

Prepared By:

Smart Tax & Business Solutions, Inc
350 Ward Ave Ste 106
Honolulu, HI 96814-4004

Prepared For:

2018 Client Organizer

Smart Tax & Business Solutions, Inc
350 Ward Ave Ste 106
Honolulu, HI 96814-4004
808-354-0208

Dear :

This letter is to confirm and specify the terms of our engagement with you and to clarify the nature and extent of the services we will provide. In order to ensure an understanding of our mutual responsibilities, we ask all clients for whom returns are prepared to confirm the following arrangements.

We will prepare your 2018 federal and state income tax returns from information which you will furnish to us. We will not audit or otherwise verify the data you submit, although it may be necessary to ask you for clarification of some of the information. We will furnish you with questionnaires and worksheets to guide you in gathering the necessary information. Your use of such forms will assist in keeping the fee to a minimum.

It is your responsibility to provide all the information required for the preparation of complete and accurate returns. You should retain all the documents, cancelled checks and other data that form the basis of income and deductions. These may be necessary to prove the accuracy and completeness of the returns to a taxing authority. You have the final responsibility for the income tax returns and, therefore, you should review them carefully before you sign them.

Our work in connection with the preparation of your income tax returns does not include any procedures designed to discover defalcations and/or irregularities, should any exist. We will render such accounting and bookkeeping assistance as determined to be necessary for preparation of the income tax returns.

The law provides various penalties that may be imposed when taxpayers understate their tax liability. If you would like information on the amount or the circumstances of these penalties, please contact us.

Your returns may be selected for review by the taxing authorities. Any proposed adjustments by the examining agent are subject to certain rights of appeal. In the event of such government tax examination, we will be available upon request to represent you and will render additional invoices for the time and expenses incurred.

Our fee for these services will be based upon the amount of time required at standard billing rates plus out-of-pocket expenses. All invoices are due and payable upon presentation.

If the foregoing fairly sets forth your understanding, please sign the enclosed copy of this letter in the space indicated and return it to our office. However, if there are other tax returns you expect us to prepare, please inform us by noting so at the end of the return copy of this letter.

We want to express our appreciation for this opportunity to work with you.

Very truly yours,

Smart Tax & Business Solutions, Inc

Accepted By: _____

Date: _____

Smart Tax & Business Solutions, Inc
350 Ward Ave Ste 106
Honolulu, HI 96814-4004
808-354-0208

Dear :

This Tax Organizer is designed to help you gather the tax information needed to prepare your 2018 personal income tax return. To help you complete the Organizer with minimal time and effort, when available, you will find certain information from your 2017 personal income tax return.

To protect your privacy, your Tax Organizer contains masked data. Masked data displays as asterisks. For example, a Social Security number could display as ***-**-6789, an account number as *****6789, and a date of birth as **/**/2000. If you would like to confirm the masked data or make a change to your data, please contact this office. Do not indicate any changes to your data on your Tax Organizer. When you receive your completed tax return(s), make sure you review all Social Security numbers, bank account numbers, and dates of birth for accuracy.

Enter 2018 information on the Tax Organizer pages provided. If any information does not apply to you or is incorrect, please draw a line through it or make the necessary corrections.

The Client Questionnaire asks about pertinent tax items necessary for preparing the most accurate tax return possible. Please answer all questions and attach a statement when necessary for additional information not provided in the Client Organizer.

You will also need to provide the following information:

- Forms W-2 for wages, salaries and tips.
- All Forms 1099 for interest, dividends, retirement, miscellaneous income, Social Security, state or local refunds, gambling winnings, etc.
- Brokerage statements showing investment transactions for stocks, bonds, etc.
- Schedule K-1 from partnerships, S corporations, estates and trusts.
- Statements supporting educational expenses, deductions or distributions, including any Forms 1098-T, 1098-E, or 1099-Q.
- All Forms 1095-A, 1095-B, and/or 1095-C related to health care coverage or the Premium Tax Credit.
- Statements supporting deductions for mortgage interest, taxes, and charitable contributions (including any Form 1098-C).
- Copies of closing statements regarding the sale or purchase of real property.
- Legal papers for adoption, divorce, or separation involving custody of your dependent children.
- Any tax notices sent to you by the IRS or other taxing authority.
- A copy of your income tax return from last year, if not prepared by this office.

IRS regulations require paid tax preparers who expect to prepare and file 11 or more federal individual, nonresident alien, or trust tax returns to file them electronically. To comply with this

requirement your return will be electronically filed this year. The benefits of e-filing include a secure way to file tax returns and it provides proof of acceptance that the IRS has accepted your return for processing. Contact this office if you prefer your return be filed on paper.

Thank you for the opportunity to serve you.

Sincerely,

Smart Tax & Business Solutions, Inc

Questions

Please check the appropriate box and include all necessary details and documentation.

	Yes	No
Personal Information		
Did your marital status change during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____		
Did your address change from last year?	<input type="checkbox"/>	<input type="checkbox"/>
Can you be claimed as a dependent by another taxpayer?	<input type="checkbox"/>	<input type="checkbox"/>
Did you change any bank accounts, or did routing transit numbers (RTN) and/or bank account number change for existing bank accounts that have been used to direct deposit (or direct debit) funds from (or to) the IRS or other taxing authority during the tax year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive an Identity Protection PIN (IP PIN) from the IRS or have you been a victim of identity theft? If yes, attach the IRS letter.	<input type="checkbox"/>	<input type="checkbox"/>
Did you reside in or operate a business in a Federally declared disaster area? The Federally declared disaster areas include victims of hurricanes, tropical storms, floods, as well as wildfires.	<input type="checkbox"/>	<input type="checkbox"/>
Dependent Information		
Were there any changes in dependents from the prior year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____		
Do you have any children under age 19 or a full-time student under age 24 with unearned income in excess of \$2,100?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have dependents who must file a tax return?	<input type="checkbox"/>	<input type="checkbox"/>
Did you provide over half the support for any other person(s) other than your dependent children during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay for child care while you worked, looked for work, or while a full-time student?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any expenses related to the adoption of a child during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If you are divorced or separated with child(ren), do you have a divorce decree or other form of separation agreement which establishes custodial responsibilities?	<input type="checkbox"/>	<input type="checkbox"/>
Did any dependents receive an Identity Protection PIN (IP PIN) from the IRS or have they been a victim of identity theft? If yes, attach the IRS letter.	<input type="checkbox"/>	<input type="checkbox"/>
Purchases, Sales and Debt Information		
Did you start a new business or purchase rental property during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell, exchange, or purchase any assets used in your trade or business?	<input type="checkbox"/>	<input type="checkbox"/>
Did you acquire a new or additional interest in a partnership or S corporation?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell, exchange, or purchase any real estate during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you purchase or sell a principal residence during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you foreclose or abandon a principal residence or real property during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you acquire or dispose of any stock during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you take out a home equity loan this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you refinance a principal residence or second home this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell an existing business, rental, or other property this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you lend money with the understanding of repayment and this year it became totally uncollectable?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any debts canceled or forgiven this year, such as a home mortgage or student loan(s)?	<input type="checkbox"/>	<input type="checkbox"/>
Did you purchase a qualified plug-in electric drive vehicle or qualified fuel cell vehicle this year?	<input type="checkbox"/>	<input type="checkbox"/>

Income Information

Did you have any foreign income or pay any foreign taxes during the year, directly or indirectly, such as from investment accounts, partnerships or a foreign employer?	P	P
Did you receive any income from property sold prior to this year?	P	P
Did you receive any unemployment benefits during the year?	P	P
Did you receive any disability income during the year?	P	P
Did you receive tip income not reported to your employer this year?	P	P
Did any of your life insurance policies mature, or did you surrender any policies?	P	P
Did you receive any awards, prizes, hobby income, gambling or lottery winnings?	P	P
Do you expect a large fluctuation in income, deductions, or withholding next year?	P	P
Did you have any sales or other exchanges of virtual currencies, or used virtual currencies to pay for goods or services, or you are holding virtual currencies as an investment?	P	P

Retirement Information

Are you an active participant in a pension or retirement plan?	P	P
Did you receive any Social Security benefits during the year?	P	P
Did you make any withdrawals from an IRA, Roth, myRA, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan?	P	P
If yes, were any withdrawals due to a Federally declared disaster?	P	P
Did you receive any lump-sum payments from a pension, profit sharing or 401(k) plan?	P	P
Did you make any contributions to an IRA, Roth, myRA, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan?	P	P

Education Information

Did you, your spouse, or your dependents attend a post-secondary school during the year, or plan to attend one in the coming year?	P	P
Did you have any educational expenses during the year on behalf of yourself, your spouse, or a dependent? If yes, attach any Form(s) 1098-T and receipts for qualified tuition and related expenses	P	P
Did anyone in your family receive a scholarship of any kind during the year?	P	P
If yes, were any of the scholarship funds used for expenses other than tuition, such as room and board?	P	P
Did you make any withdrawals from an education savings or 529 Plan account?	P	P
If yes, were any of these withdrawals rolled over into a ABLE (Achieving a Better Life Experience) account?	P	P
Did you make any contributions to an education savings or 529 Plan account?	P	P
Did you pay any student loan interest this year?	P	P
Did you cash any Series EE or I U.S. Savings bonds issued after 1989?	P	P
Would you like a worksheet to aid in the completion of a Free Application for Federal Student Aid (FAFSA) with the U.S. Department of Education?	P	P

Health Care Information

Did you have qualifying health care coverage, such as employer-sponsored coverage or government-sponsored coverage (i.e. Medicare/Medicaid) for your family? "Your family" for health care coverage refers to you, your spouse if filing jointly, and anyone you can claim as a dependent. If yes, attach any Form(s) 1095-B and/or 1095-C you received.	P	P
Did anyone in your family qualify for an exemption from the health care coverage mandate? Examples of exemptions include (but are not limited to) certain non-citizens, members of a health care sharing ministry, members of Federally-recognized Indian tribes, and exemptions requested from the Marketplace. If yes, attach the Exemption Certificate Number (ECN) or type of exemption.	P	P
Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act? If yes, attach any Form(s) 1095-A you received.	P	P
Did you enroll for lower cost Marketplace Coverage through healthcare.gov under		

the Affordable Care Act and share a policy with anyone who is not included in your family?	P	P
Did you make any contributions to a Health savings account (HSA) or Archer MSA?	P	P
Did you receive any distributions from a Health savings account (HSA), Archer MSA, or Medicare Advantage MSA this year?	P	P
Did you pay long-term care premiums for yourself or your family?	P	P
Did you make any contributions to an ABLE (Achieving a Better Life Experience) account? If yes, attach any Form(s) 5498-QA you received.	P	P
Did you receive any withdrawals from an ABLE (Achieving a Better Life Experience) account? If yes, attach any Form(s) 1099-QA you received.	P	P
If you are a business owner, did you pay health insurance premiums for your employees this year?	P	P
Did you receive any Health Coverage Tax Credit (HCTC) advance payments? If yes, attach any Form(s) 1099-H you received.	P	P

Itemized Deduction Information

Did you incur a casualty or theft loss or any condemnation awards during the year? If yes, did the loss occur in a Federally declared disaster area?	P	P
Did you pay out-of-pocket medical expenses (Co-pays, prescription drugs, etc.)?	P	P
Did you make any cash or noncash charitable contributions (clothes, furniture, etc.)? If yes, please provide evidence such as a receipt from the donee organization, a canceled check, or record of payment, to substantiate all contributions made.	P	P
Did you donate a vehicle or boat during the year? If yes, attach Form 1098-C or other written acknowledgment from the donee organization.	P	P
Did you pay real estate taxes for your primary home and/or second home?	P	P
Did you pay any mortgage interest on an existing home loan? If yes, attach any Form(s) 1098 you received.	P	P
Did you incur interest expenses associated with any investment accounts you held?	P	P
Did you make any major purchases during the year (cars, boats, etc.)?	P	P
Did you make any out-of-state purchases (by telephone, internet, mail, or in person) for which the seller did not collect state sales or use tax?	P	P

Miscellaneous Information

Did you make gifts of more than \$15,000 to any individual?	P	P
Did you utilize an area of your home for business purposes?	P	P
Did you engage in any bartering transactions?	P	P
Did you retire or change jobs this year?	P	P
Did you incur moving costs because of a permanent change of station as a member of the Armed Forces on active duty?	P	P
Did you pay any individual as a household employee during the year?	P	P
Did you make energy efficient improvements to your main home this year?	P	P
Did you receive a distribution from, or were you a grantor or transferor for a foreign trust?	P	P
Did you have a financial interest in or signature authority over a financial account such as a bank account, securities account, or brokerage account, located in a foreign country?	P	P
Do you have any foreign financial accounts, foreign financial assets, or hold interest in a foreign entity?	P	P
Did you receive correspondence from the State or the IRS? If yes, explain: _____	P	P
Do you have previous years of tax returns that are either unfiled or filed with unpaid balances due?	P	P
Do you want to designate \$3 to the Presidential Election Campaign Fund? If you check yes, it will not change your tax or reduce your refund.	P	P

General: 1040 **Personal Information**

Filing (Marital) status code (1 = Single, 2 = Married filing joint, 3 = Married filing separate, 4 = Head of household, 5 = Qualifying widow(er)) _____

Mark if you were married but living apart all year _____ Mark if your nonresident alien spouse does not have an ITIN _____

Taxpayer Spouse

Social security number _____

First name _____

Last name _____

Occupation _____

Designate \$3.00 to the presidential election campaign fund? (1 = Yes, 2 = No, 3=Blank) _____

Mark if legally blind _____

Mark if dependent of another taxpayer _____

Taxpayer between 19 and 23, full-time student, with income less than 1/2 support? (Y, N) _____

Date of birth _____

Date of death _____

Work/daytime telephone number/ext number _____

Do you authorize us to discuss your return with the IRS (Y, N) Y

General: 1040, Contact **Present Mailing Address**

Address _____

Apartment number _____

City/State postal code/Zip code _____

Foreign country name _____

Foreign phone number _____

Home/evening telephone number _____

Taxpayer email address _____

Spouse email address _____

General: 1040 **Dependent Information**

First Name	Last Name	Date of Birth	Social Security No.	Relationship	Months in home	Care expenses paid for dependent
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Credits: 2441 **Child and Dependent Care Expenses**

Provider information:

Business name _____

First and Last name _____

Street address _____

City, state, and zip code _____

Social security number OR Employer identification number _____

Tax Exempt or Living Abroad Foreign Care Provider (1 = TE, 2 = LAFCP) _____

Amount paid to care provider in 2018 _____

Taxpayer Spouse

Employer-provided dependent care benefits that were forfeited _____

Health Care: Coverage **Health Care Coverage**

"Your family" for health care coverage refers to you, your spouse if filing jointly, and anyone you can claim as a dependent.

2018 Information Prior Year Information

Was your entire family covered for the full year with minimum essential health care coverage? (Y, N) _____

Income: B1 Interest Income

Please provide all copies of Form 1099-INT or other statements reporting interest income.

Table with 4 columns: T/S/J, Payer Name, Interest Income, Prior Year Information

Income: B3 Seller Financed Mortgage Interest

T, S, J Payer's name Payer's social security number
Payer's address, city, state, zip code
Amount received in 2018 Amount received in 2017

Income: B2 Dividend Income

Please provide copies of all Form 1099-DIV or other statements reporting dividend income.

Table with 5 columns: T/S/J, Payer Name, Ordinary Dividends, Qualified Dividends, Prior Year Information

Income: D Sales of Stocks, Securities, and Other Investment Property

Please provide copies of all Forms 1099-B and 1099-S.

Table with 6 columns: T/S/J, Description of Property, Date Acquired, Date Sold, Gross Sales Price (Less expenses of sale), Cost or Other Basis

Income: Income Other Income

Please provide copies of all supporting documentation.

Table with 3 columns: 2018 Information, Spouse, Prior Year Information. Rows include State and local income tax refunds, Alimony received, Unemployment compensation, etc.

Table with 3 columns: 2018 Information, Prior Year Information. Row: Other Income:

1040 Adj: IRA	Adjustments to Income - IRA Contributions
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Please provide year end statements for each account and any Form 8606 not prepared by this office.

	Taxpayer	Spouse
Traditional IRA Contributions for 2018 - If you want to contribute the maximum allowable traditional IRA contribution amount, enter the applicable code: (1 = Deductible only, 2 = Both deductible and nondeductible)	_____	_____
Enter the total traditional IRA contributions made for use in 2018	_____	_____
Roth IRA Contributions for 2018 - Mark if you want to contribute the maximum Roth IRA contribution	_____	_____
Enter the total Roth IRA contributions made for use in 2018	_____	_____

Educate: Educate2	Higher Education Deductions and/or Credits
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Complete this section if you paid interest on a qualified student loan in 2018 for qualified higher education expenses for you, your spouse, or a person who was your dependent when you took out the loan.

T/S	Qualified student loan interest paid	2018 Information	Prior Year Information
_____	_____	_____	_____
_____	_____	_____	_____

Complete this section if you paid qualified education expenses for higher education costs in 2018.
Qualified education expenses include tuition and fees required for enrollment or attendance at an eligible educational institution.
Please provide all copies of Form 1098-T.

T/S	Ed Exp Code*	Student's SSN	Student's First Name	Student's Last Name	Qualified Expenses	Prior Year Information
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

*Education Expense Code: 1 = American opportunity credit; 2 = Lifetime learning credit; 3 = Tuition and fees deduction
The student qualifies for the American opportunity credit when enrolled at least half-time in a program leading to a degree, certificate, or recognized credential; has not completed the first 4 years of post-secondary education; has no felony drug convictions on student's record.

1040 Adj: 3903	Job Related Moving Expenses
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Complete this section if you moved to a new home due to service in the armed forces.

Description of move	_____
Taxpayer/Spouse/Joint (T, S, J)	_____
Mark if the move was due to service in the armed forces	_____
Number of miles from old home to new workplace	_____
Number of miles from old home to old workplace	_____
Mark if move is outside United States or its possessions	_____
Transportation and storage expenses	_____
Travel and lodging (not including meals)	_____
Total amount reimbursed for moving expenses	_____

1040 Adj: OtherAdj	Other Adjustments to Income
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Alimony Paid:				
T/S	Recipient name	Recipient SSN	2018 Information	Prior Year Information
_____	_____	_____	_____	_____
Street address				
City, State and Zip code				
		Taxpayer	Spouse	Prior Year Information
Educator expenses:				
_____	_____	_____	_____	_____
Other adjustments:				
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

General: Bank	Direct Deposit/Electronic Funds Withdrawal Information
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Per IRS Security Summit requirements, verify the name of financial institution, routing transit number, account number, and type of account below. If you would like to have a refund direct deposited into or a balance due debited from your bank account(s), please enter information in the fields below. Note that electronic funds will be withdrawn only from the primary account listed below.

Mark to verify all accounts listed below have been reviewed, updated as needed, and are correct. ___

Primary account:

Financial institution routing transit number _____

Name of financial institution _____

Your account number _____

Type of account (1 = Savings, 2 = Checking, 3 = IRA*) _____

Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) _____

Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) _____

Enter the maximum dollar amount, or percentage of total refund Dollar _____ or Percent (xxx.xx) _____

Secondary account #1:

Financial institution routing transit number _____

Name of financial institution _____

Your account number _____

Type of account (1 = Savings, 2 = Checking, 3 = IRA*) _____

Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) _____

Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) _____

Enter the maximum dollar amount, or percentage of total refund Dollar _____ or Percent (xxx.xx) _____

Secondary account #2:

Financial institution routing transit number _____

Name of financial institution _____

Your account number _____

Type of account (1 = Savings, 2 = Checking, 3 = IRA*) _____

Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) _____

Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) _____

Enter the maximum dollar amount, or percentage of total refund Dollar _____ or Percent (xxx.xx) _____

*Refunds may only be direct deposited to established traditional, Roth or SEP-IRA accounts. Make sure direct deposits will be accepted by the bank or financial institution.

Electronic Filing: ID Auth	Identity Authentication
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Taxpayer -

Form of identification (1 = Driver's license, 2 = State issued identification card, 3 = No applicable identification, 4 = Identification not provided) _____

Identification number _____

Issue date _____

Expiration date _____

Location of issuance _____

Document number (New York only) _____

Spouse -

Form of identification (1 = Driver's license, 2 = State issued identification card, 3 = No applicable identification, 4 = Identification not provided) _____

Identification number _____

Issue date _____

Expiration date _____

Location of issuance _____

Document number (New York only) _____

NOTES/QUESTIONS:

IRS regulations require paid tax preparers who expect to prepare a certain amount of federal individual tax returns to file them electronically. To comply with this requirement your return will be electronically filed this year if it qualifies for electronic filing under IRS rules. Taxpayers may choose to file a paper return instead of filing electronically.

Mark if you want to file a paper return even if you qualify for electronic filing _____[1]

Receive email notification(s) when your electronic file is accepted by the taxing agency (Blank = None, 1 = Return, 2 = Return & Extension) _____[2]

If 1 or 2, please provide email address on Organizer Form ID: Info

Mark if you are filing a balance due return electronically and you want to pay the amount due by debiting your financial institution account _____[9]

The IRS requires a Personal Identification Number (PIN) be used in signing returns that are electronically filed.

Each taxpayer and spouse, if applicable, must provide a 5 digit self-selected PIN of your choice other than all zeroes.

Taxpayer self-selected Personal Identification Number (PIN) _____[7]

Spouse self-selected Personal Identification Number (PIN) _____[8]

NOTES/QUESTIONS:

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

Refunded _____ [52]

Applied to 2019 estimated tax liability _____ [53]

Do you expect a considerable change in your 2019 income? (Y, N) _____ [54]

If yes, please explain any differences:

_____ [55]

_____ [56]

_____ [57]

_____ [58]

Do you expect a considerable change in your deductions for 2019? (Y, N) _____ [59]

If yes, please explain any differences:

_____ [60]

_____ [61]

_____ [62]

_____ [63]

Do you expect a considerable change in the amount of your 2019 withholding? (Y, N) _____ [64]

If yes, please explain any differences:

_____ [65]

_____ [66]

_____ [67]

_____ [68]

Do you expect a change in the number of dependents claimed for 2019? (Y, N) _____ [69]

If yes, please explain any differences:

_____ [70]

_____ [71]

_____ [72]

_____ [73]

Mark if you use the Electronic Federal Tax Payment System (EFTPS) to pay your estimated taxes _____ [74]

2018 Federal Estimated Tax Payments
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2017 overpayment applied to 2018 estimates + _____ [1]

Mark if you paid the calculated amounts on the dates due indicated below. Skip the remaining fields. _____ [5]

If your estimated payments were not made on the date due or were for an amount other than the calculated amount below, please enter the actual date and amount paid.

	Date Due	Date Paid if After Date Due	Amount Paid	Calculated Amount	Method*
1st quarter payment	4/18/18	_____ [6]	+ _____ [7]	_____	_____
2nd quarter payment	6/15/18	_____ [8]	+ _____ [9]	_____	_____
3rd quarter payment	9/17/18	_____ [10]	+ _____ [11]	_____	_____
4th quarter payment	1/15/19	_____ [12]	+ _____ [13]	_____	_____
Additional payment		_____ [14]	+ _____ [15]	_____	_____

*Method of payment indicated in prior year
EFW = Electronic funds withdrawal EFTPS = Electronic Federal Tax Payment System
Voucher = Form 1040-ES estimated tax payment voucher

NOTES/QUESTIONS:

Taxpayer/Spouse/Joint (T, S, J) _____ [1]
 State postal code _____ [2]

Amount paid with 2017 return + _____ [3]
 2017 overpayment applied to '18 estimates + _____ [4]
 Treat calculated amounts as paid _____ [8]

	Date Paid	Amount Paid	Calculated Amount
1st quarter payment	_____ [9]	+ _____ [10]	<div style="border: 1px solid black; padding: 5px;"> _____ _____ _____ _____ </div>
2nd quarter payment	_____ [11]	+ _____ [12]	
3rd quarter payment	_____ [13]	+ _____ [14]	
4th quarter payment	_____ [15]	+ _____ [16]	
Additional payment	_____ [17]	+ _____ [18]	

2018 City Estimated Tax Payments

<p>City #1</p> <p>City name _____ [28]</p> <p>Amount paid with 2017 return + _____ [31]</p> <p>2017 overpayment applied to '18 estimates + _____ [32]</p> <p>Treat calculated amounts as paid _____ [36]</p>	<p>City #2</p> <p>City name _____ [50]</p> <p>Amount paid with 2017 return + _____ [53]</p> <p>2017 overpayment applied to '18 estimates + _____ [54]</p> <p>Treat calculated amounts as paid _____ [58]</p>
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4th quarter payment _____ [65]	+ _____ [66]																				

Calculated Amount

1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

Calculated Amount

1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

<p>City #3</p> <p>City name _____ [72]</p> <p>Amount paid with 2017 return + _____ [75]</p> <p>2017 overpayment applied to '18 estimates + _____ [76]</p> <p>Treat calculated amounts as paid _____ [80]</p>	<p>City #4</p> <p>City name _____ [94]</p> <p>Amount paid with 2017 return + _____ [97]</p> <p>2017 overpayment applied to '18 estimates + _____ [98]</p> <p>Treat calculated amounts as paid _____ [102]</p>
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Calculated Amount

1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

Calculated Amount

1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

Form ID: IRA	Traditional IRA	26
--------------	-----------------	----

	Taxpayer	Spouse																														
Are you or your spouse (if MFJ or MFS) covered by an employer's retirement plan? (Y, N)	__ [1]	__ [2]																														
Do you want to contribute the maximum allowable traditional IRA contribution amount? If yes, enter the applicable code: (1 = Deductible only, 2 = Both deductible and nondeductible)	__ [3]	__ [4]																														
Enter the total traditional IRA contributions made for use in 2018	+ _____ [5]	+ _____ [6]																														
<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="text-align: center; width: 20%;">Taxpayer</th> <th style="text-align: center; width: 20%;">Spouse</th> </tr> </thead> <tbody> <tr> <td>Enter the nondeductible contribution amount made for use in 2018</td> <td style="text-align: right;">+ _____ [11]</td> <td style="text-align: right;">+ _____ [12]</td> </tr> <tr> <td>Enter the nondeductible contribution amount made in 2019 for use in 2018</td> <td style="text-align: right;">+ _____ [13]</td> <td style="text-align: right;">+ _____ [14]</td> </tr> <tr> <td>Traditional IRA basis</td> <td style="text-align: right;">+ _____ [15]</td> <td style="text-align: right;">+ _____ [16]</td> </tr> <tr> <td>Value of all your traditional IRA's on December 31, 2018:</td> <td style="text-align: right;">+ _____ [17]</td> <td style="text-align: right;">+ _____ [18]</td> </tr> <tr> <td>_____</td> <td style="text-align: right;">+</td> <td style="text-align: right;">_____</td> </tr> <tr> <td>_____</td> <td style="text-align: right;">+</td> <td style="text-align: right;">_____</td> </tr> <tr> <td>_____</td> <td style="text-align: right;">+</td> <td style="text-align: right;">_____</td> </tr> <tr> <td>_____</td> <td style="text-align: right;">+</td> <td style="text-align: right;">_____</td> </tr> <tr> <td>_____</td> <td style="text-align: right;">+</td> <td style="text-align: right;">_____</td> </tr> </tbody> </table>				Taxpayer	Spouse	Enter the nondeductible contribution amount made for use in 2018	+ _____ [11]	+ _____ [12]	Enter the nondeductible contribution amount made in 2019 for use in 2018	+ _____ [13]	+ _____ [14]	Traditional IRA basis	+ _____ [15]	+ _____ [16]	Value of all your traditional IRA's on December 31, 2018:	+ _____ [17]	+ _____ [18]	_____	+	_____	_____	+	_____	_____	+	_____	_____	+	_____	_____	+	_____
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_____	+	_____																														
_____	+	_____																														
_____	+	_____																														
_____	+	_____																														

Roth IRA

Please provide copies of any 1998 through 2017 Form 8606 not prepared by this office

	Taxpayer	Spouse
Mark if you want to contribute the maximum Roth IRA contribution	__ [27]	__ [28]
Enter the total Roth IRA contributions made for use in 2018	+ _____ [29]	+ _____ [30]
Enter the total amount of Roth IRA conversion recharacterizations for 2018	+ _____ [37]	+ _____ [38]
Enter the total contribution Roth IRA basis on December 31, 2017	+ _____ [41]	+ _____ [42]
Enter the total Roth IRA contribution recharacterizations for 2018	+ _____ [43]	+ _____ [44]
Enter the Roth conversion IRA basis on December 31, 2017	+ _____ [45]	+ _____ [46]
Value of all your Roth IRA's on December 31, 2018:	+ _____ [47]	+ _____ [48]
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____

NOTES/QUESTIONS:

Preparer use only

2018 Information

Prior Year Information

Taxpayer/Spouse/Joint (T, S, J)	_____	[2]	
Employer identification number	_____	[3]	
Business name	_____	[5]	
Principal business/profession	_____	[6]	
Business code	_____	[12]	_____
Business address, if different from home address on Organizer Form ID: 1040			
Address	_____	[15]	
City/State/Zip	_____ [16] _____ [17] _____	[18]	
Accounting method (1 = Cash, 2 = Accrual, 3 = Other)	_____	[19]	_____
If other:	_____	[21]	
Inventory method (1 = Cost, 2 = LCM, 3 = Other)	_____	[22]	_____
If other enter explanation:	_____	[24]	

Enter an explanation if there was a change in determining your inventory:	_____	[25]	

Did you "materially participate" in this business? (Y, N)	_____	[26]	_____
If not, number of hours you did significantly participate	_____	[28]	_____
Mark if you began or acquired this business in 2018	_____	[30]	
Did you make any payments in 2018 that require you to file Form(s) 1099? (Y, N)	_____	[31]	_____
If "Yes", did you or will you file all required Forms 1099? (Y, N)	_____	[33]	_____
Mark if this business is considered related to qualified services as a minister or religious worker	_____	[35]	_____
Did you receive wages as a statutory employee or as a minister? (1 = Statutory employee, 2 = Minister)	_____	[37]	_____
Medical insurance premiums paid by this activity	+ _____	[40]	_____
Long-term care premiums paid by this activity	+ _____	[44]	_____
Amount of wages received as a statutory employee	+ _____	[47]	_____

Business Income

2018 Information

Prior Year Information

Gross receipts and sales	_____	+ _____ [52]	_____
_____		+ _____	_____
_____		+ _____	_____
_____		+ _____	_____
Returns and allowances	_____	+ _____ [55]	_____
Other income:			
_____		+ _____ [57]	_____
_____		+ _____	_____
_____		+ _____	_____
_____		+ _____	_____

Cost of Goods Sold

2018 Information

Prior Year Information

Beginning inventory	+ _____	[59]	_____
Purchases	+ _____	[61]	_____
Labor:			
_____	+ _____	[63]	_____
_____	+ _____		_____
Materials	+ _____	[65]	_____
Other costs:			
_____	+ _____	[67]	_____
_____	+ _____		_____
_____	+ _____		_____
Ending inventory	+ _____	[69]	_____

Control Totals +

Business

Preparer use only
Principal business or profession _____

Preparer use only Carryovers	Regular		AMT	
Operating	+	[17]	+	[18]
Short-term capital	+	[19]	+	[20]
Long-term capital	+	[21]	+	[22]
28% rate capital	+	[23]	+	[24]
Section 1231 loss	+	[25]	+	[26]
Ordinary business gain/loss	+	[27]	+	[28]
Section 179	+	[29]	+	[30]

NOTES/QUESTIONS:

Preparer use only

2018 Information

Prior Year Information

Description _____ [2]
 Taxpayer/Spouse/Joint (T, S, J) ___ [3] State postal code _____ [5]
 Physical address: Street _____ [6]
 City, state, zip code _____ [7] _____ [8] _____ [9]
 Foreign country _____ [11]
 Foreign province/county _____ [12]
 Foreign postal code _____ [13]
 Type (1=Single-family, 2=Multi-family, 3=Vacation/short-term, 4=Commercial, 5=Land, 6=Royalty, 7=Self-rental, 8=Other, 9=Personal ppty) ___ [14]
 Description of other type (Type code #8) _____ [15]
 Did you make any payments in 2018 that require you to file Form(s) 1099? (Y,N) ___ [16] ___
 If "Yes", did you or will you file all required Forms 1099? (Y, N) ___ [18] ___
 Fair rental days (if not full year) (For types 1, 2, 4, 5, 7 and 8 only) (Use Rent-2 for type 3) _____ [20]
 Percentage of ownership if not 100% _____ [22]
 Business use percentage, if not 100% (Not vacation home percentage) _____ [24]

Rent and Royalty Income

Rents and royalties	2018 Information	Prior Year Information
_____	+ _____ [34]	_____
_____	_____	_____

Rent and Royalty Expenses

	2018 Information	Percent if not 100%	Prior Year Information
Advertising	+ _____ [36]	_____ [37]	_____
Auto	+ _____ [39]	_____ [40]	_____
Travel	+ _____ [42]	_____ [43]	_____
Cleaning and maintenance	+ _____ [45]	_____ [46]	_____
Commissions:			
_____	+ _____ [48]	_____ [50]	_____
_____	+ _____	_____	_____
Insurance:			
_____	+ _____ [51]	_____ [53]	_____
_____	+ _____	_____	_____
Legal and professional fees	+ _____ [55]	_____ [56]	_____
Management fees:			
_____	+ _____ [58]	_____ [60]	_____
_____	+ _____	_____	_____
Mortgage interest paid to banks, etc (Form 1098)			
_____	+ _____ [61]	_____ [63]	_____
_____	+ _____	_____	_____
Other mortgage interest	+ _____ [64]	_____ [66]	_____
Qualified mortgage insurance premiums	+ _____ [67]	_____ [68]	_____
Other interest:			
_____	+ _____ [70]	_____ [72]	_____
_____	+ _____	_____	_____
Repairs	+ _____ [73]	_____ [74]	_____
Supplies	+ _____ [76]	_____ [77]	_____
Taxes:			
_____	+ _____ [79]	_____ [81]	_____
_____	+ _____	_____	_____
Utilities	+ _____ [82]	_____ [83]	_____
Depreciation	+ _____ [85]	_____ [86]	_____
Depletion	+ _____ [88]	_____ [89]	_____
Other expenses:			
_____	+ _____ [91]	_____	_____
_____	+ _____	_____	_____
_____	+ _____	_____	_____
	+ _____	_____	_____

Control Totals +

Rent & Royalty

Form ID: Rent

Please provide all Forms 1099-K

Preparer use only

	2018 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)	_____ [2]	
Employer identification number	_____ [3]	
Description	_____ [4]	
Principal Product	_____ [5]	
State postal code	_____ [6]	
Accounting method (1 = Cash, 2 = Accrual)	_____ [7]	
Agricultural activity code	_____ [9]	_____
Did you "materially participate" in this business? (Y, N)	_____ [12]	_____
Did you make any payments in 2018 that require you to file Form(s) 1099? (Y, N)	_____ [14]	_____
If "Yes", did you or will you file all required Forms 1099? (Y, N)	_____ [16]	_____
Mark if Schedule F net income or loss should be excluded from self-employment income	_____ [18]	_____
Medical insurance premiums paid by this activity	+ _____ [21]	_____
Long-term care premiums paid by this activity	+ _____ [25]	_____

Schedule F Income

Sales Code**	Income description	2018 Information	Prior Year Information
—	_____	+ _____ [35]	_____
—	_____	+ _____	_____
—	_____	+ _____	_____
—	_____	+ _____	_____
—	_____	+ _____	_____

** Sales Codes

1 = Cash sales of items bought for resale	4 = Custom hire (machine work)
2 = Cash sales of items raised	5 = Other income
3 = Accrual sales	

	2018 Information	Prior Year Information
Cost or other basis of livestock and other items you bought for resale (Cash method)	+ _____ [37]	_____
Beginning inventory of livestock and other items (Accrual method)	+ _____ [39]	_____
Accrual cost of livestock, produce, grains, and other products purchased	+ _____ [41]	_____
Ending inventory of livestock and other items (Accrual method)	+ _____ [43]	_____
Total cooperative distributions you received	+ _____ [45]	_____
Taxable cooperative distributions you received	+ _____ [47]	_____

	2018 Total	2018 Taxable	Prior Year Information
Agricultural program payments			
_____	+ _____	+ _____ [50]	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____

	2018 Information	Prior Year Information
CRP payments received while enrolled to receive social security or disability benefits	+ _____ [52]	_____
Commodity credit loans reported under election:		
_____	_____ [54]	_____
_____	_____	_____
Total commodity credit loans forfeited	+ _____ [56]	_____
Taxable commodity credit loans forfeited	+ _____ [58]	_____

	2018 Total	2018 Taxable	Prior Year Information
Total crop insurance proceeds you received in 2018			
_____	+ _____	+ _____ [61]	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
Mark if electing to defer crop insurance proceeds to 2019		_____ [63]	_____
Crop insurance proceeds deferred from 2017		+ _____ [65]	_____

Control Totals +

Farm

Preparer use only

Description

	2018 Information	Prior Year Information
Car and truck expenses	+ _____ [5]	_____
Chemicals	+ _____ [7]	_____
Conservation expenses	+ _____ [9]	_____
Carryover from prior years	+ _____ [11]	_____
Custom hire (machine work)	+ _____ [13]	_____
Depreciation	+ _____ [15]	_____
Employee benefit programs (Include Small Employer Health Ins Premiums credit)	+ _____ [17]	_____
Feed purchased	+ _____ [19]	_____
Fertilizers and lime	+ _____ [21]	_____
Freight and trucking	+ _____ [23]	_____
Gasoline, fuel, and oil	+ _____ [25]	_____
Insurance (Other than health)	+ _____ [28]	_____
_____	+ _____	_____
_____	+ _____	_____
Mortgage interest (Paid to banks, etc.)	+ _____ [30]	_____
_____	+ _____	_____
_____	+ _____	_____
Other interest	+ _____ [32]	_____
Labor hired (Less employment credit)	+ _____ [34]	_____
Pension and profit sharing	+ _____ [36]	_____
Rent - vehicles, machinery, and equipment	+ _____ [38]	_____
Rent - other	+ _____ [40]	_____
Repairs and maintenance	+ _____ [42]	_____
Seed and plants purchased	+ _____ [44]	_____
Storage and warehousing	+ _____ [46]	_____
Supplies purchased	+ _____ [48]	_____
Taxes:	+ _____ [50]	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
Utilities	+ _____ [52]	_____
Veterinary, breeding, and medicine	+ _____ [54]	_____
Other expenses:	+ _____ [56]	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
Preproductive period expenses	+ _____ [58]	_____

Preparer use only

Description

Preparer use only Carryovers	Regular		AMT	
Operating	+	[17]	+	[18]
Short-term capital	+	[19]	+	[20]
Long-term capital	+	[21]	+	[22]
28% rate capital	+	[23]	+	[24]
Section 1231 loss	+	[25]	+	[26]
Ordinary business gain/loss	+	[27]	+	[28]
Section 179	+	[29]	+	[30]
Excess farm loss	+	[31]	+	[32]

NOTES/QUESTIONS:

Description	_____	[1]
Taxpayer/Spouse/Joint (T, S, J)		__ [5]
State postal code		__ [6]
Mark if electing to pay tax on entire gain (No exclusion will be calculated and entire gain will be reported on Schedule D)		__ [7]
Date former residence was acquired	_____	[9]
Date former residence was sold	_____	[10]
Selling price of former residence	+ _____	[11]
Expenses related to the sale of your old home	+ _____	[12]
Original cost of home sold including capital improvements	+ _____	[13]

Exclusion Information

Mark if meet use and ownership test without exceptions (2 years use within 5-year period preceding sale date)		__ [19]
Reduced exclusion days: (Enter only days within 5-year period ending on sale date)	Taxpayer	Spouse
Number of days each person used property as main home	_____ [21]	_____ [22]
Number of days each person owned property used as main home	_____ [23]	_____ [24]
Number of days between date of sale of the other home and date of sale of this home	_____ [25]	_____ [26]

Form 6252 - Current Year Installment Sale
--

Mortgage and other debts the buyer assumed	+ _____	[28]
Total current year payments received	+ _____	[29]

Form 6252 - Related Party Installment Sale Information

Related party name	_____		[30]
Address	_____		[31]
City, State and Zip	_____ [32]	_____ [33]	[34]
Identifying number of related party	_____		[35]
Was the property sold as a marketable security? (Y, N)			__ [36]
Enter date of second sale if more than 2 years after the first sale	_____		[37]
Indicate special conditions if applicable (1 = Sale/exchange, 2 = Involuntary conv, 3 = Death of seller, 4 = No tax avoidance)			__ [38]
Selling price of property sold by a related party	+ _____		[40]

NOTES/QUESTIONS:

Please provide all Forms 5498-SA.

	2018 Information	Prior Year Information
Taxpayer/Spouse (T, S)	_____ [1]	
Name of Trustee _____	_____ [4]	
State postal code _____	_____ [2]	
Indicate type of health or medical savings account:		
HSA	_____ [6]	
Archer MSA	_____ [7]	
MA (Medicare Advantage) MSA	_____ [9]	
Total HSA/MSA contributions made		
for 2018 (Enter all amounts contributed, including through employer cafeteria plans)	+ _____ [10]	
Indicate type of coverage under qualifying high deductible health plan (1 = Self-Only, 2 = Family)	_____ [12]	
Number of months in qualified high deductible health plan in 2018	_____ [13]	
Mark if you want to contribute the maximum allowable health or medical savings account contribution amount	_____ [14]	
Total HSA/MSA contribution to be made for 2018	+ _____ [15]	
Fair market value of HSA, Archer MSA, or MA MSA (Form 5498-SA, Box 5)	+ _____ [16]	
Excess contributions for 2017 taken as constructive contributions for 2018	+ _____ [19]	
Rollover contribution (Form 5498-SA, Box 4)	+ _____ [21]	

Complete this section if your account is an Archer MSA or MA MSA

Amount of annual deductible	+ _____ [24]	
Enter compensation from employer maintaining high deductible health plan	+ _____ [27]	
If self-employed, enter earned income from business under which plan was established	+ _____ [31]	

Complete this section if your account is an HSA

Was the high deductible health plan in effect for December 2018? (Y, N) _____ [33]

NOTES/QUESTIONS:

Health, Medical Savings Account Distributions

Please provide all Forms 1099-SA.

	2018 Information	Prior Year Information
Taxpayer/Spouse (T, S)	__ [1]	
Name of Trustee _____	[4]	
State postal code _____	[2]	
Gross distributions received (Box 1)	+ _____ [7]	
Earnings on excess contributions (Box 2)	+ _____ [9]	
Distribution code (Box 3)	__ [11]	
Fair Market Value on date of death (Box 4)	+ _____ [12]	
Box 5 -		
HSA	__ [13]	
Archer MSA	__ [14]	
MA MSA	__ [15]	
All distributions were used to pay unreimbursed qualified medical expenses	__ [17]	
If some distributions were used to pay for other than qualified medical expenses, enter the unreimbursed qualified medical expenses for 2018	+ _____ [19]	
Withdrawal of excess contributions by the due date of the return	+ _____ [21]	
Amount of distribution rolled over for 2018	+ _____ [23]	
If the distribution is due to the death of the account holder, enter the qualified decedent medical expenses paid by the taxpayer	+ _____ [26]	
If MA (Medicare Advantage) MSA, enter value of account on 12/31/17	+ _____ [27]	
For HSA accounts:		
Was the high deductible health plan coverage started in 2017 and in effect for the month of December 2017? (Y, N)	__ [29]	
Was the high deductible health plan coverage ended before 12/31/18? (Y, N)	__ [30]	

Long Term Care (LTC) Service and Contracts

Please provide all Forms 1099-LTC.

	2018 Information	Prior Year Information
Name of the insured chronically ill individual _____	[39]	
Social security number of insured _____	[40]	
Gross long-term care (LTC) benefits paid (Box 1)	+ _____ [42]	
Accelerated death benefits paid (Box 2)	+ _____ [44]	
Check one (Box 3)		
Per diem	__ [46]	
Reimbursed amount	__ [47]	
Qualified contract (Box 4)	__ [48]	
Check, if applicable (Box 5)		
Chronically ill	__ [49]	
Terminally ill	__ [50]	
Are there other individuals who received LTC payments during 2018? (Y, N)	__ [52]	
If the insured is terminally ill, were payments received on account of terminal illness? (Y, N)	__ [53]	
Number of days during the long-term care period _____	[54]	
Cost incurred for qualified long-term care services during the long-term care period	+ _____ [55]	

NOTES/QUESTIONS:

You are required to repay the First-Time Homebuyer credit if you claimed the credit in 2008. If the credit was claimed in 2009, 2010, or 2011, you do not have to repay the credit.

Principal residence address, if different from home address on Organizer Form ID: 1040

Address _____ [1]

City/State/Zip code _____ [2] ____ [3] _____ [4]

Date home acquired (After 4/8/08 and before 5/1/10) (For service members after 12/31/08 and before 5/1/11) _____ [5]

Purchase price of the home _____ [6]

Date the home was sold or ceased being used as principal residence _____ [13]

If you sold your home, enter the selling price _____ [14]

If you sold your home, enter the expense of sale _____ [15]

Were you and your spouse married on the purchase date? (Y, N) ____ [18]

If your home was transferred to your ex-spouse due to a divorce settlement, enter his or her full name _____ [19]

If you own the principal residence with another person enter their name and allocation percentage

Other owner name _____ [22]

Allocation percentage _____

NOTES/QUESTIONS:

Child and Dependent Care Expenses

Please enter all amounts paid in 2018 for the care of one or more dependents which enables you to work or attend school.
Enter the amount of dependent care expenses paid for each qualifying dependent on Organizer Form ID:1040

	Taxpayer	Spouse
2017 employer-provided dependent care benefits used during 2018 grace period	+ _____ [3]	+ _____ [4]
Employer-provided dependent care benefits that were forfeited in 2018	+ _____ [5]	+ _____ [6]
Total qualified expenses incurred in 2018		_____ [9]
Were you or your spouse a full time student or disabled? (Yes or No)	_____ [10]	_____ [11]
Did you provide care expenses for any person(s) who is not listed as a dependent? (Y, N)		_____ [12]

Business name of provider _____
 First and last name of provider _____
 Street address of provider _____
 City, State and Zip code _____
 Social security number OR Employer identification number _____
 Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN) _____
 Amount paid to care provider in 2018 + _____ [7]
 Foreign province or state of provider _____
 Foreign country and Foreign postal code of provider _____

Business name of provider _____
 First and last name of provider _____
 Street address of provider _____
 City, State and Zip code _____
 Social security number OR Employer identification number _____
 Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN) _____
 Amount paid to care provider in 2018 + _____ [7]
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Business name of provider _____
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 Foreign country and Foreign postal code of provider _____

Business name of provider _____
 First and last name of provider _____
 Street address of provider _____
 City, State and Zip code _____
 Social security number OR Employer identification number _____
 Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN) _____
 Amount paid to care provider in 2018 + _____ [7]
 Foreign province or state of provider _____
 Foreign country and Foreign postal code of provider _____

Control Totals +

Residential Energy Credit

The American Tax Relief Act of 2012 provides credits for energy efficient improvements made to personal residences. There are certain restrictions and limits but some of the home improvements that may qualify include exterior windows and doors, metal roofs, solar electric, or solar heating property. Please provide copies of any prior year Forms 5695 not prepared by this office.

Taxpayer/Spouse/Joint (T, S, J)	_____	[1]
Were the costs incurred made to your main home located in the United States? (Y, N)	_____	[2]
Were the costs incurred related to the construction of your main home located in the United States? (Y, N)	_____	[3]
Enter the total amount of costs for insulation material or system to reduce heat loss or gain	+ _____	[5]
Enter the total amount of costs for exterior windows	+ _____	[7]
Enter the total amount of costs for exterior doors	+ _____	[9]
Enter the total amount of costs for qualified metal roofs	+ _____	[11]
Enter the total amount of costs for energy-efficient building property	+ _____	[6]
Enter the total amount of costs for qualified natural gas, propane, or oil furnace or hot water boilers	+ _____	[8]
Enter the total amount of costs for advanced main circulating fan used in a natural gas, propane, or oil furnace	+ _____	[10]
Enter the total amount of costs for qualified solar electric property	+ _____	[12]
Enter the total amount of costs for qualified solar water heating property	+ _____	[14]
Enter the total amount of costs for qualified small wind energy property	+ _____	[16]
Enter the total amount of costs for qualified geothermal heat pump property	+ _____	[13]
Enter the total amount of costs for qualified fuel cell property	+ _____	[15]
Enter the total amount of kilowatt capacity of the qualified fuel cell property	_____	[17]

NOTES/QUESTIONS:

Form ID: HI Hawaii General Information

Mark if first time filer _____[1]
 Mark if address has changed from prior year _____[2]
 If you (or spouse) are blind, deaf or totally disabled, has impairment been certified? (Special disability exemption: T = Taxpayer, S = Spouse, B = Both) _____[3]
 Current year distributions from an individual housing account not used for home purchase _____[4]
 Reservist or National Guard pay included in W-2 income _____[5]
 Payments to an individual housing account _____[6]

Contributions

Amount of contributions you wish to make to:

Election campaign fund - taxpayer (Y, N) _____[7]
 Election campaign fund - spouse (Y, N) _____[8]
 \$2 School-Level Minor Repairs and Maintenance Special Fund (T = Taxpayer, S = Spouse, B = Both) _____[9]
 \$2 Public Libraries Special Fund (T = Taxpayer, S = Spouse, B = Both) _____[10]
 \$5 Children's Trust, Domestic Violence, and Abuse Special Accounts (T = Taxpayer, S = Spouse, B = Both) _____[11]

Rental Credit Information

Rental credits can only be claimed by persons with Hawaii residence of 9 or more months during the calendar year

Residence Information: Starting Month of Occupancy _____ Ending Month of Occupancy _____[12]
 Address _____
 City _____
 State _____
 Zip _____
 Owner Information: Name _____
 Business Name _____
 Address _____
 City _____
 State _____
 Zip _____
 Foreign Providence/State _____
 Foreign Country Code _____
 Foreign Country _____
 Foreign Postal Code _____
 Tax ID # _____
 Total rents received for this unit _____

Part-year Resident Information

If you were a part-year resident during the tax year, enter the dates you lived in Hawaii

Part-year residency dates:
 From _____[13]
 To _____[14]

NOTES/QUESTIONS: