2018

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TAXPOND LLC	=

** TAXPAY	R (TP) NAME (& spouse SP):		
PLEASE PROV	IDE ALL OFFICIAL TAX FORMS YOU MAY RECEIVE AND AMOUNTS. BE COMPLETE, YOU ARE RESPONSIBLE FOR THE INFORMATION BEING REPORTED ON YOUR RETURN.		
Please clea	ly indicate if there were any CHANGES FROM PRIOR YEAR to the following and also describe all CURRENT YEAR ITEMS in the checkboxes below:		
ADDRESSS	OCCUPATION TP: SP:		
НОМЕ РНО			
EMAIL ADD	TP: CELL PHONE SP		
WE WILL EFIL	YOUR RETURNS AND WILL BE LISTED AS A THIRD PARTY DESIGNEE AND PAID PREPARER. ANY CONFLICTING INFO PROVIDED WILL NEED TO BE DISCUSSED.		
	u like us to deliver your completed return to you?  Portal/Fax/Electronic  USPS Regular Mail (add'l \$5)  Client will Pick-Up		
•	e due a REFUND, how do you want to receive it? <u>DIRECT DEPOSIT</u> or <u>MAILED</u> to you? Would you like RFD: SPLIT between accounts   Purchase US SVG BOND		
•	OWE, how do you want to pay? DIRECT WITHDRAWAL or MAIL A CHECK? You will choose a withdrawal date when you sign.		
* DIRECT	DEPOSIT - IS YOUR BANKING INFORMATION STILL THE <b>SAME?</b> NEW  SVG / CKG   ROUTING# ACCT#		
* Would v	ou like to donate to the presidential election fund (\$3) YOU? SPOUSE? NO		
	you would like to donate to the MN Nongame Wildlife - YOU? YOUR SPOUSE? NO		
	t NOT to purchase Protection Plus Audit Insurance, unless circled here. Add'l Fee: \$99.95.		
	STATUS CHANGES? NONE - NO CHANGES		
	V CHANGES and INDICATE NEW STATUS BELOW : AS OF DECEMBER 31, 2018:		
^^	durried Filing Separate - Spouse's Name and SSNQualifying Widow(er) with minor child - YR SP Died		
Y N A	re you <b>legally blind</b> or <b>disabled?</b> Is your Spouse BL / Dis? Are any dependents BL / Dis?		
	/ere you in a Registered Domestic Partnership, civil union or same-sex marriage during the current year?		
ΥΝ	id any births, deaths, marriages, divorces, or adoptions occur in your family since last year? Explain Details: {dates, decree, legal names, ss#, DOB}:		
DEPENDEN	N/A - NONE  Y N Each dependent lived with you all 12 months & you provided > 50% support. If no, describe.		
Y N	re there any changes in your dependents from last year? [new: Relationship, Full Legal Name, SS#, DOB, FT Student, Disabled, # Mo Lived with you]		
YN	Y N Did you pay any education/college expenses for your dependents? Other School Expenses for MN K-12 credit/ded. (Form 1098T /List Exp)		
YN	Y N Did you pay any student loan interest for a dependent that you co-signed for? (Form 1098E)		
YN	N Did you pay any dependent care/daycare expenses for a child or other dependent so you could work? (Provider name, address, ID#, Amount)		
YN	N Did you engage the service of any household employees?  Y N Did any dependent have income > \$4,150?		
YN	id your dependents under age 19 (or 24 if a full time student) receive more than \$1,050 in unearned or investment income?		
YN	id you pay towards the <b>support</b> for a parent or someone else who you are <b>not claiming as a dependent</b> ? Describe details.		
HEALTH CA	RE INSURANCE		
YN	id all members of your household/dependents HAVE HEALTH INSURANCE minimum essential coverage for ALL of 2018? Provide 1095 forms:		
•	If no, which months did each person NOT have any insurance for at least one day of the month?		
YN	If no, did your employer offer any type of coverage? Annual cost of plan if you would have taken it? Form 1095-A (need form)		
YN			
YN			
YND	id you make any contributions to an HSA (Health Savings Account) in 2018? Was the HSA administerd at your work / reported on your W2?		
YN	you or your spouse are <b>self-employed</b> , do you self-pay premiums that are not covered under an employer's health insurance plan? Amount?		
INCOME	N/A - NONE		
	/ages? (Include form(s) W-2)		
	nterest income? (Include form(s) 1099-INT).  Y N Did you redeem any U.S. savings bonds?		
	ividend income? (Include form(s) 1099-DIV).		
	id you receive any <b>tax-exempt</b> income, such as interest or dividends from municipal bonds or a mutual fund account?		
	ocial security or Railroad Retirement benefits? (Include form(s) SSA-1099 & RRB-1099).		
-	id you receive any distributions from a retirement plan? (Include form(s) 1099-R).		
	nemployment compensation? (Include form(s) 1099-G).		
	id you receive cash/check payments for work performed that was not reported to an employer or on a W2 or a 1099? Tip income? Amount?		
	elf employment Income, commissions, or Non-employee compensation? (Include form(s) 1099-MISC).		
	Did you receive income from a sharing economy activity (Airbnb, Uber, Lyft). Did you barter your services for goods/services from someone else?		
	id you <b>receive</b> or <b>pay</b> any <b>Alimony</b> ? Soc Sec # of person paid: Year divorce was finalized?		
	id you make premium payments towards or receive payments from a <b>Long-Term Care</b> insurance contract? Who, Amount, Ins Co, Policy#		
	Did you make a <b>loan to someone</b> at an interest rate below market rate?		
	id you own an interest in a Real Estate Mortgage Investment Conduit (REMIC)?		
<b>FOREIGN R</b>	PORTING N/A - NONE		

FOREIGN REPORTING

N/A - NONE

Did you receive income from a foreign source or pay taxes to a foreign government? Did you own or have an interest in or signature authority over a financial account or property in a foreign country? Were you the grantor of or transferor to a foreign trust?

MN DID NOT CONFORM TO THE NEW FEDERAL TAX CHANGES. IF YOU ITEMIZED PRIOR TO 2018, YOU WILL LIKELY BE ABLE TO ITEMIZE FOR MN TAX PURPOSES.

I (we) certify that I (we) have reviewed this form and there are no other changes to my (our) tax return information unless noted on the items that have been provided in writing or marked as such on this form. Any items left unchecked have been deemed not applicable for the current year. To the best of my knowledge, all information has been provided and is true, accurate, and complete.

SIGN