

Schuring, Uitermarkt,  
Sims, McCleish, Ver Meer, P.C.  
916 W 16th St  
Pella, IA 50219-7918

## **2018 Client Organizer**



# SCHURING • UITERMARKT

SIMS • MCCLEISH • VER MEER, P.C.

*Certified Public Accountants*

**916 W 16th St  
Pella, IA 50219-7918  
641-628-4521**

We appreciate the opportunity to work with you. This Tax Organizer is designed to help you gather the tax information needed to prepare your 2018 personal income tax return. To help you complete the organizer with minimal time and effort, you will find certain information from your 2017 personal income tax return, when available.

Please submit your completed organizer and all related tax documents to our office as soon as you have gathered all of your tax information. If you would like to make an appointment to review your completed tax return, you may schedule that when you deliver your information.

You have several options for delivering your tax documents to our office.

- Mail or drop off your tax information to our office.
- Scan and email your documents to [info@sucpa.com](mailto:info@sucpa.com).  
Please employ technical measures to ensure the safety of your information.
- Upload your documents to NetClient, our secure client web portal.  
Please contact our office if you want to get registered for NetClient.

To enable the highest level of service we can offer, early submission of your tax information will increase the likelihood of completing your tax return before the due date. If we do not receive your information by **April 1, 2019**, we will make every effort to complete your return without filing an extension, but will give priority service to clients who submitted information on time. This means that an extension may be filed on your behalf, depending on our workload late in the filing season.

Please enter your 2018 information on the Tax Organizer pages provided. If any information does not apply to you or is incorrect, please draw a line through it or make the necessary corrections.

**The Client Questionnaire asks about pertinent tax items necessary for preparing the most complete and accurate tax return possible.** Please answer all applicable questions and use the Notes to Preparer section to provide explanations and any additional information not provided in the Client Organizer.

**TAX DOCUMENTATION REQUIRED** - Please provide the following forms and documents:

- \* W-2 forms for wages, salaries, tips and gambling winnings.
- \* 1099 forms for interest, dividends, retirement, Social Security, state or local refunds, miscellaneous income, etc.
- \* Year end brokerage statements for investment and retirement accounts.
- \* Schedule K-1 from partnerships, S corporations, estates and trusts.
- \* 1098 and other statements supporting deductions for mortgage interest, real estate taxes, and auto registration fees.
- \* Evidence of contributions and, if greater than \$250, a written communication, statement or Form 1098-C from the donee organization.
- \* HUD-1 Closing Statements and other documentation regarding the sale, purchase or refinance of a home or other real property.
- \* 1098-T and detailed transcript or statement showing detail of college tuition, books, room, board and technology expenses paid.

- \* 1095-A (Health Insurance Marketplace Statement), 1095-B (Health Coverage) or 1095-C (Employer-Provided Health Insurance Offer and Coverage)
- \* Any tax notices sent to you by the IRS or other taxing authority.
- \* A copy of your federal and state income tax returns from last year, if not prepared by this office.

If you are a farmer or have started a new business, rental or other activity, please visit the Client Center on our website at [www.SUCPA.com/client-center](http://www.SUCPA.com/client-center) to download a **farm worksheet** or blank organizer pages for your new activity. You can also contact our office and we can mail or email you a copy of the farm worksheet or blank organizer pages.

**NEW PAYMENT POLICY** - We have update our tax preparation payment policy. Your payment is requested to be paid when the return is signed. There will be a direct debit authorization form included in all returns.

If you need to request extra copies of your return, you may choose to have the return uploaded to your NetClient portal, or a fee will apply for additional returns printed.

**Your privacy is important to us.** In your Tax Organizer, all social security numbers and bank account numbers have been replaced with asterisks (\*\*\*-\*\*-\*\*\*\*) and (\*\*\*\*1234) to protect your privacy and personal information. Please make any necessary changes or updates to any social security number or bank account information. When you receive your completed tax return(s), please review all social security numbers and bank account information for accuracy. Report any discrepancies to this office immediately.

Thank you for the opportunity to serve you.

Sincerely,

Schuring, Uitermarkt, Sims, McCleish, Ver Meer, P.C.

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Engagement Letter for 2018 Individual Income Tax Return Preparation

This letter is to confirm and specify the terms of our engagement with you and to clarify the nature and extent of the services we will provide. In order to ensure an understanding of our mutual responsibilities, we ask all clients for whom returns are prepared to confirm the following arrangements.

**YOUR RESPONSIBILITY:**

It is your responsibility to provide us all the information required for the preparation of complete and accurate returns. In that regard you state that, to the best of your knowledge and belief, you have provided true, correct and complete information, and have maintained written documentation supporting all amounts. Attached you will find an organizer to help you gather the information. You have the final responsibility for the income tax returns and, therefore, you should review them carefully before you sign them.

You understand that your returns may be selected for examination or inquiry by taxing authorities. This can be an on site examination or by correspondence requesting additional information. You should retain all the documents, canceled checks and other data that form the basis of the income and deductions for five years. These may be necessary to prove the accuracy and completeness of the returns to a taxing authority. In the event of such examination or correspondence, we will be available upon request to represent you. An additional fee will be invoiced for the time and expenses incurred, if the review is determined to be of no fault of our own. If you enroll in our Audit Protection Plan, we will handle any correspondence or audit of your 2018 income tax returns on your behalf at no additional charge.

**OUR SERVICES:**

We will prepare your 2018 Federal and State income tax returns from the information you furnish us. We will not audit or otherwise verify the data you submit, although it may be necessary to ask for clarification of some of the information. We are not responsible for disallowed deductions, or the inclusion of additional unreported income or any resulting taxes, penalties or interest. You will contact us immediately if you discover additional information that will lead to a change in your return, or you receive any letters from the IRS, state or local taxing authorities.

We will use our professional judgement to resolve questions in your favor where the tax law is unclear or if there is a reasonable justification for doing so, unless otherwise instructed by you. If the IRS should later contest the position taken, there may be an assessment of additional tax plus interest and penalties. We assume no liability for any such additional penalties or assessments. The IRS permits you to authorize us to discuss, on a limited basis, aspects of your return for one year after the return's due date. Your consent to such a discussion is evidenced by checking a box on the return. Unless you tell us otherwise, we will check that box authorizing the IRS to discuss your return with us.

We will electronically file all qualifying returns at no additional charge. With electronic filing, you have the option to have your refund mailed to your home or direct deposited into your bank account. If you choose to have direct deposit, please enclose a voided check.

Our fee for these services will be based upon the amount of time required at standard billing rates plus out-of-pocket expenses. All invoices are due and payable prior to your return being filed.

**PRIVACY POLICY:**

Like all providers of personal financial services, tax professionals are required by law to inform clients of their policies regarding privacy of client information. Our firm continues to adhere to professional standards of confidentiality that are even more stringent than those required by law. We have always protected the security and privacy of your personal and financial information.

**Types of Nonpublic Personal Information We Collect**

The only nonpublic personal information we collect is provided to us by you or obtained with your authorization.

**Parties to Whom We Disclose Information**

We do not disclose any nonpublic personal information obtained in the course of our practice except as required or permitted by law. Permitted disclosures may include providing information to our employees, or, in limited situations, to unrelated third parties who need that information to assist us in serving you. In all situations, we stress the confidential nature of the information being shared.

If you request a copy of your tax returns to be sent directly to any third-party institution, we will require a signed

consent form **before** these can be sent.

NEWCLIENT

**Protecting the Confidentiality and Security of Clients' Information**

We retain records relating to our professional services to better serve your professional needs and, in some cases, to comply with professional guidelines. In order to protect your nonpublic personal information, we maintain physical, electronic, and procedural safeguards that comply with our professional standards.

If this fairly sets forth your understanding, we will assume that you concur with these terms if data is supplied to compile your tax return.

We want to express our appreciation for this opportunity to work with you.

Sincerely,

Schuring, Uitermarkt, Sims, McCleish, Ver Meer, P.C.

# Audit Protection

For Individuals – 2018

*To alleviate the cost burden of federal and state income tax audits, notices and correspondence, Schuring, Uitermarkt, Sims, McCleish & Ver Meer, PC (SUSMV) offers you its **2018 Audit Protection Plan for Individuals.***

Schuring, Uitermarkt, Sims, McCleish & Ver Meer, P.C. continues to see an increasing number of federal and state audits and tax notices issued to taxpayers. It is our experience that many of these notices are partially or completely incorrect; however, they need to be handled correctly, as do audits. We ask that you submit all tax notices to us for review, no matter how minimal the dollar amount, so we can verify the accuracy of the notice and prepare a proper response.

In response to these notices and audits, Schuring, Uitermarkt, Sims, McCleish & Ver Meer, P.C. offers our Audit Protection Plan. Our Audit Protection Plan gives you peace of mind that there will be no additional charge for our services in responding to these tax notices and audits. For a one-time fee of \$100, we will cover your 1040 tax return for 2018, in the event of an IRS or state notice or audit.

## SIGN UP FOR AUDIT PROTECTION



The 2018 Audit Protection Plan enrollment voucher will be included with your 2018 tax return. The deadline for enrolling in this plan is April 30, 2019.

## IF YOU ARE AUDITED



For the one-time \$100 fee, SUSMV will handle all correspondence to resolve letters of inquiry relating to your 2018 federal and state individual income tax returns on your behalf at no additional charge.

If your 2018 federal or state income tax return should be audited, SUSMV will represent you up to and including any appeals or protests needed to be filed with the IRS or the State Departments of Revenue at no additional charge.

Whenever you receive an audit notice or letter of inquiry from the federal or state government relating to your 2018 income tax return, simply send it to SUSMV and authorize us to represent you. This is only effective for notices or audits, received after you are enrolled.

## WHAT THE PLAN COVERS



The Audit Protection Plan for Individuals includes IRS Form 1040 and associated state income tax returns. The one-time \$100 fee provides coverage for one state, for your 2018 individual tax return. You may add additional coverage at \$25 per state.

In addition to the peace of mind this program offers, our Audit Protection Plan could save you a substantial amount of money in terms of service fees. Service fees for responding to a tax notice can average \$150. Service fees for an audit representation can generally average \$3,000.

Please note: You are, of course, responsible for maintaining adequate records and making them available to us so that we can properly represent you before the taxing authorities. Similarly, you are liable for any additional taxes, penalties or interest that may eventually be assessed. This Audit Protection Plan applies only to individual income tax returns for 2018 and does not cover business, payroll or other tax returns. We reserve the right to offer this Audit Protection Plan on a case-by-case basis.

## Questionnaire

**This Client Questionnaire asks about pertinent tax events and information necessary for preparing the most accurate tax return possible.**

**Check all boxes that apply to the taxpayer or spouse during the 2018 tax year. Attach tax forms, statements, documentation and/or a detailed explanation for all checked items.**

### Personal Information

- Marital status changed from last year.
- Address changed from last year.
- You can be claimed as a dependent by another taxpayer.
- If you have a tax refund, you want  direct deposit or  a paper check mailed to you.
- If you have a tax liability, you want  funds automatically withdrawn as of \_\_\_\_\_ date or  a payment voucher to mail with payment.
- You have the same bank account as prior years and have verified your account on the "Direct Deposit/Electronic Funds Withdrawal Information" Section of this organizer.
- Have a new bank account for direct deposit or automatic withdrawal. (Provide a voided check)
- You, your spouse or any dependent received an Identity Protection PIN from the Internal Revenue Service or have been a victim of identity theft. (Attach any IRS letter received)

### Dependent Information

- You had a change in dependents.
- You have dependents who may need to file a return.  
Please provide a copy of their return or allow our office to assist in the preparation of their return.
- You have children under age 19 or a full time student age under 24 with unearned income in excess of \$2,100.
- You paid for child care while you worked or looked for work.
- You are divorced or separated with child(ren) you can claim as dependents.  
Child(ren) you can claim as dependents this year: \_\_\_\_\_
- Dependents lived with you over half of the year and did not provide over half of their own support.  
If no, provide Form 8332 signed by the custodial parent releasing the exemption.
- Have had child credits disallowed in the past.

### Income Information - Please check sources of income you received this year

- |   |  |
|---|--|
| <input type="checkbox"/> Social Security benefits. (SSA-1099) | <input type="checkbox"/> Any prizes, gambling or lottery winnings (W2-G)     |
| <input type="checkbox"/> Disability income                    | <input type="checkbox"/> Tip income not reported to your employer            |
| <input type="checkbox"/> Unemployment benefits                | <input type="checkbox"/> Long-term care insurance distributions (1099-LTC)   |
| <input type="checkbox"/> Alimony - received or paid           | <input type="checkbox"/> Life insurance policy matured or surrendered policy |
| <input type="checkbox"/> Any debts canceled or forgiven       | <input type="checkbox"/> Other _____   |

### Retirement Information

- Taxpayer made traditional IRA contributions: \$ \_\_\_\_\_ to date, plus \$ \_\_\_\_\_ by April 15.
- Taxpayer made Roth IRA contributions: \$ \_\_\_\_\_ to date, plus \$ \_\_\_\_\_ by April 15.
- Spouse made traditional IRA contributions: \$ \_\_\_\_\_ to date, plus \$ \_\_\_\_\_ by April 15.
- Spouse made Roth IRA contributions: \$ \_\_\_\_\_ to date, plus \$ \_\_\_\_\_ by April 15.
- Received distributions, including lump-sum payments, from a qualified retirement plan. (1099-R)
- Completed a rollover or converted any amounts from a qualified retirement plan.
- Contributed to a charitable organization directly from an IRA.
- Received military retirement benefits or military survivor benefits.

**Business, Farm or Real Estate Information**

- Started or bought a new business, rental, real estate or other property.
- Sold an existing business, rental, real estate or other property.
- Acquired a new or additional interest in a partnership or S corporation. (K-1)
- Sold or disposed of an interest in a partnership or S corporation. (K-1)
- Paid over \$600 to any person in rent, services (including materials), or any other income purpose.
  - If yes, you have or will file required Form 1099s.

**Investment Information**

- Bought or sold any stocks, bonds or other investment property.
- Have a financial interest in or signature authority over a foreign financial account not reported on a 1099, such as a bank account, securities account, cash value of life insurance through a foreign insurer, or other account or entity located in a foreign country.
- Have any foreign income or pay any foreign taxes, directly or indirectly, such as investment accounts, partnerships or a foreign employer, not reported on a 1099.
- Received a distribution from, or were a grantor or transferor for a foreign trust.

**Education Information**

- Paid any educational expenses to a post-secondary school for taxpayer, spouse, or dependent. (Form 1098T is required, along with a detailed account statement/receipts from the educational institution, including amounts paid for tuition, books, room, board and technology expenses)
- A member of your family received a scholarship of any kind.
- Made contributions or withdrawals from an education savings or 529 Plan account. (1099-Q)
- Paid student loan interest.
- Incurred expenses working as a teacher, counselor, or principal for classes K-12. If yes, \$ \_\_\_\_\_
- Would like a worksheet to aid in the completion of a FAFSA.

**Itemized Deduction Information - Please provide evidence, receipts, 1098s, etc**

- Bought, sold, refinanced, foreclosed or abandoned principal or 2nd residence. (Closing statements)
- Took out a home equity loan or have an outstanding balance on a home equity loan.
- Own a vehicle and pay auto registration fees. Amount \$ \_\_\_\_\_ (Car registration)
- Made any cash or noncash charitable contributions. i.e. clothes, furniture, vehicle, boat, charitable mileage or travel expense. (Evidence from donee organization required if over \$250)
- Paid sales tax on major purchases during the year. (Cars, boats, etc.)

**Miscellaneous Information**

- Made gifts of more than \$15,000 to any individual.
- Purchased a qualified plug-in electric drive vehicle or fuel cell vehicle.
- Received correspondence from the State or the Internal Revenue Service other than 1099-G.
- Taxpayer or  spouse wants to designate \$3 to the Presidential Election Campaign Fund.

**State/Iowa Information**

- Wish to donate to one of the state checkoff donations. Please indicate the organization and amount on the state Organizer page.
- Made contributions to a College Savings Iowa or Iowa Advisor 529 Plan account.
- Taxpayer or  spouse is a volunteer firefighter, EMS or Reserve Peace Officer.
- Have a dependent attending grades K-12 in an accredited Iowa School.  
If yes, list each dependent and the amount paid for tuition and other required school expenses.

	\$		\$	
	\$		\$	



## 2018 Health Care Questionnaire

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**In order to prepare your 2018 individual income tax return, the IRS requires that we have detailed information regarding health care coverage for you, your spouse, and anyone you can claim as a dependent.**

### Health Care Information

- Paid out-of-pocket medical, dental, vision or prescription expenses **not reimbursed** through HSA, MSA, or flex spending account.
- Contributed to or received distributions from a Health Savings Account (HSA), Archer MSA or Medicare Advantage MSA.
- Contributed to or withdrew from an ABLE (Achieving a Better Life Experience) account. (Attach 1099-QA)
- Paid **after-tax** health care or long-term care premiums. \$ \_\_\_\_\_  
(Do not include premiums paid through payroll deductions)
- Paid premiums for supplemental health insurance. \$ \_\_\_\_\_
- If you are a business owner, you paid health insurance premiums for your employees.

