**WWW.RCHACON.COM**

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### Tax Return Organizer – 2018 Tax Year

*Print this form out, take some time to fill it out, and bring it with you when you come to the office.*

*This will save you time and money, and allow us to help you more effectively.*

**PLEASE INCLUDE:**

 **All 2018 W-2 and 1099 forms**

**1095A FORM –If you got your health insurance coverage through the Marketplace (Obamacare)**

 **Copies of your 2015, 2016, & 2017 tax returns (if we have not previously prepared**

**Your taxes)**

## PERSONAL INFORMATION:

|  |  |  |
| --- | --- | --- |
| **Name and Address:** | **Social Security Number:**  | **Occupation:** |
| Taxpayer: |  |  |
| Address: |
|  |
| Spouse: |  |  |
| Address (if different): |
|  |
| **Phone Numbers–**Home: | Work: | Cell: |

Do you wish $3 to go to the Presidential Election Campaign? (Tax amount not affected) Yes No

Filing Status: Single Married Head of Household Qualifying Widow

Birth Date: Month, Day, and Year **Yourself**: \_\_\_/\_\_\_/\_\_\_ **Spouse:** \_\_\_/\_\_\_/\_\_\_

**DEPENDENTS:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name (First, Initial, Last)** | **Income****Over****$650?****(Y/N)** | **Date of****Birth** | **Social Security****Number** | **Relationship** | **Months****Lived in****Home** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
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|  |  |  |  |  |  |
|  |  |  |  |  |  |

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**Do you want your tax returned E-Filed?** **Yes** **No**

**If you would like your tax refund (if any) deposited directly into your bank, provide**:

|  |  |  |  |
| --- | --- | --- | --- |
| **Account Type:** | **Bank Name:** | **Bank Routing Number****(9 digits):** | **Your Account Number:** |
| Checking [ ] Savings [ ] |  |  |  |

**INCOME:**

**1. Wages and Salaries (Please include all W-2 and 1099 forms)**

**2. Interest Income (Attach 1099's)** *(List & identify non-taxable Interest Income as well)*

|  |  |  |  |
| --- | --- | --- | --- |
| **Name and Address of Payer** | **Amount** | **Name and Address of Payer** | **Amount** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**3. If you received any interest from a "Seller Financed" mortgage:**

|  |  |  |
| --- | --- | --- |
| **Name and Address of Payer** | **Social Security Number** | **Amount** |
|  |  |  |
|  |  |  |

**4. Dividend Income (Attach 1099's)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Payer** | **Amount** | **Name of Payer** | **Amount** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**5. Capital Gains and Losses:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Investment** | **Date****Acquired** | **Cost or Other****Basis** | **Date Sold** | **Net Sale****Proceeds** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**6. Other Gains and Losses:** *(Include details of dispositions of any business/rental/farm assets)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Investment** | **Date****Acquired** | **Cost or Other Basis** | **Date Sold** | **Sale****Proceeds** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**7. Pensions, IRA Distributions, Annuities, and Rollovers**

Total Received.......................................................................................................**\_\_\_\_\_\_\_**

Taxable Amount (Attach all 1099’s or other related papers) ......................................**\_\_\_\_\_\_\_**

**8. Rents/Royalties, Partnerships, S Corporations, Estates, Trusts.....\_\_\_\_\_\_\_**

*(Attach K-1’s for all Partnerships/S Corporations/Fiduciaries)*

*(Attach separate schedule(s) showing receipts & expenses for each rental property)*

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**10. Unemployment Compensation Received (Attach 1099G)**............................**\_\_\_\_\_\_\_**

**11. Social Security Benefits Received (Attach annual statement)**....................**\_\_\_\_\_\_\_**

**12. State/Local Tax Refund(s)** ..............................................................................**\_\_\_\_\_\_\_**

**13. Other Income:**

|  |  |
| --- | --- |
| ***Description*** | ***Amount*** |
|  |  |
|  |  |

**CREDITS:**

**Child and Dependent Care:**

(1) Number of Qualifying Individuals (under 13 years of age)..................................**\_\_\_\_\_\_\_**

(2) Name, address and identification number of each provider:

|  |  |  |
| --- | --- | --- |
| ***Name Address:*** | ***EIN or SSN*** | ***Amount Paid*** |
|  |  |  |
|  |  |  |
|  |  |  |

If payments were made to an individual, were the services performed in your home? **Yes** **No**

**Expenses incurred in connection with adoption**………………………………….**\_\_\_\_\_\_\_**

**Tuition & Fees paid for higher education** *(HOPE and Lifetime Learning Credits)……..***\_\_\_\_\_\_\_**

**Foreign Tax Credits** ...............................................................................................**\_\_\_\_\_\_\_**

(Attach detail of type foreign tax, country, and whether "withheld" or paid direct)

**2018 Estimated Tax Payments:**

|  |  |  |
| --- | --- | --- |
| **Federal** | **Date Paid** | **Amount Paid** |
| Refund Applied from Prior Year |  |  |
| 1st Quarter |  |  |
| 2nd Quarter |  |  |
| 3rd Quarter |  |  |
| 4th Quarter |  |  |

|  |  |  |
| --- | --- | --- |
| **State** | **Date Paid** | **Amount Paid** |
| Refund Applied from Prior Year |  |  |
| 1st Quarter |  |  |
| 2nd Quarter |  |  |
| 3rd Quarter |  |  |
| 4th Quarter |  |  |

**Other Payments:**

|  |  |  |  |
| --- | --- | --- | --- |
| ***Date*** | ***Amount*** | ***Date*** | ***Amount*** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**\*Other payments or credits - Attach schedule and explain...................................\_\_\_\_\_\_\_**

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**ITEMIZED DEDUCTIONS:**

**Medical and Dental Amount**

|  |  |
| --- | --- |
| 1. Out of pocket costs for prescription medicines, drugs, insulin, doctors,dentists, nurses, and medical and dental insurance premiums (includingMedicare B) paid in 2018 (reduce any insurance reimbursements) |  |
| 2. Transportation and lodging incurred to obtain medical care |  |
| 3. Other – hearing aids, eyeglasses, medical devices, etc. |  |
| **4. Did you have health insurance coverage for ALL 12 MONTHS OF 2018, for everyone included on your income tax return?** | **Yes or No** |
| **5. Did you take a discount on your insurance premiums from the Marketplace (Obamacare)? If yes, has your income changed since then?** | **Yes or No****Yes or No** |
| **6. Did you report that change and modify your monthly premiums?** | **Yes or No** |
| **\*\*\*\* Fees for not having health insurance coverage for 2018 will be increased to $695.00 per adult, and $347.50 for each child. The income based levy will increase from 2% to 2.5%. \*IT IS VERY IMPORTANT TO KEEP HEALTH CARE COVERAGE FOR ALL FAMILIY MEMBERS FOR THE ENTIRE 12 MONTHS OF 2018 or WILL YOU BE HEAVILY PENALIZED!** |  |

**Taxes Paid in 2018 Amount**

|  |  |
| --- | --- |
| 1. State and local income taxes not listed elsewhere |  |
| 2. Real estate taxes not listed elsewhere |  |
| 3. Personal property taxes (includes owners tax on auto/RV/other registration) |  |

**Interest Paid in 2018 Amount**

|  |  |
| --- | --- |
| 1. Home mortgage interest paid to financial institutions |  |
| 2. Home mortgage interest paid to individuals |  |
|  Name: | --------------------- |
|  Address: | --------------------- |
| 3. Points paid on [ ] purchase [ ] refinance (include settlement sheet) |  |
| 4. Investment Interest |  |
| 5. Student Loan Interest |  |

**Contributions*:*** *(Written documentation is required for all gifts of $250 or more*

 *- not just cancelled checks)* **Amount**

|  |  |
| --- | --- |
| 1. Cash - Less than $3,000 paid to any one organization |  |
| 2. Cash - $3,000 or more to any one organization -- show name of organization |  |
|  |  |
|  |  |
|  |  |
|  |  |
| 3. Other than cash - Attach details |  |

**Casualty and Theft Losses -** Attach Details **....................................................\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Adjustments to Income:**

|  |  |  |
| --- | --- | --- |
|  | **Maximize?** | **Amount** |
| 1 Your IRA deduction | **Yes** **No** |  |
| 2. Spouse's IRA deduction | **Yes** **No** |  |
| 3. Keogh SEP deduction | **Yes** **No** |  |
| 4. Penalty for early withdrawal of savings. |  |  |
| 5. Alimony paid - List name and Social Security Number |  |  |
| 6. Self-employed health insurance premiums |  |  |
|  |  |  |

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**Miscellaneous Deductions:**

|  |  |
| --- | --- |
| **Employee business expenses - attach details** | **Amount** |
|  Reimbursed |  |
|  Not Reimbursed |  |
|  Job hunting expenses (list) |  |
| **Other Expenses** |  |
| Tax Preparation |  |
| Union Dues |  |
| Business Publications |  |
| Professional Dues/Fees |  |
| Safety Deposit Box Rental |  |
| Tools used in your trade or business |  |
| Business or Cellular telephone |  |
| Uniforms & Cleaning |  |
| IRA Custodial fees |  |
| Investment Expenses |  |
| Education Expenses (attach details) |  |
| Business Entertainment |  |
| Other Miscellaneous deductions |  |
| Internet Provider for work |  |
| Computer and equipment |  |

**If you have added or disposed of any fixed assets used in trade or business or rental or farm activities, please provide the following:**

Addition: Description, Date acquired, cost (& trade-in, if any)

Dispositions: Description, Date of disposition, amount realized

(If we did not prepare your 2017 return, please provide the date acquired, cost, depreciation method used, and accumulated depreciation)

**Did you settle any notices or settle any tax examinations concerning your prior tax years' returns?** **Yes** **No**

(If yes, please provide copy of notices, settlement reports, etc.)

**Did you receive any payments from a pension or profit sharing plan?**

**Yes** **No** (If yes, provide pertinent information or statements from the plan.

**Did you sell your primary residence during 2018?** **Yes** **No**

If "Yes", provide a copy of the closing statements of the sale and a copy of the

closing statement at the time of your purchase, details of any capital improvements

you made during the time you owned the property, and any expenses of sale

incurred by you. If you have purchased a replacement property indicate cost and

date acquired. If you have previously sold a residence, provide a copy of form 2119

from your tax return For the year of sale.

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**Did you change your state residency during 2018?** **Yes** **No**

If "Yes", please provide the following:

|  |  |
| --- | --- |
| Previous address: |  |
| Date of move: |  |
| Distance: | miles |
| Costs of move: |  |
| (describe) |  |

**For the year 2018: (Provide details for any "Yes" response)**

We’re there any births, adoptions, marriages, divorces, or deaths in your immediate family

during this year? If yes, include all pertinent dates…………............................................**Yes** **No**

Are any of your unmarried children, who might be claimed as dependents, 19 years of

age or older? ..............................................................…………………………..................**Yes** **No**

Can you be claimed as a dependent on another person’s tax return? .............................**Yes** **No**

Did you or your spouse receive any disability income during the year?............................**Yes** **No**

If yes, enter amount…………………………………………………………………………**\_\_\_\_\_\_\_\_\_\_\_**

Did you exercise any stock options?..................................................................................**Yes** **No**

Did you purchase, sell, or own any bonds you paid more or less than the face amount? **Yes** **No**

Did you sustain any non-business bad debts?................................................................. **Yes** **No**

Did you incur a loss because of damaged or stolen property? .........................................**Yes** **No**

Did you or your spouse receive/ or give any gifts in excess of $13,500 to any one individual? .......**Yes** **No**

Do you have a child under the age of 14 as of December 31, 2018 who has earned an income

(interest, dividends, etc.) of more than $1,300?................................................................**Yes** **No**

Did you lease a car which you used for business purposes?...........................................**Yes** **No**

If "Yes", provide (1) original amount and date of lease, (2) term of the lease, (3) amount of expenses reported by you to your employer on Form W2.

Did you or your spouse work out of town for part of the year? ........................................**Yes** **No**

Days spent out of town……………..\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did you receive any K-1s from partnerships, estates, trusts, LLC? ................................**Yes** **No**

If yes, please attach.