

Personal Information

Filing (Marital) status code (1 = Single, 2 = Married filing joint, 3 = Married filing separate, 4 = Head of household, 5 = Qualifying widow(er)) [1]

Mark if you were married but living apart all year [2]

Mark if your nonresident alien spouse does not have an Individual Taxpayer Identification Number (ITIN) [3]

	Taxpayer	Spouse
Social security number	[4]	[5]
First name	[6]	[7]
Last name	[8]	[9]
Occupation	[10]	[11]
Designate \$3.00 to the presidential election campaign fund? (1 = Yes, 2 = No, 3 = Blank)	[12]	[14]
Mark if dependent of another taxpayer	[15]	[16]
Taxpayer with income less than 1/2 support age 18 or 19 - 23 full-time student? (Y, N)	[17]	
Mark if legally blind	[20]	[21]
Date of birth	[22]	[24]
Date of death	[26]	[27]
Work/daytime telephone number/ext number	[28] [29]	[30] [31]
Home/evening telephone number	[32]	[33]
Do you authorize us to discuss your return with the IRS? (Y, N)	[34]	

Present Mailing Address

Address [38]

Apartment number [39]

City, state postal code, zip code [40] [41] [42]

Foreign country name [44]

Foreign phone number [47]

In care of addressee [48]

Dependent Information

(\*Please refer to Dependent Codes located at the bottom)

First Name <sup>(49)</sup>	Last Name	Date of Birth	Social Security No.	Relationship	Months <sup>***</sup> in home	Dep Codes <sup>**</sup>	Care expenses paid for dependent

Name of child who lived with you but is not your dependent [50]

Social security number of qualifying person [51]

Dependent Codes

- \*Basic** 1 = Child who lived with you
- 2 = Child who did not live with you due to divorce/separation
- 3 = Other dependent
- 4 = Other dependents, but do not qualify for Credit for Other Dependents (ODC)
- 5 = Qualifying child for Earned Income Credit only
- 6 = Children who lived with you, but do not qualify for Earned Income Credit
- 7 = Children who lived with you, but do not qualify for Child Tax Credit
- 8 = Children who lived with you, but do not qualify for Child Tax Credit/Credit for Other Dependents/Earned Income Credit
- \*\*Other** 1 = Student (Age 19 - 23)
- 2 = Disabled dependent
- 3 = Dependent who is both a student and disabled
- \*\*\*Months** 77 = Reported on odd year return
- 88 = Reported on even year return
- 99 = Not reported on return

Preparer - Enter on Screen Contact

Tax matters person (Indicate which spouse handles tax return related questions) (Blank = Both, T = Taxpayer, S = Spouse) \_\_\_\_\_ [8]

Taxpayer email address \_\_\_\_\_ [9]

Spouse email address \_\_\_\_\_ [10]

Taxpayer

Spouse

Fax telephone number \_\_\_\_\_ [11] \_\_\_\_\_ [19]

Mobile telephone number \_\_\_\_\_ [12] \_\_\_\_\_ [20]

Mobile telephone #2 number \_\_\_\_\_ [13] \_\_\_\_\_ [21]

Pager number \_\_\_\_\_ [14] \_\_\_\_\_ [22]

Other: \_\_\_\_\_ [15] \_\_\_\_\_ [23]

Telephone number \_\_\_\_\_ [16] \_\_\_\_\_ [24]

Extension \_\_\_\_\_ [17] \_\_\_\_\_ [25]

Preferred method of contact:

Email, Work phone, Home phone, Fax, Mobile phone, Mobile phone #2 \_\_\_\_\_ [18] \_\_\_\_\_ [26]

NOTES/QUESTIONS:

Per IRS Security Summit requirements, verify the name of financial institution, routing transit number, account number, and type of account below. If you would like to have a refund direct deposited into or a balance due debited from your bank account(s), please enter information in the fields below. Note that electronic funds will be withdrawn only from the primary account listed below.

Mark to verify all accounts listed below have been reviewed, updated as needed, and are correct. \_\_\_\_\_ [1]

Primary account:

Financial institution routing transit number \_\_\_\_\_ [3]  
 Name of financial institution \_\_\_\_\_ [4]  
 Your account number \_\_\_\_\_ [5]  
 Type of account (1 = Savings, 2 = Checking, 3 = IRA\*) \_\_\_\_\_ [6]  
 Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) \_\_\_\_\_ [7]  
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) \_\_\_\_\_ [8]  
 Enter the maximum dollar amount, or percentage of total refund Dollar \_\_\_\_\_ [9] or Percent (xxx.xx) \_\_\_\_\_ [10]

Secondary account #1:

Financial institution routing transit number \_\_\_\_\_ [25]  
 Name of financial institution \_\_\_\_\_ [26]  
 Your account number \_\_\_\_\_ [27]  
 Type of account (1 = Savings, 2 = Checking, 3 = IRA\*) \_\_\_\_\_ [28]  
 Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) \_\_\_\_\_ [29]  
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) \_\_\_\_\_ [30]  
 Enter the maximum dollar amount, or percentage of total refund Dollar \_\_\_\_\_ [11] or Percent (xxx.xx) \_\_\_\_\_ [12]

Secondary account #2:

Financial institution routing transit number \_\_\_\_\_ [31]  
 Name of financial institution \_\_\_\_\_ [32]  
 Your account number \_\_\_\_\_ [33]  
 Type of account (1 = Savings, 2 = Checking, 3 = IRA\*) \_\_\_\_\_ [34]  
 Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) \_\_\_\_\_ [35]  
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) \_\_\_\_\_ [36]  
 Enter the maximum dollar amount, or percentage of total refund Dollar \_\_\_\_\_ [15] or Percent (xxx.xx) \_\_\_\_\_ [16]

\*Refunds may only be direct deposited to established traditional, Roth or SEP-IRA accounts. Make sure direct deposits will be accepted by the bank or financial institution.

### Refund - U.S. Series I Savings Bond Purchases

A tax refund may be used to buy up to \$5,000 of U.S. Series I Savings bonds and registered for up to three different persons. If you would like to purchase U.S. Series I Savings bonds (in increments of \$50) with your refund, if applicable, please complete the following information. Please note you may enter only one name per registration (with exception of married filing joint returns) and must enter the party's given name, do not use nicknames.

Indicate either a maximum dollar amount (up to \$5,000), or percentage of refund you would like used to purchase bonds

The bonds will be registered to the name(s) on the return. For married filing joint returns this means the bonds will be registered in both names listed on the return.

To register the bonds separately, leave these fields blank and use the fields provided below.

Enter either a dollar amount or percent, but not both Dollar \_\_\_\_\_ [13] or Percent (xxx.xx) \_\_\_\_\_ [14]

Bond information for someone other than taxpayer and spouse, if married filing jointly

Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase bonds Dollar \_\_\_\_\_ [17] or Percent (xxx.xx) \_\_\_\_\_ [18]  
 Owner's name (First Last) \_\_\_\_\_ [38] \_\_\_\_\_ [39]  
 Co-owner or beneficiary (First Last) \_\_\_\_\_ [40] \_\_\_\_\_ [41]  
 Mark if the name listed above is a beneficiary \_\_\_\_\_ [42]

Bond information for someone other than taxpayer and spouse, if married filing jointly

Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase bonds Dollar \_\_\_\_\_ [21] or Percent (xxx.xx) \_\_\_\_\_ [22]  
 Owner's name (First Last) \_\_\_\_\_ [43] \_\_\_\_\_ [44]  
 Co-owner or beneficiary (First Last) \_\_\_\_\_ [45] \_\_\_\_\_ [46]  
 Mark if the name listed above is a beneficiary \_\_\_\_\_ [47]

If you have an overpayment of 2018 taxes, do you want the excess:

Refunded \_\_\_\_\_ [52]

Applied to 2019 estimated tax liability \_\_\_\_\_ [53]

Do you expect a considerable change in your 2019 income? (Y, N) \_\_\_\_\_ [54]

If yes, please explain any differences:

\_\_\_\_\_ [55]

\_\_\_\_\_ [56]

\_\_\_\_\_ [57]

\_\_\_\_\_ [58]

Do you expect a considerable change in your deductions for 2019? (Y, N) \_\_\_\_\_ [59]

If yes, please explain any differences:

\_\_\_\_\_ [60]

\_\_\_\_\_ [61]

\_\_\_\_\_ [62]

\_\_\_\_\_ [63]

Do you expect a considerable change in the amount of your 2019 withholding? (Y, N) \_\_\_\_\_ [64]

If yes, please explain any differences:

\_\_\_\_\_ [65]

\_\_\_\_\_ [66]

\_\_\_\_\_ [67]

\_\_\_\_\_ [68]

Do you expect a change in the number of dependents claimed for 2019? (Y, N) \_\_\_\_\_ [69]

If yes, please explain any differences:

\_\_\_\_\_ [70]

\_\_\_\_\_ [71]

\_\_\_\_\_ [72]

\_\_\_\_\_ [73]

Mark if you use the Electronic Federal Tax Payment System (EFTPS) to pay your estimated taxes \_\_\_\_\_ [74]

**2018 Federal Estimated Tax Payments**

2017 overpayment applied to 2018 estimates + \_\_\_\_\_ [1]

Mark if you paid the calculated amounts on the dates due indicated below. Skip the remaining fields. \_\_\_\_\_ [5]

If your estimated payments were not made on the date due or were for an amount other than the calculated amount below, please enter the actual date and amount paid.

	Date Due	Date Paid if After Date Due	Amount Paid	Calculated Amount	Method*
1st quarter payment	4/18/18	_____ [6]	+ _____ [7]	_____	_____
2nd quarter payment	6/15/18	_____ [8]	+ _____ [9]	_____	_____
3rd quarter payment	9/17/18	_____ [10]	+ _____ [11]	_____	_____
4th quarter payment	1/15/19	_____ [12]	+ _____ [13]	_____	_____
Additional payment		_____ [14]	+ _____ [15]	_____	_____

**\*Method of payment indicated in prior year**

EFW = Electronic funds withdrawal      EFTPS = Electronic Federal Tax Payment System

Voucher = Form 1040-ES estimated tax payment voucher

**NOTES/QUESTIONS:**

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [1]

State postal code \_\_\_\_\_ [2]

Amount paid with 2017 return + \_\_\_\_\_ [3]

2017 overpayment applied to '18 estimates + \_\_\_\_\_ [4]

Treat calculated amounts as paid \_\_\_\_\_ [8]

Date Paid	Amount Paid	Calculated Amount
1st quarter payment _____ [9]	+ _____ [10]	
2nd quarter payment _____ [11]	+ _____ [12]	
3rd quarter payment _____ [13]	+ _____ [14]	
4th quarter payment _____ [15]	+ _____ [16]	
Additional payment _____ [17]	+ _____ [18]	

2018 City Estimated Tax Payments

City #1		City #2	
City name _____ [28]		City name _____ [50]	
Amount paid with 2017 return + _____ [31]		Amount paid with 2017 return + _____ [53]	
2017 overpayment applied to '18 estimates + _____ [32]		2017 overpayment applied to '18 estimates + _____ [54]	
Treat calculated amounts as paid _____ [36]		Treat calculated amounts as paid _____ [58]	

Date Paid	Amount Paid	Date Paid	Amount Paid
1st quarter payment _____ [37]	+ _____ [38]	1st quarter payment _____ [59]	+ _____ [60]
2nd quarter payment _____ [39]	+ _____ [40]	2nd quarter payment _____ [61]	+ _____ [62]
3rd quarter payment _____ [41]	+ _____ [42]	3rd quarter payment _____ [63]	+ _____ [64]
4th quarter payment _____ [43]	+ _____ [44]	4th quarter payment _____ [65]	+ _____ [66]

Calculated Amount

1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

Calculated Amount

1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

City #3		City #4	
City name _____ [72]		City name _____ [94]	
Amount paid with 2017 return + _____ [75]		Amount paid with 2017 return + _____ [97]	
2017 overpayment applied to '18 estimates + _____ [76]		2017 overpayment applied to '18 estimates + _____ [98]	
Treat calculated amounts as paid _____ [80]		Treat calculated amounts as paid _____ [102]	

Date Paid	Amount Paid	Date Paid	Amount Paid
1st quarter payment _____ [81]	+ _____ [82]	1st quarter payment _____ [103]	+ _____ [104]
2nd quarter payment _____ [83]	+ _____ [84]	2nd quarter payment _____ [105]	+ _____ [106]
3rd quarter payment _____ [85]	+ _____ [86]	3rd quarter payment _____ [107]	+ _____ [108]
4th quarter payment _____ [87]	+ _____ [88]	4th quarter payment _____ [109]	+ _____ [110]

Calculated Amount

1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

Calculated Amount

1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____



Below is a list of the forms as reported in last year's tax return. Please provide copies of all 1099-INT and 1099-DIV you received. To indicate which forms are attached, enter a "1" for attached in the field provided. To indicate which forms are not applicable, enter a "2" for not applicable (N/A) in the field provided. Otherwise, leave this field blank.

Form	T/S/J	Description	Mark if 1 = Attached Foreign 2 = N/A	
		Simply supply us with all 1099-INT, 1099-DIV, and 1099-B forms, and all brokerage statements.		
1099-INT				
1099-DIV				
1099-B				

		2018 Information		Prior Year Information
		Taxpayer	Spouse	
State and local income tax refunds			+ _____ [1]	_____ _____ _____ _____ _____ _____
Alimony received		+ _____ [3]	+ _____ [4]	
Unemployment compensation		+ _____ [8]	+ _____ [9]	
Unemployment compensation federal withholding		+ _____ [8]	+ _____ [9]	
Unemployment compensation state withholding		+ _____ [8]	+ _____ [9]	
Unemployment compensation repaid		+ _____ [11]	+ _____ [12]	
Alaska Permanent Fund dividends		+ _____ [17]	+ _____ [18]	

T/S/J	Self-Employment Income? (Y, N)	2018 Information		Prior Year Information
		Other income, such as: Commissions, Jury pay, Director fees, Taxable scholarships	+ _____ [14]	_____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____
---	---	_____	+	
---	---	_____	+	
---	---	_____	+	
---	---	_____	+	
---	---	_____	+	
---	---	_____	+	
---	---	_____	+	
---	---	_____	+	
---	---	_____	+	
---	---	_____	+	
---	---	_____	+	
---	---	_____	+	
---	---	_____	+	
---	---	_____	+	
---	---	_____	+	
---	---	_____	+	
---	---	_____	+	
---	---	_____	+	
---	---	_____	+	
---	---	_____	+	
---	---	_____	+	

NOTES/QUESTIONS:



	Taxpayer	Spouse
Are you or your spouse (if MFJ or MFS) covered by an employer's retirement plan? (Y, N)	__ [1]	__ [2]
Do you want to contribute the maximum allowable traditional IRA contribution amount? If yes, enter the applicable code: (1 = Deductible only, 2 = Both deductible and nondeductible)	__ [3]	__ [4]
Enter the total traditional IRA contributions made for use in 2018	+ _____ [5]	+ _____ [6]
	Taxpayer	Spouse
Enter the nondeductible contribution amount made for use in 2018	+ _____ [11]	+ _____ [12]
Enter the nondeductible contribution amount made in 2019 for use in 2018	+ _____ [13]	+ _____ [14]
Traditional IRA basis	+ _____ [15]	+ _____ [16]
Value of all your traditional IRA's on December 31, 2018:		
_____	+ _____ [17]	+ _____ [18]
_____	+	+
_____	+	+
_____	+	+
_____	+	+

**Roth IRA**

Please provide copies of any 1998 through 2017 Form 8606 not prepared by this office

	Taxpayer	Spouse
Mark if you want to contribute the maximum Roth IRA contribution	__ [27]	__ [28]
Enter the total Roth IRA contributions made for use in 2018	+ _____ [29]	+ _____ [30]
Enter the total amount of Roth IRA conversion recharacterizations for 2018	+ _____ [37]	+ _____ [38]
Enter the total contribution Roth IRA basis on December 31, 2017	+ _____ [41]	+ _____ [42]
Enter the total Roth IRA contribution recharacterizations for 2018	+ _____ [43]	+ _____ [44]
Enter the Roth conversion IRA basis on December 31, 2017	+ _____ [45]	+ _____ [46]
Value of all your Roth IRA's on December 31, 2018:		
_____	+ _____ [47]	+ _____ [48]
_____	+	+
_____	+	+
_____	+	+
_____	+	+

**NOTES/QUESTIONS:**

Complete this section if you paid interest on a qualified student loan in 2018 for qualified higher education expenses for you, your spouse, or a person who was your dependent when you took out the loan. Please provide all copies of Form 1098-E. Form 1098-E from the lender reports interest received in 2018. The amounts reported by the lender may differ from the amounts you actually paid.

TS	Qualified loan interest recipient/lender	2018 Interest Paid	Prior Year Information
---	_____	+ _____ [1]	<div style="border: 1px solid black; padding: 5px;">                     _____                      _____                      _____                      _____                 </div>
---	_____	+ _____	
---	_____	+ _____	
---	_____	+ _____	

**NOTES/QUESTIONS:**

### Schedule A - Medical and Dental Expenses

T/S/J	2018 Information	Prior Year Information
	Medical and dental expenses, such as: Doctors, Dentists, Hospital/nursing home fees, Lab/x-ray fees, Medical supplies, Hearing aids, Eyeglasses/contact lenses, and Insurance reimbursements received	
[1]	_____ + _____ [2]	_____
—	_____ + _____	_____
—	_____ + _____	_____
—	_____ + _____	_____
—	_____ + _____	_____
	Medical insurance premiums you paid: <small>Do not include pre-tax amounts paid by an employer-sponsored plan or amounts entered elsewhere, such as amounts paid for your self-employed business (Sch C, Sch F, Sch K-1, etc.) or Medicare premiums entered on Form SSA-1099.</small>	
[4]	_____ + _____ [5]	_____
—	_____ + _____	_____
—	_____ + _____	_____
—	_____ + _____	_____
	Long-term care premiums you paid: <small>Do not include pre-tax amounts paid by an employer-sponsored plan or amounts entered elsewhere, such as amounts paid for your self-employed business (Sch C, Sch F, Sch K-1, etc.)</small>	
[7]	_____ + _____ [8]	_____
—	_____ + _____	_____
	Prescription medicines and drugs:	
[10]	_____ + _____ [11]	_____
—	_____ + _____	_____
—	_____ + _____	_____
[13]	Miles driven for medical items _____ [14]	_____

### Schedule A - Tax Expenses

T/S/J	2018 Information	Prior Year Information
	State/local income taxes paid:	
[18]	_____ + _____ [19]	_____
—	_____ + _____	_____
—	_____ + _____	_____
—	_____ + _____	_____
—	_____ + _____	_____
	2017 state and local income taxes paid in 2018:	
[21]	_____ + _____ [22]	_____
—	_____ + _____	_____
—	_____ + _____	_____
	Real estate taxes paid:	
[24]	_____ + _____ [25]	_____
—	_____ + _____	_____
—	_____ + _____	_____
	Personal property taxes:	
[27]	_____ + _____ [28]	_____
—	_____ + _____	_____
	Other taxes, such as: foreign taxes and State disability taxes	
[30]	_____ + _____ [31]	_____
—	_____ + _____	_____
—	_____ + _____	_____
	Sales tax paid on major purchases:	
[36]	_____ + _____ [37]	_____
—	_____ + _____	_____
	Sales tax paid on actual expenses:	
[39]	_____ + _____ [40]	_____
—	_____ + _____	_____
—	_____ + _____	_____

Control Totals +

### Interest Expenses

T/S/J	2018 Interest Paid <sup>2)</sup>	2018 Points Paid	Type*	2018 Mortgage Ins. Premiums Paid	Prior Year Information
Home mortgage interest: From Form 1098					
[3]	+	+	+	+	
	+	+	+	+	
	+	+	+	+	
	+	+	+	+	
	+	+	+	+	
	+	+	+	+	
	+	+	+	+	
	+	+	+	+	
	+	+	+	+	

**\*Mortgage Types**

Blank = Used to buy, build or improve main/qualified second home    1 = Not used to buy, build, improve home or investment

T/S/J	Payee's Name	SSN or EIN	2018 Information	Prior Year Information
Other, such as: Home mortgage interest paid to individuals				
[4]			+	[5]
Address				
City, state and zip code				
			+	
Address				
City, state and zip code				

**T/S/J Name and address of other person who received Form 1098 for jointly liable mortgage interest you paid -**

Payer's/Borrower's name \_\_\_\_\_ [7]  
 Street Address \_\_\_\_\_  
 City/State/Zip code \_\_\_\_\_

**Refinancing Points paid in 2018 -**

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [11]  
 Recipient/Lender name \_\_\_\_\_  
 Total points paid at time of refinance \_\_\_\_\_  
 Points deemed as paid in 2018 (Preparer use only) + \_\_\_\_\_ [12]  
 Date of refinance \_\_\_\_\_  
 Term of new loan (in months) \_\_\_\_\_  
 Reported on Form 1098 in 2018 \_\_\_\_\_

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_  
 Recipient/Lender name \_\_\_\_\_  
 Total points paid at time of refinance \_\_\_\_\_  
 Points deemed as paid in 2018 (Preparer use only) + \_\_\_\_\_  
 Date of refinance \_\_\_\_\_  
 Term of new loan (in months) \_\_\_\_\_  
 Reported on Form 1098 in 2018 \_\_\_\_\_

T/S/J	2018 Information	Prior Year Information
Investment interest expense, other than on Schedule(s) K-1:		
[15]	+	[16]
	+	
	+	
	+	
	+	
	+	
	+	
	+	
	+	

### Charitable Contributions

T/S/J	Qual Disaster Relief**	2018 Information	Prior Year Information
Contributions made by cash or check (including out-of-pocket expenses)			
Any contribution of cash, a check or other monetary gift requires a written record of the contribution in order to claim the contribution on your return.			
Individual contributions of \$250 or more must be accompanied by a written acknowledgment from the charity to claim the contribution on your return.			
[2]		+ _____ [3]	
		+ _____	
		+ _____	
		+ _____	
		+ _____	
		+ _____	
		+ _____	
		+ _____	
		+ _____	
		+ _____	
		+ _____	
		+ _____	
		+ _____	
		+ _____	
		+ _____	
[5]	Volunteer miles driven	_____ [6]	
	Noncash items, such as: Goodwill/Salvation Army/clothing/household goods		
[8]		+ _____ [9]	
		+ _____	
		+ _____	
		+ _____	
		+ _____	
		+ _____	
		+ _____	
		+ _____	
		+ _____	
		+ _____	

\*\*Mark if qualifying disaster relief contribution made in 2018 for relief efforts in the California wildfire disaster area

### Miscellaneous Deductions

T/S/J	2018 Information	Prior Year Information
Other expenses, not subject to the 2% AGI limit:		
[12]	+ _____ [13]	
	+ _____	
	+ _____	
	+ _____	
	+ _____	
	+ _____	
	+ _____	
	+ _____	
	+ _____	
	+ _____	
[15]	+ _____ [16]	
	+ _____	
	+ _____	
	+ _____	

NOTES/QUESTIONS:

"Your family" for health care coverage refers to you, your spouse if filing jointly, and anyone you can claim as a dependent.

Please provide all copies of Form(s) 1095-B and/or 1095-C

Was your entire family covered for the full year with minimum essential health care coverage? (Y, N) 2018 Information: [1] Prior Year Information: [ ]

If your entire family was not covered for the full year with minimum essential health care coverage, enter information for all family members who are covered, or are exempt from the requirement to maintain minimum essential health coverage.

Enter either the Exemption Certificate Number issued by the Marketplace, or the Other Exemption Type you are claiming.

Mark Full Year if the coverage or exemption is for the entire year, otherwise indicate the Start Month and End Month.

Table with 7 columns: Social Security No., First Name, Last Name, Exemption Certificate Number, Coverage/Exemption Type \*, Full Year, Start Month, End Month. Includes a [7] indicator at the end of the End Month column.

\*Other Exemption Type Codes
A = Unaffordable coverage
B = Short coverage gap
C = Exempt noncitizen
D = Health care sharing ministry
E = Indian tribe member
F = Incarcerated individual
G = Hardship (combined coverage unaffordable, initial open enrollment, CHIP)
H = Member of tax household born, adopted, or died
X = Insured with minimum essential coverage (coverage info found on Form(s) 1095-B or 1095-C)

2018 Information

Taxpayer Spouse

Prior Year Information

Self-employed health insurance premiums: (Not entered elsewhere)

\_\_\_\_\_ + \_\_\_\_\_ [13] + \_\_\_\_\_ [14]

Self-employed long-term care premiums: (Not entered elsewhere)

\_\_\_\_\_ + \_\_\_\_\_ [16] + \_\_\_\_\_ [17]

Box for Prior Year Information with two lines for entry.

NOTES/QUESTIONS:

**Please provide all Forms 5498-SA.**

	2018 Information	Prior Year Information
Taxpayer/Spouse (T, S)	__ [1]	
Name of Trustee _____	__ [4]	
State postal code _____	__ [2]	
Indicate type of health or medical savings account:		
HSA	__ [6]	
Archer MSA	__ [7]	
MA (Medicare Advantage) MSA	__ [9]	
Total HSA/MSA contributions made		
for 2018 (Enter all amounts contributed, including through employer cafeteria plans)	+ _____ [10]	
Indicate type of coverage under qualifying high deductible health plan (1 = Self-Only, 2 = Family)	__ [12]	
Number of months in qualified high deductible health plan in 2018	__ [13]	
Mark if you want to contribute the maximum allowable health or medical savings account contribution amount	__ [14]	
Total HSA/MSA contribution to be made for 2018	+ _____ [15]	
Fair market value of HSA, Archer MSA, or MA MSA (Form 5498-SA, Box 5)	+ _____ [16]	
Excess contributions for 2017 taken as constructive contributions for 2018	+ _____ [19]	
Rollover contribution (Form 5498-SA, Box 4)	+ _____ [21]	

**Complete this section if your account is an Archer MSA or MA MSA**

Amount of annual deductible	+ _____ [24]	
Enter compensation from employer maintaining high deductible health plan	+ _____ [27]	
If self-employed, enter earned income from business under which plan was established	+ _____ [31]	

**Complete this section if your account is an HSA**

Was the high deductible health plan in effect for December 2018? (Y, N) \_\_ [33]

**NOTES/QUESTIONS:**

### Health, Medical Savings Account Distributions

Please provide all Forms 1099-SA.

	2018 Information	Prior Year Information
Taxpayer/Spouse (T, S)	_____[1]	<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div>
Name of Trustee _____	_____[4]	
State postal code _____	_____[2]	
Gross distributions received (Box 1)	+ _____[7]	
Earnings on excess contributions (Box 2)	+ _____[9]	
Distribution code (Box 3)	_____[11]	
Fair Market Value on date of death (Box 4)	+ _____[12]	
<b>Box 5 -</b>		
HSA	_____[13]	
Archer MSA	_____[14]	
MA MSA	_____[15]	
All distributions were used to pay unreimbursed qualified medical expenses	_____[17]	
If some distributions were used to pay for other than qualified medical expenses, enter the unreimbursed qualified medical expenses for 2018	+ _____[19]	
Withdrawal of excess contributions by the due date of the return	+ _____[21]	
Amount of distribution rolled over for 2018	+ _____[23]	
If the distribution is due to the death of the account holder, enter the qualified decedent medical expenses paid by the taxpayer	+ _____[26]	
If MA (Medicare Advantage) MSA, enter value of account on 12/31/17	+ _____[27]	
For HSA accounts:		
Was the high deductible health plan coverage started in 2017 and in effect for the month of December 2017? (Y, N)	_____[29]	
Was the high deductible health plan coverage ended before 12/31/18? (Y, N)	_____[30]	

### Long Term Care (LTC) Service and Contracts

Please provide all Forms 1099-LTC.

	2018 Information	Prior Year Information
Name of the insured chronically ill individual _____	_____[39]	<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div>
Social security number of insured _____	_____[40]	
Gross long-term care (LTC) benefits paid (Box 1)	+ _____[42]	
Accelerated death benefits paid (Box 2)	+ _____[44]	
Check one (Box 3)		
Per diem	_____[46]	
Reimbursed amount	_____[47]	
Qualified contract (Box 4)	_____[48]	
Check, if applicable (Box 5)		
Chronically ill	_____[49]	
Terminally ill	_____[50]	
Are there other individuals who received LTC payments during 2018? (Y, N)	_____[52]	
If the insured is terminally ill, were payments received on account of terminal illness? (Y, N)	_____[53]	
Number of days during the long-term care period _____	_____[54]	
Cost incurred for qualified long-term care services during the long-term care period	+ _____[55]	

**NOTES/QUESTIONS:**



### Child and Dependent Care Expenses

**Please enter all amounts paid in 2018 for the care of one or more dependents which enables you to work or attend school.  
Enter the amount of dependent care expenses paid for each qualifying dependent on Organizer Form ID:1040**

	Taxpayer	Spouse
2017 employer-provided dependent care benefits used during 2018 grace period	+ _____ [3]	+ _____ [4]
Employer-provided dependent care benefits that were forfeited in 2018	+ _____ [5]	+ _____ [6]
Total qualified expenses incurred in 2018		_____ [9]
Were you or your spouse a full time student or disabled? (Yes or No)	_____ [10]	_____ [11]
Did you provide care expenses for any person(s) who is not listed as a dependent? (Y, N)		_____ [12]

Business name of provider \_\_\_\_\_  
 First and last name of provider \_\_\_\_\_  
 Street address of provider \_\_\_\_\_  
 City, State and Zip code \_\_\_\_\_  
 Social security number OR Employer identification number \_\_\_\_\_  
 Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN) \_\_\_\_  
 Amount paid to care provider in 2018 \_\_\_\_\_ + \_\_\_\_\_ [7]  
 Foreign province or state of provider \_\_\_\_\_  
 Foreign country and Foreign postal code of provider \_\_\_\_\_

Business name of provider \_\_\_\_\_  
 First and last name of provider \_\_\_\_\_  
 Street address of provider \_\_\_\_\_  
 City, State and Zip code \_\_\_\_\_  
 Social security number OR Employer identification number \_\_\_\_\_  
 Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN) \_\_\_\_  
 Amount paid to care provider in 2018 \_\_\_\_\_ + \_\_\_\_\_  
 Foreign province or state of provider \_\_\_\_\_  
 Foreign country and Foreign postal code of provider \_\_\_\_\_

Business name of provider \_\_\_\_\_  
 First and last name of provider \_\_\_\_\_  
 Street address of provider \_\_\_\_\_  
 City, State and Zip code \_\_\_\_\_  
 Social security number OR Employer identification number \_\_\_\_\_  
 Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN) \_\_\_\_  
 Amount paid to care provider in 2018 \_\_\_\_\_ + \_\_\_\_\_  
 Foreign province or state of provider \_\_\_\_\_  
 Foreign country and Foreign postal code of provider \_\_\_\_\_

Business name of provider \_\_\_\_\_  
 First and last name of provider \_\_\_\_\_  
 Street address of provider \_\_\_\_\_  
 City, State and Zip code \_\_\_\_\_  
 Social security number OR Employer identification number \_\_\_\_\_  
 Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN) \_\_\_\_  
 Amount paid to care provider in 2018 \_\_\_\_\_ + \_\_\_\_\_  
 Foreign province or state of provider \_\_\_\_\_  
 Foreign country and Foreign postal code of provider \_\_\_\_\_

Business name of provider \_\_\_\_\_  
 First and last name of provider \_\_\_\_\_  
 Street address of provider \_\_\_\_\_  
 City, State and Zip code \_\_\_\_\_  
 Social security number OR Employer identification number \_\_\_\_\_  
 Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN) \_\_\_\_  
 Amount paid to care provider in 2018 \_\_\_\_\_ + \_\_\_\_\_  
 Foreign province or state of provider \_\_\_\_\_  
 Foreign country and Foreign postal code of provider \_\_\_\_\_

**Michigan General Information**

School district name \_\_\_\_\_ [1]  
 School district code \_\_\_\_\_ [2]  
 Mark if 2/3 income from seafaring \_\_\_\_\_ [3]

	Taxpayer	Spouse
Do you want \$3.00 to go to the state campaign fund? (Y, N)	____ [4]	____ [5]
Mark the applicable boxes if the following conditions apply to you and/or your spouse:		
Paraplegic, quadriplegic or hemiplegic	____ [6]	____ [7]
Totally and permanently disabled	____ [8]	____ [9]
Deaf	____ [10]	____ [11]
Qualified disabled veteran	____ [12]	____ [13]

**Use Tax**

Purchases up \$1000 per purchase subject to use tax \_\_\_\_\_ [14]  
 Purchases exceeding \$1000 per purchase subject to use tax \_\_\_\_\_ [15]

**Contributions**

Amount of charitable contribution you wish to make to:  
**Contributions must be a minimum of \$5, \$10 or any amount greater than \$10**

American Red Cross of Michigan	_____ [16]
Animal Welfare Fund	_____ [17]
Children's Trust Fund - Preventing Child Abuse in Michigan	_____ [18]
Fostering Futures Scholarship Trust Fund	_____ [19]
Kiwanis Fund	_____ [20]
Lions of Michigan Foundation Fund	_____ [21]
Michigan World War II Legacy Memorial Fund	_____ [22]
Military Family Relief Fund	_____ [23]
United Way Fund	_____ [24]

**Part-year Resident Information**

If you were a part-year resident during the tax year, enter the dates you lived in Michigan

	Taxpayer	Spouse
From	_____ [25]	_____ [27]
To	_____ [26]	_____ [28]
Residency status of spouse (If different from taxpayer){1 = Resident, 2 = Nonresident, 3 = Part-year resident}		____ [29]

**NOTES/QUESTIONS:**