### Health Insurance Information

- You had qualifying minimum essential health care coverage for **all 12 months** for yourself, your spouse, and anyone you can claim as a dependent.
  - Have a high deductible health insurance plan.     Single (\$1,350)     Family plan (\$2,700)
  - You have provided all copies of Forms 1095-A, 1095-B and 1095-C you have received
  - You have qualified health insurance but have not yet received a Form 1095.
  - Had health care through the Marketplace.     Received premium tax credit advance.
  - Had health coverage through a Health Care Sharing Ministry such as Medi-Share plan
  
- You, your spouse or any of your dependents did **NOT** have qualifying minimum essential health care coverage for at least one month during the year.
  - You or anyone in your family qualified for an exemption for the health care coverage mandate.  
Describe exemption or exception: \_\_\_\_\_  
Exemption Certificate Number issued by the Marketplace: \_\_\_\_\_
  - Employer offered health coverage and you opted out of coverage.
  - Coverage may have been unaffordable. (We will perform required calculations as part of your tax return to determine unaffordability based on your taxable income.)
  - No known exemption (may be subject to the Individual Responsibility Payment)
  - Explain any month(s) you or a member of your family did not have coverage or an exemption:  
\_\_\_\_\_

- You, your spouse, and/or your dependents had qualifying minimum essential health care coverage for part of the year. (Answer the questions above for the months you did not have coverage.)

List family members	Health Insurance Provider	Full Year or Dates of Coverage
_____	_____	<input type="checkbox"/> _____
_____	_____	<input type="checkbox"/> _____
_____	_____	<input type="checkbox"/> _____
_____	_____	<input type="checkbox"/> _____

### Additional explanation for checked items on any page of the organizer:

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## Preparer - Enter on Screen Contact

Tax matters person (Indicate which spouse handles tax return related questions) (Blank = Both, T = Taxpayer, S = Spouse) \_\_\_\_\_ [8]

Taxpayer email address \_\_\_\_\_ [9]

Spouse email address \_\_\_\_\_ [10]

	<b>Taxpayer</b>	<b>Spouse</b>
Fax telephone number	_____ [11]	_____ [19]
Mobile telephone number	_____ [12]	_____ [20]
Mobile telephone #2 number	_____ [13]	_____ [21]
Pager number	_____ [14]	_____ [22]
Other:	_____ [15]	_____ [23]
Telephone number	_____ [16]	_____ [24]
Extension	_____ [17]	_____ [25]
Preferred method of contact:		
Email, Work phone, Home phone, Fax, Mobile phone, Mobile phone #2	_____ [18]	_____ [26]

**NOTES/QUESTIONS:**

## BANK &amp; IDENTITY AUTHENTICATION

General: Bank

## Direct Deposit/Electronic Funds Withdrawal 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:**

If you have an overpayment of 2018 taxes, do you want the excess:

Refunded \_\_\_\_\_ [52]

Applied to 2019 estimated tax liability \_\_\_\_\_ [53]

Do you expect a considerable change in your 2019 income? (Y, N) \_\_\_\_\_ [54]

If yes, please explain any differences: \_\_\_\_\_ [55]

\_\_\_\_\_ [56]

\_\_\_\_\_ [57]

\_\_\_\_\_ [58]

Do you expect a considerable change in your deductions for 2019? (Y, N) \_\_\_\_\_ [59]

If yes, please explain any differences: \_\_\_\_\_ [60]

\_\_\_\_\_ [61]

\_\_\_\_\_ [62]

\_\_\_\_\_ [63]

Do you expect a considerable change in the amount of your 2019 withholding? (Y, N) \_\_\_\_\_ [64]

If yes, please explain any differences: \_\_\_\_\_ [65]

\_\_\_\_\_ [66]

\_\_\_\_\_ [67]

\_\_\_\_\_ [68]

Do you expect a change in the number of dependents claimed for 2019? (Y, N) \_\_\_\_\_ [69]

If yes, please explain any differences: \_\_\_\_\_ [70]

\_\_\_\_\_ [71]

\_\_\_\_\_ [72]

\_\_\_\_\_ [73]

Mark if you use the Electronic Federal Tax Payment System (EFTPS) to pay your estimated taxes \_\_\_\_\_ [74]

**2018 Federal Estimated Tax Payments**

2017 overpayment applied to 2018 estimates + \_\_\_\_\_ [1]

Mark if you paid the calculated amounts on the dates due indicated below. Skip the remaining fields. \_\_\_\_\_ [5]

If your estimated payments were not made on the date due or were for an amount other than the calculated amount below, please enter the actual date and amount paid.

	Date Due	Date Paid if After Date Due		Amount Paid	Calculated Amount	Method*
1st quarter payment	4/18/18	_____ [6]	+	_____ [7]	_____	_____
2nd quarter payment	6/15/18	_____ [8]	+	_____ [9]	_____	_____
3rd quarter payment	9/17/18	_____ [10]	+	_____ [11]	_____	_____
4th quarter payment	1/15/19	_____ [12]	+	_____ [13]	_____	_____
Additional payment		_____ [14]	+	_____ [15]	_____	_____

**\*Method of payment indicated in prior year**  
**EFW = Electronic funds withdrawal      EFTPS = Electronic Federal Tax Payment System**  
**Voucher = Form 1040-ES estimated tax payment voucher**

**NOTES/QUESTIONS:**

**2018 State Estimated Tax Payments**

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_[1]

State postal code \_\_\_\_\_[2]

Amount paid with 2017 return + \_\_\_\_\_[3]

2017 overpayment applied to '18 estimates + \_\_\_\_\_[4]

Treat calculated amounts as paid \_\_\_\_\_[8]

Date Paid	Amount Paid	Calculated Amount
1st quarter payment _____[9]	+ _____[10]	<div style="border: 1px solid black; padding: 5px;">           _____            _____            _____            _____         </div>
2nd quarter payment _____[11]	+ _____[12]	
3rd quarter payment _____[13]	+ _____[14]	
4th quarter payment _____[15]	+ _____[16]	
Additional payment _____[17]	+ _____[18]	

**2018 City Estimated Tax Payments**

City #1		City #2	
City name _____[28]		City name _____[50]	
Amount paid with 2017 return + _____[31]		Amount paid with 2017 return + _____[53]	
2017 overpayment applied to '18 estimates\$ _____[32]		2017 overpayment applied to '18 estimates\$ _____[54]	
Treat calculated amounts as paid _____[36]		Treat calculated amounts as paid _____[58]	

Date Paid	Amount Paid	Date Paid	Amount Paid
1st quarter payment _____[37]	+ _____[38]	1st quarter payment _____[59]	+ _____[60]
2nd quarter payment _____[39]	+ _____[40]	2nd quarter payment _____[61]	+ _____[62]
3rd quarter payment _____[41]	+ _____[42]	3rd quarter payment _____[63]	+ _____[64]
4th quarter payment _____[43]	+ _____[44]	4th quarter payment _____[65]	+ _____[66]

**Calculated Amount**

1st quarter payment \_\_\_\_\_  
 2nd quarter payment \_\_\_\_\_  
 3rd quarter payment \_\_\_\_\_  
 4th quarter payment \_\_\_\_\_

**Calculated Amount**

1st quarter payment \_\_\_\_\_  
 2nd quarter payment \_\_\_\_\_  
 3rd quarter payment \_\_\_\_\_  
 4th quarter payment \_\_\_\_\_

City #3		City #4	
City name _____[72]		City name _____[94]	
Amount paid with 2017 return + _____[75]		Amount paid with 2017 return + _____[97]	
2017 overpayment applied to '18 estimates\$ _____[76]		2017 overpayment applied to '18 estimates\$ _____[98]	
Treat calculated amounts as paid _____[80]		Treat calculated amounts as paid _____[102]	

Date Paid	Amount Paid	Date Paid	Amount Paid
1st quarter payment _____[81]	+ _____[82]	1st quarter payment _____[103]	+ _____[104]
2nd quarter payment _____[83]	+ _____[84]	2nd quarter payment _____[105]	+ _____[106]
3rd quarter payment _____[85]	+ _____[86]	3rd quarter payment _____[107]	+ _____[108]
4th quarter payment _____[87]	+ _____[88]	4th quarter payment _____[109]	+ _____[110]

**Calculated Amount**

1st quarter payment \_\_\_\_\_  
 2nd quarter payment \_\_\_\_\_  
 3rd quarter payment \_\_\_\_\_  
 4th quarter payment \_\_\_\_\_

**Calculated Amount**

1st quarter payment \_\_\_\_\_  
 2nd quarter payment \_\_\_\_\_  
 3rd quarter payment \_\_\_\_\_  
 4th quarter payment \_\_\_\_\_

Income: W2 **Salary and Wages**

Please provide all copies of Form W-2 that you receive.  
 Below is a list of the Form(s) W-2 as reported in last year's tax return. If a particular W-2 no longer applies, mark the not applicable box.

T/S	Description	Prior Year Information	Mark if no longer applicable
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___

Retirement: 1099R **Pension, IRA, and Annuity Distributions**

Please provide all copies of Form 1099-R that you receive.  
 Below is a list of the Form(s) 1099-R as reported in last year's tax return. If a particular 1099-R no longer applies, mark the not applicable box.

T/S	Description	Prior Year Information	Mark if no longer applicable
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___

Income: K1, K1T **Schedules K-1**

Please provide all copies of Schedule K-1 that you receive.  
 Below is a list of the Schedule(s) K-1 as reported in last year's tax return. If a particular K-1 no longer applies, mark the not applicable box.

T/S/J	Description	Form	Mark if no longer applicable
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___

Income: W2G **Gambling Income**

Please provide all copies of Form W-2G that you receive.  
 Below is a list of the Form(s) W-2G as reported in last year's tax return. If a particular W-2G no longer applies, mark the not applicable box.

T/S	Description	Prior Year Information	Mark if no longer applicable
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___

Educate: 1099Q **Qualified Education Plan Distributions**

Please provide all copies of Form 1099-Q that you receive.  
 Below is a list of the Form(s) 1099-Q as reported in last year's tax return. If a particular 1099-Q no longer applies, mark the not applicable box.

T/S	Description	Prior Year Information	Mark if no longer applicable
___	_____	_____	___
___	_____	_____	___



**INTEREST/DIVIDENDS/CAPITAL GAINS/OTHER INCOME**

Income: B1 **Interest Income**

Please provide all copies of Form 1099-INT or other statements reporting interest income.

T/S/J	Payer Name	Interest Income	Prior Year Information
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Income: B3 **Seller Financed Mortgage Interest**

T, S, J \_\_\_\_\_ Payer's name \_\_\_\_\_ Payer's social security number \_\_\_\_\_  
 Payer's address, city, state, zip code \_\_\_\_\_  
 Amount received in 2018 \_\_\_\_\_ Amount received in 2017 \_\_\_\_\_

Income: B2 **Dividend Income**

Please provide copies of all Form 1099-DIV or other statements reporting dividend income.

T/S/J	Payer Name	Ordinary Dividends	Qualified Dividends	Prior Year Information
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Income: D **Sales of Stocks, Securities, and Other Investment Property**

Please provide copies of all Forms 1099-B and 1099-S.

T/S/J	Description of Property	Date Acquired	Date Sold	Gross Sales Price (Less expenses of sale)	Cost or Other Basis
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Income: Income **Other Income**

Please provide copies of all supporting documentation.

	2018 Information		Prior Year Information
	Taxpayer	Spouse	Prior Year Information
State and local income tax refunds	_____	_____	_____
Alimony received	_____	_____	_____
Unemployment compensation	_____	_____	_____
Unemployment compensation repaid	_____	_____	_____
Social security benefits	_____	_____	_____
Medicare premiums to be reported on Schedule A	_____	_____	_____
Railroad retirement benefits	_____	_____	_____

T/S/J	2018 Information	Prior Year Information
Other Income:	_____	_____
_____	_____	_____
_____	_____	_____

1040 Adj: IRA **Adjustments to Income - IRA Contributions**

Please provide year end statements for each account and any Form 8606 not prepared by this office.

Taxpayer Spouse

**Traditional IRA Contributions for 2018 -**

If you want to contribute the maximum allowable traditional IRA contribution amount,

enter the applicable code: (1 = Deductible only, 2 = Both deductible and nondeductible)

Enter the total traditional IRA contributions made for use in 2018

**Roth IRA Contributions for 2018 -**

Mark if you want to contribute the maximum Roth IRA contribution

Enter the total Roth IRA contributions made for use in 2018

Educate: Educate2 **Higher Education Deductions and/or Credits**

Complete this section if you paid interest on a qualified student loan in 2018 for qualified higher education expenses for you, your spouse, or a person who was your dependent when you took out the loan.

T/S Qualified student loan interest paid 2018 Information Prior Year Information

\_\_\_\_\_  
 \_\_\_\_\_

Complete this section if you paid qualified education expenses for higher education costs in 2018.

Qualified education expenses include tuition and fees required for enrollment or attendance at an eligible educational institution.

Please provide all copies of Form 1098-T.

T/S Ed Exp Code\* Student's SSN Student's First Name Student's Last Name Qualified Expenses Prior Year Information

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\*Education Expense Code: 1 = American opportunity credit; 2 = Lifetime learning credit; 3 = Tuition and fees deduction

The student qualifies for the American opportunity credit when enrolled at least half-time in a program leading to a degree, certificate, or recognized credential; has not completed the first 4 years of post-secondary education; has no felony drug convictions on student's record.

1040 Adj: 3903 **Job Related Moving Expenses**

Complete this section if you moved to a new home due to service in the armed forces.

Description of move \_\_\_\_\_

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_

Mark if the move was due to service in the armed forces \_\_\_\_\_

Number of miles from old home to new workplace \_\_\_\_\_

Number of miles from old home to old workplace \_\_\_\_\_

Mark if move is outside United States or its possessions \_\_\_\_\_

Transportation and storage expenses \_\_\_\_\_

Travel and lodging (not including meals) \_\_\_\_\_

Total amount reimbursed for moving expenses \_\_\_\_\_

1040 Adj: OtherAdj **Other Adjustments to Income**

Alimony Paid:

T/S Recipient name Recipient SSN 2018 Information Prior Year Information

Street address \_\_\_\_\_

City, State and Zip code \_\_\_\_\_

Taxpayer Spouse Prior Year Information

Educator expenses:

\_\_\_\_\_  
 \_\_\_\_\_

Other adjustments:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please provide all Forms 5498-SA.

	2018 Information	Prior Year Information
Taxpayer/Spouse (T, S)	____ [1]	
Name of Trustee _____	____ [4]	
State postal code _____	____ [2]	
Indicate type of health or medical savings account:		
HSA	____ [6]	
Archer MSA	____ [7]	
MA (Medicare Advantage) MSA	____ [9]	
Total HSA/MSA contributions made		
for 2018 (Enter all amounts contributed, including through employer cafeteria plans)	+ _____ [10]	
Indicate type of coverage under qualifying high deductible health plan (1 = Self-Only, 2 = Family)	____ [12]	
Number of months in qualified high deductible health plan in 2018	____ [13]	
Mark if you want to contribute the maximum allowable health or medical savings account contribution amount	____ [14]	
Total HSA/MSA contribution to be made for 2018	+ _____ [15]	
Fair market value of HSA, Archer MSA, or MA MSA (Form 5498-SA, Box 5)	+ _____ [16]	
Excess contributions for 2017 taken as constructive contributions for 2018	+ _____ [19]	
Rollover contribution (Form 5498-SA, Box 4)	+ _____ [21]	

**Complete this section if your account is an Archer MSA or MA MSA**

Amount of annual deductible	+ _____ [24]	
Enter compensation from employer maintaining high deductible health plan	+ _____ [27]	
If self-employed, enter earned income from business under which plan was established	+ _____ [31]	

**Complete this section if your account is an HSA**

Was the high deductible health plan in effect for December 2018? (Y, N) \_\_\_\_\_ [33]

**NOTES/QUESTIONS:**

**Health, Medical Savings Account Distributions**

Please provide all Forms 1099-SA.

	2018 Information	Prior Year Information
Taxpayer/Spouse (T, S)	____ [1]	
Name of Trustee _____	____ [4]	
State postal code _____	____ [2]	
Gross distributions received <b>(Box 1)</b>	+ _____ [7]	_____
Earnings on excess contributions <b>(Box 2)</b>	+ _____ [9]	_____
Distribution code <b>(Box 3)</b>	____ [11]	
Fair Market Value on date of death <b>(Box 4)</b>	+ _____ [12]	
<b>Box 5 -</b>		
HSA	____ [13]	
Archer MSA	____ [14]	
MA MSA	____ [15]	
All distributions were used to pay unreimbursed qualified medical expenses	____ [17]	____
If some distributions were used to pay for other than qualified medical expenses, enter the unreimbursed qualified medical expenses for 2018	+ _____ [19]	_____
Withdrawal of excess contributions by the due date of the return	+ _____ [21]	_____
Amount of distribution rolled over for 2018	+ _____ [23]	_____
If the distribution is due to the death of the account holder, enter the qualified decedent medical expenses paid by the taxpayer	+ _____ [26]	
If MA (Medicare Advantage) MSA, enter value of account on 12/31/17	+ _____ [27]	_____
For HSA accounts:		
Was the high deductible health plan coverage started in 2017 and in effect for the month of December 2017? (Y, N)	____ [29]	
Was the high deductible health plan coverage ended before 12/31/18? (Y, N)	____ [30]	

**Long Term Care (LTC) Service and Contracts**

Please provide all Forms 1099-LTC.

	2018 Information	Prior Year Information
Name of the insured chronically ill individual _____	____ [39]	
Social security number of insured _____	____ [40]	
Gross long-term care (LTC) benefits paid <b>(Box 1)</b>	+ _____ [42]	_____
Accelerated death benefits paid <b>(Box 2)</b>	+ _____ [44]	_____
Check one <b>(Box 3)</b>		
Per diem	____ [46]	
Reimbursed amount	____ [47]	
Qualified contract <b>(Box 4)</b>	____ [48]	
Check, if applicable <b>(Box 5)</b>		
Chronically ill	____ [49]	
Terminally ill	____ [50]	
Are there other individuals who received LTC payments during 2018? (Y, N)	____ [52]	
If the insured is terminally ill, were payments received on account of terminal illness? (Y, N)	____ [53]	
Number of days during the long-term care period _____	____ [54]	
Cost incurred for qualified long-term care services during the long-term care period	+ _____ [55]	

**NOTES/QUESTIONS:**

## ITEMIZED DEDUCTIONS

Itemized: A1

## Medical and Dental Expenses

T/S/J		2018 Information	Prior Year Information
—	Medical and dental expenses	_____	_____
—	Medical insurance premiums you paid***	_____	_____
—	Long-term care premiums you paid***	_____	_____
—	Prescription medicines and drugs	_____	_____
—	Miles driven for medical items	_____	_____

\*\*\*Do not include pre-tax amounts paid by an employer-sponsored plan, amounts paid for your self-employed business, or Medicare premiums entered on Form Lite-3

Itemized: A1

## Tax Expenses

T/S/J		2018 Information	Prior Year Information
—	State/local income taxes paid	_____	_____
—	2017 state and local income taxes paid in 2018	_____	_____
—	Sales tax paid on actual expenses	_____	_____
—	Real estate taxes paid	_____	_____
—	Personal property taxes	_____	_____
—	Other taxes	_____	_____

Itemized: A2

## Interest Expenses

T/S/J		2018 Information	Prior Year Information																				
—	Home mortgage interest From Form 1098	_____	_____																				
T/S/J	Other home mortgage interest paid to individuals:																						
—	<table border="0"> <tr> <td style="width: 30%;"></td> <td style="width: 20%;"><b>Payee's Name</b></td> <td style="width: 20%;"><b>SSN or EIN</b></td> <td style="width: 15%;"><b>2018 Information</b></td> <td style="width: 15%;"><b>Prior Year Information</b></td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td></td> <td style="text-align: center;"><b>Address</b></td> <td style="text-align: center;"><b>City</b></td> <td style="text-align: center;"><b>State</b></td> <td style="text-align: center;"><b>Zip Code</b></td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table>		<b>Payee's Name</b>	<b>SSN or EIN</b>	<b>2018 Information</b>	<b>Prior Year Information</b>	_____	_____	_____	_____	_____		<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>	_____	_____	_____	_____	_____		
	<b>Payee's Name</b>	<b>SSN or EIN</b>	<b>2018 Information</b>	<b>Prior Year Information</b>																			
_____	_____	_____	_____	_____																			
	<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>																			
_____	_____	_____	_____	_____																			
T/S/J	Investment interest expense, other than on Sch K-1s:																						
—	Refinancing Information: <b>Refinance #1</b>	<b>Refinance #2</b>																					
T/S/J	Recipient/Lender name	_____	_____																				
—	Total points paid at time of refinance	_____	_____																				
—	Date of refinance	_____	_____																				
—	Term of new loan (in months)	_____	_____																				
—	Reported on Form 1098 in 2018	_____	_____																				

Itemized: A3

## Charitable Contributions

T/S/J		2018 Information	Prior Year Information
—	Contributions made by cash or check	_____	_____
—	Volunteer miles driven	_____	_____
—	Noncash items, such as: Goodwill, Salvation Army	_____	_____

Itemized: A3, A-St

## Miscellaneous Deductions

T/S/J		2018 Information	Prior Year Information
—	Other expenses, not subject to the 2% AGI limitation:		
—	_____	_____	_____
—	Gambling losses (enter only if you have gambling income)	_____	_____
	<b>***STATE USE ONLY - Complete the following fields only if you file a state return in AL, AR, CA, HI, IA, MN, NY or PA</b>		
T/S/J	Unreimbursed expenses***	<b>2018 Information</b>	<b>Prior Year Information</b>
—	Union dues, other than amounts reported on Form W-2***	_____	_____
—	Tax preparation fees***	_____	_____
—	Other expenses, subject to 2% AGI limitation***:	_____	_____
—	_____	_____	_____
—	_____	_____	_____
—	Safe deposit box rental***	_____	_____
—	Investment expenses, other than on Schedule(s) K-1 or Form(s) 1099-DIV/INT***	_____	_____

Complete the information below only if you file a state return in AL, AR, CA, HI, IA, MN, NY or PA. Amounts entered here will be used to calculate your state return, but will be ignored for federal return purposes, as the deductions are not allowed.

T/S/J

2018 Information

Prior Year Information

Unreimbursed expenses, such as: Uniforms, Professional dues,  
Business publications, Job seeking expenses, Educational expenses

\_\_ [1] \_\_\_\_\_  
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Union dues, other than amounts reported on Form W-2:

\_\_ [4] \_\_\_\_\_  
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 \_\_\_\_\_  
 \_\_\_\_\_

+ \_\_\_\_\_ [5]  
 + \_\_\_\_\_  
 + \_\_\_\_\_  
 + \_\_\_\_\_

\_\_\_\_\_  
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 \_\_\_\_\_  
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[7] Tax preparation fees

Other expenses, subject to 2% AGI limit, such as: Legal/accounting/custodial fees

\_\_ [10] \_\_\_\_\_  
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[13] Safe deposit box rental

Investment expenses, other than on Schedule(s) K-1 or Form(s) 1099-DIV/INT:

\_\_ [16] \_\_\_\_\_  
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**NOTES/QUESTIONS:**

Form ID: IA

**Iowa General Information**

County of residence as of December 31st \_\_\_\_\_ [1]  
 School district \_\_\_\_\_ [2]

**Contributions**

Amount of charitable contributions you wish to make to:

Fish and Wildlife Fund \_\_\_\_\_ [3]  
 State Fairgrounds Renovation \_\_\_\_\_ [4]  
 Firefighters Fund and Veterans Trust Fund \_\_\_\_\_ [5]  
 Child Abuse Prevention \_\_\_\_\_ [6]

**Residency Information**

Residency code \_\_\_\_\_ [7]

**Residency Code**

<b>Blank = Both spouses have the same residency status</b>	<b>4 = Taxpayer nonresident, spouse part-year resident</b>
<b>1 = Taxpayer nonresident, spouse resident</b>	<b>5 = Taxpayer resident, spouse part-year resident</b>
<b>2 = Taxpayer resident, spouse nonresident</b>	<b>6 = Taxpayer part-year resident, spouse resident</b>
<b>3 = Taxpayer part-year resident, spouse nonresident</b>	

**Part-year Resident Information**

If you were a part-year resident during the tax year, enter the dates you lived in Iowa

	Spouse	Taxpayer
Part-year residency dates:		
Moved into Iowa	_____ [8]	_____ [10]
Moved out of Iowa	_____ [9]	_____ [11]

**Nonresident Information**

Illinois residents:

Iowa wages or salary only	_____ [12]
Wages or salary and other Iowa source income	_____ [13]

**NOTES/QUESTIONS:**

Form ID: MO

**Missouri General Information**

County of residence name \_\_\_\_\_ [1]  
 County of residence \_\_\_\_\_ [2]

**Contributions****Amount of contributions you wish to make to:**

Children's Trust Fund \_\_\_\_\_ [3]  
 Veterans Trust Fund \_\_\_\_\_ [4]  
 Elderly Home Delivered Meals Trust Fund \_\_\_\_\_ [5]  
 Missouri National Guard Trust Fund \_\_\_\_\_ [6]  
 Workers' Memorial Trust Fund \_\_\_\_\_ [7]  
 Childhood Lead Testing Trust Fund \_\_\_\_\_ [8]  
 Missouri Military Family Relief Trust Fund \_\_\_\_\_ [9]  
 General Revenue Trust Fund \_\_\_\_\_ [10]  
 Organ Donor Program Trust Fund \_\_\_\_\_ [11]  
 Trust Fund \_\_\_\_\_ [12] \_\_\_\_\_ [13]  
 Trust Fund \_\_\_\_\_ [14] \_\_\_\_\_ [15]

**Trust Fund Codes**

<b>01 = American Cancer Society</b>	<b>09 = National Arthritis Foundation</b>
<b>02 = American Diabetes Association</b>	<b>10 = National Multiple Sclerosis Society</b>
<b>03 = American Heart Association</b>	<b>12 = Cervical Cancer Fund</b>
<b>04 = American Lung Association</b>	<b>13 = Breast Cancer Awareness Fund</b>
<b>05 = ALS (Lou Gehrig's Disease)</b>	<b>14 = Adoptive Parent's Recruitment and Retention</b>
<b>07 = Muscular Dystrophy Association</b>	<b>18 = Pediatric Cancer Trust</b>
<b>08 = March of Dimes</b>	<b>19 = Missouri National Guard Foundation Fund</b>

**Part-year Resident and Nonresident Information**

If you were a part-year resident during the tax year, enter the dates you lived in Missouri

	Taxpayer	Spouse
Missouri residency dates:		
From	_____ [16]	_____ [17]
To	_____ [18]	_____ [19]
Other state residency dates:		
From	_____ [20]	_____ [21]
To	_____ [22]	_____ [23]
Other state of residency	_____ [24]	_____ [25]

If your reason for residence in Missouri was to serve in the military, enter Missouri place of station:

Taxpayer \_\_\_\_\_ [26]  
 Spouse \_\_\_\_\_ [27]

**Property Tax Information****Residents only**

Mark if you are a 100% disabled veteran \_\_\_\_\_ [28]  
 Mark if you are disabled per section 135.010(2), RSMo \_\_\_\_\_ [29]  
 Mark if surviving spouse social security benefits were received during the tax year \_\_\_\_\_ [30]

**NOTES/QUESTIONS:**

Form ID: MO