

INCOME TAX ORGANIZER FOR 2018 RETURNS

TAXPAYER

SPOUSE

First & Middle _____
 Last Name _____
 Social Security # _____
 Occupation _____
 Birth Date _____ Blind?
 Telephone: _____
 E-mail Address _____
 Street Address _____
 City _____ State _____ Zip Code _____ County _____

First & Middle _____
 Last Name *(If Different)* _____
 Social Security # _____
 Occupation _____
 Birth Date _____ Blind?
 Telephone: _____
 Facsimile _____

Did your marital status change during 2018? Yes No
 Did your address change during 2018? Yes No

Are you a widow or widower with dependent children living with you? Yes No
 If yes, enter date spouse died _____

DEPENDENTS

Dependents Name (First, MI, Last)	Birth Date	Social Security Number (Required)	Relationship	Full time Student
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please provide for us:

- | | |
|--|---|
| <input type="checkbox"/> A copy of last year's tax returns, <u>if not prepared by our office.</u>
<input type="checkbox"/> All of your W-2 or 1099 forms reporting salary, wages, and other compensation (wage statements).
<input type="checkbox"/> Forms 1099 or other statements reporting dividend, interest income, gambling, retirement, etc.
<input type="checkbox"/> Schedule(s) K-1 from partnerships, estates, trusts, or Sub S Corporations.
<input type="checkbox"/> Statements supporting educational expenses, deductions or distributions, including any Forms 1098-T, 1098-E, or 1099-Q
<input type="checkbox"/> Affordable Care Act Forms 1095-A. | <input type="checkbox"/> Copies of Form(s) 1098 (mortgage interest), property tax statements, and charitable contributions.
<input type="checkbox"/> Copies of Brokerage statements from stock, bond or other investment transactions.
<input type="checkbox"/> Closing statement copies and other documentation regarding the sale or purchase of real estate.
<input type="checkbox"/> Tax notices sent to you by Internal Revenue Service or Franchise Tax Board (or other State Agency). |
|--|---|

DIRECT DEPOSIT AND ESTIMATES

DIRECT DEPOSIT OF REFUND

Do you want any refund direct deposited into your bank account?.....Yes No

Please attach a voided check or fill out the following information

Name of Bank

Routing Transit Number (9 digit no. beginning with 01 thru 12 or 21 thru 32).....

Depositor Account Number (up to 17 characters).....

Type of Account:Savings Checking

ESTIMATED TAX PAYMENTS DURING 2018

FEDERAL			STATE	
<u>DATE PAID</u>	<u>AMOUNT</u>		<u>DATE PAID</u>	<u>AMOUNT</u>
_____	\$ _____	4TH Quarter 2017 due 01/15/18	_____	\$ _____
_____	\$ _____	1ST Quarter 2018 due 04/15/18	_____	\$ _____
_____	\$ _____	2ND Quarter 2018 due 06/17/18	_____	\$ _____
_____	\$ _____	3RD Quarter 2018 due 09/16/18	_____	\$ _____
_____	\$ _____	4TH Quarter 2018 due 01/16/19	_____	\$ _____

APPLICATION OF 2018 OVERPAYMENT

If you have an overpayment of 2018 taxes, do you want the overpayment to?

Apply to 1st quarter 2019. Refund balance. Apply to all 2019 estimates. Refund all. Do not apply to 2019.

PLANNING FOR 2019

Do you expect a change in income or expenses, tax withholding, employment location, marital status or number of exemptions for 2019 that will cause you to increase or decrease your estimated tax payments over last year Yes No

If yes, describe these changes: _____

How much do you plan to contribute to a TSA, IRA, SEP, or KEOGH (*circle which*) retirement savings plan for 2019? \$ _____

WAGES AND OTHER ITEMS

SALARIES AND WAGES (Form W-2)

(T = Taxpayer, S = Spouse)

<u>T/S</u>	<u>EMPLOYERS NAME</u>	<u>W-2 ENCLOSED</u>	<u>GROSS WAGES</u>	<u>FED W/H</u>	<u>SOCIAL SECURITY</u>	<u>MEDICARE TAX</u>	<u>STATE W/H</u>	<u>SDI</u>
_____	_____	<input type="checkbox"/>	_____	_____	_____	_____	_____	_____
_____	_____	<input type="checkbox"/>	_____	_____	_____	_____	_____	_____
_____	_____	<input type="checkbox"/>	_____	_____	_____	_____	_____	_____
_____	_____	<input type="checkbox"/>	_____	_____	_____	_____	_____	_____
_____	_____	<input type="checkbox"/>	_____	_____	_____	_____	_____	_____
_____	_____	<input type="checkbox"/>	_____	_____	_____	_____	_____	_____
_____	_____	<input type="checkbox"/>	_____	_____	_____	_____	_____	_____

PENSION, IRA DISTRIBUTIONS, ANNUITIES (FORM 1099R)

<u>T/S</u>	<u>EMPLOYEE/PAYEE</u>	<u>1099'S OR W-2P ENCLOSED</u>	<u>IRA/SEP</u>	<u>TOTAL DISTRIBUTION</u>	<u>TAXABLE AMOUNT</u>	<u>FED W/H</u>	<u>STATE W/H</u>
_____	_____	<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"/>	_____	_____	_____	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____

MISCELLANEOUS INCOME (FORMS 1099 MISC, SSA, UC)

<u>T/S</u>	<u>NATURE AND SOURCE</u>	<u>AMOUNT</u>
_____	State Income Tax Refunds	\$ _____
_____	Social Security Income — Taxpayer	\$ _____
_____	Social Security Income — Spouse	\$ _____
_____	Alimony Received (Pre 01/01/2019 agreement/order)	\$ _____
_____	Unemployment Compensation (Taxpayer)	\$ _____
_____	Unemployment Compensation (Spouse)	\$ _____
_____	Lottery and Gambling Winnings	\$ _____
_____	_____	\$ _____

INTEREST & DIVIDEND INCOME

Please enter all pertinent 2018 amounts & attach all 1099-INT, 1099-OID and 1099-DIV forms.

INTEREST INCOME (FORM 1099 INT)

<u>PAYER</u>	<u>BANKS, S&L's, C/U's</u>	<u>SELLER FINANCED</u>	<u>U.S. BONDS T-BILLS</u>	<u>TOTAL MUNI BONDS</u>	<u>EARLY WITHDRAWAL PENALTY</u>
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

DIVIDEND INCOME (FORM 1099 DIV)

<u>PAYER</u>	<u>GROSS DIVIDEND</u>	<u>QUALIFIED DIVIDEND</u>	<u>CAPITAL GAIN</u>	<u>TOTAL MUNI BONDS</u>	<u>FOREIGN TAX PAID</u>	<u>FEDERAL TAX W/H</u>
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

ITEMIZED DEDUCTIONS

MEDICAL EXPENSES

Prescription Drugs and Medicines \$ _____
Doctors and Dentists \$ _____
Hospitals and Labs..... \$ _____
Prosthetic Appliances \$ _____
Glasses \$ _____
Ambulance \$ _____
Hearing Aid \$ _____
Health Insurance Premiums Paid \$ _____
Long-Term Care Premiums Paid \$ _____
Other \$ _____
Medical Travel (Miles) # _____
..... _____

TAXES

Real Estate tax on your residence \$ _____
Real Estate tax on other real estate \$ _____
Personal property tax on boat, plane, etc. \$ _____
DMV Fees – Deductible portion only \$ _____
State and local sales tax paid. \$ _____
Sales tax paid on vehicle, boat and aircraft.. \$ _____

INTEREST PAID

Mortgage interest on your home and qualified second home, including 1st and 2nd mortgages and home equity loans:

Institution _____ \$ _____
Institution _____ \$ _____

Mortgage interest on your residence paid to an individual \$ _____

Individual Name _____

Social Security Number _____

Address _____

Student Loan Interest \$ _____

Investment Interest..... \$ _____

POINTS

Points from Refinancing Your
Principal Residence..... \$ _____
Loan Term (in years)... _____
Points, Second Residence..... \$ _____
Loan Term (in years)... _____

CONTRIBUTIONS (RECEIPTED)

A receipt is required for contributions in excess of \$250 – a canceled check will not suffice.

Contributions to churches, schools, etc.
By cash or check.
_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____

Volunteer Expenses..... \$ _____
Charitable Travel (Miles)..... # _____

Non-Cash Contributions (If over \$500, please attach a list showing items given, date given, date purchased, purchase price, market value at the date of gift, and to whom given.)

..... \$ _____
If less than \$500, show total..... \$ _____

MISCELLANEOUS DEDUCTIONS

(Not all allowable for Federal)

Union Dues \$ _____
Safe Deposit Box Rental \$ _____
Income Tax Preparation \$ _____
Job Related Expenses..... \$ _____
Gambling Losses..... \$ _____
Impairment-Related Work Expenses..... \$ _____

CASUALTY LOSSES

In a federally declared disaster area

Attach all pertinent details including police reports, appraisals, insurance reimbursements, etc.

