



Tax Planning, Tax Preparation,  
Audit Defense and Resolution

## 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 as much as \$35 for each \$100 in deductible expenses you find in your 2018 records.

If our firm prepared your return last year, your prior year amounts are included in the Prior Year Amount column of your Organizer. Use this information to help you remember the types of income and deductions you reported last year.

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 General Business and Investment questions, please provide detailed information with your answer.

When you arrive for your appointment, please bring your Organizer and any of the following that apply to your tax situation:

- Last year's tax return (if we did not prepare or do not already have a copy of)
- Form(s) W-2
- Schedule(s) K-1 from partnerships, S-corporations, estates or trusts
- Information about contributions to a pension or other retirement plan if this is the first year you received income from the plan
- Form(s) 1099 or statements reporting dividend, interest, retirement or other income
- Broker statements providing details of capital gains transactions
- Form(s) 1098 and copies of real estate tax bills, etc.
- Legal documents pertaining to the sale or purchase of real property

If you have any questions before your scheduled appointment, please give us a call.

Sincerely,

Alicia Utley, EA  
4909 Pearl East Circle #202  
Boulder, CO 80301  
720-263-1288  
alicia@infinite-tax.com



Tax Planning, Tax Preparation,  
Audit Defense and Resolution

Alicia Utley, EA  
4909 Pearl East Circle #202  
Boulder, CO 80301

December 4, 2018

Dear Client

This letter confirms our agreement pursuant to which you have retained Infinite Tax Solutions, LLC and its employees and agents ("ITS") to perform certain services (the "Engagement") in connection with filing Federal and State tax returns for 2018. This may include additional services, including subsequent tax returns, resolving amounts owed to the Internal Revenue Service and/or Colorado, as needed, under the terms and conditions set forth in this engagement agreement (the "Agreement").

#### **Confidentiality**

All work performed and materials and work product of any kind generated in furtherance of the Engagement will be deemed to be confidential and/or privileged to the extent allowed under Colorado State Law.

#### **Fees**

We typically charge a flat fee for tax returns based on the complexity of the returns and may be adjusted accordingly. Our rates for other services are \$250 per hour for tax services and \$40-100 per hour for Bookkeeping, based on the person providing the service. Out-of-pocket expenses are billed in addition to fees, which may include any out of pocket expenses, including but not limited to mileage, postage, photocopies, courier fees, outside legal fees, etc.

You must remit payment to ITS upon receipt of an invoice. ITS reserves the right to withhold filing of said returns until payment has been received. We assess interest at the rate of twelve percent (12%) per month on any invoice outstanding beyond thirty (30) days. If bills remain outstanding for more than thirty (15) days, ITS reserves the right to stop all work. If ITS must engage counsel or otherwise expend funds to collect bills over sixty (60) days old, Client agrees to reimburse ITS for all associated fees and costs, plus interest on the outstanding balance.

#### **Conflict of Interests**

You agree that the Engagement and any assignments performed thereunder pertain to a discrete matter, and that our undertaking an assignment pursuant to this Agreement would not provide a basis for precluding our future services adverse to you on matters that are not substantially related to the matter ITS is handling as part of this Engagement.

ITS is not aware at this time of any conflict of interests that would preclude ITS from providing services to you in this Engagement. Should ITS become aware, however, of any such conflict, upon reasonable notice to you and Client, ITS may withdraw from and terminate the Engagement at that time. In that event, Client agrees to pay and/or reimburse ITS for all fees and out-of-pocket expenses accrued or incurred as of the date of such withdrawal.

#### **Termination**

The agreements, terms and understandings set forth in this letter shall survive the termination of any and all work performed pursuant to the Engagement. Either party may terminate the Engagement upon written notice to the other. Termination shall become effective immediately. In the event of such a termination, Client agrees to pay and reimburse ITS, pursuant to the terms set forth in this Agreement for all fees, costs, and interest accrued or incurred as of the date of termination.

#### **Jurisdiction and Applicable Law**

The parties consent to the jurisdiction of the State of Colorado. The interpretation and application of the terms of this Agreement shall be governed and construed in accordance with the laws of the State of Colorado.

#### **Arbitration**

At the option of ITS, any disagreement or controversy arising out of or relating to this Agreement and/or Engagement, including but not limited to any dispute concerning ITS's fees or expenses, can be submitted for resolution to arbitration in accordance with the rules of the American Arbitration Association. The arbitration shall be held in the location specified in paragraph 6.1, above. The award rendered in said proceeding shall be final and binding upon both parties and judgment upon the award may be entered in any court having jurisdiction thereof. The arbitrator may award reasonable attorneys' fees and the costs of the arbitration to the prevailing party, except that the fees and expenses of the arbitrator, if any, shall be borne equally by the parties. If any party shall deliberately default in appearing before the arbitrator, the arbitrator is empowered, nonetheless, to take the proof of the party or parties appearing and render an award thereon.

We look forward to working with you toward a successful completion of the Engagement.

Very truly yours,

INFINITE TAX SOLUTIONS, LLC  
By: Alicia Utley, EA

Accepted by:

\_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

# General Information

## Taxpayer

## Spouse

First Name . . . . .  
 Middle Initial . . . . .  
 Last Name . . . . .  
 Suffix . . . . .  
 Social Security Number . . . . .  
 Date of Birth . . . . .  
 Date of Death . . . . .

First Name . . . . .  
 Middle Initial . . . . .  
 Last Name . . . . .  
 Suffix . . . . .  
 Social Security Number . . . . .  
 Date of Birth . . . . .  
 Date of Death . . . . .

Check ("X") which phone number to list on return.

Home Phone . . . . .  
 Work Phone . . . . .  
 Cell Phone . . . . .  
 Fax Number . . . . .  
 Legally Blind . . . . .  
 Totally Disabled . . . . .  
 Claimed as a Dependent . . . . .  
 Presidential Election Fund (\$3) . . . . .  
 Occupation . . . . .  
 E-mail address . . . . .  
 State of Residence as of 12/31 . . . . .  
 County of Residence as of 12/31 . . . . .  
 School District as of 12/31 . . . . .  
 Sales tax rate of locality in 2018 . . . . . %  
 If Part Year, Period of Residency . . . . . to . . . . .

Home Phone . . . . .  
 Work Phone . . . . .  
 Cell Phone . . . . .  
 Fax Number . . . . .  
 Legally Blind . . . . .  
 Totally Disabled . . . . .  
 Claimed as a Dependent . . . . .  
 Presidential Election Fund (\$3) . . . . .  
 Occupation . . . . .  
 E-mail address . . . . .  
 State of Residence as of 12/31 . . . . .  
 County of Residence as of 12/31 . . . . .  
 School District as of 12/31 . . . . .  
 Sales tax rate of locality in 2018 . . . . . %  
 If Part Year, Period of Residency . . . . . to . . . . .

Additional information is being requested this filing season in an effort to combat stolen-identity tax fraud. Please provide the requested information from the driver's license or state-issued identification card. Providing the information could help process state returns faster.

ID type . . . . .  Driver's license OR  State Issued ID  Driver's license OR  State Issued ID  
 ID number . . . . .  
 ID issuing state . . . . .  
 ID issue date . . . . .  
 ID expiration date . . . . .

## Filing Status

Status on 2017 return :   
 Status as of 12/31/2018 :  1 Single  
 Enter ("X") in the box  2 Married filing joint  
 3 Married filing separately (Enter spouse's name and SSN above)  
 4 Head of Household Non-dependent name: \_\_\_\_\_  
 Non-dependent SSN: \_\_\_\_\_  
 5 Qualifying widow(er) with minor child Year spouse died \_\_\_\_\_

## Taxpayer's Address

Street \_\_\_\_\_ Apt/Suite : \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 If address is in a foreign country, enter that country . . . . .  
 Foreign province/county . . . . . Foreign postal code \_\_\_\_\_  
 If a bona fide resident of a U.S. territory, enter territory . . . . .

## Preparer's Information

Preparer's name Alicia Utley, EA  
 Firm's name Infinite Tax Solutions LLC  
 Street 4909 Pearl East Circle #202  
 City Boulder State CO Zip Code 80301

## Attestation and Signature:

To the best of my knowledge the enclosed information is correct and includes all income, deductions, and other information necessary for the preparation of this year's income tax returns for which I have adequate records.

Sign \_\_\_\_\_ Date \_\_\_\_\_  
 here \_\_\_\_\_ Date \_\_\_\_\_

**Questions****Yes No**

- Personal Information**
- 1 Did any births, adoptions, marriages, divorces, or deaths occur in your family since last year?
- 2 Did you purchase or sell your principal residence or did your address change?
- 3 Are either you or your spouse being claimed (or are eligible to be claimed) as a dependent on anyone else's return?
- 4 Were you in a Registered Domestic Partnership, civil union or same-sex marriage during 2018?
- 5 Have you been notified by the IRS or state of changes to a prior year's return, or received any other tax correspondence?

**Yes No**

- Dependents**
- 1 Are there any changes in your dependents from last year?
- 2 Did you have any children under 19 (or 24 if a full time student) who received more than \$1,050 in investment income?
- 3 Did you pay education expenses for your dependent children?
- 4 Did you pay any dependent care expenses for a child or a parent?
- 5 Did you pay over half of the support for a parent or someone else you aren't claiming as a dependent?
- 6 Are all of your dependents either US residents or citizens?

**Yes No**

- Health Care Coverage**
- 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.)
- 2 Did you have a Health Insurance Marketplace granted coverage exemption or are you claiming a coverage exemption?

**Yes No**

- Income (In 2018, did you or your spouse have any of the following?)**
- 1 Wages? (include form(s) W-2)
- 2 Non-employee compensation? (include form(s) 1099-MISC)
- 3 Interest income? (include form(s) 1099-INT)
- 4 Dividend income? (include form(s) 1099-DIV)
- 5 Did you receive any tax-exempt income, such as interest or dividends from municipal bonds or a mutual fund account?
- 6 Gambling income? (include form(s) W-2G). Be sure to include any gambling expenses.
- 7 Social security or Railroad Retirement benefits? (include form(s) SSA-1099 & RRB-1099)
- 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)
- 9 Disability income? (include form(s) W-2 or 1099)
- 10 Unemployment compensation? (include form(s) 1099-G)
- 11 Alimony?
- 12 Did you receive tip income NOT reported to your employer?
- 13 Did you receive payments from a Long-Term Care insurance contract?
- 14 Did you barter your services for goods or services from someone else?
- 15 Did you receive, or expect to receive, a Schedule K-1 (or substitute K-1) from a trust, estate, partnership, or S corp?
- 16 Did you receive employer-provided adoption benefits for a previous year?
- 17 Did you cash in any U.S. savings bonds?
- 18 Did you make a loan to someone at an interest rate below market rate?
- 19 Did you receive a housing allowance for ministerial services you provided?
- 20 Did you receive any income not reported in this Organizer?

**Yes No**

- Foreign Reporting**
- 1 Did you have an interest in or signature authority over a financial account in a foreign country?
- 2 Were you the grantor of or transferor to a foreign trust?
- 3 Did you receive income from a foreign source or pay taxes to a foreign government?

**Yes No**

- Retirement & Other Plans**
- 1 Did you receive any distributions from a retirement plan? (Include form(s) 1099-R)
- 2 Did you rollover a retirement plan distribution into another plan?
- 3 Did you convert a traditional IRA to a Roth IRA?
- 4 Did you make a contribution to a retirement plan? (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?
- 5 Did you receive a distribution from an HSA, Archer MSA or Medicare Advantage MSA (Include form(s) 1099-SA)
- 6 Did you make any contributions to an HSA (Health Savings Account) in 2018?

**Yes No**

- Purchases, Sales, Gains and Losses**
- 1 Did you exchange any securities or investments for something other than cash?
- 2 Do you have any short sales, commodity sales, or straddles?
- 3 Did you receive Form 2439?
- 4 Did you buy or sell any bonds?
- 5 Did you receive stock from a stock bonus plan with your employer?
- 6 Did you sell any other personal assets at a gain?
- 7 Did you sell any real estate (other than your home) during the year?
- 8 Did you sell any assets using the installment method?
- 9 Did you receive proceeds from a prior year installment sale?
- 10 Did you purchase a rental property?
- 11 Did you exchange any property for other property?

- 12 Did you incur a loss because of damaged or stolen property?
- 13 Did you purchase a new vehicle, aircraft or boat?
- 14 Did any security become worthless during 2018?
- 15 Did any debts become uncollectible during 2018?
- 16 Did you purchase any items acquired out of state, online or by mail order that did not include sales tax?

**Yes No Business and Rental Property Income & Deductions**

- 1 If you own rental property, do you qualify as a Real Estate Professional?
- 2 Did you start or acquire a new business?
- 3 Did you sell any part of an existing business, or sell business assets?
- 4 Did you cease operating any business or rental property?
- 5 Did you remove any of your business assets for personal use?
- 6 Did you use part of your home for business purposes?
- 7 Did you make any contributions to a Keogh or a self-employed SEP plan for 2018?
- 8 Do you pay for any health or long term care insurance through your business?
- 9 If you or your spouse are self-employed, are either of you covered under an employer's health plan?
- 10 Did you purchase any furniture or equipment for your business?
- 11 Did you make any improvements to your rental properties?

**Yes No Other Deductions**

- 1 Did you use your car on the job (other than to and from work)?
- 2 Did you work out of town for part of the year?
- 3 Did you incur unreimbursed expenses working as a reservist, performing artist, or fee-basis gov't official?
- 4 Did you incur any travel and entertainment expenses for business purposes?
- 5 Did you pay expenses for the care of your child or other dependent so you could work?
- 6 Did you purchase a 'clean fuel' or electric hybrid vehicle in 2018?
- 7 Did you make energy efficient improvements to your home or purchase any energy-saving property during 2018?
- 8 Did you contribute less than an entire interest in any property to charity?
- 9 Did you refinance a mortgage or take out a home equity loan during 2018?
- 10 Did you incur moving expenses during the year due to a military order and incident to a permanent change in station?
- 11 Did you or your spouse pay any educational expenses for yourselves?
- 12 Did you pay any student loan interest?
- 13 Did you make any federal or state estimated payments?
- 14 Did you pay alimony?
- 15 Did you donate non-cash donations?
- 16 Did you donate a vehicle?

**Yes No Miscellaneous**

- 1 Did you make gifts of more than \$15,000 to any one person?
- 2 Did you engage the service of any household employees?
- 3 Did your bank account information change within the last twelve months?
- 4 Do you want to allocate \$3 to the Presidential Election Campaign Fund?
- 5 Does your spouse want to allocate \$3 to the Presidential Election Campaign Fund?
- 6 Did you claim a First-time Homebuyer Credit for a home purchased in 2008?
- 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**

- 1 If you are due a refund, how do you want to receive it?
- Check sent to you in the mail
- Apply to next year's estimates
- Direct deposit (please provide voided blank check) Type of account:  Checking  Savings

If you owe taxes, how do you want to pay them?

- Paper check sent with my return  Credit card  Installment Agreement
- Direct debit (please provide a voided blank check) Type of account:  Checking  Savings
- 

- 2 Do you want to allow your tax preparer to discuss this year's return with the IRS?  
If no, enter another person (if desired) to be allowed to discuss this return with the IRS:

Designee's name Alicia Utley EA Phone Number (720) 263-1288 Personal identification Number (5 digit PIN) 91007









Name \_\_\_\_\_

SSN \_\_\_\_\_

# Wages

## W-2 Information

<b>"X"</b> <b>if</b> <b>spouse</b>	<b>Employer's Name</b>	<b>Box 1</b> <b>Wages, Tips</b> <b>Other Comp</b>	<b>Box 2</b> <b>Federal Income</b> <b>Tax Withheld</b>	<b>Box 16</b> <b>State</b> <b>Wages</b>	<b>Box 17</b> <b>State Income</b> <b>Tax Withheld</b>
<input type="checkbox"/>	1				
<input type="checkbox"/>	2				
<input type="checkbox"/>	3				
<input type="checkbox"/>	4				
<input type="checkbox"/>	5				
<input type="checkbox"/>	6				
<input type="checkbox"/>	7				
<input type="checkbox"/>	8				
<input type="checkbox"/>	9				
<input type="checkbox"/>	10				
<input type="checkbox"/>	11				
<input type="checkbox"/>	12				
<input type="checkbox"/>	13				
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<input type="checkbox"/>	32				
<input type="checkbox"/>	33				
<input type="checkbox"/>	34				
<input type="checkbox"/>	35				
<input type="checkbox"/>	36				
<input type="checkbox"/>	37				
<input type="checkbox"/>	38				
<input type="checkbox"/>	39				
<input type="checkbox"/>	40				
<input type="checkbox"/>	41				
<input type="checkbox"/>	42				
<input type="checkbox"/>	43				

Name \_\_\_\_\_

SSN \_\_\_\_\_

### Retirement Income

#### 1099-R Information

<b>"X"</b> if spouse		<b>Payer's Name</b>	<b>Box 1 Gross Distribution</b>	<b>Box 4 Federal Income Tax Withheld</b>	<b>Box 14 State Distribution</b>	<b>Box 12 State Income Tax Withheld</b>
<input type="checkbox"/>	1					
<input type="checkbox"/>	2					
<input type="checkbox"/>	3					
<input type="checkbox"/>	4					
<input type="checkbox"/>	5					
<input type="checkbox"/>	6					
<input type="checkbox"/>	7					
<input type="checkbox"/>	8					
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<input type="checkbox"/>	35					
<input type="checkbox"/>	36					
<input type="checkbox"/>	37					
<input type="checkbox"/>	38					
<input type="checkbox"/>	39					
<input type="checkbox"/>	40					
<input type="checkbox"/>	41					
<input type="checkbox"/>	42					
<input type="checkbox"/>	43					

Name \_\_\_\_\_

SSN \_\_\_\_\_

**Interest Income**

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

\* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J	Payer	Taxable Interest Income Current Year Amount	Prior Year Amount	Tax Exempt Interest Current Year Amount	Prior Year Amount	Specified Priv Act Interest Current Year Amount	Prior Year Amount
	1						
	2						
	3						
	4						
	5						
	6						
	7						
	8						
	9						
	10						
	11						
	12						
	13						
	14						
	15						
	16						
	17						
	18						
	19						
	20						

**Dividend Income**

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

\* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J	Payer	Ordinary Dividends Current Year Amount	Prior Year Amount	Qualified Dividends Current Year Amount	Prior Year Amount	Capital Gains Current Year Amount	Prior Year Amount
	1						
	2						
	3						
	4						
	5						
	6						
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	10						
	11						
	12						
	13						
	14						
	15						
	16						
	17						
	18						
	19						
	20						

Name \_\_\_\_\_

SSN \_\_\_\_\_

### Alimony Received

\* F/S - enter ownership (F)iler or (S)pouse.

F/S*	Payer		Current Year Amount	Prior Year Amount
<input type="checkbox"/>	1 _____	1		
<input type="checkbox"/>	2 _____	2		
<input type="checkbox"/>	3 _____	3		
<input type="checkbox"/>	4 _____	4		
<input type="checkbox"/>	5 _____	5		
<input type="checkbox"/>	6 _____	6		
<input type="checkbox"/>	7 _____	7		
<input type="checkbox"/>	8 _____	8		
<input type="checkbox"/>	9 _____	9		

### Alimony Paid

\* F/S - enter ownership (F)iler or (S)pouse.

F/S*	Recipient's Name	Recipient's SSN	Current Year Amount	Prior Year Amount
<input type="checkbox"/>	1 _____	_____		
<input type="checkbox"/>	2 _____	_____		
<input type="checkbox"/>	3 _____	_____		
<input type="checkbox"/>	4 _____	_____		
<input type="checkbox"/>	5 _____	_____		
<input type="checkbox"/>	6 _____	_____		
<input type="checkbox"/>	7 _____	_____		
<input type="checkbox"/>	8 _____	_____		
<input type="checkbox"/>	9 _____	_____		

Name \_\_\_\_\_

SSN \_\_\_\_\_

### Business Assets Placed in Service in Prior Years

Activity	Description	Date Placed In Service	Cost	Explain any assets no longer used by the business
1				
2				
3				
4				
5				
6				
7				
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40				
41				
42				
43				
44				

Name \_\_\_\_\_

SSN \_\_\_\_\_

### Self-Employed Business Income and Expenses (Schedule C)

Enter "X" in one box:  Filer  Spouse

#### General Information

Employer Identification Number \_\_\_\_\_ (do not enter Social Security Number)

Principal business or profession \_\_\_\_\_

Business name . . . . . \_\_\_\_\_

Business address . . . . . \_\_\_\_\_

City . . . . . \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Foreign Country . . . . . \_\_\_\_\_

Foreign Province/State . . . . . \_\_\_\_\_ Postal Code \_\_\_\_\_

#### General Check Boxes (Enter "X" where applicable)

- 1 Accounting Method . . . . .  Cash  Accrual  Other - (Specify) \_\_\_\_\_
- 2 Did you "materially participate" in this business?  Yes  No
- 3 Check ('X') if you started or acquired this business in 2018.
- 4 Did you make any payments in 2018 that would require you to file Form(s) 1099?  Yes  No

#### Business Income

\* Report statutory income as W-2 income.

		Current Year Amount	Prior Year Amount
5	Income reported on 1099 MISC . . . . .		
	Gross receipts or sales not reported on Form 1099 or Form W-2		
6	_____		
7	_____		
8	_____		
9	_____		
10	Returns and allowances . . . . .		
11	Other income . . . . .		

#### Inventory (Enter "X" where applicable)

- 12 Method(s) used to value closing inventory . . .  Cost  Lower of cost or market  Other
- 13 Any change in determining quantities, costs, or valuations between opening and closing inventory?  Yes  No

		Current Year Amount	Prior Year Amount
14	Inventory at the beginning of year . . . . .		
15	Purchases less cost of items withdrawn for personal use . . . . .		
16	Cost of labor . . . . .		
17	Materials and supplies . . . . .		
18	Other Costs . . . . .		
19	Inventory at end of year . . . . .		

#### Assets Placed in Service This Year

Description:

		Date Placed In Service	Purchase Amount
A	_____		
B	_____		
C	_____		
D	_____		
E	_____		
F	_____		
G	_____		

Name \_\_\_\_\_

SSN \_\_\_\_\_

Business \_\_\_\_\_

### Self-Employed Business Expenses Cont. (Schedule C)

Expenses		Current Year Amount	Prior Year Amount
20	Advertising . . . . .	20	
21	Contract labor . . . . .	21	
22	Commissions and fees . . . . .	22	
23	Depletion . . . . .	23	
24	Employee benefit programs (other than on line 30) . . . . .	24	
25	Insurance (other than health) . . . . .	25	
<b>Interest:</b>			
26	Mortgage (paid to banks, etc.) . . . . .	26	
27	Other . . . . .	27	
28	Legal and professional services . . . . .	28	
29	Office expense . . . . .	29	
30	Pension and profit-sharing plans . . . . .	30	
<b>Rent or Lease:</b>			
31	Machinery rental or lease . . . . .	31	
32	Equipment rental or lease . . . . .	32	
33	_____	33	
34	_____	34	
35	_____	35	
36	Other business property rental or lease _____	36	
37	_____	37	
38	_____	38	
39	Repairs and maintenance . . . . .	39	
40	Supplies (not included in inventory cost of goods sold) . . . . .	40	
41	Taxes and licenses . . . . .	41	
<b>Travel, Meals, and Entertainment:</b>			
Travel			
42	_____	42	
43	_____	43	
44	_____	44	
45	_____	45	
Meals and entertainment			
46	Enter "X" in the box if subject to DOT hours of service limits . . . . .	46	<input type="checkbox"/>
47	_____	47	
48	_____	48	
49	_____	49	
50	_____	50	
51	Utilities . . . . .	51	
52	Wages . . . . .	52	
<b>Other Expenses:</b>			
53	_____	53	
54	_____	54	
55	_____	55	
56	_____	56	
57	_____	57	
58	_____	58	
59	_____	59	
60	_____	60	
61	_____	61	



Name \_\_\_\_\_

SSN \_\_\_\_\_

Business \_\_\_\_\_

**Vehicle Information (Schedule C)**

		Vehicle -		Vehicle -	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1	Date vehicle was placed in service . . . . . 1				
2	Cost of vehicle . . . . . 2				
3	Total miles driven for the year . . . . . 3				
4	Business miles driven during the year . . . 4				
5	Commuting miles included on line 3 . . . . 5				
6	Parking fees and tolls . . . . . 6				
7	Vehicle Interest . . . . . 7				
8	Vehicle Personal Property tax . . . . . 8				
<b>Actual Expenses</b>					
9	Gasoline, oil and repairs . . . . . 9				
10	Vehicle Insurance . . . . . 10				
11	Vehicle registration fees . . . . . 11				
12	Vehicle lease or rental . . . . . 12				
13	_____ 13				

		Vehicle -		Vehicle -	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1	Date vehicle was placed in service . . . . . 1				
2	Cost of vehicle . . . . . 2				
3	Total miles driven for the year . . . . . 3				
4	Business miles driven during the year . . . 4				
5	Commuting miles included on line 3 . . . . 5				
6	Parking fees and tolls . . . . . 6				
7	Vehicle Interest . . . . . 7				
8	Vehicle Personal Property tax . . . . . 8				
<b>Actual Expenses</b>					
9	Gasoline, oil and repairs . . . . . 9				
10	Vehicle Insurance . . . . . 10				
11	Vehicle registration fees . . . . . 11				
12	Vehicle lease or rental . . . . . 12				
13	_____ 13				

Name \_\_\_\_\_

SSN \_\_\_\_\_

Home Office Number \_\_\_\_\_

Description of Home Office \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Check ("X") box:  Daycare

### Home Office Expenses

#### Area of Home

- 1 Area used regularly and exclusively for business, regularly for daycare, or for storage of inventory or product samples . . . . . 1
- 2 Total area of home . . . . . 2

#### Daycare only - Part of Home Used Nonexclusively for Daycare

- 3 Multiply days used for daycare during year by hours used per day . . . . . 3
- 4 Enter total hours home was available for daycare during year . . . . . 4

#### Expenses related to entire home including business portion (Indirect)

- 5 Casualty losses . . . . . 5
- 6 Excess mortgage interest . . . . . 6
- 7 Insurance . . . . . 7
- 8 Rent . . . . . 8
- 9 Repairs and maintenance . . . . . 9
- 10 Utilities . . . . . 10
- 11 Other Expenses:

- a \_\_\_\_\_ 11a
- b \_\_\_\_\_ 11b
- c \_\_\_\_\_ 11c
- d \_\_\_\_\_ 11d
- e \_\_\_\_\_ 11e

Current Year Amount	Prior Year Amount




#### Business Allocation:

- Business 1: \_\_\_\_\_
- Business 2: \_\_\_\_\_
- Business 3: \_\_\_\_\_
- Business 4: \_\_\_\_\_

Current Year Allocation %	Prior Year Allocation %

#### Business:

#### Additional expenses related to business portion only (Direct)

- 12 Casualty losses . . . . . 12
- 13 Excess mortgage interest . . . . . 13
- 14 Insurance . . . . . 14
- 15 Rent . . . . . 15
- 16 Repairs and maintenance . . . . . 16
- 17 Utilities . . . . . 17
- 18 Other Expenses:

- a \_\_\_\_\_ 18a
- b \_\_\_\_\_ 18b
- c \_\_\_\_\_ 18c
- d \_\_\_\_\_ 18d
- e \_\_\_\_\_ 18e

Current Year Amount	Prior Year Amount


Name \_\_\_\_\_

SSN \_\_\_\_\_

### Real Estate Rentals and Royalties

Property Description \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Foreign Country \_\_\_\_\_

Foreign Province/State \_\_\_\_\_ Postal Code \_\_\_\_\_

	Current Year Info	Prior Year Info
<b>1a</b> Owner of property (Enter Filer, Spouse, or Joint) . . . . .		
<b>1b</b> Enter property type number (1 to 8) . . . . .	<input type="text"/>	<input type="text"/>
(1) Single-Family Residence (2) Multi-Family Residence (3) Vacation/Short-Term Rental (4) Commercial (5) Land (6) Royalties (7) Self-Rental (8) Other		
<b>2</b> Enter "X" if you actively participated? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>3</b> Enter "X" if property was used for personal use by you or your family for more than 14 days or 10% of the total days rented? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>3a</b> If entered ("X"), enter the number of days of personal use? . . . . .	<input type="text"/>	<input type="text"/>
<b>3b</b> If entered ("X"), enter the number of days rented? . . . . .	<input type="text"/>	<input type="text"/>

Income	Current Year Amounts	Prior Year Amounts
<b>4</b> Royalty received . . . . .		
<b>5</b> Rent received . . . . .		
<b>a</b> If rental real estate, enter the percent of ownership if less than 100% . . . . .		
<b>b</b> Rental use percentage for property used partially for personal use only . . . . .		
<b>6</b> Other Income . . . . .		

Property Expense	Current Year Amounts	Prior Year Amounts
<b>7</b> Advertising . . . . .		
<b>8</b> Cleaning and maintenance . . . . .		
<b>9</b> Commissions . . . . .		
<b>10</b> Insurance . . . . .		
<b>11</b> Legal and other professional fees . . . . .		
<b>12</b> Management fees . . . . .		
<b>13 a</b> Qualified mortgage interest paid to banks, etc. . . . .		
<b>b</b> Other mortgage interest paid to banks, etc. . . . .		
<b>14</b> Other interest . . . . .		
<b>15</b> Repairs . . . . .		
<b>16</b> Supplies . . . . .		
<b>17 a</b> Real estate taxes . . . . .		
<b>b</b> Other Taxes . . . . .		
<b>18</b> Utilities . . . . .		

Assets Placed in Service This Year	Date Placed In Service	Purchase Amount
<b>A</b> Description: _____		
<b>B</b> _____		
<b>C</b> _____		
<b>D</b> _____		
<b>E</b> _____		
<b>F</b> _____		
<b>G</b> _____		

Name \_\_\_\_\_

SSN \_\_\_\_\_

Property \_\_\_\_\_

### Other Expenses (Schedule E)

**Other Expenses:**

19 \_\_\_\_\_  
20 \_\_\_\_\_  
21 \_\_\_\_\_  
22 \_\_\_\_\_  
23 \_\_\_\_\_  
24 \_\_\_\_\_  
25 \_\_\_\_\_  
26 \_\_\_\_\_

	Current Year	Prior Year
19		
20		
21		
22		
23		
24		
25		
26		

**Travel Expenses:**

27 \_\_\_\_\_  
28 \_\_\_\_\_  
29 \_\_\_\_\_  
30 \_\_\_\_\_  
31 \_\_\_\_\_  
32 \_\_\_\_\_  
33 \_\_\_\_\_  
34 \_\_\_\_\_

	Current Year	Prior Year
27		
28		
29		
30		
31		
32		
33		
34		

**Meals and Entertainment Expenses:**

35 \_\_\_\_\_  
36 \_\_\_\_\_  
37 \_\_\_\_\_  
38 \_\_\_\_\_  
39 \_\_\_\_\_  
40 \_\_\_\_\_  
41 \_\_\_\_\_  
42 \_\_\_\_\_

	Current Year	Prior Year
35		
36		
37		
38		
39		
40		
41		
42		

Name \_\_\_\_\_

SSN \_\_\_\_\_

Property \_\_\_\_\_

**Vehicle Information (Schedule E)**

		Vehicle -		Vehicle -	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1	Date vehicle was placed in service . . . . . 1				
2	Cost of vehicle . . . . . 2				
3	Total miles driven for the year . . . . . 3				
4	Business miles driven during the year . . . 4				
5	Commuting miles included on line 3 . . . . 5				
6	Parking fees and tolls . . . . . 6				
7	Vehicle Interest . . . . . 7				
8	Vehicle Personal Property tax . . . . . 8				
<b>Actual Expenses</b>					
9	Gasoline, oil and repairs . . . . . 9				
10	Vehicle Insurance . . . . . 10				
11	Vehicle registration fees . . . . . 11				
12	Vehicle lease or rental . . . . . 12				
13	_____ 13				

		Vehicle -		Vehicle -	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1	Date vehicle was placed in service . . . . . 1				
2	Cost of vehicle . . . . . 2				
3	Total miles driven for the year . . . . . 3				
4	Business miles driven during the year . . . 4				
5	Commuting miles included on line 3 . . . . 5				
6	Parking fees and tolls . . . . . 6				
7	Vehicle Interest . . . . . 7				
8	Vehicle Personal Property tax . . . . . 8				
<b>Actual Expenses</b>					
9	Gasoline, oil and repairs . . . . . 9				
10	Vehicle Insurance . . . . . 10				
11	Vehicle registration fees . . . . . 11				
12	Vehicle lease or rental . . . . . 12				
13	_____ 13				

Name \_\_\_\_\_

SSN \_\_\_\_\_

### K-1 Income

Please provide copies of all Schedule K-1s, or other statements, reporting income from partnerships, S corporations, or estates and trusts.

\* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

\*F/S/J Entity Name

1	_____
2	_____
3	_____
4	_____
5	_____
6	_____
7	_____
8	_____
9	_____
10	_____
11	_____
12	_____
13	_____
14	_____
15	_____
16	_____
17	_____
18	_____
19	_____
20	_____
21	_____
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26	_____
27	_____
28	_____
29	_____
30	_____
31	_____
32	_____
33	_____
34	_____
35	_____
36	_____
37	_____
38	_____
39	_____
40	_____
41	_____
42	_____
43	_____

Enter "S" if K1 (1120S)  
Enter "P" if K1 (1065)  
Enter "E" if K1 (1041)

		Unreimbursed Partnership Exp. Current Year
1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____
5	_____	_____
6	_____	_____
7	_____	_____
8	_____	_____
9	_____	_____
10	_____	_____
11	_____	_____
12	_____	_____
13	_____	_____
14	_____	_____
15	_____	_____
16	_____	_____
17	_____	_____
18	_____	_____
19	_____	_____
20	_____	_____
21	_____	_____
22	_____	_____
23	_____	_____
24	_____	_____
25	_____	_____
26	_____	_____
27	_____	_____
28	_____	_____
29	_____	_____
30	_____	_____
31	_____	_____
32	_____	_____
33	_____	_____
34	_____	_____
35	_____	_____
36	_____	_____
37	_____	_____
38	_____	_____
39	_____	_____
40	_____	_____
41	_____	_____
42	_____	_____
43	_____	_____

Name \_\_\_\_\_

SSN \_\_\_\_\_

### Social Security and Railroad Retirement

**Filer**

- 1 Enter the total amount from box 5 of all your Forms SSA-1099 . . . . . 1
- 2 Enter the total taxes withheld from box 6 of all your Forms SSA-1099 . . . . . 2
- 3 Enter the total amount from box 5 of all your Forms RRB-1099 . . . . . 3
- 4 Enter the total taxes withheld from box 10 of all your Forms RRB-1099 . . . . . 4
- 5 Enter the total amount of Medicare B Premiums withheld. . . . . 5
- 6 Enter the total amount of Medicare D Premiums withheld. . . . . 6

Current Year Amount	Prior Year Amount

**Spouse**

- 7 Enter the total amount from box 5 of all your Forms SSA-1099 . . . . . 7
- 8 Enter the total taxes withheld from box 6 of all your Forms SSA-1099 . . . . . 8
- 9 Enter the total amount from box 5 of all your Forms RRB-1099 . . . . . 9
- 10 Enter the total taxes withheld from box 10 of all your Forms RRB-1099 . . . . . 10
- 11 Enter the total amount of Medicare B Premiums withheld. . . . . 11
- 12 Enter the total amount of Medicare D Premiums withheld. . . . . 12


Name \_\_\_\_\_

SSN \_\_\_\_\_

**Miscellaneous Income**

		Filer		Spouse	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1	Refund from state . . . . .			1	
2	Unemployment compensation . . . . .			2	
3	Prizes and awards . . . . .			3	
4	Scholarships and fellowships . . . . .			4	
5	Income from rental of personal property, if not in the business of renting such property . . . . .			5	
6	Net operating loss carryover (negative no.) . . . . .			6	
7	Canceled debts (1065 K-1) . . . . .			7	
8	_____			8	
9	_____			9	
10	_____			10	
11	Other income not provided for in this Organizer			11	

**Adjustments to Income**

		Filer		Spouse	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1	Educator expenses . . . . .			1	
2	Certain business expenses of reservists, performing artists, and fee-basis government officials . . . . .			2	
3	Health Savings account deduction . . . . .			3	
4	Moving expenses (members of armed forces) . . . . .			4	
5	Self-employed SEP, SIMPLE, or other qualified plans . . . . .			5	
6	Self-employed health insurance deduction . . . . .			6	
7	Penalty on early withdrawal of savings . . . . .			7	
8	Alimony paid . . . . .			8	
9	IRA contribution . . . . .			9	
10	Student loan interest . . . . .			10	
11	Tuition and fees . . . . .			11	
12	Domestic production deduction . . . . .			12	

**Other Adjustments to Income**

		Filer		Spouse	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1	Foreign housing deduction . . . . .			1	
2	Jury duty pay given to your employer . . . . .			2	
3	Reforestation amortization . . . . .			3	
4	Repayment of sub-pay under the Trade Act of 1974 . . . . .			4	
5	Contributions to Section 501(c)(18)(D) pension plans . . . . .			5	
6	Attorney fees and court costs paid for actions settled or decided after October 22, 2004 involving unlawful discrimination claims, but only to the extent of gross income from such actions. . . . .			6	
7	Expenses from the rental of personal property but were not in the business of renting such property . . . . .			7	
8	Contributions by chaplains to section 403(b) plans . . . . .			8	
9	Archer MSA deduction . . . . .			9	
10	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations, up to the amount of the award includible in your gross income . . . . .			10	
11	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money . . . . .			11	
12	_____			12	
13	_____			13	



Name \_\_\_\_\_

SSN \_\_\_\_\_

## IRA and Other Contribution Information

### Traditional IRA Contributions

**Filer**

- 1 Enter total traditional IRA contributions made for 2018 . . . . . 1
- 2 Enter contributions, on line 1, made after 12/31/2018 and before 04/15/2019 . . . . . 2
- 3 Enter value of all traditional IRAs on 12/31/2018 . . . . . 3
- 4 Enter amount of any outstanding traditional rollovers as of 1/1/2019 . . . . . 4

Current Year Amount	Prior Year Amount

**Spouse**

- 5 Enter total traditional IRA contributions made for 2018 . . . . . 5
- 6 Enter contributions, on line 5, made after 12/31/2018 and before 04/15/2019 . . . . . 6
- 7 Enter value of all traditional IRAs on 12/31/2018 . . . . . 7
- 8 Enter amount of any outstanding traditional rollovers as of 1/1/2019 . . . . . 8


### Roth IRA Contributions

**Filer**

- 1 Enter 2018 Roth IRA contributions . . . . . 1
- 2 Enter value of all Roth IRAs on 12/31/2018 . . . . . 2

Current Year Amount	Prior Year Amount

**Spouse**

- 3 Enter 2018 Roth IRA contributions . . . . . 3
- 4 Enter value of all Roth IRAs on 12/31/2018 . . . . . 4


### SIMPLE IRA

**Filer**

- 1 Enter value of all SIMPLE IRAs on 12/31/2018 . . . . . 1

Current Year Amount	Prior Year Amount

**Spouse**

- 2 Enter value of all SIMPLE IRAs on 12/31/2018 . . . . . 2

--	--

### Education (Coverdell ESA)

**Filer**

- 1 Enter 2018 Coverdell ESA contributions . . . . . 1
- 2 Enter value of the Coverdell ESA on 12/31/2018 . . . . . 2

Current Year Amount	Prior Year Amount

**Spouse**

- 3 Enter 2018 Coverdell ESA contributions . . . . . 3
- 4 Enter value of the Coverdell ESA on 12/31/2018 . . . . . 4


### Other

**Filer**

- 1 Repayment of qualified reservist distributions . . . . . 1

Current Year Amount	Prior Year Amount

**Spouse**

- 2 Repayment of qualified reservist distributions . . . . . 2

--	--

Name \_\_\_\_\_

SSN \_\_\_\_\_

**Medical and Dental - Itemized Deductions**

	Current Year Amount	Prior Year Amount
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		
21		
22		

- 1 Prescription medications . . . . . 1
- 2 Fees for doctors, dentists, etc. . . . . 2
- 3 Fees for hospitals, clinics, etc. . . . . 3
- 4 Lab and X-ray fees . . . . . 4
- 5 Medical aids such as glasses, contacts, hearing aids, wheelchair, etc. . . . . 5
- 6 Medical equipment and supplies . . . . . 6
- 7 Medical mileage (number of miles driven) . . . . . 7
- 8 Medical parking, tolls and local transportation . . . . . 8
- 9 Lodging for medical purposes (up to \$50 per night per person) . . . . . 9
- 10 Health/Dental/Other ins. premiums (do not include self-employed plans) . . . . . 10
- 11 Long Term Care insurance premiums (taxpayer) . . . . . 11
- 12 Long Term Care insurance premiums (spouse) . . . . . 12
- 13 Expenses to stop smoking . . . . . 13
- 14 Health insurance premiums - coverage established under your business (1) . . . . . 14
- 15 Health insurance premiums - coverage established under your business (2) . . . . . 15
- 16 Long Term Care insurance premiums - coverage est. under your business (1) . . . . . 16
- 17 Long Term Care insurance premiums - coverage est. under your business (2) . . . . . 17
- 18 \_\_\_\_\_ 18
- 19 \_\_\_\_\_ 19
- 20 \_\_\_\_\_ 20
- 21 \_\_\_\_\_ 21
- 22 Insurance reimbursement for any medical and dental expense listed above . . . . . 22





Name \_\_\_\_\_

SSN \_\_\_\_\_

### Charity - Itemized Deductions

\* Total contributions \$500 or less. See Non-Cash Charity if over \$500.

Current Year Amount	Prior Year Amount

- 1 Gifts To Charity Other Than By Cash or Check\* . . . . . 1
- 2 Total Miles driven for charitable activities . . . . . 2
- 3 Parking fees, tolls and local transportation for charitable activities . . . . . 3

#### Gifts To Charity By Cash or Check

1	_____
2	_____
3	_____
4	_____
5	_____
6	_____
7	_____
8	_____
9	_____
10	_____
11	_____
12	_____
13	_____
14	_____
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39	_____
40	_____
41	_____

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39		
40		
41		

Name \_\_\_\_\_

SSN \_\_\_\_\_

### Noncash Charitable Contributions (Total of Contributions more than \$500)

**Information on Donated Property**

(a) Name and Address of the Donee Organization		(b) Description of Donated Property
<b>1</b>	Name Address City State Zip Code	
<b>2</b>	Name Address City State Zip Code	
<b>3</b>	Name Address City State Zip Code	
<b>4</b>	Name Address City State Zip Code	
<b>5</b>	Name Address City State Zip Code	

Note: If the fair market value for an item is \$500 or less, you do not have to complete columns (d), (e), and (f).

	(c) Date of the Contribution	(d) Date Acquired mm/dd/yyyy	(e) How Acquired	(f) Cost or Adjusted Basis	(g) Fair Market Value F. M. V.	(h) Method Used to Determine the F. M. V.
<b>1</b>						
<b>2</b>						
<b>3</b>						
<b>4</b>						
<b>5</b>						

Name \_\_\_\_\_

SSN \_\_\_\_\_

### Child and Dependent Care Expenses

- 1 Amount of dependent care benefits forfeited . . . . . **1** \_\_\_\_\_
- 2 Amount of dependent care expenses incurred in 2017 and paid in 2018 . . . . . **2** \_\_\_\_\_

**Note:** Enter qualified expenses for dependents on the Organizer dependent sheet.

#### Filer and/or Spouse Who Is a Student or Disabled

Check one box for each month or partial month that the filer or spouse was a full-time student or disabled.

		Filer's earned income for each month	Spouse's earned income for each month
Filer	Spouse	Filer	Spouse
<input type="checkbox"/>	<input type="checkbox"/>	January . . . . .	_____
<input type="checkbox"/>	<input type="checkbox"/>	February . . . . .	_____
<input type="checkbox"/>	<input type="checkbox"/>	March . . . . .	_____
<input type="checkbox"/>	<input type="checkbox"/>	April . . . . .	_____
<input type="checkbox"/>	<input type="checkbox"/>	May . . . . .	_____
<input type="checkbox"/>	<input type="checkbox"/>	June . . . . .	_____
<input type="checkbox"/>	<input type="checkbox"/>	July . . . . .	_____
<input type="checkbox"/>	<input type="checkbox"/>	August . . . . .	_____
<input type="checkbox"/>	<input type="checkbox"/>	September . . . . .	_____
<input type="checkbox"/>	<input type="checkbox"/>	October . . . . .	_____
<input type="checkbox"/>	<input type="checkbox"/>	November . . . . .	_____
<input type="checkbox"/>	<input type="checkbox"/>	December . . . . .	_____

#### Non-Dependent Information and Qualifying Expenses

	First Name	Last Name	Birthdate	SSN	Amount incurred and paid in 2018
1	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____

#### Persons or Organizations Who Provided the Care

	Name	Address	SSN/EIN	Amount incurred and paid in 2018	
1	First: _____	_____	SSN: _____		
	Last: _____				City: _____
	Business: _____				State: _____ Zip: _____
2	First: _____	_____	SSN: _____		
	Last: _____				City: _____
	Business: _____				State: _____ Zip: _____
3	First: _____	_____	SSN: _____		
	Last: _____				City: _____
	Business: _____				State: _____ Zip: _____
4	First: _____	_____	SSN: _____		
	Last: _____				City: _____
	Business: _____				State: _____ Zip: _____
5	First: _____	_____	SSN: _____		
	Last: _____				City: _____
	Business: _____				State: _____ Zip: _____