1 Source CPA's, PLLC

Certified Public Accountants

January 7, 2019

Dear Tax Client,

It's that time of year again! We have enclosed your Tax Organizer for 2018. Completing your Organizer helps us prepare your return more efficiently. It will also assist us in getting a complete picture of your tax situation so that we can look for ways to keep your taxes down now and in the future.

The Organizer contains several sections that include common expenses and deductions that many taxpayers overlook. Please review these carefully. Each $100 of deductible expense you find in your 2018 records may save you up to $35 in federal and state income taxes.

Enter all relevant information in the designated areas on each page. Feel free to add additional pages for any notes or questions that might help us find ways to save you money. Please provide detailed information if you answer 'Yes' to any of the General or Business and Investment questions.

Once your Organizer is complete, call our office for the next available tax appointment or drop off your return information for faster processing. When you come to our office, please bring your Organizer and any of the following that apply to your tax situation:

- ✓ Last year's tax return (if not in our possession)
- ✓ Original Form(s) W-2
- ✓ Schedule(s) K-1 from partnerships, S-Corporations, estates or trusts
- ✓ Information about contributions to a pension or other retirement plan
- ✓ Form(s) 1099 or statements of dividends, interest, retirement or other income
- ✓ Broker statements providing details of capital gains transactions
- ✓ Form(s) 1098 and copies of real estate tax bills, etc.
- ✓ Legal documents pertaining to the sale or purchase of real property
- ✓ Letter from charitable group confirming your tax deductible contribution
- ✓ Form(s) 1095 health insurance information from employer and/or the Marketplace

The IRS has estimated that the first day of the filing season will be February 1, 2019. As a result, we will begin appointments on February 4, 2019. Please bring your tax information to our office before March 31, 2019, to avoid filing an extension.

We look forward to working with you this year. If you have any questions, please give us a call.

Sincerely,

Penny Francis

Penny Francis, CPA

Sherri Kennedy, CPA

Sherri Kennedy, CPA

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2018 Tax Organizer

Basic Taxpayer Information

	First Name	Initial	Last Name	Suffix	Social Security No.
Taxpayer					
Spouse					

	Occupation	Date of Birth	Check if: Disabled	Blind	Dependent of Another	Presidential Election Contrib.
Taxpayer						
Spouse						

Street Address		Phone Res:	
City, State & Zip		Phone Work:	
Foreign country		Cell Phone:	
Foreign province			
Foreign postal code			
E-mail Address			
School District			

Filing Status ☐ 1 - Single; 2 - Married filing joint; 3 - Married filing separate; 4 - Head of Household; 5 - Qualifying Widower

Dependent Information

	First Name	Last Name	Social Sec. No.	Relationship	Months in home	Date of Birth	Disabled or full time student
1							
2							
3							
4							
5							
6							

Wages and Salaries

	Employer Name	Wages	Federal Tax Withheld	FICA Withheld	Medicare Withheld	State Tax Withheld	Local Tax Withheld
1							
2							
3							
4							
5							
6							

Pensions and IRAs

	Payer's Name	Gross Distribution	Taxable Distribution	Federal Tax Withheld	IRA
1					
2					
3					
4					

Attestation and Signature:

To the best of my knowledge the enclosed information is correct and includes all income, deductions, and other information necessary for the preparation of this year's income tax returns for which I have adequate records.

Sign ______________________________ Date __________

here ______________________________ Date __________

Federal, State and Local or Other Estimated Taxes Paid

Federal Estimates

	Enter Payment Information	Filer and/or Joint Payments		Spouse Only Payments	
		Date Paid	Amount	Date Paid	Amount
1	Overpayment from last year				
2	First quarter payment				
3	Second quarter payment				
4	Third quarter payment				
5	Fourth quarter payment				
6					
7					

State Estimates

Enter two-letter state abbreviation **State** ______ **State** ______ **State** ______ **State** ______

	Enter Payment Information	Date Paid	Amount	Date Paid	Amount	Date Paid	Amount	Date Paid	Amount
1	Overpayment from last year								
2	First quarter payment								
3	Second quarter payment								
4	Third quarter payment								
5	Fourth quarter payment								
6									
7									
8									

Name ______________________________ SSN ____________________

Medical and Dental - Itemized Deductions

			Current Year Amount	Prior Year Amount
1	Prescription medications	1		
2	Fees for doctors, dentists, etc.	2		
3	Fees for hospitals, clinics, etc.	3		
4	Lab and X-ray fees	4		
5	Medical aids such as glasses, contacts, hearing aids, wheelchair, etc.	5		
6	Medical equipment and supplies	6		
7	Medical mileage (number of miles driven)	7		
8	Medical parking, tolls and local transportation	8		
9	Lodging for medical purposes (up to $50 per night per person)	9		
10	Health/Dental/Other ins. premiums (do not include self-employed plans)	10		
11	Long Term Care insurance premiums (taxpayer)	11		
12	Long Term Care insurance premiums (spouse)	12		
13	Expenses to stop smoking	13		
14	Health insurance premiums - coverage established under your business (1)	14		
15	Health insurance premiums - coverage established under your business (2)	15		
16	Long Term Care insurance premiums - coverage est. under your business (1)	16		
17	Long Term Care insurance premiums - coverage est. under your business (2)	17		
18	______________________________	18		
19	______________________________	19		
20	______________________________	20		
21	______________________________	21		
22	Insurance reimbursement for any medical and dental expense listed above	22		

Name ______________________ SSN ______________

Taxes - Itemized Deductions

			Current Year Amount	Prior Year Amount
	Real Estate Taxes			
23	Principal residence	23		
24	Real estate taxes from Schedule E properties	24		
	Real Estate Not Held For Investment			
25		25		
26		26		
27		27		
28		28		
29		29		
	Real Estate Held For Investment			
30		30		
31		31		
32		32		
33		33		
34		34		
	Personal property taxes			
35	Non-business portion of vehicle personal property taxes	35		
36		36		
37		37		
38		38		
39		39		
40		40		
	Non-Personal Property Taxes			
41	K1 (1065) - Other deductions/taxes	41		
42	K1 (1120S) - Other deductions/taxes	42		
43	K1 (1041) - Other deductions/taxes	43		
44		44		
45		45		
46		46		

Interest - Itemized Deductions

			Current Year Amount	Prior Year Amount
	Home Mortgage Interest and Points Reported on Form 1098			
47	Lender	47		
48	Lender	48		
49	Lender	49		
50	Lender	50		
	Home Mortgage Interest Not Reported on Form 1098			
51	Name: Address: SSN:	51		
52	Mortgage insurance premiums paid on 2018 acquisition indebtedness for principal residence	52		

Name ______________________ SSN ______________

Charity - Itemized Deductions

* Total contributions $500 or less. See Non-Cash Charity if over $500.

			Current Year Amount	Prior Year Amount
1	Gifts To Charity Other Than By Cash or Check*	1		
2	Total Miles driven for charitable activities	2		
3	Parking fees, tolls and local transportation for charitable activities	3		

Gifts To Charity By Cash or Check

			Current Year Amount	Prior Year Amount
1		1		
2		2		
3		3		
4		4		
5		5		
6		6		
7		7		
8		8		
9		9		
10		10		
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38		38		
39		39		
40		40		
41		41		

Name ______________________________ SSN ____________________

Questions

Yes	No		Personal Information
☐	☐	1	Did any births, adoptions, marriages, divorces, or deaths occur in your family since last year?
☐	☐	2	Did you purchase or sell your principal residence or did your address change?
☐	☐	3	Are either you or your spouse being claimed (or are eligible to be claimed) as a dependent on anyone else's return?
☐	☐	4	Were you in a Registered Domestic Partnership, civil union or same-sex marriage during 2018?
☐	☐	5	Were either you or your spouse in the military or National Guard?
☐	☐	6	Have you been notified by the IRS or state of changes to a prior year's return, or received any other tax correspondence?

Yes	No		Dependents
☐	☐	1	Are there any changes in your dependents from last year?
☐	☐	2	Did you have any children under 19 (or 24 if a full time student) who received more than $1,050 in investment income?
☐	☐	3	Did you pay education expenses for your dependent children?
☐	☐	4	Did you pay any dependent care expenses for a child or a parent?
☐	☐	5	Did you pay over half of the support for a parent or someone else you aren't claiming as a dependent?
☐	☐	6	Are all of your dependents either US residents or citizens?

Yes	No		Health Care Coverage
☐	☐	1	Did you or a member of your family have minimum essential coverage in 2018? (The entity that provided the coverage may have sent you a Form 1095-A, 1095-B, or 1095-C, that lists individuals in your family who were enrolled in minimum essential coverage and shows their months of coverage.)
☐	☐	2	Did you have a Health Insurance Marketplace granted coverage exemption or are you claiming a coverage exemption?

Yes	No		Income (In 2018, did you or your spouse have any of the following?)
☐	☐	1	Wages? (include form(s) W-2)
☐	☐	2	Non-employee compensation? (include form(s) 1099-MISC)
☐	☐	3	Interest income? (include form(s) 1099-INT)
☐	☐	4	Dividend income? (include form(s) 1099-DIV)
☐	☐	5	Did you receive any tax-exempt income, such as interest or dividends from municipal bonds or a mutual fund account?
☐	☐	6	Gambling income? (include form(s) W-2G). Be sure to include any gambling expenses.
☐	☐	7	Social security or Railroad Retirement benefits? (include form(s) SSA-1099 & RRB-1099)
☐	☐	8	Did you receive a state or local refund, or a refund of any other deduction you itemized in a prior year? (attach 1099-G)
☐	☐	9	Disability income? (include form(s) W-2 or 1099)
☐	☐	10	Unemployment compensation? (include form(s) 1099-G)
☐	☐	11	Alimony?
☐	☐	12	Did you receive tip income NOT reported to your employer?
☐	☐	13	Did you receive payments from a Long-Term Care insurance contract?
☐	☐	14	Did you barter your services for goods or services from someone else?
☐	☐	15	Did you receive, or expect to receive, a Schedule K-1 (or substitute K-1) from a trust, estate, partnership, or S corp?
☐	☐	16	Did you receive employer-provided adoption benefits for a previous year?
☐	☐	17	Did you cash in any U.S. savings bonds?
☐	☐	18	Did you make a loan to someone at an interest rate below market rate?
☐	☐	19	Did you receive a housing allowance for ministerial services you provided?
☐	☐	20	Did you receive any income not reported in this Organizer?
☐	☐	21	Did you own an interest in a Real Estate Mortgage Investment Conduit (REMIC)?

Yes	No		Foreign Reporting
☐	☐	1	Did you have an interest in or signature authority over a financial account in a foreign country?
☐	☐	2	Were you the grantor of or transferor to a foreign trust?
☐	☐	3	Did you receive income from a foreign source or pay taxes to a foreign government?

Yes	No		Retirement & Other Plans
☐	☐	1	Did you receive any distributions from a retirement plan? (Include form(s) 1099-R)
☐	☐	2	Did you rollover a retirement plan distribution into another plan?
☐	☐	3	Did you convert a traditional IRA to a Roth IRA?
☐	☐	4	Did you make a contribution to a retirement plan? (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?
☐	☐	5	Did you receive a distribution from an Achieving a Better Life Experience (ABLE) savings account?
☐	☐	6	Did you receive a distribution from an HSA, Archer MSA or Medicare Advantage MSA (Include form(s) 1099-SA)
☐	☐	7	Did you make any contributions to an HSA (Health Savings Account) in 2018?

Yes	No		Purchases, Sales, Gains and Losses
☐	☐	1	Did you exchange any securities or investments for something other than cash?
☐	☐	2	Do you have any short sales, commodity sales, or straddles?
☐	☐	3	Did you receive Form 2439?
☐	☐	4	Did you buy or sell any bonds?
☐	☐	5	Did you receive stock from a stock bonus plan with your employer?
☐	☐	6	Did you sell any other personal assets at a gain?
☐	☐	7	Did you sell any real estate (other than your home) during the year?

Yes	No		
☐	☐	8	Did you sell any assets using the installment method?
☐	☐	9	Did you receive proceeds from a prior year installment sale?
☐	☐	10	Did you purchase a rental property?
☐	☐	11	Did you exchange any property for other property?
☐	☐	12	Did you incur a loss because of damaged or stolen property?
☐	☐	13	Did you purchase a new vehicle, aircraft or boat?
☐	☐	14	Did any security become worthless during 2018?
☐	☐	15	Did any debts become uncollectible during 2018?
☐	☐	16	Did you puchase any items acquired out of state, online or by mail order that did not include sales tax?

Business and Rental Property Income & Deductions

Yes	No		
☐	☐	1	If you own rental property, do you qualify as a Real Estate Professional?
☐	☐	2	Did you start or acquire a new business?
☐	☐	3	Did you sell any part of an existing business, or sell business assets?
☐	☐	4	Did you cease operating any business or rental property?
☐	☐	5	Did you remove any of your business assets for personal use?
☐	☐	6	Did you use part of your home for business purposes?
☐	☐	7	Did you make any contributions to a Keogh or a self-employed SEP plan for 2018?
☐	☐	8	Do you pay for any health or long term care insurance through your business?
☐	☐	9	If you or your spouse are self-employed, are either of you covered under an employer's health plan?
☐	☐	10	Did you purchase any furniture or equipment for your business?
☐	☐	11	Did you make any improvements to your rental properties?

Other Deductions

Yes	No		
☐	☐	1	Did you use your car on the job (other than to and from work)?
☐	☐	2	Did you work out of town for part of the year?
☐	☐	3	Did you incur unreimbursed expenses working as a reservist, performing artist, or fee-basis gov't official?
☐	☐	4	Did you incur any travel and entertainment expenses for business purposes?
☐	☐	5	Did you pay expenses for the care of your child or other dependent so you could work?
☐	☐	6	Did you purchase a 'clean fuel' or electric hybrid vehicle in 2018?
☐	☐	7	Did you make energy efficient improvements to your home or purchase any energy-saving property during 2018?
☐	☐	8	Did you contribute less than an entire interest in any property to charity?
☐	☐	9	Did you refinance a mortgage or take out a home equity loan during 2018?
☐	☐	10	Did you incur moving expenses during the year due to a military order and incident to a permanent change in station?
☐	☐	11	Did you or your spouse pay any educational expenses for yourselves?
☐	☐	12	Did you pay any student loan interest?
☐	☐	13	Did you make any federal or state estimated payments?
☐	☐	14	Did you pay alimony?
☐	☐	15	Did you donate non-cash donations?
☐	☐	16	Did you donate a vehicle?

Miscellaneous

Yes	No		
☐	☐	1	Did you make gifts of more than $15,000 to any one person?
☐	☐	2	Did you engage the service of any household employees?
☐	☐	3	Did your bank account information change within the last twelve months?
☐	☐	4	Do you want to allocate $3 to the Presidential Election Campaign Fund?
☐	☐	5	Does your spouse want to allocate $3 to the Presidential Election Campaign Fund?
☐	☐	6	Did you file Form 8839, Adoption Credit, in a previous year or incur adoption expenses in 2018?
☐	☐	7	Did you claim a First-time Homebuyer Credit for a home purchased in 2008?
☐	☐	8	Was there a disposition or change in use of your main home for which you claimed the First-time Homebuyer Credit?

Return preparation and filing

Yes	No		
☐	☐	1	Do you want to e-file your return?
		2	If you are due a refund, how do you want to receive it?

☐ Check sent to you in the mail ☐ Other quick refund via a bank product

☐ Apply to next year's estimates ☐

☐ Direct deposit (please provide voided blank check) Type of account: ☐ Checking ☐ Savings

If you owe taxes, how do you want to pay them?

☐ Paper check sent with my return ☐ Credit card ☐ Installment Agreement

☐ Direct debit (please provide a voided blank check) Type of account: ☐ Checking ☐ Savings

☐

☐ ☐ 3 Do you want to allow your tax preparer to discuss this year's return with the IRS?
If no, enter another person (if desired) to be allowed to discuss this return with the IRS:

Designee's name ____________ Phone Number ____________ Personal identification Number (5 digit PIN) ________