

<b>2018</b>	<b>1040</b>	<b>US</b>	<b>Tax Organizer</b>
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**BROWN FINANCIAL LLC**

PO BOX 390

HOPE NJ 07844

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Fax number: 973-333-4249

E-mail address: emily@brownfinancialnj.com

**Tax Return Appointment**

Date:

Time:

Location:

**This tax organizer will assist you in gathering information necessary for the preparation of your 2018 tax return. Please enter all pertinent 2018 information.**

NOTE: If you claim the earned income credit, please provide proof that your child is a resident of the United States. This proof is typically in the form of: school records or statement, landlord or property management statement, health care provider statement, medical records, child care provider records, placement agency statement, social service records or statement, place of worship, Indian tribal office statement, or employer statement.

NOTE: If your child is disabled, please provide one of the following forms of proof of disability: doctor statement, other health care provider statement, or social services agency or program statement.

**CLIENT INFORMATION****Taxpayer****Spouse**

First name and initial . . . .		
Last name . . . . .		
Title/suffix . . . . .		
Social security number . . . .		
Occupation . . . . .		
Date of birth (m/d/y) . . . .		
Date of death (m/d/y) . . . .		
1=blind . . . . .		
Home phone . . . . .		
Work phone . . . . .		
Work extension . . . . .		
Cell phone . . . . .		
E-mail address . . . . .		

**Address**

In care of . . . . .	
Street address . . . . .	
Apartment number . . . . .	
City . . . . .	
State . . . . .	
ZIP code . . . . .	

**DEPENDENTS****Dependent No.****Dependent No.**

First name . . . . .		
Last name . . . . .		
Title/suffix . . . . .		
Date of birth (m/d/y) . . . .		
Date of death (m/d/y) . . . .		
Date of adoption (m/d/y) . . . .		
Social security number . . . .		
Relationship . . . . .		
Months lived at home . . . .		

**Dependent No.****Dependent No.**

First name . . . . .		
Last name . . . . .		
Title/suffix . . . . .		
Date of birth (m/d/y) . . . .		
Date of death (m/d/y) . . . .		
Date of adoption (m/d/y) . . . .		
Social security number . . . .		
Relationship . . . . .		
Months lived at home . . . .		

**2018****1040****US****Tax Organizer**

Please enter all pertinent 2018 information. If you have attached a government form for an item, check the box and do not enter a 2018 amount.

**WAGES, SALARIES AND TIPS**

Employer name:

<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

2018 Amount

2017 Amount

Attach Forms W-2

**INTEREST INCOME**

Payer name:

<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

Attach Forms 1099-INT

**DIVIDEND INCOME**

Payer name:

<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

Attach Forms 1099-DIV

**PENSIONS, IRA AND GAMBLING INCOME**

Payer name:

<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

Attach Forms  
1099-R & W-2G

Winnings not reported on W-2G.....

Total gambling losses.....

**OTHER GOVERNMENT FORMS - INCOME**

<input type="checkbox"/>	Form 1099-B - Sales of stock (also include transaction history).....
<input type="checkbox"/>	Form 1099-MISC - Miscellaneous income.....
<input type="checkbox"/>	Form 1099-K - Merchant card and third party network payments.....
<input type="checkbox"/>	Form 1099-S - Sales of real estate (also include closing statements)

Attach Forms 1099

<input type="checkbox"/>	Form 1099-G - State tax refunds.....
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Attach Forms 1099

Taxpayer:

<input type="checkbox"/>	Form SSA-1099 - Social security benefits.....
<input type="checkbox"/>	Form 1099-G - Unemployment compensation.....
<input type="checkbox"/>	Form 1099-Q (529 Plan).....
<input type="checkbox"/>	Form 1099-QA/5498-QA (ABLE Accounts).....

Attach Forms 1099

Spouse:

<input type="checkbox"/>	Form SSA-1099 - Social security benefits.....
<input type="checkbox"/>	Form 1099-G - Unemployment compensation.....
<input type="checkbox"/>	Form 1099-Q (529 Plan).....
<input type="checkbox"/>	Form 1099-QA/5498-QA (ABLE Accounts).....

Attach Forms 1099

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**MISCELLANEOUS INCOME**

Taxpayer: Alimony received.....

Spouse: Alimony received .....

Other: .....


**RETIREMENT PLAN CONTRIBUTIONS**

Taxpayer: Traditional IRA contributions (1=maximum).....

Roth IRA contributions (1=maximum) .....

Self-employed, SEP, SIMPLE, & qualified plan contributions (1=maximum).....

Spouse: Traditional IRA contributions (1=maximum).....

Roth IRA contributions (1=maximum) .....

Self-employed, SEP, SIMPLE, & qualified plan contributions (1=maximum).....

2018 Amount	2017 Amount

**OTHER GOVERNMENT FORMS - DEDUCTIONS**

☐ Form 1098-E - Student loan interest .....

☐ Form 1098-T - Tuition and related expenses.....

**Attach Forms 1098****AFFORDABLE CARE ACT**

☐ Form 1095-A - Health Insurance Marketplace Statement.....

☐ Form 1095-B - Health Coverage.....

☐ Form 1095-C - Employer-Provided Health Insurance Offer and Coverage.....

**Attach Forms 1095****ADJUSTMENTS TO INCOME**

Taxpayer:

Self-employed health insurance premiums.....

Educator expenses.....

Other adjustments to income:


Alimony paid - Recipient name & SSN .....


Spouse:

Self-employed health insurance premiums.....

Educator expenses.....

Other adjustments to income:


Alimony paid - Recipient name & SSN .....


**MEDICAL AND DENTAL EXPENSES**

Prescription medicines and drugs.....

Doctors, dentists and nurses .....

Hospitals and nursing homes.....

Insurance premiums.....

Long-term care premiums - taxpayer.....

Long-term care premiums - spouse.....

Insurance reimbursement.....

Out-of-pocket lodging and transportation expenses .....

Number of medical miles.....

Other: .....


**TAXES PAID**

State income taxes - 1/18 payment on 2017 state estimate.....

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## 2017 Amount

[illegible]

## Attach Forms 1098

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Attach Forms 1098	
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## CASH CONTRIBUTIONS

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## NONCASH CONTRIBUTIONS

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Investment expenses.....

Unreimbursed employee expenses:

[illegible]

Other: \_\_\_\_\_

**2018****1040****US****Miscellaneous Questions**

**If any of the following items pertain to you or your spouse for 2018, please check the appropriate box and provide additional information if necessary.**

**YES****NO****PERSONAL INFORMATION**☐☐

Did your marital status change during the year?

☐☐

Did your address change during the year?

☐☐

Could you be claimed as a dependent on another person's tax return for 2018?

**DEPENDENTS**☐☐

Were there any changes in dependents?

☐☐

Were any of your unmarried children who might be claimed as dependents 19 years of age or older (or 24 years or older if student) at the end of 2018?

☐☐

Did you have any children under age 19 or full-time students under age 24 at the end of 2018, with interest and dividend income in excess of \$1,050, or total investment income in excess of \$2,100?

**HEALTH CARE COVERAGE**☐☐

Did you and your dependents have health care coverage for the full-year?

☐☐

Did you receive any of the following IRS documents? Form 1095-A (Health Insurance Marketplace Statement), 1095-B (Health Coverage) or Form 1095-C (Employer Provided Health Insurance Offer and Coverage) If so, please attach.

☐☐

If you or your dependents did not have health care coverage during the year, do you fall into one of the following exemptions categories: Indian tribe membership, health care sharing ministry membership, religious sect membership, incarceration, general hardship or unable to renew existing coverage? If you received an exemption certificate, please attach.

**INCOME**☐☐

Did you receive unreported tip income of \$20 or more in any month?

☐☐

Did you cash any Series EE U.S. savings bonds issued after 1989 and pay qualified higher education expenses for yourself, your spouse, or your dependents?

☐☐

Did you receive any disability income?

☐☐

Did you have any foreign income or pay any foreign taxes?

**PURCHASES, SALES AND DEBT**☐☐

Did you start a business or farm, purchase rental or royalty property, or acquire an interest in a partnership, S corporation, trust, or REMIC?

☐☐

Did you purchase or dispose of any business assets (furniture, equipment, vehicles, real estate, etc.), or convert any personal assets to business use?

☐☐

Did you buy or sell any stocks, bonds or other investment property in 2018?

☐☐

Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan?

☐☐

Did you make any residential energy-efficient improvements or purchases involving solar, wind, geothermal or fuel cell energy sources?

☐☐

Did you have any debts cancelled or forgiven?

☐☐

Does anyone owe you money which has become uncollectible?

**2018****1040****US****Miscellaneous Questions (continued)**

**If any of the following items pertain to you or your spouse for 2018, please check the appropriate box and provide additional information if necessary.**

**YES****NO****RETIREMENT PLANS**

- ☐ ☐ Did you receive a distribution from a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?
- ☐ ☐ Did you make a contribution to a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?
- ☐ ☐ Did you transfer or rollover any amount from one retirement plan to another retirement plan?

**EDUCATION**

- ☐ ☐ Did you receive a distribution from an Education Savings Account or a Qualified Tuition Program?
- ☐ ☐ Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school?

**ITEMIZED DEDUCTIONS**

- ☐ ☐ Did you incur a loss because of damaged or stolen property?
- ☐ ☐ Did you work out of town for part of the year?
- ☐ ☐ Did you use your car on the job (other than to and from work)?

**ESTIMATED TAXES**

- ☐ ☐ Did you apply an overpayment of 2017 taxes to your 2018 estimated tax (instead of being refunded)?
- ☐ ☐ If you have an overpayment of 2018 taxes, do you want the excess applied to your 2019 estimated tax (instead of being refunded)?
- ☐ ☐ Do you expect your 2019 taxable income and withholdings to be different from 2018?

**MISCELLANEOUS**

- ☐ ☐ Do you want to allocate \$3 to the Presidential Election Campaign Fund?
- ☐ ☐ Does your spouse want to allocate \$3 to the Presidential Election Campaign Fund?
- ☐ ☐ May the IRS discuss your tax return with your preparer?
- ☐ ☐ Did you have an interest in or signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account?

2018

1040

US

## Miscellaneous Questions (continued)

If any of the following items pertain to you or your spouse for 2018, please check the appropriate box and provide additional information if necessary.

YES	NO	MISCELLANEOUS (continued)
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust?
<input type="checkbox"/>	<input type="checkbox"/>	Was your home rented out or used for business?
<input type="checkbox"/>	<input type="checkbox"/>	Did you have a medical savings account (MSA), a Medicare Advantage MSA, or acquire an interest in an MSA or a Medicare Advantage MSA because of the death of the account holder? Or, were you a policyholder who received payments under a long-term care (LTC) insurance contract or received any accelerated death benefits from a life insurance policy?
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a distribution from an Achieving a Better Life Experience (ABLE) savings account?
<input type="checkbox"/>	<input type="checkbox"/>	Are you a member of the Armed Forces of the United States on active duty who moved pursuant to a military order related to a permanent change of station?
<input type="checkbox"/>	<input type="checkbox"/>	Did you engage the services of any household employees?
<input type="checkbox"/>	<input type="checkbox"/>	Were you notified or audited by either the Internal Revenue Service or the State taxing agency?
<input type="checkbox"/>	<input type="checkbox"/>	Did you or your spouse make any gifts to an individual that total more than \$15,000, or any gifts to a trust?
<input type="checkbox"/>	<input type="checkbox"/>	Did your bank account information change within the last twelve months?

**2018****1040****US****Farm Income (Schedule F/Form 4835)**No. **19**

Please enter all pertinent 2018 amounts. Last year's amounts are provided for your reference.

**GENERAL INFORMATION**

Principal product.....

Employer ID number.....

Agricultural activity code.....	<input type="text"/>	
Accounting method: 1=cash, 2=accrual.....	<input type="text"/>	
1=spouse, 2=joint.....	<input type="text"/>	
1=farm rental (Form 4835).....	<input type="text"/>	
Type of rental property (farm rental only): 1=land, 2=self-rental, 3=other....	<input type="text"/>	
1=crop insurance proceeds election.....	<input type="text"/>	
If required to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no..	<input type="text"/>	
1=did not "materially participate" (Schedule F only).....	<input type="text"/>	
1=did not actively participate (Farm rental only).....	<input type="text"/>	
1=real estate professional, activity is trade or business,	<input type="text"/>	
2=real estate professional, not trade or business (farm rental only).....	<input type="text"/>	
1=single member limited liability company.....	<input type="text"/>	
% of ownership if not 100% (.xxxx) (Farm rental only).....	<input type="text"/>	

**FARM INCOME**

	2018 Amount	2017 Amount
Cash method:		
Sales of livestock and other resale items.....	<input type="text"/>	<input type="text"/>
Cost or basis of livestock or other resale items.....	<input type="text"/>	<input type="text"/>
Sales of products raised.....	<input type="text"/>	<input type="text"/>
Accrual method:		
Sales of livestock, produce, etc.....	<input type="text"/>	<input type="text"/>
Beginning inventory of livestock, etc.....	<input type="text"/>	<input type="text"/>
Cost of livestock, etc. purchased.....	<input type="text"/>	<input type="text"/>
Ending inventory of livestock, etc.....	<input type="text"/>	<input type="text"/>
Other farm income:		
Total cooperative distributions.....	<input type="text"/>	<input type="text"/>
Taxable cooperative distributions.....	<input type="text"/>	<input type="text"/>
Total agricultural program payments (other than CRP).....	<input type="text"/>	<input type="text"/>
Taxable agricultural program payments (other than CRP).....	<input type="text"/>	<input type="text"/>
Total conservation reserve program payments.....	<input type="text"/>	<input type="text"/>
Taxable conservation reserve program payments.....	<input type="text"/>	<input type="text"/>
Commodity credit loans reported under election.....	<input type="text"/>	<input type="text"/>
Total commodity credit loans forfeited or repaid.....	<input type="text"/>	<input type="text"/>
Taxable commodity credit loans forfeited or repaid.....	<input type="text"/>	<input type="text"/>
Total crop insurance proceeds received in 2018.....	<input type="text"/>	<input type="text"/>
Taxable crop insurance proceeds received in 2018.....	<input type="text"/>	<input type="text"/>
Taxable crop insurance proceeds deferred from 2017.....	<input type="text"/>	<input type="text"/>
Custom hire (machine work) income not included above.....	<input type="text"/>	<input type="text"/>

**19**



<b>2018</b>	<b>1040</b>	<b>US</b>	<b>Farm Income (Sch. F/Form 4835) (cont.)</b>	No. <span style="border: 1px solid black; display: inline-block; width: 40px; height: 15px;"></span>	<b>19</b> p2
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Please enter all pertinent 2018 amounts. Last year's amounts are provided for your reference.

### FARM INCOME (continued)

Other income:

	2018 Amount	2017 Amount
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		

### FARM EXPENSES

Car and truck expenses (not entered elsewhere).....		
Chemicals.....		
Conservation expenses.....		
Custom hire (machine work).....		
Employee benefit programs.....		
Feed purchased.....		
Fertilizers and lime.....		
Freight and trucking.....		
Gasoline, fuel, and oil.....		
Insurance (other than health).....		
Mortgage interest (paid to banks, etc.).....		
Other interest (not entered elsewhere).....		
Labor hired.....		
Pension and profit sharing - contributions.....		
Pension and profit sharing plans - admin. and education costs.....		
Rent - vehicles, machinery, and equipment (not entered elsewhere).....		
Rent - other (land, animals, etc.).....		
Repairs and maintenance.....		
Seeds and plants purchased.....		
Storage and warehousing.....		
Supplies purchased.....		
Taxes (not entered elsewhere).....		
Utilities.....		
Veterinary, breeding, and medicine.....		
Capitalized preproductive period expenses (also enter below).....		

Other expenses:

_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		

NOTE: If you purchased or disposed of any business assets, please complete Sheet 22.