

Income Tax Organizer for Tax Year 2018

Name: _____ DOB ___ / ___ / ___ Spouse Name: _____ DOB ___ / ___ / ___

Filing Information:

Address _____
 City _____ State ___ ZIP _____
 *Previous year clients may check here if unchanged: Same ___
 Phone _____ Type _____
 Spouse Phone _____ Type _____
 Othr Phone _____ Type _____
 Othr Phone _____ Type _____
 Email: _____
 Spouse email: _____

Filing Status:
 Single **Head of Household** **Qualifying Widow**
 Married Filing Joint
 Married Filing Separate (Need Name/SSN of Spouse in notes)
 Total Number of People Living in Your Home: _____
 Number to be Claimed as Dependents: _____
 Please provide information on any new dependents on page 2.
 ! New clients are required to provide all dependent information on page 2.

Income:	Form Count
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If you or your spouse worked for an employer, list the number of W-2s provided.	W-2s _____
If you or your spouse received unemployment in the past year, list the number of 1099Gs provided.	1099G _____
If you or your spouse provided any services for non employers, list the number of 1099-Ms received.	1099-Misc _____
If you or your spouse received interest from any bank, credit union, insurance companies, etc.	1098-INT _____
If you or your spouse received dividends from mutual funds or stocks, include forms 1099-DIV.	1099-DIV _____
If you or your spouse sold stocks or mutual funds, include forms 1099-B.	1099-B _____
If you or your spouse received Social Security/Social Security Disability (SSI), include forms SSA-1099.	SSA-1099 _____
If you or your spouse received regular retirement income/IRA distributions , include forms 1099-R.	1099-R _____ *
* Is this military retirement? _____ If it for a deceased spouse, please list spouses DOB ___ / ___ / ___	
If you or your spouse withdrew from an IRA/401K as an early withdrawal, include forms 1099-R.	1099-R _____ *
* Please list the purpose of the early withdrawal _____	
If you or your spouse rolled over an IRA/401K to another account, include forms 1099-R.	1099-R _____
If you or your spouse received a state income tax refund, include form 1099G or fill in amount.	1099G ___ \$ _____
If you received any other income forms(ex: K-1 statement for partnership or S-Corp), list and provide.	Other _____
*If you operated a business with substantial expenses or start up costs, contact our office for a consult.	Call for Appointment

Deductions / Credits / Misc:	Form Count / Dollar amt
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If you own a home and made mortgage interest payments, include form 1098 for each mortgage.	1098s _____
For a reminder of other expenses that you may itemize, download the <i>Client Itemized Expense Aid</i>	Client Portal or our website
If either contributed to an IRA (not payroll deducted), include form 5498 or enter amount.	Amount _____
* Please indicate type of IRA: Taxpayer - <input type="checkbox"/> Traditional <input type="checkbox"/> Roth Spouse - <input type="checkbox"/> Traditional <input type="checkbox"/> Roth	
If you had daycare/dependent care expenses, include name, EIN (SSN if individual), address and amount paid to caretaker. The business or individual should provide you with a statement.	Amount _____
Student Loan Interest (only include dependent's interest if primary or spouse are obligated to debt)	1098-E _____
If anyone listed on the tax return received Advance Premium Tax Credit for an ACA Health Plan, include form 1095-A.	1095-A _____

Please indicate number of months persons on return had required health coverage in the "Person's listed on Tax Return" section below.

Any member of the household who attended a qualifying college, vocational, or post secondary institution, provide form 1098-T for each student who could be eligible for an education credit. If you are a SC resident and someone in your tax household attended college full time, please go to our website and download the SC Tuition Questionnaire and complete it. Pay close attention to the first three questions as these will tell you if you need to complete the entire questionnaire.

There is a new refundable credit available to SC residents that relates to the increase in the state's tax on automobile fuel purchases. It is the lesser of: (1) the resident taxpayer's preventative maintenance expenses; or (2) the resident taxpayer's actual motor user fee increase incurred for that motor vehicle as a result of the increases in the motor fuel user fee. It is available to 2 vehicles per household. Both costs must be tracked and filed. Please supply the total cost in either category to take advantage of this credit.

Vehicle 1: Preventative maintenance costs \$ _____ *** and *** Total gallons of fuel purchased for year _____

Vehicle 2: Preventative maintenance costs \$ _____ *** and *** Total gallons of fuel purchased for year _____

If you purchased "Identity Theft Protection" or "Identity Theft Resolution Services" during this tax year, supply the total cost for each member of the household to take advantage of this credit.

List Below in "Person's Listed on Tax Return"

1098-T _____

NorthwoodsTax.com

Cost \$ _____
(Only if SC return filed from 1998 to 2012)

Persons Listed on Tax Return:

First Name	Last Name	DOB	Soc Sec #		Months In Home	Months With Health Coverage
_____	_____	• __/__/__	• ____ - ____ - ____	• Primary	• ____	• ____
_____	_____	• __/__/__	• ____ - ____ - ____	• Spouse	• ____	• ____
Dependents				Relationship(Son, Etc.)		
_____	_____	• __/__/__	• ____ - ____ - ____	• _____	• ____	• ____
_____	_____	• __/__/__	• ____ - ____ - ____	• _____	• ____	• ____
_____	_____	• __/__/__	• ____ - ____ - ____	• _____	• ____	• ____
_____	_____	• __/__/__	• ____ - ____ - ____	• _____	• ____	• ____
_____	_____	• __/__/__	• ____ - ____ - ____	• _____	• ____	• ____

For any additional dependents, please provide the same information on a separate blank page

Please provide the account information for direct deposit of any anticipated refund or if you elect to pay any amount due by ACH Debit.

Routing# _____ Acct # _____ Checking Savings

Notes:

Blank area for notes.