

2018 Individual Tax Organizer

| | | | | | |
|---------------------------------------------|----------------------------------------|----------------------|-----------------------------------------------------------------------------|--------------------------------------|-------------|
| Taxpayer's Name: | | | Spouse's Name: | | |
| Street Address: | | | Street Address: (check <input type="checkbox"/> if same as taxpayer) | | |
| City: | State: | Zip: | City: | State: | Zip: |
| School District: | | Municipality: | | County: | |
| Occupation: | | | Occupation: | | |
| Email Address: _____ @ _____ . _____ | | | Email Address: _____ @ _____ . _____ | | |
| Home Phone #: (____) _____ - _____ | | | Home Phone #: (____) _____ - _____ | | |
| Work Phone #: (____) _____ - _____ | | | Work Phone #: (____) _____ - _____ | | |
| Cell Phone #: (____) _____ - _____ | | | Cell Phone #: (____) _____ - _____ | | |
| Taxpayer's Date of Birth: / / | Taxpayer's Soc. Sec. # - - - | | Spouse's Date of Birth: / / | Spouse's Soc. Sec. # - - - | |
| Dependent's Name | Soc. Sec. # | Date of Birth | Relationship | # of Months Lived w/ you | |
| | - - - | / / | | | |
| | - - - | / / | | | |
| | - - - | / / | | | |
| | - - - | / / | | | |

PLEASE PROVIDE COPIES OF SOC. SEC. CARDS FOR ALL FAMILY MEMBERS IF WE HAVE NOT PREVIOUSLY PREPARED YOUR RETURNS.

DO YOU HAVE INCOME FROM THE FOLLOWING SOURCES? PLEASE ENCLOSE ALL FORMS.

- | | |
|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Wages (W-2's) | <input type="checkbox"/> Pension & Annuity Distributions (1099-R) |
| <input type="checkbox"/> Interest (1099-Int) | <input type="checkbox"/> Rental/Vacation Home Income & Expenses (Complete Enclosed Checklist) |
| <input type="checkbox"/> Dividends (1099-Div) | <input type="checkbox"/> Partnerships , S Corporations & LLC (K-1) |
| <input type="checkbox"/> Tax-Exempt Interest (1099-Int) | <input type="checkbox"/> Estate or Trust (K-1) |
| <input type="checkbox"/> State & Local Tax Refunds (1099-G) | <input type="checkbox"/> Farm Income & Expenses (Complete Enclosed Checklist) |
| <input type="checkbox"/> Alimony Received \$ _____ | <input type="checkbox"/> Unemployment (UC-1099-G) |
| <input type="checkbox"/> Business Income & Expenses (Complete Enclosed Checklist) | <input type="checkbox"/> Social Security (Statement) |
| <input type="checkbox"/> Stocks/Mutual Funds Sales (1099-B) | <input type="checkbox"/> Commissions & Fees Received (1099-MISC) |
| <input type="checkbox"/> Sale of Property or Residence (Settlement Sheet) | <input type="checkbox"/> Prizes/Miscellaneous Income/Gambling Income (W-2G) |
| <input type="checkbox"/> IRA Distributions (1099-R) | <input type="checkbox"/> Interest in Any Foreign Financial Account |
| <input type="checkbox"/> Health Insurance Coverage (1095-A / 1095-B / 1095-C) | |

>> Did you make Estimated Tax Payments for 2018? <<

| | 04/17/2018 | 06/15/2018 | 09/17/2018 | 01/15/2019 |
|--------------------------|-------------------|-------------------|-------------------|-------------------|
| IRS (US Treasury) | \$ | \$ | \$ | \$ |
| PA Department of Revenue | \$ | \$ | \$ | \$ |
| Local Tax Collector | \$ | \$ | \$ | \$ |

| | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----|--------|----|
| <input type="checkbox"/> Regular IRA | Taxpayer | \$ | Spouse | \$ |
| <input type="checkbox"/> Roth IRA (not tax deductible) | Taxpayer | \$ | Spouse | \$ |
| <input type="checkbox"/> Non-Deductible IRA | Taxpayer | \$ | Spouse | \$ |
| <input type="checkbox"/> SEP / Simple / Qualified Plan | Taxpayer | \$ | Spouse | \$ |
| <input type="checkbox"/> Alimony Paid – Recipient’s Soc. Sec. # _____ – _____ – _____ | | | | \$ |
| <input type="checkbox"/> Medical & Dental Expenses | | | | \$ |
| <input type="checkbox"/> Health Insurance Premiums | | | | \$ |
| <input type="checkbox"/> Long-Term Care Insurance Premiums | Taxpayer | \$ | Spouse | \$ |
| <input type="checkbox"/> Medical Mileage - Miles _____ @ 18 ¢ | | | | \$ |
| <input type="checkbox"/> Real Estate Taxes | | | | \$ |
| <input type="checkbox"/> Occupational Privilege Taxes or EMST | | | | \$ |
| <input type="checkbox"/> Sales Tax Paid on Vehicle & Boat Purchases (need settlement sheet) | | | | \$ |
| <input type="checkbox"/> Home Mortgage Interest (1098) | | | | \$ |
| <input type="checkbox"/> Home Equity Interest (1098) | | | | \$ |
| <input type="checkbox"/> Home Mortgage Interest Paid to Individuals | | | | \$ |
| >Name, Address, Soc. Sec. # | | | | |
| <input type="checkbox"/> Points not reported on Form 1098 | | | | \$ |
| <input type="checkbox"/> Mortgage Insurance Premiums | | | | \$ |
| <input type="checkbox"/> Investment Interest (Broker’s Statement) | | | | \$ |
| <input type="checkbox"/> Student Loan Interest | | | | \$ |
| <input type="checkbox"/> Charitable Contributions – All must be documented | | | | \$ |
| <input type="checkbox"/> Used Clothing & Non-Cash Items to Charity (Details) | | | | \$ |
| <input type="checkbox"/> Mileage Driven for Charity _____ @ 14 ¢ per mile | | | | \$ |
| <input type="checkbox"/> Union & Professional Dues | Taxpayer | \$ | Spouse | \$ |
| <input type="checkbox"/> Business Use of Your Auto You must complete the “Vehicle Information Questionnaire” | | | | \$ |
| <input type="checkbox"/> Business Use of Your Home You must complete the “Home Office Questionnaire” | | | | \$ |
| <input type="checkbox"/> Teaching Supplies | | | | \$ |
| <input type="checkbox"/> Pennsylvania Lottery Ticket Losses (if 2018 PA Lottery ticket winnings apply) | | | | \$ |
| <input type="checkbox"/> Child Care Expenses Dependent Name: | | | | \$ |
| >Provider name, address, Soc. Sec. # or EIN # | | | | \$ |
| <input type="checkbox"/> College Tuition & Enrollment Related Expenses (Form 1098-T is required) | | | | \$ |
| >Which Dependent(s)? <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior | | | | |
| >Course Materials (See “American Opportunity Credit” at www.dstortz.com/resources for qualifications) | | | | \$ |
| <input type="checkbox"/> Contributions to 529 Plans –Limit \$15,000 per beneficiary, per taxpayer, list beneficiary name(s) and amounts | | | | \$ |
| <input type="checkbox"/> Adoption Expenses | | | | \$ |
| >Which Dependent(s)? | | | | |
| <input type="checkbox"/> Energy Tax Credits: Provide descriptions & costs for Energy-Efficient Property. Refer to “Supplemental Information for 2013 Energy Tax Credits” at www.dstortz.com/resources for qualifications and additional information. | | | | |
| <input type="checkbox"/> Have you made any gifts exceeding \$15K to any one individual during 2018? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| > Other Comments: | | | | |
| | | | | |
| Do you want your refund Direct Deposited? If Yes, please attach a voided check or deposit slip. (up to 3 accounts) | | | | |

I (we) have maintained receipts for all expenses listed on this questionnaire and any other spreadsheets, checklists, computer disks, etc. provided to you for preparation of our returns.

Sign X _____ Sign X _____ Date _____

I have engaged your firm to prepare my individual Federal (Form 1040), Pennsylvania (PA-40), and local (one per taxpayer) income tax returns as required for the year ended December 31, 2018. I understand that if additional state or local returns are required there will be an additional fee, based on the time required to prepare those returns. I also understand that it is my responsibility to provide you with all of the information required to complete my tax return. I understand that you have not been engaged to, and will not, prepare financial statements. In that regard I state that, to the best of my knowledge and belief:

1. I have provided true, correct, and complete information regarding my income as listed on the attached schedules, computer disk, tax organizers, W-2's, 1099s and/or attached written summaries. I understand that it is my responsibility to provide all the information necessary to complete the returns. I will retain for 4 years all the documents, receipts, cancelled checks and other records required to substantiate the items of income and expenses claimed on my return.
2. I have provided true, correct and complete information regarding amounts I have provided to you to claim as tax deductions, and have maintained written documentation supporting all amounts, including logbooks and receipts. I understand that if a question arises regarding the interpretation of tax law, and a conflict exists between the tax authorities' interpretation of the law, and other supportable positions, that you will use your professional judgment in resolving the issues.
3. I understand that taxing authorities may examine the returns, that documentation should be retained to support the information I provide to you, especially business travel and meal deductions, business use % of autos and other assets, and barter activities, and that penalties may be imposed on returns that are late, underpaid or incorrect. I am responsible for ensuring that personal expenses, if any, are segregated from business expenses and that expenses such as meals, travel, vehicle use, gifts, and related expenses are supported by necessary records required by the IRS and other tax authorities.
4. I understand that you will not audit or otherwise verify any information, that you may require clarification or additional information, that you are not responsible for disallowed deductions, or the inclusion of additional unreported income or any resulting taxes, penalties or interest.
5. **I understand that I will be charged an additional fee if you are asked to assist or represent me in a tax examination OR INQUIRY.** I understand that, in the event of preparer error, I am responsible for additional tax that may be due, but that the extent of your responsibility is to pay for any penalty that the IRS or the state revenue department may assess.
6. I will contact you immediately if I discover additional information that will lead to a change in my return, or if I receive any letters from the IRS or state taxing authorities.
7. I understand that your policy is to put all tax advice in writing, and that I will not rely upon any unwritten advice because it may be tentative, incomplete, or not fully reviewed.
8. I will indicate, at the bottom of this letter, any returns required in addition to income tax returns.
9. I understand that it is my responsibility to carefully examine and approve my completed tax returns before signing and submitting them to the authorities.
10. I understand that if you do not receive **all** information to complete my returns by **March 15, 2019**, you may need to file an extension, which will be invoiced separately and due prior to filing.
11. I understand that an extension is good for the late filing penalty, but late payment penalties and interest charges will be assessed if monies are owed with the tax returns.

12. I understand that your invoice will be due and payable upon completion of these returns, and that additional services; including but not limited to the electronic filing of tax returns, will not be performed until the invoice for these services is paid in full.
13. I understand that if payment is not received in 30 days, a service charge will be assessed at 1.50% per month (annual rate of 18%) on the balances past the specified due date. In the event collections are required, I agree to pay any reasonable attorney's fees which may be incurred by Stortz & Associates. I understand that you will not file any federal, state or local tax extensions without my specific request to do in writing or by phone.
14. I understand that your engagement does not include any procedures designed to detect errors, fraud, or theft. Therefore, your engagement cannot be relied upon to disclose such matters. Additionally, your engagement does not include tax planning services.
15. I understand as part of my filing obligations, I am required to report the maximum value of specified foreign financial assets, which include financial accounts with foreign institutions and certain other foreign non-account investment assets that exceed certain thresholds. I am responsible for informing you of all foreign assets, so you may properly advise me regarding my filing obligations.
16. I understand if the tax returns prepared in connection with this engagement are filed using the "married filing jointly" filing status, both spouses are deemed to be clients of the firm under the terms of this Agreement. Both individuals acknowledge that there is no expectation of privacy from the other concerning our services in connection with this Agreement. You are at liberty to share with either spouse, without prior consent of the other, documents and other information concerning the preparation of my tax returns.
17. I understand you may deem it necessary to provide me with accounting and bookkeeping assistance solely for the purpose of preparing the tax returns. You will request my approval in writing before rendering these services, and additional charges will apply for such services.
18. I may be required to make quarterly estimated tax payments. You will calculate these payments for the 2019 tax year based upon the information I provide to prepare my 2018 tax returns and have no obligation to update recommended payments after the engagement is completed.
19. I understand I am responsible for informing you if gift tax returns are required to be filed. The 2018 annual gift tax exclusion amount is \$15,000 per taxpayer. If such a gift tax return is required to be prepared, I understand that a separate engagement letter will be presented for this service.

RECORD RETENTION

In accordance with our firm's current document retention policy we will retain your tax returns for your engagement for four years. We will provide you a copy of the depreciation schedules and tax returns that should be a part of your books and records. If you should need replacements, we will provide additional copies at our standard copying fees. All of your original records will be returned to you. After four years, our files will no longer be available. Physical deterioration or catastrophic events may shorten the term during which our records will be available. The working papers and files of our firm are not a substitute for the original records.

I have read, understand, and accept the conditions of the engagement letter and the record retention policy discussed above.

Accepted by Taxpayer: _____ Date: _____

Accepted by Taxpayer's Spouse: _____ Date: _____

Please check off any additional state tax forms which you engage our firm to prepare:

- | | | | | | | | | | |
|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> AL | <input type="checkbox"/> CO | <input type="checkbox"/> HI | <input type="checkbox"/> KS | <input type="checkbox"/> MA | <input type="checkbox"/> MT | <input type="checkbox"/> NM | <input type="checkbox"/> OK | <input type="checkbox"/> TN | <input type="checkbox"/> WA |
| <input type="checkbox"/> AK | <input type="checkbox"/> CT | <input type="checkbox"/> ID | <input type="checkbox"/> KY | <input type="checkbox"/> MI | <input type="checkbox"/> NE | <input type="checkbox"/> NY | <input type="checkbox"/> OR | <input type="checkbox"/> TX | <input type="checkbox"/> WV |
| <input type="checkbox"/> AZ | <input type="checkbox"/> DE | <input type="checkbox"/> IL | <input type="checkbox"/> LA | <input type="checkbox"/> MN | <input type="checkbox"/> NV | <input type="checkbox"/> NC | <input type="checkbox"/> RI | <input type="checkbox"/> UT | <input type="checkbox"/> WI |
| <input type="checkbox"/> AR | <input type="checkbox"/> FL | <input type="checkbox"/> IN | <input type="checkbox"/> ME | <input type="checkbox"/> MS | <input type="checkbox"/> NH | <input type="checkbox"/> ND | <input type="checkbox"/> SC | <input type="checkbox"/> VT | <input type="checkbox"/> WY |
| <input type="checkbox"/> CA | <input type="checkbox"/> GA | <input type="checkbox"/> IA | <input type="checkbox"/> MD | <input type="checkbox"/> MO | <input type="checkbox"/> NJ | <input type="checkbox"/> OH | <input type="checkbox"/> SD | <input type="checkbox"/> VA | |

For Office Use Only: Client Code: _____