

**BOTTOM LINE**  
(209) 984-1040  
2018 Tax Information

INCOME FOR THIS YEAR - Please bring to your appointment or include in your mailing:

- Form W-2 showing wages received from employers.
- Income and expenses from self-employment/farming activities (worksheets available).
- Income and expenses from rental activities (worksheets available).
- Form 1099-INT and/or year end summary statements showing amounts of interest earned (including tax-free interest).
- Form 1099-DIV/B and/or year end summary statements showing stock sales/basis and dividends received.
- Form 1099-SSA showing Social Security earned.
- Form 1099-R showing income from pension plans, retirement plans and IRAs.
- Form 1099-G showing unemployment received.
- Form W-2G or your records showing gambling winnings. If you have gambling winnings for 2018, how much were your gambling losses in 2018? \_\_\_\_\_
- K-1 from Partnerships, S-Corps, Estates and Trusts plus any additional tax information.
- Form 1095-A Health Insurance Marketplace Statement. Required if you had Covered California in 2018.
- Form 1095-B Health Coverage and/or Form 1095-C Employer Provided Health Insurance Offer and Coverage. We can prepare the return without them if you have the information.

ADDITIONAL INFORMATION NEEDED:

- Date and amount of any estimated tax payments made.
- If you are a new client, please fill out the "New Client Information" sheet.
- If you are a new client, please provide a copy of your prior year's federal and state tax return.

The following questions help me understand your tax situation. If you are filing jointly, each question also applies to your spouse. Please answer each question with a yes (Y) or no (N). If a question does not pertain to you, please answer it with a no.

- 1) \_\_\_ Do you have an e-mail address? If yes, please provide \_\_\_\_\_
- 2) \_\_\_ Did you and your dependents have health care coverage for the full year? (**please initial**)  
\_\_\_ All household members covered under private/employer plan, Medical or Medicare.  
\_\_\_ All household members covered through the Insurance Marketplace (Covered California) Please bring form 1095-A and income amounts from all dependents.
- 3) \_\_\_ If you are getting a refund would you like it directly deposited? If "yes" **please initial** -  
\_\_\_ Use same account as last year.  
\_\_\_ You will provide bank information (cancelled check).
- 4) \_\_\_ Has there been a change in your address, phone number, marital status, people living with you or people that you support?
- 5) \_\_\_ Did any of your dependents under age 19 (24 if a college student) have unearned income (e.g. interest or dividends) of over \$2,100?
- 6) \_\_\_ Are you or any dependents blind and/or disabled?
- 7) \_\_\_ Did you incur child care or dependent care expenses in order to go to work or school? Include name, address, phone number, amount paid and EIN/SSN of the provider. Please state who the services were for.
- 8) \_\_\_ Did you pay education expenses for yourself or any dependents for post-secondary education? Please bring the 1098-T (required) from the school and provide the amount of tuition, books and supplies.
- 9) \_\_\_ Did you sell or trade any assets (e.g. stocks)?

- 10) \_\_\_ Did you make any large purchases (especially a motor vehicle or boat)? If you itemize, the sales tax paid on these items may be a better option.
- 11) \_\_\_ Did you contribute to or roll over/convert funds to a traditional or Roth IRA?
- 12) \_\_\_ Did you receive or pay any alimony?
- 13) \_\_\_ Did you have any moving expenses?
- 14) \_\_\_ Did you contribute to or receive a distribution from a Health Savings Account? Please have form 1099SA available. This shows any distributions you took from the account.
- 15) \_\_\_ Do the loan(s) on your current home(s) include any amounts that were not used to buy or improve your property? If yes, please have the details as we may have to allocate your deductible mortgage interest.
- 16) \_\_\_ Did you have purchasing, selling, refinancing, financing or foreclosing transactions on your personal residence or any other real estate? If yes, provide the settlement document (HUD-1), Form 1099-S, Form 1099-C, Form 1099-A or other related documentation.
- 17) \_\_\_ Did you have any debt that was cancelled in 2018? (i.e. debt that you owed to a creditor that you are no longer required to pay.) If yes, provide Form 1099-C, Form 1099-A or other documentation.
- 18) \_\_\_ Did you make any gifts directly or through a trust which exceeded \$15,000 per person?
- 19) \_\_\_ Did you pay more than \$2,000 in 2018 to any one household employee? If yes, employment taxes due can be reported and paid on your tax return.
- 20) \_\_\_ Did you have any interest in, signature or other authority over a bank, securities, or other financial account in a foreign country? Do you own any assets with a fair market value of over \$50,000 in a foreign country? Did you receive a foreign inheritance of \$100,000 or more?
- 21) \_\_\_ Has the IRS or Franchise Tax Board made you aware or are you aware of any changes to your income, deductions and credits reported on any prior year's tax return?
- 22) \_\_\_ Have you purchased anything on-line or in another state and not paid your California sales tax. Any amount due can be paid with your California return.
- 23) \_\_\_ Have you received any bartering (trading your services for someone else's services or something of value) income in 2018? Any bartering income is required to be included on your return.
- 24) \_\_\_ If you are self-employed, did you pay any health or long-term care insurance premiums. If yes, were either you or your spouse eligible to participate in an employer-sponsored health or long-term care insurance plan?
- 25) \_\_\_ Would you like to authorize me to discuss your return with the IRS?
- 26) \_\_\_ Have you made any energy efficient improvements to your home in 2018? (e.g. new windows, insulation or solar)
- 27) \_\_\_ Did you pay rent in California for at least half the year in 2018?

**Please provide your driver's license information.**

State: \_\_\_\_\_ License # \_\_\_\_\_ Issue Date \_\_\_\_\_ Exp. Date \_\_\_\_\_  
 Spouse (if applicable) driver's license information.  
 State: \_\_\_\_\_ License # \_\_\_\_\_ Issue Date \_\_\_\_\_ Exp. Date \_\_\_\_\_

I/We have answered the above questions accurately and truthfully.

\_\_\_\_\_  
 Signature and Date

\_\_\_\_\_  
 Signature and Date

**PRIVACY STATEMENT**

We do not disclose any non-public personal information about our customers or former customers to anyone, except as instructed to do so by such customers or as required by law. We restrict access to non-public personal information to those professionals necessary to prepare your tax return and we maintain physical, electronic and procedural safeguards to guard your non-public personal information.