2018 Tax Record Worksheet for _____

Please provide us with all of your 2018 income documents including all W-2s, 1099s, 1098s, K-1s, 1095s, etc. If you would like, you may use this chart below to summarize some of your 2018 tax records.

Estimated Tax Paid

Federal	Amount	Date Paid
Due 4/15	_____	_____
Due 6/15	_____	_____
Due 9/15	_____	_____
Due 1/15	_____	_____

State	Amount	Date Paid
Payment 1	_____	_____
Payment 2	_____	_____
Payment 3	_____	_____
Payment 4	_____	_____

Child Care Expense

Provider	Amount
_____	_____
_____	_____
_____	_____

*include name, address, ID# & phone number

Taxes Paid

Real Estate _____

DMV _____

Other _____

*DO NOT include: Excise, sales, federal, or inheritance taxes.

Health Care

Health/Dental Insurance _____

Prescriptions _____

Medical Mileage _____

Other Medical Expenses _____

_____

_____

Charitable Gifts

Cash/Check _____

Non-Cash _____

Charitable Mileage _____

_____

_____

_____

Education Expenses

Tuition & Fees

* include 1098 T & Receipts _____

Books _____

Other _____

_____

_____

_____

Miscellaneous

Job & Investment

Dues _____

Subscriptions _____

Income Tax Prep _____

Safe Deposit Box _____

Safety Equipment _____

Tools (Work Related) _____

Uniforms (cost) _____

Uniforms (cleaning) _____

Supplies (work) _____

Tuition (imporove Job) _____

Entertain Clients _____

Lodging _____

Meals (away from home) _____

Mileage _____

Job Hunt _____

Education (job) _____

Business _____

_____

_____

_____

_____

*DO NOT include Personal legal fees, fines, penalties, mileage to & from work, meals during regular work hours or travel as a form of education.

Claiming Child related Tax credits? For taxpayers who are eligible, we are required to 'verify' that the dependents are actually your dependents and reside in your home. Please have one of these documents which should show the name and address of the dependent (address must match your address): Form 1095 (Health Insurance Tax Form), Statement from Medical Provider (for example, name of dependent on a prescription order), Statement from Daycare Provider, Social Security Administration document, Statement from Landlord, Statement from Church or School, Other document showing name and address of your dependent. **If you have questions, please contact our office. (909) 797-3140**

Notes for Preparer:

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