

## 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.**

**Personal Information**

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]

	<b>Taxpayer</b>	<b>Spouse</b>
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 <sup>49]</sup>	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**

<p><b>*Basic</b></p> <p>1 = Child who lived with you</p> <p>2 = Child who did not live with you due to divorce/separation</p> <p>3 = Other dependent</p> <p>4 = Other dependents, but do not qualify for Credit for Other Dependents (ODC)</p> <p>5 = Qualifying child for Earned Income Credit only</p> <p>6 = Children who lived with you, but do not qualify for Earned Income Credit</p> <p>7 = Children who lived with you, but do not qualify for Child Tax Credit</p> <p>8 = Children who lived with you, but do not qualify for Child Tax Credit/Credit for Other Dependents/Earned Income Credit</p> <p><b>***Months</b></p> <p>77 = Reported on odd year return</p> <p>88 = Reported on even year return</p> <p>99 = Not reported on return</p>	<p><b>**Other</b></p> <p>1 = Student (Age 19 - 23)</p> <p>2 = Disabled dependent</p> <p>3 = Dependent who is both a student and disabled</p>
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**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: \_\_\_\_\_ [18] \_\_\_\_\_ [26]

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

**NOTES/QUESTIONS:**

Per IRS Security Summit requirements, verify the name of financial institution, routing transit number, account number, and type of account below. If you would like to have a refund direct deposited into or a balance due debited from your bank account(s), please enter information in the fields below. Note that electronic funds will be withdrawn only from the primary account listed below.

Mark to verify all accounts listed below have been reviewed, updated as needed, and are correct.  [1]

Primary account:

Financial institution routing transit number \_\_\_\_\_ [3]

Name of financial institution \_\_\_\_\_ [4]

Your account number \_\_\_\_\_ [5]

Type of account (1 = Savings, 2 = Checking, 3 = IRA\*) \_\_\_\_\_ [6]

Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) \_\_\_\_\_ [7]

Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) \_\_\_\_\_ [8]

Enter the maximum dollar amount, or percentage of total refund Dollar \_\_\_\_\_ [9] or Percent (xxx.xx) \_\_\_\_\_ [10]

Secondary account #1:

Financial institution routing transit number \_\_\_\_\_ [25]

Name of financial institution \_\_\_\_\_ [26]

Your account number \_\_\_\_\_ [27]

Type of account (1 = Savings, 2 = Checking, 3 = IRA\*) \_\_\_\_\_ [28]

Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) \_\_\_\_\_ [29]

Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) \_\_\_\_\_ [30]

Enter the maximum dollar amount, or percentage of total refund Dollar \_\_\_\_\_ [11] or Percent (xxx.xx) \_\_\_\_\_ [12]

Secondary account #2:

Financial institution routing transit number \_\_\_\_\_ [31]

Name of financial institution \_\_\_\_\_ [32]

Your account number \_\_\_\_\_ [33]

Type of account (1 = Savings, 2 = Checking, 3 = IRA\*) \_\_\_\_\_ [34]

Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) \_\_\_\_\_ [35]

Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) \_\_\_\_\_ [36]

Enter the maximum dollar amount, or percentage of total refund Dollar \_\_\_\_\_ [15] or Percent (xxx.xx) \_\_\_\_\_ [16]

\*Refunds may only be direct deposited to established traditional, Roth or SEP-IRA accounts. Make sure direct deposits will be accepted by the bank or financial institution.

### Refund - U.S. Series I Savings Bond Purchases

A tax refund may be used to buy up to \$5,000 of U.S. Series I Savings bonds and registered for up to three different persons. If you would like to purchase U.S. Series I Savings bonds (in increments of \$50) with your refund, if applicable, please complete the following information. Please note you may enter only one name per registration (with exception of married filing joint returns) and must enter the party's given name, do not use nicknames.

Indicate either a maximum dollar amount (up to \$5,000), or percentage of refund you would like used to purchase bonds

The bonds will be registered to the name(s) on the return. For married filing joint returns this means the bonds will be registered in both names listed on the return.

To register the bonds separately, leave these fields blank and use the fields provided below.

Enter either a dollar amount or percent, but not both Dollar \_\_\_\_\_ [13] or Percent (xxx.xx) \_\_\_\_\_ [14]

Bond information for someone other than taxpayer and spouse, if married filing jointly

Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase bonds \_\_\_\_\_ [17] or Percent (xxx.xx) \_\_\_\_\_ [18]

Owner's name (First Last) \_\_\_\_\_ [38] \_\_\_\_\_ [39]

Co-owner or beneficiary (First Last) \_\_\_\_\_ [40] \_\_\_\_\_ [41]

Mark if the name listed above is a beneficiary \_\_\_\_\_ [42]

Bond information for someone other than taxpayer and spouse, if married filing jointly

Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase bonds \_\_\_\_\_ [21] or Percent (xxx.xx) \_\_\_\_\_ [22]

Owner's name (First Last) \_\_\_\_\_ [43] \_\_\_\_\_ [44]

Co-owner or beneficiary (First Last) \_\_\_\_\_ [45] \_\_\_\_\_ [46]

Mark if the name listed above is a beneficiary \_\_\_\_\_ [47]

Please provide copies of all Forms 1042-S, SSA-1042S, 8288A, and 8805

Country where you are a citizen or national during the tax year \_\_\_\_\_ [2]  
 Foreign address to use for refund check, if different than mailing address entered on Screen 1040:  
 Foreign address \_\_\_\_\_ [3]  
 Foreign city \_\_\_\_\_ [4]  
 Foreign country name \_\_\_\_\_ [6]  
 Foreign province or county \_\_\_\_\_ [7]  
 Foreign postal code \_\_\_\_\_ [8]  
 Country of permanent residence for tax purposes \_\_\_\_\_ [10]  
 Scholarships and fellowship grants received during tax year: \_\_\_\_\_ [15]  
 U.S. real property interests that were disposed at a gain during the tax year \_\_\_\_\_ + \_\_\_\_\_ [18]

**Income Not Effectively Connected with a U.S. Trade or Business**

Payer / Description	Tax Rate	Income	U.S. Fed Withholding
Dividends paid by U.S. corporations:			
_____	_____ +	_____ [21]	+ _____
_____	_____ +	_____	+ _____
Dividends paid by foreign corporations:			
_____	_____ +	_____ [23]	+ _____
_____	_____ +	_____	+ _____
Interest received on mortgages:			
_____	_____ +	_____ [27]	+ _____
_____	_____ +	_____	+ _____
Interest paid by foreign corporations:			
_____	_____ +	_____ [29]	+ _____
_____	_____ +	_____	+ _____
Other Interest received:			
_____	_____ +	_____ [31]	+ _____
_____	_____ +	_____	+ _____
Industrial royalties (patents, trademarks, etc.)			
_____	_____ +	_____ [33]	+ _____
Motion picture or T.V. copyright royalties			
_____	_____ +	_____ [35]	+ _____
Other royalties (copyrights, recording, publishing, etc.)			
_____	_____ +	_____ [37]	+ _____
Real property income and natural resources royalties			
_____	_____ +	_____ [39]	+ _____
Pensions and annuities:			
_____	_____ +	_____ [41]	+ _____
Gambling - Residents of Canada only:			
Winnings _____ [42] Losses _____ [44]			+ _____ [43]
Gambling - Residents of countries other than Canada:			
_____	_____ +	_____ [47]	+ _____
Other income:			
_____	_____ +	_____ [49]	+ _____
_____	_____ +	_____	+ _____

**Capital Gains & Losses Not Effectively Connected with a U.S. Trade or Business**

Description of Property [1]	Date Acquired	Date Sold	Sales Price	Cost/Basis	U.S. Fed W/H
_____	_____	_____	+ _____	+ _____	+ _____
_____	_____	_____	+ _____	+ _____	+ _____
_____	_____	_____	+ _____	+ _____	+ _____
_____	_____	_____	+ _____	+ _____	+ _____
_____	_____	_____	+ _____	+ _____	+ _____

**Control Totals+**

Have you ever applied to be a green card holder of the United States (Y, N) \_\_\_\_\_ [1]  
 Were you ever a U.S. citizen? (Y, N) \_\_\_\_\_ [2]  
 Were you ever a green card holder of the U.S.? (Y, N) \_\_\_\_\_ [3]  
 If you had a visa on December 31, 2018, enter your visa type \_\_\_\_\_ [5]  
 If you did not have a visa, enter your U.S. immigration status on December 31, 2018 \_\_\_\_\_ [6]  
 Date you first entered U.S. \_\_\_\_\_ [7]  
 If you've ever changed your visa types (nonimmigrant status) or U.S. immigration status:  
 Date of visa change \_\_\_\_\_ [9]  
 Nature of your visa change \_\_\_\_\_ [10]  
 If you are a resident of Canada or Mexico **AND** commute to work in the U.S. at frequent intervals, enter 1 for Canada or 2 for Mexico \_\_\_\_\_ [11]

List all dates you entered and left the United States during 2018 (NA for residents of Canada or Mexico):

Date Entered	Date Left	Date Entered	Date Left	Date Entered	Date Left	Date Entered	Date Left
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

Enter the total number of days (including vacation, nonworkdays, partial work days) you were present in the U.S. during:  
 2016 \_\_\_\_\_ [13]  
 2017 \_\_\_\_\_ [14]  
 2018 \_\_\_\_\_ [15]

Latest U.S. income tax return you filed prior to 2018:  
 Year filed \_\_\_\_\_ [16]  
 Type of return filed \_\_\_\_\_ [17]

Did you receive total compensation of \$250,000 or more during 2018 (Y, N) \_\_\_\_\_ [18]  
 If "Yes" did you use an alternative method to determine the source of the compensation? (Y, N) \_\_\_\_\_ [20]  
 If you used an alternative method to determine the source of the compensation, provide details in the space below.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Complete the following if claiming exemption from income tax under a U.S. income tax treaty

Country Name [21]	Tax Treaty Article	Months Claimed in 2017	Exempt Income in 2018
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Were you subject to tax in a foreign country on any of the income entered in the "Exempt income 2018" column (Y, N) \_\_\_\_\_ [22]  
 Are you claiming treaty benefits pursuant to a Competent Authority determination. If yes, attach a copy of the determination (Y, N) \_\_\_\_\_ [23]

If you paid any amounts related to your 2018 nonresident return (i.e. estimates, extension, Form 1040-C), enter the Internal Revenue Service office that received the payments \_\_\_\_\_ [26]

**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]

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## 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]

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**NOTES/QUESTIONS:**



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:**

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	_____



Interest and Dividend Summary

Below is a list of the forms as reported in last year's tax return. Please provide copies of all 1099-INT and 1099-DIV you received. To indicate which forms are attached, enter a "1" for attached in the field provided. To indicate which forms are not applicable, enter a "2" for not applicable (N/A) in the field provided. Otherwise, leave this field blank.

Form	T/S/J	Description	Mark if 1 = Attached Foreign	2 = N/A
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

## Wages and Salaries #1

Please provide all copies of Form W-2.

### 2018 Information

### Prior Year Information

Taxpayer/Spouse (T, S)	_____	[1]
Employer name	_____	[3]
Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Farming / Fishing, 4 = National Guard)	_____	[5]
Mark if this is your current employer	_____	[6]
Federal wages and salaries ( <b>Box 1</b> )	+ _____	[10]
Federal tax withheld ( <b>Box 2</b> )	+ _____	[12]
Social security wages ( <b>Box 3</b> ) (if different than federal wages)	+ _____	[14]
Social security tax withheld ( <b>Box 4</b> )	+ _____	[16]
Medicare wages ( <b>Box 5</b> ) (if different than federal wages)	+ _____	[18]
Medicare tax withheld ( <b>Box 6</b> )	+ _____	[21]
SS tips ( <b>Box 7</b> )	+ _____	[23]
Allocated tips ( <b>Box 8</b> )	+ _____	[25]
Dependent care benefits ( <b>Box 10</b> )	+ _____	[27]
<b>Box 13 -</b>		
Statutory employee	_____	[29]
Retirement plan	_____	[30]
Third-party sick pay	_____	[31]
State postal code ( <b>Box 15</b> )	_____	[32]
State wages ( <b>Box 16</b> ) (if different than federal wages)	+ _____	[34]
State tax withheld ( <b>Box 17</b> )	+ _____	[36]
Local wages ( <b>Box 18</b> )	+ _____	[38]
Local tax withheld ( <b>Box 19</b> )	+ _____	[40]
Name of locality ( <b>Box 20</b> )	_____	[43]

	<b>Control Totals+</b>
--	------------------------

## Wages and Salaries #2

Please provide all copies of Form W-2.

### 2018 Information

### Prior Year Information

Taxpayer/Spouse (T, S)	_____	[1]
Employer name	_____	[3]
Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Farming / Fishing, 4 = National Guard)	_____	[5]
Mark if this your current employer	_____	[6]
Federal wages and salaries ( <b>Box 1</b> )	+ _____	[10]
Federal tax withheld ( <b>Box 2</b> )	+ _____	[12]
Social security wages ( <b>Box 3</b> ) (if different than federal wages)	+ _____	[14]
Social security tax withheld ( <b>Box 4</b> )	+ _____	[16]
Medicare wages ( <b>Box 5</b> ) (if different than federal wages)	+ _____	[18]
Medicare tax withheld ( <b>Box 6</b> )	+ _____	[21]
SS tips ( <b>Box 7</b> )	+ _____	[23]
Allocated tips ( <b>Box 8</b> )	+ _____	[25]
Dependent care benefits ( <b>Box 10</b> )	+ _____	[27]
<b>Box 13 -</b>		
Statutory employee	_____	[29]
Retirement plan	_____	[30]
Third-party sick pay	_____	[31]
State postal code ( <b>Box 15</b> )	_____	[32]
State wages ( <b>Box 16</b> ) (if different than federal wages)	+ _____	[34]
State tax withheld ( <b>Box 17</b> )	+ _____	[36]
Local wages ( <b>Box 18</b> )	+ _____	[38]
Local tax withheld ( <b>Box 19</b> )	+ _____	[40]
Name of locality ( <b>Box 20</b> )	_____	[43]

	<b>Control Totals+</b>
--	------------------------

## Interest Income

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 <sup>[1]</sup>	Tax Exempt Income	Penalty on Early Withdrawal	U.S. Obligations* \$ or %	Tax Exempt* \$ or %	Foreign Taxes Paid	Prior Year Information
	<b>1</b>	Payer						
		Amounts	+					
	<b>2</b>	Payer						
		Amounts	+					
	<b>3</b>	Payer						
		Amounts	+					
	<b>4</b>	Payer						
		Amounts	+					
	<b>5</b>	Payer						
		Amounts	+					
	<b>6</b>	Payer						
		Amounts	+					
	<b>7</b>	Payer						
		Amounts	+					
	<b>8</b>	Payer						
		Amounts	+					
	<b>9</b>	Payer						
		Amounts	+					
	<b>10</b>	Payer						
		Amounts	+					

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

## Dividend Income

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	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	+											

<b>**Dividend Codes</b>	
Blank = Other	3 = Nominee

## Seller Financed Mortgage Interest Income

Please provide copies of all Form 1099-INT or other statements reporting interest income.

	2018 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)	—	
Payer's name	_____	
Payer's street address	_____	
Payer's city, state, zip code	_____	
Payer's social security number	_____	
Interest income amount received in 2018	+ _____ [1]	
Taxpayer/Spouse/Joint (T, S, J)	—	
Payer's name	_____	
Payer's street address	_____	
Payer's city, state, zip code	_____	
Payer's social security number	_____	
Interest income amount received in 2018	+ _____ [1]	
Taxpayer/Spouse/Joint (T, S, J)	—	
Payer's name	_____	
Payer's street address	_____	
Payer's city, state, zip code	_____	
Payer's social security number	_____	
Interest income amount received in 2018	+ _____ [1]	
Taxpayer/Spouse/Joint (T, S, J)	—	
Payer's name	_____	
Payer's street address	_____	
Payer's city, state, zip code	_____	
Payer's social security number	_____	
Interest income amount received in 2018	+ _____ [1]	
Taxpayer/Spouse/Joint (T, S, J)	—	
Payer's name	_____	
Payer's street address	_____	
Payer's city, state, zip code	_____	
Payer's social security number	_____	
Interest income amount received in 2018	+ _____ [1]	
Taxpayer/Spouse/Joint (T, S, J)	—	
Payer's name	_____	
Payer's street address	_____	
Payer's city, state, zip code	_____	
Payer's social security number	_____	
Interest income amount received in 2018	+ _____ [1]	
Taxpayer/Spouse/Joint (T, S, J)	—	
Payer's name	_____	
Payer's street address	_____	
Payer's city, state, zip code	_____	
Payer's social security number	_____	
Interest income amount received in 2018	+ _____ [1]	
Taxpayer/Spouse/Joint (T, S, J)	—	
Payer's name	_____	
Payer's street address	_____	
Payer's city, state, zip code	_____	
Payer's social security number	_____	
Interest income amount received in 2018	+ _____ [1]	



**Please provide all Schedules Q.**

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_[1]  
Name of activity \_\_\_\_\_  
Employer identification number \_\_\_\_\_  
State postal code \_\_\_\_\_

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_[1]  
Name of activity \_\_\_\_\_  
Employer identification number \_\_\_\_\_  
State postal code \_\_\_\_\_

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**NOTES/QUESTIONS:**





### Consolidated Broker Statement

Please provide copies of the Consolidated Broker Statement - Include all pages and all inserts

Preparer use only

T/S/J _____	Employer identification number _____
Broker Name _____	Margin interest _____
Account number _____	Investment management/advisory fees _____

\*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.

Type Code	1099-INT	Interest Income	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 +							

Type Code	1099-DIV	Ordinary Dividends	Qualified Dividends	Total Cap Gain Distr	Section 1250	Sec. 1202	28% Capital Gain	Tax Exempt Dividends	US Obligations* \$ or %	Tax Exempt* \$ or %	Foreign Tax Paid	Prior Year Information
1	Payer											
	Amounts+											
2	Payer											
	Amounts+											
3	Payer											
	Amounts+											
4	Payer											
	Amounts+											
5	Payer											
	Amounts+											

#### Form 1099-B Proceeds From Broker and Barter Exchange Transactions

Description of Property	Date Acquired	Date Sold	Gross Sales Price (Less expenses of sale)	Cost or Other Basis
_____	_____	_____	+ _____	+ _____
_____	_____	_____	+ _____	+ _____
_____	_____	_____	+ _____	+ _____
_____	_____	_____	+ _____	+ _____
_____	_____	_____	+ _____	+ _____

Description of Account - Aggregate profit/-loss on contracts	-Loss/Gain Entire Yr	1099-B Adjustment	Net 1256 loss carryback
_____	_____	_____	_____



**Miscellaneous Income #1**

Please provide all Forms 1099-MISC

Preparer use only

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+**

**Miscellaneous Income #2**

Please provide all Forms 1099-MISC

Preparer use only

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+**

**NOTES/QUESTIONS:**

**Taxable Distributions Received from Cooperatives #1**

Please provide all Forms 1099-PATR

Preparer use only

Name of payer \_\_\_\_\_ [3]  
 Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [5]  
 State postal code \_\_\_\_\_ [6]  
 Patron dividends (Box 1) + \_\_\_\_\_ [10]  
 Nonpatronage distributions (Box 2) + \_\_\_\_\_ [12]  
 Per-unit retain allocations (Box 3) + \_\_\_\_\_ [14]  
 Federal income tax withheld (Box 4) + \_\_\_\_\_ [16]  
 Redemption of nonqualified notices and retain allocations (Box 5) + \_\_\_\_\_ [18]  
 Domestic production activities deductions (Box 6) + \_\_\_\_\_ [20]  
 Investment credit (Box 7) + \_\_\_\_\_ [22]  
 Work opportunity credit (Box 8) + \_\_\_\_\_ [24]  
 Patron's AMT adjustments (Box 9) + \_\_\_\_\_ [26]  
 Other credits and deductions #1 (Box 10) + \_\_\_\_\_ [28]  
 Other credits and deductions #2 (Box 10) + \_\_\_\_\_ [30]

**Control Totals+**

**Taxable Distributions Received from Cooperatives #2**

Please provide all Forms 1099-PATR

Preparer use only

Name of payer \_\_\_\_\_ [3]  
 Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [5]  
 State postal code \_\_\_\_\_ [6]  
 Patron dividends (Box 1) + \_\_\_\_\_ [10]  
 Nonpatronage distributions (Box 2) + \_\_\_\_\_ [12]  
 Per-unit retain allocations (Box 3) + \_\_\_\_\_ [14]  
 Federal income tax withheld (Box 4) + \_\_\_\_\_ [16]  
 Redemption of nonqualified notices and retain allocations (Box 5) + \_\_\_\_\_ [18]  
 Domestic production activities deductions (Box 6) + \_\_\_\_\_ [20]  
 Investment credit (Box 7) + \_\_\_\_\_ [22]  
 Work opportunity credit (Box 8) + \_\_\_\_\_ [24]  
 Patron's AMT adjustments (Box 9) + \_\_\_\_\_ [26]  
 Other credits and deductions #1 (Box 10) + \_\_\_\_\_ [28]  
 Other credits and deductions #2 (Box 10) + \_\_\_\_\_ [30]

**Control Totals+**

**NOTES/QUESTIONS:**

**Cancellation of Debt, Abandonment #1**

Please provide all Forms 1099-C and 1099-A

Preparer use only

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**

Please provide all Forms 1099-C and 1099-A

Preparer use only

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:**



## Gambling Winnings #1

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%; padding: 5px;"> <table border="0" style="width: 100%; border-collapse: collapse;"> <tr><td style="border-bottom: 1px solid black; height: 20px;"></td></tr> <tr><td style="border-bottom: 1px solid black; height: 20px;"></td></tr> <tr><td style="border-bottom: 1px solid black; height: 20px;"></td></tr> <tr><td style="border-bottom: 1px solid black; height: 20px;"></td></tr> <tr><td style="border-bottom: 1px solid black; height: 20px;"></td></tr> <tr><td style="border-bottom: 1px solid black; height: 20px;"></td></tr> <tr><td style="border-bottom: 1px solid black; height: 20px;"></td></tr> <tr><td style="border-bottom: 1px solid black; height: 20px;"></td></tr> <tr><td style="border-bottom: 1px solid black; height: 20px;"></td></tr> <tr><td style="border-bottom: 1px solid black; height: 20px;"></td></tr> <tr><td style="border-bottom: 1px solid black; height: 20px;"></td></tr> <tr><td style="border-bottom: 1px solid black; height: 20px;"></td></tr> <tr><td style="border-bottom: 1px solid black; height: 20px;"></td></tr> <tr><td style="border-bottom: 1px solid black; height: 20px;"></td></tr> <tr><td style="border-bottom: 1px solid black; height: 20px;"></td></tr> <tr><td style="border-bottom: 1px solid black; height: 20px;"></td></tr> <tr><td style="border-bottom: 1px solid black; height: 20px;"></td></tr> </table> </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%; padding: 5px;"> <table border="0" style="width: 100%; border-collapse: collapse;"> <tr><td style="border-bottom: 1px solid black; height: 20px;"></td></tr> <tr><td style="border-bottom: 1px solid black; height: 20px;"></td></tr> <tr><td style="border-bottom: 1px solid black; height: 20px;"></td></tr> <tr><td style="border-bottom: 1px solid black; height: 20px;"></td></tr> <tr><td style="border-bottom: 1px solid black; height: 20px;"></td></tr> <tr><td style="border-bottom: 1px solid black; height: 20px;"></td></tr> <tr><td style="border-bottom: 1px solid black; height: 20px;"></td></tr> <tr><td style="border-bottom: 1px solid black; height: 20px;"></td></tr> <tr><td style="border-bottom: 1px solid black; height: 20px;"></td></tr> <tr><td style="border-bottom: 1px solid black; height: 20px;"></td></tr> <tr><td style="border-bottom: 1px solid black; height: 20px;"></td></tr> <tr><td style="border-bottom: 1px solid black; height: 20px;"></td></tr> <tr><td style="border-bottom: 1px solid black; height: 20px;"></td></tr> <tr><td style="border-bottom: 1px solid black; height: 20px;"></td></tr> <tr><td style="border-bottom: 1px solid black; height: 20px;"></td></tr> <tr><td style="border-bottom: 1px solid black; height: 20px;"></td></tr> <tr><td style="border-bottom: 1px solid black; height: 20px;"></td></tr> </table> </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:**

### Shareholders Undistributed Capital Gain #1

Please provide all copies of Form 2439

	2018 Information	Prior Year Information
Taxpayer/Spouse (T, S)	_____ [1]	<div style="border: 1px solid black; height: 100%;"></div>
RIC or REIT name _____	_____ [3]	
State postal code _____	_____ [4]	
Total undistributed long-term capital gains <b>(Box 1a)</b>	+ _____ [9]	
Unrecaptured section 1250 gain <b>(Box 1b)</b>	+ _____ [11]	
Section 1202 gain <b>(Box 1c)</b>	+ _____ [13]	
If your interest in the RIC/REIT was held on the date the RIC/REIT acquired the Section 1202 stock and continuously until sold indicate the appropriate section 1202 code (1 = 50% exclusion, 2 = 60% exclusion within an empowerment zone, 3 = 75% exclusion, 4 = 100% exclusion) _____ [15]		
Collectibles (28%) gain <b>(Box 1d)</b>	+ _____ [17]	
Tax paid by the RIC or REIT on the box 1a gains <b>(Box 2)</b>	+ _____ [19]	

	<b>Control Totals+</b>	
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### Shareholders Undistributed Capital Gain #2

Please provide all copies of Form 2439

	2018 Information	Prior Year Information
Taxpayer/Spouse (T, S)	_____ [1]	<div style="border: 1px solid black; height: 100%;"></div>
RIC or REIT name _____	_____ [3]	
State postal code _____	_____ [4]	
Total undistributed long-term capital gains <b>(Box 1a)</b>	+ _____ [9]	
Unrecaptured section 1250 gain <b>(Box 1b)</b>	+ _____ [11]	
Section 1202 gain <b>(Box 1c)</b>	+ _____ [13]	
If your interest in the RIC/REIT was held on the date the RIC/REIT acquired the Section 1202 stock and continuously until sold indicate the appropriate section 1202 code (1 = 50% exclusion, 2 = 60% exclusion within an empowerment zone, 3 = 75% exclusion, 4 = 100% exclusion) _____ [15]		
Collectibles (28%) gain <b>(Box 1d)</b>	+ _____ [17]	
Tax paid by the RIC or REIT on the box 1a gains <b>(Box 2)</b>	+ _____ [19]	

	<b>Control Totals+</b>	
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### Shareholders Undistributed Capital Gain #3

Please provide all copies of Form 2439

	2018 Information	Prior Year Information
Taxpayer/Spouse (T, S)	_____ [1]	<div style="border: 1px solid black; height: 100%;"></div>
RIC or REIT name _____	_____ [3]	
State postal code _____	_____ [4]	
Total undistributed long-term capital gains <b>(Box 1a)</b>	+ _____ [9]	
Unrecaptured section 1250 gain <b>(Box 1b)</b>	+ _____ [11]	
Section 1202 gain <b>(Box 1c)</b>	+ _____ [13]	
If your interest in the RIC/REIT was held on the date the RIC/REIT acquired the Section 1202 stock and continuously until sold indicate the appropriate section 1202 code (1 = 50% exclusion, 2 = 60% exclusion within an empowerment zone, 3 = 75% exclusion, 4 = 100% exclusion) _____ [15]		
Collectibles (28%) gain <b>(Box 1d)</b>	+ _____ [17]	
Tax paid by the RIC or REIT on the box 1a gains <b>(Box 2)</b>	+ _____ [19]	

	<b>Control Totals+</b>	
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**NOTES/QUESTIONS:**

Subject to self-employment tax code (T = Taxpayer, S = Spouse, J = Joint) \_\_\_\_\_ [1]  
 Mark to indicate all the elections that apply:  
 Mixed straddle election \_\_\_\_\_ [2]  
 Mixed straddle account election (Attach explanation) \_\_\_\_\_ [3]  
 \_\_\_\_\_  
 Straddle-by-straddle identification election \_\_\_\_\_ [4]  
 Net section 1256 contracts loss election \_\_\_\_\_ [5]

**Section 1256 Contracts Marked to Market**

Identification of Account A \_\_\_\_\_ [6]  
 Identification of Account B \_\_\_\_\_  
 Identification of Account C \_\_\_\_\_

	Account A	Account B	Account C
Taxpayer/Spouse/Joint (T, S, J)	—	—	—
State postal code	_____	_____	_____
-Loss/Gain for entire year (Enter losses as a negative amount)	+ _____	+ _____	+ _____
Total Form 1099-B adjustment	+ _____	+ _____	+ _____
Total net 1256 contract loss carryback	+ _____	+ _____	+ _____

**Gains and Losses From Straddles**

Description of Property A \_\_\_\_\_ [7]  
 Name of Contract \_\_\_\_\_  
 Component \_\_\_\_\_ Type \_\_\_\_\_  
 Description of Property B \_\_\_\_\_  
 Name of Contract \_\_\_\_\_  
 Component \_\_\_\_\_ Type \_\_\_\_\_  
 Description of Property C \_\_\_\_\_  
 Name of Contract \_\_\_\_\_  
 Component \_\_\_\_\_ Type \_\_\_\_\_  
 Description of Property D \_\_\_\_\_  
 Name of Contract \_\_\_\_\_  
 Component \_\_\_\_\_ Type \_\_\_\_\_

	Property A	Property B	Property C	Property D
Taxpayer/Spouse/Joint (T, S, J)	—	—	—	—
State postal code	_____	_____	_____	_____
Date entered into/acquired	_____	_____	_____	_____
Date closed out/sold	_____	_____	_____	_____
Gross sales price	+ _____	+ _____	+ _____	+ _____
Cost plus expense of sale	+ _____	+ _____	+ _____	+ _____
Unrecognized gain	+ _____	+ _____	+ _____	+ _____

**Unrecognized Gain From Positions Held on Last Business Day**

Description of Property A \_\_\_\_\_ [8]  
 Description of Property B \_\_\_\_\_  
 Description of Property C \_\_\_\_\_

	Property A	Property B	Property C
Date acquired	_____	_____	_____
Fair market value on last business day	+ _____	+ _____	+ _____
Cost or other basis as adjusted	+ _____	+ _____	+ _____

Enter foreign employer compensation that was not reported to you on Form 1099-MISC.

Taxpayer/Spouse (T/S) \_\_\_\_\_ [3]  
 State \_\_\_\_\_ [4]

Foreign Employer Identification (ID) number \_\_\_\_\_ [1]  
 Foreign Employer Name \_\_\_\_\_ [2]  
 Foreign Employer Address \_\_\_\_\_  
     Foreign street address \_\_\_\_\_ [6]  
     Foreign city \_\_\_\_\_ [7]  
     Foreign country code/name \_\_\_\_\_ [8] \_\_\_\_\_ [9]  
     Foreign province/county \_\_\_\_\_ [10]  
     Foreign postal code \_\_\_\_\_ [11]  
     Name "in care of" \_\_\_\_\_ [12]

Employee address, if different from home address on Organizer Form ID: 1040  
 Enter U.S. (street, city, state, zip code) OR foreign (street, city, country, province, postal code)  
 Street address \_\_\_\_\_ [13]  
 City, state, zip code \_\_\_\_\_ [14] \_\_\_\_\_ [15] \_\_\_\_\_ [16]  
 Foreign country code/name \_\_\_\_\_ [17] \_\_\_\_\_ [18]  
 Foreign province/county \_\_\_\_\_ [19]  
 Foreign postal code \_\_\_\_\_ [20]

**Income**

	<b>2018 Information</b>	<b>Prior Year Information</b>
Foreign employer compensation	_____ [22]	

**NOTES/QUESTIONS:**

### Pension, Annuity, and IRA Distributions #1

Please provide all Forms 1099-R.

**2018 Information**

**Prior Year Information**

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


	<b>Control Totals+</b>	
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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]
Name of payer	_____		[3]
State postal code	_____		[5]
Gross distributions received <b>(Box 1)</b>	+	_____	[7]
Taxable amount received <b>(Box 2a)</b>	+	_____	[9]
Federal withholding <b>(Box 4)</b>	+	_____	[11]
Distribution code <b>(Box 7)</b>		_____	[14]
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan		_____	[16]
State withholding <b>(Box 12)</b>	+	_____	[17]
Local withholding <b>(Box 15)</b>	+	_____	[19]
Amount of rollover	+	_____	[21]
Mark if distribution was due to a pre-retirement age disability		_____	[23]


	<b>Control Totals+</b>	
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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]
Name of payer	_____		[3]
State postal code	_____		[5]
Gross distributions received <b>(Box 1)</b>	+	_____	[7]
Taxable amount received <b>(Box 2a)</b>	+	_____	[9]
Federal withholding <b>(Box 4)</b>	+	_____	[11]
Distribution code <b>(Box 7)</b>		_____	[14]
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan		_____	[16]
State withholding <b>(Box 12)</b>	+	_____	[17]
Local withholding <b>(Box 15)</b>	+	_____	[19]
Amount of rollover	+	_____	[21]
Mark if distribution was due to a pre-retirement age disability		_____	[23]


	<b>Control Totals+</b>	
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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

Table with 3 columns: Description, 2018 Information, and Prior Year Information. Rows include Net Benefits for 2018, Voluntary Federal Income Tax Withheld, Medicare premiums, and Prescription drug (Part D) premiums.

Tier 1 Railroad Benefits

Table with 3 columns: Description, 2018 Information, and Prior Year Information. Rows include Net Social Security Equivalent Benefit, Portion of Tier 1 Paid in 2018, Federal Income Tax Withheld, and Medicare Premium Total.

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

- Four horizontal lines for additional information, labeled [40], [41], [42], [43], and [44].

NOTES/QUESTIONS:

**Traditional IRA**

	<b>Taxpayer</b>	<b>Spouse</b>
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]
	<b>Taxpayer</b>	<b>Spouse</b>
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**

	<b>Taxpayer</b>	<b>Spouse</b>
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:**

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**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]

<b>Catch-up Contributions</b>
-------------------------------

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]

<b>Elective Deferrals</b>
---------------------------

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]	

**Control Totals+**

**Preparer use only**

Principal business or profession \_\_\_\_\_

	<b>2018 Information</b>	<b>Prior Year Information</b>
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 \_\_\_\_\_

<b>Preparer use only Carryovers</b>	<b>Regular</b>		<b>AMT</b>	
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]	
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**

Rents and royalties	2018 Information	Prior Year Information
_____ + _____	[34]	_____
_____		_____

**Rent and Royalty Expenses**

	2018 Information	Percent if not 100%	Prior Year Information
Advertising + _____	[36]	[37]	_____
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]		_____
_____ + _____			_____
_____ + _____			_____
_____ + _____			_____
_____ + _____			_____

**Control Totals+**

**Preparer use only**  
Description \_\_\_\_\_

**Refinancing Points**

Preparer - Enter on Screen Rent

	2018 Information	Prior Year Information	
<b>Refinancing points paid -</b>			
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 <b>(Preparer use only)</b> _____			
<b>Refinancing points paid -</b>			
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 <b>(Preparer use only)</b> _____			
<b>Refinancing points paid -</b>			
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 <b>(Preparer use only)</b> _____			

**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]	_____
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**

Sales Code**	Income description	2018 Information	Prior Year Information
—	_____	+ _____ [35]	_____
—	_____	+ _____	_____
—	_____	+ _____	_____
—	_____	+ _____	_____
—	_____	+ _____	_____

** 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]	_____
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	_____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____

	2018 Information	Prior Year Information
CRP payments received while enrolled to receive social security or disability benefits	_____ [52]	_____
Commodity credit loans reported under election:	_____ [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	_____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
Mark if electing to defer crop insurance proceeds to 2019	_____ [63]	_____	_____
Crop insurance proceeds deferred from 2017	_____	+ _____ [65]	_____

**Control Totals+**

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 \_\_\_\_\_

<b>Preparer use only Carryovers</b>	<b>Regular</b>		<b>AMT</b>	
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]

	<b>Preparer use only</b> <b>Carryovers</b>	<b>Regular</b>	<b>AMT</b>
<b>Enter on K1-7</b>	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]

	<b>Preparer use only</b> <b>Carryovers</b>	<b>Regular</b>	<b>AMT</b>
<b>Enter on K1-7</b>	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]

	<b>Preparer use only</b> <b>Carryovers</b>	<b>Regular</b>	<b>AMT</b>
<b>Enter on K1-7</b>	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]

	<b>Preparer use only Carryovers</b>	<b>Regular</b>	<b>AMT</b>
<b>Enter on K1T-3</b>	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]

	<b>Preparer use only Carryovers</b>	<b>Regular</b>	<b>AMT</b>
<b>Enter on K1T-3</b>	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]

	<b>Preparer use only Carryovers</b>	<b>Regular</b>	<b>AMT</b>
<b>Enter on K1T-3</b>	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]

	<b>Preparer use only Carryovers</b>	<b>Regular</b>	<b>AMT</b>
<b>Enter on K1T-3</b>	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]

Description \_\_\_\_\_ [1]  
 Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [5]  
 State postal code \_\_\_\_\_ [6]  
 Mark if electing to pay tax on entire gain (No exclusion will be calculated and entire gain will be reported on Schedule D) \_\_\_\_\_ [7]  
 Date former residence was acquired \_\_\_\_\_ [9]  
 Date former residence was sold \_\_\_\_\_ [10]  
 Selling price of former residence + \_\_\_\_\_ [11]  
 Expenses related to the sale of your old home + \_\_\_\_\_ [12]  
 Original cost of home sold including capital improvements + \_\_\_\_\_ [13]

### Exclusion Information

Mark if meet use and ownership test without exceptions (2 years use within 5-year period preceding sale date) \_\_\_\_\_ [19]

	Taxpayer	Spouse
Reduced exclusion days: (Enter only days within 5-year period ending on sale date)		
Number of days each person used property as main home	_____ [21]	_____ [22]
Number of days each person owned property used as main home	_____ [23]	_____ [24]
Number of days between date of sale of the other home and date of sale of this home	_____ [25]	_____ [26]

### Form 6252 - Current Year Installment Sale

Mortgage and other debts the buyer assumed + \_\_\_\_\_ [28]  
 Total current year payments received + \_\_\_\_\_ [29]

### Form 6252 - Related Party Installment Sale Information

Related party name \_\_\_\_\_ [30]  
 Address \_\_\_\_\_ [31]  
 City, State and Zip \_\_\_\_\_ [32] [33] \_\_\_\_\_ [34]  
 Identifying number of related party \_\_\_\_\_ [35]  
 Was the property sold as a marketable security? (Y, N) \_\_\_\_\_ [36]  
 Enter date of second sale if more than 2 years after the first sale \_\_\_\_\_ [37]  
 Indicate special conditions if applicable (1 = Sale/exchange, 2 = Involuntary conv, 3 = Death of seller, 4 = No tax avoidance) \_\_\_\_\_ [38]  
 Selling price of property sold by a related party + \_\_\_\_\_ [40]

### NOTES/QUESTIONS:

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**Preparer use only**

**2018 Information**

**Prior Year Information**

Description	_____	[3]
Taxpayer/Spouse/Joint (T, S, J)	_____	[7]
State postal code	_____	[8]
Date acquired	_____	[19]
Date sold	_____	[20]
Gross sales price of property sold	+ _____	[21]
Mortgage and other debts the buyer assumed	+ _____	[23]
Cost or other basis	+ _____	[25]
Commissions and other expenses of the sale	+ _____	[27]
Gross profit percentage	_____	[29]
Total current year principal payments received	+ _____	[35]
Prior year principal payments received	+ _____	[37]
Total ordinary income to recapture	+ _____	[39]
Total ordinary income previously recaptured	+ _____	[41]

_____
_____
_____
_____
_____
_____
_____
_____
_____

	<b>Control Totals+</b>		
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**Prior Year Installment Sale**

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**Preparer use only**

**2018 Information**

**Prior Year Information**

Description	_____	[3]
Taxpayer/Spouse/Joint (T, S, J)	_____	[7]
State postal code	_____	[8]
Date acquired	_____	[19]
Date sold	_____	[20]
Gross sales price of property sold	+ _____	[21]
Mortgage and other debts the buyer assumed	+ _____	[23]
Cost or other basis	+ _____	[25]
Commissions and other expenses of the sale	+ _____	[27]
Gross profit percentage	_____	[29]
Total current year principal payments received	+ _____	[35]
Prior year principal payments received	+ _____	[37]
Total ordinary income to recapture	+ _____	[39]
Total ordinary income previously recaptured	+ _____	[41]

_____
_____
_____
_____
_____
_____
_____
_____
_____

	<b>Control Totals+</b>		
--	------------------------	--	--

**NOTES/QUESTIONS:**

## Preparer use only

Description \_\_\_\_\_ [3]  
 Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [9]  
 State postal code \_\_\_\_\_ [10]  
 Mark to include gross proceeds for 1099-S reporting on Form 4797, line 1 \_\_\_\_\_ [15]  
 Mark if disposition is due to casualty or theft \_\_\_\_\_ [19]  
 Mark if disposition was to a related party \_\_\_\_\_ [21]

## Sale Information

Date acquired \_\_\_\_\_ [23]  
 Date sold \_\_\_\_\_ [24]  
 Gross sales price or insurance proceeds received + \_\_\_\_\_ [25]  
 Cost or other basis + \_\_\_\_\_ [26]  
 Commissions and other expenses of sale + \_\_\_\_\_ [27]  
 Depreciation allowed or allowable + \_\_\_\_\_ [28]

## Form 4797, Part III - Recapture

Additional depreciation after 1975 (Section 1250) + \_\_\_\_\_ [30]  
 Applicable percentage (if not 100%) (Section 1250) \_\_\_\_\_ [31]  
 Additional depreciation after 1969 (Section 1250) + \_\_\_\_\_ [32]  
 Soil, water and land clearing expenses (Section 1252) + \_\_\_\_\_ [33]  
 Applicable percentage (if not 100%) (Section 1252) \_\_\_\_\_ [34]  
 Intangible drilling and development costs (Section 1254) + \_\_\_\_\_ [35]  
 Applicable payments excluded from income under sec. 126 (Section 1255) + \_\_\_\_\_ [36]

## Form 6252 - Current Year Installment Sale

Mortgage and other debts the buyer assumed + \_\_\_\_\_ [37]  
 Total current year payments received + \_\_\_\_\_ [38]

## Form 6252 - Related Party Installment Sale Information

Related party name \_\_\_\_\_ [39]  
 Address \_\_\_\_\_ [40]  
 City, State, and Zip \_\_\_\_\_ [41] [42] [43]  
 Identifying number of related party \_\_\_\_\_ [44]  
 Was the property sold as a marketable security? (Y, N) \_\_\_\_\_ [45]  
 Enter date of second sale \_\_\_\_\_ [46]  
 Indicate special conditions if applicable (1 = Sale/exchange, 2 = Involuntary conv, 3 = Death of seller, 4 = No tax avoidance) \_\_\_\_\_ [47]  
 Selling price of property sold by a related party + \_\_\_\_\_ [49]

## NOTES/QUESTIONS:

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**Preparer use only**

Description of property given up \_\_\_\_\_ [4]  
 \_\_\_\_\_ [5]  
 Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [6]  
 State postal code \_\_\_\_\_ [7]  
 Description of property received \_\_\_\_\_ [10]  
 \_\_\_\_\_ [11]

### Date Information

Date the like-kind property given up was acquired \_\_\_\_\_ [16]  
 Date you transferred your property to the other party \_\_\_\_\_ [17]  
 Date the like-kind property received was identified \_\_\_\_\_ [18]  
 Date you received the like-kind property from the other party \_\_\_\_\_ [19]

### Gain and Basis Information

Fair market value of other property given up + \_\_\_\_\_ [20]  
 Adjusted basis of other property given up + \_\_\_\_\_ [21]  
 Cash received + \_\_\_\_\_ [22]  
 Fair market value of other (not like-kind) property received + \_\_\_\_\_ [23]  
 Installment obligation received in like-kind exchange + \_\_\_\_\_ [24]  
 Fair market value of like-kind property you received + \_\_\_\_\_ [25]  
 Fair market value of non-section 1245 property you received + \_\_\_\_\_ [26]  
 Liabilities, including mortgages, assumed by you + \_\_\_\_\_ [27]  
 Cash paid + \_\_\_\_\_ [28]  
 Adjusted basis of like-kind property given up + \_\_\_\_\_ [29]  
 Adjusted basis of like-kind property from pass through entity  
     Cost or other basis + \_\_\_\_\_ [30]  
     Depreciation allowed or allowable excluding Section 179 + \_\_\_\_\_ [31]  
     Section 179 expense deduction passed through + \_\_\_\_\_ [32]  
     Section 179 carryover + \_\_\_\_\_ [33]  
 Liabilities, including mortgages, assumed by the other party + \_\_\_\_\_ [34]  
 Exchange expenses incurred by you + \_\_\_\_\_ [35]

### Related Party Exchange Information

Name of related party \_\_\_\_\_ [38]  
 Address of related party \_\_\_\_\_ [39]  
 City \_\_\_\_\_ [40]  
 State \_\_\_\_\_ [41]  
 Zip code \_\_\_\_\_ [42]  
 Identifying number of related party \_\_\_\_\_ [43]  
 Relationship to you \_\_\_\_\_ [44]  
 During this tax year, did the related party sell or dispose of the property received? (Y, N) \_\_\_\_\_ [45]  
 During this tax year, did you sell or dispose of the like-kind property you received? (Y, N) \_\_\_\_\_ [46]  
 Indicate if any special conditions apply (1 = Death of either party, 2 = Involuntary conversion, 3 = No tax avoidance) \_\_\_\_\_ [47]  
 Mark if this exchange is a prior year like-kind exchange \_\_\_\_\_ [49]

### NOTES/QUESTIONS:



This form is used to report other foreign assets (not held in a foreign financial account), as required by the Internal Revenue Service. Report foreign financial assets held in a foreign financial account on Organizer Form ID: FrgnAcct.

	2018 Information	Prior Year Information
Asset description	_____ [2]	
Asset identifying number or other designation	_____ [3]	
Date asset acquired	_____ [4]	
Date asset disposed	_____ [6]	
Asset jointly owned with spouse	_____ [7]	
Maximum value of asset	_____ [9]	

**Asset foreign entity information** - (Enter either foreign entity information or issuer/counterparty information, but not both)

Type of foreign entity: (P = Partnership, C = Corporation, T = Trust, E = Estate) \_\_\_\_\_ [14]  
 Foreign entity name \_\_\_\_\_ [16]  
 Foreign entity address \_\_\_\_\_ [17]  
 City, state, zip code \_\_\_\_\_ [18] \_\_\_\_\_ [19] \_\_\_\_\_ [20]  
 Foreign country code/name \_\_\_\_\_ [21] \_\_\_\_\_ [22]  
 Foreign province/county \_\_\_\_\_ [23]  
 Foreign postal code \_\_\_\_\_ [24]

**Asset issuer or counterparty information** - (Enter either foreign entity information or issuer/counterparty information, but not both)

Type: (I = Issuer, C = Counterparty) \_\_\_\_\_ [25]  
 Entity: (I = Individual, P = Partnership, C = Corporation, T = Trust, E = Estate) \_\_\_\_\_  
 If an individual, select either U.S. or foreign (1 = U.S. Person, 2 = Foreign Person) \_\_\_\_\_  
 Individual or organization name \_\_\_\_\_  
 Address of issuer or counterparty \_\_\_\_\_  
 City, state, zip code \_\_\_\_\_  
 Foreign country code/name \_\_\_\_\_  
 Foreign province/county \_\_\_\_\_  
 Foreign postal code \_\_\_\_\_

**Asset issuer or counterparty information** - (Enter either foreign entity information or issuer/counterparty information, but not both)

Type: (I = Issuer, C = Counterparty) \_\_\_\_\_  
 Entity: (I = Individual, P = Partnership, C = Corporation, T = Trust, E = Estate) \_\_\_\_\_  
 If an individual, select either U.S. or foreign (1 = U.S. Person, 2 = Foreign Person) \_\_\_\_\_  
 Individual or organization name \_\_\_\_\_  
 Address of issuer or counterparty \_\_\_\_\_  
 City, state, zip code \_\_\_\_\_  
 Foreign country code/name \_\_\_\_\_  
 Foreign province/county \_\_\_\_\_  
 Foreign postal code \_\_\_\_\_

**NOTES/QUESTIONS:**

**This form is used to report financial accounts in foreign countries, as required by the Internal Revenue Service.**

Taxpayer/Spouse/Joint (T, S, J)

\_\_[1]

	<b>2018 Information</b>	<b>Prior Year Information</b>
Deposit or Custodial account (D= Deposit, C = Custodial)	__[4]	[Redacted]
Type of Account:		
Bank	__[5]	
Securities	__[6]	
Other	[7]	
Maximum value of account	[8]	
Account number or other designation	[10]	
Financial institution	[12]	
Address of financial institution	[13]	
City, state, zip code	[14] [15] [16]	
Foreign country code/name	__[17] [18]	
For addresses in Mexico, enter state	[20]	
Foreign province/county	[23]	
Foreign postal code	[24]	
Account jointly owned with spouse	__[25]	
Account opened during the tax year	__[47]	
Account closed during the tax year	__[49]	
Information is reported for a financial account which is:	__[27]	

2 = Owned separately, 3 = Owned jointly, 4 = Authority over but no financial interest

**Complete this section if there is a joint owner other than the spouse, or you have signature authority only over the account**

Taxpayer identification number of account holder/joint owner	[28]
Foreign identification number of account holder/joint owner (If no Taxpayer identification number)	[29]
Last name or organization name of account holder/joint owner	[30]
First name and middle initial of account holder/joint owner	[31] [32]
Address and apartment	[33] [34]
City, state, zip code	[35] [36] [37]
Foreign country code/name	__[38] [39]
For addresses in Mexico, enter state	[41]
Foreign postal code	[44]
Number of joint owners (Not including taxpayer, if applicable)	[45]
Filer's title with this owner (If applicable)	[46]

**NOTES/QUESTIONS:**

## Foreign Earned Income Exclusion

Taxpayer/Spouse (T, S)  [1] State postal code \_\_\_\_\_ [3]  
 Foreign street address \_\_\_\_\_ [4] City \_\_\_\_\_  
 State/Province \_\_\_\_\_ Country code \_\_\_\_\_  
 Country \_\_\_\_\_ Postal code \_\_\_\_\_  
 Employer's name \_\_\_\_\_ [2]  
 U.S. address \_\_\_\_\_ [5] City \_\_\_\_\_  
 State postal code \_\_\_\_\_ Zip code \_\_\_\_\_  
 Foreign street address \_\_\_\_\_ [6] City \_\_\_\_\_  
 State/Province \_\_\_\_\_ Country code \_\_\_\_\_  
 Country \_\_\_\_\_ Postal code \_\_\_\_\_  
 Employer type (A = Foreign entity, B = U.S. company, C = Self, D = Foreign affiliate of a U.S. company, E = Other) If other, specify type \_\_\_\_\_ [8]  
 Country of citizenship \_\_\_\_\_ [11]  
 If maintained a separate foreign residence for your family due to adverse living conditions, provide city, country, and days:  
 City/Country \_\_\_\_\_ [12] Days \_\_\_\_\_  
 City/Country \_\_\_\_\_ Days \_\_\_\_\_  
 List tax home(s) during the tax year and dates established:  
 Tax home \_\_\_\_\_ [13] Date \_\_\_\_\_  
 Tax home \_\_\_\_\_ Date \_\_\_\_\_

## Foreign Earned Income Allocation Information

**\*U.S. Business Days and Travel Type Code: 1=Travel to United States; 2=Travel to restricted country; 3=Travel to foreign country**

U.S. business days and travel information [16]

Type Code*	Name of Country including United States	Date Arrived	Date Left	No. of U.S. business days
—	_____	_____	_____	_____
—	_____	_____	_____	_____
—	_____	_____	_____	_____
—	_____	_____	_____	_____
—	_____	_____	_____	_____

Foreign days worked before and after foreign assignment [17] Total days worked before and after foreign assignment \_\_\_\_\_ [18]  
 Total number of days worked during year (defaults to 240) \_\_\_\_\_ [19]

## Bona Fide Residence Test

Date foreign residence began \_\_\_\_\_ [21] Date foreign residence ended \_\_\_\_\_ [22]  
 Kind of foreign living quarters (A = Purchased house, B = Rented house or apartment, C = Rented room, D = Quarters furnished by employer) \_\_\_\_\_ [23]  
 If any family members lived abroad with you during any part of tax year, list who and for what period:  
 Relationship \_\_\_\_\_ Period abroad \_\_\_\_\_ [24]  
 Relationship \_\_\_\_\_ Period abroad \_\_\_\_\_  
 Relationship \_\_\_\_\_ Period abroad \_\_\_\_\_  
 Relationship \_\_\_\_\_ Period abroad \_\_\_\_\_  
 Mark if you submitted a statement to foreign country authorities that you are not a resident of that country \_\_\_\_\_ [25]  
 Mark if required to pay income tax to that country \_\_\_\_\_ [26]  
 List any contractual terms or other conditions relating to length of employment abroad \_\_\_\_\_ [27]

Type of visa used to enter foreign country \_\_\_\_\_ [28]  
 Explanation if visa limited length of stay or employment \_\_\_\_\_ [29]

If maintained a home in U.S., enter address, whether it was rented, names of occupants and their relationship to you:  
 Address \_\_\_\_\_ [30] City \_\_\_\_\_  
 State postal code \_\_\_\_\_ Zip code \_\_\_\_\_  
 Rented  Occupant \_\_\_\_\_ Relationship \_\_\_\_\_  
 Address \_\_\_\_\_ [30] City \_\_\_\_\_  
 State postal code \_\_\_\_\_ Zip code \_\_\_\_\_  
 Rented  Occupant \_\_\_\_\_ Relationship \_\_\_\_\_

## Physical Presence Test

Principal country of employment \_\_\_\_\_ [31]

Employer's name \_\_\_\_\_  
 Taxpayer/Spouse (T, S) \_\_\_\_\_  
 State postal code \_\_\_\_\_

**Foreign Earned Income**

**\*Please use the Foreign Earned Income Allocation Codes located below**

	Allocation Code*	Amount
<b>Noncash income:</b>		
Home (lodging) _____	[10] ___ [11]	+ _____ [12]
Meals _____	[13] ___ [14]	+ _____ [15]
Car _____	[16] ___ [17]	+ _____ [18]
Other properties or facilities (Please enter code here and description and amount below): _____ _____ _____ _____	___ [19]	+ _____ [20] + _____ + _____ + _____ + _____
<b>Allowances, reimbursements or expenses paid on behalf:</b>		
Cost of living and overseas differential _____	___ [21]	+ _____ [22]
Family _____	___ [23]	+ _____ [24]
Education _____	___ [25]	+ _____ [26]
Home leave _____	___ [27]	+ _____ [28]
Quarters _____	___ [29]	+ _____ [30]
Other purposes (Please enter code here and description and amount below): _____ _____ _____ _____	___ [31]	+ _____ [32] + _____ + _____ + _____ + _____
Other foreign earned income (Please enter code here and description and amount below): _____ _____ _____ _____	___ [33]	+ _____ [34] + _____ + _____ + _____ + _____
Excludable meals and lodging under section 119 _____		+ _____ [35]

**\*Foreign Earned Income Allocation Codes**

**1 = 100% foreign during assignment**  
**2 = 100% U.S. during assignment**  
**3 = U.S. and foreign days worked during assignment**  
**4 = U.S. and foreign days before/after assignment**  
**5 = Days worked before, during, and after assignment**

**Deductions Allocable to Foreign Earned Income**

	Allocation Code*	Amount
Other allocable deductions _____	___ [36]	+ _____ [37]

**Housing Exclusion/Deduction**

Qualified housing expense _____	+ _____ [47]
---------------------------------	--------------

**NOTES/QUESTIONS:**

Preparer use only

Description of move	_____	[2]
Taxpayer/Spouse/Joint (T, S, J)	_____	[3]
Mark if the move was due to service in the armed forces	_____	[7]
Number of miles from old home to new workplace	_____	[8]
Number of miles from old home to old workplace	_____	[9]
Mark if move is outside United States or its possessions	_____	[10]
Transportation and storage expenses	+ _____	[11]
Travel and lodging (not including meals)	+ _____	[12]
Miles driven to new home	_____	[13]
Total amount reimbursed for moving expenses	+ _____	[15]

**NOTES/QUESTIONS:**

Preparer use only

2018 Information

Prior Year Information

Taxpayer/Spouse (T, S) [2]
Occupation in which expenses were incurred [3]
State postal code [5]
If the employee expenses were from an occupation listed below, enter the applicable code [6]
1 = Qualified performing artist, 2 = Impairment-related work expenses, 3 = Fee-basis official, 5 = Reservist

Parking fees and tolls + [18]
Local transportation + [20]
Travel expenses + [23]
Other business expenses: [26]

Multiple lines for listing other business expenses with plus signs and reference numbers.

