

PERSONAL INFORMATION ORGANIZER
Please complete this Organizer before your appointment.

1. PERSONAL INFORMATION

| | | | | | | | |
|--------------------|--|------------------------|---------------|---------------|---------------------|--------------------------|--------------------------|
| Name | | SSN or ITIN | Date of Birth | Date of Death | Occupation | Blind | Disabled |
| Taxpayer | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Spouse | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Street Address | | Apt. | City or town | State | Zip Code | County | |
| Foreign country | | Foreign province/state | | | Foreign postal code | | |
| E-mail Address(es) | | | | Home Phone | Mobile Phone | | |

2. FILING STATUS

Single Check if parent (or someone else) can claim you as a dependent on their return.
 Married Filing Joint
 Married Filing Separate Check if you lived apart from your spouse for all of 2018.
 Head of Household
 Qualifying Widow(er) Year spouse died: _____

3. DEPENDENTS

| Name | Relationship | Date of Birth | SSN or ITIN | Months Lived With You | Disabled | Full Time Student | Dependent's Gross Income | Child Care Expenses Paid |
|------|--------------|---------------|-------------|-----------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | | |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | | |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | | |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | | |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | | |

4. REFUND INFORMATION

1. Would you like to have any refunds directly deposited into your bank account? Yes No

| | |
|---|---|
| <p>Bank Account Ownership <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings Bank name _____ Routing number _____ Account number _____ Account outside the jurisdiction of the United States? <input type="checkbox"/> Yes</p> | <p>Bank Account Ownership <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings Bank name _____ Routing number _____ Account number _____ Account outside the jurisdiction of the United States? <input type="checkbox"/> Yes</p> |
|---|---|

5. IDENTIFICATION INFORMATION

| | |
|--|--|
| <p>Taxpayer Type of ID: <input type="checkbox"/> Driver's license <input type="checkbox"/> State-issued ID <input type="checkbox"/> No ID ID number _____ Location of issuance _____ Issue date _____ Expiration date _____</p> | <p>Spouse Type of ID: <input type="checkbox"/> Driver's license <input type="checkbox"/> State-issued ID <input type="checkbox"/> No ID ID number _____ Location of issuance _____ Issue date _____ Expiration date _____</p> |
|--|--|

INCOME ORGANIZER

Please complete this Organizer before your appointment.
Business, Farm and Rental and Royalty Income or Loss Organizers are on separate pages.

1. WAGE AND SALARY INFORMATION

Attach W-2s:

| Employer Name | Taxpayer | Spouse |
|---------------|--------------------------|--------------------------|
| _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> |

Unreported tip income received: _____

4. SCHEDULE K-1 INCOME (1065, 1120-S AND 1041)

Attach K-1s:

| Payer Name | Taxpayer | Spouse |
|------------|--------------------------|--------------------------|
| _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> |

2. INTEREST AND DIVIDEND INCOME

Attach 1099-INT, 1099-DIV or other statements

| Payer Name | Taxpayer | Spouse |
|------------|--------------------------|--------------------------|
| _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> |

5. CAPITAL GAINS AND LOSSES

Attach 1099-Bs:

| Payer Name | Taxpayer | Spouse |
|------------|--------------------------|--------------------------|
| _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> |

6. OTHER INCOME

| Description | Amount |
|---------------------------|--------|
| State income tax refund | _____ |
| Alimony received | _____ |
| Unemployment compensation | _____ |
| Gambling winnings | _____ |
| Jury pay | _____ |
| Hobby income | _____ |
| Scholarships (grants) | _____ |
| NOL Carryforward | _____ |
| Child support | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

3. RETIREMENT DISTRIBUTIONS

Attach 1099-R & 5498

| Payer Name | Roth IRA | Other IRA | Taxpayer | Spouse |
|------------|--------------------------|--------------------------|--------------------------|--------------------------|
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Attach SSA 1099 or RRB 1099

| | Yes | No |
|---|--------------------------|--------------------------|
| Did you receive social security benefits? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive railroad retirement benefits? | <input type="checkbox"/> | <input type="checkbox"/> |

