



Culpepper CPA

2018 TAX ORGANIZER

**Thanks for downloading Culpepper CPA's
tax organizer.**

**Gathering this information will help us get to
know more about you, alert us to any changes to
your tax situation in the last year, and enable us
to prepare an accurate tax return for you.**

**The more we know about your situation, the
more opportunities we'll have to help you
be truly strategic with your taxes.**

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Questions

Please check the appropriate box and include all necessary details and documentation.

Personal Information

- | | Yes | No |
|--|--------------------------|--------------------------|
| • Did your marital status change during the year? If yes, explain:
_____ | <input type="checkbox"/> | <input type="checkbox"/> |
| • Did your address change from last year? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Can you be claimed as a dependent by another taxpayer? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Did you change any bank accounts, or did routing transit numbers (RTN) and/or bank account numbers change for existing bank accounts that have previously been used to direct deposit (or direct debit) funds from (or to) the IRS or other taxing authority during the tax year? If yes, update the Direct Deposit/Electronic Funds Withdrawal Information section. | <input type="checkbox"/> | <input type="checkbox"/> |
| • Did you receive an Identity Protection PIN (IP PIN) from the IRS or have you been a victim of identity theft? If yes, attach the IRS letter. | <input type="checkbox"/> | <input type="checkbox"/> |
| • Did you reside in or operate a business in a Federally declared disaster area? The Federally declared disaster areas include victims of hurricanes, tropical storms, floods, as well as wildfires. | <input type="checkbox"/> | <input type="checkbox"/> |

Dependent Information

- | | | |
|---|--------------------------|--------------------------|
| • Were there any changes in dependents from the prior year? If yes, explain:
_____ | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you have any children under age 19 or a full-time student under age 24 with <u>unearned</u> (investment) income in excess of \$2,100? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you have dependents who must file a tax return? If yes, please list those you want this office to prepare: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| • Did you provide over half the support for any other person(s) other than your dependent children during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Did you pay for child care while you worked, looked for work, or while a full-time student? If yes, please complete the subsequent Child and Dependent Care Expenses section. | <input type="checkbox"/> | <input type="checkbox"/> |
| • Did you pay any expenses related to the adoption of a child during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| • If you are divorced or separated with child(ren), do you have a divorce decree or other form of separation agreement which establishes custodial responsibilities? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Did any dependents receive an Identity Protection PIN (IP PIN) from the IRS or have they been a victim of identity theft? If yes, attach the IRS letter. | <input type="checkbox"/> | <input type="checkbox"/> |

Purchases, Sales and Debt Information

- | | | |
|---|--------------------------|--------------------------|
| • Did you start a new business or purchase rental property during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Did you sell, exchange, or purchase any assets used in your trade or business? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Did you acquire a new or additional interest in a partnership or S corporation? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Did you sell, exchange, or purchase any real estate during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Did you purchase or sell a principal residence during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Did you foreclose or abandon a principal residence or real property during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Did you acquire or dispose of any stock during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Did you take out a home equity loan this year? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Did you refinance a principal residence or second home this year? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Did you sell an existing business, rental, or other property this year? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Did you lend money with the understanding of repayment and this year it became totally uncollectable? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Did you have any debts canceled or forgiven this year, such as a home mortgage or student loan(s)? | <input type="checkbox"/> | <input type="checkbox"/> |

Income Information

- | | Yes | No |
|---|--------------------------|--------------------------|
| • Did you have any foreign income or pay any foreign taxes during the year, directly or indirectly, such as from investment accounts, partnerships or a foreign employer? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Did you receive any income from property sold prior to this year? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Did you receive any unemployment benefits during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Did you receive any disability income during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Did you receive tip income not reported to your employer this year? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Did any of your life insurance policies mature, or did you surrender any policies? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Did you receive any awards, prizes, hobby income, gambling or lottery winnings? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you expect a large fluctuation in income, deductions, or withholding next year? If yes, please explain: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| • Did you have any sales or other exchanges of virtual currencies, or used virtual currencies to pay for goods or services, or you are holding virtual currencies as an investment? | <input type="checkbox"/> | <input type="checkbox"/> |

Retirement Information

- | | | |
|---|--------------------------|--------------------------|
| • Are you an active participant in a pension or retirement plan? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Did you receive any Social Security benefits during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Did you make any withdrawals from an IRA, Roth, myRA, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan? | <input type="checkbox"/> | <input type="checkbox"/> |
| • If yes, were any withdrawals due to a Federally declared disaster? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Did you receive any lump-sum payments from a pension, profit sharing or 401(k) plan? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Did you make any contributions to an IRA, Roth, myRA, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan? | <input type="checkbox"/> | <input type="checkbox"/> |

Education Information

- | | | |
|--|--------------------------|--------------------------|
| • Did you, your spouse, or your dependents attend a post-secondary school during the year, or plan to attend one in the coming year? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Did you have any educational expenses during the year on behalf of yourself, your spouse, or a dependent? If yes, attach any Form(s) 1098-T and receipts for qualified tuition and related expenses. | <input type="checkbox"/> | <input type="checkbox"/> |
| • Did anyone in your family receive a scholarship of any kind during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| • If yes, were any of the scholarship funds used for expenses other than tuition, such as room and board? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Did you make any withdrawals from an education savings or 529 Plan account? | <input type="checkbox"/> | <input type="checkbox"/> |
| • If yes, were any of these withdrawals rolled over into a ABLE (Achieving a Better Life Experience) account? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Did you make any contributions to an education savings or 529 Plan account? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Did you pay any student loan interest this year? If yes, please provide Form 1098-T. | <input type="checkbox"/> | <input type="checkbox"/> |
| • Did you cash any Series EE or I U.S. Savings bonds issued after 1989? | <input type="checkbox"/> | <input type="checkbox"/> |

Health Care Information

- | | | |
|--|--------------------------|--------------------------|
| • Did you have qualifying health care coverage, such as employer-sponsored coverage or government-sponsored coverage (i.e. Medicare/Medicaid) for your family? If yes, attach any Form(s) 1095-B and/or 1095-C you received. | <input type="checkbox"/> | <input type="checkbox"/> |
| • Did anyone in your family qualify for an exemption from the health care coverage mandate? Examples of exemptions include (but are not limited to) certain non-citizens, members of a health care sharing ministry, members of Federally-recognized Indian tribes, and exemptions requested from the Marketplace. If yes, attach the Exemption Certificate Number (ECN) or type of exemption. | <input type="checkbox"/> | <input type="checkbox"/> |
| • Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act? If yes, attach any Form(s) 1095-A you received. | <input type="checkbox"/> | <input type="checkbox"/> |
| • Did you make any contributions to a Health savings account (HSA) or Archer MSA? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Did you receive any distributions from a Health savings account (HSA), Archer MSA, or Medicare Advantage MSA this year? | <input type="checkbox"/> | <input type="checkbox"/> |
| • If yes, were they used exclusively for qualified medical expenses? | <input type="checkbox"/> | <input type="checkbox"/> |

Health Care Information Continued

- | | Yes | No |
|--|--------------------------|--------------------------|
| • Did you pay long-term care premiums for yourself or your family? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Did you make any contributions to an ABLE (Achieving a Better Life Experience) account?
If yes, attach any Form(s) 5498-QA you received. | <input type="checkbox"/> | <input type="checkbox"/> |
| • Did you receive any withdrawals from an ABLE (Achieving a Better Life Experience) account?
If yes, attach any Form(s) 1099-QA you received. | <input type="checkbox"/> | <input type="checkbox"/> |
| • If you are a business owner, did you pay health insurance premiums for your employees this year? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Did you receive any Health Coverage Tax Credit (HCTC) advance payments? If yes, attach any Form(s) 1099-H you received. | <input type="checkbox"/> | <input type="checkbox"/> |

Itemized Deduction Information

- | | | |
|--|--------------------------|--------------------------|
| • Did you incur a casualty or theft loss or any condemnation awards during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| • If yes, did the loss occur in a Federally declared disaster area? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Did you pay out-of-pocket medical expenses (Co-pays, prescription drugs, etc.)? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Did you make any cash or noncash charitable contributions (clothes, furniture, etc.)? If yes, please provide evidence such as a receipt from the donee organization, a canceled check, or record of payment, to substantiate all contributions made. | <input type="checkbox"/> | <input type="checkbox"/> |
| • Did you donate a vehicle or boat during the year? If yes, attach Form 1098-C or other written acknowledgment from the donee organization. | <input type="checkbox"/> | <input type="checkbox"/> |
| • Did you pay real estate taxes for your primary home and/or second home? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Did you pay any mortgage interest on an existing home loan? If yes, attach any Form(s) 1098 you received. | <input type="checkbox"/> | <input type="checkbox"/> |
| • Did you incur interest expenses associated with any investments you held? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Did you make any major purchases during the year (cars, boats, etc.)? If yes, please provide copy of the invoice or sales contract detailing the sales tax paid. | <input type="checkbox"/> | <input type="checkbox"/> |
| • Did you make any out-of-state purchases (by telephone, internet, mail, or in person) for which the seller did not collect state sales or use tax? | <input type="checkbox"/> | <input type="checkbox"/> |

Miscellaneous Information

- | | | |
|--|--------------------------|--------------------------|
| • Did you make gifts of more than \$15,000 to any individual? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Did you utilize an area of your home for business purposes? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Did you retire or change jobs this year? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Did you incur moving costs because of a permanent change of station as a member of the Armed Forces on active duty? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Did you pay any individual as a household employee during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Did you make energy efficient improvements to your main home this year? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Did you have ownership of, or a financial interest in or signature authority over, a financial account such as a bank account, securities account, or brokerage account, located in a foreign country? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Did you receive correspondence from the State or IRS? If yes, please attach a copy. | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you have previous years of tax returns that are either unfiled or filed with unpaid balances due? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you want to designate \$3 to the Presidential Election Campaign Fund? If you check yes, it will not change your tax or reduce your refund. | <input type="checkbox"/> | <input type="checkbox"/> |

General: 1040 **Personal Information**

Filing (Marital) status code (1 = Single, 2 = Married filing joint, 3 = Married filing separate, 4 = Head of household, 5 = Qualifying widow(er)) _____

Mark if you were married but living apart all year _____ Mark if your nonresident alien spouse does not have an ITIN _____

TAXPAYER **SPOUSE**

Social security number _____

First name _____

Last name _____

Occupation _____

Designate \$3.00 to the presidential election campaign fund? (1 = Yes, 2 = No, 3 = Blank) _____

Mark if legally blind _____

Mark if dependent of another taxpayer _____

Taxpayer between 19 & 23, full-time student, with income less than 1/2 support? (Y,N) _____

Date of birth _____

Date of death _____

Work/daytime telephone number/ext number _____

Do you authorize us to discuss your return with the IRS (Y,N) _____

General: 1040, Contact **Present Mailing Address**

Address _____

Apartment number _____

City, State, and Postal code/Zip code _____

Foreign country name _____

Foreign phone number _____

Home/evening telephone number _____

Taxpayer email address _____

Spouse email address _____

General: 1040 **Dependent Information**

First Name	Last Name	Date of Birth	Social Security No.	Relationship	Months in home	Care expenses paid for dependent
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Credits: 2441 **Child and Dependent Care Expenses**

Provider information:

Business name _____

First and Last name _____

Street address _____

City, State, and Zip code _____

Social security number OR Employer Identification Number _____

Tax Exempt or Living Abroad Foreign Care Provider (1 = TE, 2 = LAFCP) _____

Amount paid to care provider in 2018 _____

Taxpayer **Spouse**

Employer-provided dependent care benefits that were forfeited _____

Health Care: Coverage **Health Care Coverage**

Your family for health care coverage refers to you, your spouse if filing jointly, and anyone you can claim as a dependent.

Was your entire family covered for the full year with minimum essential health coverage? (Y, N)

2018 Information _____ Prior Year Information _____

General: Bank

Direct Deposit/Electronic Funds Withdraw Information

Per IRS Security Summit requirements, verify the name of financial institution, routing transit number, account number, and type of account below. If you would like to have a refund direct deposited into or a balance due debited from your bank account(s), please enter information in the fields below. Note that electronic funds will be withdrawn only from the primary account listed below.

Mark to verify all accounts listed below have been reviewed, updated as needed, and are correct. _____

Primary account:

Financial institution routing transit number _____
 Name of financial institution _____
 Your account number _____
 Type of account (1 = Savings, 2 = Checking, 3 = IRA*) _____
 Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) _____
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) _____
 Enter the maximum dollar amount, or percentage of total refund Dollar _____ or Percent (xxx.xx) _____

Secondary account #1:

Financial institution routing transit number _____
 Name of financial institution _____
 Your account number _____
 Type of account (1 = Savings, 2 = Checking, 3 = IRA*) _____
 Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) _____
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) _____
 Enter the maximum dollar amount, or percentage of total refund Dollar _____ or Percent (xxx.xx) _____

Secondary account #2:

Financial institution routing transit number _____
 Name of financial institution _____
 Your account number _____
 Type of account (1 = Savings, 2 = Checking, 3 = IRA*) _____
 Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) _____
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) _____
 Enter the maximum dollar amount, or percentage of total refund Dollar _____ or Percent (xxx.xx) _____

*Refunds may only be direct deposited to established traditional, Roth or SEP-IRA accounts. Make sure direct deposits will be accepted by the bank or financial institution.

Electronic Filing: ID Auth

Identity Authentication

Taxpayer -

Form of identification (1 = Driver's license, 2 = State issued identification card, 3 = No applicable identification, 4 = Identification not provided) _____
 Identification number _____
 Issue date _____
 Expiration date _____
 Location of issuance _____
 Document number (New York only) _____

Spouse -

Form of identification (1 = Driver's license, 2 = State issued identification card, 3 = No applicable identification, 4 = Identification not provided) _____
 Identification number _____
 Issue date _____
 Expiration date _____
 Location of issuance _____
 Document number (New York only) _____

Notes/Questions

Notes to Preparer

Submit questions and provide additional information to your tax preparer here.

Taxpayer name(s)

Social security number