Nonvehicle depreciation + [29]
Meals + [32]
Meals for individuals subject to DOT hours of service limitation (certain state returns) [34]

Large shaded area for entering prior year information.

Employer Reimbursements

Enter Reimbursements not entered on Screen W2, Box 12, Code L

2018 Information

Prior Year Information

Reimbursements for other expenses not included on Form W-2 + [61]
Reimbursements for meals not included on Form W-2 + [63]
Reimbursements for meals for DOT service limitation not included on Form W-2 + [65]

Small shaded area for entering prior year information for reimbursements.

Control Totals+

**Preparer use only**

Taxpayer/Spouse (T, S) \_\_\_\_\_ [2]  
 Occupation in which expenses were incurred \_\_\_\_\_ [3]  
 State postal code \_\_\_\_\_ [4]

**Vehicle Questions**

If you used your automobile for work purposes, please answer the following questions:

Was the vehicle available for off-duty personal use? (Y, N, Blank = Not applicable)	_____ [5]	
Was another vehicle available for personal use? (Y, N)	_____ [7]	
Do you have evidence to support your deduction? (1 = Yes - written, 2 = Yes - not written, 3 = No)	_____ [9]	

**Vehicle Information**

Vehicle 1 -	Date placed in service	_____ [11]
	Description	_____ [12]
	Comments	_____
Vehicle 2 -	Date placed in service	_____ [62]
	Description	_____ [63]
	Comments	_____
Vehicle 3 -	Date placed in service	_____ [109]
	Description	_____ [110]
	Comments	_____
Vehicle 4 -	Date placed in service	_____ [156]
	Description	_____ [157]
	Comments	_____

**Vehicles Actual Expenses**

	Vehicle 1	Prior Year Information	Vehicle 2	Prior Year Information	Vehicle 3	Prior Year Information	Vehicle 4	Prior Year Information
Total mileage for the year	_____ [20]		_____ [69]		_____ [116]		_____ [163]	
Business mileage	_____ [24]		_____ [71]		_____ [118]		_____ [165]	
Average daily round trip commuting mileage	_____ [26]		_____ [73]		_____ [120]		_____ [167]	
Total commuting mileage	_____ [28]		_____ [75]		_____ [122]		_____ [169]	
Gasoline	+ _____ [30]		+ _____ [77]		+ _____ [124]		+ _____ [171]	
Oil	+ _____ [32]		+ _____ [79]		+ _____ [126]		+ _____ [173]	
Repairs	+ _____ [34]		+ _____ [81]		+ _____ [128]		+ _____ [175]	
Maintenance	+ _____ [36]		+ _____ [83]		+ _____ [130]		+ _____ [177]	
Tires	+ _____ [38]		+ _____ [85]		+ _____ [132]		+ _____ [179]	
Car washes	+ _____ [40]		+ _____ [87]		+ _____ [134]		+ _____ [181]	
Insurance	+ _____ [42]		+ _____ [89]		+ _____ [136]		+ _____ [183]	
Interest	+ _____ [44]		+ _____ [91]		+ _____ [138]		+ _____ [185]	
Registration	+ _____ [46]		+ _____ [93]		+ _____ [140]		+ _____ [187]	
Licenses	+ _____ [48]		+ _____ [95]		+ _____ [142]		+ _____ [189]	
Property taxes (Plates, tags, etc)	_____ [50]		+ _____ [97]		+ _____ [144]		+ _____ [191]	
Vehicle rentals	+ _____ [52]		+ _____ [99]		+ _____ [146]		+ _____ [193]	
Inclusion amt (Preparer only)	_____ [54]		+ _____ [101]		+ _____ [148]		+ _____ [195]	
Other vehicle expenses	+ _____ [56]		+ _____ [103]		+ _____ [150]		+ _____ [197]	
Value of employer provided vehicle	+ _____ [58]		+ _____ [105]		+ _____ [152]		+ _____ [199]	
Depreciation	+ _____ [60]		+ _____ [107]		+ _____ [154]		+ _____ [201]	

Other Adjustments

Alimony Paid:

<b>T/S/J</b>	<b>Recipient name</b>	<b>Recipient SSN</b>	<b>2018 Information</b>	<b>Prior Year Information</b>
			+ _____ [1]	
<b>Address</b>				
			+ _____	
<b>Address</b>				
			+ _____	
<b>Address</b>				

	<b>2018 Information</b>		<b>Prior Year Information</b>
	<b>Taxpayer</b>	<b>Spouse</b>	
Educator expenses:			
_____	+ _____ [3]	+ _____ [4]	
_____	+ _____	+ _____	
Other adjustments:			
_____	+ _____ [6]	+ _____ [7]	
_____	+ _____	+ _____	
_____	+ _____	+ _____	
_____	+ _____	+ _____	
_____	+ _____	+ _____	
_____	+ _____	+ _____	
_____	+ _____	+ _____	
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_____	+ _____	+ _____	
_____	+ _____	+ _____	
_____	+ _____	+ _____	
_____	+ _____	+ _____	
_____	+ _____	+ _____	

NOTES/QUESTIONS:



Complete if you cashed qualified U.S. Savings bonds in 2018 that were issued after 1989, and you paid qualified higher education expenses in 2018 for yourself, your spouse, or your dependents.

Taxpayer/Spouse/Joint (T, S, J)	_____	_____
SSN of person enrolled at eligible educational institution	_____	_____
Name of person enrolled at eligible educational institution (First/Last)	_____	_____
Name of eligible educational institution	_____	_____
Address of eligible educational institution	_____	_____
City, state, and zip code	_____	_____
Qualified higher education expenses you paid in 2018 for person listed above	+	_____ [1]
Enter any nontaxable educational benefits received for 2018 for person listed above	+	_____
Type of qualified education program, if contributions made for enrollee (ESA = Coverdell ESA, QTP = Qualified Tuition Program)	_____	_____
Financial institution name (ESA) or name of program (QTP)	_____	_____
Financial institution address (ESA) or address of program (QTP)	_____	_____
City, state and zip code	_____	_____
Taxpayer/Spouse/Joint (T, S, J)	_____	_____
SSN of person enrolled at eligible educational institution	_____	_____
Name of person enrolled at eligible educational institution (First/Last)	_____	_____
Name of eligible educational institution	_____	_____
Address of eligible educational institution	_____	_____
City, state, and zip code	_____	_____
Qualified higher education expenses you paid in 2018 for person listed above	+	_____ [1]
Enter any nontaxable educational benefits received for 2018 for person listed above	+	_____
Type of qualified education program, if contributions made for enrollee (ESA = Coverdell ESA, QTP = Qualified Tuition Program)	_____	_____
Financial institution name (ESA) or name of program (QTP)	_____	_____
Financial institution address (ESA) or address of program (QTP)	_____	_____
City, state and zip code	_____	_____
Taxpayer/Spouse/Joint (T, S, J)	_____	_____
SSN of person enrolled at eligible educational institution	_____	_____
Name of person enrolled at eligible educational institution (First/Last)	_____	_____
Name of eligible educational institution	_____	_____
Address of eligible educational institution	_____	_____
City, state, and zip code	_____	_____
Qualified higher education expenses you paid in 2018 for person listed above	+	_____ [1]
Enter any nontaxable educational benefits received for 2018 for person listed above	+	_____
Type of qualified education program, if contributions made for enrollee (ESA = Coverdell ESA, QTP = Qualified Tuition Program)	_____	_____
Financial institution name (ESA) or name of program (QTP)	_____	_____
Financial institution address (ESA) or address of program (QTP)	_____	_____
City, state and zip code	_____	_____
Total proceeds from Series EE or I U.S. Savings bonds issued after 1989 and cashed in 2018	+	_____ [3]

---

**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.

TS	Qualified loan interest recipient/lender	2018 Interest Paid	Prior Year Information
—	_____	+ _____ [1]	<div style="background-color: #cccccc; border: 1px solid black; padding: 5px;">                     _____                      _____                      _____                 </div>
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	

**NOTES/QUESTIONS:**

**Education Credits and Tuition and Fees Deduction**

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.**

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

**NOTES/QUESTIONS:**

**Qualified Education Programs**  
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]

	<b>2018 Information</b>	<b>Prior Year Information</b>
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**

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

**NOTES/QUESTIONS:**

**Complete a FAFSA information section for both the parent and student. Both may be required to complete the FAFSA. If the parent or student tax return was prepared elsewhere, please provide the completed tax return.**

This FAFSA information is for the:  **Preparer use only**

Who is listed as the primary taxpayer on the tax return of the individual to whom this information applies?

(1 = Father or stepfather, 2 = Mother or stepmother, 3 = Student, 4 = Student's spouse)

\_\_\_[1]

The information for the FAFSA worksheet will be:

(1 = Calculated for the taxpayer on this return, 2 = Entered from someone else's return)

\_\_\_[4]

Taxpayer's (and spouse's) current balance of all cash, savings and checking accounts + \_\_\_\_\_[8]

Taxpayer's (and spouse's) net worth in investments, including real estate but do not include the primary residence + \_\_\_\_\_[9]

Taxpayer's (and spouse's) net worth in current businesses and/or investment farms + \_\_\_\_\_[10]

	<b>2017 Information</b>	<b>2018 Information</b>
Child support paid because of divorce, separation, or a result of a legal requirement	_____ [12] +	_____ [20]

Taxable earnings from need-based employment programs	_____ [13] +	_____ [21]
--	--------------	------------

Student grant and scholarship aid included in adjusted gross income	_____ [14] +	_____ [22]
---	--------------	------------

Earnings from work under a cooperative education program offered by a college	_____ [15] +	_____ [23]
---	--------------	------------

Child support received but do not include foster care or adoption payments	_____ [16] +	_____ [24]
--	--------------	------------

Veterans noneducation benefits	_____ [17] +	_____ [25]
--------------------------------	--------------	------------

Other untaxed income not reported elsewhere, such as worker's compensation, disability, etc., but do not include student aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits, SSI, on-base military housing or a military housing allowance, or combat pay.	_____ [18] +	_____ [26]
--	--------------	------------

Money received or paid on behalf of the student (For the student's worksheet only)	_____ [19] +	_____ [27]
--	--------------	------------

	<b>Control Totals+</b>	
--	------------------------	--

**Federal Student Aid Application Information #2**

This FAFSA information is for the:  **Preparer use only**

Who is listed as the primary taxpayer on the tax return of the individual to whom this information applies?

(1 = Father or stepfather, 2 = Mother or stepmother, 3 = Student, 4 = Student's spouse)

\_\_\_[1]

The information for the FAFSA worksheet will be:

(1 = Calculated for the taxpayer on this return, 2 = Entered from someone else's return)

\_\_\_[4]

Taxpayer's (and spouse's) current balance of all cash, savings and checking accounts + \_\_\_\_\_[8]

Taxpayer's (and spouse's) net worth in investments, including real estate but do not include the primary residence + \_\_\_\_\_[9]

Taxpayer's (and spouse's) net worth in current businesses and/or investment farms + \_\_\_\_\_[10]

	<b>2017 Information</b>	<b>2018 Information</b>
Child support paid because of divorce, separation, or a result of a legal requirement	_____ [12] +	_____ [20]

Taxable earnings from need-based employment programs	_____ [13] +	_____ [21]
--	--------------	------------

Student grant and scholarship aid included in adjusted gross income	_____ [14] +	_____ [22]
---	--------------	------------

Earnings from work under a cooperative education program offered by a college	_____ [15] +	_____ [23]
---	--------------	------------

Child support received but do not include foster care or adoption payments	_____ [16] +	_____ [24]
--	--------------	------------

Veterans noneducation benefits	_____ [17] +	_____ [25]
--------------------------------	--------------	------------

Other untaxed income not reported elsewhere, such as worker's compensation, disability, etc., but do not include student aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits, SSI, on-base military housing or a military housing allowance, or combat pay.	_____ [18] +	_____ [26]
--	--------------	------------

Money received or paid on behalf of the student (For the student's worksheet only)	_____ [19] +	_____ [27]
--	--------------	------------

**NOTES/QUESTIONS:**

	<b>Control Totals+</b>	
--	------------------------	--

	<b>Form ID: FAFSA</b>	
--	-----------------------	--

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]	_____ _____ _____ _____ _____ _____
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	

Medical insurance premiums you paid:

**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.**

[4] _____	+ _____ [5]	_____ _____ _____ _____
_____	+ _____	
_____	+ _____	
_____	+ _____	

Long-term care premiums you paid:

**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.)**

[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]	_____ _____ _____ _____ _____
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	

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]	_____ _____ _____
_____	+ _____	
_____	+ _____	

**Control Totals+**

## Interest Expenses

T/S/J	2018 Interest Paid <sup>[2]</sup>	2018 Points Paid	Type*	2018 Mortgage Ins. Premiums Paid	Prior Year Information
Home mortgage interest: From Form 1098					
[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	SSN or EIN	2018 Information	Prior Year Information
Other, such as: Home mortgage interest paid to individuals				
[4]			+	[5]
<b>Address</b>				
<b>City, state and zip code</b>				
			+	
<b>Address</b>				
<b>City, state and zip code</b>				

**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	2018 Information
Investment interest expense, other than on Schedule(s) K-1:	
[15]	+
	+
	+
	+
	+
	+
	+
	+
	+

## Charitable Contributions

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

**NOTES/QUESTIONS:**



Complete the information below only if you file a state return in AL, AR, CA, HI, IA, MN, NY or PA. Amounts entered here will be used to calculate your state return, but will be ignored for federal return purposes, as the deductions are not allowed.

T/S/J

2018 Information

Prior Year Information

Unreimbursed expenses, such as: Uniforms, Professional dues,  
Business publications, Job seeking expenses, Educational expenses

[1] \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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+ \_\_\_\_\_ [2]  
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Union dues, other than amounts reported on Form W-2:

[4] \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

+ \_\_\_\_\_ [5]  
+ \_\_\_\_\_  
+ \_\_\_\_\_  
+ \_\_\_\_\_

[7] Tax preparation fees

Other expenses, subject to 2% AGI limit, such as: Legal/accounting/custodial fees

[10] \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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+ \_\_\_\_\_  
+ \_\_\_\_\_  
+ \_\_\_\_\_

[13] Safe deposit box rental

Investment expenses, other than on Schedule(s) K-1 or Form(s) 1099-DIV/INT:

[16] \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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+ \_\_\_\_\_ [17]  
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+ \_\_\_\_\_  
+ \_\_\_\_\_  
+ \_\_\_\_\_

NOTES/QUESTIONS:

**Complete this section if either of the following applies:**

- You have home acquisition/improvement debt over \$750,000 for loans taken out in 2018
- You have home acquisition/improvement debt over \$1,000,000 for loans taken out in 2017 or earlier

**Mortgages taken out before 10/14/87 generally qualify as grandfather debt regardless of how the proceeds are used.**

**Home acquisition debt is a mortgage taken out after 10/13/87, the proceeds of which are used to buy, build or substantially improve your home.**

	2018 Information	Prior Year Information
Description of loan/property _____	[2]	
Taxpayer/Spouse/Joint (T, S, J) _____	[3]	
Loan origination date _____	[4]	
If refinanced debt, date of initial loan _____	[5]	
Fair market value of home + _____	[6]	
Number of months loan was outstanding in 2018, if not 12 _____	[8]	_____
Number of months home was a qualifying home _____ <small>(If different from number of months loan was outstanding)</small>	[10]	_____
Principal paid in 2018 + _____	[12]	
Interest paid during 2018 + _____	[14]	
Points reported on Form 1098 for 2018 + _____	[16]	
Home mortgage interest you paid, not reported on Form 1098:		
Recipient name _____	[19]	
Recipient SSN or EIN _____	[20]	
Recipient address _____	[21]	
Recipient city, state, zip code _____ [22] _____ [23] _____	[24]	
Grandfather debt as of 12/31/17 (or first day mortgage was outstanding) + _____	[25]	
Grandfather debt as of 12/31/18 (or last day mortgage was outstanding) + _____	[27]	
Home acquisition/improvement debt as of 12/31/17 (or first day mortgage was outstanding) _____	[29]	
Home acquisition/improvement debt as of 12/31/18 (or last day mortgage was outstanding) _____	[31]	
Home equity debt as of 12/31/17*** (or first day mortgage was outstanding) + _____	[33]	
Home equity debt as of 12/31/18*** (or last day mortgage was outstanding) + _____	[35]	
<small>*** ONLY portion of loan proceeds used to buy, build, or improve qualified residence</small>		
Average balance in 2018 of grandfather debt + _____	[38]	
Average balance in 2018 of home acquisition/improvement debt + _____	[40]	
Average balance for 2018 all types of debt + _____	[42]	

**NOTES/QUESTIONS:**

**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+**

**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+**

**Please provide all Forms 1098-C. If you received a different acknowledgment from the donee organization in lieu of Form 1098-C, enter the equivalent donation information in the fields provided below.**

Taxpayer/Spouse (T, S) \_\_\_\_\_ [1]

Donee's name \_\_\_\_\_ [4]

State postal code \_\_\_\_\_ [3]

Date of contribution **(Box 1)** \_\_\_\_\_ [9]

Odometer mileage **(Box 2a)** \_\_\_\_\_ [10]

Year of vehicle **(Box 2b)** \_\_\_\_\_ [11]

Make of vehicle **(Box 2c)** \_\_\_\_\_ [12]

Model of vehicle **(Box 2d)** \_\_\_\_\_ [13]

Vehicle or other identification number **(Box 3)** \_\_\_\_\_ [14]

Donee certifies that vehicle was sold in arm's length transaction to unrelated party **(Box 4a)** \_\_\_\_\_ [15]

Date of sale **(Box 4b)** \_\_\_\_\_ [16]

Gross proceeds from sale **(Box 4c)** + \_\_\_\_\_ [17]

Donee certifies that vehicle will not be transferred for money, other property, or services before completion of material improvement or significant intervening use **(Box 5a)** \_\_\_\_\_ [18]

Donee certifies that vehicle is to be transferred to a needy individual for significantly below fair market value in furtherance of donee's charitable purpose **(Box 5b)** \_\_\_\_\_ [19]

Detailed description of material improvements or significant intervening use and duration of use **(Box 5c)** \_\_\_\_\_ [20]

\_\_\_\_\_ [20]

\_\_\_\_\_ [20]

\_\_\_\_\_ [20]

Did you provide goods or services in exchange for the vehicle? **(Box 6a)** Yes \_\_\_ [21] No \_\_\_ [22]

Value of goods and services provided in exchange for the vehicle **(Box 6b)** + \_\_\_\_\_ [23]

Donee certifies that the goods and services consisted solely of intangible religious benefits **(Box 6c)** \_\_\_\_\_ [24]

Description of goods and services **(Box 6c)** \_\_\_\_\_ [25]

\_\_\_\_\_ [25]

\_\_\_\_\_ [25]

\_\_\_\_\_ [25]

Under the law, the donor may not claim a deduction of more than \$500 for this vehicle if this box is checked **(Box 7)** \_\_\_\_\_ [26]

**Other Information for Donated Property**

Overall physical condition of property \_\_\_\_\_ [31]

Date property was acquired by donor \_\_\_\_\_ [32]

How property was acquired by donor (P = Purchase, I = Inheritance, G = Gift, E = Exchange) \_\_\_\_\_ [33]

Donor's cost or basis + \_\_\_\_\_ [34]

Fair market value on date of contribution + \_\_\_\_\_ [35]

Method used to determine FMV (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) \_\_\_\_\_ [36]

If other: \_\_\_\_\_ [37]

Bargain sale amount received \_\_\_\_\_ [38]

Donee's address, and ZIP code \_\_\_\_\_ [42]

\_\_\_\_\_ [43] \_\_\_\_\_ [44] \_\_\_\_\_ [45]

Donee's telephone number \_\_\_\_\_ [46]

**NOTES/QUESTIONS:**

**Preparer use only**

Occurrence description \_\_\_\_\_ [3]  
 Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [4]  
 State postal code \_\_\_\_\_ [5]  
 Date of casualty or theft \_\_\_\_\_ [7]

**Casualty and Theft - Business/Income Producing Properties**

Description of casualty or theft - Property A \_\_\_\_\_ [10]  
 Description of casualty or theft - Property B \_\_\_\_\_ [23]  
 Description of casualty or theft - Property C \_\_\_\_\_ [36]  
 Description of casualty or theft - Property D \_\_\_\_\_ [49]

	A	B	C	D
Property type (1 = Business, 2 = Income producing, 3 = Employee prop)	___ [13]	___ [26]	___ [39]	___ [52]
Date acquired	___ [17]	___ [30]	___ [43]	___ [56]
Cost or other basis of property	+ ___ [18]	+ ___ [31]	+ ___ [44]	+ ___ [57]
Insurance or other reimbursement	+ ___ [19]	+ ___ [32]	+ ___ [45]	+ ___ [58]
Fair market value before casualty	+ ___ [20]	+ ___ [33]	+ ___ [46]	+ ___ [59]
Fair market value after casualty	+ ___ [21]	+ ___ [34]	+ ___ [47]	+ ___ [60]

**Business/Income Use Replacement Information**

Description of replacement property A \_\_\_\_\_ [61]  
 Description of replacement property B \_\_\_\_\_ [65]  
 Description of replacement property C \_\_\_\_\_ [69]  
 Description of replacement property D \_\_\_\_\_ [73]

	A	B	C	D
Mark if property was acquired from a related party	___ [62]	___ [66]	___ [70]	___ [74]
Date acquired	___ [63]	___ [67]	___ [71]	___ [75]
Cost of replacement property	+ ___ [64]	+ ___ [68]	+ ___ [72]	+ ___ [76]

**NOTES/QUESTIONS:**

**Preparer use only**

Occurrence description \_\_\_\_\_ [3]  
 Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [4]  
 State postal code \_\_\_\_\_ [5]  
 Date of casualty or theft \_\_\_\_\_ [8]  
 Mark if casualty resulted due to a federally declared disaster. Federally declared disasters are determined by the President of the United States to warrant assistance by the Federal Government \_\_\_\_\_ [9]  
 FEMA disaster declaration number (ex. DR-4399) \_\_\_\_\_ [10]

**Casualty and Theft - Personal Use Properties**

Type of property	City	State	Zip code
Property A _____ [18]	_____ [19]	_____ [20]	_____ [21]
Property B _____ [35]	_____ [36]	_____ [37]	_____ [38]
Property C _____ [52]	_____ [53]	_____ [54]	_____ [55]
Property D _____ [69]	_____ [70]	_____ [71]	_____ [72]
	<b>A</b>	<b>B</b>	<b>C</b>
Date acquired _____ [26]	_____ [43]	_____ [60]	_____ [77]
Cost or other basis of property + _____ [27]	+ _____ [44]	+ _____ [61]	+ _____ [78]
Insurance or other reimbursement + _____ [28]	+ _____ [45]	+ _____ [62]	+ _____ [79]
Fair market value before casualty + _____ [30]	+ _____ [47]	+ _____ [63]	+ _____ [80]
Fair market value after casualty + _____ [31]	+ _____ [48]	+ _____ [64]	+ _____ [81]

**Personal Use Replacement Information**

Description of replacement property A \_\_\_\_\_ [84]  
 Description of replacement property B \_\_\_\_\_ [88]  
 Description of replacement property C \_\_\_\_\_ [92]  
 Description of replacement property D \_\_\_\_\_ [96]

	A	B	C	D
Mark if property was acquired from a related party _____ [85]	_____ [89]	_____ [93]	_____ [97]	
Date acquired _____ [86]	_____ [90]	_____ [94]	_____ [98]	
Cost of replacement property + _____ [87]	+ _____ [91]	+ _____ [95]	+ _____ [99]	

**NOTES/QUESTIONS:**

**Preparer use only**

Occurrence description \_\_\_\_\_ [3]  
 Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [4]  
 State postal code \_\_\_\_\_ [5]  
 Date of casualty or theft \_\_\_\_\_ [6]

**Prior Year Casualty and Theft - Business/Income Producing Properties (Cont'd)**

Description of casualty or theft - Property A \_\_\_\_\_ [8]  
 Description of casualty or theft - Property B \_\_\_\_\_ [17]  
 Description of casualty or theft - Property C \_\_\_\_\_ [26]  
 Description of casualty or theft - Property D \_\_\_\_\_ [35]

	A	B	C	D
Property type (1 = Business, 2 = Income producing, 3 = Employee prop) _____ [9]	_____ [12]	_____ [21]	_____ [30]	_____ [39]
Date acquired _____ [12]	_____ [13]	_____ [22]	_____ [31]	_____ [40]
Cost or other basis of property + _____ [13]	_____ [14]	_____ [23]	_____ [32]	_____ [41]
Insurance or other reimbursement + _____ [14]	_____ [15]	_____ [24]	_____ [33]	_____ [42]
Fair market value before casualty + _____ [15]	_____ [16]	_____ [25]	_____ [34]	_____ [43]
Fair market value after casualty + _____ [16]				

**Current Year Business/Income Use Replacement Information**

Description of replacement property A \_\_\_\_\_ [44]  
 Description of replacement property B \_\_\_\_\_ [50]  
 Description of replacement property C \_\_\_\_\_ [56]  
 Description of replacement property D \_\_\_\_\_ [62]

	A	B	C	D
Date acquired _____ [45]	_____ [46]	_____ [52]	_____ [58]	_____ [64]
Prior year cost of replacement property + _____ [46]	_____ [47]	_____ [53]	_____ [59]	_____ [65]
Cost of replacement property + _____ [47]	_____ [48]	_____ [54]	_____ [60]	_____ [66]
Postponed gain + _____ [48]	_____ [49]	_____ [55]	_____ [61]	_____ [67]
Adjusted basis of replacement property + _____ [49]				

**NOTES/QUESTIONS:**

Occurrence description \_\_\_\_\_ [1]  
 Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [2]  
 State postal code \_\_\_\_\_ [3]  
 Date of casualty or theft \_\_\_\_\_ [4]  
 Damage to personal residence from corrosive drywall \_\_\_\_\_ [5]  
 Amount paid to repair damage to home or household appliances + \_\_\_\_\_ [6]  
 25% loss available from 2017 + \_\_\_\_\_ [7]

**Prior Year Casualty and Theft - Personal Use Properties (Cont'd)**

Description of casualty or theft - Property A \_\_\_\_\_ [15]  
 Description of casualty or theft - Property B \_\_\_\_\_ [23]  
 Description of casualty or theft - Property C \_\_\_\_\_ [31]  
 Description of casualty or theft - Property D \_\_\_\_\_ [39]

	A	B	C	D
Date acquired	_____ [17]	_____ [25]	_____ [33]	_____ [41]
Cost or other basis of property	+ _____ [18]	+ _____ [26]	+ _____ [34]	+ _____ [42]
Insurance or other reimbursement	+ _____ [19]	+ _____ [27]	+ _____ [35]	+ _____ [43]
Principal residence exclusion taken	+ _____ [20]	+ _____ [28]	+ _____ [36]	+ _____ [44]
Fair market value before casualty	+ _____ [21]	+ _____ [29]	+ _____ [37]	+ _____ [45]
Fair market value after casualty	+ _____ [22]	+ _____ [30]	+ _____ [38]	+ _____ [46]

**Personal Use Replacement Information**

Description of replacement property A \_\_\_\_\_ [47]  
 Description of replacement property B \_\_\_\_\_ [53]  
 Description of replacement property C \_\_\_\_\_ [59]  
 Description of replacement property D \_\_\_\_\_ [65]

	A	B	C	D
Date acquired	_____ [48]	_____ [54]	_____ [60]	_____ [66]
Prior year cost of replacement property	+ _____ [49]	+ _____ [55]	+ _____ [61]	+ _____ [67]
Cost of replacement property	+ _____ [50]	+ _____ [56]	+ _____ [62]	+ _____ [68]
Postponed gain	+ _____ [51]	+ _____ [57]	+ _____ [63]	+ _____ [69]
Adjusted basis of replacement property	+ _____ [52]	+ _____ [58]	+ _____ [64]	+ _____ [70]

**NOTES/QUESTIONS:**



**Preparer use only**

Principal business or profession \_\_\_\_\_ [3]  
 Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [4]  
 State postal code \_\_\_\_\_ [5]

**Business Use of Home**

	2018 Information	Prior Year Information
Total area of home	_____ [14]	_____
Area used exclusively for business	_____ [16]	_____
Information for day-care facilities only:		
Total hours used for day-care during this year	_____ [18]	_____
Total hours used this year, if less than 8760	_____ [20]	_____
Special computation for certain day-care facilities:		
Area used regularly and exclusively for day-care business	_____ [22]	_____
Area used partly for day-care business	_____ [24]	_____

**List as direct expenses any expenses which are attributable only to the business part of your home.**  
**List as indirect expenses any expenses which are attributable to the overall upkeep and running of your home.**

	2018 Information		Prior Year Information
	Direct Expenses	Indirect Expenses	
Mortgage interest:	+ _____ [29]	+ _____ [31]	_____
Mortgage insurance premiums	+ _____ [34]	+ _____ [35]	_____
Real estate taxes:	+ _____ [37]	+ _____ [39]	_____
Excess mortgage interest and insurance premiums	+ _____ [42]	+ _____ [43]	_____
Insurance	+ _____ [48]	+ _____ [50]	_____
Rent	+ _____ [54]	+ _____ [55]	_____
Repairs & maintenance	+ _____ [57]	+ _____ [58]	_____
Utilities	+ _____ [60]	+ _____ [61]	_____
Other expenses, such as: Supplies & Security system	+ _____ [63]	+ _____ [64]	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
Excess casualty losses		+ _____ [66]	_____
Carryovers:			
Operating expenses		+ _____ [67]	_____
Casualty losses		+ _____ [68]	_____
Depreciation		+ _____ [70]	_____
Business expenses not from business use of home, such as:			
Travel, Supplies, Business telephone expenses		+ _____ [71]	_____
Depreciation		+ _____ [75]	_____

**NOTES/QUESTIONS:**

**If you used your automobile for business purposes, please complete the following information.**

**Preparer use only**

Description of business or profession \_\_\_\_\_ [3]

**Vehicles**

Vehicle 1 -	Date placed in service	_____	[4]
	Description	_____	[5]
	Comments	_____	
Vehicle 2 -	Date placed in service	_____	[9]
	Description	_____	[10]
	Comments	_____	
Vehicle 3 -	Date placed in service	_____	[14]
	Description	_____	[15]
	Comments	_____	
Vehicle 4 -	Date placed in service	_____	[19]
	Description	_____	[20]
	Comments	_____	

**Vehicle Questions**

	Vehicle 1	Prior Year	Vehicle 2	Prior Year	Vehicle 3	Prior Year	Vehicle 4	Prior Year
If you used your automobile for work purposes, answer the following questions:								
Was the vehicle available for off-duty personal use? (Y, N)	___ [60]	___	___ [62]	___	___ [64]	___	___ [66]	___
Was another vehicle available for personal use? (Y, N)	___ [68]	___	___ [70]	___	___ [72]	___	___ [74]	___
Do you have evidence to support your deduction? (Y, N)	___ [76]	___	___ [78]	___	___ [80]	___	___ [82]	___
Is this evidence written? (Y, N)	___ [84]	___	___ [86]	___	___ [88]	___	___ [90]	___

**Vehicle Expenses**

	Vehicle 1	Prior Year Information	Vehicle 2	Prior Year Information	Vehicle 3	Prior Year Information	Vehicle 4	Prior Year Information
Total miles for year	_____ [32]		_____ [34]		_____ [36]		_____ [38]	
Commuting miles	_____ [42]		_____ [44]		_____ [46]		_____ [48]	
Business miles	_____ [52]		_____ [54]		_____ [56]		_____ [58]	
Parking fees	+ _____ [92]		+ _____ [94]		+ _____ [96]		+ _____ [98]	
Tolls	+ _____ [100]		+ _____ [102]		+ _____ [104]		+ _____ [106]	
Gasoline	+ _____ [108]		+ _____ [110]		+ _____ [112]		+ _____ [114]	
Oil	+ _____ [116]		+ _____ [118]		+ _____ [120]		+ _____ [122]	
Repairs	+ _____ [124]		+ _____ [126]		+ _____ [128]		+ _____ [130]	
Maintenance	+ _____ [132]		+ _____ [134]		+ _____ [136]		+ _____ [138]	
Tires	+ _____ [140]		+ _____ [142]		+ _____ [144]		+ _____ [146]	
Car washes	+ _____ [148]		+ _____ [150]		+ _____ [152]		+ _____ [154]	
Insurance	+ _____ [156]		+ _____ [158]		+ _____ [160]		+ _____ [162]	
Interest	+ _____ [164]		+ _____ [166]		+ _____ [168]		+ _____ [170]	
Registration	+ _____ [172]		+ _____ [174]		+ _____ [176]		+ _____ [178]	
Licenses	+ _____ [180]		+ _____ [182]		+ _____ [184]		+ _____ [186]	
Property taxes	+ _____ [188]		+ _____ [190]		+ _____ [192]		+ _____ [194]	
Other vehicle expenses	+ _____ [196]		+ _____ [198]		+ _____ [200]		+ _____ [202]	
Vehicle rentals	+ _____ [204]		+ _____ [206]		+ _____ [208]		+ _____ [210]	
Inclusion amt (Preparer only)	_____ [212]		+ _____ [214]		+ _____ [216]		+ _____ [218]	
Depreciation	+ _____ [220]		+ _____ [222]		+ _____ [224]		+ _____ [226]	

**“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)  [1] 2018 Information  Prior Year Information

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

	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:

Please provide all Forms 5498-SA.

	2018 Information	Prior Year Information
Taxpayer/Spouse (T, S)	_____ [1]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
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]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
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:**

## Health, Medical Savings Account Distributions

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 <b>(Box 1)</b>	+	__	[7]	
Earnings on excess contributions <b>(Box 2)</b>	+	__	[9]	
Distribution code <b>(Box 3)</b>			[11]	
Fair Market Value on date of death <b>(Box 4)</b>	+	__	[12]	
<b>Box 5 -</b>				
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 <b>(Box 1)</b>	+	__	[42]	
Accelerated death benefits paid <b>(Box 2)</b>	+	__	[44]	
<b>Check one (Box 3)</b>				
Per diem		__	[46]	
Reimbursed amount		__	[47]	
Qualified contract <b>(Box 4)</b>			[48]	
<b>Check, if applicable (Box 5)</b>				
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:**

### ABLE Account Information #1

Please provide all Forms 1099-QA and 5498-QA

	2018 Information	Prior Year Information
Taxpayer/Spouse (T, S)	__ [1]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
Payer name	_____ [3]	
State postal code	__ [4]	
Recipient's Social Security Number	_____ [7]	
Recipient's Name	_____ [8] _____ [9]	
Gross distribution (Form 1099-QA Box 1)	+ _____ [10]	
Earnings (Form 1099-QA Box 2)	+ _____ [12]	
Basis (Form 1099-QA Box 3)	+ _____ [14]	
Program-to-program transfer (Form 1099-QA Box 4)	_____ [16]	
Check if ABLE account terminated in 2018 (Form 1099-QA Box 5)	__ [17]	
Check if the recipient is not the designated beneficiary (Form 1099-QA Box 6)	__ [18]	
Qualified disability expenses	+ _____ [19]	
Amount of rollover	+ _____ [21]	
Amount contributed in 2018 (Form 5498-QA Box 1)	+ _____ [23]	
Value of account on 12/31/18 (Form 5498-QA Box 4)	+ _____ [25]	
<b>Control Totals+</b>		

### ABLE Account Information #2

Please provide all Forms 1099-QA and 5498-QA

	2018 Information	Prior Year Information
Taxpayer/Spouse (T, S)	__ [1]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
Payer name	_____ [3]	
State postal code	__ [4]	
Recipient's Social Security Number	_____ [7]	
Recipient's Name	_____ [8] _____ [9]	
Gross distribution (Form 1099-QA Box 1)	+ _____ [10]	
Earnings (Form 1099-QA Box 2)	+ _____ [12]	
Basis (Form 1099-QA Box 3)	+ _____ [14]	
Program-to-program transfer (Form 1099-QA Box 4)	_____ [16]	
Check if ABLE account terminated in 2018 (Form 1099-QA Box 5)	__ [17]	
Check if the recipient is not the designated beneficiary (Form 1099-QA Box 6)	__ [18]	
Qualified disability expenses	+ _____ [19]	
Amount of rollover	+ _____ [21]	
Amount contributed in 2018 (Form 5498-QA Box 1)	+ _____ [23]	
Value of account on 12/31/18 (Form 5498-QA Box 4)	+ _____ [25]	
<b>Control Totals+</b>		

**NOTES/QUESTIONS:**

### Social Security Tax on Unreported Tips

**Complete if you received cash/charge tips of \$20 or less in a month in 2018.**

	2018 Information		Prior Year Information
	Taxpayer	Spouse	
Total cash and charge tips under \$20 per month and not reported to employer	+ _____ [3]	+ _____ [4]	

**Complete if you received cash/charge tips of \$20 or more in a month and did not report all of those tips to your employer.**

	Employer name	Employer identification number	Total tips received in 2018	Total tips reported in 2018
Taxpayer information [1]	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
Spouse information [2]	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

### Social Security Tax on Unreported Wages

**Complete if you received pay from a firm for services performed not as an independent contractor and social security and Medicare taxes were not withheld from the pay.**

(\*\*Please refer to Reason Codes located at the bottom)

	Firm's federal identification number	Reason Code **	Date of IRS determination or correspondence received	Mark if 1099-MISC received	Total wages received with no social security or Medicare tax withheld
Taxpayer information [6]	_____	—	_____	—	_____
	_____	—	_____	—	_____
	_____	—	_____	—	_____
	_____	—	_____	—	_____
Spouse information [7]	_____	—	_____	—	_____
	_____	—	_____	—	_____
	_____	—	_____	—	_____
	_____	—	_____	—	_____

**\*\* Reason Codes**

A = I filed Form SS-8 and received a determination letter stating that I am an employee of this firm.  
 C = I received other correspondence from the IRS that states I am an employee.  
 G = I filed Form SS-8 with the IRS and have not received a reply.  
 H = I received a Form W-2 and a Form 1099-MISC from this firm for 2018. The amount on Form 1099-MISC should have been included as wages on Form W-2.



State postal code **Taxpayer** \_\_\_\_\_[1] **Spouse** \_\_\_\_\_[2]

	<b>Taxpayer</b>	<b>Spouse</b>	<b>Prior Year Information</b>
If you received a parsonage provided by the church, please complete the following information:			
Fair rental value of parsonage provided by church	+ _____[5]	+ _____[6]	_____
Actual parsonage utilities expense	+ _____[11]	+ _____[12]	_____
If you received a rental or parsonage allowance provided by the church, please complete the following information:			
Utilities allowance, if separate from parsonage allowance	+ _____[17]	+ _____[18]	_____
Actual parsonage expense	+ _____[20]	+ _____[21]	_____
Fair rental value of home	+ _____[23]	+ _____[24]	_____
Actual utilities expense	+ _____[26]	+ _____[27]	_____
Mark if you have claimed exemption from self-employment tax			
by filing Form 4361 with the IRS	_____ [29]	_____ [30]	_____
If you are a self-employed minister, enter any tax-deductible			
contributions to a 403(b) retirement plan	+ _____[33]	+ _____[34]	_____

**NOTES/QUESTIONS:**

**Enter parent's information for children under age 19 on 1/1/19 or a full-time student under age 24 with unearned income of more than \$2,1**

Parent's social security number (Enter the name and social security number of the parent listed first on the return) \_\_\_\_\_ [1]

Parent's first name \_\_\_\_\_ [2]

Parent's last name \_\_\_\_\_ [3]

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**NOTES/QUESTIONS:**

### Children's Interest Income

Please provide copies of all Form 1099-INT or other statements reporting child's 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.  
 Complete a separate Organizer Form ID: 8814 for each child.

Child's social security number \_\_\_\_\_ [1]  
 Child's date of birth \_\_\_\_\_ [2]  
 Child's name \_\_\_\_\_ [4]  
 Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [5]

Type Code (**See codes below)	Payer		Interest [6] Income	Tax Exempt Income	U.S. Obligations* \$ or %	Tax Exempt* \$ or %	Prior Year Information
—	_____	+	_____	_____	_____	_____	_____
—	_____	+	_____	_____	_____	_____	
—	_____	+	_____	_____	_____	_____	
—	_____	+	_____	_____	_____	_____	
—	_____	+	_____	_____	_____	_____	
—	_____	+	_____	_____	_____	_____	

<b>**Interest Codes</b>
Blank = Regular Interest   3 = Nominee Distribution   4 = Accrued Interest   5 = OID Adjustment   6 = ABP Adjustment

### Children's Dividend Income

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

Type Code (** See codes below)	Ordinary <sup>[8]</sup> Dividends	Qualified Dividends	Total Capital Gain Distributions	Section 1250	Section 1202	28% Capital Gain	Tax Exempt Dividends	U.S. Obligations* \$ or %	Tax Exempt* \$ or %	Prior Year Information
<b>1</b>	Payer	_____	_____	_____	_____	_____	_____	_____	_____	
	Amounts +	_____	_____	_____	_____	_____	_____	_____	_____	
<b>2</b>	Payer	_____	_____	_____	_____	_____	_____	_____	_____	
	Amounts +	_____	_____	_____	_____	_____	_____	_____	_____	
<b>3</b>	Payer	_____	_____	_____	_____	_____	_____	_____	_____	
	Amounts +	_____	_____	_____	_____	_____	_____	_____	_____	
<b>4</b>	Payer	_____	_____	_____	_____	_____	_____	_____	_____	
	Amounts +	_____	_____	_____	_____	_____	_____	_____	_____	
<b>5</b>	Payer	_____	_____	_____	_____	_____	_____	_____	_____	
	Amounts +	_____	_____	_____	_____	_____	_____	_____	_____	
<b>6</b>	Payer	_____	_____	_____	_____	_____	_____	_____	_____	
	Amounts +	_____	_____	_____	_____	_____	_____	_____	_____	

<b>**Dividend Codes</b>
Blank = Other                      3 = Nominee

Alaska Permanent Fund dividends:		2018 Information <sup>[10]</sup>	Prior Year Information
_____	+	_____	
_____	+	_____	

Complete if you paid cash wages of \$1,000 or more to any household employee.

Taxpayer/Spouse (T, S)	_____	[1]
Employer identification number	_____	[2]
Total cash wages subject to social security taxes	+ _____	[4]
Total cash wages subject to Medicare taxes	+ _____	[5]
Total cash wages subject to Additional Medicare Tax withholding	+ _____	[6]
Federal income tax withheld	+ _____	[7]
State disability plan social security & Medicare withheld	+ _____	[8]
Did you:		
(A) pay any household employee cash wages of \$2100 or more in 2018? (Y, N)	_____	[9]
(B) withhold Federal income tax for any household employee? (Y, N)	_____	[10]
(C) pay household employees cash wages equal to or greater than \$1,000 in any quarter of 2017 or 2018? (Y, N)	_____	[11]

### Federal Unemployment (FUTA) Tax

If you answered "Yes" to question (C) above, complete the following information.  
 Complete only items marked with an asterisk (\*) if total cash wages subject to FUTA tax amount is also taxable as defined by your State act and unemployment contributions are paid to only one State.

Total cash wages subject to FUTA tax	+ _____	[12]
State #1 information		
State postal code where you have to pay unemployment contributions *	_____	[14]
State reporting number as shown on state unemployment tax return	_____	[15]
Taxable wages (as defined in state act)	+ _____	[16]
State experience rate period:		
From	_____	[17]
To	_____	[18]
State experience rate (xxx.xx)	_____	[19]
Contributions paid to state unemployment fund *	+ _____	[20]
Contributions for 2018 paid after 04/15/19	+ _____	[21]
State #2 information		
State postal code where you have to pay unemployment contributions	_____	[22]
State reporting number as shown on state unemployment tax return	_____	[23]
Taxable wages (as defined in state act)	+ _____	[24]
State experience rate period:		
From	_____	[25]
To	_____	[26]
State experience rate (xxx.xx)	_____	[27]
Contributions paid to state unemployment fund	+ _____	[28]
Contributions for 2018 paid after 04/15/19	+ _____	[29]

### NOTES/QUESTIONS:

**You are required to repay the First-Time Homebuyer credit if you claimed the credit in 2008. If the credit was claimed in 2009, 2010, or 2011, you do not have to repay the credit.**

Principal residence address, if different from home address on Organizer Form ID: 1040

Address \_\_\_\_\_ [1]

City/State/Zip code \_\_\_\_\_ [2] \_\_\_\_ [3] \_\_\_\_\_ [4]

Date home acquired (After 4/8/08 and before 5/1/10) (For service members after 12/31/08 and before 5/1/11) \_\_\_\_\_ [5]

Purchase price of the home \_\_\_\_\_ [6]

Date the home was sold or ceased being used as principal residence \_\_\_\_\_ [13]

If you sold your home, enter the selling price \_\_\_\_\_ [14]

If you sold your home, enter the expense of sale \_\_\_\_\_ [15]

Were you and your spouse married on the purchase date? (Y, N) \_\_\_\_\_ [18]

If your home was transferred to your ex-spouse due to a divorce settlement,  
enter his or her full name \_\_\_\_\_ [19]

If you own the principal residence with another person enter their name and allocation percentage

Other owner name \_\_\_\_\_ [22]

Allocation percentage \_\_\_\_\_

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**NOTES/QUESTIONS:**

## Child and Dependent Care Expenses

**Please enter all amounts paid in 2018 for the care of one or more dependents which enables you to work or attend school.  
Enter the amount of dependent care expenses paid for each qualifying dependent on Organizer Form ID:1040**

	Taxpayer	Spouse
2017 employer-provided dependent care benefits used during 2018 grace period	+ _____ [3]	+ _____ [4]
Employer-provided dependent care benefits that were forfeited in 2018	+ _____ [5]	+ _____ [6]
Total qualified expenses incurred in 2018		_____ [9]
Were you or your spouse a full time student or disabled? (Yes or No)	_____ [10]	_____ [11]
Did you provide care expenses for any person(s) who is not listed as a dependent? (Y, N)		_____ [12]

Business name of provider \_\_\_\_\_  
 First and last name of provider \_\_\_\_\_  
 Street address of provider \_\_\_\_\_  
 City, State and Zip code \_\_\_\_\_  
 Social security number OR Employer identification number \_\_\_\_\_  
 Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN)  
 Amount paid to care provider in 2018 + \_\_\_\_\_ [7]  
 Foreign province or state of provider \_\_\_\_\_  
 Foreign country and Foreign postal code of provider \_\_\_\_\_

Business name of provider \_\_\_\_\_  
 First and last name of provider \_\_\_\_\_  
 Street address of provider \_\_\_\_\_  
 City, State and Zip code \_\_\_\_\_  
 Social security number OR Employer identification number \_\_\_\_\_  
 Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN)  
 Amount paid to care provider in 2018 + \_\_\_\_\_  
 Foreign province or state of provider \_\_\_\_\_  
 Foreign country and Foreign postal code of provider \_\_\_\_\_

Business name of provider \_\_\_\_\_  
 First and last name of provider \_\_\_\_\_  
 Street address of provider \_\_\_\_\_  
 City, State and Zip code \_\_\_\_\_  
 Social security number OR Employer identification number \_\_\_\_\_  
 Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN)  
 Amount paid to care provider in 2018 + \_\_\_\_\_  
 Foreign province or state of provider \_\_\_\_\_  
 Foreign country and Foreign postal code of provider \_\_\_\_\_

Business name of provider \_\_\_\_\_  
 First and last name of provider \_\_\_\_\_  
 Street address of provider \_\_\_\_\_  
 City, State and Zip code \_\_\_\_\_  
 Social security number OR Employer identification number \_\_\_\_\_  
 Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN)  
 Amount paid to care provider in 2018 + \_\_\_\_\_  
 Foreign province or state of provider \_\_\_\_\_  
 Foreign country and Foreign postal code of provider \_\_\_\_\_

Business name of provider \_\_\_\_\_  
 First and last name of provider \_\_\_\_\_  
 Street address of provider \_\_\_\_\_  
 City, State and Zip code \_\_\_\_\_  
 Social security number OR Employer identification number \_\_\_\_\_  
 Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN)  
 Amount paid to care provider in 2018 + \_\_\_\_\_  
 Foreign province or state of provider \_\_\_\_\_  
 Foreign country and Foreign postal code of provider \_\_\_\_\_

**Control Totals+**

**Credit For The Elderly or Disabled**

Please complete if you were age 65 or older at the end of 2018, OR you were under age 65 and retired under total and permanent disability, and you received taxable disability income.

	Taxpayer	Spouse
Nontaxable disability/pension income received in 2018	+ _____ [7]	+ _____ [8]
Taxable disability income received in 2018	+ _____ [9]	+ _____ [10]

**NOTES/QUESTIONS:**

The American Tax Relief Act of 2012 provides credits for energy efficient improvements made to personal residences. There are certain restrictions and limits but some of the home improvements that may qualify include exterior windows and doors, metal roofs, solar electric, or solar heating property. Please provide copies of any prior year Forms 5695 not prepared by this office.

Taxpayer/Spouse/Joint (T, S, J)		__	[1]
Were the costs incurred made to your main home located in the United States? (Y, N)		__	[2]
Were the costs incurred related to the construction of your main home located in the United States? (Y, N)		__	[3]
Enter the total amount of costs for insulation material or system to reduce heat loss or gain	+	_____	[5]
Enter the total amount of costs for exterior windows	+	_____	[7]
Enter the total amount of costs for exterior doors	+	_____	[9]
Enter the total amount of costs for qualified metal roofs	+	_____	[11]
Enter the total amount of costs for energy-efficient building property	+	_____	[6]
Enter the total amount of costs for qualified natural gas, propane, or oil furnace or hot water boilers	+	_____	[8]
Enter the total amount of costs for advanced main circulating fan used in a natural gas, propane, or oil furnace	+	_____	[10]
Enter the total amount of costs for qualified solar electric property	+	_____	[12]
Enter the total amount of costs for qualified solar water heating property	+	_____	[14]
Enter the total amount of costs for qualified small wind energy property	+	_____	[16]
Enter the total amount of costs for qualified geothermal heat pump property	+	_____	[13]
Enter the total amount of costs for qualified fuel cell property	+	_____	[15]
Enter the total amount of kilowatt capacity of the qualified fuel cell property		_____	[17]

---

**NOTES/QUESTIONS:**



Complete if you paid or accrued foreign taxes to a foreign country or U.S. possession in 2018.

Preparer use only

Description \_\_\_\_\_ [3]  
 Taxpayer/Spouse (T, S) \_\_\_\_\_ [9]  
 Category of income\* \_\_\_\_\_ [11]  
 Description of income \_\_\_\_\_ [12]

*Category of Income	
A = Section 951A income	E = Section 901(j) income
B = Foreign Branch income	F = Certain income re-sourced by treaty
C = Passive income	G = Lump-sum distributions
D = General income	

**Foreign Income or Loss**

Country code \_\_\_\_\_ [19]  
 Country name \_\_\_\_\_ [20]

	Regular	AMT, if different
Foreign gross income	+ _____ [23]	+ _____ [24]
Definitely related expenses:		
_____	+ _____ [31]	+ _____ [32]
_____	+ _____	+ _____
_____	+ _____	+ _____
_____	+ _____	+ _____
Foreign source losses	+ _____ [45]	+ _____ [46]

**Foreign Taxes Paid or Accrued**

Foreign taxes paid or accrued:  
 Date paid or accrued \_\_\_\_\_ [47]  
 In foreign currency - taxes withheld on:  
 Dividends + \_\_\_\_\_ [48]  
 Rents & royalties + \_\_\_\_\_ [49]  
 Interest + \_\_\_\_\_ [50]  
 Other foreign taxes + \_\_\_\_\_ [51]  
 In US dollars - taxes withheld on:  
 Dividends + \_\_\_\_\_ [53]  
 Rents & Royalties + \_\_\_\_\_ [54]  
 Interest + \_\_\_\_\_ [55]  
 Other foreign taxes + \_\_\_\_\_ [56]

**NOTES/QUESTIONS:**

**Complete this form if you paid qualified adoption expenses in 2018. Indicate if the adoption was final in or before 2018. Qualified adoption expenses include adoption fees, attorney fees, court costs, and travel expenses while away from home. Please provide copies of legal documents approving the adoption.**

	<b>Child 1 [1]</b>	<b>Child 2</b>	<b>Child 3</b>
Taxpayer/Spouse/Joint (T, S, J)	_____	_____	_____
First name	_____	_____	_____
Last name	_____	_____	_____
Child's date of birth	_____	_____	_____
Mark if this child was:			
born before '01 and was disabled	_____	_____	_____
a child with special needs	_____	_____	_____
a foreign child	_____	_____	_____
Child's identifying number	_____	_____	_____
Total adoption credit received in prior years for this child	_____	_____	_____
Total qualified adoption expenses paid in 2017 for this child	_____	_____	_____
Employer-provided benefits received in 2017 for this child	_____	_____	_____
Total qualified adoption expenses paid in 2018 for this child	_____	_____	_____
Employer-provided benefits received in 2018 for this child	_____	_____	_____
Adoption final in (1 = '18, 2 = Pre '18)	_____	_____	_____

	<b>Child 4</b>	<b>Child 5</b>	<b>Child 6</b>
Taxpayer/Spouse/Joint (T, S, J)	_____	_____	_____
First name	_____	_____	_____
Last name	_____	_____	_____
Child's date of birth	_____	_____	_____
Mark if this child was:			
born before '01 and was disabled	_____	_____	_____
a child with special needs	_____	_____	_____
a foreign child	_____	_____	_____
Child's identifying number	_____	_____	_____
Total adoption credit received in prior years for this child	_____	_____	_____
Total qualified adoption expenses paid in 2017 for this child	_____	_____	_____
Employer-provided benefits received in 2017 for this child	_____	_____	_____
Total qualified adoption expenses paid in 2018 for this child	_____	_____	_____
Employer-provided benefits received in 2018 for this child	_____	_____	_____
Adoption final in (1 = '18, 2 = Pre '18)	_____	_____	_____

If the adoption was incomplete or unsuccessful please provide information below:

\_\_\_\_\_ [9]  
 \_\_\_\_\_ [10]  
 \_\_\_\_\_ [11]

**NOTES/QUESTIONS:**

**\*Select the Type of Use codes from the chart below**

	Type of Use*	Rate	Gallons
<b>Nontaxable use of gasoline -</b>			
Off-highway business use		\$0.183	+ _____ [1]
Use on a farm		0.183	+ _____ [2]
Other nontaxable use	____ [3]	0.183	+ _____ [4]
Exported		0.184	+ _____ [5]
<b>Nontaxable use of aviation gasoline -</b>			
Commercial aviation		0.15	+ _____ [6]
Other nontaxable use	____ [7]	0.193	+ _____ [8]
Exported		0.194	+ _____ [9]
Leaking underground storage tank (LUST) tax		0.001	+ _____ [10]
<b>Nontaxable use of undyed diesel fuel -</b>			
Explanation of evidence of dyes:			_____ [11]
_____			_____
Other nontaxable use	____ [12]	0.243	+ _____ [13]
Use on a farm		0.243	+ _____ [14]
Trains		0.243	+ _____ [15]
Intercity / local bus		0.17	+ _____ [16]
Exported		0.244	+ _____ [17]
<b>Nontaxable use of undyed kerosene (other than aviation) -</b>			
Explanation of evidence of dyes:			_____ [18]
_____			_____
Other nontaxable use	____ [19]	0.243	+ _____ [20]
Use on a farm		0.243	+ _____ [21]
Intercity / local buses		0.17	+ _____ [22]
Exported		0.244	+ _____ [23]
Other nontaxable use taxed at \$.044	____ [24]	0.043	+ _____ [25]
Other nontaxable use taxed at \$.219	____ [26]	0.218	+ _____ [27]
<b>Kerosene used in aviation -</b>			
Kerosene taxed at \$.244		0.200	+ _____ [28]
Kerosene taxed at \$.219		0.175	+ _____ [29]
Other nontaxable use taxed at \$.244	____ [30]	0.243	+ _____ [31]
Other nontaxable use taxed at \$.219/.044	____ [32]	0.218	+ _____ [33]
Leaking underground storage tank (LUST) tax		0.001	+ _____ [34]

*Type of Use	
<p><b>1 = Farming purposes</b></p> <p><b>2 = Off highway business use</b></p> <p><b>3 = Export</b></p> <p><b>4 = Commercial fishing</b></p> <p><b>5 = Intercity/local bus</b></p> <p><b>6 = In a qualified local bus</b></p> <p><b>7 = School bus</b></p>	<p><b>8 = Diesel &amp; Kerosene fuel other than train or highway vehicle</b></p> <p><b>9 = Foreign trade</b></p> <p><b>10 = Certain helicopter and fixed wing air ambulance uses</b></p> <p><b>11 = Aviation fuel other than propulsion engines</b></p> <p><b>13 = Exclusive use by a nonprofit educational organization</b></p> <p><b>14 = Exclusive use by a state, political subdivision or DC</b></p> <p><b>15 = In an aircraft or vehicle owned by an aircraft museum</b></p>

**NOTES/QUESTIONS:**

**\*Select the Type of Use codes from the chart below**

Type of Use*	Rate	Gallons
<b>Sales by registered ultimate vendors of undyed diesel fuel -</b>		
Registration Number		_____ [1]
Explanation of evidence of dyes:		_____ [2]
		_____ [3]
State / local government	0.243	+ _____ [3]
Intercity / local buses	0.17	+ _____ [4]
<b>Sales by registered ultimate vendors of undyed kerosene -</b>		
Registration Number		_____ [5]
Explanation of evidence of dyes:		_____ [6]
		_____ [7]
Use by state/local government	0.243	+ _____ [7]
Sales from a blocked pump	0.243	+ _____ [8]
Intercity / local buses	0.17	+ _____ [9]
<b>Sales by registered ultimate vendors of kerosene in aviation -</b>		
Registration Number		_____ [10]
Commercial aviation taxed at \$.219 (Other than foreign trade)	0.175	+ _____ [11]
Commercial aviation taxed at \$.244 (Other than foreign trade)	0.200	+ _____ [12]
Nonexempt use in noncommercial aviation	0.025	+ _____ [13]
Other nontaxable uses taxed at \$.244 _____ [14]	0.243	+ _____ [15]
Other nontaxable uses taxed at \$.219/.044 _____ [16]	0.218	+ _____ [17]
Leaking underground storage tank (LUST) tax	0.001	+ _____ [18]

*Type of Use	
<b>1 = Farming purposes</b>	<b>8 = Diesel &amp; Kerosene fuel other than train or highway vehicle</b>
<b>2 = Off highway business use</b>	<b>9 = Foreign trade</b>
<b>3 = Export</b>	<b>10 = Certain helicopter and fixed wing air ambulance uses</b>
<b>4 = Commercial fishing</b>	<b>11 = Aviation fuel other than propulsion engines</b>
<b>5 = Intercity/local bus</b>	<b>13 = Exclusive use by a nonprofit educational organization</b>
<b>6 = In a qualified local bus</b>	<b>14 = Exclusive use by a state, political subdivision or DC</b>
<b>7 = School bus</b>	<b>15 = In an aircraft or vehicle owned by an aircraft museum</b>

**NOTES/QUESTIONS:**

**\*Select the Type of Use codes from the chart below**

	Type of Use*	Rate	Gallons
<b>Nontaxable use of alternative fuel -</b>			
Liquefied petroleum gas (LPG)	___ [1]	0.183	+ _____ [2]
"P Series" fuels	___ [3]	0.183	+ _____ [4]
Compressed natural gas (CNG)	___ [5]	0.183	+ _____ [6]
Liquefied hydrogen	___ [7]	0.183	+ _____ [8]
Any liquid fuel derived from coal through the Fischer-Tropsch process	___ [9]	0.243	+ _____ [10]
Liquid hydrocarbons derived from biomass	___ [11]	0.243	+ _____ [12]
Liquefied natural gas (LNG)	___ [13]	0.243	+ _____ [14]
Liquefied gas derived from biomass	___ [15]	0.183	+ _____ [16]
<b>Alternative fuel credit and alternative fuel mixture credit -</b>			
Registration Number			_____ [17]
Liquefied hydrogen		0.50	+ _____ [18]
<b>Registered credit card users -</b>			
Registration Number			_____ [19]
Diesel for state / local government		0.243	+ _____ [20]
Kerosene for state / local government		0.243	+ _____ [21]
Kerosene for aviation use by state / local gov't taxed at \$.219/.044		0.218	+ _____ [22]
<b>Nontaxable use of a diesel-water fuel emulsion -</b>			
Other nontaxable use	___ [23]	0.197	+ _____ [24]
Exported		0.198	+ _____ [25]
<b>Diesel-water fuel emulsion blending -</b>			
Registration Number			_____ [26]
Blender credit		0.046	+ _____ [27]
<b>Exported dyed fuels -</b>			
Exported dyed diesel fuel		0.001	+ _____ [28]
Exported dyed kerosene		0.001	+ _____ [29]

*Type of Use	
<p><b>1 = Farming purposes</b></p> <p><b>2 = Off highway business use</b></p> <p><b>3 = Export</b></p> <p><b>4 = Commercial fishing</b></p> <p><b>5 = Intercity/local bus</b></p> <p><b>6 = In a qualified local bus</b></p> <p><b>7 = School bus</b></p>	<p><b>8 = Diesel &amp; Kerosene fuel other than train or highway vehicle</b></p> <p><b>9 = Foreign trade</b></p> <p><b>10 = Certain helicopter and fixed wing air ambulance uses</b></p> <p><b>11 = Aviation fuel other than propulsion engines</b></p> <p><b>13 = Exclusive use by a nonprofit educational organization</b></p> <p><b>14 = Exclusive use by a state, political subdivision or DC</b></p> <p><b>15 = In an aircraft or vehicle owned by an aircraft museum</b></p>

**NOTES/QUESTIONS:**

Instructions  
 Enter carryovers from prior year(s) as positive numbers.  
 Enter utilizations from prior year(s) as negative numbers.

Indefinite Carryovers	2017 to 2018 Amounts
Minimum tax credit	+ _____ [1]
Investment interest	+ _____ [2]
Investment interest - AMT	+ _____ [3]
Short-term capital loss	+ _____ [4]
Short-term capital loss - AMT	+ _____ [5]
Long-term capital loss	+ _____ [6]
Long-term capital loss - AMT	+ _____ [7]
Residential energy credit	+ _____ [8]
D.C. first-time homebuyer credit	+ _____ [9]
Tax credit bonds	+ _____ [10]

**Charitable Contribution Carryover Items**

Prior C/O Year	50% Contributions	30% Contributions	50/30% Cap Gain Prop	20% Contributions	50% Qualified Conservation Contributions	100% Qualified Conservation Contributions
2006					+ _____ [61]	+ _____ [85]
2007					+ _____ [62]	+ _____ [86]
2008					+ _____ [63]	+ _____ [87]
2009					+ _____ [64]	+ _____ [88]
2010					+ _____ [65]	+ _____ [89]
2011					+ _____ [66]	+ _____ [90]
2012					+ _____ [67]	+ _____ [91]
2013	+ _____ [11]	+ _____ [16]	+ _____ [21]	+ _____ [26]	+ _____ [68]	+ _____ [92]
2014	+ _____ [12]	+ _____ [17]	+ _____ [22]	+ _____ [27]	+ _____ [69]	+ _____ [93]
2015	+ _____ [13]	+ _____ [18]	+ _____ [23]	+ _____ [28]	+ _____ [70]	+ _____ [94]
2016	+ _____ [14]	+ _____ [19]	+ _____ [24]	+ _____ [29]	+ _____ [71]	+ _____ [95]
2017	+ _____ [15]	+ _____ [20]	+ _____ [25]	+ _____ [30]	+ _____ [72]	+ _____ [96]

**AMT Charitable Contribution Carryover Items**

Prior C/O Year	50% AMT Contributions	30% AMT Contributions	50/30% AMT Cap Gain Prop	20% AMT Contributions	50% AMT Qual Conservation Contributions	100% AMT Qual Conservation Contributions
2006					+ _____ [73]	+ _____ [97]
2007					+ _____ [74]	+ _____ [98]
2008					+ _____ [75]	+ _____ [99]
2009					+ _____ [76]	+ _____ [100]
2010					+ _____ [77]	+ _____ [101]
2011					+ _____ [78]	+ _____ [102]
2012					+ _____ [79]	+ _____ [103]
2013	+ _____ [31]	+ _____ [36]	+ _____ [41]	+ _____ [46]	+ _____ [80]	+ _____ [104]
2014	+ _____ [32]	+ _____ [37]	+ _____ [42]	+ _____ [47]	+ _____ [81]	+ _____ [105]
2015	+ _____ [33]	+ _____ [38]	+ _____ [43]	+ _____ [48]	+ _____ [82]	+ _____ [106]
2016	+ _____ [34]	+ _____ [39]	+ _____ [44]	+ _____ [49]	+ _____ [83]	+ _____ [107]
2017	+ _____ [35]	+ _____ [40]	+ _____ [45]	+ _____ [50]	+ _____ [84]	+ _____ [108]

**Section 1231 Nonrecaptured Losses**

	Section 1231 Nonrecaptured Losses	AMT Section 1231 Nonrecaptured Losses
2013	+ _____ [51]	+ _____ [56]
2014	+ _____ [52]	+ _____ [57]
2015	+ _____ [53]	+ _____ [58]
2016	+ _____ [54]	+ _____ [59]
2017	+ _____ [55]	+ _____ [60]

**Description**

<b>A</b>	_____	[2]
<b>B</b>	_____	[2]
<b>C</b>	_____	[2]
<b>D</b>	_____	[2]

Prior C/O Year	Description			
	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>
	_____ [1]	_____ [1]	_____ [1]	_____ [1]
1998	+ _____ [3]	+ _____ [3]	+ _____ [3]	+ _____ [3]
1999	+ _____ [4]	+ _____ [4]	+ _____ [4]	+ _____ [4]
2000	+ _____ [5]	+ _____ [5]	+ _____ [5]	+ _____ [5]
2001	+ _____ [6]	+ _____ [6]	+ _____ [6]	+ _____ [6]
2002	+ _____ [7]	+ _____ [7]	+ _____ [7]	+ _____ [7]
2003	+ _____ [8]	+ _____ [8]	+ _____ [8]	+ _____ [8]
2004	+ _____ [9]	+ _____ [9]	+ _____ [9]	+ _____ [9]
2005	+ _____ [10]	+ _____ [10]	+ _____ [10]	+ _____ [10]
2006	+ _____ [11]	+ _____ [11]	+ _____ [11]	+ _____ [11]
2007	+ _____ [12]	+ _____ [12]	+ _____ [12]	+ _____ [12]
2008	+ _____ [13]	+ _____ [13]	+ _____ [13]	+ _____ [13]
2009	+ _____ [14]	+ _____ [14]	+ _____ [14]	+ _____ [14]
2010	+ _____ [15]	+ _____ [15]	+ _____ [15]	+ _____ [15]
2011	+ _____ [16]	+ _____ [16]	+ _____ [16]	+ _____ [16]
2012	+ _____ [17]	+ _____ [17]	+ _____ [17]	+ _____ [17]
2013	+ _____ [18]	+ _____ [18]	+ _____ [18]	+ _____ [18]
2014	+ _____ [19]	+ _____ [19]	+ _____ [19]	+ _____ [19]
2015	+ _____ [20]	+ _____ [20]	+ _____ [20]	+ _____ [20]
2016	+ _____ [21]	+ _____ [21]	+ _____ [21]	+ _____ [21]
2017	+ _____ [22]	+ _____ [22]	+ _____ [22]	+ _____ [22]

**NOTES/QUESTIONS:**

Prior C/O Year	Net Operating Loss	AMT NOL
1998	+ [1]	+ [21]
1999	+ [2]	+ [22]
2000	+ [3]	+ [23]
2001	+ [4]	+ [24]
2002	+ [5]	+ [25]
2003	+ [6]	+ [26]
2004	+ [7]	+ [27]
2005	+ [8]	+ [28]
2006	+ [9]	+ [29]
2007	+ [10]	+ [30]
2008	+ [11]	+ [31]
2009	+ [12]	+ [32]
2010	+ [13]	+ [33]
2011	+ [14]	+ [34]
2012	+ [15]	+ [35]
2013	+ [16]	+ [36]
2014	+ [17]	+ [37]
2015	+ [18]	+ [38]
2016	+ [19]	+ [39]
2017	+ [20]	+ [40]

**NOTES/QUESTIONS:**



This page has been prepared to present the details of prior year income tax returns and is provided for informational purposes only.

	2014 Amounts	2015 Amounts	2016 Amounts	2017 Amounts
Filing Status (1 = Single, 2 = MFJ, 3 = MFS, 4 = HOH, 5 = QW)	_____	_____	_____	_____
Salaries and wages	_____	_____	_____	_____
Interest income	_____	_____	_____	_____
Tax-exempt interest	_____	_____	_____	_____
Dividend income	_____	_____	_____	_____
Qualified dividends	_____	_____	_____	_____
Business income/loss	_____	_____	_____	_____
Capital gains and losses	_____	_____	_____	_____
Other gains and losses	_____	_____	_____	_____
IRA distributions, pensions, annuities	_____	_____	_____	_____
Rent, royalty, farm rental income	_____	_____	_____	_____
Partnership/S corp income	_____	_____	_____	_____
Estate or trust income	_____	_____	_____	_____
Farm income/loss	_____	_____	_____	_____
Other income/loss	_____	_____	_____	_____
<b>Total income -</b>	_____	_____	_____	_____
Total adjustments to income	_____	_____	_____	_____
<b>Adjusted gross income -</b>	_____	_____	_____	_____
Medical expenses	_____	_____	_____	_____
State and local taxes	_____	_____	_____	_____
Interest expenses	_____	_____	_____	_____
Charitable contributions	_____	_____	_____	_____
Other itemized deductions	_____	_____	_____	_____
Allowable itemized deductions	_____	_____	_____	_____
Standard deduction	_____	_____	_____	_____
<b>Standard or itemized deduction taken -</b>	_____	_____	_____	_____
Exemptions	_____	_____	_____	_____
<b>Taxable income -</b>	_____	_____	_____	_____
Tax on taxable income	_____	_____	_____	_____
Alternative minimum tax	_____	_____	_____	_____
Total credits	_____	_____	_____	_____
<b>Net tax liability -</b>	_____	_____	_____	_____
Self-employment taxes	_____	_____	_____	_____
Other taxes	_____	_____	_____	_____
<b>Total tax -</b>	_____	_____	_____	_____
Income tax withheld	_____	_____	_____	_____
Estimated tax payments	_____	_____	_____	_____
Other payments	_____	_____	_____	_____
<b>Total payments -</b>	_____	_____	_____	_____
<b>Tax due/-refund -</b>	_____	_____	_____	_____
Penalties and interest	_____	_____	_____	_____
<b>Net tax due/-refund -</b>	_____	_____	_____	_____
Refund applied to estimated tax payments	_____	_____	_____	_____
Refund received	_____	_____	_____	_____
<b>Marginal tax rate -</b>	_____ %	_____ %	_____ %	_____ %
<b>Effective tax rate -</b>	_____ %	_____ %	_____ %	_____ %

**NOTES/QUESTIONS:**

General: 1040 **Personal Information**

Filing (Marital) status code (1 = Single, 2 = Married filing joint, 3 = Married filing separate, 4 = Head of household, 5 = Qualifying widow(er)) \_\_\_\_\_  
 Mark if you were married but living apart all year \_\_\_\_\_ Mark if your nonresident alien spouse does not have an ITIN \_\_\_\_\_  
**Taxpayer** **Spouse**  
 Social security number \_\_\_\_\_  
 First name \_\_\_\_\_  
 Last name \_\_\_\_\_  
 Occupation \_\_\_\_\_  
 Designate \$3.00 to the presidential election campaign fund? (1 = Yes, 2 = No, 3=Blank) \_\_\_\_\_  
 Mark if legally blind \_\_\_\_\_  
 Mark if dependent of another taxpayer \_\_\_\_\_  
 Taxpayer between 19 and 23, full-time student, with income less than 1/2 support? (Y, N) \_\_\_\_\_  
 Date of birth \_\_\_\_\_  
 Date of death \_\_\_\_\_  
 Work/daytime telephone number/ext number \_\_\_\_\_  
 Do you authorize us to discuss your return with the IRS (Y, N) \_\_\_\_\_

General: 1040, Contact **Present Mailing Address**

Address \_\_\_\_\_  
 Apartment number \_\_\_\_\_  
 City/State postal code/Zip code \_\_\_\_\_  
 Foreign country name \_\_\_\_\_  
 Foreign phone number \_\_\_\_\_  
 Home/evening telephone number \_\_\_\_\_  
 Taxpayer email address \_\_\_\_\_  
 Spouse email address \_\_\_\_\_

General: 1040 **Dependent Information**

First Name	Last Name	Date of Birth	Social Security No.	Relationship	Months in home	Care expenses paid for dependent
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Credits: 2441 **Child and Dependent Care Expenses**

Provider information:  
 Business name \_\_\_\_\_  
 First and Last name \_\_\_\_\_  
 Street address \_\_\_\_\_  
 City, state, and zip code \_\_\_\_\_  
 Social security number OR Employer identification number \_\_\_\_\_  
 Tax Exempt or Living Abroad Foreign Care Provider (1 = TE, 2 = LAFCP) \_\_\_\_\_  
 Amount paid to care provider in 2018 \_\_\_\_\_  
**Taxpayer** **Spouse**  
 Employer-provided dependent care benefits that were forfeited \_\_\_\_\_

Health Care: Coverage **Health Care Coverage**

**“Your family” for health care coverage refers to you, your spouse if filing jointly, and anyone you can claim as a dependent.**  
**2018 Information** **Prior Year Information**  
 Was your entire family covered for the full year with minimum essential health care coverage? (Y, N) \_\_\_\_\_

Income: W2

**Salary and Wages**

Please provide all copies of Form W-2 that you receive.  
 Below is a list of the Form(s) W-2 as reported in last year's tax return. If a particular W-2 no longer applies, mark the not applicable box.

T/S	Description	Prior Year Information	Mark if no longer applicable
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___

Retirement: 1099R

**Pension, IRA, and Annuity Distributions**

Please provide all copies of Form 1099-R that you receive.  
 Below is a list of the Form(s) 1099-R as reported in last year's tax return. If a particular 1099-R no longer applies, mark the not applicable box.

T/S	Description	Prior Year Information	Mark if no longer applicable
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___

Income: K1, K1T

**Schedules K-1**

Please provide all copies of Schedule K-1 that you receive.  
 Below is a list of the Schedule(s) K-1 as reported in last year's tax return. If a particular K-1 no longer applies, mark the not applicable box.

T/S/J	Description	Form	Mark if no longer applicable
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___

Income: W2G

**Gambling Income**

Please provide all copies of Form W-2G that you receive.  
 Below is a list of the Form(s) W-2G as reported in last year's tax return. If a particular W-2G no longer applies, mark the not applicable box.

T/S	Description	Prior Year Information	Mark if no longer applicable
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___

Educate: 1099Q

**Qualified Education Plan Distributions**

Please provide all copies of Form 1099-Q that you receive.  
 Below is a list of the Form(s) 1099-Q as reported in last year's tax return. If a particular 1099-Q no longer applies, mark the not applicable box.

T/S	Description	Prior Year Information	Mark if no longer applicable
___	_____	_____	___
___	_____	_____	___



Income: B1 **Interest Income**

Please provide all copies of Form 1099-INT or other statements reporting interest income.

T/S/J	Payer Name	Interest Income	Prior Year Information
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Income: B3 **Seller Financed Mortgage Interest**

T, S, J \_\_\_\_\_ Payer's name \_\_\_\_\_ Payer's social security number \_\_\_\_\_  
 Payer's address, city, state, zip code \_\_\_\_\_  
 Amount received in 2018 \_\_\_\_\_ Amount received in 2017 \_\_\_\_\_

Income: B2 **Dividend Income**

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

T/S/J	Payer Name	Ordinary Dividends	Qualified Dividends	Prior Year Information
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Income: D **Sales of Stocks, Securities, and Other Investment Property**

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

T/S/J	Description of Property	Date Acquired	Date Sold	Gross Sales Price (Less expenses of sale)	Cost or Other Basis
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Income: Income **Other Income**

Please provide copies of all supporting documentation.

	2018 Information		Prior Year Information
	Taxpayer	Spouse	Prior Year Information
State and local income tax refunds	_____	_____	_____
Alimony received	_____	_____	_____
Unemployment compensation	_____	_____	_____
Unemployment compensation repaid	_____	_____	_____
Social security benefits	_____	_____	_____
Medicare premiums to be reported on Schedule A	_____	_____	_____
Railroad retirement benefits	_____	_____	_____

T/S/J	2018 Information	Prior Year Information
Other Income:	_____	_____
_____	_____	_____
_____	_____	_____

1040 Adj: IRA

**Adjustments to Income - IRA Contributions**

Please provide year end statements for each account and any Form 8606 not prepared by this office.

Taxpayer Spouse

**Traditional IRA Contributions for 2018 -**

If you want to contribute the maximum allowable traditional IRA contribution amount,

enter the applicable code: (1 = Deductible only, 2 = Both deductible and nondeductible)

Enter the total traditional IRA contributions made for use in 2018

**Roth IRA Contributions for 2018 -**

Mark if you want to contribute the maximum Roth IRA contribution

Enter the total Roth IRA contributions made for use in 2018

Educate: Educate2

**Higher Education Deductions and/or Credits**

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.

T/S	Qualified student loan interest paid	2018 Information	Prior Year Information
____	_____	_____	_____
____	_____	_____	_____

Complete this section if you paid qualified education expenses for higher education costs in 2018.

Qualified education expenses include tuition and fees required for enrollment or attendance at an eligible educational institution.

Please provide all copies of Form 1098-T.

T/S	Ed Exp Code*	Student's SSN	Student's First Name	Student's Last Name	Qualified Expenses	Prior Year Information
____	____	_____	_____	_____	_____	_____
____	____	_____	_____	_____	_____	_____
____	____	_____	_____	_____	_____	_____
____	____	_____	_____	_____	_____	_____

\*Education Expense Code: 1 = American opportunity credit; 2 = Lifetime learning credit; 3 = Tuition and fees deduction

The student qualifies for the American opportunity credit when enrolled at least half-time in a program leading to a degree, certificate, or recognized credential; has not completed the first 4 years of post-secondary education; has no felony drug convictions on student's record.

1040 Adj: 3903

**Job Related Moving Expenses**

Complete this section if you moved to a new home due to service in the armed forces.

Description of move	_____
Taxpayer/Spouse/Joint (T, S, J)	_____
Mark if the move was due to service in the armed forces	_____
Number of miles from old home to new workplace	_____
Number of miles from old home to old workplace	_____
Mark if move is outside United States or its possessions	_____
Transportation and storage expenses	_____
Travel and lodging (not including meals)	_____
Total amount reimbursed for moving expenses	_____

1040 Adj: OtherAdj

**Other Adjustments to Income**

Alimony Paid:

T/S	Recipient name	Recipient SSN	2018 Information	Prior Year Information
____	_____	_____	_____	_____
Street address		_____	_____	_____
City, State and Zip code		_____	_____	_____

Taxpayer Spouse Prior Year Information

Educator expenses:	_____	_____	_____	_____
Other adjustments:	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Itemized: A1 **Medical and Dental Expenses**

T/S/J		2018 Information	Prior Year Information
—	Medical and dental expenses	_____	_____
—	Medical insurance premiums you paid***	_____	_____
—	Long-term care premiums you paid***	_____	_____
—	Prescription medicines and drugs	_____	_____
—	Miles driven for medical items	_____	_____

\*\*\*Do not include pre-tax amounts paid by an employer-sponsored plan, amounts paid for your self-employed business, or Medicare premiums entered on Form Lite-3

Itemized: A1 **Tax Expenses**

T/S/J		2018 Information	Prior Year Information
—	State/local income taxes paid	_____	_____
—	2017 state and local income taxes paid in 2018	_____	_____
—	Sales tax paid on actual expenses	_____	_____
—	Real estate taxes paid	_____	_____
—	Personal property taxes	_____	_____
—	Other taxes	_____	_____

Itemized: A2 **Interest Expenses**

T/S/J		2018 Information	Prior Year Information																
—	Home mortgage interest From Form 1098	_____	_____																
T/S/J	Other home mortgage interest paid to individuals:																		
—	<table border="0"> <tr> <td>Payee's Name</td> <td>SSN or EIN</td> <td>2018 Information</td> <td>Prior Year Information</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Address</td> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table>	Payee's Name	SSN or EIN	2018 Information	Prior Year Information	_____	_____	_____	_____	Address	City	State	Zip Code	_____	_____	_____	_____		
Payee's Name	SSN or EIN	2018 Information	Prior Year Information																
_____	_____	_____	_____																
Address	City	State	Zip Code																
_____	_____	_____	_____																
T/S/J	Investment interest expense, other than on Sch K-1s:	2018 Information	Prior Year Information																
—	_____	_____	_____																
	Refinancing Information:	Refinance #1	Refinance #2																
T/S/J	Recipient/Lender name	_____	_____																
—	Total points paid at time of refinance	_____	_____																
—	Date of refinance	_____	_____																
—	Term of new loan (in months)	_____	_____																
—	Reported on Form 1098 in 2018	_____	_____																

Itemized: A3 **Charitable Contributions**

T/S/J		2018 Information	Prior Year Information
—	Contributions made by cash or check	_____	_____
—	Volunteer miles driven	_____	_____
—	Noncash items, such as: Goodwill, Salvation Army	_____	_____

Itemized: A3, A-St **Miscellaneous Deductions**

T/S/J		2018 Information	Prior Year Information
	Other expenses, not subject to the 2% AGI limitation:		
—	_____	_____	_____
—	Gambling losses (enter only if you have gambling income)	_____	_____
	***STATE USE ONLY - Complete the following fields only if you file a state return in AL, AR, CA, HI, IA, MN, NY or PA		
T/S/J	Unreimbursed expenses***	2018 Information	Prior Year Information
—	Union dues, other than amounts reported on Form W-2***	_____	_____
—	Tax preparation fees***	_____	_____
—	Other expenses, subject to 2% AGI limitation***:	_____	_____
—	_____	_____	_____
—	Safe deposit box rental***	_____	_____
—	Investment expenses, other than on Schedule(s) K-1 or Form(s) 1099-DIV/INT***	_____	_____

General: Bank

**Direct Deposit/Electronic Funds Withdrawal Information**

Per IRS Security Summit requirements, verify the name of financial institution, routing transit number, account number, and type of account below. If you would like to have a refund direct deposited into or a balance due debited from your bank account(s), please enter information in the fields below. Note that electronic funds will be withdrawn only from the primary account listed below.

Mark to verify all accounts listed below have been reviewed, updated as needed, and are correct. \_\_\_\_\_

Primary account:

Financial institution routing transit number \_\_\_\_\_  
 Name of financial institution \_\_\_\_\_  
 Your account number \_\_\_\_\_  
 Type of account (1 = Savings, 2 = Checking, 3 = IRA\*) \_\_\_\_\_  
 Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) \_\_\_\_\_  
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) \_\_\_\_\_  
 Enter the maximum dollar amount, or percentage of total refund Dollar \_\_\_\_\_ or Percent (xxx.xx) \_\_\_\_\_

Secondary account #1:

Financial institution routing transit number \_\_\_\_\_  
 Name of financial institution \_\_\_\_\_  
 Your account number \_\_\_\_\_  
 Type of account (1 = Savings, 2 = Checking, 3 = IRA\*) \_\_\_\_\_  
 Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) \_\_\_\_\_  
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) \_\_\_\_\_  
 Enter the maximum dollar amount, or percentage of total refund Dollar \_\_\_\_\_ or Percent (xxx.xx) \_\_\_\_\_

Secondary account #2:

Financial institution routing transit number \_\_\_\_\_  
 Name of financial institution \_\_\_\_\_  
 Your account number \_\_\_\_\_  
 Type of account (1 = Savings, 2 = Checking, 3 = IRA\*) \_\_\_\_\_  
 Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) \_\_\_\_\_  
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) \_\_\_\_\_  
 Enter the maximum dollar amount, or percentage of total refund Dollar \_\_\_\_\_ or Percent (xxx.xx) \_\_\_\_\_

\*Refunds may only be direct deposited to established traditional, Roth or SEP-IRA accounts. Make sure direct deposits will be accepted by the bank or financial institution.

Electronic Filing: ID Auth

**Identity Authentication**

**Taxpayer -**

Form of identification ( 1 = Driver's license, 2 = State issued identification card, 3 = No applicable identification, 4 = Identification not provided) \_\_\_\_\_  
 Identification number \_\_\_\_\_  
 Issue date \_\_\_\_\_  
 Expiration date \_\_\_\_\_  
 Location of issuance \_\_\_\_\_  
 Document number (New York only) \_\_\_\_\_

**Spouse -**

Form of identification ( 1 = Driver's license, 2 = State issued identification card, 3 = No applicable identification, 4 = Identification not provided) \_\_\_\_\_  
 Identification number \_\_\_\_\_  
 Issue date \_\_\_\_\_  
 Expiration date \_\_\_\_\_  
 Location of issuance \_\_\_\_\_  
 Document number (New York only) \_\_\_\_\_

**NOTES/QUESTIONS:**





Preparer use only

Activity name \_\_\_\_\_

**Use the comments section to provide additional information about the asset. Enter information such as vehicle mileage (total, commuting and business), the total and business square footage of home, home expenses (total and business portion). See the EXAMPLE asset below.**

		Description of Asset Acquired	Date Acquired	Cost or Basis
<b>EXAMPLE</b>		2018 Model T - (EXAMPLE ASSET)	03/09/18	25,750
		Comments: 22,500 job-related miles, 25,000 total miles		
1		Comments:		
2		Comments:		
3		Comments:		
4		Comments:		
5		Comments:		
6		Comments:		
7		Comments:		
8		Comments:		
9		Comments:		
10		Comments:		
11		Comments:		
12		Comments:		
13		Comments:		
14		Comments:		
15		Comments:		
16		Comments:		
17		Comments:		
18		Comments:		
19		Comments:		
20		Comments:		
21		Comments:		
22		Comments:		
23		Comments:		
24		Comments:		
25		Comments:		

## Alabama General Information

If you moved during the tax year, name of Alabama city moved to \_\_\_\_\_ [1] Zip code \_\_\_\_\_ [2]

If divorced during the tax year, enter former spouse's social security number \_\_\_\_\_ [3]

If you did not file a prior year Alabama tax return, enter reason: \_\_\_\_\_ [4]

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## Contributions

**Enter the amount of contributions you wish to make:**  
**Political Contributions**

	Taxpayer	Spouse
Election campaign fund contribution (\$1.00) (1 = Democratic party fund, 2 = Republican party fund)	_____ [5]	_____ [6]

### Charitable Contributions

Senior Services Trust Fund	_____ [7]	Firefighters Benefit Fund	_____ [16]
Arts Development Fund	_____ [8]	Breast and Cervical Cancer Program	_____ [17]
Nongame Wildlife Fund	_____ [9]	Victims of Violence Assistance	_____ [18]
Child Abuse Trust Fund	_____ [10]	Military Support Foundation	_____ [19]
Veterans Program	_____ [11]	Spay-Neuter Program	_____ [20]
Historic Preservation Fund	_____ [12]	Cancer Research Institute	_____ [21]
State Veterans Cemetery at Spanish Fort Foundation	_____ [13]	Association of Rescue Squads	_____ [22]
Foster Care Trust Fund	_____ [14]	USS Alabama Battleship Commission	_____ [23]
Mental Health	_____ [15]	Children First Trust Fund	_____ [24]

## Part-year Resident and Nonresident Information

**If you were a part-year resident during the tax year, enter the dates you lived in Alabama**

Part-year residency dates:

From \_\_\_\_\_ [25]

To \_\_\_\_\_ [26]

If a nonresident of Alabama, enter state of legal residence \_\_\_\_\_ [27]

## Credits

Basic Skills Education Credit:

Dept of Education certification number \_\_\_\_\_ [28]

Name of sponsoring employer or firm \_\_\_\_\_ [29]

Name of approved provider \_\_\_\_\_ [30]

Location of provider \_\_\_\_\_ [31]

Total expenses \_\_\_\_\_ [32]

Rural Physician Credit:

Hospital where services provided \_\_\_\_\_ [33]

Community where services provided \_\_\_\_\_ [34]

**NOTES/QUESTIONS:**

## Arizona General Information

Last name on prior returns, if different \_\_\_\_\_ [1]

**If you were a part-year resident during the tax year, enter the dates you lived in Arizona**

Part-year residency dates:

From \_\_\_\_\_ [2]

To \_\_\_\_\_ [3]

Other state(s) of residency (Part-year residents only) \_\_\_\_\_ [4] \_\_\_\_\_ [5] \_\_\_\_\_ [6] \_\_\_\_\_ [7]

Mark if on active military assignment in Arizona during the year (Part-year residents and Nonresidents only) \_\_\_\_\_ [8]

## Contributions

**Amount of political and charitable contributions you wish to make to:**

### Political Contributions

Political gift \_\_\_\_\_ [9]

Name of party (1 = Arizona Green Party, 2 = Democratic, 3 = Libertarian, 4 = Republican) \_\_\_\_\_ [10]

### Charitable Contributions

Solutions Teams Assigned to Schools \_\_\_\_\_ [11]

Arizona Wildlife Fund \_\_\_\_\_ [12]

Child Abuse Prevention Fund \_\_\_\_\_ [13]

Domestic Violence Shelter Fund \_\_\_\_\_ [14]

Neighbors Helping Neighbors Fund \_\_\_\_\_ [15]

Special Olympics Fund \_\_\_\_\_ [16]

Veterans Donation Fund \_\_\_\_\_ [17]

I Didn't Pay Enough Fund \_\_\_\_\_ [18]

Sustainable State Parks and Road Fund \_\_\_\_\_ [19]

Spay/Neuter of Animals \_\_\_\_\_ [20]

## Property Tax Credit Information

### Full Year Residents Only

Homestead status on December 31 (1 = Rent, 2 = Own) \_\_\_\_\_ [21]

Mark if you:

Received Title 16, SSI payments \_\_\_\_\_ [22]

Lived alone \_\_\_\_\_ [23]

Property taxes paid through rent payments \_\_\_\_\_ [24]

If claimed as a dependent on another's return, enter claimant's information:

Name \_\_\_\_\_ [25]

Social security number \_\_\_\_\_ [26]

Address \_\_\_\_\_ [27] Apartment number \_\_\_\_\_ [28]

City \_\_\_\_\_ [29] State \_\_\_\_\_ [30] Zip code \_\_\_\_\_ [31]

Income earned by other household residents \_\_\_\_\_ [32]

**NOTES/QUESTIONS:**

## Arkansas General Information

Taxpayer deaf		_____[1]						
Spouse deaf		_____[2]						
Early childhood program - certificate number	_____	[3]						
State political contribution	_____	[4]						
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 20%; text-align: center;">Taxpayer</th> <th style="width: 20%; text-align: center;">Spouse</th> </tr> </thead> <tbody> <tr> <td>Contributions to a long-term intergenerational trust</td> <td style="text-align: center;">_____ [5]</td> <td style="text-align: center;">_____ [6]</td> </tr> </tbody> </table>				Taxpayer	Spouse	Contributions to a long-term intergenerational trust	_____ [5]	_____ [6]
	Taxpayer	Spouse						
Contributions to a long-term intergenerational trust	_____ [5]	_____ [6]						

## Contributions

### Amount of charitable contributions you wish to make to:

Disaster Relief Program		_____ [7]
Game and Fish Foundation		_____ [8]
School for the Blind and Deaf		_____ [9]
Baby Sharon's Children's Catastrophic Illness Program		_____ [10]
Organ Donor Awareness Education Program		_____ [11]
Area Agencies on Aging		_____ [12]
Military Family Relief		_____ [13]
Newborn Umbilical Cord Blood Initiative		_____ [14]

## Part-year Resident and Nonresident Information

If you were a part-year resident during the tax year, enter the dates you lived in Arkansas

Part-year residency dates:		
From		_____ [15]
To		_____ [16]
State of residency if nonresident of Arkansas		_____ [17]

### NOTES/QUESTIONS:

### California General Information

Prior year last name

Taxpayer \_\_\_\_\_ [1]

Spouse \_\_\_\_\_ [2]

### Use Tax

**Item purchased**

**Purchase price**

**County (City)**

**Sales Tax paid**

\_\_\_\_\_  
 \_\_\_\_\_ [3]

### Contributions

**Amount of contributions you wish to make to:**

Seniors Special Fund	_____ [4]	Children's Trust Fund - Prevent Child Abuse	_____ [18]
Alzheimer's Disease/Related Dementia Fund	_____ [5]	Prevention Animal Homelessness & Cruelty	_____ [19]
Rare and Endangered Species Preservation Program	_____ [6]	Revive the Salton Sea Fund	_____ [20]
Breast Cancer Research Fund	_____ [7]	California Domestic Violence Victims Fund	_____ [21]
Firefighters' Memorial Fund	_____ [8]	Special Olympics Fund	_____ [22]
Emergency Food for Families Fund	_____ [9]	Type 1 Diabetes Research Fund	_____ [23]
Peace Officer Memorial Foundation Fund	_____ [10]	YMCA Youth and Government Fund	_____ [24]
Sea Otter Fund	_____ [11]	Habitat for Humanity Fund	_____ [25]
Cancer Research Fund	_____ [12]	California Senior Citizen Advocacy Fund	_____ [26]
School Supplies for Homeless Children Fund	_____ [13]	Native California Wildlife Rehabilitation	_____ [27]
Parks Pass Purchase (\$195)	_____ [14]	Rape Backlog Kit Fund	_____ [28]
State Parks Protection Fund	_____ [15]	Organ and Tissue Donor	_____ [29]
Protect Our Coast and Oceans Fund	_____ [16]	National Alliance on Mental Illness California	_____ [30]
Keep Arts in Schools Fund	_____ [17]	Schools Not Prisons	_____ [31]

### Renter Information

Number of months rented principal residence in California in 2018 \_\_\_\_\_ [32]

Lived with person claiming dependency exemption for more than 6 months (Dependent of another only) \_\_\_\_\_ [33]

Property rented was exempt from property tax in 2018 \_\_\_\_\_ [34]

Taxpayer claimed homeowner's property tax exemption in 2018 \_\_\_\_\_ [35]

Spouse claimed homeowner's property tax exemption during 2018 \_\_\_\_\_ [36]

Maintained separate residences for the entire year \_\_\_\_\_ [37]

Addresses if more than one or different from mailing address \_\_\_\_\_ [38]

Address \_\_\_\_\_ [38]

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Date Rented From \_\_\_\_\_

Date Rented To \_\_\_\_\_

Landlord information

Name \_\_\_\_\_ [39]

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

## California Residency Information

### Part-year, Nonresident

	Taxpayer	Spouse
State of domicile	_____ [1]	_____ [2]
Number of days spent in California	_____ [3]	_____ [4]
Owned California home or property	_____ [5]	_____ [6]
Part-year resident:		
Date moved into California	_____ [7]	_____ [9]
Prior state of residence	_____ [8]	_____ [10]
Date moved out of California	_____ [11]	_____ [13]
New state of residence	_____ [12]	_____ [14]
Nonresident or full-year resident for entire year:		
State of residence	_____ [15]	_____ [16]

### Prior Year Residency Information

	Taxpayer	Spouse
Prior residency information:		
From	_____ [17]	_____ [19]
To	_____ [18]	_____ [20]

## Military Personnel

### Part-year, Nonresident

	Taxpayer	Spouse
State in which stationed	_____ [21]	_____ [22]

## Electronic Filing Information for Military

	Taxpayer	Spouse
Date deployed overseas or entered combat zone/QHDA	_____ [23]	_____ [26]
Date returned from overseas or combat zone/QHDA	_____ [24]	_____ [27]
Duty (A = Military overseas, B = Combat Zone/QHDA, C = NAT Guard)	_____ [25]	_____ [28]
Combat Zone/QHDA Operation/Area served		
Taxpayer	_____ [29]	_____ [29]
Spouse	_____ [30]	_____ [30]

**NOTES/QUESTIONS:**

## Colorado Use Tax

Purchases subject to state sales or use tax \_\_\_\_\_ [1]  
 Special district code \_\_\_\_\_ [2]  
 Purchases subject to special district sales or use tax if less than the total purchase \_\_\_\_\_ [3]

### Contributions

#### Amount of charitable contributions you wish to make to:

Nongame and Endangered Wildlife Fund \_\_\_\_\_ [4]  
 Domestic Abuse Fund \_\_\_\_\_ [5]  
 Homeless Prevention Activities Fund \_\_\_\_\_ [6]  
 Western Slope Military Veterans Cemetery Fund \_\_\_\_\_ [7]  
 Pet Overpopulation Fund \_\_\_\_\_ [8]  
 Military Family Relief Fund \_\_\_\_\_ [9]  
 American Red Cross Colorado Disaster Response, Readiness, and Preparedness Fund \_\_\_\_\_ [10]  
 Habitat for Humanity of Colorado Fund \_\_\_\_\_ [11]  
 Special Olympics of Colorado \_\_\_\_\_ [12]  
 Colorado Healthy Rivers Fund \_\_\_\_\_ [13]  
 Alzheimer's Association Fund \_\_\_\_\_ [14]  
 Colorado Cancer Fund \_\_\_\_\_ [15]  
 Make-A-Wish Foundation of Colorado Fund \_\_\_\_\_ [16]  
 Unwanted Horse Fund \_\_\_\_\_ [17]  
 Colorado Multiple Sclerosis Fund \_\_\_\_\_ [18]  
 Urban Peak Housing and Support Fund \_\_\_\_\_ [19]  
 Family Caregiver Support Fund \_\_\_\_\_ [20]  
 Young American Center for Financial Education Fund \_\_\_\_\_ [21]

### Part-year Resident and Nonresident Information

If you were a part-year resident during the tax year, enter the dates you lived in Colorado

	Taxpayer	Spouse
Residency status (If taxpayer and spouse are different):		
Resident	_____ [22]	_____ [23]
Nonresident	_____ [24]	_____ [25]
Part-year resident	_____ [26]	_____ [27]
Military nonresident	_____ [28]	_____ [29]
Part-year residency dates:		
From	_____ [30]	_____ [32]
To	_____ [31]	_____ [33]

**NOTES/QUESTIONS:**



## Connecticut Charitable Contributions

### Amount of contributions you wish to make to:

AIDS Research _____	[1]	Safety Net Services _____	[5]
Organ Transplant _____	[2]	Military Relief _____	[6]
Endangered Species/Wildlife Fund _____	[3]	CHET Baby Scholar _____	[7]
Breast Cancer Research _____	[4]	Mental Health Community Investment Account _____	[8]

## Use Tax Information

### Use Tax-Enter any out-of-state purchases made on which sales tax was not paid to the seller:

Purchase 1	Description _____	Date of purchase _____	[9]
	Retailer/Service Provider: _____	Purchase price _____	
	Type Code: _____	Out of state tax paid _____	
Purchase 2	Description _____	Date of purchase _____	
	Retailer/Service Provider: _____	Purchase price _____	
	Type Code: _____	Out of state tax paid _____	

### Use Tax Type Codes

1 = Computer & data processing services	3 = General sales tax
2 = Boats, boat motors and trailers	4 = Luxury items

## Property Tax Information

### Enter property taxes paid on primary residence and/or motor vehicle:

Primary Residence Description (Enter street address)(Resident only) _____	[10]
Auto 1 Description (Enter year, make and model)(Resident only) _____	[11]
Auto 2 Description (Enter year, make and model)(MFJ Resident only) _____	[12]

	Name of CT Tax Town or District	Date Paid	Date Paid	Amount Paid
Primary Residence (Resident only) _____	[13]	[14]	[15]	
Auto 1 (Resident only) _____	[16]	[17]	[18]	[19]
Auto 2 (MFJ Resident only) _____	[20]	[21]	[22]	[23]

## Part-year Resident Information

### If you were a part-year resident during the tax year, enter the dates you lived in Connecticut:

	Taxpayer	Spouse
Enter residency dates:		
From _____	[24]	[26]
To _____	[25]	[27]
Indicate type of move (1 = Moved into Connecticut, 2 = Moved out of Connecticut) _____	[28]	[31]
Did you earn income from Connecticut sources during nonresident period? (Y, N) _____	[29]	[32]
State of prior or new residence _____	[30]	[33]

### Enter the following amounts only if you do NOT know the exact amount of your Connecticut source information

Basis for calculating apportionment (1 = Working days, 2 = Sales, 3 = Mileage) _____	[34]
Working days (or other basis) outside Connecticut _____	[35]
Working days (or other basis) inside Connecticut _____	[36]
Nonworking days (holidays, weekends, etc) _____	[37]
Total income being apportioned _____	[38]

## NOTES/QUESTIONS:

## Delaware General Information

	Taxpayer	Spouse
Mark if totally disabled	_____ [1]	_____ [2]
Volunteer firefighter Fire Company number (Resident only)	_____ [3]	_____ [4]

## Contributions

Amount of contributions you wish to make to:

	Taxpayer	Spouse
Non-Game Wildlife	_____ [5]	_____ [6]
Beau Biden Foundation	_____ [7]	_____ [8]
Emergency Housing	_____ [9]	_____ [10]
Breast Cancer Education	_____ [11]	_____ [12]
Organ Donations	_____ [13]	_____ [14]
Diabetes Education	_____ [15]	_____ [16]
Veteran's Home	_____ [17]	_____ [18]
Delaware National Guard	_____ [19]	_____ [20]
Juvenile Diabetes Fund	_____ [21]	_____ [22]
Multiple Sclerosis Society	_____ [23]	_____ [24]
Ovarian Cancer Fund	_____ [25]	_____ [26]
21st Fund for Children	_____ [27]	_____ [28]
White Clay Creek	_____ [29]	_____ [30]
Home of the Brave	_____ [31]	_____ [32]
Senior Trust Fund	_____ [33]	_____ [34]
Veteran's Trust Fund	_____ [35]	_____ [36]
Protecting Delaware's Children Fund	_____ [37]	_____ [38]
Food Bank of Delaware	_____ [39]	_____ [40]
Ssx City Habitat for Humanity	_____ [41]	_____ [42]
Ctrl DE Habitat for Humanity	_____ [43]	_____ [44]
NCC Habitat for Humanity	_____ [45]	_____ [46]

## Part-year Resident Information

If you were a part-year resident during the tax year, enter the dates you lived in Delaware

	Taxpayer	Spouse
Part-year residency dates:		
From	_____ [47]	_____ [49]
To	_____ [48]	_____ [50]

**NOTES/QUESTIONS:**

## District of Columbia Property Tax Credit Information

### If renting, enter rental information below (Residents only)

Type of property (1 = Private home, 2 = Apartment, 3 = Rooming house, 4 = Condominium) \_\_\_\_\_ [1]  
 Landlord's name \_\_\_\_\_ [2]  
 Landlord's address (Number and street) \_\_\_\_\_ [3]  
 \_\_\_\_\_ [4]  
 Apartment number \_\_\_\_\_ [5]  
 City \_\_\_\_\_ [6]  
 State \_\_\_\_\_ [7]  
 Zip code \_\_\_\_\_ [8]  
 Landlord's telephone number \_\_\_\_\_ [9]  
 Rent paid \_\_\_\_\_ [10]  
 Rent supplements received \_\_\_\_\_ [11]

### If property owner, enter real property information below

Square number \_\_\_\_\_ [12]  
 Suffix number \_\_\_\_\_ [13]  
 Lot number \_\_\_\_\_ [14]

## Use Tax

Purchases subject to use tax  
 Merchandise, services and rentals \_\_\_\_\_ [15]  
 Alcoholic beverages \_\_\_\_\_ [16]  
 Purchases of catered food or drink \_\_\_\_\_ [17]  
 Rentals of non-commercial vehicles \_\_\_\_\_ [18]

## Contribution

### Amount of contribution you wish to make to:

DC Statehood Delegation Fund (Political Contribution) \_\_\_\_\_ [19]  
 Public Trust for Drug Prevention and Children at Risk (Charitable Contribution) \_\_\_\_\_ [20]  
 Anacostia River Cleanup and Prevention Fund (Charitable Contribution) \_\_\_\_\_ [21]

## Part-year Resident Information

### If you were a part-year resident during the tax year, enter the dates you lived in the District of Columbia

Part-year residency dates:  
 From \_\_\_\_\_ [22]  
 To \_\_\_\_\_ [23]

## Disability Information

	Name of Employer	Payer, if other than employer	No. of Weeks
Taxpayer	_____ [24]	_____ [25]	_____ [26]
Spouse	_____ [27]	_____ [28]	_____ [29]

Mark if physician's certification previously filed \_\_\_\_\_ [30]

Otherwise, enter:

Physician's name \_\_\_\_\_ [31] \_\_\_\_ [32] \_\_\_\_\_ [33]  
 Address, apartment number \_\_\_\_\_ [34] \_\_\_\_\_ [35]  
 City, state, zip code \_\_\_\_\_ [36] \_\_\_\_ [37] \_\_\_\_\_ [38]  
 Telephone number \_\_\_\_\_ [39]

### NOTES/QUESTIONS:

## Georgia General Information

**Taxpayer**

**Spouse**

If disabled, enter the following:

Type of disability \_\_\_\_\_ [1] \_\_\_\_\_ [2]

Date of disability \_\_\_\_\_ [3] \_\_\_\_\_ [4]

## Contributions

**Amount of contributions you wish to make to:**

Wildlife Conservation Fund \_\_\_\_\_ [5]

Fund for Children and Elderly \_\_\_\_\_ [6]

Cancer Research Fund \_\_\_\_\_ [7]

Land Conservation Program \_\_\_\_\_ [8]

National Guard Foundation \_\_\_\_\_ [9]

Dog and Cat Sterilization Fund \_\_\_\_\_ [10]

Save the Cure Fund \_\_\_\_\_ [11]

Realizing Educational Achievement Can Happen Program \_\_\_\_\_ [12]

Public Safety Memorial Grant \_\_\_\_\_ [13]

## Part-year Resident Information

**If you were a part-year resident during the tax year, enter the dates you lived in Georgia**

**Taxpayer**

**Spouse**

Part-year residency dates:

From \_\_\_\_\_ [14] \_\_\_\_\_ [16]

To \_\_\_\_\_ [15] \_\_\_\_\_ [17]

**NOTES/QUESTIONS:**

## Hawaii General Information

Mark if first time filer \_\_\_\_\_ [1]  
 Mark if address has changed from prior year \_\_\_\_\_ [2]  
 If you (or spouse) are blind, deaf or totally disabled, has impairment been certified? (Special disability exemption: T = Taxpayer, S = Spouse, B = Both) [3]  
 Current year distributions from an individual housing account not used for home purchase \_\_\_\_\_ [4]  
 Reservist or National Guard pay included in W-2 income \_\_\_\_\_ [5]  
 Payments to an individual housing account \_\_\_\_\_ [6]

## Contributions

### Amount of contributions you wish to make to:

Election campaign fund - taxpayer (Y, N) \_\_\_\_\_ [7]  
 Election campaign fund - spouse (Y, N) \_\_\_\_\_ [8]  
 \$2 School-Level Minor Repairs and Maintenance Special Fund (T = Taxpayer, S = Spouse, B = Both) \_\_\_\_\_ [9]  
 \$2 Public Libraries Special Fund (T = Taxpayer, S = Spouse, B = Both) \_\_\_\_\_ [10]  
 \$5 Children's Trust, Domestic Violence, and Abuse Special Accounts (T = Taxpayer, S = Spouse, B = Both) \_\_\_\_\_ [11]

## Rental Credit Information

### Rental credits can only be claimed by persons with Hawaii residence of 9 or more months during the calendar year

Residence Information: Starting Month of Occupancy \_\_\_\_\_ Ending Month of Occupancy \_\_\_\_\_ [12]  
 Address \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_  
 Zip \_\_\_\_\_  
 Owner Information: Name \_\_\_\_\_  
 Business Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_  
 Zip \_\_\_\_\_  
 Foreign Providence/State \_\_\_\_\_  
 Foreign Country Code \_\_\_\_\_  
 Foreign Country \_\_\_\_\_  
 Foreign Postal Code \_\_\_\_\_  
 Tax ID # \_\_\_\_\_  
 Total rents received for this unit \_\_\_\_\_

## Part-year Resident Information

### If you were a part-year resident during the tax year, enter the dates you lived in Hawaii

Part-year residency dates:  
 From \_\_\_\_\_ [13]  
 To \_\_\_\_\_ [14]

## NOTES/QUESTIONS:

## Idaho General Information

Mark if:

Taxpayer or spouse is a disabled veteran \_\_\_\_\_[1]

Receiving Idaho Public Assistance \_\_\_\_\_[2]

	<b>Taxpayer</b>	<b>Spouse</b>
Number of days eligible for grocery credit if less than full year or total time spent as part year resident	_____ [3]	_____ [4]

### Use Tax

Purchases subject to use tax \_\_\_\_\_[5]

### Contributions

**Amount of charitable contributions you wish to make to:**

Nongame Wildlife Conservation Fund \_\_\_\_\_[6]

Children's Trust Fund and Child Abuse Prevention \_\_\_\_\_[7]

Special Olympics Idaho \_\_\_\_\_[8]

Idaho Guard and Reserve Family Support Fund \_\_\_\_\_[9]

Veterans Support Fund \_\_\_\_\_[10]

Idaho Food Bank \_\_\_\_\_[11]

Opportunity Scholarship Program Fund \_\_\_\_\_[12]

Donate grocery credit to the Cooperative Welfare Fund \_\_\_\_\_[13]

### Part-year Resident and Nonresident Information

**If you were a part-year resident during the tax year, enter the dates you lived in Idaho**

	<b>Taxpayer</b>	<b>Spouse</b>
Residency status (1 = Resident, 2 = Resident on active military, 3 = Nonresident, 4 = Part-year resident, 5 = Military nonresident)	_____ [14]	_____ [15]

Part-year residency dates:

From \_\_\_\_\_ [16] \_\_\_\_\_ [18]

To \_\_\_\_\_ [17] \_\_\_\_\_ [19]

State of residence \_\_\_\_\_ [20] \_\_\_\_\_ [21]

### Adjustments and Credits

Energy efficiency upgrades \_\_\_\_\_ [22]

Adoption expenses \_\_\_\_\_ [23]

Mark if taxpayer or spouse has a developmental disability (T = Taxpayer, S = Spouse, B = Both) \_\_\_\_\_ [24]

**NOTES/QUESTIONS:**

## Illinois General Information

### Use Tax

General merchandise purchases \_\_\_\_\_ [1]  
 Qualifying food, non-prescription drugs and medical appliances purchases \_\_\_\_\_ [2]  
 Sales tax already paid to another state \_\_\_\_\_ [3]

### Contributions

Amount of contributions you wish to make to:

Wildlife Preservation \_\_\_\_\_ [4]  
 Alzheimer's Disease Research \_\_\_\_\_ [5]  
 Assistance to the Homeless \_\_\_\_\_ [6]  
 Diabetes Research Fund \_\_\_\_\_ [7]  
 Hunger Relief Fund \_\_\_\_\_ [8]

### Credits

#### Qualified Education Expenses

Child's Name	Grade	School Name	School City	School Type	Total Tuition, Books, Lab fees
_____ [9]	_____ [10]	_____ [11]	_____ [12]	_____ [13]	_____ [14]
_____ [15]	_____ [16]	_____ [17]	_____ [18]	_____ [19]	_____ [20]
_____ [21]	_____ [22]	_____ [23]	_____ [24]	_____ [25]	_____ [26]
_____ [27]	_____ [28]	_____ [29]	_____ [30]	_____ [31]	_____ [32]
_____ [33]	_____ [34]	_____ [35]	_____ [36]	_____ [37]	_____ [38]
_____ [39]	_____ [40]	_____ [41]	_____ [42]	_____ [43]	_____ [44]
_____ [45]	_____ [46]	_____ [47]	_____ [48]	_____ [49]	_____ [50]
_____ [51]	_____ [52]	_____ [53]	_____ [54]	_____ [55]	_____ [56]

### Property Taxes

Description	Property Index Number
_____	_____ [57]
_____	_____
_____	_____

### Part-year Resident and Nonresident Information

If you were a part-year resident during the tax year, enter the dates you lived in Illinois

	Taxpayer	Spouse
Part-year residency dates:		
From _____	_____ [58]	_____ [60]
To _____	_____ [59]	_____ [61]

Mark if you were a resident of any of the following states during the tax year:    IA \_\_\_ [62]    KY \_\_\_ [63]    MI \_\_\_ [64]    WI \_\_\_ [65]

In what states other than above did you reside and/or file a tax return during the tax year?

State postal code	State postal code	State postal code
State postal code	State postal code	State postal code
State postal code	State postal code	State postal code
State postal code	State postal code	State postal code

### NOTES/QUESTIONS:

## Indiana General Information

	<b>Taxpayer</b>	<b>Spouse</b>
County of residence (as of January 1 of tax year)	_____ [3]	_____ [4]
County of employment (as of January 1 of tax year)	_____ [5]	_____ [6]

Household employment taxes:

Employee Name _____	Employee SSN _____ [7]
Income _____	State Tax Withheld _____
County Tax Withheld _____	County Code _____

### Contributions

**Amount of contribution you wish to make to:**

Nongame Wildlife Fund	_____ [8]
Military Family Relief Fund	_____ [9]
Public K-12 Education Fund	_____ [10]

### Credit for Donation to an Indiana College or University

Mark this field if you made a cash or noncash contribution to an Indiana college or university \_\_\_\_\_ [11]

### Renter's Information

Taxpayer, Spouse, Joint (T,S,J) _____	Principal address _____ [12]
	City, state, zip code _____
Number of months rented _____	Total rent paid _____
Landlord name _____	_____ [13]
Landlord address _____	_____
Landlord city, state, zip code _____	_____

### Part-year Resident and Nonresident Information

**Enter the dates you lived in Indiana or in other states.**

	<b>Taxpayer</b>	<b>Spouse</b>
State of residency (Use these fields if you or your spouse had only one state of residency)	_____ [14]	_____ [15]
States of residency (Use these fields if you or your spouse had more than one state of residency)		
<b>Taxpayer, Spouse(T,S)</b>	<b>State Postal Code</b>	<b>From Date</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**NOTES/QUESTIONS:**



County of residence as of December 31st \_\_\_\_\_ [1]  
 School district \_\_\_\_\_ [2]

**Contributions**

Amount of charitable contributions you wish to make to:

Fish and Wildlife Fund \_\_\_\_\_ [3]  
 State Fairgrounds Renovation \_\_\_\_\_ [4]  
 Firefighters Fund and Veterans Trust Fund \_\_\_\_\_ [5]  
 Child Abuse Prevention \_\_\_\_\_ [6]

**Residency Information**

Residency code \_\_\_\_\_ [7]

Residency Code	
Blank = Both spouses have the same residency status	4 = Taxpayer nonresident, spouse part-year resident
1 = Taxpayer nonresident, spouse resident	5 = Taxpayer resident, spouse part-year resident
2 = Taxpayer resident, spouse nonresident	6 = Taxpayer part-year resident, spouse resident
3 = Taxpayer part-year resident, spouse nonresident	

**Part-year Resident Information**

If you were a part-year resident during the tax year, enter the dates you lived in Iowa

	Spouse	Taxpayer
Part-year residency dates:		
Moved into Iowa	_____ [8]	_____ [10]
Moved out of Iowa	_____ [9]	_____ [11]

**Nonresident Information**

Illinois residents:

Iowa wages or salary only \_\_\_\_\_ [12]  
 Wages or salary and other Iowa source income \_\_\_\_\_ [13]

**NOTES/QUESTIONS:**

Form ID: KS **Kansas General Information**

County of residence \_\_\_\_\_ [1]  
School district number \_\_\_\_\_ [2]  
Mark if name or address has changed \_\_\_\_\_ [3]

**Use Tax**

Use Tax due but receipts or records not available \_\_\_\_\_ [4]  
Purchases Subject to Use Tax, receipts or records are available

City/county	Amount
_____	_____ [5]
_____	_____
_____	_____

**Contributions**

Enter the amount of charitable contributions you wish to make to:

Chickadee Checkoff \_\_\_\_\_ [6]  
 Senior Citizens Meals On Wheels Contribution Program \_\_\_\_\_ [7]  
 Breast Cancer Research Fund \_\_\_\_\_ [8]  
 Military Emergency Relief Fund \_\_\_\_\_ [9]  
 Kansas Hometown Heroes Fund \_\_\_\_\_ [10]  
 Kansas Creative Arts Industry Fund \_\_\_\_\_ [11]  
 School District Contribution Fund \_\_\_\_\_ [12]  
 School district headquarters county \_\_\_\_\_ [13]  
 School district number \_\_\_\_\_ [14]

**Part-year Resident Information**

If you were a part-year resident during the tax year, enter the dates you lived in Kansas

Part-year residency dates:  
From \_\_\_\_\_ [15]  
To \_\_\_\_\_ [16]

**NOTES/QUESTIONS:**

### Kentucky General Information

National Guard member - taxpayer \_\_\_\_\_[1]  
 National Guard member - spouse \_\_\_\_\_[2]  
 Enter your state of residency at the end of the tax year (Part-year and Nonresident only) \_\_\_\_\_[3]

### Use Tax

	Description	Date of Purchase	Amount
Enter any out-of-state purchases made on which sales tax was not paid to the seller	_____	_____	_____ [4]
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

### Contributions

**Amount of political and charitable contributions you wish to make to:**  
**Political Contributions**

Political Party Fund (1 = Democratic, 2 = Republican, 3 = No Designation)	Spouse _____ [5]	Taxpayer _____ [6]
---	---------------------	-----------------------

### Charitable Contributions

Nature and Wildlife Fund	_____ [7]
Child Victims' Trust Fund	_____ [8]
Veterans' Program Trust Fund	_____ [9]
Breast Cancer Research and Education Trust Fund	_____ [10]
Farms to Food Banks Trust Fund	_____ [11]
Local History Trust Fund	_____ [12]
Special Olympics Kentucky	_____ [13]
Pediatric Cancer Research Trust Fund	_____ [14]
Rape Crisis Center Trust Fund	_____ [15]
Court Appointed Special Advocate Trust Fund	_____ [16]

### Part-year Resident Information

**If you were a part-year resident during the tax year, enter the dates you lived in Kentucky**

Part-year residency dates:

From	_____ [17]
To	_____ [18]
State moved from	_____ [19]
State moved to	_____ [20]

### Nonresident Information

Kentucky prior year income tax return was filed (Y, N)	Spouse _____ [21]	Taxpayer _____ [22]
Mark if:		
Commuted daily to Kentucky employment (VA resident)	_____ [23]	_____ [24]
All Kentucky wage income earned while a resident of a reciprocal state (indicate state(s) below)	_____ [25]	_____ [26]
Resident of state(s)		
Taxpayer	IL _____ [27]	IN _____ [28] MI _____ [29] OH _____ [30] VA _____ [31] WV _____ [32] WI _____ [33]
Spouse	IL _____ [34]	IN _____ [35] MI _____ [36] OH _____ [37] VA _____ [38] WV _____ [39] WI _____ [40]

**NOTES/QUESTIONS:**

### Louisiana General Information

Mark if name has changed \_\_\_\_\_ [1]

Credit for certain disabilities (B = Blind, D = Deaf, L = Loss of limb, M = Mentally incapacitated):

Taxpayer \_\_\_\_\_ [2]

Spouse \_\_\_\_\_ [3]

Dependents:

Code	Disability	First Name	Last Name	SSN
_____	_____	_____	_____	_____ [4]
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Value of computer or other technological equipment donated \_\_\_\_\_ [5]

### Use Tax

Enter the amount of any out-of-state purchases on which sales tax was not paid \_\_\_\_\_ [6]

### Contributions

- |  |            |  |            |
|--|------------|--|------------|
| Military Family Assistance Fund              | _____ [7]  | National Guard Honor Guard for Military Funerals     | _____ [16] |
| Coastal Protection and Restoration Fund      | _____ [8]  | Louisiana Horse Rescue Association                   | _____ [17] |
| Wildlife Habitat and Natural Heritage Fund   | _____ [9]  | Louisiana Coalition Against Domestic Violence        | _____ [18] |
| Louisiana Cancer Trust Fund                  | _____ [10] | Louisiana State Troopers Charities, Inc              | _____ [19] |
| Pet Overpopulation Advisory Council          | _____ [11] | Friends of Palmetto State Park                       | _____ [20] |
| Louisiana Food Bank Association              | _____ [12] | The American Rose Society                            | _____ [21] |
| Make-A-Wish of Texas Gulf Coast/Louisiana    | _____ [13] | The Extra Mile                                       | _____ [22] |
| Louisiana Association of United Ways / 2-1-1 | _____ [14] | Naval War Memorial Commission, U.S.S. KIDD           | _____ [23] |
| American Red Cross                           | _____ [15] | Children's Therapeutic Services at the Emerge Center | _____ [24] |

#### Account Description

#### Amount

START savings program:					_____ [25]

### Part-year Resident Information

	Taxpayer	Spouse
Part-year residency dates:		
From	_____ [26]	_____ [28]
To	_____ [27]	_____ [29]

### Retirement Information

	Taxpayer	Spouse
Date retired as a:		
Louisiana state employee	_____ [30]	_____ [31]
Louisiana teacher	_____ [32]	_____ [33]
Federal employee	_____ [34]	_____ [35]

	Taxpayer	Spouse
Retirement System Name	Date Retired	
Other retirement information:		_____ [36]

**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**

	<b>Taxpayer</b>	<b>Spouse</b>
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:**

## Maryland General Information

**Taxpayer**

**Spouse**

County of residence \_\_\_\_\_ [1] \_\_\_\_\_ [2]  
 City of residence \_\_\_\_\_ [3]

### Contributions

**Amount of charitable contributions you wish to make to:**

Chesapeake Bay and Endangered Species Fund \_\_\_\_\_ [4]  
 Developmental Disabilities Waiting List Equity Fund \_\_\_\_\_ [5]  
 Maryland Cancer Fund \_\_\_\_\_ [6]  
 Fair Campaign Financing Fund \_\_\_\_\_ [7]

### Part-year Resident and Nonresident Information

**If you were a part-year resident during the tax year, enter the dates you lived in Maryland**

Part-year residency dates:

From \_\_\_\_\_ [8]  
 To \_\_\_\_\_ [9]

State of legal residence (Other than Maryland) \_\_\_\_\_ [10]

If Maryland return filed for previous year, indicate type (Nonresident only) (1 = Resident, 2 = Nonresident) \_\_\_\_\_ [11]

Mark if taxpayer or spouse in military (Nonresident only) \_\_\_\_\_ [12]

**NOTES/QUESTIONS:**

**Massachusetts General Information**

Mark if name and address have changed since last year \_\_\_\_\_[1]  
 Mark if noncustodial parent \_\_\_\_\_[2]  
 In care of address or address of legal residence or domicile:  
 Street \_\_\_\_\_[3]  
 City, state, zip code \_\_\_\_\_[4] \_\_\_\_\_[5] \_\_\_\_\_[6]  
 Foreign country name \_\_\_\_\_[7]  
 Foreign province or county \_\_\_\_\_[8]  
 Foreign postal code \_\_\_\_\_[9]

**Use Tax**

Estimate use tax for out of state purchases less than \$1,000 \_\_\_\_\_[10]  
 Out of state purchases \_\_\_\_\_[11] Sales tax paid to other state \_\_\_\_\_[12]

**Contributions**

**Amount of political and charitable contributions you wish to make to:**

	<b>Taxpayer</b>	<b>Spouse</b>
Mark to contribute to the State Election Campaign Fund	_____[13]	_____[14]
Organ Transplant Fund _____[15]		United States Olympic Fund _____[18]
Endangered Wildlife Conservation _____[16]		Military Family Relief Fund _____[19]
AIDS Fund _____[17]		Homeless Animal Prevention and Care Fund _____[20]

**Adjustments and Deductions****Rental Deduction**

Residence #1 rented address \_\_\_\_\_[21]  
 Landlord's name and address \_\_\_\_\_  
 Date from \_\_\_\_\_ Date to \_\_\_\_\_ Rent paid \_\_\_\_\_

Residence #2 rented address \_\_\_\_\_  
 Landlord's name and address \_\_\_\_\_  
 Date from \_\_\_\_\_ Date to \_\_\_\_\_ Rent paid \_\_\_\_\_

**Health Insurance Information**

	<b>Taxpayer</b>	<b>Spouse</b>
Enrolled in Minimum Creditable Coverage (MCC) health insurance plan for entire year	_____[22]	_____[23]
Insurance information has changed from last year	Yes ___[24] No ___[25]	Yes ___[26] No ___[27]
Federal identification number	_____[28]	_____[29]
Subscriber number	_____[30]	_____[31]
Name of insurance company (Taxpayer)	_____[32]	
Name of insurance company (Spouse)	_____[33]	

**Commuter Deduction**

	<b>Tolls paid through Fastlane</b>	<b>MBTA Transit/commuter passes</b>
Taxpayer	_____[34]	_____
Spouse	_____[35]	_____

**Part-year Resident Information**

**If you were a part-year resident during the tax year, enter the dates you lived in Massachusetts**

Part-year residency dates:  
 From \_\_\_\_\_[36]  
 To \_\_\_\_\_[37]

## Michigan General Information

School district name \_\_\_\_\_ [1]  
 School district code \_\_\_\_\_ [2]  
 Mark if 2/3 income from seafaring \_\_\_\_\_ [3]

	Taxpayer	Spouse
Do you want \$3.00 to go to the state campaign fund? (Y, N)	____ [4]	____ [5]
Mark the applicable boxes if the following conditions apply to you and/or your spouse:		
Paralegic, quadriplegic or hemiplegic	____ [6]	____ [7]
Totally and permanently disabled	____ [8]	____ [9]
Deaf	____ [10]	____ [11]
Qualified disabled veteran	____ [12]	____ [13]

## Use Tax

Purchases up \$1000 per purchase subject to use tax \_\_\_\_\_ [14]  
 Purchases exceeding \$1000 per purchase subject to use tax \_\_\_\_\_ [15]

## Contributions

**Amount of charitable contribution you wish to make to:**  
**Contributions must be a minimum of \$5, \$10 or any amount greater than \$10**

American Red Cross of Michigan	_____ [16]
Animal Welfare Fund	_____ [17]
Children's Trust Fund - Preventing Child Abuse in Michigan	_____ [18]
Fostering Futures Scholarship Trust Fund	_____ [19]
Kiwanis Fund	_____ [20]
Lions of Michigan Foundation Fund	_____ [21]
Michigan World War II Legacy Memorial Fund	_____ [22]
Military Family Relief Fund	_____ [23]
United Way Fund	_____ [24]

## Part-year Resident Information

**If you were a part-year resident during the tax year, enter the dates you lived in Michigan**

	Taxpayer	Spouse
From	_____ [25]	_____ [27]
To	_____ [26]	_____ [28]
Residency status of spouse (If different from taxpayer)(1 = Resident, 2 = Nonresident, 3 = Part-year resident)		_____ [29]

**NOTES/QUESTIONS:**



## Michigan Credits - Homestead Property Tax Credit Information

### Homeowner

Homestead occupied entire tax year: Taxable value \_\_\_\_\_ [1] Special Assessments \_\_\_\_\_ [3]

Homestead property taxes levied, if different from that entered on Organizer Form ID: A1 (or Lite-5)

TSJ	Description	Amount
_____	_____	_____ [4]
_____	_____	_____

Address at end of tax year, if different from that entered on Organizer Form ID: 1040 (or Lite-1):

Street address _____ [5]	Taxable value _____ [9]
City _____ [6]	Number of days occupied _____ [10]
State _____ [7] Zip code _____ [8]	Property taxes levied for the year _____ [11]

Address of homestead sold during tax year:

Street address _____ [12]	Taxable value _____ [16]
City _____ [13]	Number of days occupied _____ [17]
State _____ [14] Zip code _____ [15]	Property taxes levied for the year _____ [18]

### Rental Information

[19]

Rental #1 Address _____ City _____ Zip code _____	No. months	Monthly rent	Mobile home
Landlord #1 Name _____ Address _____ City _____ State _____ Zip Code _____			
Rental #2 Address _____ City _____ Zip code _____	No. months	Monthly rent	Mobile home
Landlord #2 Name _____ Address _____ City _____ State _____ Zip Code _____			

### Household Income

**Enter amounts of nontaxable income received during the tax year by any member of your household**

Child support and foster parent payments	_____ [20]
Worker's compensation and Veteran's benefits	_____ [21]
Family Independence Agency and other public assistance payments	_____ [22]
Gifts or expenses paid on your behalf	_____ [23]
Other nontaxable income (inheritances, etc):	_____ [24]
_____	_____
_____	_____
_____	_____

**NOTES/QUESTIONS:**

## Michigan Cities General Information

**Taxpayer Spouse**

Mark the applicable boxes if the following conditions apply to you and/or your spouse:

Disabled

[1]

[2]

Deaf

[3]

[4]

---

**NOTES/QUESTIONS:**

**Minnesota General Information**

Mark if you or your spouse are disabled \_\_\_\_\_ [1]  
 Welfare amounts received \_\_\_\_\_ [2]

**Contributions**

**Amount of political and charitable contributions you wish to make to:**  
**Political Contributions**

State campaign fund (Enter the appropriate code for the \$5 political party contribution on Form M1 or Form M1PR from the list below) Taxpayer \_\_\_\_\_ [3] Spouse \_\_\_\_\_ [4]

**Political Parties**

**11 = Republican**                      **14 = Grassroots-Legalize Cannabis Party**    **17 = Legalize Marijuana Now Party**  
**12 = Democratic Farmer-Labor**    **15 = Green Party of Minnesota**                      **99 = General Campaign Fund**  
**13 = Independent**                      **16 = Libertarian**

**Charitable Contribution**

Nongame Wildlife Fund \_\_\_\_\_ [5]

**Credits and Subtractions****Long Term Care Insurance Credit**

Name of insurance company (Taxpayer) \_\_\_\_\_ [6]  
 Name of insurance company (Spouse) \_\_\_\_\_ [7]  
 Policy Number (Taxpayer) \_\_\_\_\_ [8]  
 Policy Number (Spouse) \_\_\_\_\_ [9]

**K-12 Education Expenses**

Child's Name	Grade	Class Fees	Indiv Fees	Textbook Material	Transport Costs	Hardware Software	Qualified Tuition
_____ [10]	_____ [11]	_____ [12]	_____ [13]	_____ [14]	_____ [15]	_____ [16]	_____ [17]
_____ [18]	_____ [19]	_____ [20]	_____ [21]	_____ [22]	_____ [23]	_____ [24]	_____ [25]
_____ [26]	_____ [27]	_____ [28]	_____ [29]	_____ [30]	_____ [31]	_____ [32]	_____ [33]

	Child One	Child Two	Child Three
Class name	_____ [34]	_____ [35]	_____ [36]
Class type	_____ [37]	_____ [38]	_____ [39]
Ind. instr name	_____ [40]	_____ [41]	_____ [42]
Ind. instr type	_____ [43]	_____ [44]	_____ [45]
Music ins type	_____ [46]	_____ [47]	_____ [48]
Musical ins cost	_____ [49]	_____ [50]	_____ [51]
Type of school attended	_____ [52]	_____ [53]	_____ [54]
Transp provider	_____ [55]	_____ [56]	_____ [57]

**M1PR Property Tax Credit**

**Note: Please attach copies of your tax year CRP's and/or current year Property Tax Statements**

**Part-year Resident and Nonresident Information**

**If you were a part-year resident during the tax year, enter the dates you lived in Minnesota**

	Taxpayer	Spouse
Part-year residency dates:		
From	_____ [58]	_____ [60]
To	_____ [59]	_____ [61]
Other state of residence (State/Foreign country required for other nonresidents)	_____ [62]	_____ [63]

**NOTES/QUESTIONS:**

### Mississippi General Information

County of residence \_\_\_\_\_ [1]

### Contributions

Amount of contributions you wish to make to:

- Military Family Relief Fund \_\_\_\_\_ [2]
- Commission for Volunteer Service Fund \_\_\_\_\_ [3]
- Wildlife Heritage Fund \_\_\_\_\_ [4]
- Educational Trust Fund \_\_\_\_\_ [5]
- Wildlife Fisheries and Parks Foundation \_\_\_\_\_ [6]
- Bicentennial Celebration Fund \_\_\_\_\_ [7]
- Burn Care Fund \_\_\_\_\_ [8]

### NOTES/QUESTIONS:

## Missouri General Information

County of residence name \_\_\_\_\_ [1]  
 County of residence \_\_\_\_\_ [2]

## Contributions

**Amount of contributions you wish to make to:**

Children's Trust Fund \_\_\_\_\_ [3]  
 Veterans Trust Fund \_\_\_\_\_ [4]  
 Elderly Home Delivered Meals Trust Fund \_\_\_\_\_ [5]  
 Missouri National Guard Trust Fund \_\_\_\_\_ [6]  
 Workers' Memorial Trust Fund \_\_\_\_\_ [7]  
 Childhood Lead Testing Trust Fund \_\_\_\_\_ [8]  
 Missouri Military Family Relief Trust Fund \_\_\_\_\_ [9]  
 General Revenue Trust Fund \_\_\_\_\_ [10]  
 Organ Donor Program Trust Fund \_\_\_\_\_ [11]  
 Trust Fund \_\_\_\_\_ [12] \_\_\_\_\_ [13]  
 Trust Fund \_\_\_\_\_ [14] \_\_\_\_\_ [15]

## Trust Fund Codes

<p><b>01 = American Cancer Society</b>  <b>02 = American Diabetes Association</b>  <b>03 = American Heart Association</b>  <b>04 = American Lung Association</b>  <b>05 = ALS (Lou Gehrig's Disease)</b>  <b>07 = Muscular Dystrophy Association</b>  <b>08 = March of Dimes</b></p>	<p><b>09 = National Arthritis Foundation</b>  <b>10 = National Multiple Sclerosis Society</b>  <b>12 = Cervical Cancer Fund</b>  <b>13 = Breast Cancer Awareness Fund</b>  <b>14 = Adoptive Parent's Recruitment and Retention</b>  <b>18 = Pediatric Cancer Trust</b>  <b>19 = Missouri National Guard Foundation Fund</b></p>
--	---

## Part-year Resident and Nonresident Information

If you were a part-year resident during the tax year, enter the dates you lived in Missouri

	Taxpayer	Spouse
Missouri residency dates:		
From	_____ [16]	_____ [17]
To	_____ [18]	_____ [19]
Other state residency dates:		
From	_____ [20]	_____ [21]
To	_____ [22]	_____ [23]
Other state of residency	_____ [24]	_____ [25]

If your reason for residence in Missouri was to serve in the military, enter Missouri place of station:

Taxpayer \_\_\_\_\_ [26]  
 Spouse \_\_\_\_\_ [27]

## Property Tax Information

**Residents only**

Mark if you are a 100% disabled veteran \_\_\_\_\_ [28]  
 Mark if you are disabled per section 135.010(2), RSMo \_\_\_\_\_ [29]  
 Mark if surviving spouse social security benefits were received during the tax year \_\_\_\_\_ [30]

**NOTES/QUESTIONS:**

## Montana Contributions

Amount of contributions you wish to make to:

	Taxpayer	Spouse
Nongame Wildlife Program	_____ [1]	_____ [2]
Child Abuse and Neglect Prevention Program	_____ [3]	_____ [4]
Agriculture in Montana Schools Program	_____ [5]	_____ [6]
Montana Military Family Relief Fund	_____ [7]	_____ [8]
Political Contributions	_____ [9]	_____ [10]

## Part-year Resident Information

If you were a part-year resident during the tax year, enter the dates you lived in Montana

Part-year residency dates:

From \_\_\_\_\_ [11]  
 To \_\_\_\_\_ [12]

State moved to \_\_\_\_\_ [13]  
 State moved from \_\_\_\_\_ [14]

## Elderly Homeowner or Renter Credit

Please provide copies of property tax bills

Mark if owned or rented a Montana residence for 6 months or more during the current tax year \_\_\_\_\_ [15]  
 Taxpayer, Spouse, Joint \_\_\_\_\_ [16]  
 Rent paid \_\_\_\_\_ [17]

**NOTES/QUESTIONS:**

### Nebraska General Information

County of residence \_\_\_\_\_ [1]  
Public school district \_\_\_\_\_ [2]

### Contributions

Amount of charitable contributions you wish to make to:

Wildlife Conservation Fund \_\_\_\_\_ [3]

### Part-year Resident Information

If you were a part-year resident during the tax year, enter the dates you lived in Nebraska

Part-year residency dates:

From \_\_\_\_\_ [4]

To \_\_\_\_\_ [5]

**NOTES/QUESTIONS:**

### New Hampshire General Information

	Taxpayer	Spouse
Mark if disabled on the last day of the tax year	___[1]	___[2]
		<b>DP-10</b>
Name change since last filing		___[3]

### Part-year Resident Information

If you were a part-year resident during the tax year, enter the dates you lived in New Hampshire

From	_____	[4]
To	_____	[5]

### Business Tax Summary

Mark to indicate final return \_\_\_[6]

**NOTES/QUESTIONS:**



## New Jersey General Information

County or Municipality code \_\_\_\_\_ [1]  
 In care of address \_\_\_\_\_ [2]  
 Mark if:  
 Tax forms, instructions and booklet are not needed \_\_\_\_\_ [3]  
 You are not eligible for the property tax deduction or credit \_\_\_\_\_ [4]  
 You maintain the same residence as your spouse (Married filing separate returns ONLY) \_\_\_\_\_ [5]

	Taxpayer	Spouse
Mark if: Contributed to the Social Security Fund (Eligible to receive benefits)	_____ [6]	_____ [7]
You want to designate \$1 to the gubernatorial election campaign fund	_____ [8]	_____ [9]

### Contributions

#### Amount of contribution you wish to make to:

Endangered Wildlife Fund _____ [10]		USS New Jersey Educational Museum Fund _____ [14]
Children's Trust Fund to prevent child abuse _____ [11]		Other (see codes below) _____ [15] _____ [16]
New Jersey Vietnam Veterans' Memorial Fund _____ [12]		Other (see codes below) _____ [17] _____ [18]
Breast Cancer Research Fund _____ [13]		Other (see codes below) _____ [19] _____ [20]

#### Other Funds

01 = Drug Abuse Education	08 = Veterans Haven Supp	15 = Girl Scouts Council in NJ	22 = Non-Profit Veterans Org
02 = Korean Veterans'	09 = Community Food Pantry	16 = Homeless Veterans Grant	23 = NJ Yellow Ribbon
03 = Organ Donor	10 = Cat and Dog Spay and Neut	17 = Leukemia and Lymphoma - NJ	24 = Autism Programs
04 = AIDS Services	11 = Lung Cancer Research	18 = North NJ Vet Memorial Cemetery	25 = Boy Scouts Councils in NJ
05 = Literacy Vol	12 = Boys and Girls Club	19 = NJ Farm to School / School Gard	26 = NJ Memorial To War Veterans
06 = Prostate Cancer	13 = NJ National Guard State Fam	20 = Local Library Support	27 = Jersey Fresh Program
07 = World Trade Center	14 = American Red Cross NJ	21 = ALS Association Support	28 = NJ World War II Vet's Memorial

### Property Information

For principal residences owned or rented in New Jersey during the tax year, enter address information

#### Homeowner Information:

Street _____ [21]		_____ [22]
City _____ [23]	_____ [24]	Lot number _____ [25] _____ [26]
Block number _____ [23]	_____ [24]	Mobile home park site # _____ [28]
Qualifier number (Condos) _____ [27]	_____ [29]	Number of days as an owner _____ [30]
Your share of property owned _____ [29]	_____ [31]	Share used as principal residence _____ [32]
Total property taxes paid (mobile home site fees) _____ [31]	_____ [33]	Your share of property taxes _____ [34]
Co-op or continuing care retirement facility resident _____ [33]		

#### Renter Information:

Street _____ [35]		_____ [36]
Apt # _____ [36]	_____ [37]	City _____ [37]
Days as a tenant _____ [38]	_____ [39]	Total number of tenants _____ [39]
Total rent paid _____ [40]	_____ [41]	Your share of rent paid _____ [41]

#### Tenant Information:

First name of other tenant _____ [42]		Middle initial of other tenant _____
Last name of other tenant _____	_____ [43]	SSN of other tenant _____

### Part-year Resident and Nonresident Information

If you were a part-year resident during the tax year, enter the dates you lived in New Jersey

Part-year residency dates:

From _____ [43]		_____ [44]
To _____ [44]		_____ [45]

State of residency (Nonresidents only) \_\_\_\_\_ [45]

**New Mexico General Information**

If you were a part-year resident during the tax year, enter the dates you lived in New Mexico

First year resident \_\_\_\_\_[1]

From To

Part-year residency dates:

Taxpayer \_\_\_\_\_[2] \_\_\_\_\_[3]

Spouse \_\_\_\_\_[4] \_\_\_\_\_[5]

Do NOT have a commercial domicile in New Mexico \_\_\_\_\_[6]

**Contributions****Amount of political and charitable contributions you wish to make to:  
Political Contributions**

Political party (1 = Democratic, 2 = Republican, 3 = Libertarian, 4 = Green, 5 = Better for America, 6 = Constitution)

Taxpayer  
\_\_\_\_\_[7]Spouse  
\_\_\_\_\_[8]**Charitable Contributions**

New Mexico Housing Trust Fund \_\_\_\_\_[9]

Share with Wildlife \_\_\_\_\_[10]

Veterans' State Cemetery Fund \_\_\_\_\_[11]

Substance Abuse Education Fund \_\_\_\_\_[12]

Forest Re-Leaf Program \_\_\_\_\_[13]

National Guard Member and Family Assistance \_\_\_\_\_[14]

Kids 'N Parks Transportation Grant Program \_\_\_\_\_[15]

Amyotrophic Lateral Sclerosis Research Fund \_\_\_\_\_[16]

Vietnam Veterans Memorial \_\_\_\_\_[17]

Veterans Enterprise Fund \_\_\_\_\_[18]

Lottery Tuition Fund \_\_\_\_\_[19]

Horse Shelter Rescue Fund \_\_\_\_\_[20]

Animal Care and Facility Fund \_\_\_\_\_[21]

Supplemental Senior Services \_\_\_\_\_[22]

Sexual Assault Examination Kit Processing Fund \_\_\_\_\_[23]

**Additions and Deductions**

Income of an Indian \_\_\_\_\_[24]

Name of the taxpayer's Indian nation, tribe, or pueblo \_\_\_\_\_[25]

Name of the spouse's Indian nation, tribe, or pueblo \_\_\_\_\_[26]

Contributions refunded from the New Mexico approved Section 529 College Savings Plan \_\_\_\_\_[27]

**Rebate and Credit Schedule**

Public assistance, AFDC, welfare benefits \_\_\_\_\_[28]

Supplemental security income (SSI) \_\_\_\_\_[29]

Amount of rent paid during the tax year on principal place of residence \_\_\_\_\_[30]

Mark if rent includes amount paid on your behalf by a government entity \_\_\_\_\_[31]

Resident county (1 = Los Alamos, 2 = Santa Fe) \_\_\_\_\_[32]

**NOTES/QUESTIONS:**

## New York General Information

	Taxpayer	Spouse
Mark if you were a resident of New York City at any time during the current tax year	___[1]	___[2]
Mark if you were a resident of Yonkers at any time during the current tax year	___[3]	___[4]
County of residence	_____ [5]	
School district	_____ [6]	

## Use Tax

Use tax due but receipts or records not available \_\_\_\_\_ [7]

## Contributions

## Amount of contributions you wish to make to:

Return a Gift to Wildlife	_____ [8]	Homeless Veterans Assistance Fund	_____ [18]
Missing or Exploited Children Clearinghouse Fund	_____ [9]	Mental Illness Anti-Stigma Fund	_____ [19]
Breast Cancer Research and Education Fund	_____ [10]	Women's Cancers Education and Prevention Fund	_____ [20]
Alzheimer's Disease Fund	_____ [11]	Autism Awareness and Research Fund	_____ [21]
Olympic Fund (Maximum \$2 per filer)	_____ [12]	Veterans' Homes Assistance Fund	_____ [22]
Prostate and Testicular Cancer Research and Education Fund	_____ [13]	Love Your Library Fund	_____ [23]
9/11 Memorial	_____ [14]	Lupus Fund	_____ [24]
Volunteer Firefighting and EMS Recruitment Fund	_____ [15]	Military Family Fund	_____ [25]
Teen Health Education Fund	_____ [16]	CUNY Fund	_____ [26]
Veterans Remembrance and Cemetery Fund	_____ [17]		

## Property Tax Credit Information

Resident who lived six or more months in same taxable residence with market value \$85,000 or less \_\_\_\_\_ [27]

Mark if you lived in a nursing home and qualify for credit \_\_\_\_\_ [28]

Enter amounts received for cash public assistance and relief \_\_\_\_\_ [29]

Enter any other income not reported elsewhere \_\_\_\_\_ [30]

Homeowners:

Enter the amount of special assessments you and all qualified household members paid during the current tax year \_\_\_\_\_ [31]

Enter the amount of taxes not paid due to the exemption for persons 65 or older under section 467 \_\_\_\_\_ [32]

Tenants:

Enter the total rent you and all members of your household paid during current tax year \_\_\_\_\_ [33]

Rent includes charges for (Specify) \_\_\_\_\_ [34]

4 = Heat, gas, electricity, furnishings and board      2 = Heat, gas and electricity      0 = Nothing included  
3 = Heat, gas, electricity and furnishings      1 = Heat or heat and gas

## Part-year Resident and Nonresident Information

	New York State	New York City	Taxpayer Yonkers	New York City	Spouse Yonkers
Part-year residency dates:					
From	_____ [35]	_____ [37]	_____ [39]	_____ [41]	_____ [43]
To	_____ [36]	_____ [38]	_____ [40]	_____ [42]	_____ [44]
County of residence while a nonresident of New York City	_____ [45]				

## Nonresident Information for Apartment or Living Quarters Maintained in the State/City

Address #1

Mark if this address is still maintained by or for you \_\_\_\_\_ [47]

Number of days in NYC \_\_\_\_\_

Street address \_\_\_\_\_

City, State and Zip code \_\_\_\_\_

Is this address within city limits? Specify city (YON = Yonkers, NYC = New York City) \_\_\_\_\_

Address #2

Mark if this address is still maintained by or for you \_\_\_\_\_

Number of days in NYC \_\_\_\_\_

Street address \_\_\_\_\_

City, State and Zip code \_\_\_\_\_

Is this address within city limits? Specify city (YON = Yonkers, NYC = New York City) \_\_\_\_\_

### North Carolina General Information

County of residence \_\_\_\_\_ [1]

### Contributions

Amount of charitable contributions you wish to make to:

Endangered Wildlife Fund \_\_\_\_\_ [2]

Education Endowment Fund \_\_\_\_\_ [3]

Breast and Cervical Cancer Control Program \_\_\_\_\_ [4]

### Part-year Resident Information

If you were a part-year resident during the tax year, enter the dates you lived in North Carolina

	Taxpayer	Spouse
Part-year residency dates:		
From	_____ [5]	_____ [7]
To	_____ [6]	_____ [8]

**NOTES/QUESTIONS:**

## North Dakota General Information

School district code \_\_\_\_\_ [1]  
 Income source code \_\_\_\_\_ [2]

### Income source code

1 = Farming, ranching	4 = Public, private education	7 = Manufacturing	10 = Finance, banking, insur
2 = Retail, wholesale trade	5 = Personal, business services	8 = Communication, trnspn, utilities	11 = Military
3 = Government service	6 = Construction	9 = Gas, oil, coal	12 = Retirement

## Contributions

Amount of contributions you wish to make to:

Watchable Wildlife Fund \_\_\_\_\_ [3]  
 Trees for North Dakota Fund \_\_\_\_\_ [4]

## Part-year Resident and Nonresident Information

If you were a part-year resident during the tax year, enter the dates you lived in North Dakota

	Taxpayer	Spouse
Part-year residency dates:		
From	_____ [5]	_____ [7]
To	_____ [6]	_____ [8]
Other state of residency	_____ [9]	_____ [10]

**NOTES/QUESTIONS:**

**Ohio General Information**

Enter your current Ohio county of residence \_\_\_\_\_ [1]  
 School district number \_\_\_\_\_ [2]

**Use Tax**

Mark this field to certify no sales or use tax is due \_\_\_\_\_ [3]  
 Purchases subject to use tax \_\_\_\_\_ [4]

**Contributions**

**Amount of political and charitable contributions you wish to make to:**

**Political**

	<b>Taxpayer</b>	<b>Spouse</b>
Contribution to Ohio political party fund?	____ [5]	____ [6]

**Charitable Contributions**

Military injury relief fund	_____ [7]
Natural areas and endangered species fund	_____ [8]
Wildlife species and endangered wildlife	_____ [9]
Ohio History Fund	_____ [10]
Breast and cervical cancer project	_____ [11]
Wishes for sick children	_____ [12]

**Credits**

	<b>Taxpayer</b>	<b>Spouse</b>
Displaced worker training expenses for 12-month period since loss of job	_____ [13]	_____ [14]
Amount contributed to Ohio political campaigns	_____ [15]	_____ [16]

**Part-year Resident and Nonresident Information**

**If you were a part-year resident during the tax year, enter the dates you lived in Ohio**

	<b>Taxpayer</b>	<b>Spouse</b>
Part-year residency dates:		
From	_____ [17]	_____ [19]
To	_____ [18]	_____ [20]

	<b>Taxpayer</b>	<b>Spouse</b>
Residency status (If taxpayer and spouse are different) (R = Resident, P = Part-year resident, N = Nonresident)	____ [21]	____ [22]
If nonresident, enter state of residency	____ [23]	____ [24]
If foreign, enter country of residency	____ [25]	____ [26]

**NOTES/QUESTIONS:**

## Oklahoma Use Tax

Mark if not subject to Use Tax \_\_\_\_\_[1]

### Contributions

**Amount of charitable contributions you wish to make to:**

Court Appointed Advocates \_\_\_\_\_[2]  
 YMCA Youth and Government Program \_\_\_\_\_[3]  
 Indigent Veteran Burial Program \_\_\_\_\_[4]  
 General Revenue Fund \_\_\_\_\_[5]  
 Emergency Responders Assistance Program \_\_\_\_\_[6]  
 Folds of Honor \_\_\_\_\_[7]  
 Wildlife Diversity Fund \_\_\_\_\_[8]

### Part-year Resident and Nonresident Information

**If you were a part-year resident during the tax year, enter the dates you lived in Oklahoma**

Part-year residency dates:

From \_\_\_\_\_[9]

To \_\_\_\_\_[10]

Nonresident state of residence \_\_\_\_\_[11] Nonresident country of residence \_\_\_\_\_[12]

Resident and part-year or nonresident spouse:

#### Taxpayer's residence

#### Spouse's residence

State postal code [13]	Country code [14]
State postal code	Country code
State postal code	Country code
State postal code	Country code

State postal code [15]	Country code [16]
State postal code	Country code
State postal code	Country code
State postal code	Country code

### Property Tax and Sales Tax Credits

Mark if you were not an Oklahoma resident for the entire tax year \_\_\_\_\_[17]

Mark if you (or spouse) were disabled for the entire tax year \_\_\_\_\_[18]

Home real estate tax \_\_\_\_\_[19]

Workmen's compensation/loss of time insurance \_\_\_\_\_[20]

Support money \_\_\_\_\_[21]

Cash public assistance \_\_\_\_\_[22]

#### NOTES/QUESTIONS:

## Oregon General Information

Indicate if severely disabled (T = Taxpayer, S = Spouse, B = Both)

	_____ [1]
<b>Taxpayer</b>	<b>Spouse</b>
_____ [2]	_____ [3]
_____ [4]	_____ [5]

Number of months of federal service before 10/01/1991 (Federal employees)

Total number of months of federal service (Federal employees)

## Contributions

### Amount of charitable contributions you wish to make to:

Cascade AIDS Project _____ [6]	The Salvation Army _____ [21]
Veterans Suicide Prevention _____ [7]	Doernbecher Children's Hospital _____ [22]
Oregon Non-game Wildlife _____ [8]	Oregon Veteran's Home _____ [23]
Prevent Child Abuse _____ [9]	ALS Association _____ [24]
Alzheimer's Disease Research _____ [10]	Planned Parenthood _____ [25]
Stop Domestic and Sexual Violence _____ [11]	Lions Sight & Hearing Foundation _____ [26]
Habitat for Humanity _____ [12]	Shriners Hospitals for Children _____ [27]
Head Start Association _____ [13]	Special Olympics _____ [28]
American Diabetes Association _____ [14]	Susan G. Komen _____ [29]
SMART - Start Making A Reader Today _____ [15]	Military Assistance Program _____ [30]
Oregon Coast Aquarium _____ [16]	Historical Society _____ [31]
SOLVE - Stop Oregon Litter and Vandalism _____ [17]	Food Bank _____ [32]
The Nature Conservancy _____ [18]	Albertina Kerr Kid's Crisis Care _____ [33]
St. Vincent DePaul Society of Oregon _____ [19]	American Red Cross _____ [34]
Oregon Humane Society _____ [20]	

### Political party you wish to make contributions to:

	_____ [35]
<b>Political Party</b>	<b>Spouse</b>
	_____ [36]

### Political Party Contributions

500 = Constitution Party of Oregon	503 = Libertarian Party of Oregon	506 = Progressive Party
501 = Democratic Party of Oregon	504 = Oregon Republican Party	507 = Working Families Party of Oregon
502 = Independent Party of Oregon	505 = Pacific Green Party of Oregon	

## Part-year Resident and Nonresident Information

If you were a part-year resident during the tax year, enter the dates you lived in Oregon

	<b>Taxpayer</b>	<b>Spouse</b>
Dates of residency:		
From	_____ [37]	_____ [39]
To	_____ [38]	_____ [40]

**NOTES/QUESTIONS:**



## Pennsylvania General Information

County of residence \_\_\_\_\_ [1]  
 School district name \_\_\_\_\_ [2]

Final return \_\_\_\_\_ [3] **Taxpayer** \_\_\_\_\_ [4] **Spouse**

### Contributions

Amount of contributions you wish to make to:

	Taxpayer	Spouse
Breast and Cervical Cancer	_____ [5]	_____ [6]
Wild Resource Conservation Fund	_____ [7]	_____ [8]
Military Family Relief Assistance	_____ [9]	_____ [10]
Governor Robert P. Casey Memorial Organ/Tissue Trust Fund	_____ [11]	_____ [12]
Juvenile (Type 1) Diabetes Cure Research Fund	_____ [13]	_____ [14]
Children's Trust Fund	_____ [15]	_____ [16]
American Red Cross	_____ [17]	_____ [18]
Pediatric Cancer Research Fund	_____ [19]	_____ [20]

### Part-year Resident Information

If you were a part-year resident during the tax year, enter the dates you lived in Pennsylvania

	Taxpayer	Spouse
Part-year residency dates:		
From	_____ [21]	_____ [23]
To	_____ [22]	_____ [24]

**NOTES/QUESTIONS:**

## Rhode Island General Information

Enter city or town of legal residence \_\_\_\_\_ [1]

### Use Tax

Purchases subject to use tax \_\_\_\_\_ [2]

Total sales tax paid to other states \_\_\_\_\_ [3]

Purchases subject to use tax is unknown except purchases over \$1000 (Use tax table based on federal AGI) \_\_\_\_\_ [4]

Purchases subject to use tax over \$1000:

Description	Purchases Subject to Use or sales Tax	Sales Tax Paid to Other State
_____	_____ [5]	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

### Contributions

**Amount of political and charitable contributions you wish to make to:**

#### Political Contributions

Mark to make an electoral system contribution (NOTE: This will NOT increase your tax or decrease your refund) \_\_\_\_\_ [6]

If you wish for a portion of your electoral contribution to be paid to a political party, enter name of party \_\_\_\_\_ [7]

#### Charitable Contributions

Drug Program Account \_\_\_\_\_ [8]

Mark if you wish to make an Olympic Contribution \_\_\_\_\_ [9]

Organ Transplant Fund \_\_\_\_\_ [10]

Council on the Arts \_\_\_\_\_ [11]

Nongame Wildlife Fund \_\_\_\_\_ [12]

Childhood Disease Victims' Fund \_\_\_\_\_ [13]

Military Family Relief Fund \_\_\_\_\_ [14]

### Part-year Resident Information

Part-year residency dates:

From \_\_\_\_\_ [15]

To \_\_\_\_\_ [16]

### Property Tax Relief Claim

Mark if disabled and received social security disability payments during the tax year \_\_\_\_\_ [17]

Live in household or rent dwelling subject to property tax? (Y, N) \_\_\_\_\_ [18]

Current for property taxes and rent due for 2018 and all prior years (Y, N) \_\_\_\_\_ [19]

Rent paid (Enter 100%) \_\_\_\_\_ [20]

If renting, Landlord name: \_\_\_\_\_ [21]

Landlord Address: \_\_\_\_\_ [22]

Landlord city, state and zip code \_\_\_\_\_ [23] \_\_\_\_\_ [24] \_\_\_\_\_ [25]

Landlord phone number: \_\_\_\_\_ [26]

**NOTES/QUESTIONS:**

## South Carolina General Information

County code number, if known \_\_\_\_\_ [1]  
 Authorize discussion with Department of Revenue (Y, N) \_\_\_\_\_ [2]  
 Purchases subject to use tax \_\_\_\_\_ [3]  
 If not using direct deposit for refund, select alternative method of receiving refund \_\_\_\_\_ [4]  
     **1 = SCDOR Income Tax Refund Prepaid Debit Card issued by Bank of America**  
     2 = Paper Check

### Additions and Subtractions

Expenses related to reserve income \_\_\_\_\_ [5]  
 National guard reserve pay \_\_\_\_\_ [6]  
 Law enforcement subsistence (Number of days) \_\_\_\_\_ [7]  
 Volunteer deduction code \_\_\_\_\_ [8]  
     Taxpayer \_\_\_\_\_ [8]  
     Spouse \_\_\_\_\_ [9]

Volunteer Deduction Codes	
<b>1 = Volunteer Firefighter</b>	<b>5 = Reserve Police officer</b>
<b>2 = HAZMAT team member</b>	<b>6 = State Guard member</b>
<b>3 = Rescue Squad worker</b>	<b>7 = State Constable</b>
<b>4 = DNR officer</b>	

### Part-year Resident and Nonresident Information

**If you were a part-year resident during the tax year, enter the dates you lived in South Carolina**

Part-year residency dates:  
 From \_\_\_\_\_ [10]  
 To \_\_\_\_\_ [11]

### Contributions

**Amount of contributions you wish to make to:**

Endangered Wildlife Fund \_\_\_\_\_ [12]  
 Children's Trust Fund \_\_\_\_\_ [13]  
 Eldercare Trust Fund \_\_\_\_\_ [14]  
 Veterans' Trust Fund \_\_\_\_\_ [15]  
 Donate Life South Carolina \_\_\_\_\_ [16]  
 First Steps to School Readiness Fund \_\_\_\_\_ [17]  
 War Between States Heritage Trust Fund \_\_\_\_\_ [18]  
 Litter Control Enforcement Program \_\_\_\_\_ [19]  
 Law Enforcement Assistance Program \_\_\_\_\_ [20]  
 K-12 Public Education Fund \_\_\_\_\_ [21]  
 State Parks Fund \_\_\_\_\_ [22]  
 Military Family Relief Fund \_\_\_\_\_ [23]  
 Conservation Bank Trust Fund \_\_\_\_\_ [24]  
 Financial Literacy Trust Fund \_\_\_\_\_ [25]  
 State Forests Fund \_\_\_\_\_ [26]  
 Department of Natural Resources Fund \_\_\_\_\_ [27]  
 Association of Habitat Affiliates \_\_\_\_\_ [28]

**NOTES/QUESTIONS:**



## Utah General Information

**If you were a part-year resident during the tax year, enter the dates you lived in Utah**

Part-year residency dates:

From \_\_\_\_\_ [1]

To \_\_\_\_\_ [2]

State of residency (Nonresidents) \_\_\_\_\_ [3]

### Use Tax

	<b>County/City</b>	<b>Purchases</b>
Use tax	_____	_____ [4]

### Contributions

**Amount of political and charitable contributions you wish to make to:**

#### Political Contributions

Election campaign fund

	<b>Taxpayer</b>	<b>Spouse</b>
	_____ [5]	_____ [6]

Enter the appropriate code for the political party from the list below:

Political Party	
<b>C = Constitution</b>	<b>L = Libertarian</b>
<b>D = Democratic</b>	<b>R = Republican</b>
<b>G = Green</b>	<b>N = No Contribution</b>
<b>M = Independent American</b>	<b>U = United Utah</b>

Making a selection from this list will designate \$2 to the party of your choice. Your refund or amount of tax due will not be affected

#### Charitable Contributions

Pamela Atkinson Homeless Trust Account \_\_\_\_\_ [7]

Kurt Oscarson Children's Organ Transplant Account \_\_\_\_\_ [8]

School district code \_\_\_\_\_ [9]

School District and Nonprofit School District Foundation \_\_\_\_\_ [10]

#### School district code

<b>01 = Alpine</b>	<b>07 = Davis</b>	<b>13 = Iron</b>	<b>19 = Morgan</b>	<b>25 = Park City</b>	<b>31 = Sevier</b>	<b>37 = Wasatch</b>
<b>02 = Beaver</b>	<b>08 = Duchesne</b>	<b>14 = Jordan</b>	<b>20 = Murray</b>	<b>26 = Piute</b>	<b>32 = S. Sanpete</b>	<b>38 = Washington</b>
<b>03 = Box Elder</b>	<b>09 = Emery</b>	<b>15 = Juab</b>	<b>21 = Nebo</b>	<b>27 = Provo</b>	<b>33 = S. Summit</b>	<b>39 = Wayne</b>
<b>04 = Cache</b>	<b>10 = Garfield</b>	<b>16 = Kane</b>	<b>22 = North Sanpete</b>	<b>28 = Rich</b>	<b>34 = Tintic</b>	<b>40 = Weber</b>
<b>05 = Carbon</b>	<b>11 = Grand</b>	<b>17 = Logan</b>	<b>23 = North Summit</b>	<b>29 = Salt Lake City</b>	<b>35 = Tooele</b>	<b>41 = Utah Assistive Technology</b>
<b>06 = Daggett</b>	<b>12 = Granite</b>	<b>18 = Millard</b>	<b>24 = Ogden</b>	<b>30 = San Juan</b>	<b>36 = Uintah</b>	<b>42 = Canyons</b>

Clean Air Fund \_\_\_\_\_ [11]

Governor's Suicide Prevention Fund \_\_\_\_\_ [12]

#### NOTES/QUESTIONS:

## Vermont General Information

School district name \_\_\_\_\_ [1]  
 School district code \_\_\_\_\_ [2]

## Contributions and Use Tax

### Use Tax

Calculate use tax using the reporting table \_\_\_\_\_ [3]  
 Total out-of-state purchases for items that cost less than \$1,000 \_\_\_\_\_ [4]  
 Total out-of-state purchases for items that cost \$1,000 or more \_\_\_\_\_ [5]  
 Sales tax paid on out-of-state purchases \_\_\_\_\_ [6]

### Contributions

**Amount of charitable contributions you wish to make to:**

Nongame Wildlife Fund \_\_\_\_\_ [7]  
 Children's Trust Fund \_\_\_\_\_ [8]  
 Vermont Veterans' Fund \_\_\_\_\_ [9]  
 Green Up Day Vermont \_\_\_\_\_ [10]

## Part-year Resident and Nonresident Information

**If you were a part-year resident during the tax year, enter the dates you lived in Vermont**

Part-year residency dates:  
 From \_\_\_\_\_ [11]  
 To \_\_\_\_\_ [12]  
 Other state of residency \_\_\_\_\_ [13]

## Property Tax Information

### Homeowners

Anticipate selling Vermont housesite on or before April 1st \_\_\_\_\_ [14]  
 SPAN number from 2018/2019 property tax bill \_\_\_\_\_ [15]  
 Housesite value \_\_\_\_\_ [16]  
 Housesite education tax \_\_\_\_\_ [17]  
 Housesite municipal tax \_\_\_\_\_ [18]  
 Ownership percentage of property \_\_\_\_\_ [19]  
 Mobile home lot rent \_\_\_\_\_ [20]

### Renters

Rent paid \_\_\_\_\_ [21]

**NOTES/QUESTIONS:**

## Virginia General Information

Virginia city or county of residence on January 1, 2019; last lived in or business location \_\_\_\_\_ [1]  
 Mark to indicate name has changed from last year (Resident and nonresident only) \_\_\_\_\_ [2]  
 Mark to indicate filing status has changed from last year (Resident only) \_\_\_\_\_ [3]  
 Mark to indicate address has changed from last year (Resident and nonresident only) \_\_\_\_\_ [4]  
 Mark to indicate that a Virginia return was not filed last year (Resident only) \_\_\_\_\_ [5]

### Use Tax

Consumer's Use Tax \_\_\_\_\_ [6]

## Contributions

**Amount of charitable contributions you wish to make to:**

**If you contributed to a public school foundation, provide the supporting information to your accountant**

Virginia Nongame and Endangered Wildlife Program _____ [7]	Virginia Federation of Humane Societies _____ [17]
Office of Secretary of Veterans Affairs and Homeland Security _____ [8]	Aquarium and Marine Science Center _____ [18]
Virginia Housing Program _____ [9]	Spay and Neuter Fund _____ [19]
Department for Aging and Rehabilitative Services _____ [10]	Virginia Cancer Centers _____ [20]
Medicare Part D Counseling Fund _____ [11]	Capitol Preservation Foundation _____ [21]
Virginia Arts Foundation _____ [12]	Chesapeake Bay Restoration Fund _____ [22]
Open Space Recreation and Conservation _____ [13]	Family and Children's Trust Fund (FACT) _____ [23]
Foundation for Community College Education _____ [14]	Virginia's State Forests Fund _____ [24]
Middle Peninsula Chesapeake Bay Public Access _____ [15]	Federation of Food Banks _____ [25]
Breast and Cervical Cancer Prevention and Treatment _____ [16]	Virginia Military Family Relief Fund _____ [26]

## Part-year Resident Information

**If you were a part-year resident during the tax year, enter the dates you lived in Virginia**

	Spouse	Taxpayer
Part-year residency dates:		
From	_____ [27]	_____ [29]
To	_____ [28]	_____ [30]

## Nonresident Information

State of residence (Nonresidents only) \_\_\_\_\_ [31]

**NOTES/QUESTIONS:**

**West Virginia General Information**

County of residence \_\_\_\_\_ [1]

**Use Tax**

Purchases \_\_\_\_\_ [2]

	<b>Municipality</b>	<b>Purchases</b>
Municipality purchases	_____	_____ [3]
Municipality purchases	_____	_____

**Contributions****Amount of contributions you wish to make to:**

West Virginia Children's Trust Fund \_\_\_\_\_ [4]

**Part-year Resident and Nonresident Information**

Part-year residency status \_\_\_\_\_ [5]

1 = Moved into West Virginia

2 = Moved out of West Virginia with West Virginia source income during period of nonresidency

3 = Moved out of West Virginia with no West Virginia source income during period of nonresidency

**If you were a part-year resident during the tax year, enter the dates you lived in West Virginia**

Part-year residency dates:

From \_\_\_\_\_ [6]

To \_\_\_\_\_ [7]

State of residence \_\_\_\_\_ [8]

If state of residence is Virginia or Pennsylvania, enter number of days in West Virginia (Nonresidents only) \_\_\_\_\_ [9]

**NOTES/QUESTIONS:**



