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Hawthorn, Waymouth & Carroll, L.L.P.  
8545 United Plaza Blvd., Suite 200  
Baton Rouge, LA 70809

## **2018 TAX ORGANIZER**

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

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

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

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

225-923-3000

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

**F  
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M**

## 2018 TAX ORGANIZER

**T  
O** Hawthorn, Waymouth & Carroll, L.L.P.  
8545 United Plaza Blvd., Suite 200  
Baton Rouge, LA 70809

**I (We) have submitted this information for the sole purpose of preparing my (our) tax return(s). Each item can be substantiated by receipts, canceled checks or other documents. This information is true, correct and complete to the best of my (our) knowledge.**

<b>Taxpayer Signature</b>	<b>Date</b>
<b>Spouse Signature</b>	<b>Date</b>



**HAWTHORN  
WAYMOUTH  
& CARROLL, L.L.P.**  
Certified Public Accountants

Louis C. McKnight, III, CPA  
Charles R. Pevey, Jr., CPA  
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Neal D. King, CPA  
Brittany B. Thames, CPA  
Kevin M. Rodriguez, CPA  
Blaine M. Crochet, CPA

March 1, 2019

Dear :

We look forward to working with you on your 2018 federal and state income tax returns. This letter is to confirm and specify the terms of our engagement with you and to clarify the nature and extent of the services we will provide. In order to ensure an understanding of our mutual responsibilities, we ask all clients for whom returns are prepared to confirm the following arrangements. **We are required to have an engagement letter on file for all of our clients. Please sign this letter and return it with your tax data.**

**Our Services:**

We will prepare your 2018 federal and your state income tax return or multiple state returns, if required, from information which you will furnish to us. We will not audit or otherwise verify the data you submit, although it may be necessary to ask you for clarification of some of the information. The enclosed 2018 tax organizer and/or questionnaire will help you compile your 2018 tax data. If you are a returning client, the organizer contains data from your 2017 tax return that can serve as a checklist in gathering your 2018 information. If you have not historically used the organizer, we have only attached the questionnaire. Please complete the questionnaire. If you have any problems completing the organizer or questionnaire, please do not hesitate to call us for assistance.

It is your responsibility to provide all of the information required for the preparation of complete and accurate returns. You should retain all documents, canceled checks and other data that form the basis of income and deductions. These may be necessary to prove the accuracy and completeness of the returns to a taxing authority. **You have the final responsibility for the income tax returns and, therefore, you should review the completed returns carefully before you sign Form 8879 and submit the form to us to electronically file your tax return.**

Our work in connection with the preparation of your income tax returns does not include any procedures designed to discover defalcations or other irregularities, should any exist. We will render such accounting and bookkeeping assistance as determined to be necessary for preparation of the income tax returns.

**Foreign Reporting:**

Please note that any person or entity subject to the jurisdiction of the U.S., having a financial interest in, or signature or other authority over a bank, securities or other financial account having a value **exceeding \$10,000 in any foreign country**, shall report such relationship. **Failure to disclose the required information to the U.S. Department of the Treasury may result in substantial civil and/or criminal penalties.**

All individuals are required to electronically file Form 114, Report of Foreign Bank and Financial Accounts (FBAR) with the U.S. Department of Treasury. Failure to comply with the filing requirements may result in significant civil and criminal penalties. Unless otherwise specifically agreed in writing, we will not prepare, file, or provide assistance with this form. If you need to add Form 114 (or any other forms or services) to this engagement, please use the "Comments or Additional Requests" space provided below. If you have a financial interest in any **foreign account(s)**, you are responsible for providing our firm ALL information necessary to prepare the applicable forms.

**Substantiation Reminder:**

As a reminder, taxpayers are required to maintain all the documents that form the basis of income, deductions, credits and payments shown on the tax return. In addition, some items have special substantiation requirements set forth by the IRS (e.g. auto, meals and entertainment). The documentation that you need to support your charitable contributions is as follows. ***You cannot deduct a cash contribution, regardless of the amount, unless you keep a record of the contribution. A bank record, such as a cancelled check, a bank copy of the cancelled check, or a bank statement containing the name of the charity, the date, and the amount or an acknowledgement from the charity would be sufficient. Charitable contributions of \$250 or more must be substantiated by a contemporaneous written acknowledgement from the donee organization. The written acknowledgement must include the name of the charity, date of contribution, the amount of the contribution, and if it is a cash donation, a statement that you did not receive any goods or services. Clothes and household items donated must be in good or better used condition in order to be deductible unless the item donated is worth more than \$500 and you have the item's value appraised.***

**Additional Information:**

The 2004 American Jobs Creation Act made several important tax law changes with respect to tax shelters. It requires taxpayers to report specific "listed" and "reportable" transactions which occur in their tax shelter investments or face very large penalties. The tax shelter entities are required to report these transactions to their investors. Please inform us if you received any correspondence or information from an entity in which you have invested which informs you that "listed" or "reportable" transactions occurred.

The Affordable Care Act (ACA) included five new tax forms released by the IRS. If you received a Form 1095, we must include this information in your tax return. If you did not receive a Form 1095, we will have to ask you a number of additional questions about insurance coverage in order to complete the additional questions and forms on your tax returns. Unless an exception is met, the ACA has imposed a penalty for not having minimum essential health care coverage for 2018.

