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INDIVIDUAL TAX INFORMATION ORGANIZER FOR 2018 RETURN

Personal Information - *If you are a new client, please provide copies of last year's tax return.*

	Taxpayer	Spouse
Social Security Number		
First Name		
Last Name		
Address		
City, State Zip		
Occupation		
Email Address		
Phone Number	Home () Cell/Work ()	Home () Cell/Work ()
Birthdate		
Are you	Legally Blind? <input type="checkbox"/> Yes <input type="checkbox"/> No Permanently disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	Legally Blind? <input type="checkbox"/> Yes <input type="checkbox"/> No Permanently disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No

Filing status: Single Married filing jointly Married filing separately Widow(er) Head of household

Did/have you celebrate(d) marriage to a same-sex spouse in a state that legally recognized same-sex marriage? Yes No

Were you divorced or separated during the year? Yes No Were there any deaths in the family? Yes No

Names of dependent children <i>First and last</i>	Social Security #	Date of birth	Relationship	Months lived in home in 2018	College Student	Care expenses paid for dependent
	- -					
	- -					
	- -					
	- -					
	- -					

Note: Social Security Number is mandatory (subject to penalty) for each dependent.

Is it anticipated that a different taxpayer will seek to claim a child listed above as their dependent or the child will claim themselves? Yes No

Are any children disabled? Yes No Did any children have unearned income above \$1,050 for the year for filing requirements? Yes No

Other dependents or people who lived with you

Name	Social Security #	Date of birth	Relationship	Income
	- -			
	- -			

Quarterly Tax Estimates Paid – Federal and State

	Federal		State	
	Date paid	Amount	Date paid	Amount
1 st quarter 2018				
2 nd quarter 2018				
3 rd quarter 2018				
4 th quarter 2018				
Other:				
TOTAL estimates paid for 2018		\$		\$

Direct Deposit/Electronic Funds Withdrawal Information

If you are due a refund, would you like it directly deposited into your bank account? *Name of bank*

Checking Savings Routing transit number Account number

Ask your tax preparer for information about depositing a refund into an IRA account, or splitting the deposit into more than one account.

To the best of my knowledge the enclosed information is correct and includes all income, deductions, and other information for the preparation of this year's income tax returns for which I have adequate records.

Signature	Date
Signature	Date

State Information

Full-year resident Part-year resident Non-resident

States of residence during 2018:

Dates:

School District:

Did you own or rent your home? Own Rent

Are you or your spouse a veteran with a service connected disability? Yes No

%

%

Are you or your spouse a "resident tribal member" of a federally recognized Indian Tribe? Yes No If yes, what tribe?

Contributions made to:

Michigan Education Trust

*Michigan Education Savings Plan(MESP)
Including MI 529 Advisor Plan(MAP)*

Payments made in 2018

\$

\$

Did you purchase tangible personal property items that you did not pay Michigan sales tax on?

Yes No

If yes, what was purchased and how much was spent including shipping and handling?

\$

PERSONAL INFO	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did your marital status change during the year? If yes, explain _____
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did your address change from last year? If yes, new address _____
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Can you be claimed as a dependent by another taxpayer?
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you change any bank accounts that have been used to direct deposit (or direct debit) funds from (or to) the IRS or other taxing authorities during the year?
DEPENDENT INFO	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do any of your dependents have unearned income in excess of \$2,100? (Kiddie tax)
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you pay for child care while you worked or looked for work?
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you pay any expenses related to the adoption of a child during the year?
	<input type="checkbox"/> Yes <input type="checkbox"/> No	If you are divorced or separated with child(ren), do you have a divorce decree or other form of separation agreement which establishes custodial responsibilities?
PURCHASES, SALES AND DEBT INFORMATION	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did any births, adoptions, marriages, separations, divorces or deaths occur related to you, your spouse or any of your dependents in 2018?
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you start a new business or purchase rental property during the year?
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you purchase or sell a principal residence during the year?
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you acquire or dispose of any stock during the year, or have it become worthless?
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you foreclose or abandon a principal residence or real property during the year?
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you sell an existing business, rental or other property this year?
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you lend money with the understanding of repayment in this year and it became totally uncollectable?
INCOME INFORMATION	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you have any debts canceled or forgiven this year, such as home mortgage or student loans?
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you own a business or an interest in a partnership, corporation, LLC, or other venture?
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Were you granted, or did you exercise, any employer stock options during 2018?
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you engage in any farming activities?
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you pay or receive alimony in 2018? Paid/received \$ _____ Recipient SSN# _____
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you have any foreign income or pay any foreign taxes during the year, directly or indirectly, such as from investment accounts, partnerships or a foreign employer?
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you receive any income from an installment sale?
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you receive any unemployment benefits during the year?
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you receive any disability income during the year?
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you receive tip income not reported to your employer this year?
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did any of your life insurance policies mature, or did you surrender any policies?
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you receive any awards, prizes, hobby income, gambling or lottery winnings?
RETIREMENT INFO	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you expect a large fluctuation in income, deductions, or withholding next year?
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you an active participant in a pension or retirement plan?
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you receive any Social Security benefits during the year?
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you make any withdrawals from an IRA, Roth, Keogh, SIMPLE, SEP, 401K, or other qualified retirement plan?
EDUCATION INFORMATION	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you make any contributions to an IRA, Roth, Keogh, SIMPLE, SEP, 401K, or other qualified retirement plan?
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you, your spouse, or your dependents attend a post-secondary school during the year, or plan to attend one in the coming year?
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you have any educational expenses during the year on behalf of yourself, your spouse, or a dependent?
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you make any withdrawals from an education savings or 529 Plan account?
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you pay any student loan interest this year?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you cash any Series EE or I US. Savings bonds issued after 1989?	

HEALTH CARE INFORMATION	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you have qualifying health care coverage, such as employer-sponsored coverage or government-sponsored coverage (I.E. Medicare/Medicaid) for every month of 2018 for your family? "Your family" for health care coverage refers to you, your spouse if filing jointly, and anyone you can claim as a dependent.
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did anyone in your family qualify for an exemption from the health care coverage mandate?
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act? If yes, please provide any Form(s) 1095-A you received.
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you make any contributions to a Health saving account (HSA) or Archer MSA?
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you receive any distributions from a Health savings account (HSA)? Include Forms 1099-SA and Form 5498-SA
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you pay long-term care premiums for yourself or your family?
ITEMIZED DEDUCTION INFORMATION	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you pay any interest on a loan for a boat or RV that has living quarters?
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you refinance a mortgage or take a home equity loan? If yes, provide closing statement.
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you incur any business casualty or theft loss or any condemnation awards during the year?
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have evidence to substantiate all of your charitable deductions?
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you make any major purchases during the year (cars, boats, motorhomes, etc.)?
MISCELLANEOUS INFORMATION	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you make any gifts of more than \$15,000 to any individual?
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you pay any individual as a household employee during the year?
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you make any solar energy improvements to any property you own?
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you incur expenses as an elementary or secondary educator? If so, how much?
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you paid alternative minimum tax (AMT) in previous years?
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you receive a distribution from, or were you a grantor or transferor for a foreign trust?
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you have a financial interest in or signature authority over a financial account such as bank account, securities account, or brokerage account, located in a foreign country?
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have any foreign financial accounts, foreign financial assets, or hold an interest in a foreign entity?
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you receive correspondence from the State or the Internal Revenue Service? If so, explain
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you receive an Identity Protection PIN from the Internal Revenue Service or have you been a victim of identity theft? If yes, attach the IRS letter.
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you want to designate \$3 to the Presidential Election Campaign Fund? If you check yes, it will not change your tax or reduce your refund.
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Would you like the IRS and State to discuss your tax return with your tax preparer if any questions should arise?
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a member of the Military?
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Has your will or trust been updated in the last three years?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you engage in either a purchase or sale transaction involving cryptocurrency (such as bitcoin)?	

Income Information

Please bring in all supporting documentation such as W-2's, 1099's, 1095 from Marketplace healthcare, K-1's from employers, partnerships, S corporations, estates and trusts, brokerage houses, mutual funds, banks and credit unions, etc. for the following:

- | | |
|--|--|
| <ul style="list-style-type: none"> • Wages, salaries and tips • Interest income • Tax exempt interest income received (attach year-end statement) • Dividends • Stock sales • Retirement income including pensions and IRA's * • Debt Forgiveness | <ul style="list-style-type: none"> • Annuities • Unemployment compensation (Form 1099-G) • Social Security (attach Social Security report Form SSA-1099) • Railroad retirement • State income tax refund • Gambling winnings |
|--|--|

* If you have reached the age of 70 ½ during the year, you are required to start withdrawing from retirement plans or you could incur a tax penalty.

Please provide a total amount for (if applicable):

Public assistance	\$	Strike benefits	\$
Prizes/award	\$	Scholarships	\$
Education grants	\$	Tips/gratuities not reported on W-2	\$
Veterans disability	\$	Workers compensation	\$
Bartering	\$	Other	\$
Alimony received	\$		

If any of the following apply, please attach detail of receipts and expenditures. Contact us if you need additional help:

- Business (Schedule C)
- Rental (Schedule E) including type of property and full address
- Farm (Schedule F)
- Installment sale payments received

Interest \$

Principal \$

Payor

Social security #

Sales and Exchange Worksheet – Please bring 1099's you received

Provide information about sales of stock, real estate or other property, along with Forms 1099-B, 1099-S, or other supporting statements.

Description	Purchase date	Cost	Selling date	Sale price
		\$		\$
		\$		\$
		\$		\$
		\$		\$

*We need exact purchase and sale dates and cost including reinvestments, if applicable, to determine the capital gain rate which applies. Electronic spreadsheets can be imported into our tax package. Your statements from your broker (Form 1099-B) sometimes provide the cost/basis information necessary to compute gain or loss. **If the statement does not contain this information, you must provide it.***

Other Adjustment/Credits

Retirement Plans

IRA Maximum \$5,500 for 2018 (additional \$1,000 if 50 years or older)

Traditional or Roth IRA (indicate which):	Date made	Amount
Taxpayer		\$
Spouse		\$
If amount listed is not the maximum, do you want to contribute the maximum?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you make a retirement plan rollover to a traditional or Roth IRA in 2018? If yes, amount		\$
Do you or your spouse actively participate in an employer plan?	Self: <input type="checkbox"/> Yes <input type="checkbox"/> No	Spouse: <input type="checkbox"/> Yes <input type="checkbox"/> No
Did you make contributions for a self-employed SEP, Simple and/or qualified plan.		\$

Some contributions for 2018 can be made in 2018

Child Care Credit

Child care expenses paid to allow parent to work or go to school (please estimate for each child):

The following information is needed for each provider in order to claim the credit/totals should agree to dependent totals:

Provider name	
Address	
Social security or ID number	
TOTAL PAID	\$
Provider name	
Address	
Social security or ID number	
TOTAL PAID	\$
Amount you elected to defer through your payroll to a cafeteria or flex plan for child care in 2018 – <i>should agree to W-2 box 10</i>	
TOTAL PAID	\$

Higher Education Deductions and/or Credits

Qualified tuition and course fees paid for student attending eligible education institutions post high school. Please attach your **tuition settlement statements and 1098T's**. We need the institutions EIN, name and address.

<input type="checkbox"/> Yes <input type="checkbox"/> No	Were any children attending college?	Year in college	Paid by You: Tuition \$	Student loan interest \$	Books \$
			Paid by student: Tuition \$	Student loan interest \$	Books \$
<i>Other expenses:</i>					
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you pay any tuition for a private school for a dependent child or take classes yourself?				
	Student				Amount paid \$
	Name and address of school				

Qualified Student Loan Interest Paid in 2018 for you, spouse or dependent

Name _____ Amount \$ _____ Taxpayer Spouse Dependent

\$2,500 Maximum per year – Income Limits Apply

Education Savings Account (ESA) - *maximum \$2,000 for 2018*

Contributions made in 2018	\$	Distributions received in 2018	\$
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Adjustments Worksheet

Educator expenses. Classroom expenses of teachers, counselors, and principals. Maximum \$250 each (\$500 joint)	\$
Are you covered by a Health Savings Account (HSA)? Amount of deductible contributions	\$
Self-employed SEP, Simple, and qualified plans. Some contributions for 2018 may be made in 2019.	\$
Self-employed health insurance deduction. (Sole proprietors)	\$
Penalty on early withdrawal of savings.	\$
Moving expenses. Job-related move and at least 50 mile increase in commuting distance. ARMED FORCES ONLY	Ask preparer
Business expenses of reservists, performing artists, and fee-based government officials.	Ask preparer

Questions To Be Discussed During Your Tax Return Interview:

Itemized Deductions paid during 2018

Deductions must generally exceed \$12,000 for single; \$24,000 for MFI; \$18,000 HOH; or \$12,000 MFS to be a benefit.

Medical – Must exceed 7.5% of AGI

Prescription medicines and drugs	\$	Doctor, dentist, etc	\$
Medical insurance premiums paid	\$	Hospitals/Nursing Home fees	\$
Medicare insurance paid (SSA-1099)	\$	Lab fees/X rays	\$
Long-term care insurance premiums	Taxpayer \$	Eyeglasses and contacts	\$
	Spouse \$	Hearing aids	\$
Ambulance	\$	Medical Supplies	\$

Number of medical miles: @ 17.0 cents per mile

Lodging - limit of \$50 per day per person \$

Total insurance and HSA reimbursement if not netted in above figures \$

Taxes – Do not include taxes paid for full or partial business or rental-use property.

Real estate taxes on personal residence:

Taxable value of residence	Township/City	Amount	Date paid
2017 Winter		\$	
2018 Summer		\$	
2018 Winter		\$	
Other real estate taxes on land, camp, etc:		\$	

Licenses fees on vehicles

Yes No Did you keep receipts for sales tax paid during 2018? Amount \$

Yes No Did you purchase a car, plane, boat, motorcycle or home in 2018?

Sales tax paid \$ Purchase paid \$ Date / /

Interest Expense

Principal residence and one vacation residence (boat or recreational vehicle with living accommodations)

House mortgage paid to financial institution (attach Form 1098 received from lender) \$

Home equity or home improvement loan \$

House mortgage or contract paid to individual: \$

Name Social Security #

Address

New mortgage or refinance? For how many payments? Date / /

Points Paid

If you refinanced a mortgage or purchased a new residence – please bring in closing papers \$

Investment Interest - i.e. on debt to carry stocks, bonds or investments:

List: \$

Charitable

Cash to church and charities * \$

Noncash contribution - Fair market value of items given \$

If over \$500, provide details of contributions. Items must be in good used condition or better

Out-of-pocket expenses for charities \$

Charitable miles (14 cents per mile)

Did you transfer funds from an IRA directly to a charity Yes No

* Current tax law requires taxpayers to have the following for all tax deductions to a charitable contribution of cash, check, or any other monetary gift:
 (1) a bank record or (2) a written communication from the charity that adequately documents the donation. If the donation is \$250 or more, you must have the appropriate written communications from the charity.

Casualty and Theft Loss

If you suffered any sudden, unexpected damage or loss of property or a theft, provide details to your preparer. (Federally declared disaster area only)

Miscellaneous Deductions - Attach detail if applicable : Were any expenses reimbursed by your employer Yes No

Tax preparation fees \$

Gambling losses \$

Deductible only up to the amount of gambling winning reported. A log must be kept to verify losses.