

Accounting Consultants, Inc.

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NOTE: If this is the first year we are preparing your return, please provide us a copy of your 2017 return.

Income Tax Organizer for 2018 - Page 1

	Full name/s	Cell Phone	Other Phone	E-Mail Address
Taxpayer	_____	_____	_____	_____
Spouse	_____	_____	_____	_____

- Check here if your address, occupation and dependent information has **not** changed from last year.
- Check here if you can be claimed as a dependent on someone else's return.

Address _____

City/State/Zip _____

	Social Security Number	Date of Birth	Occupation	Pres. Campaign?
Taxpayer	_____	_____	_____	Yes or No
Spouse	_____	_____	_____	Yes or No

Filing status: (Circle one) Single Married filing jointly Married filing separately Head of household

* If Married Filing Separately, is your spouse itemizing or taking the standard deduction? (please circle one)

NOTE: IF YOU HAVE TEENAGE OR COLLEGE AGE KIDS PLEASE MAKE SURE THEY DO NOT CLAIM THEMSELVES ON THEIR OWN TAX RETURN. IF THEY STILL QUALIFY AS YOUR DEPENDENT. ALTHOUGH THERE ARE NO DEPENDENCY EXEMPTIONS THIS WILL EFFECT YOUR CHILD TAX CREDIT OR OTHER DEPENDENT CREDIT.

Dependents:	Full name	Social Security No.	Relationship	Date of Birth	Months Lived at Home	Child have income?	Full-Time Student?
						Y or N	Y or N
						Y or N	Y or N
						Y or N	Y or N
						Y or N	Y or N

You must answer the following questions:

1. Once your return is completed, how would you like us to contact you? Please circle.

Email Cell Phone Other Phone

2. How would you like to receive your Federal and State return? Please circle.

Paper Copy Electronic Copy Both

3. Refund preference: Check by Mail

Apply to 2019

Direct Deposit

4. Preference if you owe tax: Write a Check

Charge a credit card

Use Electronic Withdrawal

5. Banking Information: Provide Voided check/ Deposit slip (or)

Name of bank: _____

circle one: Checking Savings

Routing # Account #

6. Do you want us to prepare the Tennessee Individual Tax Return, if applicable? Please circle YES or NO
If yes, we need your bank information to e-file and pay the tax electronically. (Required by Tenn. Dept. of Revenue)

7. Do you want us to prepare other state returns? If yes, please list: _____

8. Do you want us to prepare any of your children's federal/state tax returns? Please circle YES or NO

If yes, list name of children _____ _____

_____ _____

Income Tax Organizer for 2018 - Page 2

Questions (Please attach details for any yes answers)

Due to the high volume of tax returns our firm prepares, the information needed to complete the tax returns must be received no later than March 20, 2019 so the returns can be completed by the original filing date. It may become necessary to apply for an extension if we do not receive your information on a timely basis or if there are unresolved issues or delays in processing.

1	Did you live in Tennessee the entire year? If no, what other state did you live in and from what dates _____ to _____ State _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2	Were there any births, deaths, marriages, divorces or adoptions in your immediate family, if yes please include on page 1	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3	Do you have any children under the age of 19 or 19 thru 23 who are full-time students with <u>unearned</u> income of more than \$2100? *Unearned income is interest, dividends, capital gains, etc.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4	Did you make a withdrawal from: (please make sure we have your Form 1099-R's and Form 5498's) <i>What was your reason for withdrawal? higher education expenses, medical expenses, first-time home buyer, IRS levy, disability? These are some of the exceptions to the 10% penalty.</i>	Traditional IRA	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Roth IRA	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Non-Deductible IRA	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Other Retirement Plans	Yes <input type="checkbox"/> No <input type="checkbox"/>
5	Did you convert a regular IRA to a Roth IRA?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6	Did you make a contribution to: <i>**please circle: taxpayer or spouse</i>	<i>Type of retirement:</i> Traditional IRA <i>Date Made:</i> _____ * * <i>Amount:</i> _____ T / S _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Roth IRA _____ T / S _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Non-Deductible IRA _____ T / S _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Other Retirement Plans _____ T / S _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
7	Did you sell and/or purchase or refinance a home in 2018? (if yes, please provide settlement statements)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8	Did you incur casualty losses due to a federally recognized natural disaster?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
9	If you are a sole proprietor or one-member LLC taxed as a sole proprietor, did you issue Forms 1099 MISC to your independent contractors who were paid \$600 or more in 2018?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
10	In 2018 did you pay sales tax on a vehicle, boat, motorcycle, or home and/or major home renovations in 2018? If yes, please provide a copy of the invoice(s) and/ or receipts. For home renovations you may supply us with totals.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
11	Did you have an interest in or signature over a bank or brokerage account in a foreign country with a value greater than \$10,000? If yes, please provide details.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Were you a grantor of or transferor to a foreign trust? If yes, what country _____ <i>Note: As part of your filing obligations you are required to report the maximum value of specified foreign financial assets, which include financial accounts with foreign institutions and certain other foreign non-account investment assets that exceed certain thresholds. You are responsible with informing us of all your foreign assets, so we can properly advise your filing obligations.</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
12	Did anyone in your household attend a post-secondary school during the year? If yes, who? Provide: tuition, books, etc.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
13	Did you pay student loan interest for yourself, your spouse, or your dependent(s) during the year?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
14	Did you start a new business or purchase any rental property during the year?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
15	Did you sell an existing business, rental property, or other property during the year?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
16	Do your itemized deductions exceed the following amounts: Examples of itemized deductions are medical expenses >7.5% of your adjusted gross income: real estate taxes, mortgage interest, charitable contributions. If yes, please provide documentation.	Single \$12,000	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Married Filing Jointly \$24,000	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Head of Household \$18,000	Yes <input type="checkbox"/> No <input type="checkbox"/>
17	Did you engage in either a purchase or sale transaction involving cryptocurrency (such as bitcoin)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
18	Did you contribute to a HSA? If so, how much did you contribute and how much did your employer contribute for 2018? Is it family coverage or individual coverage?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
19	Did you receive a distribution from a HSA in 2018? If yes, please provide us with Form 1099-SA. If yes, was your distribution 100% used for qualified medical expenses.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Yes <input type="checkbox"/>	No <input type="checkbox"/>

Income Tax Organizer for 2018 - Page 3

INCOME CHECKLIST

Please attach the original forms to document your income

- | | |
|--|--|
| <input type="checkbox"/> Wages: Form W - 2
<input type="checkbox"/> Retirement Income: Form 1099 - R
<input type="checkbox"/> Interest Income: Form 1099 - INT
<input type="checkbox"/> Dividend Income: Form 1099 - DIV
<input type="checkbox"/> Sale of Stocks & Bonds: Form 1099 - B

<input type="checkbox"/> Independent Contractors: Form 1099- MISC
<input type="checkbox"/> Unemployment Compensation: Form 1099 - G
<input type="checkbox"/> State Income Tax Refund: Form 1099 - G

<input type="checkbox"/> Income and Expenses from Sole Proprietor: Schedule C (Please provide a full list of your income and expenses as well as any new assets bought in 2018 with the cost and the purchase date).
You are responsible for ensuring that personal expenses, are segregated from business expenses and that expenses such as meals, travel, vehicle use, gifts, and related expenses are supported by necessary records required by the IRS

<input type="checkbox"/> Rental Income and Expenses: Schedule E (Please provide income and expenses, new assets bought in 2018 with the cost and the purchase date, fair rental days and personal days used for the property)

<input type="checkbox"/> Social Security Benefits: Form 1099 - SSA

<input type="checkbox"/> Farm Income: Schedule F (Please provide a full list of any expenses and new assets purchased in 2018) | <input type="checkbox"/> Partnerships, S- Corporations, Estates & Trusts Income:
Schedule K -1s

<input type="checkbox"/> Jury Duty
<input type="checkbox"/> Gambling Winnings or Losses
<input type="checkbox"/> Cancellation of Debt

<input type="checkbox"/> Alimony Income

<input type="checkbox"/> Other Income: |
|--|--|

ESTIMATED TAX PAYMENTS

	<u>Federal</u>	<u>State</u>
Applied from prior year return	_____	_____
1st quarter / due April 15, 2018	_____	_____
2nd quarter / due June 15, 2018	_____	_____
3rd quarter / due September 15, 2018	_____	_____
4th quarter / due January 15, 2019	_____	_____
Total Estimated Tax Payments for 2018	_____	_____

VEHICLE INFORMATION

Must have a vehicle log to substantiate your vehicle expense

	<u>Vehicle 1</u>	<u>Vehicle 2</u>
Make/ Model	_____	_____
Date Purchased	_____	_____
Cost	_____	_____
Auto Mileage		
Business	_____	_____
Commuting	_____	_____
Personal	_____	_____
Total	_____	_____

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ITEMIZED DEDUCTIONS

Please attach the original forms to document your deductions

Medical:

Health and Dental Insurance Premiums	Nursing Care
Long-Term Health Insurance Premiums	Doctor, Dentist, Hospital, Lab
Prescription, Glasses, Other	Auto Mileage: \$0.18 / mile

Real Estate Taxes: Residence, Second Homes, Lots, Land

Sales Tax: Cars, Boats, Motorcycle, or Major Home Renovations

State Income Taxes:

Interest Paid:

Home Mortgage Interest Loan - Form 1098
Home Equity Loan- **NO LONGER DEDUCTIBLE FOR LOANS BEGINNING AFTER 1/1/2018**
UNLESS FOR HOME IMPROVEMENTS
Points Paid on Original Loan _____
Points Paid on Refinance _____ Date of Refinance _____ # of years _____
Investment Interest _____
Mortgage Insurance Premiums- **NO LONGER DEDUCTIBLE**

Charitable Contributions: Cash & Non-Cash

Child / Dependent Care Expenses:

Payee (School)	Federal ID Number
Address	Amount Paid

College Education Credits: Form 1098- Tuition Statement

Student Name	Year 1 - 4
School	Amount Paid

Tax Return Preparation Fees: **NO LONGER DEDUCTIBLE FOR SCHEDULE A**

Investment / IRA Fees: **NO LONGER DEDUCTIBLE**

Safe Deposit Box Rental: **NO LONGER DEDUCTIBLE**

Unreimbursed Employee Business Expense: **NO LONGER DEDUCTIBLE**

Casualty and Theft Losses: **NO LONGER DEDUCTIBLE UNLESS FOR FEDERALLY DECLARED DISASTER AREAS**

DEDUCTIONS FROM ADJUSTED GROSS INCOME

Student Loan Interest

Self-Employed Health Insurance

Alimony Paid: Need amount, name of ex-spouse,
SS# of ex-spouse (**NO LONGER DEDUCTIBLE FOR**
DIVORCES FINALIZED AFTER 12/31/18)

IRA, SEP, 401(K) Solo, and other
retirement plans

Educator Expenses

Moving expenses: **NO LONGER**
DEDUCTIBLE UNLESS MOVING FOR
MILITARY PURPOSES

Health Savings Accounts

HEALTHCARE QUESTIONNAIRE

YOU MUST COMPLETE THIS PAGE IN ORDER FOR US TO PREPARE YOUR FEDERAL INCOME TAX RETURN. PLEASE BE SURE TO SUBMIT TO US ANY TAX DOCUMENTS RELATING TO HEALTHCARE COVERAGE THAT YOU MAY RECEIVE INCLUDING BUT NOT LIMITED TO FORM 1095-A, 1095-B OR 1095-C.

Did you and/or your dependents have health coverage FOR THE ENTIRE YEAR of 2018?

- Yes
- No
- Only for part of the year

A. IF YOU HAD ANY COVERAGE DURING 2018 -

MARK THE BOXES THAT PERTAIN TO YOU AND YOUR FAMILY:

- Medicare
- Employer-Provided
- Medicaid
- Other _____
- Marketplace - did you receive a premium credit each month? Y / N
you must provide us with Form 1095-A
- Health Savings Account (HSA)

FOR EMPLOYER PROVIDED INSURANCE: WERE THE PREMIUMS DEDUCTED PRE-TAX OR AFTER TAX? Pre-tax After-tax

Please list the names of you and your dependents who had coverage during the year; please include annual premiums for each

Name:	Who paid for this premium?	Insurance Co	Annual Premium	Start Date	End date

B. IF YOU DID NOT HAVE COVERAGE FOR ANY PART OF THE YEAR -OR- HAD A LAPSE IN COVERAGE

FOR MORE THAN TWO MONTHS, PLEASE ANSWER BELOW:

What is the reason for the lapse in coverage? _____

Do you qualify for an exemption? Yes No

***If you qualify for an exemption from the Marketplace we need a copy of the form to obtain your Exemption Certificate Number (ECN).

Some examples of Coverage Exemptions that can be claimed without Marketplace approval:

- Short Coverage Gap- you had no coverage for less than 3 consecutive months.
- Healthcare sharing ministry member
- Enrolled in Tri-Care in 2018
- Coverage considered unaffordable- minimum amount you would have paid for premiums is greater than 8.05% of your household income
- Resident of a state that did not expand Medicaid.
- General hardship that prevented you from obtaining coverage- examples are bankruptcy, shut-off notice from utility company, death of a close family member.

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Due Diligence Questionnaire

MUST be filled out to claim Head of Household (HOH), Earned Income Credit (EIC), Child Tax Credit (CTC), and/or American Opportunity Tax Credit/ Education Credit (AOTC).

Have any of your credits ever been disallowed or reduced in a previous year by the IRS? Yes No

If YES, did you complete all of the required recertification forms? Yes No

HEAD OF HOUSEHOLD (HOH)

1 Were you unmarried on the last day of the tax year and did you provide more than half of the cost of keeping up a home for the year for a qualifying person?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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EARNED INCOME CREDIT (EIC)

2 Do you understand the rules about claiming the EIC when a child is the child of more than one qualifying taxpayer?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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3 Are you aware of the "tie-breaker" rules, and has it been determined that you are, in fact, eligible to claim the EIC for said child/children?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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4 Do you know that you may not claim the EIC if the child/children have not lived with you for over half the year, even if you have supported the child?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Child Tax Credit (CTC) / Additional Child Tax Credit (ACTC)

5	a	Has the child lived with you for over half the year? (If "yes," go to question 5c. If "no," answer question 5b.)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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	b	Is there an active Form 8332, Release/Revocation of Claim to Exemption for Child by Custodial Parent, or similar statement in place? <i>Please attach if "yes."</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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	c	Have you released the claim to another person? If yes, you cannot claim the earned income credit	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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American Opportunity Tax Credit (AOTC)

6	Have you provided proof, such as a Form 1098-T and receipts, for the qualified tuition and related expenses? <i>Any "billed" but unpaid expenses do not qualify. Only include amounts PAID in 2018 for tuition, fees, books, etc.</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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7	Please circle one:							
	Student Name_____	Freshman	Sophomore	Junior	Senior	Masters	PhD	Other
	Student Name_____	Freshman	Sophomore	Junior	Senior	Masters	PhD	Other
	Student Name_____	Freshman	Sophomore	Junior	Senior	Masters	PhD	Other