

Trinity Global Financial Group
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 Tallahassee, FL 32303
 850-877-9461 Office
 850-792-2785 Fax

2018 Personal Data

Filing Status: **DID YOU LIVE IN A FEDERALLY DECLARED DISASTER AREA IN 2018?**

Taxpayer Name SSN **We MUST have the entire SSN for the taxpayer** Did you have health ins for 12 months? **Send 1095**
 If not, please complete the ACA page.



Spouse Name SSN Did you have health ins for 12 months? **Send 1095**
 If not, please complete the ACA page.

Address to use on tax return Apt No. City State Zip

NOTE: If the address ABOVE does NOT reflect your actual state of residence (using a family/friend's mailing address) we MUST have your state of residence to properly file your return. Enter ACTUAL STATE OF RESIDENCE (if different): DO YOU NEED A CITY/LOCAL TAX RETURN EXTENSION FILED? SEE NOTE BELOW ABOUT EXTENSIONS.

As part of the ID theft protection process states are **requiring** a driver's license number on the return. Please send a copy of your current US licenses. **Alternatively you can provide the state, number, issue & expiration dates on the notes page (13).**
 I have SENT COPIES or I have ENTERED DATA on page 13.

ONLY If your address for the tax return is a foreign country provide foreign: State/Province Country Postal Code
MAKE NO ENTRY IF ADDRESS ON RETURN IS IN US.

Taxpayer		Spouse	
Date of Birth		Date of Birth	
Occupation		Occupation	
Daytime Phone	Ext	Daytime Phone	Ext
Evening Phone	Ext	Evening Phone	Ext
Cell Phone		Cell Phone	
Foreign Phone		Foreign Phone	
E-mail		E-mail	
US Citizen? YES If not, what country?		US Citizen? YES If not, what country?	
Credentialed? If YES, are you receiving a housing allowance? Form 4361 Exempt from SS/SE tax on file with IRS? 		Credentialed? If YES, are you receiving a housing allowance? Form 4361 Exempt from SS/SE tax on file with IRS? 	
Full Time Student Blind		Full Time Student Blind	
Do you want \$3 to go to the Presidential Election Campaign Fund		Does spouse want \$3 to go to the Presidential Election Campaign Fund	

Did you purchase health care insurance for yourself, or any family member/dependent through a state or federal marketplace/exchange?
 YES If yes, please forward all forms 1095A, B and/or C

Do you need information helpful in completing the FAFSA application? We will send your FAFSA data once your return has been efiled.
Note that the for the 2019 school year FAFSA data is from your 2017 return so you may already have this information in your records.

DID you have a financial interest in or signature authority over a foreign financial account, including a bank account, brokerage account, mutual fund, trust, or other type of foreign financial account where the combined highest balance of all accounts is \$10,000 or more?
You MUST complete and return the last four pages as appropriate for your situation by MARCH 31, 2018 to ensure timely filing.

DUE DATES and ESTIMATED PAYMENTS: Federal returns are due on April 15th of each year. If you are living **outside** the United States **ON APRIL 15TH**, you have an automatic extension to file until June 15th without any action needed on your part. If you are unable to file by the applicable date you **MUST** apply for an extension. Please note that **we only apply for an extension if you contact us or if we have received your tax questionnaire and are not able to complete the return by the due date.** State returns are due on April 15th and generally follow the federal extension dates however some states do not. When you ask us to apply for an extension we will include the state extension if we know your state of residence. Please note that most states will only grant the extension if you have paid 90% of the state tax due on the return by the original due date of April 15th. Estimated payments are due on the 15th day of April, June, September and January the following year. Most states require that you make payments to cover your estimated tax liability. **If you have not made the required payments and file after the due date, even if you have applied for an extension of time to file, you will usually be penalized.** We will be glad to provide you with help calculating estimated payments and provide payment vouchers upon request.

I/We do hereby declare that, to the best of my knowledge and belief, the information furnished by me/us in this questionnaire for the preparation of my/our 2018 income tax return is true, correct and complete. I/We also certify that I/We will analyze the prepared return to verify the correctness of information compiled by the preparer. I/We realize that the accuracy of the return is my/our responsibility. **If this document is submitted by email or via your SecureFile Pro portal, the email/upload will serve as electronic signature.**

Taxpayer Signature Date Spouse Signature Date

Taxpayer Name:

SSN:

*** SEE NOTES AT BOTTOM***

Dependents

*** SEE NOTES AT BOTTOM***

First Name	Initial	Last Name	Suffix
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SSN	Relationship	Number of months lived with you in 2018
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Date of Birth	Does this dependent have income over \$1,000 <input type="checkbox"/> Do you want RLE to prepare a return for this income?* Health Insurance for 12 months? If not, please complete the ACA pages. Send 1095 A, B or C		
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Child care expenses incurred and paid in 2017 **

First Name	Initial	Last Name	Suffix
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SSN	Relationship	Number of months lived with you in 2018
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Date of Birth	Does this dependent have income over \$1,000 <input type="checkbox"/> Do you want RLE to prepare a return for this income?* Health Insurance for 12 months? If not, please complete the ACA pages. Send 1095 A, B or C		
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Child care expenses incurred and paid in 2018 **

First Name	Initial	Last Name	Suffix
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SSN	Relationship	Number of months lived with you in 2018
-----	--------------	---

Date of Birth	Does this dependent have income over \$1,000 <input type="checkbox"/> Do you want RLE to prepare a return for this income?* Health Insurance for 12 months? If not, please complete the ACA pages. Send 1095 A, B or C		
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Child care expenses incurred and paid in 2018 **

First Name	Initial	Last Name	Suffix
-------------------	---------	-----------	--------

SSN	Relationship	Number of months lived with you in 2018
-----	--------------	---

Date of Birth	Does this dependent have income over \$1,000 <input type="checkbox"/> Do you want RLE to prepare a return for this income?* Health Insurance for 12 months? If not, please complete the ACA pages. Send 1095 A, B or C		
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Child care expenses incurred and paid in 2018 **

First Name	Initial	Last Name	Suffix
-------------------	---------	-----------	--------

SSN	Relationship	Number of months lived with you in 2018
-----	--------------	---

Date of Birth	Does this dependent have income over \$1,000 <input type="checkbox"/> Do you want RLE to prepare a return for this income?* Health Insurance for 12 months? If not, please complete the ACA pages. Send 1095 A, B or C		
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Child care expenses incurred and paid in 2018 **

* If you choose to have RLE prepare your dependent's return please forward a copy of their W-2 and/or 1099 documents. If NOT, be sure the dependent does NOT claim themselves as an exemption on their return.

** Provide the name, address and EIN or SSN for child care provider. Use last page for notes if needed.

NOTE: If you qualified for Earned Income Credit in 2017 please provide documentation to prove the child's residence during 2018. include medical records, school records, day care records, etc.

Taxpayer Name:

SSN:

ESTIMATED TAX PAID	Amount Paid To IRS	Date Paid	Amount Paid To State	Date Paid	Amount Paid To Local	Date Paid
2016 overpayment applied to 2018 taxes						
1 st Qtr 2018 payment (was due 4/15/2018)						
2 nd Qtr 2018 payment (was due 6/15/2018)						
3 rd Qtr 2018 payment (was due 9/15/2018)						
4 th Qtr 2018 payment (was due 1/15/2019)						
Total						

The quarterly payments for HQ will appear on your April, June, September 2018 and January 2019 statements as a transaction in your class (05) shown as CK UNITED STATES TREASURY 05. Be sure to forward your statements to us for verification. We will ALSO NEED YOUR DECEMBER 2018 STATEMENT! **PDF FORMAT IS PREFERRED**

IF YOU ARE DUE A REFUND INDICATE HOW IT SHOULD BE HANDLED

Apply overpayment to your 2019 estimated taxes

Direct deposit to your checking/savings account (enclose a voided check)

Paper check in the mail to the address on your return

We can process a credit card payment for our fee when your return is prepared and filed. The authorization form is found in the public folder of your portal and can be downloaded, completed and returned once we have sent the processed return for your review. The processed return will include our invoice so that you can properly complete the authorization form before returning it through your SecureFile Pro portal. DO NOT EMAIL THAT COMPLETED FORM.



Protection Plus is the leading provider of audit assistance and identity theft restoration services in the tax industry. For a one-time fee of \$56.95 at the time of tax preparation, their experienced professionals will provide assistance with a multitude of IRS issues and provide identity restoration services in the event your identity is compromised. The audit assistance will provide coverage on your 2018 federal tax return for three years, and the identity theft restoration services for a full year. We are recommending that all of our clients add this valuable service to their tax preparation this year.

Mark this box to authorize the inclusion of this invaluable service with your return preparation. Note that you will have opportunity to reconsider before the fee is applied to your return.

Taxpayer Name:

SSN:

RENTAL INCOME & EXPENSE 1099M attached Yes No

Kind of Property & Address	Dates available for rent	Rent paid at less than fair rental value?	Rented to a relative?	Did you participate in management of property?
A		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
B		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
C		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
D		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
E		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
F		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

	Property A	Property B	Property C	Property D	Property E	Property F
Total Rent Received						
Advertising						
Auto & Travel						
Cleaning & Maintenance						
Insurance						
Legal & Professional Fees						
Management Fees						
Mortgage Interest to Banks						
Other Interest						
Repairs						
Supplies						
Taxes						
Utilities						
Other: (please list detail)						
Original Cost:						
Date Acquired:						

OIL/GAS ROYALTY INCOME & EXPENSE 1099M attached Yes No

Payer Name	Amount	Taxes Paid	Other Expenses

ROYALTIES, PARTNERSHIPS, TRUSTS & ESTATES

Royalties (Copyrights & Patents) Please attach all Forms 1099	
Royalties (Authors, Artists, etc.) Please attach all Forms 1099	
Did you own an interest in one or more partnerships in 2018? Please attach all Schedules K-1	YES <input type="checkbox"/> NO <input type="checkbox"/>
Did you receive income from a trust or estate in 2018? Please attach documentation	YES <input type="checkbox"/> NO <input type="checkbox"/>

Taxpayer Name:	SSN:
DO NOT COMPLETE THE HOUSING INFORMATION UNLESS YOU ARE CREDENTIALLED AND RECEIVING A HOUSING ALLOWANCE.	

U.S. HOUSING EXPENSES (ACTUAL EXPENSE)			
For Home You <u>LIVED IN</u> RENTED		For Home You <u>LIVED IN</u> OWNED	
Rent paid		Total mortgage payments (principle, interest, property tax and insurance)	
Utilities [electricity, gas, water, trash pickup, local telephone service, internet and cable (no cellphones)]		Down payment made in 2018	
Furnishings, appliances, bedding, utensils, etc.		Utilities [electricity, gas, water, trash pickup, local telephone service, internet and cable (no cell phones)]	
Repairs and maintenance (including tools and materials for DIY)		Furnishings, appliances, bedding, utensils, etc.	
		Repairs and maintenance (including tools and materials for DIY)	

Fair rental value of home you OWNED and lived in	
Fair rental value of U.S. housing provided to you free of charge	
U.S. Housing allowance declared	

FIELD HOUSING (SHELTER) <small>*Do NOT add items here that were not included in your quarterly reports.</small>	1 st Quarter Budget Report	2 nd Quarter Budget Report	3 rd Quarter Budget Report	4 th Quarter Budget Report
Rent paid				
Utilities (electricity, gas, water, trash pickup)				
Repairs and maintenance				
Totals				

RESIDENCY INFORMATION (if you were permanently based in the U.S. for all of 2018, you may skip this section.)			
If you are in the U.S., give date you will be leaving for the field and phone # where you can be reached then.			
If you are in the field, give date you will return to the U.S. and phone where you can be reached then.			
Check box if you ever claimed to foreign authorities you are not a bona fide resident of country YES <input type="checkbox"/> NO <input type="checkbox"/>			
Check box if you are required to pay income tax in your foreign country of residence YES <input type="checkbox"/> NO <input type="checkbox"/>			
Type of Visa		Expiration Date	
Indicate type of FIELD housing	<input type="checkbox"/> Purchased House <input type="checkbox"/> Rented House/Apartment <input type="checkbox"/> Quarters furnished by Employer <input type="checkbox"/> Other (please describe)		
Last foreign address during 2018 REQUIRED IF YOU LIVED ABROAD!			
Address:	City:	Province:	
Country:	Foreign Postal Code:		
Check box if you maintained a home in the U.S. YES <input type="checkbox"/> Check box if rental unit <input type="checkbox"/> IF CHECKED, COMPLETE INFORMATION BELOW			
Address of home			
Name of Occupants			
Relationship to you			

U.S. ARRIVAL AND DEPARTURE DATES Please list all dates taxpayer (not spouse) was/will be in the U.S. or its possessions during 2018 or 2019. Note that if spouse receives income for work performed abroad, you should complete a separate travel/time table. Use exact dates for 2018.

2018 EXACT DATES Check Box if overseas ALL of 2018		2019 EXACT OR ANTICIPATED DATES	
DEPARTED FOREIGN COUNTRY	ARRIVED IN FOREIGN COUNTRY	DEPARTED FOREIGN COUNTRY	ARRIVED IN FOREIGN COUNTRY

NOTE THAT WE ARE ASKING FOR YOUR DATES FOR DEPARTURE FROM AND ARRIVAL IN THE FOREIGN COUNTRY IN ORDER TO MORE ACCURATELY CALCULATE YOUR TIME IN THE US SINCE INTERNATIONAL AIRSPACE IS DEEMED TO BE TIME IN THE US.

Taxpayer Name:

SSN:

AFFORDABLE CARE ACT & PREMIUM TAX CREDIT

COMPLETE THIS PAGE ONLY IF YOU DID NOT HAVE INSURANCE FOR THE ENTIRE YEAR

If you were covered through HQ, we can extract this information from your monthly statements. Be sure to forward copies of all 2018 monthly statements.

The potential scenarios for qualifying for the credit, or owing the penalty are too numerous to detail in this document. If you have questions about your specific situation, please email Jenna at jgarrett@rletax.com

In 2018, did you have health care coverage for you, your spouse, and all qualifying dependents? YES NO D`YUgYdfcj]XYUWtdmicZU`
forms 1095 A, B and/or C.

In 2018, did you or your spouse receive an advance payment from the Marketplace to help pay for your monthly health care payments? YES NO
Please provide 1095A (will be sent from insurance company)

Did you or any dependent receive a Marketplace-Granted Exemption? YES NO If YES, provide all Exemption Certificate Numbers on the blank page near the end of this document. List name and Exemption Certificate Number.

Are you or any of your dependents claiming any other coverage exemption on your return? YES NO We will contact you for details.

Did you get married in 2018? YES NO

Did you share a policy with another taxpayer? YES NO

If you answered yes to either question, do you want to use the alternative calculation? YES NO

If you or your dependents were not covered for the entire year, please check the months that you/they WERE covered and list the total annual premium amount for taxpayer and each dependent. If sending a 1095A, only complete this section for individuals not listed on the 1095A.

	TAXPAYER	SPOUSE	DEPENDENT 1	DEPENDENT 2	DEPENDENT 3	DEPENDENT 4	DEPENDENT 5
JANUARY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FEBRUARY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MARCH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
APRIL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MAY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
JUNE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
JULY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AUGUST	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SEPTEMBER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OCTOBER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NOVEMBER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DECEMBER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ANNUAL PREMIUM AMOUNT							

The Affordable Care Act of 2010 requires that health care coverage information be reported on the individual tax returns for 2018. There are numerous scenarios that could arise as a result of this requirement. The possibilities are far too complex and extensive to address them all here so we will provide information for the most common scenarios and request that you contact us directly with questions about YOUR situation if it falls outside of these common areas.

1. If you and your dependents were insured for all of 2018 simply check the box on the questionnaire for yourself and each of your dependents.
2. If you and/or your dependents were not insured for all of 2018 complete the ACA page indicating which months each of you had coverage along with all other required information.
3. If you and/or your dependents purchased healthcare through either a state or federal healthcare exchange provide your form 1095A and check the appropriate box on the ACA page.
4. If you received advance premium tax credits to assist with paying for your healthcare premiums purchased through the marketplace, you **MUST** file a return in order to reconcile that credit. Additionally, we will need to have the income information for all members of your household who are required to file a tax return. **It is strongly suggested that we prepare those household member returns to ensure that the information is processed accurately.**

Taxpayer Name:

SSN:

PROFESSIONAL EXPENSES Provide NAME of Business

Describe nature of business:

DO NOT LIST EXPENSES FOR WHICH YOU HAVE BEEN OR WILL BE REIMBURSED

ITEMS NORMALLY 100% BUSINESS USE		ITEMS NEEDING ALLOCATION		
DESCRIPTION	AMOUNT	DESCRIPTION	AMOUNT	BUS. %
Credential and Professional Dues:		Repairs on professional equipment:		
Supplies for business purposes:		Credit card fees:		
Out of town travel (other than meals):		Internet & e-mail charges:		
Meals:		Cell phone charges:		
Periodicals & one-read books (no newspapers):		Computer software:		
Reference books for your library:				
Long distance calls for business purposes:				
Newsletters:				
Postage for business purposes:				
Gifts for business purposes:				
Professional education:				

VEHICLE INFORMATION

*Do **NOT** list STL vehicles or vehicles which were **NOT** used for business. (STL vehicles used in the US MAY qualify to be listed here)

*Do list non-STL vehicles which were used for business even though AGWM reimbursed you.

*For rented or borrowed vehicles, we **MUST** have actual expenses as well as the mileage.

Needed Data	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
Year and make of vehicle				
Date vehicle FIRST PUT INTO SERVICE FOR BUSINESS USE:				
Purchase price				
Owned, rented, leased, lease-purchase or borrowed				
Was vehicle used on the field?				
For personally owned on field vehicles, \$ amount you were reimbursed for fuel & other expenses.				
Business miles driven in 2018				
Personal miles driven in 2018				
Do you have written records of the above mileage?	YES <input type="checkbox"/>	YES <input type="checkbox"/>	YES <input type="checkbox"/>	YES <input type="checkbox"/>
Vehicle rental or lease payments				
Gas, oil, repairs, insurance, washes, etc.				
Total \$ amount of interest paid on vehicle loans				
Property taxes on vehicle				
Date sold & selling price (if sold)				
Was car sold to relative (if sold)				
Do you have another vehicle available for personal use that is not listed above?	YES <input type="checkbox"/>	YES <input type="checkbox"/>	YES <input type="checkbox"/>	YES <input type="checkbox"/>

PROFESSIONAL EQUIPMENT

Please list **ONLY** equipment purchased with personal funds. Note, however, that the monthly funds you receive from HQ for computer equipment are considered personal funds and you should list these equipment purchases.

Most items of equipment used in your business are included in an IRS list with three broad categories: 1) Items requiring a written log to establish the business use %; 2) Items whose business use % may be documented by other methods; 3) Items not "listed" for which the business use % may be established by your conservative estimate.

The first category includes computers and any equipment attached to them -- either wired or wireless. In order to take a deduction for items in this category, you must indicate that you have in your possession a written log of the time you used the computer. There must be a separate log for each computer.

The log need only show the date, the hours/minutes the computer was used and the hours/minutes for business purposes. Equipment attached to the computer is presumed to be used the same % as the computer itself unless you can demonstrate otherwise.

NOTE: The law does allow for a representative sample in place of a complete year-long log. This sample should cover a period of at least one full month. If you have not kept the log, you can start it now and apply the result back to 2018

NOTE: If the item is 100% business use then no log is required.

The second category includes cameras, camcorders, iPods, audio recorders and players, projectors, etc. You need only to be able to testify that you have documents such as phone bills, pictures, videos, tapes, CDs, etc. that would definitely demonstrate the business use % you assign to the item.

A few items in the third group which could arguably belong to group two include assets such as musical instruments, PDAs and GPS units. The logic is that these are so directly linked to your business that the documentation is not needed.

Equipment purchases of \$250 or less are no longer depreciated. They will be expensed fully in the year purchased. This will reduce your record keeping requirements. Please group all similar equipment purchases where the individual purchase price is below \$250 by category based on the business use percent. For example if you purchased six different items where the business use percent was 75% and the total of all six items was \$350 (No single item over \$250) make one entry of \$350 with a business use of 75%.

Please review your asset list from your **2017** return (if you had assets), and list below any changes to last year's assets, including business use % or sale. Also, please list any assets purchased in **2018** along with the business use %.

Taxpayer Name: _____ SSN: _____

STATE INFORMATION

Please list below each place where you lived in the United states during 2018

Address	City	County	State	Please give exact dates	
				From (MM/DD/YY)	To (MM/DD/YY)

Please refer to the list of states by each item below. If you lived in one or more of the states, please answer the question.

USE TAX Many States impose a "Use" tax (sales tax) on goods purchased while living in one of these States, from sources outside the State, on which no sales tax was paid (e.g. mail-order goods, books, subscriptions, internet purchases, etc.).

Please read and answer. > Did you have any such purchases? YES Total retail value of goods purchased: \$ _____

> What State did you live in when the goods were purchased?

TUITION & TEXTBOOKS IL, IA, MN These States grant a credit for expenses parents have paid for textbooks, tuition and lab fees for their children in grades K-12 (excluding expenses for classes in religious instruction).

Child's Name	Grade	Name of School	Address of School	Amount

RENTERS CA, IN, MA, MI, MN, MT (age 62 or over), NJ, NY, RI, WI These States grant credits to some renters based on the amount of rent paid and/or your amount of income.

Landlords name and address: _____

Address where you rented: _____

Number of months rented	Monthly Rent	Total Rent

Minnesota Only Please send to us the Form CRP from your landlord for 2018.

New York Only Monthly rent included which of these? Heat Gas Electricity Furnishings Board

Wisconsin Only Did you pay for heating while renting? YES

CALIFORNIA and MAINE Which State applies to you? California Maine

	Taxpayer	Spouse
How many days where you in the States during 2018?		
Prior to 2018, when were you last a resident of the State?		
Do you own property in the State?	YES <input type="checkbox"/>	YES <input type="checkbox"/>

CONNECTICUT

Qualifying property	Town or District to which tax was paid	Description of property	List or bill number (if available)	Date paid	Amount paid
Primary residence					
Automobile					

CAPITAL GAINS & LOSSES (Sale of stocks, bonds, land, etc.)

DESCRIBE PROPERTY SOLD (Number of acres, shares, etc.) PLEASE ENCLOSE ALL FORMS 1099B	Acquired			Sold			Selling Price	Cost
	MM	DD	YY	MM	DD	YY		

INSTALLMENT SALES IF SALE WAS IN 2018, PLEASE SEND COPY OF CLOSING STATEMENT OR CONTRACT

Description of property sold	Acquired			Sold			Amount received in 2018	
	MM	DD	YY	MM	DD	YY	Principle	Interest

SALE OF PERSONAL RESIDENCE

Date residence sold: _____ Date residence was acquired: _____

Original cost of residence (please attach purchase closing statements if possible) _____

Cost of improvements to residence (e.g. additions, storm windows, carpeting, etc.) _____

Selling Price (please attach copy of closing statement) _____

How many months did you live in the house during the 5 years previous to the date of sale? _____

Was the house ever used as a rental property? YES

IRA'S

	Taxpayer	Spouse
Do you want to contribute to an IRA or SEP IRA if it will save you tax?	YES <input type="checkbox"/>	YES <input type="checkbox"/>
Amount deposited in a traditional IRA for 2018 (not elective compensation deferrals such as 403b, MBA)		
Amount deposited into ROTH IRA for 2018		
Amount converted from a traditional IRA to a ROTH IRA for 2018		

Taxpayer Name:

SSN:

Begin typing below and provide us with any additional information that you feel is relevant to your 2018 tax return.

NOTE THAT IF YOU DON'T SEND A COPY OF YOUR U.S. DRIVERS' LICENSE YOU MUST PROVIDE THE STATE, ISSUE DATE AND EXPIRATION DATE FOR YOUR LICENSE. THIS IS REQUIRED FOR BOTH PARTIES IF MARRIED.

Taxpayer Name:

SSN:

FOREIGN BANK ACCOUNTS**PLEASE COMPLETE A SEPARATE FORM FOR SPOUSE IF NECESSARY.**

At any time in 2018, did the combined balances of all foreign accounts on which you could sign exceed \$10,000? YES NO If "NO," do not complete the section below. If "YES," you must give the following for EACH account. If more space is needed, please enclose on a separate sheet.

Part I Information on Financial Account(s) Owned Separately**(PERSONAL ACCOUNT)**

Maximum value of account		Maximum account value unknown <input type="checkbox"/>
Type of account		
Financial Institution name		
Account # or other designation		
Address		
City		State
Foreign postal code		Country
Maximum value of account		Maximum account value unknown <input type="checkbox"/>
Type of account		
Financial Institution name		
Account # or other designation		
Address		
City		State
Foreign postal code		Country
Maximum value of account		Maximum account value unknown <input type="checkbox"/>
Type of account		
Financial Institution name		
Account # or other designation		
Address		
City		State
Foreign postal code		Country
Maximum value of account		Maximum account value unknown <input type="checkbox"/>
Type of account		
Financial Institution name		
Account # or other designation		
Address		
City		State
Foreign postal code		Country
Maximum value of account		Maximum account value unknown <input type="checkbox"/>
Type of account		
Financial Institution name		
Account # or other designation		
Address		
City		State
Foreign postal code		Country
Maximum value of account		Maximum account value unknown <input type="checkbox"/>
Type of account		
Financial Institution name		
Account # or other designation		
Address		
City		State
Foreign postal code		Country
Maximum value of account		Maximum account value unknown <input type="checkbox"/>
Type of account		
Financial Institution name		
Account # or other designation		
Address		
City		State
Foreign postal code		Country

Taxpayer Name:

SSN:

Part II Information on Financial Account(s) Owned Jointly

(PERSONAL ACCOUNTS AND ANOTHER PERSON/ENTITY'S ACCOUNTS)

Maximum value of account		Maximum account value unknown <input type="checkbox"/>
Type of account		
Financial Institution name		
Account # or other designation		
Address		
City		State
Foreign postal code		Country
Number of joint owners		

Principal Joint Owner Information

Taxpayer Identification Number (TIN)		TIN type (SSN, Foreign, etc.)	
Last name or Organization name			
First name			
Middle name		Suffix	
Address			
City		State	
Zip/Postal code		Country	

Maximum value of account		Maximum account value unknown <input type="checkbox"/>
Type of account		
Financial Institution name		
Account # or other designation		
Address		
City		State
Foreign postal code		Country
Number of joint owners		

Principal Joint Owner Information

Taxpayer Identification Number (TIN)		TIN type (SSN, Foreign, etc.)	
Last name or Organization name			
First name			
Middle name		Suffix	
Address			
City		State	
Zip/Postal code		Country	

Maximum value of account		Maximum account value unknown <input type="checkbox"/>
Type of account		
Financial Institution name		
Account # or other designation		
Address		
City		State
Foreign postal code		Country
Number of joint owners		

Principal Joint Owner Information

Taxpayer Identification Number (TIN)		TIN type (SSN, Foreign, etc.)	
Last name or Organization name			
First name			
Middle name		Suffix	
Address			
City		State	
Zip/Postal code		Country	

Taxpayer Name:	SSN:
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Part III Information on Financial Account(s) Where Filer has Signature or Other Authority but NO Financial Interest in the Account(s)
(ANOTHER PERSON/ENTITY'S ACCOUNT)

Maximum value of account		Maximum account value unknown <input type="checkbox"/>
Type of account		
Financial Institution name		
Account # or other designation		
Address		
City		State
Foreign postal code		Country

Owner Information

Last name or Organization name			
Taxpayer Identification Number (TIN)		TIN type (SSN, Foreign, etc.)	
First name			
Middle name		Suffix	
Address			
City		State/Territory/Province	
Zip/Postal code	Country		Filer's title with this owner

Maximum value of account		Maximum account value unknown <input type="checkbox"/>
Type of account		
Financial Institution name		
Account # or other designation		
Address		
City		State
Foreign postal code		Country

Owner Information

Last name or Organization name			
Taxpayer Identification Number (TIN)		TIN type (SSN, Foreign, etc.)	
First name			
Middle name		Suffix	
Address			
City		State/Territory/Province	
Zip/Postal code	Country		Filer's title with this owner

Maximum value of account		Maximum account value unknown <input type="checkbox"/>
Type of account		
Financial Institution name		
Account # or other designation		
Address		
City		State
Foreign postal code		Country

Owner Information

Last name or Organization name			
Taxpayer Identification Number (TIN)		TIN type (SSN, Foreign, etc.)	
First name			
Middle name		Suffix	
Address			
City		State/Territory/Province	
Zip/Postal code	Country		Filer's title with this owner

Form 114a

Department of the Treasury
Financial Crimes Enforcement
Network (FinCEN)

October 2013

Record of Authorization to Electronically File FBARs

(See instructions below for completion)

Do not send to FinCEN. Retain this form for your records.



Part I Persons who have an obligation to file a Report of Foreign Bank and Financial Account(s)

1. Owner last name or entity's legal name	2. Owner first name	3. Owner M. I.
4. Spouse last name (if jointly filing FBAR - see instructions below)	5. Spouse first name	6. Spouse M. I.

I/we declare that I/we have provided information concerning _____ (enter number of accounts) foreign bank and financial account(s) for the filing year ending December 31, _____ to the preparer listed in Part II; that this information is to the best of my/our knowledge true, correct, and complete; that I/we authorize the preparer listed in Part II to complete and submit to the Financial Crimes Enforcement Network (FinCEN) a Report of Foreign Bank and Financial Accounts (FBAR) based on the information that I/we have provided; and that I/we authorize the preparer listed in Part II to receive information from FinCEN, answer inquiries and resolve issues relating to this submission. I/we acknowledge that, notwithstanding this declaration, it is my/our legal responsibility, not that of the preparer listed in Part II, to timely file an FBAR if required by law to do so.

7. Owner signature (Authorized representative if entity)	8 Date / / MM DD YYYY	9 Owner or entity TIN	10 TIN type a <input type="checkbox"/> EIN b <input type="checkbox"/> SSN/ITIN c <input type="checkbox"/> Foreign
11. Spouse signature	12 Date / / MM DD YYYY	13 Spouse TIN	14 TIN type a <input type="checkbox"/> EIN b <input type="checkbox"/> SSN/ITIN c <input type="checkbox"/> Foreign

Part II Individual or Entity Authorized to File FBAR on behalf of Persons who have an obligation to file.

15. Preparer last name	16. Preparer first name	17. Preparer M.I.	18. Preparer PTIN
19 Address	20 City	21 State	22 ZIP/postal code
23 Country code	24 Preparer's (item 15) employer's (Entity) name	25. Employer EIN	26. Preparer's signature

Instructions for completing the FBAR Signature Authorization Record This is a fill and print form using Adobe Reader

This record may be completed by the individual or entity granting such authorization (Part I) OR the individual/entity authorized to perform such services. The completed record must be signed by the individual(s)/entity granting the authorization (Part I) and the individual/entity that will file the FBAR. The Preparer/filing entity must be registered with FinCEN BSA E-File system. (See <http://bsaeiling.fincen.treas.gov/main.html> for registration).

Read and complete the account owner statement in Part I.

To authorize a third party to file the Foreign Bank and Financial Accounts Report (FBAR), the account owner should complete Part I, items 1 through 3 (as required), sign and date the document in Part I, Items 7/8 and complete items 9 and 10.

Accounts Jointly Owned by Spouses (see exceptions in the FBAR instructions)

If the account owner is filing an FBAR jointly with his/her spouse, the spouse must also complete Part I, items 4 through 6. The spouse must also sign and date the report in items 11/12, and complete items 13 and 14. A third party preparer may be one of the spouses of the jointly owned foreign account. In this case, both spouses must complete Part I of form 114a in its entirety. The third party preparer (spouse) that will file the FBAR on behalf of both spouses will complete Part II in its entirety (do not use such terms as *see above*, or *same as item number x*).

Complete Part II, items 15 through 18 with the preparer's information. The address, items 19 through 23, is that of the preparer **or** the preparer's employer if the preparer is an employee. Record the employer's information (if any) in items 24 and 25. If the preparer does not have a PTIN, leave item 18 blank. The third party preparer must sign in item 26 of Part II indicating that the FBAR will be filed as directed by the authorizing authority.

The person(s) listed in Part I, and the person listed in Part II as authorized to file on behalf of the person(s) listed in Part I, should retain copies of this record of authorization and the filing itself, both for a period of 5 years. See 31 CFR 1010. 430(d).

DO NOT SEND THIS RECORD TO FinCEN UNLESS REQUESTED TO DO SO.