

Jason Anakkala Ltd.

Certified Public Accountant & Consultants

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2018 INDIVIDUAL INCOME TAX ORGANIZER

YOUR APPOINTMENT / DROP OFF TIME IS ON _____ AT _____ AM / PM

• Additional organizers can be found at our website www.jasonacpa.com •

TAXPAYER INFORMATION	SPOUSE INFORMATION
First _____ M _____ Last _____	First _____ M _____ Last _____
SS # _____ DOB _____	SS # _____ DOB _____
Occupation _____	Occupation _____
Address _____	Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Home _____ Work _____	Home _____ Work _____
Cell _____ Email _____	Cell _____ Email _____
Are you legally blind or disabled? Y / N	Are you legally blind or disabled? Y / N

DEPENDENTS								
Name	Birthdate	SS #	Relation	Months in Home	Grade	Daycare Costs	Income Earned	Full Time Student
_____	_____	_____	_____	_____	_____	_____	_____	Y / N
_____	_____	_____	_____	_____	_____	_____	_____	Y / N
_____	_____	_____	_____	_____	_____	_____	_____	Y / N
_____	_____	_____	_____	_____	_____	_____	_____	Y / N
_____	_____	_____	_____	_____	_____	_____	_____	Y / N

DEPENDENT AND CHILD CARE EXPENSES				
For dependents under age 14, or if dependent or spouse is physically or mentally incapable of caring for themselves.				
Name of Provider	Address	SS or Tax ID - Required	Amount Paid	Children Cared For
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Are you enrolled in your employer's Flex Plan? Usually, this is the best way to handle child care costs.

THINGS TO BRING	OTHER INCOME NOT ON 1099/W-2
<input type="checkbox"/> Copy of Drivers License(s)	_____ \$
<input type="checkbox"/> Last Paystub of the Year	_____ \$
<input type="checkbox"/> W-2 Forms for Wages	_____ \$
<input type="checkbox"/> 1099-R for Retirement	_____ \$
<input type="checkbox"/> 1099's for Interest, Dividends, and Other Income	_____ \$
<input type="checkbox"/> K-1's for Partnerships, Corporations or Estates	_____ \$
<input type="checkbox"/> 1099-SSA for Social Security Benefits	_____ \$
<input type="checkbox"/> 1099-SA for Health Savings Accounts	_____ \$
<input type="checkbox"/> Proof of Health Insurance (1095-A, 1095-B, 1095-C)	_____ \$
<input type="checkbox"/> Voided Check(s) for Direct Deposit	_____ \$
<input type="checkbox"/> 1098's: Mortgage Interest, Student Loan Interest, College Tuition	_____ \$
<input type="checkbox"/> All Other Statements Showing Income	_____ \$
<input type="checkbox"/> Property Tax Statements	_____ \$
<input type="checkbox"/> Closing Papers for Real estate purchases & Sales, including Refinances	_____ \$
<input type="checkbox"/> IRA Year-End Statements	_____ \$
<input type="checkbox"/> NEW CLIENTS ONLY: Last 2 Year's Tax Return	_____ \$
	NONTAXABLE INCOME
	Veterans Pension/Disability _____ \$
	Child Support/Assistance _____ \$
	Worker's Compensation _____ \$
	Other (identify) _____ \$

Failure to complete this organizer will jeopardize our ability to prepare an accurate tax return. Please complete!

ADJUSTMENTS TO INCOME

RETIREMENT PLANS

	<u>Taxpayer</u>	<u>Spouse</u>
Covered by a retirement plan at work?	Y / N	Y / N
Contributions already made for 2018:		
Traditional (Regular) IRA	\$	\$
Roth IRA	\$	\$
SEP/Simple/Keogh	\$	\$
Did you convert an IRA to a ROTH IRA?	Y / N	Y / N
Calculate possible retirement plan options with this return? (IRA, Roth, SIMPLE, HSA, etc.)	Y / N	Y / N

HEALTH SAVINGS ACCOUNTS

Contributions to HSA	\$	\$
Distributions from HSA	\$	\$

MISCELLANEOUS

Educator Expenses (supplies, etc.)	\$	\$
Student Loan Interest Paid - See page 3		

TAX CREDITS

RESIDENTIAL ENERGY CREDITS

Must be on your primary residence.

Windows, exterior doors, skylights	\$
Storm doors, windows	\$
Furnace and/or air conditioner	\$
Insulation	\$
Water heater	\$
Metal or asphalt roof w/ cooling granules	\$
Geothermal heat pumps	\$
Wind turbines	\$
Solar panels	\$
Fuel cell property	\$

Expired on 12/31/17 but Congress could reinstate this for 2018.

