2018 Summary Organizer Personal and Dependent Information

Personal Information													
Name							SSN		te of birth	Healthcare coverage ALL year			
Taxpayer	payer												
Spouse	Spouse												
Street address, city, state, and ZIP													
	Occupation						Daytime phone	E	Evening phone Cell phone			hone	
Taxpayer													
Spouse	Spouse												
Taxpayer email													
Spouse email													
Marital Status at end of 2018 Taxpayer Spouse													
Married						Are you				Yes No		Yes No	
	filing separat	ely				Are you Are vou		bled? I-time student?		Yes Yes	∐ No □ No	∐ Ye □ Ye	=
☐ Widow(e	er) If spouse					Do you want \$3 to go to the			nd2	Yes	 ∏ No	_ ∏ Ye	s No
enter the date of death Presidential Election Campaign Fund? Yes No Yes No No Presidential Election Campaign Fund? Yes No Yes No Yes No Yes No Yes No Yes No No No Yes No No No No No No No N													
Months Full- Healthcare													
	Fir	st and	d last name			SSN	SSN Relationship		in home	Date of b	oirth Disa	abled time student	coverage ALL year
List depend	dents require	d to fi	le a retum										
Estimate	es												
Federal Resident state Resident city Date paid Amount Date paid Amount Date paid													
Overpayment applied from 2017													
First quarte	er												
Second qu	ıarter												
Third quart	ter												
Fourth quarter													
Additional payments													
Accoun	t Informati	on fo	or Deposits	or Withdra	wals								
				Bank Bank		1	Type of account		Use this account for				
Name of bank ro			ro	uting numb			Chec	Checking Savings		Deposits	Withdrawals		
Appointment Information													
Your 2018 appointment is scheduled for													

Income		
Name:	SSN	l:
Wages & Salaries		
Provide all copies of Form W-2		
Frankriss	2018 federal	2017 federal
Employer name	wages	wages
	_	
Retirement		
Provide all copies of Form 1099-R		
Payer name	2018 distribution	2017 distribution
2		
	_	
	_	
Form 4000 Mice Income		
Form 1099-Misc Income Provide all copies of Form 1099-MISC (* Also reported on Schedule C or E)		
	2018	2017
Payer name	amount	amount
	_	
	_	

Income

lame:			SSN:	'
Dividend Income				
ovide all copies of Form 1099-DIV and other statements that report divid		224=	2012	224=
Payer name	2018 ordinary dividends	2017 ordinary dividends	2018 qualified dividends	2017 qualified dividends
i ayei name	dividends	dividerius	uividends	aiviaenas
ovide all copies of Form 1099-INT, Form 1099-OID and other statements	that report interest in	ncome	2018	2017
	that report interest in	ncome	2018 interest	2017 interest
ovide all copies of Form 1099-INT, Form 1099-OID and other statements	that report interest in	acome	2018 interest	
ovide all copies of Form 1099-INT, Form 1099-OID and other statements	that report interest in	icome	2018 interest	
ovide all copies of Form 1099-INT, Form 1099-OID and other statements	that report interest in	acome	2018 interest	
ovide all copies of Form 1099-INT, Form 1099-OID and other statements	that report interest in	icome	2018 interest	
ovide all copies of Form 1099-INT, Form 1099-OID and other statements	that report interest in	acome	2018 interest	
ovide all copies of Form 1099-INT, Form 1099-OID and other statements	that report interest in	icome	2018 interest	
ovide all copies of Form 1099-INT, Form 1099-OID and other statements	that report interest in	ncome	2018 interest	
ovide all copies of Form 1099-INT, Form 1099-OID and other statements	that report interest in	icome	2018 interest	
ovide all copies of Form 1099-INT, Form 1099-OID and other statements	that report interest in	ncome	2018 interest	
ovide all copies of Form 1099-INT, Form 1099-OID and other statements	that report interest in	acome	2018 interest	
ovide all copies of Form 1099-INT, Form 1099-OID and other statements	that report interest in	ncome	2018 interest	
ovide all copies of Form 1099-INT, Form 1099-OID and other statements	that report interest in	ncome	2018 interest	
ovide all copies of Form 1099-INT, Form 1099-OID and other statements	that report interest in	ncome	2018 interest	
nterest Income ovide all copies of Form 1099-INT, Form 1099-OID and other statements Payer name	that report interest in	acome	2018 interest	
ovide all copies of Form 1099-INT, Form 1099-OID and other statements	that report interest in	ncome	2018 interest	
ovide all copies of Form 1099-INT, Form 1099-OID and other statements	that report interest in	ncome	2018 interest	
ovide all copies of Form 1099-INT, Form 1099-OID and other statements	that report interest in	icome	2018 interest	

Schedule A - Itemized Deductions

Name:	SSN:
Medical and Dental Expenses	Charitable Contributions
2018 2017	2018 2017
Health insurance premiums (paid by you)	Donations to charity (cash)
Long-term care premiums (you)	Hurricane relief contributions
Long-term care premiums (your spouse)	Miles driven for charitable purposes
Long-term care premiums (dependents)	Donations to charity (noncash)
Mileage driven for medical purposes	If noncash donations are greater than \$500, list below
Medical and dental expenses (list)	
	Other Miscellaneous Deductions
	Amortizable bond premiums
	Federal estate tax
Taxes Paid	Gambling losses
State and local income taxes	Impairment-related work expenses
	Claim repayments
Sales tax	Unrecovered pension investments
Real estate taxes	Schedule K-1
Personal property taxes	Ordinary loss debt instrument .
Other taxes (list)	Job Expenses & Certain Miscellaneous Deductions
	Necessary job expenses you paid that were not reimbursed by your
	employer (list)
Interest Paid	
Mortgage interest paid (attach Form 1098)	
Some of your home mortgage loan was not used to buy, build, or improve your home	
Mortgage interest paid to an individual	Tax preparation fees
Paid to: Name	Other nonpersonal expenses related to taxable income (list)
Address	
City, State, ZIP	
SSN or EIN	
Qualified mortgage insurance premiums	Investment expenses not entered elsewhere
Investment interest	