

ALL clients must complete and SIGN FILING STATUS CHANGES?

- Yes _____ Address changes?
- Yes _____ Marital status changes?
- Yes _____ Add or remove dependents?
- Yes _____ Occupation changes? _____

EXEMPTIONS & ADDITIONAL STANDARD DEDUCTIONS

- # Of _____ Dependent children living at home (number)
- # Of _____ Dependent children away at college
- # Of _____ Children living with EX you are claiming
(Must have form 8332 signed by ex)
- Yes _____ New Dependents
(Need date of birth and social security number)
- Yes _____ Dependent parents
- # Of _____ Any other dependents
- Yes _____ Do any of your dependent(s) have income?
- Yes _____ Either Spouse Blind/Disabled

INCOME – MUST answer last question

- Yes _____ Wages from W-2
- Yes _____ Tips Unreported (Check for allocated tips)
- Yes _____ Unemployment Compensation 1099G
- Yes _____ Interest & Dividend Income 1099 Int or Div
- Yes _____ Any Inherited assets or money
- Yes _____ State tax refunds received 1099G
- Yes _____ Social Security 1099SSA or RR Return 1099R
- Yes _____ Pension or Annuity payments rcvd 1099R
- Yes _____ Disability Pension (Reportable on Line 7)
- Yes _____ IRA distributions received (is any excludable?)
- Yes _____ Rollovers of IRAs or 401Ks
- Yes _____ IRA Roth Conversion
- Yes _____ Alimony received
- Yes _____ Gambling / Lottery Winnings (gross winnings)
- Yes _____ Prizes / Settlements / Other
- Yes _____ Stock Sales or splits (adjust basis if split)
MUST HAVE BASIS OF STOCK SOLD
- Yes _____ Stock Options Exercised
- Yes _____ Cryptocurrency Transactions
- Yes _____ Hobby Income
- Yes _____ Jury Duty
- Yes _____ Scholarships / Fellowships / Grants
(can be fully or partially taxable)
- Yes _____ Refunds of previously deducted amounts
- Yes _____ Barter / Trade Income
- Yes _____ Cancellation of ANY Debt
- Yes _____ Mortgage Modification
- Yes _____ Schedule C, (use Schedule C Checklist)
- Yes _____ Schedule F, (use Schedule F Checklist)
- Yes _____ Rental activities
 - ____ Real Estate (Sch E) Days Rented _____
 - Days of Personal Use _____
 - ____ Vacation Home
- Yes _____ Sale or abandonment of ANY assets
 - ____ Sale of residence _____ Unimproved land
 - ____ Like-kind exchange _____ Sale by Foreclosure
 - ____ Did you repossess any property?
- Yes _____ Royalty Income
- Yes _____ Partnership Income or Loss from K-1 (at risk?)
- Yes _____ Estate or Trust Income from K-1
- Yes _____ S Corporation Income from K-1 (at risk?)

Any other 2018 Income not listed above?

YES or NO _____

_____ Drivers License or State ID copy

Name: _____

Date _____

Email: _____

Phone: _____

How do you want to receive the copy of your tax return? Please check one

Hard copy booklet? _____

Electronic copy in portal? _____

ADJUSTMENTS

- Yes _____ Traditional IRA contributions (Not Company)
- Yes _____ Roth IRA contributions Pension Plans)
- Yes _____ SEP contributions
- Yes _____ Alimony or separate maintenance paid
- Yes _____ Self-employed Health Insurance deduction
- Yes _____ Qualified Moving Expenses (Military Only)
- Yes _____ Qualified College Tuition and Fees paid
(Form 1098T & print out of payments required)
- Yes _____ Student Loan Interest (Form 1098E)
- Yes _____ Educator (Teacher/Aide) Supplies/Education
- Yes _____ HSA deduction

TAX CREDITS & PAYMENTS

- Yes _____ Child care (need SSN for each caregiver)
- Yes _____ Did you make estimated tax payments?
(Dates & Amounts Required)
- Yes _____ Residential energy improvements - Renewable
- Yes _____ EIC REQUIRED DOCUMENTS

AFFORDABLE CARE ACT

- Yes _____ Did you have Health Insurance during the year?
 - Yes _____ Did you pay for your own insurance?
(We need months covered and amount)
- (We must have form 1095-A, if Insurance is thru Marketplace)

OREGON

- Yes _____ All Medical Exp pd if taxpayer/spouse 65 or over
Taxpayer \$ _____ Spouse \$ _____
- Yes _____ Are you registered as a Domestic Partner?
- Yes _____ Foreign Tax Subtraction
- Yes _____ Qualified Transportation Worker (AMTRAK)
- Yes _____ Military Active Duty pay
- Yes _____ Severely Disabled Taxpayer/Spouse
- Yes _____ Child eligible for Early Intervention or IEP
- Yes _____ Oregon 529 Education Plan Contributions
- Yes _____ Political contributions (limited by income)
- Yes _____ Cultural Trust or IDA Account contribution
- Yes _____ PTE - Pass Thru Entity for Oregon K-1?

Signature _____ Date _____

Signature _____ Date _____

IF YOU ITEMIZE – use this checklist

MEDICAL COSTS - DEDUCTIONS

- Yes _____ Prescription medicine or insulin
- Yes _____ Doctor/Chiropractor/Psychologist
- Yes _____ Dentist / Dentures /
- Yes _____ Hospital / Clinic
- Yes _____ Insurance Premiums ó Long Term Care
- Yes _____ Insurance Premiums (including supplemental)
- Yes _____ Drug or Alcohol treatment center
- Yes _____ Ambulance
- Yes _____ Stop Smoking Programs
- Yes _____ Lodging for medical travel (\$50 per day limit)
- Yes _____ **Medical Mileage**
- Yes _____ Eyeglasses / Contacts (not supplies)
- Yes _____ Hearing aids / batteries
- Yes _____ In-Home Caregiver for Medical Care
- Yes _____ Capital expenditures (ramps/elevators, etc)
- Yes _____ **Medical exp of dependents, whether living with you or not**

TAXES

Yes _____ **PORTLAND ARTS TAX \$ _____ Due April 15th**
This is ONLINE. If yes, you MUST file by mail or online

- Yes _____ Oregon estimated payments (made for / in 2018)
- Yes _____ Oregon balance due (ANY year) paid in 2018
- Yes _____ **Real Estate Tax (residence/Investment property)**
- Yes _____ Personal property Tax (Mobile home, boat etc)
- Yes _____ State Sales Taxes

INTEREST

- Yes _____ **Purchase, Sell or Refinance a home?**
Bring FINAL Closing Disclosure
- Yes _____ Home Mortgage Interest
- Yes _____ **Home Mortgage Insurance 1098**
- Yes _____ Is any Home Mortgage Interest óEquity Debtó?
- Yes _____ RV or Boat Interest (must have Kitchen and Toilet Facilities)
- Yes _____ Investment Interest:
- Margin Accounts - Investment property

CONTRIBUTIONS

- Yes _____ Cash/Check (Proof Reqød):
- Church - School
- United Way - Humane Society
- Boy/Girl Scouts - Other
- Yes _____ **HAVE CANCELLED CK/RECEIPT**
- Yes _____ Volunteer Miles Driven: _____
- Yes _____ Other than Cash (Stuff):
- Salvation Army - Church
- ARC - Cerebral Palsy
- Goodwill - Veterans

Get receipts AND have a priced itemized list!!!
**Price list available at www.salvationarmyusa.org,
www.goodwill.org**

CASUALTY OR THEFT

- Yes _____ Do you have a casualty loss or theft?
- Yes _____ Could you have been reimbursed by insurance?

MISC. ITEMIZED DEDUCTIONS

- Yes _____ Gambling losses (to extent of winnings)
- Yes _____ Impairment related work expenses

EMPLOYEE WORK EXPENSES

Gone through 2025

BUSINESS EXPENSES - SELF EMPLOYED

Yes _____ **Business mileage must have:**

Total Miles driven during year _____

Business Miles driven during year _____

Commute (to/from W2 job) driven during year _____

Auto Description _____

Date in service _____

(MUST HAVE WRITTEN PROOF OF MILEAGE TAKEN AND TOTAL MILES DRIVEN)

MISCELLANEOUS

- Yes _____ **Do you expect any major changes in 2019? *****
- Yes _____ Did you give more than \$15,000 in gifts?
- Yes _____ **Do you have any FOREIGN Bank Accts or Assets?**

TAX COMPUTATION

- Yes _____ Household Employees (Nanny, Housekeeper, etc)
- Yes _____ Penalty on IRA withdrawals (under age 59 ½)
- Yes _____ Age 70 ½ with required min distributions

QUESTIONS / NOTES / CHANGES***

Direct Deposit Info: If you are getting a refund

Bank Name _____

Routing Number _____

Account Number _____

Checking _____ Savings _____

Data Scanned _____

Return checked _____