

Questions

Please check the appropriate box and include all necessary details and documentation.

	Yes	No
Personal Information		
Did your marital status change during the year?	p	p
If yes, explain: _____		
Did your address change from last year?	p	p
Can you be claimed as a dependent by another taxpayer?	p	p
Did you change any bank accounts, or did routing transit numbers (RTN) and/or bank account number change for existing bank accounts that have been used to direct deposit (or direct debit) funds from (or to) the IRS or other taxing authority during the tax year?	p	p
Did you receive an Identity Protection PIN (IP PIN) from the IRS or have you been a victim of identity theft? If yes, attach the IRS letter.	p	p
Did you reside in or operate a business in a Federally declared disaster area? The Federally declared disaster areas include victims of hurricanes, tropical storms, floods, as well as wildfires.	p	p
Dependent Information		
Were there any changes in dependents from the prior year?	p	p
If yes, explain: _____		
Do you have any children under age 19 or a full-time student under age 24 with unearned income in excess of \$2,100?	p	p
Do you have dependents who must file a tax return?	p	p
Did you provide over half the support for any other person(s) other than your dependent children during the year?	p	p
Did you pay for child care while you worked, looked for work, or while a full-time student?	p	p
Did you pay any expenses related to the adoption of a child during the year?	p	p
If you are divorced or separated with child(ren), do you have a divorce decree or other form of separation agreement which establishes custodial responsibilities?	p	p
Did any dependents receive an Identity Protection PIN (IP PIN) from the IRS or have they been a victim of identity theft? If yes, attach the IRS letter.	p	p
Purchases, Sales and Debt Information		
Did you start a new business or purchase rental property during the year?	p	p
Did you sell, exchange, or purchase any assets used in your trade or business?	p	p
Did you acquire a new or additional interest in a partnership or S corporation?	p	p
Did you sell, exchange, or purchase any real estate during the year?	p	p
Did you purchase or sell a principal residence during the year?	p	p
Did you foreclose or abandon a principal residence or real property during the year?	p	p
Did you acquire or dispose of any stock during the year?	p	p
Did you take out a home equity loan this year?	p	p
Did you refinance a principal residence or second home this year?	p	p
Did you sell an existing business, rental, or other property this year?	p	p
Did you lend money with the understanding of repayment and this year it became totally uncollectable?	p	p
Did you have any debts canceled or forgiven this year, such as a home mortgage or student loan(s)?	p	p
Did you purchase a qualified plug-in electric drive vehicle or qualified fuel cell vehicle this year?	p	p

Income Information

Did you have any foreign income or pay any foreign taxes during the year, directly or indirectly, such as from investment accounts, partnerships or a foreign employer?	p	p
Did you receive any income from property sold prior to this year?	p	p
Did you receive any unemployment benefits during the year?	p	p
Did you receive any disability income during the year?	p	p
Did you receive tip income not reported to your employer this year?	p	p
Did any of your life insurance policies mature, or did you surrender any policies?	p	p
Did you receive any awards, prizes, hobby income, gambling or lottery winnings?	p	p
Do you expect a large fluctuation in income, deductions, or withholding next year?	p	p
Did you have any sales or other exchanges of virtual currencies, or used virtual currencies to pay for goods or services, or you are holding virtual currencies as an investment?	p	p

Retirement Information

Are you an active participant in a pension or retirement plan?	p	p
Did you receive any Social Security benefits during the year?	p	p
Did you make any withdrawals from an IRA, Roth, myRA, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan?	p	p
If yes, were any withdrawals due to a Federally declared disaster?	p	p
Did you receive any lump-sum payments from a pension, profit sharing or 401(k) plan?	p	p
Did you make any contributions to an IRA, Roth, myRA, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan?	p	p

Education Information

Did you, your spouse, or your dependents attend a post-secondary school during the year, or plan to attend one in the coming year?	p	p
Did you have any educational expenses during the year on behalf of yourself, your spouse, or a dependent? If yes, attach any Form(s) 1098-T and receipts for qualified tuition and related expenses	p	p
Did anyone in your family receive a scholarship of any kind during the year? If yes, were any of the scholarship funds used for expenses other than tuition, such as room and board?	p	p
Did you make any withdrawals from an education savings or 529 Plan account? If yes, were any of these withdrawals rolled over into a ABLE (Achieving a Better Life Experience) account?	p	p
Did you make any contributions to an education savings or 529 Plan account?	p	p
Did you pay any student loan interest this year?	p	p
Did you cash any Series EE or I U.S. Savings bonds issued after 1989?	p	p
Would you like a worksheet to aid in the completion of a Free Application for Federal Student Aid (FAFSA) with the U.S. Department of Education?	p	p

Health Care Information

Did you have qualifying health care coverage, such as employer-sponsored coverage or government-sponsored coverage (i.e. Medicare/Medicaid) for your family? "Your family" for health care coverage refers to you, your spouse if filing jointly, and anyone you can claim as a dependent. If yes, attach any Form(s) 1095-B and/or 1095-C you received.	p	p
Did anyone in your family qualify for an exemption from the health care coverage mandate? Examples of exemptions include (but are not limited to) certain non-citizens, members of a health care sharing ministry, members of Federally-recognized Indian tribes, and exemptions requested from the Marketplace. If yes, attach the Exemption Certificate Number (ECN) or type of exemption.	p	p
Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act? If yes, attach any Form(s) 1095-A you received.	p	p
Did you enroll for lower cost Marketplace Coverage through healthcare.gov under		

the Affordable Care Act and share a policy with anyone who is not included in your family?	p	p
Did you make any contributions to a Health savings account (HSA) or Archer MSA?	p	p
Did you receive any distributions from a Health savings account (HSA), Archer MSA, or Medicare Advantage MSA this year?	p	p
Did you pay long-term care premiums for yourself or your family?	p	p
Did you make any contributions to an ABLE (Achieving a Better Life Experience) account? If yes, attach any Form(s) 5498-QA you received.	p	p
Did you receive any withdrawals from an ABLE (Achieving a Better Life Experience) account? If yes, attach any Form(s) 1099-QA you received.	p	p
If you are a business owner, did you pay health insurance premiums for your employees this year?	p	p
Did you receive any Health Coverage Tax Credit (HCTC) advance payments? If yes, attach any Form(s) 1099-H you received.	p	p

Itemized Deduction Information

Did you incur a casualty or theft loss or any condemnation awards during the year? If yes, did the loss occur in a Federally declared disaster area?	p	p
Did you pay out-of-pocket medical expenses (Co-pays, prescription drugs, etc.)?	p	p
Did you make any cash or noncash charitable contributions (clothes, furniture, etc.)? If yes, please provide evidence such as a receipt from the donee organization, a canceled check, or record of payment, to substantiate all contributions made.	p	p
Did you donate a vehicle or boat during the year? If yes, attach Form 1098-C or other written acknowledgment from the donee organization.	p	p
Did you pay real estate taxes for your primary home and/or second home?	p	p
Did you pay any mortgage interest on an existing home loan? If yes, attach any Form(s) 1098 you received.	p	p
Did you incur interest expenses associated with any investment accounts you held?	p	p
Did you make any major purchases during the year (cars, boats, etc.)?	p	p
Did you make any out-of-state purchases (by telephone, internet, mail, or in person) for which the seller did not collect state sales or use tax?	p	p

Miscellaneous Information

Did you make gifts of more than \$15,000 to any individual?	p	p
Did you utilize an area of your home for business purposes?	p	p
Did you engage in any bartering transactions?	p	p
Did you retire or change jobs this year?	p	p
Did you incur moving costs because of a permanent change of station as a member of the Armed Forces on active duty?	p	p
Did you pay any individual as a household employee during the year?	p	p
Did you make energy efficient improvements to your main home this year?	p	p
Did you receive a distribution from, or were you a grantor or transferor for a foreign trust?	p	p
Did you have a financial interest in or signature authority over a financial account such as a bank account, securities account, or brokerage account, located in a foreign country?	p	p
Do you have any foreign financial accounts, foreign financial assets, or hold interest in a foreign entity?	p	p
Did you receive correspondence from the State or the IRS? If yes, explain: _____	p	p
Do you have previous years of tax returns that are either unfiled or filed with unpaid balances due?	p	p
Do you want to designate \$3 to the Presidential Election Campaign Fund? If you check yes, it will not change your tax or reduce your refund.	p	p

Form ID: INDX Client Organizer Topical Index

This client organizer topical index is designed to help you quickly locate the items listed. To use the index just locate the topic and refer to the page number listed. The page number corresponds to the number printed in the top right corner of your organizer sheets. Please note this organizer is customized specifically for you, and may not contain all of the pages listed here.

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Please note the following conventions used throughout your client organizer: T/S/J and T/S headings should be used to indicate if an item belongs to the (T)axpayer, (S)pouse, or (J)oint. Also, if an item did not occur in your resident state, please indicate the state's postal code abbreviation in which the item occurred. Control totals and [] numbers are for preparer use only.

Form ID: 1040 Personal Information 1

Filing (Marital) status code (1 = Single, 2 = Married filing joint, 3 = Married filing separate, 4 = Head of household, 5 = Qualifying widow(er)) _____ [1]
 Mark if you were married but living apart all year _____ [2]
 Mark if your nonresident alien spouse does not have an Individual Taxpayer Identification Number (ITIN) _____ [3]

	Taxpayer	Spouse
Social security number	_____ [4]	_____ [5]
First name	_____ [6]	_____ [7]
Last name	_____ [8]	_____ [9]
Occupation	_____ [10]	_____ [11]
Designate \$3.00 to the presidential election campaign fund? (1 = Yes, 2 = No, 3 = Blank)	_____ [12]	_____ [14]
Mark if dependent of another taxpayer	_____ [15]	_____ [16]
Taxpayer with income less than 1/2 support age 18 or 19 - 23 full-time student? (Y, N)	_____ [17]	
Mark if legally blind	_____ [20]	_____ [21]
Date of birth	_____ [22]	_____ [24]
Date of death	_____ [26]	_____ [27]
Work/daytime telephone number/ext number	_____ [28] _____ [29]	_____ [30] _____ [31]
Home/evening telephone number	_____ [32]	_____ [33]
Do you authorize us to discuss your return with the IRS? (Y, N)	_____ [34]	

Present Mailing Address

Address _____ [38]
 Apartment number _____ [39]
 City, state postal code, zip code _____ [40] _____ [41] _____ [42]
 Foreign country name _____ [44]
 Foreign phone number _____ [47]
 In care of addressee _____ [48]

Dependent Information

(*Please refer to Dependent Codes located at the bottom)

First Name ^[49]	Last Name	Date of Birth	Social Security No.	Relationship	Months in home	***Dep Codes * **	Care expenses paid for dependent

Name of child who lived with you but is not your dependent _____ [50]
 Social security number of qualifying person _____ [51]

Dependent Codes	
*Basic 1 = Child who lived with you 2 = Child who did not live with you due to divorce/separation 3 = Other dependent 4 = Other dependents, but do not qualify for Credit for Other Dependents (ODC) 5 = Qualifying child for Earned Income Credit only 6 = Children who lived with you, but do not qualify for Earned Income Credit 7 = Children who lived with you, but do not qualify for Child Tax Credit 8 = Children who lived with you, but do not qualify for Child Tax Credit/Credit for Other Dependents/Earned Income Credit ***Months 77 = Reported on odd year return 88 = Reported on even year return 99 = Not reported on return	**Other 1 = Student (Age 19 - 23) 2 = Disabled dependent 3 = Dependent who is both a student and disabled

Client Contact Information

Preparer - Enter on Screen Contact

Tax matters person (Indicate which spouse handles tax return related questions) (Blank = Both, T = Taxpayer, S = Spouse) _____ [8]

Taxpayer email address _____ [9]

Spouse email address _____ [10]

Taxpayer

Spouse

Fax telephone number _____ [11] _____ [19]

Mobile telephone number _____ [12] _____ [20]

Mobile telephone #2 number _____ [13] _____ [21]

Pager number _____ [14] _____ [22]

Other: _____ [15] _____ [23]

 Telephone number _____ [16] _____ [24]

 Extension _____ [17] _____ [25]

Preferred method of contact:

 Email, Work phone, Home phone, Fax, Mobile phone, Mobile phone #2 _____ [18] _____ [26]

NOTES/QUESTIONS:

IRS regulations require paid tax preparers who expect to prepare a certain amount of federal individual tax returns to file them electronically. To comply with this requirement your return will be electronically filed this year if it qualifies for electronic filing under IRS rules. Taxpayers may choose to file a paper return instead of filing electronically.

Mark if you want to file a paper return even if you qualify for electronic filing ____[1]

Receive email notification(s) when your electronic file is accepted by the taxing agency (Blank = None, 1 = Return, 2 = Return & Extension) ____[2]

If 1 or 2, please provide email address on Organizer Form ID: Info

Mark if you are filing a balance due return electronically and you want to pay the amount due by debiting your financial institution account ____[9]

The IRS requires a Personal Identification Number (PIN) be used in signing returns that are electronically filed.

Each taxpayer and spouse, if applicable, must provide a 5 digit self-selected PIN of your choice other than all zeroes.

Taxpayer self-selected Personal Identification Number (PIN) ____[7]

Spouse self-selected Personal Identification Number (PIN) ____[8]

NOTES/QUESTIONS:

Taxpayer -

Form of identification (1 = Driver's license, 2 = State issued identification card, 3 = No applicable identification, 4 = Identification not provided) _____ [1]
Identification number _____ [2]
Issue date _____ [3]
Expiration date (mm/dd/yyyy) _____ [4]
Location of issuance (State issued only) _____ [5]
Document number (New York only) _____ [6]

Spouse -

Form of identification (1 = Driver's license, 2 = State issued identification card, 3 = No applicable identification, 4 = Identification not provided) _____ [9]
Identification number _____ [10]
Issue date _____ [11]
Expiration date (mm/dd/yyyy) _____ [12]
Location of issuance (State issued only) _____ [13]
Document number (New York only) _____ [14]

NOTES/QUESTIONS:

Form ID: Est	Estimated Taxes	8
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If you have an overpayment of 2018 taxes, do you want the excess:

Refunded _____ [52]

Applied to 2019 estimated tax liability _____ [53]

Do you expect a considerable change in your 2019 income? (Y, N) _____ [54]

If yes, please explain any differences:

_____ [55]

_____ [56]

_____ [57]

_____ [58]

Do you expect a considerable change in your deductions for 2019? (Y, N) _____ [59]

If yes, please explain any differences:

_____ [60]

_____ [61]

_____ [62]

_____ [63]

Do you expect a considerable change in the amount of your 2019 withholding? (Y, N) _____ [64]

If yes, please explain any differences:

_____ [65]

_____ [66]

_____ [67]

_____ [68]

Do you expect a change in the number of dependents claimed for 2019? (Y, N) _____ [69]

If yes, please explain any differences:

_____ [70]

_____ [71]

_____ [72]

_____ [73]

Mark if you use the Electronic Federal Tax Payment System (EFTPS) to pay your estimated taxes _____ [74]

2018 Federal Estimated Tax Payments

2017 overpayment applied to 2018 estimates + _____ [1]

Mark if you paid the calculated amounts on the dates due indicated below. Skip the remaining fields. _____ [5]

If your estimated payments were not made on the date due or were for an amount other than the calculated amount below, please enter the actual date and amount paid.

	Date Due	Date Paid if After Date Due	Amount Paid			Calculated Amount	Method*
1st quarter payment	4/18/18	_____ [6]	+ _____ [7]			_____	_____
2nd quarter payment	6/15/18	_____ [8]	+ _____ [9]			_____	_____
3rd quarter payment	9/17/18	_____ [10]	+ _____ [11]			_____	_____
4th quarter payment	1/15/19	_____ [12]	+ _____ [13]			_____	_____
Additional payment		_____ [14]	+ _____ [15]			_____	_____

*Method of payment indicated in prior year
EFW = Electronic funds withdrawal EFTPS = Electronic Federal Tax Payment System
Voucher = Form 1040-ES estimated tax payment voucher

NOTES/QUESTIONS:

Form ID: St Pmt 2018 State Estimated Tax Payments 9

Taxpayer/Spouse/Joint (T, S, J) ___[1]
 State postal code ___[2]

Amount paid with 2017 return + _____[3]
 2017 overpayment applied to '18 estimates + _____[4]
 Treat calculated amounts as paid ___[8]

	Date Paid	Amount Paid	Calculated Amount
1st quarter payment	_____ [9]	+ _____ [10]	_____ _____ _____ _____
2nd quarter payment	_____ [11]	+ _____ [12]	
3rd quarter payment	_____ [13]	+ _____ [14]	
4th quarter payment	_____ [15]	+ _____ [16]	
Additional payment	_____ [17]	+ _____ [18]	

2018 City Estimated Tax Payments

City #1	City #2
City name _____ [28]	City name _____ [50]
Amount paid with 2017 return + _____ [31]	Amount paid with 2017 return + _____ [53]
2017 overpayment applied to '18 estimates + _____ [32]	2017 overpayment applied to '18 estimates + _____ [54]
Treat calculated amounts as paid ___[36]	Treat calculated amounts as paid ___[58]

	Date Paid	Amount Paid		Date Paid	Amount Paid
1st quarter payment	_____ [37]	+ _____ [38]	1st quarter payment	_____ [59]	+ _____ [60]
2nd quarter payment	_____ [39]	+ _____ [40]	2nd quarter payment	_____ [61]	+ _____ [62]
3rd quarter payment	_____ [41]	+ _____ [42]	3rd quarter payment	_____ [63]	+ _____ [64]
4th quarter payment	_____ [43]	+ _____ [44]	4th quarter payment	_____ [65]	+ _____ [66]

Calculated Amount

1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

Calculated Amount

1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

City #3	City #4
City name _____ [72]	City name _____ [94]
Amount paid with 2017 return + _____ [75]	Amount paid with 2017 return + _____ [97]
2017 overpayment applied to '18 estimates + _____ [76]	2017 overpayment applied to '18 estimates + _____ [98]
Treat calculated amounts as paid ___[80]	Treat calculated amounts as paid ___[102]

	Date Paid	Amount Paid		Date Paid	Amount Paid
1st quarter payment	_____ [81]	+ _____ [82]	1st quarter payment	_____ [103]	+ _____ [104]
2nd quarter payment	_____ [83]	+ _____ [84]	2nd quarter payment	_____ [105]	+ _____ [106]
3rd quarter payment	_____ [85]	+ _____ [86]	3rd quarter payment	_____ [107]	+ _____ [108]
4th quarter payment	_____ [87]	+ _____ [88]	4th quarter payment	_____ [109]	+ _____ [110]

Calculated Amount

1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

Calculated Amount

1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

Please provide copies of all Form 1099-INT or other statements reporting interest income.
 *Whole numbers will be treated as \$ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.

T/S/J	Type Code <small>(**See codes below)</small>	Interest Income ^[1]	Tax Exempt Income	Penalty on Early Withdrawal	U.S. Obligations* \$ or %	Tax Exempt* \$ or %	Foreign Taxes Paid	Prior Year Information
	1	Payer						
		Amounts	+					
	2	Payer						
		Amounts	+					
	3	Payer						
		Amounts	+					
	4	Payer						
		Amounts	+					
	5	Payer						
		Amounts	+					
	6	Payer						
		Amounts	+					
	7	Payer						
		Amounts	+					
	8	Payer						
		Amounts	+					
	9	Payer						
		Amounts	+					
	10	Payer						
		Amounts	+					

**Interest Codes		
Blank = Regular Interest	4 = Accrued Interest	6 = ABP Adjustment
3 = Nominee Distribution	5 = OID Adjustment	7 = Series EE & I Bond

Please provide copies of all Form 1099-DIV or other statements reporting dividend income.

*Whole numbers will be treated as \$ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.

T S J	Type Code	(**See codes below)	Ordinary Dividends	[2] Qualified Dividends	Total Cap Gain Distributions	Section 1250	Sec. 1202	28% Capital Gain	Tax Exempt Dividends	U.S. Obligations* \$ or %	Tax Exempt* \$ or %	Foreign Taxes Paid	Prior Year Information
	1	Payer											
		Amounts +											
	2	Payer											
		Amounts +											
	3	Payer											
		Amounts +											
	4	Payer											
		Amounts +											
	5	Payer											
		Amounts +											
	6	Payer											
		Amounts +											
	7	Payer											
		Amounts +											
	8	Payer											
		Amounts +											
	9	Payer											
		Amounts +											
	10	Payer											
		Amounts +											

**Dividend Codes
Blank = Other 3 = Nominee

Form ID: D Sales of Stocks, Securities, and Other Investment Property 17

Please provide copies of all Forms 1099-B and 1099-S

- Did you have any securities become worthless during 2018? (Y, N) [8]
Did you have any debts become uncollectible during 2018? (Y, N) [9]
Did you have any commodity sales, short sales, or straddles? (Y, N) [10]
Did you exchange any securities or investments for something other than cash? (Y, N) [12]

Table with columns: T/S/J, Description of Property [1], Date Acquired, Date Sold, Gross Sales Price (Less expenses of sale), Cost or Other Basis. Contains multiple rows of horizontal lines for data entry.

Form ID: 1099M	Miscellaneous Income #1	18a
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Please provide all Forms 1099-MISC

		Preparer use only
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Name of payer		[3]
Taxpayer/Spouse/Joint (T, S, J)		[5]
State postal code		[6]
Rents (Box 1)	+	[13]
Royalties (Box 2)	+	[15]
Other income (Box 3)	+	[17]
Federal income tax withheld (Box 4)	+	[19]
Fishing boat proceeds (Box 5)	+	[21]
Medical and health care payments (Box 6)	+	[23]
Nonemployee compensation (Box 7)	+	[25]
Substitute payments in lieu of dividends or interest (Box 8)	+	[27]
Payer made direct sales of \$5,000 or more of consumer products (Box 9)		[29]
Crop Insurance proceeds (Box 10)	+	[31]
Excess golden parachute payments (Box 13)	+	[36]
Gross proceeds paid to an attorney (Box 14)	+	[38]
Section 409A deferrals (Box 15a)	+	[40]
Section 409A income (Box 15b)	+	[42]
State tax withheld (Box 16)	+	[44]
State/Payer's state no. (Box 17)		[46]
State income (Box 18)	+	[47]

	Control Totals +	
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Miscellaneous Income #2

Please provide all Forms 1099-MISC

		Preparer use only
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Name of payer		[3]
Taxpayer/Spouse/Joint (T, S, J)		[5]
State postal code		[6]
Rents (Box 1)	+	[13]
Royalties (Box 2)	+	[15]
Other income (Box 3)	+	[17]
Federal income tax withheld (Box 4)	+	[19]
Fishing boat proceeds (Box 5)	+	[21]
Medical and health care payments (Box 6)	+	[23]
Nonemployee compensation (Box 7)	+	[25]
Substitute payments in lieu of dividends or interest (Box 8)	+	[27]
Payer made direct sales of \$5,000 or more of consumer products (Box 9)		[29]
Crop Insurance proceeds (Box 10)	+	[31]
Excess golden parachute payments (Box 13)	+	[36]
Gross proceeds paid to an attorney (Box 14)	+	[38]
Section 409A deferrals (Box 15a)	+	[40]
Section 409A income (Box 15b)	+	[42]
State tax withheld (Box 16)	+	[44]
State/Payer's state no. (Box 17)		[46]
State income (Box 18)	+	[47]

	Control Totals +	
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NOTES/QUESTIONS:

Form ID: 1099C **Cancellation of Debt, Abandonment #1** 19

Preparer use only Please provide all Forms 1099-C and 1099-A

Enter a brief description of the debt (i.e. type of debt) and why it was canceled to assist in determining tax ramifications: _____ [51]

Taxpayer/Spouse/Joint (T, S, J) _____ [5]
State postal code _____ [6]
Name of creditor/lender _____ [3]

Form 1099-C Cancellation of Debt

Date of identifiable event (Box 1) _____ [10]
Amount of debt discharged (Box 2) + _____ [11]
Interest if included in box 2 (Box 3) + _____ [12]
Personally liable for repayment of the debt (if checked) (Box 5) _____ [13]
Identifiable event code (Box 6) (A = Bankruptcy, B = Other judicial debt relief, C = Statue of limitations, D = Foreclosure, E = Debt relief from probate
F = By agreement, G = Decision to discontinue collection, H = Other actual discharge) _____ [14]
Fair market value of property (Box 7) + _____ [15]

Form 1099-A Acquisition or Abandonment of Secured Property

Date of lender's acquisition or knowledge of abandonment (Box 1) _____ [16]
Balance of principal outstanding (Box 2) + _____ [17]
Fair market value of property (Box 4) + _____ [18]
Personally liable for repayment of the debt (if checked) (Box 5) _____ [19]

Control Totals + _____

Cancellation of Debt, Abandonment #2

Preparer use only Please provide all Forms 1099-C and 1099-A

Enter a brief description of the debt (i.e. type of debt) and why it was canceled to assist in determining tax ramifications: _____ [51]

Taxpayer/Spouse/Joint (T, S, J) _____ [5]
State postal code _____ [6]
Name of creditor _____ [3]

Form 1099-C Cancellation of Debt

Date of identifiable event (Box 1) _____ [10]
Amount of debt discharged (Box 2) + _____ [11]
Interest if included in box 2 (Box 3) + _____ [12]
Personally liable for repayment of the debt (if checked) (Box 5) _____ [13]
Identifiable event code (Box 6) (A = Bankruptcy, B = Other judicial debt relief, C = Statue of limitations, D = Foreclosure, E = Debt relief from probate
F = By agreement, G = Decision to discontinue collection, H = Other actual discharge) _____ [14]
Fair market value of property (Box 7) + _____ [15]

Form 1099-A Acquisition or Abandonment of Secured Property

Date of lender's acquisition or knowledge of abandonment (Box 1) _____ [16]
Balance of principal outstanding (Box 2) + _____ [17]
Fair market value of property (Box 4) + _____ [18]
Personally liable for repayment of the debt (if checked) (Box 5) _____ [19]

Control Totals + _____

NOTES/QUESTIONS:

Please provide all copies of Form W-2G.

	2018 Information	Prior Year Information
Taxpayer/Spouse (T, S)	_____[1]	<div style="border: 1px solid black; height: 100%;"></div>
Payer name	_____[3]	
State postal code	_____[4]	
Mark if professional gambler	_____[9]	
Reportable winnings (Box 1)	+ _____[11]	
Date won (Box 2)	_____[13]	
Type of wager (Box 3)	_____[15]	
Federal withholding (Box 4)	+ _____[17]	
Transaction (Box 5)	_____[19]	
Race (Box 6)	_____[21]	
Identical wager winnings (Box 7)	+ _____[23]	
Cashier (Box 8)	_____[25]	
Taxpayer identification number (Box 9)	_____[27]	
Window (Box 10)	_____[28]	
First ID (Box 11)	_____[30]	
Second ID (Box 12)	_____[31]	
Payer's state ID no. (Box 13)	_____[32]	
State winnings (Box 14)	+ _____[33]	
State withholding (Box 15)	+ _____[35]	
Local winnings (Box 16)	+ _____[37]	
Local withholding (Box 17)	+ _____[39]	
Name of locality (Box 18)	_____[42]	
Control Totals +		

Gambling Winnings #2

Please provide all copies of Form W-2G.

	2018 Information	Prior Year Information
Taxpayer/Spouse (T, S)	_____[1]	<div style="border: 1px solid black; height: 100%;"></div>
Payer name	_____[3]	
State postal code	_____[4]	
Mark if professional gambler	_____[9]	
Reportable winnings (Box 1)	+ _____[11]	
Date won (Box 2)	_____[13]	
Type of wager (Box 3)	_____[15]	
Federal withholding (Box 4)	+ _____[17]	
Transaction (Box 5)	_____[19]	
Race (Box 6)	_____[21]	
Identical wager winnings (Box 7)	+ _____[23]	
Cashier (Box 8)	_____[25]	
Taxpayer identification number (Box 9)	_____[27]	
Window (Box 10)	_____[28]	
First ID (Box 11)	_____[30]	
Second ID (Box 12)	_____[31]	
Payer's state ID no. (Box 13)	_____[32]	
State winnings (Box 14)	+ _____[33]	
State withholding (Box 15)	+ _____[35]	
Local winnings (Box 16)	+ _____[37]	
Local withholding (Box 17)	+ _____[39]	
Name of locality (Box 18)	_____[42]	
Control Totals +		

NOTES/QUESTIONS:

Form ID: 1099R	Pension, Annuity, and IRA Distributions #1	24
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Please provide all Forms 1099-R.

2018 Information

Prior Year Information

Taxpayer/Spouse (T, S)	__ [1]	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div>
Name of payer	_____ [3]	
State postal code	_____ [5]	
Gross distributions received (Box 1)	+ _____ [7]	
Taxable amount received (Box 2a)	+ _____ [9]	
Federal withholding (Box 4)	+ _____ [11]	
Distribution code (Box 7)	__ [14]	
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan	__ [16]	
State withholding (Box 12)	+ _____ [17]	
Local withholding (Box 15)	+ _____ [19]	
Amount of rollover	+ _____ [21]	
Mark if distribution was due to a pre-retirement age disability	__ [23]	

	Control Totals +		
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Pension, Annuity, and IRA Distributions #2

Please provide all Forms 1099-R.

2018 Information

Prior Year Information

Taxpayer/Spouse (T, S)	__ [1]	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div>
Name of payer	_____ [3]	
State postal code	_____ [5]	
Gross distributions received (Box 1)	+ _____ [7]	
Taxable amount received (Box 2a)	+ _____ [9]	
Federal withholding (Box 4)	+ _____ [11]	
Distribution code (Box 7)	__ [14]	
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan	__ [16]	
State withholding (Box 12)	+ _____ [17]	
Local withholding (Box 15)	+ _____ [19]	
Amount of rollover	+ _____ [21]	
Mark if distribution was due to a pre-retirement age disability	__ [23]	

	Control Totals +		
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Pension, Annuity, and IRA Distributions #3

Please provide all Forms 1099-R.

