

<b>2018</b>	<b>1040</b>	<b>US</b>	<b>Tax Organizer</b>
-------------	-------------	-----------	----------------------

**REDSUN BOOKKEEPING & TAX SERVICES, L.L.C. Tax Return Appointment**

7546 N. LA CHOLLA BLVD.

TUCSON AZ 85741

Telephone number: (520) 498-3999

Fax number: (520) 498-5296

E-mail address: debbie@redsunservices.com

Date:

Time:

Location:

**This tax organizer will assist you in gathering information necessary for the preparation of your 2018 tax return. Please enter all pertinent 2018 information.**

NOTE: If you claim the earned income credit, please provide proof that your child is a resident of the United States. This proof is typically in the form of: school records or statement, landlord or property management statement, health care provider statement, medical records, child care provider records, placement agency statement, social service records or statement, place of worship, Indian tribal office statement, or employer statement.

NOTE: If your child is disabled, please provide one of the following forms of proof of disability: doctor statement, other health care provider statement, or social services agency or program statement.

**CLIENT INFORMATION**

Taxpayer

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 . . . . .		
Home phone . . . . .		
Work phone . . . . .		
Work extension . . . . .		
Cell phone . . . . .		
E-mail address . . . . .		

Address	In care of . . . . .	
	Street address . . . . .	
	Apartment number . . . . .	
	City . . . . .	
	State . . . . .	
	ZIP code . . . . .	

**DEPENDENTS**

Dependent No.

Dependent No.

First name . . . . .		
Last name . . . . .		
Title/suffix . . . . .		
Date of birth (m/d/y) . . . . .		
Date of death (m/d/y) . . . . .		
Date of adoption (m/d/y) . . . . .		
Social security number . . . . .		
Relationship . . . . .		
Months lived at home . . . . .		

Dependent No.

Dependent No.

First name . . . . .		
Last name . . . . .		
Title/suffix . . . . .		
Date of birth (m/d/y) . . . . .		
Date of death (m/d/y) . . . . .		
Date of adoption (m/d/y) . . . . .		
Social security number . . . . .		
Relationship . . . . .		
Months lived at home . . . . .		

2018

1040

US

Tax Organizer

Please enter all pertinent 2018 information. If you have attached a government form for an item, check the box and do not enter a 2018 amount.

WAGES, SALARIES AND TIPS

Employer name:

Form with 5 rows for Employer name and checkboxes.

Table with 2 columns: 2018 Amount, 2017 Amount. Contains 'Attach Forms W-2'.

INTEREST INCOME

Payer name:

Form with 5 rows for Payer name and checkboxes.

Table with 2 columns: 2018 Amount, 2017 Amount. Contains 'Attach Forms 1099-INT'.

DIVIDEND INCOME

Payer name:

Form with 5 rows for Payer name and checkboxes.

Table with 2 columns: 2018 Amount, 2017 Amount. Contains 'Attach Forms 1099-DIV'.

PENSIONS, IRA AND GAMBLING INCOME

Payer name:

Form with 5 rows for Payer name and checkboxes.

Table with 2 columns: 2018 Amount, 2017 Amount. Contains 'Attach Forms 1099-R & W-2G'. Includes rows for 'Winnings not reported on W-2G' and 'Total gambling losses'.

OTHER GOVERNMENT FORMS - INCOME

- Form 1099-B - Sales of stock (also include transaction history)
Form 1099-MISC - Miscellaneous income
Form 1099-K - Merchant card and third party network payments
Form 1099-S - Sales of real estate (also include closing statements)

Table with 2 columns: 2018 Amount, 2017 Amount. Contains 'Attach Forms 1099'.

- Form 1099-G - State tax refunds

Table with 2 columns: 2018 Amount, 2017 Amount. Contains 'Attach Forms 1099'.

Taxpayer:

- Form SSA-1099 - Social security benefits
Form 1099-G - Unemployment compensation
Form 1099-Q (529 Plan)
Form 1099-QA/5498-QA (ABLE Accounts)

Table with 2 columns: 2018 Amount, 2017 Amount. Contains 'Attach Forms 1099'.

Spouse:

- Form SSA-1099 - Social security benefits
Form 1099-G - Unemployment compensation
Form 1099-Q (529 Plan)
Form 1099-QA/5498-QA (ABLE Accounts)

Table with 2 columns: 2018 Amount, 2017 Amount. Contains 'Attach Forms 1099'.

<b>2018</b>	<b>1040</b>	<b>US</b>	<b>Tax Organizer</b>
-------------	-------------	-----------	----------------------

**MISCELLANEOUS INCOME**

Taxpayer: Alimony received.....

Spouse: Alimony received .....

Other: \_\_\_\_\_


**RETIREMENT PLAN CONTRIBUTIONS**

Taxpayer: Traditional IRA contributions (1=maximum).....

Roth IRA contributions (1=maximum) .....

Self-employed, SEP, SIMPLE, & qualified plan contributions (1=maximum).....

Spouse: Traditional IRA contributions (1=maximum).....

Roth IRA contributions (1=maximum) .....

Self-employed, SEP, SIMPLE, & qualified plan contributions (1=maximum).....

	2018 Amount	2017 Amount

**OTHER GOVERNMENT FORMS - DEDUCTIONS**

Form 1098-E - Student loan interest .....

Form 1098-T - Tuition and related expenses.....

<b>Attach Forms 1098</b>	

**AFFORDABLE CARE ACT**

Form 1095-A - Health Insurance Marketplace Statement.....

Form 1095-B - Health Coverage.....

Form 1095-C - Employer-Provided Health Insurance Offer and Coverage .....

<b>Attach Forms 1095</b>	

**ADJUSTMENTS TO INCOME**

Taxpayer:

Self-employed health insurance premiums.....

Educator expenses.....

Other adjustments to income:

\_\_\_\_\_


Alimony paid - Recipient name & SSN.....

\_\_\_\_\_


Spouse:

Self-employed health insurance premiums.....

Educator expenses.....

Other adjustments to income:

\_\_\_\_\_


Alimony paid - Recipient name & SSN.....

\_\_\_\_\_


**MEDICAL AND DENTAL EXPENSES**

Prescription medicines and drugs.....

Doctors, dentists and nurses.....

Hospitals and nursing homes.....

Insurance premiums.....

Long-term care premiums - taxpayer.....

Long-term care premiums - spouse.....

Insurance reimbursement.....

Out-of-pocket lodging and transportation expenses.....

Number of medical miles.....

Other: \_\_\_\_\_

\_\_\_\_\_


**TAXES PAID**

State income taxes - 1/18 payment on 2017 state estimate.....

--	--

