



Please call 209-7314 or email any questions to info@restoreacct.com

Personal Information:

Taxpayer Legal Name: _____ **Spouse Legal Name:** _____

Taxpayer	Spouse (If Applicable)
Social Security #	Social Security #
Date of Birth	Date of Birth
Occupation	Occupation
Phone # (Home)	Phone # (Home)
Phone # (Cell)	Phone # (Cell)
Email Address	Email Address
Marital Status 2018	Marital Status 2018

Mailing Address	
Address	
City	
State	
Zip Code	
<i>Is this a change of address from your 2017 Tax Return?</i> Yes No	

Dependents	#1	#2	#3	#4
Name				
Social Security #				
Date of Birth				
Relationship				
Residence				

Filing Status as of 12/31/2018 (Please Circle One):	Single	Head of House Hold
	Married Filing Joint	Married Filing Separate

Please Bring to Your Appointment:

- Copy of last year's Federal and State Tax Returns *** If this is your 1st year with us ***
- Proof of identity.
- Proof of birth and relationship for dependents.
- Proof of health insurance for all individuals to be claimed on the tax return.
- Copies of all W2 and 1099 forms.
- Self-employment income and expenses.
- Rental property income and expenses.
- Business income on form K-1.
- Pension, IRA, trust and royalty income.
- Any other income earned and unearned.



<i>Retirement (IRA) & Pension Income for Tax Year 2018 (Form 1099-R)</i>	<i>Taxpayer Name</i>
<i>Brokerage & Investment Income for Tax Year 2018 (Form 1099-B)</i>	

<i>Self-Employment Income for Tax Year 2018 (Form 1099-MISC)</i>	<i>Taxpayer Name</i>

<i>Rental Income for Tax Year 2018 (Property Address)</i>	<i>Amount</i>

<i>Misc. Income for Tax Year 2018</i>	<i>Taxpayer Name</i>	<i>Amount</i>
Alimony Received		
Unemployment Income		
Social Security Income		
Other: _____		
Other: _____		



	<i>Source</i>	<i>Amount \$</i>
Partnership/"S" Corp. Income (Form K-1)		
Trust Income (Form K-1)		
Royalty Income (Form 1099-MISC)		
Jury Duty Income		
Foreign Income		
Tax Refunds		
Gambling Income		
Other Income		

Business Expenses:

Are Gross Receipt Taxes filed & up to date? **Yes** **No** Copies of GRT Reports are required.

	<i>Amount \$</i>		<i>Amount \$</i>
Accounting Fees		Office Supplies	
Advertising		Rent or Lease	
Bank Fees		Repairs/Maintenance	
Credit Card Fees		Telephone	
Computer / Equipment		Taxes & Licenses	
Interest - Credit Card/Loan		Travel & Meals	
Insurance		Utilities	
Legal & Professional		Other: _____	
Business Miles		Other: _____	
Home Office (sq. feet)		Other: _____	
Home (sq. feet)		Other: _____	

Rental Expenses: Property Address _____

	<i>Amount \$</i>		<i>Amount \$</i>
Advertising		Repairs	
Mileage		Supplies	
Cleaning & Maintenance		Taxes	
Insurance		Utilities	
Legal/Professional Fees		Other: _____	
Management Fees		Other: _____	
Mortgage Interest		Other: _____	

Depreciation(Assets/Capital Improvements):

<i>Description of Purchase</i>	<i>Date Placed in Service</i>	<i>Cost \$</i>



Sale of Assets/Investments:

<i>Description</i>	<i>Purchase Date</i>	<i>Cost</i>	<i>Improvements</i>	<i>Date Sold</i>	<i>Proceeds</i>

Tuition Expenses (Form 1098-T):

<i>Student</i>	<i>School</i>	<i>Qualified Tuition & Expenses \$</i>

Adjustments & Deductions to Reduce Your Taxes:

<i>Description</i>	<i>Source</i>	<i>Amount \$</i>
Educator Expenses		
Health Savings Account Contribution		
Self Employed Retirement Plan		
Self Employed Health Ins. Premiums		
Alimony Paid – SS#_____		
IRA Deduction (Traditional or Roth)		
Student Loan Interest Paid		
Child and/or Dependent Care Expenses		
Sales Taxes Paid		
Medical & Dental Expenses		
Long Care Ins. Premium		

Did you have health insurance for ALL of 2018? Yes No
 If yes please provide all tax documents such as 1095-A, 1095-B and/or 1095-C

***If you have not received from 1095, please contact your HR Department or the Marketplace. It is required by law for 2018.



Adjustments & Deductions to Reduce Your Taxes (cont'd):

<i>Description</i>	<i>Source</i>	<i>Amount \$</i>
Real Estate Taxes (Form 1098)		
Other Property Taxes		
Home Mortgage Interest (Form 1098)		
Mortgage Ins. Premiums (Form 1098)		
Charitable Contributions (Cash)		
Charitable Contributions (non-Cash)		
Volunteer Mileage		
Gambling Losses		
Other: _____		
Other: _____		
Other: _____		

Are you participating in the repayment of a First-time Homebuyer Credit? Y N If yes, amount \$ _____

Additional Information & Questions:

- Please bring this organizer and all supporting tax documents and information to your appointment.
- You may submit this form prior to your appointment by fax 866-897-7106 or email to info@restoreacct.com

Thank you for joining the Restore Accounting, LLC Tax Family!!