

Arlyce Cleveland LTD
11943 Lever Street NE
Minneapolis, MN 55449

Arlyce Cleveland LTD

11943 Lever Street NE
Minneapolis, MN 55449
arlyce@accounting-offices.net
Phone: (763)786-4626 | Fax: (763)786-0639

January 21, 2019

:

Income tax time is just around the corner! The enclosed packet has been prepared to assist you in gathering information for your 2018 tax return. Review the entire packet and answer any questions that apply.

Certain lines in the packet contain information from last year's return. You do not need to change the dollar amounts from last year; these figures are provided for reference only.

Bring this packet and all supporting documents, including W-2 and 1099 statements, to your tax-preparation appointment. We appreciate your trust in our business. Contact our office at (763)786-4626 if you have any questions or need additional information.

Sincerely,

Arlyce Cleveland
Arlyce Cleveland LTD

Arlyce Cleveland LTD

11943 Lever Street NE
Minneapolis, MN 55449
arlyce@accounting-offices.net
Phone: (763)786-4626 | Fax: (763)786-0639

January 21, 2019

Your privacy is important to us. Read the following privacy policy.

We collect nonpublic personal information about you from various sources, including:

- * Interviews regarding your tax situation
- * Applications, organizers, or other documents that supply such information as your name, address, telephone number, Social Security Number, number of dependents, income, and other tax-related data
- * Tax-related documents you provide that are required for processing tax returns, such as Forms W-2, 1099R, 1099-INT and 1099-DIV, and stock transactions

We do not disclose any nonpublic personal information about our clients or former clients to anyone, except as requested by our clients or as required by law.

We restrict access to personal information concerning you, except to our employees who need such information in order to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your personal information.

If you have any questions about our privacy policy, contact our office at (763)786-4626.

Sincerely,

Arlyce Cleveland
Arlyce Cleveland LTD

Arlyce Cleveland LTD

11943 Lever Street NE
Minneapolis, MN 55449
arlyce@accounting-offices.net
Phone: (763)786-4626 | Fax: (763)786-0639

January 21, 2019

Subject: Preparation of Your 2018 Tax Returns

:

Thank you for choosing Arlyce Cleveland LTD to assist you with your 2018 taxes. This letter confirms the terms of our engagement with you and outlines the nature and extent of the services we will provide.

We will prepare your 2018 federal and state income tax returns. We will depend on you to provide the information we need to prepare complete and accurate returns. We may ask you to clarify some items but will not audit or otherwise verify the data you submit. An Organizer is enclosed to help you collect the data required for your return. The Organizer will help you avoid overlooking important information. By using it, you will contribute to the efficient preparation of your returns and help minimize the cost of our services.

We will perform accounting services only as needed to prepare your tax returns. Our work will not include procedures to find defalcations or other irregularities. Accordingly, our engagement should not be relied upon to disclose errors, fraud, or other illegal acts, though it may be necessary for you to clarify some of the information you submit. We will inform you of any material errors, fraud, or other illegal acts we discover.

The law imposes penalties when taxpayers underestimate their tax liability. Call us if you have concerns about such penalties.

Should we encounter instances of unclear tax law, or of potential conflicts in the interpretation of the law, we will outline the reasonable courses of action and the risks and consequences of each. We will ultimately adopt, on your behalf, the alternative you select.

Our fee is based on the time required at standard billing rates plus out-of-pocket expenses. Invoices are due and payable upon presentation. All accounts not paid within thirty (30) days are subject to interest charges to the extent permitted by state law.

We will return your original records to you at the end of this engagement. Store these records, along with all supporting documents, canceled checks, etc., in a secure location in case these items are needed later to prove accuracy and completeness of a return. We retain copies of your records and our work papers for your engagement for seven years, after which these documents will be destroyed.

Our engagement to prepare your 2018 tax returns will conclude with the delivery of the completed returns to you (if paper-filing) or your signature and our subsequent submittal of your tax return (if e-filing). If you have not selected to e-file your returns with our office, you will be solely responsible to file the returns with the appropriate taxing authorities. Review all tax-return documents carefully before signing them.

To affirm that this letter correctly summarizes your understanding of the arrangements for this work, sign the enclosed copy of this letter in the space indicated and return it to us in the envelope provided.

Thank you for the opportunity to be of service. If you have any questions, contact our office at (763)786-4626.

Sincerely,

Arlyce Cleveland
Arlyce Cleveland LTD

(Both spouses must sign for preparation of joint returns.)

Accepted By:

Taxpayer

Spouse

Date

Checklist

Name:

SSN:

Checklist

This check list is provided to help you gather necessary information for us to prepare your 2018 income tax return. Return this list, along with the supporting documentation, to our office and let us know of any significant changes from your 2017 tax year.

Health Care Coverage (for each member of the household)

- ☐ Health Insurance Statements (Forms 1095-A, 1095-B, 1095-C)
- ☐ Any exemption certificates received from HHS giving you an exemption from having health insurance

Other Income (provide supporting documentation for income received for the following items)

- ☐ Sale of assets or property
- ☐ Cancellation of debt
- ☐ Other income _____

Payments (provide supporting documentation for payments made for the following items)

- ☐ Educator classroom expenses
- ☐ Employee business expenses
- ☐ Contributions to a Health Savings Account
- ☐ Expenses related to work relocation
- ☐ Alimony
- ☐ Student loan interest
- ☐ Tuition and fees for higher education
- ☐ Expenses related to child or dependent care
- ☐ Contributions to a Retirement Savings Account
- ☐ Medical and dental expenses
- ☐ Real estate taxes
- ☐ Other state and local taxes
- ☐ Mortgage interest
- ☐ Investment interest
- ☐ Cash Contributions
- ☐ Noncash Contributions
- ☐ Unreimbursed employee expenses
- ☐ Investment expenses
- ☐ Gambling losses
- ☐ Other payments _____

Questionnaire

Name:

SSN:

Questionnaire**Sharing Economy****Yes No**

- ☐ ☐ Did you receive income or incur expenses associated with car sharing (e.g., Lyft or Uber)?
If yes, attach Form 1099-MISC and Form 1099-K.
- ☐ ☐ Did you receive income or incur expenses associated with freelancing (e.g., Upwork or TaskRabbit)?
If yes, attach Form 1099-K or Form W-2.
- ☐ ☐ Did you receive income or incur expenses associated with fashion sharing (e.g., Poshmark or thredUP)?
If yes, provide documentation.
- ☐ ☐ Did you receive income or incur expenses associated with crowdfunding (e.g., Kickstarter or Indiegogo)?
If yes, attach Form 1099-K.
- ☐ ☐ Did you receive income or incur expenses associated with a short-term rental (e.g., Airbnb or HomeAway)?
If yes, provide documentation.

Additional Questions**Yes No**

- ☐ ☐ Did you receive income or incur expenses associated with a fantasy sport league?
If yes, provide documentation.
- ☐ ☐ Did you incur gains or losses due to damaged or stolen property?
- ☐ ☐ Did you incur gains or losses from virtual currencies (e.g., Bitcoin or Ripple)?
- ☐ ☐ Do you anticipate your income or withholdings to be different for 2019?

Miscellaneous Information

Name:

SSN:

Personal Information

Yes No

☐ ☐ Did your marital status change during the year?

If "Yes," explain _____

☐ ☐ Can you or your spouse be claimed as a dependent by someone else?

☐ ☐ Did your address change during the year?

Provide proof of identity to be eligible to e-file your tax return (driver's license or state-issued photo ID)

Dependent Information

☐ ☐ Did you have any changes in dependents during the year?

If "Yes," explain _____

☐ ☐ Can another person qualify to claim any of your dependents?

☐ ☐ Did you have any childcare expenses during the year?

☐ ☐ Did you have any adoption expenses during the year?

☐ ☐ Did you have any children under age 19 or a full-time student under age 24 with more than \$2100 of unearned income?

Provide documentation for proof of dependent related credits (school records, medical records, daycare records, etc.)

Health Care Information

☐ ☐ Did any member of your household **NOT** have healthcare coverage for the entire year?
Provide copies of all Forms 1095-A, 1095-B, 1095-C for **ALL** members of your household.

If any member of your household received an exemption from the marketplace, provide the Exemption Certificate Number (ECN).

☐ ☐ Did you receive any distributions from a Health Savings Account (HSA), Archer MSA, or Medicare Advantage MSA during the year?

Income, Purchases, Sales, and Debt Information

☐ ☐ Did you receive any tips not reported to your employer?

☐ ☐ Did you receive any disability income during the year?

☐ ☐ Did you cash any U.S. savings bonds during the year?

☐ ☐ Did you receive any other income not provided with this organizer?

If "Yes," explain _____

☐ ☐ Did you start a new business or purchase any rental property during the year?

☐ ☐ Did you sell an existing business, rental property, or other property during the year?

☐ ☐ Did you purchase any business assets or convert any assets to business use?

If "Yes," provide the cost of the asset, the date it was placed in service, and business use percentage.

☐ ☐ Did you purchase any gasoline, diesel, or special fuels for non-highway business use?

☐ ☐ Did you buy or sell any stocks, bonds, or other investments during the year?

☐ ☐ Did you sell a principal residence during the year?

If "Yes," provide closing documentation for the purchase and sale of the home

☐ ☐ Did you have a principal residence or a piece of real property foreclosed on during the year?

☐ ☐ Did you abandon a principal residence or a piece of real property during the year?

☐ ☐ Did you refinance your principal home or second home or take out a home equity loan during the year?

If "Yes," provide all escrow, closing, and other pertinent documentation and information.

☐ ☐ Did you receive any principal or interest during this year from property sold in prior years?

☐ ☐ Did you rent out your home or use it for business?

☐ ☐ Did you sell, exchange, or purchase any real estate during the year?

☐ ☐ Did you acquire a new or additional interest in a partnership or S corporation?

☐ ☐ Did you have any debts canceled or forgiven this year?

☐ ☐ Does anyone owe you money that has become uncollectible?

☐ ☐ Did you purchase a new hybrid, alternative motor, or electric motor energy-efficient vehicle during the year?

If "Yes," provide the year, make, model, VIN, and date the vehicle was placed in service.

Itemized Deduction Information

☐ ☐ Did you pay out-of-pocket medical or dental expenses (premiums, prescriptions, mileage, etc.) during the year?

☐ ☐ Did you pay any long-term care premiums for yourself, your spouse, or a dependent during the year?

☐ ☐ Did you receive any state or local income tax refunds from prior years?

☐ ☐ Did you make any major purchases (vehicle, boat, etc.) during the year?

☐ ☐ Did you pay any real estate property taxes or personal taxes during the year?

☐ ☐ Did you pay mortgage interest during the year?

Miscellaneous Information

Name:

SSN:

Itemized Deduction Information (continued)

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Did you make cash donations to charity during the year?
<input type="checkbox"/>	<input type="checkbox"/>	Did you make noncash donations to charity (clothes, furniture, etc.) during the year?
<input type="checkbox"/>	<input type="checkbox"/>	Did you donate a boat or vehicle during the year?
		If "Yes," attach Form 1098-C.
<input type="checkbox"/>	<input type="checkbox"/>	Did you have gambling winnings or losses during the year?
<input type="checkbox"/>	<input type="checkbox"/>	Did you have any job-related expenses that were not reimbursed by your employer (uniforms, safety equipment, etc.)?
<input type="checkbox"/>	<input type="checkbox"/>	Did you use your vehicle on the job other than for commuting to work?
<input type="checkbox"/>	<input type="checkbox"/>	Did you work out of town at any time during the year?

Retirement Information

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive any payments from a pension, profit sharing, or 401(k) plan during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make any withdrawals from or contributions to an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), myRA, or other qualified retirement plan during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive any Social Security benefits during the year? |

Education Information

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you pay tuition expenses that were required for attending college, university, or vocational school for yourself, your spouse, or a dependent during the year (even if classes were attended in another year)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did anyone in your household attend a post-secondary school during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make a contribution to or receive a distribution from an Education Savings Account or Qualified Tuition Program during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you pay student loan interest for yourself, your spouse, or your dependent(s) during the year? |

Miscellaneous Information

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you incur a gain or loss due to damaged or stolen property? |
| | | If "Yes," provide the incident date, value of the property, and amount of insurance reimbursements. |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you pay wages to any household employees (babysitter, nanny, housekeeper, etc.)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make gifts to any one person in excess of \$15,000 during the year? |
| | | If "Yes," are you splitting the gift with your spouse? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you incur moving expenses during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make any energy-efficient improvements to your main home during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you a business owner who paid health insurance premiums for your employees during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you apply an overpayment of your 2017 taxes to your 2018 estimated taxes? |
| <input type="checkbox"/> | <input type="checkbox"/> | If you have an overpayment of 2018 taxes, do you want the refund applied to your 2019 estimated taxes? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make any estimated payments toward your 2018 taxes? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you want to have any refund or balance due directly deposited or withdrawn? |
| | | If "Yes," provide a canceled checking or savings slip. |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive any notices from the IRS or state taxing authority? |
| | | If "Yes," explain _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | May the IRS discuss your tax return with your preparer? |
| <input type="checkbox"/> | <input type="checkbox"/> | Would you like a copy of your tax return emailed to you instead of receiving a printed copy? |

Foreign Account Information

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have a financial interest in or signature authority over a financial account or asset located in a foreign country? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive a distribution from, or were you a grantor of, or transferor to, a foreign trust? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have any income from, or pay taxes to, a foreign country? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you own property in a foreign country? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did the aggregate value of your foreign accounts exceed \$10,000 at any time during the year? |

Preparer Notes

Miscellaneous Notes _____

2018 Tax Organizer

Personal and Dependent Information

Personal Information

	Name	SSN	Date of birth	Healthcare coverage ALL year
Taxpayer				
Spouse				
Street address, city, state, and ZIP				
	Occupation	Daytime phone	Evening phone	Cell phone
Taxpayer				
Spouse				
Taxpayer email				
Spouse email				

Marital Status at end of 2018

- ☐ Married
☐ Married filing separately
☐ Single
☐ Widow(er) If spouse died in 2018 enter the date of death _____

Are you blind?

Are you disabled?

Are you a full-time student?

Do you want \$3 to go to the Presidential Election Campaign Fund?

Taxpayer

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

Spouse

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

Dependent Information

First and last name	SSN	Relationship	Months in home	Date of birth	Disabled	Full-time student	Healthcare coverage ALL year

List dependents required to file a return _____

Estimates

	Federal		Resident state		Resident city	
	Date paid	Amount	Date paid	Amount	Date paid	Amount
Overpayment applied from 2017	_____	_____	_____	_____	_____	_____
First quarter	_____	_____	_____	_____	_____	_____
Second quarter	_____	_____	_____	_____	_____	_____
Third quarter	_____	_____	_____	_____	_____	_____
Fourth quarter	_____	_____	_____	_____	_____	_____
Additional payments	_____	_____	_____	_____	_____	_____

Account Information for Deposits or Withdrawals

Name of bank	Bank routing number	Bank account number	Type of account		Use this account for	
			Checking	Savings	Deposits	Withdrawals

Appointment Information

Your 2018 appointment is scheduled for _____

Name: _____

SSN:

[illegible]

☐ ☐ Did anyone other than you or your spouse pay for healthcare coverage for anyone listed above?

☐ ☐ Did you pay for healthcare coverage for anyone not listed above?

If you had coverage for any part of the year:

Where was the policy obtained?

Employer / Medicare / Medicaid / Marketplace(Exchange) / Other

If you didn't have coverage part or all of the year:

Answer YES if the following applies to any member of the household

- ☐ Was your previous insurance policy canceled in 2018?

☐ Was coverage offered by your employer or your spouse's employer?

☐ Are you a member of a federally recognized Indian tribe?

☐ Are you eligible for services through an Indian healthcare provider?

☐ Are you a member of a healthcare sharing ministry?

☐ Did you live in the United States the entire year?

☐ Are you enrolled in TRICARE?

☐ Did you apply for CHIP coverage?

☐ Do any of the following apply to you? Do NOT indicate which one.

 - ☐ Became homeless
 - ☐ Evicted in the past six months, or facing eviction or foreclosure
 - ☐ Received a shut-off notice from a utility company
 - ☐ Recently experienced domestic violence
 - ☐ Recently experienced the death of a close family member
 - ☐ Recently experienced a fire, flood, or other natural or human-caused disaster that resulted in substantial damage to your property
 - ☐ Filed for bankruptcy in the last six months
 - ☐ Incurred unreimbursed medical expenses in the last 24 months that resulted in substantial debt
 - ☐ Experienced unexpected increases in essential expenses due to caring for an ill, disabled, or aging family member

Income

Name:

SSN:

Wages & Salaries

Provide all copies of Form W-2

Employer name	2018 federal wages

Retirement

Provide all copies of Form 1099-R

Payer name	2018 distribution

Form 1099-Misc Income

Provide all copies of Form 1099-MISC

Payer name	2018 amount

Name: _____

SSN:

Provide all copies of Form 1099-DIV & other statements that report dividend income

Interest Income

Provide all copies of Form 1099-INT, Form 1099-OID and other statements that report interest income

If any interest income listed above is from a seller-financed mortgage, provide the payer's ID number and address

Other Income and Adjustments

Name: _____

SSN: _____

Other Income

	2018 Taxpayer	2018 Spouse
Scholarships or grants not reported on Form W-2	_____	_____
State income tax refund (attach Forms 1099-G)	_____	_____
Social Security Benefits (attach Forms 1099-SSA)	_____	_____
Railroad Retirement Benefits (attach Forms 1099-RRB)	_____	_____
Alimony received	_____	_____
Unemployment compensation (attach Forms 1099-G)	_____	_____
Unemployment compensation repaid in 2018	_____	_____
Gambling winnings (attach Forms W2-G)	_____	_____
Alaska Permanent Fund	_____	_____
ABLE distributions	_____	_____
Other income: _____	_____	_____
_____	_____	_____
_____	_____	_____

Adjustments

	2018 Taxpayer	2018 Spouse
Educator expenses (If you are an educator, enter the amount you paid for classroom supplies).	_____	_____
Contributions made to a Health Savings Account (HSA)	_____	_____
Contributions made to a Self-Employed Pension plan (SEP)	_____	_____
Payments made for Self-Employed Health Insurance for you, your spouse, or dependents	_____	_____
Alimony paid		
Name: _____ SSN: _____	_____	_____
Name: _____ SSN: _____	_____	_____
Contributions made to an Individual Retirement Account (IRA)	_____	_____
Contributions made to a Roth IRA	_____	_____
Contributions made to a myRA	_____	_____
Interest paid on a student loan	_____	_____
Other adjustments: _____	_____	_____

Job-related Moving Expenses

☐ Select this box and complete the fields below if you are member of the Armed Forces on active duty, and moved due to a military order for a permanent change of station.

2018

Number of miles from old home to old workplace	_____
Number of miles from old home to new workplace	_____
Expense to move household goods & personal effects and lodging expenses while traveling to your new home. (Do not include cost of meals)	_____

Schedule C - Profit or Loss from Business

Name:

SSN:

General Business Information

Business name _____ Employer ID number _____

Professional product or service _____

Business address, city, state, ZIP _____

☐ This business started or was acquired during 2018☐ Yes ☐ No

Payments of \$600 or more were paid to an individual who is not your employee for services provided for this business

☐ This business was disposed of during 2018☐ Yes ☐ No

You filed Form(s) 1099 for the individual(s)

Income

	2018	2018
Gross receipts or sales	_____	Other income _____
Income from Form 1099-MISC	_____	_____
Returns & allowances	_____	_____

Expenses

	2018	2018
Advertising	_____	Travel _____
Car & truck expenses	_____	Total meals _____
Commissions & fees	_____	Utilities _____
Contract labor	_____	Wages _____
Depletion	_____	Other expenses (list) _____
Employee benefit programs	_____	_____
Insurance (other than health)	_____	_____
Interest - mortgage	_____	_____
Interest - other	_____	_____
Legal & professional services	_____	_____
Office expenses	_____	_____
Pension & profit sharing plans	_____	_____
Rent or lease (vehicles, machinery, & equipment)	_____	_____
Rent (other business property)	_____	_____
Repairs & maintenance	_____	_____
Supplies	_____	_____
Taxes & licenses	_____	_____

Cost of Goods Sold

	2018	2018
Inventory at beginning of year	_____	Materials & supplies _____
Purchases	_____	Other costs _____
Cost of personal use items	_____	Inventory at end of year _____
Cost of labor	_____	<input type="checkbox"/> There was a change in inventory method

Schedule E - Income or Loss from Rental Real Estate & Royalties

Name: _____

SSN: _____

General Property Information

Property description _____
 Address, city, state, ZIP _____

Select the property type

- | | | | |
|--|---|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Single family residence | <input type="checkbox"/> Vacation / short-term rental | <input type="checkbox"/> Land | <input type="checkbox"/> Self-rental |
| <input type="checkbox"/> Multi-family residence | <input type="checkbox"/> Commercial | <input type="checkbox"/> Royalties | <input type="checkbox"/> Other _____ |

Number of days property was rented _____ Number of days property was used for personal use _____

If the rental is a multi-dwelling unit and you occupied part of the unit, enter the percentage you occupied _____

- | | | |
|---|--|---|
| <input type="checkbox"/> This property is your main home | <input type="checkbox"/> Yes <input type="checkbox"/> No | Payments of \$600 or more were paid to an individual who is not your employee for services provided for this rental |
| <input type="checkbox"/> This property was disposed of during 2018 | <input type="checkbox"/> Yes <input type="checkbox"/> No | You filed Form(s) 1099 for the individual(s) |
| <input type="checkbox"/> This property was owned as a qualified joint venture | | |

Income

	2018		2018
Rent income	_____	Royalties from oil, gas, mineral, copyright or patent	_____
Rental income from Form(s) 1099-MISC	_____	Royalties from Form 1099-MISC	_____

Expenses

	Rental unit expenses	Rental and homeowner expenses	
Advertising	_____	_____	If this Schedule E is for a multi-unit dwelling and you lived in one unit and rented out the other units, use the "Rental and homeowner expenses" column to show expenses that apply to the entire property. Use the "Rental unit expenses" column to show expenses that pertain ONLY to the rental portion of the property.
Auto & travel	_____	_____	
Cleaning & maintenance	_____	_____	
Commissions	_____	_____	
Depletion	_____	_____	
Insurance	_____	_____	
Legal & professional fees	_____	_____	
Management fees	_____	_____	If the Schedule E is not for a multi-unit property in which you lived in one unit, complete just the "Rental unit expenses" column.
Mortgage interest	_____	_____	
Other interest	_____	_____	
Repairs	_____	_____	
Supplies	_____	_____	
Taxes	_____	_____	
Utilities	_____	_____	
Other expenses	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	

Name: _____

SSN: _____

Provide all copies of Schedule K-1 and attachments

[illegible]

Schedule F - Profit or Loss from Farming

Name: _____

SSN: _____

General Information

Principal product _____ Employer ID number _____

☐ This farm was disposed of during 2018☐ Yes ☐ No Payments of \$600 or more were paid to an individual who is not your employee for services provided for this farm☐ Yes ☐ No You filed Form(s) 1099 for the individual(s)

Income

	2018		2018
Sale of livestock / other items	_____	Custom hire income	_____
Cost of items bought for resale	_____	Beginning inventory for accrual	_____
Sale of products you raised	_____	Ending inventory for accrual	_____
Total cooperative distributions	_____	<input type="checkbox"/> You used unit-livestock-price or farm-price inventory method	
Total agricultural payments	_____	Other income	_____
Commodity Credit Corporation (CCC) loans:			
CCC loans reported	_____		_____
CCC loans forfeited	_____		_____
Crop insurance proceeds:			
Amount received in 2018	_____		_____
<input type="checkbox"/> You elect to defer to 2019			
Amount deferred from 2017	_____		_____

Expenses

	2018		2018
Car & truck expenses	_____	Repairs & maintenance	_____
Chemicals	_____	Seeds & plants purchased	_____
Conservation expenses	_____	Storage & warehousing	_____
Custom hire (machine work)	_____	Supplies purchased	_____
Employee benefit programs	_____	Taxes	_____
Feed purchased	_____	Utilities	_____
Fertilizers & lime	_____	Veterinary, breeding, & medicine	_____
Freight & trucking	_____	Other expenses	_____
Gasoline, fuel, & oil	_____		_____
Insurance (other than health)	_____		_____
Interest - mortgage (paid to banks, etc.)	_____		_____
Interest - other	_____		_____
Labor hired (less jobs credit)	_____		_____
Pension & profit-sharing plans	_____		_____
Rent - vehicles, machinery, & equipment	_____		_____
Rent - other (land, animals, etc.)	_____		_____

Form 4835 - Farm Rental Income and Expenses

Name: _____

SSN: _____

General Information

Description _____ Employer ID Number _____

☐ This farm was disposed of during 2018**Income**

	2018		2018
Income from production of livestock, grains, and other crops	_____	Crop insurance proceeds:	
Total cooperative distributions	_____	Amount received in 2018	_____
Total agricultural payments	_____	<input type="checkbox"/> You elect to defer to 2019	
Commodity Credit Corporation (CCC) loans:		Amount deferred from 2017	_____
CCC loans reported	_____	Other income	_____
CCC loans forfeited	_____		_____

Expenses

	2018		2018
Car & truck expenses	_____	Seeds & plants purchased	_____
Chemicals	_____	Storage & warehousing	_____
Conservation expenses	_____	Supplies purchased	_____
Custom hire (machine work)	_____	Taxes	_____
Employee benefit programs	_____	Utilities	_____
Feed purchased	_____	Veterinary, breeding, & medicine	_____
Fertilizers & lime	_____	Other expenses	
Freight & trucking	_____		_____
Gasoline, fuel, & oil	_____		_____
Insurance (other than health)	_____		_____
Interest - mortgage (paid to banks, etc.)	_____		_____
Interest - other	_____		_____
Labor hired (less jobs credit)	_____		_____
Pension & profit-sharing plans	_____		_____
Rent - vehicles, machinery & equip	_____		_____
Rent - other (land, animals, etc.)	_____		_____
Repairs & maintenance	_____		_____

Expenses Related to Business

Name: _____

SSN: _____

Auto Expense

Name of business vehicle is used for _____

Description of vehicle _____ Date vehicle was placed in service _____

☐ Another vehicle is available for personal use☐ There is evidence to support your deduction☐ This vehicle is available for use during off-duty hours☐ The evidence is written

Number of miles the vehicle was driven during 2018

Business _____ Commuting _____ Total _____

Garage rent _____ Property tax _____

Gas _____ Repairs _____

Insurance _____ Tires _____

Licenses _____ Tolls _____

Oil _____ Other expenses _____

Parking fees _____ _____

Lease payments _____ _____

Interest _____ _____

Business Use of Home

Name of business home is used for _____

What is the total square footage of your home that was used regularly and exclusively for business? _____

What is the total square footage of your home? _____

For daycare facilities not used exclusively for business, complete the following questions

How many days during the year was the area used? _____

How many hours per day was the area used? _____

☐ The daycare facility was in operation for the entire year

Expenses

Office expenses

Home expenses

Mortgage interest _____

Real estate taxes _____

Excess mortgage interest _____

Insurance _____

Rent _____

Repairs & maintenance _____

Utilities _____

Other expenses _____

In the "Office expenses" column, enter those expenses that pertain exclusively to your office; in the "Home expenses" column, enter those expenses that pertain to the entire dwelling.

Schedule A - Itemized Deductions

Name:

SSN:

Medical and Dental Expenses

Health insurance premiums (paid by you)

Long-term care premiums (you)

Long-term care premiums (your spouse)

Long-term care premiums (dependents)

Mileage driven for medical purposes

Medical and dental expenses

 Doctor, dental, etc

 Prescription medicines

 Insulin

 Glasses and contacts

 Hearing aids

 Braces

 Medical equipment & supplies

 Hospital services

 Laboratory services

 Nursing services

 Other

Taxes Paid

State and local income taxes

Sales tax

Real estate taxes

Personal property taxes

Other taxes (list)

Interest Paid

Mortgage interest paid (attach Form 1098)

☐ Some of your home mortgage loan was not used to buy, build, or improve your home

Mortgage interest paid to an individual

Paid to:

 Name _____

 Address _____

 City, State, ZIP _____

 SSN or EIN _____

Qualified mortgage insurance premiums

Investment interest

Charitable Contributions

Donations to charity	Cash	Noncash	Amount
Church	<input type="checkbox"/>	<input type="checkbox"/>	_____
Boy or Girl Scouts	<input type="checkbox"/>	<input type="checkbox"/>	_____
Goodwill	<input type="checkbox"/>	<input type="checkbox"/>	_____
Red Cross	<input type="checkbox"/>	<input type="checkbox"/>	_____
Salvation Army	<input type="checkbox"/>	<input type="checkbox"/>	_____
United Way	<input type="checkbox"/>	<input type="checkbox"/>	_____
Veterans	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hospital	<input type="checkbox"/>	<input type="checkbox"/>	_____
University	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other	<input type="checkbox"/>	<input type="checkbox"/>	_____

Miles driven for charitable purposes _____

Other Miscellaneous Deductions

Amortizable bond premiums

Federal estate tax

Gambling losses

Impairment-related work expenses

Claim repayments

Unrecovered pension investments

Loss from other activities from Schedule K-1

Ordinary loss debt instrument

Job Expenses & Certain Miscellaneous Deductions

Necessary job expenses you paid that were not reimbursed by your employer

 Safety equipment, tools, & supplies

 Uniforms

 Protective clothing (shoes, hardhats, glasses, etc.)

 Dues to professional organizations

 Books & subscriptions

 Other

Tax preparation fees

Other nonpersonal expenses related to taxable income

 Safe deposit box fees

 Investment expenses not entered elsewhere

 Other

Other Information

Name: _____

SSN: _____

Mortgage Interest

Provide all copies of Form 1098

Lender's name	Mortgage interest received	Mortgage insurance premiums	Real estate taxes paid
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Employee Business Expenses

- ☐ You are a qualified performing artist
 ☐ You are a member of the clergy
☐ You are a fee-based state or local government official
 ☐ You used your personal vehicle for your job during 2018
☐ You are a disabled employee with impairment-related work expenses
☐ You are a reservist

NOT reimbursed
by your employerReimbursed by your employer
not included on your W-2

Rural mail carrier expenses	_____	_____
Parking fees, tolls, local transportation	_____	_____
Meals	_____	_____
Overnight business travel expenses (Do not include meals & entertainment)	_____	_____
Other business expenses	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Casualties and Thefts

FEMA code _____	FEMA code _____
Property description _____	Property description _____
Property location _____	Property location _____
Date property was acquired _____	Date property was acquired _____
Date property was damaged or stolen _____	Date property was damaged or stolen _____
Cost of property damaged or stolen _____	Cost of property damaged or stolen _____
Amount of damage _____	Amount of damage _____
Insurance reimbursement _____	Insurance reimbursement _____

Other Information

Name: _____

SSN: _____

Child and Other Dependent Care Expenses

Name of care provider	Address	SSN or EIN	Amount paid

Education Expenses

Provide all copies of Form 1098-T

Student name _____

Student name _____

Type of expense	Amount	Type of expense	Amount

Student name _____

Student name _____

Type of expense	Amount	Type of expense	Amount

Student name _____

Student name _____

Type of expense	Amount	Type of expense	Amount