ORGANIZER Page 1 Tax Organizer US **2018** 1040 **Tax Return Appointment** JOSEPH E. COMPANIK CPA P.C. 118 S KYRENE RD STE 1 Date: **CHANDLER AZ 85226-4718** Time: **Telephone number: 480-777-8805** Location: Fax number: 480-446-8805 E-mail address: joe@companikcpa.com 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** 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 . . . . . . . . In care of . . . . . . . Street address..... Apartment number. Address 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...
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ORGANIZER Page 3 US **Tax Organizer** 2018 1040 **MISCELLANEOUS INCOME** Taxpayer: Alimony received..... Spouse: Alimony received ..... Other: RETIREMENT PLAN CONTRIBUTIONS 2018 Amount 2017 Amount Taxpayer: Traditional IRA contributions (1=maximum)..... Self-employed, SEP, SIMPLE, & qualified plan contributions (1=maximum)..... Spouse: Traditional IRA contributions (1=maximum)..... Self-employed, SEP, SIMPLE, & qualified plan contributions (1=maximum)..... OTHER GOVERNMENT FORMS - DEDUCTIONS Form 1098-E - Student loan interest ..... Attach Forms 1098 Form 1098-T - Tuition and related expenses..... AFFORDABLE CARE ACT Form 1095-A - Health Insurance Marketplace Statement..... **Attach Forms 1095** Form 1095-C - Employer-Provided Health Insurance Offer and Coverage. . . . . **ADJUSTMENTS TO INCOME** Taxpayer: Self-employed health insurance premiums..... Educator expenses..... Other adjustments to income: 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..... Other: **TAXES PAID** State income taxes - 1/18 payment on 2017 state estimate.....

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TΔX	ES PAID (c	ontinued)		2018 Amount	2017 Amount
	•	*	017 state extension	2010 Amount	EVI7 AMOUNT
		•	017 state extension		
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		terest and poir	nts paid:		
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Point	s not reported	d on Form 109	8:		
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Mortc	lage insurance	e premiums or	n post 12/31/06 contracts	-	
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Page 5 **ORGANIZER Direct Deposit & Estimates (Form 1040 ES)** US 2018 1040 3, 6 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** Percent to Type of Type of **Deposit** Account Invest. Name of Bank **Routing Number Account Number** (Table 1) (Table 2) (xx.xx)2018 ESTIMATED TAX / 1040-ES (6) 2018 **Federal Amount Paid Date Paid** Voucher Amount TS Overpayment applied from 2017..... 1st quarter payment..... 3rd quarter payment..... 4th quarter payment..... Additional Estimated Tax Payments Paid with extension..... Former spouse SSN if joint estimates..... 2018 **State Amount Paid Date Paid Voucher Amount** Overpayment applied from 2017..... 1st quarter payment..... 3rd quarter payment..... 4th quarter payment..... Additional Estimated Tax Payments Paid with extension..... 2 1 Type of Account Type of Investment

1 = Savings 2 = Checking

1 = Checking or savings (default) 2 = Taxpayer's IRA (next year limits) 3 = Spouse's IRA (next year limits) 4 = Health savings account (HSA) 5 = Archer MSA

6 = Coverdell savings account (ESA) 7 = Other 8 = Taxpayer's IRA (current year limits) 9 = Spouse's IRA (current year limits)

**ORGANIZER** Page 6 Direct Deposit & Estimates (Form 1040 ES) (cont.) US 2018 1040 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 If "yes" explain any differences in income, deductions, dependents, etc.: Do you expect your 2019 withholding to be different from 2018? . . . . . . . . . Yes If "yes" explain any differences:

**ORGANIZER** 

**Noncash Contributions (Form 8283)** US 2018 1040

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If your total noncash contributions are in excess of \$500 in 2018, please complete the information below for each donee using the following guidelines:

- \* If you contributed a motor vehicle, boat, or airplane with a claimed value of more than \$500, attach Form 1098-C or other written acknowledgement received from the donee organization.
- \* A deduction for contributions of clothing or other household items that are not in good used condition or better is not allowed. In addition, a deduction for any item with minimal monetary value may be denied. However, these rules do not apply to any contribution of a single item for which a deduction of more than \$500 is claimed, if a qualified appraisal for the donated property is provided.

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		RTY INFORMATION					
	Name of cha	aritable organization (donee)					
		ess					
	City						
	State						
		2=joint					
	-	scription (other than vehicle)					
	- 1 - 3	Identification number (VIN)					
No.	]   ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Year (yyyy)					
	Vehicle	Make and model					
		Condition and mileage					
	Date of con	tribution (m/d/y)					
		ed by donor (m/y)					
	How acquired by donor (Table 1 or describe)						
	Donor's cost or basis						
	Fair market value						
	Method use	d to determine FMV (Table 2 or des	scribe)				
	Ta. 6 1	2.11					
		aritable organization (donee)					
	Street address						
	City						
	State						
	ZIP code						
	1=spouse, 2=joint						
	Property de	scription (other than vehicle)					
		Identification number (VIN)					
No.	Vehicle	Year (yyyy)					
	1011010	Make and model					
		Condition and mileage					
	Date of con	tribution (m/d/y)					
		ed by donor (m/y)					
	How acquired by donor (Table 1 or describe)						
	Donor's cost or basis						
	Fair market value						
		d to determine FMV (Table 2 or des					
		(	,				
	How Pro	perty was Acquired	2	Method Used to	Determine FMV		
	1 = Purchase 2 = Gift	3 = Inheritance 4 = Exchange		Appraisal Thrift shop value	3 = Catalog 4 = Comparable sales		
				For other methods	, see IRS Pub. 561.		

018	1040	US	Employee/Vehicle Bus.	Exp	o. (Form 2106)	No.	30
	Please e	nter all pe	rtinent 2018 amounts. Last year's a	mou	nts are provided for y	our reference.	
GEN	NERAL IN	FORMA	TION				
Occup	oation, if differ	ent from For	m 1040	800			
Form				13			
			e C, 2=second, etc.)				
1=spc	use			1			
1=per	formance artis	st, 2=handica	apped, 3=fee-basis government official				
1=mir	nister's expens	ses		226			
EMF	PLOYEE I	BUSINES	SS EXPENSES		2018 Amount	2017 Amoւ	ınt
Meal	and entertainr	nent expense	es	44			
			entertainment not on W-2, box 1	45			
			(80% meal allowance)	50			
			rain, etc.)	7			
		-	n home overnight				
			n Form W-2, box 1	12			
Other	business exp	enses.		10			
				10			
				10			
				10			
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				10			
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				10			

18	1040	US	Vehicle Expenses (Form 21	06) (cont.)	No.	30
	Please e	nter all pe	rtinent 2018 amounts. Last year's amou	nts are provided for	r your reference.	
VEH	IICLE INF	ORMAT	ION	2018 Amount	2017 Amoւ	unt
1=veh 1=no d 1=no d	icle is availab other vehicle i evidence to su	le for off-dut s available f upport your c	e than 5% owner			
VEH	IICLE 1					
Date protection of the control of th	placed in servi mileage (for the ess mileage nuting mileage ge daily round er of months of ges and to expenses: asoline, lube, expairs scellaneous uto license (ot ersonal proper terest (car loa ehicle rent or l clusion amour	ce (m/d/y) ne tax year) e (for the tax l-trip commu of business u lls (business oil her than per ty taxes (bas n) (for Scher ease payme at (enter as p	year).  te.  use if changed from 100% personal use.  portion only).  sonal property taxes)  sed on car's value).  dule C, E & F).  nts.  positive).  vehicle on Form W-2 (2106).			
	IICLE 2					
Date p Total r Busine Comm Averag Number	nolaced in servi mileage (for the ess mileage. nuting mileage ge daily round er of months of	ce (m/d/y) ne tax year). e (for the tax l-trip commu of business u	year)te			
Ga Re Tir Ins Mi	esoline, lube, epairs		sonal property taxes)			
Int Ve Ind	terest (car loa chicle rent or l clusion amour	n) (for Scheo ease payme nt (enter as p	dule C, E and F)			

SEDE					
ソヒアヒ	NDENT CARE EXPENSES (33.1)	2018 Ar		2017 Am	
	ent care expenses incurred but not paid in 2018	Taxpayer	Spouse	Taxpayer	Spouse
	er-provided benefits forfeited in 2018				
PERS	ONS AND EXPENSES QUALIFYII	NG FOR DEPEND	DENT CARE C	REDIT	
	First name				
	Last name				
	Title or suffix				
No.	Social security number.				
	Qualified dependent care expenses incurred and paid in 2018			2017 amt:	
	1=disabled				
	1=spouse, 2=joint				
	First name	T			
	Last name				
	Title or suffix				
—	Date of birth (m/d/y)				
No.	Social security number			1	
	Qualified dependent care expenses incurred and paid in 2018			0017	
	1=disabled			2017 amt:	
	1=spouse, 2=joint				
PERS	Name of provider.	`	3.2)		
	Street address				
	City				
	State				
No.	ZIP code				
No.					
No.	ZIP code.  Foreign region  Foreign postal code  Foreign country				
No.	ZIP code.  Foreign region  Foreign postal code  Foreign country  Identification number (SSN or EIN)				
No.	ZIP code.  Foreign region  Foreign postal code  Foreign country			2017 amt:	

					1490 .
2018	1040	US	Education Credits / Tuition Deduction	No.	38

1=taxpayer, 2=spouse		
First name		
Last name		
Social security number		
Number of years hope credit claimed		
Number of prior years AOC claimed		
1=student was NOT enrolled at least half-time for at least one academic period that began in 2018 (or the first 3 months of 2019 if the qualified expenses were made in 2018) at an eligible institution in a qualified program.		
1=student completed first four years of post-secondary education before 2018		
EDUCATIONAL INSTITUTION ATTENDED (#1)		
Name		
Street address		
City		
State		
ZIP code		
1=2018 Form 1098-T was NOT received		
1=2018 Form 1098-T received with Box 2 & 7 completed		
1=2017 Form 1098-T received with Box 2 & 7 completed		
Federal ID number from Form 1098-T		
Name. Street address City. State ZIP code. 1=2018 Form 1098-T was NOT received. 1=2018 Form 1098-T received with Box 2 & 7 completed. 1=2017 Form 1098-T received with Box 2 & 7 completed. Federal ID number from Form 1098-T.		
QUALIFIED EDUCATION EXPENSES	2018 Amount	2017 Amount
Qualified tuition & fees paid in 2018 (net of refund or assistance, & not entered elsewhere)	==	
Books & supplies required to be purchased from institution		
Books & supplies not entered above		
Amount of prior year refund or assistance *		

2018	1040	US	Additional Information
Plea	se furnish	any additio	onal information or supporting details not provided elsewhere in this tax organizer.