

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

**Taxpayer**

**Spouse**

- Yes  No
- Yes  No
- Yes  No
- Yes  No

**Dependent Information**

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

List dependents required to file a return \_\_\_\_\_

**Estimates**

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

**Account Information for Deposits or Withdrawals**

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

**Appointment Information**

Your 2018 appointment is scheduled for \_\_\_\_\_

## Miscellaneous Information

Name:

SSN:

## Personal Information

Yes No

  Did your marital status change during the year?

If "Yes," explain \_\_\_\_\_

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

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

## Dependent Information

  Did you have any changes in dependents during the year?

If "Yes," explain \_\_\_\_\_

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

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

## Health Care Information

  Did any member of your household **NOT** have healthcare coverage for the entire year?Provide copies of all Forms 1095-A, 1095-B, 1095-C for **ALL** members of your household.

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

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

## Income, Purchases, Sales, and Debt Information

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

If "Yes," explain \_\_\_\_\_

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

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

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

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

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

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

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

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

## Itemized Deduction Information

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

Miscellaneous Information

Name:

SSN:

**Itemized Deduction Information (continued)**

- | Yes                      | No                       |   |
|--------------------------|--------------------------|---|
| <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?<br>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**

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

**Education Information**

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

**Miscellaneous Information**

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

**Foreign Account Information**

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

**Preparer Notes**

Miscellaneous Notes

### 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

**Income**

Name:

SSN:

**Wages & Salaries**

Provide all copies of Form W-2

Employer name	2018 federal wages

**Retirement**

Provide all copies of Form 1099-R

Payer name	2018 distribution

**Form 1099-Misc Income**

Provide all copies of Form 1099-MISC

Payer name	2018 amount

## Income

Name:

SSN:

### Dividend Income

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

Payer name	2018 ordinary dividends	2018 qualified dividends

### Interest Income

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

Payer name	2018 interest

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

Sale of Capital Assets

Name:

SSN:

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

Provide all brokerage statements

Table with 5 columns: Description of property, Date purchased, Date sold, Sales price, Cost. Multiple rows for data entry.

Installment Sale Income

Description of property: \_\_\_\_\_

Date acquired \_\_\_\_\_ Date sold \_\_\_\_\_

Table for Installment Sale Income with columns for 2018 and Prior years, and rows for Selling price, Mortgages assumed, Cost of property sold, etc.

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 C - Profit or Loss from Business**

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

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

**General Business Information**

Business name \_\_\_\_\_ Employer ID number \_\_\_\_\_

Professional product or service \_\_\_\_\_

Business address, city, state, ZIP \_\_\_\_\_

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

**Income**

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

**Expenses**

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

**Cost of Goods Sold**

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

### Expenses Related to Business

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

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

#### Auto Expense

Name of business vehicle is used for \_\_\_\_\_

Description of vehicle \_\_\_\_\_ Date vehicle was placed in service \_\_\_\_\_

- |  |  |
|--|--|
| <input type="checkbox"/> Another vehicle is available for personal use           | <input type="checkbox"/> There is evidence to support your deduction |
| <input type="checkbox"/> This vehicle is available for use during off-duty hours | <input type="checkbox"/> The evidence is written                     |

Number of miles the vehicle was driven during 2018  
 Business \_\_\_\_\_ Commuting \_\_\_\_\_ Total \_\_\_\_\_

Garage rent . . . . . _____	Property tax . . . . . _____
Gas . . . . . _____	Repairs . . . . . _____
Insurance . . . . . _____	Tires . . . . . _____
Licenses . . . . . _____	Tolls . . . . . _____
Oil . . . . . _____	Other expenses _____
Parking fees . . . . . _____	_____
Lease payments . . . . . _____	_____
Interest . . . . . _____	_____

#### Business Use of Home

Name of business home is used for \_\_\_\_\_

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

What is the total square footage of your home? \_\_\_\_\_

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

How many days during the year was the area used? \_\_\_\_\_

How many hours per day was the area used? \_\_\_\_\_

The daycare facility was in operation for the entire year

Expenses	Office expenses	Home expenses	
Mortgage interest . . . . . _____	_____	_____	In the "Office expenses" column, enter those expenses that pertain exclusively to your office; in the "Home expenses" column, enter those expenses that pertain to the entire dwelling.
Real estate taxes . . . . . _____	_____	_____	
Excess mortgage interest . . . . . _____	_____	_____	
Insurance . . . . . _____	_____	_____	
Rent . . . . . _____	_____	_____	
Repairs & maintenance . . . . . _____	_____	_____	
Utilities . . . . . _____	_____	_____	
Other expenses . . . . . _____	_____	_____	

**MINISTER HOUSING & SS INFORMATION**

TAXPAYER NAME: \_\_\_\_\_

**Housing Information (Home owned OR Rented)**

	Home #1	Home # 2
Rent		
Mortgage Interest		
Principal Payments/ Down payment		
Taxes		
Insurance		
Repairs		
Furnishings		
Decorator Items		
Utilities		
Misc. Supplies		
Housing Amount Designated		
Date purchased		
Current FMV		

**Home Owned by the Church**

What is the Fair Rental Value of the home provided? \_\_\_\_\_

Are you exempt form Social Security? \_\_\_\_\_

Do you get reimbursed from your employer for business expenses?? \_\_\_\_\_

If no, please include the business expenses you paid.

Did you receive any other income from your employer that is not included on your W-2?

If yes please list amounts and what the payment was for.

## What does the Parsonage Allowance Exclusion Include?

It includes anything spent to provide a home for the dual-status minister and his family. Regulations for SEC.107 state that the parsonage allowance does not include food or a maid. Parsonage allowance is the tax-free treatment of a minister's personal home expenses on a cash basis. Do not use business capital asset rules. Do not depreciate home capital expenses. Parsonage allowance expenses include those for the house, its contents, the garage, and the yard. The following list shows typical expenses that are to be considered in computing the amount of parsonage allowance:

1. Rent or principal payments, cost of buying a home, and down payments.
2. Real estate taxes and mortgage interest for the home. Also deductible again as itemized deductions. **A double deduction**, but allowable by IRS. (Sec. 265(a)(6))  
**An amazing "tax shelter".**
3. Insurance on the home and/or contents.
4. Improvements, repairs, and upkeep of the home and/or contents. Such as a new roof, room addition, carpet, garage, patio, fence, pool, appliance repair, etc.
5. Furnishings and appliances: dish washer, vacuum sweeper, TV, DVD, stereo, piano, computer (personal use), washer, dryer, beds, small kitchen appliances, cookware, dishes, sewing machine, garage door opener, lawnmower, hedge trimmer, etc.
6. Decorator items: drapes, throw rugs, pictures, holiday decorations, knick knacks, painting, wallpapering, bedspreads, sheets, towels, etc.
7. Utilities- heat, electric, non-business telephone, water, sewer charge, garbage removal, cable TV, non-business internet access, etc.(Show long distance business telephone calls, the business percent of cell phone and internet access usage as a professional expense. (Both income tax and self-employment tax will be reduced.)
8. Miscellaneous – any thing that maintains the home and its contents that you have not included in repairs or decorator items: cleaning supplies for the home, brooms, light bulbs, dry cleaning of drapes, shampooing carpet, expense to run lawnmower, tools for landscaping, garden hose to water lawn, etc.

The expenses in item No. 8 are often purchased at the grocery or variety store. It is a good practice to buy a supply of household cleaning supplies separately and save the receipt.

Do not include the following: Maid (or any labor hired for maintenance such as lawn care:), groceries, personal toiletries such as toothpaste, shampoo, deodorant, laundry and dish soap, paper products: personal clothing, coats, shoes, jewelry, toys, bicycles, hobby items, CD's, computer games, computer application software, DVD, etc. When a cellular phone is used outside of the home, do not use the personal portion as parsonage allowance.

Asset Listing for 2018

Name:

SSN:

For	Multi	Description of property	Placed in service	Cost/Basis	Method	Life	Prior depreciation	Sec 179 exp	Date sold	Sales price	Expense of sale

**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 _____

**Other Information**

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

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

**Child and Other Dependent Care Expenses**

Name of care provider	Address	SSN or EIN	Amount paid

**Education Expenses**

Provide all copies of Form 1098-T

Student name \_\_\_\_\_

Student name \_\_\_\_\_

Type of expense	Amount	Type of expense	Amount

Student name \_\_\_\_\_

Student name \_\_\_\_\_

Type of expense	Amount	Type of expense	Amount

Student name \_\_\_\_\_

Student name \_\_\_\_\_

Type of expense	Amount	Type of expense	Amount