

TIP (Tax Information Package) 2018

Tax Organizer Instructions:

1. Bring the completed TIP to your appointment (or if you are willing or don't have a printer, you can upload it to your Dropbox.com and send an invite to info@veritastaxes.com).
2. If you are a *remote* prep client (meaning we don't meet with you in person), please include the completed Tax Organizer with your documents.
3. Please bring (or include in your dropbox.com file upload) all of your official tax documents. For a complete list you can check the *Tax Appointment Checklist* included in this email. The TIP is not a substitute for any official tax document including but not limited to (W-2, 1099s, 1098s, K-1s, 1095a, etc.).
4. **NEW:** Please have all parties bring up to date Driver's License, Military ID, Passport, State ID card, Tribal ID card (whatever you would use to get on a plane in the US) to your appointment so that your tax return is eligible to be E-Filed. If you are remote prep, please include a snapshot with your documents. See new IRS guidelines if curious why.
5. **Payment** is due when services are rendered, Bank Products are still an acceptable form of payment. All returns will be e-filed when signature pages and payments have been accepted.
6. If there is anything in the Tax Organizer that does not apply to you, please skip it. If you have a home based business, please fill out the Business Use of Home section.

PERSONAL INFORMATION

Your Name:	Your SSN:	Birth Date:
Occupation:	Email:	
Home Phone:	Work Phone:	Cell Phone:
Address:		
City/State/Zip Code:		
County:	School District:	
Spouse Name:	Spouse SSN:	Birth Date:
Occupation:	Email:	
Home Phone:	Work Phone:	Cell Phone:
Is anyone else claiming you on their tax return as a dependent?		

DEPENDENT CHILDREN AND OTHER DEPENDENTS

First Name MI:	Last Name:	Relation:
SSN:	Birthday:	Months Home:
First Name/MI:	Last Name:	Relation:
SSN:	Birthday:	Months Home:
First Name/MI:	Last Name:	Relation:
SSN:	Birthday:	Months Home:
First Name/MI:	Last Name:	Relation:
SSN:	Birthday:	Months Home:

EMPLOYEE WAGES OR SALARIES

You *must* provide all W-2 forms with your completed TIP. We cannot file your tax return without them!

INTEREST INCOME

(Provide all Form 1099-INT, Interest Income Statement)

Payer:	\$
Payer:	\$
Payer:	\$
Payer:	\$

DIVIDEND/CAPITAL GAINS DISTRIBUTION

(Provide all Form 1099-DIV, Dividend Income Statement)

Payer:	\$
Payer:	\$
Payer:	\$
Payer:	\$

IRA, PENSION, or ANNUITY DISTRIBUTION

(Please provide all Form 1099-R's)

Payer:	\$
Payer:	\$
Payer:	\$
Payer:	\$

SALE OF STOCK, MUTUAL FUNDS, REAL ESTATE, AND PERSONAL PROPERTY

(It's critical that you get the original cost of stocks, mutual fund, real and personal property sold.)

Description of item	Date acquired	Original cost	Date sold	Selling price

OTHER TAXABLE INCOME

(Please provide all income statements for proof)

State & local tax refund	\$	Unemployment Compensation (1099-G)	\$
Alimony received	\$	Commission/Bonus (not on Form W-2)	\$
Social Security received	\$	Gambling/prize winnings (Form W-2G)	\$
Jury duty pay	\$	Unused housing allowance	\$

ADJUSTMENTS TO INCOME

Your IRA contribution	\$	Early withdrawal penalty	\$
Spouse IRA contribution	\$	Alimony paid to ex-spouse	\$
SEP or Keogh contribution	\$	Name:	
Student loan interest	\$	SSN:	
Educator expenses	\$	Tuition and fees deduction	\$

PAYMENTS MADE OR CREDIT OF PAYMENT

Estimated tax payments made	\$
Amounts applied from prior year return	\$
Payment with extension to file	\$

MEDICAL EXPENSES PAID

Medical & dental insurance	\$	Nursing home/private care	\$
Long term medical insurance	\$	Long distance calls	\$
Prescription drugs, medication	\$	Lab, MRI & X-ray expenses	\$
Doctors & chiropractors	\$	Hospital or emergency room	\$
Dental expenses	\$	Ambulance	\$
Glasses, contacts, solutions	\$	Medical equipment & supplies	\$
Medical miles: miles		Travel (airfare, lodging, meals)	\$
Prescribed supplements	\$	Hearing aids and batteries	\$

TAXES PAID

State income tax paid for last year	\$	First mortgage interest	\$
City/county taxes paid for last year	\$	Second mortgage interest	\$
Home real estate taxes	\$	Home equity loan interest	\$
Real estate for lot/vacation home)	\$	Points	\$
Personal property tax	\$	Interest paid to an individual	\$
Tags for vehicles and motorcycles	\$	Individual's name:	
Boat/motor/trailer tags	\$	Address:	
Tags for RV/camper/snow mobile	\$	Social Security Number:	

CHARITABLE CONTRIBUTIONS

(Cash, checks, credit card. Critical: Get receipts for contribution deduction)

Church:	\$	Heart Fund & Cancer	\$
Church:	\$	Arthritis Foundation	\$
Ministry:	\$	Easter Seals & DAV	\$
Ministry:	\$	YMCA & YWCA	\$
Ministry:	\$	Police & Firefighters	\$
Ministry:	\$	Volunteer school expenses	\$
Sunday school material, food, drinks	\$	School fund raising giving	\$
Mission trip expenses	\$	Building & yard maintenance	\$
Long distance & cell phone calls	\$	Boys & Girls Scouts	\$
United Way	\$	Muscular Dystrophy & AMVETS	\$
Red Cross & Christmas Seals	\$	Parking, tolls & taxi	\$
Deacon & usher expenses	\$	Children ministry expenses	\$

Feed, house, clothe street people	\$	Youth ministry expenses	\$
Charity miles:	miles	Educational TV & radio stations	\$
Unregistered cash giving	\$	Sheet music, tapes, CDs, DVDs	\$
Special cash offerings	\$	Diabetes	\$
Carryover of unused charitable contributions from the previous years			\$
Cash giving to The Salvation Army	\$	Cash giving to Goodwill Industries	\$
Prison ministry expenses	\$	Other:	\$

NON CASH CHARITABLE CONTRIBUTIONS

(Use fair market/consignment store value, not garage sale value. Detail your giving of larger items such as couch, computer, bed, table, recliner, dishwasher, etc. **Always get receipts!**)

Name of Organization	Items Donated	Date	Value
			\$
			\$
			\$
			\$
			\$
			\$
			\$

CHILD CARE EXPENSES

(To receive this credit, you must have the name, address, and especially the SSN or EIN number)

Name of provider	Address	SSN or EIN	Amount
			\$
			\$
			\$

EDUCATIONAL EXPENSE DEDUCTION (College or Trade School)

Student's Name:	Year Enrolled (Freshman, Junior, 1 st , 3 rd , etc.):		
Tuition: \$	Books: \$	Supplies: \$	Registration: \$
Computer/Printer: \$	Athletics: \$	Memberships: \$	
Mobile Phone: \$	Test Fee(s): \$	Lab Fees: \$	
Student's Name:	Year Enrolled (Freshman, Junior, 1 st , 3 rd , etc.):		
Tuition: \$	Books: \$	Supplies: \$	Registration: \$
Computer/Printer: \$	Athletics: \$	Memberships: \$	
Mobile Phone: \$	Test Fee(s): \$	Lab Fees: \$	

AS AN EMPLOYEE: UNREIMBURSED BUSINESS EXPENSES

Hand tools & equipment	\$	Office supplies	\$
Union & professional dues	\$	Publications, books, etc.	\$
Employee related education	\$	Long distance calls	\$
Licenses, fees, credentials	\$	Business gifts	\$
Travel (airfare, lodging, rental)	\$	Travel & local business meals	\$
Taxi, tolls, tips, parking, shuttle	\$	Uniforms purchased	\$
Cell phone & pager services	\$	Uniforms laundered & dry cleaned	\$
Internet & website services	\$	Freight, shipping & postage	\$
Books, tapes, DVDs & CDs	\$	Planner, briefcase & storage cases	\$
Malpractice & disability insurance	\$	Materials & supplies	\$
Other:	\$	Other:	\$

PERSONAL CASUALTY OR THEFT LOSS

If you have more than one personal casualty or theft loss, make extra copies of this worksheet.

Type of loss:		
What was lost:	\$	
Date of loss:	Place:	
Fair market value before loss:	\$	
Fair market value after loss:	\$	
Loss covered by insurance?	Yes	No
Amount reimbursed by insurance:	\$	
Police or insurance report?	Yes	No

BUSINESS CASUALTY OR THEFT LOSS

If you have more than one business casualty or theft loss, make extra copies of this worksheet.

Type of loss:		
What was lost:	\$	
Date of loss:	Place:	
Fair market value before loss:	\$	
Fair market value after loss:	\$	
Loss covered by insurance?	Yes	No
Amount reimbursed by insurance:	\$	
Police or insurance report?	Yes	No

MOVING EXPENSES RELATED TO A CHANGE IN JOB

Miles from old home to old job:	Miles from old home to new job:
Cost to pack household goods & personal effects (boxes, blankets, dolly, tape, pads, Labor cost, string, rope, straps, etc.)	\$
Cost to ship & store household goods & personal effects (truck, trailer, van, labor, Storage rent, gas, tolls, parking, freight, shipping, etc.)	\$
Cost of traveling (gas, airfare, rental car, bus, lodging, tolls, parking etc.) from the old residence to the new residence (NO MEALS ALLOWED)	\$
Other costs, not mentioned above, associated with moving:	\$
Amount of money reimbursed by the employer for the move	\$

BUSINESS EXPENSE INSTRUCTIONS

Business expense deductions are based on **RECEIPTS**, logs, and planners. Your documentation should have the business purposes, date, time, place, and amount. To deduct business meals or entertainment, you should (1) discuss business during the meal or entertainment, or (2) have a substantial and bonafide business discussion or activity before or after the meal or entertainment, or (3) if alone, you should be out of town and overnight on a business trip. You must record the name and business relationship of each person entertained. The IRS may not allow any expenses unless they are documented! **GET RECEIPTS!** This is very **CRITICAL!**

BUSINESS NAME:	DATE BUSINESS STARTED:
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BUSINESS INCOME

Total money received from your retail customers for products or services	\$
Total money received from wholesale buyers including cost of shipping and sales tax	\$
Commissions or bonuses received (Form 1099-MISC, non-employee compensation)	\$
Bonuses, prizes, and awards (value of trips won, use of car, and other valuable things)	\$
Other income (speaking fees, meeting ticket sales, money for coordinating business trips)	\$
Returns and allowances for products and services reimbursed	\$
TOTAL INCOME	\$

BUSINESS EXPENSES

Advertising (business cards, flyers, brochures, TV radio, Yellow Pages, promo materials, etc.)	\$
Bad debts (BUSINESS loans not collectible, bounced checks previously reported as income)	\$
Commission and fees paid out to others for services rendered	\$
Contract services (payments made to independent vendors and sub-contractors)	\$
Employee benefits (health, dental, life, and legal insurance, membership, discounts, etc.)	\$
Insurance (Business: liability, bonding, malpractice, disability, NOT health, life, or vehicle)	\$
Interest (mortgage on building and land)	\$
Interest (car & business loans, finance charges from credit cards used for business purposes)	\$
Legal, tax prep, accounting, IRS representation, business and financial consulting fees	\$
Office expenses (paper, pens, pencils, envelopes, staplers, calculators, folders, toners, etc.)	\$
Rental expenses of vehicles, machinery, and equipment (office equipment, copiers, etc.)	\$
Repairs and maintenance of office areas and business equipment (NOT vehicles)	\$
Supplies (miscellaneous and petty cash expenses not sure where to record)	\$
Taxes, licenses, permits (sales taxes paid, business licenses, construction permits and fees)	\$
Travel airfare (cost of airline tickets and changes)	\$
Travel lodging (cost of lodging, must have receipts to be allowed the deductions says IRS)	\$
Travel rental car (includes the cost of the rental car, insurance, and GAS paid)	\$
Travel others (shuttle, taxi, bus, train, ship, parking, tolls, tips, travel equipment, etc.)	\$
Travel business meals (actual out of pocket expenses or the per diem rate [see below])	\$
Local business meals (cost of business meals when you didn't stay out of town & overnight)	\$
Utilities (electric, gas, and water for business facilities, not for a personal residence)	\$
Wages of salaries (money paid to employees, including your children on staff)	\$
Other business expense () not mentioned on any other page of this TIP	\$

BUSINESS USE OF HOME EXPENSE

Square footage of business areas (multiply length times width of each area)	sq ft
Total living square feet of your home (multiply length times width of the house)	sq ft
Mortgage interest \$	Total rent paid for the year \$
Real estate taxes \$	Management or condo fees \$
Home owners insurance \$	Cost of home & closing costs \$
Association dues \$	Improvements & finance charges \$
Repairs & maintenance (painting, plumbing, electrical, HVAC, wallpaper)	\$
Repairs & maintenance (carpet, tile, lawn care, landscape, pest control, etc.)	\$
Utilities (electric, gas, water, trash, propane, wood, etc.)	\$

VEHICLE EXPENSES: MILEAGE RATE versus ACTUAL EXPENSES

- *You can keep track of your business miles in your planner, on a calendar, or in an official mileage log
- *You need the date, location, total miles (or beginning and ending odometer reading), and purpose of the business trip.
- *You need the beginning and end of the year of each vehicle that you will use for business purposes.
- *Note: Commuting miles from your residence to your work place and back are **not** deductible.
- *The bottom line: **KEEP A BUSINESS MILEAGE LOG** or the IRS will disallow you car and truck expenses.
- *You need to keep track of all your receipts for vehicle expenses. **GET THE RECEIPTS!!!**

Description	Vehicle #1	Vehicle #2	Vehicle #3
Vehicle year make model			
Date vehicle purchased or placed in service			
Vehicle cost of FMV when placed in service	\$	\$	\$
A: End of the year odometer reading	mi	mi	mi
B: Beginning of the year odometer reading	mi	mi	mi
Total miles for the year (subtract B from A)	mi	mi	mi
Miles to pick up & deliver products	mi	mi	mi
Miles to meetings, rallies, & major seminars	mi	mi	mi
Miles to prospect, recruit, counsel, or train	mi	mi	mi
Miles to job sites, pick up materials, supplies	mi	mi	mi
Miles driven for sales appointments	mi	mi	mi
Other (bank, post office, store, printers, etc)	mi	mi	mi
Other: _____	mi	mi	mi
Other: _____	mi	mi	mi
Round trip distance to work as an employee	mi	mi	mi
Number of days/week you commute	days/week	days/week	days/week
Number of months worked this year	months	months	months
Gas: \$ _____ + oil changes: \$ _____	\$	\$	\$
Tune-ups: \$ _____ + radiator: \$ _____	\$	\$	\$
Waxes: \$ _____ + batteries: \$ _____	\$	\$	\$
Alternator: \$ _____ + washes: \$ _____	\$	\$	\$
Engine work: \$ _____ + a/c: \$ _____	\$	\$	\$
Belts: \$ _____ + transmission: \$ _____	\$	\$	\$
Wipers: \$ _____ + electrical: \$ _____	\$	\$	\$
Transmission: \$ _____ + tires: \$ _____	\$	\$	\$

Alignment: \$ _____ + title: \$ _____	\$ _____	\$ _____	\$ _____
Body work: \$ _____ + brakes: \$ _____	\$ _____	\$ _____	\$ _____
Sound system: \$ _____ + tag: \$ _____	\$ _____	\$ _____	\$ _____
Balance & rotate tires: \$ _____	\$ _____	\$ _____	\$ _____
Other vehicle expense: _____	\$ _____	\$ _____	\$ _____
Vehicle insurance premiums	\$ _____	\$ _____	\$ _____
Interest paid on car loan(s)	\$ _____	\$ _____	\$ _____
Total lease payments made this year	\$ _____	\$ _____	\$ _____

NOTE: You will be allowed to use either the mileage rate or actual vehicle expenses, NOT BOTH!

PARTNERSHIPS, ESTATES, TRUSTS, LLC's and S-CORPORATIONS

Please provide all Schedule K-1 forms and associated instructions

RENTAL AND ROYALTY INCOME AND EXPENSES

If you have more than 4 rental properties, make extra copies of this rental worksheet.

Property	Type of Property	Address
<u>1</u>		
<u>2</u>		
<u>3</u>		
<u>4</u>		

Property	1	2	3	4
Rents & deposits received	\$ _____	\$ _____	\$ _____	\$ _____
Royalties received	\$ _____	\$ _____	\$ _____	\$ _____
Advertising and printing	\$ _____	\$ _____	\$ _____	\$ _____
Auto & travel	\$ _____	\$ _____	\$ _____	\$ _____
Cleaning and maintenance	\$ _____	\$ _____	\$ _____	\$ _____
Commissions and fees	\$ _____	\$ _____	\$ _____	\$ _____
Insurance	\$ _____	\$ _____	\$ _____	\$ _____
Legal and professional fees	\$ _____	\$ _____	\$ _____	\$ _____
Management fees	\$ _____	\$ _____	\$ _____	\$ _____
Mortgage interest	\$ _____	\$ _____	\$ _____	\$ _____
Other interest	\$ _____	\$ _____	\$ _____	\$ _____
Repairs: Carpentry, hardware	\$ _____	\$ _____	\$ _____	\$ _____
Electrical	\$ _____	\$ _____	\$ _____	\$ _____
Carpet, tile, wood floor	\$ _____	\$ _____	\$ _____	\$ _____
Painting & decorating	\$ _____	\$ _____	\$ _____	\$ _____
Plumbing	\$ _____	\$ _____	\$ _____	\$ _____
A/C	\$ _____	\$ _____	\$ _____	\$ _____
Other repairs:	\$ _____	\$ _____	\$ _____	\$ _____
Supplies	\$ _____	\$ _____	\$ _____	\$ _____
Taxes	\$ _____	\$ _____	\$ _____	\$ _____
Utilities	\$ _____	\$ _____	\$ _____	\$ _____
Other: Bank Charges	\$ _____	\$ _____	\$ _____	\$ _____
Gardening & landscaping	\$ _____	\$ _____	\$ _____	\$ _____
Association dues	\$ _____	\$ _____	\$ _____	\$ _____
Licenses & permits	\$ _____	\$ _____	\$ _____	\$ _____

