



**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.

|   | Taxpayer | Spouse |
|---|----------|--------|
| <b>Retirement Plan Contributions</b>                        |          |        |
| Traditional IRA contributions made for 2018 .....           | _____    | _____  |
| Roth IRA contributions made for 2018 .....                  | _____    | _____  |
| SEP, Keogh, Individual 401(k) or SIMPLE Contributions ..... | _____    | _____  |

**2018 Deductions**

| <b>Medical and Dental Expenses</b>  | <b>2018 Amount</b> | <b>2017 Amount</b> |
|---|--------------------|--------------------|
| 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:<br>_____   | _____              | _____              |
| <b>Taxes</b>  | <b>2018 Amount</b> | <b>2017 Amount</b> |
| 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 .....   | _____              | _____              |
| <b>Interest Expenses</b>  |                    |                    |
| Home mortgage interest paid – Attach Form(s) 1098.  |                    |                    |
| <b>Lender's Name</b>  | <b>2018 Amount</b> | <b>2017 Amount</b> |
| _____   | _____              | _____              |
| Points paid on loan to buy, build or improve main home  |                    |                    |
| <b>Lender's Name</b>  | <b>2018 Amount</b> |                    |
| _____   | _____              |                    |
| <b>Cash/Check/Credit Contributions</b>  | <b>2018 Amount</b> | <b>2017 Amount</b> |
| _____   | _____              | _____              |
| _____   | _____              | _____              |
| _____   | _____              | _____              |
| <b>Noncash Charitable Contributions</b>   |                    |                    |
| 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. |                    |                    |
| <b>Miscellaneous Deductions</b>   | <b>2018 Amount</b> | <b>2017 Amount</b> |
| 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):<br>_____   | _____              | _____              |

**2018 Questions**

|   |                          |                          |
|---|--------------------------|--------------------------|
|   | <b>Yes</b>               | <b>No</b>                |
| 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 <b>yes</b> , please attach details.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 Did you purchase a motor vehicle or boat during 2018 ?.....<br>If <b>yes</b> , attach documentation showing sales tax paid.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 Did you purchase a hybrid or electric vehicle in 2018? If <b>yes</b> , enter year, make, model, and date purchased:<br>_____  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 Did you donate a vehicle in 2018? If <b>yes</b> , 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?.....<br>If <b>yes</b> , 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 <b>not</b> 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 <b>yes</b> , attach closing or escrow statements, 1099-C or 1099-A forms.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>b</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 <b>yes</b> , attach details.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 23 Did you receive any income not included in this Tax Organizer?.....<br>If <b>yes</b> , 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 <b>no</b> , 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>b</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..... <b>Taxpayer</b> _____ <b>Spouse</b> _____   |                          |                          |

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

If your tax return is eligible for Electronic Filing, would you like to file electronically?.....

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

| <b>Estimated Tax Paid</b> |        |       |        |    |       |        |    |
|---------------------------|--------|-------|--------|----|-------|--------|----|
| 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.

| <b>Part 1 Coverage</b>  |            |                |                 |                    |  |     |     |     |     |     |     |     |     |     |     |     |  |  |
|---|------------|----------------|-----------------|--------------------|--|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|--|--|
| Enter the name, SSN/DOB and health insurance status for each person who will claim on your return in the table below:<br>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](http://www.irs.gov/uac/ACA-Individual-Shared-Responsibility-Provision-Exemptions) or [www.healthcare.gov/exemptions](http://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.