

Martin A Kapp CPA  
5901 West Century Blvd Suite 1125  
Los Angeles, CA 90045-5447

Sample Organizer  
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Los Angeles, CA 90045-5447

***Martin A. Kapp, C.P.A., E.A.***

*An Accounting Corporation  
5901 Century Boulevard, Suite 1125  
Los Angeles, CA 90045-5447  
Phone (310) 641-1040  
Fax (310) 641-3327*

**2018**

**INCOME TAX ORGANIZER**

The enclosed packet has been prepared to assist you in gathering information for your 2018 tax return. Please review the entire packet and answer any questions that apply.

Certain lines in the packet contain information from last year's return. You do not need to change the dollar amounts from last year; *these figures are provided for reference only.*

By now you should be aware President Trump and Congress passed the largest federal tax changes in the last 70 years a year ago - commonly referred to as "Tax Cuts & Jobs Act" or "TCJA". These far sweeping tax changes for the most part will affect your 2018.

While most taxpayers will see significant tax reductions under TCJA, We will need to spend additional time with each tax client to discuss how these tax changes will specifically affect you – *both now and in the future.*

So with these major tax changes and my additional time commitment dealing with each of you to analyze your specific situation, I have asked Robert Wallace of Wallace and Associates who has been my Office Tax Manager for the last 23 years to take a more active role to EFile and speed up the process of completing your 2018 tax return.

**Remember the IRS now requires a photocopy of your DRIVERS LICENSE to EFILE.**

If you receive this 2018 Tax Organizer **electronically**, you may simply enter your 2018 information **DIRECTLY into this PDF Document** rather than printing this Organizer out and then manually entering your information.

If you prefer, you may also electronically send your completed Tax Organizer along with scanned images of your W-2s, Form 1099s, etc including copies of your Drivers License to:

taxorganizer@mkappcpa.com

PLEASE REMIT OUR FEE (\$)  
**ALONG WITH THIS TAX ORGANIZER**  
TO HELP **SPEED UP** YOUR RETURN PROCESSING

## Checklist

Name: Sample Organizer

SSN: \*\*\*-\*\*-\*\*\*\*

### Checklist

This check list is provided to help you gather necessary information for us to prepare your 2018 income tax return. Return this list, along with the supporting documentation, to our office and let us know of any significant changes from your 2017 tax year.

#### Wages (Form W-2)

- (warning missing w2 name)

#### Health Care Coverage (for each member of the household)

- Health Insurance Statements (Forms 1095-A, 1095-B, 1095-C)  
 Any exemption certificates received from HHS giving you an exemption from having health insurance

#### Other Income (provide supporting documentation for income received for the following items)

- Sale of assets or property  
 Cancellation of debt  
 Other income \_\_\_\_\_

#### Payments (provide supporting documentation for payments made for the following items)

- Educator classroom expenses  
 Employee business expenses  
 Contributions to a Health Savings Account  
 Expenses related to work relocation  
 Alimony  
 Student loan interest  
 Tuition and fees for higher education  
 Expenses related to child or dependent care  
 Contributions to a Retirement Savings Account  
 Medical and dental expenses  
 Real estate taxes  
 Other state and local taxes  
 Mortgage interest  
 Investment interest  
 Cash Contributions  
 Noncash Contributions  
 Unreimbursed employee expenses  
 Investment expenses  
 Gambling losses  
 Other payments \_\_\_\_\_

**Questionnaire**

Name: Sample Organizer

SSN: \*\*\*-\*\*-\*\*\*\*

**Questionnaire****Sharing Economy****Yes No**

- Did you receive income or incur expenses associated with car sharing (e.g., Lyft or Uber)?  
If yes, attach Form 1099-MISC and Form 1099-K.
- Did you receive income or incur expenses associated with freelancing (e.g., Upwork or TaskRabbit)?  
If yes, attach Form 1099-K or Form W-2.
- Did you receive income or incur expenses associated with fashion sharing (e.g., Poshmark or thredUP)?  
If yes, provide documentation.
- Did you receive income or incur expenses associated with crowdfunding (e.g., Kickstarter or Indiegogo)?  
If yes, attach Form 1099-K.
- Did you receive income or incur expenses associated with a short-term rental (e.g., Airbnb or HomeAway)?  
If yes, provide documentation.

**Additional Questions****Yes No**

- Did you receive income or incur expenses associated with a fantasy sport league?  
If yes, provide documentation.
- Did you incur gains or losses due to damaged or stolen property?
- Did you incur gains or losses from virtual currencies (e.g., Bitcoin or Ripple)?
- Do you anticipate your income or withholdings to be different for 2019?

### Miscellaneous Information

Name: Sample Organizer

SSN: \*\*\*-\*\*-\*\*\*\*

#### Personal Information

- Yes**   **No**
- Did your marital status change during the year?  
If "Yes," explain \_\_\_\_\_
- Can you or your spouse be claimed as a dependent by someone else?
- Did your address change during the year?  
Provide proof of identity to be eligible to e-file your tax return (driver's license or state-issued photo ID)

#### Dependent Information

- Did you have any changes in dependents during the year?  
If "Yes," explain \_\_\_\_\_
- Can another person qualify to claim any of your dependents?
- Did you have any childcare expenses during the year?
- Did you have any adoption expenses during the year?
- Did you have any children under age 19 or a full-time student under age 24 with more than \$2100 of unearned income?  
Provide documentation for proof of dependent related credits (school records, medical records, daycare records, etc.)

#### Health Care Information

- Did any member of your household **NOT** have healthcare coverage for the entire year?  
Provide copies of all Forms 1095-A, 1095-B, 1095-C for **ALL** members of your household.  
If any member of your household received an exemption from the marketplace, provide the Exemption Certificate Number (ECN).
- Did you receive any distributions from a Health Savings Account (HSA), Archer MSA, or Medicare Advantage MSA during the year?

#### Income, Purchases, Sales, and Debt Information

- Did you receive any tips not reported to your employer?
- Did you receive any disability income during the year?
- Did you cash any U.S. savings bonds during the year?
- Did you receive any other income not provided with this organizer?  
If "Yes," explain \_\_\_\_\_
- Did you start a new business or purchase any rental property during the year?
- Did you sell an existing business, rental property, or other property during the year?
- Did you purchase any business assets or convert any assets to business use?  
If "Yes," provide the cost of the asset, the date it was placed in service, and business use percentage.
- Did you purchase any gasoline, diesel, or special fuels for non-highway business use?
- Did you buy or sell any stocks, bonds, or other investments during the year?
- Did you sell a principal residence during the year?  
If "Yes," provide closing documentation for the purchase and sale of the home
- Did you have a principal residence or a piece of real property foreclosed on during the year?
- Did you abandon a principal residence or a piece of real property during the year?
- Did you refinance your principal home or second home or take out a home equity loan during the year?  
If "Yes," provide all escrow, closing, and other pertinent documentation and information.
- Did you receive any principal or interest during this year from property sold in prior years?
- Did you rent out your home or use it for business?
- Did you sell, exchange, or purchase any real estate during the year?
- Did you acquire a new or additional interest in a partnership or S corporation?
- Did you have any debts canceled or forgiven this year?
- Does anyone owe you money that has become uncollectible?
- Did you purchase a new hybrid, alternative motor, or electric motor energy-efficient vehicle during the year?  
If "Yes," provide the year, make, model, VIN, and date the vehicle was placed in service.

#### Itemized Deduction Information

- Did you pay out-of-pocket medical or dental expenses (premiums, prescriptions, mileage, etc.) during the year?
- Did you pay any long-term care premiums for yourself, your spouse, or a dependent during the year?
- Did you receive any state or local income tax refunds from prior years?
- Did you make any major purchases (vehicle, boat, etc.) during the year?
- Did you pay any real estate property taxes or personal taxes during the year?
- Did you pay mortgage interest during the year?

### Miscellaneous Information

Name: Sample Organizer

SSN: \*\*\*-\*\*-\*\*\*\*

#### Itemized Deduction Information (continued)

- | Yes                      | No                       |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make cash donations to charity during the year?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make noncash donations to charity (clothes, furniture, etc.) during the year?                               |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you donate a boat or vehicle during the year?<br>If "Yes," attach Form 1098-C.                                  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have gambling winnings or losses during the year?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have any job-related expenses that were not reimbursed by your employer (uniforms, safety equipment, etc.)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you use your vehicle on the job other than for commuting to work?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you work out of town at any time during the year?   |

#### Retirement Information

- Did you receive any payments from a pension, profit sharing, or 401(k) plan during the year?
- Did you make any withdrawals from or contributions to an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), myRA, or other qualified retirement plan during the year?
- Did you receive any Social Security benefits during the year?

#### Education Information

- Did you pay tuition expenses that were required for attending college, university, or vocational school for yourself, your spouse, or a dependent during the year (even if classes were attended in another year)?
- Did anyone in your household attend a post-secondary school during the year?
- Did you make a contribution to or receive a distribution from an Education Savings Account or Qualified Tuition Program during the year?
- Did you pay student loan interest for yourself, your spouse, or your dependent(s) during the year?

#### Miscellaneous Information

- Did you incur a gain or loss due to damaged or stolen property?  
If "Yes," provide the incident date, value of the property, and amount of insurance reimbursements.
- Did you pay wages to any household employees (babysitter, nanny, housekeeper, etc.)?
- Did you make gifts to any one person in excess of \$15,000 during the year?  
If "Yes," are you splitting the gift with your spouse? \_\_\_\_\_
- Did you incur moving expenses during the year?
- Did you make any energy-efficient improvements to your main home during the year?
- Are you a business owner who paid health insurance premiums for your employees during the year?
- Did you apply an overpayment of your 2017 taxes to your 2018 estimated taxes?
- If you have an overpayment of 2018 taxes, do you want the refund applied to your 2019 estimated taxes?
- Did you make any estimated payments toward your 2018 taxes?
- Do you want to have any refund or balance due directly deposited or withdrawn?  
If "Yes," provide a canceled checking or savings slip.
- Did you receive any notices from the IRS or state taxing authority?  
If "Yes," explain \_\_\_\_\_
- May the IRS discuss your tax return with your preparer?
- Would you like a copy of your tax return emailed to you instead of receiving a printed copy?

#### Foreign Account Information

- Did you have a financial interest in or signature authority over a financial account or asset located in a foreign country?
- Did you receive a distribution from, or were you a grantor of, or transferor to, a foreign trust?
- Did you have any income from, or pay taxes to, a foreign country?
- Did you own property in a foreign country?
- Did the aggregate value of your foreign accounts exceed \$10,000 at any time during the year?

#### Preparer Notes

**Miscellaneous Notes** \_\_\_\_\_

## 2018 Summary Organizer Personal and Dependent Information

### Personal Information

<b>Name</b>		<b>SSN</b>	<b>Date of birth</b>	<b>Healthcare coverage ALL year</b>
<b>Taxpayer</b>	Sample Organizer	***-**-****	01-01-1981	
<b>Spouse</b>		***-**-****		
<b>Street address, city, state, and ZIP</b> 5901 West Century Blvd Suite 1125 Los Angeles CA 90045-5447				
<b>Occupation</b>		<b>Daytime phone</b>	<b>Evening phone</b>	<b>Cell phone</b>
<b>Taxpayer</b>				
<b>Spouse</b>				
<b>Taxpayer email</b>				
<b>Spouse email</b>				

### Marital Status at end of 2018

- Married  
 Married filing separately  
 Single  
 Widow(er) If spouse died in 2018 enter the date of death \_\_\_\_\_

- Are you blind?**  
**Are you disabled?**  
**Are you a full-time student?**  
**Do you want \$3 to go to the Presidential Election Campaign Fund?**

### Taxpayer

- Yes  No  
 Yes  No  
 Yes  No  
 Yes  No

### Spouse

- Yes  No  
 Yes  No  
 Yes  No  
 Yes  No

### Dependent Information

First and last name	SSN	Relationship	Months in home	Date of birth	Disabled	Full-time student	Healthcare coverage ALL year
Kid One Organizer	***-**-****	SON		01-01-2009			

List dependents required to file a return \_\_\_\_\_

### Estimates

	Federal		Resident state		Resident city	
	Date paid	Amount	Date paid	Amount	Date paid	Amount
Overpayment applied from 2017	_____	_____	_____	_____	_____	_____
First quarter	_____	_____	_____	_____	_____	_____
Second quarter	_____	_____	_____	_____	_____	_____
Third quarter	_____	_____	_____	_____	_____	_____
Fourth quarter	_____	_____	_____	_____	_____	_____
Additional payments	_____	_____	_____	_____	_____	_____

### Account Information for Deposits or Withdrawals

Name of bank	Bank routing number	Bank account number	Type of account		Use this account for	
			Checking	Savings	Deposits	Withdrawals

### Appointment Information

Your 2018 appointment is scheduled for \_\_\_\_\_

### Healthcare Coverage Questionnaire

Name: Sample Organizer

SSN: \*\*\*\_\*\*\_\*\*\*\*

**Healthcare Information**

Member of household for healthcare purposes	Covered the entire year	Covered less than 12 months	No healthcare coverage at all
Sample			
Kid One			

**YES    NO**

- Did anyone other than you or your spouse pay for healthcare coverage for anyone listed above?
- Did you pay for healthcare coverage for anyone not listed above?

**If you had coverage for any part of the year:**

Where was the policy obtained?

Employer / Medicare / Medicaid / Marketplace(Exchange) / Other

**If you didn't have coverage part or all of the year:**

Answer YES if the following applies to any member of the household

- Was your previous insurance policy canceled in 2018?
- Was coverage offered by your employer or your spouse's employer?
- Are you a member of a federally recognized Indian tribe?
- Are you eligible for services through an Indian healthcare provider?
- Are you a member of a healthcare sharing ministry?
- Did you live in the United States the entire year?
- Are you enrolled in TRICARE?
- Did you apply for CHIP coverage?
- Do any of the following apply to you? Do NOT indicate which one.
  - Became homeless
  - Evicted in the past six months, or facing eviction or foreclosure
  - Received a shut-off notice from a utility company
  - Recently experienced domestic violence
  - Recently experienced the death of a close family member
  - Recently experienced a fire, flood, or other natural or human-caused disaster that resulted in substantial damage to your property
  - Filed for bankruptcy in the last six months
  - Incurred unreimbursed medical expenses in the last 24 months that resulted in substantial debt
  - Experienced unexpected increases in essential expenses due to caring for an ill, disabled, or aging family member



### Wages and Salaries

Name: Sample Organizer

SSN: \*\*\*-\*\*-\*\*\*\*

**Provide all copies of Form W-2**

TS   T   Employer's name and address: \_\_\_\_\_ Federal EIN \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

	2018	2017		2018	2017
Wages, tips, other compensation	_____	80000	State <u>  CA  </u> State I.D. _____	_____	_____
Federal income tax withheld	_____	24000	State wages	_____	80000
Social Security wages	_____	80000	State income tax	_____	_____
Social Security tax withheld	_____	4960	Locality name	_____	_____
Medicare wages and tips	_____	80000	Local wages	_____	_____
Medicare tax withheld	_____	1160	Local income tax	_____	_____
Social Security tips	_____	_____	State _____ State I.D. _____	_____	_____
Allocated tips	_____	_____	State wages	_____	_____
Dependent care benefits	_____	_____	State income tax	_____	_____
			Locality name	_____	_____
Are you a statutory employee?	_____	<input type="checkbox"/>	Local wages	_____	_____
Are you covered by a retirement plan?	_____	<input type="checkbox"/>	Local income tax	_____	_____
Did you receive third-party sick pay?	_____	<input type="checkbox"/>			

TS        Employer's name and address: \_\_\_\_\_ Federal EIN \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

	2018	2017		2018	2017
Wages, tips, other compensation	_____		State _____ State I.D. _____	_____	
Federal income tax withheld	_____		State wages	_____	
Social Security wages	_____		State income tax	_____	
Social Security tax withheld	_____		Locality name	_____	
Medicare wages and tips	_____		Local wages	_____	
Medicare tax withheld	_____		Local income tax	_____	
Social Security tips	_____		State _____ State I.D. _____	_____	
Allocated tips	_____		State wages	_____	
Dependent care benefits	_____		State income tax	_____	
			Locality name	_____	
Are you a statutory employee?	_____	<input type="checkbox"/>	Local wages	_____	
Are you covered by a retirement plan?	_____	<input type="checkbox"/>	Local income tax	_____	
Did you receive third-party sick pay?	_____	<input type="checkbox"/>			

### Interest Income

Name: Sample Organizer

SSN: \*\*\*-\*\*-\*\*\*\*

**Provide all Form(s) 1099-INT relating to interest income**

TSJ	Name of payer (If seller-financed mortgage enter ID number and address of payer)	Interest income	Federal income tax withheld	Foreign tax paid	Tax exempt interest	Amount of resident state municipal interest	Nominee interest

Did you have a financial interest in or signature authority over a financial account or asset located in a foreign country?  Yes  No

### Dividend Income

Name: Sample Organizer

SSN: \*\*\*-\*\*-\*\*\*\*

**Provide all Form(s) 1099-DIV relating to dividend income**

TSJ	Name of payer	Ordinary	Qualified	Capital gains	Federal income tax withheld	Foreign tax paid	Other	
							Description	Amount

Did you have a financial interest in or signature authority over a financial account or asset located in a foreign country?  Yes  No



### Other Income and Adjustments

Name: Sample Organizer

SSN: \*\*\*-\*\*-\*\*\*\*

#### Other Income

	2018 Taxpayer	2017 Taxpayer	2018 Spouse	2017 Spouse
Scholarships or grants not reported on Form W-2 . . . . .				
State income tax refund (attach Forms 1099-G) . . . . .		3490		
Social Security Benefits (attach Forms 1099-SSA) . . . . .				
Railroad Retirement Benefits (attach Forms 1099-RRB) . . . . .				
Alimony received . . . . .				
Unemployment compensation (attach Forms 1099-G) . . . . .				
Unemployment compensation repaid in 2018 . . . . .				
Gambling winnings (attach Forms W2-G) . . . . .				
Alaska Permanent Fund . . . . .				
ABLE distributions . . . . .				
Other income: _____				
_____				
_____				

#### Adjustments

	2018 Taxpayer	2017 Taxpayer	2018 Spouse	2017 Spouse
Educator expenses (If you are an educator, enter the amount you paid for classroom supplies) . . . . .				
Contributions made to a Health Savings Account (HSA) . . . . .				
Contributions made to a Self-Employed Pension plan (SEP) . . . . .				
Payments made for Self-Employed Health Insurance for you, your spouse, or dependents . . . . .				
Alimony paid				
Name: _____ SSN: _____				
Name: _____ SSN: _____				
Contributions made to an Individual Retirement Account (IRA) . . . . .				
Contributions made to a Roth IRA . . . . .				
Contributions made to a myRA . . . . .				
Interest paid on a student loan . . . . .				
Other adjustments: _____				

Schedule A - Itemized Deductions

Name: Sample Organizer

SSN: \*\*\*-\*\*-\*\*\*\*

Medical and Dental Expenses

Table with 2 columns: 2018, 2017. Rows include Health insurance premiums, Long-term care premiums, Mileage driven for medical purposes, and Medical and dental expenses (list).

Taxes Paid

Table with 2 columns: 2018, 2017. Rows include State and local income taxes, Sales tax, Real estate taxes, Personal property taxes, and Other taxes (list).

Interest Paid

Table with 2 columns: 2018, 2017. Rows include Mortgage interest paid (attach Form 1098), Mortgage interest paid to an individual, Qualified mortgage insurance premiums, and Investment interest.

Charitable Contributions

Table with 2 columns: 2018, 2017. Rows include Donations to charity (cash), Hurricane relief contributions, Miles driven for charitable purposes, and Donations to charity (noncash).

Other Miscellaneous Deductions

Table with 2 columns: 2018, 2017. Rows include Amortizable bond premiums, Federal estate tax, Gambling losses, Impairment-related work expenses, Claim repayments, Unrecovered pension investments, Schedule K-1, and Ordinary loss debt instrument.

Job Expenses & Certain Miscellaneous Deductions

Table with 2 columns: 2018, 2017. Rows include Necessary job expenses you paid that were not reimbursed by your employer (list), Tax preparation fees, Other nonpersonal expenses related to taxable income (list), and Investment expenses not entered elsewhere.