7. MISCELLANEOUS INCOME QUESTIONS

1. Did you sell your home? Yes No
2. Did you earn any foreign income or pay any foreign taxes? Yes No
3. Do you have a health savings account (HSA), Archer MSA or Medicare Advantage (MA) MSA? Yes No
4. Did you have a financial account in a foreign country (i.e. bank account, securities account, etc.)? Yes No
 If Yes, did the aggregate value of all financial accounts exceed \$10,000 at any time during 2018? Yes No
5. Did you have any debt forgiven (i.e. student loans, home mortgage, etc.)? Yes No

BUSINESS INCOME AND EXPENSES (Schedule C)

Indicate the owner of this business: Taxpayer Spouse Joint

Business Name: _____

Business product or service: _____

Business Address: _____

City, State, and Zip Code: _____

Did you start or acquire this business during 2018? Yes No

Accounting Method: Cash Accrual Other (describe) _____

Method used to value inventory: Cost Lower of cost or market Other (describe) _____

| Income and Cost of Goods Sold | 2018 Amount | 2017 Amount |
|---|-------------|-------------|
| Gross receipts or sales | | |
| Returns and allowances | | |
| Other income (enclose description) | | |
| Inventory at beginning of year | | |
| Purchases less cost of items withdrawn for personal use | | |
| Cost of labor | | |
| Materials and supplies | | |
| Other costs | | |
| Inventory at end of year | | |

| Expenses | 2018 Amount | 2017 Amount | | 2018 Amount | 2017 Amount |
|---|-------------|-------------|-----------------|-------------|-------------|
| Advertising | | | Wages | | |
| Commissions and fees | | | Other: _____ | | |
| Contract labor | | | _____ | | |
| Depletion | | | _____ | | |
| Employee benefits | | | _____ | | |
| Insurance (other than health) | | | _____ | | |
| Mortgage interest | | | _____ | | |
| Other interest | | | _____ | | |
| Legal and professional fees | | | _____ | | |
| Office expenses | | | _____ | | |
| Pension and profit sharing | | | _____ | | |
| Rent - Vehicle, machinery | | | _____ | | |
| Rent - Other | | | _____ | | |
| Repairs and maintenance | | | _____ | | |
| Supplies | | | _____ | | |
| Taxes and licenses | | | _____ | | |
| Travel | | | _____ | | |
| Meals and entertainment | | | _____ | | |
| Utilities | | | _____ | | |

Vehicle Information

Vehicle description _____ Date placed in service _____ Cost or basis _____

Business miles _____ Commuting miles _____ Other miles _____

Actual expenses such as gas, oil, repairs, etc _____ Parking fees and tolls _____

Sales, Purchases, and Disposition of Assets in 2018 (New clients, enclose detailed listing of all depreciable assets.)

| Asset description | Date acquired | Purchase price | Date sold | Sales Price |
|-------------------|---------------|----------------|-----------|-------------|
| | | | | |
| | | | | |
| | | | | |

Business Use of Home

Area used exclusively for business _____ Total area of home _____

Was the home used as a day care facility? Yes No Date home placed in service _____

Casualty losses _____ Insurance _____ Rent _____

Mortgage interest _____ Repairs and maintenance _____ FMV of home _____

Real estate taxes paid _____ Utilities and other expenses _____ Value of land _____

Carryover of unallowed expenses to 2018 Yes No (if yes, enter amount) _____

RENTAL AND ROYALTY INCOME AND EXPENSES (Schedule E, pg 1)

Indicate the owner of this property: Taxpayer Spouse Joint

Description of property _____
 Location of property _____

Did you or your family use this property during the tax year for personal purposes for more than the greater of: (a) 14 days, or (b) 10% of the total days rented at fair market value? Yes No

Did you meet the Active Participation requirements for this property? Yes No
(To meet these requirements, you must have participated in making management decisions or arranged for others to provide services in a significant and bona fide sense. Such management decisions include approving new tenants, deciding on rental terms, approving repair expenditures, or other similar decisions)

Was this property fully disposed of during 2018? Yes No

| Income | 2018 Amount | 2017 Amount |
|------------------------------|-------------|-------------|
| Rents received | | |
| Royalties received | | |

| Expenses | 2018 Amount | 2017 Amount |
|---|-------------|-------------|
| Advertising | | |
| Cleaning and maintenance. | | |
| Commissions | | |
| Insurance | | |
| Legal and other professional fees | | |
| Management fees | | |
| Mortgage interest paid to banks. | | |
| Other interest. | | |
| Repairs | | |
| Supplies | | |
| Taxes | | |
| Utilities | | |
| Other _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |
| Amortization | | |
| Section 481(a) adjustment | | |

Vehicle Information

Vehicle description _____ Date placed in service _____ Cost or basis _____
 Business miles _____ Commuting miles _____ Other miles _____
 Actual expenses such as gas, oil, repairs, etc _____ Parking fees and tolls _____
 Travel expenses _____

Sales, Purchases, and Disposition of Assets in 2018
(New clients, enclose detailed listing of all depreciable assets.)

| Asset description | Date acquired | Purchase price | Date sold | Sales price |
|-------------------|---------------|----------------|-----------|-------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

DEDUCTIONS ORGANIZER

Please complete this Organizer before your appointment.
Itemized Deduction Organizers are on separate pages.

1. EDUCATION

| Attach 1098-Ts, 1098-E's and 1099-Q's: | | | | | | Student Loan | Books, Supplies | 529 Plan | | |
|--|-------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-----------------|---------------|-------------|--------------------------|
| Student Name | Educational Institution | Fr | So | Jr | Sr | Oth | Tuition & Fees | Interest Paid | & Equipment | 529 Plan |
| _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ | <input type="checkbox"/> |
| _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ | <input type="checkbox"/> |
| _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ | <input type="checkbox"/> |
| _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ | <input type="checkbox"/> |
| _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ | <input type="checkbox"/> |

2. JOB-RELATED MOVING EXPENSES

| Description | Amount |
|--|--------|
| Lodging | _____ |
| Gas and Oil | _____ |
| Mileage | _____ |
| Other | _____ |
| Miles from old home to your new workplace | _____ |
| Miles from old home to old workplace . . . | _____ |

4. OTHER DEDUCTIONS

| Description | Amount |
|--|--------|
| Educator expenses | _____ |
| Alimony paid Rec. SSN: _____ | _____ |
| Health Savings Account contributions . . . | _____ |
| Archer Medical Savings Account contributions | _____ |
| Jury duty repayment to employer | _____ |
| Foreign qualified housing expenses | _____ |
| Contributions to College 529 Savings Plan . | _____ |
| Other | _____ |
| Other | _____ |
| Other | _____ |
| Other | _____ |
| Other | _____ |
| Other | _____ |

3. IRA CONTRIBUTIONS

| Description | Amount |
|--|--------|
| Contributions to a Traditional IRA | _____ |
| Contributions to a ROTH IRA | _____ |

5. MISCELLANEOUS DEDUCTION QUESTIONS

| | |
|--|--|
| 1. Did you purchase an item(s) during 2018 for which you paid a large amount of sales tax? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Did you refinance a mortgage during 2018? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

ITEMIZED DEDUCTIONS (continued)

Casualty and Theft Losses (for property damaged by storm, water, fire, accident, or theft)

Enclose supporting documentation of what is written here, i.e. insurance reimbursement, receipts for cost of repairs.
 (If additional losses were incurred, please attach a separate sheet of paper with these details.)

Location of property: _____ Residential property
 Description of property: _____ Business property
 Date of loss: _____ Federal Disaster

Amount of damage _____ Cost basis of property _____ Repair Costs _____
 Insurance reimbursement _____ FMV of property before loss _____ Other _____
 Federal monies received _____ FMV of property after loss _____ Other _____

Unreimbursed Employee Business Expenses **T = Taxpayer S = Spouse** **T or S**

(if any depreciable assets were sold (including the vehicle), please see worksheet below)

Dues (related to job) _____
 Subscriptions related to your work _____
 Licenses and regulatory fees _____
 Tools and supplies used in your work _____
 Work clothes, uniforms if required _____
 Medical exams required by your employer _____
 Work related education (books, tuition) _____
 Legal fees related to your job _____
 Job search expenses (current occupation) _____

Vehicle Information
 Vehicle description _____
 Date placed in service _____
 Cost or basis _____

Miles of vehicle
 Business miles _____
 Commuting miles _____
 Other miles _____

***In home office:**
 Total square footage _____
 Office square footage _____
 Office square footage _____
 Rent _____
 Insurance _____
 Utilities _____
 Repairs/Maintance _____

Expenses
 Actual expenses _____
 (gas, oil, repairs, etc)
 Parking fees and tolls _____
 Travel expenses _____

*Questions relating to mortgage interest, taxes, and casualty losses were asked previously

Sales, Purchases, and Disposition of Assets in 2018

(New clients, enclose detailed listing of all depreciable assets.)

| T S | Asset description | Date acquired | Purchase price | Date sold | Sales price |
|-----|-------------------|---------------|----------------|-----------|-------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Investment Related Expenses

Tax preparation fees _____
 Safe deposit box _____
 Custodial, trust admin fees _____
 Fees to collect interest and dividends _____
 Tax advice not related to investment income _____
 Legal fees related to producing taxable income _____
 Other _____
 Other _____
 Other _____

Other Misc. Deductions

Gambling losses _____
 Estate tax deduction (in respect of a decedent) _____
 Portfolio from Schedule K-1 _____
 Unrecovered investment in a pension _____
 Amortizable premium on taxable bonds _____
 Disabled persons work expenses _____
 Other _____
 Other _____
 Other _____

CREDITS AND PAYMENTS ORGANIZER
Please complete this Organizer before your appointment.

1. CHILD CARE CREDIT

| Attach Daycare Provider Statement(s): | | Tax-Exempt | Telephone Number | Identification Number | Amount Paid |
|---------------------------------------|---------|--------------------------|------------------|-----------------------|-------------|
| Care Provider Name | Address | | | | |
| _____ | _____ | <input type="checkbox"/> | _____ | _____ | _____ |
| _____ | _____ | <input type="checkbox"/> | _____ | _____ | _____ |
| _____ | _____ | <input type="checkbox"/> | _____ | _____ | _____ |
| _____ | _____ | <input type="checkbox"/> | _____ | _____ | _____ |
| _____ | _____ | <input type="checkbox"/> | _____ | _____ | _____ |

2. RESIDENTIAL ENERGY CREDIT

| Description | Amount | Description | Amount |
|-----------------------------------|--------|---|--------|
| Solar electric property | _____ | Metal or asphalt roof | _____ |
| Solar water heating | _____ | Exterior windows and skylights | _____ |
| Small wind energy | _____ | Electric heat pump or central air conditioner | _____ |
| Geothermal heat pump | _____ | Natural gas, propane or oil water heater | _____ |
| Fuel cell property | _____ | Biomass fuel stove | _____ |
| Insulation material | _____ | Natural gas, propane or oil furnace | _____ |
| Exterior doors | _____ | Advanced main air circulating fan | _____ |

1. Were the qualified improvements for your main home in the United States? Yes No

2. Were any of the improvements related to the construction of this main home? Yes No

3. MISCELLANEOUS CREDIT QUESTIONS

1. Did you pay any expenses related to the adoption of an eligible child? Yes No

2. Are you currently repaying the First-Time Homebuyer Credit? Yes No

3. Do you (and your spouse) have a social security number that allows you to work and is valid? Yes No

4. Were you issued a Mortgage Credit Certificate (MCC) by a state or local governmental unit or agency? Yes No

4. ESTIMATED TAX PAYMENTS

| Federal estimated payments | Date Paid | Amount Paid |
|--|-----------|-------------|
| Applied from 2017 federal refund | _____ | _____ |
| 1st quarter payment | _____ | _____ |
| 2nd quarter payment | _____ | _____ |
| 3rd quarter payment | _____ | _____ |
| 4th quarter payment | _____ | _____ |

| State estimated payments | State Name: _____ | Date Paid | Amount Paid |
|--|-------------------|-----------|-------------|
| Applied from 2017 state refund | | _____ | _____ |
| 1st quarter payment | | _____ | _____ |
| 2nd quarter payment | | _____ | _____ |
| 3rd quarter payment | | _____ | _____ |
| 4th quarter payment | | _____ | _____ |

| Local estimated payments | Locality Name: _____ | Date Paid | Amount Paid |
|--|----------------------|-----------|-------------|
| Applied from 2017 local refund | | _____ | _____ |
| 1st quarter payment | | _____ | _____ |
| 2nd quarter payment | | _____ | _____ |
| 3rd quarter payment | | _____ | _____ |
| 4th quarter payment | | _____ | _____ |