



CHANDLER & KNOWLES CPAs, PLLC

Engagement Letter

Thank you for selecting Chandler & Knowles CPAs, PLLC to assist you with preparation of your tax returns. When you submit your tax information to us you acknowledge and agree to the following terms and conditions for our services.

We will prepare your Federal Income Tax Return(s) for the year beginning with December 31, 2018. It is your responsibility to provide us with all of the information necessary to complete your tax return. In that regard you affirm that, to the best of your knowledge and belief:

You have provided true, correct and complete information regarding your income as listed on the included forms and/or written summaries. You will retain for four years all the documents, receipts, cancelled checks and other records required to substantiate the items of income and expense claimed on your return.

You have provided us true, correct and complete information regarding amounts you claimed as tax deductions and have maintained written documentation supporting all amounts, including log books and receipts. You understand that taxing authorities may examine the returns, that documentation should be retained to support the information provided to us, especially business travel and entertainment deductions, business use % of autos and other assets, barter activities, and the required documents to support all charitable contributions, and that penalties may be imposed on returns that are late, underpaid or incorrect.

We will not audit or otherwise verify any information. We may require clarification or additional information. We are not responsible for disallowed deductions, or for the inclusion of additional unreported income or any resulting taxes, penalties or interest.

We may observe opportunities for tax savings that require planning or changes in the way you handle some transactions. While an engagement for tax return preparation does not include significant tax planning services, we will share any ideas we have with you and discuss terms for any additional work that may be required to implement those ideas.

Our fees for preparing your return(s) will be based on the time required at our standard rates for such services. Consequently, your retainer is not necessarily equal to that fee. In the event that the preparation fee is more than your retainer, the resulting balance must be paid prior to the release of your return.

At least 50% payment of the estimate retainer is required in order to begin your tax preparation. Final payment is due when the return is complete and the invoice is submitted to you. Late charges may be added to past due amounts in accordance with state law.

Your return may be selected for examination by state or federal tax agencies. In that event, we will be available to assist you in defending and explaining the return. That service is not part of our engagement to prepare your return(s) and would be subject to a separate agreement for services.

You will contact us immediately if you discover additional information that will lead to a change in your return, or if you receive any letters from the IRS, state or local taxing authorities. Our policy is to put all tax advice in writing and that you will not rely upon any unwritten advice because it may be tentative, incomplete, or not fully reviewed.

We will use our educated judgment to resolve questions in your favor where a tax law is unclear or if there is a reasonable justification for doing so. Whenever we are aware that a possible applicable tax law is unclear or that there are conflicting interpretations of the law by authorities (e.g., tax agencies and courts), we will explain the possible positions that may be taken on your return(s). We will follow whatever position you request, as long as it is consistent with the codes and regulations and interpretations that have been promulgated. If the IRS should later contest the position taken, there may be an assessment of additional tax plus interest and penalties. We assume no liability for any such additional penalties or assessments.

RECORD RETENTION

In accordance with our firm's current document retention policy we will retain our work papers and your tax returns for your engagement for seven years. We will provide you a copy of the depreciation schedule(s) and tax return(s) and other pertinent work papers that should be a part of your books and records. If you should need replacements, we will provide additional copies at our standard reproductions fees. All of your original records will be returned to you. After seven years, our work papers and files will no longer be available. The working papers and files of our firm are not a substitute for the original records of your company.

It is agreed and understood that in connection with the performance of this engagement by Chandler & Knowles CPAs, PLLC that the work papers prepared by us shall remain the property of Chandler & Knowles CPAs, PLLC.

ATTORNEY FEES

If any disputes arise among the parties, they agree to try first in good faith to settle the dispute by mediation administered by the American Arbitration Association (AAA) under its Commercial Mediation Rules. All unresolved disputes shall then be decided by final and binding arbitration in accordance with the Commercial Arbitration Rules of the AAA.

Fees charged by any mediators, arbitrators, or the AAA shall be shared equally by all parties. IN AGREEING TO ARBITRATION, WE BOTH ACKNOWLEDGE THAT IN THE EVENT OF A DISPUTE OVER FEES, EACH OF US IS GIVING UP THE RIGHT TO HAVE A DISPUTE DECIDED IN A COURT OF LAW BEFORE A JUDGE OR JURY AND INSTEAD WE ARE ACCEPTING THE USE OF ARBITRATION FOR RESOLUTION.

We appreciate the opportunity to serve you and look forward to a continuing, mutually satisfying relationship.

Very truly yours,

Chandler & Knowles CPAs, PLLC.

Tax Payer Signature _____ Date _____

Spouse Signature _____ Date _____
(If applicable)

**Chandler & Knowles CPAs
Client Questionnaire**

PREFERRED CONTACT: _____

BEST EMAIL ADDRESS: _____

BEST PHONE NUMBER: _____

Please check the appropriate box and include all necessary details and documentation.

Yes No

Personal Information

| | | |
|--|---|---|
| Did your marital status change during the year? | p | p |
| If yes, explain: _____ | | |
| Did your address change from last year? | p | p |
| Can you be claimed as a dependent by another taxpayer? | p | p |

If you are not a citizen of the United States, in what country or countries do you maintain citizenship? _____

| | | |
|--|---|---|
| Did you change any bank accounts, or did routing transit numbers (RTN) and/or bank account number change? | p | p |
| Did you receive an Identity Protection PIN (IP PIN) from the IRS or have you been a victim of identity theft? If yes, include the IRS letter. | p | p |
| Did you reside in or operate a business in a Federally declared disaster area? The Federally declared disaster areas include victims of hurricanes, tropical storms, floods, and wildfires. | p | p |

Dependent Information

| | | |
|--|---|---|
| Were there any changes in dependents from the prior year? | p | p |
| If yes, explain: _____ | | |
| Do you have any children under age 19 or a full-time student under age 24 with unearned income in excess of \$2,100? | p | p |
| If you have dependents who must file a tax return, do you need our assistance? | p | p |
| Did you provide over half the support for any other person(s) other than your dependent children during the year? | p | p |
| Did you pay for child care while you worked or looked for work? | p | p |
| Did you pay any expenses related to the adoption of a child during the year? | p | p |
| If you are divorced or separated with child(ren), do you have a divorce decree or other form of separation agreement which establishes custodial responsibilities? | p | p |
| Did any dependents receive an Identity Protection PIN (IP PIN) from the IRS or have they been a victim of identity theft? If yes, include the IRS letter. | p | p |

Purchases, Sales and Debt Information

| | | |
|---|---|---|
| Did you start a new business or purchase rental property during the year? | p | p |
| Did you acquire a new or additional interest in a partnership or S corporation? | p | p |
| Did you sell, exchange, or purchase any real estate during the year? If so, please include the Closing Disclosure. | p | p |
| Did you purchase or sell a principal residence during the year? If so, please include the Closing Disclosure. | p | p |
| Did you foreclose or abandon a principal residence or real property during the year? | p | p |
| Did you acquire or dispose of any stock during the year? | p | p |
| Did you take out a home equity loan this year? | p | p |
| Did you refinance a principal residence or second home this year? If so, please include the Closing Disclosure. | p | p |

| | | |
|--|---|---|
| Did you sell an existing business, rental, or other property this year? | p | p |
| Did you lend money personally with the understanding of repayment and this year it became totally uncollectable? | p | p |
| Did you have any debts canceled or forgiven this year, such as a home mortgage or student loan(s)? | p | p |
| Did you purchase a qualified plug-in electric drive vehicle or qualified fuel cell vehicle this year? If so, please include the receipt. | p | p |

Income Information

| | | |
|---|---|---|
| Did you have any foreign income or pay any foreign taxes during the year, directly or indirectly, such as from investment accounts, partnerships or a foreign employer? | p | p |
| Did you receive any income from property sold prior to this year? | p | p |
| Did you receive any unemployment benefits during the year? | p | p |
| Did you receive any disability income during the year? | p | p |
| Did you receive tip income not reported to your employer this year? | p | p |
| Did any of your life insurance policies mature, or did you surrender any policies? | p | p |
| Did you receive any awards, prizes, hobby income, gambling or lottery winnings? | p | p |
| Do you expect a large fluctuation in income, deductions, or withholding next year? | p | p |
| Did you have any sales or other exchanges of virtual currencies, or used virtual currencies to pay for goods or services, or are you holding virtual currencies as an investment? | p | p |

Retirement Information

| | | |
|--|---|---|
| Are you an active participant in a pension or retirement plan? | p | p |
| Did you receive any Social Security benefits during the year? | p | p |
| Did you make any withdrawals from an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan? If so, please include Form 1099-R. | p | p |
| Did you receive any lump-sum payments from a pension, profit sharing or 401(k) plan? If so, please include Form 1099-R. | p | p |
| Did you make any contributions to an IRA, Roth, myRA, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan? If so, please include Form 5498. | p | p |

Education Information

| | | |
|--|---|---|
| Did you, your spouse, or your dependents attend a post-secondary school during the year? | p | p |
| Did you pay any college tuition during the year on behalf of yourself, your spouse, or a dependent? If yes, include Form(s) 1098-T and receipts for qualified tuition and related expenses. | p | p |
| Did anyone in your family receive a scholarship of any kind during the year? If yes, were any of the scholarship funds used for expenses other than tuition, such as room & board? | p | p |
| Did you make any withdrawals from an education savings or 529 Plan account? If yes, were any of these withdrawals rolled over into a ABLE (Achieving a Better Life Experience) account? | p | p |
| Did you pay any student loan interest this year? | p | p |
| Did you cash any Series EE or I U.S. Savings bonds issued after 1989? | p | p |
| Did you make any contributions to an education savings or 529 Plan account? | p | p |

Health Care Information

| | | |
|--|---|---|
| Did you have qualifying health care coverage for you and your family? "Your family" for health care coverage refers to you, your spouse if filing jointly, and anyone you can claim as a dependent. If yes, include any Form(s) 1095-B and/or 1095-C you received. | p | p |
| If you had qualifying health care coverage for you and your family, was everyone covered for every month of 2018? "Your family" for health care coverage refers to | | |

| | | |
|--|---|---|
| you, your spouse if filing jointly, and anyone you can claim as a dependent. | p | p |
| Did anyone in your family qualify for an exemption from the health care coverage mandate? Examples of exemptions include (but are not limited to) certain non-citizens, members of a health care sharing ministry, members of Federally-recognized Indian tribes, and exemptions requested from the Marketplace. If yes, attach the Exemption Certificate Number (ECN) or type of exemption. | p | p |
| Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act? If yes, attach any Form(s) 1095-A you received. | p | p |
| Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act and share a policy with anyone who is not included in your family? | p | p |
| Did you make any contributions to a Health savings account (HSA) or Archer MSA? Note: An HSA is different from a flex spending account. If so, include Form 5498-SA | p | p |
| Did you receive any distributions from a Health savings account (HSA), Archer MSA, or Medicare Advantage MSA this year? If so, please include Form 1099-SA. | p | p |
| Did you pay long-term care premiums for yourself or your family? If yes, include the amounts paid for each person. | p | p |
| Did you make any contributions to an ABLE (Achieving a Better Life Experience) account? If yes, attach any Form(s) 1099-QA you received. | p | p |
| Did you receive any withdrawals from an ABLE (Achieving a Better Life Experience) account? If yes, attach any Form(s) 1099-QA you received. | p | p |
| If you are a business owner, did you pay health insurance premiums for your employees this year? | p | p |
| Did you receive any Health Coverage Tax Credit (HCTC) advance payments? If yes, include any Form(s) 1099-H you received. | p | p |

Itemized Deduction Information

| | | |
|---|---|---|
| Did you incur a casualty or theft loss or any condemnation awards during the year? | p | p |
| Did you pay out-of-pocket medical expenses (Co-pays, prescription drugs, etc.)? | p | p |
| Did you make any cash or noncash charitable contributions (clothes, furniture, etc.)? If yes, please provide evidence such as a receipt from the donee organization, a canceled check, or record of payment, to substantiate all contributions made. | p | p |
| Did you donate a vehicle or boat during the year? If yes, attach Form 1098-C or other written acknowledgement from the donee organization. | p | p |
| Did you pay real estate taxes for your primary home and/or second home? | p | p |
| Did you pay any mortgage interest on an existing home loan? If yes, include Form(s) 1098 you received. | p | p |
| Did you incur interest expenses associated with any investment accounts you held? | p | p |
| Did you purchase any vehicles during the year (cars, boats, airplanes, etc.)? If yes, please include receipts. | p | p |

Miscellaneous Information

| | | |
|--|---|---|
| Did you make gifts of more than \$15,000 to any individual? | p | p |
| Did you utilize an area of your home for business purposes? | p | p |
| Did you engage in any bartering transactions? | p | p |
| Did you retire or change jobs this year? | p | p |
| Did you incur moving costs because of a permanent change of station as a member of the Armed Forces on active duty? | p | p |
| Did you pay any individual as a household employee during the year? | p | p |
| Did you make energy efficient improvements to your main home this year? If so, please include the receipt(s). | p | p |
| Did you receive a distribution from, or were you a grantor or transferor for a foreign trust? | p | p |
| Do you have signature authority over any foreign financial accounts, foreign financial assets, or hold interest in a foreign entity? | p | p |
| Did you receive correspondence from the State or the IRS? If yes, explain: _____ | p | p |

Do you have previous years of tax returns that are either unfiled or filed with unpaid balances due?

Do you want to designate \$3 to the Presidential Election Campaign Fund? If you check yes, it will not change your tax or reduce your refund.

Did you make any 2018 estimated tax payments?

If so, please provide the amount and date of each payment made.

For your reference, the due date for each 2018 estimated tax payment is provided below:

| Due Date | Amount Paid | Date Paid |
|-------------------|-------------|-----------|
| Q1 ES: 04/17/2018 | _____ | _____ |
| Q2 ES: 06/15/2018 | _____ | _____ |
| Q3 ES: 09/17/2018 | _____ | _____ |
| Q4 ES: 01/15/2019 | _____ | _____ |

Income: W-2 **Salary and Wages**

Please provide all copies of Form W-2 that you receive.
 Below is a list of the Form(s) W-2 as reported in last year's tax return. If a particular W-2 no longer applies, mark the not applicable box.

| T/S | Description | Prior Year Information | Mark if no longer applicable |
|-----|-------------|------------------------|------------------------------|
| ___ | _____ | _____ | ___ |
| ___ | _____ | _____ | ___ |
| ___ | _____ | _____ | ___ |
| ___ | _____ | _____ | ___ |
| ___ | _____ | _____ | ___ |

Retirement: 1099-R **Pension, IRA, and Annuity Distributions**

Please provide all copies of Form 1099-R that you receive.
 Below is a list of the Form(s) 1099-R as reported in last year's tax return. If a particular 1099-R no longer applies, mark the not applicable box.

| T/S | Description | Prior Year Information | Mark if no longer applicable |
|-----|-------------|------------------------|------------------------------|
| ___ | _____ | _____ | ___ |
| ___ | _____ | _____ | ___ |
| ___ | _____ | _____ | ___ |
| ___ | _____ | _____ | ___ |
| ___ | _____ | _____ | ___ |

Income: K-1, K-1T **Schedules K-1**

Please provide all copies of Schedule K-1 that you receive.
 Below is a list of the Schedule(s) K-1 as reported in last year's tax return. If a particular K-1 no longer applies, mark the not applicable box.

| T/S/J | Description | Form | Mark if no longer applicable |
|-------|-------------|-------|------------------------------|
| ___ | _____ | _____ | ___ |
| ___ | _____ | _____ | ___ |
| ___ | _____ | _____ | ___ |
| ___ | _____ | _____ | ___ |
| ___ | _____ | _____ | ___ |
| ___ | _____ | _____ | ___ |
| ___ | _____ | _____ | ___ |
| ___ | _____ | _____ | ___ |

Income: W-2G **Gambling Income**

Please provide all copies of Form W-2G that you receive.
 Below is a list of the Form(s) W-2G as reported in last year's tax return. If a particular W-2G no longer applies, mark the not applicable box.

| T/S | Description | Prior Year Information | Mark if no longer applicable |
|-----|-------------|------------------------|------------------------------|
| ___ | _____ | _____ | ___ |
| ___ | _____ | _____ | ___ |
| ___ | _____ | _____ | ___ |

Education: 1099-Q **Qualified Education Plan Distributions**

Please provide all copies of Form 1099-Q that you receive.
 Below is a list of the Form(s) 1099-Q as reported in last year's tax return. If a particular 1099-Q no longer applies, mark the not applicable box.

| T/S | Description | Prior Year Information | Mark if no longer applicable |
|-----|-------------|------------------------|------------------------------|
| ___ | _____ | _____ | ___ |
| ___ | _____ | _____ | ___ |

General: 1040 **Personal Information**

Filing (Marital) status code (1 = Single, 2 = Married filing joint, 3 = Married filing separate, 4 = Head of household, 5 = Qualifying widow(er)) _____

Mark if you were married but living apart all year _____ Mark if your nonresident alien spouse does not have an ITIN _____

Taxpayer **Spouse**

Social security number _____

First name _____

Last name _____

Occupation _____

Designate \$3.00 to the presidential election campaign fund? (1 = Yes, 2 = No, 3=Blank) _____

Mark if legally blind _____

Mark if dependent of another taxpayer _____

Taxpayer between 19 and 23, full-time student, with income less than 1/2 support? (Y, N) _____

Date of birth _____

Date of death _____

Work/daytime telephone number/ext number _____

Do you authorize us to discuss your return with the IRS (Y, N) _____

General: 1040-Contact **Present Mailing Address**

Address _____

Apartment number _____

City/State postal code/Zip code _____

Foreign country name _____

Foreign phone number _____

Home/evening telephone number _____

Taxpayer email address _____

Spouse email address _____

General: 1040 **Dependent Information**

| First Name | Last Name | Date of Birth | Social Security No. | Relationship | Months in home | Care expenses paid for dependent |
|------------|-----------|---------------|---------------------|--------------|----------------|----------------------------------|
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |

Credits: 2441 **Child and Dependent Care Expenses**

Provider information:

Business name _____

First and Last name _____

Street address _____

City, state, and zip code _____

Social security number OR Employer identification number _____

Tax Exempt or Living Abroad Foreign Care Provider (1 = TE, 2 = LAFCP) _____

Amount paid to care provider in 2018 _____

Taxpayer **Spouse**

Employer-provided dependent care benefits that were forfeited _____

Health Care Coverage **Health Care Coverage**

"Your family" for health care coverage refers to you, your spouse if filing jointly, and anyone you can claim as a dependent.

2018 Information Prior Year Information

Was your entire family covered for the full year with minimum essential health care coverage? (Y, N) _____

Interest Income

Please provide all copies of Form 1099-INT or other statements reporting interest income.

| T/S/J | Payer Name | Interest Income | Prior Year Information |
|-------|------------|-----------------|------------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Self-Financed Mortgage Interest

T, S, J _____ Payer's name _____ Payer's social security number _____
 Payer's address, city, state, zip code _____
 Amount received in 2018 _____ Amount received in 2017 _____

Dividend Income

Please provide copies of all Form 1099-DIV or other statements reporting dividend income.

| T/S/J | Payer Name | Ordinary Dividends | Qualified Dividends | Prior Year Information |
|-------|------------|--------------------|---------------------|------------------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

Sales of Stocks, Securities, and Other Investment Property

Please provide copies of all Forms 1099-B and 1099-S.

| T/S/J | Description of Property | Date Acquired | Date Sold | Gross Sales Price (Less expenses of sale) | Cost or Other Basis |
|-------|-------------------------|---------------|-----------|--|---------------------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

Other Income

Please provide copies of all supporting documentation.

| | 2018 Information | | Prior Year Information |
|--|------------------|--------|------------------------|
| | Taxpayer | Spouse | Prior Year Information |
| State and local income tax refunds | _____ | _____ | _____ |
| Alimony received | _____ | _____ | _____ |
| Unemployment compensation | _____ | _____ | _____ |
| Unemployment compensation repaid | _____ | _____ | _____ |
| Social security benefits | _____ | _____ | _____ |
| Medicare premiums to be reported on Schedule A | _____ | _____ | _____ |
| Railroad retirement benefits | _____ | _____ | _____ |

| T/S/J | Other Income: | 2018 Information | Prior Year Information |
|-------|---------------|------------------|------------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

1041 Adj: IRA
Adjustments to Income - IRA Contributions

Please provide year end statements for each account and any Form 8606 not prepared by this office.

Taxpayer

Spouse

Traditional IRA Contributions for 2018 -

If you want to contribute the maximum allowable traditional IRA contribution amount,

enter the applicable code: (1 = Deductible only, 2 = Both deductible and nondeductible)

Enter the total traditional IRA contributions made for use in 2018

Roth IRA Contributions for 2018 -

Mark if you want to contribute the maximum Roth IRA contribution

Enter the total Roth IRA contributions made for use in 2018

1041 Adj: Educate
Higher Education Deductions and/or Credits

Complete this section if you paid interest on a qualified student loan in 2018 for qualified higher education expenses for you, your spouse, or a person who was your dependent when you took out the loan.

| T/S | Qualified student loan interest paid | 2018 Information | Prior Year Information |
|-------|--------------------------------------|------------------|------------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Complete this section if you paid qualified education expenses for higher education costs in 2018.

Qualified education expenses include tuition and fees required for enrollment or attendance at an eligible educational institution.

Please provide all copies of Form 1098-T.

| T/S | Ed Exp Code* | Student's SSN | Student's First Name | Student's Last Name | Qualified Expenses | Prior Year Information |
|-------|--------------|---------------|----------------------|---------------------|--------------------|------------------------|
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |

*Education Expense Code: 1 = American opportunity credit; 2 = Lifetime learning credit; 3 = Tuition and fees deduction

The student qualifies for the American opportunity credit when enrolled at least half-time in a program leading to a degree, certificate, or recognized credential; has not completed the first 4 years of post-secondary education; has no felony drug convictions on student's record.

1041 Adj: 3503
Job Related Moving Expenses

Complete this section if you moved to a new home due to service in the armed forces.

Description of move _____

Taxpayer/Spouse/Joint (T, S, J) _____

Mark if the move was due to service in the armed forces _____

Number of miles from old home to new workplace _____

Number of miles from old home to old workplace _____

Mark if move is outside United States or its possessions _____

Transportation and storage expenses _____

Travel and lodging (not including meals) _____

Total amount reimbursed for moving expenses _____

1041 Adj: Other Adj
Other Adjustments to Income

Alimony Paid:

| T/S | Recipient name | Recipient SSN | 2018 Information | Prior Year Information |
|-------|----------------|---------------|------------------|------------------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

Street address _____
 City, State and Zip code _____

Taxpayer

Spouse

Prior Year Information

Educator expenses:

| | | | |
|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Other adjustments:

| | | | |
|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Itemized: A1 **Medical and Dental Expenses**

| T/S/J | | 2018 Information | Prior Year Information |
|-------|--|------------------|------------------------|
| — | Medical and dental expenses | _____ | _____ |
| — | Medical insurance premiums you paid*** | _____ | _____ |
| — | Long-term care premiums you paid*** | _____ | _____ |
| — | Prescription medicines and drugs | _____ | _____ |
| — | Miles driven for medical items | _____ | _____ |

***Do not include pre-tax amounts paid by an employer-sponsored plan, amounts paid for your self-employed business, or Medicare premiums entered on Form Lite-3

Itemized: A1 **Tax Expenses**

| T/S/J | | 2018 Information | Prior Year Information |
|-------|--|------------------|------------------------|
| — | State/local income taxes paid | _____ | _____ |
| — | 2017 state and local income taxes paid in 2018 | _____ | _____ |
| — | Sales tax paid on actual expenses | _____ | _____ |
| — | Real estate taxes paid | _____ | _____ |
| — | Personal property taxes | _____ | _____ |
| — | Other taxes | _____ | _____ |

Itemized: A2 **Interest Expenses**

| T/S/J | | 2018 Information | Prior Year Information |
|-------|--|------------------|------------------------|
| — | Home mortgage interest From Form 1098 | _____ | _____ |
| T/S/J | Other home mortgage interest paid to individuals: | | |
| | Payee's Name | SSN or EIN | 2018 Information |
| | Address | City | State Zip Code |
| T/S/J | | 2018 Information | Prior Year Information |
| — | Investment interest expense, other than on Sch K-1s: | _____ | _____ |
| | Refinancing Information: Refinance #1 | Refinance #2 | |
| T/S/J | Recipient/Lender name | _____ | _____ |
| | Total points paid at time of refinance | _____ | _____ |
| | Date of refinance | _____ | _____ |
| | Term of new loan (in months) | _____ | _____ |
| | Reported on Form 1098 in 2018 | _____ | _____ |

Itemized: A3 **Charitable Contributions**

| T/S/J | | 2018 Information | Prior Year Information |
|-------|--|------------------|------------------------|
| — | Contributions made by cash or check | _____ | _____ |
| — | Volunteer miles driven | _____ | _____ |
| — | Noncash items, such as: Goodwill, Salvation Army | _____ | _____ |

Itemized: A3, A51 **Miscellaneous Deductions**

| T/S/J | | 2018 Information | Prior Year Information |
|-------|---|------------------|------------------------|
| | Other expenses, not subject to the 2% AGI limitation: | | |
| — | _____ | _____ | _____ |
| — | Gambling losses (enter only if you have gambling income) | _____ | _____ |
| | ***STATE USE ONLY - Complete the following fields only if you file a state return in AL, AR, CA, HI, IA, MN, NY or PA | | |
| T/S/J | | 2018 Information | Prior Year Information |
| — | Unreimbursed expenses*** | _____ | _____ |
| — | Union dues, other than amounts reported on Form W-2*** | _____ | _____ |
| — | Tax preparation fees*** | _____ | _____ |
| — | Other expenses, subject to 2% AGI limitation***: | _____ | _____ |
| — | _____ | _____ | _____ |
| — | Safe deposit box rental*** | _____ | _____ |
| — | Investment expenses, other than on Schedule(s) K-1 or Form(s) 1099-DIV/INT*** | _____ | _____ |

General Bank **Direct Deposit/Electronic Funds Withdrawal Information**

Per IRS Security Summit requirements, verify the name of financial institution, routing transit number, account number, and type of account below. If you would like to have a refund direct deposited into or a balance due debited from your bank account(s), please enter information in the fields below. Note that electronic funds will be withdrawn only from the primary account listed below.

Mark to verify all accounts listed below have been reviewed, updated as needed, and are correct. _____

Primary account:

Financial institution routing transit number _____
 Name of financial institution _____
 Your account number _____
 Type of account (1 = Savings, 2 = Checking, 3 = IRA*) _____
 Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) _____
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) _____
 Enter the maximum dollar amount, or percentage of total refund Dollar _____ or Percent (xxx.xx) _____

Secondary account #1:

Financial institution routing transit number _____
 Name of financial institution _____
 Your account number _____
 Type of account (1 = Savings, 2 = Checking, 3 = IRA*) _____
 Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) _____
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) _____
 Enter the maximum dollar amount, or percentage of total refund Dollar _____ or Percent (xxx.xx) _____

Secondary account #2:

Financial institution routing transit number _____
 Name of financial institution _____
 Your account number _____
 Type of account (1 = Savings, 2 = Checking, 3 = IRA*) _____
 Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) _____
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) _____
 Enter the maximum dollar amount, or percentage of total refund Dollar _____ or Percent (xxx.xx) _____

*Refunds may only be direct deposited to established traditional, Roth or SEP-IRA accounts. Make sure direct deposits will be accepted by the bank or financial institution.

Electronic Filing ID/ Auth **Identity Authentication**

Taxpayer -

Form of identification (1 = Driver's license, 2 = State issued identification card, 3 = No applicable identification, 4 = Identification not provided) _____
 Identification number _____
 Issue date _____
 Expiration date _____
 Location of issuance _____
 Document number (New York only) _____

Spouse -

Form of identification (1 = Driver's license, 2 = State issued identification card, 3 = No applicable identification, 4 = Identification not provided) _____
 Identification number _____
 Issue date _____
 Expiration date _____
 Location of issuance _____
 Document number (New York only) _____

NOTES/QUESTIONS: