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BILODEAU, WELLS & CO. PC  
P.O. BOX 687  
ESSEX JUNCTION, VT 05453

## **2018 TAX ORGANIZER**

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**This tax organizer has been prepared for your use in gathering the information needed for your 2018 tax return.**

**To save you time, selected information from your 2017 tax return has been entered in this organizer. Please line through any information that does not apply to your 2018 tax return.**

**In some cases, 2017 amounts have been included in a separate column. These amounts are for comparison purposes only. You do not need to change these prior year amounts.**

**If we may be of further assistance, please contact us at your convenience.**

**(802)879-1117**

**REMOVE THIS SHEET PRIOR TO RETURNING THE COMPLETED ORGANIZER**

Bilodeau Wells & Company, PC  
PO Box 687  
Essex Junction, VT 05453  
802.879.1117

**Joseph H. Bilodeau, CPA, CGMA**  
**David G. Santerre, CPA**  
**Brett T. Walker, CPA, CGMA**  
**Paul A. Jarvis, CPA, CGMA**  
**Charles H. Blackmore, CPA**

January 2019

Enclosed is your 2018 tax organizer. We cannot begin your work until we have received your signed engagement letter and you have answered the questionnaire. If this is a joint return, the engagement letter must be signed by both parties. Be sure to enclose all original documents including W-2's, interest and dividend forms, brokerage statements, real estate tax bills, gain/loss forms, and closing statements on the purchase, sale or exchange of real estate. If you have business or rental information, please attach your QuickBooks/Peachtree (or other) printed summary of activity for the year or email excel files to us (preferred.)

If we receive your information later than March 22, 2019, we cannot guarantee that your returns will be ready by April 15, 2019. We will apply for an extension upon your request; provided that you have given us enough information to provide a reasonable basis for the extension.

The Tax Cuts and Job Act (TCJA) provided significant tax changes and drastically changed the way federal income taxes are calculated. From brand new provisions to significantly revised forms, extra time and resources will be needed to ensure we properly report your tax situation and to make certain we maximize your tax savings under the new laws. In response to TCJA, Vermont and other states also made significant changes to how they calculate income taxes.

The Affordable Care Act (ACA) added taxes and calculations to tax returns with an AGI over \$200,000 (single) or \$250,000 (married filing jointly). Taxpayers must report that they are covered by health insurance or pay a penalty (repealed for 2019 and forward.) If you received subsidized health insurance, reconciliation is required to determine if you have to repay any of that subsidy. The reconciliation does not apply to Medicare recipients if you were covered for 12 months or qualify for one of the exemptions. New tax legislation did not remove ACA taxes and will likely have an impact on 2018 taxes.

The IRS and many states (including Vermont) have implemented stricter identification requirements to reduce tax identity theft. Driver's license information is required in your tax return data. Please include that information on the Personal Information page.

Be sure to resolve any questions that you may have regarding your tax return prior to returning your e-file signature authorization forms to our office.

Please select the format for your tax return copy (electronic PDF copy or a bound copy).

Please read, sign and date the attached engagement letter and return it to us with your completed questionnaire.

Handwritten signatures of David, Brett, Paul, and Chaz.

Sincerely,

January 2019

Bilodeau Wells & Company, P.C. (firm, we, us or our) is pleased to provide you with the professional services described below. This letter confirms our understanding of the terms and objectives of our engagement and the nature and limitations of the services we will provide. The engagement between you and our firm will be governed by this agreement.

### **Engagement Objective and Scope**

We will prepare the Federal and your resident state individual income tax returns with supporting schedules and any other states specifically requested by you for the year ended December 31, 2018.

We will not prepare any tax returns except those identified above, without your written request, and our written consent to do so. We will prepare your tax returns based upon information and representations that you provide to us. We will not audit or otherwise verify the data you submit to us, although we may ask you to clarify certain information. We have not been engaged to and will not prepare financial statements. If you engage us to prepare financial statements, that will be delineated in a separate agreement.

We will prepare the tax returns solely for filing with the Internal Revenue Service (IRS) and state and local tax authorities as identified by you and referenced above. Our work is not intended to benefit or influence any third party, either to obtain credit or for any other purpose.

You agree to indemnify and hold us harmless with respect to any and all claims arising from the use of the tax returns for any purpose other than filing with the IRS and state and local tax authorities regardless of the nature of the claim, including the negligence of any party.

Our engagement does not include any procedures designed to detect errors, fraud, or theft. Therefore, our engagement cannot be relied upon to disclose such matters.

This engagement is limited to the professional services outlined above.

### **CPA Firm Responsibilities**

Unless otherwise noted, we will perform our services in accordance with the Statements on Standards for Tax Services ("SSTS") issued by the American Institute of Certified Public Accountants ("AICPA") and U.S. Treasury Department Circular 230 ("Circular 230"). It is our duty to perform services with the same standard of care that a reasonable income tax preparer would exercise in this type of engagement. It is your responsibility to safeguard your assets and maintain accurate records pertaining to transactions. We will not hold your property in trust for you, or otherwise accept fiduciary duties in the performance of the engagement.

We will prepare your tax returns based upon your filing status (single, married filing jointly, married filing separately, head of household or qualifying widow[er] with dependent child) as reflected in your income tax returns for last year. If your filing status has changed, you wish to change your filing status, or you have questions about your filing status, please contact us immediately.

#### Confidentiality

If the tax returns prepared in connection with this engagement are filed using the married filing jointly filing status, both spouses are deemed to be clients of the firm under the terms of this Agreement. Both individuals acknowledge that there is no expectation of privacy from the other concerning our services in connection with this Agreement. We are at liberty to share with either of you, without prior consent of the other, documents and other information concerning the preparation of your tax returns.

#### Bookkeeping assistance

We may deem it necessary to provide you with accounting and bookkeeping assistance solely for the purpose of preparing the tax returns. These services will be performed solely in accordance with the AICPA Code of Professional Conduct. We will request your approval in writing before rendering these services. Additional charges will apply for such services.

#### Prior year review

Our review of the prior year's tax return will necessarily be limited and may not find all errors. We will, however, bring to your attention any errors that we find. If you ask us to prepare amended tax returns and address any other matters arising as a result of any error, we will confirm this representation in a separate engagement letter.

#### Estimated tax payments

You may be required to make quarterly estimated tax payments. We will calculate these payments for the 2018 tax year based upon the information you provide to prepare your 2018 tax returns (the "safe harbor" basis) and have no obligation to update recommended payments after the engagement is completed, unless requested to do so.

#### Tax planning services

Our engagement does not include tax planning services, unless separately requested. During the course of preparing the tax returns identified above, we may bring to your attention potential tax savings strategies for you to consider as a possible means of reducing your taxes in subsequent tax years. However, we have no responsibility to do so, and we will take no action with respect to such recommendations, unless requested to do so. The responsibility for implementation remains with you, the taxpayer.

#### Government inquiries

This engagement does not include responding to notices and inquiries by any governmental agency or tax authority. If your tax return is selected for examination or audit, you may request our assistance in responding to such an inquiry. If you ask us to represent you, additional charges will apply for such services. We encourage you to contact us before paying any tax notice since such notices are frequently erroneous.

#### Third-party verification requests

We will not respond to any request from banks, mortgage brokers or others for verification of any information reported on these tax returns. We do not communicate with any third parties or provide them with copies of tax returns unless specific information releases are on file.

### **Arguable Positions**

We will use our judgment to resolve questions in your favor where a tax law is unclear, provided there is substantial support for doing so. If there are conflicting interpretations of the law, we will explain the possible positions that may be taken on your return. We will follow the position you request, provided it is consistent with our understanding of the Internal Revenue Code (IRC), tax regulations, Revenue Rulings, Revenue Procedures, Private Letter Rulings and court cases. If the IRS, state or local tax authorities later contest the position taken, additional tax, penalties, and interest may be assessed. We assume no liability, and you hereby release us from any liability for such additional tax, penalties, interest, and related professional fees.

### **Substantial Understatement Penalties**

The IRS and many states impose penalties for substantial underpayments. To avoid the substantial understatement penalty, you must have substantial authority to support the tax treatment of the item challenged by the IRS or adequate disclosure of the item. To fulfill the adequate disclosure requirement, you may be required to attach to your tax return a completed IRS Form 8275, Disclosure Statement, or 8275-R, Regulation Disclosure Statement, which discloses all relevant facts. A disclosed tax position that meets the reasonable basis standard must have some authority supporting the position and be more than simply arguable.

You agree to advise us if you wish to disclose a tax treatment on your return. If you request our assistance in identifying or performing further research to ascertain if there is "substantial authority" for the proposed position to be taken on the tax item(s) in your returns, we will confirm this representation in a separate engagement letter. It is your responsibility to contact us if additional assistance is required.

If we conclude as a result of our research that you are required to disclose a transaction on your tax return, you consent to attach a completed Form 8275 or 8275-R to your tax return for filing after we discuss the situation with you. You also agree to hold our firm harmless from any and all actual and consequential damages (including but not limited to tax, penalties, interest, and professional fees) you incur as a result of including such disclosures with your filed tax return regardless of the nature of the claim, including the negligence of any party.

Unless an undisclosed tax position meets the "substantial authority" or "more likely than not" standard, as applicable, we will be unable to prepare the return and will withdraw from the engagement.

### **Listed Transactions and Other Reportable Transactions**

The law imposes substantial penalties on taxpayers and tax advisors for failure to disclose listed and other reportable transactions on Form 8886, Reportable Transaction Disclosure Statement. In general, reportable transactions are potentially abusive transactions identified by the IRS whose primary purpose is tax avoidance, including but not limited to listed transactions, confidential transactions, transactions with contractual protection, loss transactions, and transactions of interest. You agree to advise us of any reportable transactions identified under tax laws and regulations. You agree that it is solely your decision to disclose any reportable transactions in the returns we prepare for you.

You acknowledge your responsibility to inform us of any listed transactions or other reportable transactions as designated by the IRS. You agree to hold our firm harmless with respect to any additional tax, penalties, interest and professional fees resulting from your failure to timely notify us, in writing, of all such transactions in order to facilitate the timely preparation and filing of your tax returns.

## ***Client Responsibilities***

We will provide you with an income tax organizer to help you compile and document the information necessary to prepare your income tax returns. You must complete the income tax organizer with accurate and complete information. Income from all sources, including those outside the U.S., is required.

We rely upon the accuracy and completeness of both the information you provide in the income tax organizer and other supporting data you provide in rendering professional services to you.

You are responsible for maintaining adequate documentation to substantiate the accuracy and completeness of your tax returns. You should retain all documents that provide evidence and support for reported income, credits, and deductions on your returns, as required under applicable tax laws and regulations. You are responsible for the adequacy of all information provided in such documents. You represent that you have such documentation and can produce it, if necessary, to respond to any audit or inquiry by tax authorities. You agree to hold our firm harmless from any liability including but not limited to additional tax, penalties, interest and professional fees resulting from the disallowance of tax deductions due to inadequate documentation.

### Gift Tax Returns

The IRS considers a gift to be any transfer to an individual, either directly or indirectly, where full consideration (measured in money or money's worth) is not received in return. Under federal tax law, certain gifts are taxable and subject to an annual gift tax exclusion amount, which for 2017 is \$14,000 per taxpayer and applies to each donee. You are responsible for informing us if gift tax returns are required to be filed. If you ask us to prepare these returns, we will confirm this representation in a separate engagement letter.

### Personal expenses

You are responsible for ensuring that personal expenses, if any, are segregated from business expenses and that expenses such as meals, travel, entertainment, vehicle use, gifts, and related expenses are supported by necessary records required by the IRS and other tax authorities. At your written request, we are available to provide you with written answers to your questions on the types of supporting records required.

### State and local filing obligations

You are responsible for determining your tax filing obligations with any state or local tax authorities, including, but not limited to income, franchise, sales, use, property or unclaimed property taxes. You agree that we have no responsibility to research these obligations or to inform you of them. If upon review of the information you have provided to us, including information that comes to our attention, we believe that you may have additional filing obligations, we will notify you of this responsibility in writing and ask you to contact us. If you ask us to prepare these returns, we ask that this is communicated to us in writing.

### U.S. filing obligations related to foreign financial assets

As part of your filing obligations, you are required to report the maximum value of specified foreign financial assets, which include financial accounts with foreign institutions and certain other foreign non-account investment assets that exceed certain thresholds. You are responsible for informing us of all foreign assets, so we may properly advise you regarding your filing obligations.

These assets include any ownership interests you directly or indirectly hold in businesses located in a foreign country, and any assets or financial accounts located in a foreign country over which you have signature authority. Based upon the information you provide, this information will be used to calculate any applicable foreign tax credits. We will also use this data to inform you of any additional filing requirements, which may include *Form 8938, Statement of Specified Foreign Assets*, and *FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)*. Failure to file required forms can result in the imposition of both civil and criminal penalties, which may be significant.

### Gifts received from foreign persons

If you received a gift or bequest from a foreign person or trust, you may be required to file a separate IRS Form 3520, *Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts*. We will prepare this return on your written request.

### Foreign filing obligations

You are responsible for complying with the tax filing requirements of any other country. You acknowledge and agree that we have no responsibility to raise these issues with you and that foreign filing obligations are not within the scope of this engagement.

### Other income, losses and expenses

If you realized income, loss or expense from a business or supplemental income or loss, the reporting requirements of federal and state income tax authorities apply to such income, loss or expense. You are responsible for complying with all applicable laws and regulations pertaining to such operations, including the classification of workers as employees or independent contractors and related payroll tax and withholding requirements.

### Ultimate responsibility

You have final responsibility for your tax returns. We will provide you with a copy of your electronic tax returns and accompanying schedules and statements for review prior to filing with the IRS and state and local tax authorities (as applicable). You agree to review and examine them carefully for accuracy and completeness.

You will be required to verify and sign a completed Form 8879, *IRS e-file Signature Authorization*, and any similar state and local equivalent authorization form before your returns can be filed electronically.

In the event that you do not wish to have your tax returns filed electronically, please contact our firm. Additional procedures will apply. You will be responsible for reviewing the paper returns for accuracy, signing them, and filing them timely with the tax authorities.

### **Timing of the Engagement**

We expect to begin our services upon receipt of the completed 2018 income tax organizer and all documents requested either in the organizer or by our office.

If your federal return is electronically filed, our services will conclude upon the earlier of:  
the filing and acceptance of your 2018 tax returns by the appropriate tax authorities and mailing or delivery of non-electronically filed tax returns (if any) for your review and filing with the appropriate tax authorities, written notification by either party that the engagement is terminated, or one year from the execution date of this Agreement.

If you have the option to file a paper return and choose to do so, our services will conclude upon the earlier of:  
mailing or delivery of your 2018 tax returns for your review and filing with the appropriate tax authorities, written notification by either party that the engagement is terminated, or one year from the execution date of this Agreement.

### **Extensions of Time to File Tax Returns**

The original filing due dates for your tax returns are April 15, 2019 for federal and most states, therefore we must receive the documents needed to complete the tax returns no later than March 22, 2019.

It may become necessary to apply for an extension of the filing deadline if there are unresolved issues or delays in processing, or if we do not receive all of the necessary information from you in a suitable timeframe. Applying for an extension of time to file may extend the time available for a government agency to undertake an audit of your return or may extend the statute of limitations to file a legal action. All taxes owed are due by the original filing due date. Additionally, extensions may affect your liability for penalties and interest or compliance with governmental or other deadlines.

**To the extent you wish to engage our firm to apply for extensions of time to file tax returns on your behalf, you must notify us of this request in writing or e-mail. Our firm can not file these applications unless we receive an executed copy of this Agreement and your express written authorization to file for an extension. In some cases, your signature may be needed on such applications prior to filing. Failure to timely request an extension of time to file can result in penalties for failure to file tax returns, which accrue from the original due date of the returns, and can be substantial.**

We are available to discuss this matter with you at your request. Additional charges will apply for such services.

### **Penalties and Interest Charges**

Federal, state, and local tax authorities impose various penalties and interest charges for non-compliance with tax laws and regulations, including failure to file or late filing of returns, and underpayment of taxes. You, as the taxpayer, remain responsible for the payment of all tax, penalties, and interest charges imposed by tax authorities.

We rely on the accuracy and completeness of the information you provide to us in connection with the preparation of your tax returns. Failure to disclose or inadequate disclosure of income or tax positions may result in the imposition of penalties and interest charges.

### **Professional Fees**

Our professional fee for the services will be based on the complexity of the work performed and our professional time, as well as out-of-pocket expenses. Our standard rates are \$145-250/hour for review time, and \$85-170/hour for preparation. In addition, this fee depends upon the timely delivery, availability, quality, and completeness of the information you provide to us. You agree that you will deliver all records requested and respond to all inquiries made by our staff to complete this engagement on a timely basis. You agree to pay all fees and expenses incurred whether or not we prepare the tax returns.

Any claim arising out of this engagement, except actions by us to enforce payment of our professional invoices, must be filed within one year from the completion of the engagement, notwithstanding any statutory provisions to the contrary.

Any dispute arising from the services covered under this agreement will be mediated. If this is not successful, the dispute will be submitted for a binding, non-public determination to the American Arbitration Association or such other alternative dispute resolution procedures as may be hereafter agreed between the parties.

If any provision here is inoperative, the remainder of this agreement remains in full force and effect. This document is intended as a final integration of the agreement and can only be modified in writing signed by a representative of Bilodeau Wells and Company

Any tax advice related to the preparation of these tax returns was not intended to be used, and cannot be used by the taxpayer, for the purpose of avoiding any penalties that may be imposed on the taxpayer by any governmental taxing authority or agency.

In the interest of facilitating our services to you, we may communicate by electronic transmission (email/fax). Such communications may include information that is confidential to you. While we use our best efforts to keep such communications secure in accordance with our obligations under applicable laws and professional standards, you recognize and accept that we have no control over the unauthorized interception of these communications once they have been sent, and you consent to our use of these electronic devices.

\* \* \* \* \*

We appreciate the opportunity to be of service to you. Please date and execute the enclosed copy of this Agreement and return it to us to acknowledge your acceptance. We will not initiate services until we receive the executed Agreement.



**Taxpayer Acknowledgement:**

Attached is a completed questionnaire and attachments with information that is true and correct that we have provided to Bilodeau Wells & Company to be used for the preparation of our tax returns. We accept the terms of the preparation engagement as outlined above.

\_\_\_\_\_  
Prospective Client\*

Date \_\_\_\_\_

\_\_\_\_\_  
\*

Date \_\_\_\_\_

\*If a joint return, both parties must sign before any work to complete tax preparation can begin.

## 2018 TAX QUESTIONNAIRE

What is your preferred way to be reached for questions? (please check line and provide information).

\_\_\_\_\_ e-mail: \_\_\_\_\_ OR \_\_\_\_\_ telephone: \_\_\_\_\_

**Please provide all 2018 tax documents that you have received including (but not limited to):**

|                        |  |
|------------------------|--|
| W-2s                   | Vermont Property Tax Bill                      |
| All 1099s              | Social Security 1099SSA                        |
| Brokerage Statements   | Real Estate Sale/Purchase - HUD statement      |
| 1098 Mortgage Interest | Foreign bank or investment account information |
| 1098 T (Tuition)       | All 1095s (ACA)                                |
| All Schedule K-1s      |  |

**Please complete the following using a black pen (for clarity when scanned):**

**A. Your tax return copy:**

Receiving a PDF provides you with the ability to save your copy to a secure location to retrieve it as needed in the future. Please indicate whether you would prefer a PDF e-mailed to you, a bound paper return, or both.

\_\_\_\_\_ Please send my PDF copy of my tax return to this e-mail address:

\_\_\_\_\_ Please send a paper copy of my tax return.

\_\_\_\_\_ Please send both a paper copy and a PDF using the above email address.

\_\_\_\_\_ I would like to pick up my documents. Please \_\_\_ call or \_\_\_ email when they are ready.

**B. Direct Deposit/Withdrawal:**

**Yes No**

If you have a tax refund, would you like to have it directly deposited into your bank account?  
If yes, please **attach a voided check** to this questionnaire.

\_\_\_\_\_

There are two choices for payment if you have a balance due return, please select:

\_\_\_\_\_ provide a voucher/coupon so I can mail a check when payment is due.

\_\_\_\_\_ use my attached **voided check** to set up an automatic withdrawal on April 15, 2019

**C. Miscellaneous:**

**Yes No**

Did you pay in excess of \$1,000 in any quarter or \$2,100 during the year, for domestic services performed in or around your home to individuals who could be considered household employees? (not applicable to employees of cleaning service companies.)  
If yes, did you file Employment Tax Returns? Please attach copies.

\_\_\_\_\_

Did you pay or receive alimony during the year?  
If yes \$ \_\_\_\_\_ paid \$ \_\_\_\_\_ received

\_\_\_\_\_

Have you received a punitive damage award or an award for damages other than for physical injuries or illness? This may be taxable income to you. \$ \_\_\_\_\_

\_\_\_\_\_

Did you receive any payments from insurance companies, legal settlements, disability payments or any other taxable income? If yes, please indicate type \_\_\_\_\_ amount \$ \_\_\_\_\_

\_\_\_\_\_

Were you notified by the IRS, Vermont or other taxing authority of any changes in prior year returns that you have not informed us of? If yes please attach copies of all of the notices.

\_\_\_\_\_

Did you incur any casualty or loss attributable to a federally declared disaster?  
If yes, please provide the following:

\_\_\_\_\_

Date and description of loss: \_\_\_\_\_



**D. Schedules C/E - Business Income and Expenses and Rental Income and Expenses:** **Yes No**

*Please see attached Schedule C and E income/expense pages, if applicable.*

Did you start or dispose of an unincorporated business, or single member LLC/rental during the past year? If yes, please discuss the matter with us. \_\_\_\_\_ \_\_\_\_\_

Business car expenses **MUST** be substantiated with **written mileage logs** or other contemporaneous documentation (i.e. appointment calendar, dated credit card receipts, etc.). **IRS does not allow rounding or estimates.** Commuting miles between your home and a fixed work location are NOT considered deductible business miles. If you have a written log, please provide:

Total Miles \_\_\_\_\_  
Business miles \_\_\_\_\_

**E. Purchases, Sales and Debt:** **Yes No**

Did you sell any securities, bonds or other investment property?  
If yes, please attach a statement from your broker indicating your sales transactions and gains/losses. \_\_\_\_\_ \_\_\_\_\_

Did you have any debts canceled, forgiven, or refinanced during the year?  
If yes, please explain: \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

Did you acquire any new interest in any partnership or S corporation that we did not set up for you?  
If yes, please describe: \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

Did you sell an interest in a partnership or S Corporation that we did not handle?  
If yes, please provide information: \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

Did you sell, exchange, or purchase any real estate (not your primary residence) during the year?  
If yes, please attach closing statements, and brief explanation of ownership.  
\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

Did you receive grants of stock options from your employer, exercise any stock options granted to you or dispose of any stock acquired under a qualified employee stock purchase plan?  
If yes, please provide the statements from your employer. \_\_\_\_\_ \_\_\_\_\_

Did you sell or exchange Bitcoin or any cryptocurrencies or engage in any sales or exchanges denominated in Bitcoin or other cryptocurrencies? \_\_\_\_\_ \_\_\_\_\_

**F. Retirement and Retirement Investing:** **Yes No**

Did you or your spouse turn age 70 1/2 during the year and have money in an IRA, 401(k) or other retirement account? If yes, ask us about rules regarding required minimum distributions. (RMD) \_\_\_\_\_ \_\_\_\_\_

Did you withdraw any amounts from your IRA, Roth IRA or other pension account? (Attach all 1099Rs) \_\_\_\_\_ \_\_\_\_\_

Did you withdraw any amounts from your IRA to pay for higher education expenses or medical insurance premiums incurred by you, your spouse, your children or grandchildren?  
If yes, amount \$ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

Did you or your spouse contribute to or plan to contribute to a Roth IRA or a Traditional IRA?  
If yes, please complete:  
Roth: Taxpayer \$ \_\_\_\_\_ Date \_\_\_\_\_ Spouse \$ \_\_\_\_\_ Date \_\_\_\_\_  
Traditional: Taxpayer \$ \_\_\_\_\_ Date \_\_\_\_\_ Spouse \$ \_\_\_\_\_ Date \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

Did you or your spouse roll into a Roth IRA any distributions from a retirement plan, annuity plan, tax shelter annuity or deferred compensation plan ? (Attach 1099-Rs)  
If yes, please indicate Taxpayer \$ \_\_\_\_\_ Spouse \$ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

Did you or your spouse convert an existing IRA into a Roth IRA?  
If yes, please indicate Taxpayer \$ \_\_\_\_\_ Spouse \$ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

Have you made, or do you plan to make a SIMPLE or SEP contribution?  
If yes, amount you want to contribute \$ \_\_\_\_\_ If max check box \_\_\_\_\_  
Please indicate amounts paid-to-date for 2018 \$ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

**G. Gift Tax Return Information:** (You may be required to file a gift tax return if any of the following apply to you.) Yes  No

Did you or your spouse make any gifts with a total aggregate value in excess of \$14,000 to any individual during the year? These may include birthday, holiday, anniversary, helping to pay for a car or home, funding a trust for another person, including the annual premiums to a life insurance trust. This may also include forgiveness of loans to your children. If Yes, please discuss this matter with us. \_\_\_\_\_

**H. Healthcare:**

Affordable Care Act Reporting:

If you were covered by your employer's health plan or Medicare for all 12 months, enter the name and X the box below

If you are self-insured or were not covered for all 12 months, or received a subsidy, please fill out the chart below for each individual including dependents on your return.

| Name of covered individuals | monthly premium | X if covered<br>All 12 months | Or complete months of coverage |       |       |       |       |       |       |       |       |       |       |       |       |       |
|-----------------------------|-----------------|-------------------------------|--------------------------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
|                             |                 |                               | Jan                            | Feb   | Mar   | Apr   | May   | June  | Jul   | Aug   | Sep   | Oct   | Nov   | Dec   |       |       |
| _____                       | \$ _____        | _____                         | _____                          | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____                       | \$ _____        | _____                         | _____                          | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____                       | \$ _____        | _____                         | _____                          | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____                       | \$ _____        | _____                         | _____                          | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____                       | \$ _____        | _____                         | _____                          | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |

You may receive some of the following forms this year (please send us all forms received):

- 1095-A: Health Insurance Marketplace Statement.  
This form is provided by the Health Insurance Marketplace through which you are enrolled in health insurance coverage.
- 1095-B: Health Coverage  
This form is provided by your health insurer to report the individuals covered and months of health insurance coverage that qualifies as minimum essential coverage.
- 1095-C: Employer-Provided Health Insurance Offer and Coverage  
This form is provided by your employer to report the type of health insurance offered to you as an employee.

Did you or your spouse have a health savings account (HSA) or medical savings account (Archer MSA) during the year? Please include Form 1099-SA and year-end account statement. \_\_\_\_\_

If you took distributions from an HSA were all amounts used to pay qualified medical expenses? \_\_\_\_\_

Did you or your spouse make payments directly (not paid by employer) to an HSA during the year? If yes, please indicate amount \$ \_\_\_\_\_ \_\_\_\_\_

Did you or your spouse receive distributions from long-term care insurance contracts? Please include Form 1099-LTC. \_\_\_\_\_

We may need additional information depending on your coverage for the year.

**I. Dependents and Daycare Information:**

Please review and add/edit any dependent information and dependent care information on the related Personal Information and Child/Dependent Care Expense pages of this organizer if applicable.

Yes  No

Were there any changes in dependents from the prior year? **If yes, describe on page 3A.** \_\_\_\_\_  
Note: include non-child dependents for whom you provided more than half of their support.

Do you have dependent children with **unearned** income more than \$1,050, or who sold stock during the year? \_\_\_\_\_

If yes, do you want us to prepare their income tax returns? (if yes, please call us for questionnaire) \_\_\_\_\_

Did you adopt a child or begin adoption proceedings during the year? If yes, please ask us about deducting adoption expenses. \_\_\_\_\_

**J. Higher Education Deductions and Credits:**

**Yes No**

Did you pay any student loan interest during the year? If yes, please include Form 1098-E.

\_\_\_\_\_

Did you or your dependents incur any post-secondary education expense, such as tuition?

\_\_\_\_\_

**Form(s) 1098T must be included for you to claim the tax credit.**

If yes, Dependent's name \_\_\_\_\_ (Circle year) FR SO JR SR Tuition pd. \$ \_\_\_\_\_

Dependent's name \_\_\_\_\_ (Circle year) FR SO JR SR Tuition pd. \$ \_\_\_\_\_

Did you withdraw amounts from a Coverdell Education Savings Account or Qualified Education Program (Section 529 plan)? If yes, please include Form 1099-Q.

\_\_\_\_\_

Did you or your spouse make any contributions to a Vermont Higher Education Investment Plan (VHEIP) or other Qualified State Tuition Plan (Section 529 plans) during the year?

\_\_\_\_\_

If Yes, enter the following:

| Name of the Designated Beneficiary | VHEIP** |       | Other State | Amount Contributed this year |
|------------------------------------|---------|-------|-------------|------------------------------|
|                                    | Yes     | No    |             |                              |
| _____                              | _____   | _____ | _____       | _____                        |
| _____                              | _____   | _____ | _____       | _____                        |
| _____                              | _____   | _____ | _____       | _____                        |

\*\*Please include VT 529 VHEIP year-end statement or you will not be able to claim the tax credit.

**K. Residential:**

**If you lived in your home less than two years, or had a gain on the sale of your personal residence in excess of \$250,000 (single) or \$500,000 (joint) you may owe tax.**

**Yes No**

Did you purchase a new home during the year?

\_\_\_\_\_

If yes, please include copies of closing statements (HUD form).

Are your total mortgages on your first and/or 2<sup>nd</sup> residence greater than \$750,000?

\_\_\_\_\_

Did you refinance or take out a home equity loan during the year?

\_\_\_\_\_

Did you use any of the proceeds for anything other than improving your principal residence?

\_\_\_\_\_

If yes, how much \$ \_\_\_\_\_

If you had an home equity loan, what was the balance at:

1/1/18? \$ \_\_\_\_\_

12/31/18 \$ \_\_\_\_\_

Did you sell your home during the year?

\_\_\_\_\_

If Yes, did you own and occupy the home as your principal residence for at least two years of the five-year period prior to the sale?

Did you ever rent out the property that was sold?

\_\_\_\_\_

Did you ever use any portion of the home exclusively for business purposes?

\_\_\_\_\_

Have you or your spouse sold a previous principal residence within the last two years?

\_\_\_\_\_

At the time of the sale, was the residence owned by the: Taxpayer \_\_\_\_\_ Spouse \_\_\_\_\_ Both \_\_\_\_\_

**L. Energy Credit:**

**Yes No**

Did you install any alternative energy equipment in your primary or secondary residence such as solar water heaters, solar electricity equipment (photovoltaic) or fuel cells?

\_\_\_\_\_

If yes, please provide a copy of the invoice.

**M. Foreign Bank Account Reporting:**

**Yes      No**

Were you or your spouse a grantor or transferor for a foreign trust, have an interest in or authority over a bank account, securities account, or other financial account in a foreign country? \_\_\_\_\_

Did you create or transfer money or property to a foreign trust? \_\_\_\_\_

Did you receive any gift or inheritance from a foreign person or entity \_\_\_\_\_

Did you have foreign income or pay foreign taxes during the year other than in your brokerage account? \_\_\_\_\_  
 If yes to any foreign bank/investment questions, please describe: \_\_\_\_\_

**N. Vermont Homestead Declaration and Property Tax Relief:**

Please include a copy of your Vermont 2017-2018 property tax bill(s) if you want us to file your mandatory Homestead Declaration form.

**O. State Use Tax:**

When a seller does not charge the buyer sales tax on an item that would be taxable in your resident state, the buyer must pay state Use Tax. Taxable items sold online, by phone or bought out-of-state and used in your resident state generally qualify. Nontaxable items such as food, clothing and newspapers are excluded. Taxable items include magazine subscriptions, computers, furniture, jewelry, electronics and digital downloads.

The Vermont use tax rate is 6%

**Certification of No Use Tax Due:**

\_\_\_\_\_ I did not make any taxable purchases, or if I purchased items online, by phone or out of state, I paid sales tax at the time of the purchase on all of them.

**Individual items priced \$1,000 or more:**

\_\_\_\_\_ I/we made untaxed purchases of individual items priced \$1,000 or more. My/our total purchases in these amounts were \$ \_\_\_\_\_. We understand that these items are subject to use tax regardless of the method selected to calculate use tax on lower priced items (shown below).

**Untaxed items priced below \$1,000 each:**

\_\_\_\_\_ I/we want to use the **Actual Method**. My/our total purchases were \$ \_\_\_\_\_.

**OR (for Vermont residents only)**

\_\_\_\_\_ I/we want to use the **Use Tax Table Method**: This method protects taxpayers from additional assessments from the Vermont Department of Taxes except for purchases over \$1,000 (listed above.)

**USE TAX REPORTING TABLE**

| Adjusted Gross Income                     | Use Tax: | Adjusted Gross Income | Use Tax: |
|---|----------|-----------------------|----------|
| \$10,000 - \$14,999                       | \$10     | \$55,000 - \$59,999   | \$55     |
| \$15,000 - \$19,999                       | \$15     | \$60,000 - \$64,999   | \$60     |
| \$20,000 - \$24,999                       | \$20     | \$65,000 - \$69,999   | \$65     |
| \$25,000 - \$29,999                       | \$25     | \$70,000 - \$74,999   | \$70     |
| \$30,000 - \$34,999                       | \$30     | \$75,000 - \$79,999   | \$75     |
| \$35,000 - \$39,999                       | \$35     | \$80,000 - \$84,999   | \$80     |
| \$40,000 - \$44,999                       | \$40     | \$85,000 - \$89,999   | \$85     |
| \$45,000 - \$49,999                       | \$45     | \$90,000 - \$94,999   | \$90     |
| \$50,000 - \$54,999                       | \$50     | \$95,000 - \$99,999   | \$95     |
| Over \$99,999, multiply by 0.10% (0.0010) |          |                       |          |



2018

# Personal Information

### Taxpayer:

First Name and Initial \_\_\_\_\_ Last Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Occupation \_\_\_\_\_ Date of Birth (Mo/Da/Yr) \_\_\_\_\_ Date of Death (Mo/Da/Yr) \_\_\_\_\_

Driver's License or State-Issued ID Number \_\_\_\_\_ Expiration Date (Mo/Da/Yr) \_\_\_\_\_ Issue Date (Mo/Da/Yr) \_\_\_\_\_ State \_\_\_\_\_  Does not expire

Driver's License  State-Issued ID  No Identification

### Spouse:

First Name and Initial \_\_\_\_\_ Last Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Occupation \_\_\_\_\_ Date of Birth (Mo/Da/Yr) \_\_\_\_\_ Date of Death (Mo/Da/Yr) \_\_\_\_\_

Driver's License or State-Issued ID Number \_\_\_\_\_ Expiration Date (Mo/Da/Yr) \_\_\_\_\_ Issue Date (Mo/Da/Yr) \_\_\_\_\_ State \_\_\_\_\_  Does not expire

Driver's License  State-Issued ID  No Identification

### Contact Information:

Street Address \_\_\_\_\_ Apartment Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP or Postal Code \_\_\_\_\_

Foreign Province or County \_\_\_\_\_

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

Taxpayer Daytime/Work Phone \_\_\_\_\_ Taxpayer Evening/Home Phone \_\_\_\_\_ Taxpayer Foreign Phone \_\_\_\_\_

Taxpayer Cell Phone \_\_\_\_\_ Taxpayer Fax Number \_\_\_\_\_

Spouse Daytime/Work Phone \_\_\_\_\_ Spouse Evening/Home Phone \_\_\_\_\_ Spouse Foreign Phone \_\_\_\_\_

Spouse Cell Phone \_\_\_\_\_ Spouse Fax Number \_\_\_\_\_

Taxpayer Email Address \_\_\_\_\_

Spouse Email Address \_\_\_\_\_

Preferred Method of Contact \_\_\_\_\_

May the IRS or other taxing authority discuss the return with the preparer? .....

Is the taxpayer claimed as a dependent on someone else's tax return? .....

|     |    |                 |    |
|-----|----|-----------------|----|
| Yes | No |                 |    |
| X   |    |                 |    |
|     |    |                 |    |
|     |    | <b>Taxpayer</b> |    |
|     |    | <b>Spouse</b>   |    |
| Yes | No | Yes             | No |
|     |    |                 |    |
|     |    |                 |    |

Are you considered legally blind per IRS regulations? .....

Do you want to contribute to the Presidential Election Campaign Fund? .....

Are you a U.S. citizen or Green Card holder? .....

### Personal Identification Numbers:

Code - 1 - Issued by IRS    2 - Issued by State or City

| TS | State | City | Code | PIN |
|----|-------|------|------|-----|
|    |       |      |      |     |
|    |       |      |      |     |

### Tax Organizer Legend:

Throughout the tax organizer, you will find columns with the heading "TSJ". Enter "T" for taxpayer, "S" for spouse or "J" for joint.



2018

**Business Income and Cost of Goods Sold**

Name of Business: \_\_\_\_\_

Principal Business or Profession: \_\_\_\_\_

TSJ \_\_\_\_\_  
 Employer ID number \_\_\_\_\_  
 Street address \_\_\_\_\_  
 City, state, ZIP or postal code, and country \_\_\_\_\_  
 Method of inventory \_\_\_\_\_  
 Method of accounting \_\_\_\_\_

**Business Questions for 2018:**

|  |                          |                          |
|--|--------------------------|--------------------------|
| Did you dispose of this business? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, what was the disposition date? .....   | (Mo/Da/Yr) _____         |                          |
| Was there a change in determining quantities, costs or valuations between opening and closing inventory? ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Were you involved in the operations of this business on a regular, continuous and substantial basis? .....     | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you prepared or will you prepare all required Forms 1099? .....   | <input type="checkbox"/> | <input type="checkbox"/> |

| 2018 Amount | 2017 Amount |
|-------------|-------------|
|             |             |

Health insurance premiums paid for yourself and your dependents .....

**Income:**

Include all Forms 1099-K

Payment card and third party transactions:

| Description | 2018 Amount | 2017 Amount |
|-------------|-------------|-------------|
|             |             |             |
|             |             |             |
|             |             |             |

Miscellaneous income:

Include all Forms 1099-MISC

|  |  |  |
|--|--|--|
|  |  |  |
|  |  |  |
|  |  |  |

Other Income:

|  |  |  |
|--|--|--|
|  |  |  |
|  |  |  |
|  |  |  |

Other gross receipts or sales .....

Less returns and allowances .....

**Cost of Goods Sold:**

| 2018 Amount | 2017 Amount |
|-------------|-------------|
|             |             |
|             |             |
|             |             |
|             |             |

Beginning inventory .....

Purchases less cost of items withdrawn for personal use .....

Cost of labor (do not include amounts paid to yourself) .....

Materials and supplies .....

Other costs of goods sold:

| Description | 2018 Amount | 2017 Amount |
|-------------|-------------|-------------|
|             |             |             |
|             |             |             |
|             |             |             |

Ending inventory .....



2018

# Business Expenses and Property & Equipment

6A

Name of Business: \_\_\_\_\_

Principal Business or Profession: \_\_\_\_\_

**Expenses:**

- Advertising .....
- Car and truck expenses .....
- Parking fees and tolls .....
- Commissions and fees .....
- Contract labor .....
- Employee benefit programs and health insurance (other than pension and profit-sharing plans)
- Insurance (other than health) .....
- Interest - mortgage (paid to banks, etc.) .....
- Interest - other .....
- Legal and professional fees .....
- Office expense .....
- Pension and profit-sharing plans .....
- Rent or lease - vehicles, machinery and equipment .....
- Rent or lease - other business property .....
- Repairs and maintenance .....
- Supplies (not included in Cost of Goods Sold) .....
- Taxes and licenses .....
- Travel .....
- Meals .....
- Entertainment (deductible only on some state returns) .....
- Utilities .....
- Wages .....
- Dependent care benefits .....

| 2018 Amount | 2017 Amount |
|-------------|-------------|
|             |             |
|             |             |
|             |             |
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**Other Expenses:**

| Description | 2018 Amount | 2017 Amount |
|-------------|-------------|-------------|
|             |             |             |
|             |             |             |
|             |             |             |
|             |             |             |
|             |             |             |
|             |             |             |
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|             |             |             |
|             |             |             |
|             |             |             |

Property and Equipment: Include a list if more space is needed

| X if not new | Acquisitions - Description | Date Acquired (Mo/Da/Yr) | Cost |
|--------------|----------------------------|--------------------------|------|
|              |                            |                          |      |
|              |                            |                          |      |
|              |                            |                          |      |
|              |                            |                          |      |
|              |                            |                          |      |

  

| Dispositions - Description | Date Acquired (Mo/Da/Yr) | Cost | Date Sold (Mo/Da/Yr) | Selling Price |
|----------------------------|--------------------------|------|----------------------|---------------|
|                            |                          |      |                      |               |
|                            |                          |      |                      |               |
|                            |                          |      |                      |               |
|                            |                          |      |                      |               |
|                            |                          |      |                      |               |



2018

**Itemized Deductions - Medical and Taxes**

**Medical and Dental Expenses:**

- Prescription medicines and drugs .....
- Total medical insurance premiums paid \* .....
- Long-term care expenses .....
- Total insurance reimbursement .....
- Number of miles traveled for medical care .....
- Lodging .....
- Doctors, dentists, etc. ....
- Hospitals .....
- Lab fees .....
- Eyeglasses and contacts .....

| TSJ | 2018 Amount | 2017 Amount |
|-----|-------------|-------------|
|     |             |             |
|     |             |             |
|     |             |             |
|     |             |             |
|     |             |             |
|     |             |             |
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|     |             |             |
|     |             |             |
|     |             |             |

| 2018 Amount | 2017 Amount |
|-------------|-------------|
|             |             |
|             |             |

- Taxpayer long-term care insurance premiums paid .....
- Spouse long-term care insurance premiums paid .....

\* Do not include Medicare premiums or premiums deducted in computing taxable wages reported on a W-2.

**Other Medical Expenses:**

| TSJ | Description | 2018 Amount | 2017 Amount |
|-----|-------------|-------------|-------------|
|     |             |             |             |
|     |             |             |             |
|     |             |             |             |

**Taxes Paid:** Include copies of your tax bills

- Personal property taxes paid (include vehicle taxes) .....
- General sales taxes paid on specified items .....

| TSJ | 2018 Amount | 2017 Amount |
|-----|-------------|-------------|
|     |             |             |
|     |             |             |

Itemize real estate taxes by state.

| TSJ | Real Estate Taxes | 2018 Amount | 2017 Amount |
|-----|-------------------|-------------|-------------|
|     |                   |             |             |
|     |                   |             |             |
|     |                   |             |             |

**Other Taxes Paid:**

| TSJ | Description | 2018 Amount | 2017 Amount |
|-----|-------------|-------------|-------------|
|     |             |             |             |
|     |             |             |             |
|     |             |             |             |

If you purchased or sold your home in 2018, did you include any taxes from your closing statement in the amounts above?  Yes  No





2018

**Itemized Deductions - Mortgage Interest and Points**

14A

**Mortgage Questions for 2018:**

|   |                          |                          |
|---|--------------------------|--------------------------|
|   | <b>Yes</b>               | <b>No</b>                |
| If you purchased or sold your home, did you include any mortgage interest from your closing statement in the amount below? . . .  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you refinance your home? (If Yes, enclose the closing statement.) . . . . .   | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, how many years is your new mortgage loan? . . . . . _____   |                          |                          |
| Did you purchase a new home or sell your former home during the year? . . . . .   | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, enclose the closing statements from the purchase and sale of your new and former homes.   |                          |                          |
| If Yes, also, did you (or your spouse, if married) have an ownership interest in a principal residence in the US<br>during the 3 year period prior to the purchase of this home? . . . . .  | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, did you (and your spouse, if married at the time of purchase) own and use the same home as a principal residence<br>in the U.S. for any 5 consecutive year period during the 8 year period ending on the purchase date of the new home? . . . . | <input type="checkbox"/> | <input type="checkbox"/> |

**Home Mortgage Interest Paid To Financial Institutions:**

| TSJ | Paid To | Did You Receive Form 1098? |    | 2018 Amount | 2017 Amount |
|-----|---------|----------------------------|----|-------------|-------------|
|     |         | Yes                        | No |             |             |
|     |         |                            |    |             |             |
|     |         |                            |    |             |             |
|     |         |                            |    |             |             |

**Other Home Mortgage Interest Paid:**

| TSJ | Paid To |         | ID Number | 2018 Amount | 2017 Amount |
|-----|---------|---------|-----------|-------------|-------------|
|     | Name    | Address |           |             |             |
|     |         |         |           |             |             |
|     |         |         |           |             |             |
|     |         |         |           |             |             |

**Deductible Points:**

| TSJ | Paid To | Did You Receive Form 1098? |    | 2018 Amount | 2017 Amount |
|-----|---------|----------------------------|----|-------------|-------------|
|     |         | Yes                        | No |             |             |
|     |         |                            |    |             |             |
|     |         |                            |    |             |             |
|     |         |                            |    |             |             |

**Mortgage Insurance Premiums:**

Premiums paid or accrued for qualified mortgage insurance.

| TSJ | 2018 Amount | 2017 Amount |
|-----|-------------|-------------|
|     |             |             |
|     |             |             |
|     |             |             |

**Investment Interest Expense:**

Interest paid on money you borrowed that is allocable to property held for investment.

| TSJ | Paid To | 2018 Amount | 2017 Amount |
|-----|---------|-------------|-------------|
|     |         |             |             |
|     |         |             |             |
|     |         |             |             |



2018

## Itemized Deductions - Contributions

**Cash Contributions:** Include all Forms 1098-C or other documentation.

You cannot deduct a cash contribution, regardless of the amount, unless you keep as a record of the contribution a bank record (such as a canceled check, a bank copy of a canceled check, or a bank statement containing the name of the charity, the date, and the amount) or a written communication from the charity. The written communication must include the name of the charity, date of the contribution, and amount of the contribution. Clothes and household items donated must be in good, used condition or better in order to be deductible unless the item donated is worth more than \$500 and you have the item's value appraised. Attach a copy of the appraisal. Include any vehicles donated to charity.

| TSJ | Organization or Description of Contribution | 2018 Amount | 2017 Amount |
|-----|---|-------------|-------------|
|     |   |             |             |
|     |   |             |             |
|     |   |             |             |
|     |   |             |             |
|     |   |             |             |
|     |   |             |             |
|     |   |             |             |
|     |   |             |             |
|     |   |             |             |

| TSJ | Conservation Real Property | 2018 Amount | 2017 Amount |
|-----|----------------------------|-------------|-------------|
|     | 100% limit                 |             |             |
|     | 50% limit                  |             |             |

| TSJ | Description   | 2018 Miles | 2017 Miles |
|-----|---|------------|------------|
|     | Number of miles traveled performing volunteer work for qualified charitable organizations |            |            |

**Noncash Contributions Totaling \$500 or Less:** Include all documentation.

| TSJ | Description of Donated Property | 2018 Amount | 2017 Amount |
|-----|---------------------------------|-------------|-------------|
|     |                                 |             |             |
|     |                                 |             |             |

**Noncash Contributions Totaling More Than \$500:** Include all Forms 1098-C or other documentation.

| TSJ | Property Description | Date Acquired | Date of Donation | Cost or Basis |
|-----|----------------------|---------------|------------------|---------------|
| A   |                      |               |                  |               |
| B   |                      |               |                  |               |
| C   |                      |               |                  |               |

| Fair Market Value (FMV) | Method Used to Determine FMV | Other Method Description | Method of Acquisition |
|-------------------------|------------------------------|--------------------------|-----------------------|
|                         |                              |                          |                       |
|                         |                              |                          |                       |
|                         |                              |                          |                       |

1 - Appraisal    3 - Comparable Sale    5 - Thrift Shop Value  
 2 - Catalog    4 - Other (Describe)

1 - Gift    3 - Exchange  
 2 - Inheritance    4 - Purchase

|   | Donee Organization Name | Donee Organization Address |
|---|-------------------------|----------------------------|
| A |                         |                            |
| B |                         |                            |
| C |                         |                            |



2018

# Federal Tax Payments

## Refund Application:

If you have an overpayment of 2018 taxes, do you want the excess:

Refunded .....  Yes  No  
 Applied to your 2019 estimated tax liability  Yes  No

## Federal Estimated Tax Payments:

2018 1st Quarter Estimate ..... (Due 04-17-2018)  
 2018 2nd Quarter Estimate ..... (Due 06-15-2018)  
 2018 3rd Quarter Estimate ..... (Due 09-17-2018)  
 2018 4th Quarter Estimate ..... (Due 01-15-2019)

| Amount Due | Date Paid if Not Date Due (Mo/Da/Yr) | Amount Paid |
|------------|--------------------------------------|-------------|
|            |                                      |             |
|            |                                      |             |
|            |                                      |             |
|            |                                      |             |

2017 overpayment applied to 2018 estimate .....

## Tax Planning Information for Tax Year 2019:

Do you expect any of the following to occur in 2019?

|   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| A change in your marital status .....           | <input type="checkbox"/> | <input type="checkbox"/> |
| A change in the number of your dependents ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| A substantial change in your income .....       | <input type="checkbox"/> | <input type="checkbox"/> |
| A substantial change in your withholding .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| A substantial change in deductions .....        | <input type="checkbox"/> | <input type="checkbox"/> |

If you answered Yes to any of the above questions, provide details.

|  |
|--|
|  |
|  |
|  |
|  |
|  |



2018

# State and City Tax Payments

20A

### State and City Estimated Tax Payments:

| TSJ ____<br>State/City _____ |  |             |
|------------------------------|--|-------------|
| Amount Due                   | Date Paid<br>if Not Date Due<br>(Mo/Da/Yr) | Amount Paid |
|                              |  |             |
|                              |  |             |
|                              |  |             |
|                              |  |             |

2018 1st Quarter Estimate .....  
 2018 2nd Quarter Estimate .....  
 2018 3rd Quarter Estimate .....  
 2018 4th Quarter Estimate .....

If you have an overpayment of 2018 taxes, do you  
 want the excess applied to your 2019 estimated tax liability? .....  Yes  No

2017 overpayment applied to 2018 estimate .....   
 Balance of prior year(s)' tax paid in 2018 plus  
 amount paid with 2017 extensions .....   
 Estimated tax payments for 2017 paid in 2018 .....

### State and City Estimated Tax Payments:

| TSJ ____<br>State/City _____ |  |             |
|------------------------------|--|-------------|
| Amount Due                   | Date Paid<br>if Not Date Due<br>(Mo/Da/Yr) | Amount Paid |
|                              |  |             |
|                              |  |             |
|                              |  |             |
|                              |  |             |

2018 1st Quarter Estimate .....  
 2018 2nd Quarter Estimate .....  
 2018 3rd Quarter Estimate .....  
 2018 4th Quarter Estimate .....

If you have an overpayment of 2018 taxes, do you  
 want the excess applied to your 2019 estimated tax liability? .....  Yes  No

2017 overpayment applied to 2018 estimate .....   
 Balance of prior year(s)' tax paid in 2018 plus  
 amount paid with 2017 extensions .....   
 Estimated tax payments for 2017 paid in 2018 .....

### State and City Estimated Tax Payments:

| TSJ ____<br>State/City _____ |  |             |
|------------------------------|--|-------------|
| Amount Due                   | Date Paid<br>if Not Date Due<br>(Mo/Da/Yr) | Amount Paid |
|                              |  |             |
|                              |  |             |
|                              |  |             |
|                              |  |             |

2018 1st Quarter Estimate .....  
 2018 2nd Quarter Estimate .....  
 2018 3rd Quarter Estimate .....  
 2018 4th Quarter Estimate .....

If you have an overpayment of 2018 taxes, do you  
 want the excess applied to your 2019 estimated tax liability? .....  Yes  No

2017 overpayment applied to 2018 estimate .....   
 Balance of prior year(s)' tax paid in 2018 plus  
 amount paid with 2017 extensions .....   
 Estimated tax payments for 2017 paid in 2018 .....