



2018 INCOME TAX SCHEDULE

Instructions: This form is designed to be a useful tool for you to gather information for us to prepare your returns. It is not all inclusive, so please attach any additional information. You do not have to use this entire form, but at a minimum, please complete the GENERAL INFORMATION section below. Also, include all tax documents such as W-2s; 1099s; Social Security form SSA-1099; health insurance forms 1095-A, B and C; 1098 forms, etc. Please include ALL pages from a broker's annual tax reporting 1099 package. **PLEASE NOTE—certain 2018 Form 1099s from banks and brokers are not required to be mailed until Feb 15, 2019.**

	<u>Taxpayer</u>	<u>Spouse</u>
Name	_____	_____
Soc Sec #	_____	_____
Occupation	_____	_____
Birth date	_____	_____
Address	_____	
Telephone	Work _____ Home _____	Cell _____
Email address	_____	

Do you want to donate to the Presidential election: Yes _____ No _____

	<u>Dependents</u>				<u># Months in</u>	<u>Income</u>
<u>Full Name</u>	<u>Birth date</u>	<u>Soc Sec #</u>	<u>Relationship</u>	<u>in Home</u>	<u>Income</u>	<u>Income</u>
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Please note: We may need to contact you for additional information. As the tax preparer, we are required by the IRS to obtain certain information to substantiate certain tax credits and deductions claimed on your return.

___ YES ___ NO I authorize the taxing authorities to discuss my returns, attachments, and related matters with the Preparer. ALL returns will be electronically filed. There is an additional charge if you request to file paper returns.

Please provide a voided check (or a copy of a check) if you check "YES" to either of the following:

Direct deposit of refund(s) _____ NO _____ YES
 Draft balance of taxes owed _____ NO _____ YES If YES, date to draft bank account _____
 You will receive an email acknowledgement from our tax software vendor (CCH) that your returns have been accepted.

REQUIRED: Insurance/Healthcare Coverage

___ YES ___ NO Did you maintain "minimum essential health coverage" for all individuals for January-December 2018?

- If "NO":** _____ Check here if you did not have coverage and will pay the penalty.
 _____ Check here if you have documentation to prove exemption. Please provide copies of that documentation.
 _____ Check here to request additional information to determine if an exemption applies.

If you purchased health insurance through the Marketplace, you will receive a Form 1095-A. If you had health coverage or an employer offered you coverage, you will receive Form 1095-B and/or 1095-C by March 4. **Please provide those forms to us.**

I certify to the best of my knowledge that all information provided to Martin Smith & Company is true and correct. Signature _____

GENERAL INFORMATION

Medical expenses

(Include ONLY out-of-pocket and after-tax amounts)

- Prescription Drugs \$
Medicare premiums (Form 1099-SSA) \$
Medical/dental insurance premiums \$
Long-term care insurance: Taxpayer \$
Spouse \$
Long-term care expenses \$
Doctors, dentists, etc. \$
Hospitals \$
Lab fees \$
Eyeglasses and contacts \$
Other: \$
Mileage: Jan-Dec 2018 _____ miles

Taxes

- State income tax-balance paid prior yr \$
Real estate tax on personal residence \$
Personal property taxes (autos, boats) \$
Sales tax - boats, homes, aircraft \$
Sales tax - vehicles \$

Mortgage interest

- Paid to Bank (Attach forms 1098) \$
Paid to an individual:
Soc Sec #
Name
Address

Charitable contributions

Cash, checks, credit cards:

- \$
\$
\$

Mileage: Jan-Dec 2018 _____

Non-cash contributions:

NOTE: Donated items must be of "good" or better quality. Please be sure that the following information is documented on each donation receipt:

- (1) Organization name and address
(2) Date donated
(3) Fair market value (deduction amount)
(4) General description of items
(5) Estimate of original cost

Total of all non-cash donations \$

For vehicles, attach Form 1098-C

- Adoption expenses \$
Date adoption finalized
Alimony paid \$
Name
Soc Sec #
Child care expenses \$
Provider's name
Address:
City, ST
EIN/SS#

Traditional IRA 2018 contributions:

- Taxpayer \$
Spouse \$

Roth IRA 2018 contributions:

- Taxpayer \$
Spouse \$

- SC college prepayment investment program \$
Teacher (K-12) (classroom expenses) \$
College tuition and fees (Form 1098-T) \$
Early withdrawal penalty \$
Other deductions:
\$
\$

Health Savings Accounts (HSA) contributions:

- Coverage: Self-only Family
Employer contributions \$
Your contributions (after-tax only) \$
Value of HSA at 12/31/18 \$

Months cover by a high-deductible health plan _____

Please include Forms 1098-SA and 5498-SA (These forms will contain the above information)

- Alimony received \$
Installment sales collections:
\$
\$
Jury duty \$

- Other income:
\$
\$
\$
\$
\$

Use this section to report home office deductions, self-employment business income and expenses (Schedule C), rental property income and expenses (Schedule E), and farm income and expenses (Schedule F). See the next page regarding 1099 filing requirements and questions for certain payments that you made and are claiming as a deduction below.

Description of Rental Property/Business/Farm or Home office	_____	_____	_____	_____
INCOME	\$ _____	\$ _____	\$ _____	\$ _____
EXPENSES				
Advertising	_____	_____	_____	_____
Interest expense	_____	_____	_____	_____
Legal & accounting	_____	_____	_____	_____
Cleaning/maintenance	_____	_____	_____	_____
Commissions paid	_____	_____	_____	_____
Insurance (excluding life and health)	_____	_____	_____	_____
Interest expense	_____	_____	_____	_____
Management fees	_____	_____	_____	_____
Office expense	_____	_____	_____	_____
Postage	_____	_____	_____	_____
Real estate taxes	_____	_____	_____	_____
Rent: Equipment	_____	_____	_____	_____
Office	_____	_____	_____	_____
Repairs & maintenance	_____	_____	_____	_____
Supplies	_____	_____	_____	_____
Property tax/licenses	_____	_____	_____	_____
Travel	_____	_____	_____	_____
Telephone	_____	_____	_____	_____
Meals & entertainment	_____	_____	_____	_____
Utilities	_____	_____	_____	_____
Other:	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Vehicle expense ONLY:				
• Prop tax	_____	_____	_____	_____
• Tolls, rentals	_____	_____	_____	_____
• Gas, repairs, Insur, etc.	_____	_____	_____	_____
• Interest on veh loans	_____	_____	_____	_____
• Mileage:				
Business miles	_____ miles	_____ miles	_____ miles	_____ miles
Personal miles	_____ miles	_____ miles	_____ miles	_____ miles
Total miles	_____ miles	_____ miles	_____ miles	_____ miles

Sales/Use Tax and Fuel Tax Credit (SC returns only)

Total purchases from mail orders, internet, TV shopping networks, etc. \$ _____

Total sales tax charged and paid to SC and other states on the above purchases \$ _____

Fuel Tax Credit: Due to the complexity and volume of information needed for this tax credit, please refer to our January 2019 Newsletter and website for additional information. As an example of this credit, a qualifying purchase of 1,000 gallons of fuel results in a credit of \$19 per vehicle.

ESTIMATED TAX PAYMENTS

Federal estimated tax payments:

<u>Date paid</u>	<u>Amount</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

State estimated tax payments:

<u>Date paid</u>	<u>Amount</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

OTHER INFORMATION

NOTE: If you have a foreign bank, investment or retirement account, please let us know. There are severe penalties for not reporting foreign accounts.

Please provide any other additional information here:

If you are self-employed, own rental property, or operate a farm you MUST answer the following:

Yes **No** Did you make any payments that would require you to file Form(s) 1099?
 Yes **No** If "Yes" to the above question, did you or will you file all required Form(s) 1099?

1099 Filing Requirements – Form 1099-MISC is required to be issued if **ALL** of the following are true:

1. You paid non-corporate service providers \$600 or more during 2018 **AND**
2. The payments are for business (not personal) **AND**
3. You are self-employed (Schedule C), own rental property (Schedule E), or operate a farm (Schedule F)

Examples of the above payments include: professional fees paid to an attorney or an accountant; payments to independent contractors for janitorial services, information technology consulting, web design, and repairs; and rent paid to a landlord (just to name a few).

INFORMATIONAL DATA

Standard mileage rates (cents per mile):

	<u>2018</u>	<u>2019</u>
Business	54.5	58.0
Moving	18.0	20.0
Medical	18.0	20.0
Charitable	14.0	14.0

Retirement contribution limits (subject to other provisions):

	<u>2018</u>	<u>2019</u>
Roth/Traditional IRA	5,500	6,000
IRA catch-up contributions	1,000	1,000
SIMPLE plans	12,500	13,000
SIMPLE catch-up contrib.	3,000	3,000

(Catch-up provisions are for individuals age 50 and above)

Reminders:

- If you have children who will be filing tax returns, please be sure they do not claim themselves if they are not eligible to do so. **If the parents are eligible to claim their child, then the child generally can not claim themselves.**
- For electronic filing purposes, please provide us a copy of a check, not a deposit slip, even if your bank account has not changed since last year.
- **PLEASE REMEMBER** to include all IRS documents with the tax information that you submit to our office. This includes forms W-2, 1099s, 1098 (mortgage interest paid), 1098-T (College tuition and fees paid), and health insurance forms 1095-A, 1095-B and 1095-C.