

<b>2018</b>	<b>1040</b>	<b>US</b>	<b>Client Information</b>	<b>1</b>
-------------	-------------	-----------	---------------------------	----------

**DENISE M. BROLIN, CPA**  
**1205 THIRD STREET**  
**GILROY CA 95020**

Telephone number: **(408) 848-3861**  
 Fax number: **(408) 413-1988**  
 E-mail address: **denise@denisebrolin-cpa.com**

**Tax Return Appointment**

Date:  
 Time:  
 Location:

**This tax organizer will assist you in gathering information necessary for the preparation of your 2018 tax return. Please add, change, or delete information as appropriate.**

**CLIENT INFORMATION**

Filing Status	Filing status (table) .....		<p align="center"><b>Filing Status</b></p> <p>1 = Single                  2 = Married filing joint                  3 = Married filing separate                  4 = Head of household                  5 = Qualifying widow(er)</p>
	1=married filing separate and lived with spouse .....		
	Year spouse died, if qualifying widow(er) (2016 or 2017) .....		
Taxpayer	First name and initial .....		
	Last name .....		
	Title/suffix .....		
	Social security number .....		
	Occupation .....		
	Date of birth (m/d/y) .....		
	Date of death (m/d/y) .....		
1=blind .....			
Spouse	First name and initial .....		
	Last name .....		
	Title/suffix .....		
	Social security number .....		
	Occupation .....		
	Date of birth (m/d/y) .....		
	Date of death (m/d/y) .....		
1=blind .....			
Address	In care of .....		
	Street address .....		
	Apartment number .....		
	City .....		
	State .....		
Foreign Address	ZIP code .....		
	Region .....		
	Postal code .....		
	Country .....		

2018

1040

US

Client Information (continued)

1 p2

Please add, change or delete information for 2018.

CLIENT INFORMATION

Taxpayer Contact Information	Home phone .....		<b>Daytime Phone</b> 1 = Work 2 = Home 3 = Mobile
	Work phone .....		
	Work extension .....		
	Daytime phone (table) .....		
	Mobile phone .....		
	Fax number .....		
	E-mail address .....		
Spouse Contact Information	Home phone .....		
	Work phone .....		
	Work extension .....		
	Daytime phone (table) .....		
	Mobile phone .....		
	Fax number .....		
	E-mail address .....		
Taxpayer Authentication	Driver's license no. ....		
	Driver's license state .....		
	Expiration date (m/d/y) .....		
	Issue date (m/d/y) .....		
	Theft protection PIN .....		
Spouse Authentication	Driver's license no. ....		
	Driver's license state .....		
	Expiration date (m/d/y) .....		
	Issue date (m/d/y) .....		
	Theft protection PIN .....		

1 p2

<b>2018</b>	<b>1040</b>	<b>US</b>	<b>Dependents</b>	<b>2</b>
-------------	-------------	-----------	-------------------	----------

**Please add, change or delete information for 2018.**

**DEPENDENTS**

	Dependent	Dependent	
First name.....			<p><b>Type of Dependent</b></p> <p>1 = Child living w/taxpayer                  2 = Child not living w/taxpayer                  3 = Dependent other than child                  4 = Head of household only, not a dependent                  5 = Earned income credit only, not a dependent</p> <p><b>Earned Income Credit</b></p> <p>1 = When applicable (default)                  2 = Student age 19 to 23                  3 = Disabled                  4 = Force                  5 = Suppress</p> <p>NOTE: If you claim the earned income credit, please provide proof that your child is a resident of the U.S. This proof is typically in the form of:</p> <ol style="list-style-type: none"> <li>1. School records or statement</li> <li>2. Landlord or property management statement</li> <li>3. Health care provider statement</li> <li>4. Medical records</li> <li>5. Child care provider records</li> <li>6. Placement agency statement</li> <li>7. Social service records or statement</li> <li>8. Place of worship statement</li> <li>9. Indian tribe office statement</li> <li>10. Employer statement</li> </ol> <p>NOTE: If your child is disabled, please provide one of the following forms of proof of disability:</p> <ol style="list-style-type: none"> <li>1. Doctor statement</li> <li>2. Other health care provider statement</li> <li>3. Social services agency or program statement</li> </ol>
Last name.....			
Title/suffix.....			
Date of birth (m/d/y).....			
Date of death.....			
Date of adoption.....			
Social security number.....			
Relationship.....			
Months lived at home.....			
Type of dependent (see table).....			
Earned income credit (see table).....			
Claimed by: 1=taxpayer, 2=spouse.....			
	Dependent	Dependent	
First name.....			
Last name.....			
Title/suffix.....			
Date of birth (m/d/y).....			
Date of death.....			
Date of adoption.....			
Social security number.....			
Relationship.....			
Months lived at home.....			
Type of dependent (see table).....			
Earned income credit (see table).....			
Claimed by: 1=taxpayer, 2=spouse.....			
	Dependent	Dependent	
First name.....			
Last name.....			
Title/suffix.....			
Date of birth (m/d/y).....			
Date of death.....			
Date of adoption.....			
Social security number.....			
Relationship.....			
Months lived at home.....			
Type of dependent (see table).....			
Earned income credit (see table).....			
Claimed by: 1=taxpayer, 2=spouse.....			
	Dependent	Dependent	
First name.....			
Last name.....			
Title/suffix.....			
Date of birth (m/d/y).....			
Date of death.....			
Date of adoption.....			
Social security number.....			
Relationship.....			
Months lived at home.....			
Type of dependent (see table).....			
Earned income credit (see table).....			
Claimed by: 1=taxpayer, 2=spouse.....			

Please enter all pertinent 2018 information.

**DIRECT DEPOSIT / ELECTRONIC PAYMENT (3)**

1=direct deposit of federal tax refund into bank account .....		
1=electronic payment of balance due .....		
1=electronic payment of estimated tax .....		

**BANK INFORMATION**

Name of Bank	Percent to Deposit (xx.xx)	Routing Number	Account Number	Type of Account (Table 1)	Type of Invest. (Table 2)

**2018 ESTIMATED TAX / 1040-ES (6)**

**Federal**

	Amount Paid	Date Paid	TS	2018 Voucher Amount
Overpayment applied from 2017 .....				
1st quarter payment .....				
2nd quarter payment .....				
3rd quarter payment .....				
4th quarter payment .....				
Additional Estimated Tax Payments				
Paid with extension .....				
Former spouse SSN if joint estimates .....				

**State**

	Amount Paid	Date Paid	TS	2018 Voucher Amount
Overpayment applied from 2017 .....				
1st quarter payment .....				
2nd quarter payment .....				
3rd quarter payment .....				
4th quarter payment .....				
Additional Estimated Tax Payments				
Paid with extension .....				

**1**      **Type of Account**

1 = Savings  
2 = Checking

**2**      **Type of Investment**

1 = Checking or savings (default)	6 = Coverdell savings account (ESA)
2 = Taxpayer's IRA (next year limits)	7 = Other
3 = Spouse's IRA (next year limits)	8 = Taxpayer's IRA (current year limits)
4 = Health savings account (HSA)	9 = Spouse's IRA (current year limits)
5 = Archer MSA	

2018

1040

US

Direct Deposit & Estimates (Form 1040 ES) (cont.)

7.1

Please enter all pertinent 2018 information.

**APPLICATION OF 2018 OVERPAYMENT (7.1)**

If you have an overpayment of 2018 taxes, do you want the excess refunded?  or applied to 2019 estimate? ...

Other (please explain): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2019 ESTIMATED TAX INFORMATION**

Do you expect your 2019 taxable income to be different from 2018? ..... Yes  No

If "yes" explain any differences in income, deductions, dependents, etc.: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you expect your 2019 withholding to be different from 2018? ..... Yes  No

If "yes" explain any differences: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7.1

<b>2018</b>	<b>1040</b>	<b>US</b>	<b>Wages, Pensions, Gambling Winnings</b>	<b>10, 13.1, 13.2</b>
-------------	-------------	-----------	---	-----------------------

Please enter all pertinent 2018 amounts & attach all W-2, W-2G and 1099-R forms.  
Last year's amounts are provided for your reference.

**WAGES, SALARIES, TIPS (10)**

No.	Name of Employer (Box c)	1=retirement plan (Box 13)		Wages, Tips, Other Compensation (Box 1)	Tax Withheld					2017 Wages
		1=spouse			Federal (Box 2)	Social Security (Box 4)	Medicare (Box 6)	State (Box 17)	Local (Box 19)	

**PENSIONS, IRA DISTRIBUTIONS (13.1)**

No.	Name of Payer	Distribution code #2		Gross Distribution (Box 1)	Taxable Amount (Box 2a)	Tax Withheld		Value of all IRAs at 12/31/18	2017 Distribution
		Distribution code #1				Federal (Box 4)	State (Box 12)		
		1=IRA/SEP/SIMPLE							
		1=spouse							

**GAMBLING WINNINGS (W-2G) (13.2)**

No.	Name of Payer	1=spouse	Gross Winnings (Box 1)	Tax Withheld			2017 Winnings
				Federal (Box 4)	State (Box 15)	Local (Box 17)	

**GAMBLING LOSSES & WINNINGS (NON W-2G) (13.2)**

	<b>2018 Amount</b>	<b>T</b>		<b>2017 Amount</b>
Total gambling losses .....				
Winnings not reported on Form W-2G .....				

**10, 13.1, 13.2**



2018

1040

US

Miscellaneous Income

14.1

Please enter all pertinent 2018 amounts and attach all 1099-MISC, SSA-1099, and RRB-1099 forms. Last year's amounts are provided for your reference.

**MISCELLANEOUS INCOME**

	2018 Amount		2017 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Social security benefits (SSA-1099, box 5) .....				
Medicare premiums paid (SSA-1099) .....				
1=treat Medicare premiums paid as SE health ins..				
Tier 1 RR retirement benefits (RRB-1099, box 5) ..				
1=lump-sum election for SS benefits .....				
Alimony received .....				
Taxable scholarships and fellowships .....				
Jury duty pay .....				
Household employee income not on W-2 .....				
Excess minister's allowance .....				
Alaska permanent fund dividends .....				
Income from rental of personal property .....				
Income subject to S/E tax:				
_____				
_____				
_____				
_____				
Other income (1099-MISC, box 3, 8)				
_____				
_____				
_____				
_____				

**TAX WITHHELD** (not entered elsewhere)

Federal income tax withheld .....				
State income tax withheld .....				
Local income tax withheld .....				

14.1



2018

1040

US

State & Local Tax Refunds / Unemployment Compensation

14.2

Please add, change or delete 2018 information as appropriate.  
Be sure to attach all 1099-G forms.

**STATE AND LOCAL TAX REFUNDS /  
UNEMPLOYMENT COMPENSATION (Form 1099-G)**

2018 1099-G Amount

No. <input type="text"/>	Name of payer .....		
	1=spouse.....		
	Unemployment compensation:		
	Total received (Box 1) .....		
	2018 Overpayment repaid.....		
	State and local refunds:		
	State and local income tax refund, credit or offsets (Box 2)		
	1=city or local income tax refund .....		
	Tax year for box 2 if not 2017 (Box 3).....		
	Federal income tax withheld (Box 4).....		
	RTAA payments (Box 5).....		
	Taxable grants:		
	Federal taxable amount (Box 6) .....		
	State taxable amount, if different.....		
	Farm amounts:		
Agriculture payments (Box 7).....			
1=agriculture payments are from conservation reserve program .....			
Market gain (Box 9).....			
Number of farm .....			
1=box 2 is trade or business income (Box 8).....			
State income tax withheld (Box 11).....			

No. <input type="text"/>	Name of payer .....		
	1=spouse.....		
	Unemployment compensation:		
	Total received (Box 1) .....		
	2018 Overpayment repaid.....		
	State and local refunds:		
	State and local income tax refund, credit or offsets (Box 2)		
	1=city or local income tax refund .....		
	Tax year for box 2 if not 2017 (Box 3).....		
	Federal income tax withheld (Box 4).....		
	RTAA payments (Box 5).....		
	Taxable grants:		
	Federal taxable amount (Box 6) .....		
	State taxable amount, if different.....		
	Farm amounts:		
Agriculture payments (Box 7).....			
1=agriculture payments are from conservation reserve program .....			
Market gain (Box 9).....			
Number of farm .....			
1=box 2 is trade or business income (Box 8).....			
State income tax withheld (Box 11).....			

14.2

Please enter all pertinent 2018 information. Last year's amounts are provided for your reference.

**TRADITIONAL IRA CONTRIBUTIONS**

	2018 Amount		2017 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
IRA contributions you made or expect to make (1=maximum) (\$5,500/\$6,500 if 50 or older).....				
Contributions made to date .....				
1=covered by plan, 2=not covered.....				
2018 payments from 1/1/19 to 4/15/19.....				

**ROTH IRA CONTRIBUTIONS**

	2018 Amount		2017 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Roth IRA contributions you made or expect to make (1=maximum) (\$5,500/\$6,500 if 50 or older).....				
Contributions made to date .....				

**SEP, SIMPLE AND QUALIFIED PLANS (KEOGH)**

	2018 Amount		2017 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Profit-sharing (25%/1.25) contributions you made or expect to make (1=maximum) .....				
Money purchase (25%/1.25) contributions you made or expect to make (1=maximum) .....				
Defined benefit contributions you expect to make.....				
Self-employed SEP (25%/1.25) contributions you made or expect to make (1=maximum) .....				
Plan contribution rate if not .25 (.xxxx) .....				
Individual 401k: SE elective deferrals (except Roth) (1=max.) .....				
Individual 401k: SE designated Roth contributions (1=max.) .....				
SIMPLE contributions:				
Self-employed SIMPLE contributions you made or expect to make (1=maximum) .....				
Employer matching rate if not .03 (.xxxx) .....				
1=nonelective contributions (2%) .....				
Contributions made to date .....				

**ADJUSTMENTS TO INCOME**

	2018 Amount		2017 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Self-employed health insurance:				
Total premiums (excluding long-term care).....				
Long-term care premiums.....				
Student loan interest paid (1098-E, box 1) .....				
Educator expenses (kindergarten thru grade 12) .....				
Jury duty pay given to employer.....				
Expenses from rental of personal property.....				
Other adjustments to income:				
_____				
_____				
_____				

	Taxpayer		Spouse	
	Alimony paid:			
Recipient's first name....				
Recipient's last name....				
Recipient's SSN.....				
Amount paid .....		2017 amt:		2017 amt:

**2018**

**1040**

**US**

**Itemized Deductions**

**25**

Please enter all pertinent 2018 amounts and attach all 1098 forms.  
Last year's amounts are provided for your reference.

**MEDICAL AND DENTAL EXPENSES**

NOTE: Enter self-employed health insurance premiums on Sheet 24 and Medicare insurance premiums on Sheet 14.

	2018 Amount	TS	2017 Amount
Prescription medicines and drugs.....			
Doctors, dentists and nurses.....			
Hospitals and nursing homes.....			
Insurance premiums not entered elsewhere (excl. LT care & amts. paid w/pre-tax dollars) .			
Long-term care premiums - taxpayer.....			
Long-term care premiums - spouse.....			
Insurance reimbursement (enter as a positive number).....			
Lodging and transportation:			
Out-of-pocket expenses.....			
Medical miles driven.....			
Other medical and dental expenses:			
_____			
_____			
_____			

**TAXES PAID** (State and local withholding and 2018 estimates are automatic.)

State income taxes - 1/18 payment on 2017 state estimate.....			
State income taxes - paid with 2017 state return extension.....			
State income taxes - paid with 2017 state return.....			
State income taxes - paid for prior years and/or to other state.....			
City/local income taxes - 1/18 payment on 2017 city/local estimate.....			
City/local income taxes - paid with 2017 city/local extension.....			
City/local income taxes - paid with 2017 city/local return.....			

**SALES AND USE TAXES PAID**

State and local sales taxes (except autos and special items).....			
Use taxes paid on 2018 purchases.....			
Use taxes paid with 2017 state return.....			
Sales tax on autos not included above.....			
Sales tax on boats, aircraft, other special items.....			

**OTHER TAXES PAID**

Real estate taxes - principal residence:			
_____			
_____			
_____			
Real estate taxes - property held for investment.....			
Personal property taxes (including auto fees in some states. Provide a copy of tax notice) . .			
Foreign income taxes.....			
Other taxes:			
_____			
_____			
_____			

**25**

2018

1040

US

Itemized Deductions (continued)

25 p2

Please enter all pertinent 2018 amounts. Last year's amounts are provided for your reference.

INTEREST PAID

Home mortgage int. (Box 1) and points (Box 2) reported on Form 1098:

2018 Amount

TS

2017 Amount

Table with 3 columns: Description, 2018 Amount, TS, 2017 Amount. Includes rows for home mortgage interest and points reported on Form 1098.

Home mortgage interest not reported on Form 1098:

Form for home mortgage interest not reported on Form 1098, including fields for payee's name, SSN, address, city, state, ZIP code, region, postal code, and country.

Table for amount paid, with columns for 2018 Amount, TS, and 2017 Amount.

Points not reported on Form 1098:

Table for points not reported on Form 1098, with columns for 2018 Amount, TS, and 2017 Amount.

Mortgage insurance premiums on post 12/31/06 contracts (Box 4) . . . .

Table for mortgage insurance premiums, with columns for 2018 Amount, TS, and 2017 Amount.

Investment interest (interest on margin accounts):

Table for investment interest, with columns for 2018 Amount, TS, and 2017 Amount.

Passive interest . . . . .

Table for passive interest, with columns for 2018 Amount, TS, and 2017 Amount.

Certain home mortgage interest included above (6251) . . . . .

Table for certain home mortgage interest, with columns for 2018 Amount, TS, and 2017 Amount.

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.

CASH CONTRIBUTIONS

NOTE:

from the donee, showing the name of the organization, contribution date(s), and contribution amount(s).

Churches, schools, hospitals, and other charitable organizations (60% limitation):

Contributions by cash or check:

Table for contributions by cash or check, with columns for 2018 Amount, TS, and 2017 Amount.

Volunteer expenses (out-of-pocket) . . . . .

Number of charitable miles . . . . .

Table for volunteer expenses and charitable miles, with columns for 2018 Amount, TS, and 2017 Amount.

Contributions by cash or check:

Table for contributions by cash or check, with columns for 2018 Amount, TS, and 2017 Amount.

Volunteer expenses (out-of-pocket) . . . . .

Number of charitable miles . . . . .

Table for volunteer expenses and charitable miles, with columns for 2018 Amount, TS, and 2017 Amount.

25 p2

2018

1040

US

Itemized Deductions (continued)

25 p3

Please enter all pertinent 2018 amounts. Last year's amounts are provided for your reference.

**NONCASH CONTRIBUTIONS**

NOTE:

that are not in *good* used condition or better. In addition, a deduction for any item with minimal monetary value may be denied.

50% limitation (see above):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2018 Amount

TS

2017 Amount


30% limitation (see above):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_


30% capital gain property (gifts of capital gain property to 50% limit orgs.):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_


20% capital gain property (gifts of capital gain property to non-50% limit orgs.):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_


**STATE MISC. DEDS. IF NON-CONFORMING TO TAX CUTS & JOBS ACT** (subject to 2% AGI limit)

Union and professional dues .....

--	--	--

Other unreimbursed employee expenses (uniforms and protective clothing, professional subscriptions, employment agency fees, and certain edu. expenses):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_


Investment expense:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_


Tax return preparation fee .....

Safe deposit box rental .....


Miscellaneous deductions (2% AGI) (certain legal and accounting fees, and custodial fees):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_


25 p3

2018

1040

US

Itemized Deductions (continued)

25 p4

Please enter all pertinent 2018 amounts. Last year's amounts are provided for your reference.

OTHER MISCELLANEOUS DEDUCTIONS

Estate tax, section 691(c).....
Other miscellaneous deductions:

2018 Amount

TS

2017 Amount

Table with 3 columns: 2018 Amount, TS, 2017 Amount. Contains multiple rows for data entry.

25 p4

**2018**

**1040**

**US**

**Itemized Deductions (continued)**

**25** p5

If either of the following conditions below apply to you, your home mortgage interest deduction may need to be limited and the input section provided below should be completed. If neither condition applies, enter home mortgage interest amounts on organizer sheet 25 p2.

1. debt is defined as any mortgages taken out in which the proceeds were used to buy, build, or improve your home.
2. Total home acquisition debt exceeded \$750,000 at any time during 2018 (\$375,000 if married filing separate). For this purpose, home your home.

NOTE: When completing the input section below, grandfather debt represents loans taken out prior to October 14, 1987.

**Please enter all pertinent 2018 amounts and attach all 1098 forms.  
Last year's amounts are provided for your reference.**

	2018 Amount	TS	2017 Amount
Fair market value of the property on the date that the last debt was secured			
Home acquisition and grandfather debt on the date that the last debt was secured			

**LOAN INFORMATION**

Loan #1

Lender's name			
Form (see table)			
Number of form			
1=taxpayer, 2=spouse, blank=joint			
Interest paid			
Points paid			
Total principal paid			
Lump sum principal payment (if paid off)			
Months outstanding (if not 12)			
Home acquisition debt balance - beginning of year			
Home acquisition debt borrowed in 2018			
Home equity debt balance - beginning of year			
Home equity debt borrowed in 2018			
Grandfather debt balance - beginning of year			

Loan #2

Lender's name			
Form (see table)			
Number of form			
1=taxpayer, 2=spouse, blank=joint			
Interest paid			
Points paid			
Total principal paid			
Lump sum principal payment (if paid off)			
Months outstanding (if not 12)			
Home acquisition debt balance - beginning of year			
Home acquisition debt borrowed in 2018			
Home equity debt balance - beginning of year			
Home equity debt borrowed in 2018			
Grandfather debt balance - beginning of year			

**Form**

1 = Schedule A (default)  
 2 = Business use of home  
 3 = Schedule E

**25** p5

2018

1040

US

Itemized Deductions (continued)

25 p5 cont

Please enter all pertinent 2018 amounts and attach all 1098 forms.  
Last year's amounts are provided for your reference.

**LOAN INFORMATION (continued)**

Loan #3

2018 Amount

TS

2017 Amount

Lender's name .....			
Form (see table) .....			
Number of form .....			
1=taxpayer, 2=spouse, blank=joint .....			
Interest paid .....			
Points paid .....			
Total principal paid .....			
Lump sum principal payment (if paid off) .....			
Months outstanding (if not 12) .....			
Home acquisition debt balance - beginning of year .....			
Home acquisition debt borrowed in 2018 .....			
Home equity debt balance - beginning of year .....			
Home equity debt borrowed in 2018 .....			
Grandfather debt balance - beginning of year .....			

Loan #4

Lender's name .....			
Form (see table) .....			
Number of form .....			
1=taxpayer, 2=spouse, blank=joint .....			
Interest paid .....			
Points paid .....			
Total principal paid .....			
Lump sum principal payment (if paid off) .....			
Months outstanding (if not 12) .....			
Home acquisition debt balance - beginning of year .....			
Home acquisition debt borrowed in 2018 .....			
Home equity debt balance - beginning of year .....			
Home equity debt borrowed in 2018 .....			
Grandfather debt balance - beginning of year .....			

**Form**  
1 = Schedule A (default)  
2 = Business use of home  
3 = Schedule E



2018

1040

US

Noncash Contributions (Form 8283)

26

If your total noncash contributions are in excess of \$500 in 2018, please complete the information below for each donee using the following guidelines:

- \* acknowledgement received from the donee organization.
- \* A deduction for contributions of clothing or other household items that are not in *good* used condition or better is not allowed. In addition, a which a deduction of more than \$500 is claimed, if a qualified appraisal for the donated property is provided.

**DONATED PROPERTY INFORMATION**

No. <input style="width: 40px;" type="text"/>		Name of charitable organization (donee).....		
		Street address .....		
		City .....		
		State .....		
		ZIP code .....		
		1=spouse, 2=joint .....		
		Property description (other than vehicle).....		
		Vehicle	Identification number (VIN).....	
			Year (yyyy) .....	
			Make and model .....	
			Condition and mileage .....	
			Date of contribution (m/d/y).....	
			Date acquired by donor (m/y) .....	
			How acquired by donor (Table 1 or describe).....	
		Donor's cost or basis .....		
		Fair market value .....		
		Method used to determine FMV (Table 2 or describe).....		

No. <input style="width: 40px;" type="text"/>		Name of charitable organization (donee).....		
		Street address .....		
		City .....		
		State .....		
		ZIP code .....		
		1=spouse, 2=joint .....		
		Property description (other than vehicle).....		
		Vehicle	Identification number (VIN).....	
			Year (yyyy) .....	
			Make and model .....	
			Condition and mileage .....	
			Date of contribution (m/d/y).....	
			Date acquired by donor (m/y) .....	
			How acquired by donor (Table 1 or describe).....	
		Donor's cost or basis .....		
		Fair market value .....		
		Method used to determine FMV (Table 2 or describe).....		

<p><b>1 How Property was Acquired</b></p> <p>1 = Purchase                      3 = Inheritance                  2 = Gift                              4 = Exchange</p>	<p><b>2 Method Used to Determine FMV</b></p> <p>1 = Appraisal                      3 = Catalog                  2 = Thrift shop value              4 = Comparable sales</p> <p>For other methods, see IRS Pub. 561.</p>
--	---

26

