

2018	1040	US	Tax Organizer
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BROWN FINANCIAL LLC

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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		

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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:

☐	
☐	
☐	
☐	
☐	

2018 Amount

2017 Amount

Attach Forms W-2

INTEREST INCOME

Payer name:

☐	
☐	
☐	
☐	
☐	

Attach Forms 1099-INT

DIVIDEND INCOME

Payer name:

☐	
☐	
☐	
☐	
☐	

Attach Forms 1099-DIV

PENSIONS, IRA AND GAMBLING INCOME

Payer name:

☐	
☐	
☐	
☐	
☐	

Attach Forms
1099-R & W-2G

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

Total gambling losses.....

OTHER GOVERNMENT FORMS - INCOME

☐	Form 1099-B - Sales of stock (also include transaction history).....
☐	Form 1099-MISC - Miscellaneous income.....
☐	Form 1099-K - Merchant card and third party network payments.....
☐	Form 1099-S - Sales of real estate (also include closing statements).....

Attach Forms 1099

☐	Form 1099-G - State tax refunds.....
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Attach Forms 1099

Taxpayer:

☐	Form SSA-1099 - Social security benefits.....
☐	Form 1099-G - Unemployment compensation.....
☐	Form 1099-Q (529 Plan).....
☐	Form 1099-QA/5498-QA (ABLE Accounts).....

Attach Forms 1099

Spouse:

☐	Form SSA-1099 - Social security benefits.....
☐	Form 1099-G - Unemployment compensation.....
☐	Form 1099-Q (529 Plan).....
☐	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

Attach Forms 1098	
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CASH CONTRIBUTIONS

NONCASH CONTRIBUTIONS

Investment expenses.....

Unreimbursed employee expenses:

[illegible]

Other: _____