

Tax Organizer

for Tax Year 2018

Compliments of:

American Tax & Accounting
(828) 324-4047

Name:
 Taxpayer _____ SS No. _____ Birthdate _____
 Spouse _____ SS No. _____ Birthdate _____
 Address: _____ Telephone (Home) (____) _____
 _____ Telephone (Work) (____) _____
 Cell Phone: Taxpayer _____ Spouse _____
 Email Address: Taxpayer _____ Spouse _____
 Occupation: Taxpayer _____ Spouse _____

Dependents

Name	Birthdate	Social Security Number*	Relationship	No. of Months lived in your home in 2018	No. of Months of Qualifying Healthcare Coverage

*A personal exemption is disallowed for any dependent unless the Social Security number is provided on the tax return.

Taxpayer: 65 or over Blind/Disabled Spouse: 65 or over Blind/Disabled

Your FILING STATUS is determined on December 31, 2018

SINGLE

- Single
- Single, being claimed by someone else
- Single with a dependent child
- Single with a dependent relative (child who is not a qualifying child, parent, grandparent, brother, sister, stepbrother, stepsister, half brother, half sister, stepmother, stepfather, mother-in-law, father-in-law, brother-in-law, sister-in-law, son-in-law, uncle, aunt, nephew, or niece)

HEAD OF HOUSEHOLD

- Single with a dependent child (you are custodial parent)
- Single with a dependent parent (parents live with you or their home and you pay over half the cost of maintaining their home)
- Married living apart from spouse for over 6 months of the year **and** paid over half of the cost of keeping up a home **and** that home was the main home of your child, stepchild, or foster child for over 6 months of the year. Spouse must file MFS tax return.

MARRIED

- Married filing a joint tax return
- Married filing a separate return
- Married, check both ways for best advantage

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All eligible returns are Electronically Filed

DIRECT DEPOSIT INFO (You can choose up to 2 accounts)

Account #1 Name of Bank: _____

Routing Number (9 digits) _ _ _ _ _ or attach a Voided Check

Account Number _____

Type of Account: ___ Checking ___ Savings ___ IRA

Percent of Refund to be deposited into this account: ___ 100% or ___ % and

Account #2 Name of Bank: _____

Routing Number (9 digits) _ _ _ _ _ or attach a Voided Check

Account Number _____

Type of Account: ___ Checking ___ Savings ___ IRA

Percent of Refund to be deposited into this account: ___ %

“OPTIONAL” Available until 10-15-2019

Do you want us to deduct our prep fee from your refund for a fee of \$72.95? (direct deposit or check)

If Yes, ___ Direct Deposit or ___ Check

If yes, need a copy of **drivers license** for taxpayer and spouse, if joint; and

Answer **one (1)** security question below:

What is your Mother's maiden name? _____
What is the name of your first pet? _____
What high school did you attend? _____
What is the name of your oldest child? _____
What is your father's middle name? _____

2018 INCOME TAX QUESTIONS (Y = Yes N =No) Please Provide Documentation

_____ Did your dependents live with you, in your home, for the full 12 months of 2018 (Jan 1 – Dec 31)?

_____ If you have dependents, you must provide documents to prove they live with you. Did you provide any documents that have your dependents name with your address? (School, doctor bill, healthcare, etc)

_____ Were there any births, deaths, marriages, or divorce in your immediate family during 2018?

_____ Did you receive a Health Insurance subsidy from Healthcare.gov or the Marketplace? You must provide a Form 1095-A from the Marketplace/Exchange.

_____ Did you in 2018 participate in Online Gambling and have net winnings of over \$600?

_____ Do you have a financial interest in or signature authority over any financial account located in a foreign country?

FIRST TIME HOME BUYERS CREDIT (if you purchased a home between 4-8-2008 and 7-1-2010)

_____ Did you purchase a personal residence and qualify for the First-time Home buyers Credit between:
April 8, 2008 and January 1, 2009 (\$7500 max credit) _____

December 31, 2008 and November 7, 2009 (\$8000 max credit) _____

November 6, 2009 and May 1, 2010 (closing before July 1, 2010) (\$6500) _____

_____ Did you sell the home that you received the First-time homebuyer Credit in 2018?

RETIREMENT PLANS

_____ Did you contribute to an IRA for 2018? Amount: _____ Spouse amount: _____

_____ Did you contribute to a Roth IRA for 2018? Amount: _____ Spouse amount: _____

_____ Did you receive a distribution from a retirement plan this year? You will get a Form 1099-R

_____ Did you get an early distribution to pay for medical expenses, higher education expenses, health insurance premiums while unemployed, or to an alternative payee under a domestic relations order? Please circle which applies to your situation, if any and provide the amount paid by you: \$ _____

NORTH CAROLINA & ANY OTHER STATE

_____ What is your state of Residence? What state issued your driver's license? _____

_____ Do you have income from more than one state? List States: _____

Not sure if you are a NC resident. What date did you move into or move out of NC? _____

_____ Did you, your spouse, and/or your dependents make any purchases from out-of-state retailers that did not charge NC (or your resident state) sales tax? If yes, were your purchases over \$1000 for the year?

_____ Approximate total dollar amount if over \$1000 _____

Are you or your spouse a **Veteran**? Taxpayer _____ Spouse _____

INCOME (Y = Yes N =No) Please Provide Documentation

- _____ Did you receive income or incur expenses associated with car sharing (e.g., Lyft or Uber)?
If Yes, attach Form 1099-MISC and Form 1099-K
- _____ Did you receive Gambling winnings? If yes, send Form(s) W-2G and Loss statement, if any
- _____ Did you pay Alimony or receive Alimony in 2018? Paid: _____ Received: _____
- _____ Did you receive Unemployment Compensation? If yes, send Form 1099-G
- _____ Did you receive income or incur expenses associated with a short-term rental (e.g., Airbnb, Zillow, HomeAway, Rent.com etc)? If yes, provide documentation
- _____ Did you Receive income and incur expenses associated with a fantasy football league?
If yes, provide documentation
- _____ Did you sell any stocks, mutual funds, land, personal residence? You should receive a tax form from your broker or attorney for tax filing.
- _____ Did you receive Jury Duty pay?

DEDUCTIONS

- _____ Educator Expenses – how much did you spend out of pocket \$ _____
- _____ Did you contribute to a Health Savings Account?
- _____ Did you contribute to a SEP, SIMPLE, or a qualified plan?
- _____ Did you pay student loan interest?
- _____ Did you pay Child Support in 2018?
- _____ Did you pay Child or Dependent Care Expenses in 2018?
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Dependents - You must bring in proof of all dependents that you claim are your dependents. A copy of a school record, child care provider, medical record for a doctor or dentist, social service agency, health insurance coverage are the most common records available. The child's name and address must be the same as your address.

Education Expenses - You must bring in a Form 1098-T from the college or university.

ITEMIZED DEDUCTIONS

MEDICAL EXPENSES

Health Insurance Premiums _____ Long-term Care Insurance _____ Husband
Doctors, Dentists _____ Long-term Care Insurance _____ Wife
Prescription Drugs _____ Orthopedic Shoes, Braces _____
Hospitals, Labs _____ Eyeglasses, Contact Lenses _____
Hearing Aids _____ Mileage for 2018: _____
Other: _____

TAXES PAID IN 2018

Real Estate Taxes: Personal Residence _____ 2nd Home/RV/Boat _____
Land owned by you/spouse _____
Personal Property Taxes: Vehicles _____ Boats _____
Vehicles _____ Trailer _____
Vehicle _____ Motorcycle _____

State Income Taxes: (what state/s) _____
Amount owed from 2017 _____ 2016 _____ 2015 _____ Prior _____
Estimated tax payments for 2018: (do not include withholding taxes from W-2, Forms 1099, etc)
(List date and amount) _____

Federal Estimated Income Taxes for 2018 (do not include amounts withheld from W-2, 1099's, SSA, etc)

INTEREST

Mortgage Interest reported on Form 1098 _____ Bank Name _____

Mortgage Interest paid to Individual _____ Name of Individual _____

Home Equity Interest _____ Name of Bank _____
Dollar Amount of Home Equity Loan used for Car, Vacation, Credit Cards, etc _____

Investment Interest _____

DONATIONS

Cash, check, or money order _____ (send acknowledgement from Organization if \$250 and over)

Other than Cash – send receipt for EACH visit along with a detailed list of item(s) donated, include the used value assigned by you, and how did you value. If over \$5000 you must send copy of appraisal.

CASUALTY LOSS

Casualty loss from a Federal Declared Disaster Area _____ Zip Code _____

Payment from Insurance company received _____ or to be received _____

SELF EMPLOYED INCOME/EXPENSE

NAME OF PROPRIETOR	BUSINESS ACTIVITY
BUSINESS NAME	PRODUCT OR SERVICE
BUSINESS ADDRESS	FEDERAL I.D. NUMBER

1. Business is conducted on the Cash Basis Accrual Other _____
2. Inventory (if applicable) is based on Cost Other _____
3. Do you use any part of your home for business? Yes No
4. Did you hire any new employees that may qualify for job credits? Yes No
5. How many months in business during year? # _____
6. Did you buy or sell any assets? Yes No (See back for details)

INCOME		COST OF GOODS SOLD (If Applicable)	
Gross Receipts/Sales		Beginning of the Year Inventory	
Returns & Allowances	()	End of the Year Inventory	
*Income Reported on 1099's		Purchases	
*Commissions		Above Withdrawn for Personal Use	
Other:		Cost of Labor	
		Materials/Supplies	
		Other:	
* Do Not Duplicate if included in Gross Receipts			

EXPENSES			
Advertising		Wages (Not Reported Above)	
Bad Debts (If reported as income)		Payroll Taxes	
Bank Charges		Social Security and Medicare	
Car/Truck Expense (Detail)		Unemployment (Fed & State)	
Commissions & Fees Paid		Other Taxes	
Dues & Publications		Real Estate	
Employee Benefit Programs		Personal Property	
Freight (Not Included Above)		Other:	
Insurance (Business)		Automobile Exp. (Adequate records required)	
Interest (Business)		Total Miles Driven	No.
Laundry & Cleaning		Business Miles	No.
Legal & Professional		Parking Expense	
Office Supplies & Postage		Other:	
Pensions/Profit Sharing		Travel (Out of Town)	
Utilities		Transportation (Air Fare)	
Rent (Business)		Lodging	
Repairs & Maintenance		Cabs, Bus, Rentals	
Supplies (Other)		Other:	
Telephone (Business)		Meals & Entertainment (at 100%)	
Health Ins. (Personal 100%)		Meals & Tips	
Other:		Entertainment	
		Tickets & Events	
		Gifts	
Mortgage Interest (Paid to Financial Institution)			
Depreciation - If Predetermined (Attach Schedule)			
Other (Explain):			

List on back, purchases of equipment, furniture, vehicles or leasehold improvements.