ORGANIZER US **Miscellaneous Questions** 1040 2018 If any of the following items pertain to you or your spouse for 2018, please check the appropriate box and provide additional information if necessary. PERSONAL INFORMATION Yes No Did your marital status change during the year? Did your name change? If so please provide name as it appears on your social security card. Did your address change during the year? If yes, please provide the new address and date of your move. Did the e-mail address for you or your spouse change during the year? If yes, please update the e-mail address on the Client Information page. П П Did you or your spouse work or have any income from a state other than your state of residence (e.g. Texas)? If yes, please provide other states, dates lived/worked there and source of income. П Could you or your spouse be claimed as a dependent on another person's tax return for 2018? Have you or your spouse been a victim of tax related identity theft and have you contacted the IRS? If yes, please furnish the 6-digit identity protection PIN issued to you by the IRS ______ Spouse **DEPENDENTS** Were there any changes in dependents? Please explain. If adding a new dependent, please provide dependent's name as it appears on social security card, SSN, and date of birth. Were any of your unmarried children who might be claimed as dependents 19 years of age or older (or 24 years or older if student) at the end of 2018? П Did you or your spouse have any children under age 19 or full-time students under age 24 at the end of 2018, with interest and dividend income in excess of \$1,050, or total investment income in excess of \$2,100? HEALTH CARE COVERAGE П П Did you, your spouse and your dependents have ACA compliant healthcare coverage for the full-year? If less than the full-year, please complete the Health

Coverage form included in this organizer.

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			Did you or your spouse receive any of the following IRS Documents? Form 1095-A (Health Insurance Marketplace Statement), 1095-B (Health Coverage) or Form 1095-C (Employer Provided Health Insurance Offer and Coverage) If so, please provide.
			Did you or your spouse make contributions to a Health Savings Account (HSA)? If yes, what type of coverage did you have? Self only or family coverage (please circle). Please provide Form 5498-SA if one was received.
			Did you or your spouse receive distributions from a Health Savings Account (HSA)? If yes, please provide Form 1099-SA if one was received. Were all of the funds received used to pay medical expenses? Yes or No (please circle)
			Were you or your spouse a policyholder who received payments under a long-term care (LTC) insurance contract? If yes, please provide Form 1099-LTC
			INCOME
			Did you or your spouse receive unreported tip income of \$20 or more in any month?
			Did you or your spouse cash any Series EE U.S. savings bonds issued after 1989 and pay qualified higher education expenses for yourself, your spouse, or your dependents?
			Did you or your spouse receive any disability income?
			PURCHASES, SALES AND DEBT
			Did you or your spouse start a business or farm, purchase rental or royalty property, or acquire an interest in a partnership, S corporation, trust, or REMIC? Please provide details and/or K-1 if applicable.
			Did you or your spouse purchase or dispose of any business assets (furniture, equipment, vehicles, real estate, etc.), or convert any personal assets to business use?
			Did you or your spouse buy or sell any stocks, bonds or other investment property in 2018?
			Did you or your spouse purchase, sell, or refinance your principal home or second home, or did you take a home equity loan? If yes, please provide a copy of the settlement statement and indicate the length of the loan (i.e. 15, 25, 30 years).
			Did you or your spouse withdraw any amounts from your Individual Retirement Account (IRA) or Roth IRA to acquire a principal residence?

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			Did you or your spouse make any residential energy-efficient improvements or purchases involving solar, wind, geothermal or fuel cell energy sources? If yes, please provide details and or the invoice supporting the purchase and qualification for the credit.		
			Did you or your spouse have any debts cancelled or forgiven? Please provide details.		
			Does anyone owe you or your spouse money which has become uncollectible? Please note there must be a bona fide debt and a valid debtor-creditor relationship involving an enforceable obligation to pay in order to be potentially deductible.		
			RETIREMENT PLANS		
			Did you or your spouse receive a distribution from a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)? Please provide Form 1099-R.		
			Did you or your spouse make a contribution to a retirement plan (IRA, SEP, SIMPLE, Qualified Plan, etc.) other than salary deferrals (e.g. 401(k)) made through an employer sponsored retirement plan?		
			Did you or your spouse transfer or rollover any amount from one retirement plan to another retirement plan? Please provide Form 1099-R if received.		
			Did you or your spouse convert part or all of your traditional IRA, SEP, or SIMPLE IRA to a Roth IRA in 2018?		
			EDUCATION		
			Did you or your spouse receive a distribution from an Education Savings Account or a Qualified Tuition Program? Please provide details including Form 1099-Q.		
			Did you or your spouse withdraw any amounts from an IRA to pay for higher education expenses incurred by you, your spouse, your children or grandchildren?		
			Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school? Please provide Form 1098-T and any other forms received including the details regarding amounts paid for tuition, room and board, books, etc.		
			Did you or your spouse pay any student loan interest? If yes, please provide Form 1098-E.		