ITEMS TO DISCUSS WITH PREPARER

DEDUCTIONS

MEDICAL AND DENTAL EXPENSES

** Do not include amounts withheld pre-tax from your wages.*

Health Insurance Premiums *	\$
Medicare Premiums	\$
Long Term Care Insurance	\$
Insur Co _____ Policy Number _____	
Vision Insurance Premiums *	\$
Dental Insurance Premiums *	\$
Prescription Medicine / Drugs	\$
Doctors, Dentists, Hospitals	\$
Labs, X-Rays	\$
Eye Glasses, Contact Lens	\$
Hearing Aid, Supplies, Repair	\$
Special Medical Apparatus	\$
Ambulance	\$
_____	\$
_____	\$
_____	\$
Travel for Medical	_____ Miles
Lodging Away From Home	\$
Number of Nights	_____
Medical Reimbursements	\$

(If above are gross expenses)

REAL ESTATE TAXES (Excluding Special Assessments)

Provide actual 2018 property tax statements.

Primary Residence	\$
Second Residence	\$
Land	\$
Property Tax Refund Received in 2018	\$

VEHICLE LICENSE FEES (Cars & Trucks Only)

Year/Make/Model Amount

	\$
	\$
	\$

SALES TAX PAID ON LARGER PURCHASES

<u>New/Used</u>	<u>Description</u>	<u>Amount</u>
		\$
		\$

AFTER HIGH SCHOOL EDUCATIONAL EXPENSES

Pay for or incur a loan for college or vocational costs last year? We **must** have the 1098-T and an account activity statement from the school.

	<u>Parent(s)</u>	<u>Dependent 1</u>	<u>Dependent 2</u>	<u>Dependent 3</u>
Year of school				
Name of school attended				
Tuition/fees				
Books and supplies				
Expenses paid by parents?	Y / N	Y / N	Y / N	Y / N

DEDUCTIONS (Continued)

INTEREST PAID - Bring 1098 Forms

1st Mortgage - Primary Residence	\$ _____
Ending Balance as of 12/31/18	\$ _____
2nd Mortgage - Second Home / Land	\$ _____
Ending Balance as of 12/31/18	\$ _____
What was the loan used for?	_____
Home Equity Loan	\$ _____
Ending Balance as of 12/31/18	\$ _____
What was the loan used for?	_____
Contract for Deed	\$ _____
Ending Balance as of 12/31/18	\$ _____
Also list recipient's name, address, and SS#:	_____
Points Paid	\$ _____
Mortgage Insurance Premiums	\$ _____
Investment Interest	\$ _____

Note: Bring closing (settlement) statements for any property refinanced, sold or purchased during year.

CONTRIBUTIONS

IRS requires you to have a receipt or cancelled check for all contributions. Those over \$250, you must have written statement from charity. If \$250 or more, a cancelled check is not enough. Our office does not need copies, you keep.

Do you have receipts to support your donations?	Y / N
Church	\$ _____
Others - Please list below	_____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Charitable Mileage	_____ Miles
Other Than Cash	\$ _____

ESTIMATED TAX PAYMENTS

Be careful. Incorrect data will result in notices and penalties from tax authorities.

FEDERAL	<u>Date Paid</u>	<u>Amount</u>
Applied from Prior Year's Return	\$ _____	\$ _____
1st Qtr - Due 4/15/18	\$ _____	\$ _____
2nd Qtr - Due 6/15/18	\$ _____	\$ _____
3rd Qtr - Due 9/15/18	\$ _____	\$ _____
4th Qtr - Due 1/15/19	\$ _____	\$ _____
STATE	<u>Date Paid</u>	<u>Amount</u>
Applied from Prior Year's Return	\$ _____	\$ _____
1st Qtr - Due 4/15/18	\$ _____	\$ _____
2nd Qtr - Due 6/15/18	\$ _____	\$ _____
3rd Qtr - Due 9/15/18	\$ _____	\$ _____
4th Qtr - Due 1/15/19	\$ _____	\$ _____

MISCELLANEOUS DEDUCTIONS

Several items that were previously deductible have been eliminated by the Tax Cuts & Jobs Act, particularly Employee work related expenses and Investment expenses.

Business owners should use one of our business organizers (Sole prop, Farm, etc.) for your business deductions.

Use this space to ask if your expense item is still an allowable deduction or not.

_____	\$ _____
_____	\$ _____
Gambling Losses (Limited to Winnings)	\$ _____

If you have enough to itemize you can deduct your losses up to your winnings. If you cannot itemize, you will not be able to deduct your losses.

STUDENT LOAN INTEREST/CREDIT

	<u>Taxpayer</u>	<u>Spouse</u>
Student Loan Interest Paid	\$ _____	\$ _____
<i>You also need to provide Form 1098-E.</i>		
Total amount of loan payments made in 2018 (principal + interest)	\$ _____	\$ _____
Original amount of student loans	\$ _____	\$ _____

529 PLAN DEDUCTION - MINNESOTA RETURNS

If you contribute to a Section 529 College Savings Plan, you may be eligible for a credit or deduction. Please provide the following information for each 529 Plan account.

Trustee:	_____
Account Number:	_____
Amount Contributed (added in 2018):	_____
Distributions in 2018:	_____

Trustee:	_____
Account Number:	_____
Amount Contributed (added in 2018):	_____
Distributions in 2018:	_____

NEW STANDARD DEDUCTION AMOUNTS FOR 2018

	<u>Base</u>	<u>Extra*</u>
Single	\$12,000	\$1,600
Married Filing Jointly	\$24,000	\$1,300
Married Filing Separately	\$12,000	\$1,300
Head of Household	\$18,000	\$1,600

*Extra amount is for Blindness or Over Age 65

"The hardest thing in the world to understand is the income tax."--Albert Einstein

MISCELLANEOUS QUESTIONS

Please review the following questions. Please circle Yes or No. If not circled, we assume you reviewed and it does not apply to your return.

- Y / N Any births, adoptions, miscarriages, marriages, divorces, deaths or name changes in your immediate family in 2018?
- Y / N Did the taxpayer and spouse live apart for the entire last 6 months of the year or longer?
- Y / N Do you have a mentally or physically disabled child?
- Y / N Any changes in dependents in 2018? If so, please explain: _____
- Y / N Can anyone claim you as a dependent?
- Y / N Divorced parents claiming non-custodial children are now required to have a special form signed. Is this you?
- Y / N Made gifts of more than \$15,000 to any individual? If yes, provide details.
- Y / N Are you receiving a military pension or other military retirement pay?
- Y / N Wish to donate to the MN Non-Game Wildlife Fund? If yes, please indicate amount \$ _____.
- Y / N Receive any notices from any tax authorities? If yes, provide copies.
- Y / N Either you or your spouse reach or will reach 70 1/2 this year or next? Minimum retirement distributions may be required. Do you need assistance in calculating the necessary distribution?
- Y / N Want us to prepare a MN Renter or Homeowner Property Tax Refund for 2018? If yes, please provide real estate tax statements or Certificate of Rent Paid.
- Y / N Receive/pay alimony or child support during the year? If yes, provide amount paid, name & address of recipient.

- Y / N Receive any tax-exempt interest during the year? If yes, provide us with a list of accounts and amount received.
- Y / N Did you or a dependent receive any scholarships or grants in 2018?
- Y / N Refinance your home this year? Bring in closing statement and/or contract. _____
- Y / N Buy or sell any property or investments this year? Bring in closing statement and/or contract.
- Y / N Previously take advantage of the 1st Time Home Buyer or Long Time Resident Credit?
- Y / N Do you want us to prepare Quarterly tax estimate vouchers for you for 2019?
- Y / N Any income from or pay taxes to a foreign country, have a foreign account or own property in a foreign country?
- Y / N Add someone (or were you added) to the title or deed of a property, such as a life estate?
- Y / N Pay a household employee over \$1,900?
- Y / N Go through bankruptcy, foreclosure, or repossession proceedings? Considering?
- Y / N Moved during 2018 or have a change of residence or job location during the year?
- Y / N Reside in more than one state during the year?
- Y / N Earn income from a state other than the state in which you live?
- Y / N Receive any disability income during the year?
- Y / N Receive a Schedule K-1 from a partnership, S Corp or trust?
- Y / N Serve in the military during the year?
- Y / N Expect significant changes in income, expenses or dependents in 2019?
- Y / N Would you like us to review your Social Security statements? If yes, bring in your benefit statement.
- Y / N Sign me up for the Secure Web Portal
- Y / N Need a return prepared for your dependents? If so, whom: _____

MINNESOTA K-12 EDUCATION EXPENSES

Note: Minnesota allows deductions (or credits) for K-12 school expenses. Please list by child.

	Child: _____	Child: _____
Type of School (Private, Public, Homeschool) & Grade	_____/Grade_____	_____/Grade_____
Fees/Tuition for Enrichment outside regular school	\$_____/Class Type_____	\$_____/Class Type_____
Fees for individual instruction outside school	\$_____/Class Type_____	\$_____/Class Type_____
Required School Supplies	\$_____	\$_____
Purchase or Rentals of Music Instruments	\$_____/Type_____	\$_____/Type_____
Transportation cost paid to others	\$_____/Provider_____	\$_____/Provider_____
Home Computer Expenses / Private School Tuition	\$_____/ \$_____	\$_____/ \$_____

We submit this information to Jason Anakkala Ltd. only for use in preparing, at our request, federal and/or state income tax returns for 2018. Each item can be substantiated by receipts, cancelled checks or other documents. The information supplied is true, correct and complete to the best of our knowledge. We have reviewed the organizers provided to us and have provided all relevant material needed to properly complete our tax return.

Signed: _____ Date: _____