STILES, CARTER & ASSOCIATES, CPA'S PSC
CERTIFIED PUBLIC ACCOUNTANTS

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Please answer the following questions to assist with your return preparation for tax year 2018: (*If you received a tax organizer packet in the mail from us and have already answered the questions in that packet, this form does not need to be completed.).* Please note – if you are claiming head of household or credits such as child, dependent, education or EIC, additional questions will be asked.

1. Did your marital status change during the year? .... ☐ YES ☐ NO
2. Are you legally married? .... ☐ YES ☐ NO
3. Did your address change during the year? (list new address below and date of move if different states) .... ☐ YES ☐ NO
4. Were there any changes in dependents from the prior year? .... ☐ YES ☐ NO
   a. If yes, please describe change on the reverse side. If new dependent, provide birthdate and social security number.
5. Owned foreign financial assets .... ☐ YES ☐ NO
6. Did you have an interest in or signature authority over a bank/investment acct in a foreign country? .... ☐ YES ☐ NO
7. Sold stocks, securities, capital assets or real estate. (If so, please provide documentation) .... ☐ YES ☐ NO
8. Retired or changed jobs in 2018 or expect to in 2019? .... ☐ YES ☐ NO
9. Received distributions from pensions, annuities & IRAs and/or Social Security benefits? (Include 1099s) .... ☐ YES ☐ NO
10. If you or spouse is over 70 ½ and have money in an IRA or other retirement account, did you take out the required minimum distribution for 2018? (If distribution was made to a charity, please provide details) .... ☐ YES ☐ NO
11. Made an IRA contribution? If so, when, type (ROTH or Traditional), and how much? .... ☐ YES ☐ NO
12. Pay mortgage interest on your primary and/or secondary residence? (Include Forms 1098-INT) .... ☐ YES ☐ NO
    a. If yes , did you use all of your home mortgage loan(s) proceeds to buy, build, or improve your homes .... ☐ YES ☐ NO
13. Paid college/post-secondary tuition expenses? (include Form 1098-T) .... ☐ YES ☐ NO
14. Paid childcare expenses? (include amount paid per child, name and FEIN or S.S. # of provider) .... ☐ YES ☐ NO
15. Paid federal or state estimates for tax year 2018? (if yes, **please provide a list of date and amount paid**) .... ☐ YES ☐ NO
16. Did you start a new business, purchase a new rental property, farm or acquire any new interest in any partnership or S corporation or did you sell or exchange any of these in 2018? .... ☐ YES ☐ NO
17. If you have a trade or business (reported on Sch C or Sch F) did you make any payments in 2018 that would require the business to file Form(s) 1099? .... ☐ YES ☐ NO
    a. If yes, did your business file required Forms 1099? .... ☐ YES ☐ NO
18. Did you or your spouse make any cash or non-cash gifts with a total (aggregate) value in excess of $15,000 to any individual during 2018? .... ☐ YES ☐ NO
19. Did you or spouse pay more than $1,000 in a quarter or more than $2,100 for the year for domestic services in or around your home to individuals who can be considered household employees? .... ☐ YES ☐ NO
20. Did you or your business have any debts canceled, forgiven, or refinanced during 2018 .... ☐ YES ☐ NO
21. Did you receive correspondence or were you notified by the IRS or other taxing authority during the year? .... ☐ YES ☐ NO
    (If yes, please provide copies of all correspondence not previously provided.)
22. Have you or your spouse been a victim of identity theft and contacted the IRS? .... ☐ YES ☐ NO
    (If yes, provide a copy of the IRS correspondence with the 6-digit identity protection PIN)

(COMPLETE REVERSE SIDE)

23. Would you like a refund, if any, directly deposited into a bank account?.. ☐ YES ☐ NO
(If yes, provide a voided check for the applicable bank account. We will need a new check if your bank name changed.)

24. Did you and your entire household have health coverage for all 12 months of 2018?..................................... ☐ YES ☐ NO
   a. If no, list each household member/ dependent not covered and which months with no coverage
   b. Include all Forms 1095 you received
   c. Did you obtain insurance coverage through the exchange? .... ☐ YES ☐ NO

25. Did you or your spouse have HSA transactions for 2018? (If so, please provide 1099-SA)............................. ☐ YES ☐ NO
   a. If yes, were all 2018 HSA withdrawals used for health/medical expenditures? .... ☐ YES ☐ NO

26. If you or your spouse is self-employed, is the self-employed person eligible to be covered under spouse's plan or a plan at another job? .... ☐ YES ☐ NO

Please use the spaces below to list further description for "yes" responses or describe any other events or changes in 2018 that your tax preparer should know. Also include any expected changes for 2019.

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It is your responsibility to provide us with all the information needed to prepare complete and accurate returns including maintaining an adequate log of mileage used for deductions. We will not audit or otherwise verify the data you submit, although we may ask you to clarify some of it.

Fees for our tax preparation services will reflect our standard hourly rates, plus any out-of-pocket expenses and will be billed upon completion of your returns. Fees are due upon presentation of our invoice to you. Finance charges are assessed on outstanding balances after 30 days.

Your returns are subject to examination by taxing authorities. In the event of an audit, you may be requested to produce documents, records, or other evidence to substantiate the items of income and deduction shown on the return. If an examination occurs, we will represent you if you so desire; however, these additional services are not included in our fee for preparation of your returns.

Due to federal regulations, we are unable to provide any tax return or tax return information, to any third party, without your written authorization.

Taxpayer(s) acknowledgement:
To the best of my (our) knowledge the information provided is correct and includes all income, deductions, and other information necessary for the preparation of this year's income tax returns for which I (we) have adequate records.

Taxpayer	Date	Print Name
Spouse	Date	Print Name
Home Phone ☐	Cell Phone ☐	E-mail ☐

☐ Check preferred method of contact