

Date: _____

e-approval & mail
 pick-up

Personal Tax Organizer for 2018 Tax Year

→ RETURNING CLIENTS need not provide info. that has remained unchanged, but everyone must fill in shaded areas ←

Your Name _____
 Date of Birth _____
 SS# _____ Blind/Disabled?
 Job Title _____ Employer _____
 Work # (____)____-____ Work Fax # (____)____-____
 Cell # (____)____-____ e-Mail _____

Spouse's Name _____
 Date of Birth _____
 SS# _____ Blind/Disabled?
 Job Title _____ Employer _____
 Work # (____)____-____ Work Fax # (____)____-____
 Cell # (____)____-____ e-Mail _____

Home Address: _____ From _____ To _____ Home # (____)____-____
 Mailing Address (if different from Home) _____
 Landlord's Name, Address & Phone # (if you rent) _____

Marital Status: Single Married Divorced Widowed Domestic Partner Filing Status: Single MFJ MFS HoH Qual. Widow(er)
 → Please provide Marriage License or RDP Certificate if same-sex couple ← → Claimed as a dependent on another person's return? Yes No ←

Name(s) of Dependent(s)	Birthdate	Soc. Sec. # (req'd)	Relationship	# of Mo.s in Home	Inc. > \$1K?	Source of Inc.

- Wish to allow Preparer to discuss return w/ IRS? Y N
- Contribute \$3 to Presidential Campaign Fund? Y N
- Voluntary contributions to CA's special funds? Y N
- E-deposit Tax Refund to: Bank → Attach voided chk OR same as last year
 Multiple Accts IRA Account Buy I-Bonds
- Alimony received? Y N Paid? Y N \$ _____
 Name/SSN of Payor(ee): _____
 Date of divorce/separation: _____ → Provide copy of decree
- Adoption Expenses? \$ _____
- Child Care: Caretaker's (C) Name _____
 Childcare bene fr employer? Y N → Provide C's Address & Phone

- Household Help? Name & SSN: _Employee Cntrctr Form I-9?
 Yes No Salary Paid \$ _____
- Earn Inc Crdt: Prvsly claim? Y N Prvsly disallw'd? Y N
 → Provide proof of child's residency, e.g. school records, landlord's or doctor's stmt
- Resid. energy imprvmnts? Y N Plug-in Vehicle? Y N
- Rebates: Turf Remvl Elec Car Dealr Rdctn → Provide 1099s
- Educators (K - 12): Amt of unreimbursed expenses? \$ _____
- College Exp: Std Name _____ Tuition: \$ _____
 School _____ Yr @ Sch _____
 Purp of Study _____ Req'd by Emplr? Y N
 Emplr assist? Y N Schol'ship? Y N Amt \$ _____

- Gifts: Did you gift >\$15K (cash or other) to anyone? Y N
- 1099 Reporting: Did you pay ≥\$600 to someone? Y N
- Sales/Use Tax: Any out-of-state or internet purch? Y N
- ID Theft: Did IRS send you a letter? Y N New IRS PIN _____

- Barter goods or svcs? Y N Use the Sharing Econ? Y N
 Use Bitcoin? Y N Have debt canceled/reduced? Y N
- Foreign Earned Inc? Y N Distribtn fr forgn trust? Y N
 Auth over forgn acct? Y N Forgn assets owned? Y N

Health Insur. for you/depndnts in all of 2018? Y N → attach 1095-B From Mktplace? Y N → attach 1095-A Prov'd by Emplr? Y N → attach 1095-C
 Covered by Medicare or Medicaid? Y N Exempt? Y N If no coverage, check Unaffordable Short Gap Hardship Other
 List person(s) & month(s) not covered _____ Receive Premium Credits? Y N Amt each Month? \$ _____

