

TAX ORGANIZER

Dear Client,

Enclosed is your Tax Organizer for tax year 2018.

Your Organizer contains several sections that include common expenses and deductions that many taxpayers overlook. Please review these sections carefully. Depending upon your tax bracket, you may save more than \$35 for each \$100 in deductible expenses you find in your 2018 records.

Figures reported on official tax documents do not need to be detailed.

To complete the Organizer, enter all relevant information in the designated areas on each page. Please add any notes or questions that will help us prepare a complete and accurate return for you and to plan with you how to manage your tax situation in future years.

If you answer 'Yes' to any of the questions, please provide detailed information with your answer.

Schedule your pick-up time by clicking on the link in the email and requesting dates and times or by calling our office. You do not need an appointment to drop off your information. **YOUR TAX DOCUMENTS MUST BE DROPPED OFF 7 DAYS PRIOR TO YOUR SCHEDULED PICK UP TIME. LAST DAY TO DROP OFF IS MARCH 31ST.** After that, we cannot guarantee the returns will be completed by April 15th. If an extension is necessary, we can file that for a charge of \$50.

When you drop off your tax information, please bring your Organizer and any of the following that apply to your tax situation:

- Last year's tax returns (ONLY IF WE DID NOT PREPARE YOUR 2017 RETURNS)
- Original Form(s) W-2
- Schedule(s) K-1 from partnerships, S-corporations, estates or trusts
- Information about contributions and distributions related to pensions or other retirement plans
- Form(s) 1099 or statements reporting dividend, interest, retirement or other income
- Broker statements providing details of capital gains transactions INCLUDING COST BASIS
- Form(s) 1098 and copies of real estate tax bills, etc.
- Legal documents pertaining to the sale or purchase of real property
- **Include dates and amounts of any estimated tax payments to federal, state, and local tax departments**
- **1099-SA form if you used an HSA account to pay for medical expenses**
- IRS correspondence regarding changes or issues with your previously filed return. (If you require us to correspond on your behalf with taxing authorities outside of the initial tax preparation, that service is subject to additional fees.)

Note: Many people are enrolled in electronic delivery or only have online access to certain accounts. It is your responsibility to provide us with any relevant tax documents that may not have been physically mailed to you.

PAYMENT IS DUE UPON COMPLETION OF THE RETURN BEFORE YOUR RETURN WILL BE E-FILED. If you pay via check, we can also use that to verify your routing and account number for direct deposit or debit of tax refund or balance due.

If you have any questions before your scheduled pick up time, please feel free to call or email.

Sincerely,

JEREMIAH F MCCARTHY CPA
115 SOUTH MAIN ST
SPRINGBORO, OH 45066
937-748-4765
jerry@mccarthywealth.com

Name _____

SSN _____

Questions

Personal Information

2018 TAX ORGANIZER

- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1 Did any births, adoptions, marriages, divorces, or deaths occur in your family since last year? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2 Did you purchase or sell your principal residence or did your address change? If so, provide dates at each address. |
| <input type="checkbox"/> | <input type="checkbox"/> | 3 Are either you or your spouse being claimed (or are eligible to be claimed) as a dependent on anyone else's return? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4 Were you in a Registered Domestic Partnership, civil union or same-sex marriage during 2018? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5 Were either you or your spouse in the military or National Guard during 2018? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6 Have you been notified by the IRS or state of changes to a prior year's return, or received any other tax correspondence? |

Dependents

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1 Are there any changes in your dependents from last year? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2 Did you have any children under 19 (or 24 if a full time student) who received more than \$1,050 in investment income? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3 Did you pay education expenses for your dependent children? If so, provide 1098T & cost of required course materials. |
| <input type="checkbox"/> | <input type="checkbox"/> | 4 Did your dependent use 529 plan distributions to pay for education expenses? Provide detail and 1099Q form. |
| <input type="checkbox"/> | <input type="checkbox"/> | 5 Did you pay over half of the support for a parent or someone else you aren't claiming as a dependent? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6 Are all of your dependents either US residents or citizens? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7 Did you pay expenses for the care of your dependent so you could work? Provide year end provider statement. |

Health Care

- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1 Did you or a member of your family have minimum essential coverage in 2018? (The entity that provided the coverage may have sent you a Form 1095-A, 1095-B, or 1095-C, that lists individuals in your family who were enrolled in minimum essential coverage and shows their months of coverage.) |
| <input type="checkbox"/> | <input type="checkbox"/> | 2 Did you use an HSA account to pay medical expenses? If so, provide the 1099SA form showing distributions. |
| <input type="checkbox"/> | <input type="checkbox"/> | 3 Did you make any contributions to an HSA account, other than through payroll deductions? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4 Did you have medical expenses greater than 7.5% of your income? |

Income (In 2018, did you or your spouse have any of the following?)

- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1 Wages? (include form(s) W-2) |
| <input type="checkbox"/> | <input type="checkbox"/> | 2 Non-employee compensation? (include form(s) 1099-MISC) |
| <input type="checkbox"/> | <input type="checkbox"/> | 3 Interest income? (include form(s) 1099-INT) |
| <input type="checkbox"/> | <input type="checkbox"/> | 4 Dividend income? (include form(s) 1099-DIV) |
| <input type="checkbox"/> | <input type="checkbox"/> | 5 Did you receive any tax-exempt income, such as interest or dividends from municipal bonds or a mutual fund account? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6 Gambling income? (include form(s) W-2G). Be sure to include any gambling expenses. |
| <input type="checkbox"/> | <input type="checkbox"/> | 7 Social security or Railroad Retirement benefits? (include form(s) SSA-1099 & RRB-1099) |
| <input type="checkbox"/> | <input type="checkbox"/> | 8 Did you receive a state or local refund, or a refund of any other deduction you itemized in a prior year? (attach 1099-G) |
| <input type="checkbox"/> | <input type="checkbox"/> | 9 Disability income? (include form(s) W-2 or 1099) |
| <input type="checkbox"/> | <input type="checkbox"/> | 10 Unemployment compensation? (include form(s) 1099-G) |
| <input type="checkbox"/> | <input type="checkbox"/> | 11 Alimony? |
| <input type="checkbox"/> | <input type="checkbox"/> | 12 Did you receive payments from a Long-Term Care insurance contract? |
| <input type="checkbox"/> | <input type="checkbox"/> | 13 Did you receive, or expect to receive, a Schedule K-1 (or substitute K-1) from a trust, estate, partnership, or S corp? |
| <input type="checkbox"/> | <input type="checkbox"/> | 14 Did you cash in any U.S. savings bonds? |
| <input type="checkbox"/> | <input type="checkbox"/> | 15 Did you make a loan to someone at an interest rate below market rate? |
| <input type="checkbox"/> | <input type="checkbox"/> | 16 Did you receive any income not reported in this Organizer or on an official tax document? |

Foreign Reporting

- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1 Did you have an interest in or signature authority over a financial account in a foreign country? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2 Were you the grantor of or transferor to a foreign trust? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3 Did you receive income from a foreign source or pay taxes to a foreign government? |

Retirement & Other Plans

- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1 Did you receive any distributions from a retirement plan? (Include form(s) 1099-R) |
| <input type="checkbox"/> | <input type="checkbox"/> | 2 Did you rollover a retirement plan distribution into another plan? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3 Did you convert a traditional IRA to a Roth IRA? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4 Did you make a contribution to a retirement plan? (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)? |

Purchases, Sales, Gains and Losses

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1 Did you sell any securities or investments? Provide 1099 form including cost basis. |
| <input type="checkbox"/> | <input type="checkbox"/> | 2 Did you receive or sell stock from an employer incentive plan? Provide dates, income recognized, & 1099 for sales. |
| <input type="checkbox"/> | <input type="checkbox"/> | 3 Did you sell any other personal assets at a gain? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4 Did you sell any real estate (other than your home) during the year? Provide 1099S if applicable & closing statements. |
| <input type="checkbox"/> | <input type="checkbox"/> | 5 Did you sell any assets using the installment method? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6 Did you purchase a rental property? Include closing statement and date placed in service. |
| <input type="checkbox"/> | <input type="checkbox"/> | 7 Did you purchase any items acquired out of state, online or by mail order that did not include sales tax? |

Business and Rental Property Income & Deductions

- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1 If you own rental property, do you qualify as a Real Estate Professional? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2 Did you start or acquire a new business? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3 Did you sell any part of an existing business, or sell business assets? Provide dates, proceeds, and description. |
| <input type="checkbox"/> | <input type="checkbox"/> | 4 Did you cease operating any business or rental property? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5 Did you remove any of your business assets for personal use? |

- | | | | |
|--------------------------|--------------------------|----|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 6 | Did you use part of your home for business purposes? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7 | Did you make any contributions to a Keogh or a self-employed SEP plan for 2018? |
| <input type="checkbox"/> | <input type="checkbox"/> | 8 | Do you pay for any health or long term care insurance through your business? Provide cost. |
| <input type="checkbox"/> | <input type="checkbox"/> | 9 | If you or your spouse are self-employed, are either of you covered under an employer's health plan? |
| <input type="checkbox"/> | <input type="checkbox"/> | 10 | Did you purchase any furniture or equipment for your business? Include itemized list with date, cost, and description. |
| <input type="checkbox"/> | <input type="checkbox"/> | 11 | Did you make any improvements to your rental properties? Include itemized list with date, cost, and description. |
| <input type="checkbox"/> | <input type="checkbox"/> | 12 | If you own a business or rental, did you use your car on the job, other than commuting? Provide business & total mileage. |
| <input type="checkbox"/> | <input type="checkbox"/> | 13 | If you own a business or rental, did you incur any travel and entertainment expenses for business purposes? |
| <input type="checkbox"/> | <input type="checkbox"/> | 14 | If you own a business or rental, did you incur a loss because of damaged or stolen property? |

Yes No

Other Deductions

- | | | | |
|--------------------------|--------------------------|----|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1 | Did you purchase a new 'clean fuel' or electric hybrid vehicle in 2018? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2 | Did you make energy efficient improvements to your home or purchase any energy-saving property during 2018? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3 | Did you refinance a mortgage or take out a home equity loan during 2018? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4 | Did you incur moving expenses during the year due to a military order and incident to a permanent change in station? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5 | Did you or your spouse pay any educational expenses for yourselves? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6 | Did you pay any student loan interest? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7 | Did you make any federal, state, or local estimated payments? INCLUDE DATES AND AMOUNTS OF EACH PAYMENT. |
| <input type="checkbox"/> | <input type="checkbox"/> | 8 | Did you pay alimony? |
| <input type="checkbox"/> | <input type="checkbox"/> | 9 | Did you donate non-cash donations? |
| <input type="checkbox"/> | <input type="checkbox"/> | 10 | Did you donate a vehicle? |
| <input type="checkbox"/> | <input type="checkbox"/> | 11 | Did you make contributions to a 529 plan in 2018? If so provide contribution amounts per beneficiary. |

Yes No

Miscellaneous

- | | | | |
|--------------------------|--------------------------|---|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1 | Did you make gifts of more than \$15,000 to any one person? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2 | Did you engage the service of any household employees? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3 | Did your bank account information change within the last 12 months? Provide new info if you'd like direct deposit of refund. |
| <input type="checkbox"/> | <input type="checkbox"/> | 4 | Do you want to allocate \$3 to the Presidential Election Campaign Fund? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5 | Does your spouse want to allocate \$3 to the Presidential Election Campaign Fund? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6 | Did you claim a First-time Homebuyer Credit for a home purchased in 2008? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7 | Was there a disposition or change in use of your main home for which you claimed the First-time Homebuyer Credit? |

Yes No

Return preparation and filing

- | | | | | | | | |
|--------------------------|--------------------------|--|---|---------------------------------------|--------------------------|--------------------------|---------|
| <input type="checkbox"/> | <input type="checkbox"/> | 1 | Do you want to e-file your return? | | | | |
| | | 2 | If you are due a refund, how do you want to receive it? | | | | |
| | <input type="checkbox"/> | Check sent to you in the mail | <input type="checkbox"/> | Other quick refund via a bank product | | | |
| | <input type="checkbox"/> | Apply to next year's estimates | <input type="checkbox"/> | | | | |
| | <input type="checkbox"/> | Direct deposit (please provide voided blank check) | Type of account: | <input type="checkbox"/> | Checking | <input type="checkbox"/> | Savings |
| | | If you owe taxes, how do you want to pay them? | | | | | |
| | <input type="checkbox"/> | Paper check sent with my return | <input type="checkbox"/> | Credit card | <input type="checkbox"/> | Installment Agreement | |
| | <input type="checkbox"/> | Direct debit (please provide a voided blank check) | Type of account: | <input type="checkbox"/> | Checking | <input type="checkbox"/> | Savings |
| | <input type="checkbox"/> | | | | | | |

