

Progressive Tax Service  
 1803 Smizer Station Road, Fenton, MO 63026  
 (636) 225-3708  
 Tax Year 2018

|   |                        |
|---|------------------------|
| Name:   | SSN (yours)            |
| Street Address  | SSN (spouse)           |
| City, State & ZIP   | Date of Birth (yours)  |
| Within St. Louis City Limits?      Y      N   | Date of Birth (spouse) |
| Primary Telephone   | School District        |
| Primary Email Address   |                        |
| Have you received any notice from the IRS or state revenue department in 2018?   Y      N   |                        |
| Marital Status at 12/31/2018 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widow(er) |                        |
| Did you divorce or separate during 2018?   Y      N   |                        |
| Can you be claimed as a depend by another taxpayer, such as a parent?   Y      N  |                        |

**Dependents:** Do not list yourself or your spouse. List any other dependents

| Name: | Birth Date: | SSN: | Relationship: | Months lived in home 2018 | College student |
|-------|-------------|------|---------------|---------------------------|-----------------|
|       |             |      |               | Y   N                     | Y   N           |
|       |             |      |               |                           | Y   N           |
|       |             |      |               | Y   N                     | Y   N           |
|       |             |      |               | Y   N                     | Y   N           |

Do any of the children have income over \$1,050 for the year?   Y      N

Do any of the children have a disability?   Y      N

**Questions for ALL Taxpayers**

Note "You" refers to both taxpayer and spouse; if unsure, please enter "?"

|                      |   |  |  |
|----------------------|---|--|--|
| Lifestyle and Taxes  | Y | N  | Are you or your spouse legally blind? If yes, who?   |
|                      | Y | N  | Did you pay or receive alimony in 2018? If so, Amount: _____ Recipient SSN: _____  |
|                      | Y | N  | Did you have health insurance for you, your spouse and all dependents for the entire year?   |
|                      | Y | N  | Was your health insurance purchased through a public exchange (ObamaCare)?   |
|                      | Y | N  | Will there be significant changes in income or deductions next year, such as retirement?   |
|                      | Y | N  | Have you paid alternative minimum tax (AMT) in any previous years?   |
|                      | Y | N  | Did you pay anyone for domestic services in your home?   |
|                      | Y | N  | Did you purchase a new energy-efficient (electric) vehicle that is eligible for a tax credit?  |
|                      | Y | N  | Are you involved in bankruptcy, foreclosure, repossession, or had any debt (including credit cards) cancelled?   |
|                      | Y | N  | Are you a member of the military?  |
|                      | Y | N  | Were you a citizen of or lived in a foreign country?   |
|                      | Y | N  | Do you own or have financial interest in a foreign bank or financial account   |
|                      | Y | N  | Do you object to designating your tax preparer as a third party designee to discuss your return with the IRS?  |
| Children & Education | Y | N  | Were any children born or adopted in 2018? <i>Please provide additional information for other expenses.</i>  |
|                      | Y | N  | Were any children attending college? If so, year in college?      1st    2nd    3rd    4th    Victory lap+<br><i>Additional information will be needed for tax credit, including 1098T and amounts paid for tuition and books.</i> |
|                      | Y | N  | Did you pay tuition for a private elementary/secondary school for a dependent and use funds from §529 plan?  |
|                      | Y | N  | Did you or your spouse take college classes? <i>If so, we will need additional information.</i>  |
|                      | Y | N  | Did you pay any student loan interest?   |
|                      | Y | N  | Did you pay for child or dependent care (day care) so that both spouses could work or attend school?<br><i>If so, we will need provider name, address and EIN and amounts paid.</i>  |
|                      | Y | N  | Do you have any children that earned more than \$2,100 in investment income?   |
| Home                 | Y | N  | Did you make any contributions to a §529 plan in 2018?   |
|                      | Y | N  | Did you purchase or sell a home during the year? <i>If yes, additional information including closing stmt is needed.</i>   |
|                      | Y | N  | If you sold a home, did you claim the First-Time Homebuyer Credit when purchased? <i>If yes, provide details.</i>  |
|                      | Y | N  | Did you refinance a mortgage or take a home equity loan? <i>If yes, please provide closing statement.</i>  |
|                      | Y | N  | Did you use mortgage loan proceeds for purposes other than to buy, build or substantially improve the home?  |
| Y                    | N | Did you make any new energy-efficient improvements to your home? <i>If yes, provide details.</i> |  |

|                     |   |   |   |
|---------------------|---|---|---|
| Business and Income | Y | N | Do you own a business or an interest in a partnership, corporation, LLC, farming activity or other venture? <i>Please call our office if you need a self employed income worksheet.</i> |
|                     | Y | N | Did you receive income from a sharing/gig economy activity such as AirBnB or Uber?  |
|                     | Y | N | Did you have income from rental property? <i>Please call our office for a rental worksheet.</i>   |
|                     | Y | N | Did you run a farm or have an ownership in a family run farm? <i>Please call our office for farm worksheet.</i>   |
|                     | Y | N | If you are self employed or own a business, did you work from a home office or use your car for business?   |
|                     | Y | N | Did you have any nontaxable earned income?  |
|                     | Y | N | Did you have any gambling winnings?   |
|                     | Y | N | Did you receive any tips that you did not report to your employer   |
|                     | Y | N | Did you receive any punitive damage or emotional distress damage awards?  |
|                     | Y | N | Did you receive any scholarship funds?  |
|                     | Y | N | Did you receive any strike benefits?  |
|                     | Y | N | Did you receive any disability income other than social security?   |
|                     | Y | N | Did you receive any jury duty pay?  |
|                     | Y | N | Have any other income not mentioned on this form?   |
| Investments         | Y | N | Did you, or will you, contribute any money to an IRA for 2018?<br>Amount: Traditional \$ <input type="text"/> Roth IRA \$ <input type="text"/>  |
|                     | Y | N | Did you rollover any amounts from a retirement account in 2018?   |
|                     | Y | N | Did you sell or transfer any stock or sell rental or investment property in 2018?   |
|                     | Y | N | Did you receive any income from an installment sale?  |
|                     | Y | N | Did you have any investments that became worthless in 2018?   |
|                     | Y | N | Were you granted, or did you exercise, any employee stock options during 2018?  |
| Other               | Y | N | Did you have any medical savings account contributions or distributions?  |
|                     | Y | N | Did you pay any interest on a loan for a boat or RV that has full living quarters? <i>If yes, provide details.</i>  |
|                     | Y | N | Did you pay sales taxes on a major purchase in 2018, such as a vehicle, boat or RV?   |

**Income** Please provide ALL W-2s and 1099s (of ALL kinds - INT, DIV, B, S, Composite, R, SSA, RRB, MISC, G etc.)

Number of W-2s

Number of 1099s

**Please list names of each issuer and provide all tax documents:**

|                             |
|-----------------------------|
| <b>W-2s:</b>                |
|                             |
|                             |
|                             |
|                             |
|                             |
|                             |
| <b>Interest (1099-INT):</b> |
|                             |
|                             |
|                             |
|                             |

|   |
|---|
| <b>Pensions and Retirement Accounts (1099-R):</b> |
|   |
|   |
|   |
|   |
|   |
|   |
| <b>Dividends (1099DIV):</b>                       |
|   |
|   |
|   |
|   |

|                             |
|-----------------------------|
| <b>Tax Exempt Interest:</b> |
|                             |
|                             |

|                            |    |                      |                           |    |                      |
|----------------------------|----|----------------------|---------------------------|----|----------------------|
| <b>Other Income:</b>       |    |                      |                           |    |                      |
| State Tax Refund           | \$ | <input type="text"/> | Unreported tips           | \$ | <input type="text"/> |
| Alimony                    | \$ | <input type="text"/> | Other income description: |    |                      |
| Unemployment Compensation  | \$ | <input type="text"/> |                           | \$ | <input type="text"/> |
| Social Security (taxpayer) | \$ | <input type="text"/> |                           | \$ | <input type="text"/> |
| Social Security (spouse)   | \$ | <input type="text"/> |                           | \$ | <input type="text"/> |

**Adjustments**

|  |    |                      |
|--|----|----------------------|
| Educator expenses. Classroom expenses of teachers, counselors and principals. Maximum \$250 each | \$ | <input type="text"/> |
| Health savings account after-tax contributions   | \$ | <input type="text"/> |
| Self employed SEP, SIMPLE and qualified plans (some contributions may be made in 2019 for 2018)  | \$ | <input type="text"/> |
| Self employed health insurance   | \$ | <input type="text"/> |
| Penalty on early withdrawal of savings   | \$ | <input type="text"/> |
| IRA deduction for traditional IRAs (some contributions may be made in 2019 for 2018)             | \$ | <input type="text"/> |
| Student loan interest  | \$ | <input type="text"/> |

**Itemized Deductions**

Deductions must exceed \$12,000 (Single or married filing separate), \$18,000 (head of household) or \$24,000 (married/joint)

**Medical Expenses** (note: must exceed 7.5% of income to be a benefit; include cost for dependents; do not include any costs that were reimbursed by insurance or paid with pre-tax dollars such as health insurance paid thru your employer or costs paid with health savings accounts, flexible spending accounts or medical savings accounts.)

|                                    |    |  |                             |    |  |
|------------------------------------|----|--|-----------------------------|----|--|
| Doctors & Dentists                 | \$ |  | Medical transportation      | \$ |  |
| Prescription meds and insulin      | \$ |  | Hearing aids & dentures     | \$ |  |
| Hospitals & nursing homes          | \$ |  | Eyeglasses & dontacts       | \$ |  |
| Health insurance premiums          | \$ |  | Long term care ins - self   | \$ |  |
| Other:                             | \$ |  | Long term care ins - spouse | \$ |  |
| Medical miles --- enter # of miles |    |  | @ \$0.18/mile               | \$ |  |

**Taxes**

|                                |    |  |                       |    |  |
|--------------------------------|----|--|-----------------------|----|--|
| State estimated tax paid 2018  | \$ |  | Personal property tax | \$ |  |
| Real estate tax - primary home | \$ |  | Foreign tax paid      | \$ |  |
| Real estate tax - other        | \$ |  | Other                 | \$ |  |
| Sales tax paid car/boat/RV     | \$ |  |                       |    |  |

**Mortgage Interest Paid** *Please provide all Forms 1098 or lender information inc EIN and address of leinholder.*

|  |    |  |             |    |   |
|--|----|--|-------------|----|---|
| Main home  | \$ |  | Points      | \$ |   |
| Second home  | \$ |  | Equity loan | \$ |   |
| Were proceeds of equity loan used to purchase or substantially improve the home? |    |  |             | Y  | N |
| Did you pay mortgage insurance premiums?   |    |  |             | Y  | N |

**Investment Interest Paid**

|        |         |    |  |
|--------|---------|----|--|
| Payee: | Amount: | \$ |  |
| _____  | _____   | \$ |  |
| _____  | _____   | \$ |  |

**Charitable Contributions** Note: IRS rules require the taxpayer to retain documentation for all cash contributions (includes checks and credit card transactions.)

|        |         |    |  |
|--------|---------|----|--|
| Payee: | Amount: | \$ |  |
| _____  | _____   | \$ |  |
| _____  | _____   | \$ |  |
| _____  | _____   | \$ |  |
| _____  | _____   | \$ |  |
| _____  | _____   | \$ |  |

Non-cash (items donated) contributions over \$500 require additional reporting on IRS Form 8283.

|                          |    |  |  |
|--------------------------|----|--|--|
| Total non-cash donations | \$ |  | Please provide receipts if over \$500. |
|--------------------------|----|--|--|

**Estimated Tax Payments**

**Federal**

|                         |    |  |
|-------------------------|----|--|
| Applied from prior year | \$ |  |
| Qtr 1 date:             | \$ |  |
| Qtr 2 date:             | \$ |  |
| Qtr 3 date:             | \$ |  |
| Qtr 4 date:             | \$ |  |

**State**

|                         |    |  |
|-------------------------|----|--|
| Applied from prior year | \$ |  |
| Qtr 1 date:             | \$ |  |
| Qtr 2 date:             | \$ |  |
| Qtr 3 date:             | \$ |  |
| Qtr 4 date:             | \$ |  |

**Direct Deposit Information for Refunds**

|                 |  |
|-----------------|--|
| Bank name       | _____  |
| Is this account | <input type="checkbox"/> Checking <input type="checkbox"/> Savings |

|           |       |
|-----------|-------|
| Routing # | _____ |
| Account # | _____ |

## Tax Preparation Checklist

- All Forms W-2 (wages), 1099-INT (interest), 1099-DIV (dividends), 1099-B (proceeds from broker transactions), 1099-R (pensions and IRS distributions), Schedules K-1 from partnerships, S Corporations, estates and trusts) and other income reporting statements, including all copies provided from the payer.
- Form 1095-A, B or C (for health insurance purchased either in or outside a public exchange or employer provided).
- If you are a new client, provide copies of last year's tax returns.
- Copies of closing statements if you bought or sold real estate.
- Mileage figures for any automobile expenses claimed, including total, commuting and business mileage.
- Income and deductions categorized (worksheets available) for business or rental activities.
- Details of estimated tax payments made, if any.
- Completed Individual Income Tax Organizer/aka Interview Sheet. Please note, if you choose not to complete the organizer, all taxpayers must at least answer the yes/no questions under the heading "Questions for All Taxpayers."
- Please note, before your completed returns can be delivered and/or electronically filed, we must have Form 8879 and our engagement letter signed. If married filing jointly, both spouses must sign. If one spouse is unable to come to our office to sign, please discuss options with your preparer or one of our staff members.**

## Privacy Policy

The nature of our work requires us to collect certain nonpublic information. We collect financial and personal information from applications, worksheets, reporting statements and other forms, as well as interviews and conversations with our clients. We may also review banking and credit card information in the performance of receipt of payment. Under our policy, all information we obtain about you will be provided by you or **obtained with your permission**.

Our firm has procedures and policies in place to protect your confidential information. We restrict access to your confidential information to those within our firm who need to know in order to provide you with services. We will **NOT** disclose your personal information to a third party without your permission, except where required by law. We maintain physical, electronic and procedural safeguards in compliance with federal regulations that protect your personal information from unauthorized access.

## Certification/Signatures

I/We certify that the information provided for our tax preparation service is true and complete to the best of my/our knowledge.

[Redacted Signature Box]

*Taxpayer*

[Redacted Signature Box]

*Date*

[Redacted Signature Box]

*Spouse*

[Redacted Signature Box]

*Date*