

***Adrian A. Gaspar & Company, LLP  
Certified Public Accountants  
6 Kimball Lane, Suite 150  
Lynnfield, MA 01940***

The 2018 Tax Organizer will assist you in collecting and reporting information necessary for us to properly prepare your 2018 income tax return. Please complete the organizer sections as appropriate and provide supporting documentation where necessary. Prior year data is included on the organizer sections for your reference.

Please provide us with the following additional information:

- A copy of your 2017 tax return, if not prepared by this office
- Form(s) W-2 (wages, etc.)
- Form(s) 1099 (interest, dividends, etc.)
- Schedule(s) K-1 (income/loss from partnerships, S corporations, etc.)
- Form(s) 1098 (mortgage interest) and property tax statements
- Brokerage statements from stock, bond or other investment transactions
- Closing statements pertaining to real estate transactions
- Form(s) 1099-K (Merchant Card and Third Party Network Payments)
- All other supporting documents (schedules, checkbooks, etc.)
- Any tax notices received from the IRS or other taxing authorities

Due to the complexity and massive changes imposed by the Tax Cuts and Jobs Act impacting your 2018 tax returns, we may find it necessary to adjust and increase tax preparation fees for this year's returns. We try not to have dramatic increases in our fees from year to year and hope that any fee increase will not jeopardize our valued association.

Thank you for your help in the completion of the Tax Organizer. Please contact us if you need further assistance.

Sincerely,  
***Adrian A. Gaspar & Company, LLP***

**Adrian A. Gaspar & Company,LLP**  
**Certified Public Accountants**  
**6 Kimball Lane, Suite 150**  
**Lynnfield, MA 01940**

Dear Client:

This letter confirms our understanding of the terms and objectives of our engagement and the nature and limitations of the tax services we will provide.

We will prepare your 2018 federal and required state(s) income tax returns from the information you will provide, such as, W-2s, 1099s, 1098s, and if necessary bank statements, canceled checks, check stubs or register, payroll records, and other relevant documents.

If you made any payments in 2018 that would require you to file Form(s) 1099, you did or will file all required Forms 1099. If you maintain a financial interest, signature authority, or other authority over one or more financial accounts (such as a bank account, securities account, or brokerage account) in foreign countries, you have informed us of such.

We will not audit or otherwise attempt to verify the information you have submitted, although we may ask for clarification or further details on some matters. Our services in connection with the preparation of your income tax returns do not include any procedures designed to detect defalcations, errors, irregularities, or illegal acts should they exist.

You agree to provide and maintain all the information required for the preparation of complete and accurate returns. You represent that the information you are supplying to us is accurate and complete to the best of your knowledge and that your income and expenses are supported by records as required by law. It is your responsibility to examine the returns, accompanying schedules and statements and therefore, you should review them carefully before you sign them. The law provides for a penalty to be imposed where a taxpayer makes a substantial understatement of their tax liability.

Fees for services to be provided will be computed at our standard hourly rate for tax services plus out-of-pocket expenses. Invoices are due and payable upon presentation.

Any additional services to be provided will be computed at our standard hourly rate.

Please indicate your acceptance of the above understanding by signing below. If you have special projects or tax returns, other than individual income tax returns, with which we can assist, please let us know.

Sincerely,  
*Adrian A. Gaspar & Company, LLP*

Accepted by: \_\_\_\_\_ Date: \_\_\_\_\_

2018	1040	US	Client Information	1
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**Adrian A. Gaspar & Company,LLP**  
 6 Kimball Lane, Suite 150  
 Lynnfield, MA 01940  
 Telephone number: 617-621-0500  
 Fax number: 617-621-0310  
 E-mail address: CPAS@GASPARCO.COM

**Tax Return Appointment**

Date:  
 Time:  
 Location:

This tax organizer will assist you in gathering information necessary for the preparation of your 2018 tax return. Please add, change, or delete information as appropriate.

**CLIENT INFORMATION**

Filing Status	Filing status (table).....	2	<p><b>Filing Status</b></p> <p>1 = Single                  2 = Married filing joint                  3 = Married filing separate                  4 = Head of household                  5 = Qualifying widow(er)</p>
	1=married filing separate and lived with spouse.....		
	Year spouse died, if qualifying widow(er) (2016 or 2017).....		
Taxpayer	First name and initial.....		
	Last name.....		
	Title/suffix.....		
	Social security number.....		
	Occupation.....		
	Date of birth (m/d/y).....		
	Date of death (m/d/y).....		
1=blind.....			
Spouse	First name and initial.....		
	Last name.....		
	Title/suffix.....		
	Social security number.....		
	Occupation.....		
	Date of birth (m/d/y).....		
	Date of death (m/d/y).....		
1=blind.....			
Address	In care of.....		
	Street address.....		
	Apartment number.....		
	City.....		
	State.....		
	ZIP code.....		
Foreign Address	Region.....		
	Postal code.....		
	Country.....		
			1

<b>2018</b>	<b>1040</b>	<b>US</b>	<b>Topical Index</b>
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Please add, change or delete information for 2018.

**CLIENT INFORMATION**

Taxpayer Contact Information	Home phone .....		<p><b>Daytime Phone</b></p> <p>1 = Work 2 = Home 3 = Mobile</p>
	Work phone .....		
	Work extension .....		
	Daytime phone (table) .....	1	
	Mobile phone .....		
	Fax number .....		
	E-mail address .....		
Spouse Contact Information	Home phone .....		
	Work phone .....		
	Work extension .....		
	Daytime phone (table) .....	1	
	Mobile phone .....		
	Fax number .....		
	E-mail address .....		
Taxpayer Authentication	Driver's license no. ....		
	Driver's license state .....		
	Expiration date (m/d/y) .....		
	Issue date (m/d/y) .....		
	Theft protection PIN .....		
Spouse Authentication	Driver's license no. ....		
	Driver's license state .....		
	Expiration date (m/d/y) .....		
	Issue date (m/d/y) .....		
	Theft protection PIN .....		

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Please add, change or delete information for 2018.

**DEPENDENTS**

	Dependent	Dependent	
First name .....			<p style="text-align:center;"><b>Type of Dependent</b></p> <p>1 = Child living w/taxpayer                      2 = Child not living w/taxpayer                      3 = Dependent other than child                      4 = Head of household only, not a dependent                      5 = Earned income credit only, not a dependent</p> <p style="text-align:center;"><b>Earned Income Credit</b></p> <p>1 = When applicable (default)                      2 = Student age 19 to 23                      3 = Disabled                      4 = Force                      5 = Suppress</p> <p>NOTE: If you claim the earned income credit, please provide proof that your child is a resident of the U.S. This proof is typically in the form of:</p> <ol style="list-style-type: none"> <li>1. School records or statement</li> <li>2. Landlord or property management statement</li> <li>3. Health care provider statement</li> <li>4. Medical records</li> <li>5. Child care provider records</li> <li>6. Placement agency statement</li> <li>7. Social service records or statement</li> <li>8. Place of worship statement</li> <li>9. Indian tribe office statement</li> <li>10. Employer statement</li> </ol> <p>NOTE: If your child is disabled, please provide one of the following forms of proof of disability:</p> <ol style="list-style-type: none"> <li>1. Doctor statement</li> <li>2. Other health care provider statement</li> <li>3. Social services agency or program statement</li> </ol>
Last name .....			
Title/suffix .....			
Date of birth (m/d/y) .....			
Date of death .....			
Date of adoption .....			
Social security number .....			
Relationship .....			
Months lived at home .....			
Type of dependent (see table) .....			
Earned income credit (see table) .....			
Claimed by: 1=taxpayer, 2=spouse .....			
	Dependent	Dependent	
First name .....			
Last name .....			
Title/suffix .....			
Date of birth (m/d/y) .....			
Date of death .....			
Date of adoption .....			
Social security number .....			
Relationship .....			
Months lived at home .....			
Type of dependent (see table) .....			
Earned income credit (see table) .....			
Claimed by: 1=taxpayer, 2=spouse .....			
	Dependent	Dependent	
First name .....			
Last name .....			
Title/suffix .....			
Date of birth (m/d/y) .....			
Date of death .....			
Date of adoption .....			
Social security number .....			
Relationship .....			
Months lived at home .....			
Type of dependent (see table) .....			
Earned income credit (see table) .....			
Claimed by: 1=taxpayer, 2=spouse .....			
	Dependent	Dependent	
First name .....			
Last name .....			
Title/suffix .....			
Date of birth (m/d/y) .....			
Date of death .....			
Date of adoption .....			
Social security number .....			
Relationship .....			
Months lived at home .....			
Type of dependent (see table) .....			
Earned income credit (see table) .....			
Claimed by: 1=taxpayer, 2=spouse .....			

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## Miscellaneous Questions

If any of the following items pertain to you or your spouse for 2018, please check the appropriate box and provide additional information if necessary.

**PERSONAL INFORMATION**

- | Yes                      | No                       |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Did your marital status change during the year?                              |
| <input type="checkbox"/> | <input type="checkbox"/> | Did your address change during the year?                                     |
| <input type="checkbox"/> | <input type="checkbox"/> | Could you be claimed as a dependent on another person's tax return for 2018? |

**DEPENDENTS**

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Were there any changes in dependents?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Were any of your unmarried children who might be claimed as dependents 19 years of age or older at the end of 2018?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have any children under age 19 or full-time students under age 24 at the end of 2018, with interest and dividend income in excess of \$1,050, or total investment income in excess of \$2,100? |

**HEALTH CARE COVERAGE**

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you and your dependents have healthcare coverage for the full-year?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive any of the following IRS Documents? Form 1095-A (Health Insurance Marketplace Statement), 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"/> | If you or your dependents did not have health care coverage during the year, do you fall into one of the following exemption categories: Indian tribe membership, health sharing ministry membership, religious sect membership, incarceration, exempt non-citizen or economic hardship? If you received an exemption certificate, please attach. |

**INCOME**

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive unreported tip income of \$20 or more in any month?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you cash any Series EE U.S. savings bonds issued after 1989 and pay qualified higher education expenses for yourself, your spouse, or your dependents? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive any disability income?   |

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<input type="checkbox"/>	<input type="checkbox"/>		Did you have any foreign income or pay any foreign taxes?
<b>PURCHASES, SALES AND DEBT</b>			
<input type="checkbox"/>	<input type="checkbox"/>		Did you start a business or farm, purchase rental or royalty property, or acquire an interest in a partnership, S corporation, trust, or REMIC?
<input type="checkbox"/>	<input type="checkbox"/>		Did you purchase or dispose of any business assets (furniture, equipment, vehicles, real estate, etc.), or convert any personal assets to business use?
<input type="checkbox"/>	<input type="checkbox"/>		Did you buy or sell any stocks, bonds or other investment property in 2018?
<input type="checkbox"/>	<input type="checkbox"/>		Did you sell or do you plan to sell any dividend generating stocks or mutual funds during the first 60 days of 2019?
<input type="checkbox"/>	<input type="checkbox"/>		Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan?
<input type="checkbox"/>	<input type="checkbox"/>		Did you purchase a home in 2018 and you were overseas on official extended duty?
<input type="checkbox"/>	<input type="checkbox"/>		Did you make any residential energy-efficient improvements or purchases involving solar, wind, geothermal or fuel cell energy sources?
<input type="checkbox"/>	<input type="checkbox"/>		Did you have any debts cancelled or forgiven?
<input type="checkbox"/>	<input type="checkbox"/>		Does anyone owe you money which has become uncollectible?
<b>RETIREMENT PLANS</b>			
<input type="checkbox"/>	<input type="checkbox"/>		Did you receive a distribution from a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?
<input type="checkbox"/>	<input type="checkbox"/>		Did you make a contribution to a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?
<input type="checkbox"/>	<input type="checkbox"/>		Did you transfer or rollover any amount from one retirement plan to another retirement plan?
<input type="checkbox"/>	<input type="checkbox"/>		Did you convert part or all of your traditional, SEP, or SIMPLE IRA to a Roth IRA in 2018?
<b>EDUCATION</b>			
<input type="checkbox"/>	<input type="checkbox"/>		Did you receive a distribution from an Education Savings Account or a Qualified Tuition Program?

2018	1040	US	Miscellaneous Questions
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- Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school?

**ITEMIZED DEDUCTIONS**

- Did you incur a loss because of damaged or stolen property?
- Did you work out of town for part of the year?
- Did you use your car on the job (other than to and from work)?

**ESTIMATED TAXES**

- Did you apply an overpayment of 2017 taxes to your 2018 estimated tax (instead of being refunded)?
- If you have an overpayment of 2018 taxes, do you want the excess applied to your 2019 estimated tax (instead of being refunded)?
- Do you expect your 2019 taxable income and withholdings to be different from 2018?

**MISCELLANEOUS**

- Do you want to electronically file your tax return?
- Do you want to allocate \$3 to the Presidential Election Campaign Fund?
- Does your spouse want to allocate \$3 to the Presidential Election Campaign Fund?
- May the IRS discuss your tax return with your preparer?
- Did you have an interest in or signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account?
- Did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust or did you have an interest in any foreign assets or accounts?
- Was your home rented out or used for business?

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## Miscellaneous Questions

- Did you have a medical savings account (MSA), a Medicare + Choice MSA, or acquire an interest in an MSA or a Medicare + Choice MSA because of the death of the account holder? Or, were you a policyholder who received payments under a long-term care (LTC) insurance contract or received any accelerated death benefits from a life insurance policy?
- Are you a member of the Armed Forces of the United States on active duty who moved pursuant to a military order related to a permanent change of station?
- Did you engage the services of any household employees?
- Were you notified or audited by either the Internal Revenue Service or the State taxing agency?
- Did you or your spouse make any gifts to an individual that total more than \$15,000, or any gifts to a trust?
- Did your bank account information change within the last twelve months?

Please enter all pertinent 2018 information.

**DIRECT DEPOSIT / ELECTRONIC PAYMENT (3)**

1=direct deposit of federal tax refund into bank account .....		
1=electronic payment of balance due .....		
1=electronic payment of estimated tax .....		

**BANK INFORMATION**

Name of Bank	Percent to Deposit (xx.xx)	Routing Number	Account Number	Type of Account (Table 1)	Type of Invest. (Table 2)

**2018 ESTIMATED TAX / 1040-ES (6)**

Federal	Amount Paid	Date Paid	TS	2018 Voucher Amount
Overpayment applied from 2017 .....				
1st quarter payment .....				
2nd quarter payment .....				
3rd quarter payment .....				
4th quarter payment .....				
Additional Estimated Tax Payments				
Paid with extension .....				
Former spouse SSN if joint estimates .....				

State	Amount Paid	Date Paid	TS	2018 Voucher Amount
Overpayment applied from 2017 .....				
1st quarter payment .....				
2nd quarter payment .....				
3rd quarter payment .....				
4th quarter payment .....				
Additional Estimated Tax Payments				
Paid with extension .....				

<b>1</b>	<b>Type of Account</b>
	1 = Savings 2 = Checking

<b>2</b>	<b>Type of Investment</b>
	1 = Checking or savings (default)      6 = Coverdell savings account (ESA) 2 = Taxpayer's IRA (next year limits)      7 = Other 3 = Spouse's IRA (next year limits)      8 = Taxpayer's IRA (current year limits) 4 = Health savings account (HSA)      9 = Spouse's IRA (current year limits) 5 = Archer MSA

2018	1040	US	Direct Deposit & Estimates (Form 1040 ES) (cont.)	7.1
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Please enter all pertinent 2018 information.

**APPLICATION OF 2018 OVERPAYMENT (7.1)**

If you have an overpayment of 2018 taxes, do you want the excess refunded?  or applied to 2019 estimate?...

Other (please explain): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2019 ESTIMATED TAX INFORMATION**

Do you expect your 2019 taxable income to be different from 2018? ..... Yes  No   
If "yes" explain any differences in income, deductions, dependents, etc.: \_\_\_\_\_

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

Do you expect your 2019 withholding to be different from 2018? ..... Yes  No   
If "yes" explain any differences: \_\_\_\_\_

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

<b>2018</b>	<b>1040</b>	<b>US</b>	<b>Wages, Pensions, Gambling Winnings</b>	<b>10, 13.1, 13.2</b>
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Please enter all pertinent 2018 amounts & attach all W-2, W-2G and 1099-R forms.  
Last year's amounts are provided for your reference.

**WAGES, SALARIES, TIPS (10)**

No.	Name of Employer (Box c)	1=retirement plan (Box 13)		Wages, Tips, Other Compensation (Box 1)	Tax Withheld					2017 Wages
		1=spouse			Federal (Box 2)	Social Security (Box 4)	Medicare (Box 6)	State (Box 17)	Local (Box 19)	

**PENSIONS, IRA DISTRIBUTIONS (13.1)**

No.	Name of Payer	Distribution code #2		Gross Distribution (Box 1)	Taxable Amount (Box 2a)	Tax Withheld		Value of all IRAs at 12/31/18	2017 Distribution
		Distribution code #1				Federal (Box 4)	State (Box 12)		
		1=IRA/SEP/SIMPLE							

**GAMBLING WINNINGS (W-2G) (13.2)**

No.	Name of Payer	1=spouse	Gross Winnings (Box 1)	Tax Withheld			2017 Winnings
				Federal (Box 4)	State (Box 15)	Local (Box 17)	

**GAMBLING LOSSES & WINNINGS (NON W-2G) (13.2)**

	2018 Amount	TS	2017 Amount
Total gambling losses .....			
Winnings not reported on Form W-2G.....			

**10, 13.1, 13.2**



<b>2018</b>	<b>1040</b>	<b>US</b>	<b>Miscellaneous Income</b>	<b>14.1</b>
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Please enter all pertinent 2018 amounts and attach all 1099-MISC, SSA-1099, and RRB-1099 forms. Last year's amounts are provided for your reference.

**MISCELLANEOUS INCOME**

	2018 Amount		2017 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Social security benefits (SSA-1099, box 5) .....				
Medicare premiums paid (SSA-1099) .....				
1=treat Medicare premiums paid as SE health ins. ....				
Tier 1 RR retirement benefits (RRB-1099, box 5) ...				
1=lump-sum election for SS benefits .....				
Alimony received .....				
Taxable scholarships and fellowships .....				
Jury duty pay .....				
Household employee income not on W-2 .....				
Excess minister's allowance .....				
Alaska permanent fund dividends .....				
Income from rental of personal property .....				
Income subject to S/E tax:				
_____				
_____				
_____				
_____				
Other income (1099-MISC, box 3, 8)				
_____				
_____				
_____				
_____				
<b>TAX WITHHELD</b> (not entered elsewhere)				
Federal income tax withheld .....				
State income tax withheld .....				
Local income tax withheld .....				

**14.1**

2018	1040	US	State & Local Tax Refunds / Unemployment Compensation	14.2
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Please add, change or delete 2018 information as appropriate.  
Be sure to attach all 1099-G forms.

**STATE AND LOCAL TAX REFUNDS /  
UNEMPLOYMENT COMPENSATION (Form 1099-G)**

2018 1099-G Amount

No. <input style="width: 40px;" type="text"/>	Name of payer.....			
	1=spouse.....			
	Unemployment compensation:			
	Total received (Box 1).....			
	2018 Overpayment repaid.....			
	State and local refunds:			
	State and local income tax refund, credit or offsets (Box 2)			
	1=city or local income tax refund.....			
	Tax year for box 2 if not 2017 (Box 3).....			
	Federal income tax withheld (Box 4).....			
	RTAA payments (Box 5).....			
	Taxable grants:			
	Federal taxable amount (Box 6).....			
	State taxable amount, if different.....			
	Farm amounts:			
Agriculture payments (Box 7).....				
1=agriculture payments are from conservation reserve program.....				
Market gain (Box 9).....				
Number of farm.....				
1=box 2 is trade or business income (Box 8).....				
State income tax withheld (Box 11).....				

No. <input style="width: 40px;" type="text"/>	Name of payer.....			
	1=spouse.....			
	Unemployment compensation:			
	Total received (Box 1).....			
	2018 Overpayment repaid.....			
	State and local refunds:			
	State and local income tax refund, credit or offsets (Box 2)			
	1=city or local income tax refund.....			
	Tax year for box 2 if not 2017 (Box 3).....			
	Federal income tax withheld (Box 4).....			
	RTAA payments (Box 5).....			
	Taxable grants:			
	Federal taxable amount (Box 6).....			
	State taxable amount, if different.....			
	Farm amounts:			
Agriculture payments (Box 7).....				
1=agriculture payments are from conservation reserve program.....				
Market gain (Box 9).....				
Number of farm.....				
1=box 2 is trade or business income (Box 8).....				
State income tax withheld (Box 11).....				

<b>2018</b>	<b>1040</b>	<b>US</b>	<b>Education Distributions (ESA's and QTP's)</b>	<b>14.3</b>
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Please enter all pertinent 2018 amounts and attach all 1099-Q forms.  
Enter qualified education expenses below that are not entered elsewhere.  
Last year's amounts are provided for your reference.

**ESA'S AND QTP'S (Form 1099-Q)**

		2018 Amount	2017 Amount
No. <input style="width:40px;" type="text"/>	Name of payer.....		
	1=spouse.....		
	Qualified expenses:		
	Higher education (net of nontaxable benefits).....		
	Elementary & secondary education (net of nontaxable benefits).....		
	Form 1099-Q:		
	Gross distributions (Box 1).....		
	Earnings (Box 2).....		
	Basis (Box 3).....		
	Rollover: 1=nontaxable, 2=taxable (Box 4).....		
	Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5) ..		
ESA's only:			
2018 contributions to this ESA.....			
Value of this account at 12/31/18 (plus outstanding rollovers)...			
Basis in this ESA as of 12/31/17.....			

No. <input style="width:40px;" type="text"/>	Name of payer.....		
	1=spouse.....		
	Qualified expenses:		
	Higher education (net of nontaxable benefits).....		
	Elementary & secondary education (net of nontaxable benefits).....		
	Form 1099-Q:		
	Gross distributions (Box 1).....		
	Earnings (Box 2).....		
	Basis (Box 3).....		
	Rollover: 1=nontaxable, 2=taxable (Box 4).....		
	Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5) ..		
ESA's only:			
2018 contributions to this ESA.....			
Value of this account at 12/31/18 (plus outstanding rollovers)...			
Basis in this ESA as of 12/31/17.....			

No. <input style="width:40px;" type="text"/>	Name of payer.....		
	1=spouse.....		
	Qualified expenses:		
	Higher education (net of nontaxable benefits).....		
	Elementary & secondary education (net of nontaxable benefits).....		
	Form 1099-Q:		
	Gross distributions (Box 1).....		
	Earnings (Box 2).....		
	Basis (Box 3).....		
	Rollover: 1=nontaxable, 2=taxable (Box 4).....		
	Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5) ..		
ESA's only:			
2018 contributions to this ESA.....			
Value of this account at 12/31/18 (plus outstanding rollovers)...			
Basis in this ESA as of 12/31/17.....			

2018	1040	US	ABLE Distributions	14.4
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Please enter all pertinent 2018 amounts. Last year's amounts are provided for your reference.

**ABLE DISTRIBUTIONS / CONTRIBUTIONS**

		2018 Amount	2017 Amount
No. <input style="width:40px;" type="text"/>	Name of payer or issuer.....		
	1=spouse.....		
	Distributions (1099-QA):		
	Gross distributions (1).....		
	Earnings (2).....		
	Basis (3).....		
	1=program to program transfer (4).....		
	1=ABLE account terminated (5).....		
	1=recipient is not the designated beneficiary (6).....		
	Qualified disability expenses paid.....		
	Amount excluded from 10% tax.....		
	Excess contributions:		
	Excess contributions withdrawn by due date of return.....		
Earnings on excess contributions.....			

No. <input style="width:40px;" type="text"/>	Name of payer or issuer.....		
	1=spouse.....		
	Distributions (1099-QA):		
	Gross distributions (1).....		
	Earnings (2).....		
	Basis (3).....		
	1=program to program transfer (4).....		
	1=ABLE account terminated (5).....		
	1=recipient is not the designated beneficiary (6).....		
	Qualified disability expenses paid.....		
	Amount excluded from 10% tax.....		
	Excess contributions:		
	Excess contributions withdrawn by due date of return.....		
Earnings on excess contributions.....			

No. <input style="width:40px;" type="text"/>	Name of payer or issuer.....		
	1=spouse.....		
	Distributions (1099-QA):		
	Gross distributions (1).....		
	Earnings (2).....		
	Basis (3).....		
	1=program to program transfer (4).....		
	1=ABLE account terminated (5).....		
	1=recipient is not the designated beneficiary (6).....		
	Qualified disability expenses paid.....		
	Amount excluded from 10% tax.....		
	Excess contributions:		
	Excess contributions withdrawn by due date of return.....		
Earnings on excess contributions.....			

Please enter all pertinent 2018 amounts. Last year's amounts are provided for your reference.

**GENERAL INFORMATION**

Principal business/profession .....	
Principal business code .....	
Business name, if different from Form 1040 .....	
Business address, if different from Form 1040 .....	
City, if different from Form 1040 .....	
State, if different from Form 1040 .....	
ZIP code, if different from Form 1040 .....	
Foreign region .....	
Foreign postal code .....	
Foreign country .....	
Employer identification number .....	
Other accounting method .....	

Accounting method: 1=cash, 2=accrual .....		
Inventory method: 1=cost, 2=lower cost/market, 3=other .....		
1=change of inventory method .....		
1=spouse, 2=joint .....		
1=first Schedule C filed for this business .....		
If required to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no .....		
1=not subject to self-employment tax .....		
1=did not "materially participate" .....		
1=personal services is not a material income producing factor .....		
1=investment .....		
1=minister's Schedule C .....		
1=single member limited liability company .....		
1=trader in financial instruments or commodities .....		

**INCOME**

	2018 Amount	2017 Amount
Gross receipts or sales (Form 1099-MISC, box 7) .....		
Returns and allowances .....		
Other income:		
_____		
_____		
_____		

**COST OF GOODS SOLD**

Inventory at beginning of the year .....		
Purchases .....		
Cost of items for personal use .....		
Cost of labor .....		
Materials and supplies .....		
Other costs:		
_____		
_____		
_____		
Inventory at end of the year .....		

Please enter all pertinent 2018 amounts. Last year's amounts are provided for your reference.

**EXPENSES**

	2018 Amount	2017 Amount
Accounting.....		
Advertising.....		
Answering service.....		
Bad debts from sales or service.....		
Bank charges.....		
Car and truck expenses (not entered elsewhere).....		
Commissions.....		
Contract labor.....		
Delivery and freight.....		
Dues and subscriptions.....		
Employee benefit programs.....		
Insurance (other than health).....		
Mortgage interest (paid to banks, etc.).....		
Other interest (not entered elsewhere).....		
Janitorial.....		
Laundry and cleaning.....		
Legal and professional.....		
Miscellaneous.....		
Office expense.....		
Outside services.....		
Parking and tolls.....		
Pension and profit sharing plans - contributions.....		
Pension and profit sharing plans - admin. and education costs.....		
Postage.....		
Printing.....		
Rent - vehicles, machinery, & equipment (not entered elsewhere).....		
Rent - other.....		
Repairs.....		
Security.....		
Supplies.....		
Taxes - real estate.....		
Taxes - payroll.....		
Taxes - sales tax included in gross receipts.....		
Taxes - other (not entered elsewhere).....		
Telephone.....		
Tools.....		
Travel.....		
Total meals in full (50%).....		
Department of Transportation meals in full (80%).....		
Uniforms.....		
Utilities.....		
Wages.....		

Other expenses:

<hr/>		

NOTE: If you purchased or disposed of any business assets, please complete Sheet 22.

2018	1040	US	Capital Gains & Losses (Schedule D)	17
------	------	----	-------------------------------------	----

If you sold any stocks, bonds, or other investment property in 2018, please list the pertinent information for each sale below or provide a spreadsheet file with this information.  
 Be sure to attach all 1099-B forms and brokerage statements.

No.	Quantity	Description of Property (Box 1a)	Date Acquired (Box 1b)	Date Sold (Box 1c)	Sales Price (gross or net) (Box 1d)	Cost or Basis (Box 1e)	Blank=basis rep. to IRS, 1=nonrec. security (Box 3, 5)	Expenses of Sale (if gross sales price entered)	Federal Income Tax Withheld (Box 4)
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									

Please enter all pertinent 2018 amounts. Last year's amounts are provided for your reference.

**PRIOR YEAR INSTALLMENT SALE**

		2018 Amount	2017 Amount
No. <input style="width: 40px;" type="text"/>	Description of property.....		
	Date acquired (m/d/y).....		
	Date sold (m/d/y).....		
	Gross profit ratio (.xxxx).....		
	Current year principal payments (-1 if none).....		
No. <input style="width: 40px;" type="text"/>	Description of property.....		
	Date acquired (m/d/y).....		
	Date sold (m/d/y).....		
	Gross profit ratio (.xxxx).....		
	Current year principal payments (-1 if none).....		
No. <input style="width: 40px;" type="text"/>	Description of property.....		
	Date acquired (m/d/y).....		
	Date sold (m/d/y).....		
	Gross profit ratio (.xxxx).....		
	Current year principal payments (-1 if none).....		
No. <input style="width: 40px;" type="text"/>	Description of property.....		
	Date acquired (m/d/y).....		
	Date sold (m/d/y).....		
	Gross profit ratio (.xxxx).....		
	Current year principal payments (-1 if none).....		
No. <input style="width: 40px;" type="text"/>	Description of property.....		
	Date acquired (m/d/y).....		
	Date sold (m/d/y).....		
	Gross profit ratio (.xxxx).....		
	Current year principal payments (-1 if none).....		
No. <input style="width: 40px;" type="text"/>	Description of property.....		
	Date acquired (m/d/y).....		
	Date sold (m/d/y).....		
	Gross profit ratio (.xxxx).....		
	Current year principal payments (-1 if none).....		
No. <input style="width: 40px;" type="text"/>	Description of property.....		
	Date acquired (m/d/y).....		
	Date sold (m/d/y).....		
	Gross profit ratio (.xxxx).....		
	Current year principal payments (-1 if none).....		

If you sold your home or moved in 2018, please complete the information below.  
For the sale of home, please provide Form 1099-S and closing statements from the purchase and sale of your home.

**SALE OF HOME (17)**

Description of property (Box 3) .....	
Date acquired (m/d/y) .....	
Date sold (m/d/y) (Box 1) .....	
Sales price (Box 2) .....	
1=sale of home .....	
1=owned and used property as main home for at least 2 of 5 years before sale .....	
1=first-time homebuyer credit was previously taken on this home .....	
1=business use in year of sale .....	
Number of days after December 31, 2008 that home was not used as principal residence .....	

**Adjusted Basis**

Original cost .....	
Improvements:	
.....	
.....	
.....	
Adjusted basis .....	

**Expenses of Sale** (Commissions, advertising fees, legal fees, and loan charges paid by the seller)

.....	
.....	
.....	
Total expenses of sale .....	

**Reduced Exclusion**

Please complete the following information if due to a change in health, place of employment, or unforeseen circumstances you either:  
a) Did not meet the ownership and use tests \*, or b) Excluded gain on the sale of another home after May 6, 1997.

If excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y)	
1=sale due to change in health, employment or unforeseen circumstances .....	
Days used as main home - taxpayer .....	
Days used as main home - spouse .....	
Days property owned - taxpayer .....	
Days property owned - spouse .....	

**MOVING EXPENSES (27)** (If you are a member of the Armed Forces and moved due to a permanent change in station)

1=spouse, 2=joint .....	
1=armed forces move due to permanent change of station .....	
Miles from old home to new work place .....	
Miles from old home to old work place .....	
Expenses for transportation and storage of household goods and personal effects .....	
Lodging and travel (excluding meals):	
Lodging and travel (excluding automobile) .....	
Parking fees and tolls .....	
Gas and oil .....	
Miles driven to new home .....	

(\* owned and used property as main home for at least 2 of 5 years before sale)

<b>2018</b>	<b>1040</b>	<b>US</b>	<b>Rental &amp; Royalty Income (Schedule E)</b>	No. <input style="width:40px;" type="text"/>	<b>18</b>
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Please enter all pertinent 2018 amounts. Last year's amounts are provided for your reference.

**GENERAL INFORMATION**

	2018 Amount	2017 Amount
Description of property.....		<b>Type of Property</b> 1 = Single Family Residence 2 = Multi-Family Residence 3 = Vacation/Short-Term Rental 4 = Commercial 5 = Land 6 = Royalties 7 = Self-Rental
Street address.....		
City.....		
State.....		
ZIP code.....		
Type of property (see table)....		
Other type of property.....		
Number of days rented.....		

Percentage of ownership if not 100% (.xxxx)..... Percentage of tenant occupancy if not 100% (.xxxx)..... 1=spouse, 2=joint..... 1=qualified joint venture..... 1=nonpassive activity, 2=passive royalty.....		1=did not actively participate... 1=RE prof, activity is trade or business, 2=RE prof, not trade or business..... 1=rental other than real estate..... 1=investment..... 1=single member limited liability company.....	
If required to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no.....			

**INCOME**

	2018 Amount	2017 Amount
Rents or royalties received.....		

**DIRECT EXPENSES**

NOTE: Direct expenses are related only to the rental activity. These include rental agency fees, advertising, and office supplies.

Advertising.....		
Association dues.....		
Auto and travel (not entered elsewhere).....		
Cleaning and maintenance.....		
Commissions.....		
Gardening.....		
Insurance.....		
Legal and professional fees.....		
Licenses and permits.....		
Management fees.....		
Miscellaneous.....		
Mortgage interest (paid to banks, etc.).....		
Qualified mortgage insurance premiums.....		
Excess mortgage interest.....		
Other interest (not entered elsewhere).....		
Painting and decorating.....		
Pest control.....		
Plumbing and electrical.....		
Repairs.....		
Supplies.....		
Taxes - real estate.....		
Taxes - other (not entered elsewhere).....		
Telephone.....		
Utilities.....		
Wages and salaries.....		
Other:		
.....		
.....		
.....		

NOTE: If you purchased or disposed of any business assets, please complete Sheet 22.

Please enter all pertinent 2018 amounts. Last year's amounts are provided for your reference. The indirect expense column should only be used for vacation homes or less than 100% tenant occupied rentals.

**GENERAL INFORMATION**

Foreign region .....	
Foreign postal code .....	
Foreign country .....	

**OIL AND GAS**

	2018 Amount	2017 Amount
Production type (preparer use only) .....		
Cost depletion .....		
Percentage depletion rate or amount .....		
State cost depletion, if different (-1 if none) .....		
State % depletion rate or amount, if different (-1 if none) .....		

**VACATION HOME**

Number of days personal use .....	
Number of days owned (if optional method elected) .....	

**INDIRECT EXPENSES**

NOTE: Indirect expenses are related to operating or maintaining the dwelling unit. These include repairs, insurance, and utilities.

Advertising .....		
Association dues .....		
Auto and travel (not entered elsewhere) .....		
Cleaning and maintenance .....		
Commissions .....		
Gardening .....		
Insurance .....		
Legal and professional fees .....		
Licenses and permits .....		
Management fees .....		
Miscellaneous .....		
Mortgage interest (paid to banks, etc.) .....		
Qualified mortgage insurance premiums .....		
Excess mortgage interest .....		
Other interest (not entered elsewhere) .....		
Painting and decorating .....		
Pest control .....		
Plumbing and electrical .....		
Repairs .....		
Supplies .....		
Taxes - real estate .....		
Taxes - other (not entered elsewhere) .....		
Telephone .....		
Utilities .....		
Wages and salaries .....		
Other:		
_____		
_____		
_____		
_____		
_____		
_____		

Please enter all pertinent 2018 amounts. Last year's amounts are provided for your reference.

**GENERAL INFORMATION**

Principal product.....

Employer ID number.....

Agricultural activity code.....		
Accounting method: 1=cash, 2=accrual.....		
1=spouse, 2=joint.....		
1=farm rental (Form 4835).....		
Type of rental property (farm rental only): 1=land, 2=self-rental, 3=other....		
1=crop insurance proceeds election.....		
If required to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no..		
1=did not "materially participate" (Schedule F only).....		
1=did not actively participate (Farm rental only).....		
1=real estate professional, actively in trade or business,		
2=real estate professional, not trade or business (farm rental only).....		
1=single member limited liability company.....		
% of ownership if not 100% (.xxxx) (Farm rental only).....		

**FARM INCOME**

	2018 Amount	2017 Amount
<b>Cash method:</b>		
Sales of livestock and other resale items.....		
Cost or basis of livestock or other resale items.....		
Sales of products raised.....		
<b>Accrual method:</b>		
Sales of livestock, produce, etc.....		
Beginning inventory of livestock, etc.....		
Cost of livestock, etc. purchased.....		
Ending inventory of livestock, etc.....		
<b>Other farm income:</b>		
Total cooperative distributions.....		
Taxable cooperative distributions.....		
Total agricultural program payments (other than CRP).....		
Taxable agricultural program payments (other than CRP).....		
Total conservation reserve program payments.....		
Taxable conservation reserve program payments.....		
Commodity credit loans reported under election.....		
Total commodity credit loans forfeited or repaid.....		
Taxable commodity credit loans forfeited or repaid.....		
Total crop insurance proceeds received in 2018.....		
Taxable crop insurance proceeds received in 2018.....		
Taxable crop insurance proceeds deferred from 2017.....		
Custom hire (machine work) income not included above.....		

Please enter all pertinent 2018 amounts. Last year's amounts are provided for your reference.

**FARM INCOME (continued)**

Other income:

	2018 Amount	2017 Amount
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		

**FARM EXPENSES**

Car and truck expenses (not entered elsewhere) .....		
Chemicals .....		
Conservation expenses .....		
Custom hire (machine work) .....		
Employee benefit programs .....		
Feed purchased .....		
Fertilizers and lime .....		
Freight and trucking .....		
Gasoline, fuel, and oil .....		
Insurance (other than health) .....		
Mortgage interest (paid to banks, etc.) .....		
Other interest (not entered elsewhere) .....		
Labor hired .....		
Pension and profit sharing - contributions .....		
Pension and profit sharing plans - admin. and education costs .....		
Rent - vehicles, machinery, and equipment (not entered elsewhere) .....		
Rent - other (land, animals, etc.) .....		
Repairs and maintenance .....		
Seeds and plants purchased .....		
Storage and warehousing .....		
Supplies purchased .....		
Taxes (not entered elsewhere) .....		
Utilities .....		
Veterinary, breeding, and medicine .....		
Capitalized preproductive period expenses (also enter below) .....		

Other expenses:

_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		

NOTE: If you purchased or disposed of any business assets, please complete Sheet 22.



2018	1040	US	Estate or Trust and REMIC Information	20.3,20.4
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Please add, change or delete 2018 information as appropriate.  
Be sure to attach all Schedule K-1s and Schedule Qs.

**ESTATE OR TRUST INFORMATION (20.3)**

No.	Name of Estate or Trust	Employer Identification Number	Tax Shelter Registration Number

**REMIC INFORMATION (20.4)**

No.	Name of REMIC	Employer Identification Number

				20.3,20.4
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If you purchased any business assets (furniture, equipment, vehicles, real estate, etc.) or converted any personal assets to business use in 2018, please enter all pertinent information below.

No.	Description of Property	Related Business or Activity	Preparer Use Only			Date Placed in Service	Cost or Basis	Preparer Use Only	
			Form	No. of Form	Category			Current Section 179	Method
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									

Please enter all pertinent 2018 amounts. Last year's amounts are provided for your reference.

**GENERAL INFORMATION**

	2018 Amount	2017 Amount
Description of vehicle.....		
1=no evidence to support your deduction.....		
1=no written evidence to support your deduction.....		
1=vehicle is available for off-duty personal use.....		
1=no other vehicle is available for personal use.....		
1=vehicle used primarily by more than 5% owner.....		
Number of months of business use if changed from 100% personal use.....		

**AUTOMOBILE MILEAGE**

Total mileage (for the tax year).....		
Business mileage.....		
Commuting mileage (for the tax year).....		
Average daily round-trip commute.....		

**ACTUAL EXPENSES**

Parking fees and tolls (business portion only).....		
Gasoline, lube, oil.....		
Repairs.....		
Tires.....		
Insurance.....		
Miscellaneous.....		
Auto license (other than personal property taxes).....		
Personal property taxes (based on car's value).....		
Interest (car loan) (for Schedule C, E & F).....		
Vehicle rent or lease payments.....		
Inclusion amount (enter as positive).....		
Value of employer-provided vehicle on Form W-2 (2106).....		

Please enter all pertinent 2018 information. Last year's amounts are provided for your reference.

**TRADITIONAL IRA CONTRIBUTIONS**

	2018 Amount		2017 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
IRA contributions you made or expect to make (1=maximum) (\$5,500/\$6,500 if 50 or older).....				
Contributions made to date.....				
1=covered by plan, 2=not covered.....				
2018 payments from 1/1/19 to 4/15/19.....				

**ROTH IRA CONTRIBUTIONS**

	2018 Amount	2017 Amount
	Taxpayer	Spouse
Roth IRA contributions you made or expect to make (1=maximum) (\$5,500/\$6,500 if 50 or older).....		
Contributions made to date.....		

**SEP, SIMPLE AND QUALIFIED PLANS (KEOGH)**

	2018 Amount		2017 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Profit-sharing (25%/1.25) contributions you made or expect to make (1=maximum).....				
Money purchase (25%/1.25) contributions you made or expect to make (1=maximum).....				
Defined benefit contributions you expect to make.....				
Self-employed SEP (25%/1.25) contributions you made or expect to make (1=maximum).....				
Plan contribution rate if not .25 (.xxxx).....				
Individual 401k: SE elective deferrals (except Roth) (1=max.).....				
Individual 401k: SE designated Roth contributions (1=max.).....				
<b>SIMPLE contributions:</b>				
Self-employed SIMPLE contributions you made or expect to make (1=maximum).....				
Employer matching rate if not .03 (.xxxx).....				
1=nonelective contributions (2%).....				
Contributions made to date.....				

**ADJUSTMENTS TO INCOME**

	2018 Amount		2017 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
<b>Self-employed health insurance:</b>				
Total premiums (excluding long-term care).....				
Long-term care premiums.....				
Student loan interest paid (1098-E, box 1).....				
Educator expenses (kindergarten thru grade 12) ..				
Jury duty pay given to employer.....				
Expenses from rental of personal property.....				
<b>Other adjustments to income:</b>				
_____				
_____				
_____				

	2018 Amount		2017 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
<b>Alimony paid:</b>				
Recipient's first name.....				
Recipient's last name.....				
Recipient's SSN.....				
Amount paid.....	2018 amt:	2018 amt:	2017 amt:	2017 amt:

Please enter all pertinent 2018 amounts and attach all 1098 forms.  
Last year's amounts are provided for your reference.

**MEDICAL AND DENTAL EXPENSES**

NOTE: Enter self-employed health insurance premiums on Sheet 24 and Medicare insurance premiums on Sheet 14.

	2018 Amount	TS	2017 Amount
Prescription medicines and drugs.....			
Doctors, dentists and nurses.....			
Hospitals and nursing homes.....			
Insurance premiums not entered elsewhere (excl. LT care & amts. paid w/pre-tax dollars).....			
Long-term care premiums - taxpayer.....			
Long-term care premiums - spouse.....			
Insurance reimbursement (enter as a positive number).....			
Lodging and transportation:			
Out-of-pocket expenses.....			
Medical miles driven.....			
Other medical and dental expenses:			
_____			
_____			

**TAXES PAID** (State and local withholding and 2018 estimates are automatic.)

State income taxes - 1/18 payment on 2017 state estimate.....			
State income taxes - paid with 2017 state return extension.....			
State income taxes - paid with 2017 state return.....			
State income taxes - paid for prior years and/or to other state.....			
City/local income taxes - 1/18 payment on 2017 city/local estimate.....			
City/local income taxes - paid with 2017 city/local extension.....			
City/local income taxes - paid with 2017 city/local return.....			

**SALES AND USE TAXES PAID**

State and local sales taxes (except autos and special items).....			
Use taxes paid on 2018 purchases.....			
Use taxes paid with 2017 state return.....			
Sales tax on autos not included above.....			
Sales tax on boats, aircraft, other special items.....			

**OTHER TAXES PAID**

Real estate taxes - principal residence:			
_____			
_____			
Real estate taxes - property held for investment.....			
Personal property taxes (including auto fees in some states. Provide a copy of tax notice).....			
Foreign income taxes.....			
Other taxes:			
_____			
_____			

Please enter all pertinent 2018 amounts. Last year's amounts are provided for your reference.

INTEREST PAID

Home mortgage int. (Box 1) and points (Box 2) reported on Form 1098:

2018 Amount

TS

2017 Amount

Table with 3 columns: Description, 2018 Amount, 2017 Amount. Includes rows for home mortgage interest and points reported on Form 1098.

Home mortgage interest not reported on Form 1098:

Form for home mortgage interest not reported on Form 1098, including fields for payee name, SSN, address, city, state, ZIP code, region, postal code, and country.

Table with 3 columns: Description, 2018 Amount, 2017 Amount. Includes row for amount paid.

Points not reported on Form 1098:

Table with 3 columns: Description, 2018 Amount, 2017 Amount. Includes row for points not reported on Form 1098.

Mortgage insurance premiums on post 12/31/06 contracts (Box 4) . . . .

Table with 3 columns: Description, 2018 Amount, 2017 Amount. Includes row for mortgage insurance premiums.

Investment interest (interest on margin accounts):

Table with 3 columns: Description, 2018 Amount, 2017 Amount. Includes row for investment interest.

Passive interest . . . . .

Table with 3 columns: Description, 2018 Amount, 2017 Amount. Includes row for passive interest.

Certain home mortgage interest included above (6251). . . . .

Table with 3 columns: Description, 2018 Amount, 2017 Amount. Includes row for certain home mortgage interest.

NOTE: Points paid on loans other than to buy, build, or improve your main home are deductible over the life of the mortgage. For these types of loans also provide the dates and lives of the loans.

CASH CONTRIBUTIONS

NOTE: No deduction is allowed for cash or check contributions unless the donor maintains a bank record, or a written communication from the donee, showing the name of the organization, contribution date(s), and contribution amount(s).

Churches, schools, hospitals, and other charitable organizations (60% limitation):

Contributions by cash or check:

Table with 3 columns: Description, 2018 Amount, 2017 Amount. Includes rows for contributions by cash or check.

Volunteer expenses (out-of-pocket) . . . . .

Table with 3 columns: Description, 2018 Amount, 2017 Amount. Includes row for volunteer expenses.

Number of charitable miles . . . . .

Table with 3 columns: Description, 2018 Amount, 2017 Amount. Includes row for number of charitable miles.

Veterans' organizations, fraternal societies, nonprofit cemeteries, and certain private nonoperating foundations (30% limitation):

Contributions by cash or check:

Table with 3 columns: Description, 2018 Amount, 2017 Amount. Includes rows for contributions by cash or check.

Volunteer expenses (out-of-pocket) . . . . .

Table with 3 columns: Description, 2018 Amount, 2017 Amount. Includes row for volunteer expenses.

Number of charitable miles . . . . .

Table with 3 columns: Description, 2018 Amount, 2017 Amount. Includes row for number of charitable miles.

Please enter all pertinent 2018 amounts. Last year's amounts are provided for your reference.

**NONCASH CONTRIBUTIONS**

NOTE: Use Sheet 26 if total noncash contributions are over \$500. No deduction is allowed for contributions of clothing and household items that are not in *good* used condition or better. In addition, a deduction for any item with minimal monetary value may be denied.

50% limitation (see above):

	2018 Amount	TS	2017 Amount
_____			
_____			
_____			

30% limitation (see above):

_____			
_____			
_____			

30% capital gain property (gifts of capital gain property to 50% limit orgs.):

_____			
_____			
_____			

20% capital gain property (gifts of capital gain property to non-50% limit orgs.):

_____			
_____			
_____			

**STATE MISC. DEDS. IF NON-CONFORMING TO TAX CUTS & JOBS ACT** (subject to 2% AGI limit)

Union and professional dues .....

Other unreimbursed employee expenses (uniforms and protective clothing, professional subscriptions, employment agency fees, and certain edu. expenses):

_____			
_____			
_____			
_____			

Investment expense:

_____			
_____			
_____			
_____			

Tax return preparation fee .....

Safe deposit box rental .....

_____			
_____			

Miscellaneous deductions (2% AGI) (certain legal and accounting fees, and custodial fees):

_____			
_____			
_____			
_____			



If either of the following conditions below apply to you, your home mortgage interest deduction may need to be limited and the input section provided below should be completed. If neither condition applies, enter home mortgage interest amounts on organizer sheet 25 p2.

1. Total home equity debt exceeded \$100,000 at any time during 2018 (\$50,000 if married filing separate). For this purpose, home equity debt is defined as any mortgages taken out in which the proceeds were used to buy, build, or improve your home.
  2. Total home acquisition debt exceeded \$750,000 at any time during 2018 (\$375,000 if married filing separate). For this purpose, home acquisition debt is defined as any mortgages taken out after October 13, 1987 in which the proceeds were used to buy, build, or improve your home.
- NOTE: When completing the input section below, grandfather debt represents loans taken out prior to October 14, 1987.

**Please enter all pertinent 2018 amounts and attach all 1098 forms.  
Last year's amounts are provided for your reference.**

	2018 Amount	TS	2017 Amount
Fair market value of the property on the date that the last debt was secured			
Home acquisition and grandfather debt on the date that the last debt was secured			

**LOAN INFORMATION**

Loan #1

Lender's name			
Form (see table)			
Number of form			
1=taxpayer, 2=spouse, blank=joint			
Interest paid			
Points paid			
Total principal paid			
Lump sum principal payment (if paid off)			
Months outstanding (if not 12)			
Home acquisition debt balance - beginning of year			
Home acquisition debt borrowed in 2018			
Home equity debt balance - beginning of year			
Home equity debt borrowed in 2018			
Grandfather debt balance - beginning of year			

Loan #2

Lender's name			
Form (see table)			
Number of form			
1=taxpayer, 2=spouse, blank=joint			
Interest paid			
Points paid			
Total principal paid			
Lump sum principal payment (if paid off)			
Months outstanding (if not 12)			
Home acquisition debt balance - beginning of year			
Home acquisition debt borrowed in 2018			
Home equity debt balance - beginning of year			
Home equity debt borrowed in 2018			
Grandfather debt balance - beginning of year			

<p><b>Form</b></p> <p>1 = Schedule A (default)                  2 = Business use of home                  3 = Schedule E</p>
--

If your total noncash contributions are in excess of \$500 in 2018, please complete the information below for each donee using the following guidelines:

- \* If you contributed a motor vehicle, boat, or airplane with a claimed value of more than \$500, attach Form 1098-C or other written acknowledgement received from the donee organization.
- \* A deduction for contributions of clothing or other household items that are not in *good* used condition or better is not allowed. In addition, a deduction for any item with minimal monetary value may be denied. However, these rules do not apply to any contribution of a single item for which a deduction of more than \$500 is claimed, if a qualified appraisal for the donated property is provided.

**DONATED PROPERTY INFORMATION**

No. <input style="width:40px;" type="text"/>		Name of charitable organization (donee).....	
		Street address.....	
		City.....	
		State.....	
		ZIP code.....	
		1=spouse, 2=joint.....	
		Property description (other than vehicle).....	
	Vehicle	Identification number (VIN).....	
		Year (yyyy).....	
		Make and model.....	
		Condition and mileage.....	
		Date of contribution (m/d/y).....	
		Date acquired by donor (m/y).....	
		How acquired by donor (Table 1 or describe).....	
	Donor's cost or basis.....		
	Fair market value.....		
	Method used to determine FMV (Table 2 or describe).....		

No. <input style="width:40px;" type="text"/>		Name of charitable organization (donee).....	
		Street address.....	
		City.....	
		State.....	
		ZIP code.....	
		1=spouse, 2=joint.....	
		Property description (other than vehicle).....	
	Vehicle	Identification number (VIN).....	
		Year (yyyy).....	
		Make and model.....	
		Condition and mileage.....	
		Date of contribution (m/d/y).....	
		Date acquired by donor (m/y).....	
		How acquired by donor (Table 1 or describe).....	
	Donor's cost or basis.....		
	Fair market value.....		
	Method used to determine FMV (Table 2 or describe).....		

<p><b>1</b>                      <b>How Property was Acquired</b></p> <p>1 = Purchase              3 = Inheritance                  2 = Gift                      4 = Exchange</p>	<p><b>2</b>                      <b>Method Used to Determine FMV</b></p> <p>1 = Appraisal              3 = Catalog                  2 = Thrift shop value      4 = Comparable sales</p> <p style="text-align:center;">For other methods, see IRS Pub. 561.</p>
--	--

Please enter 2018 indirect expenses in full. Nonbusiness portion will carry to Schedule A.  
Business percentage will be applied to indirect expenses only.

**BUSINESS USE OF HOME**

	2018 Amount	2017 Amount
Form .....		
Number of form (e.g., enter 2 for Schedule C number 2) .....		
Business use area (square footage) .....		
Total area of home (square footage) .....		
Total hours facility used (for daycare facilities only) .....		
Total hours available (if not 8,760) .....		
Area of home included above used exclusively for daycare business, if any (sq ft) .....		
% (.xx) or amount of gross income from home if not 100% (-1 if none) .....		
% (.xx) or amount of expenses from home if not 100% (-1 if none) .....		

**INDIRECT EXPENSES**

NOTE: Indirect expenses are for keeping up and running your entire home. They benefit both the business and personal parts of your home.

Mortgage interest .....		
Real estate taxes .....		
Qualified mortgage insurance premiums .....		
Casualty losses .....		
Insurance .....		
Miscellaneous .....		
Rent .....		
Repairs and maintenance .....		
Utilities .....		
Excess mortgage interest .....		
Other indirect expenses:		
_____		
_____		
_____		

**DIRECT EXPENSES**

NOTE: Direct expenses benefit only the business part of your home. They include painting or repairs made to specific areas or rooms used for business.

Mortgage interest .....		
Real estate taxes .....		
Qualified mortgage insurance premiums .....		
Casualty losses .....		
Insurance .....		
Miscellaneous .....		
Rent .....		
Repairs and maintenance .....		
Utilities .....		
Excess mortgage interest .....		
Excess casualty losses .....		
Allowable casualty losses .....		
Other direct expenses:		
_____		
_____		
_____		

Please enter all pertinent 2018 amounts. Last year's amounts are provided for your reference.

**GENERAL INFORMATION**

Occupation, if different from Form 1040 .....	800	
Form .....	13	
Number of form (1=first Schedule C, 2=second, etc.) .....	14	
1=spouse .....	1	
1=performance artist, 2=handicapped, 3=fee-basis government official. ....	8	
1=minister's expenses .....	226	

**EMPLOYEE BUSINESS EXPENSES**

	2018 Amount	2017 Amount
Meal and entertainment expenses .....	44	
Reimbursements for meals and entertainment not on W-2, box 1 .....	45	
1=Department of Transportation (80% meal allowance) .....	50	
Local transportation (bus, taxi, train, etc.) .....	7	
Travel expenses while away from home overnight .....	9	
Reimbursements not included on Form W-2, box 1. ....	12	
Other business expenses:		
_____	10	
_____	10	
_____	10	
_____	10	
_____	10	
_____	10	
_____	10	
_____	10	
_____	10	
_____	10	
_____	10	

Please enter all pertinent 2018 amounts. Last year's amounts are provided for your reference.

**VEHICLE INFORMATION**

	2018 Amount	2017 Amount
1=vehicle used primarily by more than 5% owner.....		
1=vehicle is available for off-duty personal use.....		
1=no other vehicle is available for personal use.....		
1=no evidence to support your deduction.....		
1=no written evidence to support your deduction.....		

**VEHICLE 1**

Description of vehicle.....		
Date placed in service (m/d/y).....		
Total mileage (for the tax year).....		
Business mileage.....		
Commuting mileage (for the tax year).....		
Average daily round-trip commute.....		
Number of months of business use if changed from 100% personal use.....		
Parking fees and tolls (business portion only).....		
Actual expenses:		
Gasoline, lube, oil.....		
Repairs.....		
Tires.....		
Insurance.....		
Miscellaneous.....		
Auto license (other than personal property taxes).....		
Personal property taxes (based on car's value).....		
Interest (car loan) (for Schedule C, E & F).....		
Vehicle rent or lease payments.....		
Inclusion amount (enter as positive).....		
Value of employer-provided vehicle on Form W-2 (2106).....		

**VEHICLE 2**

Description of vehicle.....		
Date placed in service (m/d/y).....		
Total mileage (for the tax year).....		
Business mileage.....		
Commuting mileage (for the tax year).....		
Average daily round-trip commute.....		
Number of months of business use if changed from 100% personal use.....		
Parking fees and tolls (business portion only).....		
Actual expenses:		
Gasoline, lube, oil.....		
Repairs.....		
Tires.....		
Insurance.....		
Miscellaneous.....		
Auto license (other than personal property taxes).....		
Personal property taxes (based on car's value).....		
Interest (car loan) (for Schedule C, E and F).....		
Vehicle rent or lease payments.....		
Inclusion amount (enter as positive).....		
Value of employer-provided vehicle on Form W-2 (2106).....		

Please enter all pertinent 2018 information.

**GENERAL INFORMATION**

1=spouse.....	<input style="width:90%; height:15px;" type="text"/>
Foreign address of taxpayer, if different from Form 1040:	
Street address.....	<input style="width:90%; height:15px;" type="text"/>
City.....	<input style="width:90%; height:15px;" type="text"/>
Region.....	<input style="width:90%; height:15px;" type="text"/>
Postal code.....	<input style="width:90%; height:15px;" type="text"/>
Country.....	<input style="width:90%; height:15px;" type="text"/>
Employer:	
Name.....	<input style="width:90%; height:15px;" type="text"/>
U.S. street address.....	<input style="width:90%; height:15px;" type="text"/>
U.S. city.....	<input style="width:90%; height:15px;" type="text"/>
U.S. state.....	<input style="width:90%; height:15px;" type="text"/>
U.S. ZIP code.....	<input style="width:90%; height:15px;" type="text"/>
Foreign street address.....	<input style="width:90%; height:15px;" type="text"/>
Foreign city.....	<input style="width:90%; height:15px;" type="text"/>
Foreign region.....	<input style="width:90%; height:15px;" type="text"/>
Foreign postal code.....	<input style="width:90%; height:15px;" type="text"/>
Foreign country.....	<input style="width:90%; height:15px;" type="text"/>
Employer type: 1=foreign entity, 2=U.S. company, 3=self, 4=foreign affiliate of U.S. company, 5=other.....	<input style="width:90%; height:15px;" type="text"/>
Employer type, if other.....	<input style="width:90%; height:15px;" type="text"/>

Type of exclusion revoked if revoked in earlier year (if applicable):	Tax year revocation was effective
806.____	<input style="width:90%; height:15px;" type="text"/>
806.____	<input style="width:90%; height:15px;" type="text"/>
806.____	<input style="width:90%; height:15px;" type="text"/>

Country of citizenship.....

City and country of separate foreign residence if maintained due to adverse living conditions (if applicable):	Number of days during tax year at separate foreign address (if applicable)
808.____	<input style="width:90%; height:15px;" type="text"/>
808.____	<input style="width:90%; height:15px;" type="text"/>
808.____	<input style="width:90%; height:15px;" type="text"/>

Tax homes(s) during tax year:	Dates tax home(s) were established (m/d/y)
809.____	<input style="width:90%; height:15px;" type="text"/>
809.____	<input style="width:90%; height:15px;" type="text"/>
809.____	<input style="width:90%; height:15px;" type="text"/>

Please enter all pertinent 2018 information.

**TRAVEL INFORMATION**

NOTE: Please enter all travel for 2018 as well as travel for 2019 known to date.

Travel Type (table)	Name of country (if not United States)	Date arrived	Date left	Days in U.S. on business

**BONA FIDE RESIDENCE TEST AND PHYSICAL PRESENCE TEST**

Beginning date for bona fide residence (m/d/y) .....	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>
Ending date for bona fide residence (m/d/y) .....	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>
Living quarters in foreign country: 1=purchased home, 2=rented house or apartment, 3=rented room, 4=quarters furnished by employer .....	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>

Names of family living abroad with taxpayer (if applicable):	Relationship	Period family lived abroad

1=submitted statement to country of bona fide residence. ....	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>
1=required to pay income tax to country of bona fide residence. ....	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>
Contractual terms relating to length of employment abroad. ....	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>
Type of visa you entered foreign country under. ....	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>
Explanation why visa limited stay or employment in country (if applicable). ....	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>

Address of home in U.S. maintained while living abroad (if applicable):	City	State	ZIP Code	1=U.S. home rented (if applicable)
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>

Names of occupants in U.S. home (if applicable)	Relationship of occupants in U.S. home (if applicable)

Principal country of employment. ....

**FOREIGN HOUSING EXPENSES**

	2018 Amount	2017 Amount
Qualified housing expenses .....	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>

Location of housing expenses:	Qualifying days in location (multiple locations only)

**Travel Type**

1 = Travel to U.S. (default)  
 2 = Travel to foreign country  
 3 = Travel to restricted country

Please enter all pertinent 2018 amounts and attach all W-2 forms, or other wage statements.  
Enter amounts in U.S. dollars only. Last year's amounts are provided for your reference.

**FOREIGN WAGES, SALARIES, TIPS**

	2018 Amount	2017 Amount
Name or number.....		
1=spouse.....		
1=retirement plan (Box 13).....		
Name of employer (Box c).....		
Wages, tips, other compensation (Box 1).....		
Federal income tax withheld (Box 2).....		
Social security tax withheld (Box 4).....		
Medicare tax withheld (Box 6).....		
State income tax withheld (Box 17).....		
Local income tax withheld (Box 19).....		

**FOREIGN ALLOWANCES, REIMBURSEMENTS AND OTHER EARNED INCOME**

**Noncash Income**

Home (lodging).....		
Meals.....		
Car.....		
Other properties or facilities:		

**Allowances and Reimbursements**

Cost of living and overseas differential.....		
Family.....		
Education.....		
Home leave.....		
Quarters.....		
Other purposes:		

Meals and lodging provided for the convenience of the Employer (excludable under section 119).....		
--	--	--

**Other Foreign Earned Income**


**2018 Days Worked Allocation Information**

Total number of days worked (if not 240).....		
Total days worked before and after foreign assignment.....		
Foreign days worked before and after foreign assignment.....		

2018	1040	US	Health Savings Accounts (8889)	32.1
------	------	----	--------------------------------	------

Please enter all pertinent 2018 amounts & attach all 1099-SA forms.  
Last year's amounts are provided for your reference.

**HSA CONTRIBUTIONS**

NOTE: Contributions to an HSA are only eligible to persons covered under a high deductible health plan. For tax year 2018, a high deductible health plan is one with an annual deductible that is not less than \$1,350 for self-only coverage or \$2,700 for family coverage, and the annual out-of-pocket expenses (deductibles, co-payments, and other amounts, but not premiums) do not exceed \$6,650 for self-only coverage or \$13,300 for family coverage.

	2018 Amount		2017 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
1=self-only coverage, 2=family coverage. ....				
HSA contributions you made or expect to make, except rollovers, employer contributions, and contributions made to an employee account through a cafeteria plan (1=maximum). ....				
Contributions included above that were made after you became eligible for Medicare. ....				
Contributions made to date .....				

**HSA DISTRIBUTIONS**

Total HSA distribution received (1099-SA, box 1) ..				
Distributions included above that were rolled over to another HSA .....				
Total unreimbursed qualified medical expenses ...				

2018	1040	US	Child and Dependent Care Expenses (Form 2441)	33.1,33.2
------	------	----	---	-----------

Please enter all pertinent 2018 information. Last year's amounts are provided for your reference. You must have paid for the care of one or more dependents enabling you to work or attend school to qualify for this credit.

**DEPENDENT CARE EXPENSES (33.1)**

	2018 Amount		2017 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Dependent care expenses incurred but not paid in 2018. . .				
Employer-provided benefits forfeited in 2018. . . . .				

**PERSONS AND EXPENSES QUALIFYING FOR DEPENDENT CARE CREDIT**

No. <input type="text"/>	First name. . . . .		
	Last name. . . . .		
	Title or suffix. . . . .		
	Date of birth (m/d/y). . . . .		
	Social security number. . . . .		
	Qualified dependent care expenses incurred and paid in 2018. . . . .		2017 amt:
	1=disabled. . . . . 1=spouse, 2=joint. . . . .		

No. <input type="text"/>	First name. . . . .		
	Last name. . . . .		
	Title or suffix. . . . .		
	Date of birth (m/d/y). . . . .		
	Social security number. . . . .		
	Qualified dependent care expenses incurred and paid in 2018. . . . .		2017 amt:
	1=disabled. . . . . 1=spouse, 2=joint. . . . .		

**PERSONS OR ORGANIZATIONS PROVIDING CARE (33.2)**

No. <input type="text"/>	Name of provider. . . . .		
	Street address. . . . .		
	City. . . . .		
	State. . . . .		
	ZIP code. . . . .		
	Foreign region. . . . .		
	Foreign postal code. . . . .		
	Foreign country. . . . .		
	Identification number (SSN or EIN). . . . .		
	Amount paid to care provider in 2018. . . . .		2017 amt:
	1=spouse, 2=joint. . . . .		

Please enter all pertinent 2018 information. Last year's amounts are provided for your reference.

**ELIGIBLE CHILDREN**

		2018 Amount	2017 Amount	
No. <input style="width: 40px;" type="text"/>	First name.....			
	Last name.....			
	Identification number.....			
	Date of birth (m/d/y).....			
	1=born before 2001 and was disabled.....			
	1=special needs child.....			
	1=foreign child.....			
	1=adoption was not final in 2018.....			
	Qualified Adoption Expenses Paid in	2017 for adoption not finalized by end of 2018.....		
		Prior years for adoption of foreign child finalized in 2018.....		
2017 and 2018 for adoption finalized in 2018.....				
2018 for adoption finalized before 2018.....				
1=spouse, 2=joint.....				
No. <input style="width: 40px;" type="text"/>	First name.....			
	Last name.....			
	Identification number.....			
	Date of birth (m/d/y).....			
	1=born before 2001 and was disabled.....			
	1=special needs child.....			
	1=foreign child.....			
	1=adoption was not final in 2018.....			
	Qualified Adoption Expenses Paid in	2017 for adoption not finalized by end of 2018.....		
		Prior years for adoption of foreign child finalized in 2018.....		
2017 and 2018 for adoption finalized in 2018.....				
2018 for adoption finalized before 2018.....				
1=spouse, 2=joint.....				
No. <input style="width: 40px;" type="text"/>	First name.....			
	Last name.....			
	Identification number.....			
	Date of birth (m/d/y).....			
	1=born before 2001 and was disabled.....			
	1=special needs child.....			
	1=foreign child.....			
	1=adoption was not final in 2018.....			
	Qualified Adoption Expenses Paid in	2017 for adoption not finalized by end of 2018.....		
		Prior years for adoption of foreign child finalized in 2018.....		
2017 and 2018 for adoption finalized in 2018.....				
2018 for adoption finalized before 2018.....				
1=spouse, 2=joint.....				

Please complete the information below if you paid qualified education expenses in 2018 for you, your spouse, or your dependents enrolled in an accredited postsecondary institution. Last year's amounts are provided for your reference.

**STUDENT INFORMATION**

1=taxpayer, 2=spouse .....	
First name .....	
Last name .....	
Social security number .....	
Number of years hope credit claimed .....	
Number of prior years AOC claimed .....	
<small>1=student was NOT enrolled at least half-time for at least one academic period that began in 2018 (or the first 3 months of 2019 if the qualified expenses were made in 2018) at an eligible institution in a qualified program. ....</small>	
<small>1=student completed first four years of post-secondary education before 2018. ....</small>	
<small>1=student was convicted, before the end of 2018, of a felony for possession or distribution of a controlled substance. ....</small>	

**EDUCATIONAL INSTITUTION ATTENDED (#1)**

Name .....	
Street address .....	
City .....	
State .....	
ZIP code .....	
1=2018 Form 1098-T was NOT received. ....	
1=2018 Form 1098-T received with Box 2 & 7 completed. ....	
1=2017 Form 1098-T received with Box 2 & 7 completed. ....	
Federal ID number from Form 1098-T .....	

**EDUCATIONAL INSTITUTION ATTENDED (#2)**

Name .....	
Street address .....	
City .....	
State .....	
ZIP code .....	
1=2018 Form 1098-T was NOT received. ....	
1=2018 Form 1098-T received with Box 2 & 7 completed. ....	
1=2017 Form 1098-T received with Box 2 & 7 completed. ....	
Federal ID number from Form 1098-T .....	

**QUALIFIED EDUCATION EXPENSES**

	2018 Amount	2017 Amount
Qualified tuition & fees paid in 2018 (net of refund or assistance, & not entered elsewhere) ..		
Books & supplies required to be purchased from institution .....		
Books & supplies not entered above .....		
Amount of prior year refund or assistance * .....		

\* Refund of qualified expenses and tax-free educational assistance received after you file your return for the year in which the expenses were paid.

Please do not complete this information if coverage is indicated on Form 1095-A, 1095-B or 1095-C. Attach the document with this organizer if you have it.

GENERAL INFORMATION

1=entire household covered for all months, 2=no months
Date married (if in current year)

COVERED INDIVIDUAL (#1)

(a) First name, (a) Last name, (b) ID number (SSN or TIN), (d) 1=covered all 12 months, (e) Months of coverage: 1=November 2017, 1=December 2017, 1=January, 1=February, 1=March, 1=April, 1=May, 1=June, 1=July, 1=August, 1=September, 1=October, 1=November, 1=December

COVERED INDIVIDUAL (#2)

(a) First name, (a) Last name, (b) ID number (SSN or TIN), (d) 1=covered all 12 months, (e) Months of coverage: 1=November 2017, 1=December 2017, 1=January, 1=February, 1=March, 1=April, 1=May, 1=June, 1=July, 1=August, 1=September, 1=October, 1=November, 1=December

COVERED INDIVIDUAL (#3)

(a) First name, (a) Last name, (b) ID number (SSN or TIN), (d) 1=covered all 12 months, (e) Months of coverage: 1=November 2017, 1=December 2017, 1=January, 1=February, 1=March, 1=April, 1=May, 1=June, 1=July, 1=August, 1=September, 1=October, 1=November, 1=December

COVERED INDIVIDUAL (#4)

(a) First name, (a) Last name, (b) ID number (SSN or TIN), (d) 1=covered all 12 months, (e) Months of coverage: 1=November 2017, 1=December 2017, 1=January, 1=February, 1=March, 1=April, 1=May, 1=June, 1=July, 1=August, 1=September, 1=October, 1=November, 1=December

Please enter all pertinent 2018 information. Last year's amounts are provided for your reference.

**HOUSEHOLD EMPLOYMENT TAXES**

NOTE: If you paid any one household employee cash wages of \$2,100 or more in 2018; withheld federal income tax during 2018 for any household employee; or paid total cash wages of \$1,000 or more in any calendar quarter of 2017 or 2018 to household employees, please complete the following:

Employer identification number.....	
1=spouse, 2=joint.....	

	2018 Amount	2017 Amount
Social security, Medicare and income taxes:		
1=paid any one employee cash wages of \$2,100 or more.....		
1=withheld federal income tax for household employee.....		
Total cash wages subject to social security taxes.....		
Total cash wages subject to Medicare taxes.....		
Federal income tax withheld.....		
Taxes withheld from state disability payments.....		

Federal unemployment tax:		
1=paid total cash wages of \$1,000 or more in any calendar quarter of 2017 or 2018.....		
Total cash wages subject to FUTA tax.....		
1=paid unemployment contributions to only one state.....		
1=paid all state unemployment contributions by 4/15/19.....		
1=all wages taxable for FUTA were also taxable for state unemployment		
Name of state.....		
Contributions paid to state unemployment fund.....		

Please enter all pertinent 2018 amounts & attach all 1099-INT and 1099-DIV forms.  
Last year's amounts are provided for your reference.

**CHILD'S INFORMATION**

First name .....	<input style="width:95%;" type="text"/>
Last name .....	<input style="width:95%;" type="text"/>
Social security number .....	<input style="width:95%;" type="text"/>
Date of birth (m/d/y) .....	<input style="width:95%;" type="text"/>
1=nontaxable to federal .....	<input style="width:95%;" type="text"/>
1=nontaxable to state .....	<input style="width:95%;" type="text"/>

**INTEREST INCOME (Form 1099-INT)**

	2018 Amount	2017 Amount
Banks, credit unions, etc. (Box 1): <input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
U.S. bonds, T-bills, etc. (nontaxable to state) (Box 3): <input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Tax-exempt interest:		
Total municipal bonds .....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
In-state municipal bonds .....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Adjustments:		
Nominee distribution .....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Accrued interest .....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Tax-exempt interest (1099-INT in error) .....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
OID adjustment .....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
ABP adjustment .....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Foreign:		
1=interest in or authority over foreign account .....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Name of foreign country .....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
1=grantor/transferor or received distribution from foreign trust .....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Post 8/7/86 private activity bond interest (included above) (6251) .....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>

**DIVIDEND INCOME (Form 1099-DIV)**

Total ordinary dividends (Box 1a): <input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Qualified dividends (Box 1b) .....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Total capital gain distributions (Box 2a): <input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Unrecaptured section 1250 gain (Box 2b) .....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Section 1202 gain (Box 2c) .....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Collectibles (28%) gain (Box 2d) .....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Nontaxable distributions (Box 3) .....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Tax-exempt interest:		
Total municipal bonds .....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
In-state municipal bonds .....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Nominee distributions:		
Ordinary dividends .....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Qualified dividends .....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Capital gain distributions .....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Alaska permanent fund dividends included above .....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>

Please enter all pertinent 2018 amounts. Last year's amounts are provided for your reference.

**GENERAL INFORMATION**

	2018 Amount	2017 Amount
Canadian province or Mexican state .....		
Other type of filer .....		
Foreign identification:		
Taxpayer:		
1=passport, 2=foreign TIN .....		
Other type of identification .....		
Number .....		
Country of issue .....		
Spouse:		
1=passport, 2=foreign TIN .....		
Other type of identification .....		
Number .....		
Country of issue .....		
Taxpayer:		
Title .....		
Spouse:		
Title .....		

Please enter all pertinent 2018 amounts. Last year's amounts are provided for your reference.

**INFORMATION ON FINANCIAL ACCOUNTS**

	2018 Amount	2017 Amount
1=spouse.....	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Type of account: 1=bank account, 2=securities account, or specify.....	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Maximum value of account (-1 if unknown).....	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>

**Financial institution:**

Name of institution (Line 1) (mandatory).....	<input style="width:100%;" type="text"/>
Name of institution (Line 2).....	<input style="width:100%;" type="text"/>
Mailing address.....	<input style="width:100%;" type="text"/>
Account number.....	<input style="width:100%;" type="text"/>
City.....	<input style="width:100%;" type="text"/>
State.....	<input style="width:100%;" type="text"/>
ZIP/postal code.....	<input style="width:100%;" type="text"/>
Country (if not US).....	<input style="width:100%;" type="text"/>

**Accounts owned jointly:**

Number of joint owners (Mandatory for Part III accounts) (-1 if joint owner is joint filer) ...	<input style="width:100%;" type="text"/>
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**Principal joint owner:**

Taxpayer identification number, if not joint filer.....	<input style="width:100%;" type="text"/>
TIN type: 1=EIN, 2=SSN/ITIN, 3=foreign.....	<input style="width:100%;" type="text"/>
Last name.....	<input style="width:100%;" type="text"/>
First name.....	<input style="width:100%;" type="text"/>
Middle initial.....	<input style="width:100%;" type="text"/>
Address.....	<input style="width:100%;" type="text"/>
City.....	<input style="width:100%;" type="text"/>
State.....	<input style="width:100%;" type="text"/>
ZIP/postal code.....	<input style="width:100%;" type="text"/>
Country (if not US).....	<input style="width:100%;" type="text"/>

**Accounts where filer has no financial interest:**

Last name or org. name (mandatory).....	<input style="width:100%;" type="text"/>
First name.....	<input style="width:100%;" type="text"/>
Middle initial.....	<input style="width:100%;" type="text"/>
Taxpayer identification number.....	<input style="width:100%;" type="text"/>
TIN type: 1=EIN, 2=SSN/ITIN, 3=foreign.....	<input style="width:100%;" type="text"/>
Address.....	<input style="width:100%;" type="text"/>
City.....	<input style="width:100%;" type="text"/>
State.....	<input style="width:100%;" type="text"/>
ZIP/postal code.....	<input style="width:100%;" type="text"/>
Country (if not US).....	<input style="width:100%;" type="text"/>
Filer's title.....	<input style="width:100%;" type="text"/>

Please enter all pertinent 2018 amounts. Last year's amounts are provided for your reference.

**FOREIGN DEPOSIT AND CUSTODIAL ACCOUNTS (Part I)**

	2018 Amount	2017 Amount
Description of asset .....		
Type of account: 1=deposit, 2=custodial .....		
Use financial institution information from Form 114 .....		
Financial institution information (if not filing Form 114):		
Maximum value of account during year .....		
Name of institution .....		
Account number (mandatory for part I) .....		
Mailing address of institution .....		
City of institution .....		
State/province of institution .....		
Postal code of institution .....		
Country of institution .....		
1=account opened during year .....		
1=account closed during year .....		
1=account jointly owned with spouse .....		
1=no tax item in Part III with respect to this account .....		
1=used foreign currency exchange rate to convert value to US dollars .....		
Foreign currency in which account is maintained .....		
Foreign currency exchange rate (xxxx.xxxx) .....		
Source of exchange rate .....		

**OTHER FOREIGN ASSETS (Part II)**

Identifying number or other designation (mandatory for part II) .....		
Date asset acquired during year (m/d/y) .....		
Date asset disposed of during year (m/d/y) .....		
1=jointly owned with spouse .....		
1=no tax item in Part III with respect to this asset .....		
Maximum value of asset during year .....		
1=used foreign currency exchange rate to convert value to US dollars .....		
Foreign currency in which asset is denominated .....		
Foreign currency exchange rate (xxxx.xxxx) .....		
Source of exchange rate .....		
Foreign entity information (complete if stock or interest):		
Name of entity .....		
Type of entity .....		
Mailing address of entity .....		
City of entity .....		
State/province of entity .....		
Postal code of entity .....		
Country of entity .....		

<p><b>1</b></p> <p><b>Type of Entity</b></p> <p>1 = Partnership</p> <p>2 = Corporation</p> <p>3 = Trust</p> <p>4 = Estate</p>
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Please enter all pertinent 2018 amounts. Last year's amounts are provided for your reference.

**OTHER FOREIGN ASSETS (Part II) (continued)**

Issuer or counterparty (#1):

Name .....		
1=issuer, 2=counterparty .....		
Type of issuer or counterparty (see table 2) .....		
Issuer or counterparty: 1=US person, 2=foreign person .....		
Mailing address .....		
City .....		
State/province .....		
Postal code .....		
Country .....		

Issuer or counterparty (#2):

Name .....		
1=issuer, 2=counterparty .....		
Type of issuer or counterparty (see table 2) .....		
Issuer or counterparty: 1=US person, 2=foreign person .....		
Mailing address .....		
City .....		
State/province .....		
Postal code .....		
Country .....		

Issuer or counterparty (#3):

Name .....		
1=issuer, 2=counterparty .....		
Type of issuer or counterparty (see table 2) .....		
Issuer or counterparty: 1=US person, 2=foreign person .....		
Mailing address .....		
City .....		
State/province .....		
Postal code .....		
Country .....		

Issuer or counterparty (#4):

Name .....		
1=issuer, 2=counterparty .....		
Type of issuer or counterparty (see table 2) .....		
Issuer or counterparty: 1=US person, 2=foreign person .....		
Mailing address .....		
City .....		
State/province .....		
Postal code .....		
Country .....		

<b>2</b>  Type of Issuer or Counterparty 1 = Individual 2 = Partnership 3 = Corporation 4 = Trust 5 = Estate
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