

<b>2018</b>	<b>1040</b>	<b>US</b>	<b>Tax Organizer</b>
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**ATSOURCE**  
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**Tax Return Appointment**

**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 . . . . .		

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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'.

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**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.....

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**Miscellaneous Questions**

**If any of the following items pertain to you or your spouse for 2018, please check the appropriate box and provide additional information if necessary.**

- | <b>YES</b>               | <b>NO</b>                |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Did your marital status change during the year?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did your address change during the year?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Could you be claimed as a dependent on another person's tax return?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Were there any changes in dependents?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you and your dependents have health care coverage for the full-year?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive any of the following IRS documents? Form 1095-A (Health Insurance Marketplace Statement), 1095-B (Health Coverage) or Form 1095-C (Employer Provided Health Insurance Offer and Coverage) If so, please attach.   |
| <input type="checkbox"/> | <input type="checkbox"/> | If you or your dependents did not have health care coverage during the year, do you fall into one of the following exemptions categories: Indian tribe membership, health care sharing ministry membership, religious sect membership, incarceration, general hardship or unable to renew existing coverage? If you received an exemption certificate, please attach. |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive unreported tip income of \$20 or more in any month?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive any disability income?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you buy or sell any stocks, bonds or other investment property?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make any residential energy-efficient improvements or purchases involving solar, wind, geothermal or fuel cell energy sources?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive a distribution from or make a contribution to a retirement plan (401(k), IRA, etc.)?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you transfer or rollover any amount from one retirement plan to another?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you convert part or all of your traditional/SEP/SIMPLE IRA to a Roth IRA?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you incur a loss because of damaged or stolen property?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you use your car on the job (other than to and from work)?  |
| <input type="checkbox"/> | <input type="checkbox"/> | May the IRS discuss your tax return with your preparer?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Was your home rented out or used for business?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Were you notified or audited by either the IRS or the State taxing agency?  |

