General: 1040

Personal Information

Filing (Marital) status code (1 = Single, 2 = Married filing joint, 3 = Married filing separate, 4 = Head of household, 5 = Qualifying widow(er)) ___

Mark if you were married but living apart all year ___ Mark if your nonresident alien spouse does not have an ITIN ___

	Taxpayer	Spouse
Social security number		
First name		
Last name		
Occupation		
Designate $3.00 to the presidential election campaign fund? (1 = Yes, 2 = No, 3=Blank)		
Mark if legally blind		
Mark if dependent of another taxpayer		
Taxpayer between 19 and 23, full-time student, with income less than 1/2 support? (Y, N)		
Date of birth		
Date of death		
Work/daytime telephone number/ext number		
Do you authorize us to discuss your return with the IRS (Y, N)		

General: 1040, Contact

Present Mailing Address

Address ___

Apartment number ___

City/State postal code/Zip code ___

Foreign country name ___

Foreign phone number ___

Home/evening telephone number ___

Taxpayer email address ___

Spouse email address ___

General: 1040

Dependent Information

First Name	Last Name	Date of Birth	Social Security No.	Relationship	Months in home	Care expenses paid for dependent

Credits: 2441

Child and Dependent Care Expenses

Provider information:

Business name ___

First and Last name ___

Street address ___

City, state, and zip code ___

Social security number OR Employer identification number ___

Tax Exempt or Living Abroad Foreign Care Provider (1 = TE, 2 = LAFCP) ___

Amount paid to care provider in 2018 ___

	Taxpayer	Spouse
Employer-provided dependent care benefits that were forfeited		

Health Care: Coverage

Health Care Coverage

"Your family" for health care coverage refers to you, your spouse if filing jointly, and anyone you can claim as a dependent.

	2018 Information	Prior Year Information
Was your entire family covered for the full year with minimum essential health care coverage? (Y, N)		

Income: W2

Salary and Wages

Please provide all copies of Form W-2 that you receive.
Below is a list of the Form(s) W-2 as reported in last year's tax return. If a particular W-2 no longer applies, mark the not applicable box.

T/S	Description	Prior Year Information	Mark if no longer applicable

Retirement: 1099R

Pension, IRA, and Annuity Distributions

Please provide all copies of Form 1099-R that you receive.
Below is a list of the Form(s) 1099-R as reported in last year's tax return. If a particular 1099-R no longer applies, mark the not applicable bo

T/S	Description	Prior Year Information	Mark if no longer applicable

Income: K1, K1T

Schedules K-1

Please provide all copies of Schedule K-1 that you receive.
Below is a list of the Schedule(s) K-1 as reported in last year's tax return. If a particular K-1 no longer applies, mark the not applicable box

T/S/J	Description	Form	Mark if no longer applicable

Income: W2G

Gambling Income

Please provide all copies of Form W-2G that you receive.
Below is a list of the Form(s) W-2G as reported in last year's tax return. If a particular W-2G no longer applies, mark the not applicable box

T/S	Description	Prior Year Information	Mark if no longer applicable

Educate: 1099Q

Qualified Education Plan Distributions

Please provide all copies of Form 1099-Q that you receive.
Below is a list of the Form(s) 1099-Q as reported in last year's tax return. If a particular 1099-Q no longer applies, mark the not applicable b

T/S	Description	Prior Year Information	Mark if no longer applicable

Income: B1

Interest Income

Please provide all copies of Form 1099-INT or other statements reporting interest income.

T/S/J	Payer Name	Interest Income	Prior Year Information

Income: B3

Seller Financed Mortgage Interest

T, S, J ___ Payer's name ________________ Payer's social security number ________________

Payer's address, city, state, zip code ________________ ________________ ___ ________________

Amount received in 2018 ________________ Amount received in 2017 ________________

Income: B2

Dividend Income

Please provide copies of all Form 1099-DIV or other statements reporting dividend income.

T/S/J	Payer Name	Ordinary Dividends	Qualified Dividends	Prior Year Information

Income: D

Sales of Stocks, Securities, and Other Investment Property

Please provide copies of all Forms 1099-B and 1099-S.

T/S/J	Description of Property	Date Acquired	Date Sold	Gross Sales Price (Less expenses of sale)	Cost or Other Basis

Income: Income

Other Income

Please provide copies of all supporting documentation.

