

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:

SPOUSE:

| | |
|----------------------|------------------------------|
| LAST NAME: _____ | LAST NAME: _____ |
| FIRST NAME: _____ | FIRST NAME: _____ |
| SOCIAL SEC: _____ | SOCIAL SEC: _____ |
| OCCUPATION: _____ | OCCUPATION: _____ |
| DATE OF BIRTH: _____ | DATE OF BIRTH: _____ |
| ADDRESS: _____ | |
| CITY: _____ | STATE: _____ ZIP CODE: _____ |
| PHONE: _____ | CELL: _____ E-MAIL: _____ |

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

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 |
| _____ UNEMPLOYMENT | _____ DIVIDEND INCOME | _____ PROPERTY? |
| _____ SICK PAY | _____ STOCKS | _____ ALIMONY INCOME |
| _____ WORKERS COMP | _____ BONDS | _____ 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 | | |

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

CASUALTY OR THEFT LOSS: _____

MOVING EXPENSES: _____

SAFETY DEPOSIT BOX: _____

UNION DUES: _____

TAX PREP FEE: _____

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) _____