



INCOME TAX GUIDE AND ORGANIZER

FOR:

Tax Year 2018

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.

PERSONAL DATA					
Taxpayer			Spouse		
Name (Last, First, Middle Initial)			Name (Last, First, Middle Initial)		
SSN	DOB	Occupation	SSN	DOB	Occupation
Mailing Address <input type="checkbox"/> Check if address is new			Mailing Address <input type="checkbox"/> Check if address is new		
City, State & Zip		County	City, State & Zip		County
Phone:	H W C	Phone:	H W C	Phone:	H W C
E-Mail Address:			E-Mail Address:		

DEPENDENTS				
Name (First, Middle Initial and Last)	(D.O.B.)	X if not living with you	Social Security No.	Relationship

No. of mos. lived in your home during year*

If more lines needed above, list two on a line. Social Security numbers are required for all dependents.
 If married but filing separately, list name of spouse and Social Security number at top of page.
 If filing Head of Household and qualifying person is your child but not your dependent above,
 enter child's name here _____

Place an asterisk by any dependent attending college or post-secondary school.

QUESTIONS: (Yes answers, please explain)

1. Did your name, address or marital status change during the year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Can you be claimed as a dependent on another tax return?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Are you (or your spouse) blind or permanently disabled?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Did you claim children above that don't live with you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Did you carry forward or incur any adoption expenses during the year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Note: children's time away from home while attending school counts as time in your home.

INCOME TAXES PAID OR REFUNDED			
	Federal	State	Local
Balance paid on last year's return (or prior years)			
Refunds received from last year's return (or prior years)			
Refunds applied to current year <input type="checkbox"/> Yes <input type="checkbox"/> No			
ESTIMATED TAX PAID —>	1st Qtr.	4/15	
If not paid by due dates indicated, list actual dates paid. If state/local tax paid on different dates, attach details.	2nd Qtr.	6/15	
	3rd Qtr.	9/15	
	4th Qtr.	1/15	

If someone else prepared your tax return last year, please provide a copy.

INCOME

WAGES/SALARIES/W-2 FORMS

T/S	Name of Employer	Taxable Wages	Withheld Fed. Tax	Other Taxes Withheld			
				Soc. Sec.	Medicare	State	Local

Enclose all W-2 wage and tax statements.

MISCELLANEOUS INCOME (show losses in brackets)

T S J	Source of Income	Amount
	Alimony (not child support) (If you pay alimony - list on page 9)	
	Jury Duty (or other public service)	
	Tips/Gratuities (not reported on W-2)	
	Contest/Awards/Gambling Winnings (attach 1099-MISC, W2G or explain)	
	Commissions/Bonuses (not reported on W-2)	
	Pensions/Annuities (furnish 1099-R forms)	
	IRA/Keogh (attach Form 1099-R)	
	Profit Sharing Distributions (attach Form 1099-R)	
	Unemployment Compensation (attach 1099-G form)	
	Partnerships/Estates/Trusts (furnish K-1 forms)	*
	Small Business Corporations/Sub Chapter S (furnish K-1 forms)	*
	Business/Self-Employed (furnish schedule or details)	*
	Farm (furnish schedule or details)	*
	Rental (furnish schedule or details)	*
	Forgiven Debt <input type="checkbox"/> Check if due to foreclosure (attach Form 1099-A or C)	
	Other (explain)	

* if you did not actively or materially participate in earning the income (or loss) listed

NON-TAXABLE INCOME (Important to list even if not taxable)

	Child Support/Payments/Assistance (not alimony)	
	Veterans Benefits/Disability Income	
	Workmen's Compensation/Loss of Time Payments	
	Other (explain):	
	Other (explain):	

Code T — Taxpayer S — Spouse J — Joint Use these codes if married filing jointly	SOCIAL SECURITY	Benefits (from box 5)	Federal tax withheld
	IMPORTANT: provide all SSA-1099 statements	Taxpayer	
		Spouse	

INTEREST INCOME				C O D E
T S J	Name of Payer (always use payer name listed on the 1099)	✓	Interest Amount	
Penalty for early withdrawal of savings		()		

List interest income reported on all 1099-INT and 1099-OID forms. Use these codes below if from indicated sources
 Attach all 1099 forms reporting tax withheld. MB MUNICIPAL BONDS
 Do not list IRA or retirement plan reported interest unless IN INSTALLMENT SALES
 withdrawn and not redeposited in another retirement plan within US U.S. BONDS
 60 days. TE TAX EXEMPT (explain)
MF MORTGAGE FINANCED BY SELLER
(list name, address & Social Security no.)

LIST
CODE
HERE

DIVIDEND INCOME						
ATTACH ALL 1099 DIVIDEND FORMS						
T S J	Name of Payer (payer name from 1099)	Total Ordinary Dividends	Qualified Dividends	Capital Gains*	Nontaxable	✓

List Gross Dividends above as reported on 1099-DIV forms If in doubt about any amounts listed on 1099-DIV,
 received. Dividends under \$10 do not require a 1099. attach the 1099 and any explanation mailed with it.
 * Related to mutual funds. ✓ if this 1099 DIV has information not listed above please check here

CAPITAL GAINS AND LOSSES						
T S J	Stocks, Bonds and Mutual Funds (Attach Form 1099-B)			Sale of Property and Real Estate (Attach Form 1099-S)		
	Description (# of shares, name or stock symbols)	Date Acquired MO/DA/YR	Date Sold MO/DA/YR	Sale Price	Cost or Basis (Include sale expense)*	C O D E
	1.					
	2.					
	3.					
	4.					
	5.					
	6.					

NOTE: Record ALL fund transactions including mutual funds. Use these codes below if from indicated sources
A 1099-B received; Box 3 basis (cost)
B 1099-B received; no Box 3 basis (cost)
C No 1099-B received; basis is my cost

1. List line # if items sold on installment basis.*
 • Note interest above. # _____
 • Principal received: this year \$ _____ prior year \$ _____
2. If anything above was inherited and sold, list line number(s). # _____
3. If 1099-B stated basis (cost) is wrong, mark next to the incorrect value with the codes above and provide the correct cost on an attached sheet.

* For new installment sale, also report selling expenses, mortgage assumed and if used in business, accumulated depreciation and include copy of settlement papers.

SALE OF PERSONAL RESIDENCE

Date Old Residence Acquired		Cost or Basis	
Improvements (additions, landscaping, driveway, new roof, etc.)			
Fixing-Up Expenses (painting, repairs, etc., to prepare for sale)			
Date Old Residence Sold		Selling Price	
Expenses of Sale (commissions, legal fees, points, stamps, etc.)			
1. Was any part of residence rented during the year?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Did you own and use the home as your principal residence for at least two of the last five years?		Taxpayer: Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Spouse: Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Was the sale due to a job transfer, medical issue or unforeseen circumstance?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Have you deferred a gain from the sale of a personal residence into the home sold? If so, please provide Form 2119 from tax return for year prior home sold.		Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. Was the residence used as a home office?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
6. Have you or your spouse sold a principal residence within the last two years?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
7. Has a spouse died in the past two years?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Special Note: Capital gains tax laws allow exclusion of up to \$500,000 (joint), \$250,000 (single/HH) of home sale gains.			
NEW RESIDENCE			
Date New Residence Acquired (or construction began)			
Date You Occupied New Residence		Cost of New Residence	
• If married, do you and your spouse have the same proportionate interest in the new residence as in the old?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
• Did either you or your spouse have NO ownership interest in a principal residence during the past three years prior to this purchase?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Attach copy of real estate closing papers for both the sale and purchase.			

HIGHER EDUCATION EXPENSES

Note: Many higher education expenses qualify for special tax credits and deductions. Others may qualify as exclusions from income for tax-free and/or penalty-free withdrawals from your tax-deferred savings accounts. Please provide information for each student enrolled in a qualified institution.

Note: "✓" If student is attending less than 1/2 time

	1st Student	2nd Student	3rd Student
Code (T=Taxpayer, S=Spouse, D1= Dependent 1, D2=Dependent 2)			
<i>Attach any 1098-T's received (required)</i>	Amount	Amount	Amount
Tuition (Tuition paid during year for at least half-time enrollment)			
Fees			
Books and Supplies (purchased from institution)			
Other Education Expenses (attach details)			
Room and Board			
Amount of any grants, scholarships or other tax free educational funds received			

JOB RELATED EDUCATION*

(Enter amounts only if job/career-related and only for you and your spouse; *potential state deduction in 2018)

Room and Board			
Books and Supplies			
Seminar Fees			
Travel (# of Miles)			

DEDUCTIONS

List only amounts that have actually been paid during the year. You may round off to the nearest dollar.
DO NOT DUPLICATE ANY ENTRY.

MEDICAL Only unreimbursed medical expenses that exceed 7.5% of adjusted gross income are allowed.

T/S	Drugs and Medicines	Amount			
	Prescriptions & Drugs (Doctor Prescribed Only)				
	Insulin				
T/S	Medical Insurance	Amount			
	Please specify if paid Pre-Tax <input type="checkbox"/> After-Tax <input type="checkbox"/> Unsure <input type="checkbox"/> Insurance — Paid by You (<input checked="" type="checkbox"/> if paid through a health insurance exchange <input type="checkbox"/>)				
	Group Health Plans (deducted from salary; provide final year pay stub)				
	Medicare Premiums				
	From Social Security Benefits				
	From Supplemental Insurance				
	Long-Term Health Care Insurance				
	HSA, Other (Attach 1099-SA for any HSA withdrawals)				
T/S	*Doctors, Dentists, Clinics, Hospitals, Nurses, Etc.	Amount 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	
	*Summary Total (Optional)				
	Lodging: While away from home (per day, per person maximums apply)				
	Transportation: Total number of miles driven for medical reasons or actual cost				
	Above amounts reimbursed by insurance				
	Note any health insurance premium credits received during the year.				
Comments or explanations:					
NOTE: Use T/S columns above and on page 9 under OTHER DEDUCTIONS if married and filing separately or to determine if filing separately could be beneficial. Be sure to include co-payments for doctor visits.					

TAXES

Description of Tax	State Located	Amount of Tax
Real Estate Taxes (Include whether you plan to itemize or not)		
Real Estate Taxes (Other) (Exclude if included on a Rental Schedule)		
Property Tax Rebates (If Any)		()
Personal Property Tax (If Any)		
Auto Licenses (Not a deduction in all states)	Number of Licenses	Total Cost
State or Local Income Taxes (if not listed elsewhere or on W-2) (describe below)		
Sales Tax*:		
Other:		
Comments or Explanations:		
* Please provide sales tax support documents for any large purchases made during the year.		

INTEREST (Amounts, names, and Social Security numbers must match Form 1098 issued by financial institutions.)

Mortgage Interest Principal Residence	Paid to Financial Institution (Form 1098)	
	Paid to an Individual (List name, address, Soc. Sec. no. below)	
	Name	Address
		So. Sec. No.
Mortgage Interest Second Home	Paid to Financial Institution (Form 1098)	
	Paid to an Individual (List name, address, Soc. Sec. no. below)	
	Name	Address
		So. Sec. No.
Did you acquire a new mortgage or borrow on an existing mortgage during the year? Yes <input type="checkbox"/> No <input type="checkbox"/> <small>(provide closing settlement papers - pages 1 & 2)</small> If yes, what is your combined mortgage debt? ➔ \$ _____		
Points paid to acquire new mortgage (if not included above)		
NEW Home Improvement Loan Interest (Form 1098) <small>(only if used to buy, build or substantially improve your qualified home)</small>		
Student Loan Interest (Attach form 1098-E & loan details: who for, loan date, loan purpose)		
Other:		
Other:		
Deductible Investment Interest (e.g. Margin Interest, explain below)		
Comments or Explanations:		
NOTE: Personal interest from credit cards, department stores, autos, bank loans, etc., is not deductible.		

CONTRIBUTIONS

T/S	Church and Religious	If No Receipt	X	Amount
	Church (Name)			
	Church (Other)			
	Other Religious (Name)			

Other Charitable Organizations (*You must have a cancelled check, a bank record or receipt from donee for all cash contributions)

T/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)				Misc. Door-to-Door		

Summary Total Optional (See note below)

Note: A summary total for cash or check contributions may be used above. Political contributions are not deductible. If you received a gift for your donation listed above, reduce your donation by the value of the gift. Receipt required for all single donations of \$250 or more.

Noncash Contribution (List the fair market value of noncash items donated, such as clothing and other property.)

Name of Organization	Items Donated	Date	Value

Note: If noncash donations have a total value of \$500 or more, attach a detailed list of items donated, the name and address of donee organization, the purchase date, cost and the method used to arrive at fair market value (items over \$5,000 require appraisal). If you donated a vehicle, please attach your charity's Form 1098-C. If the charity sells the vehicle, your deduction value is generally limited to the amount of the sale proceeds. Donated clothing and household items must be in good or better condition.

Volunteer Work — Mileage (Church, Hospitals or Non-profit Organizations or to drop off contributions)

Name of Organization	Activity Performed	Parking	Miles Driven

Meals, lodging and other expense may also be allowed. List full details.

Comments or explanations:

IMPORTANT 2018 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.

OTHER DEDUCTIONS

T/S	Amount	T/S	Amount
Casualty/Theft Losses NEW: Loss must be in federally declared disaster area. <input type="checkbox"/>			
From fire, storm, theft, and auto damage — if more than one, provide similar detail for each			
Kind of Property or Item	Date acquired	Cost or Basis	
Describe how or what happened	Date of Loss	Insurance Paid	
		Fair Market Value – Before	
		Fair Market Value – After	
Alimony Paid	Paid to: (Name)	SSN	
Gambling Losses	(Limited to gambling winnings)		

See next page (10) for Auto Business Expenses.

CHILD AND DEPENDENT CARE

(care expenses must be for child under 13 or physically or mentally incapacitated)

if you have employer provided dependent care benefits.

If required to be gainfully employed (or a full time student) "X" if service performed in your home (Nanny)

Name of Provider	Soc. Sec. or ID Number	Address	Paid	
Federal ID number if required to file IRS wage reports.	#	Total Child Care Paid During Year	\$	
		No. of Children Under Age 13	#	

Form W-10 should be used to obtain provider details. Expenses must be allocated by child or dependent. If more space needed, attach list with details.

RETIREMENT CONTRIBUTIONS

	Date	Traditional IRA	Roth IRA	Keogh/SEP/SIMPLE
Single or Taxpayer	/ /			
Spouse	/ /			
If you want the maximum allowable deduction - write MAX in money column(s). You will be informed of amount to deposit.				
List total value of ALL IRAs on 12/31	Single or Taxpayer		Spouse	

BUSINESS EXPENSES

How to use: Use this area to summarize your Schedule C sole proprietor business expenses. Provide financials if available.

Type of Business		Business Owner:	Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/>
Total Revenue			Both <input type="checkbox"/>

Business Expense (if more lines needed, continue on back page)			
Advertising	Insurance	Repairs/Maint.	
Commission/Fees	Interest	Taxes/License	
Contract Labor	Legal/Prof. Services	Utilities	
Depreciation	Office Supplies	Wages	
EE Benefits	Rent or Lease	Other	

All expenses above

Meal expense

Did you purchase any business equipment during the year? Yes No (If yes, attach details)

Vehicle Expense (If both taxpayer and spouse have deductions, use vehicle 1 for taxpayer, 2 for spouse)					
	Vehicle 1	Vehicle 2		Vehicle 1	Vehicle 2
Gas & Oil			Licenses		
Insurance			Repair/Maint/Lube		
Lease Payments			Other		
	Date Placed in Service	Make	Year	Model	Cost of Basis
Vehicle 1	/ /				
Vehicle 2	/ /				

Travel Expenses — Away from home (days gone overnight _____) Taxpayer Spouse

Transportation		Auto Rental	
Lodging		Cabs, Bus, etc.	

Vehicle Mileage Detail		Vehicle 1	Vehicle 2
<input type="checkbox"/> X if another vehicle is available for personal use.			
A. End of Year		+	
B. Beginning of Year		-	
1. Total Miles Driven		=	
2. Business Miles			
3. Personal Miles			
No. round-trip miles from home to work _____			
Number of days worked last year _____		% Business Use (Line 2 ÷ Line 1) =	% %

I have adequate records and sufficient written evidence to support use of vehicles and deductions listed above.
(Please Sign) _____

HOME OFFICE

Type of Business			
	Justified business use for: Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Both <input type="checkbox"/>		
Date Acquired Home		Utilities	
Cost of Land		Interest (mortgage, home equity loan)	
Cost of Home		Taxes	
Cost of Improvements		Insurance	
Sq. Footage of Living Area ⁽¹⁾		Maintenance	
Sq. Footage of Office Area ⁽²⁾ (incl. inventory & sample storage)		Daycare Provider # of Hours	
% Office Area ((2) ÷ (1))		Other	

QUESTIONS (you or spouse)

For yes 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 <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Are any of your claimed dependents not residents or citizens of the U.S.? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Did you make any gifts of over \$15,000 to any individual (with no tax advantage to you)? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Do you have any foreign income or foreign bank accounts? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. Did you have living expenses in a foreign country as a result of income earned abroad? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6. Do you have any worthless stocks, uncollectible bad debts or were you the victim of a ponzi scheme? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 7. Did you become disabled during the year? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 8. Are you a handicapped employee? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 9. Did you receive any distribution from an IRA, profit sharing or pension plan? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 10. Have you used bartering to exchange any goods or services? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 11. As a member of the armed forces on active duty, did you move pursuant to a military order? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 12. Did you receive any insurance or other reimbursement from a prior year casualty, theft loss or medical deduction? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 13. Did you start a new business during the year or do you expect to start one this coming year? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 14. Do you expect any significant changes in income, withholding taxes or your tax liability for the coming year? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 15. Did you receive any source of income that is not listed in this booklet (lottery, awards, etc.)? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 16. Do you have children under age 19 with investment income (age 24 if dependent student)? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 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 <input type="checkbox"/> | No <input type="checkbox"/> |
| 18. Do you wish to designate \$3.00 of your taxes to the Presidential Campaign Fund (no cost to you)? | You | Spouse |
| | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 19. Are you and a same-sex partner considered legally married in any state? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 20. Did you donate a partial interest in any goods to charitable organizations? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 21. Do you have a medical or health savings account (MSA or HSA)? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 22. If you reached the age of 70½, have you begun your mandatory retirement saving withdrawals? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 23. Did you receive employer-provided: | commuter transportation benefits? | Yes <input type="checkbox"/> |
| | educational assistance? | Yes <input type="checkbox"/> |
| 24. Did you pay long-term healthcare insurance premiums or receive benefits? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 25. Are you paying off a student loan? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 26. Are you a school teacher who paid for classroom materials without reimbursement? Please provide a recap of expenses for potential deduction. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 27. Have you or your dependents taken a distribution from a qualified tuition program (QTP) or 529 program during the year? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 28. Did you roll funds into a Roth IRA during the year? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 29. Did you purchase any energy-efficient equipment during the year (hybrid car, air conditioner, furnace, windows, doors, water heater, etc.)? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 30. Did you have qualified military combat pay? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 31. Do you own bonds that qualify for the Gulf Bond, Renewable Energy or Build America bond credits? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 32. If over age 70½, did you make a direct contribution to a charity from an IRA? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 33. Do all your family members have health insurance (attach Form 1095)? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 34. Did you receive any premium health insurance credits during the year? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

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

ADDITIONAL DETAILS AND COMMENTS

Q # or Page #	Description	Amount

Questions you may have:

CHECKLIST AND CERTIFICATION

- Review amounts and details listed in this tax booklet to assure for completeness and accuracy.
- Enclose all copies of W-2 and W-2G forms. Include a copy of all 1099 and 1098 forms as requested.
- Enclose health insurance coverage confirmation (Form 1095 or equivalent).
- Submit other supportive documents, [e.g. Form 1098 and state / county property tax statement(s)] that may be requested or may be necessary to help justify or clarify a deduction, transaction or sale.
- Include any IRS provided one-time use PIN information for tax identification fraud protection.
- If you pay estimated taxes, enclose estimated forms.
- If submitting tax data for the first time, include a copy of your previous tax return.
- If extensions have been filed, please include a copy of extension forms.

I have reviewed the information contained in this booklet and to the best of my knowledge it is true, correct, and complete.

(Please Sign) _____

WHEN COMPLETE — MAIL — DROP OFF — OR CALL FOR AN APPOINTMENT.

DIRECT DEPOSIT

Please complete the section below and attach a voided check or deposit ticket if you would like your refund directly deposited into your bank account. You may split your refund in up to three accounts. If more than one is requested, please provide your desired deposit allocation and information for each account.

Bank Name _____ Name on Account _____

Bank Routing # _____ Type: Checking Savings

Taxpayer Account # _____

Yes, please split my refund deposit into _____ accounts (3 max.). The allocation % is ___/___/___.