

*****Fill out Organizer the best you can. Skip what you don't understand or doesn't apply to you and feel free to make notes. Also be sure to send your most recently filed tax return. Thank you for using our business. *****

Form ID: 1040

Filing (Marital) status code (1 = Single, 2 = Married filing joint, 3 = Married filing separate, 4 = Head of household, 5 = Qualifying widow(er)) _____
 Mark if you were married but living apart all year _____
 Mark if your nonresident alien spouse does not have an Individual Taxpayer Identification Number (ITIN) _____

	Taxpayer	Spouse
Social security number	_____	_____
First name	_____	_____
Last name	_____	_____
Occupation	_____	_____
Designate \$3.00 to the presidential election campaign fund? (1 = Yes, 2 = No, 3 = Blank)	<u>2</u>	_____
Mark if dependent of another taxpayer	_____	_____
Taxpayer with income less than 1/2 support age 18 or 19 - 23 full-time student? (Y, N)	_____	_____
Mark if legally blind	_____	_____
Date of birth	_____	_____
Date of death	_____	_____
Work/daytime telephone number/ext number	_____	_____
Home/evening telephone number	_____	_____
Do you authorize us to discuss your return with the IRS? (Y, N)	<u>Y</u>	_____

Present Mailing Address

Address _____
 Apartment number _____
 City, state postal code, zip code _____
 Foreign country name _____
 Foreign phone number _____
 In care of addressee _____

Dependent Information

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

First Name	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 _____
 Social security number of qualifying person _____

Dependent Codes

<p>*Basic</p> <p>1 = Child who lived with you</p> <p>2 = Child who did not live with you due to divorce/separation</p> <p>3 = Other dependent</p> <p>4 = Other dependents, but do not qualify for Credit for Other Dependents (ODC)</p> <p>5 = Qualifying child for Earned Income Credit only</p> <p>6 = Children who lived with you, but do not qualify for Earned Income Credit</p> <p>7 = Children who lived with you, but do not qualify for Child Tax Credit</p> <p>8 = Children who lived with you, but do not qualify for Child Tax Credit/Credit for Other Dependents/Earned Income Credit</p>	<p>**Other</p> <p>1 = Student (Age 19 - 23)</p> <p>2 = Disabled dependent</p> <p>3 = Dependent who is both a student and disabled</p>
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*****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) _____

Taxpayer email address _____

Spouse email address _____

Taxpayer

Spouse

Fax telephone number _____

Mobile telephone number _____

Mobile telephone #2 number _____

Pager number _____

Other: _____

 Telephone number _____

 Extension _____

Preferred method of contact: _____

 Email, Work phone, Home phone, Fax, Mobile phone, Mobile phone #2 _____

NOTES/QUESTIONS:

Form ID: Est **2018 Federal Estimated Taxes** 8

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

Refunded _____

Applied to 2019 estimated tax liability _____

Do you expect a considerable change in your 2019 income? (Y, N) _____

If yes, please explain any differences:

Do you expect a considerable change in your deductions for 2019? (Y, N) _____

If yes, please explain any differences:

Do you expect a considerable change in the amount of your 2019 withholding? (Y, N) _____

If yes, please explain any differences:

Do you expect a change in the number of dependents claimed for 2019? (Y, N) _____

If yes, please explain any differences:

Mark if you use the Electronic Federal Tax Payment System (EFTPS) to pay your estimated taxes _____

2018 Federal Estimated Tax Payments

2017 overpayment applied to 2018 estimates + _____

Mark if you paid the calculated amounts on the dates due indicated below. Skip the remaining fields. _____

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	_____	+ _____	_____	_____
2nd quarter payment	6/15/18	_____	+ _____	_____	_____
3rd quarter payment	9/17/18	_____	+ _____	_____	_____
4th quarter payment	1/15/19	_____	+ _____	_____	_____
Additional payment		_____	+ _____		

***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) _____
State postal code _____

Amount paid with 2017 return + _____
 2017 overpayment applied to '18 estimates + _____
 Treat calculated amounts as paid _____

	Date Paid	Amount Paid	Calculated Amount
1st quarter payment	_____	+ _____	_____ _____ _____ _____
2nd quarter payment	_____	+ _____	
3rd quarter payment	_____	+ _____	
4th quarter payment	_____	+ _____	
Additional payment	_____	+ _____	

2018 City Estimated Tax Payments

City #1

City name _____
 Amount paid with 2017 return + _____
 2017 overpayment applied to '18 estimates _____
 Treat calculated amounts as paid _____

City #2

City name _____
 Amount paid with 2017 return + _____
 2017 overpayment applied to '18 estimates _____
 Treat calculated amounts as paid _____

	Date Paid	Amount Paid
1st quarter payment	_____	+ _____
2nd quarter payment	_____	+ _____
3rd quarter payment	_____	+ _____
4th quarter payment	_____	+ _____

	Date Paid	Amount Paid
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	_____

Calculated Amount

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

City #3

City name _____
 Amount paid with 2017 return + _____
 2017 overpayment applied to '18 estimates _____
 Treat calculated amounts as paid _____

City #4

City name _____
 Amount paid with 2017 return + _____
 2017 overpayment applied to '18 estimates _____
 Treat calculated amounts as paid _____

	Date Paid	Amount Paid
1st quarter payment	_____	+ _____
2nd quarter payment	_____	+ _____
3rd quarter payment	_____	+ _____
4th quarter payment	_____	+ _____

	Date Paid	Amount Paid
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	_____

Calculated Amount

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

1 Preparer use only

	2018 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)	_____	<div style="border: 1px solid black; height: 100%;"></div>
Employer identification number	_____	
Business name	_____	
Explain what business does/sales	_____	
Business code	_____	
Business address, if different from home address on Organizer Form ID: 1040		
Address	_____	
City/State/Zip	_____	
Accounting method (1 = Cash, 2 = Accrual, 3 = Other)	_____	
If other:	_____	
Inventory method (1 = Cost, 2 = LCM, 3 = Other)	_____	
If other enter explanation:	_____	

Enter an explanation if there was a change in determining your inventory:		

Did you "materially participate" in this business? (Y, N)	_____	
If not, number of hours you did significantly participate	_____	
Mark if you began or acquired this business in 2018	_____	
Did you make any payments in 2018 that require you to file Form(s) 1099? (Y, N)	_____	
If "Yes", did you or will you file all required Forms 1099? (Y, N)	_____	
Mark if this business is considered related to qualified services as a minister or religious worker	_____	
Did you receive wages as a statutory employee or as a minister? (1 = Statutory employee, 2 = Minister)	_____	
Medical insurance premiums paid by this activity	+ _____	
Long-term care premiums paid by this activity	+ _____	
Amount of wages received as a statutory employee	+ _____	

Business Income

	2018 Information	Prior Year Information
Gross receipts and sales		<div style="border: 1px solid black; height: 100%;"></div>
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
Returns and allowances	+ _____	
Other income:		
_____	+ _____	
_____	+ _____	
_____	+ _____	

Cost of Goods Sold

	2018 Information	Prior Year Information
Beginning inventory	+ _____	<div style="border: 1px solid black; height: 100%;"></div>
Purchases	+ _____	
Labor:		
_____	+ _____	
_____	+ _____	
Materials	+ _____	
Other costs:		
_____	+ _____	
_____	+ _____	
_____	+ _____	
Ending inventory	+ _____	

1 Preparer use only

2018 Information

Prior Year Information

Description **RENTAL**

Taxpayer/Spouse/Joint (T, S, J) _____ State postal code _____

Physical address: Street _____

City, state, zip code _____

Foreign country _____

Foreign province/county _____

Foreign postal code _____

Type (1=Single-family, 2=Multi-family, 3=Vacation/short-term, 4=Commercial, 5=Land, 6=Royalty, 7=Self-rental, 8=Other, 9=Personal ppty) _____

Description of other type (Type code #8) _____

Did you make any payments in 2018 that require you to file Form(s) 1099? (Y,N) _____

If "Yes", did you or will you file all required Forms 1099? (Y, N) _____

Fair rental days (If not full year) (For types 1, 2, 4, 5, 7 and 8 only) (Use Rent-2 for type 3) _____

Percentage of ownership if not 100% _____

Business use percentage, if not 100% (Not vacation home percentage) _____

Rent and Royalty Income

Rents and royalties

2018 Information

Prior Year Information

_____ + _____

_____ + _____

Rent and Royalty Expenses

2018 Information

Percent if not 100%

Prior Year Information

Advertising + _____

Auto + _____

Travel + _____

Cleaning and maintenance + _____

Commissions:

_____ + _____

_____ + _____

Insurance:

_____ + _____

_____ + _____

Legal and professional fees + _____

Management fees:

_____ + _____

_____ + _____

Mortgage interest paid to banks, etc (Form 1098)

_____ + _____

_____ + _____

Other mortgage interest + _____

Qualified mortgage insurance premiums + _____

Other interest:

_____ + _____

_____ + _____

Repairs + _____

Supplies + _____

Taxes:

_____ + _____

_____ + _____

Utilities + _____

Depreciation + _____

Depletion + _____

Other expenses:

_____ + _____

_____ + _____

_____ + _____

_____ + _____

Control Totals+

RENT & ROYALTY

Form ID: Rent

Form ID: A-1	Schedule A - Medical and Dental Expenses	57
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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	
—	_____ + _____	
—	_____ + _____	
—	_____ + _____	
—	_____ + _____	
—	_____ + _____	
—	_____ + _____	
—	_____ + _____	
—	_____ + _____	
—	_____ + _____	
—	_____ + _____	
—	_____ + _____	
—	_____ + _____	
	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>	
—	_____ + _____	
—	_____ + _____	
—	_____ + _____	
—	_____ + _____	
	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>	
—	_____ + _____	
—	_____ + _____	
	Prescription medicines and drugs:	
—	_____ + _____	
—	_____ + _____	
—	_____ + _____	
—	_____ + _____	
	Miles driven for medical items	
—	_____ + _____	

Schedule A - Tax Expenses

T/S/J	2018 Information	Prior Year Information	
	State/local income taxes paid:		
—	_____ + _____		
—	_____ + _____		
—	_____ + _____		
—	_____ + _____		
—	_____ + _____		
—	_____ + _____		
	2017 state and local income taxes paid in 2018:		
—	_____ + _____		
—	_____ + _____		
—	_____ + _____		
	Real estate taxes paid:		
—	_____ + _____		
—	_____ + _____		
—	_____ + _____		
	Personal property taxes:		
—	_____ + _____		
—	_____ + _____		
	Other taxes, such as: foreign taxes and State disability taxes		
—	_____ + _____		
—	_____ + _____		
—	_____ + _____		
	Sales tax paid on major purchases:		
—	_____ + _____		
—	_____ + _____		
	Sales tax paid on actual expenses:		
—	_____ + _____		
—	_____ + _____		
—	_____ + _____		

T/S/J	2018 Interest Paid	2018 Points Paid	Type*	2018 Mortgage Ins. Premiums Paid	Prior Year Information
Home mortgage interest: From Form 1098					
—	+	+	—	+	
—	+	+	—	+	
—	+	+	—	+	
—	+	+	—	+	
—	+	+	—	+	
—	+	+	—	+	
—	+	+	—	+	
—	+	+	—	+	
—	+	+	—	+	

***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				
			+	
	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 _____

— Street Address _____

— City/State/Zip code _____

Refinancing Points paid 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 _____

— 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:		
—	+	
—	+	
—	+	
—	+	
—	+	
—	+	
—	+	
—	+	
—	+	

Form ID: A-3	Charitable Contributions	59
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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.			
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	
—	Volunteer miles driven		_____	
—	Noncash items, such as: Goodwill/Salvation Army/clothing/household goods		_____	
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	

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

NOTES/QUESTIONS:

Questions

Please check the appropriate box and include all necessary details and documentation.

	Yes	No
Personal Information		
Did your address, marital status, dependents, etc. change from last year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you change any bank account used for direct deposit change during the tax year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive an Identity Protection PIN (IP PIN) from the IRS or have you been a victim of identity theft? If yes, attach the IRS letter.	<input type="checkbox"/>	<input type="checkbox"/>
Did you provide over half the support for any other person(s) other than your dependent children during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay for child care while you worked, looked for work, or while a full-time student?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any expenses related to the adoption of a child during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have qualifying health care coverage (from an employer, Medicare, Affordable Care Act, etc.) for everyone in your family? If yes, attach any Form(s) 1095-A, 1095-B, or 1095-C. If you had an insurance exemption, explain below. Explain: _____	<input type="checkbox"/>	<input type="checkbox"/>
Income Information		
Did you start/buy/sell a business, rental property, or other property during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you purchase or sell a principal residence during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Do you expect a large fluctuation in income, deductions, or withholding next year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you retire or change jobs this year?	<input type="checkbox"/>	<input type="checkbox"/>
Retirement Information		
Are you an active participant in a pension or retirement plan?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any withdrawals from an IRA, Roth, myRA, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any contributions to an IRA, Roth, myRA, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan?	<input type="checkbox"/>	<input type="checkbox"/>
Education Information		
Did you have any educational expenses during the year on behalf of yourself, your spouse, or a dependent? If yes, attach any Form(s) 1098-T.	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any contributions to an education savings or 529 Plan account?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any student loan interest this year?	<input type="checkbox"/>	<input type="checkbox"/>
Would you like a worksheet to aid in the completion of a FAFSA form?	<input type="checkbox"/>	<input type="checkbox"/>
Deduction Information		
Did you pay any mortgage interest on an existing home loan? If yes, attach any Form(s) 1098 you received.	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any major purchases during the year (cars, boats, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
Did you utilize an area of your home for business purposes?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make energy efficient improvements to your main home this year?	<input type="checkbox"/>	<input type="checkbox"/>
Miscellaneous Information		
Did you have a financial interest in or signature authority over a financial account such as a bank account, securities account, or brokerage account, located in a foreign country?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any foreign financial accounts, foreign financial assets, or hold interest in a foreign entity?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive correspondence from the State or the IRS? If yes, explain: _____	<input type="checkbox"/>	<input type="checkbox"/>

Expert Tax & Accounting
480-831-6565

Dear Valued Client:

This letter is to confirm and specify the terms of our engagement with you and to clarify the nature and extent of the services we will provide. In order to ensure an understanding of our mutual responsibilities, we ask all clients for whom returns are prepared to confirm the following arrangements.

We will prepare your 2018 federal and state income tax returns from information which you will furnish to us. We will not audit or otherwise verify the data you submit, although it may be necessary to ask you for clarification of some of the information. We will furnish you with questionnaires and worksheets to guide you in gathering the necessary information. Your use of such forms will assist in keeping the fee to a minimum.

It is your responsibility to provide all the information required for the preparation of complete and accurate returns. You should retain all the documents, cancelled checks and other data that form the basis of income and deductions. These may be necessary to prove the accuracy and completeness of the returns to a taxing authority. You have the final responsibility for the income tax returns and, therefore, you should review them carefully before you sign them. Our work in connection with the preparation of your income tax returns does not include any procedures designed to discover defalcations and/or irregularities, should any exist. We will render such accounting and bookkeeping assistance as determined to be necessary for preparation of the income tax returns.

The law provides various penalties that may be imposed when taxpayers understate their tax liability. If you would like information on the amount or the circumstances of these penalties, please contact us.

Your returns may be selected for review by the taxing authorities. Any proposed adjustments by the examining agent are subject to certain rights of appeal. In the event of such government tax examination, we will be available upon request to represent you and will render additional invoices for the time and expenses incurred. Our fee for these services will be based upon the amount of time required at standard billing rates plus out-of-pocket expenses. All invoices are due and payable upon presentation.

If the foregoing fairly sets forth your understanding, please sign the enclosed copy of this letter in the space indicated and return it to our office. However, if there are other tax returns you expect us to prepare, please inform us by noting so at the end of the return copy of this letter.

We want to express our appreciation for this opportunity to work with you.

Very truly yours,
Expert Tax & Accounting

Accepted By: _____

Date: _____

Name: _____

Notes to the Tax Preparer: