

<b>Taxpayer Information</b>				<b>Spouse Information</b>			
Last name .....				Last name.....			
First name .....				First name .....			
Middle Initial.....		Suffix.....		Middle Initial.....		Suffix.....	
Social security number .....				Social security number .....			
Occupation .....				Occupation.....			
Work phone .....		Ext ...		Work phone.....		Ext ...	
Cell phone .....				Cell phone .....			
E-mail address.....				E-mail address.....			
Date of birth .....				Date of birth .....			
Address .....				Apartment number.....			
City .....		State.....		ZIP Code.....			
Home phone.....		Fax number .....					

<b>Dependent Information</b>						
First name Last name	MI Suffix	Social Security Number Relationship	Date of Birth	Months Lived with Taxpayer	Child Care Expense	

<b>Child and Dependent Care Provider Expenses</b>			
Name	Address	ID Number	Amount Paid

**Education Tuition and Fees**  
 Attach all Form 1098-Ts and a list of your qualified education expenses.

**Student Loan Interest Paid**  
 Enter total 2018 qualified student loan interest.....

Attach Form(s) W-2 – Wages, Salaries, Tips and Other Compensation

Employer Name	2017 Amount
_____	_____
_____	_____
_____	_____

Attach Form(s) 1099-R – Distributions from Pensions, Annuities, Retirement, Profit-Sharing, IRAs, etc

1099-R Payer Name	2017 Amount
_____	_____
_____	_____
_____	_____

Attach Form(s) SSA-1099 – Social Security/Railroad Benefits

	Taxpayer	Spouse
Social Security Benefits from Form SSA-1099 .....	_____	_____
Railroad Retirement Benefits from Form RRB-1099 .....	_____	_____
Medicare B premiums withheld .....	_____	_____
Medicare C premiums withheld .....	_____	_____
Medicare D premiums withheld .....	_____	_____

Attach Form(s) 1099-MISC – Miscellaneous Income

1099-MISC Payer Name
_____
_____
_____
_____

Attach Form(s) 1099-INT – Interest Income

1099-INT Payer Name	2017 Amount
_____	_____
_____	_____
_____	_____
_____	_____

Attach Form(s) 1099-DIV – Dividend Income

1099-DIV Payer Name	2017 Amount
_____	_____
_____	_____
_____	_____
_____	_____

Attach Form(s) 1099-B, 1099-S – Sales of Stocks, Bonds, Real Estate, etc

Attach all stock sale transaction information, including initial cost information.

Other Government Forms to attach:

Form(s) 1099-G – Certain Government Payments, Schedule K-1s – Partnership, S-Corporation, Trust or Estate Income, Form(s) W-2G – Gambling or Lottery Winnings, Form(s) 1099-Q – Payments from Qualified Education Programs

Other Income:

Alimony, jury duty, unreported tips, disability income, etc. Business, rentals, farms: Attach income and expenses for any business, rental or farm you own. Include a list of all new equipment acquired this year, including date of purchase and cost.

Retirement Plan Contributions	Taxpayer	Spouse
Traditional IRA contributions made for 2018 .....	_____	_____
Roth IRA contributions made for 2018 .....	_____	_____
SEP, Keogh, Individual 401(k) or SIMPLE Contributions .....	_____	_____

**2018 Deductions**

<b>Medical and Dental Expenses</b>	<b>2018 Amount</b>	<b>2017 Amount</b>
Prescription medications .....	_____	_____
Health insurance premiums .....	_____	_____
Doctors, dentists, etc .....	_____	_____
Hospitals, clinics, etc .....	_____	_____
Eyeglasses and contact lenses .....	_____	_____
Miles driven for medical purposes .....	_____	_____
Other medical and dental expenses: _____	_____	_____
<b>Taxes</b>	<b>2018 Amount</b>	<b>2017 Amount</b>
Real estate taxes paid on principal residence .....	_____	_____
Real estate taxes paid on additional homes or land .....	_____	_____
Auto license registration fees based on the value of the vehicle .....	_____	_____
Other personal property taxes .....	_____	_____
<b>Interest Expenses</b>		
Home mortgage interest paid — Attach Form(s) 1098. <b>Lender's Name</b>	<b>2018 Amount</b>	<b>2017 Amount</b>
_____	_____	_____
Points paid on loan to buy, build or improve main home <b>Lender's Name</b>	<b>2018 Amount</b>	
_____	_____	
<b>Cash/Check/Credit Contributions</b>	<b>2018 Amount</b>	<b>2017 Amount</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
<b>Noncash Charitable Contributions</b>		
Attach all receipts with details listing the following information: Donee, donee address, description of donation, date acquired and date contributed, your cost, value at time of donation, and how you acquired the property.		
<b>Miscellaneous Deductions</b>	<b>2018 Amount</b>	<b>2017 Amount</b>
Union and professional dues .....	_____	_____
Professional subscriptions, books, supplies .....	_____	_____
Uniforms and protective clothing (including cleaning) .....	_____	_____
Job search costs .....	_____	_____
Taxpayer educator expenses .....	_____	_____
Spouse educator expenses .....	_____	_____
Tax return preparation fees .....	_____	_____
Safe deposit box rental .....	_____	_____
Gambling losses (to the extent of gambling income) .....	_____	_____
Other expenses (list): _____	_____	_____

**2018 Questions**

		<b>Yes</b>	<b>No</b>
1	Did a lender cancel any of your debt in 2018? (Attach any Forms 1099-A or 1099-C).....	<input type="checkbox"/>	<input type="checkbox"/>
2	Did you make energy efficient improvements to your home or purchase any energy-saving property during 2018? If <b>yes</b> , please attach details.....	<input type="checkbox"/>	<input type="checkbox"/>
3	Did you purchase a motor vehicle or boat during 2018? ..... If <b>yes</b> , attach documentation showing sales tax paid.	<input type="checkbox"/>	<input type="checkbox"/>
4	Did you purchase a hybrid or electric vehicle in 2018? If <b>yes</b> , enter year, make, model, and date purchased: _____	<input type="checkbox"/>	<input type="checkbox"/>
5	Did you donate a vehicle in 2018? If <b>yes</b> , attach Form 1098C.....	<input type="checkbox"/>	<input type="checkbox"/>
6	What was the sales tax rate in your locality in 2018? ..... %      State ID ..... _____		
7	Did your marital status change during 2018? ..... If <b>yes</b> , explain: _____	<input type="checkbox"/>	<input type="checkbox"/>
8	Were you or your spouse permanently and totally disabled in 2018? .....	<input type="checkbox"/>	<input type="checkbox"/>
9	Do you have dependents who must file? .....	<input type="checkbox"/>	<input type="checkbox"/>
10	Do you have children who are under age 19 or a full time student under age 24 with investment income greater than \$2,100?...	<input type="checkbox"/>	<input type="checkbox"/>
11	Did you provide over half the support for any other person during 2018? .....	<input type="checkbox"/>	<input type="checkbox"/>
12	Did you incur adoption expenses during 2018? .....	<input type="checkbox"/>	<input type="checkbox"/>
13	Did you receive a total distribution from an IRA or other qualified plan that was partially or totally rolled over into another IRA or qualified plan within 60 days of the distribution?.....	<input type="checkbox"/>	<input type="checkbox"/>
14	Did you receive any disability payments in 2018? .....	<input type="checkbox"/>	<input type="checkbox"/>
15	Did you receive tip income <b>not</b> reported to your employer? .....	<input type="checkbox"/>	<input type="checkbox"/>
16a	Did you buy, sell, refinance, foreclose or abandon a principal residence or other real property in 2018? If <b>yes</b> , attach closing or escrow statements, 1099-C or 1099-A forms.....	<input type="checkbox"/>	<input type="checkbox"/>
	<b>b</b> If you sold a home, did you claim the First-Time Homebuyer Credit when you purchased it?.....	<input type="checkbox"/>	<input type="checkbox"/>
17	Did you incur any casualty or theft losses during 2018? .....	<input type="checkbox"/>	<input type="checkbox"/>
18	Did you incur any non-business bad debts?.....	<input type="checkbox"/>	<input type="checkbox"/>
19	Did you pay any individual for domestic services in 2018?.....	<input type="checkbox"/>	<input type="checkbox"/>
20	Did you buy or sell any stocks or bonds in 2018? .....	<input type="checkbox"/>	<input type="checkbox"/>
21	Did you use the proceeds from Series EE or I U.S. savings bonds purchased after 1989 to pay for higher education expenses?..	<input type="checkbox"/>	<input type="checkbox"/>
22	Did you incur any moving expenses? If <b>yes</b> , attach details.....	<input type="checkbox"/>	<input type="checkbox"/>
23	Did you receive any income not included in this Tax Organizer?..... If <b>yes</b> , please attach information.	<input type="checkbox"/>	<input type="checkbox"/>
24	Do you expect your income and deductions in 2019 to be the same as 2018? .....	<input type="checkbox"/>	<input type="checkbox"/>
	If <b>no</b> , attach explanation of changes expected.		
25a	Did you and your dependents have health insurance coverage for the full year? .....	<input type="checkbox"/>	<input type="checkbox"/>
	<b>b</b> Did you receive any of the following IRS documents? Forms 1095-A (Health Insurance Marketplace Statement), Form 1095-B (Health Coverage) or Form 1095-C (Employer Provided Health Insurance Offer and Coverage)? If so, please attach.....	<input type="checkbox"/>	<input type="checkbox"/>
26	If you paid any alimony, enter recipient's SSN: _____ Alimony paid: _____		
27	Enter your state of residence..... <b>Taxpayer</b> _____ <b>Spouse</b> _____		

**Electronic Filing and Direct Deposit of Refund**

If your tax return is eligible for Electronic Filing, would you like to file electronically?.....  **Yes**     **No**

The Internal Revenue Service is able to deposit many refunds directly into taxpayers' accounts.  
If you receive a refund, would you like direct deposit? .....  **Yes**     **No**

If **yes**, please provide a voided check (not a deposit slip) if your bank account information has changed.  
What type of account is this?..... Checking     Savings

**Estimated Tax Paid**

Federal		State			Local		
Date	Amount	Date	Amount	ID	Date	Amount	ID

**Additional Information** (Enter any additional information here and attach any documents.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Health Insurance Coverage

ORG3A

**Preparer note:** The fields on this form are non-enterable. This worksheet is meant to gather client data only. This worksheet will not transfer to the ProSeries/1040 product. Data from this worksheet must be manually entered on the appropriate form in ProSeries/1040.

<b>Part 1 Coverage</b>																		
Enter the name, SSN/DOB and health insurance status for each person who will claim on your return in the table below: See the information below regarding the new health insurance reporting requirements beginning in 2015.																		
Name of covered individual(s)	SSN or DOB	Covered 12 mos	Exchange Policy	Exemption Received	Indicate which months each person was covered by MEC*:													
					Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec		
1.																		
2.																		
3.																		
4.																		
5.																		
6.																		
7.																		
8.																		
9.																		

Use this worksheet to list the names of individuals listed on the income tax return and their health care insurance coverage status. It will help your tax preparer determine who has health insurance coverage, who may have an exemption, and who may be subject to the individual shared responsibility payment.

Most individuals are required to have:

- ▶ **Minimum Essential Coverage (\*MEC),** or
- ▶ an **Exemption** from the responsibility to have minimum essential coverage, or
- ▶ Make a **Shared Responsibility Payment.**

**Minimum Essential Coverage** includes employer-sponsored coverage, health insurance purchased through the Health Insurance Marketplace (Exchange), Medicare, Medicaid, certain VA coverage, Tricare, etc.

**Exemptions** may be obtained in advance from Healthcare.gov. Exemptions are available to members of federally recognized tribes, certain religious sects, and members of healthcare sharing ministries. There are numerous other exemptions and hardship exemptions available at [www.irs.gov/uac/ACA-Individual-Shared-Responsibility-Provision-Exemptions](http://www.irs.gov/uac/ACA-Individual-Shared-Responsibility-Provision-Exemptions) or [www.healthcare.gov/exemptions](http://www.healthcare.gov/exemptions). Some exemptions may be claimed directly on the income tax return.

The **Shared Responsibility Payment** is the **GREATER OF 2.5%** of the household income that is above the filing threshold for the filing status, or the family's flat dollar amount is \$695 per adult and \$347.50 per child, limited to a family maximum of \$2,085. This total is capped at the cost of the national average premium for a bronze level plan available through the Marketplace.

If you purchased a health insurance policy from an exchange (or Marketplace), check the Exchange Policy box above. You will receive Form 1095-A from the exchange that issued your policy. Please provide this form with your Organizer documents to your tax preparer.

Please call with any questions on this worksheet.

ORG3A

**Social Security Benefits/Form 1099-G/Other Income**

ORG10

<b>SOCIAL SECURITY BENEFITS</b>		
<input checked="" type="checkbox"/> <b>Attach all copies of SSA and RRB forms.</b>	<b>Taxpayer</b>	<b>Spouse</b>
1 Social Security Benefits from Form SSA-1099.....		
2 Federal income tax withheld from Form SSA-1099 .....		
3 Medicare B premiums withheld from Form SSA-1099 .....		
4 Medicare C premiums withheld from Form SSA-1099 .....		
5 Medicare D premiums withheld from Form SSA-1099 .....		
6 Railroad Retirement Benefits from Form RRB-1099 .....		
7 Federal income tax withheld from Form RRB-1099 .....		
8 Medicare premiums withheld from Form RRB-1099.....		

<b>FORM 1099-G</b>				
<input checked="" type="checkbox"/> <b>Attach all copies of 1099-G forms.</b>				

Box	Description	Payer 1	Payer 2	Payer 3
	Check if Spouse .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Check if Joint.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Payer's name.....			
1	Unemployment compensation.....			
a	Unemployment benefits you repaid in 2018 .....			
2	State and local income tax refunds .....			
3	Enter the tax year from 1099-G box 3 .....			
a	If tax year is 2017 or prior, enter the taxable portion of the amount reported in box 2 .....			
4	Federal income tax withheld.....			
5	RTAA payments.....			
6	Taxable grants .....			
7	Agriculture payments .....			
8	Check if box 2 amount is from trade or business .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Market gain .....			
10a	Two-letter state abbreviation .....	—	—	—
	Two or three-letter local abbreviation .....	—	—	—
b	State identification number .....			
11	State income tax withheld.....			

<b>OTHER INCOME</b>			
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	Nature and Source	2018 Taxpayer	2018 Spouse	2017 Combined
1	Alimony received .....			
2	Recovery of bad debts previously deducted .....			
3	Jury duty pay .....			
4	Gambling winnings not reported on W2G/1099.....			
5	Income from not for profit activities (hobbies).....			
6	Income from the rental of personal property.....			
7	Non-Government unemployment received/repaid in 2018 .....			
8	Other Taxable income:			
a	Union unemployment benefits.....			
b	Private fund unemployment benefits.....			
c	State employee unemployment benefits .....			
9	Other miscellaneous income items:			
	Description:			

**Sales of Stocks and Securities**

**ORG21**

**Attach all copies of Forms 1099-B and/or 1099-S here.**

**Yes No**

- 1 Did you exchange any securities for other securities or any other property held for investment?
- 2 Did you acquire stock identical to stock sold at a loss within a period beginning 30 days prior to and ending 30 days after the date of the sale?
- 3 Did you engage in any transactions involving traded options?
- 4 Did you engage in any transactions involving commodity future contracts and straddle positions?
- 5 Did you engage in any transactions involving *employee* stock options?
- 6 Schedule D included in the 2017 Federal income tax return?

Do not include installment sales transactions here. Complete information on Installment Sales Income (ORG23) instead. See notes below for entries to be made on lines 1d, 4a, 4b and 5

**FORMS 1099-B, 1099-S – SALES OF STOCKS, BONDS, REAL ESTATE, ETC.**

Transaction number.....

- 1a Check if this sale was reported to you on Form 1099-B or substitute statement
- b If so**, check if Box 6a is marked (i.e., this is the sale of noncovered security)
- c If so**, check if Box 6b is marked (i.e., the basis amount was reported to the IRS)
- d If so**, select type of gain (loss) indicated in Box 1c \*
- 2 Description of property .....
- 3a Date acquired .....
- b** Date sold .....
- 4a Type of transaction \*\*\* .....
- b** Property ownership \*\* .....
- 5 Holding period \* .....
- 6 Sales price .....
- 7 Cost or other basis .....
- 8 Wash sale loss disallowed.....
- 9 Federal Tax withheld (if any).....
- 10a State.....      **b** State identification .....
- c** State tax withheld.....

Transaction number.....

- 1a Check if this sale was reported to you on Form 1099-B or substitute statement
- b If so**, check if Box 6a is marked (i.e., this is the sale of noncovered security)
- c If so**, check if Box 6b is marked (i.e., the basis amount was reported to the IRS)
- d If so**, select type of gain (loss) indicated in Box 1c \*
- 2 Description of property .....
- 3a Date acquired .....
- b** Date sold .....
- 4a Type of transaction \*\*\* .....
- b** Property ownership \*\* .....
- 5 Holding period \* .....
- 6 Sales price .....
- 7 Cost or other basis .....
- 8 Wash sale loss disallowed.....
- 9 Federal Tax withheld (if any).....
- 10a State.....      **b** State identification .....
- c** State tax withheld.....

**\* Type of Holding Period**

- S = Short-term (one year or less)
- L = Long-term (more than one year)

**\*\* Type of Ownership**

- T = Taxpayer Ownership
- S = Spouse Ownership
- J = Joint Ownership

**\*\*\* Type of Transaction**

- S = Regular Sale of Stocks, Bonds, etc
- W = Wash Sale
- M = Collectible (28% Rate)
- P = Personal Loss on Noninvestment Property
- X = Expired (options, etc)
- O = Worthless Securities
- K = Bankrupt
- N = Nonbusiness Bad Debt
- E = Stock sales to ESOP's or EWOC's

## Rent and Royalty Income and Expenses

ORG25

### BASIC PROPERTY INFORMATION

Property description: \_\_\_\_\_  
 Property type: \* \_\_\_\_\_ If type is other, enter a description: \_\_\_\_\_  
 Location (street address): \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 If a foreign address: Foreign province or state: \_\_\_\_\_  
 Foreign postal code: \_\_\_\_\_ Foreign Country: (not applicable)

1 Check property owner .....  Taxpayer  Spouse  Joint

	Yes	No
2 a Did you make any payments that would require you to file Form(s) 1099? .....	<input type="checkbox"/>	<input type="checkbox"/>
b If <b>yes</b> , did you or will you file all required Forms(s) 1099? .....	<input type="checkbox"/>	<input type="checkbox"/>

3 a Enter the ownership percentage (if not 100%).....		
b If not 100%, are you reporting 100% of the income and expenses? .....	<input type="checkbox"/>	<input type="checkbox"/>

4 Is this a rental property? (If **yes**, answer questions 5 through 11; if **no**, skip to question 12.) .....  Yes  No

5 Did you have personal use of this property or rent it for part of the year at less than fair rental value? .....  Yes  No

6 For all rental properties, **enter the number of days** during 2018 that:

- a The property was rented at fair rental value ..... \_\_\_\_\_
- b The property was used personally or rented at less than fair rental value ..... \_\_\_\_\_
- c You owned the property, if not the entire year ..... \_\_\_\_\_

7 a Does this rental have multiple living units and you live in one of the units? .....  Yes  No

    b If **yes**, enter percentage of rental use ..... \_\_\_\_\_

8 Did you actively participate in this property's management during 2018 ? .....  Yes  No

9 Did you materially participate in this property's management during 2018 ? .....  Yes  No

10 Do you want to treat this property as non-passive?.....  Yes  No

11 Did this property have unallowed passive losses in 2017 ? .....  Yes  No

12 Did you dispose of this property in a fully taxable transaction? .....  Yes  No

13 Check this box if some of this investment was **not** at-risk.....  Yes  No

14 a Treat all MACRS assets for this activity as qualified Indian reservation property? .....  Yes  No

    b Treat all assets acquired after August 27, 2005 as qualified GO Zone property?..... **Regular**  **Extension**  **No**

    c Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property? .....  Yes  No

    d Was this activity located in a Qualified Disaster Area? .....  Yes  No

Complete ORG51 for Asset Acquisitions and ORG50 for Dispositions.

INCOME	2018	2017
15 Rents or royalties received .....		

- \* **Property Types:**
- |                              |               |
|------------------------------|---------------|
| 1 Single family residence    | 5 Land        |
| 2 Multi-family residence     | 6 Royalties   |
| 3 Vacation/short-term rental | 7 Self-rental |
| 4 Commercial                 | 8 Other       |



**Rent and Royalty Income and Expenses (continued)**

**ORG25**

EXPENSES	2018	2017
Property location .....		
<b>16</b> Advertising .....		
<b>17a</b> Automobile (complete ORG18 for autos).....		
<b>b</b> Travel.....		
<b>18</b> Cleaning and maintenance .....		
<b>19</b> Commissions.....		
<b>20a</b> Mortgage insurance premiums – qualified .....		
<b>b</b> Other insurance .....		
<b>21</b> Legal and professional fees .....		
<b>22</b> Management fees .....		
<b>23a</b> Mortgage interest paid to banks – qualified.....		
<b>b</b> Mortgage interest paid to banks – other.....		
<b>24</b> Other interest .....		
<b>25</b> Repairs.....		
<b>26</b> Supplies.....		
<b>27a</b> Real estate taxes.....		
<b>b</b> Other taxes.....		
<b>28</b> Utilities .....		
<b>29</b> Other expenses:		
<b>a</b> .....		
<b>b</b> .....		
<b>c</b> .....		
<b>d</b> .....		
<b>e</b> .....		
<b>30a</b> Depreciation and Section 179 deduction <b>(Preparer Use Only)</b> .....		
<b>b</b> Depletion <b>(Preparer Use Only)</b> .....		