

## 2018 INDIVIDUAL TAX RETURN ORGANIZER

**\*This page is required to be completed and returned\***

*You may email your completed organizer to [lorrynda@wayfinder CPA.com](mailto:lorrynda@wayfinder CPA.com)*

	TAXPAYER	SPOUSE
Legal Name		
Social Security #		
Birth Date		
Occupation		
Email Address		
Phone Number		
Primary Contact Person (check one)		
Best way to contact (phone or email)		
Mailing Address		

DEPENDENTS					
Full Legal Name	Date of Birth	Social Security #	Anyone else claiming?	Lived with you all year?	If no: full time student in college?

TAX RETURN DELIVERY PREFERENCE	
SECURE EMAIL	
PICKUP AT OUR OFFICE	
MAIL (\$15 postage fee applies)	

MARITAL STATUS AS OF 12/31/2018	
MARRIED	
SINGLE	
OTHER (please explain)	

BANK INFO FOR DIRECT DEPOSIT OF REFUND (OPTIONAL)	
BANK NAME	
ACCOUNT #	
ROUTING #	
CHECKING OR SAVINGS?	

ESTIMATED TAX PAYMENTS FOR 2018 (if any)			
FEDERAL		STATE	
Date	Amount	Date	Amount

HEALTH INSURANCE MANDATE		
	YES	NO
<i>Please check Yes or No</i>		
Was everyone in your household covered by a health insurance plan for 12 months in 2018? <b>If no, please explain details.</b>		
Were you covered under a Healthcare.gov Marketplace plan? <b>If Yes, make sure you provide Form 1095-A</b>		

- Please see reverse side for required engagement agreement -

# General Engagement Letter for Individual Tax Return Preparation

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This letter is to inform you, the taxpayer, of the services we will provide you, and the responsibilities you have for preparation of your tax return.

## **Tax Return Preparation**

- We will prepare your 2018 federal and state tax returns based on information you provide. Services for preparation of your return do not include auditing or verification of information provided by you.
- This engagement does not include any audit or examination of your books or records. In the event your return is audited, you will be responsible for verifying the items reported.
- The price for tax return preparation does not include audit representation or preparing materials to respond to correspondence from taxing authorities.
- The engagement to prepare your 2018 tax returns terminates upon delivery of your completed returns and original documents to you. Please store your supporting documents and copies of your tax returns in a secure place for at least seven years.

## **Taxpayer Responsibilities**

- You agree to provide us all income and deductible expense information. If you receive additional information after we begin working on your return, you will contact us immediately to ensure your completed tax returns contain all relevant information.
- You affirm that all expenses or other deduction amounts are accurate and that you have all required supporting written records. In some cases, we will ask to review your documentation.
- You must be able to provide written records of all items included on your return if audited by either the IRS or state tax authority. We can provide guidance concerning what evidence is acceptable.
- You must review the return carefully before signing to make sure the information is correct.
- Your invoice must be paid before your tax return is delivered to you or filed for you. If you terminate this engagement before completion, you agree to pay for work completed.
- You should keep a copy of your tax return and any related tax documents. You may be assessed an additional price if you request second copy in the future.

**Signatures.** By signing below, you acknowledge that you have read, understand, and accept your obligations and responsibilities and that you understand our responsibilities in preparing your tax returns as explained above. For a joint return, both taxpayers must sign.

\_\_\_\_\_  
*Taxpayer*

\_\_\_\_\_  
*Spouse*

\_\_\_\_\_  
*Date*

**If you would like to expedite the process of getting your tax returns filed, please provide authorization and payment information below and we will process payment once we receive your signed e-file authorization form. You may alternatively send us a check now, or with your e-file form.**

You agree to let us, Wayfinder CPA LLC, make a one-time electronic debit from your bank account or credit card for the amount listed in the letter addressed to you once you have been notified that your 2018 tax returns are complete. If you have any questions about this debit, you can reach us at phone number (225) 317-7969.

Check here if you would like the bank account listed on Page 1 to be debited

Enter credit card information below if you would like it charged for payment

Credit Card number

CVV

Expiration Date

Name on Card

Billing Address (if different from Page 1)

## 2018 INDIVIDUAL TAX RETURN ORGANIZER, continued

*The remaining pages are optional, but your participation is encouraged and will help limit the frequency of additional questions we have for you to ensure we prepare your return accurately while minimizing taxes. If an item is not answered, we will assume it is not relevant to you or the amount is zero, unless other documentation is provided. It is not necessary to answer every question. For example, if you have provided brokerage statements, you do not need to duplicate your interest, dividends, and stock sales from that statement.*

General Checklist of items you should provide if you or any member of your family have received:

- Form W-2
- Form 1099 and Form 1098
- Form K-1 (from a partnership, sub-S corporation, etc.)
- Social Security statements
- Interest and Dividend Income statements
- Stock Brokerage Statements including Cost Basis statements if you sold securities in 2018
- Health Insurance Coverage Forms 1095-A, 1095-B or 1095-C
- HSA 1099 and Form 5498
- Interest Expense statements from lending institutions
- Property tax bills paid
- Educational tuition statements from colleges, etc.
- Your last year tax return if we do not already have it
- Charitable contributions amounts
- See note on Page 2 regarding children’s tax return information
- The “declaration page” from the renewal of your homeowner’s insurance during 2018 (and for any rental/commercial property insurance). Contact your insurance agent if you can’t locate it.
- Any other documents which you feel are pertinent

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### INCOME

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INTEREST	
PAYER	AMOUNT

DIVIDENDS	
PAYER	AMOUNT

SALES OF PROPERTY NOT SHOWN ELSEWHERE (stocks, gold, house, land, etc.)				
DESCRIPTION	DATE PURCHASED	DATE SOLD	PURCHASE PRICE	SALES PRICE

<b>OTHER INCOME: not from wages, business, investments</b> (i.e. pensions, insurance, payments, royalties)		
DESCRIPTION	PAYER	AMOUNT

If you have a business or rental property that is not reported on a separate tax return, please provide a schedule including, but not limited to: Income, Expenses, Mortgage interest, Property taxes, HOA dues, Insurance expense, Repairs and maintenance. If you used your vehicle for business purposes, please provide total mileage and business mileage. If you had a home office, please provide the square footage of the office and your total home.

## EXPENSES

<b>MEDICAL EXPENSES</b> (do not include amounts paid from a pre-tax health savings account, or amounts reimbursed from insurance)	
DESCRIPTION	AMOUNT
Insurance premiums (do not include amounts paid pre-tax through employer)	
Long-term care premiums	
Doctors, Dentists, Nurses, etc. Co-pay	
Prescriptions	
Medical mileage (enter actual miles, not the computed deduction)	

<b>HEALTH SAVINGS ACCOUNTS</b>	YES	NO	IF NO, WHAT AMOUNT WAS FOR MEDICAL?
Were all of your withdrawals from an HSA account for medical expenses?			

<b>TAX EXPENSES</b>	
DESCRIPTION	AMOUNT
Real Estate (Property) taxes	
Sales tax on large purchases	
Other personal property taxes (not applicable in LA)	

<b>INTEREST EXPENSES</b>		
DESCRIPTION	AMOUNT	12/31/18 Mortgage Balance
Home Mortgage		
Home Mortgage 2		
Other Real Estate		

CHARTIABLE CONTRIBUTIONS: CASH	
NAME OF CHARITABLE ORGANIZATION	AMOUNT

It is not required to send your receipts for cash donations to us, but make sure you have them for your own records

CHARTIABLE CONTRIBUTIONS: NON-CASH			
NAME OF CHARITABLE ORGANIZATION	DESCRIPTION	EST. VALUE ON DATE DONATED	EST. VALUE WHEN ORIGINALLY PURCHASED

**OTHER ADJUSTMENTS**

CHILD CARE				
CHILD NAME	CHILD CARE PROVIDER			AMOUNT PAID
	PROVIDER NAME	ADDRESS	TAX ID #	

LOUISIANA SCHOOL EXPENSES (max deduction is \$5,000 per child)			
CHILD NAME	SCHOOL NAME	DESCRIPTION (ex. Tuition, Books, Uniforms)	AMOUNT

<b>COLLEGE TUITION EXPENSES</b>		
<b>STUDENT NAME</b>	<b>SCHOOL NAME</b>	<b>AMOUNT</b>

<b>OTHER ADJUSTMENTS</b>		
<b>DESCRIPTION</b>	<b>TAXPAYER</b>	<b>SPOUSE</b>
Educator Expenses		
Health Savings Account Contributions (After-tax only)		
Self-Employed Retirement Plan Contributions		
Self-Employed Health Insurance Premiums		
Traditional IRA Contributions		
Roth IRA Contributions		
Student Loan Interest		

**USE THE SPACE BELOW TO LIST ANY OTHER INFORMATION WHICH YOU BELIEVE IS PERTINANT**