

2018 PERSONAL TAX DATA ORGANIZER

The information required on this form is pertinent to the preparation of your PERSONAL income tax return and relates to you and your family personally, and not to any business operations that you might have. All of your records used in the preparation of your tax return must be retained for no less than 3 years.

The prompt completion of this form with accompanying data support will ensure that your return is prepared & filed on time with the respective tax agencies.

PLEASE SIGN AND RETURN THIS FORM AS SOON AS POSSIBLE - BUT NO LATER THAN **FRIDAY, MARCH 15, 2019** TO GUARANTEE TIMELY FILING.

PERSONAL INFORMATION

Taxpayer (TP)

Name _____
Social Security # _____
Driver's License # State: ____ Lic# _____
Issue Date _____
Expiration Date _____
Date of Birth _____
Occupation _____
Email address _____
Work Phone _____
Cell Phone _____
Home Phone _____

Spouse (SP)

State: ____ Lic# _____

HOME ADDRESS

Number, Street, City, State & Zip Code (If foreign, provide country and other address info)

FILING STATUS

Single Married Filing Jointly Married Filing Separately Head of Household

DEPENDENTS

<u>Name</u>	<u>Social Security Number or ITIN</u>	<u>Date of Birth</u>	<u>Relationship</u>	<u># of Months Lived at Home</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

HEALTH INSURANCE

Was everyone covered by Health Insurance all year? Yes No Partial (Please explain on separate attachment)
Coverage Type:

Private (i.e. Employer provided) Social Security/Medicare
State/Husky MarketPlace/Exchange*

* MarketPlace/Exchange provider issues **Form 1095-A** which needs to be included in your tax documents

INCOME

SALARIES (FORM W-2)

INTEREST AND DIVIDENDS

<u>EMPLOYER'S NAME</u>	<u>TP/SP</u>	<u>STILL THERE?</u>	<u>FROM WHOM RECEIVED?</u>	<u>AMOUNT</u>	<u>FORM 1099</u>
_____	_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	_____	<input type="checkbox"/>

*If more lines are needed, please attach a separate schedule

CAPITAL GAINS (LOSSES) - sale of securities, personal property, bonds, etc.

<u>ITEM OR SECURITY SOLD</u>	<u>DATE SOLD</u>	<u>SALE PRICE</u>	<u>DATE BOUGHT</u>	<u>PURCHASE PRICE</u>	<u>GAIN/LOSS</u>
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____

*Broker documents and/or closing documents must be provided

IRA/401k/RETIREMENT DISTRIBUTIONS (1099-R forms must be provided)

<u>PAYER</u>	<u>GROSS DISTRIBUTION</u>	<u>TAXABLE DISTRIBUTION</u>	<u>FEDERAL TAX</u>	<u>STATE TAX</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

OTHER INCOME

- K-1 Distributions (Form K-1)
- Installment Sales Proceeds (Form 1099-S)
- Alimony Received
- Social Security (Form 1099-SSA)
- Unemployment Comp (Form 1099-G)
- State Income Tax Refund (Form 1099-G)
- Lottery Winnings (Form W2-G)

INCOME – CONTINUED...

RENTAL PROPERTY INCOME

	<u>Property #1</u>	<u>Property #2</u>	<u>Property #3</u>
Address/Description	_____	_____	_____
Gross Rent	_____	_____	_____
Advertising Expense	_____	_____	_____
Cleaning	_____	_____	_____
Commission	_____	_____	_____
Insurance	_____	_____	_____
Mortgage Interest	_____	_____	_____
Repairs	_____	_____	_____
Supplies	_____	_____	_____
Taxes	_____	_____	_____
Utilities	_____	_____	_____
Other	_____	_____	_____

EXPENSES

MEDICAL EXPENSES

Prescription Medications	_____	Eyeglasses and contact lenses	_____
Health Insurance Premiums <i>(paid out of pocket post-tax)</i>	_____	Medical Equipment	_____
Medicare Premiums	_____	Medical Miles Driven	_____ \$ _____
LTC Premiums – TP	_____	Lodging for medical	_____
LTC Premiums – SP	_____	Other (itemize below)	_____
Doctor and dentist co-pays	_____		
Hospitals/Clinics	_____		
X-Rays and lab fees	_____		
LTC costs – Medical Portion	_____		

*Medical expenses may be deductible to the extent they exceed 7.5% of your adjusted gross income, if you itemize

TAXES PAID

State Income Taxes	_____
Real Estate Taxes *Primary Residence	_____
Auto Taxes	_____
DMV	_____
Sewer/Water Taxes (NOT use fee)	_____
Sales Tax	_____
All Other	_____

INTEREST PAID (attach form(s) 1098)

Mortgage Interest (Primary Residence)	_____
Home Equity (LOC) *Only if used for the construction or maintenance of the primary residence	_____
Home Mortgage Insurance (PMI)	_____
Points	_____

EXPENSES – CONTINUED...

CHARITABLE DONATIONS (Cash, Credit Card, Or Check)

NON-CASH DEDUCTIONS (Goodwill, Veterans, Big Brothers)

<u>Organization</u>	<u>Amount</u>	<u>Organization</u>	<u>Amount</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

OTHER ADJUSTMENTS TO INCOME

CONTRIBUTION:

TRADITIONAL IRA

Taxpayer

Spouse

ROTH IRA

SEP

INDIVIDUAL 401K OR OTHER

_____	_____
_____	_____
_____	_____
_____	_____

ALIMONY PAID _____ TO WHOM: _____
Name of former spouse *Social Security #*

TUITION & FEES PAID _____

*Attach form 1098-T

TAXPAYER/SPOUSE/DEPENDENT _____

STUDENT LOAN INTEREST _____

*Attach form 1098-E

TAXPAYER/SPOUSE/DEPENDENT _____

DEPENDENT CARE PAID _____

*Facility name, address, and Federal ID# required for proper credit

NAME: _____

ADDRESS: _____

EIN: _____

CASUALTY LOSSES _____

*Personal casualty loss is deductible only if it is attributable to a federally declared disaster

BANK AND E-FILE INFORMATION

FEDERAL ELECTRONIC FILING

YES NO

If no, please give reason _____

STATES TO E-FILE

CT

NY

MA

OTHER _____

DIRECT DEPOSIT INFORMATION

BANK NAME _____ ROUTING # _____ ACCOUNT # _____

DIRECT DEBIT, IF APPLICABLE YES NO

DATE TO DEBIT PAYMENT _____