

2018 TAX PROFORMA/ORGANIZER

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This Tax Proforma/Organizer package was designed to assist you in collecting the information we need for the preparation of your 2018 income tax return. The following pages contain many of the common income tax items expenses, deductions and credits. You will also be asked to answer certain questions which will help us determine the best way to handle certain items of income or deduction.

Where appropriate, amounts reported on your 2017 income tax return are listed in the shaded right-hand column. Please take time to completely fill out the pages that apply to you and furnish us with any supporting documentation as required. This will enable us to prepare a complete and accurate income tax return. If you need more space, please attach additional schedules.

We will also need the following information:

- Copy of your prior year income tax return (if not in our possession).
- Original Form(s) W-2 and 1099-R received from all employers.
- Original Form(s) 1095-A, 1095-B and 1095-C received.
- Copies of other compensation, moving expense reimbursement, or pension documentation.
- Form(s) 1099 or other statements reporting interest and dividend income received.
- Form(s) 1099B and any other closing documentation regarding the sale or purchase of assets.
- Schedule K-1 showing your share of income and deductions from partnerships, S corporations, estates and trusts.
- Form(s) 1098, copies of real estate bills, property tax bills, mortgage statements, etc.
- Any other information or statements that you received or that you may have questions about.
- CP Notice 28 - Taxable IRA from Roth Rollover

We hope this Tax Proforma/Organizer will help make your task easier. It will certainly help us evaluate your income tax situation thoroughly and concentrate our efforts in preparing a complete and accurate income tax return.

L GRIFFIN CONSULTING LLC

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STONE MOUNTAIN, GA 30083

(770) 469-5454

QUESTIONNAIRE

Did your filing status change during 2018 ? YES NO

Will the address on your 2018 Federal return be different from the one shown on your 2017 return? YES NO

If YES, enter the New Address:

Street _____

City _____

State _____ Zip Code _____

Were you notified by the Internal Revenue Service or any other taxing authority of changes to a prior year tax return? (If YES, please enclose report notifying you of the change(s).) YES NO

Did you have minimum essential health care coverage for yourself, your spouse (if filing jointly), and anyone you could or did claim as a dependent for every month of 2018 ? YES NO

Did you, your spouse, or a dependent enroll in health insurance through the marketplace/exchange? YES NO

Are you aware of any changes to your income, deductions and credits reported on a prior year return? YES NO

Did you sell and/or purchase a principal residence in 2018 ? YES NO

Did you receive any insurance or other reimbursement from a prior year medical, casualty, or theft loss deduction? YES NO

Do you have any dependent children under 18 who received unearned income (interest, dividends, investment income) of over \$1,900? YES NO

If YES, and if your child qualifies, do you elect to report your child's interest and dividends in your income tax return? YES NO

Did you or your spouse receive stock from an employer's stock bonus plan (do not include amounts reported on Form W-2)? YES NO

Did you buy or sell any bonds during the year? (If YES, please provide a copy of the broker's report.) YES NO

Did you start a new business during 2018 ? YES NO

Did you receive payments from a pension or profit-sharing plan? YES NO

Did you sell business or personal property(ies) on the installment method, OR did you receive payments from an installment sale? (If YES, please provide details) YES NO

Did you surrender any U.S. savings bonds during 2018 ? YES NO

Did you use the proceeds from Series EE U.S. savings bonds purchased after 1989 to pay for higher education expenses? YES NO

Did you receive tip income NOT reported to your employer? YES NO

Did you receive any tax-exempt interest? YES NO

Did you obtain a loan and use the proceeds for an investment? YES NO

QUESTIONNAIRE

- If employed, are you covered under a pension, profit-sharing, stock bonus or other retirement plan? ___ YES ___ NO
- Did you receive a total distribution from an IRA or other qualified plan that was partially or totally rolled over into another IRA or qualified plan within 60 days of the distribution? ___ YES ___ NO
- Did you rollover any amount from a Traditional IRA to a Roth IRA during 2016 , 2017 , or 2018 ? ___ YES ___ NO
- Did you receive any disability payments this year? ___ YES ___ NO
- If either you or your spouse are self-employed, are either of you covered under an employer's health plan at another job? ___ YES ___ NO
- Did you have foreign income or pay any foreign taxes in 2018 ? ___ YES ___ NO
- Did you sell property or equipment on installment in 2018 ? ___ YES ___ NO
- Did you have any business related educational expenses? ___ YES ___ NO
- Did you make gifts of more than \$14,000 to any individual? ___ YES ___ NO
- Did you make gifts to a trust? ___ YES ___ NO
- Did you suffer an uninsured casualty or theft loss on a non-business property? ___ YES ___ NO
- Did your employer pay premiums on life insurance in excess of \$50,000 where the proceeds are paid to beneficiaries named by you? ___ YES ___ NO
- Did you receive any income not included in the Tax Organizer? ___ YES ___ NO
- Did you pay any qualifying education expenses for yourself or any dependents? ___ YES ___ NO
- Did you make any online purchases for which you did not pay state sales tax? ___ YES ___ NO
If so, enter the amount of purchases here. _____

Notes: _____

Please make certain to report all income received in 2018 . If you received income that is not included in this proforma organizer, attach a schedule listing the income received. Also, describe the nature of the income received (type of income, how received, etc.).

1099-MISC INCOME

MISCELLANEOUS INCOME

| Box | Description | Payer 1 | Payer 2 | Payer 3 | Payer 4 |
|-----|--------------------------------|---------|---------|---------|---------|
| | T = Taxpayer S = Spouse | | | | |
| | Payer's Name | | | | |
| 1 | Rents | | | | |
| 2 | Royalties | | | | |
| 3 | Other Income | | | | |
| 4 | Federal Income Tax Withheld | | | | |
| 7 | Nonemployee Compensation | | | | |
| 8 | Substitute Payments | | | | |
| 11 | State Income Tax Withheld | | | | |

Number of 1099-Misc attached _____

| Box | Description | Payer 5 | Payer 6 | Payer 7 | Payer 8 |
|-----|--------------------------------|---------|---------|---------|---------|
| | T = Taxpayer S = Spouse | | | | |
| | Payer's Name | | | | |
| 1 | Rents | | | | |
| 2 | Royalties | | | | |
| 3 | Other Income | | | | |
| 4 | Federal Income Tax Withheld | | | | |
| 7 | Nonemployee Compensation | | | | |
| 8 | Substitute Payments | | | | |
| 11 | State Income Tax Withheld | | | | |

PROFIT or (LOSS) FROM BUSINESS or PROFESSION

If you operated more than one business, or if you and your spouse had separate businesses, please complete a separate schedule for each business.

Business Number: _____ Primary owner of business (T = Taxpayer S = Spouse) _____
 Was the business acquired after 10/22/86 ? ___ YES ___ NO
 Principal Business or Profession : Business Code : _____
 _____ Employer ID Number : _____
 Business Name and Address : _____

Method(s) used to value closing inventory : Cost Lower of cost or market Other (attach explanation) N/A
 Accounting Method : Cash Accrual Other (specify) _____
 Was there any change in determining quantities, costs, or valuations between the opening and closing inventory ? (If "YES", attach explanation) ___ YES ___ NO
 Are you deducting expenses for the business use of your home ? ___ YES ___ NO
 Did you materially participate in the operation of the business during 2018 ? ___ YES ___ NO
 Are you claiming any deduction, loss, credit, other tax benefit, or income from an interest purchased or otherwise acquired in a tax shelter required to be registered ? ___ YES ___ NO
 Is this the first schedule filed for this business ? ___ YES ___ NO
 Check the line that describes your investment in this business activity? All investment is at risk Some investment is not at risk

| INCOME | 2018 | 2017 |
|---|------|------|
| Gross receipts or sales | | |
| Sales returns and allowances | | |
| Other Income | | |
| | | |
| COST of GOODS SOLD | 2018 | 2017 |
| Inventory at beginning of year | | |
| Purchases (less cost of items withdrawn for personal use) | | |
| Cost of labor (exclude salary paid to yourself) | | |
| Materials and supplies | | |
| Other costs | | |
| Inventory at end of year | | |
| DEDUCTIONS | 2018 | 2017 |
| Advertising | | |
| Bad debts from sales or services | | |
| Car and truck expenses | | |
| Commissions and Fees | | |
| Depletion | | |
| Depreciation and Sec 179 deduction (not included in cost of goods sold) | | |
| Employee benefit programs | | |
| Freight (not included in cost of goods sold) | | |
| Insurance (other than health) | | |
| Mortgage interest (paid to banks, etc.) | | |
| Other interest | | |
| Legal and professional services | | |
| Office expenses | | |
| Pension and profit-sharing plans | | |
| Rent on machinery and equipment | | |
| Rent on other business property | | |
| Repairs and maintenance | | |
| Supplies (not included in cost of goods sold) | | |
| Taxes and licenses | | |
| Travel | | |
| Meals and entertainment | | |
| Utilities and Telephone | | |
| Wages less jobs credit (exclude salary paid to yourself) | | |
| Other expenses (list type and amount): | | |
| | | |
| | | |
| | | |

EXPENSES for BUSINESS USE of HOME

Area used exclusively for business: _____

Total area of home: _____

Number of hours per day that day-care facility was used: _____

Number of days that day-care facility was used: _____

| EXPENSES | 2018 | 2017 |
|---|------|------|
| Casualty Losses - Direct | | |
| Deductible Mortgage Interest - Direct | | |
| Real Estate Taxes - Direct | | |
| Excess Mortgage Interest - Direct | | |
| Utilities - Direct | | |
| Maintenance and Repairs - Direct | | |
| Rent - Direct | | |
| Insurance - Direct | | |
| Other Expenses - Direct | | |
| Casualty Losses - Indirect | | |
| Deductible Mortgage Interest - Indirect | | |
| Real Estate Taxes - Indirect | | |
| Excess Mortgage Interest - Indirect | | |
| Utilities - Indirect | | |
| Maintenance and Repairs - Indirect | | |
| Rent - Indirect | | |
| Insurance - Indirect | | |
| Other Expenses - Indirect | | |
| Prior Year Operating Expense Carryover | | |
| Prior Year Excess Casualty & Depreciation Carryover | | |

DEPRECIATION of YOUR HOME

Date home first used for business: ____ / ____ / ____

Smaller of homes Adjusted Basis or FMV _____

Value of land included in amount above _____

RENTAL and ROYALTY INCOME

Property Number: _____

Description and Location:

Primary owner of property : (T = Taxpayer, S = Spouse, J = Joint) _____

Is this a rental property ? ___ YES ___ NO

If "YES", was the property used for personal purposes during the tax year ? ___ YES ___ NO

If "YES", please complete the information below:

Number of days the property was occupied by you, a member of the family, or any individual not paying rent at the fair market value + _____

Number of days the property was actually rented at the fair market value + _____

Number of days the property was not occupied + _____

TOTAL days in the tax year = 365

Did you actively participate in the operation of the rental property during 2018 ? ___ YES ___ NO

If "YES", did you materially participate ? ___ YES ___ NO

Was the property acquired before 10/22/86 ? ___ YES ___ NO

| INCOME | 2018 | 2017 |
|--------------------|------|------|
| Rents Received | | |
| Royalties Received | | |

| EXPENSES | 2018 | 2017 |
|-----------------------------------|------|------|
| Advertising | | |
| Auto and Travel | | |
| Cleaning and maintenance | | |
| Commissions | | |
| Insurance | | |
| Legal and other professional fees | | |
| Mortgage interest paid to banks | | |
| Other interest | | |
| Repairs | | |
| Supplies | | |
| Taxes | | |
| Utilities | | |
| Management Fees | | |
| Depreciation or depletion expense | | |
| Other expenses: | | |
| | | |
| | | |
| | | |

FARM INCOME and EXPENSES

Primary owner of the farm: (T = Taxpayer S = Spouse) _____ Principal Product: _____
 Employer ID Number: _____ Agricultural Activity Code: _____ Accounting Method: ___ Cash ___ Accrual
 Did you materially participate in the farm operations during 2018 ? _____ YES _____ NO
 Check the box that describes your investment in this farm activity ? _____ All investment is at risk _____ Some investment is not at risk

| FARM INCOME (Cash Method) | 2018 | 2017 |
|--|-------------|-------------|
| Sales of livestock and other items you bought for resale | | |
| Cost or other basis of livestock and other items bought for resale | | |
| Sales of livestock, produce, grains, and other products raised | | |
| Total cooperative distributions received (from Form(s) 1099-PATR) | | |
| Taxable amount | | |
| Total agricultural program payments | | |
| Taxable amount | | |
| Commodity Credit Corporation (CCC) loans reported under election | | |
| CCC loans forfeited or repaid with certificates | | |
| Taxable amount | | |
| Crop insurance proceeds and certain disaster payments received in 2018 | | |
| Taxable amount | | |
| Custom hire (machine work) income | | |
| Other income: (include federal & state gasoline or fuel tax credit or refund) | | |
| FARM INCOME (Accrual Method) | 2018 | 2017 |
| Sales of livestock, produce, grains, and other products during year | | |
| Total cooperative distributions (from Form(s) 1099-PATR) | | |
| Taxable amount | | |
| Total agricultural program payments | | |
| Taxable amount | | |
| Commodity Credit Corporation (CCC) loans reported under election | | |
| CCC loans forfeited or repaid with certificates | | |
| Taxable amount | | |
| Crop insurance proceeds | | |
| Custom hire (machine work) income | | |
| Other income: (include federal & state gasoline or fuel tax credit or refund) | | |
| Cost of Goods Sold: | | |
| Beginning inventory of livestock, produce, grains, and other products | | |
| Cost of livestock, produce, grains, & other products purchased during the year | | |
| Ending inventory of livestock, produce, grains, and other products | | |
| FARM DEDUCTIONS (Cash and Accrual Method) | 2018 | 2017 |
| Car and Truck | | |
| Chemicals | | |
| Conservation Expenses (Form 8645) | | |
| Custom hire (machine work) | | |
| Depreciation and section 179 expense deduction not claimed elsewhere | | |
| Employee benefit programs (exclude pension and profit-sharing plans) | | |
| Feed purchased | | |
| Fertilizers and lime | | |
| Freight and trucking | | |
| Gasoline, fuel, oil | | |
| Insurance (other than health) | | |
| Interest: Describe | | |
| Labor hired (less jobs credit) | | |
| Employee pension and profit-sharing plans | | |
| Machinery and equipment rent or lease | | |
| Other rent and lease (land, animals, etc.) | | |
| Repairs and maintenance | | |
| Seeds and plants purchased | | |
| Storage and warehousing | | |
| Supplies purchased | | |
| Taxes | | |
| Utilities | | |
| Veterinary fees and medicine | | |
| Other expenses | | |

SCHEDULE A - ITEMIZED DEDUCTIONS

| MEDICAL EXPENSES | 2017 | 2018 | GIFTS TO CHARITY | 2017 | 2018 |
|---------------------------------|-------------|-------------|--|-------------|-------------|
| Medical Insurance | | | Cash Contribution | | |
| Long Term Care Insurance | | | | | |
| MediCare Insurance Premiums | | | Cash Contributions from K-1 | | |
| Doctors/Dentist | | | List Noncash more than \$500 | | |
| Prescriptions | | | | | |
| X-rays, Lab Work, etc | | | | | |
| Nursing Help | | | | | |
| Hospital Care | | | Noncash less than \$500 | | |
| Alcohol/Drug Rehab | | | Charitable Miles | | |
| Glasses, Hearing Aids, etc | | | CASUALTY & THEFTS | | |
| List other medical | | | MISCELLANEOUS | | |
| | | | Tax Prep | | |
| Number of miles for medical | | | Safe Deposit Box | | |
| TAXES | | | Investment Fees | | |
| State Tax Withheld | | | List Other Miscellaneous | | |
| Sales Tax Paid | | | | | |
| Prior Year State Taxes Paid | | | | | |
| State Estimates Paid | | | BUSINESS EXPENSES | | |
| Real Estate Taxes | | | Union Dues | | |
| Personal Property Taxes | | | Job Search Expense | | |
| List Other Taxes | | | Uniforms | | |
| | | | Small Tools | | |
| INTEREST | | | Job Supplies | | |
| Home mortgage interest on F1098 | | | Other Business (see next page) | | |
| Mortgage interest not on F1098 | | | | | |
| Name | | | Federal Estate Tax for Decedent | | |
| Address | | | Gambling Loss to extent Gambling Winnings | | |
| ID# | | | List Other | | |
| Points not on Form 1098 | | | | | |
| Investment Interest | | | | | |

EMPLOYEE BUSINESS EXPENSES

Complete this form only if you are claiming job expenses for travel, transportation, meals, and entertainment. If both you and your spouse are reporting expenses attributable to your jobs, complete a separate schedule for yourself and your spouse.

If you are claiming job expenses that are not for travel, meals, and entertainment, and you were not reimbursed for these expenses by your employer, list the expenses under Miscellaneous Deductions. Examples of these expenses are: educational expenses, uniforms, union dues, home office.

Employee business expenses for Taxpayer (=T) or Spouse (=S) ? _____

Occupation in which expenses were incurred: _____

Tax laws allow for a deduction for expenses for travel, meals, lodging, entertainment and certain business gifts.

These expenses must be related to your trade or business and must be supported by adequate records. Your records must include the following information: (1) Amount; (2) Time and place of travel; (3) Date and description of gift; (4) Business purpose; (5) Business relationship to the person being entertained or receiving the gift.

Do you have records as described above for business expenses to be deducted ? YES NO

| BUSINESS EXPENSES | 2018 | 2017 |
|---|------|------|
| Travel expenses that did not involve overnight travel: | | |
| Parking fees, Tolls, Local transportation (bus, taxi, train, etc.) | | |
| Travel expenses while away from home (exclude meals and entertainment): | | |
| Meals and entertainment expenses | | |
| Other business expenses: | | |
| Reimbursements by your employer on your W-2 (Box 13, Code L): | | |
| For other than meals and entertainment | | |
| For meals and entertainment | | |
| Reimbursements by your employer NOT reported on your W-2: | | |
| For other than meals and entertainment | | |
| For meals and entertainment | | |

Did you dispose of a vehicle used for business during 2018 ? YES NO

Did you or your spouse have another vehicle available for personal purposes ? YES NO

If your employer provided you with a vehicle, is personal use during off duty hours permitted ? N/A YES NO

Do you have evidence to support your vehicle expenses ? YES NO

If "YES", is the evidence written ? YES NO

| DESCRIPTION | VEHICLE 1 | VEHICLE 2 |
|---|-----------|-----------|
| GENERAL INFORMATION: | | |
| Date you first started using your car | | |
| Total miles driven during 2018 | | |
| Total miles driven for business (exclude commuting miles) | | |
| Average daily round trip commuting distance | | |
| Total commuting miles to and from work during 2018 | | |
| VEHICLE EXPENSES: | | |
| Auto expenses: | | |
| Gasoline, oil, repairs, insurance, etc | | |
| Vehicle rentals | | |
| Value of employer-provided vehicle (if included on W-2) | | |
| Depreciation: | | |
| Cost or other basis | | |
| Depreciation method | | |
| Depreciation deduction | | |
| Section 179 deduction | | |

CHILD AND DEPENDENT CARE EXPENSES

Complete this form only if:

- * You paid someone to care for a child under 13 or a disabled spouse or dependent so that you are able to go to or look for work, and/or
- * You received dependent care benefits from an employer-paid dependent care assistance program.

Did you pay \$1400 or more in a calendar year to an individual for dependent care services performed in your home ?

___ YES ___ NO

If "YES", please provide a copy of Form W-2.

Did you receive a reimbursement for dependent care expenses from your employer's dependent care assistance program ?

___ YES ___ NO

If "YES", enter the amount:

a) Received from your employer _____

b) Received from your spouse's employer _____

PERSONS or ORGANIZATIONS WHO PROVIDED the CARE

| NAME | ADDRESS | ID NUMBER SSN OR EIN | AMOUNT PAID |
|------|---------|-------------------------|----------------|
| | | | |
| | | | |
| | | | |
| | | | |

CHILD and DEPENDENT CARE EXPENSES

| | 2018 | 2017 |
|--|------|------|
| Number of qualifying persons cared for | | |
| Child and dependent care expenses incurred and actually paid in 2018 | | |
| Child and dependent care expenses for 2017 but paid for in 2018 | | |

EDUCATION TAX CREDITS AND EDUCATION IRAS

Complete this form only if:

- * You paid qualified tuition and related expenses and fees required for enrollment or attendance at an eligible education institution.

Did you receive a reimbursement for educational expenses from your employers?

___ YES ___ NO

A) Received from your employer _____

B) Received from your spouse's employer _____

| NAME OF STUDENT | SOCIAL SECURITY # | PREPAID EXPENSES | AMOUNT PAID |
|-----------------|----------------------|---------------------|-------------|
| | | | |
| | | | |
| | | | |
| | | | |

INSTALLMENT SALE INCOME

Property description: _____

Date acquired: ____ \ ____ \ ____

Date sold: ____ \ ____ \ ____

Gross Sales Price: _____

Cost or Other Basis: _____

Depreciation allowed or allowable: _____

Commissions and expenses of sale: _____

Gross Profit Percentage (from prior year sale only): _____

Payments received in 2018 :

Principal:

Received before May 5, 2004 _____

Received after May 5, 2004 _____

Interest: _____

Total: _____

Was this property sold to a related party ? YES NO

Property description: _____

Date acquired: ____ \ ____ \ ____

Date sold: ____ \ ____ \ ____

Gross Sales Price: _____

Cost or Other Basis: _____

Depreciation allowed or allowable: _____

Commissions and expenses of sale: _____

Gross Profit Percentage (from prior year sale only): _____

Payments received in 2018 :

Principal:

Received before May 5, 2004 _____

Received after May 5, 2004 _____

Interest: _____

Total: _____

Was this property sold to a related party ? YES NO

