

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

**Retirement Information**

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive any payments from a pension, profit sharing, or 401(k) plan during the year?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 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? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive any Social Security benefits during the year?   |

**Education Information**

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 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)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did anyone in your household attend a post-secondary school during the year?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make a contribution to or receive a distribution from an Education Savings Account or Qualified Tuition Program during the year?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you pay student loan interest for yourself, your spouse, or your dependent(s) during the year?   |

**Miscellaneous Information**

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 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.    |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you pay wages to any household employees (babysitter, nanny, housekeeper, etc.)?                   |
| <input type="checkbox"/> | <input type="checkbox"/> | 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? _____   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you incur moving expenses during the year?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make any energy-efficient improvements to your main home during the year?                      |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you a business owner who paid health insurance premiums for your employees during the year?        |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you apply an overpayment of your 2017 taxes to your 2018 estimated taxes?                          |
| <input type="checkbox"/> | <input type="checkbox"/> | If you have an overpayment of 2018 taxes, do you want the refund applied to your 2019 estimated taxes? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make any estimated payments toward your 2018 taxes?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you want to have any refund or balance due directly deposited or withdrawn?                         |
|                          |                          | If "Yes," provide a canceled checking or savings slip.   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive any notices from the IRS or state taxing authority?                                    |
|                          |                          | If "Yes," explain _____  |
| <input type="checkbox"/> | <input type="checkbox"/> | May the IRS discuss your tax return with your preparer?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Would you like a copy of your tax return emailed to you instead of receiving a printed copy?           |

**Foreign Account Information**

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

**Preparer Notes****Miscellaneous Notes**

## 2018 Tax 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?  
 Are you disabled?  
 Are you a full-time student?  
 Do you want \$3 to go to the  
 Presidential Election Campaign Fund?

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

## Healthcare Coverage Questionnaire

Name:

SSN:

### Healthcare Information

Member of household for healthcare purposes	Covered the entire year	Covered less than 12 months	No healthcare coverage at all

**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

SSN:

Provide all copies of Form W-2

2018 federal  
wages

Provide all copies of Form 1099-R

**2018  
distribution**

Provide all copies of Form 1099-MISC

2018  
amount



## 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

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	2018 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	2018 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 member of the Armed Forces on active duty, and moved due to a military order for a permanent change of station.

**2018**

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)	_____

## Schedule A - Itemized Deductions

Name: \_\_\_\_\_

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

**Medical and Dental Expenses**

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

    Doctor, dental, etc . . . . . \_\_\_\_\_

    Prescription medicines . . . . . \_\_\_\_\_

    Insulin . . . . . \_\_\_\_\_

    Glasses and contacts . . . . . \_\_\_\_\_

    Hearing aids . . . . . \_\_\_\_\_

    Braces . . . . . \_\_\_\_\_

    Medical equipment & supplies . . . . . \_\_\_\_\_

    Hospital services . . . . . \_\_\_\_\_

    Laboratory services . . . . . \_\_\_\_\_

    Nursing services . . . . . \_\_\_\_\_

    Other . . . . . \_\_\_\_\_

**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**

Donations to charity	Cash	Noncash	Amount
Church . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	_____
Boy or Girl Scouts . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	_____
Goodwill . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	_____
Red Cross . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	_____
Salvation Army . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	_____
United Way . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	_____
Veterans . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hospital . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	_____
University . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	_____

Miles driven for charitable purposes \_\_\_\_\_

**Other Miscellaneous Deductions**

Amortizable bond premiums . . . . . \_\_\_\_\_

Federal estate tax . . . . . \_\_\_\_\_

Gambling losses . . . . . \_\_\_\_\_

Impairment-related work expenses . . . . . \_\_\_\_\_

Claim repayments . . . . . \_\_\_\_\_

Unrecovered pension investments . . . . . \_\_\_\_\_

Loss from other activities from Schedule K-1 . . . . . \_\_\_\_\_

Ordinary loss debt instrument . . . . . \_\_\_\_\_

**Job Expenses & Certain Miscellaneous Deductions**

Necessary job expenses you paid that were not reimbursed by your employer

    Safety equipment, tools, & supplies . . . . . \_\_\_\_\_

    Uniforms . . . . . \_\_\_\_\_

    Protective clothing (shoes, hardhats, glasses, etc.) . . . . . \_\_\_\_\_

    Dues to professional organizations . . . . . \_\_\_\_\_

    Books & subscriptions . . . . . \_\_\_\_\_

    Other . . . . . \_\_\_\_\_

Tax preparation fees . . . . . \_\_\_\_\_

Other nonpersonal expenses related to taxable income

    Safe deposit box fees . . . . . \_\_\_\_\_

    Investment expenses not entered elsewhere . . . . . \_\_\_\_\_

    Other . . . . . \_\_\_\_\_

Other Information

Name:

SSN:

Mortgage Interest

Provide all copies of Form 1098

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

Employee Business Expenses

☐ You are a qualified performing artist

☐ You are a fee-based state or local government official

☐ You are a disabled employee with impairment-related work expenses

☐ You are a reservist

☐ You are a member of the clergy

☐ You used your personal vehicle for your job during 2018

NOT reimbursed by your employer

Reimbursed by your employer not included on your W-2

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 _____

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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

Type of expense

Amount

Student name

Type of expense

Amount

Student name

Type of expense

Amount

Student name

Type of expense

Amount

Student name

Type of expense

Amount

Student name

Type of expense

Amount