

### Client Contact Information

#### Preparer - Enter on Screen Contact

Tax matters person (Indicate which spouse handles tax return related questions) (Blank = Both, T = Taxpayer, S = Spouse) \_\_\_\_\_

Taxpayer email address \_\_\_\_\_

Spouse email address \_\_\_\_\_

**Taxpayer**

**Spouse**

Fax telephone number \_\_\_\_\_

Mobile telephone number \_\_\_\_\_

Mobile telephone #2 number \_\_\_\_\_

Pager number \_\_\_\_\_

Other: \_\_\_\_\_

    Telephone number \_\_\_\_\_

    Extension \_\_\_\_\_

Preferred method of contact: \_\_\_\_\_

    Email, Work phone, Home phone, Fax, Mobile phone, Mobile phone #2 \_\_\_\_\_

#### NOTES/QUESTIONS:

**Personal Information**

Filing (Marital) status code (1 = Single, 2 = Married filing joint, 3 = Married filing separate, 4 = Head of household, 5 = Qualifying widow(er)) \_\_\_\_\_

Mark if you were married but living apart all year \_\_\_\_\_

Mark if your nonresident alien spouse does not have an Individual Taxpayer Identification Number (ITIN) \_\_\_\_\_

**Taxpayer**

**Spouse**

Social security number \_\_\_\_\_

First name \_\_\_\_\_

Last name \_\_\_\_\_

Occupation \_\_\_\_\_

Designate \$3.00 to the presidential election campaign fund? (1 = Yes, 2 = No, 3 = Blank) \_\_\_\_\_

Mark if dependent of another taxpayer \_\_\_\_\_

Taxpayer with income less than 1/2 support age 18 or 19 - 23 full-time student? (Y, N) \_\_\_\_\_

Mark if legally blind \_\_\_\_\_

Date of birth \_\_\_\_\_

Date of death \_\_\_\_\_

Work/daytime telephone number/ext number \_\_\_\_\_

Home/evening telephone number \_\_\_\_\_

Do you authorize us to discuss your return with the IRS? (Y, N) \_\_\_\_\_

**Present Mailing Address**

Address \_\_\_\_\_

Apartment number \_\_\_\_\_

City, state postal code, zip code \_\_\_\_\_

Foreign country name \_\_\_\_\_

Foreign phone number \_\_\_\_\_

In care of addressee \_\_\_\_\_

**Dependent Information**

(\*Please refer to Dependent Codes located at the bottom)

First Name	Last Name	Date of Birth	Social Security No.	Relationship	Months in home	Dep Codes	Care expenses paid for dependent

Name of child who lived with you but is not your dependent \_\_\_\_\_

Social security number of qualifying person \_\_\_\_\_

**Dependent Codes**

- \*Basic** 1 = Child who lived with you
- 2 = Child who did not live with you due to divorce/separation
- 3 = Other dependent
- 4 = Other dependents, but do not qualify for Credit for Other Dependents (ODC)
- 5 = Qualifying child for Earned Income Credit only
- 6 = Children who lived with you, but do not qualify for Earned Income Credit
- 7 = Children who lived with you, but do not qualify for Child Tax Credit
- 8 = Children who lived with you, but do not qualify for Child Tax Credit/Credit for Other Dependents/Earned Income Credit
- \*\*Other** 1 = Student (Age 19 - 23)
- 2 = Disabled dependent
- 3 = Dependent who is both a student and disabled
- \*\*\*Months** 77 = Reported on odd year return
- 88 = Reported on even year return
- 99 = Not reported on return

## Wages and Salaries #1

Please provide all copies of Form W-2.

2018 Information

Prior Year Information

Taxpayer/Spouse (T, S) \_\_\_\_\_

Employer name \_\_\_\_\_

Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Farming / Fishing, 4 = National Guard) \_\_\_\_\_

Mark if this is your current employer \_\_\_\_\_

Federal wages and salaries **(Box 1)** + \_\_\_\_\_

Federal tax withheld **(Box 2)** + \_\_\_\_\_

Social security wages **(Box 3)** (if different than federal wages) + \_\_\_\_\_

Social security tax withheld **(Box 4)** + \_\_\_\_\_

Medicare wages **(Box 5)** (if different than federal wages) + \_\_\_\_\_

Medicare tax withheld **(Box 6)** + \_\_\_\_\_

SS tips **(Box 7)** + \_\_\_\_\_

Allocated tips **(Box 8)** + \_\_\_\_\_

Dependent care benefits **(Box 10)** + \_\_\_\_\_

**Box 13 -**

Statutory employee \_\_\_\_\_

Retirement plan \_\_\_\_\_

Third-party sick pay \_\_\_\_\_

State postal code **(Box 15)** \_\_\_\_\_

State wages **(Box 16)** (if different than federal wages) + \_\_\_\_\_

State tax withheld **(Box 17)** + \_\_\_\_\_

Local wages **(Box 18)** + \_\_\_\_\_

Local tax withheld **(Box 19)** + \_\_\_\_\_

Name of locality **(Box 20)** \_\_\_\_\_

Control Totals +

## Wages and Salaries #2

Please provide all copies of Form W-2.

2018 Information

Prior Year Information

Taxpayer/Spouse (T, S) \_\_\_\_\_

Employer name \_\_\_\_\_

Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Farming / Fishing, 4 = National Guard) \_\_\_\_\_

Mark if this your current employer \_\_\_\_\_

Federal wages and salaries **(Box 1)** + \_\_\_\_\_

Federal tax withheld **(Box 2)** + \_\_\_\_\_

Social security wages **(Box 3)** (if different than federal wages) + \_\_\_\_\_

Social security tax withheld **(Box 4)** + \_\_\_\_\_

Medicare wages **(Box 5)** (if different than federal wages) + \_\_\_\_\_

Medicare tax withheld **(Box 6)** + \_\_\_\_\_

SS tips **(Box 7)** + \_\_\_\_\_

Allocated tips **(Box 8)** + \_\_\_\_\_

Dependent care benefits **(Box 10)** + \_\_\_\_\_

**Box 13 -**

Statutory employee \_\_\_\_\_

Retirement plan \_\_\_\_\_

Third-party sick pay \_\_\_\_\_

State postal code **(Box 15)** \_\_\_\_\_

State wages **(Box 16)** (if different than federal wages) + \_\_\_\_\_

State tax withheld **(Box 17)** + \_\_\_\_\_

Local wages **(Box 18)** + \_\_\_\_\_

Local tax withheld **(Box 19)** + \_\_\_\_\_

Name of locality **(Box 20)** \_\_\_\_\_

Control Totals +

Interest Income

Please provide copies of all Form 1099-INT or other statements reporting interest income. \*Whole numbers will be treated as \$ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.

T/S/J Code (**See codes below)	Type	Interest Income	Tax Exempt Income	Penalty on Early Withdrawal	U.S. Obligations \$ or %	Tax Exempt* \$ or %	Foreign Taxes Paid	Prior Year Information
1	Payer Amounts +							
2	Payer Amounts +							
3	Payer Amounts +							
4	Payer Amounts +							
5	Payer Amounts +							
6	Payer Amounts +							
7	Payer Amounts +							
8	Payer Amounts +							
9	Payer Amounts +							
10	Payer Amounts +							

\*\*Interest Codes  
 Blank = Regular Interest  
 3 = Nominee Distribution  
 4 = Accrued Interest  
 5 = OID Adjustment  
 6 = ABP Adjustment  
 7 = Series EE & I Bond

**Dividend Income**

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

\*Whole numbers will be treated as \$ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.

T S J	Type Code	(**See codes below)	Ordinary Dividends	Qualified Dividends	Total Cap Gain Distributions	Section 1250	Sec. 1202	28% Capital Gain	Tax Exempt Dividends	U.S. Obligations* \$ or %	Tax Exempt* \$ or %	Foreign Taxes Paid	Prior Year Information
			Payer										
			Amounts										
			Payer										
			Amounts										
			Payer										
			Amounts										
			Payer										
			Amounts										
			Payer										
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			Payer										
			Amounts										
			Payer										
			Amounts										

\*\*Dividend Codes  
Blank = Other      3 = Nominee

### Pension, Annuity, and IRA Distributions #1

Please provide all Forms 1099-R.

2018 Information

Prior Year Information

Taxpayer/Spouse (T, S)		—	
Name of payer	_____		
State postal code	_____		
Gross distributions received (Box 1)		+ _____	
Taxable amount received (Box 2a)		+ _____	
Federal withholding (Box 4)		+ _____	
Distribution code (Box 7)		—	
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan		—	
State withholding (Box 12)		+ _____	
Local withholding (Box 15)		+ _____	
Amount of rollover		+ _____	
Mark if distribution was due to a pre-retirement age disability		—	


Control Totals +

### Pension, Annuity, and IRA Distributions #2

Please provide all Forms 1099-R.

2018 Information

Prior Year Information

Taxpayer/Spouse (T, S)		—	
Name of payer	_____		
State postal code	_____		
Gross distributions received (Box 1)		+ _____	
Taxable amount received (Box 2a)		+ _____	
Federal withholding (Box 4)		+ _____	
Distribution code (Box 7)		—	
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan		—	
State withholding (Box 12)		+ _____	
Local withholding (Box 15)		+ _____	
Amount of rollover		+ _____	
Mark if distribution was due to a pre-retirement age disability		—	


Control Totals +

### Pension, Annuity, and IRA Distributions #3

Please provide all Forms 1099-R.

2018 Information

Prior Year Information

Taxpayer/Spouse (T, S)		—	
Name of payer	_____		
State postal code	_____		
Gross distributions received (Box 1)		+ _____	
Taxable amount received (Box 2a)		+ _____	
Federal withholding (Box 4)		+ _____	
Distribution code (Box 7)		—	
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan		—	
State withholding (Box 12)		+ _____	
Local withholding (Box 15)		+ _____	
Amount of rollover		+ _____	
Mark if distribution was due to a pre-retirement age disability		—	


Control Totals +

**NOTES/QUESTIONS:**



## Interest Expenses

T/S/J	2018 Interest Paid	2018 Points Paid	Type*	2018 Mortgage Ins. Premiums Paid	Prior Year Information
Home mortgage interest: From Form 1098	+	+	+		
_____	+	+	+		
_____	+	+	+		
_____	+	+	+		
_____	+	+	+		
_____	+	+	+		
_____	+	+	+		
_____	+	+	+		
_____	+	+	+		
_____	+	+	+		
_____	+	+	+		
_____	+	+	+		
_____	+	+	+		
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_____	+	+	+		
_____	+	+	+		
_____	+	+	+		
_____	+	+	+		
_____	+	+	+		
_____	+	+	+		
_____	+	+	+		
_____	+	+	+		
_____	+	+	+		

**\*Mortgage Types**

Blank = Used to buy, build or improve main/qualified second home      1 = Not used to buy, build, improve home or investment

T/S/J	Payee's Name	SSN or EIN	2018 Information	Prior Year Information
	Other, such as: Home mortgage interest paid to individuals		+	
	Address _____			
	City, state and zip code _____			
	Address _____		+	
	City, state and zip code _____			

**T/S/J Name and address of other person who received Form 1098 for jointly liable mortgage interest you paid -**

Payer's/Borrower's name \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City/State/Zip code \_\_\_\_\_

**Refinancing Points paid in 2018 -**

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_  
 Recipient/Lender name \_\_\_\_\_  
 Total points paid at time of refinance \_\_\_\_\_  
 Points deemed as paid in 2018 (Preparer use only) + \_\_\_\_\_  
 Date of refinance \_\_\_\_\_  
 Term of new loan (in months) \_\_\_\_\_  
 Reported on Form 1098 in 2018 \_\_\_\_\_

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_  
 Recipient/Lender name \_\_\_\_\_  
 Total points paid at time of refinance \_\_\_\_\_  
 Points deemed as paid in 2018 (Preparer use only) + \_\_\_\_\_  
 Date of refinance \_\_\_\_\_  
 Term of new loan (in months) \_\_\_\_\_  
 Reported on Form 1098 in 2018 \_\_\_\_\_

T/S/J	2018 Information
Investment interest expense, other than on Schedule(s) K-1:	+
_____	+
_____	+
_____	+
_____	+
_____	+
_____	+
_____	+
_____	+
_____	+
_____	+
_____	+
_____	+
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_____	+
_____	+
_____	+
_____	+
_____	+
_____	+
_____	+
_____	+
_____	+
_____	+



### Charitable Contributions

T/S/J	Qual Disaster Relief**	2018 Information	Prior Year Information
<b>Contributions made by cash or check (including out-of-pocket expenses)</b>			
Any contribution of cash, a check or other monetary gift requires a written record of the contribution in order to claim the contribution on your return.			
Individual contributions of \$250 or more must be accompanied by a written acknowledgment from the charity to claim the contribution on your return.			
—	+	—	
—	+	—	
—	+	—	
—	+	—	
—	+	—	
—	+	—	
—	+	—	
—	+	—	
—	+	—	
—	+	—	
—	+	—	
—	+	—	
—	+	—	
—	+	—	
—	+	—	
Volunteer miles driven		—	
Noncash items, such as: Goodwill/Salvation Army/clothing/household goods		—	
—	+	—	
—	+	—	
—	+	—	
—	+	—	
—	+	—	
—	+	—	
—	+	—	
—	+	—	
—	+	—	
—	+	—	
—	+	—	
—	+	—	

\*\*Mark if qualifying disaster relief contribution made in 2018 for relief efforts in the California wildfire disaster area

### Miscellaneous Deductions

T/S/J	2018 Information	Prior Year Information
<b>Other expenses, not subject to the 2% AGI limit:</b>		
—	+	
—	+	
—	+	
—	+	
—	+	
—	+	
—	+	
—	+	
—	+	
—	+	
<b>Gambling losses: (Enter only if you have gambling income)</b>		
—	+	
—	+	
—	+	
—	+	

NOTES/QUESTIONS:

## Medical and Health Savings Account Contributions

Please provide all Forms 5498-SA.

**2018 Information**

**Prior Year Information**

Taxpayer/Spouse (T, S) \_\_\_\_\_

Name of Trustee \_\_\_\_\_

State postal code \_\_\_\_\_

Indicate type of health or medical savings account:

HSA \_\_\_\_\_

Archer MSA \_\_\_\_\_

MA (Medicare Advantage) MSA \_\_\_\_\_

Total HSA/MSA contributions made \_\_\_\_\_

for 2018 (Enter all amounts contributed, including through employer cafeteria plans) + \_\_\_\_\_

Indicate type of coverage under qualifying high deductible health plan (1 = Self-Only, 2 = Family) \_\_\_\_\_

Number of months in qualified high deductible health plan in 2018 \_\_\_\_\_

Mark if you want to contribute the maximum allowable health or medical savings account contribution amount \_\_\_\_\_

Total HSA/MSA contribution to be made for 2018 + \_\_\_\_\_

Fair market value of HSA, Archer MSA, or MA MSA (Form 5498-SA, Box 5) + \_\_\_\_\_

Excess contributions for 2017 taken as constructive contributions for 2018 + \_\_\_\_\_

Rollover contribution (Form 5498-SA, Box 4) + \_\_\_\_\_

**Complete this section if your account is an Archer MSA or MA MSA**

Amount of annual deductible + \_\_\_\_\_

Enter compensation from employer maintaining high deductible health plan + \_\_\_\_\_

If self-employed, enter earned income from business under which plan was established + \_\_\_\_\_

**Complete this section if your account is an HSA**

Was the high deductible health plan in effect for December 2018? (Y, N) \_\_\_\_\_

**NOTES/QUESTIONS:**

## Health, Medical Savings Account Distributions

Please provide all Forms 1099-SA.

**2018 Information**

**Prior Year Information**

Taxpayer/Spouse (T, S)	—	
Name of Trustee	_____	
State postal code	_____	
Gross distributions received <b>(Box 1)</b>	+ _____	
Earnings on excess contributions <b>(Box 2)</b>	+ _____	
Distribution code <b>(Box 3)</b>	—	
Fair Market Value on date of death <b>(Box 4)</b>	+ _____	
<b>Box 5 -</b>		
HSA	—	
Archer MSA	—	
MA MSA	—	
All distributions were used to pay unreimbursed qualified medical expenses	—	—
If some distributions were used to pay for other than qualified medical expenses, enter the unreimbursed qualified medical expenses for 2018	+ _____	
Withdrawal of excess contributions by the due date of the return	+ _____	
Amount of distribution rolled over for 2018	+ _____	
If the distribution is due to the death of the account holder, enter the qualified decedent medical expenses paid by the taxpayer	+ _____	
If MA (Medicare Advantage) MSA, enter value of account on 12/31/17	+ _____	
For HSA accounts:		
Was the high deductible health plan coverage started in 2017 and in effect for the month of December 2017? (Y, N)	—	
Was the high deductible health plan coverage ended before 12/31/18? (Y, N)	—	

Prior Year Information

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## Long Term Care (LTC) Service and Contracts

Please provide all Forms 1099-LTC.

**2018 Information**

**Prior Year Information**

Name of the insured chronically ill individual		_____
Social security number of insured		_____
Gross long-term care (LTC) benefits paid <b>(Box 1)</b>	+ _____	
Accelerated death benefits paid <b>(Box 2)</b>	+ _____	
<b>Check one (Box 3)</b>		
Per diem		—
Reimbursed amount		—
<b>Qualified contract (Box 4)</b>		
<b>Check, if applicable (Box 5)</b>		
Chronically ill		—
Terminally ill		—
Are there other individuals who received LTC payments during 2018? (Y, N)		—
If the insured is terminally ill, were payments received on account of terminal illness? (Y, N)		—
Number of days during the long-term care period		_____
Cost incurred for qualified long-term care services during the long-term care period	+ _____	

Prior Year Information

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**NOTES/QUESTIONS:**