

# 2018 Tax Organizer



## Lawson & Company CPAs LLC

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### TAXPAYER INFORMATION

Full Legal Name \_\_\_\_\_

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date Of Birth \_\_\_\_\_ Occupation \_\_\_\_\_

Spouse Legal Name \_\_\_\_\_

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date Of Birth \_\_\_\_\_ Occupation \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact preference? \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Phone 1 ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Phone 2 ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Tax return delivery preference? Paper or Electronic

### SALARIES AND WAGES (enclose all W-2 forms)

W-2	Gross Income	Federal Withheld	FICA	Medicare	State Withheld	SDI
1						
2						
3						

### FILING STATUS

Single  Married  Head of Household  Married Filing Separate

### REFUND

Automatic deposit?  Yes (attach a VOID check)  No

### DEPENDENTS

<b>Dependent 1 Name</b>	
Birth Date	
SSN	
Relationship	
Months at Home	
<b>Dependent 2 Name</b>	
Birth Date	
SSN	
Relationship	
Months at Home	

### ADJUSTMENTS TO INCOME

#### RETIREMENT PLAN CONTRIBUTIONS

IRA \$ \_\_\_\_\_

SEP Plan \$ \_\_\_\_\_

Other Plan \$ \_\_\_\_\_

#### ALIMONY PAID

Alimony \$ \_\_\_\_\_

### ESTIMATED TAX PAYMENTS

#### FEDERAL

Estimated Tax Payment	Date Paid	Amount
1 <sup>st</sup> Quarter		
2 <sup>nd</sup> Quarter		
3 <sup>rd</sup> Quarter		
4 <sup>th</sup> Quarter		



**ITEMIZED DEDUCTIONS****MEDICAL & DENTAL EXPENSES***Attach detailed schedule*

Insurance Premiums \_\_\_\_\_

Doctors, Dentists, etc. \_\_\_\_\_

**TAXES PAID**

State &amp; Local Income Tax \_\_\_\_\_

State Sales Tax \_\_\_\_\_

Real Estate Taxes – Residence \_\_\_\_\_

Real Estate Taxes – Other Property \_\_\_\_\_

Personal Property Taxes \_\_\_\_\_

Other Taxes \_\_\_\_\_

**INTEREST PAID** – *Attach Forms 1098*Home Mortgage (1<sup>st</sup>) \_\_\_\_\_Home Mortgage (2<sup>nd</sup>) \_\_\_\_\_

Home Mortgage (Equity Line) \_\_\_\_\_

Student Loan Interest \_\_\_\_\_

**CONTRIBUTIONS** – *Attach Detailed Info*

Contributions by Cash or Check \_\_\_\_\_

Contributions Other than Cash \_\_\_\_\_

**OTHER INFORMATION****INCOME FROM BUSINESS OR PROFESSION****GENERAL INFORMATION** Cash Basis Accrual Basis First Year Taxpayer Spouse

Principal Business/Profession \_\_\_\_\_

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

**INCOME**

Gross Receipts or Sales \_\_\_\_\_

Returns and Allowances \_\_\_\_\_

Other Income \_\_\_\_\_

**COST OF GOODS SOLD** – *If Applicable*

Inventory at Beginning of the Year \_\_\_\_\_

Purchases \_\_\_\_\_

Cost of Labor \_\_\_\_\_

Materials &amp; Supplies \_\_\_\_\_

Other Costs \_\_\_\_\_

Inventory at End of the Year \_\_\_\_\_

**EXPENSES**

Advertising \_\_\_\_\_

Car &amp; Truck Expenses\* \_\_\_\_\_

Commissions \_\_\_\_\_

Insurance (other than health) \_\_\_\_\_

Health Insurance Premiums for Self\* \_\_\_\_\_

Interest \_\_\_\_\_

Legal &amp; Professional \_\_\_\_\_

Office Expense \_\_\_\_\_

Pension &amp; Profit Sharing Plans \_\_\_\_\_

Rent – Vehicles, Machinery &amp; Equipment \_\_\_\_\_

Rent – Business Property \_\_\_\_\_

Repairs &amp; Maintenance \_\_\_\_\_

Supplies \_\_\_\_\_

Taxes – Property \_\_\_\_\_

Taxes – Other \_\_\_\_\_

Telephone \_\_\_\_\_

Travel \_\_\_\_\_

Total Meals &amp; Entertainment\* \_\_\_\_\_

Utilities \_\_\_\_\_

Wages \_\_\_\_\_

Other\* \_\_\_\_\_

*\*Attach detailed schedules***HOME OFFICE**

Did you have a home office during the year?

 Yes  No

Office Square Footage: \_\_\_\_\_ Home Square Footage: \_\_\_\_\_

If yes, attach detailed schedule of expenses including mortgage interest (or rent), real estate taxes, utilities, property insurance, maintenance &amp; cleaning

## MISCELLANEOUS QUESTIONS

If any of the following items pertain to you or your spouse for the year 2018, please check the appropriate box and include all pertinent details

- Yes No
1.   Did you have any interest in, or signature, or other authority over a bank, securities, or other financial account in a foreign country?
  2.   Did you have foreign income, pay any foreign taxes, or file any foreign information reporting or tax return forms? Provide details.
  3.   Do you have Health Insurance for you and/or your family? If yes, how much did you pay in premiums? \$ \_\_\_\_\_
  4.   Do you have Health Insurance through an exchange or your employer?
  5.   Do you have a Health Savings Account (HSA) or Medical Savings Account (MSA)?
  6.   Were there any births, adoptions, marriages, divorces, or deaths in your immediate family during the year?
  7.   Are any of your unmarried children, who may be claimed as dependents, 19 years of age or older at the end of 2018?
  8.   Did any of your children under age 19 or students under age 24 have interest and dividend income of \$1,050 or more or total investment income of \$2,100 or more?
  9.   Did you pay an individual or an organization to perform services for the care of a dependent under 13 years old in order enable you to work or attend school on a full-time basis? (Please provide details)
  10.   Did you have any debts cancelled or forgiven?
  11.   Did you acquire or dispose of any business assets (including real estate) during the year?
  12.   Did you purchase, sell or refinance your principal home or your second home, or obtain a home equity loan during the year? If yes, please provide escrow papers and other relevant information.
  13.   Did you make any energy-efficient improvements or purchases for your home?
  14.   Did you incur a loss because of damaged or stolen property?
  15.   Did you make any gifts over \$15,000 during the year?
  16.   Did you receive any distribution from an IRA or other qualified plan? (Form 1099R)
  17.   If yes, was this rolled over? (Form 1099R)
  18.   Did you open a Roth IRA account or convert an IRA into a Roth IRA?
  19.   Were you granted or did you exercise any stock options?
  20. Please provide us with a copy of your 2017 Tax return (*only if we didn't prepare your return last year*)

Signature: \_\_\_\_\_  
Taxpayer

\_\_\_\_\_  
Spouse