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NESS TAX & BOOKKEEPING SERVICE
 1616 E 10TH ST
 SIOUX FALLS SD 57103
 Telephone number: (605) 332-4829
 Fax number: (605) 357-7144
 E-mail address: contact@nesstax.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		

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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:

<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"/>	_____

Attach Forms 1099-INT	_____

DIVIDEND INCOME

Payer name:

<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"/>	_____

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

	2018 Amount	2017 Amount
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).....		

OTHER GOVERNMENT FORMS - DEDUCTIONS

<input type="checkbox"/> Form 1098-E - Student loan interest	Attach Forms 1098	
<input type="checkbox"/> Form 1098-T - Tuition and related expenses.....		

AFFORDABLE CARE ACT

<input type="checkbox"/> Form 1095-A - Health Insurance Marketplace Statement.....	Attach Forms 1095	
<input type="checkbox"/> Form 1095-B - Health Coverage.....		
<input type="checkbox"/> Form 1095-C - Employer-Provided Health Insurance Offer and Coverage		

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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2018

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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 | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Did your marital status change during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did your address change during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Could you be claimed as a dependent on another person's tax return? |
| <input type="checkbox"/> | <input type="checkbox"/> | Were there any changes in dependents? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you and your dependents have health care coverage for the full-year? |
| <input type="checkbox"/> | <input type="checkbox"/> | 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. |
| <input type="checkbox"/> | <input type="checkbox"/> | 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. |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive unreported tip income of \$20 or more in any month? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive any disability income? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you buy or sell any stocks, bonds or other investment property? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make any residential energy-efficient improvements or purchases involving solar, wind, geothermal or fuel cell energy sources? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive a distribution from or make a contribution to a retirement plan (401(k), IRA, etc.)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you transfer or rollover any amount from one retirement plan to another? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you convert part or all of your traditional/SEP/SIMPLE IRA to a Roth IRA? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you incur a loss because of damaged or stolen property? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you use your car on the job (other than to and from work)? |
| <input type="checkbox"/> | <input type="checkbox"/> | May the IRS discuss your tax return with your preparer? |
| <input type="checkbox"/> | <input type="checkbox"/> | Was your home rented out or used for business? |
| <input type="checkbox"/> | <input type="checkbox"/> | Were you notified or audited by either the IRS or the State taxing agency? |