

Miller Dixon Drake 2018 - Client Tax Organizer

Personal Information (Please indicate changes from prior year)

Taxpayer Name	Spouse Name																								
Social Security Number	Social Security Number																								
Date of Birth	Date of Birth																								
Occupation	Occupation																								
Address																									
Taxpayer Email Address	Spouse Email Address																								
Contact Phone Number	Contact Phone Number																								
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Dependents (Children & Others)

Name (First, Last)	Relationship	Date of Birth	Social Security Number	Disabled	FT Student	Mo @ Home	Dependent's Gross Income

Banking Information

All refunds on federal and state returns will be directly deposited into your bank account.

All payments due on federal and state returns will be automatically deducted from your bank account on April 15th.

Same Bank Account As Last Year Yes No

ATTACH VOIDED CHECK HERE

(If bank account changed from prior year)

VOLUNTARY IDENTITY VERIFICATION

Pennsylvania is accepting voluntary information this filing season in an effort to combat stolen-identity tax fraud. You may provide the information from your driver's license. Joint returns require both spouses information. **This is completely voluntary.**

	Taxpayer	Spouse
Driver's license number		
Issue date of license		
Expiration date of license		
State where license was Issued		

Please check the appropriate box. If yes, include all necessary details.

- Yes No 1. Were there any births, deaths, marriages, divorces or adoptions in your immediate family?
- Yes No 2. Can you be claimed as a dependent by another taxpayer?
- Yes No 3. Were there any changes in dependents from the prior year?
- Yes No 4. Do you have any children (under age 19 or college students under age 24) with unearned income in excess of \$2,100?
- Yes No 5. Did you maintain a home for someone not claimed as a dependent?
- Yes No 6. Did you move during the year? If so, date moved? _____, 2018
- Yes No 7. Did you cash in any US Savings bonds?
- Yes No 8. Did you receive employer-provided education assistance?
- Yes No 9. Did your college student receive education benefits?
- Yes No 10. Did you, or will you, contribute to a Coverdell Education Savings Account this year?
- Yes No 11. Did you receive a 1099Q for a distribution from a 529 plan?
- Yes No 12. Did you receive a damage award for personal injury, sickness or discrimination?
- Yes No 13. Did you take out a home equity loan or line of credit this year or refinance any property?
- Yes No 14. Did you incur an unreimbursed casualty or theft loss greater than 10% of your income?
- Yes No 15. Did you have any debts cancelled, forgiven, or refinanced?
- Yes No 16. Did you go through bankruptcy proceedings?
- Yes No 17. If you worked for yourself, did you pay health insurance premiums for yourself and your family?
- Yes No 18. Have you ever made a non-deductible IRA contribution?
- Yes No 19. At any one time did you have a combined \$10,000 or more in foreign bank accounts?
- Yes No 20. Did you make energy efficient improvements to your home this year? If yes, provide receipt & product rating.
- Yes No 21. Did you engage in any bartering transactions or engage in the sharing economy?
- Yes No 22. Did you make gifts of more than \$15,000 to any individual during this year?
- Yes No 23. Are you active duty military?
- Yes No 24. Do you have a household employee?
- Yes No 25. If you have an overpayment on your federal or state return, would you like to have the overpayment applied to next year? (If you answer no, the overpayment will be refunded.)
- Yes No 26. Did you convert an IRA to a ROTH IRA in 2018?
- Yes No 27. Did you complete the NEW Health Insurance Disclosure Form Miller Dixon Drake has provided?
(If you answer no, please do so now.)
- Yes No 28. Did you make a Section 529 Plan Contribution? If so, please provide student's name and social security number.

INCOME

WAGES - PROVIDE W-2's

Number of W-2 Forms attached/enclosed _____

SOCIAL SECURITY - PROVIDE SSA 1099

Number of 1099 Forms attached/enclosed _____

RETIREMENT INCOME - PROVIDE 1099-R's

Number of 1099 Forms attached/enclosed _____

Interest Income

Provide 1099-INT

Payer (Complete only if NO 1099-INT form)

Amount

Dividend Income

Provide 1099-DIV

Payer (Complete only if NO 1099-DIV form)

Amount

Capital Gains/Losses

Stocks, Bonds, Mutual Funds, Gold, Silver, Partnership Interest, Cryptocurrency

Provide 1099-B forms

Payer (Complete only if NO 1099-B form)

Name	Date Purchased	Date Sold	Proceeds	Basis

Other Income

List All Other Income (including non-taxable) - provide documents

Income Type	Amount
Alimony Received	
Scholarship (Grants)	
Unemployment Compensation	
Prizes, Bonuses, Awards	
Gambling, Lottery (expenses _____)	
Unreported Tips	
Director / Executor's Fee	
Commissions	

Income Type	Amount
Jury Duty	
Worker's Compensation	
Disability Income	
State Income Tax Refund	
Local Income Tax Refund	
Other:	
Other:	
Other:	

ADJUSTMENTS TO INCOME & ITEMIZED DEDUCTIONS

Other Deductions

Educator Expenses _____
Health Savings Acct Contr _____
Self-employed SEP/SIMPLE/etc _____
Self-employed health insurance _____
IRA Deduction _____
Student Loan Interest _____
Tuition and fees _____
Alimony Paid: _____
 Recipient's SSN _____

Taxes Paid

Please complete or enclose documents

Real Estate Tax - Residence _____
Real Estate Tax - 2nd Home _____
PA U/C Withholding _____
Local Services Tax (LST) _____
Occupation Tax _____
2017 PA Balance Due _____
2017 Local Balance Due _____
2017 PA Est Pymt (paid in Jan 2018) _____
2017 Local Est Pymt (paid in Jan 2018) _____
Sales Tax on a Vehicle _____

Medical Dental Expenses

Do Not Provide Documents

Medicare Insurance Premiums _____
Other Med Insurance Premiums _____
Long Term Care Insurance _____
Doctor/Dentist/Hospital _____
Prescription Drugs _____
Nursing Care _____
Non-prescription Med Supplies _____
Other _____

*(Do not list amounts that were reimbursed or paid with pre-tax dollars)

Interest Expense

Please complete or enclose documents

Mortgage interest paid #1 _____
Mortgage interest paid #2 _____
Mortgage interest paid #3 _____
Investment Interest _____
Mortgage insurance premiums _____

CHARITABLE CONTRIBUTIONS

CASH CHARITABLE CONTRIBUTIONS (Cash, check, credit card, etc.)

Please complete Option 1 or 2 - NOT both

OPTION 1 - Provide TOTAL 2017 CONTRIBUTION AMOUNT

NONE

OPTION 2 - List Individual Contributions - we will total

1	_____
2	_____
3	_____
4	_____
5	_____
6	_____
7	_____
8	_____
9	_____
10	_____
11	_____
12	_____
13	_____
14	_____
15	_____
16	_____
17	_____
18	_____
19	_____
20	_____

NON-CASH CHARITABLE CONTRIBUTIONS

Provide receipts if the **COMBINED TOTAL** of all non-cash contributions exceeds \$500

1	Goodwill	_____
2	Salvation Army	_____
3	_____	_____
4	_____	_____
5	_____	_____

BUSINESS & RENTALS

Business Income and Expenses

Rental Real Estate

Business Name

Property Name/Location

Income -

Gross receipts/sales _____

Other Income _____

Expenses -

Advertising _____

Commissions _____

Contract Labor _____

Insurance _____

Interest _____

Legal/Prof Fees _____

Office Expense _____

Rent _____

Repairs/Maintenance _____

Supplies _____

Taxes/Licenses _____

Travel _____

Meals/Entertainment _____

Utilities _____

Wages _____

Other _____

Other _____

Other _____

Business Miles:

Business _____

Commuting _____

Personal _____

Total Miles _____

Inventory, at end of year _____

Purchases _____
(less personal items)

Income -

Rents Received _____

Expenses -

Advertising _____

Auto /Travel _____

Cleaning/Maintenance _____

Commissions _____

Contract Labor _____

Insurance _____

Legal/Prof Fees _____

Management Fees _____

Interest _____

Rent _____

Repairs _____

Supplies _____

Utilities _____

Taxes:

Real Estate _____

Other _____

Other _____

Other _____

Other _____

Business Mileage _____

Did you use this property for personal use? Yes No

If so, how many days? _____

Partnership, S Corp, Trust, Estate Income

Provide K-1

List payers of partnership, limited partnership, S-corporation, trust, or estate income if K-1 is NOT available

Real Estate Sold or Purchases

Provide 1099-S and closing statements / settlement sheet

Property	Date Acquired	Cost & Improvements

* Provide information on improvements, prior sales of home, and cost of a new residence.

Retirement Contributions

IRA, ROTH, Self Employment, Simple, Profit Sharing, etc.

Type of Plan	Date	Amount
Taxpayer:		
Spouse:		

529 Plan Contributions

Students Name	Social Security Number	State	Amount

Estimated Tax Paid

Date Paid	Federal	State	Local

Child & Other Dependent Care Expenses

Name of Care Provider	Address	Soc. Sec. # or EIN	Amount Paid

* Also complete this section if you receive dependent care benefits from your employer.

Education Expenses

* Enclose all 1098-T Statements

Students Name	Type of Expense	Amount

Employee Business Expenses

Are these expenses for the taxpayer or spouse? _____
Occupation in which expense incurred _____

Parking fees, tolls, and local transportation _____
Travel expenses while away from home overnight _____
Meals and entertainment expenses _____
Other _____
Reimbursement received _____
Union Dues _____

Office in the home (Sq. Feet):
a) Total Home _____
b) Office _____

NOTE! You are entitled to either actual expenses OR standard deduction rate of \$5/sq ft up to 300 sq. ft.

Insurance _____
Utilities _____
Maintenance _____

Vehicle Information

Do you or your spouse have another vehicle available for personal use? Yes No
Was your vehicle available for personal use during off-duty hours? Yes No
Do you have evidence to support the deduction? Yes No
If yes, is the evidence written? Yes No

2018 total miles (personal & business) _____
2018 Business miles (not to and from work) _____
2018 Commuting miles _____

Actual Expenses -
Date vehicle was placed in service _____
Gas, repairs, insurance, etc. _____
Annual vehicle rental _____
Cost or original value of vehicle _____

NOTE! You are entitled to either actual expenses OR standard mileage rate (SMR).

Questions, Comments & Other Information