

# General Information

## Taxpayer

## Spouse

First Name \_\_\_\_\_  
 Middle Initial \_\_\_\_\_  
 Last Name \_\_\_\_\_  
 Suffix \_\_\_\_\_  
 Social Security Number \_\_\_\_\_  
 Date of Birth \_\_\_\_\_  
 Date of Death \_\_\_\_\_

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

Check ("X") which phone number to list on return.

Home Phone \_\_\_\_\_  
 Work Phone \_\_\_\_\_  
 Cell Phone \_\_\_\_\_  
 Fax Number \_\_\_\_\_

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

Legally Blind \_\_\_\_\_  
 Totally Disabled \_\_\_\_\_  
 Claimed as a Dependent \_\_\_\_\_  
 Presidential Election Fund (\$3) \_\_\_\_\_

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

Occupation \_\_\_\_\_  
 E-mail address \_\_\_\_\_  
 State of Residence as of 12/31 \_\_\_\_\_  
 County of Residence as of 12/31 \_\_\_\_\_  
 School District as of 12/31 \_\_\_\_\_

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

Sales tax rate of locality in 2018 \_\_\_\_\_ % \_\_\_\_\_

\_\_\_\_\_ % \_\_\_\_\_

If Part Year, Period of Residency \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_ to \_\_\_\_\_

Additional information is being requested this filing season in an effort to combat stolen-identity tax fraud. Please provide the requested information from the driver's license or state-issued identification card. Providing the information could help process state returns faster.

ID type \_\_\_\_\_  Driver's license OR  State Issued ID

\_\_\_\_\_  Driver's license OR  State Issued ID

ID number \_\_\_\_\_

\_\_\_\_\_

ID issuing state \_\_\_\_\_

\_\_\_\_\_

ID issue date \_\_\_\_\_

\_\_\_\_\_

ID expiration date \_\_\_\_\_

\_\_\_\_\_

## Filing Status

Status on 2017 return :

Status as of 12/31/2018 :  
Enter ("X") in the box

- 1 Single
- 2 Married filing joint
- 3 Married filing separately  
(Enter spouse's name and SSN above)
- 4 Head of Household Non-dependent name: \_\_\_\_\_  
Non-dependent SSN: \_\_\_\_\_
- 5 Qualifying widow(er) with minor child \_\_\_\_\_ Year spouse died \_\_\_\_\_

## Taxpayer's Address

Street \_\_\_\_\_ Apt/Suite : \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

If address is in a foreign country, enter that country . . . \_\_\_\_\_

Foreign province/county . . . \_\_\_\_\_ Foreign postal code \_\_\_\_\_

If a bona fide resident of a U.S. territory, enter territory . . . \_\_\_\_\_

## Preparer's Information

Preparer's name JEFFREY A SOLLENBERGER

Firm's name SOLLENBERGER & ASSOCIATE, INC.

Street 159 W LANCASTER AVE STE 1

City PAOLI State PA Zip Code 19301

## 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 \_\_\_\_\_

Name \_\_\_\_\_

SSN \_\_\_\_\_

## Questions

**Yes** **No**

### **Personal Information**

- |                          |                          |   |   |
|--------------------------|--------------------------|---|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1 | Did any births, adoptions, marriages, divorces, or deaths occur in your family since last year?                           |
| <input type="checkbox"/> | <input type="checkbox"/> | 2 | Did you purchase or sell your principal residence or did your address change?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 3 | Are either you or your spouse being claimed (or are eligible to be claimed) as a dependent on anyone else's return?       |
| <input type="checkbox"/> | <input type="checkbox"/> | 4 | Were you in a Registered Domestic Partnership, civil union or same-sex marriage during 2018?                              |
| <input type="checkbox"/> | <input type="checkbox"/> | 5 | Were either you or your spouse in the military or National Guard?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 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**

- |                          |                          |   |  |
|--------------------------|--------------------------|---|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1 | Are there any changes in your dependents from last year?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 2 | Did you have any children under 19 (or 24 if a full time student) who received more than \$1,050 in investment income? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3 | Did you pay education expenses for your dependent children?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 4 | Did you pay any dependent care expenses for a child or a parent?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 5 | Did you pay over half of the support for a parent or someone else you aren't claiming as a dependent?                  |
| <input type="checkbox"/> | <input type="checkbox"/> | 6 | Are all of your dependents either US residents or citizens?  |

**Yes** **No**

### **Health Care Coverage**

- |                          |                          |   |   |
|--------------------------|--------------------------|---|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 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.) |
| <input type="checkbox"/> | <input type="checkbox"/> | 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?)**

