NC Financial Group - 2018 Tax Organizer

NOW, you can fill ill this in online, SAVE it by renaming the file *Your Name -Tax Organizer*. You can work on it over time. When finished send back to us with your supporting attachments via secure SEND THIS FILE on our homepage @ www.NCFinancialGroup.com Go!

TAXPAYER INFORMATION

Name (First, Middle, Last) ____

EMAIL: ____________________________________ **Best phone #**: __________________

Mailing Address to be used on your return:

____

Permanent home mailing address if different from on your return:

____

Birthdate (mm/dd/yy): ________________ **Social Security #**: _________________________

Occupation: ____

Partner/Spouse Information

Name (First, Middle, Last) ____

Email: ____________________________________ **Best phone #** ____________________

Address: ____

Birthdate (mm/dd/yy): __________________ **Social Security #:** __________________

Occupation: ____

Filing status - please check one

Single: _____ **Head of Household (HoH):** _____ **Married Filing Jointly (MFJ):** _____

Married Filing Separately (MFS): ____

- Did you live separately from your spouse at any time during 2018? Yes ___ No ___
- Are you eligible to claim your spouse's exemption? Yes ___ No ___
- Does your spouse itemize deductions? Yes ___ No ___

If HoH and the qualifying person is a child but not your dependent, enter the child's name and SS#: ____

Are you a qualifying widow(er)? (a taxpayer whose spouse has passed during the last two years and also has a qualifying dependent on their tax return) Yes ___ No ___

Personal Information

Did your Marital status change in 2018? Yes ___ No ___ If yes, please provide reason:

____

In 2018, were you or your spouse------

- Permanently or totally disabled: Yes ___ No ___
- A member of the U.S. Armed Forces: Yes ___ No ___
- Work for the U.S. Government: Yes ___ No ___
- Receive alimony? Yes ___ No ___

-- **If YES**, Amount paid or received & full name of payer or recipient, and SS#:

____

____

DEPENDENT INFORMATION

Full Name: ____

Social Security #: _______________________ **U.S. Citizen or Resident:** Yes ___ No ___

Relationship: __________________________ **Date of Birth:** ________________________

Lives with You: Yes ___ No ___ **Months lived w taxpayer in U.S.**___________________

Does not live with you due to divorce but is a person who qualifies you for the earned income credit and/or credit for child and dependent care expenses: Yes ___ No ____

____

Dependent #2 - Full Name: ____

Social Security #: _______________________ **U.S. Citizen or Resident:** Yes ___ No ___

Relationship: ___________________________ **Date of Birth:** _______________________

Lives with You: Yes ___ No ___ **Months lived w taxpayer in U.S.**___________________

Does not live with you due to divorce but is a person who qualifies you for the earned income credit and/or credit for child and dependent care expenses: Yes ___ No ___

____

Dependent #3 - Full Name: ____

Social Security #_______________________ **U.S. Citizen or Resident:** Yes ___ No ___

Relationship: ___________________________ **Date of Birth:** ________________________

Lives with You: Yes ___ No ___ **Months lived w taxpayer in U.S.**___________________

Does not live with you due to divorce but is a person who qualifies you for the earned income credit and/or credit for child and dependent care expenses: Yes ___ No ___

DEPENDENT INFORMATION - continued

Did you or your spouse ----

a) Provide over half of the support for any other person? Yes ___ No ___

b) Have dependents that must file a U.S. tax return? Yes ___ No ___

__If yes__, do you need us to prepare? Yes ___ No ___

c) Have children who are under age 19 or are full time student(s) under age 24 WITH investment income greater than $1,900? Yes ___ No ___

__If yes__, include your child's income on your tax return? Yes ___ No ___

d) Incur adoption expenses during 2018? Yes ___ No ___

e) Pay for any child care or dependent care services or participate in the FSAFEDS or other flexible spending account for dependent care in 2018? Yes___ No ____

__If yes__, please complete the Child & Dependent Care Expenses Organizer.

Household Employee

f) Did you hire a Household Employee? Yes ___ No ___

g) Was this employee a personal assistant? Yes ___ No ___

h) Was this employee a nanny? Yes ___ No ___

- i) Did you have the person complete a W-9? Yes ___ No ___
- ii) Was a 1099 issued? Yes ___ No ___
- iii) Does a 1099 need to be issued? Yes ___ No ___
- iv) Was the household employee put onto payroll? Yes ___ No ___

TAXPAYER - State & Travel Information

State	Date arrival	Date departed	Employment related
			Yes ___ No___
			Yes ___ No___
			Yes ___ No___

i) Did you have any investment, business or other income sourced from a state other than your state of domicile? Yes ___ No ___

Additional state or municipality tax information: ___________________________________

SPOUSE - State & Travel Information

State	Date arrival	Date departed	Employment related
			Yes ___ No___
			Yes ___ No___
			Yes ___ No___

IRA, Pension & Education Savings Plan - Student Information

In 2018, did you or your spouse --

- Contribute to a Roth IRA in 2018?
  - You ____ Spouse ____ Amount $____
- Contribute New money (not rollover money) to a Traditional or Rollover IRA
  - You ____ Spouse ____ Amount $____
- Own an inherited IRA?
  - You ____ Spouse ____ Amount $____
- Receive funds from a pension, retirement or profit-sharing plan or any social security or disability payments?
  - You ____ Spouse ____ Amount $____
- Convert all or part of a regular IRA to a Roth IRA?
  - You ____ Spouse ____ Amount $____
- Rollover all or part of a qualified plan into a Roth IRA?
  - You ____ Spouse ____ Amount $____
- Contribute to a Coverdell Education Savings Account
  - You ____ Spouse ____ Amount $____
- Pay interest on a student loan for you?
  - For you ____ For your spouse _____ For your dependents _____
  - **If yes**, send any Form 1098-Es you have received.
- Contribute to a Section 529 college savings plan? You ____ Spouse ____

Plan	State	Beneficiary	Amount
			$
			$
			$

Did you, your spouse or dependent --

- Pay for tuition or incur any educational expenses? You ____ Spouse ____ Dep ____
  - If yes, provide FORM 1098-T
- Receive any grant or scholarship monies? You ____ Spouse ____ Dep ____
- Receive payments from an educational savings account? You ____ Spouse ____ Dep ___

Items Related to Income & Expenses

In 2018, did you or your spouse --

- Receive any interest, dividend, royalty or other investment income?
  - You ____ Spouse ____ Amount $____
- Receive any unemployment compensation? You____ Spouse ____ Amount $______
- Receive tip or other income not reported to you by your employer?
  - You ____ Spouse ____ Amount $__________________________________
- Have any gambling winnings or losses? You ____ Spouse ____ Amount $_______
- Receive any insurance or legal settlement proceeds?
  - You ____ Spouse ____ Amount $___________________________________
- Incur any casualty or theft losses?
  - You ____ Spouse ____ Amount $___________________________________
- Incur any significant medical dental or other healthcare expenses?
  - You ____ Spouse ____ Amount $___________________________________
- Did you Move? You____ Spouse ____ Was move work related? Yes ___ No ___
  - List unreimbursed moving expenses for work related move
    - Date, Description, Amount ____
- Make any contributions to U.S. tax exempt charities? Yes ___ No ___
  - **If yes**, include receipt for all donations, cash and non-cash.
- Pay an individual for any non-child care household employment services (e.g. maid, gardener, etc). Yes ___ No ___
  - **If yes**, were the services provided as part of your spouse's official work duties? Yes ___ No ___
  - **If yes**, provide Date, Description & Amount of expense.

  ____

If you or your spouse are -

- Educators - did you pay for books, supplies, equipment or other classroom materials? (Home schooling and physical education expenses do not apply)
  - You ____ Spouse ____ Amount $_______________________________________

- U.S. Foreign Service Officers - did you have official home leave in 2018?
  - You ____ Spouse ____ Amount $_______________________________________

  If yes - list travel dates, states, cities and expenses paid personally for transport, lodging and food (either per diem rates or actual receipts) for U.S. government home leave for the employee only –

  ____

  ____

  ____

  ____

Buys and Sells

In 2018, did you or your spouse --

- Buy real estate? You ____ Spouse ____ Amount$ ____________________________
- Sell real estate? You ____ Spouse ____ Amount $____________________________
- Was this real estate? You ____ Spouse ____ Amount $____________________________
- Primary Home? You ____ Spouse ____ Amount $____________________________
- Second Home/Time-Share? You ____ Spouse ____ Amount $_____________________
- Vacant Land? You ____ Spouse ____ Amount $___________________
- Manufactured Home? You ____ Spouse ____ Amount $________________
- Real estate
  - Property Taxes____
    - Lot #____________________ Block #___________________
  - Investment Property(ies) Property Taxes____________________
    - Lot #____________________ Block #___________________
  - Second Home Property Taxes______________________________
    - Lot #____________________ Block #____________________

- Did you or your spouse, have records as described below to support travel and entertainment expenses?
  (*Tax law & IRS regulations allow deductions for travel and entertainment if adequate records can be presented. 1. Amount, 2. Time & Place, 3. Attendee(s), 4. Date, 5. Business purpose, 6. Description of Expense(s), gift(s), and 7. Business relationships of recipient.)*
  ____
  ____
  ____
  ____
  ____

In 2018, did you or your spouse --

- Mine Cryptocurrency?
  - You ____ Spouse ____ Amount $_________________________________
  - Purchase Cryptocurrency
    - You ____ Spouse ____ Amount $_________________________________
  - Sell Cryptocurrency?
  - You ____ Spouse ____ Amount $_________________________________
  - What currency was the purchase? ___________________ Date ___________
  - What currency was the redemption? __________________ Date ___________

In 2018, did you or your spouse --

- Invest in any Partnerships: You____ Spouse ____ Amount $__________________
- Divest in any Partnerships: You____ Spouse ____ Amount $__________________
- Receive any insurance or legal settlement proceeds? You____ Spouse ____

Buys and Sells - continued

- Was your home or business located in a Federally Declared Disaster Zone in 2018?
- Did you lose any property in a Federally listed Disaster Area?
- Did you lose any property in a disaster area that was listed in a 1031 exchange?
- Any Hospital costs in a disaster area?
- Did you make or receive an insurance claim?

Please describe

____
____
____
____
____
____
____

Gig Income

- Did you or your spouse earn income from any of the Gig Contracts?
- Examples:
  - Task Rabbit? You ____ Spouse ____ Amount $______________________
  - Uber? You ____ Spouse ____ Amount $______________________
  - AirBnB? You ____ Spouse ____ Amount $______________________

Foreign Earned Income and Foreign Taxes

In 2018, did you or your Spouse --

- Earn any wage income while outside the U.S. or foreign business income?
  - You ____ Spouse ____ Amount $____

  If yes, complete the appropriate Foreign Earned Income Organizer.
- Earn any foreign investment income? You ____ Spouse ____ Amount $___________
  - If yes, fill out the below

Investment Name	Amount Earned	Type of Earnings	Date paid

Foreign Earned Income and Foreign Taxes - continued

- Pay any foreign income taxes? You ____ Spouse ____ Amount $_________
  - If yes, fill out the below

Amount Paid	Date Paid	Description

- Pay any foreign gross receipts, property, VAT or other taxes?
  - You ____ Spouse ____ Amount $ ____________________________
- Have any foreign tax credit carryovers into 2018?
  - You ____ Spouse ____ Amount $____________________________
- Party to a Foreign Corporation of which you have no control?
  - You ____ Spouse ____ Amount $_____________________________

Foreign Financial Accounts and Foreign Assets

Please provide a list of ALL foreign Financial assets or accounts that *you or your spouse* had at any time w any balances including *bank or brokerage accounts, mutual fund, pension funds, other retirement accounts, etc.* Include non-U.S. accounts for which you held a beneficial interest or ad signature authority at any time.

Asset Type	Financial Institution	Country	Account #	Ownership Join, Beneficiary, Signatory	Max value during year	Balance on 12/31/17	Source currency

- Were you the grantor of, or transferor to, a foreign trust which existed during the tax year, whether or not, you have any beneficial interest in the trust? Yes ___ No ___

- IF a FinCen 114 (FBAR) is required for 2018, would you like us to file? Yes ___ No ___
  - If you plan to prepare and file, please provide us with a complete copy.
  - FBAR Filing is due April 15th, 2019

Health Plans

Did you or your spouse participate in a health insurance plan that meets the Affordable Care Act (ACA) insurance guidelines for the entire calendar year? You ____ Spouse ____

- **If YES**, how did you obtain health insurance? (Employer, Open Exchange, Medicare, etc) ____
- If NOT for the entire year, provide the dates for which you had insurance ____

If you did not have minimum health insurance coverage at any time or only during part of the year, detail why you did not have coverage that met the ACA guidelines so that we may determine if you qualify for an ACA exception: ____
____

Are you or your spouse --

- Self-employed? You ____ Spouse _____
- Pay for self-employed health insurance? You _____ Spouse _____
- Eligible to participate in a health plan at another job? You _____ Spouse _____
- Participate in a FSAFEDS health care account? You _____ Spouse _____
- Participate in any other medical savings account (e.g. HSA with a high deductible insurance plan, etc) You_____ Spouse _____ **If YES, provide Form 1099**
- Contribute any amount to any part of a Medicare plan or pay Medicare premiums
  - You_____ Spouse ______
- Receive a 1095-(A/B/C) from your employer for health coverage? You ___ Spouse ___

Taxes, Credits and Other

Did you or your spouse --

- Make solar energy-saving improvements to your home? Yes _____ No _____
  - Solar energy-saving improvements to your business? Yes _____ No _____
  - Make wind-energy-saving improvements to your home? Yes _____ No _____
  - Wind energy-savings improvements to your business? Yes _____ No _____
- Purchase a qualified cell motor vehicle? You _____ Spouse _____
  - **If YES**, list year, make, model and date purchased, VIN # ______________________
    ____
- Purchase a motor vehicle or boat and pay any U.S. state sales tax? Yes ___ No ___
- Pay any other significant sales tax? You _____ Spouse _____
  - **If YES**, enter the sales tax rate in your city and the state. ___________________
  - Was the purchase made in the U.S.?
    - **If YES**, provide documentation showing sales tax paid.
- Donate a vehicle? Yes ___ No ___ If YES, provide Form 1098-C

Taxes, Credits and Other

- Pay any real estate, personal property or other taxes? Yes___ No ___
  - **If YES**, provide amounts paid to each ____
    ____
- Make gifts of over $15,000 to an individual, institution or charity, including 529 plan account? Yes ___ No ___
- Make a gift to a trust? Yes ___ No ___
- Make a loan at an interest rate below market rate? Yes ___ No ___
- Receive any income not included elsewhere on this Tax Organizer or through supporting documents you have sent us? Yes ___ No ___
  - ____
  - ____
- Pay any dues to an organization where a portion was required to be non-deductible due to political lobbying by the association? Yes ___ No ___
  - **If YES**, provide details ____
- Did you borrow from invested assets? Yes___ No ___
- Did you incur any interest charges? Yes___ No ___
- Did a lender cancel any debt? Yes___ No ___
  - If YES, provide Form 1099-As or 1099-Cs

Electronic Filing & Bank Information

- Would you like to file your tax return electronically? Yes ____ No _____
- If you receive a refund, would you like it deposited directly into your account?
  - Do we have this account on record from last year? Yes ____ No _____
    - If NOT - please attach a voided check.
    - What is account routing and account #? ______________________________
  - If you owe income tax, would you like us to draw from your account to pay for such taxes? Yes ____ No _____
    - **If yes**, same as above? Yes ____ No ____
    - ***If NOT*** *- please attach a voided check.*

Business and Investment Questions

Please provide a summary of all income and expenses related to any business activity (profit, loss statements and balance sheets if available) and all Forms-1099, K-1s.

Did you or your spouse -

- Receive any stock, restricted stock options or payment from a stock bonus plan with your employer? (Do not include stock sales included on your W-2) Yes ____ No ____
- Buy, sell any stocks, mutual funds or other securities? Yes ____ No ____
- Buy, sell any RSU's from an Employer? Yes ____ No ____

Business and Investment Questions

- Pay or incur any investment related expenses? Yes ____ No ____
- Surrender any U.S. savings bonds? Yes ____ No ____
- Use the proceeds from Series EE or 1 U.S. savings bonds purchased after 1989 to pay for higher education expenses? Yes ____ No ____
- Realize a gain or loss on property which was taken from you by destruction, theft, seizure or condemnation? Yes ____ No ____
- Start a business, purchase a farm, or acquire interests in partnerships, C corporations, LLCs or S corporations in the last three years? Yes ____ No ____
- Own any real estate? Yes ____ No ____
    - ***If yes**, provide Form 1098, mortgage and real estate taxes paid.*
- Buy, sell, refinance or abandon a principal residence or other real property?
    - Yes ____ No ____ **If YES** provide HUD-1/Closing statement(s) and Form 1099s.
    - If you sold or abandoned a home - did you claim the First-time Homebuyer Credit?
- Incur any losses on the sale of a business or rental property since January 1, 2009?
    - Yes ____ No ____
- Start paying mortgage insurance premiums? Yes ____ No ____
- Have any investments for which you were not personally ‘at risk’ (other than sole proprietorship or farm?) Yes ____ No ____
- Own an interest in a Real Estate Mortgage Investment Conduit (REMIC)?
    - Yes ____ No ____
- Sell, dispose or abandon any business interest, property or equipment?
    - Yes ____ No ____
- Sell property or equipment on an installment basis? Yes ____ No ____
- Have any business-related educational expenses? Yes ____ No ____
- Do a ‘like-kind’ exchange of property? Yes ____ No ____
- Purchase special fuel for non-highway use? Yes ____ No ____
- Participate in any Domestic Production Activities during last two years?
    - Yes ____ No ____
- Did your business pay an individual $600 or more? Yes ____ No ____
- If so, then a 1099 needs to be generated, and please inform if you need help issuing a 1099
- Did you or your spouse, incur any business-related expenses related to travel, lodging, meals or entertainment expenses or incur any unreimbursed expenses from your employer? Yes ____ No ____
    - **If YES,** provide details - type of expense, date incurred and amount paid
    - ____

Estimated Tax Payments

Date	Federal	State

Business Expenses - Qualified Business Income Deductions

2018 Notes

Save this, Rename this *Your Name – Tax Organizer*
Go to www.NCFinancialGroup.com home page and use SEND THIS FILE to send us Your Organizer and supporting attachments.

Thank you!

Deductions - fill in the fields using US$ amounts

ACCOUNTING	AMORTIZATION	AUTO
BANK CHARGES	CLEANING	COMMISSIONS
COMPUTER	CREDIT/COLL	DEL/FREIGHT
DISCOUNTS	DUES	EQUIP. RENT
GIFTS	INSURANCE	JANITORIAL
LAUNDRY	LEGAL /PROF	MEALS & ENT
OFFICE	SERVICES	PARKING/TOLLS
PERMITS/FEES	POSTAGE	PRINTING
SECURITY	SUPPLIES	TELEPHONE
TOOLS	TRAINING	CONT.ED
TRAVEL	UNIFORMS	UTILITIES
PAYROLL	TAXES	ADVERTISING
ART SUPPLIES	BOOKS & MAGS	BUSINESS LIC
CAMERA EQUIP	IPAD/IPOD...	COMP. HARDWARE
COMP. SOFTWARE	EQUIP. REPAIR	INTERNET
WEB-PAGE	MOVIES	MUSEUM
ART SHOWS	RESEARCH	PHOTOGRAPHY
PHOT. PORTFOLIO	STORAGE	STUDIO RENTAL
TRADE SHOWS	TICKETS	LODGING
RESUME	JOB SEARCH	TUITION
BOOKS	OUTSIDE CONSULT	BOOKKEEPER
VENDORS	COUNTY TAXES	1099’S
CHARITY	SERVICE DOG	BUS. DEVELOP
SUBSCRIPTIONS	CLEANING	RENT
RETIREMENT PLANS		