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2018 TAX ORGANIZER

**T
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**Scheidel Sullivan & Lanni CPA LLC
145 North Franklin Turnpike
Suite 303
Ramsey, NJ 07446-1634**

This tax organizer has been prepared for your use in gathering the information needed for your 2018 tax return.

To save you time, selected information from your 2017 tax return has been entered in this organizer. Please line through any information that does not apply to your 2018 tax return.

In some cases, 2017 amounts have been included in a separate column. These amounts are for comparison purposes only. You do not need to change these prior year amounts.

If we may be of further assistance, please contact us at your convenience.

REMOVE THIS SHEET PRIOR TO RETURNING THE COMPLETED ORGANIZER

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**Scheidel Sullivan & Lanni CPA LLC
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Suite 303
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I (We) have submitted this information for the sole purpose of preparing my (our) tax return(s). Each item can be substantiated by receipts, canceled checks or other documents. This information is true, correct and complete to the best of my (our) knowledge.

Taxpayer Signature	Date
Spouse Signature	Date

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The following questions pertain to the 2018 tax year. For any question answered Yes, include supporting detail or documents.

Personal Information:

	Yes	No
Did your marital status change?	<input type="checkbox"/>	<input type="checkbox"/>
Are you married?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, do you and your spouse want to file separate returns?	<input type="checkbox"/>	<input type="checkbox"/>
If No, are you in a domestic partnership, civil union, or other state-defined relationship?	<input type="checkbox"/>	<input type="checkbox"/>
Can you or your spouse be claimed as a dependent by another taxpayer?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse serve in the military or were you or your spouse on active duty?	<input type="checkbox"/>	<input type="checkbox"/>

Dependents:

Were there any changes in dependents from the prior year?	<input type="checkbox"/>	<input type="checkbox"/>
Note: Include non-child dependents for whom you provided more than half the support.		
Did you or your spouse pay for child care while you or your spouse worked or looked for work?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any children under age 18 with unearned income more than \$1,050?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any children age 18 or student children, aged 19 to 23, who did not provide more than half of their cost of support with earned income and that have unearned income of more than \$1,050?	<input type="checkbox"/>	<input type="checkbox"/>
Did you adopt a child or begin adoption proceedings?	<input type="checkbox"/>	<input type="checkbox"/>
Are any of your dependents non-U.S. citizens or non-U.S. residents?	<input type="checkbox"/>	<input type="checkbox"/>

Healthcare:

Did you have healthcare coverage (health insurance, including Medicare, Medicaid, CHIP, and TRICARE) for you, your spouse, and any dependents for the entire year?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, include all Forms 1095-A, 1095-B, and 1095-C. If you did not receive Forms 1095-A, 1095-B or 1095-C, attach information detailing each month you, your spouse, and your dependents had coverage.		
If No, there are several exemptions from the mandate requiring health insurance coverage. Examples include membership in a healthcare sharing ministry, membership in a federally recognized Indian tribe, incarceration, membership in certain religious sects, and enrollment in certain Medicaid and TRICARE programs that do not provide minimum essential coverage. If any of these provisions apply, provide information regarding the exemption, the individual(s) (taxpayer, spouse, dependents) to which the exemption(s) may apply, and the month(s) for which the exemption(s) apply.		
Are you claiming the exemption for someone having healthcare coverage purchased in the Marketplace and for whom you did not receive Form 1095-A?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive Form 1095-A for someone for whom another taxpayer will claim the personal exemption on their tax return?	<input type="checkbox"/>	<input type="checkbox"/>
Did you apply for an exemption through the Marketplace?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, provide the Exemption Certificate Number. _____		
Are any of your dependents required to file a tax return?	<input type="checkbox"/>	<input type="checkbox"/>



Healthcare (continued):

Was anyone covered on your health insurance policy also covered on another health insurance policy for any part of the year?	<input type="checkbox"/>	<input type="checkbox"/>
Were you eligible for employer-sponsored healthcare coverage?	<input type="checkbox"/>	<input type="checkbox"/>
If you received advance premium tax credit or enrolled in coverage through the Marketplace, are married, and are filing separately from your spouse, are you a victim of domestic abuse or spousal abandonment?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse have any transactions pertaining to a health savings account (HSA)? If you received a distribution from an HSA, include all Forms 1099-SA.	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse have any transactions pertaining to a medical savings account (MSA)? If you received a distribution from an MSA, include all Forms 1099-SA.	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse receive any distributions from long-term care insurance contracts? If Yes, include all Forms 1099-LTC.	<input type="checkbox"/>	<input type="checkbox"/>
If you or your spouse are self-employed, are you or your spouse eligible to be covered under an employer's health plan at another job? If Yes, how many months were you covered? _____	<input type="checkbox"/>	<input type="checkbox"/>
If you or your spouse are self-employed, are you or your spouse eligible to be covered under an employer's long-term care plan at another job? If Yes, how many months were you covered? _____	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse lose your job because of foreign competition and pay for your own health insurance?	<input type="checkbox"/>	<input type="checkbox"/>

Education:

Did you or your spouse pay any student loan interest?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse withdraw any amounts from your IRA to pay for higher education expenses incurred by you, your spouse, your children or grandchildren?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse withdraw any amounts from a Coverdell Education Savings Account or Qualified Education Program (Section 529 plan)? If Yes, include all Forms 1099-Q.	<input type="checkbox"/>	<input type="checkbox"/>
Did you, your spouse, or your dependents incur any post-secondary education expenses, such as tuition?	<input type="checkbox"/>	<input type="checkbox"/>

Deductions and Credits:

Did you or your spouse contribute property (other than cash) with a fair market value of more than \$5,000 to a charitable organization? If Yes, provide the appraisal of property contributed. An appraisal is not required for contributions of publicly traded securities or contributions of non-publicly traded stock of \$10,000 or less.	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse incur any casualty or theft losses?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse make any large purchases, such as motor vehicles and boats?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse incur any casualty or loss attributable to a federally declared disaster?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse purchase a new alternative technology vehicle, including a qualified plug-in electric drive motor vehicle?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse use gasoline or special fuels for business or farm purposes (other than for a highway vehicle)? If Yes, provide the number of gallons of gasoline or special fuels used for off-highway business purposes. _____ Gallons _____ Type	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse install any alternative energy equipment in your residence such as solar water heaters, solar electricity equipment (photovoltaic) or fuel cells?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse install any energy efficiency improvements or energy property in your residence such as exterior doors or windows, insulation, heat pumps, furnaces, central air conditioners, or water heaters?	<input type="checkbox"/>	<input type="checkbox"/>



Investments:

	Yes	No
Did you or your spouse have any debts canceled, forgiven or refinanced?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse start or purchase a business, rental property, or farm, or acquire any new interest in any partnership or S corporation?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse sell an existing business, rental property, farm, or any existing interest in a partnership or S corporation?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse sell, exchange, or purchase any real estate? If Yes, include closing statements.	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse receive grants of stock options from your employer, exercise any stock options granted to you or your spouse or dispose of any stock acquired under a qualified employee stock purchase plan?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse engage in any put or call transactions? If Yes, provide the transaction details.	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse close any open short sales?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse sell any securities not reported on Form 1099-B?	<input type="checkbox"/>	<input type="checkbox"/>

Retirement or Severance:

Did you or your spouse contribute to a Roth IRA or convert an existing IRA into a Roth IRA?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse roll into a Roth IRA any distributions from a retirement plan, an annuity plan, tax shelter annuity or deferred compensation plan?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse turn age 70 1/2 and have money in an IRA or other retirement account without taking any distribution?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse retire or change jobs?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse receive deferred, retirement or severance compensation? If Yes, enter the date received (Mo/Da/Yr). _____	<input type="checkbox"/>	<input type="checkbox"/>

Personal Residence:

Did your address change? If Yes, provide the new address. If Yes, did you move to a different home because of a change in the location of your job?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse claim a homebuyer credit for a home purchased in 2008?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse withdraw any amounts from your Individual Retirement Account (IRA) or Roth IRA to acquire a principal residence?	<input type="checkbox"/>	<input type="checkbox"/>
Are your total mortgages on your first and/or second residence greater than \$750,000? If Yes, provide the principal balance and interest rate at the beginning and end of the year. _____	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse take out a home equity loan?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse have an outstanding home equity loan at the end of the year? If Yes, provide the principal balance and interest rate at the beginning and end of the year. _____	<input type="checkbox"/>	<input type="checkbox"/>
Are you claiming a deduction for mortgage interest paid to a financial institution and someone else received the Form 1098?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your mortgagee receive mortgage assistance payments? If Yes, include all Forms 1098-MA.	<input type="checkbox"/>	<input type="checkbox"/>



Sale of Your Home:

	Yes	No
Did you sell your home?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive Form 1099-S? If Yes, include Form 1099-S.	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse own and occupy the home as your principal residence for at least two years of the five-year period prior to the sale?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse ever rent out the property?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse ever use any portion of the home for business purposes?	<input type="checkbox"/>	<input type="checkbox"/>
Have you or your spouse sold a principal residence within the last two years?	<input type="checkbox"/>	<input type="checkbox"/>
At the time of the sale, the residence was owned by the:	<input type="checkbox"/> Taxpayer	<input type="checkbox"/> Spouse
	<input type="checkbox"/> Both	

Gifts:

Did you or your spouse make any gifts, including birthday, holiday, anniversary, graduation, education savings, etc., with a total (aggregate) value in excess of \$15,000 to any individual?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse make any gifts of difficult-to-value assets (such as non-publicly traded stock) to any person regardless of value?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse make any gifts to a trust for any amount?	<input type="checkbox"/>	<input type="checkbox"/>
Do you or your spouse have a life insurance trust?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse assist with the purchase of any asset (auto, home) for any individual?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse forgive any indebtedness to any individual, trust or entity?	<input type="checkbox"/>	<input type="checkbox"/>

Foreign Matters:

Did you or your spouse perform any work outside of the U.S. or pay any foreign taxes?	<input type="checkbox"/>	<input type="checkbox"/>
Were you or your spouse a grantor or transferor for a foreign trust, have any interest in or a signature authority over a bank account, securities account or other financial account in a foreign country?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse create or transfer money or property to a foreign trust?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse own any foreign financial assets?	<input type="checkbox"/>	<input type="checkbox"/>
Were you or your spouse subject to the transition tax on undistributed foreign income and elect to pay the tax in installments?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse have an interest in an S corporation that had undistributed foreign income subject to the transition tax?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, did the corporation cease to be an S corporation?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, was there a sale or liquidation of substantially all of the corporation's assets or did the corporation cease business?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, did you or your spouse transfer any share of stock in the corporation?	<input type="checkbox"/>	<input type="checkbox"/>



Miscellaneous:

Did you or your spouse pay in excess of \$1,000 in any quarter, or \$2,100 during the year for domestic services performed in or around your home to individuals who could be considered household employees?	<div>Yes</div>	<div>No</div>
Did you or your spouse receive unreported tip income of \$20 or more in any month?	<div></div>	<div></div>
Have you or your spouse received a punitive damage award or an award for damages other than for physical injuries or illness?	<div></div>	<div></div>
Did you or your spouse engage in any bartering transactions?	<div></div>	<div></div>
Were you or your spouse notified by the IRS or other taxing authority of any changes in prior year returns?	<div></div>	<div></div>
For any trust that you or your spouse created or are trustee, did any beneficiaries, grantors, or trustees die or move?	<div></div>	<div></div>
Did you or your spouse sell or exchange Bitcoin or other cryptocurrencies or engage in any sales or exchanges denominated in Bitcoin or other cryptocurrencies?	<div></div>	<div></div>

Additional state pages have been included at the back of the organizer and should be reviewed.



2018

Personal Information

3

Taxpayer:

First Name and Initial	Last Name	Social Security Number	
Occupation	Date of Birth (Mo/Da/Yr)	Date of Death (Mo/Da/Yr)	<input type="checkbox"/> Does not expire
Driver's License or State-Issued ID Number	Expiration Date (Mo/Da/Yr)	Issue Date (Mo/Da/Yr)	State
<input type="checkbox"/> Driver's License	<input type="checkbox"/> State-Issued ID	<input type="checkbox"/> No Identification	

Spouse:

First Name and Initial	Last Name	Social Security Number	
Occupation	Date of Birth (Mo/Da/Yr)	Date of Death (Mo/Da/Yr)	<input type="checkbox"/> Does not expire
Driver's License or State-Issued ID Number	Expiration Date (Mo/Da/Yr)	Issue Date (Mo/Da/Yr)	State
<input type="checkbox"/> Driver's License	<input type="checkbox"/> State-Issued ID	<input type="checkbox"/> No Identification	

Contact Information:

Street Address		Apartment Number
City	State	ZIP or Postal Code
Foreign Province or County		
Foreign Country		
Taxpayer Daytime/Work Phone	Taxpayer Evening/Home Phone	Taxpayer Foreign Phone
Taxpayer Cell Phone	Taxpayer Fax Number	
Spouse Daytime/Work Phone	Spouse Evening/Home Phone	Spouse Foreign Phone
Spouse Cell Phone	Spouse Fax Number	
Taxpayer Email Address		
Spouse Email Address		
Preferred Method of Contact		

May the IRS or other taxing authority discuss the return with the preparer?

Is the taxpayer claimed as a dependent on someone else's tax return?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Are you considered legally blind per IRS regulations?

Do you want to contribute to the Presidential Election Campaign Fund?

Are you a U.S. citizen or Green Card holder?

Taxpayer		Spouse	
Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Personal Identification Numbers:

Code - 1 - Issued by IRS 2 - Issued by State or City

TS	State	City	Code	PIN
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Tax Organizer Legend:

Throughout the tax organizer, you will find columns with the heading "TSJ". Enter "T" for taxpayer, "S" for spouse or "J" for joint.

Worksheets: Basic Data > General and Return Options > Processing Options

800131 04-01-18

Forms 1, 1A and 2



2018

Dependents and Wages

3A

Dependent Information:

	First Name and Initial	Last Name	Social Security Number	Date of Birth (Mo/Da/Yr)	Date of Death (Mo/Da/Yr)	Relationship to Taxpayer
A						
B						
C						
D						
E						
F						
G						
H						

Did dependent have income over \$4,150?



	Months Lived in Your Home	X if Disabled	Yes or No	Identity Protection PIN
A				
B				
C				
D				
E				
F				
G				
H				

Provide the name of any dependent who is not a U.S. citizen or Green Card holder.

Provide the name of any person living with you who is claimed as a dependent on someone else's tax return.

List the years that a release of claim to exemption is given for a dependent child not living with you.

Wages and Salaries: **Include all copies of your current year Forms W-2**

Note: Use this section to report any wages and/or salaries for which no Form W-2 was received.

TS	Employer's Name	Taxable Wages	Tax Withheld				
			Federal	FICA/TIER 1	Medicare	State	Local



Electronic Filing:

Electronic filing is the means by which your return is transmitted directly to the IRS and state tax authorities. The IRS has implemented an electronic filing mandate requiring certain preparers, including this firm, to file all returns that they prepare electronically. Some states also require certain preparers to electronically file state returns prepared. The IRS and some states allow taxpayers to elect not to file their returns electronically.

Do not electronically file the federal return ☐

Do not electronically file the state return(s) ☐

Note: The IRS and some states that require returns to be electronically filed also impose fees and/or penalties for failure to do so. If you checked either of the boxes above, you may be required to sign an "opt-out" form before we can release your returns. As a follow-up we will contact you to discuss these requirements and your ability to "opt-out" of electronic filing.

The IRS requires, and many states allow, the use of a Personal Identification Number (PIN) in lieu of mailing a signature document when electronically filing.

Would you like to use a randomly generated PIN?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Taxpayer

Spouse

If No, enter a 5-digit self-selected PIN:

Taxpayer PIN _____

Spouse PIN _____



5A

Include copies of all Forms 1099-INT or other documents for interest received

**Total**

Name of Individual from Whom Mortgage Interest Was Received	Identification Number of Individual	2018 Interest Amount	2017 Interest Amount

[illegible]**Worksheet: Interest
Form IRS-1099INT**



2018

Dividend Income

5B

Dividend Information:

Include copies of all Forms 1099-DIV or other documents for dividends received

TSJ	Name of Payer	Box 1a Total Ordinary Dividends	Box 1b Qualified Dividends	Box 2a Total Capital Gain Distribution	U.S. Bond Interest Amount or Percent in Box 1a
A					
B					
C					
D					
E					
F					
G					
H					
I					
J					
K					
L					
M					
N					
Total					

Tax-Exempt Interest Code: 1 - 1099-DIV 2 - Private Activity Bonds 3 - Both

Code	Tax-Exempt Interest	2017 Gross Dividends Amount
A		
B		
C		
D		
E		
F		
G		
H		
I		
J		
K		
L		
M		
N		
Total		

Enter Any Additional Information:

Note: List all items sold during the year on Form 7.



Foreign Assets

5C

2018

Note: If the aggregate value of the accounts does not exceed \$10,000, then you do not need to provide details.

General Information:

TSJ
Title of filer
Enter all countries where you have foreign bank accounts

Foreign Identification:

Passport
Foreign TIN
If not passport or TIN, enter description
Number
Country of issue

Yes	No

Information on Foreign Financial Accounts:

1 - Bank Account 2 - Securities Account 3 - Other

Account Type	If Other Account Type, Describe	Maximum Account Value	Account Number	Financial Institution Name
A				
B				

Street Address	City
A	
B	

State	ZIP/Postal Code	Country	GIIN
A			
B			

If you have no financial interest in the account or account is jointly owned, please complete the account owner information below.

Type of TIN Code: A - Employer Identification No. (EIN) B - SSN or ITIN C - Foreign

Last Name or Organization Name	First Name	Middle Initial	Suffix	Taxpayer ID Number
A				
B				

# of Joint Owners	Street Address	City
A		
B		

1 - No financial interest 2A - Joint - spouse is joint owner 2B - Joint - other joint owner 3 - Consolidated

State	ZIP/Postal Code	Country	Owner-ship Code	Filer's Title
A				
B				

1 - Deposit 2 - Custodial

Type	Foreign Currency	Exchange Rate	Source of Exchange	Acct Open	Acct Closed	Joint	No Tax Items Reported
A							
B							



2018

Foreign Assets

5D

Asset Information:

Description	Identifying Number	Date Acquired (Mo/Da/Yr)	Date Sold (Mo/Da/Yr)	Jointly Owned	No Tax Items Reported

Value	Foreign Currency	Exchange Rate	Source of Exchange Rate

If Asset is Stock of a Foreign Entity or an Interest in a Foreign Entity

☐ 1 - Partnership ☐ 2 - Corporation ☐ 3 - Trust ☐ 4 - Estate

Name of Foreign Entity	Type of Foreign Entity	Mailing Address of Foreign Entity

City or Town of Foreign Entity	Province, County or State of Foreign Entity	Country of Foreign Entity	Postal Code of Foreign Entity	GIIN

If Asset is NOT Stock of a Foreign Entity or an Interest in a Foreign Entity

☐ 1 - U.S. person
☐ 2 - Foreign person

☐ 1 - Issuer ☐ 2 - Counterparty

Name of Issuer	Issuer Code	Type of Issuer	Residence of Issuer

☐ 1 - Individual ☐ 2 - Partnership ☐ 3 - Corporation ☐ 4 - Trust ☐ 5 - Estate

Mailing Address of Issuer	City or Town of Issuer

Province, County or State of Issuer	Country of Issuer	Postal Code of Issuer

Foreign assets were acquired or sold during the tax year
☐ Yes ☐ No

Foreign Bank Accounts and Trusts:

At any time during 2018, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account or other financial account?
☐ ☐

If Yes, enter name of foreign country _____

Were you the grantor of, or transferor to, a foreign trust that existed during 2018, whether or not you had any beneficial interest in it?
☐ ☐



2018

Sales of Stocks, Securities, Capital Assets & Installment Sales

7

Gains or Losses from Sales of Stocks, Securities and Other Capital Assets:

Include all Forms 1099-A, 1099-B, 1099-S and copies of mutual fund statements for the year

Did you have any of the following during the year?

- Mutual fund transactions
- Exchange of any securities or investments for something other than cash
- Sales of inherited property
- Sales of any stock or stock options at a loss and purchases of the same or substantially similar stock or options 30 days before or 30 days after the sale
- Commodity sales, short sales or straddles
- Reinvestment of the proceeds of the sale of a publicly traded security into an SSBIC interest
- Reinvestment of the proceeds of the sale of qualified small business stock in other qualified small business stock
- Debts that became uncollectible
- Securities that became worthless
- Sale of any property where you will receive payments in future years

Yes	No

TSJ	Kind of Property and Description	Date Acquired (Mo/Da/Yr)	Date Sold (Mo/Da/Yr)	Gross Sales Price (Less Commissions)
A				
B				
C				
D				
E				
F				
G				
H				

	Cost or Other Basis	Federal Tax Withheld	State Tax Withheld
A			
B			
C			
D			
E			
F			
G			
H			

Installment Sales: Do not include interest received in principal amount

TSJ	Property Description	Date Sold (Mo/Da/Yr)	2018 Principal Received	2017 Principal Received



Sale or Exchange of Your Home:

Include the closing statements from the purchase and sale of your former and new homes

Former Home Information:

TSJ _____
Date acquired _____ (Mo/Da/Yr) _____
Date sold _____ (Mo/Da/Yr) _____
Selling price _____

Original Cost and Cost of Improvements:

Description	Amount

Sale Expenses:

Commissions, legal fees, advertising and other expenses.

Description	Amount

Did you personally own and occupy the home for at least 2 of the 5 years preceding the sale? ☐ Yes ☐ No
If your spouse is deceased, did the sale occur within two years of the date of death and did your spouse live
in the home for at least 2 of the 5 years preceding the sale? ☐ Yes ☐ No
If you had a foreign mortgage on the above property, please provide the amount of the mortgage retired on the sale and the date the mortgage
was acquired or the date the mortgage was most recently renegotiated _____

Moving Expenses:

TSJ _____
Were the moving expenses reimbursed by your employer? ☐ Yes ☐ No
Enter reimbursements not included in wages on your Form W-2 _____
Was the move due to a permanent change of station pursuant to a military order? ☐ Yes ☐ No

Mileage:

Number of miles from old home to new workplace (applicable only on some state returns)	<div>Miles</div>
Number of miles from old home to old workplace (applicable only on some state returns)	
Number of automobile miles in move	

Transportation Expenses:

Costs of transportation of household goods and personal effects	<div>Amount</div>
Costs of travel and lodging (do not include meals or automobile expenses)	
Automobile expenses (gasoline, oil, etc.)	
Meals (Pennsylvania only)	



TS

Yes	No

If Yes, explain. _____

[illegible]



2018

Rental and Royalty Income

10

Location of Property: _____

TSJ _____

Type of property _____

Have you prepared or will you prepare all required Forms 1099?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Ownership percentage if not 100% _____

How many days was this property rented at fair market value? _____

How many days was this property used personally (including use by family members)? _____

2018	2017
_____ %	

Income:

Rents received _____

Royalties received _____

2018 Amount	2017 Amount

Payment card and third party transactions: Include all Forms 1099-K

Description	2018 Amount	2017 Amount
_____	_____	
_____	_____	
_____	_____	
_____	_____	

Miscellaneous income: Include all Forms 1099-MISC

Description	2018 Amount	2017 Amount
_____	_____	
_____	_____	
_____	_____	
_____	_____	

Other income:

Description	2018 Amount	2017 Amount
_____	_____	
_____	_____	
_____	_____	
_____	_____	



2018

**Partnership, S Corporation, Estate, Trust
and REMIC Income**

Partnership Income: Include all Schedules K-1

TSJ	Entity Name	Employer ID Number	Health Insurance Paid by Entity

S Corporation Income: Include all Schedules K-1

TSJ	Entity Name	Employer ID Number	Health Insurance Paid by Entity

Estate and Trust Income: Include all Schedules K-1

TSJ	Entity Name	Employer ID Number

Real Estate Mortgage Investment Conduit (REMIC) Income: Include all Schedules Q

TSJ	Entity Name	Employer ID Number



2018

Miscellaneous Income, Adjustments and Alimony

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Include Forms: W-2G, 1099-MISC, 1099-RRB, 1099-SSA, 1099-SA, 1099-LTC and 1099-G**Miscellaneous Income and Adjustments:**

	TSJ _____		TSJ _____	
	2018 Amount	2017 Amount	2018 Amount	2017 Amount
Unemployment compensation received				
Unemployment compensation repaid in 2018				
Social security benefits received				
Social security benefits repaid in 2018				
Medicare premiums withheld				
Tier 1 railroad retirement benefits received				
Tier 1 railroad retirement benefits repaid in 2018				
Total lump sum social security received				
Lump sum taxable social security				
Other federal withholding				
Other state withholding				

State and Local Income Tax Refunds:

TSJ	State	City	Tax Year	Income Tax Refund	
				State	Local

Other Income:

TSJ	Nature and Source	2018 Amount	2017 Amount

Alimony Paid or Received:

TSJ	Recipient's Name	Recipient's Social Security No.	Alimony Received?	2018 Amount	2017 Amount



2018

Itemized Deductions - Medical and Taxes

Medical and Dental Expenses:

Prescription medicines and drugs
Total medical insurance premiums paid *
Long-term care expenses
Total insurance reimbursement
Number of miles traveled for medical care
Lodging
Doctors, dentists, etc.
Hospitals
Lab fees
Eyeglasses and contacts

TSJ	2018 Amount	2017 Amount

Taxpayer long-term care insurance premiums paid
Spouse long-term care insurance premiums paid

2018 Amount	2017 Amount

* Do not include Medicare premiums or premiums deducted in computing taxable wages reported on a W-2.

Other Medical Expenses:

TSJ	Description	2018 Amount	2017 Amount

Taxes Paid: Include copies of your tax bills

Personal property taxes paid (include vehicle taxes)
General sales taxes paid on specified items

TSJ	2018 Amount	2017 Amount

Itemize real estate taxes by state.

TSJ	Real Estate Taxes	2018 Amount	2017 Amount

Other Taxes Paid:

TSJ	Description	2018 Amount	2017 Amount

If you purchased or sold your home in 2018, did you include any taxes from your closing statement in the amounts above? ☐ Yes ☐ No



Itemized Deductions - Contributions

Cash Contributions: Include all Forms 1098-C or other documentation.

You cannot deduct a cash contribution, regardless of the amount, unless you keep as a record of the contribution a bank record (such as a canceled check, a bank copy of a canceled check, or a bank statement containing the name of the charity, the date, and the amount) or a written communication from the charity. The written communication must include the name of the charity, date of the contribution, and amount of the contribution. Clothes and household items donated must be in good, used condition or better in order to be deductible unless the item donated is worth more than \$500 and you have the item's value appraised. Attach a copy of the appraisal. Include any vehicles donated to charity.

TSJ	Organization or Description of Contribution	2018 Amount	2017 Amount

TSJ	Conservation Real Property	2018 Amount	2017 Amount
	100% limit		
	50% limit		

TSJ	Description	2018 Miles	2017 Miles
	Number of miles traveled performing volunteer work for qualified charitable organizations		

Noncash Contributions Totaling \$500 or Less: Include all documentation.

TSJ	Description of Donated Property	2018 Amount	2017 Amount

Noncash Contributions Totaling More Than \$500: Include all Forms 1098-C or other documentation.

TSJ	Property Description	Date Acquired	Date of Donation	Cost or Basis
A				
B				
C				

	Fair Market Value (FMV)	Method Used to Determine FMV	Other Method Description	Method of Acquisition
A				
B				
C				

1 - Appraisal
2 - Catalog

3 - Comparable Sale
4 - Other (Describe)

5 - Thrift Shop Value

1 - Gift
2 - Inheritance

3 - Exchange
4 - Purchase

	Donee Organization Name	Donee Organization Address
A		
B		
C		



* These expenses are not deductible on the federal return but may be deductible on some state returns.

Miscellaneous Itemized Deductions:

Union and professional dues *
Tax preparation fee *
Professional subscriptions *
Hobby expense (To extent of income) *
Safe deposit box *
Uniforms and protective clothing *
Work tools *
Gambling losses
Estate taxes

TSJ	2018 Amount	2017 Amount

Other Itemized Deductions:

Examples:

- Certain legal and accounting fees *
- Employment agency fees *
- Impairment-related work expense of a disabled person
- Investment expenses *
- Certain educational expenses *
- Repayment of amounts under a claim of right
- Custodial fees *
- Amortizable bond premium

TSJ	Description	2018 Amount	2017 Amount

Casualty or Theft Loss:

TSJ _____
Property description _____
Which of the following describes the type of property that sustained the casualty or theft loss?

- ☐ Personal use
- ☐ Business use
- ☐ Income producing
- ☐ Employee Use
- ☐ Personal use attributable to insolvent or bankrupt financial institution losses on deposits

Was the loss due to a federally declared disaster? ☐ Yes ☐ No

Date acquired (Mo/Da/Yr) _____
Date damaged or lost (Mo/Da/Yr) _____

Original cost or other basis
Fair market value before casualty
Fair market value after casualty
Cost of replacement
Insurance reimbursement



2018

Employee Business Expenses
(Page 1 of 2)

TS: _____ Occupation: _____

Business Expenses: Enter all expenses at 100 percent Include all documentation

Occupation code _____

- 1 - Performing artist
- 2 - Handicapped employee
- 3 - Fee-basis state or local government official
- 4 - National Guard or Reserve
- 5 - Outside salesperson
(Big Rapids, MI only)

If not 100%, enter the percentage to apply to Schedule A _____ %

	2018 Amount	2017 Amount
Parking fees and tolls		
Local transportation		
Travel expenses		
Meals		
Entertainment (deductible only on some state returns)		

Other Business Expenses:		
Description	2018 Amount	2017 Amount

Reimbursements: List only reimbursements NOT reported in Box 1 of your Form W-2

	2018 Amount	2017 Amount
Amount received for other expenses		
Amount received for meals		
Amount received for entertainment		

Does your employer's reimbursement plan for meals and entertainment allow for offset of other reimbursements? ☐ Yes ☐ No



2018

Child/Dependent Care Expenses & Education Expenses

18

Child/Dependent Care Expenses:

General Information:

TSJ

Were you or your spouse a full time student or disabled?

☐

Yes

☐

No

Did you pay an individual for services performed in your home?

☐

Yes

☐

No

Expenses incurred in 2017 but paid in 2018

Employer-provided dependent care benefits that were forfeited in 2018

2017 carryover used in grace period

Child/Dependent Care Providers:

Provider 1:

Name

Street address

City, state, ZIP or postal code, and country

Social security number OR

Employer identification number

Telephone number (California only)

2018 Amount

2017 Amount

Expenses incurred and paid in 2018

Expenses incurred and not paid in 2018

2018 Amount	2017 Amount

Provider 2:

Name

Street address

City, state, ZIP or postal code, and country

Social security number OR

Employer identification number

Telephone number (California only)

2018 Amount

2017 Amount

Expenses incurred and paid in 2018

Expenses incurred and not paid in 2018

2018 Amount	2017 Amount

Qualifying Persons for Child/Dependent Care Expenses:

First Name and Initial	Last Name	Social Security Number	2018 Expenses Incurred	2017 Expenses Incurred

Higher Education Expenses for Education Credits and/or Tuition Fees Deduction:

Qualified expenses are for post-secondary education tuition and related expenses; they do not include room or board. Include a detailed listing of the expenses.

Include copies of all Forms 1098-T

First Name and Initial	Last Name	Social Security Number	2018 Qualified Expenses



2018

Household Employment Taxes

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General Information:

TSJ

Employer identification number

Did you pay any one household employee cash wages of \$2,100 or more in 2018? ☐ Yes ☐ NoDid you withhold any federal income tax from wages paid to any household employee? ☐ Yes ☐ NoDid you pay total cash wages of \$1,000 or more in any calendar quarter of 2017 or 2018? ☐ Yes ☐ No**Social Security, Medicare and Income Taxes:**

Cash wages subject to social security taxes

Cash wages subject to Medicare taxes (if different than cash wages subject to social security)

Cash wages subject to additional Medicare tax withholding

Federal income tax withheld

State disability plan payments subject to social security taxes

State disability plan payments subject to Medicare taxes (if different than plan payments subject to social security)

2018 Amount	2017 Amount

Federal Unemployment (FUTA) Tax:Did you pay unemployment contributions to more than one state? ☐ Yes ☐ NoWere all of the wages subject to FUTA tax subject to the state's unemployment tax? ☐ Yes ☐ No

State	Total Cash Wages Subject to FUTA	2017 Amount

Complete the following for all state unemployment contributions made:

X if payment to be made after April 15, 2019

Name of State	Total Taxable Wages	Contribution Paid to Unemployment Fund	X	2017 Amount



2018

Federal Tax Payments

Refund Application:

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

Refunded ☐ Yes ☐ No
Applied to your 2019 estimated tax liability ☐ Yes ☐ No

Federal Estimated Tax Payments:

2018 1st Quarter Estimate (Due 04-17-2018)
2018 2nd Quarter Estimate (Due 06-15-2018)
2018 3rd Quarter Estimate (Due 09-17-2018)
2018 4th Quarter Estimate (Due 01-15-2019)

Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid

2017 overpayment applied to 2018 estimate

Tax Planning Information for Tax Year 2019:

Do you expect any of the following to occur in 2019?

	Yes	No
A change in your marital status	<input type="checkbox"/>	<input type="checkbox"/>
A change in the number of your dependents	<input type="checkbox"/>	<input type="checkbox"/>
A substantial change in your income	<input type="checkbox"/>	<input type="checkbox"/>
A substantial change in your withholding	<input type="checkbox"/>	<input type="checkbox"/>
A substantial change in deductions	<input type="checkbox"/>	<input type="checkbox"/>

If you answered Yes to any of the above questions, provide details.



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[illegible]



2018

New Jersey Information (Page 1 of 2)

General Information:

County or municipality of residence

How many dependents do you have attending college?

Do you qualify as disabled?

Enter the amount of Internet or out of state purchases for which you did not pay sales tax

Taxpayer		Spouse	
Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Residency Information:

If you did not live in New Jersey for all of 2018, enter the dates you did live in New Jersey

Enter the state names other than New Jersey where you had income

From (Mo/Da/Yr)	To (Mo/Da/Yr)

Voluntary Contributions:

Enter the amount you wish to contribute on your 2018 tax return to:

Endangered and Nongame Species of Wildlife Conservation Fund	
Children's Trust Fund	
Breast Cancer Research Fund	
Vietnam Veterans' Memorial Fund	
USS New Jersey Educational Museum Fund	

Other contributions. Choose one fund from the list below and enter the amount you wish to contribute on your 2018 tax return:

Fund

Amount

Other contribution funds:

- | | |
|--|--|
| Drug Abuse Education Fund | New Jersey Lung Cancer Research Fund |
| Korean Veterans' Memorial Fund | Boys and Girls Club in New Jersey Fund |
| Organ and Tissue Donor Awareness Education Fund | New Jersey National Guard Fund |
| NJ - AIDS Services Fund | American Red Cross - NJ Fund |
| Literacy Volunteers of America - New Jersey Fund | Girl Scouts Councils in New Jersey Fund |
| New Jersey Prostate Cancer Research Fund | New Jersey Homeless Veterans Fund |
| World Trade Center Scholarship Fund | Leukemia and Lymphoma Society Fund |
| New Jersey Veterans Haven Support Fund | Northern New Jersey Veterans Memorial |
| Community Food Pantry Fund | Cemetery Development Fund |
| New Jersey Farm to School and School Garden Fund | Local Library Support Fund |
| ALS Association Support Fund | Fund for the Support of New Jersey Nonprofit |
| Cat and Dog Spay/Neuter Fund | Veterans Organization |
| | Yellow Ribbon Fund |

Do you want \$1 to go to the Gubernatorial Election Fund?

Taxpayer		Spouse	
Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Property Tax Reimbursement Application Information:

Property tax paid on principal residence

Rent paid on principal residence

[illegible]



2018

General Information:

Resident county _____

School district name _____

School district code number _____

	Taxpayer	Spouse
Driver's license document ID (if issued by NY) _____		
Did you make out of state, Internet or catalog purchases on which no sales tax was paid? _____ If Yes, enter the number of months the taxpayer maintained a permanent place of abode in NY _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you receive a property tax freeze credit? _____ If Yes, enter the amount _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you (or an entity of which you are an owner) been convicted of Bribery Involving Public Servants and Related Offenses, Corrupting the Government, or Defrauding the Government? _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Permanent Home Address if Different from Mailing Address:

Street _____

Apartment number _____

City _____ ZIP code _____

Foreign country _____

Residency Information:

	From (Mo/Da/Yr)	To (Mo/Da/Yr)
If you did not live in New York state for all of 2018, enter the dates you did live in New York _____		
If you were not a resident of New York state for any of 2018, enter the number of days spent in the state _____		
Were you a part-year resident and received New York State income during nonresidency period? _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If only one spouse had New York income, indicate which spouse - Taxpayer or Spouse _____		
Did you maintain living quarters in New York state? If Yes, enter address(es) below: _____ _____		
Do you still maintain these living quarters in New York? _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Were New York State living quarters maintained for the entire year? _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Were you a New York City resident for only part of the taxable year? _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, enter the dates you did live in New York City _____	From (Mo/Da/Yr)	To (Mo/Da/Yr)
Were you a Yonkers resident for only part of the taxable year? _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, enter the dates you did live in Yonkers _____	From (Mo/Da/Yr)	To (Mo/Da/Yr)
Did you live in a nursing home during 2018? _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you reside in public housing or other residence completely exempted from real property taxes in 2018? _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No



2018

Education Savings:

Did you or your spouse make any contributions to a New York 529 College Savings Program or New York State College Choice Tuition Savings Program account?
If Yes, enter the following:

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

TS	Name of Designated Beneficiary	Social Security Number	Account Number	2018 Amount Contributed
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				

Voluntary Gifts/Contributions:

Enter the amount you wish to contribute on your 2018 tax return to:

- Return a Gift to Wildlife
- Missing/Exploited Children Fund
- Breast Cancer Research Fund
- Alzheimer's Fund
- Olympic Fund (\$2 or \$4 if filing jointly)
- Prostate and Testicular Cancer Research and Education Fund
- 9/11 Memorial Fund
- Volunteer Firefighting & EMS Recruitment Fund
- Teen Health Education
- Veterans Remembrance
- Homeless Veterans
- Mental Illness Anti-Stigma Fund
- Women's Cancers Education and Prevention Fund
- Autism Fund
- Veterans' Homes
- Love Your Library Fund
- Lupus Education and Prevention Fund
- Military Family Relief Fund
- City University of New York Construction Fund

Enter Any Additional New York Information:



Wages and Salaries Earned in New York State or Yonkers:

If you worked in and out of New York State or Yonkers, please complete the following information for each job worked while a nonresident.

	<div><div>Job #1</div><div>T/S ____</div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div>Job #2</div><div>T/S ____</div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>
Wages earned		
Total days employed if less than full year		
Saturdays and Sundays (not worked)		
Holidays (not worked)		
Sick leave		
Vacation		
Other nonworking days		
Days worked outside state/city		
Days worked at home		
Select state/city: NY, Yonkers or NY/Yonkers		

	<div><div>Job #3</div><div>T/S ____</div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div>Job #4</div><div>T/S ____</div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>
Wages earned		
Total days employed if less than full year		
Saturdays and Sundays (not worked)		
Holidays (not worked)		
Sick leave		
Vacation		
Other nonworking days		
Days worked outside state/city		
Days worked at home		
Select state/city: NY, Yonkers or NY/Yonkers		