

SCAPPOOSE BUSINESS TAX SERVICE, INC. #B00973

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 Scappoose, Oregon 97056
 Phone 503-543-7195

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 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

FILL IN AMOUNTS:	<u>TAXPAYER</u>	<u>SPOUSE</u>
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)
