

CAUGHEY, LEGNER, FREEHILL, EHRGOTT & MANN, LLP
CALENDAR YEAR: 01/01/2018 - 12/31/2018
TAX WORKSHEET - NON-FARM

YOUR NAME: _____ **YOUR DATE OF BIRTH:** _____ / _____ / _____

SPOUSE'S NAME: _____ **SPOUSE'S DATE OF BIRTH:** _____ / _____ / _____

TELEPHONE NO: _____

TELEPHONE NO: _____

EMAIL ADDRESS: _____

DEPENDENTS:

NAME (FIRST, INITIAL, LAST)	SOCIAL SECURITY NUMBER REQUIRED	DATE OF BIRTH MM/DD/YY	NUMBER OF MONTHS IN 2018 DEPENDENT LIVED IN YOUR HOME
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I. INCOME: -

PLEASE BRING ALL W-2 FORMS; 1099 FORMS; K-1'S FROM ESTATES, TRUSTS OR PARTNERSHIPS; SOCIAL SECURITY REPORTING FORMS; 1099R'S FROM RETIREMENT PLANS, AND:

*****DID YOU TRANSFER OR ROLLOVER ANY AMOUNT FROM ONE RETIREMENT PLAN TO ANOTHER DURING 2018?*****

*****BRING IN ALL INFORMATION RELATIVE TO TAX EXEMPT INTEREST OR DIVIDENDS RECEIVED IN 2018*****

*****IDENTIFY ANY STOCK OR OTHER FINANCIAL ASSETS SOLD OR REDEEMED IN 2018, INCLUDING MUTUAL FUND REDEMPTIONS. PLEASE BRING IN THE END OF THE YEAR BROKERAGE STATEMENTS*****

*****ALL YEAR-END STATEMENTS FROM INVESTMENT/BROKERAGE COMPANIES*****

*****PLEASE CONTACT YOUR BROKER PRIOR TO YOUR TAX APPOINTMENT IF YOU REQUIRE ADDITIONAL INFORMATION RELATIVE TO INVESTMENTS*****

*****FOR ANY STOCK SOLD IN 2018, BRING IN ALL PURCHASE/BASIS INFORMATION (DATE OF PURCHASE AND PURCHASE PRICE)*****

*****DID YOU HAVE ANY BITCOIN TRANSACTIONS? IF SO, BRING IN ALL TRANSACTION DOCUMENTS DURING 2018?*****

*****DID YOU SELL ANY REAL ESTATE OR MAJOR CAPITAL ASSET DURING 2018? IF SO, PLEASE BRING IN ALL TRANSACTION FIGURES, INCLUDING SALE EXPENSES*****

*****DID YOU SELL YOUR PRINCIPAL RESIDENCE IN 2018? IF SO PLEASE BRING IN YOUR CLOSING DOCUMENTS*****

A. UNEMPLOYMENT COMPENSATION \$ _____

B. INCOME FROM A TRADE OR BUSINESS (PLEASE BRING IN FIGURES FOR INCOME, DEPRECIATION, AND EXPENSES.) \$ _____

C. ANY OTHER INCOME? (FOR EXAMPLE, JURY DUTY, EXECUTOR'S FEES, TRUSTEE'S FEES, DIRECTOR'S FEES, ELECTION JUDGE, PRIZES, AWARDS, WINNINGS, MISCELLANEOUS LABOR) \$ _____

II. DEDUCTIONS AND CREDITS

ARE YOU COVERED BY AN EMPLOYER PENSION PLAN? _____ Y _____ N

A. PAYMENTS TO A TRADITIONAL IRA OR KEOGH PLAN \$ _____

B. CONTRIBUTIONS TO A ROTH IRA \$ _____

C. INTEREST PENALTY DUE TO EARLY WITHDRAWAL OF SAVINGS \$ _____

D. SELF-EMPLOYED PERSONS: HEALTH INSURANCE PREMIUMS AND LONG TERM CARE (NURSING HOME) INSURANCE PREMIUMS.

PAID TO: _____ AMOUNT \$ _____

PAID TO: _____ AMOUNT \$ _____

E. CHILD OR DEPENDENT CARE EXPENSES. PLEASE LIST ALL EXPENSES INCURRED IN CHILD CARE FOR DEPENDENTS, IF PAYING THESE EXPENSES ALLOWED YOU TO BE GAINFULLY EMPLOYED OR LOOK FOR WORK. PAYMENTS TO RELATIVES ARE ALLOWABLE IF THEY ARE NOT DEPENDENTS OF YOURS.

<u>NAME/ADDRESS OF PROVIDER</u>	<u>SOCIAL SECURITY NUMBER OF PROVIDER</u>	<u>AMOUNT PAID TO PROVIDER</u>
_____	_____	\$ _____
_____	_____	\$ _____

F. JOBS CREDIT. DID YOU ADD A VETERAN MEMBER OF AN ECONOMICALLY DISADVANTAGED FAMILY OR A HANDICAPPED INDIVIDUAL TO YOUR LABOR FORCE DURING THE YEAR? (DOES NOT APPLY TO YOUR CHILDREN UNDER AGE 21, OR TO PERSONS IN THE EMPLOY OF HIS OR HER SON, DAUGHTER OR SPOUSE.) ALSO, IF YOU HIRED AN UNEMPLOYED PERSON IN 2018 FOR 52 CONSECUTIVE WEEKS. (IF SO, PLEASE BRING ALL WAGE INFORMATION.)

G. EDUCATION CREDIT: IF YOU PAID QUALIFIED EDUCATION EXPENSES FOR YOURSELF OR YOUR DEPENDENTS, YOU MAY BE ENTITLED TO A CREDIT FOR A PART OF THOSE EXPENSES. AN EDUCATION CREDIT MAY BE AVAILABLE WITH RESPECT TO SOME OR ALL OF THE EXPENSES, DEPENDING UPON THE CIRCUMSTANCES. PLEASE BRING FORM 1098-T, AND PROVIDE THE FOLLOWING INFORMATION FOR EACH STUDENT:

TUITION AND FEES PAID IN 2018 FOR TAXPAYER OR DEPENDENTS \$ _____

COURSE MATERIALS AND BOOKS PURCHASED IN 2018 FOR TAXPAYER OR DEPENDENTS \$ _____

III. HEALTH CARE COVERAGE

DID YOU AND YOUR DEPENDANTS HAVE HEALTHCARE COVERAGE FOR THE FULL-YEAR? _____
IF NOT FOR THE FULL-YEAR, WHAT PERIOD DID YOU HAVE COVERAGE? _____

DID YOU RECEIVE ANY OF THE FOLLOWING IRS DOCUMENTS: FORM 1095-A (HEALTH INSURANCE MARKETPLACE STATEMENT), 1095-B (HEALTH COVERAGE) OR FORM 1095-C (EMPLOYER PROVIDED HEALTH INSURANCE OFFER AND COVERAGE)? IF SO, PLEASE INCLUDE IT WITH YOUR TAX DOCUMENTS.

IF YOU OR YOUR DEPENDENTS DID NOT HAVE HEALTH COVERAGE DURING THE YEAR, WE WILL HAVE FURTHER QUESTIONS. IF YOU RECEIVED AN EXEMPTION CERTIFICATE, PLEASE INCLUDE IT WITH YOUR TAX DOCUMENTS.

A. IF YOU THINK THE TOTAL OF THE FOLLOWING AMOUNTS ARE AT LEAST \$24,000.00 (\$12,000.00 IF YOU ARE SINGLE), PLEASE COMPLETE. (EXPENSES CANNOT BE LISTED IF ALREADY LISTED AS A FARM OR BUSINESS EXPENSE.)

(1) MEDICAL AND DENTAL EXPENSES:

- (A) TOTAL MEDICINE AND DRUGS \$ _____
- (B) TOTAL DOCTORS, DENTISTS AND NURSES \$ _____
- (C) TOTAL HOSPITAL EXPENSES \$ _____
- (D) TOTAL NURSING HOME EXPENSES \$ _____
- (E) TOTAL HEALTH INSURANCE PREMIUMS \$ _____
- (F) TOTAL MEDICARE PREMIUMS PAID \$ _____
- (G) LONG TERM CARE (NURSING HOME) INSURANCE \$ _____
- (H) TOTAL OF ALL OTHER MEDICAL EXPENSES \$ _____
- (I) HEARING AIDS, EYE GLASSES, AMBULANCES AND MISCELLANEOUS \$ _____

TOTAL REIMBURSEMENT AMOUNTS RECEIVED FOR MEDICAL EXPENSES (\$ _____)

(J) NUMBER OF MILES TRAVELED TO AND FROM DOCTOR, DENTIST HOSPITAL, ETC. _____ MI X 18 CENTS (\$.18) = \$ _____

(2) STATE INCOME TAXES PAID \$ _____
(OTHER THAN WITHHOLDING AND IL ESTIMATES)

(3) REAL ESTATE TAXES PAID FIRST RESIDENCE \$ _____
(INCLUDING ANY PREPAID 2018 SECOND RESIDENCE \$ _____
REAL ESTATE TAXES PAID IN 2017) INVESTMENT PROPERTY \$ _____

(4) INTEREST PAID ON HOME MORTGAGE LOAN
FIRST RESIDENCE: \$ _____
SECOND RESIDENCE: \$ _____
HOME EQUITY LOAN (IF USED TO BUY OR REMODEL: \$ _____

(5) SERVICE CHARGES (POINTS) PAID IN FINANCING OR REFINANCING YOUR HOME:
_____ FINANCING _____ REFINANCING \$ _____

(6) INTEREST PAID ON LOANS TO PURCHASE INVESTMENTS \$ _____

(7) CHARITABLE CONTRIBUTIONS: CASH/CHECKS: \$ _____
OTHER THAN CASH/CHECKS: \$ _____

ALL CONTRIBUTIONS REQUIRE A RECEIPT

(8) DID YOU INCUR ANY EXPENSES IN DOING VOLUNTEER OR CHARITABLE WORK, SUCH AS MILEAGE
_____ MILES X 14 CENTS (\$.14) = \$ _____

(9) OFFICE IN HOME EXPENSE (FOR SELF-EMPLOYED ONLY)/CONTACT OUR OFFICE FOR A WORKSHEET

IV. MISCELLANEOUS INFORMATION

A. IF YOUR DEPENDENT CHILDREN UNDER THE AGE OF 19 ON 01/01/18, OR FULL-TIME STUDENT UNDER AGE 24, RECEIVED INVESTMENT INCOME THIS YEAR (INTEREST OR DIVIDENDS) OVER \$1,050.00, OR TOTAL INVESTMENT INCOME IN EXCESS OF \$2,100.00, A TAX RETURN WILL HAVE TO BE FILED. PLEASE BRING IN FIGURES IF YOU WANT US TO PREPARE THEIR RETURN(S).

(10) DID YOU ADD ENERGY EFFICIENT PROPERTY TO YOUR HOME OR SECOND HOME IN 2018? ENERGY EFFICIENT PROPERTY SPECIFICALLY REFERS TO SOLAR ENERGY, SOLAR WATER HEATING, FUEL CELL, SMALL WIND ENERGY, OR A GEOTHERMAL HEAT PUMP. FURTHER CREDITS FOR YOUR PRIMARY RESIDENCE ONLY ARE INSULATION MATERIAL SPECIFICALLY DESIGNED TO REDUCE HEAT LOSS, EXTERIOR WINDOWS (INCLUDING CERTAIN STORM WINDOWS) AND SKYLIGHTS, EXTERIOR DOORS (INCLUDING CERTAIN STORM DOORS), METAL ROOF WITH APPROPRIATE PIGMENT AND COATINGS OR ASPHALT ROOF WITH APPROPRIATE COOLING GRANULES, CERTAIN ELECTRIC HEAT PUMPS, CENTRAL AIR CONDITIONER, CERTAIN NATURAL GAS, PROPANE OR OIL WATER HEATERS, ELECTRIC FURNACES AND QUALIFIED HOT WATER BOILERS. PLEASE BRING ALL DOCUMENTATION FROM VENDOR.

AMOUNT \$ _____

ITEM: _____

(11) DID YOU PURCHASE A NEW ALL ELECTRICAL OR PLUG-IN HYBRID VEHICLE IN 2018? IF SO, WE NEED THE MAKE AND MODEL AND DATE PURCHASED.

MAKE/MODEL	DATE PURCHASED
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PAYMENTS MADE TO IRS FOR FEDERAL TAX ESTIMATES:

4TH QUARTER 2017 ESTIMATE DUE 1-15-18	_____	\$ _____
1ST QUARTER 2018 (DUE 4/15/18):	_____	\$ _____
2ND QUARTER 2018 (DUE 6/15/18):	_____	\$ _____
3RD QUARTER 2018 (DUE 9/15/18):	_____	\$ _____
4TH QUARTER 2018 (DUE 1/15/19):	_____	\$ _____

PAYMENTS MADE TO ILLINOIS DEPARTMENT OF REVENUE FOR STATE OF ILLINOIS TAX ESTIMATES:

4TH QUARTER 2017 ESTIMATE DUE 1-15-18	_____	\$ _____
1ST QUARTER 2018 (DUE 4/15/18):	_____	\$ _____
2ND QUARTER 2018 (DUE 6/15/18):	_____	\$ _____
3RD QUARTER 2018 (DUE 9/15/18):	_____	\$ _____
4TH QUARTER 2018 (DUE 1/15/19):	_____	\$ _____

I AUTHORIZE MY TAX PREPARER TO RELY ON THESE FIGURES IN COMPUTING AND PREPARING MY 2018 TAX RETURNS.

DATE: _____

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