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2018 TAX ORGANIZER

T MMKR
O 5353 Wayzata Blvd.
Suite 410
Minneapolis, MN 55416

This tax organizer has been prepared for your use in gathering the information needed for your 2018 tax return.

To save you time, selected information from your 2017 tax return has been entered in this organizer. Please line through any information that does not apply to your 2018 tax return.

In some cases, 2017 amounts have been included in a separate column. These amounts are for comparison purposes only. You do not need to change these prior year amounts.

If we may be of further assistance, please contact us at your convenience.

REMOVE THIS SHEET PRIOR TO RETURNING THE COMPLETED ORGANIZER

**MALLOY, MONTAGUE, KARNOWSKI,
RADOSEVICH & CO., P.A.**

5353 Wayzata Blvd., Ste. 410
Minneapolis, MN 55416
(952) 545-0424
www.mmkr.com

Subject: Individual 1040 Tax Return Engagement Letter

Thank you for selecting Malloy, Montague, Karnowski, Radosevich & Co., P.A. to assist you with your tax affairs. This letter confirms the terms of our engagement with you and the nature and extent of services we will provide.

We will prepare your 2018 federal and all state income tax returns you request using information you provide to us. We may ask for clarification of some items, but we will not audit or otherwise verify the data you submit. We have enclosed an Organizer to help you gather the information required for a complete return. If you use the Organizer, it will help you avoid overlooking important information and contribute to accurate and efficient preparation of your returns. It will also keep the cost of our services as low as possible.

It is your responsibility to provide information required for preparation of complete and accurate returns. You should keep all documents, cancelled checks, and other data, that support your reported income and deductions. They may be necessary to prove accuracy and completeness of the returns to a taxing authority. You are responsible for the returns, so you should review them carefully before you sign the Form 8879 authorization.

Our work will not include any procedures to discover defalcations or other irregularities. The only accounting or analysis work we will do is that which is necessary for preparation of your income tax returns. If we discover any errors or omissions on a prior year return, we will bring them to your attention.

We must use our judgment in resolving questions where the tax law is unclear, or where there may be conflicts between the taxing authorities interpretations of the law and other supportable positions. In order to avoid penalties, we will apply the more-likely-than-not reliance standard to resolve such issues. You agree to honor our decisions regarding the need to make protective disclosures in your returns.

The law also imposes penalties when taxpayers understate their tax liability. If you have concerns about such penalties, please call us.

Your returns may be selected for audit by a taxing authority. Any proposed adjustments are subject to appeal. In the event of a tax examination, we can arrange to be available to represent you. Such representation will be a separate engagement for which an engagement letter will be provided to you. Fees and expenses for defending the returns will be invoiced in accordance with terms we agree on for

that engagement.

Our fee for preparation of your tax returns will be based on the amount of time required at standard billing rates plus out-of-pocket expenses. All invoices are due and payable upon presentation. To the extent permitted by state law, an interest charge may be added to all accounts not paid within thirty (30) days.

We will retain copies of records you supplied to us along with our workpapers for your engagement for a period of four years. After four years, our workpapers and engagement files will be destroyed. All of your original records will be returned to you at the end of this engagement. You should keep the original records in secure storage.

If there are other returns you expect us to prepare, such as gift or property, please inform us by noting these just below your signature at the end of the returned copy of this letter.

To affirm that this letter correctly summarizes your understanding of the arrangements for this work, please sign this letter in the space indicated and return it to us, along with your Organizer, in the envelope provided. If our firm does not receive this letter from you, in fully executed form, but receives from you a completed copy of the enclosed Organizer and/or supporting documentation requested, then such receipt by this office shall be deemed to evidence your acceptance of all of the terms set forth above.

We appreciate your confidence in us. Please call if you have questions.

Sincerely,

Malloy, Montague, Karnowski, Radosevich & Co., P.A.

(Both taxpayer and spouse must sign for preparation of joint returns)

Accepted By: (Taxpayer) _____

(Spouse) _____

Date: _____

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The following questions pertain to the 2018 tax year. For any question answered Yes, include supporting detail or documents.

Personal Information:

- Did your marital status change? Yes No
- Are you married?
- If Yes, do you and your spouse want to file separate returns?
- If No, are you in a domestic partnership, civil union, or other state-defined relationship?
- Can you or your spouse be claimed as a dependent by another taxpayer?
- Did you or your spouse serve in the military or were you or your spouse on active duty?

Dependents:

- Were there any changes in dependents from the prior year?
- Note: Include non-child dependents for whom you provided more than half the support.
- Did you or your spouse pay for child care while you or your spouse worked or looked for work?
- Do you have any children under age 18 with unearned income more than \$1,050?
- Do you have any children age 18 or student children, aged 19 to 23, who did not provide more than half of their cost of support with earned income and that have unearned income of more than \$1,050?
- Did you adopt a child or begin adoption proceedings?
- Are any of your dependents non-U.S. citizens or non-U.S. residents?

Healthcare:

- Did you have healthcare coverage (health insurance, including Medicare, Medicaid, CHIP, and TRICARE) for you, your spouse, and any dependents for the entire year?
- If Yes, include all Forms 1095-A, 1095-B, and 1095-C. If you did not receive Forms 1095-A, 1095-B or 1095-C, attach information detailing each month you, your spouse, and your dependents had coverage.
- If No, there are several exemptions from the mandate requiring health insurance coverage. Examples include membership in a healthcare sharing ministry, membership in a federally recognized Indian tribe, incarceration, membership in certain religious sects, and enrollment in certain Medicaid and TRICARE programs that do not provide minimum essential coverage. If any of these provisions apply, provide information regarding the exemption, the individual(s) (taxpayer, spouse, dependents) to which the exemption(s) may apply, and the month(s) for which the exemption(s) apply.
- Are you claiming the exemption for someone having healthcare coverage purchased in the Marketplace and for whom you did not receive Form 1095-A?
- Did you receive Form 1095-A for someone for whom another taxpayer will claim the personal exemption on their tax return?
- Did you apply for an exemption through the Marketplace?
- If Yes, provide the Exemption Certificate Number. _____
- Are any of your dependents required to file a tax return?



Healthcare (continued):

- Was anyone covered on your health insurance policy also covered on another health insurance policy for any part of the year? Yes No
- Were you eligible for employer-sponsored healthcare coverage? Yes No
- If you received advance premium tax credit or enrolled in coverage through the Marketplace, are married, and are filing separately from your spouse, are you a victim of domestic abuse or spousal abandonment? Yes No
- Did you or your spouse have any transactions pertaining to a health savings account (HSA)? Yes No
If you received a distribution from an HSA, include all Forms 1099-SA.
- Did you or your spouse have any transactions pertaining to a medical savings account (MSA)? Yes No
If you received a distribution from an MSA, include all Forms 1099-SA.
- Did you or your spouse receive any distributions from long-term care insurance contracts? Yes No
If Yes, include all Forms 1099-LTC.
- If you or your spouse are self-employed, are you or your spouse eligible to be covered under an employer's health plan at another job? Yes No
If Yes, how many months were you covered? _____
- If you or your spouse are self-employed, are you or your spouse eligible to be covered under an employer's long-term care plan at another job? Yes No
If Yes, how many months were you covered? _____
- Did you or your spouse lose your job because of foreign competition and pay for your own health insurance? Yes No

Education:

- Did you or your spouse pay any student loan interest? Yes No
- Did you or your spouse withdraw any amounts from your IRA to pay for higher education expenses incurred by you, your spouse, your children or grandchildren? Yes No
- Did you or your spouse withdraw any amounts from a Coverdell Education Savings Account or Qualified Education Program (Section 529 plan)? Yes No
If Yes, include all Forms 1099-Q.
- Did you, your spouse, or your dependents incur any post-secondary education expenses, such as tuition? Yes No

Deductions and Credits:

- Did you or your spouse contribute property (other than cash) with a fair market value of more than \$5,000 to a charitable organization? Yes No
If Yes, provide the appraisal of property contributed. An appraisal is not required for contributions of publicly traded securities or contributions of non-publicly traded stock of \$10,000 or less.
- Did you or your spouse incur any casualty or theft losses? Yes No
- Did you or your spouse make any large purchases, such as motor vehicles and boats? Yes No
- Did you or your spouse incur any casualty or loss attributable to a federally declared disaster? Yes No
- Did you or your spouse purchase a new alternative technology vehicle, including a qualified plug-in electric drive motor vehicle? Yes No
- Did you or your spouse use gasoline or special fuels for business or farm purposes (other than for a highway vehicle)? Yes No
If Yes, provide the number of gallons of gasoline or special fuels used for off-highway business purposes.
_____ Gallons _____ Type
- Did you or your spouse install any alternative energy equipment in your residence such as solar water heaters, solar electricity equipment (photovoltaic) or fuel cells? Yes No
- Did you or your spouse install any energy efficiency improvements or energy property in your residence such as exterior doors or windows, insulation, heat pumps, furnaces, central air conditioners, or water heaters? Yes No



Investments:

- | | Yes | No |
|--|--------------------------|--------------------------|
| Did you or your spouse have any debts canceled, forgiven or refinanced? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse start or purchase a business, rental property, or farm, or acquire any new interest in any partnership or S corporation? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse sell an existing business, rental property, farm, or any existing interest in a partnership or S corporation? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse sell, exchange, or purchase any real estate? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, include closing statements. | | |
| Did you or your spouse receive grants of stock options from your employer, exercise any stock options granted to you or your spouse or dispose of any stock acquired under a qualified employee stock purchase plan? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse engage in any put or call transactions? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, provide the transaction details. | | |
| Did you or your spouse close any open short sales? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse sell any securities not reported on Form 1099-B? | <input type="checkbox"/> | <input type="checkbox"/> |

Retirement or Severance:

- | | | |
|---|--------------------------|--------------------------|
| Did you or your spouse contribute to a Roth IRA or convert an existing IRA into a Roth IRA? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse roll into a Roth IRA any distributions from a retirement plan, an annuity plan, tax shelter annuity or deferred compensation plan? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse turn age 70 1/2 and have money in an IRA or other retirement account without taking any distribution? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse retire or change jobs? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse receive deferred, retirement or severance compensation? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, enter the date received (Mo/Da/Yr). _____ | | |

Personal Residence:

- | | | |
|---|--------------------------|--------------------------|
| Did your address change? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, provide the new address. | | |
| If Yes, did you move to a different home because of a change in the location of your job? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse claim a homebuyer credit for a home purchased in 2008? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse withdraw any amounts from your Individual Retirement Account (IRA) or Roth IRA to acquire a principal residence? | <input type="checkbox"/> | <input type="checkbox"/> |
| Are your total mortgages on your first and/or second residence greater than \$1,000,000? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, provide the principal balance and interest rate at the beginning and end of the year. _____ | | |
| Did you or your spouse take out a home equity loan? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse have an outstanding home equity loan at the end of the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, provide the principal balance and interest rate at the beginning and end of the year. _____ | | |
| Are you claiming a deduction for mortgage interest paid to a financial institution and someone else received the Form 1098? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your mortgagee receive mortgage assistance payments? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, include all Forms 1098-MA. | | |



Sale of Your Home:

	Yes	No
Did you sell your home?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive Form 1099-S?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, include Form 1099-S.		
Did you or your spouse own and occupy the home as your principal residence for at least two years of the five-year period prior to the sale?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse ever rent out the property?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse ever use any portion of the home for business purposes?	<input type="checkbox"/>	<input type="checkbox"/>
Have you or your spouse sold a principal residence within the last two years?	<input type="checkbox"/>	<input type="checkbox"/>
At the time of the sale, the residence was owned by the: <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Both		

Gifts:

Did you or your spouse make any gifts, including birthday, holiday, anniversary, graduation, education savings, etc., with a total (aggregate) value in excess of \$15,000 to any individual?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse make any gifts of difficult-to-value assets (such as non-publicly traded stock) to any person regardless of value?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse make any gifts to a trust for any amount?	<input type="checkbox"/>	<input type="checkbox"/>
Do you or your spouse have a life insurance trust?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse assist with the purchase of any asset (auto, home) for any individual?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse forgive any indebtedness to any individual, trust or entity?	<input type="checkbox"/>	<input type="checkbox"/>

Foreign Matters:

Did you or your spouse perform any work outside of the U.S. or pay any foreign taxes?	<input type="checkbox"/>	<input type="checkbox"/>
Were you or your spouse a grantor or transferor for a foreign trust, have any interest in or a signature authority over a bank account, securities account or other financial account in a foreign country?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse create or transfer money or property to a foreign trust?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse own any foreign financial assets?	<input type="checkbox"/>	<input type="checkbox"/>
Were you or your spouse subject to the transition tax on undistributed foreign income and elect to pay the tax in installments?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse have an interest in an S corporation that had undistributed foreign income subject to the transition tax?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, did the corporation cease to be an S corporation?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, was there a sale or liquidation of substantially all of the corporation's assets or did the corporation cease business?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, did you or your spouse transfer any share of stock in the corporation?	<input type="checkbox"/>	<input type="checkbox"/>



Miscellaneous:

Did you or your spouse pay in excess of \$1,000 in any quarter, or \$2,100 during the year for domestic services performed in or around your home to individuals who could be considered household employees?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse receive unreported tip income of \$20 or more in any month?	<input type="checkbox"/>	<input type="checkbox"/>
Have you or your spouse received a punitive damage award or an award for damages other than for physical injuries or illness?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse engage in any bartering transactions?	<input type="checkbox"/>	<input type="checkbox"/>
Were you or your spouse notified by the IRS or other taxing authority of any changes in prior year returns?	<input type="checkbox"/>	<input type="checkbox"/>
For any trust that you or your spouse created or are trustee, did any beneficiaries, grantors, or trustees die or move?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse sell or exchange Bitcoin or other cryptocurrencies or engage in any sales or exchanges denominated in Bitcoin or other cryptocurrencies?	<input type="checkbox"/>	<input type="checkbox"/>

Additional state pages have been included at the back of the organizer and should be reviewed.



Personal Information

Taxpayer:

First Name and Initial _____ Last Name _____ Social Security Number _____

Occupation _____ Date of Birth (Mo/Da/Yr) _____ Date of Death (Mo/Da/Yr) _____ Does not expire

Driver's License or State-Issued ID Number _____ Expiration Date (Mo/Da/Yr) _____ Issue Date (Mo/Da/Yr) _____ State _____

Driver's License State-Issued ID No Identification

Spouse:

First Name and Initial _____ Last Name _____ Social Security Number _____

Occupation _____ Date of Birth (Mo/Da/Yr) _____ Date of Death (Mo/Da/Yr) _____ Does not expire

Driver's License or State-Issued ID Number _____ Expiration Date (Mo/Da/Yr) _____ Issue Date (Mo/Da/Yr) _____ State _____

Driver's License State-Issued ID No Identification

Contact Information:

Street Address _____ Apartment Number _____

City _____ State _____ ZIP or Postal Code _____

Foreign Province or County _____

Foreign Country _____

Taxpayer Daytime/Work Phone _____ Taxpayer Evening/Home Phone _____ Taxpayer Foreign Phone _____

Taxpayer Cell Phone _____ Taxpayer Fax Number _____

Spouse Daytime/Work Phone _____ Spouse Evening/Home Phone _____ Spouse Foreign Phone _____

Spouse Cell Phone _____ Spouse Fax Number _____

Taxpayer Email Address _____

Spouse Email Address _____

Preferred Method of Contact _____

May the IRS or other taxing authority discuss the return with the preparer?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Is the taxpayer claimed as a dependent on someone else's tax return?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Are you considered legally blind per IRS regulations?

Taxpayer		Spouse	
Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you want to contribute to the Presidential Election Campaign Fund?

Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are you a U.S. citizen or Green Card holder?

Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Personal Identification Numbers: Code - 1 - Issued by IRS 2 - Issued by State or City

TS	State	City	Code	PIN

Tax Organizer Legend:

Throughout the tax organizer, you will find columns with the heading "TSJ". Enter "T" for taxpayer, "S" for spouse or "J" for joint.

Worksheets: Basic Data > General and Return Options > Processing Options 800131 04-01-18

Forms 1, 1A and 2



Dependents and Wages

Dependent Information:

	First Name and Initial	Last Name	Social Security Number	Date of Birth (Mo/Da/Yr)	Date of Death (Mo/Da/Yr)	Relationship to Taxpayer
A						
B						
C						
D						
E						
F						
G						
H						

Did dependent have income over \$4,150?



	Months Lived in Your Home	X if Disabled	Yes or No	Identity Protection PIN
A				
B				
C				
D				
E				
F				
G				
H				

Provide the name of any dependent who is not a U.S. citizen or Green Card holder.

Provide the name of any person living with you who is claimed as a dependent on someone else's tax return.

List the years that a release of claim to exemption is given for a dependent child not living with you.

Wages and Salaries: Include all copies of your current year Forms W-2

Note: Use this section to report any wages and/or salaries for which no Form W-2 was received.

TS	Employer's Name	Taxable Wages	Tax Withheld				
			Federal	FICA/TIER 1	Medicare	State	Local



2018

Direct Deposit and Withdrawal

4A

Direct Deposit and Electronic Funds Withdrawal Account Information:

The IRS and certain states allow refunds to be deposited to and balances due to be paid directly from your financial institution. If you would like to receive your refund or pay a balance due electronically, complete the following information. If you selected either of these options in 2017, your account information may already be included below.

Would you like any refunds owed to you directly deposited?	Yes No
.....	<input type="checkbox"/> <input type="checkbox"/>
Would you like to pay any amount due on your <u>federal</u> return using electronic withdrawal?	<input type="checkbox"/> <input type="checkbox"/>
.....	<input type="checkbox"/> <input type="checkbox"/>
If Yes, what amount would you like withdrawn, if not the entire balance due? _____	
If Yes, when should the withdrawal occur, if other than the due date of the return? _____ (Mo/Da/Yr)	
Would you like to pay any amount due on your <u>state</u> return(s) using electronic withdrawal?	<input type="checkbox"/> <input type="checkbox"/>
.....	<input type="checkbox"/> <input type="checkbox"/>
If Yes, what amount would you like withdrawn, if not the entire balance due? _____	
If Yes, when should the withdrawal occur, if other than the due date of the return? _____ (Mo/Da/Yr)	
The IRS and some states allow estimated payments to be electronically withdrawn on the due dates of the estimated payments.	
Would you like to pay any estimated payments due for your <u>federal</u> return using electronic withdrawal?	<input type="checkbox"/> <input type="checkbox"/>
.....	<input type="checkbox"/> <input type="checkbox"/>
Would you like to pay any estimated payments due for your <u>state</u> return(s) using electronically withdrawal, if available?	<input type="checkbox"/> <input type="checkbox"/>

Name of bank or financial institution

Routing Transit Number (RTN)

Account number

Type of account: Checking Traditional Savings IRA Savings

Archer MSA Savings Coverdell Ed. Savings HSA Savings

Is this a business account? Yes No

Account owner Taxpayer Spouse Joint

I confirm that the bank account information and the direct deposit/electronic withdrawal options selected above are correct.

Would you like any refunds owed to you directly deposited?	Yes No
.....	<input type="checkbox"/> <input type="checkbox"/>
Would you like to pay any amount due on your <u>federal</u> return using electronic withdrawal?	<input type="checkbox"/> <input type="checkbox"/>
.....	<input type="checkbox"/> <input type="checkbox"/>
If Yes, what amount would you like withdrawn, if not the entire balance due? _____	
If Yes, when should the withdrawal occur, if other than the due date of the return? _____ (Mo/Da/Yr)	
Would you like to pay any amount due on your <u>state</u> return(s) using electronic withdrawal?	<input type="checkbox"/> <input type="checkbox"/>
.....	<input type="checkbox"/> <input type="checkbox"/>
If Yes, what amount would you like withdrawn, if not the entire balance due? _____	
If Yes, when should the withdrawal occur, if other than the due date of the return? _____ (Mo/Da/Yr)	
The IRS and some states allow estimated payments to be electronically withdrawn on the due dates of the estimated payments.	
Would you like to pay any estimated payments due for your <u>federal</u> return using electronic withdrawal?	<input type="checkbox"/> <input type="checkbox"/>
.....	<input type="checkbox"/> <input type="checkbox"/>
Would you like to pay any estimated payments due for your <u>state</u> return(s) using electronically withdrawal, if available?	<input type="checkbox"/> <input type="checkbox"/>

Name of bank or financial institution

Routing Transit Number (RTN)

Account number

Type of account: Checking Traditional Savings IRA Savings

Archer MSA Savings Coverdell Ed. Savings HSA Savings

Is this a business account? Yes No

Account owner Taxpayer Spouse Joint

I confirm that the bank account information and the direct deposit/electronic withdrawal options selected above are correct.



2018

Interest Income and Foreign Information

5A

Include all Forms 1099-INT or other documents for interest received

(List all items sold during the year on Form 7.)

Interest Income:

Special Interest Code: 1 - Qualified Educational Series EE Bonds 2 - Seller Financed Mortgage Interest 3 - Early Withdrawal Penalty 4 - Nominee Interest 5 - Accrued Interest 6 - Original Issue Discount Adjustment 7 - Amortizable Bond Premium Adjustment

TSJ	Source	Interest Income	U.S. Bonds and Obligations	Code	Special Interest
A					
B					
C					
D					
E					

Tax-Exempt Interest Code: 1 - 1099-INT 2 - Private Activity Bond 3 - Both

Social Security No. of Home Buyer	Address of Individual from Whom Mortgage Interest Was Received	Code	Tax-Exempt Interest
A			
B			
C			
D			
E			

Federal Withholding	State Withholding	Investment Expenses	Tax Exempt Paid CUSIP No.	2017 Interest Amount
A				
B				
C				
D				
E				

Foreign Taxes Paid or Accrued:

Source	Name of Foreign Country Imposing Tax	X if Tax Accrued	Date Paid or Accrued (Mo/Da/Yr)	Tax Amount (in Foreign Currency)	Tax Amount (in U.S. Dollars)
A					
B					
C					
D					
E					

Additional State Information:

Payer ID	New Hampshire or Illinois Reason Interest is Nontaxable
A	
B	
C	
D	
E	

Foreign Bank Accounts and Trusts:

At any time during 2018, did you have an interest in or a signature authority over a financial account in a foreign country, such as a bank account, securities account or other financial account? Yes No

If Yes, enter name of foreign country _____

Were you the grantor of, or transferor to, a foreign trust that existed during 2018, whether or not you had any beneficial interest in it?



Dividend Income and Foreign Information

2018

Dividend Income: **Include all Forms 1099-DIV or other documents for dividends received**
(List all items sold during the year on Form 7.)

TSJ	Source	Form 1099-DIV				
		Box 1a Total Ordinary Dividends	Box 1b Qualified Dividends	U.S. Bond Interest Amount or Percent in Box 1a	Code	Tax-Exempt Interest
A						
B						
C						
D						
E						

Form 1099-DIV						Tax-Exempt Interest Code: 1 - 1099-DIV 2 - Private Activity Bonds 3 - Both
Box 2a Total Capital Gain Distribution	Box 2b Unrecaptured Section 1250 Gain	Box 2c Section 1202 Gain	Box 2d Collectibles (28%) Gain	Box 3 Nontaxable Distributions	2017 Gross Dividends Amount	
A						
B						
C						
D						
E						

Form 1099-DIV		
Box 4 Federal Withholding	Box 5 Investment Expenses	State Withholding
A		
B		
C		
D		
E		

Foreign Taxes Paid or Accrued:

Source	Name of Foreign Country Imposing Tax	X if Tax Accrued	Date Paid or Accrued (Mo/Da/Yr)	Tax Amount (in Foreign Currency)	Tax Amount (in U.S. Dollars)
A					
B					
C					
D					
E					

Additional State Information:

Payer ID	New Hampshire Reason Dividend is Nontaxable
A	
B	
C	
D	
E	

Foreign Bank Accounts and Trusts:

At any time during 2018, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account? Yes No

If Yes, enter name of foreign country _____

Were you the grantor of, or transferor to, a foreign trust that existed during 2018, whether or not you had any beneficial interest in it?



Business Income and Cost of Goods Sold

2018

Name of Business: _____

Principal Business or Profession: _____

TSJ _____
 Employer ID number _____
 Street address _____
 City, state, ZIP or postal code, and country _____
 Method of inventory _____
 Method of accounting _____

Business Questions for 2018:

	Yes	No
Did you dispose of this business? _____	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, what was the disposition date? _____ (Mo/Da/Yr)		
Was there a change in determining quantities, costs or valuations between opening and closing inventory? _____	<input type="checkbox"/>	<input type="checkbox"/>
Were you involved in the operations of this business on a regular, continuous and substantial basis? _____	<input type="checkbox"/>	<input type="checkbox"/>
Have you prepared or will you prepare all required Forms 1099? _____	<input type="checkbox"/>	<input type="checkbox"/>

2018 Amount	2017 Amount

Health insurance premiums paid for yourself and your dependents _____

Income:

Include all Forms 1099-K

Payment card and third party transactions:

Description	2018 Amount	2017 Amount

Miscellaneous income:

Include all Forms 1099-MISC

Other Income:

Other gross receipts or sales _____

Less returns and allowances _____

Cost of Goods Sold:

2018 Amount	2017 Amount

Beginning inventory _____

Purchases less cost of items withdrawn for personal use _____

Cost of labor (do not include amounts paid to yourself) _____

Materials and supplies _____

Other costs of goods sold:

Description	2018 Amount	2017 Amount

Ending inventory _____



2018

Business Expenses - Vehicle and Other Listed Property

6B

Name of Business: _____

Principal Business or Profession: _____

Listed Property Questions for 2018:

	Yes	No
Do you have evidence to support your deduction?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, is the evidence written?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have evidence to support the business use percentage claimed on listed property?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, is the evidence written?	<input type="checkbox"/>	<input type="checkbox"/>

If you are an employer who provides vehicles for use by employees:

	Yes	No
Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	<input type="checkbox"/>	<input type="checkbox"/>
Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? ..	<input type="checkbox"/>	<input type="checkbox"/>
Do you treat all use of vehicles by employees as personal use?	<input type="checkbox"/>	<input type="checkbox"/>
Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles and retain the information received?	<input type="checkbox"/>	<input type="checkbox"/>
Do you meet the requirements for qualified demonstration use by maintaining a written policy statement that prohibits vehicle use by individuals other than full-time vehicle salespersons, use for personal vacation trips, storage of personal possessions in the vehicle and limits the total mileage outside the salesperson's normal working hours?	<input type="checkbox"/>	<input type="checkbox"/>

Vehicle:

Description of vehicle

Date placed in service (Mo/Da/Yr)

Do you (or your spouse) have another vehicle available for your personal use? Yes No

Was your vehicle available for use during off-duty hours? Yes No

Vehicle 1	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
2018 Miles	2017 Miles
2018 Amount	2017 Amount

Vehicle 2	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
2018 Miles	2017 Miles
2018 Amount	2017 Amount

Mileage:

Total miles

Total business miles

Total commuting miles for the year ..

Actual Expenses:

Gasoline, oil, repairs, insurance, etc ..

Interest

Taxes

Fair market value of leased vehicle ..

Vehicle rentals/leases



2018

Business Use of Home

6D

Name of Business: _____

Principal Business or Profession: _____

Partial Use of Your Home for Business:

Square footage of home used exclusively for business

Total square footage of home

Total hours home was used for day care during the year

2018	2017

Was your home used for day care purposes for the entire year?

Were improvements made to the home and/or home office since the time you began using the home for business?

Yes	No

Expenses: Enter all expenses at 100 percent

Direct expenses benefit the business part of your home.
 Example: Cost of painting or repairs made to the specific area or room used for business.

Indirect expenses are required for keeping up and running your entire home.
 Example: Real estate taxes.

	Direct Expenses		Indirect Expenses	
	2018 Amount	2017 Amount	2018 Amount	2017 Amount
Casualty losses				
Deductible mortgage interest paid to:				
Financial institutions				
Individuals				
Real estate taxes				
Insurance				
Qualified mortgage insurance premiums				
Repairs and maintenance				
Utilities				
Rent				

Other Expenses:

Description	Direct Expenses		Indirect Expenses	
	2018 Amount	2017 Amount	2018 Amount	2017 Amount

Seller-Financed Mortgage Interest Information:

Name of Individual to Whom Mortgage Interest Was Paid	Identification Number of Individual	Address of Individual to Whom Mortgage Interest Was Paid



2018

Sales of Stocks, Securities, Capital Assets & Installment Sales

Gains or Losses from Sales of Stocks, Securities and Other Capital Assets:

Include all Forms 1099-A, 1099-B, 1099-S and copies of mutual fund statements for the year

Did you have any of the following during the year?

- Mutual fund transactions
- Exchange of any securities or investments for something other than cash
- Sales of inherited property
- Sales of any stock or stock options at a loss and purchases of the same or substantially similar stock or options 30 days before or 30 days after the sale
- Commodity sales, short sales or straddles
- Reinvestment of the proceeds of the sale of a publicly traded security into an SSBIC interest
- Reinvestment of the proceeds of the sale of qualified small business stock in other qualified small business stock
- Debts that became uncollectible
- Securities that became worthless
- Sale of any property where you will receive payments in future years

Yes	No

TSJ	Kind of Property and Description	Date Acquired (Mo/Da/Yr)	Date Sold (Mo/Da/Yr)	Gross Sales Price (Less Commissions)
A				
B				
C				
D				
E				
F				
G				
H				

	Cost or Other Basis	Federal Tax Withheld	State Tax Withheld
A			
B			
C			
D			
E			
F			
G			
H			

Installment Sales: **Do not include interest received in principal amount**

TSJ	Property Description	Date Sold (Mo/Da/Yr)	2018 Principal Received	2017 Principal Received



Sale or Exchange of Your Home:

Include the closing statements from the purchase and sale of your former and new homes

Former Home Information:

TSJ

Date acquired (Mo/Da/Yr) _____

Date sold (Mo/Da/Yr) _____

Selling price

Original Cost and Cost of Improvements:

Description	Amount

Sale Expenses:

Commissions, legal fees, advertising and other expenses.

Description	Amount

Did you personally own and occupy the home for at least 2 of the 5 years preceding the sale? Yes No

If your spouse is deceased, did the sale occur within two years of the date of death and did your spouse live in the home for at least 2 of the 5 years preceding the sale? Yes No

If you had a foreign mortgage on the above property, please provide the amount of the mortgage retired on the sale and the date the mortgage was acquired or the date the mortgage was most recently renegotiated _____

Moving Expenses:

TSJ

Were the moving expenses reimbursed by your employer? Yes No

Enter reimbursements not included in wages on your Form W-2

Was the move due to a permanent change of station pursuant to a military order? Yes No

Mileage:

	Miles
Number of miles from old home to new workplace (applicable only on some state returns)	<input type="text"/>
Number of miles from old home to old workplace (applicable only on some state returns)	<input type="text"/>
Number of automobile miles in move	<input type="text"/>

Transportation Expenses:

	Amount
Costs of transportation of household goods and personal effects	<input type="text"/>
Costs of travel and lodging (do not include meals or automobile expenses)	<input type="text"/>
Automobile expenses (gasoline, oil, etc.)	<input type="text"/>
Meals (Pennsylvania only)	<input type="text"/>



Individual Retirement Account (IRA): Include all copies of Forms 1099-R and 5498.

TS

IRA Questions for 2018:

- Are you covered by an employer's retirement plan?
If no, is your spouse covered by an employer's retirement plan?
Do you want to limit your IRA contribution to the maximum amount deductible on your tax return?
If no, do you want to contribute the maximum allowable amount to your IRA even though you may not qualify for an IRA deduction?
Did you use any IRA as security for a loan this year?
Did you have any transactions with any IRA during the year?
If Yes, explain.

Table with 2 columns: Yes, No

IRA Values, Rollovers, and Distributions:

Total value of all traditional IRAs on December 31, 2018
Note: This information or Form 5498 is required if you received a distribution during the year.
Outstanding rollovers on December 31, 2018
Total distributions converted to Roth IRAs
Total retirement plans converted to Roth IRAs

Contributions:

IRA:
Contributions in 2018 for the 2018 tax return
Contributions in 2019 for the 2018 tax return
Amount for 2018 you choose to be treated as nondeductible
Roth IRA:
Contributions made for the 2018 tax year

Distributions: Include all Forms 1099-R and any nontaxable distribution details

Table with 7 columns: Name of Payer, 2018 Gross Distributions, Taxable Amount, Federal Tax Withheld, State Tax Withheld, Is this a Rollover?, 2017 Gross Distributions



2018

Pension, Annuity and Retirement Plan Information

9A

Pensions and Annuities: Include all Forms 1099-R and any nontaxable distribution details

TSJ	Name of Payer	2018 Gross Distributions	Taxable Amount	Federal Tax Withheld	State Tax Withheld	Is this a Rollover?	2017 Gross Distributions

Self-Employed Retirement Plan: Include copies of all Forms 1099-R

Have you established a self-employed retirement or SIMPLE plan with deductible contributions?

