



2018 INCOME TAX ORGANIZER

		Taxpayer(s)				
Name	Date of Birth	Social Security Number	Driver's License #	State	Issue Date	Expiration Date

Address		Telephone Number	()	-
		Cell Number	()	-
Email				
County		School District		

		Dependents			
Name	Date of Birth	Social Security Number	Relationship	Income over \$1,000	Covered by Health Insurance
				\$	Yes/No
				\$	Yes/No
				\$	Yes/No
				\$	Yes/No
				\$	Yes/No
				\$	Yes/No

Please provide the following documents:

- Forms 1095-A, 1095-B, 1095-C (Health Insurance)
- Forms W-2 for wages, salaries and tips
- All Forms 1099 for interest, dividends, retirement, miscellaneous income, Social Security, state or local refunds, gambling winnings, unemployment, etc.
- Brokerage statements showing investment transactions for stocks, bonds, etc.
- Schedule K-1 from partnerships, S corporations, estates and trusts
- Information concerning all other sources of income including commissions, alimony received, jury duty, tips & gratuities, director's fees, bartering, etc.
- If you or your spouse purchased or sold a principal residence or real estate, please include a copy of your closing statement.

INCOME TAX PAYMENTS AND REFUNDS

Did you receive a refund for last year or any prior years? Yes/No Amount \$ _____
 Please include any IRS or state tax notices received during the year.

Estimated Payments

	Federal	State
1 st quarter (due April, 2018)	_____	_____
2 nd quarter (due June, 2018)	_____	_____
3 rd quarter (due September, 2018)	_____	_____
4 th quarter (due January, 2019)	_____	_____

SCHEDULE A: ITEMIZED DEDUCTIONS

Standard deduction for 2018 is \$24,000 for married filing joint and \$12,000 for single. If you do not have itemized deductions exceeding this amount you do not need to complete this part.

<u>Medical Expenses</u>	
Health insurance premiums	
Paid with after tax dollars	_____
Long-term care premiums	_____
Prescription drug insurance	_____
Doctors, hospitals, etc.	_____
Medical lodging- # of nights	_____
Dental	_____
Glasses and contacts	_____
Hearing aids	_____
Prescription drugs	_____
Medical mileage - # of miles	_____
Insurance reimbursement	_____

<u>Contributions</u>	
Cash contributions supported by cancelled check (or provide statements in lieu of completing)	
Organization	Amount
_____	_____
_____	_____
_____	_____
_____	_____
Charitable miles driven	_____
*Written substation from charitable organization is required for contributions over \$250.	
Other than cash (if over \$500, need to show when and how acquired, cost and how valued):	
_____	_____
_____	_____
_____	_____

<u>Taxes</u>	
Property taxes on home	_____
Car license	_____
Sales tax on major purchases	_____
Personal property tax	_____

<u>Miscellaneous</u>	
Tax preparation	_____
Safe deposit box	_____
Investment expense	_____

<u>Interest</u>	
Home interest (Form 1098)	_____
Home interest paid to an individual:	
Amount	_____
Name	_____
Social Security #	_____
Mortgage insurance premiums	_____
Points on mortgage	_____
Investment interest	_____

ADJUSTMENTS TO 1040

Roth IRA contributions	Taxpayer_____	Spouse_____
Regular IRA contributions	Taxpayer_____	Spouse_____
Keogh or SEP contributions	Taxpayer_____	Spouse_____
Health Savings Account contributions	Taxpayer_____	Spouse_____
Interest paid on student loans	Taxpayer_____	Spouse_____
Alimony paid – Amount	_____	
Recipient's name and SSN	_____	
Educator expenses	_____	
If you had a distribution from a Health Savings Account please provide a copy of the 1099-SA		

Please provide a copy of the closing statement for purchase and/or sale of you home during 2017.

SCHEDULE B: INTEREST & DIVIDENDS

(Provide 1099s in lieu of completing)

*TSJ is taxpayer, spouse or owned jointly.

INTEREST INCOME

TSJ	Name of Payer	Ordinary	US Bonds	Tax Exempt

DIVIDEND INCOME

TSJ	Name of Payer	Ordinary	Qualified	Capital Gain Distribution

CAPITAL GAINS OR LOSSES

TSJ	Description	Date Acquired	Date Sold	Sales Price	Cost or Basis

SCHEDULE C: BIZ INCOME/EXPENSE

Business Name _____	Name of proprietor _____
Address _____	Tax ID # _____
Type of business or profession, including product or service _____	

INCOME

	Amount		Amount
Gross Receipts or Sales		Other	

EXPENSE

	Amount		Amount
Advertising		Rent	
Commissions & fees		Repairs and maintenance	
Contract labor		Small tools & supplies	
Employee benefits		Taxes & licenses	
Insurance		Travel, meals & entertainment	
Mortgage interest (include Form 1098)		Utilities	
Other Interest		Wages	
Legal & professional		Payroll Taxes	
Office expense		Telephone	

Auto Expense \$ _____
 (Gas, oil, insurance, repairs, license, etc.)
 Auto mileage for the year _____
 Percentage auto used for business _____%

Miscellaneous Expenses: (List)
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____

SCHEDULE E: RENTAL INCOME/EXPENSE

Property Description					
Rental Income					
Advertising					
Maintenance					
Insurance					
Professional					
Interest					
Repairs					
Supplies					
Taxes					
Utilities					
Other					

SCHEDULE F: FARM INCOME/EXPENSE

INCOME

	Amount		Amount
Purchased Livestock		Agricultural Payments (include 1099-G)	
Purchased Grain		CCC Loans Reported as Income	
Raised Livestock		Crop Insurance Proceeds	
Raised Grain		Custom Hire	
Patronage Dividends (include 1099-PATR)		Hedging Gains (include 1099-B)	
Reimbursements/Refunds		Other	

EXPENSE

	Amount		Amount
Chemicals		Rent	
Conservation		Repairs and maintenance	
Custom hire		Seeds and plants	
Feed		Storage and warehouse	
Fertilizers & lime		Small Tools & Supplies	
Freight & trucking		Real Estate Taxes	
Gasoline, fuel, & oil		Payroll Taxes	
Insurance		Utilities	
Mortgage interest (include Form 1098)		Veterinary, breeding, and medicine	
Other interest		Hedging Losses (include 1099-B)	
Wages		Subscriptions & publications	
Grain drying		Cost of livestock sold	
Meals for help		Sealed Grain Repurchased	
Breeding Fees		Telephone	

Truck Expense \$ _____
 (Gas, oil, insurance, repairs, license, etc.)
 Truck mileage for the year _____
 Percentage truck used for farm _____%

Miscellaneous Expenses: (List)
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____

