# PERSONAL INFORMATION ORGANIZER

Please complete this Organizer before your appointment.

1. PERSONAL INFORMA	ATION															
Name		SS	N or ITIN	Da	ate of E	Birth	Date o	of D	eath		Occ	upation		Blind	1 E	Disabled
Taxpayer X Y														$\dashv$	+	Ц_
Spouse		Apt.	City or	town			State			7in	Code			Cour	ntv	
Street Address		/ιρι.	Oity of	town			Otato			- יף	Oode			Ooui	ity	
Foreign country		Forei	gn provin	ce/state						For	eign p	ostal co	ode			
E-mail Address(es)					Hom	e Phon	ie				Mobi	ile Phor	ne			
2 FILING STATUS																
2. FILING STATUS																
X Single	Check i	f narei	nt (or som	eone el	se) car	n claim	VOLL 2S	a d	enen	dent	on the	ir retur	n			
Married Filing Joint	☐ Officer i	i parci	11 (01 3011	icone ci	oc) cai	i Giaiiii	you as	au	СРСП	uciii	OII tile	ii ictuii				
Married Filing Separate	Check i	f you l	ived apar	t from yo	our spo	ouse fo	r all of 2	2018	3.							
Head of Household	_	•	•	,												
Qualifying Widow(er)	Year spous	se died	:													
3. DEPENDENTS																
3. DEPENDENTS																
Name	Relationship	Date	e of Birth	SSN o	r ITIN	Month	s Lived	Dis	abled	Full	Time	Deper	ndent's	;	Chilo	Care
							n You			ı						ses Paid
								Г		Г	7			<u> </u>		
								Ī		Ī	1					
								Ī								
								[								
														Ш_		
4. REFUND INFORMATI	ON															
4. REFUND INFORMATI	ON													—		
1. Would you like to have any	refunds direct	ly den	osited into	2 vour h	ank ac	count?								$\Box$	es/	□No
1. Would you like to have any	returnus urreci	лу аср	osited into	o your b	arik ac	count:		•						ш.	CO	
Bank Account						Bank A	Accoun	t								
Ownership	Taxpayer 🗌	Spous	e 🗌 Jo	int		Owner	ship			T	ахрау	er 🗌	Spou	se [	$\supset$ ,	Joint
Type	Checking	Saving	js			Type				□ C	heckir	ng 🗌	Savin	gs		
Bank name						Bank n										
Routing number							g numb									
Account number							nt numb									
Account outside the jurisdi	ction of the Un	ited St	ates? L	_ Yes		Accour	nt outsic	de th	ne jur	isdic	tion of	the Ur	nited S	tates	?	∐ Yes
5. IDENTIFICATION INF	ORMATION															
Taxpayer						Spous	е									
Type of ID:	Driver's license	; <u> </u>   S	State-issu	ed ID		Туре о	f ID:				river's	license	e 🗌	State	-iss	ued ID
	No ID									N	o ID					
ID number						ID num										
Location of issuance							on of iss	uar	ice							
Issue date						Issue c										
Expiration date						⊢xnirat	ion date	_								

**PERSONAL INFORMATION ORGANIZER**Please complete this Organizer before your appointment.

6. HEALTH CARE INFORMATION		
1. Door overvene in your tay household b	have qualified health incurance for all 12 months of 20102	ulo.
	have qualified health insurance for all 12 months of 2018? Yes	No
	buse (if filing joint), and any individuals claimed as a dependent Th individual you can, but do not claim as a dependent on your return.	
-	ths your tax household had qualified health insurance in 2018.	
NAME	ALL JAN FEB MAR APR MAY JUNE JULY AUG SEPT OCT NOV DE	EC
Taxpayer: X		
Spouse:		
Dependent:		$\Box \mid$
2. Please indicate where you received you	our health insurance from for all members of your tax household.	
☐ Employer ☐ Governme	ent-Sponsored Marketplace Private Exchange (Individual Insurance Company)	
		No
		No
	emption from the health care mandate and for which months.	
NAME		EC
Taxpayer: X		7
Spouse:	161616161616161616161616	<b>「</b>
Dependent:	161616161616161616161616	<b>5</b>
Dependent:	161616161616161616161616	<b>5</b>
Dependent:	18181818181818181818181818	<b>=</b>
Dependent:	18181818181818181818181818	<b>=</b>
Dependent:	181818181818181818181818	╡
Bopondona.	<u>-  -  -  -  -  -  -  -  -  -  -  -  -  -</u>	
7. MISCELLANEOUS PERSONAL IN	NFORMATION QUESTIONS	
1 Check the applicable hoves if you wish to	to contribute \$3 to the Presidential Election campaign fund.   Taxpayer Spou	ISA
1	nave you been contacted by the IRS?	130
	ssued to you by the IRS	
	/) a nonresident alien for any part of 2018?	_
	spondences from the IRS or state in the past 3 tax years? Yes	
, ,	· · · · · · · · · · · · · · · · · · ·	
than \$2,100?	der (or student under age 24) who had unearned income of more	
o. II any or your children are required to file dividends on your return?	e a return, do you elect to report your child's interest and	
7. Did you give a gift of more than \$15,000	O to one or more people?	
8. COMMENTS		
6. COMMENTS		

INCOME ORGANIZER

Please complete this Organizer before your appointment.

Business, Farm and Rental and Royalty Income or Loss Organizers are on separate pages.

1. WAGE AND SALARY INFORMATION	4. SCHEDULE K-1 INCOME (1065, 1120-S AND 1041)
[	Г
Attach W-2s:	Attach K-1s:
Employer Name Taxpayer Spouse	Payer Name Taxpayer Spouse
Unreported tip income received:	L
	5. CAPITAL GAINS AND LOSSES
2. INTEREST AND DIVIDEND INCOME	Attach 1099-Bs:
Au	Payer Name Taxpayer Spouse
Attach 1099-INT, 1099-DIV or other statements	U
Payer Name Taxpayer Spouse	
l	
	6. OTHER INCOME
	Description Amount
	State income tax refund
	Alimony received
	Unemployment compensation
A DETIDENSAL DISTRIBUTIONS	Gambling winnings
3. RETIREMENT DISTRIBUTIONS	Jury pay
Attach 1099-R & 5498 Roth Other	Hobby income Scholarships (grants)
Payer Name IRA IRA Taxpayer Spouse	NOL Carryforward
	Child support
Attach SSA 1099 or RRB 1099 Yes No	
Did you receive social security benefits?	
Did you receive railroad retirement benefits?	
7. MISCELLANEOUS INCOME QUESTIONS	
1. Did you sell your home?	
2. Did you earn any foreign income or pay any foreign taxes?	
3. Do you have a health savings account (HSA), Archer MSA or Med	licare Advantage (MA) MSA? Yes No
4. Did you have a financial account in a foreign country (i.e. bank account in a forei	count, securities account, etc.)? Yes No
If Yes, did the aggregate value of all financial accounts exceed \$	
5. Did you have any debt forgiven (i.e. student loans, home mortgage	e, etc.)?

BUSINESS INCOME AND EXP	PENSES (Sche	dule C	)					
Indicate the owner of this busine	ess: Tax	payer		Spouse	e 🔲 Joir	nt		
Business Name:				•	<del></del>			
Business product or service:								
Business Address:								
City, State, and Zip Code:		1400						
Did you start or acquire this bus	siness during 20	)18?	∐ Yes		) (daaaniha)			
Accounting Method:  Method used to value inventory	☐ Cash : ☐ Cost	HA	ccruai ower of c	Oth	arket	r (dos	cribe)	
iviethod used to value inventory	. <u> </u>		ower or c	031 01 11	iaiket 🔲 Othe	i (ues	cribe)	
Income and Cost of Goods S Gross receipts or sales						201	8 Amount	2017 Amount
Returns and allowances								
Other income (enclose descri								
Inventory at beginning of year								
Purchases less cost of items v								
Cost of labor								
Materials and supplies								
Other costs								
Inventory at end of year	<u> </u>							
Expenses	2018 Amount	2017	Amount				2018 Amou	nt 2017 Amount
Advertising				Wages				
Commissions and fees								
Contract labor				-				
Depletion								
Employee benefits								
Insurance (other than health)								
Mortgage interest								
Other interest				-				
Legal and professional fees.								
Office expenses				-				
Pension and profit sharing								
Rent - Vehicle, machinery Rent - Other				-				
Repairs and maintenance								
Supplies						<del></del>		
Taxes and licenses								
Travel								
Meals and entertainment								
Utilities								
Vehicle Information Vehicle description			Date nla	ced in s	ervice		Cost or ba	neie
Business miles	Con	mutin	a miles	000 111 0		Other	oost of be r miles	
Actual expenses such as gas,	oil, repairs, etc	·			Parking fees a	nd toll	s	
Sales, Purchases, and Dispos	sition of Asset	s in 20						Colon Dring
Asset description			Date a	cquirea	Purchase price	; <u>L</u>	Date sold	Sales Price
						+		
Business Use of Home			T-4-1					
Area used exclusively for busi Was the home used as a day			Total are		ne Date home place	_ od in a	convico	
1	•	rance	<del>∪</del> 3 ∐	INU	Date Home place	ea in s Ren	-	
Mantagaratatanaat			d mainte	nance		_	ر of home	
Real estate taxes paid							e of land	
Carryover of unallowed expenses			☐ No				_	

RENTAL AND ROYALTY INCOME AND EXPENS	SES (Schedule E, p	g 1)		
Indicate the owner of this property:	er Spouse	☐ Join	t	
Description of property				
Location of property				
Did you or your family use this property during the than the greater of: (a) 14 days, or (b) 10% of				s 🗌 No
Did you meet the Active Participation requirement (To meet these requirements, you must have participated in ma	aking management decis	ions or arranged for	☐ Ye	s 🗌 No
others to provide services in a significant and bona fide sense. new tenants, deciding on rental terms, approving repair expend	Such management dec litures, or other similar de	sions include approvi ecisions)	ng	
Was this property fully disposed of during 2018?			☐ Ye	s 🗌 No
Income			2018 Amount	2017 Amount
Rents received		-	2010 Alliount	ZUIT AIIIOUIII
Royalties received				
Expenses			2018 Amount	2017 Amount
Advertising		-	2010 Amount	2017 Amount
Cleaning and maintenance				
Commissions				
Insurance				
Legal and other professional fees				
Management fees				
Mortgage interest paid to banks				
Other interest				
Repairs				
Supplies				
Taxes				
Utilities		[		
Other				
Amortization				
Section 481(a) adjustment				
Vehicle Information				
Vehicle description Commuting Business miles Commuting Actual expenses such as gas, oil, repairs, etc _	Date placed in s	ervice	Cost or b	asis
Business miles Commutine	g miles	Oth	er miles	•
Actual expenses such as gas, oil, repairs, etc	·	Parking fees	and tolls	
Travel expenses				
Sales, Purchases, and Disposition of Assets in (New clients, enclose detailed listing of all depreciable assets.)	2018			
Asset description	Date acquired	Purchase price	Date sold	Sales price
·	,	•		<u> </u>
			1	

**DEDUCTIONS ORGANIZER**Please complete this Organizer before your appointment. Itemized Deduction Organizers are on separate pages.

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1. EDUCATION					
Attach 1098-Ts, 1098-E's and				Student Loan	, , , ,
Student Name	Educational Institution	Fr So Jr Sr (	Oth Tuition & Fees	Interest Paid	& Equipment 529 Plan
					🔲
			<u> </u>		<u> </u>
					<u>U</u>
					. ———— 📙 🛚
				-	U
2. JOB-RELATED MOVIN	NG EXPENSES		OTHER DEDUC	CTIONS	
Z. OOB-RELATED MOVII	10 EXI ENGLO		OTTIER DEDOC	7110110	
Description	Amount	D	escription		Amount
Lodging	· · · · · <u> </u>	E	ducator expenses .		<u></u>
Gas and Oil	<u></u>	Al	imony paid Rec.	SSN:	
Mileage	<u></u>	H			3 <u></u>
	<u> </u>			•	tributions
1	new workplace				· · ·
Miles from old home to old w	orkplace		• .	• .	· · ·
				-	Plan
3. IRA CONTRIBUTIONS	<u> </u>				· · ·
3. IKA CONTRIBUTIONS			her		· · ·
Description	Amount		her		· · · —
· .		0	her		· · ·
1	I IRA <u></u>		her		· · · —
	· · · · ·	— I I <sup>0</sup>			
5. MISCELLANEOUS DE	DUCTION QUESTIONS				
1. Did you purchase an item(s	s) during 2018 for which you page	aid a large amou	nt of sales tax?.		Yes No
2. Did you refinance a mortga	ge during 2018?				Yes No

Modical and Dantal C	oncos (not includina "	roimhuraamantal	T		018	2017
Medical and Dental Exp	enses (not including r	eimbursements)			ount	2017 Amount
Medical/dental care insu						
Medicare B and D premi						
Qualified long-term care	•					
Doctor, dentist, and hosp						
Prescription medicines a Medical aids such as eye						
Total transportation expe						
Other medical and denta						
	<u> </u>				!	
axes Paid			1	2	018	2017
axes i aid					ount	Amount
State and local income	taxes paid (other tha	n withholdings an	d estimates)		-	7.11.10 0.11.10
Actual state and local ge						
State and local real estate	-					
Personal state/local prope	rty taxes (list type of ta	ıx paid)				
nterest Paid			<u> </u>	2	018	2017
iterest Faiu					ount	Amount
Home mortgage interest	t paid to financial ins	titution (enclose For	m 1098 or statement) .	7	-	7
Home mortgage interest						
Individual's name	•					
Individual's address						
Individual's ID number						
Qualified mortgage insu	rance premiums (VA	A, FHA, RHS, or p	rivate) L_			
Investment interest expe	ense					
Gifts to Charity (If addition	 nal lines are needed. attach	similar statement)				
Contributions of cash or	check		Noncash contribut	ions		
Name of charity	Date given	2018 Amount	Name and address of ch	narity	Date give	n FMV
			-			
			Ī			I

Casualty and Theft Losses (for prop	erty damaged	by storm, wa	ter, fii	re, accident, or the	eft)	
Enclose supporting documentation of what is	written here, i.e.	insurance reimb	oursem	ent, receipts for cost		
(If additional losses were incurred, please at	ttach a separate	sheet of paper	with th	ese details.)		
Location of property:					Residential prope	erty 🗌
Description of property:					Business propert	у 🗌
Date of loss:					Federal Disaster	
Amount of damage	Cost ba	asis of prope	rty		_ Repair Costs	
Insurance reimbursement	FMV of	property befor	e loss	S	Other	
Federal monies received	FMV of	property after	loss		Other	
Haveimberged Frankerse Business		T Tayna		S. Chausal	T C	
<b>Unreimbursed Employee Business</b> (if any depreciable assets were sold (including the vehic			er :	s = Spouse	Γ or S	
Dung (related to job)		Val	.:-1-	lf = = t! =		
Dues (related to job)				Information		
Subscriptions related to your work				e description		
Licenses and regulatory fees		Da		aced in service		
Tools and supplies used in your work			ust oi	basis _		
Work clothes, uniforms if required		<del></del> .	N#:1 = =	of valid		
Medical exams required by your employe	er			of vehicle		
Work related education (books, tuition)				iness miles		
Legal fees related to your job	`					
Job search expenses (current occupation *In home office:			Oth	er miles		
Total square footage		I	Expe	nses		
Office square footage			Δcti	ual expenses		
			ACI	adi experioes		
Office square footage				as, oil, repairs, etc)	-	
Office square footage Rent			(ga	as, oil, repairs, etc)	 Is	
			<i>(ga</i> Par	as, oil, repairs, etc)	ls	_
Rent			<i>(ga</i> Par	as, oil, repairs, etc) king fees and tol	ls	
Rent			<i>(ga</i> Par	as, oil, repairs, etc) king fees and tol	ls	
Rent Insurance I		lty losses were a	(ga Par Tra	as, oil, repairs, etc) king fees and tol vel expenses	ls	_
Rent	xes, and casual	<u>-</u>	(ga Par Tra	as, oil, repairs, etc) king fees and tol vel expenses	ls	
Rent	of Assets in assets.)	2018	(ga Par Trav	as, oil, repairs, etc) king fees and tol vel expenses  previously		
Rent	of Assets in assets.)	2018	(ga Par Trav	as, oil, repairs, etc) king fees and tol vel expenses  previously	Date sold	
Rent	of Assets in assets.)	2018	(ga Par Trav	as, oil, repairs, etc) king fees and tol vel expenses  previously		
Rent	of Assets in assets.)	2018	(ga Par Trav	as, oil, repairs, etc) king fees and tol vel expenses  previously		
Rent	of Assets in assets.)	2018	(ga Par Trav	as, oil, repairs, etc) king fees and tol vel expenses  previously		
Rent	of Assets in assets.)	2018	(ga Par Trav	as, oil, repairs, etc) king fees and tol vel expenses  previously		
Rent	of Assets in assets.)	2018 Date acqu	(ga Par Trav	as, oil, repairs, etc) king fees and tol vel expenses  previously  Purchase price	Date sold	
Rent	of Assets in assets.)	2018 Date acqu	(ga Par Trav	as, oil, repairs, etc) king fees and tol vel expenses  previously	Date sold	
Rent	of Assets in assets.)	2018  Date acqu	(ga Par Trav asked p	es, oil, repairs, etc) king fees and tolovel expenses  previously  Purchase price  r Misc. Deducti	Date sold ons	Sales price
Rent	of Assets in assets.)	Date acqu	ired Othe	es, oil, repairs, etc) king fees and tolovel expenses  previously  Purchase price  r Misc. Deducti  poling losses	Date sold	Sales price
Rent	of Assets in assets.)	Date acqu	ired  Othe  Gaml  Estate	es, oil, repairs, etc) king fees and tolovel expenses  previously  Purchase price  r Misc. Deducti  poling losses	Date sold  ons  in respect of a deced	Sales price
Rent	of Assets in assets.)	Date acqu	ired  Othe  Gamle	r Misc. Deduction in gling losses e tax deduction from Scheduling from Scheduling losses	Date sold  ons  in respect of a decea	Sales price
Rent	oxes, and casual	Date acqu	ired  Othe  Gaml  Estate  Unrece	r Misc. Deduction in the pairs of the pairs of the pairs, etc.)  Purchase price of the pairs of	Date sold  Ons  In respect of a decea	Sales price
Rent	oxes, and casual	2018  Date acqu	ired  Othe  Gaml Estate Portfo	r Misc. Deduction in gling losses e tax deduction from Scheduling from Scheduling losses	Date sold  Ons  In respect of a decedule K-1  It in a pension  In taxable bonds	Sales price
Rent	oxes, and casual	Date acqu	ired  Othe  Gaml Estate Portfo	r Misc. Deducti bling losses e tax deduction of from Schedulovered investment of persons work expenses	Date sold  Ons  In respect of a decedule K-1  It in a pension  In taxable bonds	Sales price
Rent	oxes, and casual	2018  Date acqu	ired  Gaml Estate Portfo	r Misc. Deducti  bling losses e tax deduction overed investmen old persons work expenses	Date sold  Ons  In respect of a decedule K-1  It in a pension  In taxable bonds	Sales price

## **CREDITS AND PAYMENTS ORGANIZER**

Please complete this Organizer before your appointment. **CHILD CARE CREDIT** Attach Daycare Provider Statement(s): Telephone Identification Care Provider Name Address Tax-Exempt Number Number Amount Paid 2. RESIDENTIAL ENERGY CREDIT Description Amount Description Amount Exterior windows and skylights . . . . . . \_\_\_\_\_\_ Small wind energy . . . . . . . . . . . . . . . . . \_\_\_\_\_ Electric heat pump or central air conditioner \_\_\_\_\_ Natural gas, propane or oil water heater . . . \_\_\_\_\_\_ Natural gas, propane or oil furnace . . . . . Advanced main air circulating fan . . . . . \_\_\_\_\_\_ 1. Were the qualified improvements for your main home in the United States? 2. Were any of the improvements related to the construction of this main home? ☐Yes ☐No 3. MISCELLANEOUS CREDIT QUESTIONS No 2. Are you currently repaying the First-Time Homebuyer Credit? Yes No 3. Do you (and your spouse) have a social security number that allows you to work and is valid? . . . . . . . . . . . . ☐Yes ☐No 4. ESTIMATED TAX PAYMENTS Federal estimated payments Date Paid Amount Paid Date Paid **Amount Paid** State estimated payments State Name: Local estimated payments Locality Name: Date Paid Amount Paid