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Please review and complete all parts that apply.
If you have any questions, don't hesitate to ask.
Please sign the questionnaire below.

TAX DATA ORGANIZER-2018 Please review carefully and answer all that apply on this page

General Information

Taxpayer name Soc. Sec. # Disabled? Y N
Birth Date Taxpayer occupation
Spouse name Soc. Sec. # Disabled? Y N
Birth Date Spouse occupation

What is your marital status as of 12/31? Single Married Divorced Separated, lived apart
If you lived apart from your spouse, how many months? If family member deceased in 2018, provide date

Phone #(s)H W Cell
Home address County(at 1/1/18)
City, State, Zip

What Email address can I correspond to you at?
Do you wish to designate \$3 to the Presidential Election Campaign Fund? Yes/No Do you have any foreign bank accts? Yes/NO

What County did you work in as of 1/1/18? Taxpayer Spouse

List all those living in your household whom you provide over half their support

Table with columns: Names (First, Last), Soc.Sec.#, Disabled?, Relationship, How many Months?, Birthdate, Does any child under 18 have investment income over \$2000? Yes No

Did IRS mail you and/or spouse a notice regarding an Identity Protection PIN to be used when you file your return?

To claim Head of Household, you must pay more than half the cost of keeping up a home.

Taxes on your Indiana home paid in 2018 Spring Fall Total
Taxes on other property, not your home including out of state property. (Non-Rental)
Total Rent Paid in 2018 How many months did you rent? Landlords name/address

Do you have a child attending private school in Indiana at least 180 days in 2018? If so enter cost of books/tuition

Note you may now use Sec 529 funds for tuition in grades K-12 also.

College Costs:

Student Name If more than one, attach separate sheet
Student loan interest you paid for yourself, spouse, or child
Cost of Books/Fees required for college courses
Tuition paid Best if you can send copy of students account statement from the school
Please send the tax form school sent you. Form must show amount paid. Let me know if different than your records.
Other than tuition or books, list other college related expenses paid in 2018 in margin to the right
How many years of post-secondary education has student had (circle one) 0 to 3 or 4 or more

IRA Contributions: Taxpayer Traditional or Roth IRA (circle one) \$5500 max contribution or
Spouse Traditional or Roth IRA (circle one) \$6500 if over age 49

Moving Expenses (Military only eligible) Send detail

If you pay quarterly estimated taxes to the government, list below

Table with columns: Date paid, US Treasury \$, Date paid, Indiana \$, 2017 Qtr-4 Indiana (Paid in 2018), 2017 Qtr-4 IRS

I will later contact you for signature authorization forms for E-File. Best if you can come in to office.

Fees are due at time of completion. Please bring payment (Check or C.C.) when you pick up your returns.

If I Didn't prepare your tax return last year, please send a copy of it with this form.
If you owe taxes, how do you wish to pay them? Check Credit Card Direct Debit (Please circle your preference)
If you have a refund due you, do you wish to have the refund "Direct Deposited" into your bank account?
If so, please provide your bank routing number(9 digits) and account number
Or do you care to split the refund between multiple(up to 3) accounts? i.e. savings, retirement. Yes No
Do you wish to allow another person to discuss this return with the IRS(can be family member, friend, tax preparer)?
Please assign a 5-digit pin number for this designee Phone no. of designee

ALL ITEMS COMPLETED ON THESE PAGES ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE
TAXPAYER OR SPOUSE SIGNATURE DATE

This page is for listing your income. Please forward all W2's and 1099's

Interest (do not list retirement fund earnings here)

T-S-J	Financial Institution	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

Dividends

T-S-J	Financial Institution	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

send form 1099DIV

If additional space is needed, attach separate sheet or list below.

If any interest is received from an individual, provide name, address, and social security number. _____

Please note if you have a brokerage account and/or invest in mutual funds...please fwd copies of your year-end statements along with any other tax material you receive from your broker related to your investments.

Then all you need to do is write "see enclosed" on the space above.

Retirement income:

Taxpayer	_____	Spouse	_____	<i>Please send form 1099R and your SSA form</i>
Soc. Security	_____		_____	
IRA distribution	_____		_____	
Pension	_____		_____	

Unemployment income: Taxpayer _____ Spouse _____ **Send 1099-G**
 Gambling. List your gains _____ List your losses _____ Lottery/prizes _____

Rent income. Attach separate sheet for each rental activity. If you own a vacation home that you rent, I need to know how many days the home was rented and used by you.

Self-employment income. If you are self employed and/or receive form 1099MISC, attach a detailed analysis of your business activity. Prefer a computer printout such as Income Statement or Profit and loss statement.

Did you sell your home in 2018? Yes No Did you sell any other property such as land, stock, rental property? List below.
 Description Date purch Date sold Sales price Original cost

_____ _____ _____ _____ _____
 If there are more items, please attach a separate sheet or list below.

Other income you wish to claim:

- Director fees _____
- Jury Duty _____
- Executor fee _____
- Alimony _____
- Tips _____ (Only those not included in your W2)
- Other _____ Explain _____

Health Insurance. If you received form 1095-A due to participating in the Health Marketplace please send.

It should report your premium paid for health insurance and any subsidies received.

Did everyone in your household have minimum essential health insurance for all of 2018?(12 mos.) YES NO

Who did not have coverage for all of 2018? _____

If insurance is not provided by your employer you are required by law to purchase health insurance either direct from an insurance company or through a government sponsored health marketplace. If you or member of household does not have insurance for all of 2018 you may be subject to a shared responsibility payment unless the marketplace issued you an exemption certificate. Send copy if this is true.

If you are covered through an employer plan they should issue you new form 1095-C. Please send me a copy if you have it.

PLEASE REMEMBER TO SIGN YOUR NAME AT BOTTOM OF PAGE 1.

The space below is for listing additional supporting information relating to income items above or to list questions.

DEDUCTIONS

If you're sure your claiming the standard deduction, you may only need to complete the Child or Dependent Care expense area if it applies.

New in 2018-You will itemize deductions unless Standard Deduction is higher. Standard is now \$12000 for Single Filer and Married filing Separately, \$24000 for Joint Filer and \$18000 for Head of Household Filers.

Medical Do not include any expenses paid or reimbursed by insurance or HSA!

Health Insurance Premiums paid _____ Circle those covered under employer policy: Taxpayer/Spouse/Dependent

(do not include pre-tax premiums payroll deducted)

If unsure, please ask your payroll dept or send paystub

Long-term care insurance premium paid.. Taxpayer _____ Spouse _____
 Prescriptions _____ Glasses, hearing aids _____
 Doctors, dentists _____ Other medical supplies _____
 Lab/Radiology _____ Medical mileage _____ Mi.(Total)

Do you have a Health Savings Account? Your W2 should show both employee/employer contributions.

Were withdrawals from your HSA used to pay ONLY for qualified medical expenses? _____ **Do not list these above.**

Taxes New for 2018 Deduction for State and local taxes limited to \$10,000.

Real Estate tax(this should be entered on page 1) _____
 Personal Property tax(i.e. boats/trailers) _____ Sales tax paid on large items(such as car) _____
 Vehicle excise tax(County tax due on your veh. registration) _____
 State income tax paid in 2018 owing for tax year 2017 or prior _____

MORTGAGE INTEREST (MUST READ-New Rules on deductibility below)

1st mort. _____

Primary residence _____ 2nds and lines of credit, see below

2nd residence _____

(do not include rentals here)

New Rules begin in 2018 regarding deduction for mortgage interest! Read below for more info.

Do you have a mortgage or equity loan in which proceeds weren't used to buy or improve your home?

These types of loans are no longer deductible unless you can prove that the proceeds were used to improve your home.

If any part of it was used to pay off credit or to take a vacation or buy a car those loans are not deductible.

Cash contributions IMPORTANT NOTE-You must have receipt or cancelled check to deduct

Church _____ Do not include religious day care programs/tuition
 Payroll deduction _____
 Others _____ NOTE-DO NOT INCLUDE POLITICAL DONATIONS
 Indiana colleges _____ Name of college _____
 Date(s)of contribution(s) _____

Non-Cash contributions Must have documentation, letter, receipt

Goodwill _____ *Clothing must be in "good used condition or better"*
 Others _____ Please show approx. used value of items given. If over \$500 additional documentation will be needed. You should have a detailed record of donated items.

There are valuation guides online which will assist you in valuing your items. Do not send me blank receipts.

Miles driven for charitable purposes _____mi.

New for 2018 Most deductions that fell under "Miscellaneous Itemized Deductions" are no longer deductible.

These include employee business expenses, tax preparation fee, certain legal fees, union dues, work tools/clothes home office deductions as an employee, work related education, dues and subscriptions to trade publications, safe deposit box rentals, trustee fees, investment expenses, and others. I suggest you try to get employer to reimburse on some of these job-related items if possible or request a different pay structure.

Energy Tax Credit: Item must be "Energy Star Certified" Also Electric Vehicle purchases can qualify.

Child or Dependent Care Expenses

Additional eligible expenses include: Preschool expenses, but not kindergarten or higher grade.

Day camp costs, including transportation costs to day camp or after school program.

If you paid someone to care for your depends so that you and your spouse could work, please complete.

Organization providing care	Soc. Sec. or Fed. I.D.#	Amt. paid	Child's name
1 _____	_____	_____	_____
2 _____	_____	_____	_____

Attach separate sheet if more than 2.

PLEASE REMEMBER TO SIGN YOUR NAME AT BOTTOM OF PAGE 1.