There are some items to remember to include with your 2018 tax information. We will need the amount of child care expenses, expenses paid for college, as well as private elementary, middle and high school tuition for **all** dependents in 2018. **If you are a Louisiana property owner we will need a copy (or the original) of the declaration page from your homeowner's insurance policy included with your tax information.** If we do not receive this information we will **NOT** include it. You may file your own

"Request for Refund of Louisiana Citizens Property Insurance Corporation Assessment" Form 540INS with the Louisiana Department of Revenue.

The law provides various penalties that may be imposed when taxpayers understate their tax liability. If you would like information on the amount or the circumstances of these penalties, please contact us.

**Electronic Filing:**

**All returns are required to be filed electronically unless we have a signed statement from you indicating you prefer to opt out of filing electronically. If you DO NOT want to file electronically, please make your wishes known to us.**

We want to make you aware that we use many cloud based services in the preparation of your taxes. You are able to upload documents securely to us and we can send secure documents to you through our ShareFile service. If you would like your copies of the tax return emailed to you instead of a hard copy, please make a note on your checklist and include the email address you would like us to send it to. We want to serve you in the most useful way possible. Since we have this capability, we will not send your information to third parties such as banks or mortgage brokers. In order to protect your confidentiality and identity, we will only electronically send tax returns to you. Therefore, we are able to send you electronic copies safely and securely, and you can send the returns to third parties at your convenience. Many times email is the most convenient way to communicate with you. If you do not want to communicate with us via email, please explicitly express your wishes to us.

**Furthermore, we cannot send returns electronically to any taxing authorities without receiving back from you, the signed Form 8879 that we provide to you with the copy of your tax return whether hard copy or electronic versions. It is your responsibility to return these forms with signatures to us timely via mail, email or facsimile in order for us to file and send the returns to the appropriate taxing authorities through the safe and secure IRS and state internet sites.**

Please NOTE that due to the overwhelming number of identity theft cases across the country, the IRS and other government agencies will NEVER call you or send you an email requesting information from you. These agencies already have all of your information. If you receive an email from a questionable source delete it as soon as possible. The time and effort it is taking to resolve identity issues can possibly be avoided by taking a few extra steps in protecting yourself.

We will use professional judgment in resolving questions where the tax law is unclear, or where there may be conflicts between the taxing authorities' interpretations of the law and other supportable positions. Unless otherwise instructed by you, we will resolve such questions in your favor whenever possible. We cannot provide you with a legal opinion on various tax issues. We can however advise you of the consequences of different positions. In the event, however, that you ask us to take an unsupported tax position or refuse to make any required disclosures, we reserve the right to withdraw from the engagement without completing or delivering the tax returns. Such withdrawal would complete our engagement and you agree to pay our fee based on the time expended at our standard rates plus all out of pocket expenses through the date of withdrawal.

Our fee for these services will be based upon the amount of time required at our standard billing rates plus out-of-pocket expenses. However, our minimum fee for tax preparation is \$500. All invoices are due and payable upon presentation. Our services begin when we are in receipt of ALL of your information and end upon the delivery of your tax returns either in person, by mail or email.

This engagement does not include the rendering of tax advice, tax planning, tax notices, or any services not specifically stated in this letter. However, we would be pleased to consult with you regarding income tax matters such as proposed or completed transactions, income tax projections, and research in connection with such matters. We will render additional invoices for such services at our normal billing rates.

Taxing authorities require that tax returns are submitted by due dates specified by tax laws. It is your responsibility to see that the returns are received by the taxing authorities on a timely basis. It is to your advantage and ours to submit all of your information at the earliest possible date. If **ALL** of your information is not provided to us before **Friday, March 29, 2019**, it may be necessary to obtain an extension of time to file the return. If you want us to prepare and file an extension of time to file a return, please let us know. Please note that if an extension of time is required, any tax that may be due with the return must be paid with that extension. Any amounts not paid by the original filing deadline are subject to interest and late payment penalties until those amounts are actually paid.

If the foregoing fairly sets forth your understanding of the service we are providing to you, please sign the enclosed copy of this letter in the space indicated and return it to our office. However, if there are other tax returns you expect us to prepare, such as gift, trust, and/or property, please inform us by noting on the return copy of this letter.

Please notify us when you have received and accumulated all of your 2018 tax information. Thank you in advance for giving us the opportunity to serve you.

Respectfully yours,

***Hawthorn, Waymouth & Carroll, L.L.P.***

Accepted By: \_\_\_\_\_

Date: \_\_\_\_\_

**Comments and Additional Information:**

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2018

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The following questions pertain to the 2018 tax year. For any question answered Yes, include supporting detail or documents.

Personal Information:

Did your marital status change?
Are you married?
If Yes, do you and your spouse want to file separate returns?
If No, are you in a domestic partnership, civil union, or other state-defined relationship?
Can you or your spouse be claimed as a dependent by another taxpayer?
Did you or your spouse serve in the military or were you or your spouse on active duty?

Dependents:

Were there any changes in dependents from the prior year?
Note: Include non-child dependents for whom you provided more than half the support.
Did you or your spouse pay for child care while you or your spouse worked or looked for work?
Do you have any children under age 18 with unearned income more than \$1,050?
Do you have any children age 18 or student children, aged 19 to 23, who did not provide more than half of their cost of support with earned income and that have unearned income of more than \$1,050?
Did you adopt a child or begin adoption proceedings?
Are any of your dependents non-U.S. citizens or non-U.S. residents?

Healthcare:

Did you have healthcare coverage (health insurance, including Medicare, Medicaid, CHIP, and TRICARE) for you, your spouse, and any dependents for the entire year?
If Yes, include all Forms 1095-A, 1095-B, and 1095-C. If you did not receive Forms 1095-A, 1095-B or 1095-C, attach information detailing each month you, your spouse, and your dependents had coverage.
If No, there are several exemptions from the mandate requiring health insurance coverage. Examples include membership in a healthcare sharing ministry, membership in a federally recognized Indian tribe, incarceration, membership in certain religious sects, and enrollment in certain Medicaid and TRICARE programs that do not provide minimum essential coverage.
Are you claiming the exemption for someone having healthcare coverage purchased in the Marketplace and for whom you did not receive Form 1095-A?
Did you receive Form 1095-A for someone for whom another taxpayer will claim the personal exemption on their tax return?
Did you apply for an exemption through the Marketplace?
If Yes, provide the Exemption Certificate Number.
Are any of your dependents required to file a tax return?





2018

Questions (Page 2 of 5)

2B

Healthcare (continued):

- Was anyone covered on your health insurance policy also covered on another health insurance policy for any part of the year?  Yes  No
- Were you eligible for employer-sponsored healthcare coverage?  Yes  No
- If you received advance premium tax credit or enrolled in coverage through the Marketplace, are married, and are filing separately from your spouse, are you a victim of domestic abuse or spousal abandonment?  Yes  No
- Did you or your spouse have any transactions pertaining to a health savings account (HSA)?  Yes  No  
If you received a distribution from an HSA, include all Forms 1099-SA.
- Did you or your spouse have any transactions pertaining to a medical savings account (MSA)?  Yes  No  
If you received a distribution from an MSA, include all Forms 1099-SA.
- Did you or your spouse receive any distributions from long-term care insurance contracts?  Yes  No  
If Yes, include all Forms 1099-LTC.
- If you or your spouse are self-employed, are you or your spouse eligible to be covered under an employer's health plan at another job?  Yes  No  
If Yes, how many months were you covered? \_\_\_\_\_
- If you or your spouse are self-employed, are you or your spouse eligible to be covered under an employer's long-term care plan at another job?  Yes  No  
If Yes, how many months were you covered? \_\_\_\_\_
- Did you or your spouse lose your job because of foreign competition and pay for your own health insurance?  Yes  No

Education:

- Did you or your spouse pay any student loan interest?  Yes  No
- Did you or your spouse withdraw any amounts from your IRA to pay for higher education expenses incurred by you, your spouse, your children or grandchildren?  Yes  No
- Did you or your spouse withdraw any amounts from a Coverdell Education Savings Account or Qualified Education Program (Section 529 plan)?  Yes  No  
If Yes, include all Forms 1099-Q.
- Did you, your spouse, or your dependents incur any post-secondary education expenses, such as tuition?  Yes  No

Deductions and Credits:

- Did you or your spouse contribute property (other than cash) with a fair market value of more than \$5,000 to a charitable organization?  Yes  No  
If Yes, provide the appraisal of property contributed. An appraisal is not required for contributions of publicly traded securities or contributions of non-publicly traded stock of \$10,000 or less.
- Did you or your spouse incur any casualty or theft losses?  Yes  No
- Did you or your spouse make any large purchases, such as motor vehicles and boats?  Yes  No
- Did you or your spouse incur any casualty or loss attributable to a federally declared disaster?  Yes  No
- Did you or your spouse purchase a new alternative technology vehicle, including a qualified plug-in electric drive motor vehicle?  Yes  No
- Did you or your spouse use gasoline or special fuels for business or farm purposes (other than for a highway vehicle)?  Yes  No  
If Yes, provide the number of gallons of gasoline or special fuels used for off-highway business purposes.  
\_\_\_\_\_ Gallons \_\_\_\_\_ Type
- Did you or your spouse install any alternative energy equipment in your residence such as solar water heaters, solar electricity equipment (photovoltaic) or fuel cells?  Yes  No
- Did you or your spouse install any energy efficiency improvements or energy property in your residence such as exterior doors or windows, insulation, heat pumps, furnaces, central air conditioners, or water heaters?  Yes  No



2018

Questions (Page 3 of 5)

2C

Investments:

- Did you or your spouse have any debts canceled, forgiven or refinanced?  Yes  No
- Did you or your spouse start or purchase a business, rental property, or farm, or acquire any new interest in any partnership or S corporation?  Yes  No
- Did you or your spouse sell an existing business, rental property, farm, or any existing interest in a partnership or S corporation?  Yes  No
- Did you or your spouse sell, exchange, or purchase any real estate?  Yes  No  
If Yes, include closing statements.
- Did you or your spouse receive grants of stock options from your employer, exercise any stock options granted to you or your spouse or dispose of any stock acquired under a qualified employee stock purchase plan?  Yes  No
- Did you or your spouse engage in any put or call transactions?  Yes  No  
If Yes, provide the transaction details.
- Did you or your spouse close any open short sales?  Yes  No
- Did you or your spouse sell any securities not reported on Form 1099-B?  Yes  No

Retirement or Severance:

- Did you or your spouse contribute to a Roth IRA or convert an existing IRA into a Roth IRA?  Yes  No
- Did you or your spouse roll into a Roth IRA any distributions from a retirement plan, an annuity plan, tax shelter annuity or deferred compensation plan?  Yes  No
- Did you or your spouse turn age 70 1/2 and have money in an IRA or other retirement account without taking any distribution?  Yes  No
- Did you or your spouse retire or change jobs?  Yes  No
- Did you or your spouse receive deferred, retirement or severance compensation?  Yes  No  
If Yes, enter the date received (Mo/Da/Yr). \_\_\_\_\_

Personal Residence:

- Did your address change?  Yes  No  
If Yes, provide the new address.  
If Yes, did you move to a different home because of a change in the location of your job?  Yes  No
- Did you or your spouse claim a homebuyer credit for a home purchased in 2008?  Yes  No
- Did you or your spouse withdraw any amounts from your Individual Retirement Account (IRA) or Roth IRA to acquire a principal residence?  Yes  No
- Are your total mortgages on your first and/or second residence greater than \$750,000?  Yes  No  
If Yes, provide the principal balance and interest rate at the beginning and end of the year. \_\_\_\_\_
- Did you or your spouse take out a home equity loan?  Yes  No
- Did you or your spouse have an outstanding home equity loan at the end of the year?  Yes  No  
If Yes, provide the principal balance and interest rate at the beginning and end of the year. \_\_\_\_\_
- Are you claiming a deduction for mortgage interest paid to a financial institution and someone else received the Form 1098?  Yes  No
- Did you or your mortgagee receive mortgage assistance payments?  Yes  No  
If Yes, include all Forms 1098-MA.



2018

Questions (Page 4 of 5)

2D

Sale of Your Home:

	Yes	No
Did you sell your home? .....		
Did you receive Form 1099-S? .....		
If Yes, include Form 1099-S.		
Did you or your spouse own and occupy the home as your principal residence for at least two years of the five-year period prior to the sale? .....		
Did you or your spouse ever rent out the property? .....		
Did you or your spouse ever use any portion of the home for business purposes? .....		
Have you or your spouse sold a principal residence within the last two years? .....		
At the time of the sale, the residence was owned by the: <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Both		

Gifts:

Did you or your spouse make any gifts, including birthday, holiday, anniversary, graduation, education savings, etc., with a total (aggregate) value in excess of \$15,000 to any individual? .....		
Did you or your spouse make any gifts of difficult-to-value assets (such as non-publicly traded stock) to any person regardless of value? .....		
Did you or your spouse make any gifts to a trust for any amount? .....		
Do you or your spouse have a life insurance trust? .....		
Did you or your spouse assist with the purchase of any asset (auto, home) for any individual? .....		
Did you or your spouse forgive any indebtedness to any individual, trust or entity? .....		

Foreign Matters:

Did you or your spouse perform any work outside of the U.S. or pay any foreign taxes? .....		
Were you or your spouse a grantor or transferor for a foreign trust, have any interest in or a signature authority over a bank account, securities account or other financial account in a foreign country? .....		
Did you or your spouse create or transfer money or property to a foreign trust? .....		
Did you or your spouse own any foreign financial assets? .....		
Were you or your spouse subject to the transition tax on undistributed foreign income and elect to pay the tax in installments? .....		
Did you or your spouse have an interest in an S corporation that had undistributed foreign income subject to the transition tax? .....		
If Yes, did the corporation cease to be an S corporation? .....		
If Yes, was there a sale or liquidation of substantially all of the corporation's assets or did the corporation cease business? .....		
If Yes, did you or your spouse transfer any share of stock in the corporation? .....		



2018

**Questions (Page 5 of 5)**

**2E**

**Miscellaneous:**

Did you or your spouse pay in excess of \$1,000 in any quarter, or \$2,100 during the year for domestic services performed in or around your home to individuals who could be considered household employees? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse receive unreported tip income of \$20 or more in any month? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Have you or your spouse received a punitive damage award or an award for damages other than for physical injuries or illness? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse engage in any bartering transactions? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Were you or your spouse notified by the IRS or other taxing authority of any changes in prior year returns? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
For any trust that you or your spouse created or are trustee, did any beneficiaries, grantors, or trustees die or move? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse sell or exchange Bitcoin or other cryptocurrencies or engage in any sales or exchanges denominated in Bitcoin or other cryptocurrencies? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>

**Additional state pages have been included at the back of the organizer and should be reviewed.**



2018

# Personal Information

**Taxpayer:**

First Name and Initial \_\_\_\_\_ Last Name \_\_\_\_\_ **On File**  
 Social Security Number \_\_\_\_\_

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

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

Driver's License  State-Issued ID  No Identification

**Spouse:**

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

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

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

Driver's License  State-Issued ID  No Identification

**Contact Information:**

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

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

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

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

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

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

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

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

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

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

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

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

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

Are you considered legally blind per IRS regulations?  Yes  No

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

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

**Personal Identification Numbers:**

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

TS	State	City	Code	PIN

**Tax Organizer Legend:**

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

Worksheets: Basic Data > General and Return Options > Processing Options

Forms 1, 1A and 2



2018

## Dependents and Wages

**3A**

**Dependent Information:**

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

Did dependent have income over \$4,150?



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

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

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

---

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

---

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

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

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



2018

# Electronic Filing

## Electronic Filing:

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

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

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

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

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

Would you like to use a randomly generated PIN? 

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

Taxpayer .....

Spouse .....

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

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

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



2018

**Direct Deposit and Withdrawal**

**4A**

**Direct Deposit and Electronic Funds Withdrawal Account Information:**

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

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

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

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

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

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

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

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

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

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

Name of bank or financial institution .....

Routing Transit Number (RTN) .....

Account number .....

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

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

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

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

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

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

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

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

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

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

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

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

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

Name of bank or financial institution .....

Routing Transit Number (RTN) .....

Account number .....

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

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

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

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





2018

# Interest Income

5A

**Interest Information:**

Include copies of all Forms 1099-INT or other documents for interest received

Tax-Exempt Interest Code:    1 - 1099-INT    2 - Private Activity Bond    3 - Both



TSJ	Name of Payer	Interest Income	U.S. Bonds and Obligations	Code	Tax-Exempt Interest	2017 Interest Amount
<b>Total</b>						

**Seller-Financed Mortgage Interest Information:**

Name of Individual from Whom Mortgage Interest Was Received	Identification Number of Individual	2018 Interest Amount	2017 Interest Amount

Address of Individual from Whom Mortgage Interest Was Received

**Enter Any Additional Information:**


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



2018

# Dividend Income

5B

### Dividend Information:

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

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

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

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

### Enter Any Additional Information:


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



2018

# Business Income and Cost of Goods Sold

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

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

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

### Business Questions for 2018:

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

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

### Income:

Include all Forms 1099-K

Payment card and third party transactions:

Description	2018 Amount	2017 Amount

Miscellaneous income: Include all Forms 1099-MISC


Other Income:


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

### Cost of Goods Sold:

	2018 Amount	2017 Amount
Beginning inventory _____		
Purchases less cost of items withdrawn for personal use _____		
Cost of labor (do not include amounts paid to yourself) _____		
Materials and supplies _____		

Other costs of goods sold:

Description	2018 Amount	2017 Amount

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



**Business Expenses and Property & Equipment**

6A

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

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

- Expenses:**
- Advertising .....
  - Car and truck expenses .....
  - Parking fees and tolls .....
  - Commissions and fees .....
  - Contract labor .....
  - Employee benefit programs and health insurance (other than pension and profit-sharing plans) .....
  - Insurance (other than health) .....
  - Interest - mortgage (paid to banks, etc.) .....
  - Interest - other .....
  - Legal and professional fees .....
  - Office expense .....
  - Pension and profit-sharing plans .....
  - Rent or lease - vehicles, machinery and equipment .....
  - Rent or lease - other business property .....
  - Repairs and maintenance .....
  - Supplies (not included in Cost of Goods Sold) .....
  - Taxes and licenses .....
  - Travel .....
  - Meals .....
  - Entertainment (deductible only on some state returns) .....
  - Utilities .....
  - Wages .....
  - Dependent care benefits .....

2018 Amount	2017 Amount

**Other Expenses:**

Description	2018 Amount	2017 Amount

Property and Equipment:  Include a list if more space is needed

<input type="checkbox"/> X if not new	Acquisitions - Description	Date Acquired (Mo/Da/Yr)	Cost

Dispositions - Description	Date Acquired (Mo/Da/Yr)	Cost	Date Sold (Mo/Da/Yr)	Selling Price



2018

# Business Expenses - Vehicle and Other Listed Property

6B

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

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

### Listed Property Questions for 2018:

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

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

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

### Vehicle:

Description of vehicle .....

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

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

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

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

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

### Mileage:

Total miles .....

Total business miles .....

Total commuting miles for the year ..

### Actual Expenses:

Gasoline, oil, repairs, insurance, etc . .

Interest .....

Taxes .....

Fair market value of leased vehicle ..

Vehicle rentals/leases .....



2018

## Detail Depreciation

**DP**

**Business or Activity:** \_\_\_\_\_

Asset #	X if not new	Description of Asset	Cost	Date Asset Was Placed in Service (Mo/Da/Yr)	If the Asset Was Sold, Indicate the Following	
					Date (Mo/Da/Yr)	Sales Price



2018

# Business Expenses

6C

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

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

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

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

Other Business Expenses:

Description	2018 Amount	2017 Amount

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

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

If you are a statutory employee, does your employer's reimbursement plan for meals and entertainment allow for offset of other reimbursements?  Yes  No

### Vehicle:

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

Description of vehicle .....

Date vehicle was placed in service .....

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

Was your vehicle available for personal use during off-duty hours?  Yes  No

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

Other Vehicle Expenses:

Description	2018 Amount	2017 Amount



2018

**Business Use of Home**

6D

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

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

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

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

2018	2017

Was your home used for day care purposes for the entire year? .....  
 Were improvements made to the home and/or home office since the time you began using the home for business? .....

Yes	No

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

Direct expenses benefit the business part of your home.  
 Example: Cost of painting or repairs made to the specific area or room used for business.  
 Indirect expenses are required for keeping up and running your entire home.  
 Example: Real estate taxes.

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

**Other Expenses:**

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

**Seller-Financed Mortgage Interest Information:**

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





# Sales of Stocks, Securities, Capital Assets & Installment Sales

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

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

Did you have any of the following during the year?

	Yes	No
Mutual fund transactions .....	<input type="checkbox"/>	<input type="checkbox"/>
Exchange of any securities or investments for something other than cash .....	<input type="checkbox"/>	<input type="checkbox"/>
Sales of inherited property .....	<input type="checkbox"/>	<input type="checkbox"/>
Sales of any stock or stock options at a loss and purchases of the same or substantially similar stock or options 30 days before or 30 days after the sale .....	<input type="checkbox"/>	<input type="checkbox"/>
Commodity sales, short sales or straddles .....	<input type="checkbox"/>	<input type="checkbox"/>
Reinvestment of the proceeds of the sale of a publicly traded security into an SSBIC interest .....	<input type="checkbox"/>	<input type="checkbox"/>
Reinvestment of the proceeds of the sale of qualified small business stock in other qualified small business stock .....	<input type="checkbox"/>	<input type="checkbox"/>
Debts that became uncollectible .....	<input type="checkbox"/>	<input type="checkbox"/>
Securities that became worthless .....	<input type="checkbox"/>	<input type="checkbox"/>
Sale of any property where you will receive payments in future years .....	<input type="checkbox"/>	<input type="checkbox"/>

TSJ	Kind of Property and Description	Date Acquired (Mo/Da/Yr)	Date Sold (Mo/Da/Yr)	Gross Sales Price (Less Commissions)
A				
B				
C				
D				
E				
F				
G				
H				

	Cost or Other Basis	Federal Tax Withheld	State Tax Withheld
A			
B			
C			
D			
E			
F			
G			
H			

**Installment Sales:** Do not include interest received in principal amount

TSJ	Property Description	Date Sold (Mo/Da/Yr)	2018 Principal Received	2017 Principal Received



Individual Retirement Account (IRA) Information

2018

Individual Retirement Account (IRA): Include all copies of Forms 1099-R and 5498.

TS .....

IRA Questions for 2018:

Table with 2 columns: Yes, No

- Are you covered by an employer's retirement plan?
If no, is your spouse covered by an employer's retirement plan?
Do you want to limit your IRA contribution to the maximum amount deductible on your tax return?
If no, do you want to contribute the maximum allowable amount to your IRA even though you may not qualify for an IRA deduction?
Did you use any IRA as security for a loan this year?
Did you have any transactions with any IRA during the year?
If Yes, explain.

IRA Values, Rollovers, and Distributions:

Total value of all traditional IRAs on December 31, 2018
Note: This information on Form 5498 is required if you received a distribution during the year.
Outstanding rollovers on December 31, 2018
Total distributions converted to Roth IRAs
Total retirement plans converted to Roth IRAs

Contributions:

IRA:
Contributions in 2018 for the 2018 tax return
Contributions in 2019 for the 2018 tax return
Amount for 2018 you choose to be treated as nondeductible
Roth IRA:
Contributions made for the 2018 tax year

Distributions: Include all Forms 1099-R and any nontaxable distribution details

Table with 7 columns: Name of Payer, 2018 Gross Distributions, Taxable Amount, Federal Tax Withheld, State Tax Withheld, Is this a Rollover?, 2017 Gross Distributions



2018

**Pension, Annuity and Retirement Plan Information**

9A

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

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

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

Have you established a self-employed retirement or SIMPLE plan with deductible contributions? . . . . .  
 Do you want to contribute the maximum amount allowed? . . . . .

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

**Contributions to:**  
 Simplified employee pension plan . . . . .  
 Defined benefit plan . . . . .  
 Defined contribution plan . . . . .  
 SIMPLE plan . . . . .

2018 Amount	2018 Amount



2018

# Rental and Royalty Income

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

TSJ .....  
Type of property .....

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

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

2018	2017
Ownership percentage if not 100% .....	
How many days was this property rented at fair market value? .....	
How many days was this property used personally (including use by family members)? .....	

**Income:**

Rents received .....  
Royalties received .....

2018 Amount	2017 Amount
Rents received	
Royalties received	

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

Description	2018 Amount	2017 Amount

Miscellaneous income:  Include all Forms 1099-MISC

Description	2018 Amount	2017 Amount

Other income:

Description	2018 Amount	2017 Amount



2018

# Rental and Royalty Expenses

10A

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

**Expenses:**

	2018 Amount	2017 Amount
Advertising .....		
Auto and travel .....		
Cleaning and maintenance .....		
Commissions .....		
Insurance .....		
Legal and other professional fees .....		
Management fees .....		
Mortgage interest paid to banks, etc. ....		
Mortgage interest paid to individuals .....		
Other interest .....		
Repairs .....		
Supplies .....		
Taxes .....		
Utilities .....		
Dependent care benefits .....		
Employee benefits .....		
Other Expenses:		

Description	2018 Amount	2017 Amount



2018

# Rental and Royalty Property and Equipment & Depletion

10B

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

Property and Equipment:  Include a list if more space is needed

**Acquisitions:**

X if not new	Description	Date Acquired (Mo/Da/Yr)	Cost

**Dispositions:**

Description	Date Acquired (Mo/Da/Yr)	Cost	Date Sold (Mo/Da/Yr)	Selling Price

**Percentage Depletion Information:**

Production Type	Royalty Income	
	2018 Amount	2017 Amount



**Rental and Royalty Vehicle and Other Listed Property**

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

**Listed Property Questions for 2018:**

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

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

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

**Vehicle:**

Description of vehicle .....

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

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

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

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

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

**Mileage:**

Total miles .....

Total business miles .....

Total commuting miles for the year ..

**Actual Expenses:**

Gasoline, oil, repairs, insurance, etc . .

Interest .....

Taxes .....

Fair market value of leased vehicle ..

Vehicle rentals/leases .....



2018

Detail Depreciation

DP

Business or Activity: \_\_\_\_\_

Asset #	X if not new	Description of Asset	Cost	Date Asset Was Placed in Service (Mo/Da/Yr)	If the Asset Was Sold, Indicate the Following	
					Date (Mo/Da/Yr)	Sales Price





2018

# Rental and Royalty Business Expenses

10D

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

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

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

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

Description	2018 Amount	2017 Amount

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

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

### Vehicle:

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

Description of vehicle \_\_\_\_\_  
Date vehicle was placed in service \_\_\_\_\_ (Mo/Da/Yr)

Do you (or your spouse) have another vehicle available for personal purposes?  Yes  No  
Was your vehicle available for personal use during off-duty hours?  Yes  No

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

Description	2018 Amount	2017 Amount



2018

Partnership, S Corporation, Estate, Trust and REMIC Income

Partnership Income: Include all Schedules K-1

Table with 4 columns: TSJ, Entity Name, Employer ID Number, Health Insurance Paid by Entity. Multiple empty rows.

S Corporation Income: Include all Schedules K-1

Table with 4 columns: TSJ, Entity Name, Employer ID Number, Health Insurance Paid by Entity. Multiple empty rows.

Estate and Trust Income: Include all Schedules K-1

Table with 3 columns: TSJ, Entity Name, Employer ID Number. Multiple empty rows.

Real Estate Mortgage Investment Conduit (REMIC) Income: Include all Schedules Q

Table with 3 columns: TSJ, Entity Name, Employer ID Number. Multiple empty rows.



2018

**Miscellaneous Income, Adjustments and Alimony**

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

**Miscellaneous Income and Adjustments:**

	TSJ ____		TSJ ____	
	2018 Amount	2017 Amount	2018 Amount	2017 Amount
Unemployment compensation received .....				
Unemployment compensation repaid in 2018 .....				
Social security benefits received .....				
Social security benefits repaid in 2018 .....				
Medicare premiums withheld .....				
Tier 1 railroad retirement benefits received .....				
Tier 1 railroad retirement benefits repaid in 2018 .....				
Total lump sum social security received .....				
Lump sum taxable social security .....				
Other federal withholding .....				
Other state withholding .....				

**State and Local Income Tax Refunds:**

TSJ	State	City	Tax Year	Income Tax Refund	
				State	Local

**Other Income:**

TSJ	Nature and Source	2018 Amount	2017 Amount

**Alimony Paid or Received:**

TSJ	Recipient's Name	Recipient's Social Security No.	Alimony Received?	2018 Amount	2017 Amount



2018

### Miscellaneous Adjustments

13A

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

TS	2018 Amount	2017 Amount

**Health Savings Accounts (HSAs)**

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

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

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

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

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

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

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

Yes	No

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

TSJ	Nature and Source	2018 Amount	2017 Amount



2018

**Itemized Deductions - Medical and Taxes**

**Medical and Dental Expenses:**

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

TSJ	2018 Amount	2017 Amount

2018 Amount	2017 Amount

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

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

**Other Medical Expenses:**

TSJ	Description	2018 Amount	2017 Amount

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

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

TSJ	2018 Amount	2017 Amount

Itemize real estate taxes by state.

TSJ	Real Estate Taxes	2018 Amount	2017 Amount

**Other Taxes Paid:**

TSJ	Description	2018 Amount	2017 Amount

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



2018

**Itemized Deductions - Mortgage Interest and Points**

14A

**Mortgage Questions for 2018:**

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

**Home Mortgage Interest Paid To Financial Institutions:**

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

**Other Home Mortgage Interest Paid:**

TSJ	Paid To		ID Number	2018 Amount	2017 Amount
	Name	Address			

**Deductible Points:**

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

**Mortgage Insurance Premiums:**

Premiums paid or accrued for qualified mortgage insurance.

TSJ	2018 Amount	2017 Amount

**Investment Interest Expense:**

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

TSJ	Paid To	2018 Amount	2017 Amount



2018

## Itemized Deductions - Contributions

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

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

TSJ	Organization or Description of Contribution	2018 Amount	2017 Amount

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

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

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

TSJ	Description of Donated Property	2018 Amount	2017 Amount

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

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

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

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

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

	Donee Organization Name	Donee Organization Address
A		
B		
C		



2018

**Itemized Deductions - Miscellaneous**

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

**Miscellaneous Itemized Deductions:**

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

TSJ	2018 Amount	2017 Amount

**Other Itemized Deductions:**

**Examples:**

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

TSJ	Description	2018 Amount	2017 Amount

**Casualty or Theft Loss:**

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

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

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

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

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

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

Original cost or other basis .....

Fair market value before casualty .....

Fair market value after casualty .....

Cost of replacement .....

Insurance reimbursement .....





2018

# Itemized Deductions - Business Use of Home

16A

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

### Partial Use of Your Home for Business:

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

Total square footage of home .....

Total hours home was used for day care during the year .....

2018	2017

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

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

Yes	No

### Expenses: Enter all expenses at 100 percent

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

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

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

### Other Expenses:

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

### Seller-Financed Mortgage Interest Information:

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



2018

# Child/Dependent Care Expenses & Education Expenses

**Child/Dependent Care Expenses:**

**General Information:**

TSJ .....

Were you or your spouse a full time student or disabled?  Yes  No  
 Did you pay an individual for services performed in your home?  Yes  No

Expenses incurred in 2017 but paid in 2018 .....  
 Employer-provided dependent care benefits that were forfeited in 2018 .....  
 2017 carryover used in grace period .....

**Child/Dependent Care Providers:**

**Provider 1:**

Name .....  
 Street address .....  
 City, state, ZIP or postal code, and country .....  
 Social security number OR .....  
     Employer identification number .....  
 Telephone number (California only) .....

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

**Provider 2:**

Name .....  
 Street address .....  
 City, state, ZIP or postal code, and country .....  
 Social security number OR .....  
     Employer identification number .....  
 Telephone number (California only) .....

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

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

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

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

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

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

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



2018

# Federal Tax Payments

## Refund Application:

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

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

## Federal Estimated Tax Payments:

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

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

2017 overpayment applied to 2018 estimate .....

## Tax Planning Information for Tax Year 2019:

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

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

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




2018

# State and City Tax Payments

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## State and City Estimated Tax Payments:

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

2018 1st Quarter Estimate .....

2018 2nd Quarter Estimate .....

2018 3rd Quarter Estimate .....

2018 4th Quarter Estimate .....

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

2017 overpayment applied to 2018 estimate .....

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

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

## State and City Estimated Tax Payments:

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

2018 1st Quarter Estimate .....

2018 2nd Quarter Estimate .....

2018 3rd Quarter Estimate .....

2018 4th Quarter Estimate .....

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

2017 overpayment applied to 2018 estimate .....

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

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

## State and City Estimated Tax Payments:

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

2018 1st Quarter Estimate .....

2018 2nd Quarter Estimate .....

2018 3rd Quarter Estimate .....

2018 4th Quarter Estimate .....

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

2017 overpayment applied to 2018 estimate .....

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

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



2018

# Gambling Winnings

**Include all of your current year Forms W-2G**

TS	Name of Payer	Gross Winnings	Tax Withheld	
			Federal	State



2018

# Foreign Taxes

Country of residence: \_\_\_\_\_

### Foreign Taxes Paid or Accrued:

TS	Country Name	Income Type (Dividends, Rents, Etc.)	Is Tax Accrued?	Date Paid or Accrued (Mo/Da/Yr)	Tax Amount (In Foreign Currency)	Tax Amount (In U.S. Dollars)

### Prior Year Foreign Taxes Paid in the Current Year:

Year	Date Paid (Mo/Da/Yr)	Amount

### Enter Any Additional Foreign Tax Information:




2018

**General Information:**

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

**Residency Information:**

From (Mo/Da/Yr)	To (Mo/Da/Yr)
--------------------	------------------

If you did not live in Louisiana for all of 2018, enter the dates you did live in Louisiana \_\_\_\_\_

Enter the state names other than Louisiana where you had income \_\_\_\_\_

**Education Savings:**

Yes	No
-----	----

Did you or your spouse make any contributions to a START Savings Program account? .....

If Yes, enter the following:

TS	Name of Designated Beneficiary	Social Security Number	Account Number	2018 Amount Contributed

**Voluntary Contributions:**

Enter the amount you wish to contribute on your 2018 tax return to:

- Military Family Assistance Fund .....
- Coastal Protection and Restoration Fund .....
- Wildlife Habitat and Natural Heritage Trust Fund .....
- Louisiana Cancer Trust Fund .....
- Louisiana Pet Overpopulation Advisory Council .....
- Louisiana Food Bank Association .....
- Make-A-Wish Foundation of the Texas Gulf Coast and Louisiana .....
- Louisiana Association of United Ways / LA 2-1-1 .....
- American Red Cross .....
- Louisiana National Guard Honor Guard for Military Funerals .....
- The Louisiana Youth Leadership Seminar Corporation .....
- Lighthouse for the Blind in New Orleans .....
- The Louisiana Association for the Blind .....
- Louisiana Center for the Blind .....
- Affiliated Blind of Louisiana, Inc. ....
- Louisiana State Troopers Charities, Inc. ....
- Friends of Palmeto State Park .....
- The American Rose Society .....
- The Extra Mile .....
- Louisiana Naval War Memorial Commission; U.S.S. KIDD .....
- Children's Therapeutic Services at the Emerge Center .....
- Additional Donation to the Military Family Assistance Fund .....
- Additional Donation to Coastal Protection and Restoration Fund .....
- Additional Donation to Louisiana Food Bank Association .....




2018

**Disability Credits:**

Do you qualify as deaf? .....

Do you have a loss of limb? .....

Do you qualify as mentally incapacitated? .....

Taxpayer		Spouse	
Yes	No	Yes	No

Dependent Name	X the Applicable Box(es)			
	Deaf	Loss of Limb	Mentally Incapacitated	Blind

**LA Hunting and Fishing Licenses Information:**

TS	Dependent Name	State ID Number	Driver's License Number	State of Issue	Amount

**School Expenses Information:**

- \* 1. Elementary & Secondary School
- 2. Home Schooled
- 3. Quality Public Education

Enter information for each qualified dependent:

Dependent Name	Name of School	*Deduction Code

Enter qualified expenses for each dependent listed above:

Tuition and Fees	School Uniforms	Textbooks or Other Inst. Material	Supplies

**Enter Any Additional Louisiana Information:**
