

DATE: _____		Home Phone: _____	Work Phone: _____	Cell Phone: _____
Taxpayer Name: _____		Date of Birth: _____		Blind <input type="checkbox"/> Over 65 <input type="checkbox"/>
Spouse Name: _____		Date of Birth: _____		Blind <input type="checkbox"/> Over 65 <input type="checkbox"/>
Home Address: _____				
Taxpayer Social Security No: _____		Occupation: _____		Retired <input type="checkbox"/>
Spouse Social Security No: _____		Occupation: _____		Retired <input type="checkbox"/> Rev 12/18
Names (First,Middle,Last) of Dependents Claimed as Exemptions		Date of Birth	Social Security No.	Relationship

ESTIMATED TAXES PAID AND CREDITS					Purchases Subject to Sales and Use Tax \$ _____ (Items bought online with no tax paid)
	Due Date	Date Paid	Federal	State	QUESTIONS/COMMENTS/OTHER Please provide e-mail address(es) Please provide Health Insurance information (new this year) See "Health Insurance Info" below
Prior Yr 4th	Last Jan.		\$	\$	
Prior Yr overpayment to this year			\$	\$	
First ES	April		\$	\$	
Second ES	June		\$	\$	
Third ES	Sept.		\$	\$	
Fourth ES	This Jan.		\$	\$	

I N C O M E

Wages: Provide W-2's	\$ _____	Interest, Dividends and Soc Sec: Provide 1099's	
Pensions/Annuities: Provide 1099-R's	\$ _____	Total Interest	\$ _____
Prior Year State Income Tax Refund	\$ _____	Total Dividends	\$ _____
Unemployment Compensation (1099-G)	\$ _____	Social Security You: \$ _____	Spouse: \$ _____

Stocks, Bonds, Other Property Sold: Provide 1099-B's (stock,etc) or Escrow Closing Statement (real estate sale)				
Description	Date Acquired	Date Sold	Sales Price	Cost
			\$ _____	\$ _____
			\$ _____	\$ _____
			\$ _____	\$ _____

RENTAL INCOME (Use Rental Schedule if more than one Rental)				BUSINESS INCOME	
Type of Rental Unit _____				Provide Business Name, Address, _____	
Address _____				Type of Business, and a Profit & Loss _____	
RENTS RECEIVED \$ _____				or attached Schedule C sheet.	
ROYALTY INCOME \$ _____		Other Expense \$ _____		PARTNERSHIP INCOME	
Advertising \$ _____		Mortgage Interest \$ _____			
Auto & Travel \$ _____		(Provide Form 1098)		Provide K-1's _____	
Cleaning & Maint \$ _____		Painting/Decorating \$ _____		HEALTH INSURANCE INFO	
Commissions \$ _____		Pest Control \$ _____			
Gardening \$ _____		Plumbing/Electrical \$ _____		Covered all year? Y/N _____	
Insurance \$ _____		Repairs \$ _____		Provide form 1095 if received _____	
Legal & Professional \$ _____		Supplies \$ _____			
Licenses & Permits \$ _____		Taxes-Real Estate \$ _____			
Management Fees \$ _____		Telephone/Utilities \$ _____			
List major acquisitions by date and cost. _____				Also list items disposed of. _____	

ADJUSTMENTS TO INCOME					
Traditional IRA contributions	Taxpayer	Spouse		Self-employed Health Insurance	\$ _____
Max contrib=\$5500 (\$6500 if 50 or older)	\$ _____	\$ _____		Student Loan Interest Paid	\$ _____
Date of contribution				Educator Expense (K-12)	\$ _____
Contributions made to date	\$ _____	\$ _____		Educational Expense	\$ _____
Roth IRA \$5500 (\$6500 if 50 or older)	\$ _____	\$ _____			\$ _____
Contributions made to date	\$ _____	\$ _____		Alimony Paid	\$ _____
				Paid to:	SSN: _____

Notes/Comments: _____

DEDUCTIONS CLAIMED

Federal must exceed \$12,000 Single, \$24,000 Married Filing Jointly

California deductions must exceed \$4,401 Single, \$8,802 MFJ

MEDICAL EXPENSES: must exceed 7.5% AGI	
Health, Accident Insurance Premiums	\$
Medicare Premium (w/h from Soc Sec)	\$
Drugs & Medicines	\$
Dr.	\$
Dr.	\$
Dr.	\$
Dr.	\$
Dentist(s)	\$
Hospital(s)	\$
Lab/X-Rays	\$
Travel Necessary to get medical care	# Miles
Parking/Taxi/Bus	\$
Ambulance	\$
Glasses/eye Exams	\$
Hearing Aid/Batteries	\$
Prosthetics	\$
Sick Room Supplies & Appliances	\$
	\$
	\$
	\$
Insurance Reimbursement for any above	\$

TAXES: (limited to \$10,000 for 2018 Federal)	
State Income Tax for Prior Year Returns	\$
State Estimated Tax Payments	\$
	\$
Property Tax on your residence(s)	\$
Property Tax (Investment Real Estate)	\$
Auto License Fee (less Reg. Fee)	\$
	\$

INTEREST:	
Home Mortgage Interest, Points	\$
(Provide Form 1098)	\$
	\$
	\$
Home Mortgage Int paid to Individual	\$
Name	
Address	
SSN	
Investment Interest	\$

CONTRIBUTIONS - must be receipted:	
Church, Temple, etc	\$
	\$
Red Cross, United Way, etc	\$
Christmas & Easter Seals	\$
Heart/Cancer Fund	\$
Payroll Deductions	\$
Scouts	\$
Schools, Colleges	\$
	\$
	\$
	\$
	\$
(Any gift of \$250 or more requires documentation from charity.)	

CONTRIBUTIONS - NON-CASH	
Salvation Army/Goodwill Industries/etc	\$
Other	\$
Miles driven for Charity	_____ Miles
Non-cash of over \$500 requires these details:	
Name & address of charity	
Description of item(s) given	
Date of contribution	
Value of item given	
Your cost in item given	
Keep receipts for your non-cash contributions. Attach listing of what was given, along with valuations.	
MISCELLANEOUS (STATE ONLY)	
NONE ALLOWED FOR 2018 FEDERAL	
Auto Expenses not listed elsewhere	\$
Business Miles (or 2nd Job)	_____ Miles Jan-Dec
Commuting Miles	_____ Miles Jan-Dec
Other Miles	_____ Miles Jan-Dec
Business Meals and Entertainment	\$
Employment Agency Fees	\$
Income Tax Preparation Fee	\$
IRA or Keogh Plan Fees	\$
Job Education Expenses (for current job)	\$
Job Hunting Expenses	\$
Legal (for protection of taxable income)	\$
Safe Deposit Box Fees	\$
Safety Equipment	\$
Small Tools (estimated life one year or less)	\$
Subscriptions (e.g. Trade Journals)	\$
Business Phone, Fax and Pager Expenses	\$
Business Travel (excl meals & entertainment)	\$
Uniforms (not general wear) - cost	\$
Uniforms - Laundry & Cleaning	\$
Union Dues & Professional Dues	\$
Others	\$
	\$
	\$
	\$

CHILD AND DEPENDENT CARE EXPENSES	
Person or Org providing care	
Address	
Phone No.	
ID Number (SSN or EIN)	
Amount paid	
\$	
Person or Org providing care	
Address	
Phone No.	
ID Number (SSN or EIN)	
Amount paid	
\$	

Rev. 12/18

Notes/Comments:

BUSINESS INCOME (Schedule C)

Name of Business	Tax Year
Address, if diff from 1040	
City, State, Zip, if diff from 1040	
Type of Business or Profession	
Employer ID number, if any	Rev 12/18

INCOME	OTHER EXPENSES
Gross Receipts or Sales	Internet service
Returns and allowances	Meetings and conferences
Other Income	Training and education
COST OF GOODS SOLD (if applicable)	Other--describe:
Inventory at beginning of year	
Purchases	IRA or SEP IRA
Cost of items for personal use	Health Insurance Premiums
Cost of labor	(Partly deductible for AGI)
Materials and supplies	* VEHICLE INFORMATION
Other costs	Vehicle description →
Inventory at end of year	Date placed in service
EXPENSE CATEGORIES	Total miles driven for year →
Accounting	Business mileage →
Advertising	Commuting mileage →
Auto or truck exp (See vehicle info)	If new bus. vehicle purchased during year, see next
Bad debts from sales or service	section--equip/vehicle purchases.
Bank charges	Keep a log of mileage for business, and keep track
Commissions	of all expenses related to business vehicle: e.g. fuel,
Delivery and freight	repairs and maint, insurance, interest, registrations.
Dues and subscriptions, books	
Employee benefit programs	EQUIPMENT/VEHICLE PURCHASES
Insurance (other than health--see other exp)	Date of purchase
Interest expense	Description
Laundry and cleaning	Cost
Legal and professional fees	
Licenses and permits	
Miscellaneous	EQUIPMENT RETIREMENTS
Office expense and supplies	Include date, description of item shown on depreciation
Outside services	schedule in prior years
Parking and tolls	
Postage	
Printing	HOME OFFICE
Rent or Lease	Home sq ft = Office sq ft =
Vehicles, Equipment	Mortgage Interest (or Rent)
Real Estate	Prop tax
Repairs	Insurance
Supplies and/or tools	Utilities
Taxes - payroll	Maintenance and repairs
Taxes - property	COMMENTS, QUESTIONS
Telephone, Cell phone	Please check here and write any questions on reverse <input type="checkbox"/>
Travel	NOTE: Categories are to help you remember expenses which may be
Meals at 100%	allowable. Any expense that is <u>ordinary</u> and <u>necessary</u> to the business
Uniforms	is generally deductible. Use each space as is or change as needed.
Utilities	
Wages and salaries	

Notes/Comments: