

Taxpayer Information				Spouse Information			
Last name				Last name			
First name				First name			
Middle Initial.....		Suffix.....		Middle Initial.....		Suffix.....	
Social security number				Social security number			
Occupation				Occupation.....			
Work phone		Ext ...		Work phone.....		Ext ...	
Cell phone				Cell phone			
E-mail address.....				E-mail address.....			
Date of birth.....				Date of birth			
Address			Apartment number.....				
City		State.....		ZIP Code.....			
Home phone.....		Fax number					

Dependent Information					
First name	MI	Social Security Number	Date of Birth	Months Lived with Taxpayer	Child Care Expense
Last name	Suffix	Relationship			

Child and Dependent Care Provider Expenses			
Name	Address	ID Number	Amount Paid

Education Tuition and Fees
 Attach all Form 1098-Ts and a list of your qualified education expenses.

Student Loan Interest Paid
 Enter total 2018 qualified student loan interest.....

Attach Form(s) W-2 – Wages, Salaries, Tips and Other Compensation

Employer Name	2017 Amount
_____	_____
_____	_____
_____	_____

Attach Form(s) 1099-R – Distributions from Pensions, Annuities, Retirement, Profit-Sharing, IRAs, etc

1099-R Payer Name	2017 Amount
_____	_____
_____	_____
_____	_____

Attach Form(s) SSA-1099 – Social Security/Railroad Benefits

	Taxpayer	Spouse
Social Security Benefits from Form SSA-1099	_____	_____
Railroad Retirement Benefits from Form RRB-1099	_____	_____
Medicare B premiums withheld	_____	_____
Medicare C premiums withheld	_____	_____
Medicare D premiums withheld	_____	_____

Attach Form(s) 1099-MISC – Miscellaneous Income

1099-MISC Payer Name

Attach Form(s) 1099-INT – Interest Income

1099-INT Payer Name	2017 Amount
_____	_____
_____	_____
_____	_____
_____	_____

Attach Form(s) 1099-DIV – Dividend Income

1099-DIV Payer Name	2017 Amount
_____	_____
_____	_____
_____	_____
_____	_____

Attach Form(s) 1099-B, 1099-S – Sales of Stocks, Bonds, Real Estate, etc

Attach all stock sale transaction information, including initial cost information.

Other Government Forms to attach:

Form(s) 1099-G – Certain Government Payments, Schedule K-1s – Partnership, S-Corporation, Trust or Estate Income, Form(s) W-2G – Gambling or Lottery Winnings, Form(s) 1099-Q – Payments from Qualified Education Programs

Other Income:

Alimony, jury duty, unreported tips, disability income, etc. Business, rentals, farms: Attach income and expenses for any business, rental or farm you own. Include a list of all new equipment acquired this year, including date of purchase and cost.

Retirement Plan Contributions

	Taxpayer	Spouse
Traditional IRA contributions made for 2018	_____	_____
Roth IRA contributions made for 2018	_____	_____
SEP, Keogh, Individual 401(k) or SIMPLE Contributions	_____	_____

2018 Deductions

Medical and Dental Expenses	2018 Amount	2017 Amount
Prescription medications.....		
Health insurance premiums		
Doctors, dentists, etc		
Hospitals, clinics, etc		
Eyeglasses and contact lenses		
Miles driven for medical purposes.....		
Other medical and dental expenses: _____		
Taxes	2018 Amount	2017 Amount
Real estate taxes paid on principal residence		
Real estate taxes paid on additional homes or land		
Auto license registration fees based on the value of the vehicle		
Other personal property taxes		
Interest Expenses		
Home mortgage interest paid – Attach Form(s) 1098. Lender's Name	2018 Amount	2017 Amount
Points paid on loan to buy, build or improve main home Lender's Name	2018 Amount	
Cash/Check/Credit Contributions	2018 Amount	2017 Amount
Noncash Charitable Contributions		
Attach all receipts with details listing the following information: Donee, donee address, description of donation, date acquired and date contributed, your cost, value at time of donation, and how you acquired the property.		
Miscellaneous Deductions	2018 Amount	2017 Amount
Union and professional dues		
Professional subscriptions, books, supplies		
Uniforms and protective clothing (including cleaning)		
Job search costs		
Taxpayer educator expenses.....		
Spouse educator expenses.....		
Tax return preparation fees		
Safe deposit box rental		
Gambling losses (to the extent of gambling income)		
Other expenses (list): _____		

2018 Questions

	Yes	No
1 Did a lender cancel any of your debt in 2018? (Attach any Forms 1099-A or 1099-C).....	<input type="checkbox"/>	<input type="checkbox"/>
2 Did you make energy efficient improvements to your home or purchase any energy-saving property during 2018? If yes , please attach details.....	<input type="checkbox"/>	<input type="checkbox"/>
3 Did you purchase a motor vehicle or boat during 2018 ?..... If yes , attach documentation showing sales tax paid.	<input type="checkbox"/>	<input type="checkbox"/>
4 Did you purchase a hybrid or electric vehicle in 2018? If yes , enter year, make, model, and date purchased: _____	<input type="checkbox"/>	<input type="checkbox"/>
5 Did you donate a vehicle in 2018? If yes , attach Form 1098C.....	<input type="checkbox"/>	<input type="checkbox"/>
6 What was the sales tax rate in your locality in 2018 ? _____ % State ID _____		
7 Did your marital status change during 2018?..... If yes , explain: _____	<input type="checkbox"/>	<input type="checkbox"/>
8 Were you or your spouse permanently and totally disabled in 2018?	<input type="checkbox"/>	<input type="checkbox"/>
9 Do you have dependents who must file?.....	<input type="checkbox"/>	<input type="checkbox"/>
10 Do you have children who are under age 19 or a full time student under age 24 with investment income greater than \$2,100?...	<input type="checkbox"/>	<input type="checkbox"/>
11 Did you provide over half the support for any other person during 2018?	<input type="checkbox"/>	<input type="checkbox"/>
12 Did you incur adoption expenses during 2018?	<input type="checkbox"/>	<input type="checkbox"/>
13 Did you receive a total distribution from an IRA or other qualified plan that was partially or totally rolled over into another IRA or qualified plan within 60 days of the distribution?.....	<input type="checkbox"/>	<input type="checkbox"/>
14 Did you receive any disability payments in 2018?	<input type="checkbox"/>	<input type="checkbox"/>
15 Did you receive tip income not reported to your employer?	<input type="checkbox"/>	<input type="checkbox"/>
16a Did you buy, sell, refinance, foreclose or abandon a principal residence or other real property in 2018 ? If yes , attach closing or escrow statements, 1099-C or 1099-A forms.....	<input type="checkbox"/>	<input type="checkbox"/>
b If you sold a home, did you claim the First-Time Homebuyer Credit when you purchased it?.....	<input type="checkbox"/>	<input type="checkbox"/>
17 Did you incur any casualty or theft losses during 2018 ?.....	<input type="checkbox"/>	<input type="checkbox"/>
18 Did you incur any non-business bad debts?.....	<input type="checkbox"/>	<input type="checkbox"/>
19 Did you pay any individual for domestic services in 2018 ?.....	<input type="checkbox"/>	<input type="checkbox"/>
20 Did you buy or sell any stocks or bonds in 2018 ?	<input type="checkbox"/>	<input type="checkbox"/>
21 Did you use the proceeds from Series EE or I U.S. savings bonds purchased after 1989 to pay for higher education expenses?	<input type="checkbox"/>	<input type="checkbox"/>
22 Did you incur any moving expenses? If yes , attach details.....	<input type="checkbox"/>	<input type="checkbox"/>
23 Did you receive any income not included in this Tax Organizer?..... If yes , please attach information.	<input type="checkbox"/>	<input type="checkbox"/>
24 Do you expect your income and deductions in 2019 to be the same as 2018 ?	<input type="checkbox"/>	<input type="checkbox"/>
If no , attach explanation of changes expected.		
25a Did you and your dependents have health insurance coverage for the full year?	<input type="checkbox"/>	<input type="checkbox"/>
b Did you receive any of the following IRS documents? Forms 1095-A (Health Insurance Marketplace Statement), Form 1095-B (Health Coverage) or Form 1095-C (Employer Provided Health Insurance Offer and Coverage)? If so, please attach.....	<input type="checkbox"/>	<input type="checkbox"/>
26 If you paid any alimony, enter recipient's SSN: _____ Alimony paid: _____		
27 Enter your state of residence..... Taxpayer _____ Spouse _____		

Electronic Filing and Direct Deposit of Refund **Yes** **No**

If your tax return is eligible for Electronic Filing, would you like to file electronically?..... **Yes** **No**

The Internal Revenue Service is able to deposit many refunds directly into taxpayers' accounts.
If you receive a refund, would you like direct deposit?

If **yes**, please provide a voided check (not a deposit slip) if your bank account information has changed.
What type of account is this?..... Checking Savings

Estimated Tax Paid							
Federal		State			Local		
Date	Amount	Date	Amount	ID	Date	Amount	ID

Additional Information (Enter any additional information here and attach any documents.)

Health Insurance Coverage

ORG3A

Preparer note: The fields on this form are non-enterable. This worksheet is meant to gather client data only. This worksheet will not transfer to the ProSeries/1040 product. Data from this worksheet must be manually entered on the appropriate form in ProSeries/1040.

Part 1 Coverage																		
Enter the name, SSN/DOB and health insurance status for each person who will claim on your return in the table below: See the information below regarding the new health insurance reporting requirements beginning in 2015.																		
Name of covered individual(s)	SSN or DOB	Covered 12 mos	Exchange Policy	Exemption Received	Indicate which months each person was covered by MEC*:													
					Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec		
1.																		
2.																		
3.																		
4.																		
5.																		
6.																		
7.																		
8.																		
9.																		

Use this worksheet to list the names of individuals listed on the income tax return and their health care insurance coverage status. It will help your tax preparer determine who has health insurance coverage, who may have an exemption, and who may be subject to the individual shared responsibility payment.

Most individuals are required to have:

- ▶ **Minimum Essential Coverage (*MEC)**, or
- ▶ an **Exemption** from the responsibility to have minimum essential coverage, or
- ▶ Make a **Shared Responsibility Payment**.

Minimum Essential Coverage includes employer-sponsored coverage, health insurance purchased through the Health Insurance Marketplace (Exchange), Medicare, Medicaid, certain VA coverage, Tricare, etc.

Exemptions may be obtained in advance from Healthcare.gov. Exemptions are available to members of federally recognized tribes, certain religious sects, and members of healthcare sharing ministries. There are numerous other exemptions and hardship exemptions available at www.irs.gov/uac/ACA-Individual-Shared-Responsibility-Provision-Exemptions or www.healthcare.gov/exemptions. Some exemptions may be claimed directly on the income tax return.

The **Shared Responsibility Payment** is the **GREATER OF 2.5%** of the household income that is above the filing threshold for the filing status, or the family's flat dollar amount is \$695 per adult and \$347.50 per child, limited to a family maximum of \$2,085. This total is capped at the cost of the national average premium for a bronze level plan available through the Marketplace.

If you purchased a health insurance policy from an exchange (or Marketplace), check the Exchange Policy box above. You will receive Form 1095-A from the exchange that issued your policy. Please provide this form with your Organizer documents to your tax preparer.

Please call with any questions on this worksheet.

Additional Information

ORG5

Did you pay for any long-term care insurance?

Did you make any contributions to a WI state-sponsored college savings program?

Did you make any internet, mail order or other out-of-state purchases that you did not pay sales tax on?

Did you pay any rent in Wisconsin?