The IRS and certain states allow refunds to be deposited to and balances due to be paid directly from your financial institution. If you would like to receive your refund or pay a balance due electronically, complete the following information. If you selected either of these options in 2017, your account information may already be included below.

Would you like any refunds owed to you directly deposited? .....	<b>Yes</b> <b>No</b>
Would you like to pay any amount due on your <u>federal</u> return using electronic withdrawal? .....	<input type="checkbox"/> <input type="checkbox"/>

If Yes, what amount would you like withdrawn, if not the entire balance due? \_\_\_\_\_

If Yes, when should the withdrawal occur, if other than the due date of the return? \_\_\_\_\_ (Mo/Da/Yr)

Would you like to pay any amount due on your <u>state</u> return(s) using electronic withdrawal? .....	<input type="checkbox"/> <input type="checkbox"/>
--	---

If Yes, what amount would you like withdrawn, if not the entire balance due? \_\_\_\_\_

If Yes, when should the withdrawal occur, if other than the due date of the return? \_\_\_\_\_ (Mo/Da/Yr)

The IRS and some states allow estimated payments to be electronically withdrawn on the due dates of the estimated payments.

Would you like to pay any estimated payments due for your <u>federal</u> return using electronic withdrawal? .....	<input type="checkbox"/> <input type="checkbox"/>
--	---

Would you like to pay any estimated payments due for your <u>state</u> return(s) using electronically withdrawal, if available? .....	<input type="checkbox"/> <input type="checkbox"/>
---	---

Name of bank or financial institution .....

Routing Transit Number (RTN) .....

Account number .....

Type of account:	<input type="checkbox"/> Checking	<input type="checkbox"/> Traditional Savings	<input type="checkbox"/> IRA Savings
	<input type="checkbox"/> Archer MSA Savings	<input type="checkbox"/> Coverdell Ed. Savings	<input type="checkbox"/> HSA Savings

Is this a business account?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
-----------------------------	------------------------------	-----------------------------

Account owner	<input type="checkbox"/> Taxpayer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Joint
---------------	-----------------------------------	---------------------------------	--------------------------------

I confirm that the bank account information and the direct deposit/electronic withdrawal options selected above are correct.

Would you like any refunds owed to you directly deposited? .....	<b>Yes</b> <b>No</b>
Would you like to pay any amount due on your <u>federal</u> return using electronic withdrawal? .....	<input type="checkbox"/> <input type="checkbox"/>

If Yes, what amount would you like withdrawn, if not the entire balance due? \_\_\_\_\_

If Yes, when should the withdrawal occur, if other than the due date of the return? \_\_\_\_\_ (Mo/Da/Yr)

Would you like to pay any amount due on your <u>state</u> return(s) using electronic withdrawal? .....	<input type="checkbox"/> <input type="checkbox"/>
--	---

If Yes, what amount would you like withdrawn, if not the entire balance due? \_\_\_\_\_

If Yes, when should the withdrawal occur, if other than the due date of the return? \_\_\_\_\_ (Mo/Da/Yr)

The IRS and some states allow estimated payments to be electronically withdrawn on the due dates of the estimated payments.

Would you like to pay any estimated payments due for your <u>federal</u> return using electronic withdrawal? .....	<input type="checkbox"/> <input type="checkbox"/>
--	---

Would you like to pay any estimated payments due for your <u>state</u> return(s) using electronically withdrawal, if available? .....	<input type="checkbox"/> <input type="checkbox"/>
---	---

Name of bank or financial institution .....

Routing Transit Number (RTN) .....

Account number .....

Type of account:	<input type="checkbox"/> Checking	<input type="checkbox"/> Traditional Savings	<input type="checkbox"/> IRA Savings
	<input type="checkbox"/> Archer MSA Savings	<input type="checkbox"/> Coverdell Ed. Savings	<input type="checkbox"/> HSA Savings

Is this a business account?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
-----------------------------	------------------------------	-----------------------------

Account owner	<input type="checkbox"/> Taxpayer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Joint
---------------	-----------------------------------	---------------------------------	--------------------------------

I confirm that the bank account information and the direct deposit/electronic withdrawal options selected above are correct.





2018

# Dividend Income

5B

## Dividend Information:

Include copies of all Forms 1099-DIV or other documents for dividends received

TSJ	Name of Payer	Box 1a Total Ordinary Dividends	Box 1b Qualified Dividends	Box 2a Total Capital Gain Distribution	U.S. Bond Interest Amount or Percent in Box 1a
A					
B					
C					
D					
E					
F					
G					
H					
I					
J					
K					
L					
M					
N					
<b>Total</b>					

Tax-Exempt Interest Code: 1 - 1099-DIV 2 - Private Activity Bonds 3 - Both

Code	Tax-Exempt Interest	2017 Gross Dividends Amount
A		
B		
C		
D		
E		
F		
G		
H		
I		
J		
K		
L		
M		
N		
<b>Total</b>		

## Enter Any Additional Information:


Note: List all items sold during the year on Form 7.





# Consolidated Brokerage Statement Sales of Stocks, Securities, Capital Assets and Miscellaneous Income

5G

## Gains or Losses from Sales of Stocks, Securities and Other Capital Assets:

Include all Forms 1099-A, 1099-B, 1099-MISC, 1099-S and copies of mutual fund statements for the year

Did you have any of the following during the year?

	Yes	No
Mutual fund transactions		
Exchange of any securities or investments for something other than cash		
Sales of inherited property		
Sales of any stock or stock options at a loss and purchases of the same or substantially similar stock or options 30 days before or 30 days after the sale		
Commodity sales, short sales or straddles		
Reinvestment of the proceeds of the sale of a publicly traded security into an SSBIC interest		
Reinvestment of the proceeds of the sale of qualified small business stock in other qualified small business stock		
Securities which became worthless		

	Kind of Property and Description	Date Acquired (Mo/Da/Yr)	Date Sold (Mo/Da/Yr)
A			
B			
C			
D			

	Gross Sales Price (Less Commissions)	Cost or Other Basis	Federal Tax Withheld	State Tax Withheld
A				
B				
C				
D				

## Other Income:

Nature and Source	2018 Amount	2017 Amount

## Other Adjustments to Income:

Nature and Source	2018 Amount	2017 Amount

## Investment Interest Expense:

Interest paid on money you borrowed that is allocable to property held for investment.

Paid To	2018 Amount	2017 Amount

## Foreign Bank Accounts and Trusts:

At any time during 2018, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account?  Yes  No

If Yes, enter name of foreign country \_\_\_\_\_

Were you the grantor of, or transferor to, a foreign trust that existed during 2018, whether or not you had any beneficial interest in it?  Yes  No



2018

# Business Income and Cost of Goods Sold

Name of Business: \_\_\_\_\_

Principal Business or Profession: \_\_\_\_\_

TSJ \_\_\_\_\_  
 Employer ID number \_\_\_\_\_  
 Street address \_\_\_\_\_  
 City, state, ZIP or postal code, and country \_\_\_\_\_  
 Method of inventory \_\_\_\_\_  
 Method of accounting \_\_\_\_\_

### Business Questions for 2018:

	Yes	No
Did you dispose of this business? _____ If Yes, what was the disposition date? _____ (Mo/Da/Yr) _____	<input type="checkbox"/>	<input type="checkbox"/>
Was there a change in determining quantities, costs or valuations between opening and closing inventory? _____	<input type="checkbox"/>	<input type="checkbox"/>
Were you involved in the operations of this business on a regular, continuous and substantial basis? _____	<input type="checkbox"/>	<input type="checkbox"/>
Have you prepared or will you prepare all required Forms 1099? _____	<input type="checkbox"/>	<input type="checkbox"/>

2018 Amount	2017 Amount

Health insurance premiums paid for yourself and your dependents \_\_\_\_\_

### Income:

Include all Forms 1099-K

Payment card and third party transactions:

Description	2018 Amount	2017 Amount

Miscellaneous income:  Include all Forms 1099-MISC


Other Income:


Other gross receipts or sales \_\_\_\_\_  
 Less returns and allowances \_\_\_\_\_

### Cost of Goods Sold:

2018 Amount	2017 Amount

Beginning inventory \_\_\_\_\_  
 Purchases less cost of items withdrawn for personal use \_\_\_\_\_  
 Cost of labor (do not include amounts paid to yourself) \_\_\_\_\_  
 Materials and supplies \_\_\_\_\_  
 Other costs of goods sold: \_\_\_\_\_

Description	2018 Amount	2017 Amount

Ending inventory \_\_\_\_\_





# Business Expenses - Vehicle and Other Listed Property

Name of Business: \_\_\_\_\_

Principal Business or Profession: \_\_\_\_\_

### Listed Property Questions for 2018:

Do you have evidence to support your deduction? .....	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, is the evidence written? .....	<input type="checkbox"/>	<input type="checkbox"/>
Do you have evidence to support the business use percentage claimed on listed property? .....	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, is the evidence written? .....	<input type="checkbox"/>	<input type="checkbox"/>

### If you are an employer who provides vehicles for use by employees:

Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	<input type="checkbox"/>	<input type="checkbox"/>
Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? ..	<input type="checkbox"/>	<input type="checkbox"/>
Do you treat all use of vehicles by employees as personal use? .....	<input type="checkbox"/>	<input type="checkbox"/>
Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles and retain the information received? .....	<input type="checkbox"/>	<input type="checkbox"/>
Do you meet the requirements for qualified demonstration use by maintaining a written policy statement that prohibits vehicle use by individuals other than full-time vehicle salespersons, use for personal vacation trips, storage of personal possessions in the vehicle and limits the total mileage outside the salesperson's normal working hours? .....	<input type="checkbox"/>	<input type="checkbox"/>

### Vehicle:

Description of vehicle .....

Date placed in service . . . . . (Mo/Da/Yr)

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

Was your vehicle available for use during off-duty hours? .....

Vehicle 1	
Description of vehicle .....	
Date placed in service . . . . . (Mo/Da/Yr)	
Do you (or your spouse) have another vehicle available for your personal use? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was your vehicle available for use during off-duty hours? .....	
2018 Miles	2017 Miles
2018 Amount	2017 Amount

Vehicle 2	
Description of vehicle .....	
Date placed in service . . . . . (Mo/Da/Yr)	
Do you (or your spouse) have another vehicle available for your personal use? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was your vehicle available for use during off-duty hours? .....	
2018 Miles	2017 Miles
2018 Amount	2017 Amount

### Mileage:

Total miles .....

Total business miles .....

Total commuting miles for the year ..

### Actual Expenses:

Gasoline, oil, repairs, insurance, etc ..

Interest .....

Taxes .....

Fair market value of leased vehicle ..

Vehicle rentals/leases .....



2018

# Business Expenses

6C

Name of Business: \_\_\_\_\_  
Principal Business or Profession: \_\_\_\_\_

Business Expenses: **Enter all expenses at 100 percent**

If not 100%, please enter the percentage to apply to this business \_\_\_\_\_ %

	2018 Amount	2017 Amount
Parking fees and tolls .....		
Local transportation .....		
Travel expenses .....		
Meals .....		
Entertainment (deductible only on some state returns) .....		

Other Business Expenses:

Description	2018 Amount	2017 Amount

Reimbursements: **List only reimbursements NOT reported in Box 1 of your Form W-2**

Amount received for other expenses .....

Amount received for meals .....

Amount received for entertainment .....

If you are a statutory employee, does your employer's reimbursement plan for meals and entertainment allow for offset of other reimbursements? .....

2018 Amount	2017 Amount

Yes  No

### Vehicle:

If not 100%, please enter the percentage to apply to this business \_\_\_\_\_ %

Description of vehicle .....

Date vehicle was placed in service ..... (Mo/Da/Yr)

\_\_\_\_\_ %

Do you (or your spouse) have another vehicle available for personal purposes? .....

Was your vehicle available for personal use during off-duty hours? .....

Yes  No  
 Yes  No

Total miles .....

Total business miles .....

Average daily commuting miles .....

Total commuting miles for the year .....

Gasoline and oil .....

Repairs .....

Insurance .....

Interest .....

Taxes .....

Value of employer provided vehicle .....

Temporary vehicle rentals .....

Fair market value of leased vehicle .....

Vehicle leases .....

Other Vehicle Expenses:

2018	2017

Description	2018 Amount	2017 Amount



# Business Use of Home

**Name of Business:** \_\_\_\_\_

**Principal Business or Profession:** \_\_\_\_\_

**Partial Use of Your Home for Business:**

	2018	2017
Square footage of home used exclusively for business .....		
Total square footage of home .....		
Total hours home was used for day care during the year .....		

Was your home used for day care purposes for the entire year? ..... 

Yes

No

Were improvements made to the home and/or home office since the time you began using the home for business? .....

**Expenses:** Enter all expenses at 100 percent

Direct expenses benefit the business part of your home.  
 Example: Cost of painting or repairs made to the specific area or room used for business.

Indirect expenses are required for keeping up and running your entire home.  
 Example: Real estate taxes.

	Direct Expenses		Indirect Expenses	
	2018 Amount	2017 Amount	2018 Amount	2017 Amount
Casualty losses .....				
Deductible mortgage interest paid to:				
Financial institutions .....				
Individuals .....				
Real estate taxes .....				
Insurance .....				
Qualified mortgage insurance premiums .....				
Repairs and maintenance .....				
Utilities .....				
Rent .....				

**Other Expenses:**

Description	Direct Expenses		Indirect Expenses	
	2018 Amount	2017 Amount	2018 Amount	2017 Amount

**Seller-Financed Mortgage Interest Information:**

Name of Individual to Whom Mortgage Interest Was Paid	Identification Number of Individual	Address of Individual to Whom Mortgage Interest Was Paid





2018

# Pension, Annuity and Retirement Plan Information

9A

**Pensions and Annuities:** Include all Forms 1099-R and any nontaxable distribution details

TSJ	Name of Payer	2018 Gross Distributions	Taxable Amount	Federal Tax Withheld	State Tax Withheld	Is this a Rollover?	2017 Gross Distributions

**Self-Employed Retirement Plan:** Include copies of all Forms 1099-R

Have you established a self-employed retirement or SIMPLE plan with deductible contributions? .....

Do you want to contribute the maximum amount allowed? .....

Taxpayer		Spouse	
Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Contributions to:**

Simplified employee pension plan .....

Defined benefit plan .....

Defined contribution plan .....

SIMPLE plan .....

2018 Amount	2018 Amount





# Rental and Royalty Income

**Location of Property:** \_\_\_\_\_

TSJ . . . . . \_\_\_\_\_

Type of property . . . . . \_\_\_\_\_

Have you prepared or will you prepare all required Forms 1099? 

Yes	No
-----	----

Ownership percentage if not 100% . . . . . \_\_\_\_\_ %  
 How many days was this property rented at fair market value? . . . . . \_\_\_\_\_  
 How many days was this property used personally (including use by family members)? . . . . . \_\_\_\_\_

2018	2017
%	

**Income:**

Rents received . . . . . \_\_\_\_\_  
 Royalties received . . . . . \_\_\_\_\_

2018 Amount	2017 Amount

Payment card and third party transactions: Include all Forms 1099-K

Description	2018 Amount	2017 Amount

Miscellaneous income: Include all Forms 1099-MISC

Description	2018 Amount	2017 Amount

Other income:

Description	2018 Amount	2017 Amount





2018

# Farm Income (Page 1 of 2)

Proprietor's Name: \_\_\_\_\_

Principal Crop or Activity: \_\_\_\_\_

TSJ \_\_\_\_\_  
Employer identification number \_\_\_\_\_  
Method of accounting \_\_\_\_\_

### Farm Questions for 2018:

Did you dispose of this farm?  Yes  No  
If Yes, what was the disposition date? \_\_\_\_\_ (Mo/Da/Yr)  
Have you prepared or will you prepare all required Forms 1099?

2018 Amount	2017 Amount
Health insurance premiums paid for yourself and your dependents _____	

### Sales of Livestock and Other Items Bought for Resale (Cash Method Only):

Description	2018		2017	
	Amount Received	Cost or Other Basis	Amount Received	Cost or Other Basis

### Income (Accrual Method):

Description	Beginning Inventory	Cost of Items Purchased	Sales	Ending Inventory

### Income:

	2018 Amount	2017 Amount
Sales of livestock, produce, grains, etc. you raised		
Total cooperative distributions (Forms 1099-PATR)		
Taxable cooperative distributions		
Total agricultural program payments		
Taxable agriculture program payments		
Total Commodity Credit Corporation (CCC) loans		
Total crop insurance proceeds and certain disaster payments received in 2018		
Taxable crop insurance proceeds received		
Crop insurance proceeds deferred from prior year		
Custom hire (machine work) income		
Federal gasoline tax or fuel tax credit or refund		
State gasoline tax or fuel tax credit or refund		



# Farm Income (Page 2 of 2)

12A

Proprietor's Name: \_\_\_\_\_

Principal Crop or Activity: .. \_\_\_\_\_

**Income:**

Payment card and third party transactions:  Include all Forms 1099-K

Description	2018 Amount	2017 Amount

Government payments:  Include all Forms 1099-G

Description	2018 Amount	2017 Amount

Miscellaneous income:  Include all Forms 1099-MISC

Description	2018 Amount	2017 Amount

Other income:

Description	2018 Amount	2017 Amount





2018

# Farm Vehicle and Other Listed Property

12C

Proprietor's Name: \_\_\_\_\_

Principal Crop or Activity: \_\_\_\_\_

### Listed Property Questions for 2018:

Do you have evidence to support your deduction? .....	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, is the evidence written? .....	<input type="checkbox"/>	<input type="checkbox"/>
Do you have evidence to support the business use percentage claimed on listed property? .....	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, is the evidence written? .....	<input type="checkbox"/>	<input type="checkbox"/>

### If you are an employer who provides vehicles for use by employees:

Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	<input type="checkbox"/>	<input type="checkbox"/>
Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? ..	<input type="checkbox"/>	<input type="checkbox"/>
Do you treat all use of vehicles by employees as personal use? .....	<input type="checkbox"/>	<input type="checkbox"/>
Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles and retain the information received? .....	<input type="checkbox"/>	<input type="checkbox"/>
Do you meet the requirements for qualified demonstration use by maintaining a written policy statement that prohibits vehicle use by individuals other than full-time vehicle salespersons, use for personal vacation trips, storage of personal possessions in the vehicle and limits the total mileage outside the salesperson's normal working hours? .....	<input type="checkbox"/>	<input type="checkbox"/>

### Vehicle:

Description of vehicle .....

Date placed in service . . . (Mo/Da/Yr) \_\_\_\_\_

Do you (or your spouse) have another vehicle available for your personal use? .....

Was your vehicle available for use during off-duty hours? .....

Vehicle 1	
Description of vehicle	
Date placed in service (Mo/Da/Yr)	
Do you (or your spouse) have another vehicle available for your personal use? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was your vehicle available for use during off-duty hours? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2018 Miles	2017 Miles
2018 Amount	2017 Amount

Vehicle 2	
Description of vehicle	
Date placed in service (Mo/Da/Yr)	
Do you (or your spouse) have another vehicle available for your personal use? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was your vehicle available for use during off-duty hours? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2018 Miles	2017 Miles
2018 Amount	2017 Amount



# Farm Business Expenses

Proprietor's Name: \_\_\_\_\_

Principal Crop or Activity: \_\_\_\_\_

Business Expenses: **Enter all expenses at 100 percent**

If not 100%, enter the percentage to apply to this business \_\_\_\_\_ %

	2018 Amount	2017 Amount
Parking fees and tolls .....		
Local transportation .....		
Travel expenses .....		
Meals .....		
Entertainment (deductible only on some state returns) .....		

Other Business Expenses:

Description	2018 Amount	2017 Amount

### Reimbursements:

**List only reimbursements NOT reported in Box 1 of your Form W-2**

	2018 Amount	2017 Amount
Amount received for other expenses .....		
Amount received for meals .....		
Amount received for entertainment .....		

### Vehicle:

If not 100%, enter the percentage to apply to this business \_\_\_\_\_ %

Description of vehicle .....

Date vehicle was placed in service ..... (Mo/Da/Yr)

Do you (or your spouse) have another vehicle available for personal purposes? .....

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Was your vehicle available for personal use during off-duty hours? .....

	2018	2017
Total miles .....		
Total business miles .....		
Average daily commuting miles .....		
Total commuting miles for the year .....		
Gasoline and oil .....		
Repairs .....		
Insurance .....		
Interest .....		
Taxes .....		
Value of employer provided vehicle .....		
Temporary vehicle rentals .....		
Fair market value of leased vehicle .....		
Vehicle leases .....		

Other Vehicle Expenses:

Description	2018 Amount	2017 Amount



# Farm Business Use of Home

**Proprietor's Name:** \_\_\_\_\_

**Principal Crop or Activity:** \_\_\_\_\_

**Partial Use of Your Home for Business:**

2018

Square footage of home used exclusively for business .....

Total square footage of home .....

Were improvements made to the home and/or home office since the time you began using the home for business?     Yes     No

**Expenses:**    Enter all expenses at 100 percent

Direct expenses benefit the business part of your home.  
 Example: Cost of painting or repairs made to the specific area or room used for business.

Indirect expenses are required for keeping up and running your entire home.  
 Example: Real estate taxes.

	Direct Expenses		Indirect Expenses	
	2018 Amount	2017 Amount	2018 Amount	2017 Amount
Casualty losses .....				
Deductible mortgage interest paid to:				
Financial institutions .....				
Individuals .....				
Real estate taxes .....				
Insurance .....				
Qualified mortgage insurance premiums .....				
Repairs and maintenance .....				
Utilities .....				
Rent .....				

**Other Expenses:**

Description	Direct Expenses		Indirect Expenses	
	2018 Amount	2017 Amount	2018 Amount	2017 Amount

**Seller-Financed Mortgage Interest Information:**

Name of Individual to Whom Mortgage Interest Was Paid	Identification Number of Individual	Address of Individual to Whom Mortgage Interest Was Paid





Include Forms: W-2G, 1099-MISC, 1099-RRB, 1099-SSA, 1099-SA, 1099-LTC and 1099-G

Miscellaneous Income and Adjustments:

Table with columns for TSJ (2018 Amount, 2017 Amount) and rows for Unemployment compensation, Social security benefits, Medicare premiums, etc.

State and Local Income Tax Refunds:

Table with columns for TSJ, State, City, Tax Year, and Income Tax Refund (State, Local).

Other Income:

Table with columns for TSJ, Nature and Source, 2018 Amount, and 2017 Amount.

Alimony Paid or Received:

Table with columns for TSJ, Recipient's Name, Recipient's Social Security No., Alimony Received?, 2018 Amount, and 2017 Amount.



# Miscellaneous Adjustments

**Educator Expenses:** Deduction for amounts paid by educators of kindergarten through Grade 12

TS	2018 Amount	2017 Amount

**Health Savings Accounts (HSAs)**

TS	Description	2018 Amount	2017 Amount
	Contributions made for 2018		
	Distributions received from all HSAs in 2018		

What type of coverage applies to your high deductible health plan?  Self only  Family

Were any HSA contributions listed above also shown on your Form W-2? .....

Were all distributions from your HSA for unreimbursed medical expenses? .....

Did you or your spouse enroll in Medicare? .....

If Yes, what month did you enroll? .....

What month did your spouse enroll? .....

Yes	No

**Other Adjustments to Income:** Include all Forms 1098-E for Student Loan Interest Paid

TSJ	Nature and Source	2018 Amount	2017 Amount



2018

# Itemized Deductions - Medical and Taxes

### Medical and Dental Expenses:

Prescription medicines and drugs .....  
 Total medical insurance premiums paid \* .....  
 Long-term care expenses .....  
 Total insurance reimbursement .....  
 Number of miles traveled for medical care .....  
 Lodging .....  
 Doctors, dentists, etc. ....  
 Hospitals .....  
 Lab fees .....  
 Eyeglasses and contacts .....

TSJ	2018 Amount	2017 Amount

2018 Amount	2017 Amount

Taxpayer long-term care insurance premiums paid .....  
 Spouse long-term care insurance premiums paid .....

\* Do not include Medicare premiums or premiums deducted in computing taxable wages reported on a W-2.

### Other Medical Expenses:

TSJ	Description	2018 Amount	2017 Amount

### Taxes Paid: Include copies of your tax bills

Personal property taxes paid (include vehicle taxes) .....  
 General sales taxes paid on specified items .....

TSJ	2018 Amount	2017 Amount

Itemize real estate taxes by state.

TSJ	Real Estate Taxes	2018 Amount	2017 Amount

### Other Taxes Paid:

TSJ	Description	2018 Amount	2017 Amount

If you purchased or sold your home in 2018, did you include any taxes from your closing statement in the amounts above?  Yes  No



Mortgage Questions for 2018:

	<b>Yes</b>	<b>No</b>
If you purchased or sold your home, did you include any mortgage interest from your closing statement in the amount below? . . .	<input type="checkbox"/>	<input type="checkbox"/>
Did you refinance your home? (If Yes, enclose the closing statement.) . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, how many years is your new mortgage loan? . . . . . _____		
Did you purchase a new home or sell your former home during the year? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, enclose the closing statements from the purchase and sale of your new and former homes.		
If Yes, also, did you (or your spouse, if married) have an ownership interest in a principal residence in the US during the 3 year period prior to the purchase of this home? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, did you (and your spouse, if married at the time of purchase) own and use the same home as a principal residence in the U.S. for any 5 consecutive year period during the 8 year period ending on the purchase date of the new home? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>

Home Mortgage Interest Paid To Financial Institutions:

TSJ	Paid To	Did You Receive Form 1098?		2018 Amount	2017 Amount
		Yes	No		

Other Home Mortgage Interest Paid:

TSJ	Paid To		ID Number	2018 Amount	2017 Amount
	Name	Address			

Deductible Points:

TSJ	Paid To	Did You Receive Form 1098?		2018 Amount	2017 Amount
		Yes	No		

Mortgage Insurance Premiums:

Premiums paid or accrued for qualified mortgage insurance.

TSJ	2018 Amount	2017 Amount

Investment Interest Expense:

Interest paid on money you borrowed that is allocable to property held for investment.

TSJ	Paid To	2018 Amount	2017 Amount



# Itemized Deductions - Contributions

**Cash Contributions:** Include all Forms 1098-C or other documentation.

You cannot deduct a cash contribution, regardless of the amount, unless you keep as a record of the contribution a bank record (such as a canceled check, a bank copy of a canceled check, or a bank statement containing the name of the charity, the date, and the amount) or a written communication from the charity. The written communication must include the name of the charity, date of the contribution, and amount of the contribution. Clothes and household items donated must be in good, used condition or better in order to be deductible unless the item donated is worth more than \$500 and you have the item's value appraised. Attach a copy of the appraisal. Include any vehicles donated to charity.

TSJ	Organization or Description of Contribution	2018 Amount	2017 Amount

TSJ	Conservation Real Property	2018 Amount	2017 Amount
	100% limit		
	50% limit		

TSJ	Description	2018 Miles	2017 Miles
	Number of miles traveled performing volunteer work for qualified charitable organizations		

**Noncash Contributions Totaling \$500 or Less:** Include all documentation.

TSJ	Description of Donated Property	2018 Amount	2017 Amount

**Noncash Contributions Totaling More Than \$500:** Include all Forms 1098-C or other documentation.

TSJ	Property Description	Date Acquired	Date of Donation	Cost or Basis
A				
B				
C				

	Fair Market Value (FMV)	Method Used to Determine FMV	Other Method Description	Method of Acquisition
A				
B				
C				

- 1 - Appraisal    3 - Comparable Sale    5 - Thrift Shop Value
- 2 - Catalog    4 - Other (Describe)

- 1 - Gift    3 - Exchange
- 2 - Inheritance    4 - Purchase

	Donee Organization Name	Donee Organization Address
A		
B		
C		



# Itemized Deductions - Miscellaneous

\* These expenses are not deductible on the federal return but may be deductible on some state returns.

### Miscellaneous Itemized Deductions:

- Union and professional dues \* .....
- Tax preparation fee \* .....
- Professional subscriptions \* .....
- Hobby expense (To extent of income) \* .....
- Safe deposit box \* .....
- Uniforms and protective clothing \* .....
- Work tools \* .....
- Gambling losses .....
- Estate taxes .....

TSJ	2018 Amount	2017 Amount

### Other Itemized Deductions:

#### Examples:

- Certain legal and accounting fees \*
- Investment expenses \*
- Custodial fees \*
- Employment agency fees \*
- Certain educational expenses \*
- Amortizable bond premium
- Impairment-related work expense of a disabled person
- Repayment of amounts under a claim of right

TSJ	Description	2018 Amount	2017 Amount

### Casualty or Theft Loss:

TSJ ..... \_\_\_\_\_  
 Property description ..... \_\_\_\_\_

Which of the following describes the type of property that sustained the casualty or theft loss?

- Personal use  
  Business use  
  Income producing  
  Employee Use  
  Personal use attributable to insolvent or bankrupt financial institution losses on deposits

Was the loss due to a federally declared disaster? .....  Yes  No

Date acquired ..... (Mo/Da/Yr) \_\_\_\_\_

Date damaged or lost ..... (Mo/Da/Yr) \_\_\_\_\_

Original cost or other basis .....

Fair market value before casualty .....

Fair market value after casualty .....

Cost of replacement .....

Insurance reimbursement .....



# Child/Dependent Care Expenses & Education Expenses

## Child/Dependent Care Expenses:

### General Information:

TSJ .....

Were you or your spouse a full time student or disabled?  Yes  No

Did you pay an individual for services performed in your home?  Yes  No

Expenses incurred in 2017 but paid in 2018 .....

Employer-provided dependent care benefits that were forfeited in 2018 .....

2017 carryover used in grace period .....

### Child/Dependent Care Providers:

**Provider 1:**

Name .....

Street address .....

City, state, ZIP or postal code, and country .....

Social security number OR .....

Employer identification number .....

Telephone number (California only) .....

	2018 Amount	2017 Amount
Expenses incurred and paid in 2018 .....		
Expenses incurred and not paid in 2018 .....		

  

**Provider 2:**

Name .....

Street address .....

City, state, ZIP or postal code, and country .....

Social security number OR .....

Employer identification number .....

Telephone number (California only) .....

	2018 Amount	2017 Amount
Expenses incurred and paid in 2018 .....		
Expenses incurred and not paid in 2018 .....		

### Qualifying Persons for Child/Dependent Care Expenses:

First Name and Initial	Last Name	Social Security Number	2018 Expenses Incurred	2017 Expenses Incurred

### Higher Education Expenses for Education Credits and/or Tuition Fees Deduction:

Qualified expenses are for post-secondary education tuition and related expenses; they do not include room or board. Include a detailed listing of the expenses.

**Include copies of all Forms 1098-T**

First Name and Initial	Last Name	Social Security Number	2018 Qualified Expenses



# Federal Tax Payments

## Refund Application:

If you have an overpayment of 2018 taxes, do you want the excess:

Refunded .....  Yes  No  
 Applied to your 2019 estimated tax liability  Yes  No

## Federal Estimated Tax Payments:

2018 1st Quarter Estimate ..... (Due 04-17-2018)  
 2018 2nd Quarter Estimate ..... (Due 06-15-2018)  
 2018 3rd Quarter Estimate ..... (Due 09-17-2018)  
 2018 4th Quarter Estimate ..... (Due 01-15-2019)

Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid

2017 overpayment applied to 2018 estimate .....

## Tax Planning Information for Tax Year 2019:

Do you expect any of the following to occur in 2019?

	Yes	No
A change in your marital status .....	<input type="checkbox"/>	<input type="checkbox"/>
A change in the number of your dependents .....	<input type="checkbox"/>	<input type="checkbox"/>
A substantial change in your income .....	<input type="checkbox"/>	<input type="checkbox"/>
A substantial change in your withholding .....	<input type="checkbox"/>	<input type="checkbox"/>
A substantial change in deductions .....	<input type="checkbox"/>	<input type="checkbox"/>

If you answered Yes to any of the above questions, provide details.






2018

# State and City Tax Payments

20A

## State and City Estimated Tax Payments:

TSJ _____ State/City _____		
Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid

2018 1st Quarter Estimate .....

2018 2nd Quarter Estimate .....

2018 3rd Quarter Estimate .....

2018 4th Quarter Estimate .....

If you have an overpayment of 2018 taxes, do you  
want the excess applied to your 2019 estimated tax liability? .....  Yes  No

2017 overpayment applied to 2018 estimate .....

Balance of prior year(s)' tax paid in 2018 plus  
amount paid with 2017 extensions .....

Estimated tax payments for 2017 paid in 2018 .....

## State and City Estimated Tax Payments:

TSJ _____ State/City _____		
Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid

2018 1st Quarter Estimate .....

2018 2nd Quarter Estimate .....

2018 3rd Quarter Estimate .....

2018 4th Quarter Estimate .....

If you have an overpayment of 2018 taxes, do you  
want the excess applied to your 2019 estimated tax liability? .....  Yes  No

2017 overpayment applied to 2018 estimate .....

Balance of prior year(s)' tax paid in 2018 plus  
amount paid with 2017 extensions .....

Estimated tax payments for 2017 paid in 2018 .....

## State and City Estimated Tax Payments:

TSJ _____ State/City _____		
Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid

2018 1st Quarter Estimate .....

2018 2nd Quarter Estimate .....

2018 3rd Quarter Estimate .....

2018 4th Quarter Estimate .....

If you have an overpayment of 2018 taxes, do you  
want the excess applied to your 2019 estimated tax liability? .....  Yes  No

2017 overpayment applied to 2018 estimate .....

Balance of prior year(s)' tax paid in 2018 plus  
amount paid with 2017 extensions .....

Estimated tax payments for 2017 paid in 2018 .....



2018

General Information:

Enter the amount of Internet or out of state purchases for which you did not pay sales tax

Residency Information:

Complete this section only if you were a resident of any other state during any portion of the year. Taxpayer Spouse. If you became a resident of California in 2018, enter - State of prior residence abbreviation - Date of move (Mo/Da/Yr). If you became a nonresident of California in 2018, enter - New state of residence abbreviation - Date of move (Mo/Da/Yr). If you were a military nonresident, enter state of residence abbreviation. If you were a military nonresident, enter state stationed in abbreviation. If you were a prior resident of California, enter the date you moved back to California (Mo/Da/Yr). If you were a prior resident of California, enter the date you left California (Mo/Da/Yr). Did you own homes and/or properties in California during 2018? How many days during 2018 were spent in California?

Voluntary Contributions: Enter the amount you wish to contribute on your 2018 tax return to the following funds:

California Seniors Special Fund
Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund
Rare and Endangered Species Preservation Voluntary Tax Contribution Program
California Breast Cancer Research Voluntary Tax Contribution Fund
California Firefighters' Memorial Fund
Emergency Food for Families Voluntary Tax Contribution Fund
California Peace Officer Memorial Foundation Fund
California Sea Otter Fund
California Cancer Research Voluntary Tax Contribution Fund
School Supplies for Homeless Children Fund
State Parks Protection Fund/Parks Pass Purchase
Protect Our Coast and Oceans Voluntary Tax Contribution Fund
Keep Arts in School Voluntary Tax Contribution Fund
State Children's Trust Fund for the Prevention of Child Abuse
Prevention of Animal Homelessness and Cruelty Fund
Revive the Salton Sea Fund
California Domestic Violence Victims Fund
Special Olympics Fund
Type 1 Diabetes Research Fund
California YMCA Youth and Government Voluntary Tax Contribution Fund
Habitat for Humanity Voluntary Tax Contribution Fund
California Senior Citizen Advocacy Voluntary Tax Contribution Fund
Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund
Rape Backlog Kit Voluntary Tax Contribution Fund

