

Income Tax Organizer for 2018

Client Name	:						
January 23, 2019							
We wish you have a	a happy and prosper	ous n	ew year.				
This organizer sho	uld help you gather	ring in	ncome tax docu	umer	nts for your	2018 indivi	dual income tax
return. Please cont	return. Please contact our office for an appointment or send us the completed organizer along with						
supporting documer	supporting documents.						
CLIENT INFORMA	ATION						
1 Taxnaver & Sno	ouse – if no chan	ae ch	neck this hox				
Name	, asc in no onan	90, 01	Taxpaye	<u> </u>			Spouse
Name			Τακράγο	-'		•	Spouse
Date of Birth							
Social Security No.							
Occupation							
Mailing Address							
	obile or Home						
Email							
2. Dependents							
Name	Relationship/Montl Lived at Home	ns	Date of Birth	Ar	nnual Income	Soc	cial Security No.
3. Provide bank account information if changed. Routing No,: Account No.:							
ESTIMATED TAX							<u>, </u>
Due Date	Federal Income	Tax	Paid On (Dat	te)	State Inc	ome Tax	Paid On (Date)
1st est. on 4/16/18							
2nd est. on 6/15/18 3rd est. on 9/17/18							
4th est. on 1/15/19							
Total							

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1) Wage	e Staten	nent (Fo	rm W-2): Tax	payer	each	Spous	e _		each
0) 1 (/-	4000 INIT)	1.00	 / -	4000 DU ()		_	4000

2) Interest Income (Form 1099-IN	and Dividend Income (Form	1099-DIV): Attach any Form 1099s.
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Payer	Tax ID or SSN(Owner carry)	Interest Received (\$)	Dividend Received (\$)

3) Other income

	Form	Amount
Prior Year State Tax Refunds	Form 1099-G	
Alimony		
IRA, Pension & Annuities	Form 1099-R	
Unemployment Compensation	Form 1099-G	
Social Security Benefits)	Form SSA-1099	
Gambling Winnings & Lottery Winnings	Form W-2G	
Schedule K-1 from Partnership, S corporation, LLC or etc.	Schedule K-1	
Cancellation of Debt	Form 1099-C or A	
Capital gain (loss): Attach Brokerage statement		

[•] Provide escrow paper, property tax bill, & Owner carry note if house, real property sold.

ITEMIZED DEDUCTIONS

1) Medical Expenses:	
a) Medicine and Drug	\$
b) Health Insurance Premium	
c) Doctors, Dentists, Hospitals	
d) Eye Glasses, Hearing Aids, Etc.	
e) Weight loss program	
* Reimbursement from Insurance Company	
2) Taxes	
a) Real Estate Taxes : Primary Residence	\$
Investment Property and/or Land	
b) DMV Registration Fee(s)	
3) Interest Expenses: Attach Form1098	
a) Home Mortgage Interest Paid to Lender	\$
b) Home Mortgage Interest Paid to an Individual	\$

	Payee Info: SSN, N	lame, Address			
	c) Home Equity Loan	Interest & Baland	ce(From 2018	, interest \$	
	on home equity loa		•	•	
	d) Qualified Mortgage	•	•	overnorit orny)	
	(For those who pure			\$	
	e) Investment Interest			•	
	•	•		debts are not deduct	ihle
	Please attac	h the final escro			purchased or refinanced
	your home d	uring 2018.			
4) Contr	ibutions				
•	a) Church or Nonprofi	t organization		\$	
	 Provide cand contribution 		es or any equ	ivalent evidence for	
	Provide acki	nowledgement fr	om whom you	contributed over \$2	50
	b) Non Cash Contribu	tions (Vehicle ov	er \$500 require	es Form1098-C) \$	
	•	•	•	_	eeds to file Form 8283 to
5) Casu	alty and Theft Losses			\$	
	List of lost properties,	cost basis, fair n	narket value, a	and reimbursements	from insurance company
OTHE	R INFORMATIO	N			
	employed Health Insur		surance prem	ium paid for	
•	spouse, dependent un	_		\$ -	
•	ement Plan: State amo	•	and plan to co	ntribute before the d	ue date of tax return
	RA				
ı	Roth IRA				
	Keogh / SEP plan				
<u></u>	<u> </u>				
, .	Withdrawal Penalty from		nt, if any	\$ -	
4) Alimo	ny Paid: Attach Divor	ce decree			
	Payee Name				
	Social Security No.				
	Yearly Total		\$		
5) Stude	ent Loan Interest: Attac	ch Form 1098-E			
	Total interest paid	\$		Year you paid first	
	rotal interest palu	Ψ		principal payment	

6) Education Credit: Attach Form 1098-T

Student Name	Grade	
Tax ID #	Address	
Tuition Paid	\$ Name of School	

7) Child & Dependent Care Credit: Only if both spouses have earned income or are full-time students.

Organization Name	Tax ID #	
Address		
Amount Paid	\$ Tel	

- 8) Provide Escrow Closing Statement if you acquired home, investment property or business.
- 9) Residential Energy Credit: Attach Invoice

Where and what were improved:		
Period:	Cost:	\$

- 10) Provide a contract if you purchased electric car.
- 11) You have to file a gift tax return when the annual gift amount to each donee exceeds \$15,000.

12) Health Insurance Coverage

- Did you and your dependent have healthcare coverage for the full-year? Yes () No ()
- Did you receive any of the following IRS Documents? Form 1095-A (Health Insurance Marketplace Statement), 1095-B (Health Coverage) or Form 1095-C (Employer Provided Health Insurance offer and Coverage) If so, please attach.
- If you or your dependents did not have health care coverage during the year, do you fall into one of the following exemption categories: Indian tribe membership, health care sharing ministry membership, religious sect membership, incarceration, general hardship or unable to renew existing coverage?

If you received an exemption certificate, please attach.

14) Foreign Bank Account Reporting (FBAR) and Foreign Account Tax Compliance Act (FATCA)

• FBAR (Form 114)

United States persons are required to file by 4/15/19 if:

- 1. The United States person had a financial interest in or signature authority over at least one financial account located outside of the United States; and
- 2. The aggregate value of all foreign financial accounts exceeded \$10,000 at any time during the calendar year to be reported

Foreign Financial Assets (Form 8938)

United States taxpayers are required to report financial accounts maintained at financial institutions outside the U.S., such as bank accounts, investment accounts, mutual funds, stocks, bond, interest in a foreign entity and any financial instrument or contract that has an issuer or counterparty that is not a U.S. person if the value exceeds the threshold set forth by the IRS.

Status	Residence	Value - Any Day	Value - Last Day
Single	US	\$ 75,000	\$ 50,000
Married	US	\$ 150,000	\$ 100,000
Single	Foreign Country	\$ 300,000	\$ 200,000
Married	Foreign Country	\$ 600,000	\$ 400,000

15) Foreign Trust and Foreign Gifts (Form 3520)

United States persons are required to file Form 3520 if:

- They have ownership of foreign trusts or certain transactions with foreign trusts
- They receive more than \$100,000 from a nonresident alien individual or a foreign estate
- They receive more than \$16,076 from foreign corporations or foreign partnerships