	2018 Information		Prior Year Information
State and local income tax refunds			
	Taxpayer	**Spouse**	**Prior Year Information**
Alimony received			
Unemployment compensation			
Unemployment compensation repaid			
Social security benefits			
Medicare premiums to be reported on Schedule A			
Railroad retirement benefits			

T/S/J	Other Income:	2018 Information	Prior Year Information

1040 Adj: IRA

Adjustments to Income - IRA Contributions

Please provide year end statements for each account and any Form 8606 not prepared by this office.

	Taxpayer	Spouse
Traditional IRA Contributions for 2018 -		
If you want to contribute the maximum allowable traditional IRA contribution amount, enter the applicable code: (1 = Deductible only, 2 = Both deductible and nondeductible)	___	___
Enter the total traditional IRA contributions made for use in 2018	________	________
Roth IRA Contributions for 2018 -		
Mark if you want to contribute the maximum Roth IRA contribution	___	___
Enter the total Roth IRA contributions made for use in 2018	________	________

Educate: Educate2

Higher Education Deductions and/or Credits

Complete this section if you paid interest on a qualified student loan in 2018 for qualified higher education expenses for you, your spouse, or a person who was your dependent when you took out the loan.

T/S	Qualified student loan interest paid	2018 Information	Prior Year Information
___	________	________	________
___	________	________	________

Complete this section if you paid qualified education expenses for higher education costs in 2018.
Qualified education expenses include tuition and fees required for enrollment or attendance at an eligible educational institution.
Please provide all copies of Form 1098-T.

T/S	Ed Exp Code*	Student's SSN	Student's First Name	Student's Last Name	Qualified Expenses	Prior Year Information
___	_	________	________	________	________	________
___	_	________	________	________	________	________
___	_	________	________	________	________	________
___	_	________	________	________	________	________

***Education Expense Code: 1 = American opportunity credit; 2 = Lifetime learning credit; 3 = Tuition and fees deduction**
The student qualifies for the American opportunity credit when enrolled at least half-time in a program leading to a degree, certificate, or recognized credential; has not completed the first 4 years of post-secondary education; has no felony drug convictions on student's record.

1040 Adj: 3903

Job Related Moving Expenses

Complete this section if you moved to a new home due to service in the armed forces.

Description of move	________
Taxpayer/Spouse/Joint (T, S, J)	___
Mark if the move was due to service in the armed forces	_
Number of miles from old home to new workplace	________
Number of miles from old home to old workplace	________
Mark if move is outside United States or its possessions	_
Transportation and storage expenses	________
Travel and lodging (not including meals)	________
Total amount reimbursed for moving expenses	________

1040 Adj: OtherAdj

Other Adjustments to Income

Alimony Paid:

T/S	Recipient name	Recipient SSN	2018 Information	Prior Year Information
___	________	________	________	________

Street address ________

City, State and Zip code ________ ___ ________

	Taxpayer	Spouse	Prior Year Information
Educator expenses:			
________	________	________	________
________	________	________	________
Other adjustments:			
________	________	________	________
________	________	________	________
________	________	________	________

Itemized: A1

Medical and Dental Expenses

T/S/J		2018 Information	Prior Year Information
__	Medical and dental expenses		
__	Medical insurance premiums you paid***		
__	Long-term care premiums you paid***		
__	Prescription medicines and drugs		
__	Miles driven for medical items		

***Do not include pre-tax amounts paid by an employer-sponsored plan, amounts paid for your self-employed business, or Medicare premiums entered on Form Lite-3

Itemized: A1

Tax Expenses

T/S/J		2018 Information	Prior Year Information
__	State/local income taxes paid		
__	2017 state and local income taxes paid in 2018		
__	Sales tax paid on actual expenses		
__	Real estate taxes paid		
__	Personal property taxes		
__	Other taxes		

Itemized: A2

Interest Expenses

T/S/J		2018 Information	Prior Year Information
__	Home mortgage interest From Form 1098		

Other home mortgage interest paid to individuals:

T/S/J	Payee's Name	SSN or EIN	2018 Information	Prior Year Information
__				

Address	City	State	Zip Code

T/S/J		2018 Information	Prior Year Information
__	Investment interest expense, other than on Sch K-1s:		

Refinancing Information:	Refinance #1	Refinance #2
T/S/J	__	__
Recipient/Lender name		
Total points paid at time of refinance		
Date of refinance		
Term of new loan (in months)		
Reported on Form 1098 in 2018		

Itemized: A3

Charitable Contributions

T/S/J		2018 Information	Prior Year Information
__	Contributions made by cash or check		
__	Volunteer miles driven		
__	Noncash items, such as: Goodwill, Salvation Army		

Itemized: A3, A-St

Miscellaneous Deductions

T/S/J		2018 Information	Prior Year Information
	Other expenses, not subject to the 2% AGI limitation:		
__			
__	Gambling losses (enter only if you have gambling income)		

*****STATE USE ONLY - Complete the following fields only if you file a state return in AL, AR, CA, HI, IA, MN, NY or PA**

T/S/J		2018 Information	Prior Year Information
__	Unreimbursed expenses***		
__	Union dues, other than amounts reported on Form W-2***		
__	Tax preparation fees***		
	Other expenses, subject to 2% AGI limitation***:		
__			
__			
__	Safe deposit box rental***		
__	Investment expenses, other than on Schedule(s) K-1 or Form(s) 1099-DIV/INT***		

General: Bank

Direct Deposit/Electronic Funds Withdrawal Information

Per IRS Security Summit requirements, verify the name of financial institution, routing transit number, account number , and type of account below. If you would like to have a refund direct deposited into or a balance due debited from your bank account(s), please enter information in the fields below. Note that electronic funds will be withdrawn only from the primary account listed below.

Mark to verify all accounts listed below have been reviewed, updated as needed, and are correct. _

Primary account:

- Financial institution routing transit number ____________
- Name of financial institution ____________
- Your account number ____________
- Type of account (1 = Savings, 2 = Checking, 3 = IRA*) _
- Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) _
- Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) _
- Enter the maximum dollar amount, or percentage of total refund Dollar ____________ **or** Percent (xxx.xx) ____________

Secondary account #1:

- Financial institution routing transit number ____________
- Name of financial institution ____________
- Your account number ____________
- Type of account (1 = Savings, 2 = Checking, 3 = IRA*) _
- Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) _
- Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) _
- Enter the maximum dollar amount, or percentage of total refund Dollar ____________ **or** Percent (xxx.xx) ____________

Secondary account #2:

- Financial institution routing transit number ____________
- Name of financial institution ____________
- Your account number ____________
- Type of account (1 = Savings, 2 = Checking, 3 = IRA*) _
- Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) _
- Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) _
- Enter the maximum dollar amount, or percentage of total refund Dollar ____________ **or** Percent (xxx.xx) ____________

*Refunds may only be direct deposited to established traditional, Roth or SEP-IRA accounts. Make sure direct deposits will be accepted by the bank or financial institution.

Electronic Filing: ID Auth

Identity Authentication

Taxpayer -

- Form of identification (1 = Driver's license, 2 = State issued identification card, 3 = No applicable identification, 4 = Identification not provided) ___
- Identification number ____________
- Issue date ____________
- Expiration date ____________
- Location of issuance ___
- Document number (New York only) ____________

Spouse -

- Form of identification (1 = Driver's license, 2 = State issued identification card, 3 = No applicable identification, 4 = Identification not provided) ___
- Identification number ____________
- Issue date ____________
- Expiration date ____________
- Location of issuance ___
- Document number (New York only) ____________

NOTES/QUESTIONS:

Consolidated Broker Statement

Please provide copies of the Consolidated Broker Statement - Include all pages and all inserts

Preparer use only

T/S/J

Broker Name ______

Account number ______

Employer identification number ______

Margin interest ______

Investment management/advisory fees ______

***Whole numbers will be treated as $ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.**

Type Code	1099-INT		Interest Income	Tax Exempt Income	Penalty on Early Withdrawal	U.S. Obligations* $ or %	Tax Exempt* $ or %	Foreign Taxes Paid	Prior Year Information
	1	Payer							
		Amounts	+						
	2	Payer							
		Amounts	+						
	3	Payer							
		Amounts	+						
	4	Payer							
		Amounts	+						
	5	Payer							
		Amounts	+						

Type Code	1099-DIV		Ordinary Dividends	Qualified Dividends	Total Cap Gain Distr	Section 1250	Sec. 1202	28% Capital Gain	Tax Exempt Dividends	US Obligations* $ or %	Tax Exempt* $ or %	Foreign Tax Paid	Prior Year Information
	1	Payer											
		Amounts	+										
	2	Payer											
		Amounts	+										
	3	Payer											
		Amounts	+										
	4	Payer											
		Amounts	+										
	5	Payer											
		Amounts	+										

Form 1099-B Proceeds From Broker and Barter Exchange Transactions

Description of Property	Date Acquired	Date Sold	Gross Sales Price (Less expenses of sale)	Cost or Other Basis
			+	+
			+	+
			+	+
			+	+
			+	+

Description of Account - Aggregate profit/-loss on contracts	-Loss/Gain Entire Yr	1099-B Adjustment	Net 1256 loss carryback

	Control Totals +		Form ID: Broker