

**Income Tax Data Organizer
2018**

The following questions are for 2018, and relate to changes in the law from the Affordable Care Act (ACA).

Please review the following questions carefully and mark the questions Yes or No.

- | Yes | No | |
|-----|-------|---|
| 1 | _____ | _____ Did you have healthcare coverage (health insurance) for you, your spouse, and any dependents?
If yes, and you received Forms 1095-A, 1095-B, or 1095-C, please provide copies. |
| 2 | _____ | _____ Are you and/or your spouse covered by Medicare? |
| 3 | _____ | _____ Are you and/or your spouse covered by an employer provided medical plan? |
| 4 | _____ | _____ Did you and/or your spouse have any transactions pertaining to a health savings account (H.S.A.)?
If you received distributions from an H.S.A., please provide all Forms 1099-SA. |
| 5 | _____ | _____ If you and/or your spouse are self-employed, are you and/or your spouse eligible to be covered under an employer's health care plan at another job?
If yes, how many months were you covered? |
| 6 | _____ | _____ If you and/or your spouse are self-employed, are you and/or your spouse eligible to be covered under an employer's long-term care plan at another job?
If yes, how many months were you covered? |

Date: _____ Taxpayer: _____ Spouse: _____

Foreign Asset Disclosure

My (Our) 2018 federal & California income tax returns have been prepared by Blum & Tripp, CPAs (B&T).

B&T has made me/us aware that U.S. taxpayers are required to report their worldwide income, that is, income from both U.S. and foreign sources. In addition, taxpayers who own, have an interest in, or have signature or authority over assets in a foreign country may be required to report the existence of the assets. Also, additional reporting may be required for taxpayers who own 10% or more of a foreign corporation's stock, or are an officer or director of a foreign corporation.

I (We) have reported to B&T any and all foreign assets in which we have either ownership or signature authority. This includes, but is not limited to, funds in foreign financial institutions, real estate, rights to foreign pension plans, rights to distributions from foreign estates or trusts, life insurance with cash surrender values, or any other foreign assets. It does not include stocks in foreign companies held in U.S. brokerage accounts.

Date: _____

Taxpayer: _____

Spouse: _____

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Name _____
 Address _____

	Taxpayer	Spouse
Phone number:	Home _____	_____
	Work _____	_____
	Cell _____	_____
E-Mail Address	_____	
Social Security #	_____	_____
Date of Birth	_____	_____
Occupation	_____	_____
CA Drivers License No.	_____	_____
Issue Date	_____	_____
Expiration Date	_____	_____

Do you want \$3 of your taxes allocated to the Presidential Election Campaign Fund?

Yes No Yes No

	Name	Soc. Sec. #	Date of Birth	(d) daughter (s) son	Months in your home
Dependent children	_____				

	Name	Soc. Sec. #	Date of Birth	Relationship	Months in your home
Other Dependents	_____				

Please check the appropriate space

Mail completed returns Call for pick up of returns
 Send .pdf copy of completed returns in addition to / instead of printed copy

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Business Auto Expenses

Note: You must maintain records to show the amount, date, place, business purpose, and business relationship of all travel and entertainment expenses to be deducted. List employee business expenses in the sections below and on page 8. Also list any employer reimbursements on page 8.

	Taxpayer	Spouse
Employer's name		
Do you have evidence to support your deductions (auto & business)?		
If so, is the evidence written? _____		
Automobile Questions		
Year, make and model _____		
Date acquired _____		
Amount paid _____		
Date placed in service for business usage _____		
Total miles driven during the year _____		
Average round trip commute (in miles) _____		
Total commuting miles driven during the year _____		
Total other personal miles driven during the year _____		
Was another vehicle available for personal usage?		

Automobile Expenses

Parking fees & tolls _____		
Gas & oil _____		
Repairs & maintenance _____		
Tires, battery _____		
Insurance _____		
License _____		
Auto leasing _____		
Other _____		
Other _____		
Other _____		
Total Auto Expenses		

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Business Auto & Employee Business Expenses Continued

<i>Employee Business Expenses</i>		Taxpayer	Spouse
Number of nights spent away from home on business			
Lodging (you must have receipts)	_____		
Transportation away from home	_____		
Meals & entertainment	Total _____		
	less 50% _____	-	-
Union dues	_____		
Business supplies	_____		
Professional dues	_____		
Journals & subscriptions	_____		
Professional education	_____		

Business telephone	_____		
Other	_____		
Other	_____		
Other	_____		
Total Business Expenses			

Reimbursement of Auto & Business Expenses by an Employer

Total employer reimbursements	_____		
Amount of reimbursement included in W-2, 1099, or etc.			

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Business or Professional Income/Expenses (Schedule C) Continued

Income

Gross receipts or sales		
Other income		
Total Income		

Expenses

Advertising		
Auto expenses (complete page 7)		
Commissions		
Contract labor		
Insurance		
Interest on business loans (name of lender _____)		
Legal & accounting fees		
Meals (entertainment no longer deductible)	Total	
	less 50%	
Office supplies & postage		
Rent		
Repairs & maintenance		
Telephone		
Travel (complete page 8)		
Utilities		
Wages		
Other expenses		
Subtotal of Expenses		
Depreciation (we will compute)		
Total Expenses		
Net Income (Loss)		

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Rental Income/Expenses

Type of property _____
 Address _____
 Percentage owned by others _____
 Number of days occupied by owner _____
 Total Days rented if less than full year _____

Income

Rental income received _____
 Other income received _____
 Total Income _____

Expenses

Advertising _____
 Auto miles related to rental _____
 Cleaning _____
 Insurance _____
 Legal & professional _____
 Management/commission fees _____
 Mortgage interest _____
 Property owner's association dues _____
 Property taxes _____
 Repairs & Maintenance _____
 Supplies _____
 Travel _____
 Utilities _____
 Other expenses _____

 Improvements (please include receipts) _____

Subtotal of Expenses _____
 Depreciation (we will compute) _____
 Total Expenses _____
 Net Income (Loss) _____

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Itemized Deductions

Medical Expenses

Medical insurance premiums paid		
Prescription drugs		
Doctors, dentists, nurses, hospitals, etc.		
Auto mileage for medical	*.18	
Glasses, contact lenses, etc.		
Other medical expenses		
Medical insurance reimbursements		
	Subtotal of Medical	
	7.5% of AGI (we will compute)	
	Net Medical Expenses	

Taxes

New for 2018: there is a limit on deductible taxes of \$10,000 for federal purposes. For CA, real estate taxes are still 100% deductible.

Please bring DMV and real estate tax bills to your tax appointment.

Personal property taxes		
Real estate taxes		
Other taxes		

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Itemized Deductions Continued

Interest Expense

Note: If paid to individuals, you must list their name and address. If the interest is on a seller-financed mortgage, you must also list the individual's social security number. Please bring forms 1098 and other statements received in regards to the interest paid.

For all home mortgages, please include the beginning and ending principal balances. Let us know if your mortgage was obtained after December 15, 2017.

Lender

Home mortgage - principal residence - 1st mortgage			
Home mortgage - principal residence - 2nd mortgage			
Home mortgage - second home			
Points			
Investment interest			
Total Interest Expense			

Charitable Contributions

Written substantiation from the charitable organization for all contributions is now required.

Written substantiation consists of a cancelled check, credit card receipt or letter from the charities acknowledging the contribution. You must have received the statement by the final due date to file your tax return (including extensions).

Contributions in cash, including by check, debit or credit cards:

Contributions other than cash. Please list the charity's name and estimated value of the contribution. If non-cash contributions were over \$500, also provide a description of the property donated, the date given, and the original cost. Clothing and household items donated must be in good condition or better.

Auto mileage for general charitable work		(total miles) *.14	
Total Contributions			

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Other Deductions

Contributions to a Keogh, IRA or SEP

Note: If you have not already made the 2018 contribution to your IRA, the final day for doing so is April 15, 2019.

T/S	Payee	Amount	Date paid

Are you or your spouse covered by an employer provided retirement plan (401(k), pension plan, etc.)? If so, your IRA deduction may not be allowable. Please indicate if one or both of you are covered by an employer provided plan.

Taxpayer _____
Spouse _____

Child Care Expenses

Note: Both spouses must have been working during the year in order to claim child care expenses. You must provide the name, address, social security number or organization identification number, and the amount paid for each child care provider in order to claim the credit.

Name	Address	Organization ID # or Social Security #	Amount Paid

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Please review the following questions carefully and mark any of the items that are applicable. Include the details on page 19 or a separate sheet of paper.

- 1 Were there any births, adoptions, marriages, divorces, or deaths in your immediate family during the year?
- 2 Did any of your children have income in excess of \$1,050?
- 3 Can you be claimed as a dependant on someone else's return?
- 4 Did you have anyone, other than your children, living with you during the year?
- 5 Is anyone in your household 65 years of age or older?
- 6 Did you contribute to the support of anyone not living with you?
- 7 Were you a non-resident of California at any time during the year?
- 8 Did you receive any unemployment compensation during the year?
- 9 Did you pay for any child or dependant care expenses (child must be under the age of 13) during the year?
If so, complete page 15.
- 10 Did you have any household employees during the year?
- 11 Did you use your car on the job (other than commuting to and from work)? If so, complete page 7.
Please provide copies of the contract for any purchases or sales of automobiles used for your job.
- 12 Did you receive any distributions or make any contributions to/from your IRA, Keogh, or SEP plan?
If so, list distributions on page 3 and contributions on page 15.
- 13 Did you pay or receive any alimony during the year? If paid, please list your former spouse's last name and social security #.
- 14 Did you receive or have investments that paid any tax-exempt income? If so, fill out page 5.
- 15 Did you receive income from any government sponsored retirement plans (for social security, list on page 3)?
- 16 Does anyone owe you money which has become a "bad debt" or is potentially uncollectable?
- 17 If self-employed, did you pay anything for medical insurance for yourself, your dependants, and/or employees?
- 17a If so, are you or your spouse covered by any employer provided medical plans?
- 18 Did you make a job related move at anytime during the year?
- 19 Did you receive a distribution from an employer sponsored annuity, profit sharing or pension plan?
- 20 Did you pay for any tax and/or investment advice to an attorney, investment advisor, or CPA (other than Blum & Tripp, CPAs)?
- 21 Do you belong to a professional society or organization (such as a union, management club, engineering society, etc)?
- 22 Did you incur any unreimbursed educational expenses relating to your employment?
- 23 Have you made or received any loans that are interest free or carry a below-market interest rate?
- 24 Did you purchase any special clothing, tools, or equipment required for your job?
- 25 Did you inherit any property? If so, and you received a Form 8971 and/or Schedule A reporting the basis, please provide a copy

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- 26 _____ Do you use part of your home regularly and exclusively as a principal place of business?
- 27 _____ Did you incur a theft or loss greater than \$500 as a result of fire, storm, or other casualty or receive a payment from insurance related to any of the above? Unless business related, a casualty loss must be part of a federally declared disaster to be deductible for federal purposes. For CA, loss must exceed 10% of your income.
- 28 _____ Did you make a gift of more than \$15,000 to any person during the year?
- 29 _____ Did you receive gifts of more than \$100,000 from a foreign person or other foreign source during the year?
- 30 _____ During 2018 did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust?
- 31 _____ Did you receive any prizes, awards, or gambling winnings?
- 32 _____ Did you pay any fees or incur expenses in seeking new employment?
- 33 _____ Did you buy or sell your personal residence or any other real estate during the year? If so please bring the final closing statements to your tax appointment. Also, indicate if you are a first time home buyer.
- 34 _____ Did you pay a penalty to a bank or other financial institution for premature withdrawal of funds on deposit?
- 35 _____ Were you granted or did you exercise employee stock options during the year?
- 36 _____ Have you amended or been notified by the IRS or FTB of an adjustment to any tax return filed in the past three years? If so, please bring the notices to your tax appointment.
- 37 _____ Did you purchase or sell any bonds during the year? If so, bring the purchase/sales confirmations to your tax appointment.
- 38 _____ Did you or your spouse receive any disability income during the year?
- 39 _____ Did you receive an IRS letter warning you not to claim any tax shelter related deductions, losses, or credits?
- 40 _____ Did you cash any U.S. Savings Bonds during 2018?
- 41 _____ Did you receive or pay interest with respect to a seller financed mortgage? If so, list name, address, and social security numbers of all people involved. Show on page 5 if interest was received; show on page 13 if interest was paid.
- 42 _____ Did you or your spouse pay any higher educational expenses during 2018?
- 43 _____ Have you engaged in any barter transactions or have any other income not reported elsewhere in this organizer?
- 44 _____ Did you purchase an electric or other clean fuel vehicle during the year?
- 45 _____ If you purchased any products over the internet or from an out of state vendor and did not pay California sales taxes, you can elect to pay the sales or use taxes with your return. Please indicate if you would like to do so and provide a list of the products purchased and their cost.
- 46 _____ Did you make any large purchases such as motor vehicles or boats? If so list sales tax on page 12.
- 47 _____ Are you an officer or director of a foreign corporation, or do you own 10% or more of a foreign corporation's stock?
- 48 _____ Did you make contributions or receive distributions from a health savings account (HSA)?
- 49 _____ Did you make a Roth IRA conversion during the year?
- 50 _____ Did you buy or sell any Bitcoin or other digital currency during the year? If so, please provide sale price and basis information.

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Schedule of changes for 2019 tax estimate

If you anticipate significant changes to your income or deductions for 2019, as compared with 2018, please indicate the changes below. This will enable us to calculate whether your withholding and/or estimated tax payments should be adjusted for 2019. We will assume anything not noted will be approximately the same as it was in 2018.

If you feel your income, deductions, and tax withholding will be approximately the same for 2019, there is no need to complete this schedule.

Changes to Income	Increase (Decrease)
Salaries	_____
Interest & dividends	_____
Capital gains/losses	_____
Net business income/loss	_____
Net rental income/loss	_____

Net partnership income/loss	_____
Other income/loss	_____

Total increase/decrease in income	_____ -
 Changes to Deductions	
Medical expenses	_____
Real estate taxes	_____
Mortgage interest	_____
Contributions	_____
Other deductions	_____

increase/decrease in deductions	_____ -
 Change in number of exemptions	

 2019 income tax withholding, estimated increase/decrease	
Federal	_____
California	_____