Total Casualty Loss..... \$ _____

BUSINESS INCOME AND EXPENSES

Name of Business _____ I.D. No. _____

Address of Business (if different from home address) _____

Type of Trade or Business _____

Were you involved in operations of this business on a regular, continuous and substantial basis during 2018? Yes No

Have you prepared, or will you prepare, all required Forms 1099 for this business?..... Yes No

Please list new equipment placed in service this year on page 12.

Please enclose form 1099-K, if received.

INCOME

Sales.....\$ _____
 Commissions Received.....\$ _____
 Other.....\$ _____
\$ _____

COST OF GOODS SOLD

Beginning inventory.....\$ _____
 Purchases.....\$ _____
 Labor.....\$ _____
 Materials and Supplies.....\$ _____
 Other Costs.....\$ _____
\$ _____
 Ending Inventory.....\$ _____

MISCELLANEOUS

.....\$ _____
\$ _____
\$ _____
\$ _____
\$ _____

EXPENSES

Advertising.....\$ _____
 Auto Expense.....\$ _____ Next Page
 Commissions.....\$ _____
 Dues and subscriptions.....\$ _____
 Freight.....\$ _____
 Insurance.....\$ _____
 Interest.....\$ _____
 Laundry and Uniforms.....\$ _____
 Legal and Professional fees.....\$ _____
 Office Supplies.....\$ _____
 Pension Plan Admin & Educ Costs.....\$ _____
 Rent.....\$ _____
 Repairs and Maintenance.....\$ _____
 Supplies.....\$ _____
 Taxes - Business.....\$ _____
 Telephone.....\$ _____
 Utilities.....\$ _____
 Wages.....\$ _____

OFFICE IN HOME

List expenses below only if you operate your business exclusively from a home office.

Cost of residence.....\$ _____
 Square feet used for business.....\$ _____
 Utility expenses.....\$ _____
 Insurance.....\$ _____

Date of Purchase.....\$ _____
 Total square feet of residence.....\$ _____
 Repairs, maintenance.....\$ _____
 Other.....\$ _____

BUSINESS EXPENSES

AUTOMOBILE EXPENSES

	<u>YES</u>	<u>NO</u>
Did you acquire or dispose of an automobile used for business in 2018?.....	<input type="checkbox"/>	<input type="checkbox"/>
Do you have adequate or sufficient written evidence to justify these deductions?	<input type="checkbox"/>	<input type="checkbox"/>

	<u>CAR "1"</u>	<u>CAR "2"</u>	<u>CAR "3"</u>
Description of Vehicle.....	_____	_____	_____
Date of purchase of automobile(s) used for business	___ / ___ / ___	___ / ___ / ___	___ / ___ / ___
Purchase price of automobile(s) used for business	\$ _____	\$ _____	\$ _____
Total miles driven	# _____	# _____	# _____
Business miles driven.....	# _____	# _____	# _____
Commuting miles driven.....	# _____	# _____	# _____
Sport Utility Vehicle over 6,000 lbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ACTUAL AUTOMOBILE EXPENSES DURING THE YEAR

Gasoline, Oil.....\$ _____	D.M.V. \$ _____
Repairs, Tires, Supplies	Interest on Auto Loan..... \$ _____
Insurance	Auto Lease Payments
Miscellaneous	Parking Fees

TRAVEL EXPENSES AWAY FROM HOME

Air, Boat, Rail Fares	Taxi's.....
Meals & Lodging	Other

OUTSIDE SALESMAN EXPENSES

Advertising.....	Seminars and Conventions
Supplies	Other
Telephone
Dues
Non-Entertainment Meals

Employers reimbursements for above expenses, except meals and entertainment..... \$ _____

Employers reimbursements for meals and entertainment..... \$ _____

Are reimbursements included on W-2's? Yes No

CAPITAL GAINS AND LOSSES

If you sold any stock, bonds, or other investment property in 2018, please list the pertinent information for each sale below. Be sure to attach all 1099-A, 1099-B and 1099-S forms as well as brokerage and mutual fund statements.

SALES AND EXCHANGES

Table with 7 columns: QTY, PROPERTY /DESCRIPTION, DATE ACQUIRED, DATE SOLD, SALES PRICE*, COST OR BASIS**, 1099B REC'D (Y/N). Multiple rows of horizontal lines for data entry.

- * This should agree with the amount shown on Form 1099-B furnished by your broker.
** If selling expenses (commissions, etc.) have not been deducted from the reported sales price, they should be added to the property's cost.

In 2018, did you exercise any stock options? Yes [] No []

Please provide us with all relevant data supplied by your employer concerning options that were granted or exercised during 2018.

Did you sell your residence during 2018?..... Yes [] No []

If so, did you own and use property as main home for at least 2 of 5 years before the sale?..... Yes [] No []

If so, was the first-time homebuyer credit taken on the home? Yes [] No []

Please provide us with the closing statement of the sale, and a copy of the closing statement at the time of purchase, details regarding improvements to old residence and expenses of sales, Form 2119 from the sale of your prior residence (if applicable).

RENT AND ROYALTY INCOME

DESCRIPTION

Property 1 _____

Property 2 _____

Property 3 _____

INCOME

PROPERTY 1

PROPERTY 2

PROPERTY 3

RENTS OR ROYALTIES RECEIVED _____

EXPENSES

Advertising _____

Association Dues _____

Auto (Miles) # _____ # _____ # _____

Travel..... _____

Cleaning & Maintenance _____

Commissions/Management Fees..... _____

Insurance..... _____

Legal & Professional Fees _____

Management Fees _____

Mortgage Interest (Form 1098)..... _____

Other Mortgage Interest..... _____

Other Mortgage Interest..... _____

Other Interest _____

Repairs _____

Supplies _____

Taxes – Property..... _____

Utilities _____

Gardening _____

Painting & Decorating _____

Pest Control _____

Plumbing & Electrical _____

Telephone _____

Other – _____

Other – _____

PROPERTY ACQUISITIONS AND SALES - If property was acquired or sold during 2018, please enter on next page.

ASSET ACQUISITION LIST

If you purchased any business assets (furniture, equipment, vehicles, real estate, etc.) Or converted any personal assets to business use in 2018, please enter all pertinent information below.

<u>DESCRIPTION OF PROPERTY</u>	<u>RELATED BUSINESS OR ACTIVITY</u>	<u>DATE PLACED IN SERVICE</u>	<u>COST OR BASIS</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ASSET DISPOSITION LIST

If you disposed of any business assets in 2018, please enter date sold, sales price, and expenses of sale. For real estate transactions, be sure to attach all 1099-S forms and closing statements.

<u>DESCRIPTION OF PROPERTY</u>	<u>DATE PLACED IN SERVICE</u>	<u>DATE SOLD</u>	<u>SALES PRICE</u>	<u>COST OR BASIS</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

CHILD AND DEPENDENT CARE CREDIT

You must have paid for the care of one or more dependents enabling you to work or attend school to qualify for this credit.

During 2018, how many dependents were cared for by the following providers? _____

Were any of the following expenses paid by your employer? Yes No

If yes, enter amount \$ _____ .

Provider: _____

Street Address: _____

City: _____ Zip _____ \$ _____

Telephone #: _____ I.D.# _____

Provider: _____

Street Address: _____

City: _____ Zip _____ \$ _____

Telephone #: _____ I.D.# _____

Provider: _____

Street Address: _____

City: _____ Zip _____ \$ _____

Telephone #: _____ I.D.# _____

Provider: _____

Street Address: _____

City: _____ Zip _____ \$ _____

Telephone #: _____ I.D.# _____

HIGHER EDUCATION EXPENSES (FORM 1098-T)

Please complete the information below if you paid qualified education expenses in 2018 for you, your spouse, or your dependents enrolled in an accredited postsecondary institution.

STUDENT NAME / CLASSIFICATION	TUITION AND FEES	COURSE RELATED MATERIALS
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

IRA AND QUALIFIED PLAN CONTRIBUTIONS

Please enter all pertinent 2018 information.

TRADITIONAL IRA CONTRIBUTIONS

	<u>Taxpayer</u>	<u>Spouse</u>
IRA contributions you made or expect to make for 2018 (Date Paid _____)	\$ _____	\$ _____
Contributions made to date	\$ _____	\$ _____
2018 payments from 1/1/19 to 4/15/19	\$ _____	\$ _____
Are you a participant in an employer maintained retirement plan?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

ROTH IRA CONTRIBUTIONS

Roth IRA contributions you made or expect to make	\$ _____	\$ _____
Contributions made to date	\$ _____	\$ _____

SEP, SIMPLE AND QUALIFIED PLANS (KEOGH)

Profit sharing contributions you made or expect to make	\$ _____	\$ _____
Money purchase contributions you made or expect to make	\$ _____	\$ _____
Defined benefit contributions you expect to make	\$ _____	\$ _____
Self-employed SEP contributions you made or expect to make	\$ _____	\$ _____
Plan contribution rate if not 25%	\$ _____	\$ _____
Individual 401k: Self Employed elective deferrals	\$ _____	\$ _____
SIMPLE contributions:		
Self-employed SIMPLE contributions you made or expect to make	\$ _____	\$ _____
Employer matching rate if not 3%	\$ _____	\$ _____
Contributions made to date	\$ _____	\$ _____

ADJUSTMENTS TO INCOME

Student loan interest paid (1098-E, box 1)	\$ _____	\$ _____
Expenses for rental of personal property	\$ _____	\$ _____
Qualified Educator Expenses	\$ _____	\$ _____
Alimony paid to: _____	\$ _____	\$ _____
<i>(Pre 01/01/2019 Agreement/Order)</i>		
Recipient SSN: _____		
Other adjustments to income:	\$ _____	\$ _____
.....	\$ _____	\$ _____
.....	\$ _____	\$ _____

MOVING EXPENSES

If you have incurred moving expenses related to service in the armed forces, give details below. (Also allowed in certain states, including California). If you moved more than once during 2018, supply information for each move separately.

Old Business Location _____

New Business Location _____

Date of Move _____

Number of miles from your former residence to your new business location _____

Number of miles from your former residence to your former business location _____

	<u>UNREIMBURSED EXPENSES</u>	<u>AMOUNT REIMBURSED OR PAID FOR BY YOUR EMPLOYER</u>
A. Transportation expenses in moving household goods and personal effects (including the cost of hauling, packing, crating, insurance, storage etc.)	\$ _____	\$ _____
B. Expense of Moving to New Residence		
1. Lodging & Travel (excluding Auto)	\$ _____	\$ _____
2. Parking fees and Tolls	\$ _____	\$ _____
3. Gas and Oil	\$ _____	\$ _____
4. Miles driven to new home	# _____	# _____

USE TAX (CALIFORNIA ONLY)

Enter the amount of your internet or out of state purchases that you did not pay sales tax?.....\$ _____

ADDITIONAL INFORMATION

MISCELLANEOUS QUESTIONS

1. Do you have any children under age 19, or full-time student under age 24 at the end of 2018, who did not provide more than half of their cost of support with unearned income in excess of \$2,100? ... Yes No

2. Did you adopt a child or begin adoption proceedings during 2018? Yes No
3. Did you cash any Series EE or I U.S. savings bonds issued after 1989?..... Yes No
4. Did you or your spouse turn age 70 ½ during the year and have money in an IRA or other retirement account while not taking any distribution? Yes No
5. Did you or your spouse make a contribution to a retirement plan (401K, or IRA, SEP, Simple, Qualified Plan?) Yes No
6. Did you or your spouse receive any disability income during the year?..... Yes No
7. Did you purchase, sell, or refinance your principal home or your second home, or make a home equity loan during the year? *If yes, please bring escrow papers and other relevant information.* Yes No
8. Did you sell any stocks, bonds or other investment property during the year?..... Yes No
9. Did anyone owe you money which has become uncollectible?. *If yes provide details*..... Yes No
10. Did you have any debts cancelled or forgiven? Yes No
11. Did you or your spouse work out of town for part of the year? Yes No
12. Did you use your car on the job (other than to and from work)?..... Yes No
13. Did you incur a casualty or theft loss or any condemnation awards during the year? Yes No
14. If yes, did the loss occur in a Federally declared disaster area?..... Yes No
15. Did you convert part or all of your traditional IRA? (Traditional to Roth) Yes No
16. Did you have a medical savings account (MSA), a Medicare Advantage MSA or acquire an interest in an MSA or a Medicare Advantage MSA because of the death of the account holder? Yes No
17. Did you receive a distribution from an Education Savings Account or a Qualified Tuition Program?..... Yes No
18. Did you make gifts of more than \$15,000.00 to any individual, or any gift to a Trust? Yes No
19. Did you have an interest in or signature over a bank or brokerage account in a foreign country, or were you a grantor of or transferor to a foreign trust? Yes No
20. Did you have foreign assets having a total value of more than \$50,000? (\$100,000 if married) Yes No
21. Did you reside in or operate a business in a Federally declared disaster area?..... Yes No
22. Did you purchase a qualified plug-in electric drive vehicle or qualified fuel cell vehicle this year?..... Yes No
23. Did you pay rent, for at least half of the year on property which was your principal residence? Yes No
24. Did you pay in excess of \$1,000 in any quarter, or \$1,800 during the year for domestic services performed in or around your home to individuals who could be considered household employees? Yes No
25. Did you receive an Identity Protection PIN from the Internal Revenue Service or have you been a victim of identity theft? If yes, attach the IRS letter. Yes No
26. Was your entire family covered for the full year with minimum essential health care coverage? Yes No
27. Did anyone in your family qualify for an exemption from the health care coverage mandate? Yes No
28. Did you enroll for lower cost Marketplace Coverage through healthcare.gov? If yes, provide any form(s)1095-A you received. Yes No