

Name(s): \_\_\_\_\_

Primary Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Primary Contact Email: \_\_\_\_\_

Spouse's Email: \_\_\_\_\_ Spouse Phone: \_\_\_\_\_

My forms W-2, 1099, K-1, 1095, 1098, 1098-T, etc. have been provided via (Check one):

- Original forms enclosed.
- Scanned copies uploaded to MinistryCPA Sharefile.

My dependent's forms have also been provided. If yes, complete Dependent Info on page 4. N/A  YES  NO   
*\*MinistryCPA will prepare your dependent's simple form W-2 tax return at no additional cost to you.*

If you are due a refund, how do you want to receive it?

- Check sent to you in the mail
- Apply to next year's estimates
- Direct deposit (please provide a voided blank check OR complete the following)

Bank name: \_\_\_\_\_ Checking  or Savings

Routing #: \_\_\_\_\_ Acct #: \_\_\_\_\_

If you owe taxes, how do you want to pay them?

- Paper check sent in mail.
- Direct debit from my bank account (please provide bank information above)
- Let me know if an IRA retirement contribution on or before 4/15/2019 will save taxes.

**General Information**

1. Are there any changes in your personal information (e.g., address or occupation) or dependent information from last year? If yes, complete the Updated Info section on page #5. YES  NO
2. Have you been notified by the IRS or your state's taxing agency of changes to a prior year's return, or received any other tax correspondence? YES  NO
3. Did you own, have interest in, or have signing ability over a foreign financial account (e.g., checking, savings, Canadian RRSP) in 2018? (The account may be owned by another individual or entity.) YES  NO

If yes, did the combined balances of all foreign accounts at any point in 2018 exceed \$10,000?\* YES  NO

\*Please complete the FBAR Organizer: ([www.ministrycpa.org/resources/tax-organizers](http://www.ministrycpa.org/resources/tax-organizers))

4. Did you purchase or sell your principal residence or other property? YES  NO

5. Have you been a victim of identity theft in prior years? YES  NO

6. Did you make any federal or state **estimated** tax payments? YES  NO

If yes, provide payment dates and amounts, including any January 2019 payments for the year 2018 (Note: January 2018 payments, if any, were likely for the 2017 tax year).

	Date	Amount
Federal		

	Date	Amount
State		

**Income and Expenses for Self-Employed Individuals and Rental Properties**

No self-employment or rental income (Skip to IRA, HSA, Investments).

7. Did you have income and expenses as a self-employed individual? YES  NO

8. Did you start or acquire a new business in 2018? YES  NO

Describe: \_\_\_\_\_

9. If you earned self-employment income in 2018, check which method used to provide listing of income and expenses?

Completed Self-Employed Organizer ([www.ministrycpa.org/resources/tax-organizers](http://www.ministrycpa.org/resources/tax-organizers))

Provided income and expenses in another format (QuickBooks access, Excel, Etc.)

10. Did you have income and expenses related to rental or royalty activity? YES  NO

11. Check which method used to provide listing of rental income and expenses?

Completed Rental Organizer ([www.ministrycpa.org/resources/tax-organizers](http://www.ministrycpa.org/resources/tax-organizers))

Provided income and expenses in another format (QuickBooks access, Excel, Etc.)

**IRA, HSA, Investments**

No IRAs, HSAs, or Investments (Skip to Health Insurance)

12. Did you "roll over" a retirement account or convert a traditional IRA amount to a Roth IRA? YES  NO

13. Did you or your spouse make any contributions to an IRA for 2018 (not including employer sponsored plans)? YES  NO

Name	Traditional or Roth?	Amount

14. If you made any contributions to an HSA (Health Savings Account) in 2018, please provide amount contributed (not including employer sponsored plans): \$ \_\_\_\_\_  No Contributions for 2018

15. If you took any distributions from an HSA (Health Savings Account) in 2018, please provide Form 1099-SA.

No Distributions in 2018

16. Did any investment of yours become worthless or debts become uncollectible in 2018? YES  NO

## Health Insurance

17. Did you maintain health coverage for you and all members of your household during 2018?

- Yes  
 No  
 Partial year coverage

If yes, please indicate type of coverage:

- Received Form 1095 (Please provide a copy).  
 Health Care Sharing Ministry  
 Other: \_\_\_\_\_

If no or partial year coverage, please indicate exemption or provide explanation:

- Lived outside of U.S. during 2018  
 Qualify for other exemption: \_\_\_\_\_

**Explanation:**

## Education and Child Care

*No Education or Child Care Expenses (Skip to State Questions)*

18. Did you pay college tuition or fees for you or a dependent?

YES  NO

If yes, complete the following table and provide Form(s) 1098-T. (Note: We are required to have a copy of the 1098-T before e-filing your return.)

Name	Full-time or Part-time	Grade/Level	Cost of additional Expenses (e.g., books, supplies) in 2018

19. Did you pay any student loan interest? If yes, provide statement (Form 1098-E) from lender.

YES  NO

20. Did you pay expenses for the care of your child or other dependent, so you could work?

YES  NO

If yes, please provide care provider name, EIN, and expenses.

## Rent and Education Questions for State (if applicable)

*Note: Most U.S. States do not permit these credits.*

21. If you paid rent for a home that you lived in, provide total paid for 2018: \$ \_\_\_\_\_  Paid own heat

22. If one or more of your dependents attend a private school (K-12), please provide name, grade, tuition paid, other education expenses, and school info for 2018. **Check here if provided**

**Minister and Missionary Questions**

*I am not a minister or a missionary (Skip to Misc. Questions)*

23. Did you use part of your home “regularly and exclusively” for ministry purposes? YES  NO

24. Did you use your car on the job (other than to and from work for commuting) and were not fully reimbursed? YES  NO

Yes, I maintained a mileage log.

25. Did you incur any unreimbursed travel, meals, lodging, or gift expenses for ministry purposes? YES  NO

Yes, I maintained receipts or reports.

**If you answered ‘yes’ to Questions 23, 24, or 25, please use the Expense section of the Self-Employed Organizer to list expenses.**

26. If you receive a housing allowance, have you completed and provided us the housing allowance worksheet? (The worksheet is available for download on our website: [www.ministrycpa.org/resources/tax-organizers](http://www.ministrycpa.org/resources/tax-organizers)) YES  NO

27. Did you and your family live outside the U.S. for any part of 2018? If yes, provide below all travel dates in and out of the U.S.

28. If you and your family live outside the U.S., do you have plans to be in U.S. in 2019? If yes, provide anticipated dates you plan to be in the U.S. (This info is used for foreign tax planning purposes.)

**Miscellaneous Questions**

29. Were either you or your spouse in the military or National Guard in 2018? YES  NO

30. Did you incur adoption expenses in 2018? If yes, please provide payees and amounts. YES  NO

31. Did you claim First-Time Homebuyer Credit in 2008? YES  NO

**Dependent Questions and Info**

---Tax Return Preparation--- ----- New Client/Updated info -----

Name	Student?	Approx. Income Earned in 2018	MinistryCPA Preparing*	Self-Prepared	No filing required	Date of Birth	SSN	Relationship
<i>e.g. John Doe</i>	<i>yes</i>	<i>\$2,500</i>	<i>x</i>			<i>1/1/2001</i>	<i>111-11-1111</i>	<i>Son</i>

*\*MinistryCPA will prepare your dependent’s simple Form W-2 tax return at no additional cost to you.*

## 2019 Tax Planning

Yes, please help me plan for 2019.

I expect the following major changes in income, deductions, or withholding in 2019:

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### New Client & Updated Info

	Name	Date of Birth	SSN	Occupation
Taxpayer				
Spouse				

\*See previous page to complete dependent info.

Current Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

### Dependent Email Addresses for e-filing

Dependent email: \_\_\_\_\_

Dependent email: \_\_\_\_\_

Dependent email: \_\_\_\_\_

### Additional Comments:

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### Helpful Tidbits

- Does your charitable contribution receipt include this (or a similar) statement, "No goods or services were provided in exchange for this charitable gift"? If it does not, contact the charity.
- **Because of the increase in identity theft, we recommend you do not email tax returns, anything with SSNs, or bank info. Please use the MinistryCPA ShareFile portal.**
- Updated mileage rate deductions for 2019: 58 cents per mile for business; 14 cents per mile for charitable purposes; 20 cents per mile for medical.

**Your submission of this organizer is accepted as acknowledgment of your intent to engage Corey A. Pfaffe, CPA, LLC to prepare your 2018 federal and state income tax returns.**