GREENBERG &

COMPANY

Certified Public Accountants, LLC

500 MORRIS AVENUE SPRINGFIELD, NJ 07081 (973) 467-3838 – FAX (973) 467-3184

GREENBERGCPAS.COM

<u>2018</u>

FOR THE PREPARATION OF YOUR INCOME TAX RETURNS, PLEASE SUPPLY THE FOLLOWING: NAMES:

PLEASE NOTIFY US IF YOUR ADDRESS CHANGED FROM THE PRIOR YEAR.

CURRENT PHONE NUMBERS: HOME

OFFICE (TAXPAYER)	(SPOUSE)
CELL (TAXPAYER)	(SPOUSE)
EMAIL (TAXPAYER)	(SPOUSE)
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- _ 1. Birth Date: Taxpayer _____ Spouse _____
- A schedule of all dependents with <u>social security numbers</u> and birthdates. Please note if child is in college and complete item 11 below.
- Child Care Information Amount and I.D. number of dependent care provider. (<u>Note, no</u> <u>credit will be allowed without an I.D. number.</u>)
- 4. Did you have an interest in or signature or other authority over a <u>financial account</u> in a <u>foreign country</u>, such as a bank account, securities account, or other financial account?
- 5. Forms W-2, Wage and Tax Statement.
 - 6. Forms 1099 for Interest, Dividends, Capital Transactions and Social Security or any sources of income for the year.
 - _ 7. Schedules K-1, if you are involved in any partnerships, S corporations, or estate/trusts.
- 8. List all capital transactions on enclosed schedule. (DATES ARE CRITICAL)
 - Information relative to contributions, rollovers or conversions of Retirement Plans, or any withdrawals and include Form 1099Rs.
- 10. Did you engage the services of any household employees? If so, please list name, social security number, address and amount paid.
- 11. Information regarding payments towards college savings plans or payment for college tuition and fees. Please include amounts received from distributions from any education savings accounts.
- 12. Did you or your spouse make any gifts to an individual that total more than \$15,000, or any gifts to a trust?
- ^{13.} Did you have health insurance for the entire year? If you received Form 1095A, 1095B or 1095C, please include them.
 - ^{14.} HSA contributions and/or distributions. Please include 1099-SA.

2018 Federal Estimated Tax Payments

If your estimated payments were not made on the date due, please enter the actual date and amount paid.

	Date Due	Date Paid if After Date Due	Amount Paid
1 st quarter payment 2 nd quarter payment 3 rd quarter payment 4 th quarter payment Additional payment	4/15/18 6/15/18 9/17/18 1/15/19		
	State/City Es	stimated Tax Payments	
State	Date Due	Date Paid if After Date Due	Amount Paid
1 st quarter payment 2 nd quarter payment 3 rd quarter payment 4 th quarter payment Additional payment	4/15/18 6/15/18 9/17/18 1/15/19		

FOR YOUR REFUND IF YOU WANT DIRECT DEPOSIT, PLEASE INCLUDE A VOIDED CHECK.

IF YOU REQUIRE ASSISTANCE, PLEASE CALL OUR OFFICE. PLEASE MAIL ALL DATA IN THE ENCLOSED ENVELOPE. IF YOU WISH AN APPOINTMENT, PLEASE CALL WELL IN ADVANCE OF YOUR DESIRED DATE.

018	1040	US	Itemized Deductions			1
			(PENSES			
	medicines ar					
	ntists and nur					
	nd nursing hor			<i>.</i>		
			sewhere (excl. long-term care & amts paid w/pre-	tax dollars)		
			rer and spouse s a positive number)			
	d transportatio		a positive number)			
	ocket expense					
	niles driven	•				
Other media	cal and dental	expense	5:			
		and local	withholding and 2018 actimates are automat			
			withholding and 2018 estimates are automative years and/or to other state	uc.)		
	ie laxes – pair					
SALES A	ND USE T	AXES F	AID			
	cal sales taxe	-	,			
Taxes paid	on vehicles, b	oats, and	aircraft			
·						
	AXES PAI					
Real estate	taxes – princi	pal reside	ence:			
Real estate	taxes - prope	erty held f	or investment			
			automobile fees in some states. Provide a copy of	of tax notice)		
Foreign inco	ome taxes					
Other taxes	:					
INTERES		(Day 1) a	ad acieta (Bay 2) reported on Form 1000;			
	Jage interest (nd points (Box 2) reported on Form 1098:			
Home mo	rtgage interes	t not repo	rted on Form 1098:			
Payee's n		-		_		
	SN or FEIN	-		_		
	treet address ity, state, ZIP	-		-		
Amount p		-		-		
	eported on Fo	orm 1098:			L	
Student Loa	an Interest					
	surance prem					
Investment	interest (intere	est on ma	rgin accounts):			
					1	

NOTE: Points paid on loans other than to buy, build, or improve your main home are deductible over the life of the mortgage. For these types of loans also provide the dates and lives of the loans.

2018	1040	US	Itemized Deductions (continued)
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CASH CONTRIBUTIONS

NOTE: No deduction is allowed for cash or check contributions unless the donor maintains a bank record, or a written communication from the donee, showing the name of the organization, contribution date(s), and contribution amount(s).

Churches, schools, hospitals, and other charitable organizations (50% limitation): Contributions by cash or check:

Volunteer expenses (out-of-pocket) Number of charitable miles

NONCASH CONTRIBUTIONS

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