

PLEASE COMPLETE AND RETURN TO:

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2018 INCOME TAX RETURN

Filing Status: Single Married Filing Joint Qualifying Widow(er)¹ Head of Household² Married Filing Separate
In year 2018 only: Married (date: _____) Divorced (date: _____) Death—Taxpayer/Spouse (date: _____)

| TAXPAYER | | SPOUSE | |
|--|-----------------------------------|----------------------------|-----------------------------------|
| Name _____ | | Name _____ | |
| Occupation _____ | | Occupation _____ | |
| SSN _____ | Date of Birth _____ | SSN _____ | Date of Birth _____ |
| Home Phone _____ | Disabled <input type="checkbox"/> | Home Phone _____ | Disabled <input type="checkbox"/> |
| Work Phone _____ | Blind <input type="checkbox"/> | Work Phone _____ | Blind <input type="checkbox"/> |
| Cell Phone _____ | | Cell Phone _____ | |
| Best Time to Call _____ | | Best Time to Call _____ | |
| Email _____ | Fax _____ | Email _____ | Fax _____ |
| Address _____ | | County _____ | |
| City _____ | State _____ | Zip Code _____ | |
| Address on Last Year's Tax Return (if different) _____ | | Date Address Changed _____ | |

¹ All of the following must apply: your spouse died in 2016 or 2017; in that year you qualified to file jointly; you did not remarry before January 1, 2019 and you paid over half the cost of maintaining your home, which was your dependent child's (or stepchild's) main home for the entire year.

² Must be unmarried (or considered unmarried) at the end of the tax year, and maintain a home that for more than half of the tax year is the principal home of a qualifying person (generally your child or relative). You may be considered unmarried if your spouse did not live in your home during the last six months of the tax year. If you are maintaining the household of a parent, the parent does not need to live with you to qualify.

Personal Income Tax Organizer and Deduction Finder[®]

- CHECKLIST**
- ✓ Documents needed in addition to your completed organizer:
- All Forms W-2 (wages), 1095, 1098 and 1099 (such as 1099-INT for interest, 1099-DIV for dividends, 1099-B for sale of securities, 1099-R for annuities, pensions, IRA or other retirement plan withdrawals, 1099-G for state tax refunds, 1099-S for real estate sales, SSA-1099 for social security, 1099-G for unemployment compensation, 1099-K for merchant card and third-party network payments and 1099-MISC for commissions and fees, etc.). Include all copies.
 - Schedules K-1 for partnerships, S corporations, estates or trusts. (Note: You do not need these documents to make your tax appointment. You can provide them at a later date.)
 - If you sold real estate, stock or mutual fund shares during the year, see STEP 4.
 - If you acquired, sold or refinanced a home or other property in 2018, provide a copy of the closing statement.
 - If you are a new client, provide copies of tax returns for the last three years.

Note: When completing your organizer, round all amounts to the nearest dollar. For married couples, questions referring to "you" generally mean you or your spouse.

STEP 1**The following items may affect your tax return. Please answer carefully.**

These questions pertain to calendar year 2018 unless otherwise noted.

| | | | | |
|---|--|---|--|-------------------------------|
| 1) <input type="radio"/> Y <input type="radio"/> N <input type="radio"/> O | Did you pay or receive alimony (Tax Tip 1)? Do not include child support. | (Select one.) | Pay <input type="radio"/> | Receive <input type="radio"/> |
| | To/From: Name _____ | Social Security Number _____ | Amount \$ _____ | |
| 2) <input type="radio"/> Y <input type="radio"/> N <input type="radio"/> O | For the entire year, did you, your spouse and your dependents have health care coverage provided by either an employer or the government (Medicare, Medicaid or VA) or purchased through a Health Insurance Marketplace (Exchange) or directly from an insurance company? | | | |
| 3) <input type="radio"/> Y <input type="radio"/> N <input type="radio"/> O | Did you receive an advance premium for health insurance purchased through a Health Insurance Marketplace (Exchange)? If yes, attach Form 1095-A. | | | |
| 4) <input type="radio"/> Y <input type="radio"/> N <input type="radio"/> O | Did you (or do you plan to before April 15, 2019) contribute to a traditional IRA or Roth IRA for 2018? (Tax Tip 2) | | | |
| | Self: Traditional IRA \$ _____ | Roth IRA \$ _____ | Spouse: Traditional IRA \$ _____ | Roth IRA \$ _____ |
| 5) <input type="radio"/> Y <input type="radio"/> N <input type="radio"/> O | Did you convert a traditional IRA or roll a qualified plan distribution to a Roth IRA in 2018? | | | |
| | If yes, amount converted/rolled over: \$ _____ | | | |
| 6) <input type="radio"/> Y <input type="radio"/> N <input type="radio"/> O | Did you (or do you plan to before April 15, 2019) contribute to a health savings account (HSA) for 2018? (Tax Tip 3) | | | |
| | Amount of contribution: (Do not list employer contributions, including amounts you elected to contribute under a cafeteria plan, shown on your Form W-2.) | | | |
| | Self: \$ _____ | Spouse: \$ _____ | Type of health plan coverage: Self-only <input type="radio"/> Family <input type="radio"/> | |
| 7) <input type="radio"/> Y <input type="radio"/> N <input type="radio"/> O | Did you receive any distributions from your health savings account (HSA)? | | | |
| | Amount of distributions: \$ _____ | Amount of unreimbursed qualified medical expenses (attach list): \$ _____ | | |
| 8) <input type="radio"/> Y <input type="radio"/> N <input type="radio"/> O | Are you a grade K-12 teacher? | | | |
| | If yes, enter amount of out-of-pocket classroom costs you paid (Tax Tip 4): \$ _____ | | | |
| 9) <input type="radio"/> Y <input type="radio"/> N <input type="radio"/> O | Did you pay child care costs for a dependent child under age 13, or costs of caring for a disabled dependent or spouse, so you could work, attend school or look for a job? | | | |
| | If yes, provide the amounts paid for each individual and the names, addresses and taxpayer identification numbers of the care providers. Amount, if any, reimbursed by an employer dependent care plan (Tax Tip 5): \$ _____ | | | |
| 10) <input type="radio"/> Y <input type="radio"/> N <input type="radio"/> O | Did you pay expenses related to adopting a child? If yes, provide details of any expenses incurred (attach list). | | | |
| 11) <input type="radio"/> Y <input type="radio"/> N <input type="radio"/> O | Did you pay any individual \$2,100 or more to perform household services during the year, such as a babysitter, caretaker, housekeeper, cook or gardener? | | | |
| 12) <input type="radio"/> Y <input type="radio"/> N <input type="radio"/> O | Did you have any debts cancelled or reduced (including credit cards and student loans), property repossessed or foreclosed upon, or did you file for bankruptcy? (Tax Tip 6) | | | |
| 13) <input type="radio"/> Y <input type="radio"/> N <input type="radio"/> O | Did you have a financial interest in, or signature authority over, a financial account (such as a bank or securities account) located in a foreign country at any time during 2018? A financial account is located in a foreign country if it is physically located outside of the U.S., including an account maintained with a branch of a U.S. bank that is physically located outside of the U.S. | | | |
| | <input type="radio"/> Y <input type="radio"/> N <input type="radio"/> O If yes, did the aggregate value of all accounts located in a foreign country (other than accounts maintained on a U.S. military installation) exceed \$10,000 at any time during the year? | | | |
| 14) <input type="radio"/> Y <input type="radio"/> N <input type="radio"/> O | Did you receive a distribution from, or were you the grantor of, or a transferor to, a foreign trust? | | | |
| 15) <input type="radio"/> Y <input type="radio"/> N <input type="radio"/> O | Do you have financial accounts maintained by a foreign (non-U.S.) bank or financial institution that totaled more than \$50,000 on the last day of the year or more than \$75,000 at any time during the year (\$100,000 and \$150,000, respectively, if married filing a joint return)? | | | |
| 16) <input type="radio"/> Y <input type="radio"/> N <input type="radio"/> O | Did you own any other foreign financial assets (such as stock in a foreign corporation or an interest in a foreign partnership) that are not held in a financial account? | | | |
| 17) <input type="radio"/> T <input type="radio"/> S <input type="radio"/> O | Do you (or your spouse) want to designate \$3 to the Presidential Election Campaign Fund? (Does not change amount due or refund.) Leave blank if neither wishes to designate \$3. | | | |
| 18) <input type="radio"/> Y <input type="radio"/> N <input type="radio"/> O | Do you want to allow your preparer or another individual to discuss your federal return with the IRS? Provide name, phone number and personal identification number of individual if not preparer. | | | |
| | Name: _____ | Phone Number: _____ | Identification Number: _____ | |
| 19) <input type="radio"/> Y <input type="radio"/> N <input type="radio"/> O | Have you (or your spouse) received an Identity Protection Personal Identification Number (IP PIN) from the IRS? | | | |
| | If yes, enter six-digit code: Self: _____ Spouse: _____ | | | |
| 20) <input type="radio"/> Y <input type="radio"/> N <input type="radio"/> O | Did you make gifts to a trust or gifts totaling more than \$15,000 to any individual during the year? If so, provide recipient's name, address, relationship to you and the amount of the gift. | | | |

STEP 1
(Continued)

Check any of the boxes below that apply to you for 2018:

- Purchased health insurance for yourself or a family member through the Health Insurance Marketplace (Exchange). [Attach Form 1095-A (Health Insurance Marketplace Statement).]
- Was granted stock options by your employer and/or exercised employer stock options.
- Owned any securities or held any debts that became worthless during the year.
- Contributed to or received distributions from an Archer Medical Savings Account (MSA).
- Traveled more than 100 miles from home and stayed overnight to perform duties as a National Guard member or reservist.
- Performed services in the performing arts for at least two employers.
- Lived or worked in a foreign country.
- Purchased the following new plug-in electric vehicle: _____
- Was in the military (or reservist).
- Was an active-duty member of the military and moved pursuant to a military order and incident to a permanent change of station.
- Received any notice from the IRS or a state taxing authority.
- Contributed to or received distributions from an Achieving a Better Life Experience (ABLE) account.
- I can be claimed as a dependent on another person's tax return for 2018.

Please provide any other information related to your 2018 taxes not reported elsewhere on this Organizer.

STEP 2

Dependents (Tax Tip 7) (attach additional sheet, if necessary)

Children

Age 18 or younger (age 19–23 if attending school full time for at least five months during the year) who lived with you more than half the year and who did not provide more than half of their own support (or a permanently and totally disabled child).

Is 2018 Unearned (Investment) Income > \$1,050?

| Full Name | Date of Birth | SSN |
|-----------|---------------|-----|
| | | |
| | | |
| | | |

- Check if it is possible that a different taxpayer might claim a child listed above as a dependent.
- Check if you are divorced and either signed or received Form 8332 (release of exemption for child). (Provide Form 8332.)

Other Dependents

(relatives and/or members of household)

| Relationship | Social Security # | Is 2018 Gross Income less than \$4,150? | # Months Resided in Your Home in 2018 | % Support Received From You |
|--------------|-------------------|---|---------------------------------------|-----------------------------|
| | | | | |
| | | | | |

STEP 3

Income

Wages—Provide Forms W-2

Number of employers (during the year): Self _____ Spouse _____

Dividend and Interest Income

Provide all Forms 1099-INT, 1099-DIV and 1099-OID. List interest and dividends not reported on Form 1099 on a separate sheet, but do not duplicate what's reported on the 1099s. Also, list any penalty on early withdrawal from savings.

Installment Sale Payments Received

| | |
|--|--|
| Total Payments \$ _____ | Is payer a relative or related party? Yes <input type="radio"/> No <input type="radio"/> |
| Interest \$ _____ | If payer uses property as a principal residence, provide payer's: |
| Principal \$ _____ | Name _____ |
| Did sale occur in 2018? Yes <input type="radio"/> No <input type="radio"/> | Address _____ |
| If yes, complete STEP 4. | Social security number _____ |

STEP 3

Income (Continued)

Retirement Plan and Social Security Income

| | |
|---|--|
| 1) Did you receive distributions from IRAs, SEPs, pensions, 401(k)s or other retirement plans (including amounts rolled over and in-plan Roth rollovers)? If yes, provide all Forms 1099-R received. Enter amounts received but not reported on a Form 1099-R here | Yes <input type="radio"/> No <input type="radio"/> \$ _____ _____ _____ _____ |
| 2) Amount of distribution rolled over to a qualified plan or traditional IRA (Tax Tip 8) 3) Amount of distribution rolled over to a Roth IRA 4) Amount of distribution rolled over to a Designated Roth Account 5) Amount of distribution made directly to a qualified charity | _____ _____ _____ _____ |
| 6) If you were under age 59½ when the distribution was received, do you qualify for an exception to the 10% penalty on early distributions? (Tax Tip 9)..... Explain: _____ | Yes <input type="radio"/> No <input type="radio"/> |
| 7) If age 70½ or older in 2018, did you take the 2018 required minimum distributions from your IRAs (other than Roth IRAs) and qualified retirement plans? | Self: Yes <input type="radio"/> No <input type="radio"/> Spouse: Yes <input type="radio"/> No <input type="radio"/> |
| 8) Did you receive social security or railroad retirement benefits?..... If yes, provide all Forms SSA-1099 or RRB-1099 received. | Yes <input type="radio"/> No <input type="radio"/> |

Partnerships, Estates, Trusts and S Corporations

Provide a list of all the partnerships and S corporations in which you own an interest and all trusts of which you are a beneficiary. Indicate on the list whether you materially participated in that entity's trade or business in 2018 (Tax Tip 10). Write "N/A" if the entity is not engaged in a trade or business (for example, an entity whose only activity is ownership of rental real estate or investment assets such as stocks and bonds). Provide all Schedules K-1 received for the tax year. See also Tax Tip 20.

Other Income—Provide Forms 1098 and 1099

| | |
|--|----------|
| Bartering Income | \$ _____ |
| Bonuses and Prizes not reported on Form W-2 (Explain)..... | _____ |
| Cancellation of Debt (Form 1099-A or 1099-C) (Tax Tip 6)..... | _____ |
| Commissions and Fees (Not reported in STEP 5)..... | _____ |
| Disability Income not included on Form W-2 (taxable)..... | _____ |
| Education Savings Account or Qualified Tuition (529) Plan Withdrawals (Form 1099-Q)..... | _____ |
| Gambling/Lottery Winnings (Form W-2G)..... | _____ |
| Jury Duty—Election Board Fees | _____ |
| Scholarships (Form 1098-T)..... | _____ |
| State Income Tax Refund (Form 1099-G) | _____ |
| Tips and Gratuities not reported on Form W-2 (Tax Tip 11)..... | _____ |
| Unemployment Compensation (Form 1099-G) | _____ |
| Veterans' Pension and Disability | _____ |
| Workers' Compensation | _____ |
| Other (attach separate sheets if necessary)..... | _____ |

STEP 4

Sales and Exchanges

Provide information about sales of stock, real estate or other property along with Forms 1099-B, 1099-S, closing statement or other supporting information. Attach separate sheet if necessary. If all transactions, including basis, are reported on Forms 1099-B you provide, there is no need to complete the following. If your principal residence was sold, see STEP 13.

| | Asset #1 | Asset #2 | Asset #3 |
|---------------------------------|----------|----------|----------|
| Description of Property | _____ | _____ | _____ |
| Date Acquired | _____ | _____ | _____ |
| Date Sold..... | _____ | _____ | _____ |
| Sales Price | \$ _____ | \$ _____ | \$ _____ |
| Basis (Tax Tips 12 and 13)..... | _____ | _____ | _____ |
| Expenses of Sale..... | _____ | _____ | _____ |

STEP 5

Self-Employment Income (See also STEPs 7, 8 and 9)

If more than one farm activity or business, list income and expenses separately for each. Also include any single-member limited liability companies (LLCs). See Tax Tip 20.

Business Activity/Product: _____

Business Name: _____

Did you begin or end the business in 2018? Begin End

Gross Receipts (provide all Forms 1099-MISC and 1099-K) \$ _____

Inventory—Beginning of Year \$ _____

Merchandise Purchases (less Product for Personal Use)..... _____

Labor, Materials and Other Costs of Inventory _____

Inventory—End of Year..... _____

Did you make any payments requiring Forms 1099 be filed?¹ Yes No

If Yes, did you file Forms 1099? Yes No

¹ Generally, payments of \$600 or more made to individuals and noncorporate entities in the course of a trade or business must be reported. Common examples are payments for non-employee compensation and rent.

STEP 6

Rental and Royalty Income

| Physical Address (Street, City, State, Zip Code) | Type ¹ | Rent/Royalty Received | Fair Rental Days | Personal Use Days |
|--|-------------------|-----------------------|------------------|-------------------|
| _____ | _____ | \$ _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

Did you make any payments requiring Forms 1099 be filed? Yes No

If Yes, did you file Forms 1099? Yes No

¹ 1—Single family residence; 2—Multi-family residence; 3—Vacation/short-term rental; 4—Commercial; 5—Land; 6—Royalties; 7—Self-rental; 8—Other (describe).

STEP 7

Business Travel and Meal Expenses

Travel expenses are deductible if you traveled away from home overnight on business. Business meals when not traveling are also deductible (subject to limits), provided you have records showing date, amount, persons present and business purpose. **Note:** Beginning in 2018, business entertainment expenses are no longer deductible and employees cannot deduct unreimbursed business expenses.

| <i>Use Correct Column</i> | Self-Employed | Rental Activity |
|---|---------------|-----------------|
| Travel: | | |
| Airplane, Train, Taxi, Auto Rental | \$ _____ | \$ _____ |
| Meals (See <i>Self-Employed Tax Tip C</i> on Page 6)..... | _____ | _____ |
| Lodging..... | _____ | _____ |
| Telephone/Internet Connection..... | _____ | _____ |
| Cleaning and Laundry | _____ | _____ |
| Baggage and Shipping | _____ | _____ |
| Other: | _____ | _____ |
| Meals Not Associated With Travel | _____ | _____ |

STEP 8

Self-Employment and Rental Expenses

Do you qualify for business use of home deductions?
 Yes No
 (See *Self-Employed Tax Tip B* below.)

If yes, attach list of expenses related to home. Do not duplicate below.
 Business sq. ft. _____
 Total sq. ft. _____
 Part of home used for business: _____

| Use Correct Column | Self-Employed ¹ | Rental ¹ |
|---|----------------------------|---------------------|
| Advertising..... | \$ _____ | \$ _____ |
| Cleaning and Maintenance..... | _____ | _____ |
| Commissions and Fees Paid..... | _____ | _____ |
| Contract Labor..... | _____ | _____ |
| Employee Benefit Programs (include health insurance for employees)..... | _____ | _____ |
| Insurance (not including health)..... | _____ | _____ |
| Interest • Mortgage (Form 1098)..... | _____ | _____ |
| • Other Interest..... | _____ | _____ |
| Legal and Professional Fees..... | _____ | _____ |
| Licenses..... | _____ | _____ |
| Management Fees..... | _____ | _____ |
| Office Expenses..... | _____ | _____ |
| Pension/Profit-Sharing Plan Contributions Made for Employees..... | _____ | _____ |
| Rent Paid • Vehicles, Machinery and Equipment..... | _____ | _____ |
| • Other Business Property..... | _____ | _____ |
| Repairs and Maintenance..... | _____ | _____ |
| Supplies..... | _____ | _____ |
| Taxes..... | _____ | _____ |
| Utilities..... | _____ | _____ |
| Wages Paid..... | _____ | _____ |
| Other Expenses (provide list)..... | _____ | _____ |

¹ If more than one business or rental property, provide information separately for each.

Business or rental asset purchases or sales. Provide a separate schedule listing dates of purchase or sale, purchase/sales price and property description. Include copies of sales receipts or contracts if available.

STEP 9

Health Insurance and Retirement Plans for the Self-Employed

Insurance premiums paid: Health \$ _____ Long-Term Care \$ _____

Include premiums paid for yourself, spouse, dependents and children under age 27, as well as Medicare premiums. Do not include any premiums for months self-employed person was eligible to participate under any subsidized employer's plan. Report in STEP 12 instead.

Contributions made to your SEP, SIMPLE or qualified retirement plan for 2018. See *Self-Employed Tax Tip D* below.

\$ _____

Self-Employed Tax Tips

- A) **Business Assets.** Special rules apply that allow the cost of certain business assets (for example, furniture and equipment) purchased and placed in service in 2018 to be fully deducted. See Tax Tips 18 and 19.
- B) **Business Use of Home Deduction.** If an area of the home is used regularly and exclusively for business, a deduction for a portion of mortgage interest, taxes, insurance, other operating costs and depreciation may be allowed. Special rules apply for inventory storage and daycare. Ask for details.
- C) **Per Diem Meal Rates.** In lieu of using actual expenses incurred for meals and incidental expenses while travelling, self-employed individuals may deduct IRS-approved per diem amounts. The amounts depend on location. Provide detailed list of dates and locations of business travel.
- D) **Self-Employed Retirement Plans.** Many retirement plans (funded with pre-tax dollars) are available to self-employed business owners. The deadlines for establishing and contributing to a retirement plan vary. If you have employees, matching contributions may be required.
- E) **Small Employer Health Insurance Credit.** A credit is available to qualified small employers that pay health insurance premiums for employees. Premiums paid for the business owner and his family members don't qualify. Ask us for details.

STEP 11

Education Expenses (Attach Forms 1098-E, 1098-T and 1099-Q)

Include information about education expenses incurred for you, your spouse or your dependents.

| | | | |
|--|--|--|--|
| 1) Student's Name..... | _____ | _____ | _____ |
| 2) If in college, was student enrolled at least half-time for at least one academic period beginning in 2018?..... | Yes <input type="radio"/> No <input type="radio"/> | Yes <input type="radio"/> No <input type="radio"/> | Yes <input type="radio"/> No <input type="radio"/> |
| 3) Felony Conviction? ¹ | Yes <input type="radio"/> No <input type="radio"/> | Yes <input type="radio"/> No <input type="radio"/> | Yes <input type="radio"/> No <input type="radio"/> |
| 4) Educational Purpose (degree seeking, job related) | _____ | _____ | _____ |
| 5) Name of Institution | _____ | _____ | _____ |
| 6) Total Amount Paid (attach detailed list of expenses) (See Tax Tip 14) | \$ _____ | \$ _____ | \$ _____ |
| 7) Paid By Whom?..... | _____ | _____ | _____ |
| 8) Student's Grade or Year in College | _____ | _____ | _____ |

¹ Indicate whether or not student was convicted before 12/31/2018 of a felony for possession or distribution of a controlled substance.

STEP 12

Itemized Deductions

Complete this step only if you think your total itemized deductions might exceed the IRS standard deduction for your filing status (see below). **Note:** Beginning in 2018, the standard deduction amounts are significantly increased so many taxpayers that itemized deductions in prior years may not beginning in 2018.

2018 Standard Deduction

| Filing Status | Standard Deduction | | Add for Blind and/or Over 65 |
|---|--------------------|---|------------------------------|
| Married Filing Jointly or Qualifying Widow(er)..... | \$ 24,000 | + | \$ 1,300 |
| Single..... | 12,000 | | 1,600 |
| Head of Household..... | 18,000 | | 1,600 |
| Married Filing Separately..... | 12,000 | | 1,300 |

Medical Expenses

Deductible only if net expenses exceed 7.5% of Adjusted Gross Income (AGI)

Note: Do not include amounts paid for or reimbursed by insurance or health insurance premiums paid with pre-tax income.

Did you pay medical expenses for a person you cannot claim as a dependent? Yes No *If yes, ask your tax preparer.*

| | | |
|--|-----------------------|----------|
| Health Insurance Premiums ¹ (Include premiums for vision and dental insurance but not for disability or loss of income policies)..... | See Note Above | \$ _____ |
| Medicare Insurance Premiums ¹ (Form SSA-1099) | | _____ |
| Long-Term Care Insurance Premiums ¹ (Tax Tip 15)..... | | _____ |
| Prescribed Drugs and Insulin | | _____ |
| Doctors and Clinics..... | | _____ |
| Dentists and Orthodontists | | _____ |
| Glasses, Contact Lenses, Eye Exams, Laser Eye Surgery..... | | _____ |
| Hospitals, Nurses, Ambulance..... | | _____ |
| Nursing or Long-Term Care Facility..... | | _____ |
| Other (please detail): | | _____ |
| _____ | | _____ |
| _____ | | _____ |
| Medical Miles Driven in 2018..... | | _____ |
| Parking Fees | _____ | |
| Lodging While Obtaining Medical Treatment <i>Limited to \$50 per night, per person</i> | _____ | |

¹ Do not include any premiums included in STEP 9 (if self-employed).

STEP 12

Itemized Deductions (Continued)

Taxes

Note: Beginning in 2018, the deduction for state and local taxes is limited to \$10,000 (\$5,000 if married filing separate) and foreign real estate taxes are not deductible.

| | |
|--|----------|
| State and Local Income Taxes Paid in 2018 (include 2018 estimated tax payments and amounts paid with 2017 return)..... | \$ _____ |
| State and Local Sales Tax Paid for Major Purchases (motor vehicles, boats, airplanes, homes or home building materials, if rate same as general sales tax rate)..... | _____ |
| Foreign Taxes (other than foreign real estate taxes)..... | _____ |
| Real Estate Taxes—Homestead (less special assessments)..... | _____ |
| Other Real Estate Taxes (second home, cabin, etc. but not foreign real estate taxes)..... | _____ |
| Property Tax Refund..... | _____ |
| Special Assessments—Interest Portion Only..... | _____ |
| Personal Property Taxes (auto license tags, etc.)..... | _____ |

Charitable Donations (Use separate sheet if needed.)

Note: Monetary donations under \$250 each must be substantiated by either (1) a bank record (such as a cancelled check) or (2) a written receipt from the charity showing its name and the date and amount of the donation. For each donation of \$250 or more, the taxpayer must obtain a written acknowledgment from the charity. (See Tax Tip 16.)

| | |
|--|----------|
| Cash, Check or Credit Card (include payroll deductions): | |
| Churches or Synagogues..... | \$ _____ |
| Other: _____ | _____ |
| Other: _____ | _____ |
| Other: _____ | _____ |
| Noncash: | |
| Fair Market Value (FMV) of Items Given to Charities..... | _____ |
| Attach list of each item (or group of similar items) and its FMV (Tax Tip 17). If a vehicle, boat or airplane donation over \$500, provide Form 1098-C. | |
| Out-of-Pocket Expenses for Charitable Work..... | _____ |
| Charitable Miles: _____ Miles × 14¢ = _____ | _____ |
| Other: _____ | _____ |

Miscellaneous Expenses

Note: Beginning in 2018, miscellaneous itemized deductions (for example, unreimbursed employee business expenses, investment expenses) generally are no longer deductible.

| | |
|---|----------|
| Gambling Losses. Limited to Total Gambling Winnings Listed in STEP 3..... | \$ _____ |
| If Disabled, Impairment-Related Work Expenses..... | _____ |

Casualty Loss

Auto Accident, Fire, Theft, Storm, etc. Provide details. (Tax Tip 21)

Interest Paid (Provide Forms 1098)

| | Primary Residence | Second Home (Tax Tip 22) |
|--|-------------------|--------------------------|
| Home Mortgage (If seller-financed, provide seller's name/address/SSN)..... | \$ _____ | \$ _____ |
| Home Equity Loan. Loan Proceeds Used for: _____ | _____ | _____ |
| Loan Points not Reported on Form 1099-INT (Tax Tip 23)..... | _____ | _____ |
| Investment Interest Paid..... | \$ _____ | _____ |

| STEP 13 | | Principal Residence (attach any 2018 closing statements) | |
|---------------------------|---------------------------|---|---|
| Yes <input type="radio"/> | No <input type="radio"/> | Did you sell your principal residence in 2018? <i>If yes: (Tax Tip 24)</i> | |
| | Yes <input type="radio"/> | No <input type="radio"/> | Did you own and use it as a principal residence for at least two of five years before the sale? |
| | Yes <input type="radio"/> | No <input type="radio"/> | Did you sell a previous residence within two years before the sale date and exclude any gain? |
| | Yes <input type="radio"/> | No <input type="radio"/> | After 2008, was the property ever used for anything other than as a principal residence (for example, as a vacation home or rental property)? |
| Yes <input type="radio"/> | No <input type="radio"/> | Did you purchase a residence in 2018? | |
| Yes <input type="radio"/> | No <input type="radio"/> | Did you refinance your mortgage or take out a home equity loan in 2018? Amount of proceeds used for something other than acquiring or improving your home: \$ _____ | |
| Yes <input type="radio"/> | No <input type="radio"/> | Did you purchase any energy-efficient improvements such as qualified solar electric, water heating, fuel cell, small wind energy or geothermal heat pump property? | |
| Yes <input type="radio"/> | No <input type="radio"/> | Did you receive a first-time homebuyer credit for a home purchased in 2008? If yes, enter the amount of the credit: \$ _____ | |

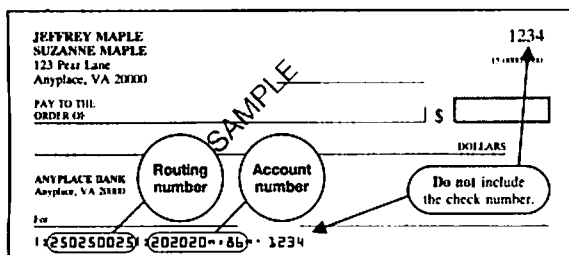
| STEP 14 | | 2018 Estimated Tax Payments ¹ | | |
|---|----------|--|----------|-----------|
| | Federal | Date Paid | State | Date Paid |
| Amount applied from 2017 overpayment, if any: | \$ _____ | | \$ _____ | |
| First Quarter Payment Made | _____ | _____ | _____ | _____ |
| Second Quarter Payment Made | _____ | _____ | _____ | _____ |
| Third Quarter Payment Made | _____ | _____ | _____ | _____ |
| Fourth Quarter Payment Made | _____ | _____ | _____ | _____ |

¹ Do not include withholding from Forms W-2 or 1099 in estimated tax payments listed here.

| STEP 15 | | Tax Refund—Direct Deposit Information | |
|--|---------------------------------|---------------------------------------|-------------------|
| <p>If you receive a 2018 federal tax refund, the refund can be routed to up to three of your checking or savings accounts. (Tax refunds may also be directly deposited to your IRA, Health Savings Account, Archer MSA, Education Savings Account, Treasury Direct Account or used to buy up to \$5,000 in series I savings bonds.) If you prefer a direct deposit, please complete the following information. Otherwise a refund check will be mailed to you at the address on your tax return.</p> | | | |
| Type of Account (Checking, Savings, IRA, etc.) | Routing Number (Nine digits) | Account Number | Percent of Refund |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Sample check:

Note: The routing and account numbers may be in different places on your check.



Privacy Policy:

We collect nonpublic information about you from the following sources:

- 1) Information we receive from you on applications, tax organizers, worksheets and other forms,
- 2) Information about your transactions with us, our affiliates or others and
- 3) Information we receive from a consumer reporting agency.

We do not disclose any nonpublic personal information about our customers or former customers to anyone, except as required by law.

We restrict access to nonpublic personal information about you to those members of our firm who need to know that information in order to provide services to you. We maintain physical, electronic and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.