

2018 1040 US Tax Organizer

Please enter all pertinent 2018 information. If you have attached a government form for an item, check the box and do not enter a 2018 amount.

WAGES, SALARIES AND TIPS

Employer name:

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

2018 Amount	2017 Amount
Attach Forms W-2	_____

INTEREST INCOME

Payer name:

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

Attach Forms 1099-INT	_____

DIVIDEND INCOME

Payer name:

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

Attach Forms 1099-DIV	_____

PENSIONS, IRA AND GAMBLING INCOME

Payer name:

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

Attach Forms 1099-R & W-2G	_____

_____	_____
_____	_____

Winnings not reported on W-2G.....
 Total gambling losses.....

OTHER GOVERNMENT FORMS - INCOME

<input type="checkbox"/>	Form 1099-B - Sales of stock (also include transaction history).....
<input type="checkbox"/>	Form 1099-MISC - Miscellaneous income.....
<input type="checkbox"/>	Form 1099-K - Merchant card and third party network payments.....
<input type="checkbox"/>	Form 1099-S - Sales of real estate (also include closing statements)

Attach Forms 1099	
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<input type="checkbox"/>	Form 1099-G - State tax refunds.....	Attach Forms 1099
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Taxpayer:

<input type="checkbox"/>	Form SSA-1099 - Social security benefits.....
<input type="checkbox"/>	Form 1099-G - Unemployment compensation.....
<input type="checkbox"/>	Form 1099-Q (529 Plan).....
<input type="checkbox"/>	Form 1099-QA/5498-QA (ABLE Accounts).....

Attach Forms 1099	
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Spouse:

<input type="checkbox"/>	Form SSA-1099 - Social security benefits.....
<input type="checkbox"/>	Form 1099-G - Unemployment compensation.....
<input type="checkbox"/>	Form 1099-Q (529 Plan).....
<input type="checkbox"/>	Form 1099-QA/5498-QA (ABLE Accounts).....

Attach Forms 1099	
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MISCELLANEOUS INCOME

Taxpayer: Alimony received.....		
Spouse: Alimony received		
Other: _____		

RETIREMENT PLAN CONTRIBUTIONS

	2018 Amount	2017 Amount
Taxpayer: Traditional IRA contributions (1=maximum).....		
Roth IRA contributions (1=maximum)		
Self-employed, SEP, SIMPLE, & qualified plan contributions (1=maximum).....		
Spouse: Traditional IRA contributions (1=maximum).....		
Roth IRA contributions (1=maximum)		
Self-employed, SEP, SIMPLE, & qualified plan contributions (1=maximum).....		

OTHER GOVERNMENT FORMS - DEDUCTIONS

<input type="checkbox"/> Form 1098-E - Student loan interest	Attach Forms 1098	
<input type="checkbox"/> Form 1098-T - Tuition and related expenses.....		

AFFORDABLE CARE ACT

<input type="checkbox"/> Form 1095-A - Health Insurance Marketplace Statement.....	Attach Forms 1095	
<input type="checkbox"/> Form 1095-B - Health Coverage.....		
<input type="checkbox"/> Form 1095-C - Employer-Provided Health Insurance Offer and Coverage		

ADJUSTMENTS TO INCOME

Taxpayer:		
Self-employed health insurance premiums.....		
Educator expenses.....		
Other adjustments to income:		

Alimony paid - Recipient name & SSN.....		

Spouse:		
Self-employed health insurance premiums.....		
Educator expenses.....		
Other adjustments to income:		

Alimony paid - Recipient name & SSN.....		

MEDICAL AND DENTAL EXPENSES

Prescription medicines and drugs.....		
Doctors, dentists and nurses		
Hospitals and nursing homes.....		
Insurance premiums.....		
Long-term care premiums - taxpayer.....		
Long-term care premiums - spouse.....		
Insurance reimbursement.....		
Out-of-pocket lodging and transportation expenses		
Number of medical miles.....		
Other: _____		

TAXES PAID

State income taxes - 1/18 payment on 2017 state estimate.....		
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2018	1040	US	Miscellaneous Questions
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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.

- | 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? |
| <input type="checkbox"/> | <input type="checkbox"/> | Were there any changes in dependents? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you and your dependents have health care 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 exemptions categories: Indian tribe membership, health care sharing ministry membership, religious sect membership, incarceration, general hardship or unable to renew existing coverage? If you received an exemption certificate, please attach. |
| <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 receive any disability income? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you buy or sell any stocks, bonds or other investment property? |
| <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 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 receive a distribution from or make a contribution to a retirement plan (401(k), IRA, etc.)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you transfer or rollover any amount from one retirement plan to another? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you convert part or all of your traditional/SEP/SIMPLE IRA to a Roth IRA? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you incur a loss because of damaged or stolen property? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you use your car on the job (other than to and from work)? |
| <input type="checkbox"/> | <input type="checkbox"/> | May the IRS discuss your tax return with your preparer? |
| <input type="checkbox"/> | <input type="checkbox"/> | Was your home rented out or used for business? |
| <input type="checkbox"/> | <input type="checkbox"/> | Were you notified or audited by either the IRS or the State taxing agency? |