

| | | | | |
|-------------|-------------|-----------|---------------------------|----------|
| 2018 | 1040 | US | Client Information | 1 |
|-------------|-------------|-----------|---------------------------|----------|

NELSON VOGELHEIM & PHILLIPS LLP
 1101 FIFTH AVENUE, SUITE 305
 SAN RAFAEL CA 94901-3382
 Telephone number: (415) 352-1100
 Fax number: (415) 226-1874
 E-mail address:

Tax Return Appointment

Date:
 Time:
 Location:

This tax organizer will assist you in gathering information necessary for the preparation of your 2018 tax return. Please add, change, or delete information as appropriate.

CLIENT INFORMATION

| | | | |
|-----------------|--|--|--|
| Filing Status | Filing status (table) | | <p align="center">Filing Status</p> <p>1 = Single 2 = Married filing joint 3 = Married filing separate 4 = Head of household 5 = Qualifying widow(er)</p> |
| | 1=married filing separate and lived with spouse | | |
| | Year spouse died, if qualifying widow(er) (2016 or 2017) | | |
| Taxpayer | First name and initial | | |
| | Last name | | |
| | Title/suffix | | |
| | Social security number | | |
| | Occupation | | |
| | Date of birth (m/d/y) | | |
| | Date of death (m/d/y) | | |
| 1=blind | | | |
| Spouse | First name and initial | | |
| | Last name | | |
| | Title/suffix | | |
| | Social security number | | |
| | Occupation | | |
| | Date of birth (m/d/y) | | |
| | Date of death (m/d/y) | | |
| 1=blind | | | |
| Address | In care of | | |
| | Street address | | |
| | Apartment number | | |
| | City | | |
| | State | | |
| Foreign Address | ZIP code | | |
| | Region | | |
| | Postal code | | |
| | Country | | |

Please add, change or delete information for 2018.

CLIENT INFORMATION

| | | | |
|------------------------------------|--|--|--|
| Taxpayer Contact Information | Home phone Work phone..... Work extension..... Daytime phone (table) Mobile phone..... Fax number..... E-mail address..... | | Daytime Phone 1 = Work 2 = Home 3 = Mobile |
| Spouse Contact Information | Home phone Work phone..... Work extension..... Daytime phone (table) Mobile phone..... Fax number..... E-mail address..... | | |
| Taxpayer Authentication | Driver's license no. Driver's license state..... Expiration date (m/d/y) Issue date (m/d/y)..... Theft protection PIN..... | | |
| Spouse Authentication | Driver's license no. Driver's license state..... Expiration date (m/d/y) Issue date (m/d/y)..... Theft protection PIN..... | | |
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|-------------|-------------|-----------|-------------------|----------|
| 2018 | 1040 | US | Dependents | 2 |
|-------------|-------------|-----------|-------------------|----------|

Please add, change or delete information for 2018.

DEPENDENTS

| | Dependent | Dependent | |
|---------------------------------------|-----------|-----------|---|
| First name..... | | | <p>Type of Dependent</p> <p>1 = Child living w/taxpayer 2 = Child not living w/taxpayer 3 = Dependent other than child 4 = Head of household only, not a dependent 5 = Earned income credit only, not a dependent</p> <p>Earned Income Credit</p> <p>1 = When applicable (default) 2 = Student age 19 to 23 3 = Disabled 4 = Force 5 = Suppress</p> <p>NOTE: If you claim the earned income credit, please provide proof that your child is a resident of the U.S. This proof is typically in the form of:</p> <ol style="list-style-type: none"> 1. School records or statement 2. Landlord or property management statement 3. Health care provider statement 4. Medical records 5. Child care provider records 6. Placement agency statement 7. Social service records or statement 8. Place of worship statement 9. Indian tribe office statement 10. Employer statement <p>NOTE: If your child is disabled, please provide one of the following forms of proof of disability:</p> <ol style="list-style-type: none"> 1. Doctor statement 2. Other health care provider statement 3. Social services agency or program statement |
| Last name..... | | | |
| Title/suffix..... | | | |
| Date of birth (m/d/y)..... | | | |
| Date of death..... | | | |
| Date of adoption..... | | | |
| Social security number..... | | | |
| Relationship..... | | | |
| Months lived at home..... | | | |
| Type of dependent (see table)..... | | | |
| Earned income credit (see table)..... | | | |
| Claimed by: 1=taxpayer, 2=spouse..... | | | |
| | Dependent | Dependent | |
| First name..... | | | |
| Last name..... | | | |
| Title/suffix..... | | | |
| Date of birth (m/d/y)..... | | | |
| Date of death..... | | | |
| Date of adoption..... | | | |
| Social security number..... | | | |
| Relationship..... | | | |
| Months lived at home..... | | | |
| Type of dependent (see table)..... | | | |
| Earned income credit (see table)..... | | | |
| Claimed by: 1=taxpayer, 2=spouse..... | | | |
| | Dependent | Dependent | |
| First name..... | | | |
| Last name..... | | | |
| Title/suffix..... | | | |
| Date of birth (m/d/y)..... | | | |
| Date of death..... | | | |
| Date of adoption..... | | | |
| Social security number..... | | | |
| Relationship..... | | | |
| Months lived at home..... | | | |
| Type of dependent (see table)..... | | | |
| Earned income credit (see table)..... | | | |
| Claimed by: 1=taxpayer, 2=spouse..... | | | |
| | Dependent | Dependent | |
| First name..... | | | |
| Last name..... | | | |
| Title/suffix..... | | | |
| Date of birth (m/d/y)..... | | | |
| Date of death..... | | | |
| Date of adoption..... | | | |
| Social security number..... | | | |
| Relationship..... | | | |
| Months lived at home..... | | | |
| Type of dependent (see table)..... | | | |
| Earned income credit (see table)..... | | | |
| Claimed by: 1=taxpayer, 2=spouse..... | | | |

2018

1040

US

Miscellaneous Questions

If any of the following items pertain to you or your spouse for 2018, please check the appropriate box and provide additional information if necessary.

YES

NO

PERSONAL INFORMATION

Did your marital status change during the year?

Did your address change during the year?

Could you be claimed as a dependent on another person's tax return for 2018?

DEPENDENTS

Were there any changes in dependents?

Were any of your unmarried children who might be claimed as dependents 19 years of age or older (or 24 years or older if student) at the end of 2018?

Did you have any children under age 19 or full-time students under age 24 at the end of 2018, with interest and dividend income in excess of \$1,050, or total investment income in excess of \$2,100?

HEALTH CARE COVERAGE

Did you and your dependents have health care coverage for the full-year?

Did you receive any of the following IRS documents? Form 1095-A (Health Insurance Marketplace Statement), 1095-B (Health Coverage) or Form 1095-C (Employer Provided Health Insurance Offer and Coverage) If so, please attach.

If you or your dependents did not have health care coverage during the year, do you fall into one of the following exemptions categories: Indian tribe membership, health care sharing ministry membership, religious sect membership, incarceration, general hardship or unable to renew existing coverage? If you received an exemption certificate, please attach.

INCOME

Did you receive unreported tip income of \$20 or more in any month?

Did you cash any Series EE U.S. savings bonds issued after 1989 and pay qualified higher education expenses for yourself, your spouse, or your dependents?

Did you receive any disability income?

Did you have any foreign income or pay any foreign taxes?

PURCHASES, SALES AND DEBT

Did you start a business or farm, purchase rental or royalty property, or acquire an interest in a partnership, S corporation, trust, or REMIC?

Did you purchase or dispose of any business assets (furniture, equipment, vehicles, real estate, etc.), or convert any personal assets to business use?

Did you buy or sell any stocks, bonds or other investment property in 2018?

Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan?

Did you make any residential energy-efficient improvements or purchases involving solar, wind, geothermal or fuel cell energy sources?

Did you have any debts cancelled or forgiven?

Does anyone owe you money which has become uncollectible?

2018

1040

US

Miscellaneous Questions (continued)

If any of the following items pertain to you or your spouse for 2018, please check the appropriate box and provide additional information if necessary.

| YES | NO | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | RETIREMENT PLANS |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive a distribution from a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make a contribution to a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you transfer or rollover any amount from one retirement plan to another retirement plan? |
| | | EDUCATION |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive a distribution from an Education Savings Account or a Qualified Tuition Program? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school? |
| | | ITEMIZED DEDUCTIONS |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you incur a loss because of damaged or stolen property? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you work out of town for part of the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you use your car on the job (other than to and from work)? |
| | | ESTIMATED TAXES |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you apply an overpayment of 2017 taxes to your 2018 estimated tax (instead of being refunded)? |
| <input type="checkbox"/> | <input type="checkbox"/> | If you have an overpayment of 2018 taxes, do you want the excess applied to your 2019 estimated tax (instead of being refunded)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you expect your 2019 taxable income and withholdings to be different from 2018? |
| | | MISCELLANEOUS |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you want to allocate \$3 to the Presidential Election Campaign Fund? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does your spouse want to allocate \$3 to the Presidential Election Campaign Fund? |
| <input type="checkbox"/> | <input type="checkbox"/> | May the IRS discuss your tax return with your preparer? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have an interest in or signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account? |

2018

1040

US

Miscellaneous Questions (continued)

If any of the following items pertain to you or your spouse for 2018, please check the appropriate box and provide additional information if necessary.

| YES | NO | MISCELLANEOUS (continued) |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? |
| <input type="checkbox"/> | <input type="checkbox"/> | Was your home rented out or used for business? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have a medical savings account (MSA), a Medicare Advantage MSA, or acquire an interest in an MSA or a Medicare Advantage MSA because of the death of the account holder? Or, were you a policyholder who received payments under a long-term care (LTC) insurance contract or received any accelerated death benefits from a life insurance policy? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive a distribution from an Achieving a Better Life Experience (ABLE) savings account? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you a member of the Armed Forces of the United States on active duty who moved pursuant to a military order related to a permanent change of station? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you engage the services of any household employees? |
| <input type="checkbox"/> | <input type="checkbox"/> | Were you notified or audited by either the Internal Revenue Service or the State taxing agency? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you or your spouse make any gifts to an individual that total more than \$15,000, or any gifts to a trust? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did your bank account information change within the last twelve months? |

Please enter all pertinent 2018 information.

DIRECT DEPOSIT / ELECTRONIC PAYMENT (3)

| | | |
|--|--|--|
| 1=direct deposit of federal tax refund into bank account | | |
| 1=electronic payment of balance due | | |
| 1=electronic payment of estimated tax | | |

BANK INFORMATION

| Name of Bank | Percent to Deposit (xx.xx) | Routing Number | Account Number | Type of Account (Table 1) | Type of Invest. (Table 2) |
|--------------|----------------------------|----------------|----------------|---------------------------|---------------------------|
| | | | | | |
| | | | | | |
| | | | | | |

2018 ESTIMATED TAX / 1040-ES (6)

Federal

| | Amount Paid | Date Paid | TS | 2018 Voucher Amount |
|--|-------------|-----------|----|---------------------|
| Overpayment applied from 2017 | | | | |
| 1st quarter payment | | | | |
| 2nd quarter payment | | | | |
| 3rd quarter payment | | | | |
| 4th quarter payment | | | | |
| Additional Estimated Tax Payments | | | | |
| Paid with extension | | | | |
| Former spouse SSN if joint estimates | | | | |

State

| | Amount Paid | Date Paid | TS | 2018 Voucher Amount |
|-------------------------------------|-------------|-----------|----|---------------------|
| Overpayment applied from 2017 | | | | |
| 1st quarter payment | | | | |
| 2nd quarter payment | | | | |
| 3rd quarter payment | | | | |
| 4th quarter payment | | | | |
| Additional Estimated Tax Payments | | | | |
| Paid with extension | | | | |

1 **Type of Account**

1 = Savings
2 = Checking

2 **Type of Investment**

| | |
|---------------------------------------|--|
| 1 = Checking or savings (default) | 6 = Coverdell savings account (ESA) |
| 2 = Taxpayer's IRA (next year limits) | 7 = Other |
| 3 = Spouse's IRA (next year limits) | 8 = Taxpayer's IRA (current year limits) |
| 4 = Health savings account (HSA) | 9 = Spouse's IRA (current year limits) |
| 5 = Archer MSA | |

2018

1040

US

Direct Deposit & Estimates (Form 1040 ES) (cont.)

7.1

Please enter all pertinent 2018 information.

APPLICATION OF 2018 OVERPAYMENT (7.1)

If you have an overpayment of 2018 taxes, do you want the excess refunded? or applied to 2019 estimate? ...

Other (please explain): _____

2019 ESTIMATED TAX INFORMATION

Do you expect your 2019 taxable income to be different from 2018? Yes No
If "yes" explain any differences in income, deductions, dependents, etc.: _____

Do you expect your 2019 withholding to be different from 2018? Yes No
If "yes" explain any differences: _____

7.1

| | | | | |
|-------------|-------------|-----------|---|-----------------------|
| 2018 | 1040 | US | Wages, Pensions, Gambling Winnings | 10, 13.1, 13.2 |
|-------------|-------------|-----------|---|-----------------------|

Please enter all pertinent 2018 amounts & attach all W-2, W-2G and 1099-R forms.
Last year's amounts are provided for your reference.

WAGES, SALARIES, TIPS (10)

| No. | Name of Employer (Box c) | 1=retirement plan (Box 13) | | Wages, Tips, Other Compensation (Box 1) | Tax Withheld | | | | | 2017 Wages |
|-----|--------------------------|----------------------------|--|---|-----------------|-------------------------|------------------|----------------|----------------|------------|
| | | 1=spouse | | | Federal (Box 2) | Social Security (Box 4) | Medicare (Box 6) | State (Box 17) | Local (Box 19) | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

PENSIONS, IRA DISTRIBUTIONS (13.1)

| No. | Name of Payer | Distribution code #2 | | Gross Distribution (Box 1) | Taxable Amount (Box 2a) | Tax Withheld | | Value of all IRAs at 12/31/18 | 2017 Distribution |
|-----|---------------|----------------------|--|----------------------------|-------------------------|-----------------|----------------|-------------------------------|-------------------|
| | | Distribution code #1 | | | | Federal (Box 4) | State (Box 12) | | |
| | | 1=IRA/SEP/SIMPLE | | | | | | | |
| | | 1=spouse | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

GAMBLING WINNINGS (W-2G) (13.2)

| No. | Name of Payer | 1=spouse | Gross Winnings (Box 1) | Tax Withheld | | | 2017 Winnings |
|-----|---------------|----------|------------------------|-----------------|----------------|----------------|---------------|
| | | | | Federal (Box 4) | State (Box 15) | Local (Box 17) | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

GAMBLING LOSSES & WINNINGS (NON W-2G) (13.2)

| | | | | |
|--|--------------------|----------|----------|--------------------|
| | 2018 Amount | T | S | 2017 Amount |
| Total gambling losses | | | | |
| Winnings not reported on Form W-2G | | | | |

10, 13.1, 13.2

| | | | | |
|-------------|-------------|-----------|-----------------------------|-------------|
| 2018 | 1040 | US | Miscellaneous Income | 14.1 |
|-------------|-------------|-----------|-----------------------------|-------------|

Please enter all pertinent 2018 amounts and attach all 1099-MISC, SSA-1099, and RRB-1099 forms. Last year's amounts are provided for your reference.

MISCELLANEOUS INCOME

| | 2018 Amount | | 2017 Amount | |
|--|-------------|--------|-------------|--------|
| | Taxpayer | Spouse | Taxpayer | Spouse |
| Social security benefits (SSA-1099, box 5) | | | | |
| Medicare premiums paid (SSA-1099) | | | | |
| 1=treat Medicare premiums paid as SE health ins.. | | | | |
| Tier 1 RR retirement benefits (RRB-1099, box 5) .. | | | | |
| 1=lump-sum election for SS benefits | | | | |
| Alimony received | | | | |
| Taxable scholarships and fellowships | | | | |
| Jury duty pay | | | | |
| Household employee income not on W-2 | | | | |
| Excess minister's allowance | | | | |
| Alaska permanent fund dividends | | | | |
| Income from rental of personal property | | | | |
| Income subject to S/E tax: | | | | |
| _____ | | | | |
| _____ | | | | |
| _____ | | | | |
| _____ | | | | |
| Other income (1099-MISC, box 3, 8) | | | | |
| _____ | | | | |
| _____ | | | | |
| _____ | | | | |
| _____ | | | | |

TAX WITHHELD (not entered elsewhere)

| | | | | |
|-----------------------------------|--|--|--|--|
| Federal income tax withheld | | | | |
| State income tax withheld | | | | |
| Local income tax withheld | | | | |

| | |
|--|-------------|
| | 14.1 |
|--|-------------|

2018

1040

US

Business Income (Schedule C)

No.

16

Please enter all pertinent 2018 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

| | |
|--|--|
| Principal business/profession..... | |
| Principal business code..... | |
| Business name, if different from Form 1040..... | |
| Business address, if different from Form 1040... | |
| City, if different from Form 1040..... | |
| State, if different from Form 1040..... | |
| ZIP code, if different from Form 1040..... | |
| Foreign region..... | |
| Foreign postal code..... | |
| Foreign country..... | |
| Employer identification number..... | |
| Other accounting method..... | |

| | | |
|--|--|--|
| Accounting method: 1=cash, 2=accrual..... | | |
| Inventory method: 1=cost, 2=lower cost/market, 3=other..... | | |
| 1=change of inventory method..... | | |
| 1=spouse, 2=joint..... | | |
| 1=first Schedule C filed for this business..... | | |
| If required to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no..... | | |
| 1=not subject to self-employment tax..... | | |
| 1=did not "materially participate"..... | | |
| 1=personal services is not a material income producing factor..... | | |
| 1=investment..... | | |
| 1=minister's Schedule C..... | | |
| 1=single member limited liability company..... | | |
| 1=trader in financial instruments or commodities..... | | |

INCOME

| | 2018 Amount | 2017 Amount |
|--|-------------|-------------|
| Gross receipts or sales (Form 1099-MISC, box 7)..... | | |
| Returns and allowances..... | | |
| Other income: | | |
| _____ | | |
| _____ | | |
| _____ | | |

COST OF GOODS SOLD

| | 2018 Amount | 2017 Amount |
|---|-------------|-------------|
| Inventory at beginning of the year..... | | |
| Purchases..... | | |
| Cost of items for personal use..... | | |
| Cost of labor..... | | |
| Materials and supplies..... | | |
| Other costs: | | |
| _____ | | |
| _____ | | |
| _____ | | |
| Inventory at end of the year..... | | |

2018

1040

US

Business Income (Schedule C) (cont.)

No.

16 p2

Please enter all pertinent 2018 amounts. Last year's amounts are provided for your reference.

EXPENSES

| | 2018 Amount | 2017 Amount |
|--|-------------|-------------|
| Accounting..... | | |
| Advertising..... | | |
| Answering service..... | | |
| Bad debts from sales or service..... | | |
| Bank charges..... | | |
| Car and truck expenses (not entered elsewhere)..... | | |
| Commissions..... | | |
| Contract labor..... | | |
| Delivery and freight..... | | |
| Dues and subscriptions..... | | |
| Employee benefit programs..... | | |
| Insurance (other than health)..... | | |
| Mortgage interest (paid to banks, etc.)..... | | |
| Other interest (not entered elsewhere)..... | | |
| Janitorial..... | | |
| Laundry and cleaning..... | | |
| Legal and professional..... | | |
| Miscellaneous..... | | |
| Office expense..... | | |
| Outside services..... | | |
| Parking and tolls..... | | |
| Pension and profit sharing plans - contributions..... | | |
| Pension and profit sharing plans - admin. and education costs..... | | |
| Postage..... | | |
| Printing..... | | |
| Rent - vehicles, machinery, & equipment (not entered elsewhere)..... | | |
| Rent - other..... | | |
| Repairs..... | | |
| Security..... | | |
| Supplies..... | | |
| Taxes - real estate..... | | |
| Taxes - payroll..... | | |
| Taxes - sales tax included in gross receipts..... | | |
| Taxes - other (not entered elsewhere)..... | | |
| Telephone..... | | |
| Tools..... | | |
| Travel..... | | |
| Total meals in full (50%)..... | | |
| Department of Transportation meals in full (80%)..... | | |
| Uniforms..... | | |
| Utilities..... | | |
| Wages..... | | |

Other expenses:

| | | |
|-------|--|--|
| _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |

NOTE: If you purchased or disposed of any business assets, please complete Sheet 22.

16 p2

| | | | | | |
|-------------|-------------|-----------|---|--|-----------|
| 2018 | 1040 | US | Rental & Royalty Income (Schedule E) | No. <input style="width:40px;" type="text"/> | 18 |
|-------------|-------------|-----------|---|--|-----------|

Please enter all pertinent 2018 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

| | 2018 Amount | 2017 Amount |
|----------------------------------|-------------|--|
| Description of property..... | | Type of Property 1 = Single Family Residence 2 = Multi-Family Residence 3 = Vacation/Short-Term Rental 4 = Commercial 5 = Land 6 = Royalties 7 = Self-Rental |
| Street address..... | | |
| City..... | | |
| State..... | | |
| ZIP code..... | | |
| Type of property (see table).... | | |
| Other type of property..... | | |
| Number of days rented..... | | |

| | | | |
|--|--|---|--|
| Percentage of ownership if not 100% (.xxxx)..... | | 1=did not actively participate... 1=RE prof., activity is trade or business, 2=RE prof., not trade or business..... | |
| Percentage of tenant occupancy if not 100% (.xxxx)..... | | 1=rental other than real estate. | |
| 1=spouse, 2=joint..... | | 1=investment..... | |
| 1=qualified joint venture..... | | 1=single member limited liability company..... | |
| 1=nonpassive activity, 2=passive royalty..... | | | |
| If required to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no..... | | | |

INCOME

| | 2018 Amount | 2017 Amount |
|----------------------------------|-------------|-------------|
| Rents or royalties received..... | | |

DIRECT EXPENSES

NOTE: Direct expenses are related only to the rental activity. These include rental agency fees, advertising, and office supplies.

| | | |
|--|--|--|
| Advertising..... | | |
| Association dues..... | | |
| Auto and travel (not entered elsewhere)..... | | |
| Cleaning and maintenance..... | | |
| Commissions..... | | |
| Gardening..... | | |
| Insurance..... | | |
| Legal and professional fees..... | | |
| Licenses and permits..... | | |
| Management fees..... | | |
| Miscellaneous..... | | |
| Mortgage interest (paid to banks, etc.)..... | | |
| Qualified mortgage insurance premiums..... | | |
| Excess mortgage interest..... | | |
| Other interest (not entered elsewhere)..... | | |
| Painting and decorating..... | | |
| Pest control..... | | |
| Plumbing and electrical..... | | |
| Repairs..... | | |
| Supplies..... | | |
| Taxes - real estate..... | | |
| Taxes - other (not entered elsewhere)..... | | |
| Telephone..... | | |
| Utilities..... | | |
| Wages and salaries..... | | |
| Other: | | |
| _____ | | |
| _____ | | |
| _____ | | |

NOTE: If you purchased or disposed of any business assets, please complete Sheet 22.

2018

1040

US

Rental & Royalty Income (Sch. E) (cont.)

No.

18 p2

Please enter all pertinent 2018 amounts. Last year's amounts are provided for your reference. The indirect expense column should only be used for vacation homes or less than 100% tenant occupied rentals.

GENERAL INFORMATION

| | |
|---------------------------|----------------------|
| Foreign region | <input type="text"/> |
| Foreign postal code | <input type="text"/> |
| Foreign country | <input type="text"/> |

OIL AND GAS

| | 2018 Amount | 2017 Amount |
|---|----------------------|----------------------|
| Production type (preparer use only) | <input type="text"/> | <input type="text"/> |
| Cost depletion | <input type="text"/> | <input type="text"/> |
| Percentage depletion rate or amount | <input type="text"/> | <input type="text"/> |
| State cost depletion, if different (-1 if none) | <input type="text"/> | <input type="text"/> |
| State % depletion rate or amount, if different (-1 if none) | <input type="text"/> | <input type="text"/> |

VACATION HOME

| | |
|---|----------------------|
| Number of days personal use | <input type="text"/> |
| Number of days owned (if optional method elected) | <input type="text"/> |

INDIRECT EXPENSES

NOTE: Indirect expenses are related to operating or maintaining the dwelling unit. These include repairs, insurance, and utilities.

| | | |
|---|----------------------|----------------------|
| Advertising | <input type="text"/> | <input type="text"/> |
| Association dues | <input type="text"/> | <input type="text"/> |
| Auto and travel (not entered elsewhere) | <input type="text"/> | <input type="text"/> |
| Cleaning and maintenance | <input type="text"/> | <input type="text"/> |
| Commissions | <input type="text"/> | <input type="text"/> |
| Gardening | <input type="text"/> | <input type="text"/> |
| Insurance | <input type="text"/> | <input type="text"/> |
| Legal and professional fees | <input type="text"/> | <input type="text"/> |
| Licenses and permits | <input type="text"/> | <input type="text"/> |
| Management fees | <input type="text"/> | <input type="text"/> |
| Miscellaneous | <input type="text"/> | <input type="text"/> |
| Mortgage interest (paid to banks, etc.) | <input type="text"/> | <input type="text"/> |
| Qualified mortgage insurance premiums | <input type="text"/> | <input type="text"/> |
| Excess mortgage interest | <input type="text"/> | <input type="text"/> |
| Other interest (not entered elsewhere) | <input type="text"/> | <input type="text"/> |
| Painting and decorating | <input type="text"/> | <input type="text"/> |
| Pest control | <input type="text"/> | <input type="text"/> |
| Plumbing and electrical | <input type="text"/> | <input type="text"/> |
| Repairs | <input type="text"/> | <input type="text"/> |
| Supplies | <input type="text"/> | <input type="text"/> |
| Taxes - real estate | <input type="text"/> | <input type="text"/> |
| Taxes - other (not entered elsewhere) | <input type="text"/> | <input type="text"/> |
| Telephone | <input type="text"/> | <input type="text"/> |
| Utilities | <input type="text"/> | <input type="text"/> |
| Wages and salaries | <input type="text"/> | <input type="text"/> |
| Other: | <input type="text"/> | <input type="text"/> |
| _____ | <input type="text"/> | <input type="text"/> |
| _____ | <input type="text"/> | <input type="text"/> |
| _____ | <input type="text"/> | <input type="text"/> |
| _____ | <input type="text"/> | <input type="text"/> |
| _____ | <input type="text"/> | <input type="text"/> |

| | | | | |
|-------------|-------------|-----------|--|------------------|
| 2018 | 1040 | US | Partnership and S corporation Information | 20.1,20.2 |
|-------------|-------------|-----------|--|------------------|

Please add, change or delete 2018 information as appropriate. Be sure to attach all Schedule K-1s.

PARTNERSHIP INFORMATION (20.1)

| No. | Name of Partnership | Employer Identification Number | Tax Shelter Registration Number | Additional Amounts Invested in Partnership |
|-----|---------------------|--------------------------------|---------------------------------|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

S CORPORATION INFORMATION (20.2)

| No. | Name of S corporation | Employer Identification Number | Tax Shelter Registration Number | Additional Amounts Invested in S corporation |
|-----|-----------------------|--------------------------------|---------------------------------|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

20.1,20.2

Please enter all pertinent 2018 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

| | 2018 Amount | 2017 Amount |
|---|-------------|-------------|
| Description of vehicle..... | | |
| 1=no evidence to support your deduction..... | | |
| 1=no written evidence to support your deduction..... | | |
| 1=vehicle is available for off-duty personal use..... | | |
| 1=no other vehicle is available for personal use..... | | |
| 1=vehicle used primarily by more than 5% owner..... | | |
| Number of months of business use if changed from 100% personal use..... | | |

AUTOMOBILE MILEAGE

| | | |
|---|--|--|
| Total mileage (for the tax year)..... | | |
| Business mileage..... | | |
| Commuting mileage (for the tax year)..... | | |
| Average daily round-trip commute..... | | |

ACTUAL EXPENSES

| | | |
|--|--|--|
| Parking fees and tolls (business portion only)..... | | |
| Gasoline, lube, oil..... | | |
| Repairs..... | | |
| Tires..... | | |
| Insurance..... | | |
| Miscellaneous..... | | |
| Auto license (other than personal property taxes)..... | | |
| Personal property taxes (based on car's value)..... | | |
| Interest (car loan) (for Schedule C, E & F)..... | | |
| Vehicle rent or lease payments..... | | |
| Inclusion amount (enter as positive)..... | | |
| Value of employer-provided vehicle on Form W-2 (2106)..... | | |

Please enter all pertinent 2018 information. Last year's amounts are provided for your reference.

TRADITIONAL IRA CONTRIBUTIONS

| | 2018 Amount | | 2017 Amount | |
|--|-------------|--------|-------------|--------|
| | Taxpayer | Spouse | Taxpayer | Spouse |
| IRA contributions you made or expect to make (1=maximum) (\$5,500/\$6,500 if 50 or older)..... | | | | |
| Contributions made to date | | | | |
| 1=covered by plan, 2=not covered..... | | | | |
| 2018 payments from 1/1/19 to 4/15/19..... | | | | |

ROTH IRA CONTRIBUTIONS

| | 2018 Amount | | 2017 Amount | |
|---|-------------|--------|-------------|--------|
| | Taxpayer | Spouse | Taxpayer | Spouse |
| Roth IRA contributions you made or expect to make (1=maximum) (\$5,500/\$6,500 if 50 or older)..... | | | | |
| Contributions made to date | | | | |

SEP, SIMPLE AND QUALIFIED PLANS (KEOGH)

| | 2018 Amount | | 2017 Amount | |
|--|-------------|--------|-------------|--------|
| | Taxpayer | Spouse | Taxpayer | Spouse |
| Profit-sharing (25%/1.25) contributions you made or expect to make (1=maximum)..... | | | | |
| Money purchase (25%/1.25) contributions you made or expect to make (1=maximum)..... | | | | |
| Defined benefit contributions you expect to make..... | | | | |
| Self-employed SEP (25%/1.25) contributions you made or expect to make (1=maximum)..... | | | | |
| Plan contribution rate if not .25 (.xxxx)..... | | | | |
| Individual 401k: SE elective deferrals (except Roth) (1=max.)... | | | | |
| Individual 401k: SE designated Roth contributions (1=max.)... | | | | |
| SIMPLE contributions: | | | | |
| Self-employed SIMPLE contributions you made or expect to make (1=maximum)..... | | | | |
| Employer matching rate if not .03 (.xxxx)..... | | | | |
| 1=nonelective contributions (2%)..... | | | | |
| Contributions made to date | | | | |

ADJUSTMENTS TO INCOME

| | 2018 Amount | | 2017 Amount | |
|---|-------------|--------|-------------|--------|
| | Taxpayer | Spouse | Taxpayer | Spouse |
| Self-employed health insurance: | | | | |
| Total premiums (excluding long-term care).... | | | | |
| Long-term care premiums..... | | | | |
| Student loan interest paid (1098-E, box 1)..... | | | | |
| Educator expenses (kindergarten thru grade 12)... | | | | |
| Jury duty pay given to employer..... | | | | |
| Expenses from rental of personal property..... | | | | |
| Other adjustments to income: | | | | |
| _____ | | | | |
| _____ | | | | |
| _____ | | | | |

| | Taxpayer | Spouse |
|----------------------------|-----------|-----------|
| Alimony paid: | | |
| Recipient's first name.... | | |
| Recipient's last name.... | | |
| Recipient's SSN..... | | |
| Amount paid | 2017 amt: | 2017 amt: |

2018

1040

US

Itemized Deductions

25

Please enter all pertinent 2018 amounts and attach all 1098 forms.
Last year's amounts are provided for your reference.

MEDICAL AND DENTAL EXPENSES

NOTE: Enter self-employed health insurance premiums on Sheet 24 and Medicare insurance premiums on Sheet 14.

| | 2018 Amount | TS | 2017 Amount |
|--|-------------|----|-------------|
| Prescription medicines and drugs | | | |
| Doctors, dentists and nurses | | | |
| Hospitals and nursing homes | | | |
| Insurance premiums not entered elsewhere (excl. LT care & amts. paid w/pre-tax dollars) .. | | | |
| Long-term care premiums - taxpayer | | | |
| Long-term care premiums - spouse | | | |
| Insurance reimbursement (enter as a positive number) | | | |
| Lodging and transportation: | | | |
| Out-of-pocket expenses | | | |
| Medical miles driven | | | |
| Other medical and dental expenses: | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |

TAXES PAID (State and local withholding and 2018 estimates are automatic.)

| | | | |
|--|--|--|--|
| State income taxes - 1/18 payment on 2017 state estimate | | | |
| State income taxes - paid with 2017 state return extension | | | |
| State income taxes - paid with 2017 state return | | | |
| State income taxes - paid for prior years and/or to other state | | | |
| City/local income taxes - 1/18 payment on 2017 city/local estimate | | | |
| City/local income taxes - paid with 2017 city/local extension | | | |
| City/local income taxes - paid with 2017 city/local return | | | |

SALES AND USE TAXES PAID

| | | | |
|--|--|--|--|
| State and local sales taxes (except autos and special items) | | | |
| Use taxes paid on 2018 purchases | | | |
| Use taxes paid with 2017 state return | | | |
| Sales tax on autos not included above | | | |
| Sales tax on boats, aircraft, other special items | | | |

OTHER TAXES PAID

| | | | |
|---|--|--|--|
| Real estate taxes - principal residence: | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |
| Real estate taxes - property held for investment | | | |
| Personal property taxes (including auto fees in some states. Provide a copy of tax notice) .. | | | |
| Foreign income taxes | | | |
| Other taxes: | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |

2018

1040

US

Itemized Deductions (continued)

25 p2

Please enter all pertinent 2018 amounts. Last year's amounts are provided for your reference.

INTEREST PAID

Home mortgage int. (Box 1) and points (Box 2) reported on Form 1098:

2018 Amount

TS

2017 Amount

| | | |
|-------|--|--|
| _____ | | |
| _____ | | |
| _____ | | |

Home mortgage interest not reported on Form 1098:

| | |
|---------------------------|-------|
| Payee's name | _____ |
| Payee's SSN or FEIN .. | _____ |
| Payee's street address . | _____ |
| Payee's city | _____ |
| Payee's state | _____ |
| Payee's ZIP code | _____ |
| Payee's region | _____ |
| Payee's postal code | _____ |
| Payee's country | _____ |

| | | |
|-------------------|--|--|
| Amount paid | | |
|-------------------|--|--|

Points not reported on Form 1098:

| | | |
|-------|--|--|
| _____ | | |
| _____ | | |

Mortgage insurance premiums on post 12/31/06 contracts (Box 4)

| | | |
|--|--|--|
| | | |
|--|--|--|

Investment interest (interest on margin accounts):

| | | |
|-------|--|--|
| _____ | | |
| _____ | | |

Passive interest

| | | |
|--|--|--|
| | | |
|--|--|--|

Certain home mortgage interest included above (6251)

| | | |
|--|--|--|
| | | |
|--|--|--|

NOTE: Points paid on loans other than to buy, build, or improve your main home are deductible over the life of the mortgage. For these types of loans also provide the dates and lives of the loans.

CASH CONTRIBUTIONS

NOTE: No deduction is allowed for cash or check contributions unless the donor maintains a bank record, or a written communication from the donee, showing the name of the organization, contribution date(s), and contribution amount(s).

Churches, schools, hospitals, and other charitable organizations (60% limitation):

Contributions by cash or check:

| | | |
|-------|--|--|
| _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |

Volunteer expenses (out-of-pocket)

| | | |
|--|--|--|
| | | |
|--|--|--|

Number of charitable miles

| | | |
|--|--|--|
| | | |
|--|--|--|

Veterans' organizations, fraternal societies, nonprofit cemeteries, and certain private nonoperating foundations (30% limitation):

Contributions by cash or check:

| | | |
|-------|--|--|
| _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |

Volunteer expenses (out-of-pocket)

| | | |
|--|--|--|
| | | |
|--|--|--|

Number of charitable miles

| | | |
|--|--|--|
| | | |
|--|--|--|

25 p2

2018

1040

US

Itemized Deductions (continued)

25 p3

Please enter all pertinent 2018 amounts. Last year's amounts are provided for your reference.

NONCASH CONTRIBUTIONS

NOTE: Use Sheet 26 if total noncash contributions are over \$500. No deduction is allowed for contributions of clothing and household items that are not in *good* used condition or better. In addition, a deduction for any item with minimal monetary value may be denied.

50% limitation (see above):

| 2018 Amount | TS | 2017 Amount |
|-------------|----|-------------|
| | | |
| | | |
| | | |

30% limitation (see above):

| | | |
|--|--|--|
| | | |
| | | |
| | | |

30% capital gain property (gifts of capital gain property to 50% limit orgs.):

| | | |
|--|--|--|
| | | |
| | | |
| | | |

20% capital gain property (gifts of capital gain property to non-50% limit orgs.):

| | | |
|--|--|--|
| | | |
| | | |
| | | |
| | | |

25 p3

2018

1040

US

Itemized Deductions (continued)

25 p5

If either of the following conditions below apply to you, your home mortgage interest deduction may need to be limited and the input section provided below should be completed. If neither condition applies, enter home mortgage interest amounts on organizer sheet 25 p2.

1. Total home equity debt exceeded \$100,000 at any time during 2018 (\$50,000 if married filing separate). For this purpose, home equity debt is defined as any mortgages taken out in which the proceeds were used to buy, build, or improve your home.
2. Total home acquisition debt exceeded \$750,000 at any time during 2018 (\$375,000 if married filing separate). For this purpose, home acquisition debt is defined as any mortgages taken out after October 13, 1987 in which the proceeds were used to buy, build, or improve your home.

NOTE: When completing the input section below, grandfather debt represents loans taken out prior to October 14, 1987.

**Please enter all pertinent 2018 amounts and attach all 1098 forms.
Last year's amounts are provided for your reference.**

| | 2018 Amount | TS | 2017 Amount |
|--|-------------|----|-------------|
| Fair market value of the property on the date that the last debt was secured | | | |
| Home acquisition and grandfather debt on the date that the last debt was secured | | | |

LOAN INFORMATION

Loan #1

| | | | |
|---|--|--|--|
| Lender's name | | | |
| Form (see table) | | | |
| Number of form | | | |
| 1=taxpayer, 2=spouse, blank=joint | | | |
| Interest paid | | | |
| Points paid | | | |
| Total principal paid | | | |
| Lump sum principal payment (if paid off) | | | |
| Months outstanding (if not 12) | | | |
| Home acquisition debt balance - beginning of year | | | |
| Home acquisition debt borrowed in 2018 | | | |
| Home equity debt balance - beginning of year | | | |
| Home equity debt borrowed in 2018 | | | |
| Grandfather debt balance - beginning of year | | | |

Loan #2

| | | | |
|---|--|--|--|
| Lender's name | | | |
| Form (see table) | | | |
| Number of form | | | |
| 1=taxpayer, 2=spouse, blank=joint | | | |
| Interest paid | | | |
| Points paid | | | |
| Total principal paid | | | |
| Lump sum principal payment (if paid off) | | | |
| Months outstanding (if not 12) | | | |
| Home acquisition debt balance - beginning of year | | | |
| Home acquisition debt borrowed in 2018 | | | |
| Home equity debt balance - beginning of year | | | |
| Home equity debt borrowed in 2018 | | | |
| Grandfather debt balance - beginning of year | | | |

| |
|--|
| <p>Form</p> <p>1 = Schedule A (default) 2 = Business use of home 3 = Schedule E</p> |
|--|

25 p5

2018

1040

US

Itemized Deductions (continued)

25 p5 cont

Please enter all pertinent 2018 amounts and attach all 1098 forms.
Last year's amounts are provided for your reference.

LOAN INFORMATION (continued)

Loan #3

2018 Amount

TS

2017 Amount

| | | | |
|---|--|--|--|
| Lender's name | | | |
| Form (see table) | | | |
| Number of form | | | |
| 1=taxpayer, 2=spouse, blank=joint | | | |
| Interest paid | | | |
| Points paid | | | |
| Total principal paid | | | |
| Lump sum principal payment (if paid off) | | | |
| Months outstanding (if not 12) | | | |
| Home acquisition debt balance - beginning of year | | | |
| Home acquisition debt borrowed in 2018 | | | |
| Home equity debt balance - beginning of year | | | |
| Home equity debt borrowed in 2018 | | | |
| Grandfather debt balance - beginning of year | | | |

Loan #4

| | | | |
|---|--|--|--|
| Lender's name | | | |
| Form (see table) | | | |
| Number of form | | | |
| 1=taxpayer, 2=spouse, blank=joint | | | |
| Interest paid | | | |
| Points paid | | | |
| Total principal paid | | | |
| Lump sum principal payment (if paid off) | | | |
| Months outstanding (if not 12) | | | |
| Home acquisition debt balance - beginning of year | | | |
| Home acquisition debt borrowed in 2018 | | | |
| Home equity debt balance - beginning of year | | | |
| Home equity debt borrowed in 2018 | | | |
| Grandfather debt balance - beginning of year | | | |

Form
1 = Schedule A (default)
2 = Business use of home
3 = Schedule E

25 p5 cont

2018

1040

US

Noncash Contributions (Form 8283)

26

If your total noncash contributions are in excess of \$500 in 2018, please complete the information below for each donee using the following guidelines:

- * If you contributed a motor vehicle, boat, or airplane with a claimed value of more than \$500, attach Form 1098-C or other written acknowledgement received from the donee organization.
- * A deduction for contributions of clothing or other household items that are not in *good* used condition or better is not allowed. In addition, a deduction for any item with minimal monetary value may be denied. However, these rules do not apply to any contribution of a single item for which a deduction of more than \$500 is claimed, if a qualified appraisal for the donated property is provided.

DONATED PROPERTY INFORMATION

| | | | |
|---|---|--|--|
| No. <input style="width: 50px; height: 20px;" type="text"/> | | Name of charitable organization (donee)..... | |
| | | Street address | |
| | | City | |
| | | State | |
| | | ZIP code | |
| | | 1=spouse, 2=joint | |
| | | Property description (other than vehicle)..... | |
| | Vehicle | Identification number (VIN)..... | |
| | | Year (yyyy) | |
| | | Make and model | |
| | | Condition and mileage | |
| | | Date of contribution (m/d/y)..... | |
| | | Date acquired by donor (m/y) | |
| | | How acquired by donor (Table 1 or describe)..... | |
| | Donor's cost or basis | | |
| | Fair market value | | |
| | Method used to determine FMV (Table 2 or describe)..... | | |

| | | | |
|---|---|--|--|
| No. <input style="width: 50px; height: 20px;" type="text"/> | | Name of charitable organization (donee)..... | |
| | | Street address | |
| | | City | |
| | | State | |
| | | ZIP code | |
| | | 1=spouse, 2=joint | |
| | | Property description (other than vehicle)..... | |
| | Vehicle | Identification number (VIN)..... | |
| | | Year (yyyy) | |
| | | Make and model | |
| | | Condition and mileage | |
| | | Date of contribution (m/d/y)..... | |
| | | Date acquired by donor (m/y) | |
| | | How acquired by donor (Table 1 or describe)..... | |
| | Donor's cost or basis | | |
| | Fair market value | | |
| | Method used to determine FMV (Table 2 or describe)..... | | |

| | |
|--|---|
| <p>1 How Property was Acquired</p> <p>1 = Purchase 3 = Inheritance 2 = Gift 4 = Exchange</p> | <p>2 Method Used to Determine FMV</p> <p>1 = Appraisal 3 = Catalog 2 = Thrift shop value 4 = Comparable sales</p> <p style="text-align: center;">For other methods, see IRS Pub. 561.</p> |
|--|---|

26

| | | | | | |
|-------------|-------------|-----------|---|--|-----------|
| 2018 | 1040 | US | Employee/Vehicle Bus. Exp. (Form 2106) | No. <input style="width:40px;" type="text"/> | 30 |
|-------------|-------------|-----------|---|--|-----------|

Please enter all pertinent 2018 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

| | | |
|--|-----|--|
| Occupation, if different from Form 1040 | 800 | |
| Form | 13 | |
| Number of form (1=first Schedule C, 2=second, etc.) | 14 | |
| 1=spouse | 1 | |
| 1=performance artist, 2=handicapped, 3=fee-basis government official | 8 | |
| 1=minister's expenses | 226 | |

EMPLOYEE BUSINESS EXPENSES

| | 2018 Amount | 2017 Amount |
|--|-------------|-------------|
| Meal and entertainment expenses | 44 | |
| Reimbursements for meals and entertainment not on W-2, box 1 | 45 | |
| 1=Department of Transportation (80% meal allowance) | 50 | |
| Local transportation (bus, taxi, train, etc.) | 7 | |
| Travel expenses while away from home overnight | 9 | |
| Reimbursements not included on Form W-2, box 1 | 12 | |
| Other business expenses: | | |
| _____ | 10 | |
| _____ | 10 | |
| _____ | 10 | |
| _____ | 10 | |
| _____ | 10 | |
| _____ | 10 | |
| _____ | 10 | |
| _____ | 10 | |
| _____ | 10 | |
| _____ | 10 | |
| _____ | 10 | |

2018

1040

US

Vehicle Expenses (Form 2106) (cont.)

No.

30 p2

Please enter all pertinent 2018 amounts. Last year's amounts are provided for your reference.

VEHICLE INFORMATION

| | 2018 Amount | 2017 Amount |
|---|-------------|-------------|
| 1=vehicle used primarily by more than 5% owner..... | | |
| 1=vehicle is available for off-duty personal use..... | | |
| 1=no other vehicle is available for personal use..... | | |
| 1=no evidence to support your deduction..... | | |
| 1=no written evidence to support your deduction..... | | |

VEHICLE 1

| | | |
|---|--|--|
| Description of vehicle..... | | |
| Date placed in service (m/d/y)..... | | |
| Total mileage (for the tax year)..... | | |
| Business mileage..... | | |
| Commuting mileage (for the tax year)..... | | |
| Average daily round-trip commute..... | | |
| Number of months of business use if changed from 100% personal use..... | | |
| Parking fees and tolls (business portion only)..... | | |
| Actual expenses: | | |
| Gasoline, lube, oil..... | | |
| Repairs..... | | |
| Tires..... | | |
| Insurance..... | | |
| Miscellaneous..... | | |
| Auto license (other than personal property taxes)..... | | |
| Personal property taxes (based on car's value)..... | | |
| Interest (car loan) (for Schedule C, E & F)..... | | |
| Vehicle rent or lease payments..... | | |
| Inclusion amount (enter as positive)..... | | |
| Value of employer-provided vehicle on Form W-2 (2106)..... | | |

VEHICLE 2

| | | |
|---|--|--|
| Description of vehicle..... | | |
| Date placed in service (m/d/y)..... | | |
| Total mileage (for the tax year)..... | | |
| Business mileage..... | | |
| Commuting mileage (for the tax year)..... | | |
| Average daily round-trip commute..... | | |
| Number of months of business use if changed from 100% personal use..... | | |
| Parking fees and tolls (business portion only)..... | | |
| Actual expenses: | | |
| Gasoline, lube, oil..... | | |
| Repairs..... | | |
| Tires..... | | |
| Insurance..... | | |
| Miscellaneous..... | | |
| Auto license (other than personal property taxes)..... | | |
| Personal property taxes (based on car's value)..... | | |
| Interest (car loan) (for Schedule C, E and F)..... | | |
| Vehicle rent or lease payments..... | | |
| Inclusion amount (enter as positive)..... | | |
| Value of employer-provided vehicle on Form W-2 (2106)..... | | |

30 p2

| | | | | |
|-------------|-------------|-----------|---------------------------------------|-------------|
| 2018 | 1040 | US | Health Savings Accounts (8889) | 32.1 |
|-------------|-------------|-----------|---------------------------------------|-------------|

**Please enter all pertinent 2018 amounts & attach all 1099-SA forms.
Last year's amounts are provided for your reference.**

HSA CONTRIBUTIONS

NOTE: Contributions to an HSA are only eligible to persons covered under a high deductible health plan. For tax year 2018, a high deductible health plan is one with an annual deductible that is not less than \$1,350 for self-only coverage or \$2,700 for family coverage, and the annual out-of-pocket expenses (deductibles, co-payments, and other amounts, but not premiums) do not exceed \$6,650 for self-only coverage or \$13,300 for family coverage.

| | 2018 Amount | | 2017 Amount | |
|---|-------------|--------|-------------|--------|
| | Taxpayer | Spouse | Taxpayer | Spouse |
| 1= self-only coverage, 2= family coverage..... | | | | |
| HSA contributions you made or expect to make, except rollovers, employer contributions, and contributions made to an employee account through a cafeteria plan (1=maximum)..... | | | | |
| Contributions included above that were made after you became eligible for Medicare..... | | | | |
| Contributions made to date | | | | |

HSA DISTRIBUTIONS

| | | | | |
|---|--|--|--|--|
| Total HSA distribution received (1099-SA, box 1) .. | | | | |
| Distributions included above that were rolled over to another HSA | | | | |
| Total unreimbursed qualified medical expenses ... | | | | |

| | |
|--|-------------|
| | 32.1 |
|--|-------------|

| | | | | |
|-------------|-------------|-----------|--|------------------|
| 2018 | 1040 | US | Child and Dependent Care Expenses (Form 2441) | 33.1,33.2 |
|-------------|-------------|-----------|--|------------------|

Please enter all pertinent 2018 information. Last year's amounts are provided for your reference. You must have paid for the care of one or more dependents enabling you to work or attend school to qualify for this credit.

| | 2018 Amount | | 2017 Amount | |
|--|-------------|--------|-------------|--------|
| | Taxpayer | Spouse | Taxpayer | Spouse |
| Dependent care expenses incurred but not paid in 2018. | | | | |
| Employer-provided benefits forfeited in 2018. | | | | |

PERSONS AND EXPENSES QUALIFYING FOR DEPENDENT CARE CREDIT

| | | | |
|--|--|--|------------------|
| No. <input style="width:40px;" type="text"/> | First name. | | |
| | Last name. | | |
| | Title or suffix. | | |
| | Date of birth (m/d/y). | | |
| | Social security number. | | |
| | Qualified dependent care expenses incurred and paid in 2018. | | 2017 amt: |
| | 1=disabled. | | |
| 1=spouse, 2=joint. | | | |

| | | | |
|--|--|--|------------------|
| No. <input style="width:40px;" type="text"/> | First name. | | |
| | Last name. | | |
| | Title or suffix. | | |
| | Date of birth (m/d/y). | | |
| | Social security number. | | |
| | Qualified dependent care expenses incurred and paid in 2018. | | 2017 amt: |
| | 1=disabled. | | |
| 1=spouse, 2=joint. | | | |

PERSONS OR ORGANIZATIONS PROVIDING CARE (33.2)

| | | | |
|--|---|--|------------------|
| No. <input style="width:40px;" type="text"/> | Name of provider. | | |
| | Street address. | | |
| | City. | | |
| | State. | | |
| | ZIP code. | | |
| | Foreign region. | | |
| | Foreign postal code. | | |
| | Foreign country. | | |
| | Identification number (SSN or EIN). | | |
| | Amount paid to care provider in 2018. | | 2017 amt: |
| | 1=spouse, 2=joint. | | |

2018

1040

US

Report of Foreign Bank and Financial Accounts

82.1

Please enter all pertinent 2018 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

| | 2018 Amount | 2017 Amount |
|--|-------------|-------------|
| Canadian province or Mexican state | | |
| Other type of filer | | |
| Foreign identification: | | |
| Taxpayer: | | |
| 1=passport, 2=foreign TIN | | |
| Other type of identification | | |
| Number | | |
| Country of issue | | |
| Spouse: | | |
| 1=passport, 2=foreign TIN | | |
| Other type of identification | | |
| Number | | |
| Country of issue | | |
| Taxpayer: | | |
| Title | | |
| Spouse: | | |
| Title | | |

82.1

2018

1040

US

Report of Foreign Bank & Fin. Accts.

No.

82.1 p2

Please enter all pertinent 2018 amounts. Last year's amounts are provided for your reference.

INFORMATION ON FINANCIAL ACCOUNTS

| | 2018 Amount | 2017 Amount |
|---|-------------|-------------|
| 1=spouse | | |
| Type of account: 1=bank account, 2=securities account, or specify | | |
| Maximum value of account (-1 if unknown) | | |
| Financial institution: | | |
| Name of institution (Line 1) (mandatory) | | |
| Name of institution (Line 2) | | |
| Mailing address | | |
| Account number | | |
| City | | |
| State | | |
| ZIP/postal code | | |
| Country (if not US) | | |
| Accounts owned jointly: | | |
| Number of joint owners (Mandatory for Part III accounts) (-1 if joint owner is joint filer) | | |
| Principal joint owner: | | |
| Taxpayer identification number, if not joint filer | | |
| TIN type: 1=EIN, 2=SSN/ITIN, 3=foreign | | |
| Last name | | |
| First name | | |
| Middle initial | | |
| Address | | |
| City | | |
| State | | |
| ZIP/postal code | | |
| Country (if not US) | | |
| Accounts where filer has no financial interest: | | |
| Last name or org. name (mandatory) | | |
| First name | | |
| Middle initial | | |
| Taxpayer identification number | | |
| TIN type: 1=EIN, 2=SSN/ITIN, 3=foreign | | |
| Address | | |
| City | | |
| State | | |
| ZIP/postal code | | |
| Country (if not US) | | |
| Filer's title | | |

82.1 p2

Please enter all pertinent 2018 amounts. Last year's amounts are provided for your reference.

FOREIGN DEPOSIT AND CUSTODIAL ACCOUNTS (Part I)

| | 2018 Amount | 2017 Amount |
|--|-------------|-------------|
| Description of asset | | |
| Type of account: 1=deposit, 2=custodial | | |
| Use financial institution information from Form 114 | | |
| Financial institution information (if not filing Form 114): | | |
| Maximum value of account during year | | |
| Name of institution | | |
| Account number (mandatory for part I) | | |
| Mailing address of institution | | |
| City of institution | | |
| State/province of institution | | |
| Postal code of institution | | |
| Country of institution | | |
| 1=account opened during year | | |
| 1=account closed during year | | |
| 1=account jointly owned with spouse | | |
| 1=no tax item in Part III with respect to this account | | |
| 1=used foreign currency exchange rate to convert value to US dollars | | |
| Foreign currency in which account is maintained | | |
| Foreign currency exchange rate (xxxx.xxxx) | | |
| Source of exchange rate | | |

OTHER FOREIGN ASSETS (Part II)

| | | |
|--|--|--|
| Identifying number or other designation (mandatory for part II) | | |
| Date asset acquired during year (m/d/y) | | |
| Date asset disposed of during year (m/d/y) | | |
| 1=jointly owned with spouse | | |
| 1=no tax item in Part III with respect to this asset | | |
| Maximum value of asset during year | | |
| 1=used foreign currency exchange rate to convert value to US dollars | | |
| Foreign currency in which asset is denominated | | |
| Foreign currency exchange rate (xxxx.xxxx) | | |
| Source of exchange rate | | |
| Foreign entity information (complete if stock or interest): | | |
| Name of entity | | |
| Type of entity | | |
| Mailing address of entity | | |
| City of entity | | |
| State/province of entity | | |
| Postal code of entity | | |
| Country of entity | | |

1

Type of Entity

1 = Partnership
 2 = Corporation
 3 = Trust
 4 = Estate

2018

1040

US

Foreign Reporting (8938) (continued)

No.

82.2 p2

Please enter all pertinent 2018 amounts. Last year's amounts are provided for your reference.

OTHER FOREIGN ASSETS (Part II) (continued)

Issuer or counterparty (#1):

| | |
|--|--|
| Name..... | |
| 1=issuer, 2=counterparty..... | |
| Type of issuer or counterparty (see table 2)..... | |
| Issuer or counterparty: 1=US person, 2=foreign person..... | |
| Mailing address..... | |
| City..... | |
| State/province..... | |
| Postal code..... | |
| Country..... | |

Issuer or counterparty (#2):

| | |
|--|--|
| Name..... | |
| 1=issuer, 2=counterparty..... | |
| Type of issuer or counterparty (see table 2)..... | |
| Issuer or counterparty: 1=US person, 2=foreign person..... | |
| Mailing address..... | |
| City..... | |
| State/province..... | |
| Postal code..... | |
| Country..... | |

Issuer or counterparty (#3):

| | |
|--|--|
| Name..... | |
| 1=issuer, 2=counterparty..... | |
| Type of issuer or counterparty (see table 2)..... | |
| Issuer or counterparty: 1=US person, 2=foreign person..... | |
| Mailing address..... | |
| City..... | |
| State/province..... | |
| Postal code..... | |
| Country..... | |

Issuer or counterparty (#4):

| | |
|--|--|
| Name..... | |
| 1=issuer, 2=counterparty..... | |
| Type of issuer or counterparty (see table 2)..... | |
| Issuer or counterparty: 1=US person, 2=foreign person..... | |
| Mailing address..... | |
| City..... | |
| State/province..... | |
| Postal code..... | |
| Country..... | |

| |
|---------------------------------------|
| 2 |
| Type of Issuer or Counterparty |
| 1 = Individual |
| 2 = Partnership |
| 3 = Corporation |
| 4 = Trust |
| 5 = Estate |

82.2 p2