

**MEZZASALMA CPAs
106 Apple St Ste 107
Tinton Falls, NJ 07724-2670
732-842-1120**

Fax - 732-676-7639 Email - john@mezzcpa.com Website - mezzcpa.com

Dear Client:

It's time to get your taxes done! We would like to thank the many of you who have been with us for most of our over 30 years in practice! With our 2 main CPAs, John and son Anthony, we will be around for the next 30 to help you! We appreciate your business!

For your convenience, please find enclosed your Tax Organizer for 2018. It is designed to facilitate gathering information necessary to **prepare your 2018 tax return**. To help you complete the organizer with minimal time and effort, we have preprinted information from your 2017 tax returns if we prepared your 2017 returns.

Please supply all K-1, W-2, 1099 & 1098 forms as well as complete documentation regarding loans, real estate transactions, stock transactions, and any other items which may require research. **By supplying these forms, you need not fill out the information on the Organizer!** Please enter all other information on the Organizer and draw a line through or make corrections to any information that does not apply or is incorrect.

In order to serve you better and make it more convenient for many clients, you may **mail** in your information. If you mailed it in last year, a return envelope is enclosed for your convenience. It is advisable to mail or make an appointment **as early as possible**. In fact, this should be done **even if you do not have your K-1 form(s)** (if applicable) yet. **You can always send/fax them later when you receive them.**

Please note that best efforts will be made to file all returns by the April 15th deadline. No guarantees, however, can be made if the deadlines on the following page are not met.

Due to significant tax law changes for 2018, you should send in documents early to determine if you owe tax and to avoid potentially harsh penalties.

Thank you for the opportunity to serve you.

Sincerely,

MEZZASALMA CPAs

P.S. Important: If you are making an appointment, please specify which location (NY or NJ) you prefer. If you **mail** your information, please use the **above NJ address**. Also please note: If you are contemplating **IRA, ROTH IRA, 401k or SEP Contributions**, it would be advisable to discuss different options **before** you finalize them.

In order to provide you with the best possible service and turn around time, we ask that you please adhere to our deadline schedule:

*****DEADLINES*****

MARCH 22, 2019 - All required data should be received by this date in order to guarantee filing of your return by April 15, **2019**.

April 1, 2019- Extensions will be filed on all returns with information received **after** March 22, **2019** and **before** April 1, **2019**.

*****MAILING YOUR RETURN IN?*****

March 22, 2019- If you are mailing your information to us, it should be received by this date.

*******Avoid Delays*******

Many K-1s are sent out sometime **after** March 15. Please don't let a missing K-1 form delay the preparation of your return.

Make sure we get all the other information early. The K-1s can be sent or faxed to us afterward!

*****OUR PRIVACY POLICY*****

Like all providers of personal financial services, tax professionals are required by law to inform clients of their policies regarding privacy of client information. Our firm continues to adhere to professional standards of confidentiality that are even more stringent than those required by law. We have always protected the security and privacy of your personal and financial information.

Types of Nonpublic Personal Information We Collect

The only nonpublic personal information we collect is provided to us by you or obtained with your authorization.

Parties to Whom We Disclose Information

We do not disclose any nonpublic personal information obtained in the course of our practice except as required or permitted by law. Permitted disclosures may include providing information to our employees. In all situations, we stress the confidential nature of the information being shared.

Protecting the Confidentiality and Security of Clients' Information

We retain records relating to our professional services to better serve your professional needs and, in some cases, to comply with professional guidelines. In order to protect your nonpublic personal information, we maintain physical, electronic, and procedural safeguards that comply with our professional standards.

*****IRS EFILE INFORMATION*****

IRS regulations require paid tax preparers who expect to prepare and file 11 or more federal individual 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.

MEZZASALMA CPAs
106 Apple St Ste 107
Tinton Falls, NJ 07724-2670
732-842-1120

Fax - 732-676-7639 Email - john@mezzcpa.com Website - mezzcpa.com

Dear Client:

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. It is our policy to keep records related to this engagement for 5 years. However, MEZZASALMA CPAs does not keep any original client records, so we will return those to you at the completion of the services rendered under this engagement. When records are returned to you, it is your responsibility to retain and protect your records. 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.

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.

The fee does not include responding to Internal Revenue Service inquiries, and the client understands that the tax preparer is not responsible for Internal Revenue Service disallowance of doubtful deductions or deductions unsupported by adequate documentation or for resulting taxes, penalties, and interest.

If any dispute arises among the parties hereto, the parties agree first to try in good faith to settle the dispute by mediation administered by the American Arbitration Association under its Rules for Professional Accounting and Related Services Disputes before

resorting to litigation. The costs of any mediation proceeding shall be shared equally by all parties.

Client and accountant both agree that any dispute over fees charged by the accountant to the client will be submitted for resolution by arbitration in accordance with the Rules for Professional Accounting and Related Services Disputes of the American Arbitration Association. Such arbitration shall be binding and final. IN AGREEING TO ARBITRATION, WE BOTH ACKNOWLEDGE THAT IN THE EVENT OF A DISPUTE OVER FEES CHARGED BY THE ACCOUNTANT, EACH OF US IS GIVING UP THE RIGHT TO HAVE THE DISPUTE DECIDED IN A COURT OF LAW BEFORE A JUDGE OR JURY AND INSTEAD WE ARE ACCEPTING THE USE OF ARBITRATION FOR RESOLUTION.

We will be pleased to discuss this letter with you at your convenience. If the foregoing is acceptable to you, please sign the original copy of this letter in the space provided and return it to us in the enclosed envelope.

Very truly yours,

MEZZASALMA CPAs

Accepted By: _____

Date: _____

Sincerely,

MEZZASALMA CPAs

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

Mark if you were married but living apart all year [2]

Mark if your nonresident alien spouse does not have an Individual Taxpayer Identification Number (ITIN) [3]

Social security number Taxpayer [4] Spouse [5]

First name [6] [7]

Last name [8] [9]

Occupation [10] [11]

Designate \$3.00 to the presidential election campaign fund? (1 = Yes, 2 = No, 3 = Blank) 2 [12] [14]

Mark if dependent of another taxpayer [15] [16]

Taxpayer with income less than 1/2 support age 18 or 19 - 23 full-time student? (Y, N) [17]

Mark if legally blind [20] [21]

Date of birth [22] [24]

Date of death [26] [27]

Work/daytime telephone number/ext number [28] [29] [30] [31]

Home/evening telephone number [32] [33]

Do you authorize us to discuss your return with the IRS? (Y, N) [34]

Present Mailing Address

Address [38]

Apartment number [39]

City, state postal code, zip code [40] [41] [42]

Foreign country name [44]

Foreign phone number [47]

In care of addressee [48]

Dependent Information

(*Please refer to Dependent Codes located at the bottom)

Table with 8 columns: First Name, Last Name, Date of Birth, Social Security No., Relationship, Months in home, Dep Codes, Care expenses paid for dependent.

Name of child who lived with you but is not your dependent [50]

Social security number of qualifying person [51]

Dependent Codes

- *Basic 1 = Child who lived with you, 2 = Child who did not live with you due to divorce/separation, 3 = Other dependent, 4 = Other dependents, but do not qualify for Credit for Other Dependents (ODC), 5 = Qualifying child for Earned Income Credit only, 6 = Children who lived with you, but do not qualify for Earned Income Credit, 7 = Children who lived with you, but do not qualify for Child Tax Credit, 8 = Children who lived with you, but do not qualify for Child Tax Credit/Credit for Other Dependents/Earned Income Credit.
**Other 1 = Student (Age 19 - 23), 2 = Disabled dependent, 3 = Dependent who is both a student and disabled.
***Months 77 = Reported on odd year return, 88 = Reported on even year return, 99 = Not reported on return.

Preparer - Enter on Screen Contact

Tax matters person (Indicate which spouse handles tax return related questions) (Blank = Both, T = Taxpayer, S = Spouse) _____ [8]

Taxpayer email address _____ [9]

Spouse email address _____ [10]

Taxpayer

Spouse

Fax telephone number _____ [11] _____ [19]

Mobile telephone number _____ [12] _____ [20]

Mobile telephone #2 number _____ [13] _____ [21]

Pager number _____ [14] _____ [22]

Other: _____ [15] _____ [23]

Telephone number _____ [16] _____ [24]

Extension _____ [17] _____ [25]

Preferred method of contact: _____ [18] _____ [26]

Email, Work phone, Home phone, Fax, Mobile phone, Mobile phone #2 _____ [18] _____ [26]

NOTES/QUESTIONS:

Taxpayer -

Form of identification (1 = Driver's license, 2 = State issued identification card, 3 = No applicable identification, 4 = Identification not provided) _____[1]
 Identification number PLEASE PROVIDE COPY OF DRIVERS LICENSE _____[2]
 Issue date _____[3]
 Expiration date (mm/dd/yyyy) _____[4]
 Location of issuance (State issued only) _____[5]
 Document number (New York only) _____[6]

Spouse -

Form of identification (1 = Driver's license, 2 = State issued identification card, 3 = No applicable identification, 4 = Identification not provided) _____[9]
 Identification number PLEASE PROVIDE COPY OF DRIVERS LICENSE _____[10]
 Issue date _____[11]
 Expiration date (mm/dd/yyyy) _____[12]
 Location of issuance (State issued only) _____[13]
 Document number (New York only) _____[14]

NOTES/QUESTIONS:

Interest Income

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

*Whole numbers will be treated as \$ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.

T/S/J	Type Code (**See codes below)	Interest Income ⁽¹⁾	Tax Exempt Income	Penalty on Early Withdrawal	U.S. Obligations* \$ or %	Tax Exempt* \$ or %	Foreign Taxes Paid	Prior Year Information	
	1	Payer	DON'T FILL OUT						
		Amounts	+						
	2	Payer	JUST SUPPLY 1099S						
		Amounts	+						
	3	Payer							
		Amounts	+						
	4	Payer							
		Amounts	+						
	5	Payer							
		Amounts	+						
	6	Payer							
		Amounts	+						
	7	Payer							
		Amounts	+						
	8	Payer							
		Amounts	+						
	9	Payer							
		Amounts	+						
	10	Payer							
		Amounts	+						

**Interest Codes		
Blank = Regular Interest	4 = Accrued Interest	6 = ABP Adjustment
3 = Nominee Distribution	5 = OID Adjustment	7 = Series EE & I Bond

	Control Totals	+	INCOME	Form ID: B-1
--	----------------	---	--------	--------------

Dividend Income

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

*Whole numbers will be treated as \$ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.

T S J	Type Code	Ordinary Dividends	[2] Qualified Dividends	Total Cap Gain Distributions	Section 1250	Sec. 1202	28% Capital Gain	Tax Exempt Dividends	U.S. Obligations* \$ or %	Tax Exempt* \$ or %	Foreign Taxes Paid	Prior Year Information
	1	Payer DON'T FILL OUT										
		Amounts	+									
	2	Payer JUST SUPPLY 1099S										
		Amounts	+									
	3	Payer										
		Amounts	+									
	4	Payer										
		Amounts	+									
	5	Payer										
		Amounts	+									
	6	Payer										
		Amounts	+									
	7	Payer										
		Amounts	+									
	8	Payer										
		Amounts	+									
	9	Payer										
		Amounts	+									
	10	Payer										
		Amounts	+									

**Dividend Codes
Blank = Other 3 = Nominee

1 Preparer use only

	2018 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)	[2]	
Employer identification number	[3]	
Business name	PLEASE PROVIDE IF APPLICABLE [5]	
Principal business/profession	PHYSICIAN [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]	
	+ [53]	
	+ [54]	
Returns and allowances	+ [55]	
Other income:		
	+ [57]	
	+ [58]	
	+ [59]	
	+ [60]	

Cost of Goods Sold

	2018 Information	Prior Year Information
Beginning inventory	+ [59]	
Purchases	+ [61]	
Labor:		
	+ [63]	
	+ [64]	
Materials	+ [65]	
Other costs:		
	+ [67]	
	+ [68]	
	+ [69]	
Ending inventory	+ [69]	

Control Totals +

BUSINESS

1 Preparer use only

Principal business or profession PHYSICIAN

	2018 Information	Prior Year Information
Advertising	+ _____ [6]	_____
Car and truck expenses	+ _____ [8]	_____
Commissions and fees	+ _____ [10]	_____
Contract labor	+ _____ [12]	_____
Depletion	+ _____ [14]	_____
Depreciation	+ _____ [16]	_____
Employee benefit programs (Include Small Employer Health Ins Premiums credit):		
_____	+ _____ [18]	_____
_____	+ _____	_____
Insurance (Other than health):		
_____	+ _____ [20]	_____
_____	+ _____	_____
Interest:		
Mortgage (Paid to banks, etc.)		
_____	+ _____ [22]	_____
_____	+ _____	_____
_____	+ _____	_____
Other:		
_____	+ _____ [24]	_____
_____	+ _____	_____
Legal and professional services	+ _____ [26]	_____
Office expense	+ _____ [29]	_____
Pension and profit sharing:		
_____	+ _____ [31]	_____
_____	+ _____	_____
Rent or lease:		
Vehicles, machinery, and equipment	+ _____ [33]	_____
Other business property	+ _____ [35]	_____
Repairs and maintenance	+ _____ [37]	_____
Supplies	+ _____ [39]	_____
Taxes and licenses:		
_____	+ _____ [41]	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
Travel and meals:		
Travel	+ _____ [43]	_____
Meals (Enter 100% subject to 50% limitation)	+ _____ [45]	_____
Meals (Enter 100% subject to DOT 80% limit)	+ _____ [47]	_____
Utilities	+ _____ [51]	_____
Wages (Less employment credit):		
_____	+ _____ [53]	_____
_____	+ _____	_____
Other expenses:		
<u>FRAMING</u>	+ _____ [55]	_____
<u>HOSPITAL FEES</u>	+ _____	_____
<u>MEDICAL PHOTOGRAPHY</u>	+ _____	_____
<u>ON LINE SERVICE</u>	+ _____	_____
<u>POSTAGE & DELIVERY</u>	+ _____	_____
<u>SEMINARS</u>	+ _____	_____
<u>SMALL EQUIPMENT</u>	+ _____	_____
<u>SUBSCRIPTIONS</u>	+ _____	_____
<u>SUPPLIES</u>	+ _____	_____
<u>UNIFORM & LAUNDRY</u>	+ _____	_____

Control Totals +

BUSINESS

1 Preparer use only

		2018 Information	Prior Year Information
Description	PLEASE PROVIDE IF APPLICABLE	[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]		

T/S/J	2018 Interest Paid [2]	2018 Points Paid	Type*	2018 Mortgage Ins. Premiums Paid	Prior Year Information
	Home mortgage interest: From Form 1098				
[1]	NO NEED TO FILL OUT	+		+	
	PLEASE PROVIDE FORM 1098	+		+	
	FROM YOUR MORTGAGE CO.	+		+	
		+		+	
		+		+	
		+		+	
		+		+	
		+		+	
		+		+	
		+		+	

*Mortgage Types

Blank = Used to buy, build or improve main/qualified second home 1 = Not used to buy, build, improve home or investment

T/S/J	Payee's Name	SSN or EIN	2018 Information	Prior Year Information
	Other, such as: Home mortgage interest paid to individuals			
[4]			+	[5]
	Address			
	City, state and zip code			
			+	
	Address			
	City, state and zip code			

T/S/J Name and address of other person who received Form 1098 for jointly liable mortgage interest you paid -

Payer's/Borrower's name _____ [7]
 Street Address _____
 City/State/Zip code _____

Refinancing Points paid in 2018 -
 Taxpayer/Spouse/Joint (T, S, J) _____ [11]
 Recipient/Lender name _____
 Total points paid at time of refinance _____
 Points deemed as paid in 2018 (Preparer use only) + _____ [12]
 Date of refinance _____
 Term of new loan (in months) _____
 Reported on Form 1098 in 2018 _____

Taxpayer/Spouse/Joint (T, S, J) _____
 Recipient/Lender name _____
 Total points paid at time of refinance _____
 Points deemed as paid in 2018 (Preparer use only) + _____
 Date of refinance _____
 Term of new loan (in months) _____
 Reported on Form 1098 in 2018 _____

T/S/J 2018 Information

Investment interest expense, other than on Schedule(s) K-1:

[15]	_____	+	_____ [16]
	_____	+	_____
	_____	+	_____
	_____	+	_____
	_____	+	_____
	_____	+	_____
	_____	+	_____
	_____	+	_____
	_____	+	_____

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?
- Did you receive any income from property sold prior to this year?
- Did you receive any unemployment benefits during the year?
- Did you receive any disability income during the year?
- Did you receive tip income not reported to your employer this year?
- Did any of your life insurance policies mature, or did you surrender any policies?
- Did you receive any awards, prizes, hobby income, gambling or lottery winnings?
- Do you expect a large fluctuation in income, deductions, or withholding next year?
- 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?

Retirement Information

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

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?
- 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
- Did anyone in your family receive a scholarship of any kind during the year?
- If yes, were any of the scholarship funds used for expenses other than tuition, such as room and board?
- Did you make any withdrawals from an education savings or 529 Plan account?
- If yes, were any of these withdrawals rolled over into a ABLE (Achieving a Better Life Experience) account?
- Did you make any contributions to an education savings or 529 Plan account?
- Did you pay any student loan interest this year?
- Did you cash any Series EE or I U.S. Savings bonds issued after 1989?
- 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?

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.
- 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.
- 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.
- 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?
- Did you make any contributions to a Health savings account (HSA) or Archer MSA?
- Did you receive any distributions from a Health savings account (HSA), Archer MSA, or Medicare Advantage MSA this year?
- Did you pay long-term care premiums for yourself or your family?
- Did you make any contributions to an ABLE (Achieving a Better Life Experience) account? If yes, attach any Form(s) 5498-QA you received.
- Did you receive any withdrawals from an ABLE (Achieving a Better Life Experience) account? If yes, attach any Form(s) 1099-QA you received.
- If you are a business owner, did you pay health insurance premiums for your employees this year?
- Did you receive any Health Coverage Tax Credit (HCTC) advance payments? If yes, attach any Form(s) 1099-H you received.

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?
- Did you pay out-of-pocket medical expenses (Co-pays, prescription drugs, etc.)?
- 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.
- Did you donate a vehicle or boat during the year? If yes, attach Form 1098-C or other written acknowledgment from the donee organization.
- Did you pay real estate taxes for your primary home and/or second home?
- Did you pay any mortgage interest on an existing home loan? If yes, attach any Form(s) 1098 you received.
- Did you incur interest expenses associated with any investment accounts you held?
- Did you make any major purchases during the year (cars, boats, etc.)?
- 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?

Miscellaneous Information

- Did you make gifts of more than \$15,000 to any individual?
- Did you utilize an area of your home for business purposes?
- Did you engage in any bartering transactions?
- Did you retire or change jobs this year?
- Did you incur moving costs because of a permanent change of station as a member of the Armed Forces on active duty?
- Did you pay any individual as a household employee during the year?
- Did you make energy efficient improvements to your main home this year?
- Did you receive a distribution from, or were you a grantor or transferor for a foreign trust?
- 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?
- Do you have any foreign financial accounts, foreign financial assets, or hold interest in a foreign entity?
- Did you receive correspondence from the State or the IRS?
- If yes, explain: _____
- Do you have previous years of tax returns that are either unfiled or filed with unpaid balances due?
- 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.