

Thank you for taking the time to review and complete our 2018 Tax Organizer. As a licensed CPA firm serving our clients for over 40 years we appreciate your business and strive to do the best for you.

This organizer is an essential part of the tax return process. Tax rules are constantly changing and this information helps us keep up to date with your individual situation. Please take the time to complete it as accurately as possible.

If you are a new client please feel free to call our office for a quote or with any questions. Our fees are competitive; we are open year-round, offer two convenient locations and can complete your return on a 'drop off' or appointment basis.

We look forward to serving you!

TAXPAYER INFORMATION		SPOUSE INFORMATION	
First Name	Initial	First Name	Initial
Last Name		Last Name	
SSN	D.O.B.	SSN	D.O.B.
Occupation		Occupation	
T: Home	Cell	Home	Cell
Email		Email	
Address			

FILING STATUS	
<input type="checkbox"/> Single	<input type="checkbox"/> Head of Household
<input type="checkbox"/> Married	<input type="checkbox"/> Married Filing Separate

REFUND		
Automatic Deposit?	Yes (attach a VOID Check)	No

DEPENDENTS	
Name	
D.O.B.	SSN
Relationship	Months Lived at Home
Name	
D.O.B.	SSN
Relationship	Month Lived at Home

	FEDERAL		STATE	
	Date Paid	Amount	Date Paid	Amount
Overpayment				
1 st Quarter				
2 nd Quarter				
3 rd Quarter				
4 th Quarter				

SALARIES & WAGES - <i>Attach all W-2 forms</i>		
W-2	Name of Employer	Gross Wages
1		
2		
3		
4		

Referred By:

Name:

Phone:

If any of the following items pertain to you or your spouse for the year 2018, please check the appropriate box and include all pertinent details.

- | Yes | No | |
|-----|---|--|
| 1. | <input type="checkbox"/> <input type="checkbox"/> | Did you have any interest in, or signature or other authority over a bank, securities, other financial account or trust in a foreign country at any time in 2018 |
| 2. | <input type="checkbox"/> <input type="checkbox"/> | Do you own any foreign assets or have foreign income, pay any foreign taxes, or file any foreign information reporting or tax return forms? Provide details. |
| 3. | <input type="checkbox"/> <input type="checkbox"/> | For Ohio residents, did you have out-of-state purchases that are subject to use tax? |
| 4. | <input type="checkbox"/> <input type="checkbox"/> | Were there any births, adoptions, marriages, divorces, or deaths in your immediate family during the year? |
| 5. | <input type="checkbox"/> <input type="checkbox"/> | Are any of your unmarried children, who might be claimed as dependents, 19 years of age or older? |
| 6. | <input type="checkbox"/> <input type="checkbox"/> | Did any of your children under age 19 or full-time students under age 24 have interest and dividend income of \$1000 or more or total investment income of \$2,000 or more? |
| 7. | <input type="checkbox"/> <input type="checkbox"/> | Do you have a medical savings account (MSA) or an HSA? |
| 8. | <input type="checkbox"/> <input type="checkbox"/> | If yes, were all withdrawals used to pay qualified medical expenses? |
| 9. | <input type="checkbox"/> <input type="checkbox"/> | Did you pay an individual to perform in-home health care services for yourself, your spouse, or dependents? |
| 10. | <input type="checkbox"/> <input type="checkbox"/> | Did you contribute to a traditional IRA for the year? If so, how much? |
| 11. | <input type="checkbox"/> <input type="checkbox"/> | Did you contribute to a 529 College Savings Plan? Please provide the beneficiary names and amounts contributed. |
| 12. | <input type="checkbox"/> <input type="checkbox"/> | Did you have any debts, including mortgages, cancelled / forgiven or did you sell or abandon property? |
| 13. | <input type="checkbox"/> <input type="checkbox"/> | Did you pay an individual or an organization to perform services for the care of a dependent under 13 years old in order to enable you to work or attend school on a full-time basis? Provide details. |
| 14. | <input type="checkbox"/> <input type="checkbox"/> | Did you acquire or dispose of any business assets (including real estate) during the year? |
| 15. | <input type="checkbox"/> <input type="checkbox"/> | Did you purchase, sell or refinance your principal home or second home, or obtain a home equity loan? |
| 16. | <input type="checkbox"/> <input type="checkbox"/> | Did you make any energy-efficient improvements or purchases for your home? |
| 17. | <input type="checkbox"/> <input type="checkbox"/> | Did you make any gifts greater than \$14,000 either outright or in trust? |
| 18. | <input type="checkbox"/> <input type="checkbox"/> | Did you receive any distribution from an IRA or other qualified plan?(Form 1099R) |
| 19. | <input type="checkbox"/> <input type="checkbox"/> | If yes, was this rolled over? (Form 1099R) |
| 20. | <input type="checkbox"/> <input type="checkbox"/> | Did you open a Roth IRA account or convert an IRA into a Roth IRA? |
| 21. | <input type="checkbox"/> <input type="checkbox"/> | Did you and all your dependents have minimum essential medical coverage for all 12 months of the year? If no, explain. If yes attach forms 1095A, 1095B or 1095C. |
| 22. | <input type="checkbox"/> <input type="checkbox"/> | Did you buy health insurance on a state or federal exchange? |
| 23. | <input type="checkbox"/> <input type="checkbox"/> | Did you have a household employee? |
| 24. | <input type="checkbox"/> <input type="checkbox"/> | Did you have any education expense or student loan interest? |
| 25. | <input type="checkbox"/> <input type="checkbox"/> | Do you and your spouse each want to allocate \$3 to the Presidential Election Campaign Fund? |

INCOME FROM BUSINESS OR PROFESSION

GENERAL INFORMATION	
<input type="checkbox"/> Cash Basis <input type="checkbox"/> Accrual <input type="checkbox"/> 1st Year	
Principal Business/Profession	
Business Name	
Business Address	
City	State Zip
INCOME	
Gross Receipts or Sales	
Returns & Allowances	
Other Income	
COST OF GOODS SOLD (if applicable)	
Inventory at Beginning of the Year	
Purchases	
Cost of Labor	
Materials & Supplies	
Other Costs	
Inventory at End of the Year	
EXPENSES	
Advertising	
Car & Truck Expenses*	
Commissions	
Employee Benefits	
Insurance (other than health)	
Health Insurance Premiums for Self*	
Interest	
Legal & Professional	
Office Expenses	
Pensions & Profit Sharing	
Rent - Vehicles, Machinery & Equipment	
Rent - Business Property	
Repairs & Maintenance	
Supplies	
Taxes - Property	
Taxes - Other	
Travel	
Meals*	
Utilities	
Wages	
Other Expenses*	
<i>*Attach detailed schedules</i>	
HOME OFFICE	
Did you have a home office during the year? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<small>If yes, attached detailed schedule of expenses including mortgage interest (or rent), real estate taxes, utilities, property insurance, maintenance & cleaning.</small>	

RENTAL INCOME & EXPENSES

PROPERTY	#1	#2
Location		
INCOME		
Rent Received		
EXPENSES		
Advertising		
Association Dues		
Auto & Travel		
Cleaning/Maintenance		
Insurance		
Labor		
Professional Fees		
Miscellaneous		
Mortgage Interest		
Other Interest		
Repairs & Maintenance		
Supplies		
Taxes		
Telephone		
Utilities		
Improvements:		
Other:		

Recommendations Welcome

We would welcome introductions to your family, friends & business associates who may need help with their taxes, financial planning and business needs.

Call us at 513-821-8768 for hours and to set your appointment today.

Sincerely,

Cindy Peters, CPA

Marc Steiger, CPA