

Happy 2019 from Great Lakes CPA's!

For your convenience our Tax Organizer is designed to help you gather the tax information needed for us to prepare your 2018 personal income tax return.

Please enter your 2018 information on the applicable Tax Organizer pages provided. If any page does not apply to you, then please do not use/include it when returning to us. Feel free to print and fill out, or use your PDF program to annotate any of the downloaded pages.

We can activate your Portal access. All we need is your email address. We recommend using your email address as your Username. We will send you a link for establishing a password. If you ever forget your password, then simply enter your user name(email) and click on "Forgot Password?" A link will be sent to your email.

We encourage you to upload the completed organizer to the Portal, fax 440-871-5419, e-mail admin@askacpa.com, or picture text to 440-490-7363. You can even drop it off at our office. We do not recommend mailing it as we have had issues with the Postal Service in the past.

The Client Questionnaire asks about pertinent tax items necessary for preparing the most accurate tax return possible. Please answer all questions and attach a statement when necessary for additional information not provided in the Client Organizer.

You will also need to provide the original, or copies of the following information:

- Forms W-2 for wages, salaries and tips.
- All Forms 1099 for interest, dividends, retirement, miscellaneous income, Social Security, state or local refunds, gambling winnings, etc.
- Brokerage statements showing investment transactions for stocks, bonds, etc.
- Schedule K-1 from partnerships, S corporations, estates and trusts.
- Statements supporting educational expenses, deductions or distributions, including any Forms 1098-T, 1098-E, or 1099-Q.
- All Forms 1095-A, 1095-B, and/or 1095-C related to health care coverage or the Premium Tax Credit.
- Statements supporting deductions for mortgage interest, taxes, and charitable contributions (including any Form 1098-C).
- Copies of closing statements regarding the sale or purchase of real property.
- Legal papers for adoption, divorce, or separation involving custody of your dependent children.
- Any tax notices sent to you by the IRS or other taxing authority.
- A copy of your income tax return from last year, if not prepared by this office.

The IRS does not send out unsolicited emails requesting detailed personal information. Such authentic-looking emails are called "phishing" emails and responding may expose you to identity theft. If you receive such an email from the IRS, send a copy of the email to phishing@irs.gov. The IRS also does not make phone calls requesting personal information or threaten legal action if immediate payment is not received. If you are unsure, please call our office regarding any contact with the IRS or any other taxing agencies requesting personal information.

Thank you for the opportunity to serve you.

Sincerely,
Great Lakes CPA's

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:

Per IRS Security Summit requirements, verify the name of financial institution, routing transit number, account number, and type of account below. If you would like to have a refund direct deposited into or a balance due debited from your bank account(s), please enter information in the fields below. Note that electronic funds will be withdrawn only from the primary account listed below.

Mark to verify all accounts listed below have been reviewed, updated as needed, and are correct. _____[1]

Primary account:

Financial institution routing transit number _____[3]

Name of financial institution _____[4]

Your account number _____[5]

Type of account (1 = Savings, 2 = Checking, 3 = IRA*) _____[6]

Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) _____[7]

Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) _____[8]

Enter the maximum dollar amount, or percentage of total refund Dollar _____[9] or Percent (xxx.xx) _____[10]

Secondary account #1:

Financial institution routing transit number _____[25]

Name of financial institution _____[26]

Your account number _____[27]

Type of account (1 = Savings, 2 = Checking, 3 = IRA*) _____[28]

Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) _____[29]

Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) _____[30]

Enter the maximum dollar amount, or percentage of total refund Dollar _____[11] or Percent (xxx.xx) _____[12]

Secondary account #2:

Financial institution routing transit number _____[31]

Name of financial institution _____[32]

Your account number _____[33]

Type of account (1 = Savings, 2 = Checking, 3 = IRA*) _____[34]

Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) _____[35]

Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) _____[36]

Enter the maximum dollar amount, or percentage of total refund Dollar _____[15] or Percent (xxx.xx) _____[16]

*Refunds may only be direct deposited to established traditional, Roth or SEP-IRA accounts. Make sure direct deposits will be accepted by the bank or financial institution.

Refund - U.S. Series I Savings Bond Purchases

A tax refund may be used to buy up to \$5,000 of U.S. Series I Savings bonds and registered for up to three different persons. If you would like to purchase U.S. Series I Savings bonds (in increments of \$50) with your refund, if applicable, please complete the following information. Please note you may enter only one name per registration (with exception of married filing joint returns) and must enter the party's given name, do not use nicknames.

Indicate either a maximum dollar amount (up to \$5,000), or percentage of refund you would like used to purchase bonds

The bonds will be registered to the name(s) on the return. For married filing joint returns this means the bonds will be registered in both names listed on the return.

To register the bonds separately, leave these fields blank and use the fields provided below.

Enter either a dollar amount or percent, but not both Dollar _____[13] or Percent (xxx.xx) _____[14]

Bond information for someone other than taxpayer and spouse, if married filing jointly

Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase bonds Dollar _____[17] or Percent (xxx.xx) _____[18]

Owner's name (First Last) _____[38] _____[39]

Co-owner or beneficiary (First Last) _____[40] _____[41]

Mark if the name listed above is a beneficiary _____[42]

Bond information for someone other than taxpayer and spouse, if married filing jointly

Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase bonds Dollar _____[21] or Percent (xxx.xx) _____[22]

Owner's name (First Last) _____[43] _____[44]

Co-owner or beneficiary (First Last) _____[45] _____[46]

Mark if the name listed above is a beneficiary _____[47]

IRS regulations require paid tax preparers who expect to prepare a certain amount of federal individual tax returns to file them electronically. To comply with this requirement your return will be electronically filed this year if it qualifies for electronic filing under IRS rules. Taxpayers may choose to file a paper return instead of filing electronically.

Mark if you want to file a paper return even if you qualify for electronic filing _____[1]

Receive email notification(s) when your electronic file is accepted by the taxing agency (Blank = None, 1 = Return, 2 = Return & Extension) _____[2]

If 1 or 2, please provide email address on Organizer Form ID: Info

Mark if you are filing a balance due return electronically and you want to pay the amount due by debiting your financial institution account _____[9]

The IRS requires a Personal Identification Number (PIN) be used in signing returns that are electronically filed.

Each taxpayer and spouse, if applicable, must provide a 5 digit self-selected PIN of your choice other than all zeroes.

Taxpayer self-selected Personal Identification Number (PIN) _____[7]

Spouse self-selected Personal Identification Number (PIN) _____[8]

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 _____ [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 _____ [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:

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

Refunded _____ [52]

Applied to 2019 estimated tax liability _____ [53]

Do you expect a considerable change in your 2019 income? (Y, N) _____ [54]

If yes, please explain any differences:

_____[55]
 _____ [56]
 _____ [57]
 _____ [58]

Do you expect a considerable change in your deductions for 2019? (Y, N) _____ [59]

If yes, please explain any differences:

_____[60]
 _____ [61]
 _____ [62]
 _____ [63]

Do you expect a considerable change in the amount of your 2019 withholding? (Y, N) _____ [64]

If yes, please explain any differences:

_____[65]
 _____ [66]
 _____ [67]
 _____ [68]

Do you expect a change in the number of dependents claimed for 2019? (Y, N) _____ [69]

If yes, please explain any differences:

_____[70]
 _____ [71]
 _____ [72]
 _____ [73]

Mark if you use the Electronic Federal Tax Payment System (EFTPS) to pay your estimated taxes _____ [74]

2018 Federal Estimated Tax Payments

2017 overpayment applied to 2018 estimates + _____ [1]

Mark if you paid the calculated amounts on the dates due indicated below. Skip the remaining fields. _____ [5]

If your estimated payments were not made on the date due or were for an amount other than the calculated amount below, please enter the actual date and amount paid.

| | Date Due | Date Paid if After Date Due | Amount Paid | Calculated Amount | Method* |
|---------------------|----------|-----------------------------|--------------|-------------------|---------|
| 1st quarter payment | 4/18/18 | _____ [6] | + _____ [7] | _____ | _____ |
| 2nd quarter payment | 6/15/18 | _____ [8] | + _____ [9] | _____ | _____ |
| 3rd quarter payment | 9/17/18 | _____ [10] | + _____ [11] | _____ | _____ |
| 4th quarter payment | 1/15/19 | _____ [12] | + _____ [13] | _____ | _____ |
| Additional payment | | _____ [14] | + _____ [15] | _____ | _____ |

***Method of payment indicated in prior year**
EFW = Electronic funds withdrawal EFTPS = Electronic Federal Tax Payment System
Voucher = Form 1040-ES estimated tax payment voucher

NOTES/QUESTIONS:

Taxpayer/Spouse/Joint (T, S, J) _____ [1]

State postal code _____ [2]

