



This Tax Organizer is designed to help you collect and report the information needed to prepare your 2018 income tax return. The attached worksheets cover income, deductions, and credits, and will help in the preparation of your tax return by focusing attention on your special needs.

Please enter your 2018 information in the designated areas on the worksheets. If you need to include additional information, you may use the back of a worksheet or an additional page.

When possible, 2017 information is included for your reference. You do not need to make any 2017 entries.

Note: The General Questions and Business/Investment Questions worksheets include a variety of questions designed to assist in completing your tax return. If you answer **yes** to any of the questions, be sure to provide the applicable details.

Please provide the following information:

- A copy of your 2017 tax return (if not in our possession).
- Original Form(s) W-2.
- Schedule(s) K-1 showing income or loss from partnerships, S corporations or estates or trusts.
- Copies of other compensation or pension documentation, such as Form 1099-MISC or Form 1099-R.
- Form(s) 1099 or statements reporting dividend and interest income.
- Brokerage statements showing transactions for stocks, bonds, etc.
- Form(s) 1098 reporting interest paid, copies of real estate tax bills and other information relating to real property holdings.
- Copies of closing statements regarding the sale or purchase of real property.
- All other information notices you received, or any items you have questions about.

Thank you for taking the time to complete this Tax Organizer.

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ORG2

| | |
|--|--|
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|--|--|

General Questions

ORG3

PERSONAL INFORMATION

| | Yes | No |
|---|--------------------------|--------------------------|
| 1 Did your marital status change during 2018? If yes , explain | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 Do you want to allow your tax preparer to discuss this year's return with the IRS? If no , enter another person (if desired) to be allowed to discuss this return with the IRS. Caution: Review any transferred information for accuracy. Designee's Name ▶ _____ Phone Number ▶ _____ Personal Identification Number (5 digit PIN)..... ▶ _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 Do you or your spouse plan to retire in 2019? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 Were you or your spouse permanently and totally disabled in 2018? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 Enter date of death for taxpayer or spouse (if during 2018 or 2019): Taxpayer: _____ Spouse: _____ | | |
| 6 Were you or your spouse a member of the U.S. Armed Forces during 2018? | <input type="checkbox"/> | <input type="checkbox"/> |

DEPENDENT INFORMATION

| | Yes | No |
|---|--------------------------|--------------------------|
| 7 a Do you have dependents who must file? | <input type="checkbox"/> | <input type="checkbox"/> |
| b If yes , do you want us to prepare the return(s)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8 a Do you have children who are under age 19 or a full time student under age 24 with investment income greater than \$2,100? | <input type="checkbox"/> | <input type="checkbox"/> |
| b If yes , do you want to include your child's income on your return? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9 Are any of your dependents not U.S. citizens or residents? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10 Did you provide over half the support for any other person during 2018? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11 Did you incur adoption expenses during 2018? | <input type="checkbox"/> | <input type="checkbox"/> |

IRA, PENSION AND EDUCATION SAVINGS PLANS

| | Yes | No |
|---|--------------------------|--------------------------|
| 12 Did you receive payments from a pension or profit-sharing plan? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13 Did you receive a total distribution from an IRA or other qualified plan that was partially or totally rolled over into another IRA or qualified plan within 60 days of the distribution? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14 a Did you convert all or part of a regular IRA into a Roth IRA? | <input type="checkbox"/> | <input type="checkbox"/> |
| b Did you roll over all or part of a qualified plan into a Roth IRA? | <input type="checkbox"/> | <input type="checkbox"/> |
| 15 Did you contribute to a Coverdell Education Savings Account? | <input type="checkbox"/> | <input type="checkbox"/> |

ITEMS RELATED TO INCOME/LOSSES

| | Yes | No |
|--|--------------------------|--------------------------|
| 16 Did you receive any disability payments in 2018? | <input type="checkbox"/> | <input type="checkbox"/> |
| 17 Did you receive tip income not reported to your employer? | <input type="checkbox"/> | <input type="checkbox"/> |
| 18 a Did you buy, sell, refinance, or abandon a principal residence or other real property in 2018? (Attach copies of any escrow statements or Forms 1099.) | <input type="checkbox"/> | <input type="checkbox"/> |
| b If you sold or abandoned a home, did you claim the First-Time Homebuyer Credit when you purchased the home? | <input type="checkbox"/> | <input type="checkbox"/> |
| c Are you planning to purchase a home soon? | <input type="checkbox"/> | <input type="checkbox"/> |
| 19 Did you incur any casualty or theft losses during 2018? | <input type="checkbox"/> | <input type="checkbox"/> |
| 20 Did you incur any non-business bad debts? | <input type="checkbox"/> | <input type="checkbox"/> |

PRIOR YEAR TAX RETURNS

| | Yes | No |
|---|--------------------------|--------------------------|
| 21 Were you notified by the Internal Revenue Service or state taxing authority of changes to a prior year's return? If yes , enclose agent's report or notice of change. | <input type="checkbox"/> | <input type="checkbox"/> |
| 22 Were there changes to a prior year's income, deductions, credits, etc which would require filing an amended return? | <input type="checkbox"/> | <input type="checkbox"/> |

General Questions (continued)

ORG3

FOREIGN BANK ACCOUNTS, FOREIGN ASSETS AND FOREIGN TAXES

- | | Yes | No |
|--|--------------------------|--------------------------|
| 23 Did you have foreign income or pay any foreign taxes in 2018 ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 24 a At any time during 2018, did you have an interest in or a signature or other authority over a bank account, or other financial account in a foreign country? | <input type="checkbox"/> | <input type="checkbox"/> |
| b Did the aggregate value of all your foreign accounts exceed \$10,000 at any time during 2018 ? Report all interest income on Org 11 | <input type="checkbox"/> | <input type="checkbox"/> |
| 25 Were you the grantor of or transferor to a foreign trust which existed during the tax year, whether or not you have any beneficial interest in the trust? | <input type="checkbox"/> | <input type="checkbox"/> |
| 26 Did you at any time during 2018, have an interest in or any authority over any foreign accounts or assets (i.e. stocks, bonds, mutual funds, partnership interests, etc.) held in foreign financial institutions that exceeded \$50,000 in value at any time during the year? | <input type="checkbox"/> | <input type="checkbox"/> |

HEALTH AND LIFE INSURANCE

- | | Yes | No |
|---|--------------------------|--------------------------|
| 27 a Did you and your dependents have health care coverage for the full year? | <input type="checkbox"/> | <input type="checkbox"/> |
| b Did you receive any of the following IRS documents? Forms 1095-A (Health Insurance Marketplace Statement), Form 1095-B (Health Coverage) or Form 1095-C (Employer Provided Health Insurance Offer and Coverage)? If so, please attach | <input type="checkbox"/> | <input type="checkbox"/> |
| c If you or your dependents did not have health care coverage during the year, do you fall into one of the following exemption categories: Indian tribe membership, health sharing ministry membership, religious sect membership, incarceration, exempt non-citizen or economic hardship? If you received an exemption certificate, please attach..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 28 a Did you or your spouse have self-employed health insurance? | <input type="checkbox"/> | <input type="checkbox"/> |
| b If you or your spouse are self-employed, are either of you eligible to participate in an employer's health plan at another job? | <input type="checkbox"/> | <input type="checkbox"/> |
| 29 Did your employer pay premiums on life insurance in excess of \$50,000 where the proceeds are payable to beneficiaries named by you? | <input type="checkbox"/> | <input type="checkbox"/> |
| 30 Did you contribute to or receive distributions from a Health Savings Account (HSA)? | <input type="checkbox"/> | <input type="checkbox"/> |

MISCELLANEOUS

- | | Yes | No |
|---|--------------------------|--------------------------|
| 31 Did you make energy efficient improvements to your home or purchase any energy-saving property during 2018 ? If yes , please attach details | <input type="checkbox"/> | <input type="checkbox"/> |
| 32 Did you start paying mortgage insurance premiums in 2018 ? If yes , please attach details | <input type="checkbox"/> | <input type="checkbox"/> |
| 33 Did you purchase a motor vehicle or boat during 2018 ? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes , attach documentation showing sales tax paid. | | |
| 34 Did you purchase an energy efficient vehicle in 2018 ? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes , enter year, make, model, and date purchased: _____ | | |
| 35 Did you donate a vehicle in 2018 ? If yes, attach Form 1098C | <input type="checkbox"/> | <input type="checkbox"/> |
| 36 What was the sales tax rate in your locality in 2018 ? _____ % State ID | | |
| 37 Did you or your spouse make gifts of over \$15,000 to an individual or contribute to a prepaid tuition plan? | <input type="checkbox"/> | <input type="checkbox"/> |
| 38 Did you make gifts to a trust? | <input type="checkbox"/> | <input type="checkbox"/> |
| 39 If there were dues paid to an association, was any portion required to be non-deductible due to political lobbying by the association? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes , please attach details. | | |
| 40 Did you or your spouse participate in a medical savings account in 2018 ? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes , please attach Form 1099-SA (Distributions from an HSA, Archer MSA or Medicare+Choice MSA.) | | |
| 41 Did you make a loan at an interest rate below market rate? | <input type="checkbox"/> | <input type="checkbox"/> |
| 42 Did you pay any individual for domestic services in 2018 ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 43 Did you pay interest on a student loan for yourself, your spouse, or your dependents? | <input type="checkbox"/> | <input type="checkbox"/> |
| 44 Did you, your spouse, or your dependents attend post-secondary school in 2018 ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 45 Did a lender cancel any of your debt in 2018 ? (Attach any Forms 1099-A or 1099-C) | <input type="checkbox"/> | <input type="checkbox"/> |
| 46 Did you receive any income not included in this Tax Organizer? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes , please attach information. | | |

ELECTRONIC FILING AND DIRECT DEPOSIT OF REFUND

- | | Yes | No |
|--|--------------------------|--------------------------|
| 47 If your tax return is eligible for Electronic Filing, would you like to file electronically? | <input type="checkbox"/> | <input type="checkbox"/> |
| 48 The Internal Revenue Service is able to deposit many refunds directly into taxpayers' accounts. If you receive a refund, would you like direct deposit? | <input type="checkbox"/> | <input type="checkbox"/> |

Caution: Review transferred information for accuracy.

- 49 If **yes**, please provide the following information:
- a Name of your financial institution
- b Routing Transit Number (must begin with 01 through 12 or 21 through 32)
- c Account number
- d What type of account is this?Checking Savings

Please attach a **voided** check (not a deposit slip) if your bank account information has changed.

Health Insurance Coverage

ORG3A

Preparer note: The fields on this form are non-enterable. This worksheet is meant to gather client data only. This worksheet will not transfer to the ProSeries/1040 product. Data from this worksheet must be manually entered on the appropriate form in ProSeries/1040.

| Part 1 Coverage | | | | | | | | | | | | | | | | |
|---|------------|----------------|-----------------|--------------------|--|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| Enter the name, SSN/DOB and health insurance status for each person who will claim on your return in the table below: See the information below regarding the new health insurance reporting requirements beginning in 2015. | | | | | | | | | | | | | | | | |
| Name of covered individual(s) | SSN or DOB | Covered 12 mos | Exchange Policy | Exemption Received | Indicate which months each person was covered by MEC*: | | | | | | | | | | | |
| | | | | | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
| 1. | | | | | | | | | | | | | | | | |
| 2. | | | | | | | | | | | | | | | | |
| 3. | | | | | | | | | | | | | | | | |
| 4. | | | | | | | | | | | | | | | | |
| 5. | | | | | | | | | | | | | | | | |
| 6. | | | | | | | | | | | | | | | | |
| 7. | | | | | | | | | | | | | | | | |
| 8. | | | | | | | | | | | | | | | | |
| 9. | | | | | | | | | | | | | | | | |

Use this worksheet to list the names of individuals listed on the income tax return and their health care insurance coverage status. It will help your tax preparer determine who has health insurance coverage, who may have an exemption, and who may be subject to the individual shared responsibility payment.

Most individuals are required to have:

- ▶ **Minimum Essential Coverage (*MEC)**, or
- ▶ an **Exemption** from the responsibility to have minimum essential coverage, or
- ▶ Make a **Shared Responsibility Payment**.

Minimum Essential Coverage includes employer-sponsored coverage, health insurance purchased through the Health Insurance Marketplace (Exchange), Medicare, Medicaid, certain VA coverage, Tricare, etc.

Exemptions may be obtained in advance from Healthcare.gov. Exemptions are available to members of federally recognized tribes, certain religious sects, and members of healthcare sharing ministries. There are numerous other exemptions and hardship exemptions available at www.irs.gov/uac/ACA-Individual-Shared-Responsibility-Provision-Exemptions or www.healthcare.gov/exemptions. Some exemptions may be claimed directly on the income tax return.

The **Shared Responsibility Payment** for 2017 is the **GREATER OF 2.5%** of the household income that is above the filing threshold for the filing status, or the family's flat dollar amount for 2017 is \$695 per adult and \$347.50 per child, limited to a family maximum of \$2,085. This total is capped at the cost of the national average premium for a bronze level plan available through the Marketplace in 2017. The national average bronze plan amount is \$272 per month and limited to \$1,360 per month for a family of five or more members.

If you purchased a health insurance policy from an exchange (or Marketplace), check the Exchange Policy box above. You will receive Form 1095-A from the exchange that issued your policy. Please provide this form with your Organizer documents to your tax preparer.

Please call with any questions on this worksheet.

Business/Investment Questions

ORG4

| | Yes | No |
|--|--------------------------|--------------------------|
| 1 Did you receive stock from a stock bonus plan with your employer? (Do not include stock sales included on your W-2.) | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 Did you buy or sell any stocks or bonds in 2018? If yes , attach broker's information (such as Form 1099-Bs and broker annual statements) related to the transactions. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 Did you surrender any U.S. savings bonds during 2018? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 Did you use the proceeds from Series EE or I U.S. savings bonds purchased after 1989 to pay for higher education expenses? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 Did you realize a gain or loss on property which was taken from you by destruction, theft, seizure, or condemnation? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 Did you start a business, purchase a rental property or farm, or acquire interests in partnerships or S corporations? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7 Do you have any investments for which you were not personally 'at risk' (other than sole proprietorship or farm)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8 Did you own an interest in a Real Estate Mortgage Investment Conduit (REMIC) during 2018? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9 Did you sell property or equipment on installment in 2018? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10 Did you have any business related educational expenses? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11 Did you do a 'like-kind' exchange of property in 2018? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12 Deductions for travel and meals may be allowed under certain circumstances. Adequate records must be presented. Information must include: 1 Amount; 2 Time and place; 3 Date; 4 Business purpose; 5 Description of gift(s); and 6 Business relationship of recipient Do you have records to support expenses? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13 Did you purchase special fuels for non-highway use? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes , please list the type of use and the number of gallons for each fuel. | | |
| <hr/> | | |
| <hr/> | | |
| <hr/> | | |
| <hr/> | | |
| <hr/> | | |

PERSONAL INFORMATION

| | TAXPAYER | SPOUSE |
|---|--|--|
| Last name..... | _____ | _____ |
| First name | _____ | _____ |
| Middle initial and suffix | MI _____ Suffix _____ | MI _____ Suffix _____ |
| Social security number | _____ | _____ |
| Occupation..... | _____ | _____ |
| Work phone/extension | _____ | _____ |
| Cell phone | _____ | _____ |
| E-mail address..... | _____ | _____ |
| Driver's License/Id issuing state | _____ | _____ |
| License /Id number..... | _____ | _____ |
| License/Id issue date | _____ | _____ |
| License/Id expiration date..... | _____ | _____ |
| Birthdate | MM/DD/YYYY | MM/DD/YYYY |
| Blind | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Contribute to Presidential Election Campaign Fund..... | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Eligible to be claimed as a dependent on another return | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Street address..... | _____ | Apartment number |
| City..... | _____ State..... | ZIP code..... |
| Home phone..... | _____ Foreign country | _____ |
| Fax..... | _____ Foreign phone | _____ |

FILING STATUS

1 Single

2 Married filing jointly

3 Married filing separately

Check this box if you **did not** live with spouse at any time during the year

Check this box if you are eligible to claim spouse's exemption

Check this box if your spouse itemizes deductions.....

4 Head of household

If the qualifying person is a child but not your dependent, enter

Child's name..... Child's social security number.....

5 Qualifying widow(er)

Check the box for the year the spouse died 2016 2017

DEPENDENT INFORMATION

| Full Name (first name, middle initial, last name, suffix) | Social Security Number | **Code | Not qualified credit Other dep | Date of Birth | 2018 Child Care Expense |
|--|------------------------|--------|-----------------------------------|--------------------------|-------------------------|
| | | | | | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | |

** For the Dependent Code, enter the following: L = dependent child who lived with you
 N = dependent child who didn't live with you due to divorce or separation
 O = other dependent
 Q = not a dependent (but is a person who qualifies your client for the earned income credit and/or the credit for child and dependent care expenses)

+ Enter the number of months dependent lived with you, and/or your spouse if married filing jointly, in the U.S.

* Check this box if dependent child is not a U.S. citizen or resident alien

W-2 – WAGES, SALARIES, TIPS, AND OTHER COMPENSATION

Attach all copies of your W-2 forms here.

| | | | |
|----------|--|--|---|
| 1 | Employer's name | Check if not applicable for 2018 | <input type="checkbox"/> |
| | Employer's name | Check if for spouse | <input type="checkbox"/> |
| | 1 Check if this employer hired an on-staff care provider or furnished dependent care at your workplace | | <input type="checkbox"/> |
| | 2 Enter any amounts forfeited from a flexible spending account | | _____ |
| | 3 Check if the income reported is from a foreign source | | <input type="checkbox"/> |
| | 4 a Clergy: Enter your designated housing or parsonage allowance | | _____ |
| | b Clergy: Enter smallest of (a) the designated housing or parsonage allowance, (b) amount spent on qualifying housing expenses, or (c) fair rental value..... | | _____ |
| | c Check SE tax on: (a) housing or parsonage allowance..... <input type="checkbox"/> | (b) W-2 wages..... <input type="checkbox"/> | (c) both..... <input type="checkbox"/> |

| | | | |
|----------|--|--|---|
| 2 | Employer's name | Check if not applicable for 2018 | <input type="checkbox"/> |
| | Employer's name | Check if for spouse | <input type="checkbox"/> |
| | 1 Check if this employer hired an on-staff care provider or furnished dependent care at your workplace | | <input type="checkbox"/> |
| | 2 Enter any amounts forfeited from a flexible spending account | | _____ |
| | 3 Check if the income reported is from a foreign source | | <input type="checkbox"/> |
| | 4 a Clergy: Enter your designated housing or parsonage allowance | | _____ |
| | b Clergy: Enter smallest of (a) the designated housing or parsonage allowance, (b) amount spent on qualifying housing expenses, or (c) fair rental value..... | | _____ |
| | c Check SE tax on: (a) housing or parsonage allowance..... <input type="checkbox"/> | (b) W-2 wages..... <input type="checkbox"/> | (c) both..... <input type="checkbox"/> |

1099-R – DISTRIBUTIONS FROM PENSIONS, ANNUITIES, RETIREMENT OR PROFIT-SHARING PLANS, IRAS, INSURANCE CONTRACTS, ETC

Attach all copies of your 1099-R forms here.

| | | | |
|----------|---|--|--------------------------|
| 1 | Payer's name..... | Check if not applicable for 2018 | <input type="checkbox"/> |
| | Payer's name..... | Check if for spouse | <input type="checkbox"/> |
| | 1 Check if either box applies: Rollover | Conversion to Roth IRA | <input type="checkbox"/> |
| | 2 a If a partial rollover, enter the amount rolled over | | _____ |
| | b If a partial conversion to a Roth IRA, enter the amount converted to Roth IRA | | _____ |
| | 3 Health insurance premiums deductible on Schedule A..... | | _____ |
| | 4 a If entire distribution is a Required Minimum Distribution (RMD), check this box | | <input type="checkbox"/> |
| | b If only part of distribution is RMD, enter the part that is RMD..... | | _____ |

| | | | |
|----------|---|--|--------------------------|
| 2 | Payer's name..... | Check if not applicable for 2018 | <input type="checkbox"/> |
| | Payer's name..... | Check if for spouse | <input type="checkbox"/> |
| | 1 Check if either box applies: Rollover | Conversion to Roth IRA | <input type="checkbox"/> |
| | 2 a If a partial rollover, enter the amount rolled over | | _____ |
| | b If a partial conversion to a Roth IRA, enter the amount converted to Roth IRA | | _____ |
| | 3 Health insurance premiums deductible on Schedule A..... | | _____ |
| | 4 a If entire distribution is a Required Minimum Distribution (RMD), check this box | | <input type="checkbox"/> |
| | b If only part of distribution is RMD, enter the part that is RMD..... | | _____ |

W-2G – GAMBLING OR LOTTERY WINNINGS

Attach all copies of your W-2G forms here.

| Name of Payer | Check if Spouse | Gross Winnings (Box 1) | Federal Tax Withheld (Box 2) | State Tax Withheld (Box 14) | State Code (Box 13) |
|---------------|--------------------------|------------------------|------------------------------|-----------------------------|---------------------|
| | <input type="checkbox"/> | | | | |
| | <input type="checkbox"/> | | | | |
| | <input type="checkbox"/> | | | | |

Interest and Dividend Income

ORG11

T = Taxpayer, S = Spouse, J = Joint

INTEREST INCOME

Attach all copies of your Form 1099-INTs here.

****Type of Interest**
 blank = Regular taxable interest
 ME1 = ME bond interest in federal income
 MD1 = MD nontaxable interest — taxable federal

MA1 = MA bank interest
 NH1 = NH nontaxable interest — taxable federal
 NJ1 = NJ nontaxable interest — taxable federal

OK1 = OK bank interest
 TN1 = TN nontaxable interest — taxable federal
 WV1 = WV bond interest in federal income

| TSJ | X* | Payer Name | 2018 Box 1 Interest | Type of Interest** | 2018 Box 3 US/Treasury Interest | 2018 Box 8 Tax Exempt | State | 2017 Box 1 + 3 |
|-----|----|------------|---------------------------|-----------------------|--|-----------------------------|-------|-------------------|
| | | | | | | | | |
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X* Check if you did not receive income from this account in 2018 .

DIVIDEND INCOME

Attach all copies of your Form 1099-DIVs here.

| TSJ | X* | Payer Name | 2018 Box 1a Ordinary Dividends | 2018 Box 1b Qualified Dividends | 2018 Box 2a Capital Gains | State | 2017 Box 1a + 2a |
|-----|----|------------|---|--|------------------------------------|-------|---------------------|
| | | | | | | | |
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| | | | | | | | |

X* Check if you did not receive income from this account in 2018 .

Medical and Tax Expenses

ORG13

| MEDICAL AND DENTAL EXPENSES | 2018 | 2017 |
|--|-------------|-------------|
| 1 Prescription medications | | |
| 2 Health insurance premiums (enter Medicare B on ORG10)..... Exclude premiums paid through an exchange (Form 1095-A) | | |
| 3 Qualified long-term care premiums | | |
| a Taxpayer's gross long-term care premiums | | |
| b Spouse's gross long-term care premiums | | |
| c Dependent's gross long-term care premiums | | |
| 4 Enter self-employed health insurance premiums on ORG19, ORG27, ORG45A, or ORG46A for the appropriate activity..... | | |
| 5 Insurance reimbursement..... | | |
| 6 Doctors, dentists, etc | | |
| 7 Hospitals, clinics, etc | | |
| 8 Lab and X-ray fees..... | | |
| 9 Expenses for qualified long-term care..... | | |
| 10 Eyeglasses and contact lenses | | |
| 11 Medical equipment and supplies | | |
| 12 Miles driven for medical purposes..... | | |
| 13 Ambulance fees and other medical transportation costs..... | | |
| 14 Lodging..... | | |
| 15 Other medical and dental expenses: | | |
| a _____ | | |
| b _____ | | |
| c _____ | | |
| d _____ | | |
| e _____ | | |
| f _____ | | |
| g _____ | | |
| h _____ | | |
| i _____ | | |
| j _____ | | |
| TAXES | 2018 | 2017 |
| Enter state and local income taxes on ORG7, ORG8, ORG10, and ORG40. | | |
| 16 Real estate taxes paid on principal residence | | |
| 17 Real estate taxes paid on additional homes or land | | |
| 18 Auto registration fees based on the value of the vehicle..... | | |
| 19 Other personal property taxes | | |
| 20 Other taxes: | | |
| _____ | | |
| _____ | | |

Interest Paid and Cash Contributions

ORG14

| HOME MORTGAGE INTEREST PAID | | | |
|-----------------------------|---------------------------|------|------|
| Lender's Name | Check if NOT on Form 1098 | 2018 | 2017 |
| | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | | |

| POINTS PAID ON LOAN TO BUY, BUILD, OR IMPROVE MAIN HOME | | |
|---|---------------------------|------|
| Lender's Name | Check if NOT on Form 1098 | 2018 |
| | <input type="checkbox"/> | |
| | <input type="checkbox"/> | |
| | <input type="checkbox"/> | |
| | <input type="checkbox"/> | |

| SELLER FINANCED MORTGAGE | | |
|--------------------------|--------------------|---------|
| Individual's Name | Identifying Number | Address |
| | | |
| | | |

| OTHER PERSON RECEIVING FORM 1098 | |
|----------------------------------|---------|
| Form 1098 Recipient's Name | Address |
| | |
| | |

| OTHER POINTS | | | | | |
|---|--------------------------|-------------|--------------|---------------------|----------------------|
| Enter below any points paid on a home equity loan (other than to improve your main home), a loan for a second home, or a refinanced mortgage. | | | | | |
| Lender's Name | Loan Over | Points Paid | Date of Loan | Loan Length (years) | 2017 Points Deducted |
| | <input type="checkbox"/> | | | | |
| | <input type="checkbox"/> | | | | |
| | <input type="checkbox"/> | | | | |
| | <input type="checkbox"/> | | | | |

| QUALIFIED MORTGAGE INSURANCE PREMIUMS | | |
|---|------|------|
| | 2018 | 2017 |
| Premiums paid in 2018 for qualified mortgage insurance not from Form 1098 import | | |

Interest Paid and Cash Contributions (continued)

ORG14

| INVESTMENT INTEREST | | |
|---|------|------|
| | 2018 | 2017 |
| Investment interest (for example: margin interest, interest paid on loans used for property held for investment, etc) | | |

| LIMITED HOME MORTGAGE DEDUCTION | | | | | |
|---|--------|--------|--------|--------|--------|
| If the mortgage meets the following reasons during 2018 complete the following: - The principal amount of your mortgage and home equity debt is over \$750,000 (\$375,000 if married filing separate), or - You had home debt that was not used to buy, build or substantially improve the home that secures the loan | | | | | |
| | Loan 1 | Loan 2 | Loan 3 | Loan 4 | Loan 5 |
| 1a Interest paid in 2018 | | | | | |
| Points paid in 2018 | | | | | |
| Months loan outstanding | | | | | |
| Principal pd on loan in 2018 | | | | | |
| b Was all proceeds of this loan used to buy, build, or substantially improve the home? Yes: <input type="checkbox"/> No: <input type="checkbox"/> Yes: <input type="checkbox"/> No: <input type="checkbox"/> Yes: <input type="checkbox"/> No: <input type="checkbox"/> Yes: <input type="checkbox"/> No: <input type="checkbox"/> Yes: <input type="checkbox"/> No: <input type="checkbox"/> | | | | | |
| 2 Home Debt Origination on or after December 15, 2017 | | | | | |
| Beginning of year balance .. | | | | | |
| Additional borrowed in 2018 | | | | | |
| Enter the amount of debt not used to buy, build, or substantially improve the home: | | | | | |
| | | | | | |
| 3 Home Debt Origination after October 13, 1987 and Before December 15, 2017 | | | | | |
| Beginning of year balance .. | | | | | |
| Enter the amount of debt not used to buy, build, or substantially improve the home: | | | | | |
| | | | | | |
| 4 Grandfathered debt: (before 10/14/1987) | | | | | |
| Beginning of year balance .. | | | | | |
| Enter the amount of debt not used to buy, build, or substantially improve the home: | | | | | |
| | | | | | |

| CASH CONTRIBUTIONS | | | |
|---|---|------|--------------------------|
| Name of Donee Organization | Check if Statement Exists for Gifts \$250 or More | 2018 | 2017 |
| | | | <input type="checkbox"/> |
| | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | | |
| Charitable miles driven | | | |
| Miles driven to deliver noncash contributions | | | |
| Parking fees, tolls, and local transportation | | | |

Noncash Contributions

ORG14A

Copy 1

| Name of Donee Organization | Check if Statement Exists for Gifts of \$250 or More | Fair Market Value | Prior Year Fair Market Value |
|----------------------------|--|-------------------|------------------------------|
| A _____ | | | |
| B _____ | | | |
| C _____ | | | |
| D _____ | | | |
| E _____ | | | |
| F _____ | | | |
| G _____ | | | |
| H _____ | | | |
| I _____ | | | |

Note: Complete sections below **only** if the **total** noncash contributions are **more than \$500**.

| Description of Donated Property | Type** | Address of Donee Organization |
|---------------------------------|--------|-------------------------------|
| A _____ | | |
| B _____ | | |
| C _____ | | |
| D _____ | | |
| E _____ | | |
| F _____ | | |
| G _____ | | |
| H _____ | | |
| I _____ | | |

| Method for Fair Market Value* | Date of Contribution | Complete these columns only for each contribution over \$500 | | |
|-------------------------------|----------------------|---|-----------------|-----------|
| | | Date Acquired (month, year) | How Acquired*** | Your Cost |
| A _____ | | | | |
| B _____ | | | | |
| C _____ | | | | |
| D _____ | | | | |
| E _____ | | | | |
| F _____ | | | | |
| G _____ | | | | |
| H _____ | | | | |
| I _____ | | | | |

***Methods of determining FMV:**

- | | | | |
|---------------|--------------------------|-------------------|-------------|
| Appraisal | Capitalization of income | Present value | Thrift shop |
| Average share | Comparative sales | Replacement cost | |
| Catalog | Consignment shop | Reproduction cost | |

****Type of Donated Property**

- | | | |
|---------------------------------|-----------------------------------|--|
| Household/clothing items | Business equipment | Intellectual property |
| Motor vehicle, boat or airplane | Business inventory | Real property, conservation property |
| Art, other than self-created | Stock, publicly traded | Real property, other than conservation |
| Art, self-created | Stock, other than publicly traded | Other personal property |
| Collectibles | Securities, other than stock | Other intangible property |

*****How Property was Acquired:** Purchase, Gift, Inheritance, Exchange

Miscellaneous Itemized Deductions

ORG15

| MISCELLANEOUS DEDUCTIONS (2% LIMITATION) | 2018 | 2017 |
|--|----------------------------------|--|
| Employee Business Expenses | | |
| Note: If you have any travel, transportation, meal expenses or your employer reimbursed you for any of your job-related expenses, complete ORG17 for all your employee expenses. | | |
| 1 Union and professional dues | | |
| 2 Professional subscriptions | | |
| 3 Uniforms and protective clothing | | |
| 4 Job search costs | | |
| 5 Other unreimbursed employee expenses: | | |
| a _____ | | |
| b _____ | | |
| c _____ | | |
| d _____ | | |
| e _____ | | |
| Other Expenses Subject to the 2% Limitation | | |
| Treat all MACRS assets for this activity as qualified Indian reservation property? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Treat all assets acquired after August 27, 2005 as qualified GO Zone property? | <input type="checkbox"/> Regular | <input type="checkbox"/> Extension <input type="checkbox"/> No |
| Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Was this property located in a Qualified Disaster Area? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Check to code assets as Investment Expense | <input type="checkbox"/> | |
| Use ORG50 to record dispositions. | | |
| Use ORG51A to enter additional assets. | | |
| Use ORG11a for investment expenses related to interest income. | | |
| Use ORG11b for investment interest related to dividend income. | | |
| 6 Tax return preparation fees | | |
| 7 Investment counsel and advisory fees | | |
| 8 Certain attorney and accounting fees | | |
| 9 Safe deposit box rental | | |
| 10 IRA custodial fees | | |
| 11 a Government unemployment benefits repaid in 2018 | <input type="checkbox"/> | |
| b Other expenses (list): | | |
| _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |
| OTHER MISCELLANEOUS DEDUCTIONS | 2018 | 2017 |
| 12 Federal estate tax paid on income in respect of a decedent | | |
| 13 Amortizable bond premiums (acquired before 10/23/86) | | |
| 14 Gambling losses (to the extent of gambling income) | | |
| 15 Claim repayments | | |
| 16 Unrecovered investment in annuity | | |
| 17 Ordinary loss attributable to certain debt instruments | | |

State Information Worksheet

ORG60

GENERAL INFORMATION

| | | |
|--|--------------------------|--------------------------|
| | Taxpayer | Spouse |
| 1 Enter your state of residence | | |
| 2 Check the appropriate box if: | Taxpayer | Spouse |
| a Full year resident..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b Part year resident..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c Nonresident | <input type="checkbox"/> | <input type="checkbox"/> |
| | Date of entry: _____ | Date of exit: _____ |
| 3 Resident locality: _____ | | |
| 4 County: _____ School district: _____ School district number: _____ | | |
| | Taxpayer | Spouse |
| 5 Check if disabled | <input type="checkbox"/> | <input type="checkbox"/> |

STATE CREDITS

| 6 Description/type of credit (for example, solar energy, carpool) | Code | Amount |
|---|------|--------|
| a _____ | | |
| b _____ | | |
| c _____ | | |
| d _____ | | |
| e _____ | | |

VOLUNTARY STATE CONTRIBUTIONS

| 7 Description/type of contribution (for example, wildlife, cancer) | Code | Amount |
|--|------|--------|
| a _____ | | |
| b _____ | | |
| c _____ | | |
| d _____ | | |
| e _____ | | |

MISCELLANEOUS QUESTIONS

| | | | |
|--|--------------------------|---------------------------------|--------------------------|
| | | Yes | No |
| 8 Did you file a state return for 2017? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9 Do you want state forms and instructions sent to you next year? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10 Do you want any applicable penalty and interest calculated and added to the return? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11 How do you want your state refund (if any) applied? | | | |
| a Refunded | <input type="checkbox"/> | b Apply to 2019 estimates | <input type="checkbox"/> |
| | | c Apply to 2019 taxes | <input type="checkbox"/> |
| 12 Additional state information: _____ | | | |
| _____ | | | |
| _____ | | | |

2018
Tax Documents to Send to Preparer

▶ Check items enclosed.

Gather the following documents to send to your preparer.

Form 1099-INT - Interest Income:

BANK

Form 1099-DIV - Dividend Income:

BANK