



2018 INDIVIDUAL ORGANIZER

PERSONAL INFORMATION

Name _____ Spouse's Name _____

Address _____ City _____ County _____ Zip Code _____

Your Social Security Number _____ - _____ - _____ Spouse's Social Security Number _____ - _____ - _____

Your Occupation _____ Spouse's Occupation _____

Your Birth Date ____/____/____ Spouse's Birth Date ____/____/____

Best Contact# _____ Cellphone _____ Business _____ Home _____

Your E-Mail Address _____ Spouse's E-Mail Address _____

Single _____ Joint _____ Head of Household _____ Married filing separately _____ Widow(er) _____

Presidential Election Campaign - Taxpayer: _____ Yes _____ No Spouse: _____ Yes _____ No

DEPENDENT INFORMATION

Dependent's Names (First, Initial, Last)	Birth Date	Grade	Soc. Sec. #	Relationship	# Months Lived in Home in 2018		Yes/No	Child Care Expenses
					Unearned Income Over 1050?	Unearned Income Over 1050?		
#1	/ /							\$
#2	/ /							\$
#3	/ /							\$
#4	/ /							\$

PERSONAL ESTIMATED INCOME TAXES PAID (Do not include payments for business taxes from bus. account)

Estimated taxes paid:	Date Paid	Federal	Date Paid	State
Balance of 2017 tax Paid in 2018	____/____/____	\$ _____	____/____/____	\$ _____
4th Quarter 2017 tax (due 1/17/18)	____/____/____	\$ _____	____/____/____	\$ _____
1st Quarter 2018 (due 4-15-18)	____/____/____	\$ _____	____/____/____	\$ _____
2nd Quarter 2018 (due 6-15-18)	____/____/____	\$ _____	____/____/____	\$ _____
3rd Quarter 2018 (due 9-15-18)	____/____/____	\$ _____	____/____/____	\$ _____
4th Quarter 2018 (due 1-15-19)	____/____/____	\$ _____	____/____/____	\$ _____

INCOME

We will need all pertinent records, all forms received (W-2's, 1099's), broker's summary of sales activities (Form 1099-B), etc, and/or attach a detailed listing

Check the type(s) of income you had.

- | | | |
|--|--|---|
| <input type="checkbox"/> Wages | <input type="checkbox"/> IRA Distribution (Rollover, Conversion, etc.) | <input type="checkbox"/> Sick Pay |
| <input type="checkbox"/> Interest | <input type="checkbox"/> Pensions | <input type="checkbox"/> Workmen's Compensation |
| <input type="checkbox"/> Tax Exempt Interest | <input type="checkbox"/> Annuities | <input type="checkbox"/> Director Fees |
| <input type="checkbox"/> Dividends | <input type="checkbox"/> Rental Income and Expenses | <input type="checkbox"/> Commissions |
| <input type="checkbox"/> State Tax Refunds | <input type="checkbox"/> Royalties | <input type="checkbox"/> Gambling (lottery/prizes/awards/raffles) |
| <input type="checkbox"/> Alimony | <input type="checkbox"/> Partnerships Form K-1 | <input type="checkbox"/> Barter and Exchanges |
| <input type="checkbox"/> Business Income and Expenses | <input type="checkbox"/> Estate Form K-1 | <input type="checkbox"/> Farm Income and Expenses |
| <input type="checkbox"/> Trusts Form K-1 | <input type="checkbox"/> S - Corporation Form K-1 | <input type="checkbox"/> Veterans Benefits |
| <input type="checkbox"/> Unemployment Compensation | <input type="checkbox"/> Social Security | <input type="checkbox"/> Foreclosure |
| <input type="checkbox"/> Health Insurance Forms 1095-A, 1095-B, 1095-C (Health ins. premium tax credit) | | <input type="checkbox"/> Debt Forgiveness* |
| <input type="checkbox"/> Sales of securities, personal residence or other property (description, # of shares, date acquired, date sold, sales price, purchase cost, and expense of sale) | | <input type="checkbox"/> Other Income (Explain) |
| | | <input type="checkbox"/> Home Energy Credit* |

*Items marked with an asterisk expired on 12-31-17, and may not be deductible for 2018

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ADJUSTMENTS TO INCOME, TAX CREDITS, AND EMPLOYMENT TAXES (Indicate amounts for which you are entitled)

- | | |
|---|---|
| \$ _____ School Supplies purchased BY Teachers | \$ _____ College Tuition Expense (1098-T) |
| \$ _____ Retirement (IRA, Keogh) – Taxpayer | \$ _____ Qualifying Adoption Expenses |
| \$ _____ Retirement (IRA, Keogh) – Spouse | \$ _____ Wages Paid to Household Employee(s) |
| \$ _____ Archer Savings Account (MSA) | \$ _____ Health Insurance (Sole Proprietor Only) |
| \$ _____ Student Loan Interest | \$ _____ Sole Proprietor SEP, Simple, or Qualified Plans |
| \$ _____ Health Savings Account(Need 5498-SA & 1099-SA) | \$ _____ Child Care (List each provider's name, address, Soc. Sec. No. or Federal I.D. No., and amount paid.) |
- (Contributions made in 2019 must be identified as 2018 contributions w/HSA administrator)
- | | |
|---|--|
| \$ _____ Penalty (early withdrawal savings) | \$ _____ Alimony Paid (include name & SS#) |
|---|--|

DEDUCTIONS (Indicate the amounts you paid during 2018)

Deductible amount is based on income limitations

Medical (do not include expenses reimbursed, paid by others or HSA)

- \$ _____ Prescription drugs
- \$ _____ Nonprescription drugs (Must have Dr. prescription)
- \$ _____ Equipment, supplies, and diagnostic
- \$ _____ Surgical Fees (Except Cosmetic)
- \$ _____ Vision correction surgery
- \$ _____ Doctors, dentists, nurses, hospitals
- \$ _____ Long-term care services
- \$ _____ Health Insurance Premiums (not shown elsewhere)
- \$ _____ Long-Term Care insurance
- \$ _____ Medicare Premiums (A, B, C and D)
- \$ _____ Transportation and lodging
- \$ _____ Other medical expenses

PROPERTY TAXES PAID – list each vehicle separately

\$ _____ On your residence – paid in 2018

DO NOT INCLUDE 2018 TAX PREPAID IN 2017

- \$ _____ Other property (2nd home only. Rentals list on rental organizer)
- \$ _____ Vehicle #1 Tabs (Include base tax only)
- \$ _____ Vehicle #2 Tabs (Include base tax only)
- \$ _____ Vehicle #3 Tabs (Include base tax only)

OTHER MISCELLANEOUS DEDUCTIONS

\$ _____ Gambling losses up to gains

INTEREST (attach all 1098 forms you received. If you paid to an Individual-provide name, address and Soc. Sec. #.)

- \$ _____ On your principal/second residence (Limit \$1,000,000/\$750,000 Debt)
- \$ _____ On your Home Equity/LOC Debt
 - \$ _____ What was the original Home Equity/LOC balance?
 - \$ _____ What amount of the loan was **NOT** used to buy, build or improve your home?
- \$ _____ Deductible points-HUD statement
- \$ _____ On your investment loans (Not Rental)
- \$ _____ **PMI Mortgage Insurance (Contracts after 12/31/06, currently not deductible)**

CONTRIBUTIONS to IRS approved charities (receipt is required on donations of \$250 or more to each charity)

- \$ _____ Contributions of money – **written verification required**
- \$ _____ Gifts other than cash (i.e. Goodwill, etc.) (If total of **ALL** non- cash contributions exceed \$500 in 2018 then itemize and **provide name, address, date and cost.** (Items in good or better condition.)
- \$ _____ Donation of Auto Generally FMV – IRS Notice 2005-44 Contact the charitable organization. (Need 1098C)



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***** MINNESOTA RESIDENTS ONLY *****

Name _____ Spouse's Name _____

STATE ELECTIONS FUNDS

Designate \$5.00 to **State Elections** Campaign Fund? (Indicating a party will not increase or decrease your refund/payment)
_____ Independent _____ Republican _____ Democratic Farmer-Labor _____ Green _____ General Campaign Fund
\$ _____ Amount for **Non-Game Wildlife Fund** (Reduces Refund or Increases Amount Due)

STATE DEDUCTIONS

Miscellaneous Employee Expenses (W-2 employees only)

DO NOT LIST EXPENSES FOR BUSINESS

- \$ _____ Un-reimbursed employee business expenses (W2)
- \$ _____ Union and professional dues(W2)
- \$ _____ Supplies for work(W2)
- \$ _____ Uniforms(W2)
- \$ _____ Physical exams for employer(W2)
- \$ _____ Subscriptions to professional journals(W2)

Miscellaneous Expenses – Other

- \$ _____ Casualty or theft losses
- \$ _____ Job seeking expenses
- \$ _____ Tax preparation fees – **paid personally**
- \$ _____ Safe deposit box rental
- \$ _____ Certain legal and accounting fees
- \$ _____ Custodial (trust account) fees
- \$ _____ Non-business bad debts
- \$ _____ Education expenses current occupation
- \$ _____ Moving expenses
- \$ _____ Other deductions (explain)

LONG TERM CARE INSURANCE CREDIT

Policy Number _____ Insurance Company _____ Premiums Paid _____ (**Taxpayer**)
Policy Number _____ Insurance Company _____ Premiums Paid _____ (**Spouse**)

EDUCATION EXPENSES - (K-12 Subtraction or Credit) – List separately for each child, complete Instructor Name & Address for Ind. Fees lessons

Child Name				
Class Fees (field trips)				
Individual Fees (Tutoring, music/dance lessons)				
Name of Institution / Instructor	Address:			
Textbooks & School/Project Supplies				
Musical Instruments (Purchase or rental fees)				
List instrument purchased				
Computer Hardware/Software (Educational programs)				
Private School Tuition (K-12 only)				

Did you contribute to a 529 plan in 2018 (as owner or established for the benefit of any individual)?

_____ Yes _____ No. If yes, List (Do this for each account you made a 529 contribution to):
Trustee name: _____ Account number: _____ Amount contributed: _____
Trustee name: _____ Account number: _____ Amount contributed: _____
Trustee name: _____ Account number: _____ Amount contributed: _____

Total Amounts Distributed in 2018, from all accounts: _____

Did you make payments on a qualified student loan? _____ Yes _____ No If yes:

- a. Amount of payments (**principal AND interest**) paid in 2018 on the loan?
 - o Taxpayer: _____ Spouse: _____
- b. What was student loan interest paid in 2018 (Get 1098E)?
 - o Taxpayer: _____ Spouse: _____
- c. What was the total amount of qualified student loans used to pay for your postsecondary education (include all amounts, even loans paid prior to 2018)?
 - o Taxpayer: _____ Spouse: _____