



SIMONIC, SIMONIC, RATNECHT & ASSOCIATES, INC.
Certified Public Accountants
e-mail: simonic@simonic.net
www.simonic.net

8750 Perimeter Park Boulevard
Jacksonville, FL 32216-6347
(904)928-1040/Fax (904)928-0939

Personal Organizer

This checklist will serve as a guide in assembling your tax data and help you take advantage of all allowable deductions for tax preparation.

Members
AICPA & FICPA

Partners
Nicholas T. Simonic
Sean M. Simonic
Joanne F. Ratnecht

TAX YEAR ENDED 2018

TAXPAYER BACKGROUND INFORMATION (FOR NEW CLIENTS AND CHANGES FOR CURRENT CLIENTS)

(T) Taxpayer's Full Name
(S) Spouse's Full Name
Address Apt. #
City State Zip
Same address as last year: Yes No
T Social Security # S Social Security #
T Date of Birth S Date of Birth
T Occupation S Occupation
Home Phone # Work Phone #
Work Phone # Fax #(s)
E-mail address E-mail address

DEPENDENTS

Table with 4 columns: Name, Birth Date, Social Security #, Relationship

INDIVIDUAL ESTIMATED TAX PAID (please provide us documentation of payments)

DO NOT INCLUDE WITHHOLDING FROM SALARIES

Table for tax payments with columns: 1st Qtr pymt, 2nd Qtr pymt, 3rd Qtr pymt, 4th Qtr pymt, Amt paid w/ extension, IRS, State, Date paid

WAGES FROM W-2'S

(Please enclose all copies of W-2 Forms received.)

PENSION, ANNUITY, INTEREST & DIVIDEND INCOME, & IRS DISTRIBUTIONS

(Please enclose all 1099 Forms received.)

UNEMPLOYMENT & SOCIAL SECURITY INCOME

(Please enclose government forms received.)

CAPITAL GAIN(S)/LOSS(ES)

(Please enclose 1099B Forms received and purchase details.)

OTHER INCOME

Table with 2 columns: T/S/J, Sources (Prizes and awards, Royalties, Honorariums, Alimony received, Other: Please Itemize)

Do you have any expenses to offset other income Yes No

If yes, please request a business checklist or download a copy from our website

Please visit our website at www.simonic.net

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

Tax Year: 2018

**ADJUSTMENTS**

<u>T/S/J</u>	Source	
_____	ROTH IRA Contributions (not included on W-2)	\$ _____
_____	Regular IRA Contributions (not included on W-2)	\$ _____
_____	Educator Expense	\$ _____
_____	Medical Savings Accounts or Health Savings Contributions	\$ _____
_____	Alimony Paid to: _____	\$ _____
	Recipient's Social Security #: _____	

**Note: A contribution to an IRA by April 15th may apply for the previous year.**

**ITEMIZED DEDUCTIONS**

**MEDICAL EXPENSES**

Medical Insurance Premium (including Medicare supplement, if retired) not paid by employer or not withheld from your paycheck	\$ _____
Prescriptions and eyeglasses not reimbursed by your medical insurance	\$ _____
Doctors and hospitals not reimbursed by your medical insurance	\$ _____
Auto mileage for medical purposes	\$ _____
Other (please explain) _____	\$ _____

**TAXES**

Sales Tax (If you bought any type of vehicle, please include invoices/documentation)	\$ _____
Real Estate (enclose Form 1098 from mortgage company) or tax payment receipt	\$ _____
Other taxes (please explain) _____ personal property, intangible etc.	\$ _____

**INTEREST**

Personal home interest - principal home (enclose Form 1098)	\$ _____
Equity Line Interest or Second Mortgage	\$ _____
Personal home interest - 2nd home (enclose Form 1098) (includes certain boats)	\$ _____
Personal investment interest	\$ _____

**Note: If you sold or purchased your home during the year, please provide copies of the settlement statements.**

**CONTRIBUTIONS**

By cash or check: Church(es) <b><u>Taxpayer must have receipts or cancelled checks</u></b>	\$ _____
By cash or check: Charities <b><u>please provide statements for all contributions listed here</u></b>	\$ _____
Non-cash - volunteer travel expenses	\$ _____
Non-cash - supplies for church or charity	\$ _____
Non-cash mileage for volunteer work	\$ _____
Non-cash - fair market value of clothing, furniture, real estate, etc.	\$ _____

**Note: If over \$500, supply detailed list with name and address of donee organization for each date of contribution, and Form 1098C for vehicle contribution.**

**EDUCATION CREDITS**

Name of Student: _____	(Provide Form 1098T)
Year of College: (Circle one) FR SO JR SR Training Program Post-Graduate	
Tuition and fees \$ _____ Date paid _____	
Student loan interest paid \$ _____	
Payee _____	
<b><u>Educational Expense</u></b> <b><u>Please separate expense by each student</u></b>	
Tuition and fees \$ _____ Transportation \$ _____	
Books and supplies \$ _____ Lodging \$ _____	
Auto travel (miles) \$ _____ Meals \$ _____	
Courses taken: _____	

**CHILD CARE CREDIT**

Name of Dependent	Age	Relationship	Amount
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

Information on Child Care Provider is required:

Provider's name: \_\_\_\_\_

Address: \_\_\_\_\_

Federal ID or Social Security #: \_\_\_\_\_

(Attach list of additional providers, if necessary.)

**Page 3**  
**HOME OFFICE INFORMATION**

**Name:** \_\_\_\_\_ **Tax Year: 2018**

Please use a separate page for each business activity (i.e., one page for one business  
one separate page for another business)

**Home Office Expenses** (if applicable)

Do you rent your home? (Circle one) Yes No

If you own your own home, date of purchase \_\_\_\_\_

Purchase price \$ \_\_\_\_\_

Total square footage of home \_\_\_\_\_

Square footage of office and product area \_\_\_\_\_

Is office space used exclusively for business? Yes \_\_\_\_\_ No \_\_\_\_\_ (if no stop here)

Is home office for convenience of employer? Yes \_\_\_\_\_ No \_\_\_\_\_ (if no stop here)

Do you receive any rents from your employer for your office in home? Yes \_\_\_\_\_ No \_\_\_\_\_

**Type of Expense - Indirect** ( Please provide total amounts paid for the entire house)

Rent paid \$ \_\_\_\_\_ Interest \$ \_\_\_\_\_

Insurance \$ \_\_\_\_\_ Taxes \$ \_\_\_\_\_

Utilities (gas, electric, etc.) \$ \_\_\_\_\_

Repairs and Upkeep \$ \_\_\_\_\_

**Building**

Building Improvements \$ \_\_\_\_\_

**Type of Expense - Direct**

R & M on Office Area \$ \_\_\_\_\_

Supplies for Office Area \$ \_\_\_\_\_

Furnishing for Office Area \$ \_\_\_\_\_

**Auto Expenses**

Was auto available for personal use in off duty hours: (Circle one) Yes No Percentage of Personal Use \_\_\_\_\_

**Auto Information**

	<u>Auto #1</u>	<u>Auto #2</u>
Year/make	_____	_____
Purchase price (If purchased in 2018 include copy of invoice)	\$ _____	\$ _____
Date of purchase	_____	_____
Odometer at purchase	_____	_____
Total miles for year **	_____	_____
Business miles	_____	_____
Commuting miles	_____	_____
Auto lease (if 1st year, enclose copy of lease)	\$ _____	\$ _____
Registration fees	\$ _____	\$ _____
Garage rent	\$ _____	\$ _____
Gas, oil and lube	\$ _____	\$ _____
Insurance and auto club	\$ _____	\$ _____
Repairs, tires and batteries	\$ _____	\$ _____
Tolls and parking **	\$ _____	\$ _____
Washing and polishing	\$ _____	\$ _____
Interest on auto loan (do not include elsewhere) **	\$ _____	\$ _____

**\*\* NOTE: Complete this whether claiming mileage or actual expenses.**

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

Tax Year: 2018

**MINISTER'S INFORMATION  
GENERAL INFORMATION**

		Yes	No
Are you ordained, licensed or equivalent		_____	_____
Are you exempt from paying Social Security? (Please provide approved Form 4361, if yes)		_____	_____
Does your employer own and provide your parsonage?		_____	_____
If yes, what is its furnished rental value?	\$ _____		
Current fair market value	\$ _____		
If no, do you own your own home?		_____	_____
Date of purchase			
Purchase price	\$ _____		
Parsonage allowance officially designated	\$ _____		
Is this amount included on the income line of W-2 or 1099?		_____	_____
<b>Fair rental value of furnished home per month ( For all housing over \$36,000, please provide written Real Estate Professional appraisal)</b>			

**Business Expenses**

Have you been reimbursed for your professional expenses, including mileage?  
 If yes, how much? \$ \_\_\_\_\_

**Show the details of your unreimbursed expenses by completing below:**

**Total Parsonage Expenses Paid by You for Year**

<b><u>Type of Expense</u></b>		
Rent paid	\$ _____	_____
Principal payments	\$ _____	_____
Taxes	\$ _____	_____
Interest	\$ _____	_____
Insurance	\$ _____	_____
Repairs and upkeep	\$ _____	_____
Lawn Care Expenses	\$ _____	_____
Furniture/appliances	\$ _____	_____
Decorator items	\$ _____	_____
Misc. supplies/expenses	\$ _____	_____
Utilities (water, electric,	\$ _____	_____

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

Tax Year: 2018

**RENTAL PROPERTY INFORMATION**

(Use separate sheet for each property.)

**Type and location of rental property:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Was property used for personal purposes more than 14 days or 10% of total days rented in tax year? Yes No

Number of days used personally ( Not including days spent working on the property) \_\_\_\_\_

Rent received, including sales tax, if applicable \$ \_\_\_\_\_

Date of purchase \_\_\_\_\_

Purchase price \$ \_\_\_\_\_

**If property was purchased or sold in 2018, please provide settlement statement**

Cost of improvements made this tax year:

Type	Date	Amount
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

(If additional space needed, please use separate sheet.)

**Expenses:**

Association Fees	\$ _____	Office supplies/postage	\$ _____
Advertising	\$ _____	Pest control	\$ _____
Auto mileage (# OF MILES)	\$ _____	Repairs	\$ _____
Cleaning and maintenance	\$ _____	Sales tax	\$ _____
Commissions	\$ _____	Supplies	\$ _____
Decorating/painting	\$ _____	Special Assessments	\$ _____
Insurance	\$ _____	Taxes (real estate)	\$ _____
Lawn care	\$ _____	Trash Disposal	\$ _____
Legal/professional fees	\$ _____	Travel away from home	\$ _____
Licenses	\$ _____	Utilities	\$ _____
Management fees	\$ _____	Other: Provide Description	_____
Mortgage interest paid to banks, etc.	\$ _____		_____

**Do you actively participate in this activity?**

- Yes \_\_\_\_\_ No \_\_\_\_\_ More than 100 hrs  
 Yes \_\_\_\_\_ No \_\_\_\_\_ More than 500 hrs  
 Yes \_\_\_\_\_ No \_\_\_\_\_ More than 750 hrs

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

Tax Year: 2018

**PLEASE COMPLETE**

I have provided all income received from all sources for the current year. YES \_\_\_\_\_ NO \_\_\_\_\_  
I have adequate records or sufficient written evidence to justify these deductions. YES \_\_\_\_\_ NO \_\_\_\_\_

Note that having substantiation for Travel, Meals and Entertainment is critical.

**FOREIGN ACCOUNTS**

Do you have a financial interest in, or signing power over, a bank, securities, assets including property or other financial accounts in a foreign country?

Yes  No

If Yes, did the balance exceed \$10,000 in 2018?

Yes  No

Please Provide:

- 1. Name & type of account \_\_\_\_\_
- 2. Maximum balance in 2018 \_\_\_\_\_
- 3. Name & address of financial institution \_\_\_\_\_
- 4. Account Number \_\_\_\_\_

Do you have an Offshore Trust?

Yes  No

**HEALTH INSURANCE**

1. Do you have full health insurance coverage for the entire year for all individuals named on your tax return?

Yes  No

2. Did you purchase your health insurance through the Health Insurance Marketplace?

Yes  No

**If yes, please provide Form 1095-A**

By signing below, you are acknowledging that we will be preparing the tax return based solely on the information that you have provided, for which we have not vouched the validity of. When signing the return, you are taking final responsibility for the accuracy of the information on the return.

You are also responsible to retain proper documentation for all expenses and deductions that you are taking. If you are unsure about the documentation needed call our office for assistance.

Signed \_\_\_\_\_

Date \_\_\_\_\_