

For questions answered 'Yes', please include all necessary details and documentation.

	Yes	No
Personal Information		
Did your marital status change during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____		
Did your address change from last year? <u>If yes, provide the new address and the date moved.</u>	<input type="checkbox"/>	<input type="checkbox"/>
Did your bank account (routing transit number and/or account number) change that has been used to direct deposit (or direct debit) funds from (or to) the IRS or other taxing authority during the tax year? <u>If yes, enclose a voided check.</u>	<input type="checkbox"/>	<input type="checkbox"/>
Do you want any balance due directly withdrawn from this same bank account on the due date?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive an Identity Protection PIN (IP PIN) from the IRS or have you been a victim of identity theft? <u>If yes, attach the IRS letter.</u>	<input type="checkbox"/>	<input type="checkbox"/>
Dependent Information		
Were there any changes in dependents from the prior year? <u>If yes and adding a dependent, provide name, social security number and date of birth.</u>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any dependent children with unearned income (such as interest or dividends) in excess of \$1,050 or earned income (such as wages) more than \$6,350?	<input type="checkbox"/>	<input type="checkbox"/>
Did you provide over half the support for any other person(s) other than your dependent children during the year? <u>If yes, provide name, social security number and date of birth.</u>	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay for child care while you worked or looked for work? <u>If yes, provide amount paid FOR EACH DEPENDENT SEPARATELY and child care provider's name, address, and tax ID number.</u>	<input type="checkbox"/>	<input type="checkbox"/>
If you are divorced or separated with child(ren), do you have a divorce decree or other form of separation agreement which establishes custodial responsibilities?	<input type="checkbox"/>	<input type="checkbox"/>
Did any dependents receive an Identity Protection PIN (IP PIN) from the IRS or have they been a victim of identity theft? <u>If yes, attach the IRS letter.</u>	<input type="checkbox"/>	<input type="checkbox"/>
Purchases, Sales and Debt Information		
Did you start a new business during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you acquire a new or additional interest in a partnership, LLC, S corporation, estate or trust?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell an existing business this year? <u>If yes, provide sales agreement(s).</u>	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell, exchange, or purchase any real estate during the year? <u>If yes, provide Closing Disclosure(s).</u>	<input type="checkbox"/>	<input type="checkbox"/>

- Did you purchase or sell a principal residence during the year?
- Did you acquire or dispose of any stock during the year?
- If yes, provide purchase date, purchase price, sale date and sale price.**
- Did you take out a home equity loan this year for your principal residence or second home?
- If yes, were the borrowings used for other than acquiring, constructing, or substantially improving your home?**
- Did you refinance a principal residence or second home this year?
- If yes, provide Closing Disclosure(s).**
- Did you have any debts canceled or forgiven this year, such as a home mortgage or student loan(s)?
- Did you purchase a qualified plug-in electric drive vehicle or qualified fuel cell vehicle this year?
- If yes, provide purchase invoice.**

Income Information

- Did you have any foreign income or pay any foreign taxes during the year, directly or indirectly, that are not reflected on an enclosed 1099?
- Did you receive any income from property sold prior to this year?
- Did you receive any unemployment benefits during the year?
- Did you pay or receive alimony? **Do not include child support.**
- If yes, provide the year of the divorce agreement, name, social security number and amount.**
- Did you receive any awards, prizes, hobby income, gambling or lottery winnings?
- Did you serve in a combat zone? **If yes, provide operation name/location and deployment date(s).**
- Do you expect a large fluctuation in income, deductions, or withholding next year? **If yes, explain.**

Retirement Information

- Are you an active participant in a pension or retirement plan?
- Did you receive any Social Security benefits during the year?
- If yes, enclose all 1099 SSA Forms.**
- Did you make any withdrawals from an IRA (**NOT Roth**), Keogh, SIMPLE, SEP, 401k, or other qualified retirement plan?
- Did you make any withdrawals from a **Roth** IRA? **If yes, provide lifetime contributions to your account (less cumulative prior withdrawals) and number of years you have had your Roth IRA.**
- Did you receive any distribution from an IRA or other qualified plan that was partially or totally rolled over into another IRA or qualified plan within 60 days of the distribution?
- Did you contribute to a **traditional (NOT Roth)** IRA during the year?
- If yes, provide amount.**
- Did you contribute to a **Roth** IRA or convert an existing IRA into a Roth IRA?
- If yes, provide amount.**
- Do you plan to contribute before April 15, 2019, to a traditional IRA or Roth IRA for last year? **If yes, provide details.**
- Did you contribute to a Keogh, SIMPLE, SEP, 401k or other qualified retirement plan? **If yes, provide amount(s).**
- Do you want to make the maximum allowable Keogh/SEP/SIMPLE IRA contribution?
- Did you receive retirement benefits from the State of NC, its local

governments, or the US government (including military) and have 5 or more years of service as of Aug. 12, 1989?

Education Information

Did you, your spouse, or your dependents attend a post-secondary school during the year?

If yes, indicate attendee and attach any Form(s) 1098-T and receipts for qualified tuition and related expenses.

Did you make any withdrawals from an education savings or 529 Plan account?

Did you pay any student loan interest this year?

If yes, provide amount.

Did you cash any Series EE or I U.S. Savings bonds issued after 1989?

Did you make any contributions to an education savings or 529 Plan account? **If yes, provide details.**

Health Care Information

Did you have qualifying health care coverage, such as employer-sponsored coverage or government-sponsored coverage (i.e., Medicare/Medicaid) for every month of 2018 for your family? "Your family" for health care coverage refers to you, your spouse if filing jointly, and anyone you can claim as a dependent. **If yes, attach any Form(s) 1095-B and/or 1095-C you received.**

Did anyone in your family qualify for an exemption from the health care coverage mandate?

Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act?

If yes, provide any Form(s) 1095-A you received.

Did you receive any Health Coverage Tax Credit (HCTC) advance payments?

If yes, attach any Form(s) 1099-H you received.

Did you make any contributions to a Health Savings Account (HSA) or Archer MSA?

Did you receive any distributions from a Health Savings Account (HSA), Archer MSA, or Medicare Advantage MSA this year?

Did you pay long-term care premiums for yourself or your family?

If yes, provide amount paid for EACH INDIVIDUAL SEPARATELY.

Did you make any contributions to an ABLE (Achieving a Better Life Experience) account? **If yes, attach any Form(s) 5498-QA you received.**

Did you receive any withdrawals from an ABLE (Achieving a Better Life Experience) account? **If yes, attach any Form(s) 1099-QA you received.**

Itemized Deduction Information

Did you incur a casualty or theft loss or any condemnation awards during the year? **If yes, provide details.**

Did you pay health care premiums for yourself or your family **other than through employer pre-tax payroll deductions?**

If yes, provide amount paid.

Did you pay out-of-pocket medical expenses (co-pays, prescription drugs, etc.)? **If so, how much?**

Did you pay real estate taxes this year? **If yes, attach supporting statement(s).**

Did you pay vehicle property taxes this year? **If yes, attach supporting statement(s).**

- Did you pay any mortgage interest on an existing home loan?
- If yes, attach Form(s) 1098.**
- Did you incur interest expenses associated with any investment accounts?
- Do you have evidence to substantiate charitable contributions?
- Did you make any noncash charitable contributions (clothes, furniture, etc.)?
- If yes, provide receipt(s) and/or description of donated items AND VALUE.**
- Did you donate a vehicle or boat during the year? **If yes, attach Form 1098-C.**
- Did you make any major purchases during the year (cars, boats, etc.)?
- If yes, provide sales/excise tax paid (purchase invoice).**

Miscellaneous Information

- Did you make gifts of more than \$15,000 to any individual?
- Did you utilize an area of your home **exclusively** for business purposes?
- If yes, provide business-use square footage and total square footage.**
- Did you move pursuant to a military order and incur moving expenses?
- Are you a teacher? If yes, provide amount of out-of-pocket classroom costs (limited to \$250 per taxpayer).
- Did you pay any household employee over age 18 wages of \$2,000 or more?
- Did you make energy efficient improvements to your main home this year? **If yes, provide description and costs.**
- Did you receive a distribution from, or were you a grantor or transferor for a foreign trust?
- Did you have a financial interest in or a signature authority over a financial account, such as a bank account, securities account, or brokerage account, located in a foreign country?
- Do you have an interest in specified foreign financial assets valued at more than \$50,000 on Dec. 31, 2018 or more than \$75,000 at any time during the tax year?
- Did you receive correspondence from the State or the Internal Revenue Service? **If yes, provide correspondence.**
- Do you want to designate \$3 to the Presidential Election Campaign Fund?
- If you check yes, it will not change your tax or reduce your refund.
- Did you pay any quarterly estimated federal or state tax payments during the year? **If yes, provide amount(s) and date(s) paid.**

NC assesses consumer use tax on out-of-state purchases when the item purchased is subject to NC sales tax and the retailer making the sale does not collect sales tax on the sale. Some of the items that are subject to sales tax include computers, clothing, and jewelry. Out-of-state retailers include mail-order companies, television shopping networks, firms selling over the Internet, and retailers located outside the State. NC estimates the amount of use tax due by taxpayers as .0675% (.000675) of NC taxable income. If you believe this estimate is too high for your out-of-state purchases, please estimate the amount of your purchases, if any. Unless you tell us otherwise, we will assume you did not have any out-of-state purchases on which you did not pay sales tax. Estimated purchases \$_____.

GENERAL INFORMATION

General: 1040 **Personal Information**

Filing (Marital) status code (1 = Single, 2 = Married filing joint, 3 = Married filing separate, 4 = Head of household, 5 = Qualifying widow(er)) _____
 Mark if you were married but living apart all year _____ Mark if your nonresident alien spouse does not have an ITIN _____

Taxpayer
Spouse

 Social security number _____
 First name _____
 Last name _____
 Occupation _____
 Designate \$3.00 to the presidential election campaign fund? (1 = Yes, 2 = No, 3=Blank) 2 _____
 Mark if legally blind _____
 Mark if dependent of another taxpayer _____
 Taxpayer between 19 and 23, full-time student, with income less than 1/2 support? (Y, N) _____
 Date of birth _____
 Date of death _____
 Work/daytime telephone number/ext number _____
 Do you authorize us to discuss your return with the IRS (Y, N) Y

General: 1040, Contact **Present Mailing Address**

Address _____
 Apartment number _____
 City/State postal code/Zip code _____
 Foreign country name _____
 Foreign phone number _____
 Home/evening telephone number _____
 Taxpayer email address _____
 Spouse email address _____

General: 1040 **Dependent Information**

First Name	Last Name	Date of Birth	Social Security No.	Relationship	Months in home	Care expenses paid for dependent
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Credits: 2441 **Child and Dependent Care Expenses**

Provider information:
 Business name _____
 First and Last name _____
 Street address _____
 City, state, and zip code _____
 Social security number OR Employer identification number _____
 Tax Exempt or Living Abroad Foreign Care Provider (1 = TE, 2 = LAFCP) _____
 Amount paid to care provider in 2018 _____

Taxpayer
Spouse

 Employer-provided dependent care benefits that were forfeited _____

Health Care: Coverage **Health Care Coverage**

"Your family" for health care coverage refers to you, your spouse if filing jointly, and anyone you can claim as a dependent.

2018 Information
Prior Year Information

 Was your entire family covered for the full year with minimum essential health care coverage? (Y, N) _____

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
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Educator expenses:

_____	_____	_____	_____
_____	_____	_____	_____

Other adjustments:

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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:		
	Payee's Name _____ SSN or EIN _____	2018 Information	Prior Year Information
	Address _____ City _____ State _____ Zip Code _____		
T/S/J	Investment interest expense, other than on Sch K-1s:	2018 Information	Prior Year Information
	Refinancing Information: Refinance #1 _____ Refinance #2 _____		
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)	_____	_____
	***STATE USE ONLY - Complete the following fields only if you file a state return in AL, AR, CA, HI, IA, MN, NY or PA		
T/S/J	Unreimbursed expenses***	2018 Information	Prior Year Information
—	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***	_____	_____

BANK & 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: