

**ELO Prof., LLC**  
**TAX ORGANIZER - 2018**

**\*\*Please complete this form and include with your tax information\*\***

**Taxpayer & Spouse Information:**

Name	Date of Birth	Social Security #	Occupation

**Contact Information**

Home Address \_\_\_\_\_

Phone Number

Home: \_\_\_\_\_

Cell: \_\_\_\_\_

Email address: \_\_\_\_\_

**Dependents:**

Name	Date of Birth	Social Security #	Relationship	Months at Home

**Banking Information/Direct Deposit:**

No change to bank account

New account (Include voided check)

**Was everyone in your household covered by qualified health insurance for all 12 months of 2018?**

Yes

No

**Did you act as a personal representative or trustee for an estate or trust in 2018?**

If yes, how much compensation did you receive?

\$ \_\_\_\_\_

***Checklist - Documents Needed in Addition to Your Completed Organizer***

***Income/Investments/Retirement***

All form(s) W-2, 1098, 1099, or Schedule K-1

All form(s) 1099-R and SSA-1099, reporting pension and social security benefits

Records of any contribution(s) you made to IRAs or other retirement plans

Amount of alimony paid and ex-spouse's Social Security number

***Education/Child Care Expenses***

Education scholarships and fellowships

Records of tuition and other higher education expenses, and Forms 1098-T (required)

Childcare expense records (including the provider's ID number)

Student loan interest statement (Form 1098-E)

Records of any contributions you made to 529 plans or education savings accounts

***Healthcare***

All form(s) 1095

HSA information (Form(s) 5498, 1099-SA)

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**ITEMIZED DEDUCTIONS**

**\*\*\*Please include all applicable supporting documentation\*\*\***

**Medical and Dental Expenses:**

**Out of Pocket Costs:**

Health Insurance \_\_\_\_\_  
 Other Insurance (Dental/  
 Prescription, etc...) \_\_\_\_\_  
 Long Term Care Insurance \_\_\_\_\_  
     - Taxpayer \_\_\_\_\_  
 Long Term Care Insurance \_\_\_\_\_  
     - Spouse \_\_\_\_\_  
 Prescription Drugs \_\_\_\_\_  
 Doctors, Dentists, etc... \_\_\_\_\_  
 Hospitals, clinics, etc... \_\_\_\_\_  
 Vision/Eyeglasses \_\_\_\_\_  
 Hearing Aids \_\_\_\_\_  
 Other \_\_\_\_\_

**Medical Travel:**

Miles Driven for Medical \_\_\_\_\_  
 Lodging Expenses \_\_\_\_\_

**Interest:**

Home Mortgage Interest (please include  
 Form(s) 1098) \_\_\_\_\_  
 Mortgage Insurance Premiums \_\_\_\_\_

**Charitable Contributions:**

Gifts by Cash or Check (gifts over \$250  
 must have receipt) \_\_\_\_\_  
 Non-Cash Gifts (gifts over \$500 require  
 additional information) \_\_\_\_\_  
 Volunteer Miles \_\_\_\_\_

**Real Estate Taxes:**

Primary Residence \_\_\_\_\_  
 Additional Residence \_\_\_\_\_

**Other Taxes:**

State Income Taxes \_\_\_\_\_  
 General Sales Taxes \_\_\_\_\_  
 Personal Property Taxes \_\_\_\_\_

**Federal Estimated Tax Payments:**

		Date Paid	Amount Paid
1st Quarter Payment	Due 4/17/18		
2nd Quarter Payment	Due 6/15/18		
3rd Quarter Payment	Due 9/17/18		
4th Quarter Payment	Due 1/15/19		

**Additional organizational checklists are available on our website if you are an independent contractor, are self-employed, or own real estate. Please call or e-mail us with questions.**

**\*\*Please note - neglecting to fully review and complete this form could result in a delay in our processing of your tax return.**