

INDIVIDUAL TAX ORGANIZER 2018

BASIC TAXPAYER AND SPOUSE INFORMATION

Taxpayer's Name _____ SSN _____ DOB ___/___/___ Occupation _____

Spouse's Name _____ SSN _____ DOB ___/___/___ Occupation _____

Taxpayer's Driver's License # _____ State _____ Date issue ___/___/___ Date expiration ___/___/___

Spouse's Driver's License # _____ State _____ Date issue ___/___/___ Date expiration ___/___/___

Mailing Address: Street _____ City _____ State _____ Zip _____

Physical Address: Street _____ City _____ State _____ Zip _____

Taxpayer Email _____ Spouse Email _____

Taxpayer Phone: Home _____ Work _____ Cell _____

Spouse Phone: Home _____ Work _____ Cell _____

Status as of 12/31/2018 (Circle One): Married Civil Union Single Unmarried-widow(er)

If you resided in more than one state during the year, provide the period of residence in each location.

State #1 _____ From ___/___/___ To ___/___/___ Own or Rent _____

State #2 _____ From ___/___/___ To ___/___/___ Own or Rent _____

DEPENDENT INFORMATION

Name	Relationship	# Months living with you in 2018	DOB	SSN	2018 Full-Time Student (Y or N)
A) _____	_____	_____	_____	_____	_____
B) _____	_____	_____	_____	_____	_____
C) _____	_____	_____	_____	_____	_____
D) _____	_____	_____	_____	_____	_____
E) _____	_____	_____	_____	_____	_____

PROCESSING OF POTENTIAL REFUND

I do want a portion of my refund applied to my 2019 income taxes: Yes _____ No _____

I do want my refund direct deposited: Yes _____ No _____

BANK INFORMATION FOR DIRECT DEPOSIT OF REFUND (IF APPLICABLE)

Bank name _____ Type of account: Savings _____ Checking _____

Bank routing number _____ Account number _____

PLEASE PROVIDE THE FOLLOWING TAX FORMS AND CHECK THE BOX IF PROVIDED TO US:

- _____ W-2 (Wages)
- _____ 1095-A, 1095-B, 1095-C
- _____ SSA-1099 (Social Security)
- _____ 1099-R (Retirement)
- _____ 1099-INT (Interest), 1099-DIV (Dividends), 1099-B (Proceeds)
- _____ 1099-Misc (Rents, other)
- _____ 1099-SA (Distribution from Health Savings Account)
- _____ 1098-Mortgage Interest
- _____ 1098-E (Student Loan Interest)
- _____ 1098-T (Tuition Statement)
- _____ College/University statement of tuition charges and payments
- _____ Schedule K-1 (Partnerships, S-Corporations, Estate, Trusts)
- _____ Property tax bills – 2 most recent annual bills
- _____ Prior year federal and state tax returns (Not necessary if prior year returned was prepared by us)
- _____ Any other document marked "Important tax documents enclosed"
- _____ Any IRS or state notices relating to a prior year's tax returns

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HEALTH COVERAGE INFORMATION

In the following table write the name of the taxpayer, spouse and each dependent in your tax family and check the box for each month the individual was covered by a minimum essential health insurance plan:

Name	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Taxpayer _____												
Spouse _____												
Dependent A _____												
Dependent B _____												
Dependent C _____												
Dependent D _____												
Dependent E _____												

HEALTH COVERAGE QUESTIONS

YES **NO**

1. Did you receive Medicaid insurance through the Vermont Health Connect for 2018? _____
2. Did you, your spouse or dependent purchase a health insurance plan through the Vermont Health Connect or other Health Exchange for 2018? *If yes, please provide Form 1095-A.* _____
3. Did you or your spouse's health insurance plan cover someone you are not claiming as a dependent? _____
4. Were you, your spouse or any of your dependents covered by someone else's health plan? _____

If you, your spouse or any dependent did NOT maintain minimum essential health insurance coverage for every month in 2018 please answer the following additional two questions:

5. Were you, your spouse or dependents eligible but declined to participate in an employer sponsored health plan? _____

HEAD OF HOUSEHOLD AND DEPENDENT QUESTIONS

YES **NO**

6. a. Do you have any dependents who must file an income tax return? _____
 b. If yes, do you want us to prepare the dependent's return? _____
7. Are each of your dependents, listed on page 1, a US citizen, national or resident of the United States? _____
8. Did any of the dependents, listed on page 1, provide more than half of their own support in 2018? _____
9. Have any of your dependents, listed on page 1, been convicted of a felony? _____
10. Did you maintain a home and provide over half of the household costs, which is the principal place of abode of a dependent, for more than half the tax year? _____
11. Are any of the qualifying children or qualifying relatives you are claiming as dependents married and filing a joint return with their spouse? _____
12. Claiming a qualifying child for the Earned Income Tax Credit, Child Tax Credit, Additional Child Tax Credit, and Other Dependent Credit are covered by IRS tiebreaker rules when more than one person meets the tests to claim the child. Are there any other individuals who could claim any of the dependents listed in page 1? _____
13. Is there an active Form 8332, "Release/Revocation of Claim to Exemption for child by Custodial Parent"? *If so, please provide a copy.* _____
14. Do you have proper documentation to substantiate eligibility for the following credits and Head of Household status, if applicable; Earned Income Tax Credit, Child Tax Credit, Additional Child Tax Credit, Other Dependent Credit and the American Opportunity Tax Credit? _____
15. Were any of the tax credits or head of household status, identified in the previous question, disallowed or reduced by the IRS in a previous tax year? _____

Note: A taxpayer may not claim the Child Tax Credit or the Additional Child Tax Credit if the taxpayer has not lived with the child for over half of the year, even if the taxpayer has supported the child unless the child's custodial parent has released a claim to exemption for the child.

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GENERAL QUESTIONS

YES NO

16. Did any births, adoptions, marriages, divorces or deaths occur in your immediate family last year? _____
17. Did you have any interests in, or signature, or authority over a bank, securities, or other financial account in a foreign country? _____
18. Were you the grantor, transferor or beneficiary of a foreign trust? _____
19. Did you make any federal quarterly estimated payments? This does not include payroll withholding reported on a W-2 by your employer. *If yes, please provide the date and amount paid.* _____
20. Did you make any state quarterly estimated payments? This does not include payroll withholding reported on a W-2 by your employer. *If yes, please provide the date and amount paid.* _____

INCOME

21. Did you receive income from legal proceedings or cancellation of debt? _____
22. Did you receive any disability payments this year? _____
23. Did you receive tip income not reported to your employer? _____
24. Did you sell or purchase a principal residence or other real estate? *If yes, please provide the settlement statement sheet and Form 1099-S* _____
25. Did you receive unemployment compensation? *If yes, provide Form 1099-G.* _____
26. Did you receive or pay alimony this year? _____
27. Were you granted, or did you exercise any stock options? _____
28. Did you have any interests in partnerships, LLCs, S corporations? *If yes, provide Schedule K-1* _____
29. Are you the beneficiary of any estates or trust? *If yes, provide Schedule K-1.* _____
30. Did you have any income from self-employment? *If yes, complete the Schedule C Worksheet** _____
31. Did you have any income from rental property? *If yes, complete the Schedule E Worksheet** _____

*The Schedule C and E Worksheets are available at www.paceandhawley.com

DEDUCTIONS / CREDITS

32. Did you have any foreign income, pay any foreign taxes, or file any foreign information reporting or tax return forms? _____
33. Did you contribute to an employer sponsored retirement plan? _____
34. Did you contribute to a traditional IRA, Roth IRA or SEP-IRA for tax year 2018? *If yes, please provide a statement showing the amount of contributions for the tax year and specify type of plan.* _____
35. If eligible, would you like to consider making an IRA contribution before April 15, 2019 for tax year 2018? *If yes, how much and specify the type of plan.* _____
36. Did you contribute to a Health Savings Account (HSA) for tax year 2018? *If yes, please provide an annual bank summary statement for your health savings account for 2018.* _____
37. If eligible, would you like to consider making an HSA contribution before April 15, 2019 for tax year 2018? _____
38. Did you receive any distributions from a health savings account (HSA) for the tax year? *If yes, please provide from 1099-SA* _____
39. Did you use distributions from a health savings account (HSA) for purposes other than for payment of qualified medical expenses? _____
40. Did you incur expenses as an elementary or secondary educator? *If yes, how much:* _____
41. Did you pay any adoption expenses? _____

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- | | <u>YES</u> | <u>NO</u> |
|--|------------|-----------|
| 42. Did you pay any tuition expenses? <i>If yes, please provide Form 1098-T and a schedule from the University/College showing amounts billed and paid during 2018.</i> | _____ | _____ |
| 43. Did you purchase and install qualified solar electric, solar hot water, or geothermal heat pumps in 2018? <i>If yes, please provide a description and the amount paid:</i> | _____ | _____ |
| <hr/> | | |
| 44. Did you pay any property taxes? <i>If yes, please provide your two most recent property tax bills and the amounts paid in 2018.</i> | _____ | _____ |
| 45. Did you pay mortgage interest? <i>If yes, please provide Form 1098 or provide the name, SSN of the individual to whom you paid the mortgage to.</i> | _____ | _____ |
| 46. Did you make any charitable contributions? <i>If yes, please provide the name, amount of the contribution and description if the contribution was not cash.</i> | _____ | _____ |
| 47. Did you make any payments on student loans? <i>If yes, please provide Form 1098-E.</i> | _____ | _____ |
| 48. Did you pay for child care for your dependent so that you and your spouse could work? <i>If yes, please provide the amount paid for each dependent and the name, SSN/EIN, address and telephone number of the day care provider.</i> | _____ | _____ |
| 49. Did you have any other deductions not listed above? <i>If yes, provide a description and amount.</i> | _____ | _____ |
| 50. Did you make any contributions to the VT Higher Education Investment plan? <i>If yes, please provide the annual statement for each account.</i> | _____ | _____ |

STATE QUESTIONS

- | | <u>YES</u> | <u>NO</u> |
|---|------------|-----------|
| 51. Did you have income from a state other than the state of your residence? | _____ | _____ |
| 52. Are you required to pay the Vermont Use Tax which is defined as tax on out-of-state/internet purchases where the retailer did not withhold sales tax? <i>If yes, please provide the amount.</i> | _____ | _____ |
| 53. Did anyone other than you, your spouse and dependents live with you and have income in 2018? <i>If yes, please provide a description of the income and amount.</i> | _____ | _____ |
| 54. Did any dependent living with you have more than \$6,500 of earned income? <i>If yes, please provide a description of the income (Wages, self-employment etc.) and amount.</i> | _____ | _____ |
| 55. Did any dependent have any unearned (interest, dividends etc.) income? <i>If yes, please provide a description of the income and amount.</i> | _____ | _____ |
| 56. Did any household members receive gifts of \$6,500 or more for the year? <i>If yes, please provide the amount.</i> | _____ | _____ |
| 57. a. Do you own real estate in VT? <i>If yes, complete the following:</i> | _____ | _____ |
| b. Do you expect to be a VT resident and own and occupy your property on April 1, 2019? | _____ | _____ |
| c. Did you live in VT for the entire 2018 calendar year? | _____ | _____ |
| 58. a. Did you rent for 12 months in VT in calendar year 2018? <i>If yes, complete the following:</i> | _____ | _____ |
| b. Would you like us to complete the Renter Rebate Claim? <i>If yes, please provide the completed VT Landlord's Certificate obtained from your landlord.</i> | _____ | _____ |

I have read and understood the above information and have provided to you all income received in the tax year. The information I have provided is correct to the best of my knowledge.

Taxpayer Signature: _____

Date: _____