Amount paid with 2017 return + _____ [3]

2017 overpayment applied to '18 estimates + _____ [4]

Treat calculated amounts as paid _____ [8]

| Date Paid | Amount Paid | Calculated Amount |
|--------------------------------|--------------|-------------------|
| 1st quarter payment _____ [9] | + _____ [10] | |
| 2nd quarter payment _____ [11] | + _____ [12] | |
| 3rd quarter payment _____ [13] | + _____ [14] | |
| 4th quarter payment _____ [15] | + _____ [16] | |
| Additional payment _____ [17] | + _____ [18] | |

2018 City Estimated Tax Payments

| City #1 | | City #2 | |
|--|--|--|--|
| City name _____ [28] | | City name _____ [50] | |
| Amount paid with 2017 return + _____ [31] | | Amount paid with 2017 return + _____ [53] | |
| 2017 overpayment applied to '18 estimates + _____ [32] | | 2017 overpayment applied to '18 estimates + _____ [54] | |
| Treat calculated amounts as paid _____ [36] | | Treat calculated amounts as paid _____ [58] | |

| Date Paid | Amount Paid | Date Paid | Amount Paid |
|--------------------------------|--------------|--------------------------------|--------------|
| 1st quarter payment _____ [37] | + _____ [38] | 1st quarter payment _____ [59] | + _____ [60] |
| 2nd quarter payment _____ [39] | + _____ [40] | 2nd quarter payment _____ [61] | + _____ [62] |
| 3rd quarter payment _____ [41] | + _____ [42] | 3rd quarter payment _____ [63] | + _____ [64] |
| 4th quarter payment _____ [43] | + _____ [44] | 4th quarter payment _____ [65] | + _____ [66] |

Calculated Amount

| | |
|---------------------|-------|
| 1st quarter payment | _____ |
| 2nd quarter payment | _____ |
| 3rd quarter payment | _____ |
| 4th quarter payment | _____ |

Calculated Amount

| | |
|---------------------|-------|
| 1st quarter payment | _____ |
| 2nd quarter payment | _____ |
| 3rd quarter payment | _____ |
| 4th quarter payment | _____ |

| City #3 | | City #4 | |
|--|--|--|--|
| City name _____ [72] | | City name _____ [94] | |
| Amount paid with 2017 return + _____ [75] | | Amount paid with 2017 return + _____ [97] | |
| 2017 overpayment applied to '18 estimates + _____ [76] | | 2017 overpayment applied to '18 estimates + _____ [98] | |
| Treat calculated amounts as paid _____ [80] | | Treat calculated amounts as paid _____ [102] | |

| Date Paid | Amount Paid | Date Paid | Amount Paid |
|--------------------------------|--------------|---------------------------------|---------------|
| 1st quarter payment _____ [81] | + _____ [82] | 1st quarter payment _____ [103] | + _____ [104] |
| 2nd quarter payment _____ [83] | + _____ [84] | 2nd quarter payment _____ [105] | + _____ [106] |
| 3rd quarter payment _____ [85] | + _____ [86] | 3rd quarter payment _____ [107] | + _____ [108] |
| 4th quarter payment _____ [87] | + _____ [88] | 4th quarter payment _____ [109] | + _____ [110] |

Calculated Amount

| | |
|---------------------|-------|
| 1st quarter payment | _____ |
| 2nd quarter payment | _____ |
| 3rd quarter payment | _____ |
| 4th quarter payment | _____ |

Calculated Amount

| | |
|---------------------|-------|
| 1st quarter payment | _____ |
| 2nd quarter payment | _____ |
| 3rd quarter payment | _____ |
| 4th quarter payment | _____ |

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 Code (** See codes below) | Type | Interest ^[1] Income | Tax Exempt Income | Penalty on Early Withdrawal | U.S. Obligations* \$ or % | Tax Exempt* \$ or % | Foreign Taxes Paid | Prior Year Information |
|---------------------------------|--------------------|--------------------------------|-------------------|-----------------------------|---------------------------|---------------------|--------------------|------------------------|
| 1 | Payer Amounts + | | | | | | | |
| 2 | Payer 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
 3 = Nominee Distribution
 4 = Accrued Interest
 5 = OID Adjustment
 6 = ABP Adjustment
 7 = Series EE & I Bond

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 Type J Code | (**See codes below) | Ordinary Dividends | 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 |
|-----------------------|---------------------|--------------------|---------------------|------------------------------|--------------|-----------|------------------|----------------------|---------------------------|---------------------|--------------------|------------------------|
| | | Payer | | | | | | | | | | |
| 1 | | Amounts + | | | | | | | | | | |
| | | Payer | | | | | | | | | | |
| 2 | | Amounts + | | | | | | | | | | |
| | | Payer | | | | | | | | | | |
| 3 | | Amounts + | | | | | | | | | | |
| | | Payer | | | | | | | | | | |
| 4 | | Amounts + | | | | | | | | | | |
| | | Payer | | | | | | | | | | |
| 5 | | Amounts + | | | | | | | | | | |
| | | Payer | | | | | | | | | | |
| 6 | | Amounts + | | | | | | | | | | |
| | | Payer | | | | | | | | | | |
| 7 | | Amounts + | | | | | | | | | | |
| | | Payer | | | | | | | | | | |
| 8 | | Amounts + | | | | | | | | | | |
| | | Payer | | | | | | | | | | |
| 9 | | Amounts + | | | | | | | | | | |
| | | Payer | | | | | | | | | | |
| 10 | | Amounts + | | | | | | | | | | |

**Dividend Codes
Blank = Other 3 = Nominee

Miscellaneous Income #1

Please provide all Forms 1099-MISC

Preparer use only

| | | |
|---|---------|------|
| Name of payer | _____ | [3] |
| Taxpayer/Spouse/Joint (T, S, J) | _____ | [5] |
| State postal code | _____ | [6] |
| Rents (Box 1) | + _____ | [13] |
| Royalties (Box 2) | + _____ | [15] |
| Other income (Box 3) | + _____ | [17] |
| Federal income tax withheld (Box 4) | + _____ | [19] |
| Fishing boat proceeds (Box 5) | + _____ | [21] |
| Medical and health care payments (Box 6) | + _____ | [23] |
| Nonemployee compensation (Box 7) | + _____ | [25] |
| Substitute payments in lieu of dividends or interest (Box 8) | + _____ | [27] |
| Payer made direct sales of \$5,000 or more of consumer products (Box 9) | _____ | [29] |
| Crop Insurance proceeds (Box 10) | + _____ | [31] |
| Excess golden parachute payments (Box 13) | + _____ | [36] |
| Gross proceeds paid to an attorney (Box 14) | + _____ | [38] |
| Section 409A deferrals (Box 15a) | + _____ | [40] |
| Section 409A income (Box 15b) | + _____ | [42] |
| State tax withheld (Box 16) | + _____ | [44] |
| State/Payer's state no. (Box 17) | _____ | [46] |
| State income (Box 18) | + _____ | [47] |

Control Totals +

Miscellaneous Income #2

Please provide all Forms 1099-MISC

Preparer use only

| | | |
|---|---------|------|
| Name of payer | _____ | [3] |
| Taxpayer/Spouse/Joint (T, S, J) | _____ | [5] |
| State postal code | _____ | [6] |
| Rents (Box 1) | + _____ | [13] |
| Royalties (Box 2) | + _____ | [15] |
| Other income (Box 3) | + _____ | [17] |
| Federal income tax withheld (Box 4) | + _____ | [19] |
| Fishing boat proceeds (Box 5) | + _____ | [21] |
| Medical and health care payments (Box 6) | + _____ | [23] |
| Nonemployee compensation (Box 7) | + _____ | [25] |
| Substitute payments in lieu of dividends or interest (Box 8) | + _____ | [27] |
| Payer made direct sales of \$5,000 or more of consumer products (Box 9) | _____ | [29] |
| Crop Insurance proceeds (Box 10) | + _____ | [31] |
| Excess golden parachute payments (Box 13) | + _____ | [36] |
| Gross proceeds paid to an attorney (Box 14) | + _____ | [38] |
| Section 409A deferrals (Box 15a) | + _____ | [40] |
| Section 409A income (Box 15b) | + _____ | [42] |
| State tax withheld (Box 16) | + _____ | [44] |
| State/Payer's state no. (Box 17) | _____ | [46] |
| State income (Box 18) | + _____ | [47] |

Control Totals +

NOTES/QUESTIONS:

Gambling Winnings #1

Please provide all copies of Form W-2G.

| | 2018 Information | Prior Year Information |
|--|------------------|---|
| Taxpayer/Spouse (T, S) | _____ [1] | <div style="border: 1px solid black; height: 100%; width: 100%;"></div> |
| Payer name | _____ [3] | |
| State postal code | _____ [4] | |
| Mark if professional gambler | _____ [9] | |
| Reportable winnings (Box 1) | + _____ [11] | |
| Date won (Box 2) | _____ [13] | |
| Type of wager (Box 3) | _____ [15] | |
| Federal withholding (Box 4) | + _____ [17] | |
| Transaction (Box 5) | _____ [19] | |
| Race (Box 6) | _____ [21] | |
| Identical wager winnings (Box 7) | + _____ [23] | |
| Cashier (Box 8) | _____ [25] | |
| Taxpayer identification number (Box 9) | _____ [27] | |
| Window (Box 10) | _____ [28] | |
| First ID (Box 11) | _____ [30] | |
| Second ID (Box 12) | _____ [31] | |
| Payer's state ID no. (Box 13) | _____ [32] | |
| State winnings (Box 14) | + _____ [33] | |
| State withholding (Box 15) | + _____ [35] | |
| Local winnings (Box 16) | + _____ [37] | |
| Local withholding (Box 17) | + _____ [39] | |
| Name of locality (Box 18) | _____ [42] | |

| | | |
|--|-------------------------|--|
| | Control Totals + | |
|--|-------------------------|--|

Gambling Winnings #2

Please provide all copies of Form W-2G.

| | 2018 Information | Prior Year Information |
|--|------------------|---|
| Taxpayer/Spouse (T, S) | _____ [1] | <div style="border: 1px solid black; height: 100%; width: 100%;"></div> |
| Payer name | _____ [3] | |
| State postal code | _____ [4] | |
| Mark if professional gambler | _____ [9] | |
| Reportable winnings (Box 1) | + _____ [11] | |
| Date won (Box 2) | _____ [13] | |
| Type of wager (Box 3) | _____ [15] | |
| Federal withholding (Box 4) | + _____ [17] | |
| Transaction (Box 5) | _____ [19] | |
| Race (Box 6) | _____ [21] | |
| Identical wager winnings (Box 7) | + _____ [23] | |
| Cashier (Box 8) | _____ [25] | |
| Taxpayer identification number (Box 9) | _____ [27] | |
| Window (Box 10) | _____ [28] | |
| First ID (Box 11) | _____ [30] | |
| Second ID (Box 12) | _____ [31] | |
| Payer's state ID no. (Box 13) | _____ [32] | |
| State winnings (Box 14) | + _____ [33] | |
| State withholding (Box 15) | + _____ [35] | |
| Local winnings (Box 16) | + _____ [37] | |
| Local withholding (Box 17) | + _____ [39] | |
| Name of locality (Box 18) | _____ [42] | |

| | | |
|--|-------------------------|--|
| | Control Totals + | |
|--|-------------------------|--|

NOTES/QUESTIONS:

Pension, Annuity, and IRA Distributions #1

Please provide all Forms 1099-R.

2018 Information

Prior Year Information

| | | | |
|--|-------|-------|------|
| Taxpayer/Spouse (T, S) | | __ | [1] |
| Name of payer | _____ | | [3] |
| State postal code | _____ | | [5] |
| Gross distributions received (Box 1) | + | _____ | [7] |
| Taxable amount received (Box 2a) | + | _____ | [9] |
| Federal withholding (Box 4) | + | _____ | [11] |
| Distribution code (Box 7) | | _____ | [14] |
| Mark if distribution is from an IRA, SEP, SIMPLE retirement plan | | _____ | [16] |
| State withholding (Box 12) | + | _____ | [17] |
| Local withholding (Box 15) | + | _____ | [19] |
| Amount of rollover | + | _____ | [21] |
| Mark if distribution was due to a pre-retirement age disability | | _____ | [23] |

Prior Year Information

| | | |
|--|-------------------------|--|
| | Control Totals + | |
|--|-------------------------|--|

Pension, Annuity, and IRA Distributions #2

Please provide all Forms 1099-R.

2018 Information

Prior Year Information

| | | | |
|--|-------|-------|------|
| Taxpayer/Spouse (T, S) | | __ | [1] |
| Name of payer | _____ | | [3] |
| State postal code | _____ | | [5] |
| Gross distributions received (Box 1) | + | _____ | [7] |
| Taxable amount received (Box 2a) | + | _____ | [9] |
| Federal withholding (Box 4) | + | _____ | [11] |
| Distribution code (Box 7) | | _____ | [14] |
| Mark if distribution is from an IRA, SEP, SIMPLE retirement plan | | _____ | [16] |
| State withholding (Box 12) | + | _____ | [17] |
| Local withholding (Box 15) | + | _____ | [19] |
| Amount of rollover | + | _____ | [21] |
| Mark if distribution was due to a pre-retirement age disability | | _____ | [23] |

Prior Year Information

| | | |
|--|-------------------------|--|
| | Control Totals + | |
|--|-------------------------|--|

Pension, Annuity, and IRA Distributions #3

Please provide all Forms 1099-R.

2018 Information

Prior Year Information

| | | | |
|--|-------|-------|------|
| Taxpayer/Spouse (T, S) | | __ | [1] |
| Name of payer | _____ | | [3] |
| State postal code | _____ | | [5] |
| Gross distributions received (Box 1) | + | _____ | [7] |
| Taxable amount received (Box 2a) | + | _____ | [9] |
| Federal withholding (Box 4) | + | _____ | [11] |
| Distribution code (Box 7) | | _____ | [14] |
| Mark if distribution is from an IRA, SEP, SIMPLE retirement plan | | _____ | [16] |
| State withholding (Box 12) | + | _____ | [17] |
| Local withholding (Box 15) | + | _____ | [19] |
| Amount of rollover | + | _____ | [21] |
| Mark if distribution was due to a pre-retirement age disability | | _____ | [23] |

Prior Year Information

| | | |
|--|-------------------------|--|
| | Control Totals + | |
|--|-------------------------|--|

NOTES/QUESTIONS:

Social Security, Tier 1 Railroad Benefits

Please provide a copy of Form(s) SSA-1099 or RRB-1099

Taxpayer/Spouse (T, S) _____ [1]
 State postal code _____ [2]

Social Security Benefits

If you received a Form SSA - 1099, please complete the following information:

| | 2018 Information | |
|--|------------------|------|
| Net Benefits for 2018 (Box 3 minus Box 4) (Box 5) | + _____ | [8] |
| Voluntary Federal Income Tax Withheld (Box 6) | + _____ | [10] |
| From the DESCRIPTION OF AMOUNT IN BOX 3 area of Form SSA-1099: | | |
| Medicare premiums | + _____ | [12] |
| Prescription drug (Part D) premiums | + _____ | [14] |

| Prior Year Information |
|------------------------|
| |
| |
| |
| |

Tier 1 Railroad Benefits

If you received a Form RRB - 1099, please complete the following information:

| | 2018 Information | |
|---|------------------|------|
| Net Social Security Equivalent Benefit: | | |
| Portion of Tier 1 Paid in 2018 (Box 5) | + _____ | [22] |
| Federal Income Tax Withheld (Box 10) | + _____ | [25] |
| Medicare Premium Total (Box 11) | + _____ | [27] |

| Prior Year Information |
|------------------------|
| |
| |
| |

Additional Information About Benefits Received

Additional information about the benefits received not reported above. For example did you repay any benefits in 2018 or receive any prior year benefits in 2018. This information will be reported in the SSA-1099 DESCRIPTION OF AMOUNT IN BOX 3 area or in the RRB-1099 Boxes 7 through 9.

 _____ [40]
 _____ [41]
 _____ [42]
 _____ [43]
 _____ [44]

NOTES/QUESTIONS:

Traditional IRA

| | Taxpayer | Spouse |
|--|--------------|--------------|
| Are you or your spouse (if MFJ or MFS) covered by an employer's retirement plan? (Y, N) | __ [1] | __ [2] |
| Do you want to contribute the maximum allowable traditional IRA contribution amount? If yes, enter the applicable code: (1 = Deductible only, 2 = Both deductible and nondeductible) | __ [3] | __ [4] |
| Enter the total traditional IRA contributions made for use in 2018 | + _____ [5] | + _____ [6] |
| | | |
| | Taxpayer | Spouse |
| Enter the nondeductible contribution amount made for use in 2018 | + _____ [11] | + _____ [12] |
| Enter the nondeductible contribution amount made in 2019 for use in 2018 | + _____ [13] | + _____ [14] |
| Traditional IRA basis | + _____ [15] | + _____ [16] |
| Value of all your traditional IRA's on December 31, 2018: | + _____ [17] | + _____ [18] |
| _____ | + | _____ |
| _____ | + | _____ |
| _____ | + | _____ |
| _____ | + | _____ |
| _____ | + | _____ |

Roth IRA

Please provide copies of any 1998 through 2017 Form 8606 not prepared by this office

| | Taxpayer | Spouse |
|--|--------------|--------------|
| Mark if you want to contribute the maximum Roth IRA contribution | __ [27] | __ [28] |
| Enter the total Roth IRA contributions made for use in 2018 | + _____ [29] | + _____ [30] |
| Enter the total amount of Roth IRA conversion recharacterizations for 2018 | + _____ [37] | + _____ [38] |
| Enter the total contribution Roth IRA basis on December 31, 2017 | + _____ [41] | + _____ [42] |
| Enter the total Roth IRA contribution recharacterizations for 2018 | + _____ [43] | + _____ [44] |
| Enter the Roth conversion IRA basis on December 31, 2017 | + _____ [45] | + _____ [46] |
| Value of all your Roth IRA's on December 31, 2018: | + _____ [47] | + _____ [48] |
| _____ | + | _____ |
| _____ | + | _____ |
| _____ | + | _____ |
| _____ | + | _____ |
| _____ | + | _____ |

NOTES/QUESTIONS:

| | |
|--|--|
| | |
|--|--|

Preparer use only

Business activity or profession name _____ [3]
 Taxpayer/Spouse (T, S) _____ [4]
 State postal code _____ [5]
 Contribute the maximum allowable contribution amount? (1 = Keogh, 2 = SEP, 3 = SIMPLE 401(k), 4 = Solo 401(k), 5 = SIMPLE IRA, 6 = SARSEP) _____ [6]
 Plan contribution rate. Enter in xx.xx format (Limitation percentage) _____ [7]
 Enter the total amount of contributions made to a Keogh plan in 2018 + _____ [8]
 Enter the total amount of contributions made to a Solo 401(k) plan in 2018 + _____ [9]
 Enter the total amount of contributions made to a SEP plan in 2018 + _____ [10]
 Enter the total amount of contributions made to a SARSEP plan in 2018 + _____ [11]
 Enter the total amount of contributions made to a defined benefit plan in 2018 + _____ [12]
 Enter the total amount of contributions made to a profit-sharing plan in 2018 + _____ [13]
 Enter the total amount of contributions made to a money purchase plan in 2018 + _____ [14]
 Enter the total amount of contributions made to a SIMPLE 401(k) plan in 2018 + _____ [15]
 Enter the total amount of contributions to a SIMPLE IRA plan in 2018 + _____ [16]

| |
|-------------------------------|
| Catch-up Contributions |
|-------------------------------|

Enter the amount of catch-up contributions made to a Solo 401(k) or SARSEP in 2018 + _____ [17]
 Enter the amount of catch-up contributions made to a SIMPLE Plan in 2018 + _____ [18]

| |
|---------------------------|
| Elective Deferrals |
|---------------------------|

Enter the total contributions to a Solo 401(k) or SARSEP made through elective deferrals in 2018 + _____ [19]
 Enter the amount of elective deferrals designated as Roth contributions in 2018 + _____ [20]

NOTES/QUESTIONS:

Preparer use only

2018 Information

Prior Year Information

Description _____ [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]

(This area is shaded for Prior Year Information)

Rent and Royalty Income

Rents and royalties

2018 Information

Prior Year Information

_____ + _____ [34]

(This area is shaded for Prior Year Information)

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] _____
 _____ + _____
 _____ + _____

(This area is shaded for Prior Year Information)

Control Totals +

Preparer use only

Description _____

Refinancing Points

Preparer - Enter on Screen Rent

2018 Information

Prior Year Information

Refinancing points paid -

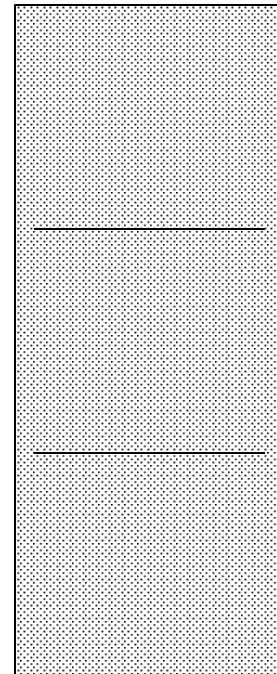
Recipient's/Lender's name _____ [93]
 Date of refinance _____
 Total # Payments _____
 Reported on 1098 in 2018 _____
 Total points paid _____
 Points deemed as paid in current year **(Preparer use only)** _____

Refinancing points paid -

Recipient's/Lender's name _____
 Date of refinance _____
 Total # Payments _____
 Reported on 1098 in 2018 _____
 Total points paid _____
 Points deemed as paid in current year **(Preparer use only)** _____

Refinancing points paid -

Recipient's/Lender's name _____
 Date of refinance _____
 Total # Payments _____
 Reported on 1098 in 2018 _____
 Total points paid _____
 Points deemed as paid in current year **(Preparer use only)** _____

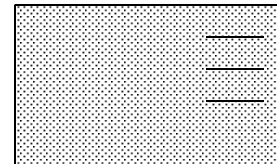


Vacation Home Information

2018 Information

Prior Year Information

Number of days home was used personally _____ [6]
 Number of days home was rented _____ [8]
 Number of day home owned, if not 365 _____ [10]
 Carryover of disallowed operating expenses into 2018 + _____ [22]
 Carryover of disallowed depreciation expenses into 2018 + _____ [23]



Passive and Other Information

| Preparer use only Carryovers | Regular | AMT |
|---|----------------|------------|
| Operating | + [36] | + [37] |
| Short-term capital | + [38] | + [39] |
| Long-term capital | + [40] | + [41] |
| 28% rate capital | + [42] | + [43] |
| Section 1231 loss | + [44] | + [45] |
| Ordinary business gain/loss | + [46] | + [47] |
| Comm revitalization | + [48] | + [49] |
| Section 179 | + [50] | + [51] |

Please provide copies of Schedules K-1 showing income from partnerships and S-corporations.

Taxpayer/Spouse/Joint (T, S, J) _____ [2]
 Employer identification number _____ [6]
 Name of entity _____ [13]
 State postal code _____ [14]
 Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership) _____ [17]

| | Preparer use only Carryovers | Regular | AMT |
|---------------|---------------------------------|---------|------|
| Enter on K1-7 | Operating | [23] | [24] |
| | Short-term capital | [25] | [26] |
| | Long-term capital | [27] | [28] |
| | 28% rate capital | [29] | [30] |
| | Section 1231 loss | [31] | [32] |
| | Ordinary business gain/loss | [33] | [34] |
| | Other losses - 1040 Sch 1 | [35] | [36] |
| | Comm revitalization | [37] | [38] |
| | Section 179 | [39] | [40] |
| | Excess farm loss | [41] | [42] |

Taxpayer/Spouse/Joint (T, S, J) _____ [2]
 Employer identification number _____ [6]
 Name of entity _____ [13]
 State postal code _____ [14]
 Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership) _____ [17]

| | Preparer use only Carryovers | Regular | AMT |
|---------------|---------------------------------|---------|------|
| Enter on K1-7 | Operating | [23] | [24] |
| | Short-term capital | [25] | [26] |
| | Long-term capital | [27] | [28] |
| | 28% rate capital | [29] | [30] |
| | Section 1231 loss | [31] | [32] |
| | Ordinary business gain/loss | [33] | [34] |
| | Other losses - 1040 Sch 1 | [35] | [36] |
| | Comm revitalization | [37] | [38] |
| | Section 179 | [39] | [40] |
| | Excess farm loss | [41] | [42] |

Taxpayer/Spouse/Joint (T, S, J) _____ [2]
 Employer identification number _____ [6]
 Name of entity _____ [13]
 State postal code _____ [14]
 Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership) _____ [17]

| | Preparer use only Carryovers | Regular | AMT |
|---------------|---------------------------------|---------|------|
| Enter on K1-7 | Operating | [23] | [24] |
| | Short-term capital | [25] | [26] |
| | Long-term capital | [27] | [28] |
| | 28% rate capital | [29] | [30] |
| | Section 1231 loss | [31] | [32] |
| | Ordinary business gain/loss | [33] | [34] |
| | Other losses - 1040 Sch 1 | [35] | [36] |
| | Comm revitalization | [37] | [38] |
| | Section 179 | [39] | [40] |
| | Excess farm loss | [41] | [42] |

Please provide all copies of Schedules K-1 showing income from estates and trusts.

Taxpayer/Spouse/Joint (T, S, J) _____ [2]
 Employer identification number _____ [3]
 Name of activity _____ [4]
 State postal code _____ [5]

| | Preparer use only Carryovers | Regular | AMT |
|----------------|---------------------------------|---------|------|
| Enter on K1T-3 | Operating | [23] | [24] |
| | Short-term capital | [25] | [26] |
| | Long-term capital | [27] | [28] |
| | 28% rate capital | [29] | [30] |
| | Section 1231 loss | [31] | [32] |
| | Ordinary business gain/loss | [33] | [34] |
| | Comm revitalization | [35] | [36] |

Taxpayer/Spouse/Joint (T, S, J) _____ [2]
 Employer identification number _____ [3]
 Name of activity _____ [4]
 State postal code _____ [5]

| | Preparer use only Carryovers | Regular | AMT |
|----------------|---------------------------------|---------|------|
| Enter on K1T-3 | Operating | [23] | [24] |
| | Short-term capital | [25] | [26] |
| | Long-term capital | [27] | [28] |
| | 28% rate capital | [29] | [30] |
| | Section 1231 loss | [31] | [32] |
| | Ordinary business gain/loss | [33] | [34] |
| | Comm revitalization | [35] | [36] |

Taxpayer/Spouse/Joint (T, S, J) _____ [2]
 Employer identification number _____ [3]
 Name of activity _____ [4]
 State postal code _____ [5]

| | Preparer use only Carryovers | Regular | AMT |
|----------------|---------------------------------|---------|------|
| Enter on K1T-3 | Operating | [23] | [24] |
| | Short-term capital | [25] | [26] |
| | Long-term capital | [27] | [28] |
| | 28% rate capital | [29] | [30] |
| | Section 1231 loss | [31] | [32] |
| | Ordinary business gain/loss | [33] | [34] |
| | Comm revitalization | [35] | [36] |

Taxpayer/Spouse/Joint (T, S, J) _____ [2]
 Employer identification number _____ [3]
 Name of activity _____ [4]
 State postal code _____ [5]

| | Preparer use only Carryovers | Regular | AMT |
|----------------|---------------------------------|---------|------|
| Enter on K1T-3 | Operating | [23] | [24] |
| | Short-term capital | [25] | [26] |
| | Long-term capital | [27] | [28] |
| | 28% rate capital | [29] | [30] |
| | Section 1231 loss | [31] | [32] |
| | Ordinary business gain/loss | [33] | [34] |
| | Comm revitalization | [35] | [36] |

| | | |
|---|---------|------|
| Description | _____ | [1] |
| Taxpayer/Spouse/Joint (T, S, J) | _____ | [5] |
| State postal code | _____ | [6] |
| Mark if electing to pay tax on entire gain (No exclusion will be calculated and entire gain will be reported on Schedule D) | _____ | [7] |
| Date former residence was acquired | _____ | [9] |
| Date former residence was sold | _____ | [10] |
| Selling price of former residence | + _____ | [11] |
| Expenses related to the sale of your old home | + _____ | [12] |
| Original cost of home sold including capital improvements | + _____ | [13] |

Exclusion Information

| | | |
|---|------------|------------|
| Mark if meet use and ownership test without exceptions (2 years use within 5-year period preceding sale date) | _____ | [19] |
| Reduced exclusion days: (Enter only days within 5-year period ending on sale date) | | |
| Number of days each person used property as main home | _____ [21] | _____ [22] |
| Number of days each person owned property used as main home | _____ [23] | _____ [24] |
| Number of days between date of sale of the other home and date of sale of this home | _____ [25] | _____ [26] |

Form 6252 - Current Year Installment Sale

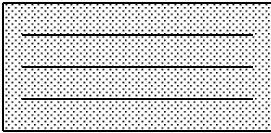
| | | |
|--|---------|------|
| Mortgage and other debts the buyer assumed | + _____ | [28] |
| Total current year payments received | + _____ | [29] |

Form 6252 - Related Party Installment Sale Information

| | | |
|--|-----------------|------|
| Related party name | _____ | [30] |
| Address | _____ | [31] |
| City, State and Zip | _____ [32] [33] | [34] |
| Identifying number of related party | _____ | [35] |
| Was the property sold as a marketable security? (Y, N) | _____ | [36] |
| Enter date of second sale if more than 2 years after the first sale | _____ | [37] |
| Indicate special conditions if applicable (1 = Sale/exchange, 2 = Involuntary conv, 3 = Death of seller, 4 = No tax avoidance) | _____ | [38] |
| Selling price of property sold by a related party | + _____ | [40] |

NOTES/QUESTIONS:

Complete this section if you paid interest on a qualified student loan in 2018 for qualified higher education expenses for you, your spouse, or a person who was your dependent when you took out the loan. Please provide all copies of Form 1098-E. Form 1098-E from the lender reports interest received in 2018. The amounts reported by the lender may differ from the amounts you actually paid.

| TS | Qualified loan interest recipient/lender | 2018 Interest Paid | Prior Year Information |
|----|--|-----------------------|---|
| — | _____ | + _____ [1] |  |
| — | _____ | + _____ | |
| — | _____ | + _____ | |
| — | _____ | + _____ | |

NOTES/QUESTIONS:

Education Credits and Tuition and Fees Deduction

Please provide all copies of Form 1098-T.

Educational institutions use Form 1098-T to report qualified education expenses. An eligible educational institution is any college, university, or vocational school eligible to participate in a student aid program administered by the U.S. Department of Education.

Preparer - Enter on Screen Educate2

Taxpayer/Spouse (T, S) _____ [8]
 Education code (1=American Opportunity Credit, 2=Lifetime Learning Credit, 3=Tuition and Fees Deduction) _____
 Student's social security number _____
 Student's first name _____
 Student's last name _____

Institution Information

Enter information from each institution on a separate page, including the complete address and federal identification number of the institution.

Institution's federal identification number _____ [8]
 Institution's name _____
 Institution's street address _____
 Institution's city, state, zip code _____

Tuition Paid and Related Information

**Amounts reported in Box 1 may not reflect the actual amount paid for the student during 2018.
 Enter the amount actually paid during 2018.**

| | 2018 Information | Prior Year Information |
|---|------------------|--|
| Tuition paid (Enter only the amount actually paid) (Box 1) | + _____ [8] | <div style="border: 1px solid black; background-color: #e0e0e0; width: 100%; height: 100%;"></div> |
| Field no longer applicable | _____ | |
| Educational institution changed its reporting method for 2018 (Box 3) | _____ | |
| Adjustments made for a prior year (Box 4) | _____ | |
| Scholarships or grants (Box 5) | _____ | |
| Adjustments to scholarships or grants for a prior year (Box 6) | _____ | |
| Box 1 or 2 includes amounts for an academic period beginning January - March 2019 (Box 7) | _____ | |
| At least half-time student (Box 8) | _____ | |
| Graduate student (Box 9) (1=Yes, 2=No) | _____ | |
| Insurance contract reimbursement/refund (Box 10) | _____ | |
| Non-Institution expenses (Books and fees not paid directly to the educational institution) | _____ | |
| American Opportunity Tax Credit (AOTC) disqualifier | _____ | |
| <small>1 = Not pursuing degree, 2 = Not enrolled at least half-time, 3 = Felony drug conviction, 4 = 4 yrs post-secondary education before 2018</small> | | |

NOTES/QUESTIONS:

Qualified Education Programs

Please provide all copies of Form 1099Q

Taxpayer/Spouse (T, S) _____ [1]
 Payer name _____ [3]
 State postal code _____ [4]
 Type of account (1= Private QTP, 2 = State QTP, 3 = ESA) _____ [6]
 Relationship to account (1 = Beneficiary, 2 = Account owner, 3 = Both, 4 = Neither) _____ [7]
 Final distribution _____ [8]

Contributions and Basis

Beneficiary's Information (if not taxpayer or spouse)

Social security number _____ [11]
 First name _____ [12]
 Last name _____ [13]

| | 2018 Information | |
|---|------------------|------|
| Amount contributed in current year | + _____ | [14] |
| Basis of this account at 12/31/17 | + _____ | [17] |
| Value of this account at 12/31/18 | + _____ | [19] |
| Distribution by beneficiary of previously taxed contributions (if not taxpayer or spouse) | + _____ | [24] |

Prior Year Information

Payments from Qualified Education Programs

| | 2018 Information | |
|---|------------------|------|
| Gross distribution (Box 1) | + _____ | [30] |
| Earnings (Box 2) | + _____ | [32] |
| Basis (Box 3) | + _____ | [34] |
| Trustee-to-trustee rollover (Box 4) | _____ | [36] |
| Trustee-to-trustee rollover amount if different than Box 1 | + _____ | [37] |
| Box 5 - | | |
| Private QTP | _____ | [39] |
| State QTP | _____ | [40] |
| Coverdell ESA | _____ | [41] |
| Check if the recipient is not the designated beneficiary (Box 6) | _____ | [42] |
| Qualified education expenses | + _____ | [43] |
| Elementary and secondary education expenses | + _____ | [45] |

Prior Year Information

NOTES/QUESTIONS:

Complete a FAFSA information section for both the parent and student. Both may be required to complete the FAFSA. If the parent or student tax return was prepared elsewhere, please provide the completed tax return.

This FAFSA information is for the: **Preparer use only**

Who is listed as the primary taxpayer on the tax return of the individual to whom this information applies?

(1 = Father or stepfather, 2 = Mother or stepmother, 3 = Student, 4 = Student's spouse)

___[1]

The information for the FAFSA worksheet will be:

(1 = Calculated for the taxpayer on this return, 2 = Entered from someone else's return)

___[4]

Taxpayer's (and spouse's) current balance of all cash, savings and checking accounts + _____[8]

Taxpayer's (and spouse's) net worth in investments, including real estate but do not include the primary residence + _____[9]

Taxpayer's (and spouse's) net worth in current businesses and/or investment farms + _____[10]

| | | | |
|---|-------------------------|---|-------------------------|
| | 2017 Information | | 2018 Information |
| Child support paid because of divorce, separation, or a result of a legal requirement | _____ [12] | + | _____ [20] |

| | | | |
|--|------------|---|------------|
| Taxable earnings from need-based employment programs | _____ [13] | + | _____ [21] |
|--|------------|---|------------|

| | | | |
|---|------------|---|------------|
| Student grant and scholarship aid included in adjusted gross income | _____ [14] | + | _____ [22] |
|---|------------|---|------------|

| | | | |
|---|------------|---|------------|
| Earnings from work under a cooperative education program offered by a college | _____ [15] | + | _____ [23] |
|---|------------|---|------------|

| | | | |
|--|------------|---|------------|
| Child support received but do not include foster care or adoption payments | _____ [16] | + | _____ [24] |
|--|------------|---|------------|

| | | | |
|--------------------------------|------------|---|------------|
| Veterans noneducation benefits | _____ [17] | + | _____ [25] |
|--------------------------------|------------|---|------------|

| | | | |
|--|------------|---|------------|
| Other untaxed income not reported elsewhere, such as worker's compensation, disability, etc., but do not include student aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits, SSI, on-base military housing or a military housing allowance, or combat pay. | _____ [18] | + | _____ [26] |
|--|------------|---|------------|

| | | | |
|--|------------|---|------------|
| Money received or paid on behalf of the student (For the student's worksheet only) | _____ [19] | + | _____ [27] |
|--|------------|---|------------|

| | | |
|--|-------------------------|--|
| | Control Totals + | |
|--|-------------------------|--|

Federal Student Aid Application Information #2

This FAFSA information is for the: **Preparer use only**

Who is listed as the primary taxpayer on the tax return of the individual to whom this information applies?

(1 = Father or stepfather, 2 = Mother or stepmother, 3 = Student, 4 = Student's spouse)

___[1]

The information for the FAFSA worksheet will be:

(1 = Calculated for the taxpayer on this return, 2 = Entered from someone else's return)

___[4]

Taxpayer's (and spouse's) current balance of all cash, savings and checking accounts + _____[8]

Taxpayer's (and spouse's) net worth in investments, including real estate but do not include the primary residence + _____[9]

Taxpayer's (and spouse's) net worth in current businesses and/or investment farms + _____[10]

| | | | |
|---|-------------------------|---|-------------------------|
| | 2017 Information | | 2018 Information |
| Child support paid because of divorce, separation, or a result of a legal requirement | _____ [12] | + | _____ [20] |

| | | | |
|--|------------|---|------------|
| Taxable earnings from need-based employment programs | _____ [13] | + | _____ [21] |
|--|------------|---|------------|

| | | | |
|---|------------|---|------------|
| Student grant and scholarship aid included in adjusted gross income | _____ [14] | + | _____ [22] |
|---|------------|---|------------|

| | | | |
|---|------------|---|------------|
| Earnings from work under a cooperative education program offered by a college | _____ [15] | + | _____ [23] |
|---|------------|---|------------|

| | | | |
|--|------------|---|------------|
| Child support received but do not include foster care or adoption payments | _____ [16] | + | _____ [24] |
|--|------------|---|------------|

| | | | |
|--------------------------------|------------|---|------------|
| Veterans noneducation benefits | _____ [17] | + | _____ [25] |
|--------------------------------|------------|---|------------|

| | | | |
|--|------------|---|------------|
| Other untaxed income not reported elsewhere, such as worker's compensation, disability, etc., but do not include student aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits, SSI, on-base military housing or a military housing allowance, or combat pay. | _____ [18] | + | _____ [26] |
|--|------------|---|------------|

| | | | |
|--|------------|---|------------|
| Money received or paid on behalf of the student (For the student's worksheet only) | _____ [19] | + | _____ [27] |
|--|------------|---|------------|

NOTES/QUESTIONS:

| | | |
|--|-------------------------|--|
| | Control Totals + | |
|--|-------------------------|--|

| | |
|--|-----------------------|
| | Form ID: FAFSA |
|--|-----------------------|

Interest Expenses

| 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] _____ | + | + | + | + | |
| _____ | + | + | + | + | |
| _____ | + | + | + | + | |
| _____ | + | + | + | + | |
| _____ | + | + | + | + | |
| _____ | + | + | + | + | |
| _____ | + | + | + | + | |
| _____ | + | + | + | + | |
| _____ | + | + | + | + | |
| _____ | + | + | + | + | |

***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] _____ |
| _____ | + | _____ |
| _____ | + | _____ |
| _____ | + | _____ |
| _____ | + | _____ |
| _____ | + | _____ |
| _____ | + | _____ |
| _____ | + | _____ |
| _____ | + | _____ |
| _____ | + | _____ |

Complete this section if either of the following applies:

- You have home acquisition/improvement debt over \$750,000 for loans taken out in 2018
- You have home acquisition/improvement debt over \$1,000,000 for loans taken out in 2017 or earlier

Mortgages taken out before 10/14/87 generally qualify as grandfather debt regardless of how the proceeds are used.

Home acquisition debt is a mortgage taken out after 10/13/87, the proceeds of which are used to buy, build or substantially improve your home.

| | 2018 Information | Prior Year Information |
|--|------------------|------------------------|
| Description of loan/property _____ | [2] | [] |
| Taxpayer/Spouse/Joint (T, S, J) _____ | [3] | |
| Loan origination date _____ | [4] | |
| If refinanced debt, date of initial loan _____ | [5] | |
| Fair market value of home + _____ | [6] | |
| Number of months loan was outstanding in 2018, if not 12 _____ | [8] | |
| Number of months home was a qualifying home _____ | [10] | |
| (If different from number of months loan was outstanding) | | |
| Principal paid in 2018 + _____ | [12] | |
| Interest paid during 2018 + _____ | [14] | |
| Points reported on Form 1098 for 2018 + _____ | [16] | |
| Home mortgage interest you paid, not reported on Form 1098: | | |
| Recipient name _____ | [19] | |
| Recipient SSN or EIN _____ | [20] | |
| Recipient address _____ | [21] | |
| Recipient city, state, zip code _____ [22] _____ [23] _____ | [24] | |
| Grandfather debt as of 12/31/17 (or first day mortgage was outstanding) + _____ | [25] | |
| Grandfather debt as of 12/31/18 (or last day mortgage was outstanding) + _____ | [27] | |
| Home acquisition/improvement debt as of 12/31/17 (or first day mortgage was outstanding) + _____ | [29] | |
| Home acquisition/improvement debt as of 12/31/18 (or last day mortgage was outstanding) + _____ | [31] | |
| Home equity debt as of 12/31/17*** (or first day mortgage was outstanding) + _____ | [33] | |
| Home equity debt as of 12/31/18*** (or last day mortgage was outstanding) + _____ | [35] | |
| *** ONLY portion of loan proceeds used to buy, build, or improve qualified residence | | |
| Average balance in 2018 of grandfather debt + _____ | [38] | |
| Average balance in 2018 of home acquisition/improvement debt + _____ | [40] | |
| Average balance for 2018 all types of debt + _____ | [42] | |

NOTES/QUESTIONS:

Noncash Contributions Exceeding \$500

For donated securities, include the company name and number of shares in the donated property description, below

Taxpayer/Spouse/Joint (T, S, J) _____ [1]
 Donated property description _____ [4]
 Name of donee organization _____ [5]
 Address of donee organization _____ [6]
 City _____ [7]
 State postal code _____ [8]
 Zip code _____ [9]
 Date contributed _____ [10]
 Date acquired by donor _____ [11]
 How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange) _____ [12]
 Donor's cost or basis _____ + _____ [13]
 Fair market value _____ + _____ [14]
 Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) _____ [15]
 If other: _____ [16]

Control Totals +

Noncash Contributions Exceeding \$500

For donated securities, include the company name and number of shares in the donated property description, below

Taxpayer/Spouse/Joint (T, S, J) _____ [1]
 Donated property description _____ [4]
 Name of donee organization _____ [5]
 Address of donee organization _____ [6]
 City _____ [7]
 State postal code _____ [8]
 Zip code _____ [9]
 Date contributed _____ [10]
 Date acquired by donor _____ [11]
 How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange) _____ [12]
 Donor's cost or basis _____ + _____ [13]
 Fair market value _____ + _____ [14]
 Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) _____ [15]
 If other: _____ [16]

Control Totals +

Noncash Contributions Exceeding \$500

For donated securities, include the company name and number of shares in the donated property description, below

Taxpayer/Spouse/Joint (T, S, J) _____ [1]
 Donated property description _____ [4]
 Name of donee organization _____ [5]
 Address of donee organization _____ [6]
 City _____ [7]
 State postal code _____ [8]
 Zip code _____ [9]
 Date contributed _____ [10]
 Date acquired by donor _____ [11]
 How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange) _____ [12]
 Donor's cost or basis _____ + _____ [13]
 Fair market value _____ + _____ [14]
 Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) _____ [15]
 If other: _____ [16]

Control Totals +

Preparer use only

Occurrence description _____ [3]
 Taxpayer/Spouse/Joint (T, S, J) _____ [4]
 State postal code _____ [5]
 Date of casualty or theft _____ [8]
 Mark if casualty resulted due to a federally declared disaster. Federally declared disasters are determined by the President of the United States to warrant assistance by the Federal Government _____ [9]
 FEMA disaster declaration number (ex. DR-4399) _____ [10]

Casualty and Theft - Personal Use Properties

| Type of property | City | State | Zip code |
|--|--------------|--------------|--------------|
| Property A _____ [18] | _____ [19] | _____ [20] | _____ [21] |
| Property B _____ [35] | _____ [36] | _____ [37] | _____ [38] |
| Property C _____ [52] | _____ [53] | _____ [54] | _____ [55] |
| Property D _____ [69] | _____ [70] | _____ [71] | _____ [72] |
| | A | B | C |
| Date acquired _____ [26] | _____ [43] | _____ [60] | _____ [77] |
| Cost or other basis of property + _____ [27] | + _____ [44] | + _____ [61] | + _____ [78] |
| Insurance or other reimbursement + _____ [28] | + _____ [45] | + _____ [62] | + _____ [79] |
| Fair market value before casualty + _____ [30] | + _____ [47] | + _____ [63] | + _____ [80] |
| Fair market value after casualty + _____ [31] | + _____ [48] | + _____ [64] | + _____ [81] |

Personal Use Replacement Information

Description of replacement property A _____ [84]
 Description of replacement property B _____ [88]
 Description of replacement property C _____ [92]
 Description of replacement property D _____ [96]

| | A | B | C | D |
|---|--------------|--------------|--------------|---|
| Mark if property was acquired from a related party _____ [85] | _____ [89] | _____ [93] | _____ [97] | |
| Date acquired _____ [86] | _____ [90] | _____ [94] | _____ [98] | |
| Cost of replacement property + _____ [87] | + _____ [91] | + _____ [95] | + _____ [99] | |

NOTES/QUESTIONS:

If you used your automobile for business purposes, please complete the following information.

Preparer use only

Description of business or profession _____ [3]

Vehicles

| | | | |
|-------------|------------------------|-------|------|
| Vehicle 1 - | Date placed in service | _____ | [4] |
| | Description | _____ | [5] |
| | Comments | _____ | |
| Vehicle 2 - | Date placed in service | _____ | [9] |
| | Description | _____ | [10] |
| | Comments | _____ | |
| Vehicle 3 - | Date placed in service | _____ | [14] |
| | Description | _____ | [15] |
| | Comments | _____ | |
| Vehicle 4 - | Date placed in service | _____ | [19] |
| | Description | _____ | [20] |
| | Comments | _____ | |

Vehicle Questions

| | Vehicle 1 | Prior Year | Vehicle 2 | Prior Year | Vehicle 3 | Prior Year | Vehicle 4 | Prior Year |
|--|-----------|--------------------------|-----------|--------------------------|-----------|--------------------------|-----------|--------------------------|
| If you used your automobile for work purposes, answer the following questions: | | | | | | | | |
| Was the vehicle available for off-duty personal use? (Y, N) | ___ [60] | <input type="checkbox"/> | ___ [62] | <input type="checkbox"/> | ___ [64] | <input type="checkbox"/> | ___ [66] | <input type="checkbox"/> |
| Was another vehicle available for personal use? (Y, N) | ___ [68] | <input type="checkbox"/> | ___ [70] | <input type="checkbox"/> | ___ [72] | <input type="checkbox"/> | ___ [74] | <input type="checkbox"/> |
| Do you have evidence to support your deduction? (Y, N) | ___ [76] | <input type="checkbox"/> | ___ [78] | <input type="checkbox"/> | ___ [80] | <input type="checkbox"/> | ___ [82] | <input type="checkbox"/> |
| Is this evidence written? (Y, N) | ___ [84] | <input type="checkbox"/> | ___ [86] | <input type="checkbox"/> | ___ [88] | <input type="checkbox"/> | ___ [90] | <input type="checkbox"/> |

Vehicle Expenses

| | Vehicle 1 | Prior Year Information | Vehicle 2 | Prior Year Information | Vehicle 3 | Prior Year Information | Vehicle 4 | Prior Year Information |
|-------------------------------|---------------|--------------------------|---------------|--------------------------|---------------|--------------------------|---------------|--------------------------|
| Total miles for year | _____ [32] | <input type="checkbox"/> | _____ [34] | <input type="checkbox"/> | _____ [36] | <input type="checkbox"/> | _____ [38] | <input type="checkbox"/> |
| Commuting miles | _____ [42] | <input type="checkbox"/> | _____ [44] | <input type="checkbox"/> | _____ [46] | <input type="checkbox"/> | _____ [48] | <input type="checkbox"/> |
| Business miles | _____ [52] | <input type="checkbox"/> | _____ [54] | <input type="checkbox"/> | _____ [56] | <input type="checkbox"/> | _____ [58] | <input type="checkbox"/> |
| Parking fees | + _____ [92] | <input type="checkbox"/> | + _____ [94] | <input type="checkbox"/> | + _____ [96] | <input type="checkbox"/> | + _____ [98] | <input type="checkbox"/> |
| Tolls | + _____ [100] | <input type="checkbox"/> | + _____ [102] | <input type="checkbox"/> | + _____ [104] | <input type="checkbox"/> | + _____ [106] | <input type="checkbox"/> |
| Gasoline | + _____ [108] | <input type="checkbox"/> | + _____ [110] | <input type="checkbox"/> | + _____ [112] | <input type="checkbox"/> | + _____ [114] | <input type="checkbox"/> |
| Oil | + _____ [116] | <input type="checkbox"/> | + _____ [118] | <input type="checkbox"/> | + _____ [120] | <input type="checkbox"/> | + _____ [122] | <input type="checkbox"/> |
| Repairs | + _____ [124] | <input type="checkbox"/> | + _____ [126] | <input type="checkbox"/> | + _____ [128] | <input type="checkbox"/> | + _____ [130] | <input type="checkbox"/> |
| Maintenance | + _____ [132] | <input type="checkbox"/> | + _____ [134] | <input type="checkbox"/> | + _____ [136] | <input type="checkbox"/> | + _____ [138] | <input type="checkbox"/> |
| Tires | + _____ [140] | <input type="checkbox"/> | + _____ [142] | <input type="checkbox"/> | + _____ [144] | <input type="checkbox"/> | + _____ [146] | <input type="checkbox"/> |
| Car washes | + _____ [148] | <input type="checkbox"/> | + _____ [150] | <input type="checkbox"/> | + _____ [152] | <input type="checkbox"/> | + _____ [154] | <input type="checkbox"/> |
| Insurance | + _____ [156] | <input type="checkbox"/> | + _____ [158] | <input type="checkbox"/> | + _____ [160] | <input type="checkbox"/> | + _____ [162] | <input type="checkbox"/> |
| Interest | + _____ [164] | <input type="checkbox"/> | + _____ [166] | <input type="checkbox"/> | + _____ [168] | <input type="checkbox"/> | + _____ [170] | <input type="checkbox"/> |
| Registration | + _____ [172] | <input type="checkbox"/> | + _____ [174] | <input type="checkbox"/> | + _____ [176] | <input type="checkbox"/> | + _____ [178] | <input type="checkbox"/> |
| Licenses | + _____ [180] | <input type="checkbox"/> | + _____ [182] | <input type="checkbox"/> | + _____ [184] | <input type="checkbox"/> | + _____ [186] | <input type="checkbox"/> |
| Property taxes | + _____ [188] | <input type="checkbox"/> | + _____ [190] | <input type="checkbox"/> | + _____ [192] | <input type="checkbox"/> | + _____ [194] | <input type="checkbox"/> |
| Other vehicle expenses | + _____ [196] | <input type="checkbox"/> | + _____ [198] | <input type="checkbox"/> | + _____ [200] | <input type="checkbox"/> | + _____ [202] | <input type="checkbox"/> |
| Vehicle rentals | + _____ [204] | <input type="checkbox"/> | + _____ [206] | <input type="checkbox"/> | + _____ [208] | <input type="checkbox"/> | + _____ [210] | <input type="checkbox"/> |
| Inclusion amt (Preparer only) | _____ [212] | <input type="checkbox"/> | + _____ [214] | <input type="checkbox"/> | + _____ [216] | <input type="checkbox"/> | + _____ [218] | <input type="checkbox"/> |
| Depreciation | + _____ [220] | <input type="checkbox"/> | + _____ [222] | <input type="checkbox"/> | + _____ [224] | <input type="checkbox"/> | + _____ [226] | <input type="checkbox"/> |

Please provide all Forms 1095-A

Taxpayer/Spouse (T,S) _____ [1]
 Marketplace identifier (Box 1) _____ [6]
 Marketplace-assigned policy number (Box 2) _____ [7]
 Policy issuer's name (Box 3) _____ [2]

Part III Household Information -

| | A. 2018 Monthly Premium Amount | Prior Year Information | B. 2018 Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP) | C. 2018 Monthly Advance Payment of Premium Tax Credit | Prior Year Information |
|--------------|--------------------------------|------------------------|--|---|------------------------|
| January | + _____ [12] | | + _____ [25] | + _____ [38] | |
| February | + _____ [13] | | + _____ [26] | + _____ [39] | |
| March | + _____ [14] | | + _____ [27] | + _____ [40] | |
| April | + _____ [15] | | + _____ [28] | + _____ [41] | |
| May | + _____ [16] | | + _____ [29] | + _____ [42] | |
| June | + _____ [17] | | + _____ [30] | + _____ [43] | |
| July | + _____ [18] | | + _____ [31] | + _____ [44] | |
| August | + _____ [19] | | + _____ [32] | + _____ [45] | |
| September | + _____ [20] | | + _____ [33] | + _____ [46] | |
| October | + _____ [21] | | + _____ [34] | + _____ [47] | |
| November | + _____ [22] | | + _____ [35] | + _____ [48] | |
| December | + _____ [23] | | + _____ [36] | + _____ [49] | |
| Annual total | + _____ [24] | + _____ [37] | + _____ [50] | | |

Control Totals +

ACA - Health Insurance Marketplace Statement #2

Please provide all Forms 1095-A

Taxpayer/Spouse (T,S) _____ [1]
 Marketplace identifier (Box 1) _____ [6]
 Marketplace-assigned policy number (Box 2) _____ [7]
 Policy issuer's name (Box 3) _____ [2]

Part III Household Information -

| | A. 2018 Monthly Premium Amount | Prior Year Information | B. 2018 Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP) | C. 2018 Monthly Advance Payment of Premium Tax Credit | Prior Year Information |
|--------------|--------------------------------|------------------------|--|---|------------------------|
| January | + _____ [12] | | + _____ [25] | + _____ [38] | |
| February | + _____ [13] | | + _____ [26] | + _____ [39] | |
| March | + _____ [14] | | + _____ [27] | + _____ [40] | |
| April | + _____ [15] | | + _____ [28] | + _____ [41] | |
| May | + _____ [16] | | + _____ [29] | + _____ [42] | |
| June | + _____ [17] | | + _____ [30] | + _____ [43] | |
| July | + _____ [18] | | + _____ [31] | + _____ [44] | |
| August | + _____ [19] | | + _____ [32] | + _____ [45] | |
| September | + _____ [20] | | + _____ [33] | + _____ [46] | |
| October | + _____ [21] | | + _____ [34] | + _____ [47] | |
| November | + _____ [22] | | + _____ [35] | + _____ [48] | |
| December | + _____ [23] | | + _____ [36] | + _____ [49] | |
| Annual total | + _____ [24] | + _____ [37] | + _____ [50] | | |

Control Totals +

NOTES/QUESTIONS:

Please provide all Forms 5498-SA.

| | 2018 Information | Prior Year Information |
|--|-------------------------|---|
| Taxpayer/Spouse (T, S) | _____ [1] | <div style="border: 1px solid black; height: 100%; width: 100%;"></div> |
| Name of Trustee _____ | _____ [4] | |
| State postal code _____ | _____ [2] | |
| Indicate type of health or medical savings account: | | |
| HSA | _____ [6] | |
| Archer MSA | _____ [7] | |
| MA (Medicare Advantage) MSA | _____ [9] | |
| Total HSA/MSA contributions made | | |
| for 2018 (Enter all amounts contributed, including through employer cafeteria plans) | + _____ [10] | |
| Indicate type of coverage under qualifying high deductible health plan (1 = Self-Only, 2 = Family) | _____ [12] | |
| Number of months in qualified high deductible health plan in 2018 | _____ [13] | |
| Mark if you want to contribute the maximum allowable health or medical savings account contribution amount | _____ [14] | |
| Total HSA/MSA contribution to be made for 2018 | + _____ [15] | |
| Fair market value of HSA, Archer MSA, or MA MSA (Form 5498-SA, Box 5) | + _____ [16] | |
| Excess contributions for 2017 taken as constructive contributions for 2018 | + _____ [19] | |
| Rollover contribution (Form 5498-SA, Box 4) | + _____ [21] | |

Complete this section if your account is an Archer MSA or MA MSA

| | | |
|--|--------------|---|
| Amount of annual deductible | + _____ [24] | <div style="border: 1px solid black; height: 100%; width: 100%;"></div> |
| Enter compensation from employer maintaining high deductible health plan | + _____ [27] | |
| If self-employed, enter earned income from business under which plan was established | + _____ [31] | |

Complete this section if your account is an HSA

Was the high deductible health plan in effect for December 2018? (Y, N) _____ [33]

NOTES/QUESTIONS:

Health, Medical Savings Account Distributions

Please provide all Forms 1099-SA.

2018 Information

Prior Year Information

| | | | |
|--|---------|------|--|
| Taxpayer/Spouse (T, S) | __ | [1] | |
| Name of Trustee | _____ | [4] | |
| State postal code | _____ | [2] | |
| Gross distributions received (Box 1) | + _____ | [7] | |
| Earnings on excess contributions (Box 2) | + _____ | [9] | |
| Distribution code (Box 3) | _____ | [11] | |
| Fair Market Value on date of death (Box 4) | + _____ | [12] | |
| Box 5 - | | | |
| HSA | _____ | [13] | |
| Archer MSA | _____ | [14] | |
| MA MSA | _____ | [15] | |
| All distributions were used to pay unreimbursed qualified medical expenses | _____ | [17] | |
| If some distributions were used to pay for other than qualified medical expenses, enter the unreimbursed qualified medical expenses for 2018 | + _____ | [19] | |
| Withdrawal of excess contributions by the due date of the return | + _____ | [21] | |
| Amount of distribution rolled over for 2018 | + _____ | [23] | |
| If the distribution is due to the death of the account holder, enter the qualified decedent medical expenses paid by the taxpayer | + _____ | [26] | |
| If MA (Medicare Advantage) MSA, enter value of account on 12/31/17 | + _____ | [27] | |
| For HSA accounts: | | | |
| Was the high deductible health plan coverage started in 2017 and in effect for the month of December 2017? (Y, N) | _____ | [29] | |
| Was the high deductible health plan coverage ended before 12/31/18? (Y, N) | _____ | [30] | |

Long Term Care (LTC) Service and Contracts

Please provide all Forms 1099-LTC.

2018 Information

Prior Year Information

| | | | |
|---|---------|------|--|
| Name of the insured chronically ill individual | _____ | [39] | |
| Social security number of insured | _____ | [40] | |
| Gross long-term care (LTC) benefits paid (Box 1) | + _____ | [42] | |
| Accelerated death benefits paid (Box 2) | + _____ | [44] | |
| Check one (Box 3) | | | |
| Per diem | _____ | [46] | |
| Reimbursed amount | _____ | [47] | |
| Qualified contract (Box 4) | _____ | [48] | |
| Check, if applicable (Box 5) | | | |
| Chronically ill | _____ | [49] | |
| Terminally ill | _____ | [50] | |
| Are there other individuals who received LTC payments during 2018? (Y, N) | _____ | [52] | |
| If the insured is terminally ill, were payments received on account of terminal illness? (Y, N) | _____ | [53] | |
| Number of days during the long-term care period | _____ | [54] | |
| Cost incurred for qualified long-term care services during the long-term care period | + _____ | [55] | |

NOTES/QUESTIONS: