

2018	1040	US	Tax Organizer
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E-mail address:

Tax Return Appointment

Date:
Time:
Location:

This tax organizer will assist you in gathering information necessary for the preparation of your 2018 tax return. Please enter all pertinent 2018 information.

NOTE: If you claim the earned income credit, please provide proof that your child is a resident of the United States. This proof is typically in the form of: school records or statement, landlord or property management statement, health care provider statement, medical records, child care provider records, placement agency statement, social service records or statement, place of worship, Indian tribal office statement, or employer statement.

NOTE: If your child is disabled, please provide one of the following forms of proof of disability: doctor statement, other health care provider statement, or social services agency or program statement.

CLIENT INFORMATION

Taxpayer

Spouse

First name and initial		
Last name		
Title/suffix		
Social security number		
Occupation		
Date of birth (m/d/y)		
Date of death (m/d/y)		
1=blind		
Home phone		
Work phone		
Work extension		
Cell phone		
E-mail address		

Address

In care of

Street address

Apartment number

City

State

ZIP code

DEPENDENTS

Dependent No.

Dependent No.

First name		
Last name		
Title/suffix		
Date of birth (m/d/y)		
Date of death (m/d/y)		
Date of adoption (m/d/y)		
Social security number		
Relationship		
Months lived at home		

Dependent No.

Dependent No.

First name		
Last name		
Title/suffix		
Date of birth (m/d/y)		
Date of death (m/d/y)		
Date of adoption (m/d/y)		
Social security number		
Relationship		
Months lived at home		

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Miscellaneous Questions

If any of the following items pertain to you or your spouse for 2018, please check the appropriate box and provide additional information if necessary.

PERSONAL INFORMATION

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Did your marital status change during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did your address change during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Could you be claimed as a dependent on another person's tax return for 2018? |

DEPENDENTS

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Were there any changes in dependents? |
| <input type="checkbox"/> | <input type="checkbox"/> | Were any of your unmarried children who might be claimed as dependents 19 years of age or older at the end of 2018? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have any children under age 19 or full-time students under age 24 at the end of 2018, with interest and dividend income in excess of \$1,050, or total investment income in excess of \$2,100 |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you incur any child care expenses for children under age 13 so that you could work or look for work? If so, please indicate child's name, amount paid and provider name and EIN. |

HEALTH CARE COVERAGE

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you and your dependents have healthcare coverage for the full-year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive any of the following IRS Documents? Form 1095-A (Health Insurance Marketplace Statement), 1095-B (Health Coverage) or Form 1095-C (Employer Provided Health Insurance Offer and Coverage) If so, please include. |
| <input type="checkbox"/> | <input type="checkbox"/> | If you or your dependents did not have health care coverage during the year, do you fall into one of the following exemption categories: Indian tribe membership, health sharing ministry membership, religious sect membership, incarceration, exempt non-citizen or economic hardship? If you received an exemption certificate, please include. |

INCOME

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive unreported tip income of \$20 or more in any month? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive any disability income? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have any foreign income or pay any foreign taxes? |

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Miscellaneous Questions

Yes No

- Did you receive any bartering income? If so, please indicate the amount received.

\$ _____

BUSINESS DEDUCTIONS

- Did you incur a loss because of damaged or stolen business property?
- Did you use your car on the job (other than to and from work)?
- If you used your car on the job, did you receive reimbursement from your employer for your vehicle expenses?
- If you used your car on the job, and did not receive reimbursement, do you have written documentation (i.e. mileage log)?
- Was your home rented out or used for business?
- Did you make any payments of \$600 or more for rent or services that would require you to file Form(s) 1099?
- If "yes" did you file all required Forms 1099?

PURCHASES, SALES AND DEBT

- Did you start a business or farm, purchase rental or royalty property, or acquire an interest in a partnership, S corporation, trust, or REMIC?
- Did you purchase a new vehicle? If so, please provide the purchase contract.
- Did you buy or sell any stocks, bonds or other investment property in 2018? If so, please provide 1099s.
- Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan? If so, please provide the closing statement.
- Did you make any residential energy-efficient improvements or purchases involving solar, wind, geothermal or fuel cell energy sources? If so, please provide the receipt and manufacturers certification.
- Did you have any debts cancelled or forgiven? If so, please provide Form 1099-C.
- Does anyone owe you money which has become uncollectible?

Yes No

RETIREMENT PLANS

- Did you receive a distribution from a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)? If so, please provide Form 1099-R.
- Did you make a contribution to a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)? If so, please provide Form 5498 or a year-end statement if Form 5498 is not available.
- Did you transfer or rollover any amount from one retirement plan to another retirement plan? If so, please provide documentation.
- Did you convert part or all of your traditional, SEP, or SIMPLE IRA to a Roth IRA in 2018? If so, please provide Form 1099-R.
- Did you contribute to, or receive a distribution from, a health savings account (HSA)? If so, please provide Form 1099-SA (distributions) and Form 5498-SA (contributions).
- If you received a distribution from your health savings account (HSA), was it used for qualified medical expenses?

EDUCATION

- Did you receive a distribution from an Education Savings Account or a Qualified Tuition Program? If so, please provide Form 1099-Q.
- Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school? If so, please provide Form 1098-T.
- If you incurred college tuition expenses, did the student receive any scholarships or grants? If so, please indicate the amount received.
- \$ _____
- If you incurred college tuition expenses, did the student meet all of the following four requirements? (1) the student was enrolled at least half-time for at least one academic period during the year, (2) the student has not completed the first 4 years of post-secondary education before 2018, (3) the student was enrolled in a program leading towards a degree, certificate or credential, and (4) the student was not convicted of a felony before the end of 2018.
- Did you pay any student loan interest? If so, please provide Form 1098-E.

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Yes No

 Did you incur any educator (i.e. teacher) expenses and work more than 900 hours in K-12 education for 2018? If so, please indicate the amount paid for unreimbursed out-of-pocket school supplies.

\$ _____

 Did you contribute to a 529 college savings plan during the year? If so, please indicate below the total amount contributed.

\$ _____

ITEMIZED DEDUCTIONS

 If you made a charitable contribution that was more than \$250, do you have both a bank record and a receipt from the organization stating that no goods or services were received?

 If you incurred more than \$250 of charitable volunteer expenses, do you have both a bank record and a receipt from the organization stating that no goods or services were received?

 If you donated noncash items during the year (i.e. clothing and household goods), were the items in good or very good condition at the time of the donation? If so, please indicate the amount donated below and provide receipts for donations of more than \$500.

\$ _____

 Did you make charitable contributions that could qualify for the Arizona tax credits? If so, please indicate below the type of credit and provide receipts.

_____ School _____ Qualifying Charity _____ Foster Care _____ Military Relief
 _____ Private School

ESTIMATED TAXES

 Did you make any estimated tax payments? If so, please be sure to include the dates and amounts paid with your tax documents.

MISCELLANEOUS

If you have an overpayment of 2018 taxes, do you want the excess applied to your 2019 estimated tax or do you want the overpayment refunded to you? Please circle your preference below:

Refund Apply to next year

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Miscellaneous Questions

Yes No

- If you get a refund, would you like to direct deposit the refund into your bank account?
- Did your bank account information change within the last twelve months? If so, and you would like to direct deposit your tax refund, please provide a voided check from the new account.
- Do you want to allocate \$3 to the Presidential Election Campaign Fund?
- Does your spouse want to allocate \$3 to the Presidential Election Campaign Fund?
- Did you have an interest in or signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account?
- Did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust?
- Did you own any foreign assets (i.e. real estate, business, estate, financial instruments, retirement plans, contracts)?
- Are you a member of the Armed Forces of the United States on active duty who moved pursuant to a military order related to a permanent change of station?
- Did you engage the services of any household employees (i.e. nannies, caretakers, housekeepers)? If the amount paid exceeds \$2,000, please indicate the amount paid, name and social security number of the individual(s).
- Were you notified or audited by either the Internal Revenue Service or the State taxing agency? If so, please provide a copy of the notice.
- Did you or your spouse make any gifts to an individual that total more than \$15,000, or any gifts to a trust?
- Would you like an electronic copy of your income tax return emailed to you in PDF format?
- Would you like a paper copy of your income tax return?
- Would you like to electronically sign the e-file authorization forms for your Federal and State income tax returns?

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Yes No

What is your preferred contact method? (Select one) _____ Email _____ Phone

Are you currently on our email list to receive our newsletter and tax updates throughout the year? If not, and you would like to be added, please write your email address below.

Please take a minute to ensure that the contact information in this organizer is correct.

Please enter all pertinent 2018 information. If you have attached a government form for an item, check the box and do not enter a 2018 amount.

WAGES, SALARIES AND TIPS

Employer name:

Form with 4 rows for entering employer name.

2018 Amount

2017 Amount

Table with 2 columns (2018 Amount, 2017 Amount) and 4 rows. Includes a shaded box labeled 'Attach Forms W-2'.

INTEREST INCOME

Payer name:

Form with 4 rows for entering payer name.

Table with 2 columns (2018 Amount, 2017 Amount) and 4 rows. Includes a shaded box labeled 'Attach Forms 1099-INT'.

DIVIDEND INCOME

Payer name:

Form with 4 rows for entering payer name.

Table with 2 columns (2018 Amount, 2017 Amount) and 4 rows. Includes a shaded box labeled 'Attach Forms 1099-DIV'.

PENSIONS, IRA AND GAMBLING INCOME

Payer name:

Form with 4 rows for entering payer name.

Table with 2 columns (2018 Amount, 2017 Amount) and 4 rows. Includes a shaded box labeled 'Attach Forms 1099-R & W-2G'. Below the table are two rows for 'Winnings not reported on W-2G' and 'Total gambling losses'.

OTHER GOVERNMENT FORMS - INCOME

- Form 1099-B - Sales of stock (also include transaction history)
Form 1099-MISC - Miscellaneous income
Form 1099-K - Merchant card and third party network payments
Form 1099-S - Sales of real estate (also include closing statements)

Shaded box labeled 'Attach Forms 1099'.

- Form 1099-G - State tax refunds

Shaded box labeled 'Attach Forms 1099'.

Taxpayer:

- Form SSA-1099 - Social security benefits
Form 1099-G - Unemployment compensation
Form 1099-Q (529 Plan)
Form 1099-QA/5498-QA (ABLE Accounts)

Shaded box labeled 'Attach Forms 1099'.

Spouse:

- Form SSA-1099 - Social security benefits
Form 1099-G - Unemployment compensation
Form 1099-Q (529 Plan)
Form 1099-QA/5498-QA (ABLE Accounts)

Shaded box labeled 'Attach Forms 1099'.

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TAXES PAID (continued)

State income taxes - paid with 2017 state extension
State income taxes - paid with 2017 state return
State income taxes - paid for prior years and/or to other states
City/local income taxes - 1/18 payment on 2017 city/local estimate
City/local income taxes - paid with 2017 city/local extension
City/local income taxes - paid with 2017 city/local return
State and local sales taxes (except autos and special items)
Use taxes paid on 2018 purchases
Use taxes paid on 2017 state return
Sales tax on autos not included above
Sales taxes paid on boats, aircraft, and other special items
Real estate taxes - principal residence
Real estate taxes - property held for investment
Foreign income taxes

Table with 2 columns: 2018 Amount, 2017 Amount. Includes a shaded 'Attach Tax Notice' row.

Personal property taxes (including automobile fees in some states)

INTEREST PAID

Home mortgage interest and points paid:
Home mortgage interest not on Form 1098 (include name, SSN, & address of payee):

Table with 2 columns: 2018 Amount, 2017 Amount. Includes a shaded 'Attach Forms 1098' row.

Points not reported on Form 1098:

Mortgage insurance premiums on post 12/31/06 contracts.

Investment interest (interest on margin accounts):

Passive interest:

CASH CONTRIBUTIONS

NOTE: No deduction is allowed for cash or check contributions unless the donor maintains a bank record, or a written communication from the donee, showing the name of the organization, contribution date(s), and contribution amount(s).

Volunteer expenses (out-of-pocket)
Number of charitable miles

Table with 2 columns: 2018 Amount, 2017 Amount.

NONCASH CONTRIBUTIONS

NOTE: No deduction is allowed for contributions of clothing and household items that are not in good used condition or better, in addition, a deduction for any item with minimal monetary value may be denied.

Table with 2 columns: 2018 Amount, 2017 Amount.

MISCELLANEOUS DEDUCTIONS

Union and professional dues
Tax return preparation fee
Safe deposit box rental
Investment expenses
Estate tax, section 691(c)
Unreimbursed employee expenses:

Table with 2 columns: 2018 Amount, 2017 Amount.

Other:

Table with 2 columns: 2018 Amount, 2017 Amount.