- |                          |                          |    |   |
|--------------------------|--------------------------|----|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1  | Wages? (include form(s) W-2)  |
| <input type="checkbox"/> | <input type="checkbox"/> | 2  | Non-employee compensation? (include form(s) 1099-MISC)  |
| <input type="checkbox"/> | <input type="checkbox"/> | 3  | Interest income? (include form(s) 1099-INT)   |
| <input type="checkbox"/> | <input type="checkbox"/> | 4  | Dividend income? (include form(s) 1099-DIV)   |
| <input type="checkbox"/> | <input type="checkbox"/> | 5  | Did you receive any tax-exempt income, such as interest or dividends from municipal bonds or a mutual fund account?       |
| <input type="checkbox"/> | <input type="checkbox"/> | 6  | Gambling income? (include form(s) W-2G). Be sure to include any gambling expenses.  |
| <input type="checkbox"/> | <input type="checkbox"/> | 7  | Social security or Railroad Retirement benefits? (include form(s) SSA-1099 & RRB-1099)                                    |
| <input type="checkbox"/> | <input type="checkbox"/> | 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) |
| <input type="checkbox"/> | <input type="checkbox"/> | 9  | Disability income? (include form(s) W-2 or 1099)  |
| <input type="checkbox"/> | <input type="checkbox"/> | 10 | Unemployment compensation? (include form(s) 1099-G)   |
| <input type="checkbox"/> | <input type="checkbox"/> | 11 | Alimony?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 12 | Did you receive tip income NOT reported to your employer?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 13 | Did you receive payments from a Long-Term Care insurance contract?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 14 | Did you barter your services for goods or services from someone else?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 15 | Did you receive, or expect to receive, a Schedule K-1 (or substitute K-1) from a trust, estate, partnership, or S corp?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 16 | Did you receive employer-provided adoption benefits for a previous year?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 17 | Did you cash in any U.S. savings bonds?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 18 | Did you make a loan to someone at an interest rate below market rate?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 19 | Did you receive a housing allowance for ministerial services you provided?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 20 | Did you receive any income not reported in this Organizer?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 21 | Did you own an interest in a Real Estate Mortgage Investment Conduit (REMIC)?   |

**Yes** **No**

### **Foreign Reporting**

- |                          |                          |   |   |
|--------------------------|--------------------------|---|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1 | Did you have an interest in or signature authority over a financial account in a foreign country? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2 | Were you the grantor of or transferor to a foreign trust?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 3 | Did you receive income from a foreign source or pay taxes to a foreign government?                |

**Yes** **No**

### **Retirement & Other Plans**

- |                          |                          |   |  |
|--------------------------|--------------------------|---|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1 | Did you receive any distributions from a retirement plan? (Include form(s) 1099-R)                         |
| <input type="checkbox"/> | <input type="checkbox"/> | 2 | Did you rollover a retirement plan distribution into another plan?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 3 | Did you convert a traditional IRA to a Roth IRA?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 4 | Did you make a contribution to a retirement plan? (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?        |
| <input type="checkbox"/> | <input type="checkbox"/> | 5 | Did you receive a distribution from an Achieving a Better Life Experience (ABLE) savings account?          |
| <input type="checkbox"/> | <input type="checkbox"/> | 6 | Did you receive a distribution from an HSA, Archer MSA or Medicare Advantage MSA (Include form(s) 1099-SA) |
| <input type="checkbox"/> | <input type="checkbox"/> | 7 | Did you make any contributions to an HSA (Health Savings Account) in 2018?                                 |

**Yes** **No**

### **Purchases, Sales, Gains and Losses**

- |                          |                          |   |   |
|--------------------------|--------------------------|---|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1 | Did you exchange any securities or investments for something other than cash? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2 | Do you have any short sales, commodity sales, or straddles?                   |
| <input type="checkbox"/> | <input type="checkbox"/> | 3 | Did you receive Form 2439?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 4 | Did you buy or sell any bonds?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 5 | Did you receive stock from a stock bonus plan with your employer?             |
| <input type="checkbox"/> | <input type="checkbox"/> | 6 | Did you sell any other personal assets at a gain?                             |
| <input type="checkbox"/> | <input type="checkbox"/> | 7 | Did you sell any real estate (other than your home) during the year?          |
| <input type="checkbox"/> | <input type="checkbox"/> | 8 | Did you sell any assets using the installment method?                         |

- |                          |                          |    |   |
|--------------------------|--------------------------|----|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 9  | Did you receive proceeds from a prior year installment sale?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 10 | Did you purchase a rental property?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 11 | Did you exchange any property for other property?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 12 | Did you incur a loss because of damaged or stolen property?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 13 | Did you purchase a new vehicle, aircraft or boat?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 14 | Did any security become worthless during 2018?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 15 | Did any debts become uncollectible during 2018?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 16 | Did you purchase any items acquired out of state, online or by mail order that did not include sales tax? |

**Yes**   **No**   **Business and Rental Property Income & Deductions**

- |                          |                          |    |   |
|--------------------------|--------------------------|----|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1  | If you own rental property, do you qualify as a Real Estate Professional?                           |
| <input type="checkbox"/> | <input type="checkbox"/> | 2  | Did you start or acquire a new business?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 3  | Did you sell any part of an existing business, or sell business assets?                             |
| <input type="checkbox"/> | <input type="checkbox"/> | 4  | Did you cease operating any business or rental property?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 5  | Did you remove any of your business assets for personal use?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 6  | Did you use part of your home for business purposes?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 7  | Did you make any contributions to a Keogh or a self-employed SEP plan for 2018?                     |
| <input type="checkbox"/> | <input type="checkbox"/> | 8  | Do you pay for any health or long term care insurance through your business?                        |
| <input type="checkbox"/> | <input type="checkbox"/> | 9  | If you or your spouse are self-employed, are either of you covered under an employer's health plan? |
| <input type="checkbox"/> | <input type="checkbox"/> | 10 | Did you purchase any furniture or equipment for your business?                                      |
| <input type="checkbox"/> | <input type="checkbox"/> | 11 | Did you make any improvements to your rental properties?  |

**Yes**   **No**   **Other Deductions**

- |                          |                          |    |  |
|--------------------------|--------------------------|----|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1  | Did you use your car on the job (other than to and from work)?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 2  | Did you work out of town for part of the year?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 3  | Did you incur unreimbursed expenses working as a reservist, performing artist, or fee-basis gov't official?          |
| <input type="checkbox"/> | <input type="checkbox"/> | 4  | Did you incur any travel and entertainment expenses for business purposes?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 5  | Did you pay expenses for the care of your child or other dependent so you could work?                                |
| <input type="checkbox"/> | <input type="checkbox"/> | 6  | Did you purchase a 'clean fuel' or electric hybrid vehicle in 2018?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 7  | Did you make energy efficient improvements to your home or purchase any energy-saving property during 2018?          |
| <input type="checkbox"/> | <input type="checkbox"/> | 8  | Did you contribute less than an entire interest in any property to charity?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 9  | Did you refinance a mortgage or take out a home equity loan during 2018?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 10 | Did you incur moving expenses during the year due to a military order and incident to a permanent change in station? |
| <input type="checkbox"/> | <input type="checkbox"/> | 11 | Did you or your spouse pay any educational expenses for yourselves?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 12 | Did you pay any student loan interest?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 13 | Did you make any federal or state estimated payments?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 14 | Did you pay alimony?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 15 | Did you donate non-cash donations?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 16 | Did you donate a vehicle?  |

**Yes**   **No**   **Miscellaneous**

- |                          |                          |   |   |
|--------------------------|--------------------------|---|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1 | Did you make gifts of more than \$15,000 to any one person?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 2 | Did you engage the service of any household employees?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 3 | Did your bank account information change within the last twelve months?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 4 | Do you want to allocate \$3 to the Presidential Election Campaign Fund?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 5 | Does your spouse want to allocate \$3 to the Presidential Election Campaign Fund?                                 |
| <input type="checkbox"/> | <input type="checkbox"/> | 6 | Did you file Form 8839, Adoption Credit, in a previous year or incur adoption expenses in 2018?                   |
| <input type="checkbox"/> | <input type="checkbox"/> | 7 | Did you claim a First-time Homebuyer Credit for a home purchased in 2008?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 8 | Was there a disposition or change in use of your main home for which you claimed the First-time Homebuyer Credit? |

**Yes**   **No**   **Return preparation and filing**

- |                          |                          |  |  |  |                          |                       |
|--------------------------|--------------------------|--|--|--|--------------------------|-----------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | 1  | Do you want to e-file your return?   |  |                          |                       |
|                          |                          | 2  | If you are due a refund, how do you want to receive it?                            |  |                          |                       |
|                          | <input type="checkbox"/> | Check sent to you in the mail                      | <input type="checkbox"/>   | Other quick refund via a bank product                              |                          |                       |
|                          | <input type="checkbox"/> | Apply to next year's estimates                     | <input type="checkbox"/>   |  |                          |                       |
|                          | <input type="checkbox"/> | Direct deposit (please provide voided blank check) | Type of account:   | <input type="checkbox"/> Checking <input type="checkbox"/> Savings |                          |                       |
|                          |                          | If you owe taxes, how do you want to pay them?     |  |  |                          |                       |
|                          | <input type="checkbox"/> | Paper check sent with my return                    | <input type="checkbox"/>   | Credit card  | <input type="checkbox"/> | Installment Agreement |
|                          | <input type="checkbox"/> | Direct debit (please provide a voided blank check) | Type of account:   | <input type="checkbox"/> Checking <input type="checkbox"/> Savings |                          |                       |
|                          | <input type="checkbox"/> |  |  |  |                          |                       |
| <input type="checkbox"/> | <input type="checkbox"/> | 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) \_\_\_\_\_







Name \_\_\_\_\_

SSN \_\_\_\_\_

# Wages

## W-2 Information

<b>"X"</b> <b>if</b> <b>spouse</b>	<b>Employer's Name</b>	<b>Box 1</b> <b>Wages, Tips</b> <b>Other Comp</b>	<b>Box 2</b> <b>Federal Income</b> <b>Tax Withheld</b>	<b>Box 16</b> <b>State</b> <b>Wages</b>	<b>Box 17</b> <b>State Income</b> <b>Tax Withheld</b>
<input type="checkbox"/>	1				
<input type="checkbox"/>	2				
<input type="checkbox"/>	3				
<input type="checkbox"/>	4				
<input type="checkbox"/>	5				
<input type="checkbox"/>	6				
<input type="checkbox"/>	7				
<input type="checkbox"/>	8				
<input type="checkbox"/>	9				
<input type="checkbox"/>	10				
<input type="checkbox"/>	11				
<input type="checkbox"/>	12				
<input type="checkbox"/>	13				
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<input type="checkbox"/>	31				
<input type="checkbox"/>	32				
<input type="checkbox"/>	33				
<input type="checkbox"/>	34				
<input type="checkbox"/>	35				
<input type="checkbox"/>	36				
<input type="checkbox"/>	37				
<input type="checkbox"/>	38				
<input type="checkbox"/>	39				
<input type="checkbox"/>	40				
<input type="checkbox"/>	41				
<input type="checkbox"/>	42				
<input type="checkbox"/>	43				

Name \_\_\_\_\_

SSN \_\_\_\_\_

**Retirement Income**  
**1099-R Information**

"X" if spouse	Payer's Name	Box 1 Gross Distribution	Box 4 Federal Income Tax Withheld	Box 14 State Distribution	Box 12 State Income Tax Withheld
	1				
	2				
	3				
	4				
	5				
	6				
	7				
	8				
	9				
	10				
	11				
	12				
	13				
	14				
	15				
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	38				
	39				
	40				
	41				
	42				
	43				



Name \_\_\_\_\_

SSN \_\_\_\_\_

### Interest Income

Please provide copies of all Form 1099-INT or other statements reporting interest income.

\* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J	Payer	Taxable Interest Income Current Year Amount	Taxable Interest Income Prior Year Amount	Tax Exempt Interest Current Year Amount	Tax Exempt Interest Prior Year Amount	Specified Priv Act Interest Current Year Amount	Specified Priv Act Interest Prior Year Amount
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
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39							
40							
41							
42							
43							
44							

Name \_\_\_\_\_

SSN \_\_\_\_\_

### Dividend Income

Please provide copies of all Form 1099-DIV or other statements reporting dividend income.

\* F/S/J - enter ownership (F)iler, (S)pouse,  
or (J)oint.

\*F/S/J Payer

		Ordinary Dividends		Qualified Dividends		Capital Gains	
		Current Year	Prior Year	Current Year	Prior Year	Current Year	Prior Year
		Amount	Amount	Amount	Amount	Amount	Amount
	1						
	2						
	3						
	4						
	5						
	6						
	7						
	8						
	9						
	10						
	11						
	12						
	13						
	14						
	15						
	16						
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	35						
	36						
	37						
	38						
	39						
	40						
	41						
	42						
	43						
	44						

Name \_\_\_\_\_

SSN \_\_\_\_\_

### Self-Employed Business Income and Expenses (Schedule C)

Enter "X" in one box:  Filer  Spouse

#### General Information

Employer Identification Number \_\_\_\_\_ (do not enter Social Security Number)

Principal business or profession \_\_\_\_\_

Business name . . . . . \_\_\_\_\_

Business address . . . . . \_\_\_\_\_

City . . . . . \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Foreign Country . . . . . \_\_\_\_\_

Foreign Province/State . . . . . \_\_\_\_\_ Postal Code \_\_\_\_\_

#### General Check Boxes (Enter "X" where applicable)

- 1 Accounting Method . . . . .  Cash  Accrual  Other - (Specify) \_\_\_\_\_
- 2 Did you "materially participate" in this business?  Yes  No
- 3 Check ('X') if you started or acquired this business in 2018.
- 4 Did you make any payments in 2018 that would require you to file Form(s) 1099?  Yes  No

#### Business Income

\* Report statutory income as W-2 income.

		Current Year Amount	Prior Year Amount
5	Income reported on 1099 MISC . . . . .		
	Gross receipts or sales not reported on Form 1099 or Form W-2		
6	_____		
7	_____		
8	_____		
9	_____		
10	Returns and allowances . . . . .		
11	Other income . . . . .		

#### Inventory (Enter "X" where applicable)

- 12 Method(s) used to value closing inventory . . .  Cost  Lower of cost or market  Other
- 13 Any change in determining quantities, costs, or valuations between opening and closing inventory?  Yes  No

		Current Year Amount	Prior Year Amount
14	Inventory at the beginning of year . . . . .		
15	Purchases less cost of items withdrawn for personal use . . . . .		
16	Cost of labor . . . . .		
17	Materials and supplies . . . . .		
18	Other Costs . . . . .		
19	Inventory at end of year . . . . .		

#### Assets Placed in Service This Year

Description:

		Date Placed In Service	Purchase Amount
A	_____		
B	_____		
C	_____		
D	_____		
E	_____		
F	_____		
G	_____		

Name \_\_\_\_\_

SSN \_\_\_\_\_

Business \_\_\_\_\_

### Self-Employed Business Expenses Cont. (Schedule C)

Expenses		Current Year Amount	Prior Year Amount
20	Advertising . . . . .	20	
21	Contract labor . . . . .	21	
22	Commissions and fees . . . . .	22	
23	Depletion . . . . .	23	
24	Employee benefit programs (other than on line 30) . . . . .	24	
25	Insurance (other than health) . . . . .	25	
<b>Interest:</b>			
26	Mortgage (paid to banks, etc.) . . . . .	26	
27	Other . . . . .	27	
28	Legal and professional services . . . . .	28	
29	Office expense . . . . .	29	
30	Pension and profit-sharing plans . . . . .	30	
<b>Rent or Lease:</b>			
31	Machinery rental or lease . . . . .	31	
32	Equipment rental or lease . . . . .	32	
33	_____	33	
34	_____	34	
35	_____	35	
	Other business property rental or lease		
36	_____	36	
37	_____	37	
38	_____	38	
39	Repairs and maintenance . . . . .	39	
40	Supplies (not included in inventory cost of goods sold) . . . . .	40	
41	Taxes and licenses . . . . .	41	
<b>Travel, Meals, and Entertainment:</b>			
Travel			
42	_____	42	
43	_____	43	
44	_____	44	
45	_____	45	
Meals and entertainment			
46	Enter "X" in the box if subject to DOT hours of service limits . . . . .	46	<input type="checkbox"/> <input type="checkbox"/>
47	_____	47	
48	_____	48	
49	_____	49	
50	_____	50	
51	Utilities . . . . .	51	
52	Wages . . . . .	52	
<b>Other Expenses:</b>			
53	_____	53	
54	_____	54	
55	_____	55	
56	_____	56	
57	_____	57	
58	_____	58	
59	_____	59	
60	_____	60	
61	_____	61	

Name \_\_\_\_\_

SSN \_\_\_\_\_

Business \_\_\_\_\_

**Vehicle Information (Schedule C)**

		Vehicle -		Vehicle -	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1	Date vehicle was placed in service . . . . . 1				
2	Cost of vehicle . . . . . 2				
3	Total miles driven for the year . . . . . 3				
4	Business miles driven during the year . . . 4				
5	Commuting miles included on line 3 . . . . 5				
6	Parking fees and tolls . . . . . 6				
7	Vehicle Interest . . . . . 7				
8	Vehicle Personal Property tax . . . . . 8				
<b>Actual Expenses</b>					
9	Gasoline, oil and repairs . . . . . 9				
10	Vehicle Insurance . . . . . 10				
11	Vehicle registration fees . . . . . 11				
12	Vehicle lease or rental . . . . . 12				
13	_____ 13				

		Vehicle -		Vehicle -	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1	Date vehicle was placed in service . . . . . 1				
2	Cost of vehicle . . . . . 2				
3	Total miles driven for the year . . . . . 3				
4	Business miles driven during the year . . . 4				
5	Commuting miles included on line 3 . . . . 5				
6	Parking fees and tolls . . . . . 6				
7	Vehicle Interest . . . . . 7				
8	Vehicle Personal Property tax . . . . . 8				
<b>Actual Expenses</b>					
9	Gasoline, oil and repairs . . . . . 9				
10	Vehicle Insurance . . . . . 10				
11	Vehicle registration fees . . . . . 11				
12	Vehicle lease or rental . . . . . 12				
13	_____ 13				

Name \_\_\_\_\_

SSN \_\_\_\_\_

Home Office Number \_\_\_\_\_

Description of Home Office \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Check ("X") box:  Daycare

### Home Office Expenses

#### Area of Home

- 1 Area used regularly and exclusively for business, regularly for daycare, or for storage of inventory or product samples . . . . . 1
- 2 Total area of home . . . . . 2

#### Daycare only - Part of Home Used Nonexclusively for Daycare

- 3 Multiply days used for daycare during year by hours used per day . . . . . 3
- 4 Enter total hours home was available for daycare during year . . . . . 4

#### Expenses related to entire home including business portion (Indirect)

- 5 Casualty losses . . . . . 5
- 6 Excess mortgage interest . . . . . 6
- 7 Insurance . . . . . 7
- 8 Rent . . . . . 8
- 9 Repairs and maintenance . . . . . 9
- 10 Utilities . . . . . 10
- 11 Other Expenses:

- a \_\_\_\_\_ 11a
- b \_\_\_\_\_ 11b
- c \_\_\_\_\_ 11c
- d \_\_\_\_\_ 11d
- e \_\_\_\_\_ 11e

Current Year Amount	Prior Year Amount




#### Business Allocation:

- Business 1: \_\_\_\_\_
- Business 2: \_\_\_\_\_
- Business 3: \_\_\_\_\_
- Business 4: \_\_\_\_\_

Current Year Allocation %	Prior Year Allocation %

#### Business:

#### Additional expenses related to business portion only (Direct)

- 12 Casualty losses . . . . . 12
- 13 Excess mortgage interest . . . . . 13
- 14 Insurance . . . . . 14
- 15 Rent . . . . . 15
- 16 Repairs and maintenance . . . . . 16
- 17 Utilities . . . . . 17
- 18 Other Expenses:

- a \_\_\_\_\_ 18a
- b \_\_\_\_\_ 18b
- c \_\_\_\_\_ 18c
- d \_\_\_\_\_ 18d
- e \_\_\_\_\_ 18e

Current Year Amount	Prior Year Amount


Name \_\_\_\_\_

SSN \_\_\_\_\_

### Real Estate Rentals and Royalties

Property Description \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Foreign Country \_\_\_\_\_

Foreign Province/State \_\_\_\_\_ Postal Code \_\_\_\_\_

	Current Year Info	Prior Year Info
<b>1a</b> Owner of property (Enter Filer, Spouse, or Joint) . . . . .		
<b>1b</b> Enter property type number (1 to 8) . . . . .	<input type="text"/>	<input type="text"/>
(1) Single-Family Residence (2) Multi-Family Residence (3) Vacation/Short-Term Rental (4) Commercial (5) Land (6) Royalties (7) Self-Rental (8) Other		
<b>2</b> Enter "X" if you actively participated? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>3</b> Enter "X" if property was used for personal use by you or your family for more than 14 days or 10% of the total days rented? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>3a</b> If entered ("X"), enter the number of days of personal use? . . . . .	<input type="text"/>	<input type="text"/>
<b>3b</b> If entered ("X"), enter the number of days rented? . . . . .	<input type="text"/>	<input type="text"/>

Income	Current Year Amounts	Prior Year Amounts
<b>4</b> Royalty received . . . . .		
<b>5</b> Rent received . . . . .		
<b>a</b> If rental real estate, enter the percent of ownership if less than 100% . . . . .		
<b>b</b> Rental use percentage for property used partially for personal use only . . . . .		
<b>6</b> Other Income . . . . .		

Property Expense	Current Year Amounts	Prior Year Amounts
<b>7</b> Advertising . . . . .		
<b>8</b> Cleaning and maintenance . . . . .		
<b>9</b> Commissions . . . . .		
<b>10</b> Insurance . . . . .		
<b>11</b> Legal and other professional fees . . . . .		
<b>12</b> Management fees . . . . .		
<b>13 a</b> Qualified mortgage interest paid to banks, etc. . . . .		
<b>b</b> Other mortgage interest paid to banks, etc. . . . .		
<b>14</b> Other interest . . . . .		
<b>15</b> Repairs . . . . .		
<b>16</b> Supplies . . . . .		
<b>17 a</b> Real estate taxes . . . . .		
<b>b</b> Other Taxes . . . . .		
<b>18</b> Utilities . . . . .		

Assets Placed in Service This Year	Date Placed In Service	Purchase Amount
<b>A</b> Description: _____		
<b>B</b> _____		
<b>C</b> _____		
<b>D</b> _____		
<b>E</b> _____		
<b>F</b> _____		
<b>G</b> _____		

Name \_\_\_\_\_

SSN \_\_\_\_\_

Property \_\_\_\_\_

### Other Expenses (Schedule E)

**Other Expenses:**

19 \_\_\_\_\_  
20 \_\_\_\_\_  
21 \_\_\_\_\_  
22 \_\_\_\_\_  
23 \_\_\_\_\_  
24 \_\_\_\_\_  
25 \_\_\_\_\_  
26 \_\_\_\_\_

	Current Year	Prior Year
19		
20		
21		
22		
23		
24		
25		
26		

**Travel Expenses:**

27 \_\_\_\_\_  
28 \_\_\_\_\_  
29 \_\_\_\_\_  
30 \_\_\_\_\_  
31 \_\_\_\_\_  
32 \_\_\_\_\_  
33 \_\_\_\_\_  
34 \_\_\_\_\_

	Current Year	Prior Year
27		
28		
29		
30		
31		
32		
33		
34		

**Meals and Entertainment Expenses:**

35 \_\_\_\_\_  
36 \_\_\_\_\_  
37 \_\_\_\_\_  
38 \_\_\_\_\_  
39 \_\_\_\_\_  
40 \_\_\_\_\_  
41 \_\_\_\_\_  
42 \_\_\_\_\_

	Current Year	Prior Year
35		
36		
37		
38		
39		
40		
41		
42		



Name \_\_\_\_\_

SSN \_\_\_\_\_

### Social Security and Railroad Retirement

**Filer**

- 1 Enter the total amount from box 5 of all your Forms SSA-1099 . . . . . 1
- 2 Enter the total taxes withheld from box 6 of all your Forms SSA-1099 . . . . . 2
- 3 Enter the total amount from box 5 of all your Forms RRB-1099 . . . . . 3
- 4 Enter the total taxes withheld from box 10 of all your Forms RRB-1099 . . . . . 4
- 5 Enter the total amount of Medicare B Premiums withheld. . . . . 5
- 6 Enter the total amount of Medicare D Premiums withheld. . . . . 6

Current Year Amount	Prior Year Amount

**Spouse**

- 7 Enter the total amount from box 5 of all your Forms SSA-1099 . . . . . 7
- 8 Enter the total taxes withheld from box 6 of all your Forms SSA-1099 . . . . . 8
- 9 Enter the total amount from box 5 of all your Forms RRB-1099 . . . . . 9
- 10 Enter the total taxes withheld from box 10 of all your Forms RRB-1099 . . . . . 10
- 11 Enter the total amount of Medicare B Premiums withheld. . . . . 11
- 12 Enter the total amount of Medicare D Premiums withheld. . . . . 12


Name \_\_\_\_\_

SSN \_\_\_\_\_

## IRA and Other Contribution Information

### Traditional IRA Contributions

**Filer**

- 1 Enter total traditional IRA contributions made for 2018 . . . . . 1
- 2 Enter contributions, on line 1, made after 12/31/2018 and before 04/15/2019 . . . . . 2
- 3 Enter value of all traditional IRAs on 12/31/2018 . . . . . 3
- 4 Enter amount of any outstanding traditional rollovers as of 1/1/2019 . . . . . 4

Current Year Amount	Prior Year Amount

**Spouse**

- 5 Enter total traditional IRA contributions made for 2018 . . . . . 5
- 6 Enter contributions, on line 5, made after 12/31/2018 and before 04/15/2019 . . . . . 6
- 7 Enter value of all traditional IRAs on 12/31/2018 . . . . . 7
- 8 Enter amount of any outstanding traditional rollovers as of 1/1/2019 . . . . . 8


### Roth IRA Contributions

**Filer**

- 1 Enter 2018 Roth IRA contributions . . . . . 1
- 2 Enter value of all Roth IRAs on 12/31/2018 . . . . . 2

Current Year Amount	Prior Year Amount

**Spouse**

- 3 Enter 2018 Roth IRA contributions . . . . . 3
- 4 Enter value of all Roth IRAs on 12/31/2018 . . . . . 4


### SIMPLE IRA

**Filer**

- 1 Enter value of all SIMPLE IRAs on 12/31/2018 . . . . . 1

Current Year Amount	Prior Year Amount

**Spouse**

- 2 Enter value of all SIMPLE IRAs on 12/31/2018 . . . . . 2

--	--

### Education (Coverdell ESA)

**Filer**

- 1 Enter 2018 Coverdell ESA contributions . . . . . 1
- 2 Enter value of the Coverdell ESA on 12/31/2018 . . . . . 2

Current Year Amount	Prior Year Amount

**Spouse**

- 3 Enter 2018 Coverdell ESA contributions . . . . . 3
- 4 Enter value of the Coverdell ESA on 12/31/2018 . . . . . 4


### Other

**Filer**

- 1 Repayment of qualified reservist distributions . . . . . 1

Current Year Amount	Prior Year Amount

**Spouse**

- 2 Repayment of qualified reservist distributions . . . . . 2

--	--

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 \_\_\_\_\_

**Interest - Itemized Deductions**

**Home Mortgage Interest and Points Reported on Form 1098**

Current Year Amount	Prior Year Amount

**47** Lender \_\_\_\_\_ **47**

**48** Lender \_\_\_\_\_ **48**

**49** Lender \_\_\_\_\_ **49**

**50** Lender \_\_\_\_\_ **50**

**Home Mortgage Interest Not Reported on Form 1098**

**51** Name: \_\_\_\_\_ **51**

Address: \_\_\_\_\_

SSN: \_\_\_\_\_

**52** Mortgage insurance premiums paid on 2018 acquisition indebtedness for principal residence . . . . . **52**

**Refinancing Points**

**53** Description . . . . . **53**

Points paid . . . . .

Date of loan . . . . .

Total number of scheduled loan payments . . . . .

Number of payments made in 2018 . . . . .

**54** Description . . . . . **54**

Points paid . . . . .

Date of loan . . . . .

Total number of scheduled loan payments . . . . .

Number of payments made in 2018 . . . . .

**55** Description . . . . . **55**

Points paid . . . . .

Date of loan . . . . .

Total number of scheduled loan payments . . . . .

Number of payments made in 2018 . . . . .

**56** Description . . . . . **56**

Points paid . . . . .

Date of loan . . . . .

Total number of scheduled loan payments . . . . .

Number of payments made in 2018 . . . . .

**57** Investment interest paid . . . . . **57**

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**

1	_____
2	_____
3	_____
4	_____
5	_____
6	_____
7	_____
8	_____
9	_____
10	_____
11	_____
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Name \_\_\_\_\_

SSN \_\_\_\_\_

### Child and Dependent Care Expenses

- 1 Amount of dependent care benefits forfeited . . . . . **1** \_\_\_\_\_
- 2 Amount of dependent care expenses incurred in 2017 and paid in 2018 . . . . . **2** \_\_\_\_\_

**Note:** Enter qualified expenses for dependents on the Organizer dependent sheet.

#### Filer and/or Spouse Who Is a Student or Disabled

Check one box for each month or partial month that the filer or spouse was a full-time student or disabled.

		Filer's earned income for each month	Spouse's earned income for each month
Filer	Spouse	Filer	Spouse
<input type="checkbox"/>	<input type="checkbox"/>	January . . . . .	_____
<input type="checkbox"/>	<input type="checkbox"/>	February . . . . .	_____
<input type="checkbox"/>	<input type="checkbox"/>	March . . . . .	_____
<input type="checkbox"/>	<input type="checkbox"/>	April . . . . .	_____
<input type="checkbox"/>	<input type="checkbox"/>	May . . . . .	_____
<input type="checkbox"/>	<input type="checkbox"/>	June . . . . .	_____
<input type="checkbox"/>	<input type="checkbox"/>	July . . . . .	_____
<input type="checkbox"/>	<input type="checkbox"/>	August . . . . .	_____
<input type="checkbox"/>	<input type="checkbox"/>	September . . . . .	_____
<input type="checkbox"/>	<input type="checkbox"/>	October . . . . .	_____
<input type="checkbox"/>	<input type="checkbox"/>	November . . . . .	_____
<input type="checkbox"/>	<input type="checkbox"/>	December . . . . .	_____

#### Non-Dependent Information and Qualifying Expenses

	First Name	Last Name	Birthdate	SSN	Amount incurred and paid in 2018
1	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____

#### Persons or Organizations Who Provided the Care

	Name	Address	SSN/EIN	Amount incurred and paid in 2018
1	First: _____	City: _____ State: _____ Zip: _____	SSN: _____	
	Last: _____		EIN: _____	
	Business: _____			
2	First: _____	City: _____ State: _____ Zip: _____	SSN: _____	
	Last: _____		EIN: _____	
	Business: _____			
3	First: _____	City: _____ State: _____ Zip: _____	SSN: _____	
	Last: _____		EIN: _____	
	Business: _____			
4	First: _____	City: _____ State: _____ Zip: _____	SSN: _____	
	Last: _____		EIN: _____	
	Business: _____			
5	First: _____	City: _____ State: _____ Zip: _____	SSN: _____	
	Last: _____		EIN: _____	
	Business: _____			