

STEP 1

The following items may affect your tax return. Please answer carefully.

These questions pertain to calendar year 2018 unless otherwise noted.

1)	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> O	Did you pay or receive alimony (Tax Tip 1)? Do not include child support. (Select one.)	Pay <input type="radio"/>	Receive <input type="radio"/>
		To/From: Name _____ Social Security Number _____	Amount \$ _____	
2)	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> O	For the entire year, did you, your spouse and your dependents have health care coverage provided by either an employer or the government (Medicare, Medicaid or VA) or purchased through a Health Insurance Marketplace (Exchange) or directly from an insurance company?		
3)	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> O	Did you receive an advance premium for health insurance purchased through a Health Insurance Marketplace (Exchange)? If yes, attach Form 1095-A.		
4)	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> O	Did you (or do you plan to before April 15, 2019) contribute to a traditional IRA or Roth IRA for 2018? (Tax Tip 2)		
		Self: Traditional IRA \$ _____ Roth IRA \$ _____ Spouse: Traditional IRA \$ _____ Roth IRA \$ _____		
5)	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> O	Did you convert a traditional IRA or roll a qualified plan distribution to a Roth IRA in 2018?		
		If yes, amount converted/rolled over: \$ _____		
6)	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> O	Did you (or do you plan to before April 15, 2019) contribute to a health savings account (HSA) for 2018? (Tax Tip 3)		
		Amount of contribution: (Do not list employer contributions, including amounts you elected to contribute under a cafeteria plan, shown on your Form W-2.)		
		Self: \$ _____ Spouse: \$ _____ Type of health plan coverage: Self-only <input type="radio"/> Family <input type="radio"/>		
7)	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> O	Did you receive any distributions from your health savings account (HSA)?		
		Amount of distributions: \$ _____ Amount of unreimbursed qualified medical expenses (attach list): \$ _____		
8)	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> O	Are you a grade K-12 teacher?		
		If yes, enter amount of out-of-pocket classroom costs you paid (Tax Tip 4): \$ _____		
9)	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> O	Did you pay child care costs for a dependent child under age 13, or costs of caring for a disabled dependent or spouse, so you could work, attend school or look for a job?		
		If yes, provide the amounts paid for each individual and the names, addresses and taxpayer identification numbers of the care providers. Amount, if any, reimbursed by an employer dependent care plan (Tax Tip 5): \$ _____		
10)	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> O	Did you pay expenses related to adopting a child? If yes, provide details of any expenses incurred (attach list).		
11)	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> O	Did you pay any individual \$2,100 or more to perform household services during the year, such as a babysitter, caretaker, housekeeper, cook or gardener?		
12)	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> O	Did you have any debts cancelled or reduced (including credit cards and student loans), property repossessed or foreclosed upon, or did you file for bankruptcy? (Tax Tip 6)		
13)	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> O	Did you have a financial interest in, or signature authority over, a financial account (such as a bank or securities account) located in a foreign country at any time during 2018? A financial account is located in a foreign country if it is physically located outside of the U.S., including an account maintained with a branch of a U.S. bank that is physically located outside of the U.S.		
	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> O	If yes, did the aggregate value of all accounts located in a foreign country (other than accounts maintained on a U.S. military installation) exceed \$10,000 at any time during the year?		
14)	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> O	Did you receive a distribution from, or were you the grantor of, or a transferor to, a foreign trust?		
15)	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> O	Do you have financial accounts maintained by a foreign (non-U.S.) bank or financial institution that totaled more than \$50,000 on the last day of the year or more than \$75,000 at any time during the year (\$100,000 and \$150,000, respectively, if married filing a joint return)?		
16)	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> O	Did you own any other foreign financial assets (such as stock in a foreign corporation or an interest in a foreign partnership) that are not held in a financial account?		
17)	<input type="radio"/> T <input type="radio"/> S <input type="radio"/> O	Do you (or your spouse) want to designate \$3 to the Presidential Election Campaign Fund? (Does not change amount due or refund.) Leave blank if neither wishes to designate \$3.		
18)	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> O	Do you want to allow your preparer or another individual to discuss your federal return with the IRS? Provide name, phone number and personal identification number of individual if not preparer.		
		Name: _____	Phone Number: _____	Identification Number: _____
19)	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> O	Have you (or your spouse) received an Identity Protection Personal Identification Number (IP PIN) from the IRS?		
		If yes, enter six-digit code: Self: _____ Spouse: _____		
20)	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> O	Did you make gifts to a trust or gifts totaling more than \$15,000 to any individual during the year? If so, provide recipient's name, address, relationship to you and the amount of the gift.		