Retirement Plan Contributions & Withdrawals – Plan Type: IRA Spousal IRA Roth IRA SEP KEOGH TSA Company
 Amount Contributed \$ _____ Date ____/____/____ Amount Rolled Over \$ _____ ROTH Conversion \$ _____ [attach stmts for in/out transactions]
 Amount Withdrawn.....\$ _____ Date of Withdrawal..... ____/____/____ Tax Withheld from Withdrawal.....\$ _____
 Age 70½ in 2018? Y N RMD taken in 2018? Y N Qualified Charitable Distribution (QCD)? Y N
 IRA Value on 12/31/18: Yours \$ _____ Spouse's \$ _____ IRA established pre-'87 with different CA basis? Y N

Income
 → Please attach all W-2's, 1099's (incl. 1099-K if applicable), K-1's, Year-end Statements, Trade Confirmations, Closing Escrow Statements, and other supporting documents

Wages, Salaries → attach W-2's	\$ _____	Self-employment Inc. (Expenses on p. 2) (Bus. Description _____)	\$ _____
Social Security → attach SSA-1099	\$ _____	Pension → attach 1099-R	\$ _____
Disability Income	\$ _____	Unemployment Comp.	\$ _____
Sale of 1 ^o Resid. → attach 1099-S	\$ _____	Installment Sale Income	\$ _____
Seller-fin. Mortgage Interest	\$ _____	Payor's Name, Address & SSN	_____
Gambling, Lottery, or Jury Duty	\$ _____	e-Bay or online Sales	\$ _____
Other Income (→ please describe):	_____	Unreported Tips >\$20/mo.	\$ _____

Dividends Rcv'd? Y N Interest Earned? Y N Tax-Free? Y N Securities &/or Propty Sold? Yes No → Provide cost basis info
 Wrthlss Securities? Y N Collectibles sold? Y N Inheritance rcv'd? Y N Dscrptn, Amt & Date of Ppty rcv'd _____

Alimony (not Child Support) → attach div decree/stlmnt agrmt \$ _____ Date of Divorce/Separation Agreement _____ [CA only for divorce after 2017]
 Payee Spouse's Name & SSN _____

DEDUCTIONS

➔ Please use blank paper to provide addtl. info. or clarification. **NEW CLIENTS must attach last year's tax returns** ←

PERSONAL

(Federal only if total over \$ 12,000 if Single, \$ 24,000 if Married Filing Joint)

Medical Expenses (only if over 7.5% of AGI)

Prescription Medication \$ _____
 Doctors, Hospitals & Clinics \$ _____
 Glasses, Orthodontics, Hearing Aids \$ _____
 Medical Supplies \$ _____
 Weight Loss Treatment? Y N (➔ provide Rx & receipts)
 Travel/Transportation (# of miles)..... _____
 LT Care Insurance Premiums..... \$ _____
 Health Insur. Premiums (Self-employed? Y N) . \$ _____
 COBRA? Y N
 Insurance Reimbursements (if any) \$ _____
 HSA? Y N (➔ Forms 5498-SA & 1099-SA)
 Any inc/loss on invstmnts in HSA account? Y N

Taxes

Real Estate Taxes \$ _____
 Auto Registration (VLF only ➔ verify @ dmv.ca.gov) \$ _____
 Sales or Local Taxes \$ _____
 Foreign Income Taxes \$ _____

Interest Paid (➔ Provide escrow stmts & Form 1098)

Mortgage Interest paid to bank..... \$ _____
 If paid to an individual, provide lender's name, address, SSN:

 Mortgage obtained or refinanced on/after 1/1/18? .. Y N
 Points Paid \$ _____ Term of Loan (# of yrs) _____
 Home eqty debt? Y N Loan used for _____
 Investment Interest (Margin)..... \$ _____

Casualty Loss (Circle: Earthquake, Fire, Theft, Accident, Other)

Description of Property _____
 FEMA Code _____ Cost Basis of property \$ _____
 FMV of Property Before \$ _____ After..... \$ _____
 Insurance Reimbursement (if any)..... \$ _____

Charitable Contrib (➔ Attach substantiating docs for ALL donations)

Cash..... \$ _____
 Non-Cash Donations (i.e. Goodwill, Auto) \$ _____
 Amount of QCD transferred..... \$ _____
 Charitable Miles..... \$ _____

Miscellaneous [most federal dedctns eliminated as per TCJA]

Gambling Losses (➔ MUST provide gambling log/diary) ... \$ _____
 Repymt of previously taxed inc >\$3K..... \$ _____
 Estate taxes paid on IRD..... \$ _____

CA only:
 Fees: Tax Prep \$ _____ Invst Advsr \$ _____ Legal \$ _____
 Sfty Dep Box \$ _____ Subscrptns \$ _____ IRA fees \$ _____

Moving Expenses (only if >50 miles & for bus purp) [CA only]

Date _____ From _____ To _____
 Miles from OLD home→OLD wrk _____ →NEW wrk _____
 Shipping \$ _____ Trvl & Lodging (not meals) \$ _____
 Employer Reimb.? Y N Amount \$ _____

ES Taxes Paid	Date	Fed. Amt.	State Amt.
'17 Refund applied to '18 Tax			
4 th Qtr '17 paid to State in Jan '18			
1 st Quarter '18			
2 nd Quarter '18			
3 rd Quarter '18			
4 th Quarter '18			

BUSINESS

➔ Use separate sheet for each spouse or activities ←

Self-emplmt (S) Unreimb Employee (E) Rental Exp (R)

Rental Real Estate: # days rented _____ # days prsnl use _____

Advertising \$ _____
 Cleaning & Maintenance \$ _____
 Dues (union & association)..... \$ _____
 Education (tuition & books) \$ _____
 Fees Paid (legal & professional)..... \$ _____
 Insurance Premiums (business & liability) \$ _____
 Interest Expense on Business Loans \$ _____
 Licenses..... \$ _____
 Office Rent..... \$ _____
 Office Supplies..... \$ _____
 Postage & Freight \$ _____
 Publications & Subscriptions \$ _____
 Repairs..... \$ _____
 Supplies \$ _____
 Taxes Paid (business property) \$ _____
 Telephone..... \$ _____
 Travel & Lodging \$ _____
 Utilities \$ _____
 Other (please list _____) \$ _____

Equipment Purchases (➔ Attach receipts & indicate if new or used)

Description of Item: _____
 Date of Purchase (required): _____
 Amount Paid \$ _____ New Used
 Description of Item: _____
 Date of Purchase (required): _____
 Amount Paid \$ _____ New Used

Automobile Expenses (if used for business or rental)

Year & Make of Car..... _____
 Year Placed into Service _____
 Miles: Bus _____ Commute _____ Personal _____ Total _____
 Actual Expenses (gas, insur., repairs) \$ _____
 Is a written contemporaneous log available? Y N

Business Meals (e.g., meals w/ clients or while traveling)

Meals \$ _____ Entertainment \$ _____ [Fed dedctn elimnt'd by TCJA]
 Rcpts? Y N Bus Purp sbstnt'd? Y N

Office in Home (used exclusively for business)

Total Ft² of Home _____ Ft² of Office Area _____
 Rent \$ _____ Util. \$ _____ Insur. \$ _____ Off. Rprs. \$ _____
 Value of Property (➔ Attach Property Tax Bill) _____
 Photo? Y N 2nd office? Y N Safe Harbor? Y N

Estimate of Gross Self-emplmnt Income in 2019 \$ _____

* Verify ES pymts w/ IRS (800) 829-1040 & FTB (800) 852-5711 or [online](#) *
 ➔ Client asserts, to the best of his/her knowledge, that the information provided herein is correct and includes all items of income and deductions for which supporting documentation is available, even if not specifically requested.

Client Signature: _____ Date: _____