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Dear Client(s):

The filing season for your 2018 tax returns is here. We have enclosed a questionnaire as in prior years. It is also available on our website at www.hlbcpas.com. Just follow the links to the appropriate page. We are requesting that you send us all of your information no later than March 25, 2019 in order for us to be able to complete your returns by April 15, 2019. Even if you are missing some items, please send us what you have. This will expedite the preparation of your tax return.



Your tax returns will be electronically filed. Once you receive your copies of your returns and have reviewed them, **it is important that you sign and return all your signature authorization sheets to us as soon as possible - YOUR RETURN WILL NOT BE FILED UNTIL WE RECEIVE THEM BACK.**

Please be sure to let us know about any changes to your personal information, including change of filing status, permanent disabilities, address change and change of telephone number and/or area code. Also, it is important that you provide us with your date of birth and the date of birth of your dependents.

ALSO, WE NEED TO REMIND YOU THAT YOU MUST RETAIN ALL THE BACK-UP INFORMATION USED IN THE PREPARATION OF YOUR RETURNS. IT IS IMPORTANT THAT YOU HAVE IT AVAILABLE IF THE NEED ARISES.

We will keep copies of your W-2s, 1099s and any original summary schedules you prepare and provide us with in our files. Our website contains a Record Retention Checklist to assist you in determining the number of years to hold your records.

HIGHLIGHTS FOR 2018

- ◆ The highest tax rate is now 37% down from 39.6%
- ◆ Maximum Tax Rate for Dividends and Capital Gains is 20%
- ◆ No Personal Exemptions – Standard deduction was increased to \$24,000 for Married Filing Jointly, \$18,000 for Head-of-Household and \$12,000 for Single
- ◆ Standard Mileage Rates - Business rate – 54.5 cents/mile; Medical -18 cents/mile; Charity rate – 14 cents/mile
- ◆ IRA Deduction Allowed to People Covered by Pension Plans of up to \$6,500:
 - For Single, Head of Household with AGI Under \$121,000
 - For Married, Filing Jointly or Qualifying Widow(er) with AGI under \$199,000
- ◆ IRA Deduction for People Without a Pension Plan of up to \$6,500
- ◆ ROTH IRA Contributions permitted for Single under \$135,000 AGI, Married under \$199,000 AGI
- ◆ Educational Lifetime Learning Credit Remains at \$2,000 – American Opportunity Credit Remains at \$2,500
- ◆ Child Tax Credit is \$2,000 for Qualifying Child and \$500 for any other Dependent
- ◆ An additional Medicare tax of .9% will apply to Medicare wages, railroad retirement compensation and self-employment income that are more than \$125,000-MFS; \$250,000-MFJ; \$200,000-SINGLE,HOH,WIDOW(ER)
- ◆ You and your family will still have to document that you had healthcare coverage throughout 2018. If you do not have coverage, you may be subject to minimum penalties of \$695 and as much as 2.5% of household income.
- ◆ State and local taxes are limited to a \$10,000 deduction

If you have any questions, or need any assistance, please call us. It's important that you communicate with us in order for us to provide you with a complete and accurate return.

We are an authorized IRS e-file Provider.

Visit our Website - www.hlbcpas.com

Name _____ Taxpayer _____ Spouse _____
Check if 65 by 1/1/19
Disabled? Y N Y N
(Attach form SSA-1099)

Address (if changed) _____

Telephone # (Home) _____ (Business) _____

E-mail address _____

Date of Birth (Taxpayer) _____ (Spouse) _____

Please check one: Single _____ Married _____ Head of Household _____

IMPORTANT SECURITY REQUIREMENTS- ATTACH COPY OF VOIDED CHECK OR COMPLETE BELOW -

DIRECT DEPOSIT/ELECTRONIC FUNDS WITHDRAWAL – BANK INFORMATION MUST BE VERIFIED ANNUALLY

BANK _____
NAME _____ CHECKING _____ SAVINGS _____ ROUTING NUMBER _____ ACCOUNT NUMBER _____

IS THIS INFORMATION THE SAME AS THE PRIOR YEAR? _____ YES _____ NO

Even if you do not complete the rest of the questionnaire, this page must be returned with the bank information verified and completed.

Also, once you have received your returns and reviewed them **please be sure to return your signed electronic filing authorization forms timely.** A stamped return envelope will be enclosed with your finished returns.

--- DO YOU WANT TO AUTHORIZE US TO DISCUSS YOUR RETURN WITH IRS? YES _____ NO _____

1040 - \$3 to Presidential Election Campaign Fund? Taxpayer YES _____ NO _____ Spouse YES _____ NO _____

NJ 1040 - \$1 to Gubernatorial Election Fund? YES _____ NO _____ YES _____ NO _____

NJ 1040 Fund Donation – \$ _____ Name of Fund _____

HEALTH CARE COVERAGE (Under age 65) No. of Months Covered _____

- Employer Healthcare Coverage – Check type: Single _____ Husband/Wife _____ Family _____

- If no, do you have coverage for you? YES _____ NO _____

- Spouse (if married)? YES _____ NO _____

- Dependents (if any)? YES _____ NO _____

- If no, you may be subject to penalties.

- If yes, we will need Form 1095A for insurance purchased through the exchange and premiums paid.

- **NOTE** – you will receive Form 1095-A or 1095-C that provides this information. Please attach. You may be eligible for a premium tax credit or an adjustment to the advance credit may be required.

--- **LIST DEPENDENTS** - Note: If any dependent has income, please attach details.

Name:	Relationship:	Date of Birth:	Social Security Number:	# of Months in Yr. Lived With You:	Ck. if Full-Time Student >	For NJ 1040
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

--- **DO YOU HAVE INTEREST IN OR SIGNATURE/AUTHORITY OVER A FOREIGN ACCOUNT** IN A FOREIGN COUNTRY? YES ___ NO ___ (If yes, you may need to file Form 8938 with tax return and/or FBAR if your account was over \$10,000 in any part of 2018)

--- **EDUCATION CREDIT** (Lifetime Learning or American Opportunity Tax Credit) – Income Limitations Apply (Attach Form 1098)

	Amount Paid in 2018	Year of College (i.e. Freshman)	Name of Person Attending
College Tuition and Fees for Enrollment	\$ _____	_____	_____
Name of School and Address	_____		

--- **ATTACH ALL COPIES OF W2s AND 1099s** (i.e. dividends, interest, pensions, unemployment & misc. compensation)

--- **LIST INCOME FROM W2s & 1099s FOR WHICH YOU DO NOT HAVE COPIES.**

Income Received From:	Amount:	Description:
_____	_____	_____
_____	_____	_____

--- **LIST TAX-EXEMPT INTEREST** FROM STATE AND LOCAL GOVERNMENT OR ATTACH YEAR-END STATEMENT - Interest Received From: _____ Amount: _____

--- **IRA DISTRIBUTIONS** \$ _____ Normal Distribution Y ___ N ___ **
(**if "no" - describe on page 4)

--- **IRA PAYMENT** FOR THIS TAX YEAR (must be paid by April 15, 2019):

	Amount:	INDICATE TYPE:	Covered by pension, profit-sharing or Keogh plan?
Taxpayer	\$ _____	Reg. ___ ROTH ___	Y ___ N ___
(max. - \$5,500 under age 50, \$6,500 for age 50 – 70 1/2)			
Spouse	\$ _____	Reg. ___ ROTH ___	Y ___ N ___
(max. - \$5,500 - even if not working, same rules as taxpayer above)			

--- **INCOME TAX REFUND** FROM STATE AND LOCAL GOVERNMENT \$ _____

--- **ALIMONY RECEIVED** \$ _____

--- **NJ HOMESTEAD REBATE** \$ _____

--- **SOCIAL SECURITY BENEFITS** RECEIVED (OR ATTACH SSA-1099 FORM OR RRB-1099 FORM)
Taxpayer \$ _____ Spouse \$ _____

--- **ALIMONY PAID:** \$ _____ To: _____
(Name & SS#)

--- **MEDICAL EXPENSES PAID:**

Health Insurance	\$ _____	Doctors, Hospital, etc.	\$ _____
Prescriptions	\$ _____	Long-term Care Insurance	\$ _____
Tolls, Taxi, etc.	\$ _____	Medical Travel..... # of miles	_____

--- **DONATIONS MADE** (You **MUST** obtain and retain receipts):
Cash - \$ _____ Any over \$5,000 - To Whom _____
Non-Cash - Description _____ To Whom _____
Value \$ _____
(if over \$500, a receipt from charity is needed showing name and address)
Volunteer Work - # of Miles Traveled _____

--- **ATTACH COPIES OF YOUR RECORDS OF SALES OF STOCKS, BONDS AND OTHER CAPITAL GAIN/LOSS ITEMS.** Remember, we need your cost, the date purchased, the selling price and the date sold. **DATES ARE IMPORTANT!**

--- **ATTACH COPIES OF ALL YOUR K-1s FROM PARTNERSHIPS, ESTATES AND SUBCHAPTER "S" CORPORATIONS.**

--- **RENTAL PROPERTY** (List each property separately.):

Are any of the below properties used by you or your family during the year? _____
If "yes," please indicate which property, the number of days it was occupied personally and the number of days rented.

<u>Property Description:</u>	<u>Check if using an outside agent to manage your property:</u>		
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Property:	<u>1</u>	<u>2</u>	<u>3</u>
Income Received:	_____	_____	_____
Rental Expenses:	_____	_____	_____
Taxes	_____	_____	_____
Interest Expense	_____	_____	_____
Utilities Expense	_____	_____	_____
Insurance Expense	_____	_____	_____
Repairs	_____	_____	_____
Other Expenses (specify):	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

--- **STATE INCOME TAXES PAID -**

- 2017 Fourth quarter estimated state tax paid in 2018 - Amount \$ _____
Date Paid _____
- 2017 State income tax balance paid - Amount \$ _____
Date Paid _____
- 2018 Estimated state income taxes paid -

<u>Quarter:</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>
Amount:	\$ _____	_____	_____	_____
Date Paid:	_____	_____	_____	_____

--- **SALES TAX PAID ON ACTUAL PURCHASES** (Itemize only if you paid sales tax on a major purchase i.e. motor vehicle, boat or home)

--- **PERSONAL ENERGY CREDIT** – Attach copies of any invoices paid on Energy Efficient Property – Windows, doors, furnaces, heat pumps, central a/c, water heaters, insulation and any qualified solar or fuel cell equipment (Maximum credit allowable is \$500 over the lifetime of the taxpayer.)

--- **ALTERNATIVE MOTOR VEHICLE CREDIT** – Attach copies of invoice and back-up

--- **REAL ESTATE TAXES PAID -**

	<u>Amount:</u>	<u>Lot #:</u>	<u>Block #:</u>
Principal Residence	\$ _____	_____	_____
Other	\$ _____	_____	_____

--- **INTEREST PAID** (Home mortgage interest before 12/15/17 is limited to \$1 million (\$500,000 MFS); after 1/1/2018 is limited to \$750,000 (\$375,000 MFS) debt to buy, build or improve a home that is secured by the residence. The new tax act suspends the deduction on home equity loss unless they are used to buy, build or improve the home.

- Home mortgage paid on personal residences to institutions \$ _____
- Second Mortgage paid on personal residences to institutions \$ _____
- Home mortgage on a second home paid to institutions \$ _____
- Home equity loans paid to institutions \$ _____
- Home mortgages paid to individuals \$ _____

Paid to: _____
(Name & Address)

--- **POINTS PAID ON NEW HOME** IN 2018 FROM FORM 1098 \$ _____

--- **POINTS PAID ON RE-FINANCED MORTGAGE** IN 2018 \$ _____
NUMBER OF YEARS TO REPAY RE-FINANCED MORTGAGE _____
PURPOSE OF RE-FINANCING _____

--- **LOAN INTEREST IN A QUALIFIED STUDENT LOAN** (LIMITED TO \$2,500) \$ _____

--- **INVESTMENT LOAN INTEREST –**

Margin Loans Interest \$ _____
Interest - Loans for property held for investments \$ _____
For What Purpose: _____
Amount borrowed: \$ _____

--- **CASUALTY LOSS** (Describe on separate sheet.) – Only if such loss was attributable to a disaster declared by the President

--- **MISCELLANEOUS DEDUCTIONS** – Eliminated for 2018 except for:

- Gambling losses to the extent of winnings..... \$ _____
 - Impairment related work expenses..... \$ _____
 - Federal Estate Tax on the income in respect of a decedent.... \$ _____
 - Other - **NOTE** : No employee unreimbursed job expenses (Describe below)
- _____ \$ _____
_____ \$ _____
_____ \$ _____

--- **TENANTS CREDIT (For State Tax Return) -**

If you are a tenant, enter the total rent paid in 2018 \$ _____

--- **CHILD AND DEPENDENT CARE EXPENSES -**

(If married, both taxpayers must work to qualify.)
- Amount paid for the children under age 13, or mentally or physically disabled person, who is a member of your household - \$ _____ To whom paid - _____
(Name & SS #)

