

# 2018 INCOME TAX ORGANIZER

**Isenhart Tax & Financial**  
**119 West Main St.**  
**Belleville, IL 62220**  
**Ph 618-234-5958**

Taxpayer's Name			Social Security Number		
Spouse's Name			Social Security Number		
Taxpayer's Occupation		Date of Birth (D.O.B.)		Blind?	
Spouse's Occupation		Date of Birth (D.O.B.)		Blind?	
Address				e-mail address	
City	State	Zip	Home Phone		Work Phone

### DEPENDENT CHILDREN (who lived with you more than 6 months)

1) Name	Social Security No.	D.O.B.	2) Name	Social Security No.	D.O.B.
3) Name	Social Security No.	D.O.B.	4) Name	Social Security No.	D.O.B.

### OTHER DEPENDENTS

1) Name	Social Security	Time at home	Relationship	Income	Support by you	Support by dependent & others
2) Name	Social Security	Time at home	Relationship	Income	Support by you	Support by dependent & others

### THINGS TO BRING (if applicable):

- Last Year's Tax Return (if new client)
- W-2 Form(s) for Wages
- 1099 Form(s) for Interest, Dividends, Retirement, Social Security, Unemployment, & Other Income
- IRA Year-end Statements
- K-1s from Partnerships, Corporations or Estates
- Statements for Assets Held Outside the USA
- Sale of Crypto-currency (e.g. Bitcoin) Details
- Business/Rental/Farm Income & Expenses
- Records of Estimated Taxes Paid
- HSA forms (1099-SA & 5498-SA)
- Childcare Provider Information
- Property Tax Statements
- 1098 Form(s) - Mortgage Interest, Tuition, Student Loans, Vehicle/Boat Donations
- Closing Papers for Purchases & Sales (including purchase and sale dates & amounts)
- All Other Statements Showing Income
- Charitable Contribution Details
- Last Pay Stub of the Year
- Voided Check for Direct Deposit
- Form(s) 1095 - Proof of Health Insurance
- Copy of Driver's License for Taxpayer & Spouse
- Copy of Social Security Card for New Family Members

<p>◆ <b>RENTAL/SELF-EMPLOYMENT/FARM INCOME</b>          (see reverse for expenses)</p> <p>Landlords (rents received) \$ _____</p> <p>Self-employment (total received) \$ _____</p> <p>Farm income (total received) \$ _____</p> <p>★ <b>SALE OF STOCK OR OTHER PROPERTY</b></p> <table border="0"> <tr> <td><u>Item:</u></td> <td><u>Cost:</u></td> <td><u>Sale:</u></td> </tr> <tr> <td>_____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td>_____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td>_____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td>_____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> </table> <p><b>OTHER INCOME</b></p> <p>★ Wages (forms W2)..... \$ _____</p> <p>★ Interest (forms 1099-INT)..... \$ _____</p> <p>★ Dividends (forms 1099-DIV)..... \$ _____</p> <p>Tips..... \$ _____</p> <p>◆ Child Care..... \$ _____</p> <p>★ Pensions/Annuities/Retirement..... \$ _____</p> <p>★ Roth Conversions..... \$ _____</p> <p>Jury Duty..... \$ _____</p> <p>Election Judging..... \$ _____</p>	<u>Item:</u>	<u>Cost:</u>	<u>Sale:</u>	_____	\$ _____	\$ _____	_____	\$ _____	\$ _____	_____	\$ _____	\$ _____	_____	\$ _____	\$ _____	<p><b>OTHER INCOME (cont.)</b></p> <p>★ Gambling Winnings..... \$ _____</p> <p>★ Unemployment (1099-G)..... \$ _____</p> <p>Alimony Received..... \$ _____</p> <p>Prizes/Awards..... \$ _____</p> <p>Scholarships &amp; Fellowships..... \$ _____</p> <p>★ Debt Cancellation..... \$ _____</p> <p>★ Partnerships &amp; S-Corporations..... \$ _____</p> <p>★ Estates &amp; Trusts..... \$ _____</p> <p>★ Social Security/RR Retirement..... \$ _____</p> <p>★ State Tax Refunds..... \$ _____</p> <p>★ Royalties (music/writing/other).. \$ _____</p> <p>Sick Pay &amp;/or Disability..... \$ _____</p> <p>Veteran's Payments..... \$ _____</p> <p>★ Withdrawals from HSA/MSA.... \$ _____</p> <p>★ Hobby Income..... \$ _____</p> <p>Odd Jobs/Side Jobs..... \$ _____</p> <p>Research/Survey/Online..... \$ _____</p> <p>Insurance Claims/Lawsuits..... \$ _____</p> <p>Public Assistance..... \$ _____</p> <p>Barter..... \$ _____</p> <p>★ Foreign Income..... \$ _____</p> <p>Other Income..... \$ _____</p> <p>Other Income..... \$ _____</p>
<u>Item:</u>	<u>Cost:</u>	<u>Sale:</u>														
_____	\$ _____	\$ _____														
_____	\$ _____	\$ _____														
_____	\$ _____	\$ _____														
_____	\$ _____	\$ _____														

★ Bring statements for marked items.      ◆ More detailed worksheet(s) available upon request

# Potential Deductions and Credit Items

◆ More detailed worksheet(s) available upon request

## ADJUSTMENTS

**Payments to an IRA** Regular  Roth

Taxpayer Amount \$ \_\_\_\_\_ SEP  SIMPLE

Spouse Amount \$ \_\_\_\_\_

### Penalty for Early Withdrawal

**Alimony Paid** \$: \_\_\_\_\_ SS#: - -

### Self-Employed Health Insurance

### Student Loan Interest

**Payments to HSA/MSA:** Taxpayer \_\_\_\_\_ Spouse \_\_\_\_\_

### Classroom Materials for Educators

## ◆ MEDICAL EXPENSES

Insurance & Medicare (not pretax) \_\_\_\_\_  
 Long Term Care Insurance \_\_\_\_\_  
 Prescriptions \_\_\_\_\_  
 Eyeglasses, Hearing Aids & Batteries \_\_\_\_\_  
 Doctors \_\_\_\_\_  
 Dentists \_\_\_\_\_  
 Hospital / Ambulance \_\_\_\_\_  
 Auto Mileage \_\_\_\_\_ miles  
 Other Medical Expenses, Travel \_\_\_\_\_  
 Reimbursement \_\_\_\_\_  
 Did you receive reimbursement at work? \_\_\_\_\_

## TAXES

Real Estate Taxes \_\_\_\_\_  
 State taxes paid in '18 for '17 or earlier \_\_\_\_\_  
 Sales tax paid on vehicles, boats, planes \_\_\_\_\_  
 Sales tax paid (from receipts) \_\_\_\_\_  
**2018 State Tax Estimates**  
 date pd. \$ \_\_\_\_\_ date pd. \$ \_\_\_\_\_  
 date pd. \$ \_\_\_\_\_ date pd. \$ \_\_\_\_\_  
**2018 Federal Tax Estimates**  
 date pd. \$ \_\_\_\_\_ date pd. \$ \_\_\_\_\_  
 date pd. \$ \_\_\_\_\_ date pd. \$ \_\_\_\_\_  
 Vehicle License Tabs, Pers. Prop. Tax \_\_\_\_\_

## INTEREST EXPENSE

Home Mortgage—Paid to Financial Institutions (**Form 1098**)  
*First Mortgage/Refinance* \_\_\_\_\_  
*Loan Origination Fee/Discount Fee* \_\_\_\_\_  
*Second Mortgage* \_\_\_\_\_  
*Home Equity* \_\_\_\_\_  
*Equity loan used only to buy/build/improve home?* Y  N   
 Mortgage Insurance \_\_\_\_\_  
 Second Home Interest Payments \_\_\_\_\_  
 Home Mortgage—Pd. to Individuals \_\_\_\_\_  
 (name, address, Social Security number) \_\_\_\_\_  
 Investment Interest: *Margin Account* \_\_\_\_\_  
*Other Investment Interest* \_\_\_\_\_

## OTHER MISCELLANEOUS EXPENSES

◆ Gambling Losses \_\_\_\_\_  
 Impairment Related Work Expenses \_\_\_\_\_

## HIGHER EDUCATION EXPENSES

Post Secondary Tuition/Req. Fees Paid \_\_\_\_\_  
 Date: \_\_\_\_\_ Year in School \_\_\_\_\_

## ◆ CONTRIBUTIONS

Churches (received) \_\_\_\_\_  
 Other Contributions of Money (received) \_\_\_\_\_  
 Charitable Auto Mileage \_\_\_\_\_  
 Volunteer Expenses (received) \_\_\_\_\_  
 Property Donated (for which you have receipts (fair market value)—bring documentation if over \$500) \_\_\_\_\_  
 Auto, Boat Donations (Form 1098C) \_\_\_\_\_  
 Other \_\_\_\_\_

## CASUALTY & THEFT LOSSES

(in presidentially declared disaster areas)

Cost of Property Lost \_\_\_\_\_  
 Fair Market Value of Property \_\_\_\_\_  
 Insurance Reimbursement Received \_\_\_\_\_

## AUTOMOBILE EXPENSE

Total Miles \_\_\_\_\_  
 ◆ Business Miles \_\_\_\_\_  
 Commuting Miles \_\_\_\_\_  
 Personal Miles \_\_\_\_\_  
 Jan. 1, 2018, Odometer Beginning: \_\_\_\_\_  
 Dec. 31, 2018, Odometer Ending: \_\_\_\_\_  
 Gas & Oil \_\_\_\_\_  
 Interest \_\_\_\_\_  
 Tolls & Local Transportation \_\_\_\_\_  
 Lease Payments \_\_\_\_\_  
 Parking \_\_\_\_\_  
 Other: \_\_\_\_\_

## ◆ BUSINESS EXPENSES

Taxes \_\_\_\_\_  
 Utilities \_\_\_\_\_  
 Insurance \_\_\_\_\_  
 Repairs \_\_\_\_\_  
 Supplies \_\_\_\_\_  
 Business Meals \_\_\_\_\_  
 Business Travel \_\_\_\_\_  
 Advertising \_\_\_\_\_  
 Professional Dues/Memberships \_\_\_\_\_  
 Legal/Professional Fees \_\_\_\_\_  
 Wages (bring copies of W2s/941s if they have been filed) \_\_\_\_\_  
 Contract Labor \_\_\_\_\_  
 Equipment (bring a list with details) \_\_\_\_\_  
 Other: \_\_\_\_\_  
 Is your primary place of business in your home? If yes, then bring all home related expenses, total square footage of the home, and square footage of space that is exclusively and regularly used for business.

## CHILD CARE EXPENSES

Names, addresses, and ID#s of provider(s), amount paid.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Do you have a dependent care benefit plan at work? \_\_\_\_\_

## ADOPTION EXPENSES

Amount Paid: \_\_\_\_\_ Date Finalized: \_\_\_\_\_ (bring papers)

## ENERGY CREDITS

Solar-electric  Solar water heating  Cost \$ \_\_\_\_\_

Please sign here \_\_\_\_\_ date \_\_\_\_\_