

**SCAPPOOSE BUSINESS TAX SERVICE, INC. #B00973**

52698 NE 1st St.  
Scappoose, Oregon 97056  
Phone 503-543-7195

1510 St. Helens St., Suite A  
St. Helens, Oregon 97051  
Phone 503-397-6993

**YOUR 2018 PERSONAL TAX ORGANIZER**

**TAXPAYER:**

LAST NAME: \_\_\_\_\_  
FIRST NAME: \_\_\_\_\_  
SOCIAL SEC: \_\_\_\_\_  
OCCUPATION: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

**SPOUSE:**

LAST NAME: \_\_\_\_\_  
FIRST NAME: \_\_\_\_\_  
SOCIAL SEC: \_\_\_\_\_  
OCCUPATION: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_

DEPENDENT INFORMATION FULL NAME	DATE OF BIRTH	SOCIAL SECURITY NUMBER	RELATION	MONTHS IN HOME 2018	DISABLED CHILD?

DO YOU SUPPORT OR DID ANYONE ELSE LIVE WITH YOU DURING THE YEAR?  
DO DEPENDENTS HAVE INCOME? \_\_\_\_\_ IF YES, BRING IN INFORMATION.

**\*\*\*CHECKLIST OF INCOME - BRING IN SOURCE DOCUMENTS\*\*\***

_____ W2s	_____ TAX EXEMPT INTEREST	_____ BUY OR SELL PROPERTY
_____ UNEMPLOYMENT	_____ DIVIDEND INCOME	_____ 1099 K MERCHANT SERVICES
_____ SICK PAY	_____ STOCKS	_____ ALIMONY INCOME
_____ WORKERS COMP	_____ 1095 A/B/C	_____ CHILD SUPPORT
_____ TIPS	_____ STATE INCOME TAX REFUND	_____ FOREIGN INTEREST
_____ SOCIAL SECURITY	_____ RENTAL INCOME	_____ BARTERING
_____ PENSION INCOME	_____ K-1s	_____ LOTTERY/GAMBLING
_____ IRA DISTRIBUTION	_____ SELF EMPLOYMENT INCOME	_____ WINNINGS
_____ ROTH IRA DIST	_____ FARM INCOME	_____ STATE
_____ 1099-MISC	_____ INSTALLMENT SALES	_____ OTHER
_____ 1099-INT	_____ 1099 SA HSA DISTRIBUTION	

**DID YOU MAKE ANY ESTIMATED PAYMENTS? \_\_\_\_\_ BRING IN CANCELLED CHECKS OR PROOF OF PAYMENT**

QUARTERLY ESTIMATE PAYMENTS:  
QTR 1 PAYMENT BY APRIL 15  
QTR 2 PAYMENT BY JUN 15  
QTR 3 PAYMENT BY SEPT 15  
QTR 4 PAYMENT BY JAN 15, 2019

FEDERAL	DATE PD	CHECK #	STATE	DATE PD	CHECK #

**\*\*\*PLEASE CHECK OFF AND BRING IN SOURCE DOCUMENTS FOR LISTED ITEMS BELOW\*\*\***

**MEDICAL EXPENSES**

OREGON HAS A MEDICAL SUBTRACTION FOR AGE 64 OR OLDER ONLY. PLEASE SEPARATE THESE EXPENSES! INCLUDE ANY 1095s RECEIVED FOR HEALTH INSURANCE

<b>FILL IN AMOUNTS:</b>	<b><u>TAXPAYER</u></b>	<b><u>SPOUSE</u></b>
PRESCRIPTIONS:	_____	_____
DOCTORS/DENTISTS:	_____	_____
VISION/GLASSES:	_____	_____
NURSING HOMES:	_____	_____
MEDICAL PREMIUMS:	_____	_____
LONG-TERM INSURANCE:	_____	_____
MEDICAL MILEAGE:	_____	_____
MED INS REIMBURSED:	_____	_____

**TAXES PAID**

**FILL IN AMOUNTS & BRING IN SOURCE DOCUMENTS**

PROPERTY TAXES: \_\_\_\_\_  
PERSONAL PROPERTY TAXES: \_\_\_\_\_  
OTHER TAXES: \_\_\_\_\_

**MORTGAGE INTEREST PAID**

HOME MORTGAGE INTEREST PAID TO FINANCIAL INSTITUTION: \_\_\_\_\_

POINTS PAID: \_\_\_\_\_

HOME MORTGAGE INTEREST PAID TO INDIVIDUAL PARTY:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SS #: \_\_\_\_\_

REFINANCE OF HOME: \_\_\_\_\_

INVESTMENT INTEREST: \_\_\_\_\_

MORTGAGE INSURANCE: \_\_\_\_\_

**BUSINESS MILEAGE**

\_\_\_\_\_ @ .545 PER MILE

**CHILD AND DEPENDENT CARE**

\_\_\_\_\_ NO. OF QUALIFYING DEPENDENTS

\_\_\_\_\_ EXPENSE AMOUNT EACH

\_\_\_\_\_ WAS SERVICE PERFORMED IN YOUR HOME?

\_\_\_\_\_ DID EMPLOYER REIMBURSE?

\_\_\_\_\_ IF YES, AMOUNT EMPLOYER PAID

**PROVIDER:**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SS# OR EMPLOYER ID # \_\_\_\_\_

**EMPLOYER BENEFIT PLAN**

\_\_\_\_\_ DO YOU HAVE AN EMPLOYER BENEFIT PLAN?

**ALIMONY PAID**

\_\_\_\_\_ SS# \_\_\_\_\_

LAST NAME: \_\_\_\_\_

**CASH OR CHECK CONTRIBUTIONS**

**FILL IN AMOUNTS: PLEASE BRING IN RECEIPTS**

CHURCH: \_\_\_\_\_

OTHER: \_\_\_\_\_

MILEAGE: \_\_\_\_\_

**CONTRIBUTIONS OTHER THAN CASH**

**(CLOTHES, ETC) PLEASE BRING IN RECEIPTS.**

\_\_\_\_\_

\_\_\_\_\_

**MISCELLANEOUS DEDUCTIONS**

OTHER: \_\_\_\_\_

GAMBLING LOSSES: \_\_\_\_\_ STATE: \_\_\_\_\_

**CONTRIBUTION TO KEOGH/SEP/IRA/529 PLAN**

\_\_\_\_\_ CONTRIBUTION TO KEOGH/SEP/ROTH

\_\_\_\_\_ TAXPAYER IRA CONTRIBUTION

\_\_\_\_\_ SPOUSE IRA CONTRIBUTION

\_\_\_\_\_ 529 TUITION CONTRIBUTION

**DID YOU ROLL YOUR IRA INTO A ROTH IRA?**

\_\_\_\_\_

**POLITICAL CONTRIBUTION-MUST BRING IN RECEIPT**

\_\_\_\_\_ POLITICAL CONTRIBUTION

**OREGON ENERGY CREDIT-MUST BRING IN RECEIPT**

\_\_\_\_\_ ENERGY CREDIT

**DID YOU PAY FOR ANY EDUCATION?**

\_\_\_\_\_

**DID YOU ADOPT A CHILD?**

\_\_\_\_\_

**HSA CONTRIBUTION? (FORM 5498-SA)**

\_\_\_\_\_