



Dear Client:

Enclosed is your tax organizer to use in gathering the information necessary to prepare your 2018 income tax returns.

Organizer

Your income tax returns are prepared from information you furnish to us; therefore, we encourage you to complete the organizer as best you can. We may follow up with you to clarify the information or request additional documentation. We assume the information is accurate and we do not audit or independently verify the data submitted.

The questions in the beginning of the organizer identify any changes in your personal situation and any related tax impact. Select information from your 2017 return is preprinted in the far right column for your reference and comparison purposes only.

Timing

It is very important that we receive your information as early as possible. Early receipt of your data will help us serve you in an efficient manner. The filing deadline this year is April 15, 2019. **If all the necessary information has not been received by March 18, 2019, a request for an extension of time may be needed to complete your income tax returns.** If an extension of time is required, any tax that may be due with the returns must be paid with the extension. Any tax not paid by the original filing deadline is subject to interest and late payment penalties.

Documents

The new tax law reform nearly doubled the standard deduction which will likely result in fewer people taking itemized deductions. However, Wisconsin along with several other states still allow a credit/deduction for certain itemized deductions. For this reason, please provide applicable support for property taxes, mortgage interest, donations and significant medical expenses. The IRS continues to match information returns with amounts reported on tax returns. To ensure accuracy, please include all original tax documents and forms such as W2s, 1099s and closing statements as well as any tax notices received during the year.

Updated Information

In the organizer, be sure to review and update if necessary your contact information in the Attention Requested and Client Information sections as well as update your bank account information listed in the Direct Deposit/Electronic Payment section.

Please contact us with any questions completing the organizer or to discuss any other tax or accounting need. We appreciate your confidence in us and, as always, we value your continued loyalty and trust.

Very truly yours,

Porter & Sack, CPAs, S.C.



Dear Client:

We are pleased to confirm and specify the terms of our engagement with you and to clarify the nature and extent of the tax services we will provide. By sending us the information for the preparation of your tax returns, you and all parties referenced in this letter will agree to the terms of our engagement. If you have any questions concerning this letter, terms, conditions or limitations, please contact us.

We will prepare your 2018 federal and any required resident state individual income tax return that we prepared for you last year. You are responsible for informing us if you have a tax filing obligation in another state(s)/locality. If so, please complete the Schedule of Additional Tax Returns below. All returns will be prepared from the information you provide. If based on this information we believe you have a filing obligation in any other state(s)/locality, we will contact you for approval to prepare such tax return(s).

This engagement letter does not cover the preparation of any financial statements, which, if we are to provide, will be covered under a separate engagement letter. Tax return preparation services do not constitute accounting or auditing services and are not designed to disclose or detect defalcations or other irregularities, should any exist. The returns will be prepared solely from information provided to us without verification by us.

It is your responsibility to provide all the information required for the preparation of complete and accurate tax returns. You should retain all the documents that provide evidence and support for reported income, credits and deductions on your returns, as required under applicable tax laws and regulations as these may be necessary to prove the accuracy and completeness of the returns. Our engagement does not include any procedures to detect errors, fraud or theft; therefore, our engagement cannot be relied upon to disclose such matters. You have the final responsibility for the income tax returns. We will provide you with a copy of your tax returns, schedules and statements for review prior to filing them with the IRS and relevant state and local tax authorities. You agree to carefully review and examine them for accuracy and completeness. You will be required to verify and sign a completed Form 8879, *IRS e-file Signature Authorization* and any state equivalent form to authorize us to electronically file your returns.

Attached is a tax organizer requesting specific information to compile and document the information necessary to prepare your income tax returns. You represent that the information you are providing to us is accurate and complete to the best of your knowledge and that you have disclosed to us all relevant facts affecting the returns. This will include the ownership of, or signature authority over any foreign bank accounts and the ownership of any other foreign financial assets. We will not verify or audit the information you give us; however, we may ask for additional clarification on some information.

Applicable laws and professional standards require us to apply certain review procedures in preparing your tax returns. We need adequate time to perform these procedures; therefore, we request receipt of your complete information at least 4 weeks prior to the due date. If you are unable to comply with this request, it may be necessary to request an extension of time to file. We do not file extensions automatically. If you want us to request an extension, you must notify us in writing no later than April 1, 2019. If an extension of time is required to file your returns, any tax that may be due with the returns must be paid with the extension. Any tax owed that is not paid by the original filing deadline is subject to interest and late payment penalties based on when the tax is actually paid.

You should also know that IRS audit procedures will almost always include questions on bartering transactions, deductions that require strict documentation such as travel and entertainment expenses and expenses for business usage of autos and computers. In preparing your returns, we rely on your representations that we have been informed of all bartering transactions and that you understand and have complied with the documentation requirements for your expenses and deductions. If you have questions about these issues, please contact us.

If, during our work, we discover information that affects prior year tax returns, we will make you aware of the facts. However, we cannot be responsible for identifying all items that may affect prior year returns. If at any time you become aware of such information, please contact us to discuss the best resolution. We will be happy to prepare appropriate amended returns as a separate engagement.

In accordance with federal law, in no case will we disclose your tax return information to any location outside the United States, to another tax return preparer outside of our firm for purposes of a second opinion, or to any other third party for any purpose other than to prepare your return without first receiving your consent. Our work is not intended to benefit or influence any third party, either to obtain credit or for any other purpose. You agree to indemnify and hold us harmless with respect to any and all claims arising from the use of tax returns for any purpose other than filing with the IRS and state and local tax authorities regardless of the nature of the claim, including the negligence of any party.

The Internal Revenue Code and regulations impose preparation and disclosure standards with non-compliance penalties on both the preparer of a tax return and on the taxpayer. To avoid exposure to these penalties, it may be necessary in some cases to make certain disclosures to you and/or in the tax return concerning positions taken on the return that do not meet these standards. Accordingly, we will discuss tax positions that may increase the risk of exposure to penalties and any recommended disclosures with you before completing the preparation of the return. If we conclude that we are obligated to disclose a position and you refuse to permit the disclosure, we reserve the right to withdraw from the engagement. We also have the right to withdraw from this engagement, in our discretion, if you don't provide us with any information we request in a timely manner, refuse to cooperate with our reasonable requests or misrepresent any facts. Our engagement with you will terminate upon our withdrawal and you agree to compensate us for all fees and out-of-pocket expenses through the date of our withdrawal. Our withdrawal will release us from any obligation to complete your return and will constitute completion of our engagement.

The IRS permits you to authorize us to discuss, on a limited basis, aspects of your return for one year after the return's due date. Your consent to such a discussion is evidenced by checking a box on the return. Unless you tell us otherwise, we will check that box authorizing the IRS to discuss your return with us. Federal tax law requires us to retain copies of tax returns we prepare and certain other documents related to our tax services for varying time periods. However, we do not retain any of your original records so we will return those to you upon the completion of the engagement. When records are returned to you, it is your responsibility to retain and protect the records for possible future use, including potential examination by governmental or regulatory agencies. Our current policy (which we may revise at any time and in our sole discretion) is to retain copies of tax returns and certain related workpapers for ten years after the return is filed, subject to casualties

beyond our control. We will provide you with a file copy of each federal and state income tax return for which we are a signed preparer.

Certain communications involving tax advice are privileged and not subject to disclosure to the IRS. By disclosing the contents of those communications to anyone, or by turning over the information about those communications to the government, you may be waiving this privilege. To protect this right to privileged communication, please consult with us or your attorney prior to disclosing any information about our tax advice. Should you decide that it is appropriate for us to disclose any potentially privileged communication, you agree to provide us with written, advance authority to make that disclosure.

During the preparation of your tax returns or in response to your request(s), we may provide you with tax advice concerning matters that are not the subject of this engagement letter. This tax advice and communication is beyond the scope of tax return preparation and is not included in the fees for tax return preparation. The fees for this advice will be based on the terms below.

Should we receive any request for the disclosure of privileged information from any third party, including a subpoena or IRS summons, we will notify you. In the event you direct us not to make the disclosure, you agree to hold us harmless from any expenses incurred in defending the privilege, including, by way of illustration only, our attorney's fees, court costs, outside advisor's costs, or penalties or fines imposed as a result of your asserting the privilege or your direction to us to assert the privilege.

This engagement does not include responding to inquiries by any governmental agency or tax authority. In addition, if your tax return is selected for examination or audit, you may request our assistance in responding to such audit. Any proposed adjustments by the examining agent are subject to certain rights of appeal. These additional services for inquiries or audit are not included in the fees for the preparation of the tax return(s) and will be billed on the terms below.

Our fees for this tax services engagement will be based in part upon the amount of time required at our standard billing rates for the personnel working on the engagement involved, degree of responsibility assumed and skills required, plus expenses, including internal and administrative charges. Such charges will be based upon several factors including the complexity of the work performed, the nature of services to be provided, the work product to be completed and the experience level of the individuals that will be assigned to the engagement as well as the timely delivery, availability, quality and completeness of your records. All invoices are due and payable upon receipt.

If the above terms and conditions are in accordance with your understanding and are acceptable to you, our preparation of your individual tax returns will constitute your acceptance of the terms and conditions outlined above whether or not you file the returns we prepare and deliver to you. We want to express our appreciation for this opportunity to work with you.

Porter & Sack, CPAs, S.C.

Schedule of Additional Tax Returns

Taxpayer (self, child, parent, business entity, etc)

Additional Returns (state, gift, 1099 Misc, etc)

ATTENTION REQUESTED

Please provide us with your preferred email address that we should use for email communications. All sensitive electronic data will be transferred via an encrypted secure email or our client portal.

If there are circumstances in which you do not want us to provide information via email, please let us know. If you have any questions about this request for your email address, please contact us.

PREFERRED EMAIL ADDRESS: _____@_____

ADDITIONAL EMAIL ADDRESS: _____@_____

PRINTED NAME: _____

SIGNATURE: _____

DATE: _____

2018	1040	US	Client Information	1
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Porter & Sack, CPAs, S.C.
 6515 Watts Road, Suite 200
 Madison WI 53719-2726
 Telephone number:
 Fax number:
 E-mail address:

Tax Return Appointment

Date:
 Time:
 Location:

This tax organizer will assist you in gathering information necessary for the preparation of your 2018 tax return. Please add, change, or delete information as appropriate.

CLIENT INFORMATION

Filing Status	Filing status (table)		<p>Filing Status</p> <p>1 = Single 2 = Married filing joint 3 = Married filing separate 4 = Head of household 5 = Qualifying widow(er)</p>
	1=married filing separate and lived with spouse		
	Year spouse died, if qualifying widow(er) (2016 or 2017)		
Taxpayer	First name and initial		
	Last name		
	Title/suffix		
	Social security number		
	Occupation		
	Date of birth (m/d/y)		
	Date of death (m/d/y)		
1=blind			
Spouse	First name and initial		
	Last name		
	Title/suffix		
	Social security number		
	Occupation		
	Date of birth (m/d/y)		
	Date of death (m/d/y)		
1=blind			
Address	In care of		
	Street address		
	Apartment number		
	City		
	State		
Foreign Address	Region		
	Postal code		
	Country		

Please add, change or delete information for 2018.

CLIENT INFORMATION

Taxpayer Contact Information	Home phone.....		<p>Daytime Phone</p> <p>1 = Work 2 = Home 3 = Mobile</p>
	Work phone.....		
	Work extension.....		
	Daytime phone (table).....		
	Mobile phone.....		
	Fax number.....		
	E-mail address.....		
Spouse Contact Information	Home phone.....		
	Work phone.....		
	Work extension.....		
	Daytime phone (table).....		
	Mobile phone.....		
	Fax number.....		
	E-mail address.....		
Taxpayer Authentication	Driver's license no.....		
	Driver's license state.....		
	Expiration date (m/d/y).....		
	Issue date (m/d/y).....		
	Theft protection PIN.....		
Spouse Authentication	Driver's license no.....		
	Driver's license state.....		
	Expiration date (m/d/y).....		
	Issue date (m/d/y).....		
	Theft protection PIN.....		

Please add, change or delete information for 2018.

DEPENDENTS

	Dependent	Dependent	
First name			<p>Type of Dependent</p> <p>1 = Child living w/taxpayer 2 = Child not living w/taxpayer 3 = Dependent other than child 4 = Head of household only, not a dependent 5 = Earned income credit only, not a dependent</p> <p>Earned Income Credit</p> <p>1 = When applicable (default) 2 = Student age 19 to 23 3 = Disabled 4 = Force 5 = Suppress</p> <p>NOTE: If you claim the earned income credit, please provide proof that your child is a resident of the U.S. This proof is typically in the form of:</p> <ol style="list-style-type: none"> 1. School records or statement 2. Landlord or property management statement 3. Health care provider statement 4. Medical records 5. Child care provider records 6. Placement agency statement 7. Social service records or statement 8. Place of worship statement 9. Indian tribe office statement 10. Employer statement <p>NOTE: If your child is disabled, please provide one of the following forms of proof of disability:</p> <ol style="list-style-type: none"> 1. Doctor statement 2. Other health care provider statement 3. Social services agency or program statement
Last name			
Title/suffix			
Date of birth (m/d/y)			
Date of death			
Date of adoption			
Social security number			
Relationship			
Months lived at home			
Type of dependent (see table)			
Earned income credit (see table)			
Claimed by: 1=taxpayer, 2=spouse			
	Dependent	Dependent	
First name			
Last name			
Title/suffix			
Date of birth (m/d/y)			
Date of death			
Date of adoption			
Social security number			
Relationship			
Months lived at home			
Type of dependent (see table)			
Earned income credit (see table)			
Claimed by: 1=taxpayer, 2=spouse			
	Dependent	Dependent	
First name			
Last name			
Title/suffix			
Date of birth (m/d/y)			
Date of death			
Date of adoption			
Social security number			
Relationship			
Months lived at home			
Type of dependent (see table)			
Earned income credit (see table)			
Claimed by: 1=taxpayer, 2=spouse			
	Dependent	Dependent	
First name			
Last name			
Title/suffix			
Date of birth (m/d/y)			
Date of death			
Date of adoption			
Social security number			
Relationship			
Months lived at home			
Type of dependent (see table)			
Earned income credit (see table)			
Claimed by: 1=taxpayer, 2=spouse			

2018	1040	US	Miscellaneous Questions
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PERSONAL INFORMATION

- | | | |
|--------------------------|--------------------------|---|
| Yes | No | |
| <input type="checkbox"/> | <input type="checkbox"/> | Did your marital status change during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did your address change during the year? If so, please adjust input page. |
| <input type="checkbox"/> | <input type="checkbox"/> | Could you or your spouse be claimed as a dependent on another person's tax return for 2018? |

DEPENDENTS

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Were there changes in individuals living in your home in 2018? |
| <input type="checkbox"/> | <input type="checkbox"/> | Were any of your unmarried children who might be claimed as dependents 19 years of age or older at the end of 2018? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did your children age 18 or under, or your full-time college student children age 23 or under, as of December 31, 2018 have investment income, stock or mutual fund sales in 2018 in excess of \$1,050? If yes, please provide details and tax documents related to all your children's 2018 income. |

INCOME

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive unreported tip income in 2018? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you cash Series EE U.S. savings bonds issued after 1989 and pay qualified higher education expenses for yourself, your spouse or your dependents in 2018? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive disability income or unemployment compensation in 2018? If yes, please circle applicable income and provide details. |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have foreign income or pay foreign taxes in 2018? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have an interest in or signature or other authority over a financial account in a foreign country, such as a bank account, securities account, online gambling account, or other financial account in 2018? If yes, you may have additional reporting requirements on your foreign accounts. Please indicate in the Schedule of Additional Tax Returns located in the attached Engagement Letter if you need assistance completing these additional forms. |

PURCHASES, SALES AND DEBT

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you start a business or farm, purchase rental or royalty property or acquire an interest in a partnership, S corporation, trust or REMIC in 2018? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you purchase, trade-in or dispose of business assets such as furniture, equipment, vehicles, real estate or convert personal assets to business use in 2018? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you buy or sell stocks, bonds or other investment property in 2018? If so, complete the Capital Gains & Losses section. |

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Yes

No

Did you have debts canceled or forgiven in 2018? If yes, please provide relevant details & related Form(s) 1099-C.

Did anyone owe you money which became noncollectable in 2018? If yes, please provide relevant detail.

SOLAR AND VEHICLE ENERGY-EFFICIENT PURCHASES

Did you make any personal residence energy-efficient purchases involving solar electrical or solar water heating energy sources? If yes, please include copies of related invoices, a copy of the manufacturer's tax credit certification and the below information:

Solar costs _____ Date installed _____

Did you make a qualified plug-in electric vehicle purchase in 2018? If yes, please include a copy of the manufacturer's tax credit certification and related purchase information.

RETIREMENT PLANS

Did you receive a distribution from a retirement plan - 401(k), IRA, ROTH, SEP, SIMPLE, other Qualified Plan in 2018? If yes, complete the Pensions, IRA Distributions section in this organizer.

Did you make a contribution to a retirement plan, NOT already reported on your Form W-2, 401(k), IRA, ROTH, SEP, SIMPLE, or other Qualified Plan in 2018? If yes, provide details and complete the Adjustments to Income section in this organizer.

Did you transfer or rollover an amount from one retirement plan to another retirement plan in 2018? If yes, provide details.

Did you convert part or all of your traditional, SEP or SIMPLE IRA or qualified plan including 401(k) and 403(b) plans to a ROTH IRA in 2018? If yes, provide details.

Did you receive retirement distributions or acquire an interest in a retirement plan due to a death in 2018? If yes, complete the Pensions, IRA Distributions section in this organizer.

HEALTH CARE COVERAGE

Did you, your spouse and your dependents have health care coverage for all of 2018? If no, please provide details on which months in 2018 you, your spouse or your dependents did not have health care coverage by completing the Health Coverage Form section in this organizer.

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- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive any of the following IRS Documents: Form 1095-A (Health Insurance Marketplace Statement), 1095-B (Health Coverage) or Form 1095-C (Employer Provided Health Insurance Offer and Coverage)? If so, please attach. |
| <input type="checkbox"/> | <input type="checkbox"/> | If you, your spouse, or your dependents did not have health care coverage during the year, do you fall into one of the following exemption categories: Indian tribe membership, health sharing ministry membership, religious sect membership, incarceration, general hardship or unable to renew existing coverage? If you received an exemption certificate, please attach. |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive a federal health insurance premium assistance credit or subsidy through the insurance marketplace in 2018? If yes, please provide the amount of the credit or subsidy received in 2018 \$ _____ and attach details and tax documents related to all your dependent(s) 2018 income. |
| <input type="checkbox"/> | <input type="checkbox"/> | <u>Wisconsin Resident Only</u> - Did you or your spouse's <u>employer</u> pay for all or a portion of your premiums for medical care insurance, dental insurance and catastrophic health insurance for you, your spouse or your family in 2018? |
| <input type="checkbox"/> | <input type="checkbox"/> | <u>Wisconsin Resident Only</u> - If you answered YES to the above question did your employer offer a pretax plan in which you participated in 2018 making your portion of the medical insurance premiums paid not subject to income and payroll tax during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | <u>Wisconsin Resident Only</u> - Did you or your spouse <u>pay personally, not through an employer</u> , all or a portion of your premiums for medical care insurance, dental insurance and catastrophic health insurance for you, your spouse or your family in 2018? If paid personally and not through an employer, please provide total premiums for medical care insurance, dental insurance and catastrophic health insurance for you, your spouse or your family in 2018 \$ _____. |

HSAs, LONG-TERM CARE AND LIFE INSURANCE PLANS

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you, your spouse or your employer contribute to a health savings account (HSA) on your behalf in 2018? (Do not include health flex spending plans here.) If yes, how much? Employee portion \$ _____ Employer portion \$ _____
Is it a family coverage plan or individual plan? (Circle one) |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive health savings account (HSA) distributions in 2018 (Do not include health flex spending plans here.)? If yes, how much \$ _____?
Please let us know if any 2018 HSA distributions were <u>NOT</u> for qualified medical expenses. |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you pay long term health care (LTC, elder care) insurance premiums in 2018? Amount paid on behalf of:
Taxpayer \$ _____ Spouse \$ _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive payments under a long-term care (LTC, elder care) insurance contract or receive accelerated death benefits from a life insurance policy in 2018? Amount Received: \$ _____ Please include Form 1099-LTC. |

ITEMIZED DEDUCTIONS

- | | | |
|---------------------------------|--------------------------------|---|
| Yes
<input type="checkbox"/> | No
<input type="checkbox"/> | Did you incur a loss as a result of a federally declared disaster in 2018? If yes, please provide relevant details including insurance reimbursement received or expected. |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you purchase or sell your principal home or second home in 2018? If yes, please provide the sale and/or purchase closing statement. |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have a home equity line of credit in 2018? New this year: interest related to the line of credit proceeds used to buy, build or improve your home remain deductible. Interest related to personal living expenses such credit card debt or auto purchases are no longer deductible. |
| <input type="checkbox"/> | <input type="checkbox"/> | If you answered YES to the above question. Does your line of credit include personal living expenses? If yes, please provide additional details including the amount of loan proceeds used for personal expenses. |

EDUCATION

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you/your spouse incur out of pocket classroom expenses working as a teacher, instructor, counselor, principal or aide for grades K-12, spent at least 900 hours as an educator during the school year and did not get reimbursed for these expenses? Amount of unreimbursed expenses in 2018: \$ _____. |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive a distribution from an Education Savings Account or a Qualified Tuition Program in 2018? If yes, amount received \$ _____.

Of the amount received, how much was used for qualified higher education expenses? (Tuition, fees, books, room & board for half time students in a degree program.) Amount of higher education qualifying expenses \$ _____.

Of the amount received, how much was used for qualified tuition for elementary or secondary public, private or religious school? (Limit: \$10,000/student/tax year). Amount of elementary or secondary school tuition \$ _____. |
| <input type="checkbox"/> | <input type="checkbox"/> | Were you or your dependent (age 23 or under on December 31, 2018) enrolled in any college, university or vocational school to acquire or improve job skills?
(- Circle one -)
Student #1 Name _____ More than half-time / less than half-time
Student #1 Name of college or university school attended _____
Student #1 Tuition Paid \$ _____ (Include Form 1098-T)
Student #1 Amount paid for books, fees & supplies \$ _____
Did Student #1 complete the 4th year of college by January 1, 2018? Yes / No
(- Circle one -)
Student #2 Name _____ More than half-time / less than half-time
Student #2 Name of college or university school attended _____
Student #2 Tuition Paid \$ _____ (Include Form 1098-T)
Student #2 Amount paid for books, fees & supplies \$ _____
Did Student #2 complete the 4th year of college by January 1, 2018? Yes / No |

ESTIMATED TAXES

- | | | |
|---------------------------------|--------------------------------|---|
| Yes
<input type="checkbox"/> | No
<input type="checkbox"/> | If you have an overpayment of 2018 taxes, do you want the excess applied to your 2019 estimated tax instead of being refunded? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did your bank account information change within the last twelve months. If yes and you would like direct deposit of your tax refunds, please provide bank name, type of account, account number and routing number in the Direct Deposit & Estimates section of this organizer. |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you expect your 2019 taxable income and withholdings to be generally the same as 2018? If different, complete the estimated tax section in this organizer detailing your reasons why. |

MISCELLANEOUS

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Do you want to allocate \$3 to the Presidential Election Campaign Fund?
Taxpayer: Yes / No Spouse: Yes / No (Circle all applicable) |
| <input type="checkbox"/> | <input type="checkbox"/> | May the IRS discuss this return with the preparer? |
| <input type="checkbox"/> | <input type="checkbox"/> | Was your home rented out or used for business in 2018? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you engage the services of any household employees in 2018? |
| <input type="checkbox"/> | <input type="checkbox"/> | Were you notified or audited by either the IRS or a state taxing agency? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you or your spouse make gifts to one individual that totaled more than \$15,000 (\$30,000 for married couples) or gifts to a trust in 2018? If yes, please provide relevant details. |

WISCONSIN INFORMATION

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you pay rent on your home or apartment in 2018?
Amount \$ _____
Was your heat included in your rent? Yes / No Please circle one. |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you wish to make a donation on your Wisconsin income tax return to the:
Note: donations will decrease WI refund or increase WI amount due. |

Endangered Resources	\$ _____	Military Family Relief	\$ _____
Cancer Research	\$ _____	Second Harvest/Feeding America	\$ _____
Veterans Trust Fund	\$ _____	Red Cross WI Disaster Relief	\$ _____
Multiple Sclerosis	\$ _____	Special Olympics Wisconsin	\$ _____

2018

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US

Miscellaneous Questions

WISCONSIN INFORMATION - CONTINUEDYes
No

Did you contribute to a Wisconsin EDVEST or Tomorrow Scholars' education savings account for 2018 for a child, grandchild, niece or nephew or authorized beneficiary?

Total 2018 contributions given for Student #1: \$ _____

Student #1 Name _____

Account Owner _____

Total 2018 contributions given for Student #2: \$ _____

Student #2 Name _____

Account Owner _____

Total 2018 contributions given for Student #3: \$ _____

Student #3 Name _____

Account Owner _____

Did you pay private school tuition for your elementary or secondary school age dependent to an eligible institution in 2018? (Do not include tuition paid by college savings plans below)

Total 2018 tuition and mandatory books paid for Student #1: \$ _____

Student #1 Name _____

Student #1 Grade on 1/1/2018 _____

School Name _____

School Address _____

School FEIN _____

Total 2018 tuition and mandatory books paid for Student #2: \$ _____

Student #2 Name _____

Student #2 Grade on 1/1/2018 _____

School Name _____

School Address _____

School FEIN _____

Did you or your spouse purchase tangible personal property in 2018 from an out-of-state seller on which no sales tax was charged and the property is stored, used or consumed in Wisconsin? Examples of out of state purchases include Internet, mail order and foreign travel declaration purchases.

If yes, WI sales tax is due on these purchases.

Amount of 2018 purchases subject to WI sales tax: \$ _____

If you check no, you are certifying to the Wisconsin Department of Revenue that WI sales tax is not due on any 2018 purchases. Please note this certification will be indicated as such on your 2018 Wisconsin return.

If this question is not completed, we will assume you do not owe use tax on 2018 purchases and will check the box on the Wisconsin tax return certifying that no use tax is due.

Please enter all pertinent 2018 information.

DIRECT DEPOSIT / ELECTRONIC PAYMENT (3)

1=direct deposit of federal tax refund into bank account		
1=electronic payment of balance due		
1=electronic payment of estimated tax		

BANK INFORMATION

Name of Bank	Percent to Deposit (xx.xx)	Routing Number	Account Number	Type of Account (Table 1)	Type of Invest. (Table 2)

2018 ESTIMATED TAX / 1040-ES (6)

Federal

	Amount Paid	Date Paid	TS	2018 Voucher Amount
Overpayment applied from 2017				
1st quarter payment				
2nd quarter payment				
3rd quarter payment				
4th quarter payment				
Additional Estimated Tax Payments				
Paid with extension				
Former spouse SSN if joint estimates				

State

	Amount Paid	Date Paid	TS	2018 Voucher Amount
Overpayment applied from 2017				
1st quarter payment				
2nd quarter payment				
3rd quarter payment				
4th quarter payment				
Additional Estimated Tax Payments				
Paid with extension				

1 Type of Account

1 = Savings
2 = Checking

2 Type of Investment

1 = Checking or savings (default)	6 = Coverdell savings account (ESA)
2 = Taxpayer's IRA (next year limits)	7 = Other
3 = Spouse's IRA (next year limits)	8 = Taxpayer's IRA (current year limits)
4 = Health savings account (HSA)	9 = Spouse's IRA (current year limits)
5 = Archer MSA	

2018

1040

US

Direct Deposit & Estimates (Form 1040 ES) (cont.)

7.1

Please enter all pertinent 2018 information.

APPLICATION OF 2018 OVERPAYMENT (7.1)

If you have an overpayment of 2018 taxes, do you want the excess refunded? or applied to 2019 estimate? ...

Other (please explain): _____

2019 ESTIMATED TAX INFORMATION

Do you expect your 2019 taxable income to be different from 2018? Yes No

If "yes" explain any differences in income, deductions, dependents, etc.: _____

Do you expect your 2019 withholding to be different from 2018? Yes No

If "yes" explain any differences: _____

7.1

2018	1040	US	Wages, Pensions, Gambling Winnings	10, 13.1, 13.2
-------------	-------------	-----------	---	-----------------------

Please enter all pertinent 2018 amounts & attach all W-2, W-2G and 1099-R forms.
Last year's amounts are provided for your reference.

WAGES, SALARIES, TIPS (10)

No.	Name of Employer (Box c)	1=retirement plan (Box 13)		Wages, Tips, Other Compensation (Box 1)	Tax Withheld					2017 Wages
		1=spouse			Federal (Box 2)	Social Security (Box 4)	Medicare (Box 6)	State (Box 17)	Local (Box 19)	

PENSIONS, IRA DISTRIBUTIONS (13.1)

No.	Name of Payer	Distribution code #2		Gross Distribution (Box 1)	Taxable Amount (Box 2a)	Tax Withheld		Value of all IRAs at 12/31/18	2017 Distribution
		Distribution code #1				Federal (Box 4)	State (Box 12)		
		1=IRA/SEP/SIMPLE							
		1=spouse							

GAMBLING WINNINGS (W-2G) (13.2)

No.	Name of Payer	1=spouse	Gross Winnings (Box 1)	Tax Withheld			2017 Winnings
				Federal (Box 4)	State (Box 15)	Local (Box 17)	

GAMBLING LOSSES & WINNINGS (NON W-2G) (13.2)

Total gambling losses	2018 Amount	TS	2017 Amount
Winnings not reported on Form W-2G			

10, 13.1, 13.2

2018	1040	US	Miscellaneous Income	14.1
-------------	-------------	-----------	-----------------------------	-------------

Please enter all pertinent 2018 amounts and attach all 1099-MISC, SSA-1099, and RRB-1099 forms. Last year's amounts are provided for your reference.

MISCELLANEOUS INCOME

	2018 Amount		2017 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Social security benefits (SSA-1099, box 5).....				
Medicare premiums paid (SSA-1099).....				
1=treat Medicare premiums paid as SE health ins. . .				
Tier 1 RR retirement benefits (RRB-1099, box 5) . . .				
1=lump-sum election for SS benefits.....				
Alimony received.....				
Taxable scholarships and fellowships.....				
Jury duty pay.....				
Household employee income not on W-2.....				
Excess minister's allowance.....				
Alaska permanent fund dividends.....				
Income from rental of personal property.....				
Income subject to S/E tax:				

Other income (1099-MISC, box 3, 8)				

TAX WITHHELD (not entered elsewhere)

Federal income tax withheld.....				
State income tax withheld.....				
Local income tax withheld.....				

Please add, change or delete 2018 information as appropriate.
Be sure to attach all 1099-G forms.

**STATE AND LOCAL TAX REFUNDS /
UNEMPLOYMENT COMPENSATION (Form 1099-G)**

2018 1099-G Amount

No. <input type="text"/>	Name of payer.....		
	1=spouse.....		
	Unemployment compensation:		
	Total received (Box 1).....		
	2018 Overpayment repaid.....		
	State and local refunds:		
	State and local income tax refund, credit or offsets (Box 2)		
	1=city or local income tax refund.....		
	Tax year for box 2 if not 2017 (Box 3).....		
	Federal income tax withheld (Box 4).....		
	RTAA payments (Box 5).....		
	Taxable grants:		
	Federal taxable amount (Box 6).....		
	State taxable amount, if different.....		
	Farm amounts:		
Agriculture payments (Box 7).....			
1=agriculture payments are from conservation reserve program.....			
Market gain (Box 9).....			
Number of farm.....			
1=box 2 is trade or business income (Box 8).....			
State income tax withheld (Box 11).....			

No. <input type="text"/>	Name of payer.....		
	1=spouse.....		
	Unemployment compensation:		
	Total received (Box 1).....		
	2018 Overpayment repaid.....		
	State and local refunds:		
	State and local income tax refund, credit or offsets (Box 2)		
	1=city or local income tax refund.....		
	Tax year for box 2 if not 2017 (Box 3).....		
	Federal income tax withheld (Box 4).....		
	RTAA payments (Box 5).....		
	Taxable grants:		
	Federal taxable amount (Box 6).....		
	State taxable amount, if different.....		
	Farm amounts:		
Agriculture payments (Box 7).....			
1=agriculture payments are from conservation reserve program.....			
Market gain (Box 9).....			
Number of farm.....			
1=box 2 is trade or business income (Box 8).....			
State income tax withheld (Box 11).....			

Please enter all pertinent 2018 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

Principal business/profession	
Principal business code	
Business name, if different from Form 1040	
Business address, if different from Form 1040	
City, if different from Form 1040	
State, if different from Form 1040	
ZIP code, if different from Form 1040	
Foreign region	
Foreign postal code	
Foreign country	
Employer identification number	
Other accounting method	

Accounting method: 1=cash, 2=accrual		
Inventory method: 1=cost, 2=lower cost/market, 3=other		
1=change of inventory method		
1=spouse, 2=joint		
1=first Schedule C filed for this business		
If required to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no		
1=not subject to self-employment tax		
1=did not "materially participate"		
1=personal services is not a material income producing factor		
1=investment		
1=minister's Schedule C		
1=single member limited liability company		
1=trader in financial instruments or commodities		

INCOME

	2018 Amount	2017 Amount
Gross receipts or sales (Form 1099-MISC, box 7)		
Returns and allowances		
Other income:		

COST OF GOODS SOLD

Inventory at beginning of the year		
Purchases		
Cost of items for personal use		
Cost of labor		
Materials and supplies		
Other costs:		

Inventory at end of the year		

Please enter all pertinent 2018 amounts. Last year's amounts are provided for your reference.

EXPENSES

	2018 Amount	2017 Amount
Accounting		
Advertising		
Answering service.....		
Bad debts from sales or service.....		
Bank charges.....		
Car and truck expenses (not entered elsewhere)		
Commissions		
Contract labor.....		
Delivery and freight		
Dues and subscriptions.....		
Employee benefit programs.....		
Insurance (other than health)		
Mortgage interest (paid to banks, etc.)		
Other interest (not entered elsewhere)		
Janitorial		
Laundry and cleaning.....		
Legal and professional		
Miscellaneous.....		
Office expense.....		
Outside services		
Parking and tolls.....		
Pension and profit sharing plans - contributions.....		
Pension and profit sharing plans - admin. and education costs.....		
Postage.....		
Printing.....		
Rent - vehicles, machinery, & equipment (not entered elsewhere).....		
Rent - other.....		
Repairs.....		
Security.....		
Supplies.....		
Taxes - real estate.....		
Taxes - payroll.....		
Taxes - sales tax included in gross receipts.....		
Taxes - other (not entered elsewhere).....		
Telephone.....		
Tools.....		
Travel.....		
Total meals in full (50%).....		
Department of Transportation meals in full (80%).....		
Uniforms.....		
Utilities.....		
Wages.....		

Other expenses:

NOTE: If you purchased or disposed of any business assets, please complete Sheet 22.

Please enter all pertinent 2018 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

	2018 Amount	2017 Amount
Description of vehicle.....		
1=no evidence to support your deduction.....		
1=no written evidence to support your deduction.....		
1=vehicle is available for off-duty personal use.....		
1=no other vehicle is available for personal use.....		
1=vehicle used primarily by more than 5% owner.....		
Number of months of business use if changed from 100% personal use.....		

AUTOMOBILE MILEAGE

Total mileage (for the tax year).....		
Business mileage.....		
Commuting mileage (for the tax year).....		
Average daily round-trip commute.....		

ACTUAL EXPENSES

Parking fees and tolls (business portion only).....		
Gasoline, lube, oil.....		
Repairs.....		
Tires.....		
Insurance.....		
Miscellaneous.....		
Auto license (other than personal property taxes).....		
Personal property taxes (based on car's value).....		
Interest (car loan) (for Schedule C, E & F).....		
Vehicle rent or lease payments.....		
Inclusion amount (enter as positive).....		
Value of employer-provided vehicle on Form W-2 (2106).....		

Please enter all pertinent 2018 information. Last year's amounts are provided for your reference.

TRADITIONAL IRA CONTRIBUTIONS

	2018 Amount		2017 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
IRA contributions you made or expect to make (1=maximum) (\$5,500/\$6,500 if 50 or older)				
Contributions made to date				
1=covered by plan, 2=not covered				
2018 payments from 1/1/19 to 4/15/19				

ROTH IRA CONTRIBUTIONS

	2018 Amount	2017 Amount
	Taxpayer	Spouse
Roth IRA contributions you made or expect to make (1=maximum) (\$5,500/\$6,500 if 50 or older)		
Contributions made to date		

SEP, SIMPLE AND QUALIFIED PLANS (KEOGH)

	2018 Amount		2017 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Profit-sharing (25%/1.25) contributions you made or expect to make (1=maximum)				
Money purchase (25%/1.25) contributions you made or expect to make (1=maximum)				
Defined benefit contributions you expect to make				
Self-employed SEP (25%/1.25) contributions you made or expect to make (1=maximum)				
Plan contribution rate if not .25 (.xxxx)				
Individual 401k: SE elective deferrals (except Roth) (1=max.)				
Individual 401k: SE designated Roth contributions (1=max.)				
SIMPLE contributions:				
Self-employed SIMPLE contributions you made or expect to make (1=maximum)				
Employer matching rate if not .03 (.xxxx)				
1=nonelective contributions (2%)				
Contributions made to date				

ADJUSTMENTS TO INCOME

	2018 Amount		2017 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Self-employed health insurance:				
Total premiums (excluding long-term care)				
Long-term care premiums				
Student loan interest paid (1098-E, box 1)				
Educator expenses (kindergarten thru grade 12)				
Jury duty pay given to employer				
Expenses from rental of personal property				
Other adjustments to income:				

	2018 Amount		2017 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Alimony paid:				
Recipient's first name				
Recipient's last name				
Recipient's SSN				
Amount paid				
		2017 amt:		2017 amt:

Please enter all pertinent 2018 amounts and attach all 1098 forms.
Last year's amounts are provided for your reference.

MEDICAL AND DENTAL EXPENSES

NOTE: Enter self-employed health insurance premiums on Sheet 24 and Medicare insurance premiums on Sheet 14.

	2018 Amount	TS	2017 Amount
Prescription medicines and drugs			
Doctors, dentists and nurses			
Hospitals and nursing homes			
Insurance premiums not entered elsewhere (excl. LT care & amts. paid w/pre-tax dollars) ..			
Long-term care premiums - taxpayer			
Long-term care premiums - spouse			
Insurance reimbursement (enter as a positive number)			
Lodging and transportation:			
Out-of-pocket expenses			
Medical miles driven			
Other medical and dental expenses:			

TAXES PAID (State and local withholding and 2018 estimates are automatic.)

State income taxes - 1/18 payment on 2017 state estimate			
State income taxes - paid with 2017 state return extension			
State income taxes - paid with 2017 state return			
State income taxes - paid for prior years and/or to other state			
City/local income taxes - 1/18 payment on 2017 city/local estimate			
City/local income taxes - paid with 2017 city/local extension			
City/local income taxes - paid with 2017 city/local return			

SALES AND USE TAXES PAID

State and local sales taxes (except autos and special items)			
Use taxes paid on 2018 purchases			
Use taxes paid with 2017 state return			
Sales tax on autos not included above			
Sales tax on boats, aircraft, other special items			

OTHER TAXES PAID

Real estate taxes - principal residence:			

Real estate taxes - property held for investment			
Personal property taxes (including auto fees in some states. Provide a copy of tax notice) ..			
Foreign income taxes			
Other taxes:			

Please enter all pertinent 2018 amounts. Last year's amounts are provided for your reference.

INTEREST PAID

Home mortgage int. (Box 1) and points (Box 2) reported on Form 1098:

2018 Amount

TS

2017 Amount

Table with 3 columns: Description, 2018 Amount, TS, 2017 Amount. Includes rows for home mortgage interest and points reported on Form 1098.

Home mortgage interest not reported on Form 1098:

Form for home mortgage interest not reported on Form 1098, including fields for payee's name, SSN, address, city, state, ZIP code, region, postal code, country, and amount paid.

Points not reported on Form 1098:

Table with 3 columns: Description, 2018 Amount, TS, 2017 Amount. Includes rows for points not reported on Form 1098.

Mortgage insurance premiums on post 12/31/06 contracts (Box 4):

Table with 3 columns: Description, 2018 Amount, TS, 2017 Amount. Includes row for mortgage insurance premiums.

Investment interest (interest on margin accounts):

Table with 3 columns: Description, 2018 Amount, TS, 2017 Amount. Includes row for investment interest.

Passive interest:

Table with 3 columns: Description, 2018 Amount, TS, 2017 Amount. Includes row for passive interest.

Certain home mortgage interest included above (6251):

Table with 3 columns: Description, 2018 Amount, TS, 2017 Amount. Includes row for certain home mortgage interest.

NOTE: Points paid on loans other than to buy, build, or improve your main home are deductible over the life of the mortgage. For these types of loans also provide the dates and lives of the loans.

CASH CONTRIBUTIONS

NOTE: No deduction is allowed for cash or check contributions unless the donor maintains a bank record, or a written communication from the donee, showing the name of the organization, contribution date(s), and contribution amount(s).

Churches, schools, hospitals, and other charitable organizations (60% limitation):

Contributions by cash or check:

Table with 3 columns: Description, 2018 Amount, TS, 2017 Amount. Includes rows for cash or check contributions to churches, schools, hospitals, etc.

Volunteer expenses (out-of-pocket):

Number of charitable miles:

Table with 3 columns: Description, 2018 Amount, TS, 2017 Amount. Includes rows for volunteer expenses and charitable miles.

Veterans' organizations, fraternal societies, nonprofit cemeteries, and certain private nonoperating foundations (30% limitation):

Contributions by cash or check:

Table with 3 columns: Description, 2018 Amount, TS, 2017 Amount. Includes rows for cash or check contributions to veterans' organizations, etc.

Volunteer expenses (out-of-pocket):

Number of charitable miles:

Table with 3 columns: Description, 2018 Amount, TS, 2017 Amount. Includes rows for volunteer expenses and charitable miles.

Please enter all pertinent 2018 amounts. Last year's amounts are provided for your reference.

NONCASH CONTRIBUTIONS

NOTE: Use Sheet 26 if total noncash contributions are over \$500. No deduction is allowed for contributions of clothing and household items that are not in good used condition or better. In addition, a deduction for any item with minimal monetary value may be denied.

50% limitation (see above):

2018 Amount	TS	2017 Amount

30% limitation (see above):

2018 Amount	TS	2017 Amount

30% capital gain property (gifts of capital gain property to 50% limit orgs.):

2018 Amount	TS	2017 Amount

20% capital gain property (gifts of capital gain property to non-50% limit orgs.):

2018 Amount	TS	2017 Amount

STATE MISC. DEDS. IF NON-CONFORMING TO TAX CUTS & JOBS ACT (subject to 2% AGI limit)

Union and professional dues.....

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Other unreimbursed employee expenses (uniforms and protective clothing, professional subscriptions, employment agency fees, and certain edu. expenses):

2018 Amount	TS	2017 Amount

Investment expense:

2018 Amount	TS	2017 Amount

Tax return preparation fee.....

Safe deposit box rental.....

Miscellaneous deductions (2% AGI) (certain legal and accounting fees, and custodial fees):

2018 Amount	TS	2017 Amount

If either of the following conditions below apply to you, your home mortgage interest deduction may need to be limited and the input section provided below should be completed. If neither condition applies, enter home mortgage interest amounts on organizer sheet 25 p2.

- 1. Total home equity debt exceeded \$100,000 at any time during 2018 (\$50,000 if married filing separate). For this purpose, home equity debt is defined as any mortgages taken out in which the proceeds were used to buy, build, or improve your home.
2. Total home acquisition debt exceeded \$750,000 at any time during 2018 (\$375,000 if married filing separate). For this purpose, home acquisition debt is defined as any mortgages taken out after October 13, 1987 in which the proceeds were used to buy, build, or improve your home.

NOTE: When completing the input section below, grandfather debt represents loans taken out prior to October 14, 1987.

Please enter all pertinent 2018 amounts and attach all 1098 forms. Last year's amounts are provided for your reference.

Table with 3 columns: 2018 Amount, TS, 2017 Amount. Rows include Fair market value of the property on the date that the last debt was secured and Home acquisition and grandfather debt on the date that the last debt was secured.

LOAN INFORMATION

Loan #1

Table for Loan #1 with rows for Lender's name, Form (see table), Number of form, Interest paid, Points paid, Total principal paid, Lump sum principal payment (if paid off), Months outstanding (if not 12), Home acquisition debt balance - beginning of year, Home acquisition debt borrowed in 2018, Home equity debt balance - beginning of year, Home equity debt borrowed in 2018, Grandfather debt balance - beginning of year.

Loan #2

Table for Loan #2 with rows for Lender's name, Form (see table), Number of form, Interest paid, Points paid, Total principal paid, Lump sum principal payment (if paid off), Months outstanding (if not 12), Home acquisition debt balance - beginning of year, Home acquisition debt borrowed in 2018, Home equity debt balance - beginning of year, Home equity debt borrowed in 2018, Grandfather debt balance - beginning of year.

Form
1 = Schedule A (default)
2 = Business use of home
3 = Schedule E

Please enter all pertinent 2018 amounts and attach all 1098 forms.
Last year's amounts are provided for your reference.

LOAN INFORMATION (continued)

Loan #3

	2018 Amount	TS	2017 Amount
Lender's name			
Form (see table)			
Number of form			
1=taxpayer, 2=spouse, blank=joint			
Interest paid			
Points paid			
Total principal paid			
Lump sum principal payment (if paid off)			
Months outstanding (if not 12)			
Home acquisition debt balance - beginning of year			
Home acquisition debt borrowed in 2018			
Home equity debt balance - beginning of year			
Home equity debt borrowed in 2018			
Grandfather debt balance - beginning of year			

Loan #4

Lender's name			
Form (see table)			
Number of form			
1=taxpayer, 2=spouse, blank=joint			
Interest paid			
Points paid			
Total principal paid			
Lump sum principal payment (if paid off)			
Months outstanding (if not 12)			
Home acquisition debt balance - beginning of year			
Home acquisition debt borrowed in 2018			
Home equity debt balance - beginning of year			
Home equity debt borrowed in 2018			
Grandfather debt balance - beginning of year			

Form
1 = Schedule A (default)
2 = Business use of home
3 = Schedule E

Please enter 2018 indirect expenses in full. Nonbusiness portion will carry to Schedule A. Business percentage will be applied to indirect expenses only.

BUSINESS USE OF HOME

	2018 Amount	2017 Amount
Form.....		
Number of form (e.g., enter 2 for Schedule C number 2).....		
Business use area (square footage).....		
Total area of home (square footage).....		
Total hours facility used (for daycare facilities only).....		
Total hours available (if not 8,760).....		
Area of home included above used exclusively for daycare business, if any (sq ft).....		
% (.xx) or amount of gross income from home if not 100% (-1 if none).....		
% (.xx) or amount of expenses from home if not 100% (-1 if none).....		

INDIRECT EXPENSES

NOTE: Indirect expenses are for keeping up and running your entire home. They benefit both the business and personal parts of your home.

Mortgage interest.....		
Real estate taxes.....		
Qualified mortgage insurance premiums.....		
Casualty losses.....		
Insurance.....		
Miscellaneous.....		
Rent.....		
Repairs and maintenance.....		
Utilities.....		
Excess mortgage interest.....		
Other indirect expenses:		

DIRECT EXPENSES

NOTE: Direct expenses benefit only the business part of your home. They include painting or repairs made to specific areas or rooms used for business.

Mortgage interest.....		
Real estate taxes.....		
Qualified mortgage insurance premiums.....		
Casualty losses.....		
Insurance.....		
Miscellaneous.....		
Rent.....		
Repairs and maintenance.....		
Utilities.....		
Excess mortgage interest.....		
Excess casualty losses.....		
Allowable casualty losses.....		
Other direct expenses:		

Please do not complete this information if coverage is indicated on Form 1095-A, 1095-B or 1095-C.
 Attach the document with this organizer if you have it.

GENERAL INFORMATION

1=entire household covered for all months, 2=no months.....
 Date married (if in current year).....

COVERED INDIVIDUAL (#1)

(a) First name..
 (a) Last name..
 (b) ID number (SSN or TIN)
 (d) 1=covered all 12 months....
 (e) Months of coverage:
 1=November 2017.....
 1=December 2017.....
 1=January.....
 1=February.....
 1=March.....
 1=April.....
 1=May.....
 1=June.....
 1=July.....
 1=August.....
 1=September.....
 1=October.....
 1=November.....
 1=December.....

COVERED INDIVIDUAL (#2)

(a) First name..
 (a) Last name..
 (b) ID number (SSN or TIN)
 (d) 1=covered all 12 months....
 (e) Months of coverage:
 1=November 2017.....
 1=December 2017.....
 1=January.....
 1=February.....
 1=March.....
 1=April.....
 1=May.....
 1=June.....
 1=July.....
 1=August.....
 1=September.....
 1=October.....
 1=November.....
 1=December.....

COVERED INDIVIDUAL (#3)

(a) First name..
 (a) Last name..
 (b) ID number (SSN or TIN)
 (d) 1=covered all 12 months....
 (e) Months of coverage:
 1=November 2017.....
 1=December 2017.....
 1=January.....
 1=February.....
 1=March.....
 1=April.....
 1=May.....
 1=June.....
 1=July.....
 1=August.....
 1=September.....
 1=October.....
 1=November.....
 1=December.....

COVERED INDIVIDUAL (#4)

(a) First name..
 (a) Last name..
 (b) ID number (SSN or TIN)
 (d) 1=covered all 12 months....
 (e) Months of coverage:
 1=November 2017.....
 1=December 2017.....
 1=January.....
 1=February.....
 1=March.....
 1=April.....
 1=May.....
 1=June.....
 1=July.....
 1=August.....
 1=September.....
 1=October.....
 1=November.....
 1=December.....