

# 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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# HEALTHCARE COVERAGE

Members of Household for Healthcare Purposes	Covered Jan - Dec	No Healthcare Coverage at all	Covered Less than 12 Months What Months did you have coverage?	Check where/who provided your Healthcare Coverage in 2018 (each person)					
				Employer	Medicare	Medicaid	Marketplace	Exchange	Ministry Sharing
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

Did you apply for an Exemption from the Healthcare Marketplace and Receive an Exemption? I need a copy of your Exemption number

Did you receive Coverage thru the Marketplace or Exchange and part of your coverage was paid for by the Government? Bring your Form 1095-A

Did you enroll for lower cost Marketplace Coverage through [Healthcare.gov](https://www.healthcare.gov) under the Affordable Care Act? Bring your Form 1095-A

# 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 \_\_\_\_\_

# RENTAL INCOME / EXPENSE

**NAME** \_\_\_\_\_ **SS#** \_\_\_\_\_

T= Taxpayer  
S= Spouse  
J= Joint

If you do not take an active part in the operation of the property.  
 Number of days rented during year? \_\_\_\_\_  
 Number of days you or your family member resided at location? \_\_\_\_\_

T S J	Property Code	Date Acq.		Description of Property	Location		
	A						
	B						
	C						
	D						

INCOME	A	B	C	D
Rents Received				
Deposits Received				
Other:				

EXPENSES				
Real Estate Taxes				
Mortgage Interest				
Other Interest				
Insurance				
Cleaning/Maintenance				
Yard/Snow Removal				
Rubbish Hauling/Trash				
Supplies				
Fuel				
Electricity				
Water/Sewer				
Wages/Labor				
Management Fees (Commissions)				
Homeowners Assoc. Dues				
Travel Expense (Detail)				
Total Miles Driven	#	#	#	#
Auto Travel Mileage	Jan. - June	#	#	#
	July - Dec.	#	#	#
Telephone				
Advertising				
Legal & Professional				
Repairs - Painting				
- Plumbing				
- Electrical				
- Appliances				
-				
Refunds				
Other:				
Personal Use (Percent or Amount)	%	%	%	%

Comments/Questions \_\_\_\_\_

List on back, purchases of furniture, appliances, equipment and major property improvements.