2018 Information

Prior Year Information

Taxpayer/Spouse (T, S)	__ [1]	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div>
Name of payer	_____ [3]	
State postal code	_____ [5]	
Gross distributions received (Box 1)	+ _____ [7]	
Taxable amount received (Box 2a)	+ _____ [9]	
Federal withholding (Box 4)	+ _____ [11]	
Distribution code (Box 7)	__ [14]	
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan	__ [16]	
State withholding (Box 12)	+ _____ [17]	
Local withholding (Box 15)	+ _____ [19]	
Amount of rollover	+ _____ [21]	
Mark if distribution was due to a pre-retirement age disability	__ [23]	

	Control Totals +		
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NOTES/QUESTIONS:

Please provide a copy of Form(s) SSA-1099 or RRB-1099

Taxpayer/Spouse (T, S) __ [1]
 State postal code __ [2]

Social Security Benefits

	2018 Information	Prior Year Information
If you received a Form SSA - 1099, please complete the following information:		
Net Benefits for 2018 (Box 3 minus Box 4) (Box 5)	+ _____ [8]	<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div>
Voluntary Federal Income Tax Withheld (Box 6)	+ _____ [10]	
From the DESCRIPTION OF AMOUNT IN BOX 3 area of Form SSA-1099:		
Medicare premiums	+ _____ [12]	
Prescription drug (Part D) premiums	+ _____ [14]	

Tier 1 Railroad Benefits

	2018 Information	Prior Year Information
If you received a Form RRB - 1099, please complete the following information:		
Net Social Security Equivalent Benefit:		<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div>
Portion of Tier 1 Paid in 2018 (Box 5)	+ _____ [22]	
Federal Income Tax Withheld (Box 10)	+ _____ [25]	
Medicare Premium Total (Box 11)	+ _____ [27]	

Additional Information About Benefits Received

Additional information about the benefits received not reported above. For example did you repay any benefits in 2018 or receive any prior year benefits in 2018. This information will be reported in the SSA-1099 DESCRIPTION OF AMOUNT IN BOX 3 area or in the RRB-1099 Boxes 7 through 9.

	[40]
	[41]
	[42]
	[43]
	[44]

NOTES/QUESTIONS:

Form ID: IRA	Traditional IRA	26
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	Taxpayer	Spouse
Are you or your spouse (if MFJ or MFS) covered by an employer's retirement plan? (Y, N)	__ [1]	__ [2]
Do you want to contribute the maximum allowable traditional IRA contribution amount? If yes, enter the applicable code: (1 = Deductible only, 2 = Both deductible and nondeductible)	__ [3]	__ [4]
Enter the total traditional IRA contributions made for use in 2018	+ _____ [5]	+ _____ [6]
	Taxpayer	Spouse
Enter the nondeductible contribution amount made for use in 2018	+ _____ [11]	+ _____ [12]
Enter the nondeductible contribution amount made in 2019 for use in 2018	+ _____ [13]	+ _____ [14]
Traditional IRA basis	+ _____ [15]	+ _____ [16]
Value of all your traditional IRA's on December 31, 2018:		
_____	+ _____ [17]	+ _____ [18]
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____

Roth IRA

Please provide copies of any 1998 through 2017 Form 8606 not prepared by this office

	Taxpayer	Spouse
Mark if you want to contribute the maximum Roth IRA contribution	__ [27]	__ [28]
Enter the total Roth IRA contributions made for use in 2018	+ _____ [29]	+ _____ [30]
Enter the total amount of Roth IRA conversion recharacterizations for 2018	+ _____ [37]	+ _____ [38]
Enter the total contribution Roth IRA basis on December 31, 2017	+ _____ [41]	+ _____ [42]
Enter the total Roth IRA contribution recharacterizations for 2018	+ _____ [43]	+ _____ [44]
Enter the Roth conversion IRA basis on December 31, 2017	+ _____ [45]	+ _____ [46]
Value of all your Roth IRA's on December 31, 2018:		
_____	+ _____ [47]	+ _____ [48]
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____

NOTES/QUESTIONS:

Preparer use only

- Business activity or profession name _____ [3]
- Taxpayer/Spouse (T, S) _____ [4]
- State postal code _____ [5]
- Contribute the maximum allowable contribution amount? (1 = Keogh, 2 = SEP, 3 = SIMPLE 401(k), 4 = Solo 401(k), 5 = SIMPLE IRA, 6 = SARSEP) _____ [6]
- Plan contribution rate. Enter in xx.xx format (Limitation percentage) _____ [7]
- Enter the total amount of contributions made to a Keogh plan in 2018 + _____ [8]
- Enter the total amount of contributions made to a Solo 401(k) plan in 2018 + _____ [9]
- Enter the total amount of contributions made to a SEP plan in 2018 + _____ [10]
- Enter the total amount of contributions made to a SARSEP plan in 2018 + _____ [11]
- Enter the total amount of contributions made to a defined benefit plan in 2018 + _____ [12]
- Enter the total amount of contributions made to a profit-sharing plan in 2018 + _____ [13]
- Enter the total amount of contributions made to a money purchase plan in 2018 + _____ [14]
- Enter the total amount of contributions made to a SIMPLE 401(k) plan in 2018 + _____ [15]
- Enter the total amount of contributions to a SIMPLE IRA plan in 2018 + _____ [16]

Catch-up Contributions

- Enter the amount of catch-up contributions made to a Solo 401(k) or SARSEP in 2018 + _____ [17]
- Enter the amount of catch-up contributions made to a SIMPLE Plan in 2018 + _____ [18]

Elective Deferrals

- Enter the total contributions to a Solo 401(k) or SARSEP made through elective deferrals in 2018 + _____ [19]
- Enter the amount of elective deferrals designated as Roth contributions in 2018 + _____ [20]

NOTES/QUESTIONS:

Preparer use only

	2018 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J) _____	_____ [2]	
Employer identification number _____	_____ [3]	
Business name _____	_____ [5]	
Principal business/profession _____	_____ [6]	
Business code _____	_____ [12]	
Business address, if different from home address on Organizer Form ID: 1040		
Address _____	_____ [15]	
City/State/Zip _____ [16] _____ [17] _____	_____ [18]	
Accounting method (1 = Cash, 2 = Accrual, 3 = Other) _____	_____ [19]	
If other: _____	_____ [21]	
Inventory method (1 = Cost, 2 = LCM, 3 = Other) _____	_____ [22]	
If other enter explanation: _____	_____ [24]	
_____	_____	
_____	_____	
Enter an explanation if there was a change in determining your inventory: _____	_____ [25]	
_____	_____	
_____	_____	
Did you "materially participate" in this business? (Y, N) _____	_____ [26]	
If not, number of hours you did significantly participate _____	_____ [28]	
Mark if you began or acquired this business in 2018 _____	_____ [30]	
Did you make any payments in 2018 that require you to file Form(s) 1099? (Y, N) _____	_____ [31]	
If "Yes", did you or will you file all required Forms 1099? (Y, N) _____	_____ [33]	
Mark if this business is considered related to qualified services as a minister or religious worker _____	_____ [35]	
Did you receive wages as a statutory employee or as a minister? (1 = Statutory employee, 2 = Minister) _____	_____ [37]	
Medical insurance premiums paid by this activity + _____	_____ [40]	
Long-term care premiums paid by this activity + _____	_____ [44]	
Amount of wages received as a statutory employee + _____	_____ [47]	

Business Income

	2018 Information	Prior Year Information
Gross receipts and sales		
_____	+ _____ [52]	
_____	+ _____	
_____	+ _____	
_____	+ _____	
Returns and allowances	+ _____ [55]	
Other income:		
_____	+ _____ [57]	
_____	+ _____	
_____	+ _____	
_____	+ _____	

Cost of Goods Sold

	2018 Information	Prior Year Information
Beginning inventory	+ _____ [59]	
Purchases	+ _____ [61]	
Labor:		
_____	+ _____ [63]	
_____	+ _____	
Materials	+ _____ [65]	
Other costs:		
_____	+ _____ [67]	
_____	+ _____	
_____	+ _____	
_____	+ _____	
Ending inventory	+ _____ [69]	

Preparer use only

Principal business or profession _____

2018 Information

Prior Year Information

Advertising + _____ [6]

Car and truck expenses + _____ [8]

Commissions and fees + _____ [10]

Contract labor + _____ [12]

Depletion + _____ [14]

Depreciation + _____ [16]

Employee benefit programs (Include Small Employer Health Ins Premiums credit):

_____ + _____ [18]

_____ + _____

Insurance (Other than health):

_____ + _____ [20]

_____ + _____

Interest:

Mortgage (Paid to banks, etc.)

_____ + _____ [22]

_____ + _____

_____ + _____

Other:

_____ + _____ [24]

_____ + _____

Legal and professional services + _____ [26]

Office expense + _____ [29]

Pension and profit sharing:

_____ + _____ [31]

_____ + _____

Rent or lease:

Vehicles, machinery, and equipment + _____ [33]

Other business property + _____ [35]

Repairs and maintenance + _____ [37]

Supplies + _____ [39]

Taxes and licenses:

_____ + _____ [41]

_____ + _____

_____ + _____

_____ + _____

_____ + _____

Travel and meals:

Travel + _____ [43]

Meals (Enter 100% subject to 50% limitation) + _____ [45]

Meals (Enter 100% subject to DOT 80% limit) + _____ [47]

Utilities + _____ [51]

Wages (Less employment credit):

_____ + _____ [53]

_____ + _____

Other expenses:

_____ + _____ [55]

_____ + _____

_____ + _____

_____ + _____

_____ + _____

_____ + _____

_____ + _____

_____ + _____

_____ + _____

_____ + _____

_____ + _____

Preparer use only
 Principal business or profession _____

Preparer use only Carryovers	Regular	AMT		
Operating	+	[17]	+	[18]
Short-term capital	+	[19]	+	[20]
Long-term capital	+	[21]	+	[22]
28% rate capital	+	[23]	+	[24]
Section 1231 loss	+	[25]	+	[26]
Ordinary business gain/loss	+	[27]	+	[28]
Section 179	+	[29]	+	[30]

NOTES/QUESTIONS:

Preparer use only

	2018 Information	Prior Year Information	
Description _____	[2]	<div style="border: 1px solid black; height: 100%;"></div>	
Taxpayer/Spouse/Joint (T, S, J) ___[3]	State postal code _____		[5]
Physical address: Street _____	[6]		
City, state, zip code _____ [7] ___[8]	[9]		
Foreign country _____	[11]		
Foreign province/county _____	[12]		
Foreign postal code _____	[13]		
Type (1=Single-family, 2=Multi-family, 3=Vacation/short-term, 4=Commercial, 5=Land, 6=Royalty, 7=Self-rental, 8=Other, 9=Personal ppty) ___	[14]		
Description of other type (Type code #8) _____	[15]		
Did you make any payments in 2018 that require you to file Form(s) 1099? (Y,N) _____	[16]		—
If "Yes", did you or will you file all required Forms 1099? (Y, N) _____	[18]		—
Fair rental days (if not full year) (For types 1, 2, 4, 5, 7 and 8 only) (Use Rent-2 for type 3) _____	[20]		
Percentage of ownership if not 100% _____	[22]		
Business use percentage, if not 100% (Not vacation home percentage) _____	[24]		

Rent and Royalty Income

	2018 Information	Prior Year Information
Rents and royalties _____	+ _____ [34]	<div style="border: 1px solid black; height: 100%;"></div>
_____	_____	<div style="border: 1px solid black; height: 100%;"></div>

Rent and Royalty Expenses

	2018 Information	Percent if not 100%	Prior Year Information
Advertising _____	+ _____ [36]	_____ [37]	<div style="border: 1px solid black; height: 100%;"></div>
Auto _____	+ _____ [39]	_____ [40]	
Travel _____	+ _____ [42]	_____ [43]	
Cleaning and maintenance _____	+ _____ [45]	_____ [46]	
Commissions: _____	+ _____ [48]	_____ [50]	
_____	+ _____	_____	
Insurance: _____	+ _____ [51]	_____ [53]	
_____	+ _____	_____	
Legal and professional fees _____	+ _____ [55]	_____ [56]	
Management fees: _____	+ _____ [58]	_____ [60]	
_____	+ _____	_____	
Mortgage interest paid to banks, etc (Form 1098) _____	+ _____ [61]	_____ [63]	
_____	+ _____	_____	
Other mortgage interest _____	+ _____ [64]	_____ [66]	
Qualified mortgage insurance premiums _____	+ _____ [67]	_____ [68]	
Other interest: _____	+ _____ [70]	_____ [72]	
_____	+ _____	_____	
Repairs _____	+ _____ [73]	_____ [74]	
Supplies _____	+ _____ [76]	_____ [77]	
Taxes: _____	+ _____ [79]	_____ [81]	
_____	+ _____	_____	
Utilities _____	+ _____ [82]	_____ [83]	
Depreciation _____	+ _____ [85]	_____ [86]	
Depletion _____	+ _____ [88]	_____ [89]	
Other expenses: _____	+ _____ [91]	_____	
_____	+ _____	_____	
_____	+ _____	_____	
_____	+ _____	_____	

Preparer use only
Description _____

Refinancing Points

Preparer - Enter on Screen Rent

	2018 Information	Prior Year Information
Refinancing points paid -		
Recipient's/Lender's name _____	[93]	
Date of refinance _____		
Total # Payments _____		
Reported on 1098 in 2018 _____	—	
Total points paid _____		
Points deemed as paid in current year (Preparer use only) _____		
Refinancing points paid -		
Recipient's/Lender's name _____		
Date of refinance _____		
Total # Payments _____		
Reported on 1098 in 2018 _____	—	
Total points paid _____		
Points deemed as paid in current year (Preparer use only) _____		
Refinancing points paid -		
Recipient's/Lender's name _____		
Date of refinance _____		
Total # Payments _____		
Reported on 1098 in 2018 _____	—	
Total points paid _____		
Points deemed as paid in current year (Preparer use only) _____		

Vacation Home Information

	2018 Information	Prior Year Information
Number of days home was used personally _____	[6]	
Number of days home was rented _____	[8]	
Number of day home owned, if not 365 _____	[10]	
Carryover of disallowed operating expenses into 2018 + _____	[22]	
Carryover of disallowed depreciation expenses into 2018 + _____	[23]	

Passive and Other Information

Preparer use only Carryovers	Regular	AMT
Operating	+ [36]	+ [37]
Short-term capital	+ [38]	+ [39]
Long-term capital	+ [40]	+ [41]
28% rate capital	+ [42]	+ [43]
Section 1231 loss	+ [44]	+ [45]
Ordinary business gain/loss	+ [46]	+ [47]
Comm revitalization	+ [48]	+ [49]
Section 179	+ [50]	+ [51]

Please provide all Forms 1099-K

Preparer use only

	2018 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J) _____	[2]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
Employer identification number _____	[3]	
Description _____	[4]	
Principal Product _____	[5]	
State postal code _____	[6]	
Accounting method (1 = Cash, 2 = Accrual) _____	[7]	
Agricultural activity code _____	[9]	
Did you "materially participate" in this business? (Y, N) _____	[12]	
Did you make any payments in 2018 that require you to file Form(s) 1099? (Y, N) _____	[14]	
If "Yes", did you or will you file all required Forms 1099? (Y, N) _____	[16]	
Mark if Schedule F net income or loss should be excluded from self-employment income _____	[18]	
Medical insurance premiums paid by this activity + _____	[21]	
Long-term care premiums paid by this activity + _____	[25]	

Schedule F Income

	2018 Information	Prior Year Information
Sales Code**		
Income description		
— _____	+ _____ [35]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
— _____	+ _____	
— _____	+ _____	
— _____	+ _____	
— _____	+ _____	

** Sales Codes	
1 = Cash sales of items bought for resale	4 = Custom hire (machine work)
2 = Cash sales of items raised	5 = Other income
3 = Accrual sales	

	2018 Information	Prior Year Information
Cost or other basis of livestock and other items you bought for resale (Cash method) + _____	[37]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
Beginning inventory of livestock and other items (Accrual method) + _____	[39]	
Accrual cost of livestock, produce, grains, and other products purchased + _____	[41]	
Ending Inventory of livestock and other items (Accrual method) + _____	[43]	
Total cooperative distributions you received + _____	[45]	
Taxable cooperative distributions you received + _____	[47]	

	2018 Total	2018 Taxable	Prior Year Information
Agricultural program payments			
_____ + _____		+ _____ [50]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
_____ + _____		+ _____	
_____ + _____		+ _____	

	2018 Information	Prior Year Information
CRP payments received while enrolled to receive social security or disability benefits + _____	[52]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
Commodity credit loans reported under election: _____	[54]	
_____	[54]	
Total commodity credit loans forfeited + _____	[56]	
Taxable commodity credit loans forfeited + _____	[58]	

	2018 Total	2018 Taxable	Prior Year Information
Total crop insurance proceeds you received in 2018			
_____ + _____		+ _____ [61]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
_____ + _____		+ _____	
_____ + _____		+ _____	
Mark if electing to defer crop insurance proceeds to 2019 _____		[63]	
Crop insurance proceeds deferred from 2017 + _____		[65]	

Preparer use only

Description

	2018 Information	Prior Year Information
Car and truck expenses	+ _____ [5]	_____
Chemicals	+ _____ [7]	_____
Conservation expenses	+ _____ [9]	_____
Carryover from prior years	+ _____ [11]	_____
Custom hire (machine work)	+ _____ [13]	_____
Depreciation	+ _____ [15]	_____
Employee benefit programs (Include Small Employer Health Ins Premiums credit)	+ _____ [17]	_____
Feed purchased	+ _____ [19]	_____
Fertilizers and lime	+ _____ [21]	_____
Freight and trucking	+ _____ [23]	_____
Gasoline, fuel, and oil	+ _____ [25]	_____
Insurance (Other than health)	+ _____ [28]	_____
_____	+ _____	_____
_____	+ _____	_____
Mortgage interest (Paid to banks, etc.)	+ _____ [30]	_____
_____	+ _____	_____
_____	+ _____	_____
Other interest	+ _____ [32]	_____
Labor hired (Less employment credit)	+ _____ [34]	_____
Pension and profit sharing	+ _____ [36]	_____
Rent - vehicles, machinery, and equipment	+ _____ [38]	_____
Rent - other	+ _____ [40]	_____
Repairs and maintenance	+ _____ [42]	_____
Seed and plants purchased	+ _____ [44]	_____
Storage and warehousing	+ _____ [46]	_____
Supplies purchased	+ _____ [48]	_____
Taxes:	+ _____ [50]	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
Utilities	+ _____ [52]	_____
Veterinary, breeding, and medicine	+ _____ [54]	_____
Other expenses:	+ _____ [56]	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
Preproductive period expenses	+ _____ [58]	_____

Preparer use only

Description _____

Preparer use only Carryovers	Regular		AMT	
Operating	+	[17]	+	[18]
Short-term capital	+	[19]	+	[20]
Long-term capital	+	[21]	+	[22]
28% rate capital	+	[23]	+	[24]
Section 1231 loss	+	[25]	+	[26]
Ordinary business gain/loss	+	[27]	+	[28]
Section 179	+	[29]	+	[30]
Excess farm loss	+	[31]	+	[32]

NOTES/QUESTIONS:

Preparer use only

	2018 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)	_____[2]	
Employer identification number	_____[3]	
Description	_____[4]	
State postal code	_____[5]	
Did you "actively participate" in the operation of this business this year? (Y, N)	_____[6]	

Income Items

	2018 Information	Prior Year Information
Income from production of livestock, produce, grains, and other crops:		
_____	+ _____ [15]	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
Total cooperative distributions you received	+ _____ [17]	
Taxable cooperative distributions you received	+ _____ [19]	

	2018 Total	2018 Taxable	Prior Year Information
Agricultural program payments:			
_____ + _____ [21]	_____ [22]		
_____ + _____	+ _____		
_____ + _____	+ _____		

	2018 Information	Prior Year Information
Commodity credit loans reported under election:		
_____	+ _____ [24]	
_____	+ _____	
Total commodity credit loans forfeited	+ _____ [26]	
Taxable commodity credit loans forfeited	+ _____ [28]	

	2018 Total	2018 Taxable	Prior Year Information
Crop insurance proceeds you received in 2018			
_____ + _____ [30]	_____ [31]		
_____ + _____	+ _____		
_____ + _____	+ _____		

	2018 Information	Prior Year Information
Mark if electing to defer crop insurance proceeds to 2019	_____[33]	—
Crop insurance proceeds deferred from 2017	+ _____ [35]	
Other income:		
_____	+ _____ [38]	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	

Please provide copies of Schedules K-1 showing income from partnerships and S-corporations.

Taxpayer/Spouse/Joint (T, S, J) _____ [2]
 Employer identification number _____ [6]
 Name of entity _____ [13]
 State postal code _____ [14]
 Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership) _____ [17]

	Preparer use only Carryovers	Regular	AMT
Enter on K1-7	Operating	[23]	[24]
	Short-term capital	[25]	[26]
	Long-term capital	[27]	[28]
	28% rate capital	[29]	[30]
	Section 1231 loss	[31]	[32]
	Ordinary business gain/loss	[33]	[34]
	Other losses - 1040 Sch 1	[35]	[36]
	Comm revitalization	[37]	[38]
	Section 179	[39]	[40]
	Excess farm loss	[41]	[42]

Taxpayer/Spouse/Joint (T, S, J) _____ [2]
 Employer identification number _____ [6]
 Name of entity _____ [13]
 State postal code _____ [14]
 Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership) _____ [17]

	Preparer use only Carryovers	Regular	AMT
Enter on K1-7	Operating	[23]	[24]
	Short-term capital	[25]	[26]
	Long-term capital	[27]	[28]
	28% rate capital	[29]	[30]
	Section 1231 loss	[31]	[32]
	Ordinary business gain/loss	[33]	[34]
	Other losses - 1040 Sch 1	[35]	[36]
	Comm revitalization	[37]	[38]
	Section 179	[39]	[40]
	Excess farm loss	[41]	[42]

Taxpayer/Spouse/Joint (T, S, J) _____ [2]
 Employer identification number _____ [6]
 Name of entity _____ [13]
 State postal code _____ [14]
 Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership) _____ [17]

	Preparer use only Carryovers	Regular	AMT
Enter on K1-7	Operating	[23]	[24]
	Short-term capital	[25]	[26]
	Long-term capital	[27]	[28]
	28% rate capital	[29]	[30]
	Section 1231 loss	[31]	[32]
	Ordinary business gain/loss	[33]	[34]
	Other losses - 1040 Sch 1	[35]	[36]
	Comm revitalization	[37]	[38]
	Section 179	[39]	[40]
	Excess farm loss	[41]	[42]

Please provide all copies of Schedules K-1 showing income from estates and trusts.

Taxpayer/Spouse/Joint (T, S, J) __[2]
 Employer identification number _____ [3]
 Name of activity _____ [4]
 State postal code _____ [5]

	Preparer use only Carryovers	Regular	AMT
Enter on K1T-3	Operating	[23]	[24]
	Short-term capital	[25]	[26]
	Long-term capital	[27]	[28]
	28% rate capital	[29]	[30]
	Section 1231 loss	[31]	[32]
	Ordinary business gain/loss	[33]	[34]
	Comm revitalization	[35]	[36]

Taxpayer/Spouse/Joint (T, S, J) __[2]
 Employer identification number _____ [3]
 Name of activity _____ [4]
 State postal code _____ [5]

	Preparer use only Carryovers	Regular	AMT
Enter on K1T-3	Operating	[23]	[24]
	Short-term capital	[25]	[26]
	Long-term capital	[27]	[28]
	28% rate capital	[29]	[30]
	Section 1231 loss	[31]	[32]
	Ordinary business gain/loss	[33]	[34]
	Comm revitalization	[35]	[36]

Taxpayer/Spouse/Joint (T, S, J) __[2]
 Employer identification number _____ [3]
 Name of activity _____ [4]
 State postal code _____ [5]

	Preparer use only Carryovers	Regular	AMT
Enter on K1T-3	Operating	[23]	[24]
	Short-term capital	[25]	[26]
	Long-term capital	[27]	[28]
	28% rate capital	[29]	[30]
	Section 1231 loss	[31]	[32]
	Ordinary business gain/loss	[33]	[34]
	Comm revitalization	[35]	[36]

Taxpayer/Spouse/Joint (T, S, J) __[2]
 Employer identification number _____ [3]
 Name of activity _____ [4]
 State postal code _____ [5]

	Preparer use only Carryovers	Regular	AMT
Enter on K1T-3	Operating	[23]	[24]
	Short-term capital	[25]	[26]
	Long-term capital	[27]	[28]
	28% rate capital	[29]	[30]
	Section 1231 loss	[31]	[32]
	Ordinary business gain/loss	[33]	[34]
	Comm revitalization	[35]	[36]

Please provide all Forms 5498-SA.

2018 Information

Prior Year Information

Taxpayer/Spouse (T, S)	_____	[1]	
Name of Trustee	_____	[4]	
State postal code	_____	[2]	
Indicate type of health or medical savings account:			
HSA	_____	[6]	
Archer MSA	_____	[7]	
MA (Medicare Advantage) MSA	_____	[9]	
Total HSA/MSA contributions made			
for 2018 (Enter all amounts contributed, including through employer cafeteria plans)	+ _____	[10]	
Indicate type of coverage under qualifying high deductible health plan (1 = Self-Only, 2 = Family)	_____	[12]	
Number of months in qualified high deductible health plan in 2018	_____	[13]	
Mark if you want to contribute the maximum allowable health or medical savings account contribution amount			
_____	_____	[14]	
Total HSA/MSA contribution to be made for 2018	+ _____	[15]	
Fair market value of HSA, Archer MSA, or MA MSA (Form 5498-SA, Box 5)	+ _____	[16]	
Excess contributions for 2017 taken as constructive contributions for 2018	+ _____	[19]	
Rollover contribution (Form 5498-SA, Box 4)	+ _____	[21]	

Complete this section if your account is an Archer MSA or MA MSA

Amount of annual deductible	+ _____	[24]	
Enter compensation from employer maintaining high deductible health plan	+ _____	[27]	
If self-employed, enter earned income from business under which plan was established	+ _____	[31]	

Complete this section if your account is an HSA

Was the high deductible health plan in effect for December 2018? (Y, N) _____ [33]

NOTES/QUESTIONS:

Please provide all Forms 1099-SA.

2018 Information

Prior Year Information

Taxpayer/Spouse (T, S) _____ [1]
 Name of Trustee _____ [4]
 State postal code _____ [2]
 Gross distributions received (Box 1) + _____ [7]
 Earnings on excess contributions (Box 2) + _____ [9]
 Distribution code (Box 3) _____ [11]
 Fair Market Value on date of death (Box 4) + _____ [12]
 Box 5 -
 HSA _____ [13]
 Archer MSA _____ [14]
 MA MSA _____ [15]
 All distributions were used to pay unreimbursed qualified medical expenses _____ [17]
 If some distributions were used to pay for other than qualified medical expenses,
 enter the unreimbursed qualified medical expenses for 2018 + _____ [19]
 Withdrawal of excess contributions by the due date of the return + _____ [21]
 Amount of distribution rolled over for 2018 + _____ [23]
 If the distribution is due to the death of the account holder,
 enter the qualified decedent medical expenses paid by the taxpayer + _____ [26]
 If MA (Medicare Advantage) MSA, enter value of account on 12/31/17 + _____ [27]
 For HSA accounts:
 Was the high deductible health plan coverage started in 2017 and
 in effect for the month of December 2017? (Y, N) _____ [29]
 Was the high deductible health plan coverage ended before 12/31/18? (Y, N) _____ [30]

Long Term Care (LTC) Service and Contracts

Please provide all Forms 1099-LTC.

2018 Information

Prior Year Information

Name of the insured chronically ill individual _____ [39]
 Social security number of insured _____ [40]
 Gross long-term care (LTC) benefits paid (Box 1) + _____ [42]
 Accelerated death benefits paid (Box 2) + _____ [44]
 Check one (Box 3)
 Per diem _____ [46]
 Reimbursed amount _____ [47]
 Qualified contract (Box 4) _____ [48]
 Check, if applicable (Box 5)
 Chronically ill _____ [49]
 Terminally ill _____ [50]
 Are there other individuals who received LTC payments during 2018? (Y, N) _____ [52]
 If the insured is terminally ill, were payments received on account of terminal illness? (Y, N) _____ [53]
 Number of days during the long-term care period _____ [54]
 Cost incurred for qualified long-term care services during the
 long-term care period + _____ [55]

NOTES/QUESTIONS:

Alimony Paid:

T/S/J	Recipient name	Recipient SSN	2018 Information	Prior Year Information
			+ _____ [1]	<div style="border: 1px solid black; height: 100%;"></div>
Address			+ _____	
			+ _____	
Address			+ _____	

	2018 Information		Prior Year Information
	Taxpayer	Spouse	
Educator expenses:	+ _____ [3]	+ _____ [4]	<div style="border: 1px solid black; height: 100%;"></div>
	+ _____	+ _____	
Other adjustments:	+ _____ [6]	+ _____ [7]	
	+ _____	+ _____	
	+ _____	+ _____	
	+ _____	+ _____	
	+ _____	+ _____	
	+ _____	+ _____	
	+ _____	+ _____	
	+ _____	+ _____	
	+ _____	+ _____	
	+ _____	+ _____	
	+ _____	+ _____	
	+ _____	+ _____	
	+ _____	+ _____	
	+ _____	+ _____	
	+ _____	+ _____	
	+ _____	+ _____	
	+ _____	+ _____	
	+ _____	+ _____	

NOTES/QUESTIONS:

Complete this section if you paid interest on a qualified student loan in 2018 for qualified higher education expenses for you, your spouse, or a person who was your dependent when you took out the loan. Please provide all copies of Form 1098-E. Form 1098-E from the lender reports interest received in 2018. The amounts reported by the lender may differ from the amounts you actually paid.

	Qualified loan interest recipient/lender		2018 Interest Paid		Prior Year Information
TS	_____	+	_____	[1]	_____ _____ _____
—	_____	+	_____		
—	_____	+	_____		
—	_____	+	_____		

NOTES/QUESTIONS:

Please provide all copies of Form 1098-T.

Educational institutions use Form 1098-T to report qualified education expenses. An eligible educational institution is any college, university, or vocational school eligible to participate in a student aid program administered by the U.S. Department of Education.

Preparer - Enter on Screen Educate2

Taxpayer/Spouse (T, S) _____ [8]
 Education code (1=American Opportunity Credit, 2=Lifetime Learning Credit, 3=Tuition and Fees Deduction) _____
 Student's social security number _____
 Student's first name _____
 Student's last name _____

Institution Information

Enter information from each institution on a separate page, including the complete address and federal identification number of the institution.

Institution's federal identification number _____ [8]
 Institution's name _____
 Institution's street address _____
 Institution's city, state, zip code _____

Tuition Paid and Related Information

Amounts reported in Box 1 may not reflect the actual amount paid for the student during 2018.
 Enter the amount actually paid during 2018.

	2018 Information	Prior Year Information
Tuition paid (Enter only the amount actually paid) (Box 1)	+ _____ [8]	<div style="border: 1px solid black; height: 100px; width: 100%;"></div>
Field no longer applicable	_____	
Educational institution changed its reporting method for 2018 (Box 3)	_____	
Adjustments made for a prior year (Box 4)	_____	
Scholarships or grants (Box 5)	_____	
Adjustments to scholarships or grants for a prior year (Box 6)	_____	
Box 1 or 2 includes amounts for an academic period beginning January - March 2019 (Box 7)	_____	
At least half-time student (Box 8)	_____	
Graduate student (Box 9) (1=Yes, 2=No)	_____	
Insurance contract reimbursement/refund (Box 10)	_____	
Non-Institution expenses (Books and fees not paid directly to the educational institution)	_____	
American Opportunity Tax Credit (AOTC) disqualifier	_____	
1 = Not pursuing degree, 2 = Not enrolled at least half-time, 3 = Felony drug conviction, 4 = 4 yrs post-secondary education before 2018		

NOTES/QUESTIONS:

Please provide all copies of Form 1099Q

Taxpayer/Spouse (T, S) _____ [1]
 Payer name _____ [3]
 State postal code _____ [4]
 Type of account (1= Private QTP, 2 = State QTP, 3 = ESA) _____ [6]
 Relationship to account (1 = Beneficiary, 2 = Account owner, 3 = Both, 4 = Neither) _____ [7]
 Final distribution _____ [8]

Contributions and Basis

Beneficiary's Information (if not taxpayer or spouse)
 Social security number _____ [11]
 First name _____ [12]
 Last name _____ [13]

	2018 Information	Prior Year Information
Amount contributed in current year	+ _____ [14]	_____
Basis of this account at 12/31/17	+ _____ [17]	_____
Value of this account at 12/31/18	+ _____ [19]	_____
Distribution by beneficiary of previously taxed contributions (if not taxpayer or spouse)	+ _____ [24]	_____

Payments from Qualified Education Programs

	2018 Information	Prior Year Information
Gross distribution (Box 1)	+ _____ [30]	_____
Earnings (Box 2)	+ _____ [32]	
Basis (Box 3)	+ _____ [34]	
Trustee-to-trustee rollover (Box 4)	_____ [36]	
Trustee-to-trustee rollover amount if different than Box 1	+ _____ [37]	
Box 5 -		
Private QTP	_____ [39]	
State QTP	_____ [40]	
Coverdell ESA	_____ [41]	
Check if the recipient is not the designated beneficiary (Box 6)	_____ [42]	
Qualified education expenses	+ _____ [43]	_____
Elementary and secondary education expenses	+ _____ [45]	_____

NOTES/QUESTIONS:

T/S/J		2018 Information	Prior Year Information
	Medical and dental expenses, such as: Doctors, Dentists, Hospital/nursing home fees, Lab/x-ray fees, Medical supplies, Hearing aids, Eyeglasses/contact lenses, and Insurance reimbursements received		
__[1]	_____	+ _____[2]	<div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div>
—	_____	+	
—	_____	+	
—	_____	+	
—	_____	+	
—	_____	+	
—	_____	+	
	Medical insurance premiums you paid: <small>Do not include pre-tax amounts paid by an employer-sponsored plan or amounts entered elsewhere, such as amounts paid for your self-employed business (Sch C, Sch F, Sch K-1, etc.) or Medicare premiums entered on Form SSA-1099.</small>		
__[4]	_____	+ _____[5]	
—	_____	+	
—	_____	+	
—	_____	+	
	Long-term care premiums you paid: <small>Do not include pre-tax amounts paid by an employer-sponsored plan or amounts entered elsewhere, such as amounts paid for your self-employed business (Sch C, Sch F, Sch K-1, etc.)</small>		
__[7]	_____	+ _____[8]	
—	_____	+	
	Prescription medicines and drugs:		
__[10]	_____	+ _____[11]	
—	_____	+	
—	_____	+	
__[13]	Miles driven for medical items _____	_____ [14]	

Schedule A - Tax Expenses

T/S/J		2018 Information	Prior Year Information
	State/local income taxes paid:		
__[18]	_____	+ _____[19]	<div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div>
—	_____	+	
—	_____	+	
—	_____	+	
—	_____	+	
—	_____	+	
	2017 state and local income taxes paid in 2018:		
__[21]	_____	+ _____[22]	
—	_____	+	
—	_____	+	
	Real estate taxes paid:		
__[24]	_____	+ _____[25]	
—	_____	+	
—	_____	+	
	Personal property taxes:		
__[27]	_____	+ _____[28]	
—	_____	+	
	Other taxes, such as: foreign taxes and State disability taxes		
__[30]	_____	+ _____[31]	
—	_____	+	
—	_____	+	
	Sales tax paid on major purchases:		
__[36]	_____	+ _____[37]	
—	_____	+	
	Sales tax paid on actual expenses:		
__[39]	_____	+ _____[40]	
—	_____	+	
—	_____	+	

T/S/J	Home mortgage interest: From Form 1098	2018 Interest Paid ^{2]}	2018 Points Paid	Type*	2018 Mortgage Ins. Premiums Paid	Prior Year Information
[1]	_____	+	_____	+	_____	
—	_____	+	_____	+	_____	
—	_____	+	_____	+	_____	
—	_____	+	_____	+	_____	
—	_____	+	_____	+	_____	
—	_____	+	_____	+	_____	
—	_____	+	_____	+	_____	
—	_____	+	_____	+	_____	
—	_____	+	_____	+	_____	
—	_____	+	_____	+	_____	

***Mortgage Types**

Blank = Used to buy, build or improve main/qualified second home 1 = Not used to buy, build, improve home or investment

T/S/J	Payee's Name Other, such as: Home mortgage interest paid to individuals	SSN or EIN	2018 Information	Prior Year Information
[4]	_____	_____	+	[5]
Address _____				
City, state and zip code _____				
_____		+		
Address _____				
City, state and zip code _____				

T/S/J Name and address of other person who received Form 1098 for jointly liable mortgage interest you paid -

— Payer's/Borrower's name _____ [7]
 Street Address _____
 City/State/Zip code _____

Refinancing Points paid in 2018 -
 Taxpayer/Spouse/Joint (T, S, J) _____ [11]
 Recipient/Lender name _____
 Total points paid at time of refinance _____
 Points deemed as paid in 2018 (Preparer use only) + _____ [12]
 Date of refinance _____
 Term of new loan (in months) _____
 Reported on Form 1098 in 2018 _____

Taxpayer/Spouse/Joint (T, S, J) _____
 Recipient/Lender name _____
 Total points paid at time of refinance _____
 Points deemed as paid in 2018 (Preparer use only) + _____
 Date of refinance _____
 Term of new loan (in months) _____
 Reported on Form 1098 in 2018 _____

T/S/J	Investment interest expense, other than on Schedule(s) K-1:	2018 Information	Prior Year Information
[15]	_____	+	[16]
—	_____	+	
—	_____	+	
—	_____	+	
—	_____	+	
—	_____	+	
—	_____	+	
—	_____	+	
—	_____	+	
—	_____	+	

Form ID: A-3	Charitable Contributions	59
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T/S/J		Qual Disaster Relief**	2018 Information	Prior Year Information																
	Contributions made by cash or check (including out-of-pocket expenses)																			
	Any contribution of cash, a check or other monetary gift requires a written record of the contribution in order to claim the contribution on your return.																			
	Individual contributions of \$250 or more must be accompanied by a written acknowledgment from the charity to claim the contribution on your return.																			
[2]	_____	+	_____ [3]	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> </table>	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

—	_____	+	_____																	
—	_____	+	_____																	
—	_____	+	_____																	
—	_____	+	_____																	
—	_____	+	_____																	
—	_____	+	_____																	
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—	_____	+	_____																	
—	_____	+	_____																	
—	_____	+	_____																	
—	_____	+	_____																	
—	_____	+	_____																	
[5]	Volunteer miles driven		_____ [6]																	
	Noncash items, such as: Goodwill/Salvation Army/clothing/household goods																			
[8]	_____	+	_____ [9]																	
—	_____	+	_____																	
—	_____	+	_____																	
—	_____	+	_____																	
—	_____	+	_____																	
—	_____	+	_____																	
—	_____	+	_____																	
—	_____	+	_____																	
—	_____	+	_____																	
—	_____	+	_____																	
—	_____	+	_____																	
—	_____	+	_____																	

**Mark if qualifying disaster relief contribution made in 2018 for relief efforts in the California wildfire disaster area

Miscellaneous Deductions

T/S/J			2018 Information	Prior Year Information											
	Other expenses, not subject to the 2% AGI limit:														
[12]	_____	+	_____ [13]	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> </table>	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

—	_____	+	_____												
—	_____	+	_____												
—	_____	+	_____												
—	_____	+	_____												
—	_____	+	_____												
—	_____	+	_____												
—	_____	+	_____												
—	_____	+	_____												
—	_____	+	_____												
[15]	Gambling losses: (Enter only if you have gambling income)		_____ [16]												
—	_____	+	_____												
—	_____	+	_____												
—	_____	+	_____												
—	_____	+	_____												

NOTES/QUESTIONS:

Form ID: 8283	Noncash Contributions Exceeding \$500	61
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For donated securities, include the company name and number of shares in the donated property description, below

Taxpayer/Spouse/Joint (T, S, J)	__ [1]
Donated property description _____	[4]
Name of donee organization _____	[5]
Address of donee organization _____	[6]
City _____	[7]
State postal code _____	[8]
Zip code _____	[9]
Date contributed _____	[10]
Date acquired by donor _____	[11]
How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange)	__ [12]
Donor's cost or basis _____	+ [13]
Fair market value _____	+ [14]
Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other)	__ [15]
If other: _____	[16]

	Control Totals +	
--	------------------	--

Noncash Contributions Exceeding \$500
--

For donated securities, include the company name and number of shares in the donated property description, below

Taxpayer/Spouse/Joint (T, S, J)	__ [1]
Donated property description _____	[4]
Name of donee organization _____	[5]
Address of donee organization _____	[6]
City _____	[7]
State postal code _____	[8]
Zip code _____	[9]
Date contributed _____	[10]
Date acquired by donor _____	[11]
How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange)	__ [12]
Donor's cost or basis _____	+ [13]
Fair market value _____	+ [14]
Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other)	__ [15]
If other: _____	[16]

	Control Totals +	
--	------------------	--

Noncash Contributions Exceeding \$500
--

For donated securities, include the company name and number of shares in the donated property description, below

Taxpayer/Spouse/Joint (T, S, J)	__ [1]
Donated property description _____	[4]
Name of donee organization _____	[5]
Address of donee organization _____	[6]
City _____	[7]
State postal code _____	[8]
Zip code _____	[9]
Date contributed _____	[10]
Date acquired by donor _____	[11]
How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange)	__ [12]
Donor's cost or basis _____	+ [13]
Fair market value _____	+ [14]
Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other)	__ [15]
If other: _____	[16]

	Control Totals +	
--	------------------	--

"Your family" for health care coverage refers to you, your spouse if filing jointly, and anyone you can claim as a dependent.
Please provide all copies of Form(s) 1095-B and/or 1095-C

Was your entire family covered for the full year with minimum essential health care coverage? (Y, N) 2018 Information Prior Year Information
__ [1]

If your entire family was not covered for the full year with minimum essential health care coverage, enter information for all family members who are covered, or are exempt from the requirement to maintain minimum essential health coverage. Enter either the Exemption Certificate Number issued by the Marketplace, or the Other Exemption Type you are claiming. Mark Full Year if the coverage or exemption is for the entire year, otherwise indicate the Start Month and End Month.

Social Security No.	First Name	Last Name	Exemption Certificate Number	Coverage/Exemption Type *	Full Year	Start Month	End Month
_____	_____	_____	_____	—	—	—	— [7]
_____	_____	_____	_____	—	—	—	—
_____	_____	_____	_____	—	—	—	—
_____	_____	_____	_____	—	—	—	—
_____	_____	_____	_____	—	—	—	—
_____	_____	_____	_____	—	—	—	—
_____	_____	_____	_____	—	—	—	—
_____	_____	_____	_____	—	—	—	—
_____	_____	_____	_____	—	—	—	—
_____	_____	_____	_____	—	—	—	—
_____	_____	_____	_____	—	—	—	—
_____	_____	_____	_____	—	—	—	—
_____	_____	_____	_____	—	—	—	—
_____	_____	_____	_____	—	—	—	—
_____	_____	_____	_____	—	—	—	—
_____	_____	_____	_____	—	—	—	—
_____	_____	_____	_____	—	—	—	—
_____	_____	_____	_____	—	—	—	—
_____	_____	_____	_____	—	—	—	—
_____	_____	_____	_____	—	—	—	—
_____	_____	_____	_____	—	—	—	—

***Other Exemption Type Codes**

A = Unaffordable coverage F = Incarcerated individual
 B = Short coverage gap G = Hardship (combined coverage unaffordable, initial open enrollment, CHIP)
 C = Exempt noncitizen H = Member of tax household born, adopted, or died
 D = Health care sharing ministry X = Insured with minimum essential coverage (coverage info found on Form(s) 1095-B or 1095-C)
 E = Indian tribe member

	2018 Information		Prior Year Information
	Taxpayer	Spouse	
Self-employed health insurance premiums: (Not entered elsewhere)	_____ + _____ [13]	+ _____ [14]	_____
	_____ + _____	+ _____	_____
Self-employed long-term care premiums: (Not entered elsewhere)	_____ + _____ [16]	+ _____ [17]	_____
	_____ + _____	+ _____	_____

NOTES/QUESTIONS:

Please provide all Forms 1095-A

Taxpayer/Spouse (T,S) _____ [1]
 Marketplace identifier (Box 1) _____ [6]
 Marketplace-assigned policy number (Box 2) _____ [7]
 Policy issuer's name (Box 3) _____ [2]
 Part III Household Information -

	A. 2018 Monthly Premium Amount	Prior Year Information	B. 2018 Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP)	C. 2018 Monthly Advance Payment of Premium Tax Credit	Prior Year Information
January	+ _____ [12]	_____	+ _____ [25]	+ _____ [38]	_____
February	+ _____ [13]	_____	+ _____ [26]	+ _____ [39]	_____
March	+ _____ [14]	_____	+ _____ [27]	+ _____ [40]	_____
April	+ _____ [15]	_____	+ _____ [28]	+ _____ [41]	_____
May	+ _____ [16]	_____	+ _____ [29]	+ _____ [42]	_____
June	+ _____ [17]	_____	+ _____ [30]	+ _____ [43]	_____
July	+ _____ [18]	_____	+ _____ [31]	+ _____ [44]	_____
August	+ _____ [19]	_____	+ _____ [32]	+ _____ [45]	_____
September	+ _____ [20]	_____	+ _____ [33]	+ _____ [46]	_____
October	+ _____ [21]	_____	+ _____ [34]	+ _____ [47]	_____
November	+ _____ [22]	_____	+ _____ [35]	+ _____ [48]	_____
December	+ _____ [23]	_____	+ _____ [36]	+ _____ [49]	_____
Annual total	+ _____ [24]	_____	+ _____ [37]	+ _____ [50]	_____

Control Totals + _____

ACA - Health Insurance Marketplace Statement #2

Please provide all Forms 1095-A

Taxpayer/Spouse (T,S) _____ [1]
 Marketplace identifier (Box 1) _____ [6]
 Marketplace-assigned policy number (Box 2) _____ [7]
 Policy issuer's name (Box 3) _____ [2]
 Part III Household Information -

	A. 2018 Monthly Premium Amount	Prior Year Information	B. 2018 Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP)	C. 2018 Monthly Advance Payment of Premium Tax Credit	Prior Year Information
January	+ _____ [12]	_____	+ _____ [25]	+ _____ [38]	_____
February	+ _____ [13]	_____	+ _____ [26]	+ _____ [39]	_____
March	+ _____ [14]	_____	+ _____ [27]	+ _____ [40]	_____
April	+ _____ [15]	_____	+ _____ [28]	+ _____ [41]	_____
May	+ _____ [16]	_____	+ _____ [29]	+ _____ [42]	_____
June	+ _____ [17]	_____	+ _____ [30]	+ _____ [43]	_____
July	+ _____ [18]	_____	+ _____ [31]	+ _____ [44]	_____
August	+ _____ [19]	_____	+ _____ [32]	+ _____ [45]	_____
September	+ _____ [20]	_____	+ _____ [33]	+ _____ [46]	_____
October	+ _____ [21]	_____	+ _____ [34]	+ _____ [47]	_____
November	+ _____ [22]	_____	+ _____ [35]	+ _____ [48]	_____
December	+ _____ [23]	_____	+ _____ [36]	+ _____ [49]	_____
Annual total	+ _____ [24]	_____	+ _____ [37]	+ _____ [50]	_____

Control Totals + _____

NOTES/QUESTIONS:

Form ID: ME Maine Use Tax

Calculate use tax using table (For purchases < \$1000 per purchase only) _____ [1]
 Out of state purchases (Enter total if not using table or enter purchases > \$999 if using table) _____ [2]
 Use tax already paid to another jurisdiction _____ [3]
 Casual rental income _____ [4]

Contributions

Political Contributions

Contribute \$3 (\$6 if joint) to the Maine Clean Election Fund (1 = Taxpayer, 2 = Spouse, 3 = Joint) _____ [5]

Charitable Contributions

Endangered and Nongame Wildlife Fund "Chickadee Check-off" _____ [6]
 Maine Children's Trust _____ [7]
 Companion Animal Sterilization Fund _____ [8]
 Maine Military Family Relief Fund _____ [9]
 Maine Veterans' Memorial Cemetery Maintenance Fund _____ [10]
 Maine Public Library Fund _____ [11]

State Park Passes

Number of individual park passes _____ [12]
 Number of vehicle passes _____ [13]

Property Tax Fairness Credit

Not required to file federal or Maine tax return (Filing for Property Tax Fairness only) _____ [14]
 Married filing separate but claiming credit of same homestead _____ [15]
 Physical street address if different from mailing address _____ [16] _____ [17]
 City, state, zip code _____ [18] _____ [19] _____ [20]
 Property tax paid during 2018 (For home up to 10 acres less portion related to business use and special assessments) _____ [21]
 Rent paid for 2018 _____ [22]
 Social security disability / supplemental security income (if part-year resident, enter portion received during residency) _____ [23]
 Rent includes heat, utilities, furniture, snow plowing, etc. _____ [24] Amount related to heat, etc. _____ [25]
 Landlord #1 name _____ Landlord #1 phone number _____ [26]
 Landlord #2 name _____ Landlord #2 phone number _____

Part-year Resident Information

	Taxpayer	Spouse
Part-year residency dates:		
From	_____ [27]	_____ [29]
To	_____ [28]	_____ [30]
State where stationed	_____ [31]	_____ [32]
State of prior residency	_____ [33]	_____ [34]
Nonresident state of residence	_____ [35]	_____ [36]
Number of days in Maine for any reason	_____ [37]	_____ [38]
Maine property owners only:		
Municipality where owned, taxpayer	_____ [39]	
Municipality where owned, spouse		_____ [40]

NOTES/QUESTIONS:

Form ID: Notes

Notes to Preparer

Submit questions and provide additional information to your tax return preparer here.

Taxpayer name(s) _____

Social security number _____