



# McCLARIGAN CPAs & ADVISORS

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## 2018 Income Tax Organizer

Please use this as a guide in preparing your tax information.

### Key 2018 Tax Law Changes

- **Standard Deduction**
  - Single—\$12,000
  - Married Filing Joint—\$24,000
  - Head of Household—\$18,000
  - Qualifying Widower—\$11,900
- **Mileage Deduction**
  - Business Miles—54.5¢ per mile
  - Charitable Service—14¢ per mile
  - Medical Travel—18¢ per mile
- **Child tax credit is doubled to \$2,000**
- **Retirement Contributions**
  - SIMPLE IRA—\$12,500, catch-up is additional \$3,000
  - Traditional IRA—\$5,500, catch-up is additional \$1,000
  - Roth IRA—\$5,500, catch-up is additional \$1,000
- **Miscellaneous Itemized Deductions**  
No deduction is available on the Federal return for these items (union dues, work-related travel, tax prep fees, work uniforms, etc.) Although unreimbursed job expenses are still deductible for PA and Local
- **HELOC Interest**  
No longer deductible unless loan proceeds are used for home improvements

### Itemized Deduction Checklist

This checklist applies to those whose sum total of all itemized deductions exceed the standard deduction (Single \$12,000/Married \$24,000)

#### Medical Expenses

Subject to 7.5% of your Adjusted Gross Income

Prescription Drugs	
Medical Insurance Premiums	
Med. Ins. Payroll Deductions (must be after tax deduction)	
Long Term Care Insurance	
Medicare Premiums	
Doctors/Dentists	
Hospital Costs	
Eyeglasses/Hearing Aids	
Other: _____	
<b>Total</b>	

Medical Miles: \_\_\_\_\_

#### Taxes:

Real Estate—Home	
Real Estate—Vacation/Investment	
State/Local Income Taxes	
Sales Tax Paid on New Car Purchase	
Other: _____	
<b>Total</b>	

#### Interest & PMI Paid

Deductible Home Mortgage Interest: \_\_\_\_\_  
Paid to Financial Institutions (Form 1098-Int received)  
Deductible Private Mortgage Interest: \_\_\_\_\_  
Only for Homes Acquired After December 31, 2006  
Deductible Home Mortgage Interest: \_\_\_\_\_  
Seller-Financed—Lien must be recorded at courthouse

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
SS#: \_\_\_\_\_

#### Cash Contributions

Must be paid with check or have obtained receipt

Church	
Charities	
Payroll Deductions	
Other: _____	
<b>Total</b>	

#### Non-Cash Contributions

For non-cash contributions we will need:

- Name and address of charity
- Date and location of contribution
- Description of property donated
- FMV of property and how you figured the value

For contributions greater than \$250:

- Written acknowledgement from charity

For non-cash contributions greater than \$500:

- How you acquired the property, date, and cost

For non-cash contributions greater than \$5,000:

- Written appraisal from qualified appraiser

## Personal Information

	Taxpayer	Spouse
First Name and Initial		
Last Name		
Occupation		

Address: \_\_\_\_\_

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

Work or Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

School District: \_\_\_\_\_

Township/Municipality: \_\_\_\_\_

## Education Expenses

Includes: Tuition, Books, Class materials.

Does not include: Room & Board, Insurance, Etc.

	#1	#2
Books/Supplies		
Tuition		

## Tax Estimates Paid

It is very important that we know the DATE and EXACT AMOUNT of any estimates paid.

Please provide this information with the estimate envelope provided to you with last year's return.

## Additional Dependents

	Child #1	Child #2
First Name and Initial		
Last Name		
Date of Birth		
Social Security #		
Relationship		

- Please note any child claimed on last year's return that will not be claimed this year

## Retirement Contributions

	Taxpayer	Spouse
IRA		
Roth IRA		
SIMPLE IRA		
SEP IRA		
Other		

For Self Employed individuals that have auto expenses: it is very important that you maintain accurate mileage logs. We will ask for a signed statement indicating you have the required documentation for the mileage logs.

## Information that will be needed for your return:

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li>• <b>Earned Income Documents</b> <ul style="list-style-type: none"> <li>– W-2 (Wage Statements)</li> <li>– 1099's (Labor or Services Provided)</li> <li>– K-1s (Partnerships and S-Corps)</li> </ul> </li> <li>• <b>Other Income Documents</b> <ul style="list-style-type: none"> <li>– Unemployment Benefits</li> <li>– Social Security Benefits</li> <li>– Interest Statements</li> <li>– Dividend Statements</li> <li>– Bond Income INCLUDING Tax Exempt</li> <li>– All Pension or IRA Distributions</li> <li>– State/Local Tax Refunds</li> <li>– HSA Distributions/Contributions</li> </ul> </li> <li>• <b>Any IRS or State Correspondence</b></li> </ul> | <ul style="list-style-type: none"> <li>• <b>Sales Documents</b> <ul style="list-style-type: none"> <li>– Stocks and Bonds                             <ul style="list-style-type: none"> <li>Cost/Date Purchased</li> <li>Sale Price/Sale Date</li> </ul> </li> <li>– Real Estate/Settlement Sheets</li> <li>– Installment Sales                             <ul style="list-style-type: none"> <li>Principal Received</li> <li>Interest Received</li> </ul> </li> </ul> </li> <li>• <b>Business/Rentals/Farmers</b> <ul style="list-style-type: none"> <li>– Detailed Income</li> <li>– 1099-K Forms</li> <li>– Detailed Expenses</li> <li>– Assets Purchased, Date and Price</li> <li>– Assets Sold, Date and Price</li> </ul> </li> <li>• <b>Health Insurance Coverage</b> <ul style="list-style-type: none"> <li>– Forms 1095 (A, B, or C)</li> <li>– Exemptions from coverage                             <ul style="list-style-type: none"> <li>Religious exemption codes</li> <li>Sharing ministry plan indication</li> </ul> </li> </ul> </li> </ul> |
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## Questions

This checklist will be used to aid us with the changes to the 2018 tax year. Please check the appropriate box and include all necessary details and documentation.

	Yes	No
<b>Personal Information</b>		
Did your marital status change during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____		
Did your address change from last year?	<input type="checkbox"/>	<input type="checkbox"/>
Can you be claimed as a dependent by another taxpayer?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Dependent Information</b>		
Were there any changes in dependents from the prior year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____		
Do you have any children under age 19 or a full-time student under age 24 with unearned income in excess of \$2,100?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have dependents who must file a tax return?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any expenses related to the adoption of a child during the year?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Purchases, Sales and Debt Information</b>		
Did you start a new business or purchase rental property during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you acquire a new or additional interest in a partnership or S corporation?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell, exchange, or purchase any real estate during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you purchase or sell a principal residence during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you acquire or dispose of any stock during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you take out a home equity loan this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you refinance a principal residence or second home this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell an existing business, rental, or other property this year?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Income Information</b>		
Did you have any foreign income or pay any foreign taxes during the year, directly or indirectly, such as from investment accounts, partnerships or a foreign employer?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any income from property sold prior to this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did any of your life insurance policies mature, or did you surrender any policies?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any awards, prizes, hobby income, gambling or lottery winnings?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any sales or other exchanges of virtual currencies, or used virtual currencies to pay for goods or services, or you are holding virtual currencies as an investment?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Retirement Information</b>		
Are you an active participant in a pension or retirement plan?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any Social Security benefits during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any withdrawals from an IRA, Roth, myRA, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any contributions to an IRA, Roth, myRA, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan?	<input type="checkbox"/>	<input type="checkbox"/>

### Education Information

- Did you have any educational expenses during the year on behalf of yourself, your spouse, or a dependent? If yes, attach any Form(s) 1098-T and receipts for qualified tuition and related expenses
- Did you make any contributions to an education savings or 529 Plan account?
- Did you pay any student loan interest this year?

### Health Care Information

- Did you have qualifying health care coverage, such as employer-sponsored coverage or government-sponsored coverage (i.e. Medicare/Medicaid) 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? Examples of exemptions include (but are not limited to) certain non-citizens, members of a health care sharing ministry, members of Federally-recognized Indian tribes, and exemptions requested from the Marketplace. If yes, attach the Exemption Certificate Number (ECN) or type of exemption.
- 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?

### Itemized Deduction Information

- Did you incur a casualty or theft loss or any condemnation awards during the year?
- Did you pay out-of-pocket medical expenses (Co-pays, prescription drugs, etc.)?
- Did you make any cash or noncash charitable contributions (clothes, furniture, etc.)? If yes, please provide evidence such as a receipt from the donee organization, a canceled check, or record of payment, to substantiate all contributions made.
- Did you donate a vehicle or boat during the year? If yes, attach Form 1098-C or other written acknowledgment from the donee organization.
- Did you pay real estate taxes for your primary home and/or second home?
- Did you pay any mortgage interest on an existing home loan? If yes, attach any Form(s) 1098 you received.
- Did you incur interest expenses associated with any investment accounts you held?
- Did you make any major purchases during the year (cars, boats, etc.)?

### Miscellaneous Information

- Did you make gifts of more than \$15,000 to any individual?
- Did you utilize an area of your home for business purposes?
- Did you make energy efficient improvements to your main home this year?
- 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 signature authority over a financial account such as a bank account, securities account, or brokerage account, located in a foreign country?
- Do you have any foreign financial accounts, foreign financial assets, or hold interest in a foreign entity?
- Did you receive correspondence from the State or the IRS?
- If yes, explain: \_\_\_\_\_