

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 ^{49]}	Last Name	Date of Birth	Social Security No.	Relationship	Months in home ^{**}	Dep Codes ^{**}	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 | **Other | 1 = Student (Age 19 - 23) |
| | 2 = Child who did not live with you due to divorce/separation | | 2 = Disabled dependent |
| | 3 = Other dependent | | 3 = Dependent who is both a student and disabled |
| | 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 | | |
| ***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: _____ [18] _____ [26]

 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]

Taxpayer -

Form of identification (1 = Driver's license, 2 = State issued identification card, 3 = No applicable identification, 4 = Identification not provided) _____ [1]
Identification number _____ [2]
Issue date _____ [3]
Expiration date (mm/dd/yyyy) _____ [4]
Location of issuance (State issued only) _____ [5]
Document number (New York only) _____ [6]

Spouse -

Form of identification (1 = Driver's license, 2 = State issued identification card, 3 = No applicable identification, 4 = Identification not provided) _____ [9]
Identification number _____ [10]
Issue date _____ [11]
Expiration date (mm/dd/yyyy) _____ [12]
Location of issuance (State issued only) _____ [13]
Document number (New York only) _____ [14]

NOTES/QUESTIONS:

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 _____

Wages and Salaries #1

Please provide all copies of Form W-2.

2018 Information

Prior Year Information

Taxpayer/Spouse (T, S) _____ [1]
Employer name _____ [3]
Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Farming / Fishing, 4 = National Guard) _____ [5]
Mark if this is your current employer _____ [6]
Federal wages and salaries (**Box 1**) + _____ [10]
Federal tax withheld (**Box 2**) + _____ [12]
Social security wages (**Box 3**) (If different than federal wages) + _____ [14]
Social security tax withheld (**Box 4**) + _____ [16]
Medicare wages (**Box 5**) (If different than federal wages) + _____ [18]
Medicare tax withheld (**Box 6**) + _____ [21]
SS tips (**Box 7**) + _____ [23]
Allocated tips (**Box 8**) + _____ [25]
Dependent care benefits (**Box 10**) + _____ [27]
Box 13 -
Statutory employee _____ [29]
Retirement plan _____ [30]
Third-party sick pay _____ [31]
State postal code (**Box 15**) _____ [32]
State wages (**Box 16**) (If different than federal wages) + _____ [34]
State tax withheld (**Box 17**) + _____ [36]
Local wages (**Box 18**) + _____ [38]
Local tax withheld (**Box 19**) + _____ [40]
Name of locality (**Box 20**) _____ [43]

Control Totals+

Wages and Salaries #2

Please provide all copies of Form W-2.

2018 Information

Prior Year Information

Taxpayer/Spouse (T, S) _____ [1]
Employer name _____ [3]
Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Farming / Fishing, 4 = National Guard) _____ [5]
Mark if this is your current employer _____ [6]
Federal wages and salaries (**Box 1**) + _____ [10]
Federal tax withheld (**Box 2**) + _____ [12]
Social security wages (**Box 3**) (If different than federal wages) + _____ [14]
Social security tax withheld (**Box 4**) + _____ [16]
Medicare wages (**Box 5**) (If different than federal wages) + _____ [18]
Medicare tax withheld (**Box 6**) + _____ [21]
SS tips (**Box 7**) + _____ [23]
Allocated tips (**Box 8**) + _____ [25]
Dependent care benefits (**Box 10**) + _____ [27]
Box 13 -
Statutory employee _____ [29]
Retirement plan _____ [30]
Third-party sick pay _____ [31]
State postal code (**Box 15**) _____ [32]
State wages (**Box 16**) (If different than federal wages) + _____ [34]
State tax withheld (**Box 17**) + _____ [36]
Local wages (**Box 18**) + _____ [38]
Local tax withheld (**Box 19**) + _____ [40]
Name of locality (**Box 20**) _____ [43]

Control Totals+

Interest Income

Please provide copies of all Form 1099-INT or other statements reporting interest income.
 *Whole numbers will be treated as \$ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.

T/S/J	Type Code <small>(**See codes below)</small>	Interest Income ^[1]	Tax Exempt Income	Penalty on Early Withdrawal	U.S. Obligations* \$ or %	Tax Exempt* \$ or %	Foreign Taxes Paid	Prior Year Information
	1	Payer						
		Amounts	+					
	2	Payer						
		Amounts	+					
	3	Payer						
		Amounts	+					
	4	Payer						
		Amounts	+					
	5	Payer						
		Amounts	+					
	6	Payer						
		Amounts	+					
	7	Payer						
		Amounts	+					
	8	Payer						
		Amounts	+					
	9	Payer						
		Amounts	+					
	10	Payer						
		Amounts	+					

**Interest Codes		
Blank = Regular Interest	4 = Accrued Interest	6 = ABP Adjustment
3 = Nominee Distribution	5 = OID Adjustment	7 = Series EE & I Bond

Dividend Income

Please provide copies of all Form 1099-DIV or other statements reporting dividend income.

*Whole numbers will be treated as \$ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.

T S J	Type Code	(**See codes below)	Ordinary Dividends	Qualified Dividends	Total Cap Gain Distributions	Section 1250	Sec. 1202	28% Capital Gain	Tax Exempt Dividends	U.S. Obligations* \$ or %	Tax Exempt* \$ or %	Foreign Taxes Paid	Prior Year Information
1	Payer												
	Amounts	+											
2	Payer												
	Amounts	+											
3	Payer												
	Amounts	+											
4	Payer												
	Amounts	+											
5	Payer												
	Amounts	+											
6	Payer												
	Amounts	+											
7	Payer												
	Amounts	+											
8	Payer												
	Amounts	+											
9	Payer												
	Amounts	+											
10	Payer												
	Amounts	+											

**Dividend Codes	
Blank = Other	3 = Nominee

	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:

Pension, Annuity, and IRA Distributions #1

Please provide all Forms 1099-R.

2018 Information

Prior Year Information

Taxpayer/Spouse (T, S)		__	[1]
Name of payer _____			[3]
State postal code _____			[5]
Gross distributions received (Box 1)	+	_____	[7]
Taxable amount received (Box 2a)	+	_____	[9]
Federal withholding (Box 4)	+	_____	[11]
Distribution code (Box 7)		__	[14]
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan		__	[16]
State withholding (Box 12)	+	_____	[17]
Local withholding (Box 15)	+	_____	[19]
Amount of rollover	+	_____	[21]
Mark if distribution was due to a pre-retirement age disability		__	[23]

	Control Totals+	
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Pension, Annuity, and IRA Distributions #2

Please provide all Forms 1099-R.

2018 Information

Prior Year Information

Taxpayer/Spouse (T, S)		__	[1]
Name of payer _____			[3]
State postal code _____			[5]
Gross distributions received (Box 1)	+	_____	[7]
Taxable amount received (Box 2a)	+	_____	[9]
Federal withholding (Box 4)	+	_____	[11]
Distribution code (Box 7)		__	[14]
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan		__	[16]
State withholding (Box 12)	+	_____	[17]
Local withholding (Box 15)	+	_____	[19]
Amount of rollover	+	_____	[21]
Mark if distribution was due to a pre-retirement age disability		__	[23]

	Control Totals+	
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Pension, Annuity, and IRA Distributions #3

Please provide all Forms 1099-R.

2018 Information

Prior Year Information

Taxpayer/Spouse (T, S)		__	[1]
Name of payer _____			[3]
State postal code _____			[5]
Gross distributions received (Box 1)	+	_____	[7]
Taxable amount received (Box 2a)	+	_____	[9]
Federal withholding (Box 4)	+	_____	[11]
Distribution code (Box 7)		__	[14]
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan		__	[16]
State withholding (Box 12)	+	_____	[17]
Local withholding (Box 15)	+	_____	[19]
Amount of rollover	+	_____	[21]
Mark if distribution was due to a pre-retirement age disability		__	[23]

	Control Totals+	
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NOTES/QUESTIONS:

Please provide a copy of Form(s) SSA-1099 or RRB-1099

Taxpayer/Spouse (T, S) [1]
State postal code [2]

Social Security Benefits

Table with 3 columns: Description, 2018 Information, and Prior Year Information. Rows include Net Benefits for 2018, Voluntary Federal Income Tax Withheld, Medicare premiums, and Prescription drug (Part D) premiums.

Tier 1 Railroad Benefits

Table with 3 columns: Description, 2018 Information, and Prior Year Information. Rows include Net Social Security Equivalent Benefit, Portion of Tier 1 Paid in 2018, Federal Income Tax Withheld, and Medicare Premium Total.

Additional Information About Benefits Received

Additional information about the benefits received not reported above. For example did you repay any benefits in 2018 or receive any prior year benefits in 2018. This information will be reported in the SSA-1099 DESCRIPTION OF AMOUNT IN BOX 3 area or in the RRB-1099 Boxes 7 through 9.

- Four horizontal lines for additional information, labeled [40], [41], [42], [43], and [44].

NOTES/QUESTIONS:

Traditional IRA

	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:

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Preparer use only

Business activity or profession name _____ [3]
 Taxpayer/Spouse (T, S) _____ [4]
 State postal code _____ [5]
 Contribute the maximum allowable contribution amount? (1 = Keogh, 2 = SEP, 3 = SIMPLE 401(k), 4 = Solo 401(k), 5 = SIMPLE IRA, 6 = SARSEP) _____ [6]
 Plan contribution rate. Enter in xx.xx format (Limitation percentage) _____ [7]
 Enter the total amount of contributions made to a Keogh plan in 2018 + _____ [8]
 Enter the total amount of contributions made to a Solo 401(k) plan in 2018 + _____ [9]
 Enter the total amount of contributions made to a SEP plan in 2018 + _____ [10]
 Enter the total amount of contributions made to a SARSEP plan in 2018 + _____ [11]
 Enter the total amount of contributions made to a defined benefit plan in 2018 + _____ [12]
 Enter the total amount of contributions made to a profit-sharing plan in 2018 + _____ [13]
 Enter the total amount of contributions made to a money purchase plan in 2018 + _____ [14]
 Enter the total amount of contributions made to a SIMPLE 401(k) plan in 2018 + _____ [15]
 Enter the total amount of contributions to a SIMPLE IRA plan in 2018 + _____ [16]

Catch-up Contributions

Enter the amount of catch-up contributions made to a Solo 401(k) or SARSEP in 2018 + _____ [17]
 Enter the amount of catch-up contributions made to a SIMPLE Plan in 2018 + _____ [18]

Elective Deferrals

Enter the total contributions to a Solo 401(k) or SARSEP made through elective deferrals in 2018 + _____ [19]
 Enter the amount of elective deferrals designated as Roth contributions in 2018 + _____ [20]

NOTES/QUESTIONS:

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: <i>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.</i>			
[4] _____	+ _____ [5]		
_____	+ _____		
_____	+ _____		
_____	+ _____		
Long-term care premiums you paid: <i>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.)</i>			
[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]		
_____	+ _____		
_____	+ _____		

Interest Expenses

T/S/J	2018 Interest Paid ^[2]	2018 Points Paid	Type*	2018 Mortgage Ins. Premiums Paid	Prior Year Information
Home mortgage interest: From Form 1098					
[1] _____	+	+	+	+	
_____	+	+	+	+	
_____	+	+	+	+	
_____	+	+	+	+	
_____	+	+	+	+	
_____	+	+	+	+	
_____	+	+	+	+	
_____	+	+	+	+	
_____	+	+	+	+	
_____	+	+	+	+	

***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]	
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	
	Gambling losses: (Enter only if you have gambling income)			
[15]	_____	+	_____ [16]	
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	

NOTES/QUESTIONS:

Noncash Contributions Exceeding \$500

For donated securities, include the company name and number of shares in the donated property description, below

Taxpayer/Spouse/Joint (T, S, J) _____ [1]
 Donated property description _____ [4]
 Name of donee organization _____ [5]
 Address of donee organization _____ [6]
 City _____ [7]
 State postal code _____ [8]
 Zip code _____ [9]
 Date contributed _____ [10]
 Date acquired by donor _____ [11]
 How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange) _____ [12]
 Donor's cost or basis _____ + _____ [13]
 Fair market value _____ + _____ [14]
 Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) _____ [15]
 If other: _____ [16]

Control Totals+

Noncash Contributions Exceeding \$500

For donated securities, include the company name and number of shares in the donated property description, below

Taxpayer/Spouse/Joint (T, S, J) _____ [1]
 Donated property description _____ [4]
 Name of donee organization _____ [5]
 Address of donee organization _____ [6]
 City _____ [7]
 State postal code _____ [8]
 Zip code _____ [9]
 Date contributed _____ [10]
 Date acquired by donor _____ [11]
 How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange) _____ [12]
 Donor's cost or basis _____ + _____ [13]
 Fair market value _____ + _____ [14]
 Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) _____ [15]
 If other: _____ [16]

Control Totals+

Noncash Contributions Exceeding \$500

For donated securities, include the company name and number of shares in the donated property description, below

Taxpayer/Spouse/Joint (T, S, J) _____ [1]
 Donated property description _____ [4]
 Name of donee organization _____ [5]
 Address of donee organization _____ [6]
 City _____ [7]
 State postal code _____ [8]
 Zip code _____ [9]
 Date contributed _____ [10]
 Date acquired by donor _____ [11]
 How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange) _____ [12]
 Donor's cost or basis _____ + _____ [13]
 Fair market value _____ + _____ [14]
 Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) _____ [15]
 If other: _____ [16]

Control Totals+

Minnesota General Information

Mark if you or your spouse are disabled _____ [1]
 Welfare amounts received _____ [2]

Contributions

Amount of political and charitable contributions you wish to make to:
Political Contributions

State campaign fund (Enter the appropriate code for the \$5 political party contribution on Form M1 or Form M1PR from the list below) Taxpayer _____ [3] Spouse _____ [4]

Political Parties		
11 = Republican 12 = Democratic Farmer-Labor 13 = Independent	14 = Grassroots-Legalize Cannabis Party 15 = Green Party of Minnesota 16 = Libertarian	17 = Legalize Marijuana Now Party 99 = General Campaign Fund

Charitable Contribution

Nongame Wildlife Fund _____ [5]

Credits and Subtractions

Long Term Care Insurance Credit

Name of insurance company (Taxpayer) _____ [6]
 Name of insurance company (Spouse) _____ [7]
 Policy Number (Taxpayer) _____ [8]
 Policy Number (Spouse) _____ [9]

K-12 Education Expenses

Child's Name	Grade	Class Fees	Indiv Fees	Textbook Material	Transport Costs	Hardware Software	Qualified Tuition
_____ [10]	_____ [11]	_____ [12]	_____ [13]	_____ [14]	_____ [15]	_____ [16]	_____ [17]
_____ [18]	_____ [19]	_____ [20]	_____ [21]	_____ [22]	_____ [23]	_____ [24]	_____ [25]
_____ [26]	_____ [27]	_____ [28]	_____ [29]	_____ [30]	_____ [31]	_____ [32]	_____ [33]

	Child One	Child Two	Child Three
Class name _____ [34]	_____ [35]	_____ [36]	_____ [37]
Class type _____ [38]	_____ [39]	_____ [40]	_____ [41]
Ind. instr name _____ [42]	_____ [43]	_____ [44]	_____ [45]
Ind. instr type _____ [46]	_____ [47]	_____ [48]	_____ [49]
Music ins type _____ [50]	_____ [51]	_____ [52]	_____ [53]
Musical ins cost _____ [54]	_____ [55]	_____ [56]	_____ [57]
Type of school attended _____ [58]	_____ [59]	_____ [60]	_____ [61]
Transp provider _____ [62]	_____ [63]	_____ [64]	_____ [65]

M1PR Property Tax Credit

Note: Please attach copies of your tax year CRP's and/or current year Property Tax Statements

Part-year Resident and Nonresident Information

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

Part-year residency dates: Taxpayer _____ [58] Spouse _____ [60]
 From _____ [59] _____ [61]
 To _____ [62] _____ [63]
 Other state of residence (State/Foreign country required for other nonresidents) _____ [64] _____ [65]

NOTES/QUESTIONS: