

## INCOME TAX GUIDE AND ORGANIZER

FOR:

Tax Year 2019

## PROVIDED BY:

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This booklet will assist you in collecting the necessary information to prepare your tax return accurately. Given the nature of tax laws this year, please include as much of the requested information as possible. This will help optimize your potential tax savings opportunities.

| Taxpayer   |  |  | The state of the s |   | Spo  | ouse                     |   |   |
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|-----|------------------|-------------------|----------------|-----------|-------------|------------|-------------|
|     | WAGES/SALA       | RIES/W-           | 2 FORM         | IS        |             |            |             |
|     |                  | Taxable           | Withheld       |           | Other Taxes | s Withheld |             |
| T/S | Name of Employer | Wages             | Fed. Tax       | Soc. Sec. | Medicare    | State      | Local       |
|     |                  |                   |                |           |             |            |             |
|     |                  |                   |                |           |             |            |             |
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|     |                  | Enclose all W-2 v | yane and tay s | tatamente |             |            | 10 mg 10 mg |

|  | Source of Inco                 | COME              |  |       | Amount               |
|--|--------------------------------|-------------------|--|-------|----------------------|
| Alimony (pr  | re 2019 agreements) (If yo     |                   | list on page 0)  |       | Amount               |
|  | (or other public service)      | u pay aiiinony    | list on page 9)  |       |                      |
| Tips/Gratuities  | . ,                            |                   |  |       |                      |
|  | Is/Gambling Winnings (a        | Hook 1000 MIC     | C MOC as avalain)  |       |                      |
| Commissions/   |                                |                   | C, WZG or explain)   |       |                      |
| Pensions/Anni  |                                |                   |  |       |                      |
|  |                                | rms)              |  |       |                      |
|  | (attach Form 1099-R)           | 4000 P)           |  |       |                      |
|  | Distributions (attach Fo       |                   |  |       |                      |
|  | t Compensation (attach 10      |                   | <u> </u>   | 1*    |                      |
|  | states/Trusts (furnish K       | ,                 |  | *     |                      |
|  | s Corporations/Sub Chapte      |                   | K-1 forms)   |       |                      |
| Business/Self-   | Employed (furnish sche         | edule or details) | The state of the s | *     |                      |
| Farm (furni  | sh schedule or details)        |                   |  | *     |                      |
| Rental (furr   | nish schedule or details)      |                   |  | *     |                      |
| Forgiven Debt  | ☐ Check if due to fored        | closure (attach l | Form 1099-A or C)  |       |                      |
| Other (expl  | ain)                           |                   |  |       |                      |
| if you did not a   | ctively or materially particip | ate in earning t  | he income (or loss) I  | isted |                      |
| NON-TA   | XABLE INCO                     | ME (Imp           | ortant to list ev  | /en   | if not taxable)      |
| A RESIDENCE OF THE PARTY OF THE |                                | not alimony)      |  |       |                      |
| Veterans Bene  | fits/Disability Income         |                   |  |       |                      |
| Workmen's Co   | mpensation/Loss of Time        | Payments          |  |       |                      |
| Other (explain   | ):                             |                   |  |       |                      |
| Other (explain   | ):                             |                   |  |       |                      |
| Code<br>T — Taxpayer   | SOCIAL SEC                     | URITY             | Benefits (from box   | 5)    | Federal tax withheld |
| S — Spouse<br>J — Joint  | IMPORTANT: provide all         | Taxpayer          |  |       |                      |
| Use these codes if narried filing jointly  | SSA-1099 statements            | Spouse            |  |       |                      |

TAX-AID TA

| ,    |  | ATTACH A        | ALL 1099-INT F   |  | Int  | erest   | T Fuer                                 |                            | 00                                      |
|------|--|-----------------|--|--|--|---|--|----------------------------|---|
|      | Name of Payer (always use payer name   | listed on th    | e 1099)  | •  |  | nount   | Exer                                   | npt                        | E                                       |
|      |  |                 |  |  |  |   |  |                            |   |
|      |  |                 |  |  |  |   |  |                            |   |
|      | Penalty for early withdrawal of saving   | gs              |  |  | (  |   | )                                      |                            |   |
| Atta | interest-income reported on all 1099-INT and 10<br>ich all 1099 forms reporting tax withheld.<br>not list IRA or retirement plan reported interest.<br>If 1099 form attached   | 099-OID fo      | rms. Use<br>MB<br>IN<br>US<br>TE<br>MF   | MUNICIPAL INSTALLME U.S. BONDS TAX EXEMF MORTGAGE  | BONDS<br>NT SALES<br>PT (explain)  | ) BY SEL  | LER                                    | LIST<br>CODE<br>HERE       |   |
|      | DIV  | /IDE            | ND IN  | ICOME<br>ORMS  |  |   |  |                            |   |
| 3    | Name of Payer (payer name from 1099)   | Total O         | rdinary  | Qualified<br>Dividends   | Capital<br>Distribu  | Gain<br>tions*  | Nontax                                 | able                       | V                                       |
| _    |  |                 |  |  |  |   |  |                            |   |
|      |  |                 |  |  |  |   |  |                            |   |
| _    |  |                 |  |  |  |   |  |                            |   |
|      |  |                 |  |  |  |   |  |                            |   |
|      | Gross Dividends above as reported on 1099-D<br>eived. Dividends under \$10 do not require a 109  |                 | If in atta   | doubt about ar   | ny amounts li  | sted on 1<br>ation ma                                     | 1099-DIV,<br>iled with it.             |                            | <b>A</b>                                |
| 90   | eived. Dividends under \$10 do not require a 109 Related to mutual funds.  CAPITAL   | 99.<br>✓ if thi | atta<br>s 1099-DIV ha  | as information n   | d any explan<br>ot listed abo  | ation ma<br>ve please                                     | iled with it.<br>e check here          |                            | 99-5                                    |
| ec,  | eived. Dividends under \$10 do not require a 109 Related to mutual funds.  CAPITAL  Stocks, Bonds and Mutual Funds (Attac  | 99.<br>✓ if thi | atta<br>s 1099-DIV ha<br>INS A<br>1099-B) Sa<br>Date                                       | ch the 1099 and as information reason reas | d any explan ot listed abo   | ation ma ve please  S  Estate                             | iled with it. e check here  (Attach Fo | orm 109                    | 1                                       |
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| ec   | eived. Dividends under \$10 do not require a 109 Related to mutual funds.  CAPITAL  Stocks, Bonds and Mutual Funds (Attac  Description  (# of shares, name or stock symbols)  1. 2.  | 99.<br>✓ if thi | atta<br>s 1099-DIV ha<br>INS A<br>1099-B) Sa<br>Date<br>Acquired                           | as information n  ND LC  le of Property  Date Sold   | d any explan of listed abo  SSE  and Real Sale   | ation ma ve please  S  Estate                             | (Attach Fo                             | orm 109<br>Basis<br>e sale | (                                       |
| ec   | eived. Dividends under \$10 do not require a 109 Related to mutual funds.  CAPITAL  Stocks, Bonds and Mutual Funds (Attac  Description  (# of shares, name or stock symbols)  1.  2.  3.   | 99.<br>✓ if thi | atta<br>s 1099-DIV ha<br>INS A<br>1099-B) Sa<br>Date<br>Acquired                           | as information n  ND LC  le of Property  Date Sold   | d any explan of listed abo  SSE  and Real Sale   | ation ma ve please  S  Estate                             | (Attach Fo                             | orm 109<br>Basis<br>e sale |   |
| ec   | eived. Dividends under \$10 do not require a 109 Related to mutual funds.  CAPITAL  Stocks, Bonds and Mutual Funds (Attacondary)  Description (# of shares, name or stock symbols)  1. 2. 3. 4.                                  | 99.<br>✓ if thi | atta<br>s 1099-DIV ha<br>INS A<br>1099-B) Sa<br>Date<br>Acquired                           | as information n  ND LC  le of Property  Date Sold   | d any explan of listed abo  SSE  and Real Sale   | ation ma ve please  S  Estate                             | (Attach Fo                             | orm 109<br>Basis<br>e sale |   |
| ec,  | CAPITAL  Stocks, Bonds and Mutual Funds (Attar  Description (# of shares, name or stock symbols)  1. 2. 3. 4. 5. 6.  OTE: Record ALL fund transactions including mutual funds.   | 99. Vif thi     | atta s 1099-DIV ha  INS A  1099-B) Sa  Date Acquired MO/DA/YR                              | as information n  ND LC  le of Property  Date Sold   | d any explan ot listed abo  DSSE: / and Real  Sale Price  m indicated: Box 3 basis in 0 Box | ation ma we please  Estate  B  Sources (cost) isis (cost) | (Attach Fo                             | orm 109<br>Basis<br>e sale | F E                                     |
| No.  | CAPITAL  Stocks, Bonds and Mutual Funds (Attar  Description (# of shares, name or stock symbols)  1. 2. 3. 4. 5. 6.  OTE: Record ALL fund transactions   | 99. Vif thi     | atta s 1099-DIV ha  INS A  1099-B) Sa  Date Acquired MO/DA/YR                              | ch the 1099 an as information in the same information  | d any explan ot listed abo  DSSE: / and Real  Sale Price  m indicated: Box 3 basis in 0 Box | ation ma we please  Estate  B  Sources (cost) isis (cost) | (Attach Fo                             | Basis<br>e sale<br>ese)*   | ( ( ( ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( |
| No.  | CAPITAL  Stocks, Bonds and Mutual Funds (Attar  Description (# of shares, name or stock symbols)  1.  2.  3.  4.  5.  6.  OTE: Record ALL fund transactions including mutual funds.  List line # if items sold on installment ba | 9. vif thi      | atta s 1099-DIV ha  INS A  1099-B) Sa  Date Acquired MO/DA/YR  Use these co A 10 B 10 C No | ch the 1099 an as information in the same information  | d any explan ot listed abo  DSSE: / and Real  Sale Price  m indicated: Box 3 basis in 0 Box | ation ma we please  Estate  B  Sources (cost) isis (cost) | (Attach Fo                             | Basis<br>e sale<br>ese)*   | F E                                     |

| L RESIDE   | NCE   |   |  |
|--|---|---|--|
| Cost or Basis  |   |   |  |
| oof, etc.)   |   |   |  |
| or sale)   |   |   |  |
| Selling Price  |   |   |  |
| s, etc.)   |   |   |  |
|  |   |   | No 🗆   |
| dence for  |   |   | No 🗆   |
| oreseen circumsta  |   |   | No 🗆   |
| residence into the   | home sold?  | Yes 🗆   | No 🗆   |
|  |   | Yes 🗆   | No 🗆   |
| ithin the last two   | /ears?  | Yes 🗆   | No 🗆   |
|  |   | Yes□  | No 🗆   |
|  | single/HH) of h   | ome sale g  | gains.   |
| ENCE   |   |   |  |
|  | Ludive  |   |  |
|  | Residence   |   |  |
|  |   | Yes 🗆   | No 🗆   |
| chase?   |   | Yes 🗆   | No 🗆   |
|  |   |   |  |
| N EXPEN  | ISES  |   |  |
| N EXPEN<br>tax credits and dealty-free withdrawa   | ISES<br>eductions. Oth  | ax-defer  |  |
| tax credits and dealty-free withdrawa  | eductions. Oth  | ax-defer  | red  |
| N EXPEN<br>tax credits and dealty-free withdrawa   | ISES<br>eductions. Oth  | ax-defer  |  |
| tax credits and dealty-free withdrawardent and include a lateral statement and include a later | eductions. Oth<br>als from your t<br>all Form 1099<br>2nd Studer  | ax-defer<br>-Q.   | red<br>I Student   |
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| tax credits and dealty-free withdrawardent and include a lateral statement and include a later | eductions. Oth<br>als from your t<br>all Form 1099<br>2nd Studer  | ax-defer<br>-Q.   | red<br>I Student   |
| tax credits and dealty-free withdrawardent and include a lateral statement and include a later | eductions. Oth<br>als from your t<br>all Form 1099<br>2nd Studer  | ax-defer<br>-Q.   | red<br>I Student   |
| tax credits and dealty-free withdrawardent and include a lateral statement and include a later | eductions. Oth<br>als from your t<br>all Form 1099<br>2nd Studer  | ax-defer<br>-Q.   | red<br>I Student   |
| tax credits and dealty-free withdrawardent and include a lateral statement and include a later | eductions. Oth<br>als from your t<br>all Form 1099<br>2nd Studer  | ax-defer<br>-Q.   | red<br>I Student   |
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| tax credits and dealty-free withdrawardent and include a last Student  Amount  | eductions. Others all Form 1099 2nd Studen Amount   | ax-deferi-Q.  | red<br>I Student   |
|  | Cost or Basis poof, etc.) or sale) Selling Price ps, etc.) dence for preseen circumstal presidence into the par prior home sole within the last two y poor (joint), \$250,000 ( | Selling Price s, etc.)  dence for Taxpayer: Spouse: Dreseen circumstance? Tresidence into the home sold? Draw prior home sold.  Within the last two years?  Cost of New Residence Deportionate  Drest in a principal chase? | Cost or Basis  oof, etc.) or sale)  Selling Price os, etc.)  Yes □ Spouse: Spouse: Yes □ Spouse: Yes □ |

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| T DUPLICATE ANY ENT<br>ICAL Only unreimb<br>ugs and Medicines<br>Prescriptions & Drugs<br>Insulin  | Coursed medical expenses to the coursed medical expenses to the coursed medical expenses to the course of the cour    | Pre- prough lary; printing Berstein Withdra  | Tax After-Tax Unsure a health insurance exchange )  rovide final year pay stub)  nefits  rance  | Amount  Amount   |
|--|---|--|---|--|
| ICAL Only unreimbugs and Medicines Prescriptions & Drugs Insulin Idical Insurance Plet Insurance Paid by Y Group Health Plans Medicare Premiums Long-Term Health Care HSA, Other (Attach 108) Insurance Premiums Insurance Pre | (Doctor Prescription of the control     | Pre- prough lary; printing Ber al Insurvithdra   | nly) Tax  | Amount   |
| Prescriptions & Drugs Insulin  dical Insurance Ple Insurance Paid by Y  Group Health Plans  Medicare Premiums  Long-Term Health Care HSA, Other (Attach 108)   | ease specify if paid to control of the control of t    | Pre- prough prou | Tax After-Tax Unsure a health insurance exchange )  rovide final year pay stub)  nefits  rance  | Amount   |
| Prescriptions & Drugs Insulin  dical Insurance Ple Insurance Paid by Y  Group Health Plans  Medicare Premiums  Long-Term Health Care HSA, Other (Attach 108  Doctors, Dentists, Clinics  | ease specify if paid to control of the control of t    | Pre- prough prou | Tax After-Tax Unsure a health insurance exchange )  rovide final year pay stub)  nefits  rance  |  |
| nsulin  dical Insurance Ple nsurance — Paid by Y Group Health Plans Medicare Premiums  Long-Term Health Care HSA, Other (Attach 108  | ease specify if paid to control of the control of t    | Pre- prough prou | Tax After-Tax Unsure a health insurance exchange )  rovide final year pay stub)  nefits  rance  |  |
| nsurance — Paid by Y<br>Group Health Plans<br>Medicare Premiums<br>Long-Term Health Care<br>HSA, Other (Attach 108   | fou ( ✓ if paid the deducted from sa From Social Security From Supplement to Insurance 199-SA for any HSA Amount  | ary; printy Beral Insu   | a health insurance exchange  ovide final year pay stub) nefits rance  |  |
| Group Health Plans  Medicare Premiums  Long-Term Health Care HSA, Other (Attach 108  | (deducted from sa<br>From Social Secur<br>From Supplement<br>e Insurance<br>99-SA for any HSA   | lary; printy Ber   | rovide final year pay stub) nefits rance  | Amount   |
| Group Health Plans  Medicare Premiums  Long-Term Health Care HSA, Other (Attach 108  | (deducted from sa<br>From Social Securing From Supplement of Insurance 199-SA for any HSA 199-SA for any HSA 199-SA Amount 199-SA 1 | rity Ber   | nefits<br>rance<br>awals)   | Amount   |
| Medicare Premiums  Long-Term Health Care HSA, Other (Attach 109  | From Social Securification Supplements Insurance 99-SA for any HSA Amount   | rity Ber   | nefits<br>rance<br>awals)   | Amount   |
| HSA, Other (Attach 109   | e Insurance<br>99-SA for any HSA<br>Amount  | withdra  | awals)  | Amount   |
| HSA, Other (Attach 109   | 99-SA for any HSA   | T/o  |   | Amount   |
| HSA, Other (Attach 109   | 99-SA for any HSA   | T/o  |   | Amount   |
| octors, Dentists, Clinics<br>ospitals, Nurses, Etc.  | Amount<br>Paid By You   | T/S  | Other Medical Expenses  | Amount   |
|  |   |  |   | Paid By You  |
|  |   |  | Eye Glasses/Contact Lenses  |  |
|  |   |  | Hearing Aids & Supplies   |  |
|  |   |  | X-Ray/Lab Fees  |  |
|  |   |  | Ambulance, Paramedics   |  |
|  |   |  | Nurses (Board & Room)   |  |
|  |   |  | Medical Aid Rental  |  |
|  |   |  | Artificial Teeth  |  |
|  |   |  | Equipment (Prescribed)  |  |
|  |   |  | Nursing Home Medical Care   |  |
|  |   |  | Medicare Part B Service Payments  |  |
|  |   |  | Smoking Cessation Program   |  |
|  |   |  | Parking / Transportation Fees   |  |
| ummary Total (Optional   | )   |  |   |  |
| dging: While away fror   | n home (per day, pe   | r perso  | on maximums apply)  |  |
| ansportation: Total num  | nber of miles driven  | for me   | dical reasons or actual cost  |  |
| ove amounts reimburs   | ed by insurance (inc  | lude Fo  | orm 1099-LTC)   |  |
| ote any health insurance   | e premium credits re  | ceived   | during the year.  |  |
| 9  | dging: While away from<br>nsportation: Total num<br>nove amounts reimburs   | dging: While away from home (per day, pensportation: Total number of miles driven by amounts reimbursed by insurance (incide any health insurance premium credits re   | dging: While away from home (per day, per personsportation: Total number of miles driven for me ove amounts reimbursed by insurance (include Fote any health insurance premium credits received ents or explanations: | Medical Aid Rental Artificial Teeth Equipment (Prescribed) Nursing Home Medical Care Medicare Part B Service Payments Smoking Cessation Program Parking / Transportation Fees  Immary Total (Optional) Idging: While away from home (per day, per person maximums apply) Insportation: Total number of miles driven for medical reasons or actual cost Insportation: Total number of miles driven for medical reasons or actual cost Insportation: Total number of miles driven for medical reasons or actual cost Insportation: Total number of miles driven for medical reasons or actual cost Insportation: Total number of miles driven for medical reasons or actual cost Insportation: Total number of miles driven for medical reasons or actual cost Insportation: Total number of miles driven for medical reasons or actual cost Insportation: Total number of miles driven for medical reasons or actual cost Insportation: Total number of miles driven for medical reasons or actual cost Insportation: Total number of miles driven for medical reasons or actual cost Insportation: Total number of miles driven for medical reasons or actual cost Insportation: Total number of miles driven for medical reasons or actual cost Insportation: Total number of miles driven for medical reasons or actual cost Insportation: Total number of miles driven for medical reasons or actual cost Insportation: Total number of miles driven for medical reasons or actual cost Insportation: Total number of miles driven for medical reasons or actual cost Insportation: Total number of miles driven for medical reasons or actual cost Insportation: Total number of miles driven for medical reasons or actual cost Insportation: Total number of miles driven for medical reasons or actual cost Insportation: Total number of miles driven for medical reasons or actual cost Insportation: Total number of miles driven for medical reasons or actual cost Insportation: Total number of miles driven for medical reasons or actual cost Insportation: Total number of miles driven for medical reasons or |

|   | TAXES  |                         |   |
|---|--|-------------------------|---|
|   | Description of Tax   | State<br>Located        | Amount of Tax   |
| Real Estate Tax   | res (Include whether you plan to itemize or not)   |                         |   |
| Real Estate Tax   | tes (Other) (Exclude if included on a Rental Schedule)   |                         |   |
| Property Tax R  | ebates (If Any)  |                         | (   |
| Personal Prope  | rty Tax (If Any)   |                         |   |
| Auto Licenses (   | Not a deduction in all states)  Number of Licenses   | Total Cost              |   |
| State or Local I  | ncome Taxes (if not listed elsewhere or on W-2) (descri  | ibe below)              |   |
| Sales Tax*:   |  |                         |   |
| Other:  |  |                         |   |
|   | e sales tax support documents for any large purchases ma   |                         |   |
| INTER   | EST (Amounts, names, and Social Security numbers must match F  | orm 1008 iccur          | d by financial institution  |
| Mortgage  | I amount that the same of the  | 0111 1030 13306         | d by linancial institution  |
| Mortgage<br>Interest  | Paid to Financial Institution (include Form 1098)  |                         | d by linancial institution  |
| 0 0   | I amount that the same of the  |                         | So. Sec. No.  |
| Interest<br>Principal<br>Residence<br>Mortgage  | Paid to Financial Institution (include Form 1098)  Paid to an Individual (List name, address, Soc. Sec. I  |                         |   |
| Interest<br>Principal<br>Residence<br>Mortgage<br>Interest<br>Second  | Paid to Financial Institution (include Form 1098)  Paid to an Individual (List name, address, Soc. Sec. In Address   | no. below)              | So. Sec. No.  |
| Interest<br>Principal<br>Residence<br>Mortgage<br>Interest  | Paid to Financial Institution (include Form 1098)  Paid to an Individual (List name, address, Soc. Sec. In Address  Paid to Financial Institution (include Form 1098)  Paid to an Individual (List name, address, Soc. Sec. In Individual (List name, address)   | no. below)              |   |
| Interest Principal Residence  Mortgage Interest Second Home  Did you acquire provide closing set  | Paid to Financial Institution (include Form 1098)  Paid to an Individual (List name, address, Soc. Sec. In Address  Paid to Financial Institution (include Form 1098)  Paid to an Individual (List name, address, Soc. Sec. In Address  Address  a new mortgage or borrow on an existing mortgage during lement papers - pages 1 & 2)  | no. below)              | So. Sec. No.  So. Sec. No.  Yes \( \square  \cdot |
| Interest Principal Residence  Mortgage Interest Second Home  Did you acquire provide closing set If yes, what   | Paid to Financial Institution (include Form 1098)  Paid to an Individual (List name, address, Soc. Sec. In Address  Paid to Financial Institution (include Form 1098)  Paid to an Individual (List name, address, Soc. Sec. In Address  Address  a new mortgage or borrow on an existing mortgage during lement papers - pages 1 & 2)  is your combined mortgage debt?   | no. below)              | So. Sec. No.  |
| Interest Principal Residence  Mortgage Interest Second Home  Did you acquire provide closing set If yes, what Points paid to a  NEW Home Imp                                    | Paid to Financial Institution (include Form 1098)  Paid to an Individual (List name, address, Soc. Sec. In Address  Paid to Financial Institution (include Form 1098)  Paid to an Individual (List name, address, Soc. Sec. In Address  Address  a new mortgage or borrow on an existing mortgage during lement papers - pages 1 & 2)  is your combined mortgage debt?  cquire new mortgage (if not included above)  provement Loan Interest (include Form 1098)   | no. below)              | So. Sec. No.  So. Sec. No.  Yes \( \square  \cdot |
| Interest Principal Residence  Mortgage Interest Second Home  Did you acquire provide closing set If yes, what Points paid to a NEW Home Imp (only if use                        | Paid to Financial Institution (include Form 1098)  Paid to an Individual (List name, address, Soc. Sec. In Address  Paid to Financial Institution (include Form 1098)  Paid to an Individual (List name, address, Soc. Sec. In Address  Address  a new mortgage or borrow on an existing mortgage during lement papers - pages 1 & 2) is your combined mortgage debt?  Equire new mortgage (if not included above)  provement Loan Interest (include Form 1098) in the page of | no. below)  g the year? | So. Sec. No.  So. Sec. No.  Yes \( \square  \cdot |
| Interest Principal Residence  Mortgage Interest Second Home  Did you acquire provide closing set If yes, what Points paid to a NEW Home Imp (only if use Student Loan In        | Paid to Financial Institution (include Form 1098)  Paid to an Individual (List name, address, Soc. Sec. In Address  Paid to Financial Institution (include Form 1098)  Paid to an Individual (List name, address, Soc. Sec. In Address  Address  a new mortgage or borrow on an existing mortgage during lement papers - pages 1 & 2)  is your combined mortgage debt?  cquire new mortgage (if not included above)  provement Loan Interest (include Form 1098)   | no. below)  g the year? | So. Sec. No.  So. Sec. No.  Yes \( \square  \cdot |
| Interest Principal Residence  Mortgage Interest Second Home  Did you acquire provide closing sett If yes, what Points paid to a NEW Home Imp (only if use Student Loan In       | Paid to Financial Institution (include Form 1098)  Paid to an Individual (List name, address, Soc. Sec. In Address  Paid to Financial Institution (include Form 1098)  Paid to an Individual (List name, address, Soc. Sec. In Address  Address  a new mortgage or borrow on an existing mortgage during lement papers - pages 1 & 2) is your combined mortgage debt?  Equire new mortgage (if not included above)  provement Loan Interest (include Form 1098) in the page of | no. below)  g the year? | So. Sec. No.  So. Sec. No.  Yes \( \square  \cdot |
| Interest Principal Residence  Mortgage Interest Second Home  Did you acquire provide closing set If yes, what Points paid to a NEW Home Imp (only if use Student Loan In Other: | Paid to Financial Institution (include Form 1098)  Paid to an Individual (List name, address, Soc. Sec. In Address  Paid to Financial Institution (include Form 1098)  Paid to an Individual (List name, address, Soc. Sec. In Address  Address  a new mortgage or borrow on an existing mortgage during lement papers - pages 1 & 2) is your combined mortgage debt?  Equire new mortgage (if not included above)  provement Loan Interest (include Form 1098) in the page of | no. below)  g the year? | So. Sec. No.  So. Sec. No.  Yes \( \square  \cdot |

|  | -                                    | OHINI  | <b>5</b> 0                  | TIONS   |                        |  |
|--|--------------------------------------|--|-----------------------------|---|------------------------|--|
| S Church and Religious   |                                      |  |                             | If No Receipt   | X                      | Amount   |
| Church (Name)  |                                      |  |                             |   |                        |  |
| Church (Other)   |                                      |  |                             |   |                        |  |
| Other Religious (Name)   |                                      |  |                             |   |                        |  |
| Other Charitable Organizations (*Yo  | u must                               | have a cancelle  | d check                     | , a bank record or receipt from donee for   | all cas                | sh contributions   |
| s If No Receipt  | X                                    | Amount   | T/S                         | If No Receipt   | X                      | Amount   |
| Cancer   |                                      |  |                             | Heart Fund  |                        |  |
| Easter Seals   |                                      |  |                             | Christmas Seals   |                        |  |
| Red Cross  |                                      |  |                             | United Way  |                        |  |
| Scouts   |                                      |  |                             | YMCA/YWCA   |                        |  |
| Muscular Dystrophy   |                                      |  |                             | Educational TV/Radio  |                        |  |
| Arthritis Foundation   |                                      |  |                             | Schools (Name & Describe)   |                        |  |
| Veteran's Organization (Name   | 9)                                   |  |                             | Misc. Door-to-Door  |                        |  |
|  |                                      |  |                             |   |                        |  |
|  |                                      |  |                             |   |                        |  |
|  |                                      | 3. S.  |                             | ,   |                        |  |
| Summary Total Optional (See  | note                                 | below)   |                             |   |                        |  |
| Note: A summary total for cash or check co<br>your donation listed above, reduce your do   | ntributio                            | ons may be used  | above.                      | Political contributions are not deductible. If  | you re<br>\$250        | ceived a gift for more.  |
| Noncash Contribution (List the fair  |                                      |  |                             |   |                        | The second secon |
| Name of Organization   |                                      | It   | ems D                       | onated Date   |                        | Value  |
|  |                                      |  |                             |   |                        |  |
|  |                                      |  |                             |   |                        |  |
| Note: If noncash donations have a tot<br>and address of donee organization, the<br>over \$5,000 require appraisal). If you<br>vehicle, your deduction value is gener<br>items must be in good or better condi- | e purc<br>donate<br>ally lim<br>ion. | hase date, cos<br>d a vehicle, ple<br>lited to the amo | t and the<br>ase attount of | ne method used to arrive at fair marke<br>ach your charity's Form 1098-C. If the<br>the sale proceeds. Donated clothing a | et value char<br>and h | ie (items<br>rity sells the<br>ousehold  |
| Volunteer Work - Mileage (Churc  | h, Ho                                | spitals or No  | n-prof                      | t Organizations or to drop off co   | ntrib                  |  |
| Name of Organization   |                                      | Act  | ivity P                     | erformed Parking  |                        | Miles Drive  |
|  |                                      |  |                             |   |                        |  |
|  |                                      | also be allo   |                             |   |                        |  |

## **IMPORTANT CHANGES IN DEDUCTIONS**

Beginning in 2018 the following changes in deductions have been made:

- ☑ Home equity interest is ONLY deductible if proceeds are used to buy, build or substantially improve a qualified residence. Proceeds used for any other reason may not use this interest deductibility.
- ☑ Miscellaneous deductions are eliminated. Deductions for things like unreimbursed business expenses, uniforms, dues, professional fees, and similar items are no longer a valid itemized deduction.
- ✓ Casualty losses limited. Only casualty losses in a federally declared disaster area are deductible.
- ✓ New mortgage loan interest limited to \$750,000. Any new mortgage interest, including qualified home equity interest is only deductible for up to \$750,000 in debt. Pre-2018 mortgages retain a \$1 million limit.

|   | OTH                 | ER D              | EDUC   | TIONS   |              |                                     |
|---|---------------------|-------------------|--|---|--------------|-------------------------------------|
| 3   |                     | Amount            | T/S  |   |              | Amoun                               |
| Casualty/Theft Losses   |                     |                   |  |   |              |                                     |
| From fire, storm, theft, and au   | uto damag           |                   |  |   | each         |                                     |
| Kind of Property or Item  |                     | D.                | ate acquired   | Cost or Basis   |              |                                     |
| Describe how or what happened   |                     |                   | ate of Loss  | Insurance Paid  |              |                                     |
| Describe flow of what happened  |                     | D.                | ale Of LOSS  | Fair Market Value –   |              |                                     |
| Alimany Daid  | Pai                 | d to: (Name)      |  | Fair Market Value –   | After        |                                     |
| Alimony Paid Gambling Losses  |                     | nited to gambling | winnings)  |   |              |                                     |
|   |                     |                   |  | ness Expenses.  |              |                                     |
| Name of Provider  | 000.0               | ec. or ib         | Number   | Address   |              | Paid                                |
| raine of Frontage   |                     | ec. or in         | Number   | Address   |              | Paid                                |
| eral ID number if required  | #                   | ec. or in         |  | Address  d Care Paid During   | <b>Y</b> ear | Paid \$                             |
|   |                     | ec. or in         | Total Chil   |   |              |                                     |
| eral ID number if required<br>le IRS wage reports.<br>rm W-10 should be used to obtain provide          | #<br>er details. Ex | penses must t     | Total Chil No. of Ch                                       | d Care Paid During \( \) ildren Under Age 13 nild or dependent. If more spa                     | ace needed   | \$ #                                |
| eral ID number if required<br>le IRS wage reports.<br>rm W-10 should be used to obtain provide          | # er details. Exp   | penses must t     | Total Chill No. of Ch be allocated by ct                   | d Care Paid During \ildren Under Age 13 hild or dependent. If more spa                          | ace needed   | \$<br>#<br>d, attach list with deta |
| leral ID number if required<br>le IRS wage reports.<br>rm W-10 should be used to obtain provide         | #  PREM Date        | ENT e Tra         | Total Chil No. of Ch                                       | d Care Paid During \ildren Under Age 13 hild or dependent. If more spa                          | ace needed   | \$ #                                |
| eral ID number if required<br>le IRS wage reports.<br>rm W-10 should be used to obtain provide          | # PREM Date /       | penses must t     | Total Chill No. of Ch be allocated by ct                   | d Care Paid During \ildren Under Age 13 hild or dependent. If more spa                          | ace needed   | \$<br>#<br>d, attach list with deta |
| leral ID number if required<br>le IRS wage reports.<br>rm W-10 should be used to obtain provide<br>RETI | #  PREM Date /      | ENT e Tra         | Total Chill No. of Ch De allocated by ch CONT ditional IRA | d Care Paid During Vildren Under Age 13 mild or dependent. If more sparent Part of the Roth IRA | IS Kee       | \$ # d, attach list with deta       |

|  | В                      | USIN                 | ESS                    | EXPE        | NSE       | ES          |         |          |   |
|--|------------------------|----------------------|------------------------|-------------|-----------|-------------|---------|----------|---|
| How to use: Use this<br>Provide financials if a                            |                        | marize yo            | ur Sched               | ule C sole  | proprie   | tor busine  | ess exp | enses    |   |
| Type of Business   |                        |                      |                        | В           | Business  | S Owner:    | Тахра   | ayer 🗆   | Spouse  |
| Total Revenue  |                        |                      |                        | i de        |           | ent distri  | E       | Both [   | alese Miles   |
| Business Expense (if r   | more lines ne          | eded. con            | tinue on l             | back page   | )         |             |         | Manu.    |   |
| Advertising  |                        | Insuranc             |                        |             | /         | Repairs     | Maint.  | 0240     |   |
| Commission/Fees  |                        | Interest             |                        |             |           | Taxes/Li    |         |          |   |
| Contract Labor   |                        | Legal/Pro            | of. Service            | es          |           | Utilities   |         |          |   |
| Depreciation   |                        | Office Su            | upplies                |             |           | Wages       |         |          |   |
| EE Benefits  |                        | Rent or L            | ease                   |             |           | Other       |         |          |   |
| All expenses above   |                        |                      |                        |             |           |             |         |          |   |
| Meal expense   |                        |                      |                        |             |           |             |         |          |   |
| Did you purchase ar  | ny business e          | quipment             | during th              | e year?     | Yes 🗆     | No 🗆        | (If yes | , attach | details)  |
| Vehicle Expense (If bo   | oth taxpayer a         | nd spous             | e have de              | eductions,  | use veh   | nicle 1 for |         |          | or spouse)  |
|  | Vehicle                |                      | hicle 2                |             |           |             | Vehic   |          | Vehicle 2   |
| Gas & Oil  |                        |                      |                        | Licenses    |           |             |         |          |   |
| Insurance  |                        |                      |                        | Repair/M    | laint/Lul | be          |         |          |   |
| Lease Payments   |                        |                      | 1                      | Other       |           |             |         |          |   |
| (5)  | Date Placed in Service | Make                 | Year                   | Model       | Cost      | t of Basis  | -       |          | lew This Year   |
| Vehicle 1  | / /                    |                      |                        |             |           |             |         | acquire  | details on newly<br>d vehicles and<br>or disposition of old |
| Vehicle 2  | / /                    |                      |                        |             |           |             |         | vehicle. |   |
| Travel Expenses — A  | way from hon           | ne (days g           | jone over              |             | )         | 1           | axpay   | er 🗆     | Spouse  |
| Transportation   | 2                      |                      |                        | Auto Rer    |           |             |         |          |   |
| Lodging  |                        |                      |                        | Cabs, Bu    | ıs, etc.  |             |         |          |   |
| Vehicle Mileage Detail   |                        |                      |                        |             |           |             | Vehi    | cle 1    | Vehicle 2   |
| X if another vehicle is availab  |                        | A. End               |                        | V           |           | +           |         |          |   |
| Subtract B from A for (1), Total M<br>List Business Mile (2), from driving |                        |                      | inning of<br>I Miles D |             |           | =           |         |          |   |
| 2 from 1 to get personal miles (3 by line 1 for percent of business        |                        |                      | iness Mile             |             |           | -           |         |          |   |
|  |                        |                      | sonal Mile             |             |           |             |         |          |   |
| No. round-trip miles from home to<br>Number of days worked last yea        |                        |                      |                        | Jse (Line 2 | 2 ÷ Line  | 1) =        |         | %        | %   |
| I have adequate record<br>(Please Sign)                                    |                        |                      |                        |             |           |             | ıd dedi | uctions  |   |
| Type of Business   |                        | НС                   | ME                     | OFFIC       | CE        |             |         |          |   |
| Justified busine   | ss use for: T          | axpayer              |                        | Spouse      |           | Both        |         |          |   |
| Date Acquired Home   |                        | 100                  |                        | Utilities   |           |             |         |          |   |
| Cost of Land   |                        |                      |                        | Interest (m | nortgag   | e, home e   | quity I | oan)     |   |
| Cost of Home   |                        |                      |                        | Taxes       |           |             |         |          |   |
| Cost of Improvement  | S                      | FASS                 |                        | Insurance   |           |             |         |          |   |
| Sq. Footage of Living  |                        |                      |                        | Maintenar   | nce       |             |         |          |   |
| Sq. Footage of Office  |                        | entory &<br>storage) |                        | Daycare F   | rovider   | # of Hou    | rs      |          |   |
| % Office Area ( (2)  |                        |                      |                        | Other       |           |             |         |          |   |
|  |                        |                      |                        |             |           |             |         |          |   |

|     | QUESTIONS (you or spouse)   |                |              |
|-----|---|----------------|--------------|
| For | ves answers, supply details on the next page or on a separate sheet:  |                |              |
| 1.  | Were you notified by the IRS or YOUR STATE of any change to a tax return?   | Yes            | No 🗆         |
| 2.  | Are any of your claimed dependents not residents or citizens of the U.S.?   | Yes            | No 🗆         |
| 3.  | Did you make any gifts of over \$15,000 to any individual   |                |              |
|     | (with no tax advantage to you)?   | Yes            | No 🗆         |
| 4.  | Do you have any foreign income or foreign bank accounts?  | Yes            | No 🗆         |
| 5.  | Did you have living expenses in a foreign country as a result of  |                | —            |
| 0   | income earned abroad?   | Yes            | No 🗆         |
| 6.  | Do you have any worthless stocks, uncollectible bad debts or were you the victim of a ponzi scheme?   | Yes            | No 🗆         |
| 7.  | Did you become disabled during the year?  | Yes            | No 🗆         |
| 8.  | Are you a handicapped employee?   | Yes            | No 🗆         |
| 9.  | Did you receive any distribution from an IRA, profit sharing or pension plan?   | Yes            | No 🗆         |
| 10. | Have you used bartering to exchange any goods or services?  | Yes            | No 🗆         |
| 11. | As a member of the armed forces on active duty, did you move  |                |              |
|     | pursuant to a military order?   | Yes            | No 🗆         |
| 12. | Did you receive any insurance or other reimbursement from a prior   |                |              |
| 40  | year casualty, theft loss or medical deduction?   | Yes            | No 🗆         |
| 13. | Did you start a new business during the year or do you expect to start one this coming year?  | Yes            | No 🗆         |
| 14. | Do you expect any significant changes in income, withholding taxes  | 163 🗀          | 140          |
| 17. | or your tax liability for the coming year?  | Yes            | No 🗆         |
| 15. | Did you receive any source of income that is not listed in this booklet   |                |              |
|     | (lottery, awards, etc.)?  | Yes            | No 🗆         |
| 16. | Do you have children under age 19 with investment income (age 24 if   |                |              |
| 47  | dependent student)?   | Yes 🗌          | No 🗆         |
| 17. | Did you pay anyone (over 18) \$2,100 or more to work at your home (housecleaning, yard work or other domestic help) during the calendar     |                |              |
|     | year? If yes, submit details.   | Yes            | No 🗆         |
| 18. | Do you wish to designate \$3.00 of your taxes to the Presidential   |                |              |
|     | Campaign Fund (no cost to you)? You Yes □ No □ Spouse   | Yes            | No 🗆         |
| 19. | Are you and a same-sex partner considered legally married in any state?   | Yes            | No 🗆         |
| 20. | Did you donate a partial interest in any goods to charitable organizations?   | Yes            | No 🗆         |
| 21. | Do you have a medical or health savings account (MSA or HSA)?   | Yes            | No 🗆         |
| 22. | If you reached the age of 70½, have you begun your mandatory  | Vac 🗆          | No. 🗆        |
| 23. | retirement saving withdrawals?  | Yes ☐<br>Yes ☐ | No □<br>No □ |
| 20. | Did you receive employer-provided: commuter transportation benefits? educational assistance?  | Yes            | No 🗆         |
| 24. | Did you pay long-term healthcare insurance premiums or receive benefits?  | Yes            | No 🗆         |
| 25. | Are you paying off a student loan?  | Yes            | No 🗆         |
| 26. | Are you a school teacher who paid for classroom materials without   |                |              |
|     | reimbursement? Please provide a recap of expenses for potential deduction.  | Yes            | No 🗆         |
| 27. | Have you or your dependents taken a distribution from a qualified   |                |              |
| 00  | tuition program (QTP) or 529 program during the year?   | Yes            | No 🗆         |
| 28. | Did you roll funds into a Roth IRA during the year?   | Yes            | No 🗆         |
| 29. | Did you purchase any energy-efficient equipment during the year (hybrid car, air conditioner, furnace, windows, doors, water heater, etc.)? | Yes            | No □         |
| 30. | Did you have qualified military combat pay?   | Yes            | No 🗆         |
| 31. | Do you own bonds that qualify for the Gulf Bond, Renewable Energy or  | .50 🗀          | .10 🗀        |
|     | Build America bond credits?   | Yes            | No 🗆         |
| 32. | If over age 701/2, did you make a direct contribution to a charity from an IRA?   | Yes            | No 🗆         |
| 33. | Did you receive any premium health insurance credits during the year?   | Yes            | No 🗆         |
| 34. | Did you revise any prior-year divorce decrees that include alimony payments?  | Yes            | No 🗆         |

Please answer all questions above. Provide details for any "Yes" answers. A "No" answer will be assumed if not otherwise indicated.

|   | ADDITIONAL DETAILS AND COMMEN  | NTS  |
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