Do you want to contribute the maximum amount allowed?

Taxpayer

Yes	No

Spouse

Yes	No

Contributions to:

Simplified employee pension

Defined benefit plan

Defined contribution plan

SIMPLE plan

2018 Amount

2018 Amount



2018

Rental and Royalty Income

Location of Property: _____

TSJ
Type of property

Yes	No
-----	----

Have you prepared or will you prepare all required Forms 1099?

Ownership percentage if not 100%
How many days was this property rented at fair market value?
How many days was this property used personally (including use by family members)?

2018	2017

Income:

Rents received
Royalties received

2018 Amount	2017 Amount

Payment card and third party transactions: Include all Forms 1099-K

Description	2018 Amount	2017 Amount

Miscellaneous income: Include all Forms 1099-MISC

Description	2018 Amount	2017 Amount

Other income:

Description	2018 Amount	2017 Amount



NOTE: Only complete Forms 34 and/or 35 if in 2018:

- You made gifts of cash or marketable securities to an individual that exceeded \$15,000; or
- You made gifts of hard-to-value assets (such as closely-held stock) to an individual of any amount; or
- You made any transfers to a trust (including paying premiums on a life insurance policy that was transferred to a life insurance trust).

You should include all gifts made to each individual during the year, including gifts for his or her birthday, holiday, anniversary, graduation, etc. In addition, include any gifts you made for educational or medical expenses. You can exclude amounts paid directly to a qualifying educational organization for tuition. You can also exclude amounts paid directly to health care providers if the expenses relate to nonelective medical expenses.

If you made any loans with an interest rate below the market rate of interest, provide details below.

If your most recent gift tax return was not prepared by us, include a copy.

For gifts other than cash, include a copy of any appraisal(s) of assets.

If no appraisal is available, describe how the value was determined.

For each gift made outright to an individual during the year, provide the following information:

Gift 1:

Person giving the gift	<input type="checkbox"/> Taxpayer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Joint
Name of person receiving the gift	_____		
Address of person	_____		
Your relationship to the person (e.g., son, granddaughter or friend)	_____		
Age of the person	_____		
Date(s) of gift(s)	(Mo/Da/Yr) _____		
Description and amount of assets gifted (e.g., \$15,000 in cash or 500 shares of ABC stock)	_____		
Cost basis of assets gifted if other than cash	<input style="width: 100%;" type="text"/>		
Value of assets gifted if other than cash	<input style="width: 100%;" type="text"/>		

Gift 2:

Person giving the gift	<input type="checkbox"/> Taxpayer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Joint
Name of person receiving the gift	_____		
Address of person	_____		
Your relationship to the person (e.g., son, granddaughter or friend)	_____		
Age of the person	_____		
Date(s) of gift(s)	(Mo/Da/Yr) _____		
Description and amount of assets gifted (e.g., \$15,000 in cash or 500 shares of ABC stock)	_____		
Cost basis of assets gifted if other than cash	<input style="width: 100%;" type="text"/>		
Value of assets gifted if other than cash	<input style="width: 100%;" type="text"/>		



2018

Rental and Royalty Expenses

10A

Location of Property: _____

Expenses:

- Advertising
- Auto and travel
- Cleaning and maintenance
- Commissions
- Insurance
- Legal and other professional fees
- Management fees
- Mortgage interest paid to banks, etc.
- Mortgage interest paid to individuals
- Other interest
- Repairs
- Supplies
- Taxes
- Utilities
- Dependent care benefits
- Employee benefits
- Other Expenses:

2018 Amount	2017 Amount

Description	2018 Amount	2017 Amount



2018

Partnership, S Corporation, Estate, Trust and REMIC Income

Partnership Income: Include all Schedules K-1

TSJ	Entity Name	Employer ID Number	Health Insurance Paid by Entity

S Corporation Income: Include all Schedules K-1

TSJ	Entity Name	Employer ID Number	Health Insurance Paid by Entity

Estate and Trust Income: Include all Schedules K-1

TSJ	Entity Name	Employer ID Number

Real Estate Mortgage Investment Conduit (REMIC) Income: Include all Schedules Q

TSJ	Entity Name	Employer ID Number



Include Forms: W-2G, 1099-MISC, 1099-RRB, 1099-SSA, 1099-SA, 1099-LTC and 1099-G

Miscellaneous Income and Adjustments:

Table with 2 main columns for TSJ (with blank line) and 2 sub-columns for 2018 Amount and 2017 Amount. Rows include Unemployment compensation received, Social security benefits received, Medicare premiums withheld, etc.

State and Local Income Tax Refunds:

Table with columns: TSJ, State, City, Tax Year, and Income Tax Refund (State, Local).

Other Income:

Table with columns: TSJ, Nature and Source, 2018 Amount, 2017 Amount.

Alimony Paid or Received:

Table with columns: TSJ, Recipient's Name, Recipient's Social Security No., Alimony Received?, 2018 Amount, 2017 Amount.



Educator Expenses: Deduction for amounts paid by educators of kindergarten through Grade 12

TS	2018 Amount	2017 Amount

Health Savings Accounts (HSAs)

TS	Description	2018 Amount	2017 Amount
	Contributions made for 2018		
	Distributions received from all HSAs in 2018		

What type of coverage applies to your high deductible health plan? Self only Family

Were any HSA contributions listed above also shown on your Form W-2? Yes No

Were all distributions from your HSA for unreimbursed medical expenses? Yes No

Did you or your spouse enroll in Medicare? Yes No

If Yes, what month did you enroll? _____

What month did your spouse enroll? _____

Other Adjustments to Income: Include all Forms 1098-E for Student Loan Interest Paid

TSJ	Nature and Source	2018 Amount	2017 Amount



Itemized Deductions - Medical and Taxes

2018

Medical and Dental Expenses:

- Prescription medicines and drugs
- Total medical insurance premiums paid *
- Long-term care expenses
- Total insurance reimbursement
- Number of miles traveled for medical care
- Lodging
- Doctors, dentists, etc.
- Hospitals
- Lab fees
- Eyeglasses and contacts

TSJ	2018 Amount	2017 Amount

- Taxpayer long-term care insurance premiums paid
- Spouse long-term care insurance premiums paid

2018 Amount	2017 Amount

* Do not include Medicare premiums or premiums deducted in computing taxable wages reported on a W-2.

Other Medical Expenses:

TSJ	Description	2018 Amount	2017 Amount

Taxes Paid: Include copies of your tax bills

- Personal property taxes paid (include vehicle taxes)
- General sales taxes paid on specified items

TSJ	2018 Amount	2017 Amount

Itemize real estate taxes by state.

TSJ	Real Estate Taxes	2018 Amount	2017 Amount

Other Taxes Paid:

TSJ	Description	2018 Amount	2017 Amount

If you purchased or sold your home in 2018, did you include any taxes from your closing statement in the amounts above? Yes No



2018

Mortgage Questions for 2018:

	Yes	No
If you purchased or sold your home, did you include any mortgage interest from your closing statement in the amount below? . . .	<input type="checkbox"/>	<input type="checkbox"/>
Did you refinance your home? (If Yes, enclose the closing statement.)	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, how many years is your new mortgage loan? _____		
Did you purchase a new home or sell your former home during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, enclose the closing statements from the purchase and sale of your new and former homes.		
If Yes, also, did you (or your spouse, if married) have an ownership interest in a principal residence in the US during the 3 year period prior to the purchase of this home?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, did you (and your spouse, if married at the time of purchase) own and use the same home as a principal residence in the U.S. for any 5 consecutive year period during the 8 year period ending on the purchase date of the new home?	<input type="checkbox"/>	<input type="checkbox"/>

Home Mortgage Interest Paid To Financial Institutions:

TSJ	Paid To	Did You Receive Form 1098?		2018 Amount	2017 Amount
		Yes	No		

Other Home Mortgage Interest Paid:

TSJ	Paid To		ID Number	2018 Amount	2017 Amount
	Name	Address			

Deductible Points:

TSJ	Paid To	Did You Receive Form 1098?		2018 Amount	2017 Amount
		Yes	No		

Mortgage Insurance Premiums:

Premiums paid or accrued for qualified mortgage insurance.

TSJ	2018 Amount	2017 Amount

Investment Interest Expense:

Interest paid on money you borrowed that is allocable to property held for investment.

TSJ	Paid To	2018 Amount	2017 Amount



Cash Contributions: Include all Forms 1098-C or other documentation.

You cannot deduct a cash contribution, regardless of the amount, unless you keep as a record of the contribution a bank record (such as a canceled check, a bank copy of a canceled check, or a bank statement containing the name of the charity, the date, and the amount) or a written communication from the charity. The written communication must include the name of the charity, date of the contribution, and amount of the contribution. Clothes and household items donated must be in good, used condition or better in order to be deductible unless the item donated is worth more than \$500 and you have the item's value appraised. Attach a copy of the appraisal. Include any vehicles donated to charity.

Table with 4 columns: TSJ, Organization or Description of Contribution, 2018 Amount, 2017 Amount

Table with 4 columns: TSJ, Conservation Real Property, 2018 Amount, 2017 Amount. Includes rows for 100% limit and 50% limit.

Table with 4 columns: TSJ, Description, 2018 Miles, 2017 Miles. Includes row for Number of miles traveled performing volunteer work for qualified charitable organizations.

Noncash Contributions Totaling \$500 or Less: Include all documentation.

Table with 4 columns: TSJ, Description of Donated Property, 2018 Amount, 2017 Amount

Noncash Contributions Totaling More Than \$500: Include all Forms 1098-C or other documentation.

Table with 5 columns: TSJ, Property Description, Date Acquired, Date of Donation, Cost or Basis. Includes rows A, B, C.

Table with 4 columns: Fair Market Value (FMV), Method Used to Determine FMV, Other Method Description, Method of Acquisition. Includes rows A, B, C.

- 1 - Appraisal 2 - Catalog 3 - Comparable Sale 4 - Other (Describe) 5 - Thrift Shop Value

- 1 - Gift 2 - Inheritance 3 - Exchange 4 - Purchase

Table with 2 columns: Donee Organization Name, Donee Organization Address. Includes rows A, B, C.



* These expenses are not deductible on the federal return but may be deductible on some state returns.

Miscellaneous Itemized Deductions:

Union and professional dues *

Tax preparation fee *

Professional subscriptions *

Hobby expense (To extent of income) *

Safe deposit box *

Uniforms and protective clothing *

Work tools *

Gambling losses

Estate taxes

TSJ	2018 Amount	2017 Amount

Other Itemized Deductions:

Examples:

- Certain legal and accounting fees *
- Investment expenses *
- Custodial fees *
- Employment agency fees *
- Certain educational expenses *
- Amortizable bond premium
- Impairment-related work expense of a disabled person
- Repayment of amounts under a claim of right

TSJ	Description	2018 Amount	2017 Amount

Casualty or Theft Loss:

TSJ

Property description

Which of the following describes the type of property that sustained the casualty or theft loss?

- Personal use Business use Income producing Employee Use Personal use attributable to insolvent or bankrupt financial institution losses on deposits

Was the loss due to a federally declared disaster? Yes No

Date acquired (Mo/Da/Yr) _____

Date damaged or lost (Mo/Da/Yr) _____

Original cost or other basis _____

Fair market value before casualty _____

Fair market value after casualty _____

Cost of replacement _____

Insurance reimbursement _____



2018

Employee Business Expenses (Page 1 of 2)

TS: _____ Occupation: _____

Business Expenses: **Enter all expenses at 100 percent** **Include all documentation**

Occupation code _____

- | | | |
|--------------------------|--|--|
| 1 - Performing artist | 3 - Fee-basis state or local government official | 5 - Outside salesperson
(Big Rapids, MI only) |
| 2 - Handicapped employee | 4 - National Guard or Reserve | |

If not 100%, enter the percentage to apply to Schedule A _____ %

	2018 Amount	2017 Amount
Parking fees and tolls		
Local transportation		
Travel expenses		
Meals		
Entertainment (deductible only on some state returns)		

Other Business Expenses:

Description	2018 Amount	2017 Amount

Reimbursements: **List only reimbursements NOT reported in Box 1 of your Form W-2**

	2018 Amount	2017 Amount
Amount received for other expenses		
Amount received for meals		
Amount received for entertainment		

Does your employer's reimbursement plan for meals and entertainment allow for offset of other reimbursements? Yes No



2018

Employee Business Expenses (Page 2 of 2)

17A

Vehicle: Include all documentation

If not 100%, please enter the percentage to apply to Schedule A _____ %

Description of vehicle _____

Date vehicle was placed in service (Mo/Da/Yr) _____

Do you (or your spouse) have another vehicle available for personal purposes? Yes No

Was your vehicle available for personal use during off-duty hours? Yes No

	2018	2017
Total miles		
Total business miles		
Average daily commuting miles		
Total commuting miles for the year		
Gasoline and oil		
Repairs		
Insurance		
Taxes		
Value of employer provided vehicle		
Temporary vehicle rentals		
Fair market value of leased vehicle		
Vehicle leases		

Other Vehicle Expenses:

Description	2018 Amount	2017 Amount



Child/Dependent Care Expenses & Education Expenses

Child/Dependent Care Expenses:

General Information:

TSJ

Were you or your spouse a full time student or disabled? Yes No
 Did you pay an individual for services performed in your home? Yes No

Expenses incurred in 2017 but paid in 2018
 Employer-provided dependent care benefits that were forfeited in 2018
 2017 carryover used in grace period

Child/Dependent Care Providers:

Provider 1:

Name
 Street address
 City, state, ZIP or postal code, and country
 Social security number OR
 Employer identification number
 Telephone number (California only)

	2018 Amount	2017 Amount
Expenses incurred and paid in 2018		
Expenses incurred and not paid in 2018		

Provider 2:

Name
 Street address
 City, state, ZIP or postal code, and country
 Social security number OR
 Employer identification number
 Telephone number (California only)

	2018 Amount	2017 Amount
Expenses incurred and paid in 2018		
Expenses incurred and not paid in 2018		

Qualifying Persons for Child/Dependent Care Expenses:

First Name and Initial	Last Name	Social Security Number	2018 Expenses Incurred	2017 Expenses Incurred

Higher Education Expenses for Education Credits and/or Tuition Fees Deduction:

Qualified expenses are for post-secondary education tuition and related expenses; they do not include room or board. Include a detailed listing of the expenses.

Include copies of all Forms 1098-T

First Name and Initial	Last Name	Social Security Number	2018 Qualified Expenses



Refund Application:

If you have an overpayment of 2018 taxes, do you want the excess:

Refunded Yes No
 Applied to your 2019 estimated tax liability Yes No

Federal Estimated Tax Payments:

2018 1st Quarter Estimate (Due 04-17-2018)
 2018 2nd Quarter Estimate (Due 06-15-2018)
 2018 3rd Quarter Estimate (Due 09-17-2018)
 2018 4th Quarter Estimate (Due 01-15-2019)

Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid

2017 overpayment applied to 2018 estimate

Tax Planning Information for Tax Year 2019:

Do you expect any of the following to occur in 2019?

	Yes	No
A change in your marital status	<input type="checkbox"/>	<input type="checkbox"/>
A change in the number of your dependents	<input type="checkbox"/>	<input type="checkbox"/>
A substantial change in your income	<input type="checkbox"/>	<input type="checkbox"/>
A substantial change in your withholding	<input type="checkbox"/>	<input type="checkbox"/>
A substantial change in deductions	<input type="checkbox"/>	<input type="checkbox"/>

If you answered Yes to any of the above questions, provide details.



2018

State and City Tax Payments

20A

State and City Estimated Tax Payments:

TSJ ____ State/City _____		
Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid

2018 1st Quarter Estimate

2018 2nd Quarter Estimate

2018 3rd Quarter Estimate

2018 4th Quarter Estimate

If you have an overpayment of 2018 taxes, do you
want the excess applied to your 2019 estimated tax liability? Yes No

2017 overpayment applied to 2018 estimate

Balance of prior year(s)' tax paid in 2018 plus
amount paid with 2017 extensions

Estimated tax payments for 2017 paid in 2018

State and City Estimated Tax Payments:

TSJ ____ State/City _____		
Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid

2018 1st Quarter Estimate

2018 2nd Quarter Estimate

2018 3rd Quarter Estimate

2018 4th Quarter Estimate

If you have an overpayment of 2018 taxes, do you
want the excess applied to your 2019 estimated tax liability? Yes No

2017 overpayment applied to 2018 estimate

Balance of prior year(s)' tax paid in 2018 plus
amount paid with 2017 extensions

Estimated tax payments for 2017 paid in 2018

State and City Estimated Tax Payments:

TSJ ____ State/City _____		
Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid

2018 1st Quarter Estimate

2018 2nd Quarter Estimate

2018 3rd Quarter Estimate

2018 4th Quarter Estimate

If you have an overpayment of 2018 taxes, do you
want the excess applied to your 2019 estimated tax liability? Yes No

2017 overpayment applied to 2018 estimate

Balance of prior year(s)' tax paid in 2018 plus
amount paid with 2017 extensions

Estimated tax payments for 2017 paid in 2018



2018

Residency Information:

From (Mo/Da/Yr)	To (Mo/Da/Yr)
--------------------	------------------

If you did not live in Minnesota for all of 2018, enter the dates you did live in Minnesota

Enter the state names other than Minnesota where you had income

Education Savings:

Yes	No
-----	----

Did you or your spouse make any contributions to a qualified education savings account?

If Yes, enter the following:

TS	Name of Designated Beneficiary	Social Security Number	Account Number	2018 Amount Contributed

Voluntary Contributions:

Enter the amount you wish to contribute on your 2018 tax return to the Nongame Wildlife Fund

If you or your spouse wish to contribute \$5.00 to a political party, select one party:

Taxpayer: Republican Democratic/Farmer-Labor Independence Grassroots - Legalize Cannabis
 Green Libertarian Legal Marijuana Now General Campaign Fund

Spouse: Republican Democratic/Farmer-Labor Independence Grassroots - Legalize Cannabis
 Green Libertarian Legal Marijuana Now General Campaign Fund

Qualified School Expenses for Dependents:

	Dependent 1	Dependent 2
Dependent's name		
Dependent's grade		
Qualified expenses	<input type="text"/>	<input type="text"/>
Type of school (public, private, home)		
Type of expense (Classes, Individual instruction, Textbooks, Computer, Tuition, Transportation, Musical instrument)		
Type of Instruction (Class or Individual)		
Instructor or organization or Transportation provider		
Type of class		
Type of musical instrument		



2018

Credit for Parents of Stillborn Children:

Did you or your spouse experience a stillbirth during the year? Yes No

If Yes, include the Minnesota Certificate of Birth for each stillborn child.

Long Term Care Insurance:

If you had long term care insurance, list the policy owner, policy company name and policy number below.

Policy Owner	Policy Company Name	Policy Number
Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/>		
Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/>		

Property Tax Refund Information:

Include all Certificates of Rent Paid and/or Statements of Property Taxes Payable in 2019

County of residence _____

Were you or your spouse disabled on or before December 31, 2018?

Are you living in a nursing home or other health care facility?

Did you own AND occupy your homestead on BOTH January 2, 2018 and January 2, 2019?

Are you a mobile home owner who paid rent for property on which it was located?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Enter the percent of your home that is NOT used for business or rented to others _____ %

Enter the amount of property tax refund received

Employer Transit Pass Credit:

Did your business buy Transit passes to resell or give to your employees? Yes No

If Yes, what was the original cost of the passes?

What amount was charged to employees for the passes?

What is your Minnesota ID number? _____

Enter Any Additional Minnesota Information:
