

EKW ADVANTAGE

2018 CONFIDENTIAL Personal Tax

www.EkwAdvantage.com

Client Name: _____

YES NO Do you want the IRS to direct deposit your tax refund into your bank account? (**Provide Voided Check**)

A PERSONAL DATA	
Your Name :	
SS No.:	Birth Date:
E-mail:	
Blind: Yes <input type="checkbox"/> No <input type="checkbox"/>	Deaf: Yes <input type="checkbox"/> No <input type="checkbox"/>
Spouse's Name:	
SS No.:	Birth Date:
E-mail:	
Blind: Yes <input type="checkbox"/> No <input type="checkbox"/>	Deaf: Yes <input type="checkbox"/> No <input type="checkbox"/>
Street:	
City:	State: Zip:
Home Phone No.:	
Cell Phone No.: You:	Spouse:
Ark. Resident From:	To:

E OTHER INCOME	
LIST ALL SOURCES INCLUDING THOSE THAT ARE NOT TAXABLE	
SOURCE (Please provide Statements)	AMOUNT
State Income Tax Refunds Received	
Alimony Received	
Unemployment Compensation	
Workmen's Compensation or Disability	
Social Security (Filer and Spouse)	
Tips Received (Not Reported on W2)	
Partnerships, 'S' Corp, & LLC (Bring Forms K-1)	
Gambling	
Pensions, Annuities, Estates	
IRA, SEP, ESA Distributions	
Scholarships or Fellowships	
Other: Attach 1099's & 1098's	
Cancellation of Debt.	

B DEPENDENTS		LIST ALL UNMARRIED CHILDREN OR OTHER DEPENDENTS SUPPORTED BY YOU						
NAME	SOC. SEC. NO.	RELATIONSHIP	BIRTH DATE	MO. LIVED WITH YOU	INCOME	SOURCE OF INCOME	TAX RETURN FILED?	CLAIM SELF ON RETURN?

C ESTIMATED TAXES PAID & CREDITS				
	DATE DUE	DATE PAID	FEDERAL	STATE
Prior Yr Credit	Refund Applied			
First Quarter	April			
Second Quarter	June			
Third Quarter	September			
Fourth Quarter	This January			

F INTEREST INCOME	
SOURCE (Please provide Statements)	AMOUNT

D I.R.A./RETIREMENT CONTRIBUTIONS		
	YOURS	SPOUSE
REGULAR I.R.A.		
ROTH I.R.A.		
S.E.P.		
EDUCATION SAVINGS ACCT.		

G DIVIDEND INCOME	
SOURCE (Please provide Statements)	AMOUNT

Are you or your spouse covered by another retirement plan?
 YOU - Yes No SPOUSE - Yes No
 Did you rollover funds from one plan to another? Yes No
 Did you receive distributions or early withdrawals from any plan? Yes No
 What were your distributions used for? _____
 Did you convert a regular IRA to a Roth IRA in 2018?
 Yes No

The information requested on this form is essential in preparing your Income Tax Return. **Please complete as much of this form as possible.**

Wigginton & Associates
 16723 Cantrell Road
 Little Rock, Arkansas 72223-4257
 Phone (501) 225-2154 • Fax (501) 367-5115

NOTE: PERSONAL INTEREST FROM CREDIT CARDS, AUTOS, BANK LOANS, ETC. ARE NO LONGER DEDUCTIBLE.

H MEDICAL EXPENSES	
Medical Insurance Premiums Paid After Taxes	
Medicare Insur. Prem. (w/h from Soc. Sec.)	
Prescription Drugs (only)	
Medical & Health Savings Accounts	
Long-term Care Insurance	
DR. _____	
DR. _____	
Dentist _____	
Dentist _____	
Hospital _____	
Medical miles driven: (17 cents / mi.)	
Parking Fees for Medical Reasons	
Medical Transportation: Taxi / Bus / Ambulance	
Nursing or Long-term Care Facilities	
Medical Equipment / Prosthetic Devices	
Prosthetic Devices	
Lab & X-Ray (Not included with Dr. & Hosp.)	
Glasses / Hearing Aids / Contacts / Batteries	
Special Therapy _____	
Insur. Reimbursement (only for amount listed above)	

I TAXES	
Real Estate Taxes - Residence	
Real Estate Taxes - Other	
State Income Tax Paid on Prior Years	
State Income Tax 4th Qtr. Est. Paid 1/15/19 for 2018	
State Income Tax 4th Qtr. Est. Paid by 12/31/18 for 2018	
Personal Property Tax (Boat, Plane, etc.)	
Sales Taxes paid on vehicles & boats.	

J INTEREST PAID	
MORTGAGE INTEREST PAID TO FINANCIAL INSTITUTIONS	
Form 1098	
Form 1098	
Not on Form 1098	
SELLER-FINANCED LOANS	
NAME _____	ADDRESS _____
SS # _____	
Did you acquire a mortgage or borrow on an existing mortgage during the year? YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, what is your combined mortgage debt? _____	
Points you or seller paid to acquire new mortgage	
Points paid to refinance & date	
Interest on Home Equity Loan(s) & Home Improvement Loan(s)	
Mortgage Insurance Premium	
Deductible Investment Interest (Explain): _____	

K CONTRIBUTIONS		
DESCRIPTION	** VALUE OF GOODS	\$ AMOUNT
Church _____		
Payroll Deduction		
Other: _____		
Other: _____		
Expenses in connection w/ Charitable Organization, Explain _____		
Travel for Charitable Work (14 cents / mile)		
* Items must be in good used condition.		
** For donations of \$500 or more, an itemized List is required.		
*** Must have bank record if the value is less than \$250. A receipt from the organization is required for donations over \$250.		

L MOVING EXPENSES	
If you moved your residence because of transfer to a new place of employment or because you changed employers, the cost of the move may be deductible. The information below is necessary to determine the amount you are allowed to deduct, if any:	
Distance of former residence from new business location:	_____ miles.
Distance of former residence from former business location:	_____ miles.
Date new employ. began: _____	Still employed at this location? _____
If NO, date left: _____	
TRANSPORTATION OF FAMILY	AMOUNT
FARES: Train, Bus, Air Travel	
Auto expense / mileage (18 cents / mi.)	
Cost of lodging en route	
Cost of moving furniture and personal effects	
Cost of storing furniture	
Amount reimbursed by employer not on W-2	

M BUILDINGS VEHICLES EQUIPMENT, ETC. PURCHASED FOR BUSINESS		
DESCRIPTION	DATE PURCH.	COST

N SECURITIES & PROPERTY SOLD				
DESCRIPTION	DATE ACQUIRED	DATE SOLD	SELLING PRICE	ORIGINAL COST

O SALE OF HOME		
DESCRIPTION	PURCHASE	SALE
Date		
Amount		
Closing Costs & Improvements		
1st Time Homebuyer Credit?		

P MISCELLANEOUS		
	FILER	SPOUSE
Union Dues and Professional Dues		
Tools, Supplies, & Safety Equipment		
Work-related licenses, fees, etc.		
Uniforms: Purchase_____Clean_____		
Business Journals, Books, etc.		
Business Insur. (not Life, Medical, or Disability)		
Unreimbursed Business Travel		
• To Professional Meetings	mi.	mi.
• Between 1st & 2nd Jobs	mi.	mi.
Telephone (Business Toll Calls Only)		
Employment Related Schooling or Seminars		
Tuition/Fee_____ Books/Supplies_____		
Parking_____ Job to School Mi._____		
Job Seeking Expenses in Same Field		
Travel Mi._____ Empl. Fees _____		
Resume_____ Toll Calls_____ Air Fare_____		
Food/Lodging_____ Other_____		
Safe Deposit Box		
Last Year's Tax Preparation Fee		
Investment Expenses, IRA & Keogh Fees, etc.		
Casualty & Theft <small>Over \$100 ea. loss & Over 10% AGI Total</small>		
Date_____ Orig. Cost_____		
Fair Mkt. Value before Casualty_____ After_____		
Insurance Reimbursement_____		
Police Rept. No. (if any)_____		
Attorney Fees (to protect taxable Income)		
Job required physical exam not in Sec. H		
Other:_____		
Other:_____		
Gambling losses (up to winnings)		
NOTE: Other Unreimbursed Business Expenses are listed in SECTION Q.		

R EMPLOYEE TRAVEL & BUSINESS EXPENSES					
AUTOMOBILE EXPENSES			FILER	SPOUSE	
Total Miles Auto Driven, Personal & Business					
Total Business Miles Driven					
Parking Fees & Tolls					
AUTO EXPENSES (if Using Actual Expenses)					
Original Cost					
Date Purchased					
Gasoline, Oil, Lubrication					
Repairs					
Tires, Batteries, etc.					
Insurance					
Licenses & Taxes					
Interest					
Other_____					
Lease Payments					
Other Travel Exp.	FILER	SPOUSE	Other Travel Exp.	FILER	SPOUSE
Air Fare			Lodging/Tips		
Auto Rental			Meals/Tips		
Local Trans.			Other_____		
OTHER EXPENSES					
Office Rent			Entertainment		
Telephone			Dues/Subsc.		
Supplies			Gifts		
Printing			Other_____		
Reimb. Rec'd but NOT Included in W2					
Do you have evidence to support bus. use claimed? YES <input type="checkbox"/> NO <input type="checkbox"/>					
Is the evidence written? YES <input type="checkbox"/> NO <input type="checkbox"/>					
HOME OFFICE EXPENSES If Qualified					
Sq. Ft. of Office_____ Total Sq. Ft. of Home_____					
Utilities			Maintenance		
Insurance			Real Estate Tax		
Interest 1			Casualty Losses		
Interest 2			Other_____		

Q SELF EMPLOYED BUSINESS INCOME AND EXPENSES					
DESCRIPTION			FILER	SPOUSE	
Gross Income less Returns & Refunds					
Sale of Business Assets (Sec. N)					
Cost of Inventory at Beginning of Year					
Cost of Merchandise Purchased					
Cost of Items for Personal Use					
Cost of Inventory at End of Year					
EXPENSE	FILER	SPOUSE	EXPENSE	FILER	SPOUSE
Advertising			Postage		
Bank Charges			Property Tax		
Commissions			Bus. Meals		
Dues			Rent		
Entertainment			Repairs		
Freight			Sales Taxes		
Insurance			Seminars/Trng.		
Interest			Supplies		
Janitorial			Telephone		
Legal / Acct.			Utilities		
Licenses			Vehicle		
Maintenance			Wages		
Payroll Taxes			Other_____		

S RENTAL & INCOME EXPENSES

PROPERTY	ADDRESS		
1			
2			
3			
PROPERTY	1	2	3
Income			
Advertising			
Auto Travel (53.5 cents/mi.)			
Cleaning			
Commissions & Salaries			
Gardening & Landscape			
Insurance			
Interest - 1098 Form			
Interest - Other			
Licenses			
Condo or Management Fees			
Repairs: Carpentry, Hardware			
Electrical			
Paint & Decoration			
Plumbing			
Roofing			
Misc. Repairs.			
Supplies			
Taxes			
Telephone (Toll Calls Only)			
Utilities			
Other			
List cost of property as well as replacement items and major repairs or improvements in SECTION M.			
List sale of rental property in Section N.			

T CHILD & DEPENDENT CARE

NAME OF CHILD OR DEPENDENT	BIRTHDATE
Paid To: (Name & Address Req'd)	EIN
Amount Paid	
Name:	
Address:	
Tax Payer I.D. Number:	
Name:	
Address:	
Tax Payer I.D. Number:	
Name:	
Address:	
Tax Payer I.D. Number:	

THE CHECKLIST BELOW COULD LEAD TO HELPFUL DEDUCTIONS. PLEASE CHECK AND PROVIDE SUPPORTING INFORMATION.

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Any births, adoptions, marriages, divorces, or deaths in your immediate family during the past year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have dependent children under twenty-four (24) with investment income over \$2100? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you currently paying tuition & fees for higher education? 1098-T is REQUIRED along with proof of payments. |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you pay any student loan interest in 2018? Enclose Form 1098-E |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have health insurance coverage in 2018? Enclose Form 1095 or 1095-A |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have losses from previous years to carry forward? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you sell any securities or property or have any become worthless? (See Section N) |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you or your spouse make any gifts of over \$15,000 to any individual (no tax advantage to you)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive any insurance or other reimbursement from a prior year casualty, theft loss or medical deduction? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you pay Alimony? Amt. Paid in 2018 _____
Paid to whom: _____
Social Security No.: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you pay any household employee \$1900 or more or withhold any payroll taxes from wages paid in 2017? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have a Foreign Bank Account or Foreign Income? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you buy or sell real estate in 2018? Bring escrow papers for purchase and sale. |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you anticipate buying or selling real estate this year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you sell or refinance your home? Bring loan papers. |
| <input type="checkbox"/> | <input type="checkbox"/> | If self-employed, did you purchase any "new" assets for your business on or after 9/27/17, if so, please provide list |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you, your spouse, or a dependent permanently totally disabled? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive Income from installment sales made in prior years? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you purchase residential energy efficient property in 2018 (ex. solar/wind, geothermal)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Were you a victim of identity theft in 2018? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you take the 2008 First-time Homebuyer Credit that requires you to repay \$7500? |

Track your refund on our website:
www.ekwadvantage.com

Please have the following information available at the time of your appointment:

- A copy of last years tax return (if you are a new client)
- All income statements (W-2's, 1099's, K-1's, etc.)
- Business and rental income and expenses
- Escrow statements for property bought, sold, or refinanced
- A list of any items that you have in question!

Signature: _____