

2018 Tax Organizer Personal and Dependent Information

Personal Information

	Name	SSN	Date of birth	Healthcare coverage ALL year
Taxpayer				
Spouse				
Street address, city, state, and ZIP				
	Occupation	Daytime phone	Evening phone	Cell phone
Taxpayer				
Spouse				
Taxpayer email				
Spouse email				

Marital Status at end of 2018

- Married
 Married filing separately
 Single
 Widow(er) If spouse died in 2018 enter the date of death _____

- Are you blind? Yes No
 Are you disabled? Yes No
 Are you a full-time student? Yes No
 Do you want \$3 to go to the Presidential Election Campaign Fund? Yes No

Taxpayer

- Yes No
 Yes No
 Yes No
 Yes No

Spouse

- Yes No
 Yes No
 Yes No
 Yes No

Dependent Information

First and last name	SSN	Relationship	Months in home	Date of birth	Disabled	Full-time student	Healthcare coverage ALL year

List dependents required to file a return _____

Estimates

	Federal		Resident state		Resident city	
	Date paid	Amount	Date paid	Amount	Date paid	Amount
Overpayment applied from 2017	_____	_____	_____	_____	_____	_____
First quarter	_____	_____	_____	_____	_____	_____
Second quarter	_____	_____	_____	_____	_____	_____
Third quarter	_____	_____	_____	_____	_____	_____
Fourth quarter	_____	_____	_____	_____	_____	_____
Additional payments	_____	_____	_____	_____	_____	_____

Account Information for Deposits or Withdrawals

Name of bank	Bank routing number	Bank account number	Type of account		Use this account for	
			Checking	Savings	Deposits	Withdrawals

Appointment Information

Your 2018 appointment is scheduled for _____

Checklist

Name:

SSN:

Checklist

This check list and questionnaire is provided to help you gather necessary information for us to prepare your 2018 income tax returns. Return this organizer, along with the supporting documentation, to our office and let us know of any significant changes from your 2017 tax year.

This list is not all-inclusive. If you received any income or made any payments that are not listed on here, please write it at the bottom of this page so it can be discussed with your tax preparer.

Health Care Coverage (for each member of the household)

- Health Insurance Statements (Forms 1095-A, 1095-B, 1095-C)
- Any exemption certificates received from HHS giving you an exemption from having health insurance

Other Income (provide supporting documentation for income received for the following items)

- Sale of assets or property
- Tips not reported to your employer
- Disability Income
- Cash from US Savings bond
- Income from the sell of stocks, bonds, or other investments
- Withdrawals from or contributions to an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), myRA, or other retirement plans
- Cancellation of debt (1099-C)
- Other income _____

Payments (provide supporting documentation for payments made for the following items)

- Contributions to a Health Savings Account (Form 8889, 5498-SA)
- Alimony
- Student loan interest (1098-E)
- Expenses related to child or dependent care.
If so, provide amount paid, and the name, address, and SSN/TIN of provider.
- Contributions to a Retirement Savings Account (Form 5498)
- Significant medical and dental expenses
If so, please provide a total amount, separated out by each taxpayer.
Also, include any possible medical mileage along with the documentation indicating the amount of miles and purpose.
- Real estate taxes (Property Tax Statement)
- Other state and local taxes
- Mortgage interest (1098)
- Investment interest (Form 4952)
- Cash Contributions
Total Amount \$ _____
Please provide receipts.
- Non-Cash Donations
Total Amount \$ _____
Please provide receipts. Use Fair Market Value when calculating the amount of non-cash goods donated.
- Charitable Mileage
If so, indicate mileage below or attach documentation.

- Gambling losses (only to the extent of your winnings)
- Other payments _____
- Other payments _____

Based on how you answered the preceding questions, you may be asked for additional documentation or you may be asked to fill out additional information sheets.

Questionnaire

Name:

SSN:

Questionnaire

Personal Information

Yes No

Did your marital status change during the year? If "Yes," explain:

Dependant Information

Yes No

Did you have any changes in dependents during the year? If "Yes," explain:

Can another person qualify to claim any dependents?

Did you have any childcare expenses during the year? If "Yes," please provide expense details.

Health Care Information

Provide copies of all Forms 1095-A, 1095-B, 1095-C for ALL members of your household.

Yes No

Did you receive health insurance through the ACA Online Marketplace?

Did you receive any distributions from a Health Savings Account (HSA), Archer MSA, or Medicare Advantage or MSA during the year?

Purchases and Sales

Yes No

Did you buy, sell, or start a new business during the year?

Did you buy or sell any real estate during the year?

Did you refinance or foreclose on your principle home or second home during the year?

Did you purchase a new hybrid, alternative motor, or electric motor energy-efficient vehicle during the year?

Education Information

Yes No

Did you pay tuition expenses that were required for attending college, university, or vocational school for yourself, your spouse, or a dependent during the year (even if classes were attended in another year)?

If Yes, who paid? _____

Did you pay student loan interest for yourself, your spouse, or your dependent(s) during the year?

Miscellaneous Information

Yes No

Did you pay any wages to any household employees (babysitter, nanny, housekeeper, etc)?

Did you make any gifts to any one person in excess of \$14,000 during the year?

Did you make any energy-efficient improvements to your main home during the year?

Did you want to have any refund directly deposited into your bank account? If so, please verify or fill out the bank account information on the first page of the Organizer.

Foreign Account Information

Yes No

Did you have a financial interest in or signature authority over a financial account or asset located in a foreign country that exceeds \$10,000?

Did you receive a distribution from, or were you a grantor of, or transferor to, a foreign trust?

Did you have any income from, or pay taxes to, a foreign country?

The following pages are to be completed by taxpayers who own a business or a rental property. If you do not own a business or a rental property, you do not need to proceed any further into the organizer.

Questionnaire

Name: _____

SSN: _____

Questionnaire

Business Information

The following questions are for taxpayers who own or operate a business that is reported on Schedule C of their personal tax return. If you own/operate multiple businesses, please fill out this information for each business.

Business Name _____

Product or Service _____

Business Address, if different than personal address

Yes No

Was this business started or acquired during 2018?

Was the business disposed of during 2018?

We will need a summary of income and expenses (Profit & Loss Statement) before we can compile the return.

Yes No

Do you have a summary of income and expenses?

*****Please note that it's possible to incur accounting charges if the tax preparer has to compile receipts. If you'd like a list and explanation detailing common expense categories and items, or have questions regarding whether the information you have is sufficient, please ask a staff member.**

Do you have contractors or other vendors that you need to file 1099's?

If you filed 1099's, please provide a copy of the 1096 Form.

Did your business have employees?

If yes, please provide a copy of the W-3 and W-2's filed.

Did you have health insurance coverage as a self-employed person?

If yes, how was it provided?

If you have employees, did you provide health insurance coverage for them?

Do you have a home office?

If yes, please provide the square footage for the office and your home.

Home Sq Ft _____

Office Sq Ft _____

*****Please provide a list of expenses of both the office and the home. If you'd like a list of common home office expenses, please ask a staff member.**

Yes No

Do you use your auto for business purposes?

If yes, please provide a description of the vehicle along with the date the vehicle was placed in service:

If yes, how many miles for the following:

Business _____

Commuting _____

Personal _____

If more than one vehicle, please provide description information and details of mileage for the other vehicles.

We may have to file other returns based on the areas you do business in. (This is not where your business is located, but where the services/sales occurred.) Please provide the following sales/service information:

Yes No

Any sales/services provided in the City of Portland?

If yes, how much _____

Any sales/services in Multnomah County?

If yes, how much _____

Any sales/services in Multnomah County?

If yes, how much _____

*****The tax preparer may have additional questions for you based on the nature of your business. Responding to these inquires promptly will help ensure that your return will be completed on-time.**

Questionnaire

Name: _____

SSN: _____

Questionnaire

Income or Loss from Rental Real Estate & Royalties (Schedule E):

Address, city, state, ZIP of rental property: _____

Type of Property

- Single family residence
- Multi-family residence
- Vacation/short-term rental
- Land, Commercial, Royalties, Self-Rental, or other.

of days rented _____

of days for personal use _____

Yes No

Is the rental a multi-dwelling unit and do you occupied part of the unit?
If yes, what percent of the building did you occupy?

Do you have contractors or other vendors that you need to file 1099's?
If you filed 1099's, please provide a copy of the 1096 Form.

We will need a summary of income and expenses before compiling the return.

Yes No

Do you have a summary of income and expenses?

*****Please note that it's possible to incur accounting charges if the tax preparer has to compile receipts. If you'd like a list and explanation detailing common rental expense categories, or have questions regarding whether the information you have is sufficient, please ask a staff member**

The tax preparer may have additional questions for you based on the type of rental you have. Responding to these inquiries promptly will help ensure that your return is completed on time.

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