

Pamela Price EA Inc.

Pamela Price EA & Associates
Enrolled to practice before the Internal Revenue Service

2018 BASIC TAX WORKSHEET

GENERAL INFORMATION

PRIMARY EMAIL ADDRESS: _____

This email will be linked with your secure client portal (*pamelapriceea.securefilepro.com*). **IT MUST BE ONE YOU CHECK OFTEN.**

PRIMARY PHONE NUMBER: _____

ID/DRIVER'S LICENSE INFORMATION

This is **REQUIRED** in order to file your return. **We must have all the following:**

	TAXPAYER	SPOUSE
TYPE (CIRCLE ONE):	ID / DRIVER'S LICENSE	ID / DRIVER'S LICENSE
NUMBER:		
STATE:		
ISSUE DATE:		
EXPIRATION DATE:		

___ **I have a new address.** Even if you told them at the front desk, write it here.

___ **My marital status has changed.** If you're married filing a joint return, fill out **ONE** "Basic" worksheet together.

___ **I have a new dependent.** Must have SS# to be claimed, and name must match Social Security card.

___ **I made quarterly Estimated Tax Payments.** See *page 3* of this worksheet.

Please submit **all** income documents, completed worksheets, and other pertinent information via your **secure client portal**. Upload your tax info in **as few PDF files as possible (preferably, one)** once **all** your information is ready to go (meaning: no information is missing). **No photos/jpegs please.** We will also accept documents by actual mail or fax, but please send us copies of your documents and worksheets (not originals).

For **Appointments**, please submit all your information **2 weeks prior to your appointment to avoid the fee increase.**

For **"Mail-Ins"**, please upload your information **only when you have all your tax info & completed worksheets ready to go** – so that we receive all your information at one time (meaning: no information is missing). **No photos/jpegs, please.**

ITEMS OF INCOME

(Check the items that apply to you)

___ **WAGE INCOME (Form W-2)** We need copies of **all** your W-2s. **Please do not separate your forms!**

___ **INTEREST INCOME (Form 1099-INT)** We need copies of all Form 1099-INT you received.

___ **DIVIDEND INCOME (Form 1099-DIV)** We need copies of all Form 1099-DIV you received.

___ **STATE REFUND FROM 2017 RETURN (Form 1099-G)** We need all copies of Form 1099G.

If you wish, enter the amount here: _____

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2018 ITEMS OF INCOME - page 2

BUSINESS OR FEE INCOME (Form 1099-MISC or 1099-K)

This is income you received from performing a service, from which **no taxes were withheld**. We need copies of any Form 1099s you received. **There are separate worksheets for expenses you may have related to this income on our website. Please fill out one worksheet per service/business activity per person.**

You may enter the total of only **this** income here: _____

CAPITAL GAINS You would have this if you sold securities, real estate, or equipment. We need **all documents** concerning both the **purchase and sale** of these properties (this includes brokerage statements, "1099 Reporting Statement", and Form 1099-S).

AMOUNT OF ALIMONY RECEIVED _____

DISTRIBUTIONS FROM DEFERRED INCOME (Form 1099-R) This includes IRAs, pension plans, and any distributions which were rolled over. We need copies of all Form 1099-Rs you received.

If you wish, you may enter the total here: _____

INCOME FROM RENTAL PROPERTIES. You must fill out the "**Rental**" **Worksheet** which you can download from our website.

OTHER TYPES OF RENTS OR ROYALTIES (Form 1099-MISC) We need copies of all 1099s you received. If you wish, you may enter the total received here: _____

INCOME FROM K-1s: PARTNERSHIPS, S-CORPS, TRUSTS/ESTATES (Form K-1)

If you have income from any of these, we will need copies of all your Form K-1s.

UNEMPLOYMENT INSURANCE (Form 1099G) Unemployment income from California or any other states from which you received unemployment during the year. It is **100% taxable**. We need copies of all Form 1099Gs you received. If you wish, you may enter the total received here: _____

SOCIAL SECURITY BENEFITS (Form 1099-SSA) We need copies of your Form 1099-SSA. It may be partially taxable. If you wish, you may enter the total here: _____

OTHER INCOME (Gambling winnings, the Lottery (don't you wish), prizes, tips, or anything else you think **might** be taxable) List below:

<u>Type of Income</u>	<u>Amount</u>	<u>Type of Income</u>	<u>Amount</u>
_____	_____	_____	_____
_____	_____	_____	_____

ADJUSTMENTS TO INCOME

IRA, KEOGH, & SEP CONTRIBUTIONS These contributions can still be made for 2018 in most cases. IRA contributions may not be deductible. We can discuss it.

If you have already contributed, enter amounts here: Self _____
 Spouse _____

PENALTY ON EARLY WITHDRAWAL OF SAVINGS: _____

ALIMONY PAID (Bring X's social security number): _____

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2018 ITEMIZED DEDUCTIONS - Schedule "A"

MEDICAL & DENTAL EXPENSES: (Do **not** include reimbursed amounts.)

Medicine	_____	Hearing aids, batteries	_____
Insurance premiums	_____	Lab fees, x-rays	_____
Doctors, dentists, etc.	_____	Miles for medical	_____
Hospital & clinics	_____	Parking for medical	_____
Glasses	_____	Other: _____	_____

TAXES YOU PAID:

- **State & local income taxes** (We'll pick up these amounts from your W-2s.)
- **Property taxes paid on your home** (Use the checks you wrote in 2018 to determine this, **not** the bill.)

Amount: _____

- **Property taxes paid on second home** (Ditto above) **Amount:** _____

- **Total amount paid to DMV on auto(s):** 1st car _____ 2nd car _____

ESTIMATED TAX PAYMENTS (aka Quarterly Tax Payments)

Note: The majority of our correction notices are due to errors in this area. Those who make Estimated Tax Payments **MUST** pull checks to **verify dates and amounts paid** to Federal and State!!
Look it up before your appointment to avoid delay.

Quarter	Date Paid	Federal Amount	State Amount
1 st 4/15/2018	_____	_____	_____
2 nd 6/15/2018	_____	_____	_____
3 rd 9/15/2018	_____	_____	_____
4 th 1/15/2019	_____	_____	_____

INTEREST YOU PAID (Form 1098):

- **Home mortgage:** You will receive slip(s) from your lender(s). We need copies of those as well as all Form 1098s you receive.

Paid to financial institutions: **Amount of first:** _____

Amount of second: _____

Interest on a second home: _____

Paid on home equity loans: May or may not be deductible. **Amount:** _____

Paid to individuals: **Amount:** _____

- **Investment Interest:**

Margin interest _____ **Interest on land** _____

Int. on 3rd home _____ **Other:** _____

Interest on credit cards, personal loans, or late tax payments, is still not deductible.

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2018 ITEMIZED DEDUCTIONS - page 2

CHARITABLE CONTRIBUTIONS YOU MADE:

- **Total of your cash (includes checks) contributions:** _____
(Any time you write a check of \$250 or more you must have an acknowledgment of your contribution from the organization.)
- **Contributions *other than* cash:** _____
(Non cash contributions are usually goods donated to organizations such as Goodwill. You value them by what you would sell them for used, not what you paid for them)
- **Out-of-pocket expense for charitable work:** _____
- **Number of miles you traveled for charitable work:** _____

CASUALTY & THEFT LOSSES

- CA only, unless a Federally Declared Disaster.

MOVING EXPENSE

- MUST put you 50 miles closer to your new job into or within CA only

MISCELLANEOUS DEDUCTIONS:

NOTE: *Before you fill this out,* check if there is another worksheet applicable to you for these expenses. **DO NOT enter amounts here AND on another worksheet.**

Gambling losses _____ Union dues _____ Tax preparation _____ Investment expns _____
Safe deposit box _____ Job seeking exp. _____ Continuing Ed _____ Tools _____
Job supplies _____ License renewal _____ Publications _____ Uniform/cleaning _____

- If you have entries above, **and** you used your car for education or business, put a check here: _____

CHILD CARE:

Besides the individual amounts paid, we **must** have the following:

<u>Provider's Name</u>	<u>Social Security or I.D. Number</u>	<u>Address</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

HEALTH INSURANCE & Form 1095-A:

___ Did you and your family have health coverage for the **ENTIRE** year through your employer?
If so, stop here.

___ If you are not covered by work, **did you buy coverage through the Marketplace?** If so, you **MUST** provide us with **Form 1095-A** (which you can download from the marketplace website, for example: CoveredCA.com) **WE CANNOT FILE YOUR TAX RETURN WITHOUT IT.**

___ If you **did not have health insurance**, did you receive an **Exemption Certificate?** If so, we need a copy.

___ If you **did not have coverage and did not apply** for an exemption, let us know as we may have more questions.