

ESTATE AND TRUST INCOME

2018
(K-1 E/T)

Your 2017 K-1 information is shown below.

K-1 INFORMATION

Name of Estate, Trust _____
Federal ID Number _____
If any rental real estate, are you an active participant? _____

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Federal ID Number _____
If any rental real estate, are you an active participant? _____

* Please attach all K-1 schedules received for 2018.

PENSION AND RETIREMENT INCOME

2018
(1099R)

PENSIONS AND IRAS

Listed below are your pension, IRA distributions, and Social Security received last year (if any).

Name of payer _____
Street address _____
City, State, Zip Code _____
Employer Identification Number _____

TAXPAYER SPOUSE IRA

Name of payer _____
Street address _____
City, State, Zip Code _____
Employer Identification Number _____

TAXPAYER SPOUSE IRA

Name of payer _____
Street address _____
City, State, Zip Code _____
Employer Identification Number _____

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Street address _____
City, State, Zip Code _____
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Name of payer _____
Street address _____
City, State, Zip Code _____
Employer Identification Number _____

TAXPAYER SPOUSE IRA

* Please include any 1099's and other 2018 information.

If you ever made non-deductible contributions to your IRA, please provide year-end balances of all your IRA accounts.

SOCIAL SECURITY BENEFITS

(1040 WKT)

2018 AMOUNTS

2017 TOTAL AMOUNT

Taxpayer Amount \$ _____

Spouse Amount \$ _____

CHILD AND DEPENDENT CARE EXPENSES

2018
(2441)

Please list all care providers and the amounts paid to them in 2018. Any information from the prior year is shown below.

Name of provider _____
 Street address _____
 City, State, Zip Code _____
 Social Security Number or EIN _____
 Amount paid \$ _____ **2017 AMOUNT** \$ _____

Name of provider _____
 Street address _____
 City, State, Zip Code _____
 Social Security Number or EIN _____
 Amount paid \$ _____ **2017 AMOUNT** \$ _____

Name of provider _____
 Street address _____
 City, State, Zip Code _____
 Social Security Number or EIN _____
 Amount paid \$ _____ **2017 AMOUNT** \$ _____

Name of provider _____
 Street address _____
 City, State, Zip Code _____
 Social Security Number or EIN _____
 Amount paid \$ _____ **2017 AMOUNT** \$ _____

Name of provider _____
 Street address _____
 City, State, Zip Code _____
 Social Security Number or EIN _____
 Amount paid \$ _____ **2017 AMOUNT** \$ _____

List name of each child and total amount spent for care of that child.

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

***You may change or delete any information that does not apply to the current year.**

OFFICE IN THE HOME DEDUCTION

**2018
(8829)**

2017

Square footage of area used for business _____

Total square footage in your home _____

Is this your spouse's Schedule C? _____

Day care facilities:

Number of days used for day care _____

Number of hours per day used for day care _____

Enter date if you disposed of or sold this business during the year _____

EXPENSES DIRECTLY RELATING TO YOUR BUSINESS

2018

2017

Casualty losses _____

Deductible mortgage interest _____

Real estate taxes _____

Insurance _____

Rent _____

Repairs and maintenance _____

Utilities _____

Other expenses _____

EXPENSES RELATING TO ENTIRE HOUSEHOLD

Casualty losses _____

Deductible mortgage interest _____

Real estate taxes _____

Insurance _____

Rent _____

Repairs and maintenance _____

Utilities _____

Other expenses _____

Carryover of operating expenses from 2017 Form 8829 line 42 _____

Carryover of excess casualty losses and depreciation from 2017 Form 8829 line 43 _____

Enter the fair market value of your home _____

Enter the cost of your home _____

Enter the value of the land on which your home is placed _____

ITEMIZED DEDUCTIONS

2018
(SCH A)

	*T,S,J	2018	2017
MEDICAL AND DENTAL EXPENSES - Include prescription medicine & drugs, nonprescription medical supplies such as crutches, doctors, dentists, nurses, hospitals, medical insurance premiums, medical miles or actual expense.*			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Number of medical miles	_____	_____	_____
* Do not list amounts paid with pre-tax dollars or that were reimbursed.			
* Taxpayer, Spouse, or Joint			
TAXES PAID			
Real estate taxes	_____	_____	_____
Personal property taxes	_____	_____	_____
Other _____	_____	_____	_____
INTEREST PAID			
Home mortgage interest	_____	_____	_____
Points paid in purchasing new home	_____	_____	_____
Investment interest expense	_____	_____	_____
CONTRIBUTIONS - Receipts required for all contributions			
Cash			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Non-cash	_____	_____	_____
Number of charity miles	_____	_____	_____

BUSINESS INCOME AND EXPENSES

2018
(SCH C)

Your principal business or profession _____

Is this your spouse's Schedule C? _____

Business name _____

2017 Business code _____

Business address _____

Employer ID _____
(Not SSN)

Accounting method: _____

Enter date if you disposed of or sold this business during the year _____

BUSINESS VEHICLE	2018	2017
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Date placed in service _____

Miles used for: Business _____

Commuting _____

Other _____

PART I INCOME		
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Gross receipts or sales _____

Returns and allowances _____

Other income _____

PART II EXPENSES		
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Advertising _____

Car/Truck expenses _____

Commissions _____

Contract labor _____

Depletion _____

Employee benefit programs _____

Insurance _____

Interest - mortgage _____

Interest - other _____

Legal and professional services _____

Office expense _____

Pension and profit sharing _____

Rent or lease - vehicles, machinery _____

Rent - Other business property _____

Repairs and maintenance _____

Supplies _____

Taxes and licenses _____

Travel _____

Meals and entertainment _____

Utilities _____

Wages _____

Enter prior year unallowed loss (if any) _____

OTHER EXPENSES		(SCH C PG 2)
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Inventory method: Cost Lower of Cost or Market Other

Inventory at beginning of year _____

Purchases less cost of personal items _____

Inventory at end of the year _____

RENTAL REAL ESTATE AND ROYALTIES

2018
(SCH E)

KIND OF PROPERTY	Property A		Property B		Property C	
	2018	2017	2018	2017	2018	2017
LOCATION OF PROPERTY						
CITY						
STATE						
ZIP						
INCOME	2018	2017	2018	2017	2018	2017
Rent received						
Royalties received						
EXPENSES						
Advertising						
Auto and travel						
Cleaning and maintenance						
Commissions						
Insurance						
Legal, professional fees						
Management fees						
Mortgage interest						
Other interest						
Repairs						
Supplies						
Taxes						
Utilities						
Miscellaneous Expenses						
Type of misc expense 1						
Amount item 1						
Type of misc expense 2						
Amount item 2						
Type of misc expense 3						
Amount item 3						
Type of misc expense 4						
Amount item 4						
Enter loss carryover to 2018						
Did you actively participate in this venture?						
Did you use this property for personal use?						

W-2 INCOME

2018
(W-2)

Listed below are your employers shown on your last year's income tax return.

Name of employer _____
Street address _____
City, State, Zip Code _____
Employer Identification Number _____

TAXPAYER SPOUSE

Name of employer _____
Street address _____
City, State, Zip Code _____
Employer Identification Number _____

TAXPAYER SPOUSE

Name of employer _____
Street address _____
City, State, Zip Code _____
Employer Identification Number _____

TAXPAYER SPOUSE

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TAXPAYER SPOUSE

Name of employer _____
Street address _____
City, State, Zip Code _____
Employer Identification Number _____

TAXPAYER SPOUSE

* Please include a W-2 from each of your 2018 employers.

W-2G INCOME

2018
(W-2G)

Listed below are payers shown on your last year's income tax return.

***Please include any W-2G from each of your 2018 payers.**

Name of payer _____
Street address _____
City, State, Zip Code _____
Federal Identification Number _____
 TAXPAYER SPOUSE

Name of payer _____
Street address _____
City, State, Zip Code _____
Federal Identification Number _____
 TAXPAYER SPOUSE

Name of payer _____
Street address _____
City, State, Zip Code _____
Federal Identification Number _____
 TAXPAYER SPOUSE

ESTIMATED TAX PAID FOR THE 2018 TAX YEAR

(FED/ST TAX)

*** Please enter only the payments to be applied to the current year tax, including any payments made in January of 2019.**

Federal payments

State of ___ payments

Date paid	Amount paid	Date paid	Amount paid
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

State/local income tax balance due for previous years paid in 2018: _____

State/local estimate payment for 2017, due January 15, 2018, paid on or after January 1, 2018: _____