

## 2018 INCOME TAX ORGANIZER

Name \_\_\_\_\_ Spouse \_\_\_\_\_  
 Occupation \_\_\_\_\_ Occupation \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Address \_\_\_\_\_ Daytime Phone \_\_\_\_\_ Work, Home, Cell  
 City, State & Zip \_\_\_\_\_ Evening Phone \_\_\_\_\_ Work, Home, Cell  
 County \_\_\_\_\_ School District \_\_\_\_\_ Email \_\_\_\_\_  
 Volunteer EMS or Firefighter \_\_\_\_\_ Direct Deposit: Bank Name \_\_\_\_\_  
 Routing # \_\_\_\_\_ Account # \_\_\_\_\_

Did you, your spouse and dependents have health insurance for all of 2018?      YES      NO

Dependents' Full Names	Social Security Number	Birth Date	Relationship	# Months Lived With You	Can you claim?

**WAGES** (Please provide all Forms W-2s)

**INTEREST INCOME** (1099-INT or 1099-OID)

**DIVIDEND INCOME** (1099-DIV)

Payer	Amount	Payer	Amount
_____	_____	_____	_____
_____	_____	_____	_____

**PENSION / IRA INCOME** (Please provide all Forms 1099R or W-2G)

**UNEMPLOYMENT COMPENSATION RECEIVED** (Please provide Form 1099-G)

**SOCIAL SECURITY BENEFITS RECEIVED** (Please provide SSA-1099)

**CAPITAL GAINS / LOSSES** for sale of stocks, bonds or other investment property in 2018

(Please provide all brokerage statements from these transactions along with original cost and dates acquired for all transactions)

**OTHER INCOME** (Alimony, Prizes, Commissions, Gambling or Lottery Winnings)

Type \_\_\_\_\_ Amount \_\_\_\_\_      Type \_\_\_\_\_ Amount \_\_\_\_\_

**IRA / RETIREMENT PLAN CONTRIBUTIONS** (Do not include 401(K) from employer)

Amount \_\_\_\_\_ Spouse's Amount \_\_\_\_\_ **Roth / Traditional** (circle one)

**HSA CONTRIBUTION** (Do not include amounts deducted from your paycheck)

Amount \_\_\_\_\_ Spouse's Amount \_\_\_\_\_

**STUDENT LOAN INTEREST** \_\_\_\_\_

**IOWA K - 12 EXPENSES** \_\_\_\_\_ (School Fees, Uniforms, etc) **IOWA 529 CONTRIBUTIONS** \_\_\_\_\_

(Include Form 1099-Q for any distributions)

**COLLEGE EDUCATION CREDITS** (Please provide Form 1098-T and billing statement from college institution)

Student's name \_\_\_\_\_ Tuition, fees, books, supplies & equipment paid \_\_\_\_\_

Student's name \_\_\_\_\_ Tuition, fees, books, supplies & equipment paid \_\_\_\_\_

**ENERGY CREDIT PURCHASES (SOLAR ONLY)** \_\_\_\_\_

**ITEMIZED DEDUCTIONS**

**MEDICAL**

Doctors, Dentists, Hospitals \_\_\_\_\_ Prescription Drugs \_\_\_\_\_

Long-Term Care Premiums \_\_\_\_\_ Health Insurance\* \_\_\_\_\_

Number of Medical Miles \_\_\_\_\_ (\*Do **NOT** include premiums deducted from your paychecks)

Insurance Reimbursements Received \_\_\_\_\_

**TAXES AND INTEREST PAID**

Real Estate Taxes \_\_\_\_\_ Car Licenses \_\_\_\_\_ # of Vehicles \_\_\_\_\_

Mortgage Interest \_\_\_\_\_ (Please provide all 1098 Forms) Investment Interest \_\_\_\_\_

**CONTRIBUTIONS**

Church \_\_\_\_\_ NonCash (i.e. Goodwill) \_\_\_\_\_

Other \_\_\_\_\_ Number of Charitable Miles \_\_\_\_\_

**CASUALTY AND THEFT LOSSES** \_\_\_\_\_ **GAMBLING LOSSES** \_\_\_\_\_

**MISCELLANEOUS - DEDUCTIBLE ONLY ON THE IOWA RETURN**

Unreimbursed employee expenses \_\_\_\_\_ Investment Expenses \_\_\_\_\_

Tax preparation fees \_\_\_\_\_ Safe Deposit Box \_\_\_\_\_

**CHILD CARE EXPENSES**

Provider's Name	Address	SSN or FID #	Amount Paid
_____	_____	_____	_____

**2018 ESTIMATES**

	FEDERAL		STATE	
	Amount	Date Paid	Amount	Date Paid
1 <sup>st</sup>	\$ _____	_____	\$ _____	_____
2 <sup>nd</sup>	\$ _____	_____	\$ _____	_____
3 <sup>rd</sup>	\$ _____	_____	\$ _____	_____
4 <sup>th</sup>	\$ _____	_____	\$ _____	_____