

Tax Organizer

For Tax Year 2018

Tax Center Plus
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Engagement Letter

Thank you for choosing Tax Center Plus to assist you with your tax return. This letter confirms the terms of our engagement with you and outlines the nature and extent of the services we will provide.

We will prepare your 2018 Federal and State (if required) income tax returns. We will depend on you to provide the information we need to prepare complete and accurate returns. We may ask you to clarify some items but will not audit or otherwise verify the data you submit.

We will perform accounting services only as needed to prepare your tax returns. Accounting services will be billed in addition to your tax preparation work. Our work will not include procedures to find defalcations or other irregularities. Accordingly, our engagement should not be relied upon to disclose errors, fraud, or other illegal acts, though it may be necessary for you to clarify some of the information you submit. We will inform you of any material errors, fraud, or other illegal acts we discover. You are ultimately responsible for the accuracy of your return(s) and should review all returns carefully before signing.

The law imposes penalties when taxpayers underestimate their tax liability. Be very diligent about including all your sources of income. Please call us if you have concerns about such penalties.

If there is an error on the return which results from incorrect information supplied by you, you are responsible for the payment of any additional taxes which would have been properly due on the original return(s) and any interest and penalties charged by the IRS. If we have made an error, other than an error caused by incorrect information you supplied, we will be responsible for payment of penalties. We will not pay any additional tax due since that tax would have been payable had the return been correctly prepared. We do not pay interest because you have had use of the monies in the interim.

Should we encounter instances of unclear tax law, or of potential conflicts in the interpretation of the law, we will outline the reasonable courses of action and the risks and consequences of each. We will ultimately adopt, on your behalf, the alternative you select.

FEES for individual tax returns will be computed according to our current fee schedule, plus any out of pocket expenses. Organizing records and compiling figures for entry on the tax return (accounting services) will be billed at \$150.00 per hour. Such charges are in addition to the tax return preparation fee schedule. **Full payment of your tax preparation fee and any additional charges is required before we will electronically file your return or release the paper return to you.** We reserve the right to ask for retainer fees to be paid in advance of work done from new clients and from any client with whom we have experienced payment problems. Rates are subject to change and are usually updated annually. One copy of your tax return will be provided to you for your files. Additional copies at the time your return is printed are \$25.00 each. Copies of your return at any other time are \$50.00 each.

We will return your original records to you at the end of this engagement. Store these records, along with all supporting documents, canceled checks, etc. in a secure location in case these items are needed later to prove the completeness of a return. We retain copies of your records and our work papers for your engagement for three years, after which these documents will be destroyed.

Our engagement to prepare your return will conclude with the delivery of the completed return(s) to you (if paper filing) or your signature and our subsequent submittal of your tax return (if e-filing). If you have not selected to e-file your returns with our office, you will be solely responsible to file the returns with the appropriate taxing authorities. Review all tax return documents carefully before signing them.

Extension Requests: Please contact us if you would like an extension of time to file your return. This may be necessary if you do not submit all your tax information to us by April 1. Even if you file an extension request, you may be assessed penalties and interest if you have paid less than 100% of your current tax liability by the filing deadline. Extensions are granted for filing your return, but not for paying your tax. **We do not automatically file extensions.**

To affirm this letter correctly summarizes your understanding of the arrangements for this work, sign and date below. If you are mailing your tax information, please use secure email. You may email us securely by finding an email from us with the secure link or go to www.taxcenterplus.com and click on the Contact Us tab. Please be responsible for your information and do not take chances. You are responsible for any data that may be compromised if you do not send it to us in a secure manner.

We appreciate your confidence in us. Please call us at (509) 736-2400 if you have any questions.

Sincerely,

Barbara Culver, EA
Tax Center

(Both spouses must sign for preparation of joint returns.)

Accepted by:

Taxpayer

Spouse

Date

2018 Summary Organizer

Personal and Dependent Information

Personal Information

Name		SSN	Date of birth	Healthcare coverage ALL year
Taxpayer				
Spouse				
Street address, city, state, and ZIP				
Occupation		Daytime phone	Evening phone	Cell phone
Taxpayer				
Spouse				
Taxpayer email				
Spouse email				

Marital Status at end of 2018

- ☐ Married
☐ Married filing separately
☐ Single
☐ Widow(er)

If spouse died in 2018
enter the date of death _____

Are you blind? ☐ Yes ☐ No
 Are you disabled? ☐ Yes ☐ No
 Are you a full-time student? ☐ Yes ☐ No
 Do you want \$3 to go to the
Presidential Election Campaign Fund? ☐ Yes ☐ No

Taxpayer

☐ Yes ☐ No
☐ Yes ☐ No
☐ Yes ☐ No
☐ Yes ☐ No

Spouse

☐ Yes ☐ No
☐ Yes ☐ No
☐ Yes ☐ No
☐ Yes ☐ No

Dependent Information

First and last name	SSN	Relationship	Months in home	Date of birth	Disabled	Full-time student	Healthcare coverage ALL year

List dependents required to file a return _____

Estimates

	Federal		Resident state		Resident city	
	Date paid	Amount	Date paid	Amount	Date paid	Amount
Overpayment applied from 2017						
First quarter						
Second quarter						
Third quarter						
Fourth quarter						
Additional payments						

Account Information for Deposits or Withdrawals

Name of bank	Bank routing number	Bank account number	Type of account		Use this account for	
			Checking	Savings	Deposits	Withdrawals

Appointment Information

Your 2018 appointment is scheduled for _____

Miscellaneous Information

Name:

SSN:

Personal Information

Yes No

☐ ☐ Did your marital status change during the year?

If "Yes," explain _____

☐ ☐ Can you or your spouse be claimed as a dependent by someone else?☐ ☐ Did your address change during the year?

Provide proof of identity to be eligible to e-file your tax return (driver's license or state-issued photo ID)

Dependent Information

☐ ☐ Did you have any changes in dependents during the year?

If "Yes," explain _____

☐ ☐ Can another person qualify to claim any of your dependents?☐ ☐ Did you have any childcare expenses during the year?☐ ☐ Did you have any adoption expenses during the year?☐ ☐ Did you have any children under age 19 or a full-time student under age 24 with more than \$2100 of unearned income?

Provide documentation for proof of dependent related credits (school records, medical records, daycare records, etc.)

Health Care Information

☐ ☐ Did any member of your household NOT have healthcare coverage for the entire year?

Provide copies of all Forms 1095-A, 1095-B, 1095-C for ALL members of your household.

If any member of your household received an exemption from the marketplace, provide the Exemption Certificate Number (ECN).

☐ ☐ Did you receive any distributions from a Health Savings Account (HSA), Archer MSA, or Medicare Advantage MSA during the year?

Income, Purchases, Sales, and Debt Information

☐ ☐ Did you receive any tips not reported to your employer?☐ ☐ Did you receive any disability income during the year?☐ ☐ Did you cash any U.S. savings bonds during the year?☐ ☐ Did you receive any other income not provided with this organizer?

If "Yes," explain _____

☐ ☐ Did you start a new business or purchase any rental property during the year?☐ ☐ Did you sell an existing business, rental property, or other property during the year?☐ ☐ Did you purchase any business assets or convert any assets to business use?

If "Yes," provide the cost of the asset, the date it was placed in service, and business use percentage.

☐ ☐ Did you purchase any gasoline, diesel, or special fuels for non-highway business use?☐ ☐ Did you buy or sell any stocks, bonds, or other investments during the year?☐ ☐ Did you sell a principal residence during the year?

If "Yes," provide closing documentation for the purchase and sale of the home

☐ ☐ Did you have a principal residence or a piece of real property foreclosed on during the year?☐ ☐ Did you abandon a principal residence or a piece of real property during the year?☐ ☐ Did you refinance your principal home or second home or take out a home equity loan during the year?

If "Yes," provide all escrow, closing, and other pertinent documentation and information.

☐ ☐ Did you receive any principal or interest during this year from property sold in prior years?☐ ☐ Did you rent out your home or use it for business?☐ ☐ Did you sell, exchange, or purchase any real estate during the year?☐ ☐ Did you acquire a new or additional interest in a partnership or S corporation?☐ ☐ Did you have any debts canceled or forgiven this year?☐ ☐ Does anyone owe you money that has become uncollectible?☐ ☐ Did you purchase a new hybrid, alternative motor, or electric motor energy-efficient vehicle during the year?

If "Yes," provide the year, make, model, VIN, and date the vehicle was placed in service.

Itemized Deduction Information

☐ ☐ Did you pay out-of-pocket medical or dental expenses (premiums, prescriptions, mileage, etc.) during the year?☐ ☐ Did you pay any long-term care premiums for yourself, your spouse, or a dependent during the year?☐ ☐ Did you receive any state or local income tax refunds from prior years?☐ ☐ Did you make any major purchases (vehicle, boat, etc.) during the year?☐ ☐ Did you pay any real estate property taxes or personal taxes during the year?☐ ☐ Did you pay mortgage interest during the year?

Miscellaneous Information

Name:

SSN:

Itemized Deduction Information (continued)

Yes No

- ☐ ☐ Did you make cash donations to charity during the year?
- ☐ ☐ Did you make noncash donations to charity (clothes, furniture, etc.) during the year?
- ☐ ☐ Did you donate a boat or vehicle during the year?
If "Yes," attach Form 1098-C.
- ☐ ☐ Did you have gambling winnings or losses during the year?
- ☐ ☐ Did you have any job-related expenses that were not reimbursed by your employer (uniforms, safety equipment, etc.)?
- ☐ ☐ Did you use your vehicle on the job other than for commuting to work?
- ☐ ☐ Did you work out of town at any time during the year?

Retirement Information

- ☐ ☐ Did you receive any payments from a pension, profit sharing, or 401(k) plan during the year?
- ☐ ☐ Did you make any withdrawals from or contributions to an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), myRA, or other qualified retirement plan during the year?
- ☐ ☐ Did you receive any Social Security benefits during the year?

Education Information

- ☐ ☐ Did you pay tuition expenses that were required for attending college, university, or vocational school for yourself, your spouse, or a dependent during the year (even if classes were attended in another year)?
- ☐ ☐ Did anyone in your household attend a post-secondary school during the year?
- ☐ ☐ Did you make a contribution to or receive a distribution from an Education Savings Account or Qualified Tuition Program during the year?
- ☐ ☐ Did you pay student loan interest for yourself, your spouse, or your dependent(s) during the year?

Miscellaneous Information

- ☐ ☐ Did you incur a gain or loss due to damaged or stolen property?
If "Yes," provide the incident date, value of the property, and amount of insurance reimbursements.
- ☐ ☐ Did you pay wages to any household employees (babysitter, nanny, housekeeper, etc.)?
- ☐ ☐ Did you make gifts to any one person in excess of \$15,000 during the year?
If "Yes," are you splitting the gift with your spouse?
- ☐ ☐ Did you incur moving expenses during the year?
- ☐ ☐ Did you make any energy-efficient improvements to your main home during the year?
- ☐ ☐ Are you a business owner who paid health insurance premiums for your employees during the year?
- ☐ ☐ Did you apply an overpayment of your 2017 taxes to your 2018 estimated taxes?
- ☐ ☐ If you have an overpayment of 2018 taxes, do you want the refund applied to your 2019 estimated taxes?
- ☐ ☐ Did you make any estimated payments toward your 2018 taxes?
- ☐ ☐ Do you want to have any refund or balance due directly deposited or withdrawn?
If "Yes," provide a canceled checking or savings slip.
- ☐ ☐ Did you receive any notices from the IRS or state taxing authority?
If "Yes," explain _____
- ☐ ☐ May the IRS discuss your tax return with your preparer?
- ☐ ☐ Would you like a copy of your tax return emailed to you instead of receiving a printed copy?

Foreign Account Information

- ☐ ☐ Did you have a financial interest in or signature authority over a financial account or asset located in a foreign country?
- ☐ ☐ Did you receive a distribution from, or were you a grantor of, or transferor to, a foreign trust?
- ☐ ☐ Did you have any income from, or pay taxes to, a foreign country?
- ☐ ☐ Did you own property in a foreign country?
- ☐ ☐ Did the aggregate value of your foreign accounts exceed \$10,000 at any time during the year?

Preparer Notes

Miscellaneous Notes

2018

Healthcare Coverage Questionnaire

Name:

SSN:

Healthcare Information

[illegible]

YES NO

- ☐ ☐ Did anyone other than you or your spouse pay for healthcare coverage for anyone listed above?
- ☐ ☐ Did you pay for healthcare coverage for anyone not listed above?

If you had coverage for any part of the year:

Where was the policy obtained?

Employer / Medicare / Medicaid / Marketplace(Exchange) / Other

If you didn't have coverage part or all of the year:

Answer YES if the following applies to any member of the household

- ☐ Was your previous insurance policy canceled in 2018?

☐ Was coverage offered by your employer or your spouse's employer?

☐ Are you a member of a federally recognized Indian tribe?

☐ Are you eligible for services through an Indian healthcare provider?

☐ Are you a member of a healthcare sharing ministry?

☐ Did you live in the United States the entire year?

☐ Are you enrolled in TRICARE?

☐ Did you apply for CHIP coverage?

☐ Do any of the following apply to you? Do NOT indicate which one.

 - ☐ Became homeless
 - ☐ Evicted in the past six months, or facing eviction or foreclosure
 - ☐ Received a shut-off notice from a utility company
 - ☐ Recently experienced domestic violence
 - ☐ Recently experienced the death of a close family member
 - ☐ Recently experienced a fire, flood, or other natural or human-caused disaster that resulted in substantial damage to your property
 - ☐ Filed for bankruptcy in the last six months
 - ☐ Incurred unreimbursed medical expenses in the last 24 months that resulted in substantial debt
 - ☐ Experienced unexpected increases in essential expenses due to caring for an ill, disabled, or aging family member

Healthcare Coverage Questionnaire for taxpayer and spouse (for preparer use)

PRIMARY TAXPAYER

	All Year	January	February	March	April	May	June	July	August	September	October	November	December
Insured through Marketplace (Exchange). MUST provide 1095-A													
Had health care coverage from another source													
Was exempt from health care mandate. Has Exemption Certificate Number? If yes, provide number.													
Employer offered health coverage which was declined													
If YES, what would be the cost for SELF coverage?													
If YES, what would be the cost for FAMILY coverage?													
Would the FAMILY policy have covered the spouse?													

SPOUSE

	All Year	January	February	March	April	May	June	July	August	September	October	November	December
Insured through Marketplace (Exchange). MUST provide 1095-A													
Had health care coverage from another source													
Was exempt from health care mandate. Has Exemption Certificate Number? If yes, provide number.													
Employer offered health coverage which was declined													
If YES, what would be the cost for SELF coverage?													
If YES, what would be the cost for FAMILY coverage?													
Would the FAMILY policy have covered the spouse?													

Healthcare Coverage Questionnaire for Dependents (for preparer use)

	All Year	January	February	March	April	May	June	July	August	September	October	November	December
Insured through Marketplace (Exchange). MUST provide 1095-A													
Had health care coverage from another source													
Was exempt from health care mandate. Has Exemption Certificate Number? If yes, provide number.													
Required to file a return?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	AGI of that return?										

	All Year	January	February	March	April	May	June	July	August	September	October	November	December
Insured through Marketplace (Exchange). MUST provide 1095-A													
Had health care coverage from another source													
Was exempt from health care mandate. Has Exemption Certificate Number? If yes, provide number.													
Required to file a return?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	AGI of that return?										

	All Year	January	February	March	April	May	June	July	August	September	October	November	December
Insured through Marketplace (Exchange). MUST provide 1095-A													
Had health care coverage from another source													
Was exempt from health care mandate. Has Exemption Certificate Number? If yes, provide number.													
Required to file a return?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	AGI of that return?										

2018

Income

Name: _____

SSN:

Wages & Salaries

Provide all copies of Form W-2

[illegible]

Retirement

Provide all copies of Form 1099-R

[illegible]**Form 1099-Misc Income**

Provide all copies of Form 1099-MISC (* Also reported on Schedule C or E)

[illegible]

2018

Income

Name: _____

SSN:

Dividend Income

Provide all copies of Form 1099-DIV and other statements that report dividend income

[illegible]

Interest Income

Provide all copies of Form 1099-INT, Form 1099-OID and other statements that report interest income

[illegible]

If any interest income listed above is from a seller-financed mortgage, provide the payer's ID number and address

2018

Sale of Capital Assets

Name: _____

SSN:

Sale of Capital Assets (not reported on Form 1099-B)

Provide all brokerage statements

[illegible]

Installment Sale Income

Description of property: _____

Date acquired	Date sold	2018	Prior years
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Selling price

Mortgages assumed

Cost of property sold

Depreciation allowed

Commissions and expense of sale

Gross profit percentage

Interest received

Principal payments received

Property was sold to a related party ☐

Other Income and Adjustments

Name: _____

SSN: _____

Other Income

	2018 Taxpayer	2017 Taxpayer	2018 Spouse	2017 Spouse
Scholarships or grants not reported on Form W-2	_____	_____	_____	_____
State income tax refund (attach Forms 1099-G)	_____	_____	_____	_____
Social Security Benefits (attach Forms 1099-SSA)	_____	_____	_____	_____
Railroad Retirement Benefits (attach Forms 1099-RRB)	_____	_____	_____	_____
Alimony received	_____	_____	_____	_____
Unemployment compensation (attach Forms 1099-G)	_____	_____	_____	_____
Unemployment compensation repaid in 2018	_____	_____	_____	_____
Gambling winnings (attach Forms W2-G)	_____	_____	_____	_____
Alaska Permanent Fund	_____	_____	_____	_____
ABLE distributions	_____	_____	_____	_____
Other income: _____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Adjustments

	2018 Taxpayer	2017 Taxpayer	2018 Spouse	2017 Spouse
Educator expenses (If you are an educator, enter the amount you paid for classroom supplies)	_____	_____	_____	_____
Contributions made to a Health Savings Account (HSA)	_____	_____	_____	_____
Contributions made to a Self-Employed Pension plan (SEP)	_____	_____	_____	_____
Payments made for Self-Employed Health Insurance for you, your spouse, or dependents	_____	_____	_____	_____
Alimony paid				
Name: _____ SSN: _____	_____	_____	_____	_____
Name: _____ SSN: _____	_____	_____	_____	_____
Contributions made to an Individual Retirement Account (IRA)	_____	_____	_____	_____
Contributions made to a Roth IRA	_____	_____	_____	_____
Contributions made to a myRA	_____	_____	_____	_____
Interest paid on a student loan	_____	_____	_____	_____
Other adjustments: _____	_____	_____	_____	_____

Job-related Moving Expenses

☐ Select this box and complete the fields below if you are a member of the Armed Forces on active duty, and moved due to a military order for a permanent change of station.

	2018	2017
Number of miles from old home to old workplace	_____	_____
Number of miles from old home to new workplace	_____	_____
Expense to move household goods & personal effects and lodging expenses while traveling to your new home (Do not include cost of meals)	_____	_____

2018

Schedule C - Profit or Loss from Business

Name:

SSN:

General Business Information

Business name _____ Employer ID number _____

Professional product or service _____

Business address, city, state, ZIP _____

☐ This business started or was acquired during 2018☐ Yes ☐ No

Payments of \$600 or more were paid to an individual who is not your employee for services provided for this business

☐ This business was disposed of during 2018☐ Yes ☐ No

You filed Form(s) 1099 for the individual(s)

Income

	2018	2017		2018	2017
Gross receipts or sales	_____	_____	Other income	_____	_____
Income from Form(s) 1099-MISC . . .	_____	_____		_____	_____
Returns & allowances	_____	_____		_____	_____

Expenses

	2018	2017		2018	2017
Advertising	_____	_____	Travel	_____	_____
Car & truck expenses	_____	_____	Total meals	_____	_____
Commissions & fees	_____	_____	Utilities	_____	_____
Contract labor	_____	_____	Wages	_____	_____
Depletion	_____	_____	Other expenses (list)	_____	_____
Employee benefit programs	_____	_____		_____	_____
Insurance (other than health)	_____	_____		_____	_____
Interest - mortgage	_____	_____		_____	_____
Interest - other	_____	_____		_____	_____
Legal & professional services	_____	_____		_____	_____
Office expenses	_____	_____		_____	_____
Pension & profit sharing plans	_____	_____		_____	_____
Rent or lease (vehicles, machinery, & equipment)	_____	_____		_____	_____
Rent (other business property)	_____	_____		_____	_____
Repairs & maintenance	_____	_____		_____	_____
Supplies	_____	_____		_____	_____
Taxes & licenses	_____	_____		_____	_____

Cost of Goods Sold

	2018	2017		2018	2017
Inventory at beginning of year	_____	_____	Materials & supplies	_____	_____
Purchases	_____	_____	Other costs	_____	_____
Cost of personal use items	_____	_____	Inventory at end of year	_____	_____
Cost of labor	_____	_____	<input type="checkbox"/> There was a change in inventory method		

Schedule E - Income or Loss from Rental Real Estate & Royalties

Name:

SSN:

General Property Information

Property description

Address, city, state, ZIP

Select the property type

- ☐ Single family residence ☐ Vacation / short-term rental ☐ Land ☐ Self-rental
☐ Multi-family residence ☐ Commercial ☐ Royalties ☐ Other

Number of days property was rented

Number of days property was used for personal use

If the rental is a multi-dwelling unit and you occupied part of the unit, enter the percentage you occupied

- ☐ This property is your main home
- ☐ This property was disposed of during 2018
- ☐ This property was owned as a qualified joint venture

- ☐ Yes ☐ No Payments of \$600 or more were paid to an individual who is not your employee for services provided for this rental.
- ☐ Yes ☐ No You filed Form(s) 1099 for the individual(s)

Income

2018

2017

2018

2017

Rent Income

**Royalties from oil, gas,
mineral, copyright or patent**

Rental income from Form(s) 1099-MISC**Royalties from Form(s) 1099-MISC**

Expenses

Rental unit expenses

Rental and homeowner expenses

Advertising

Auto & travel

Cleaning & maintenance

Commissions

Depletion

Insurance

Legal & professional fees

Management fees

Mortgage interest

Other interest

Repairs

Supplies

Taxes

Utilities

Other expenses (list)

If this Schedule E is for a multi-unit dwelling and you lived in one unit and rented out the other units, use the "Rental and homeowner expenses" column to show expenses that apply to the entire property. Use the "Rental unit expenses" column to show expenses that pertain ONLY to the rental portion of the property.

If the Schedule E is not for a multi-unit property in which you lived in one unit, complete just the "Rental unit expenses" column.

2018

Income or Loss from Partnerships, S corporations, and Fiduciaries

Name:

SSN:

Partnerships, S corporations, Estates and Trusts

Provide all copies of Schedule K-1 and attachments

Entity name

EIN

2018

Schedule F - Profit or Loss from Farming

Name: _____

SSN: _____

General Information

Principal product _____

Employer ID number _____

☐ This farm was disposed of during 2018☐ Yes ☐ No Payments of \$600 or more were paid to an individual who is not your employee for services provided for this farm☐ Yes ☐ No You filed Form(s) 1099 for the individual(s)**Income**

	2018	2017		2018	2017
Sale of livestock / other items	_____	_____	Custom hire income	_____	_____
Cost of items bought for resale	_____	_____	Beginning inventory for accrual	_____	_____
Sale of products you raised	_____	_____	Ending inventory for accrual	_____	_____
Total cooperative distributions	_____	_____	<input type="checkbox"/> You used unit-livestock-price or farm-price inventory method		
Total agricultural payments	_____	_____	Other income	_____	_____
Commodity Credit Corporation (CCC) loans:					
CCC loans reported	_____	_____		_____	_____
CCC loans forfeited	_____	_____		_____	_____
Crop insurance proceeds:					
Amount received in 2018	_____	_____		_____	_____
<input type="checkbox"/> You elect to defer to 2019				_____	_____
Amount deferred from 2017	_____	_____		_____	_____

Expenses

	2018	2017		2018	2017
Car & truck expenses	_____	_____	Repairs & maintenance	_____	_____
Chemicals	_____	_____	Seeds & plants purchased	_____	_____
Conservation expenses	_____	_____	Storage & warehousing	_____	_____
Custom hire (machine work)	_____	_____	Supplies purchased	_____	_____
Employee benefit programs	_____	_____	Taxes	_____	_____
Feed purchased	_____	_____	Utilities	_____	_____
Fertilizers & lime	_____	_____	Veterinary, breeding, & medicine	_____	_____
Freight & trucking	_____	_____	Other expenses	_____	_____
Gasoline, fuel, & oil	_____	_____		_____	_____
Insurance (other than health)	_____	_____		_____	_____
Interest - mortgage (paid to banks, etc.)	_____	_____		_____	_____
Interest - other	_____	_____		_____	_____
Labor hired (less jobs credit)	_____	_____		_____	_____
Pension & profit-sharing plans	_____	_____		_____	_____
Rent - vehicles, machinery, & equip	_____	_____		_____	_____
Rent - other (land, animals, etc.)	_____	_____		_____	_____

2018

Form 4835 - Farm Rental Income and Expenses

Name: _____

SSN: _____

General Information

Description _____

Employer ID number _____

☐ This farm was disposed of during 2018

Income

	2018	2017		2018	2017
Income from production of livestock, grains, and other crops	_____	_____	Crop insurance proceeds:		
Total cooperative distributions	_____	_____	Amount received in 2018	_____	_____
Total agricultural payments	_____	_____	<input type="checkbox"/> You elect to defer to 2019		
Commodity Credit Corporation (CCC) loans:			Amount deferred from 2017	_____	_____
CCC loans reported	_____	_____	Other income	_____	_____
CCC loans forfeited	_____	_____			

Expenses

	2018	2017		2018	2017
Car & truck expenses	_____	_____	Seeds & plants purchased	_____	_____
Chemicals	_____	_____	Storage & warehousing	_____	_____
Conservation expenses	_____	_____	Supplies purchased	_____	_____
Custom hire (machine work)	_____	_____	Taxes	_____	_____
Employee benefit programs	_____	_____	Utilities	_____	_____
Feed purchased	_____	_____	Veterinary, breeding, & medicine	_____	_____
Fertilizers & lime	_____	_____	Other expenses (list)		
Freight & trucking	_____	_____			
Gasoline, fuel, & oil	_____	_____			
Insurance (other than health)	_____	_____			
Interest - mortgage (paid to banks, etc.)	_____	_____			
Interest - other	_____	_____			
Labor hired (less jobs credit)	_____	_____			
Pension & profit-sharing plans	_____	_____			
Rent - vehicles, machinery & equip	_____	_____			
Rent - other (land, animals, etc.)	_____	_____			
Repairs & maintenance	_____	_____			

Expenses Related to Business

Name: _____

SSN: _____

Auto Expense

Name of business vehicle is used for _____

Description of vehicle _____

Date vehicle was placed in service _____

☐ Another vehicle is available for personal use☐ There is evidence to support your deduction☐ This vehicle is available for use during off-duty hours☐ The evidence is written

Number of miles the vehicle was driven during 2018

Number of miles driven in prior years

Business _____

Commuting _____

Total _____

Business _____

Total _____

2018

2017

2018

2017

Garage rent

Property tax

Gas

Repairs

Insurance

Tires

Licenses

Tolls

Oil

Other expenses

Parking fees

Lease payments

Interest

Business Use of Home

Name of business home is used for _____

What is the total square footage of your home that was used regularly and exclusively for business _____

What is the total square footage of your home _____

For daycare facilities not used exclusively for business, complete the following questions

How many days during the year was the area used _____

How many hours per day was the area used _____

☐ The daycare facility was in operation for the entire year

Expenses

Office expenses
2018 2017Home expenses
2018 2017

Mortgage interest

Real estate taxes

Excess mortgage interest

Insurance

Rent

Repairs & maintenance

Utilities

Other expenses

In the "Office expenses" column,
enter those expenses that
pertain exclusively to your office;
in the "Home expenses" column,
enter those expenses that
pertain to the entire dwelling.

2018

Asset Listing for 2018

Name: _____

SSN:

Assets for:[illegible]

2018

Schedule A - Itemized Deductions

Name:

SSN:

Medical and Dental Expenses

2018

2017

Health insurance premiums (paid by you) _____

Long-term care premiums (you) . . . _____

Long-term care premiums (your spouse) _____

Long-term care premiums (dependents) _____

Mileage driven for medical purposes . . _____

Medical and dental expenses (list) . . . _____

Taxes Paid

State and local income taxes _____

Sales tax _____

Real estate taxes _____

Personal property taxes _____

Other taxes (list) _____

Interest Paid

Mortgage interest paid (attach Form 1098) _____

☐ Some of your home mortgage loan was not
used to buy, build, or improve your home

Mortgage interest paid to an individual _____

Paid to:

Name _____

Address _____

City, State, ZIP _____

SSN or EIN _____

Qualified mortgage insurance premiums _____

Investment interest _____

Charitable Contributions

2018

2017

Donations to charity (cash) _____

Hurricane relief contributions _____

Miles driven for charitable purposes _____

Donations to charity (noncash) _____

If noncash donations are greater than \$500, list below

Other Miscellaneous Deductions

Amortizable bond premiums _____

Federal estate tax _____

Gambling losses _____

Impairment-related work expenses _____

Claim repayments _____

Unrecovered pension investments _____

Schedule K-1 _____

Ordinary loss debt instrument _____

Job Expenses & Certain Miscellaneous Deductions

Necessary job expenses you paid that were not reimbursed by your
employer (list) _____

Tax preparation fees _____

Other nonpersonal expenses related to taxable income (list) _____

_____Investment expenses not
entered elsewhere _____

Other Information

Name: _____

SSN: _____

Mortgage Interest

Provide all copies of Form 1098

Lender's name	2018 Mortgage interest received	2017 Mortgage interest received	2018 Mortgage insurance premiums	2017 Mortgage insurance premiums	2018 Real estate taxes paid	2017 Real estate taxes paid
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Employee Business Expenses

- ☐ You are a qualified performing artist
 ☐ You are a member of the clergy
☐ You are a fee-based state or local government official
 ☐ You used your personal vehicle for your job during 2018
☐ You are a disabled employee with impairment-related work expenses
☐ You are a reservist

	NOT reimbursed by your employer		Reimbursed by your employer not included on your W-2	
	2018	2017	2018	2017
Rural mail carrier expenses	_____	_____		
Parking fees, tolls, local transportation	_____	_____		
Meals	_____	_____	_____	_____
Overnight business travel expenses (Do not include meals & entertainment)	_____	_____	_____	_____
Other business expenses	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Casualties and Thefts

FEMA code _____	FEMA code _____
Property description _____	Property description _____
Property location _____	Property location _____
Date property was acquired _____	Date property was acquired _____
Date property was damaged or stolen _____	Date property was damaged or stolen _____
Cost of property damaged or stolen _____	Cost of property damaged or stolen _____
Amount of damage _____	Amount of damage _____
Insurance reimbursement _____	Insurance reimbursement _____

2018

Other Information

Name: _____

SSN: _____

Child and Other Dependent Care Expenses

Name of care provider	Address	SSN or EIN	Amount paid

Education Expenses

Provide all copies of Form 1098-T

Student name _____ Student name _____

Type of expense	Amount	Type of expense	Amount

Student name _____ Student name _____

Type of expense	Amount	Type of expense	Amount