ANTHONY J. ALARIO 1941-1989
ROBERT C. ALARIO, CPA, MBA, CSEP
KEVIN G. McCONNELL, CPA, MST
NANCY F. WASHINGTON, CPA, MST

Robert C. Alario

Certified Public Accountants, PC
75 North Main Street, Leominster, MA 01453
67 Millbrook Street, Suite 501, Worcester, MA 01606
www.robertalario.com

TELEPHONE
978-534-1999
508-755-7575

FAX
978-534-0499
508-755-7599

To: Tax Return Client

This 2018 Client Organizer is designed to assist you in gathering your tax information. If you prefer, we also offer Personalized Electronic Organizers available at www.robertalario.com. Call our office first for your ID number and password to enable you to access your personalized organizer.

Also available on our website and upon request for **daycare providers, rental property owners** and **business owners** is a summary sheet to organize all of your income and expenses.

Tax Preparation Scheduling Options

Drop off your tax information anytime **OR**
Call to schedule an appointment & **SPECIFY**
if you would like a certain preparer.
Both options will allow you to meet with
Bob or Nancy to review your final return.

Tax Season Hours begin **January 28, 2019**
TAX SEASON HOURS:
Please visit our website for hours for each
location www.robertalario.com

Federal Tax Highlights

- **Please bring Form 1099-HC and 1095-A, 1095-B and / or 1095-C for proof of health insurance**
- The maximum IRA contribution allowed for 2018 is $5,500 ($6,500 if age 50 or older). The maximum for 2019 will be $6,000 ($7,000 if age 50 or older).
- The annual elective deferral limit for 2018 for 401(k) or 403(b) plans is $18,500 ($24,500 if age 50 or older). This limit for 2019 will be $19,000 ($25,000 if age 50 or older).
- The deferral limit for 2018 for SIMPLE plans is $12,500 ($15,500 if age 50 or older). This limit for 2019 will be $13,000 ($16,000 if age 50 or older).
- The standard business mileage rate for 2018 is 54.5 cents per mile. The standard rate for 2019 is 58 cents per mile.
- You can typically exclude up to $250,000 ($500,000 if married and filing joint) of the gain on the sale of a principal residence.
- Form 1099-B (Proceeds from Broker Transactions) will begin to include cost basis information on most transactions and are not required to be mailed to taxpayers until February 15, 2019.
- If you are under full retirement age for the entire year, your social security benefits will be reduced if you have earnings in excess of $17,040. Beginning with the month you reach full retirement age, you have no limitation on earnings.

My staff and I look forward to seeing you. We wish you peace and prosperity in the New Year.

Very Truly Yours,

Robert Alario

Robert C. Alario, CPA, MBA, CSEP

I (We) have submitted this information for the sole purpose of preparing my (our) tax return. Each item can be substantiated by receipts, cancelled checks, or other documents. This information is true, correct, and complete to the best of my (our) knowledge. If applicable, both Taxpayer and Spouse must sign.

Taxpayer Signature **Date** **Spouse Signature** **Date**

Taxpayer Name: ___________________________ **Spouse Name:** ____________________________
Best Phone Number to be Reached at: ____

Personal Information: Yes No

Did your address change during 2018? ___ ___
Did your marital status change during 2018? ___ ___

Dependents:

Were there any changes in dependents from the prior year? ___ ___
If new dependents please provide the information below.

Name:_____________________ **SS#:**________________ **Date of Birth:**____________
Name:_____________________ **SS#:**________________ **Date of Birth:**____________

Did any dependent have income of greater than $12,000? ___ ___
Did any dependent have unearned income of greater than $1,050? ___ ___
Did you pay for child or dependent care while you worked, looked for work or while you were a full time student? ___ ___
If yes, please provide the information below.

Name of Provider	Address	ID# of Provider	Amount Paid

Estimated Taxes Paid:

Date Paid	Federal Amount	Check #	Date Paid	State Amount	Check #
________	________	________	________	________	________
________	________	________	________	________	________
________	________	________	________	________	________
________	________	________	________	________	________

Income:

Submit all applicable informational tax forms, if any, to support items of income.

	Yes	No
Salaries and Wages - Submit forms W-2	___	___
Interest Income - Submit forms 1099-INT	___	___
Dividend Income - Submit forms 1099-DIV	___	___
State Income Tax Refund - Submit forms 1099-G	___	___
Gains/Losses from Stock or Property Sales - Submit form 1099-B or 1099-S	___	___
Retirement Plan Distributions - Submit forms 1099-R	___	___
Unemployment Compensation - Submit forms 1099-G	___	___
Social Security Benefits - Submit forms SSA-1099	___	___
Gambling Winnings - Submit forms W-2G	___	___
Miscellaneous Income - Submit forms 1099-MISC	___	___
Rental Income and Expenses - Submit summary for each property	___	___
Self-Employment Income & Related Expenses - Submit summary for each business	___	___
Partnership, S-Corporation, Estate & Trust Income - Submit K-1 for each entity *Ignore this request if we prepare the entity's tax return*	___	___
Did you have any debts canceled, forgiven or refinanced? - Submit form 1099-C	___	___
Did you receive any alimony, under a divorce or separation agreement executed before 2019? **Amount:**_________	___	___

Adjustments:

Have you or do you plan to make any IRA contributions for 2018? **Yes** ____ **No** _____

If yes, please provide amount and type. **Traditional** _______________ **Roth** _______________

Contribution deadline is April 15, 2019.

Were you required to make alimony payments, under a divorce or separation agreement executed before 2019?? **Yes** ____ **No** _____

If yes, please provide the information below if not on last year's return.

Amount paid:______________ **Recipient's social security number:**________________

Student Loan Interest - Submit 1098-E **Yes** ____ **No** _____

Were you self-employed and paid health insurance premiums? **Yes** ____ **No** _____

Amount:_________

Itemized Deductions:

Medical Expenses - Enter the amounts you paid and were not reimbursed for the following (include amounts for dependents you claim on your return)

Doctors, dentists, nurses, hospitals, prescription medicines: ____________

Insurance premiums for medical and dental care (including those paid to the Health Insurance Marketplace: ____________

Auto mileage ____________

Travel, lodging, parking, tolls: ____________

Misc. (ie - hearing aids, dentures, eyeglasses, contact lenses) ____________

Long Term Care Insurance Premiums: **Taxpayer** _______________ **Spouse** _______________

Taxes

Real Estate Taxes ____________

Excise Tax ____________

Interest Expense

Home mortgage/equity interest and points - Submit Form 1098 ____________

Home mortgage interest not reported on Form 1098 ____________

Did you refinance a mortgage or take a home equity loan during the year? **Yes** ____ **No** _____

Investment Interest ____________

Are you making any loan payments on a boat or recreational vehicle that has basic living accommodations such as a sleeping space, a toilet, and cooking facilities? **Yes** ____ **No** ____

Charitable Contributions

Donations by cash, check and credit card ____________

Property Donations (Please attach list if over $500) ____________

Volunteer work - number of miles driven for which you have written record ____________

Other Itemized Deductions

Gambling Losses (up to gambling winnings) ____________

Education Expenses:

Please submit the following information for each individual that had higher education expenses during the year along with Form 1098-T.

Student _________________________ Fr. ___ Soph. ___ Jr. ___ Sr. ___ Grad. ____

Tuition, Fees & Required Expenses Paid ____________ Full-Time or Part-Time

	Yes	No
Miscellaneous Questions		
Did you receive an identity protection PIN from the IRS?	___	___
Did you move because of a job change?	___	___
Did you receive any distributions from your health savings account (HSA)?	___	___
Did you make any contribution to your health savings account (HSA)?	___	___
Did you retire or change jobs in 2018?	___	___
If you are older than 70 1/2 have you taken your annual Req. Min. Distribution?	___	___
If you are a retired public safety officer did your pension plan make a direct payment to your insurance company for health, accident or long term care insurance?	___	___
If yes, please provide amount. ____________		
Do any bank or investment accounts reported in your name belong to a dependent or other individual?	___	___
Did you have any foreign bank accounts?	___	___
Did you or your spouse have financial accounts maintained by a foreign institution that totaled more than $50,000 on the last day of the year or more than $75,000 at any time during the year ($100,000 and $150,000, respectively, if married filing a joint return)?	___	___
Did you sell your personal residence in 2018?	___	___
Have you sold a principal residence within the last two years?	___	___
Did you engage in any put or call transactions or close any short sales or any other transaction not 1099-B reported?	___	___
Do you own any securities or hold any debts that became worthless during the year?	___	___
If yes, provide details.		
Did you acquire or sell a business in 2018?	___	___
Did you pay a babysitter, housekeeper, driver, yard worker, health aide or other $2,000 or more to work for you?	___	___
Were you notified by the IRS or other taxing authority of any changes in prior year returns? (Bring notices)	___	___
Did you have expenditures for renewable energy source items such as solar, wind or geothermal to heat, cool or provide hot water for your primary residence?	___	___
Did you incur casualty or theft losses during the year, related to a federally declared disaster? ___	___	
Provide detail including insurance reimbursement.		

If you do NOT want to authorize Robert C. Alario, CPA PC to discuss the processing of you returns with the IRS and DOR check here. ____

If receiving a refund would you like to request direct deposit?	___	___
If you have a balance due would you like electronic withdrawal?	___	___

If yes, please provide the following: Bank Name: ______________________________

Checking or Savings Routing #: ____________________ Account #: ________________

Owner of bank account: Taxpayer ___ Spouse ____ Joint ____

Do you have a will?	___	___
Would you be interested in estate planning?	___	___
Would you be interested in financial planning?	___	___
Would you be interested in retirement planning?	___	___

Any question left unanswered we will assume the response is NO.