

**GREENBERG
&
COMPANY**

Certified Public Accountants, LLC
500 MORRIS AVENUE
SPRINGFIELD, NJ 07081
(973) 467-3838 – FAX (973) 467-3184
GREENBERGCPAS.COM

2018

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) _____

- _____ 1. Birth Date: Taxpayer _____ Spouse _____
- _____ 2. A schedule of all dependents with social security numbers and birthdates. Please note if child is in college and complete item 11 below.
- _____ 3. Child Care Information - Amount and I.D. number of dependent care provider. (Note, no credit will be allowed without an I.D. number.)
- _____ 4. Did you have an interest in or signature or other authority over a **financial account** in a **foreign country**, 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**)
- _____ 9. 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.

	<u>Date Due</u>	<u>Date Paid if After Date Due</u>	<u>Amount Paid</u>
1 st quarter payment	4/15/18	_____	_____
2 nd quarter payment	6/15/18	_____	_____
3 rd quarter payment	9/17/18	_____	_____
4 th quarter payment	1/15/19	_____	_____
Additional payment		_____	_____

State/City Estimated Tax Payments

State _____

	<u>Date Due</u>	<u>Date Paid if After Date Due</u>	<u>Amount Paid</u>
1 st quarter payment	4/15/18	_____	_____
2 nd quarter payment	6/15/18	_____	_____
3 rd quarter payment	9/17/18	_____	_____
4 th quarter payment	1/15/19	_____	_____
Additional payment		_____	_____

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.

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
