

January 1, 2019

Dear Client:

Thank you for selecting Argy & Company to assist you in preparing your personal income tax returns. This letter confirms the terms of our engagement and the nature, timing, and limitations of the services we will provide.

We will prepare your 2018 federal and state personal income tax returns from information you furnish us. We will not audit or otherwise verify the data you submit, although it may be necessary to request clarification and/or documentation of some of the information. Generally, we will rely on your representation that you have maintained the documentation required by law to support the information you provide, including expenses for meals, entertainment, travel, gifts, vehicle use, charitable contributions, etc. If you are not clear regarding what documentation is needed for any given item of income or deduction, we'd be happy to discuss it with you or you can look it up on our website at www.argyco.com. Note that you have the final responsibility for the income tax returns and, therefore, you should carefully review them before you sign and file them.

We have provided an organizer for your use. While we don't require its use, it may serve as a useful "tickler" to remind you of items to provide to us. Nonetheless, provide us with originals or copies of originals of all government tax documents including W-2s, 1099s, 1098s, and property tax statements. If you mail us your documents, we recommend using a company that provides tracking of the shipment.

We will use professional judgment in resolving issues when the tax law is unclear or when there is conflict among the authorities.

The filing deadline for the tax returns is April 15, 2019. In order to meet this filing deadline, we must receive your information in substantially complete form by April 1.

If an extension of time to file is required, we will use the information available to us at the time to prepare the extension. To prepare a valid, accurate extension, we need as much information as is available. We also need your express approval to file the extension on your behalf. An extension, however, only provides you with an extension to file, not an extension to pay. Taxes paid after April 15 will result in penalties and interest.

Under both federal and California law, we are required to electronically file your returns. However, you may opt out of electronically filing without explanation. If you would rather not e-file please let us know and we will provide you with the government opt-out forms you must sign and return to us.

If a joint return is prepared, tax returns and copies of all supporting documentation will be made available to either spouse without the consent or notification of the other spouse.

You are responsible for reporting foreign activities. By signing this letter, you acknowledge that you will inform us if you have income from foreign sources or if you have signatory authority over any foreign account. If you are unsure whether income or an account is foreign, we will review it. Note that the penalties for failure to report foreign activities are severe.

By signing this agreement, you authorize Argy & Company to execute the Online Account View Access Authorization on the Franchise Tax Board's website. You understand Argy & Company will have view only access to all the tax year information available on the FTB's website that is associated with you. This authorization remains in effect until you revoke it in writing.

Your tax returns may be selected for review by the taxing authorities. If the government selects your return for examination, we will be available to assist you. At our discretion, there may be additional fees for this service.

We generally retain, for seven years, the final work product generated for our clients. After the retention period, the documents are destroyed. We do not keep original documents — they are returned to you after completion of the returns. It is your responsibility to retain your records for possible future use, including possible examination by the taxing authorities.

Our fees for tax preparation services are based on the amount of time required at our standard billing rates plus out-of-pocket expenses. All invoices are due and payable upon presentation.

If the foregoing fairly sets forth your understanding, please sign the enclosed copy of this letter and return it to our office. Work cannot commence until a signed copy of this document is returned. If this is a joint return, both spouses must sign.

Very truly yours,



Vincent P. Argy, CPA

Acknowledged:

TAXPAYER

SPOUSE

Signature: _____

Signature: _____

Print name: _____

Print name: _____

Date: _____

Date: _____

ADDITIONAL ITEMS YOU SHOULD BRING TO YOUR TAX INTERVIEW (THAT YOUR ORGANIZER MIGHT NOT LIST)

1. 1099-Ks for merchant charges. Reconcile amounts on 1099s to amounts reported by the client for Schedules C or E (or business entity return)
 2. 1099-Bs for sales of stock or securities. Reconcile amounts on 1099s to amounts shown on client reports, if any.
 3. Property tax statements: Look at property tax bills and estimate of value of real property in California to verify that the county has properly computed tax based on reduced property values.
 4. Review government documents (W-2s, 1099s) for federal/California differences.
 5. Paycheck stubs to review 2019 withholding.
 6. Statements and instructions from mutual fund companies breaking down U.S. government and state tax-exempt income information
 7. All tax information broken out separately for both members of a registered domestic partnership
 8. Notices, bills, etc., from the IRS or California
 9. New clients should bring the past two years' California returns.
 10. For the Child and Dependent Care Expenses Credit:
 - Nontaxable funds received, including child support and public assistance;
 - Percentage of time the qualifying dependent lives in the California home of the taxpayer;
 - Address, telephone number, and Social Security number or Employer Identification Number of the care providers;
 - Expenses paid to California providers; and
 - Nonresident military spouse's military income
 11. California K-1 and accompanying correspondence (check for California differences and possible state tax paid by S corporation, partnership, trust, or LLC).
 12. Withholding paid through escrow on sales of property reported on FTB Form 593-B and closing statements. Keep a copy of the escrow closing statement and Form 593-B.
 13. Withholding for residents and nonresidents reported on FTB Form 592-B
 14. Invoices from purchases made over the Internet, by mail, or by phone order where no California sales or use tax was paid (or, if the use tax table amount is used, only individual purchases of more than \$1,000).
 15. Any activity pertaining to a Health Savings Account, including contributions to, earnings or losses from, distributions from, and rollovers to that account
 16. Rollover or distribution amounts from Medical Savings Accounts, FSAs, HRAs, and Roth IRA conversions
 17. Did the taxpayer form a business entity this year, does the taxpayer own an inactive business, or does he or she plan to terminate a business this year?
 18. Payroll records for 2017 if number of employees increased in 2018 (for businesses operating in designated geographic areas (DGAs)).
 19. Change of ownership of business entity
 20. Title change information for property that changed hands due to gift or death of an owner.
 21. For employers with no more than 25 full-time equivalent employees, review for possible federal Health Insurance Credit. If credit is taken, there will be a federal/California difference in the expense amount for employee health insurance.
 22. For Schedule C and other business returns, alert the taxpayer of the requirement for a city business license.
 23. Identity Protection PIN (IP PIN): If you received a CP101A Notice from the IRS in December, your IP PIN is located in the left column. Please provide a copy of this letter.
 24. For all documents, please provide a scan, photocopy, or fax. Do not send photos taken with a cell phone.
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2018 1040 US Tax Organizer

Argy & Company
10231 Slater Ave., Suite 112
Fountain Valley CA 92708
Telephone number: 714-964-1748
Fax number: 714-965-2876
E-mail address: vinceargy@aol.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 enter all pertinent 2018 information.

NOTE: If you claim the earned income credit, please provide proof that your child is a resident of the United States. This proof is typically in the form of: school records or statement, landlord or property management statement, health care provider statement, medical records, child care provider records, placement agency statement, social service records or statement, place of worship, Indian tribal office statement, or employer statement.

NOTE: If your child is disabled, please provide one of the following forms of proof of disability: doctor statement, other health care provider statement, or social services agency or program statement.

CLIENT INFORMATION

Form with columns for Taxpayer and Spouse. Fields include: First name and initial, Last name, Title/suffix, Social security number, Occupation, Date of birth (m/d/y), Date of death (m/d/y), I=blind, Home phone, Work phone, Work extension, Cell phone, E-mail address, Address (In care of, Street address, Apartment number, City, State, ZIP code).

DEPENDENTS

Form with columns for Dependent No. Fields include: First name, Last name, Title/suffix, Date of birth (m/d/y), Date of death (m/d/y), Date of adoption (m/d/y), Social security number, Relationship, Months lived at home.

Form with columns for Dependent No. Fields include: First name, Last name, Title/suffix, Date of birth (m/d/y), Date of death (m/d/y), Date of adoption (m/d/y), Social security number, Relationship, Months lived at home.

2018 1040 US Tax Organizer

Please enter all pertinent 2018 information. If you have attached a government form for an item, check the box and do not enter a 2018 amount.

WAGES, SALARIES AND TIPS

Employer name:

Form with 4 rows for entering employer names.

Table with 2 columns: 2018 Amount, 2017 Amount. Contains 'Attach Forms W-2' in the 2018 column.

INTEREST INCOME

Payer name:

Form with 4 rows for entering payer names.

Table with 2 columns: 2018 Amount, 2017 Amount. Contains 'Attach Forms 1099-INT' in the 2018 column.

DIVIDEND INCOME

Payer name:

Form with 4 rows for entering payer names.

Table with 2 columns: 2018 Amount, 2017 Amount. Contains 'Attach Forms 1099-DIV' in the 2018 column.

PENSIONS, IRA AND GAMBLING INCOME

Payer name:

Form with 4 rows for entering payer names.

Table with 2 columns: 2018 Amount, 2017 Amount. Contains 'Attach Forms 1099-R & W-2G' in the 2018 column.

Winnings not reported on W-2G
Total gambling losses

OTHER GOVERNMENT FORMS - INCOME

- Form 1099-B - Sales of stock (also include transaction history)
Form 1099-MISC - Miscellaneous income
Form 1099-K - Merchant card and third party network payments
Form 1099-S - Sales of real estate (also include closing statements)

Table with 2 columns: 2018 Amount, 2017 Amount. Contains 'Attach Forms 1099' in the 2018 column.

- Form 1099-G - State tax refunds

Taxpayer:

- Form SSA-1099 - Social security benefits
Form 1099-G - Unemployment compensation
Form 1099-Q (529 Plan)
Form 1099-QA/5498-QA (ABLE Accounts)

Table with 2 columns: 2018 Amount, 2017 Amount. Contains 'Attach Forms 1099' in the 2018 column.

Spouse:

- Form SSA-1099 - Social security benefits
Form 1099-G - Unemployment compensation
Form 1099-Q (529 Plan)
Form 1099-QA/5498-QA (ABLE Accounts)

Table with 2 columns: 2018 Amount, 2017 Amount. Contains 'Attach Forms 1099' in the 2018 column.

Table with 2 columns: 2018 Amount, 2017 Amount. Contains 'Attach Forms 1099' in the 2018 column.

2018 1040 US Tax Organizer

MISCELLANEOUS INCOME

Taxpayer: Alimony received
Spouse: Alimony received
Other:

Table with 2 columns for 2018 and 2017 amounts for miscellaneous income.

RETIREMENT PLAN CONTRIBUTIONS

Taxpayer: Traditional IRA contributions (1=maximum)
Roth IRA contributions (1=maximum)
Self-employed, SEP, SIMPLE, & qualified plan contributions (1=maximum)
Spouse: Traditional IRA contributions (1=maximum)
Roth IRA contributions (1=maximum)
Self-employed, SEP, SIMPLE, & qualified plan contributions (1=maximum)

Table with 2 columns: 2018 Amount, 2017 Amount for retirement plan contributions.

OTHER GOVERNMENT FORMS - DEDUCTIONS

Form 1098-E - Student loan interest
Form 1098-T - Tuition and related expenses

Table with 2 columns: Attach Forms 1098, 2017 Amount.

AFFORDABLE CARE ACT

Form 1095-A - Health Insurance Marketplace Statement
Form 1095-B - Health Coverage
Form 1095-C - Employer-Provided Health Insurance Offer and Coverage

Table with 2 columns: Attach Forms 1095, 2017 Amount.

ADJUSTMENTS TO INCOME

Taxpayer: Self-employed health insurance premiums
Educator expenses
Other adjustments to income:

Table with 2 columns for 2018 and 2017 amounts for taxpayer adjustments.

Alimony paid - Recipient name & SSN

Table with 2 columns for 2018 and 2017 amounts for alimony paid.

Spouse:

Self-employed health insurance premiums
Educator expenses
Other adjustments to income:

Table with 2 columns for 2018 and 2017 amounts for spouse adjustments.

Alimony paid - Recipient name & SSN

Table with 2 columns for 2018 and 2017 amounts for spouse alimony paid.

MEDICAL AND DENTAL EXPENSES

Prescription medicines and drugs
Doctors, dentists and nurses
Hospitals and nursing homes
Insurance premiums
Long-term care premiums - taxpayer
Long-term care premiums - spouse
Insurance reimbursement
Out-of-pocket lodging and transportation expenses
Number of medical miles
Other:

Table with 2 columns for 2018 and 2017 amounts for medical and dental expenses.

TAXES PAID

State income taxes - 1/18 payment on 2017 state estimate

Table with 2 columns for 2018 and 2017 amounts for taxes paid.

2018	1040	US	Miscellaneous Questions
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If any of the following items pertain to you or your spouse for 2018, please check the appropriate box and provide additional information if necessary.

YES

NO

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Did your marital status change during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did your address change during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Could you be claimed as a dependent on another person's tax return? |
| <input type="checkbox"/> | <input type="checkbox"/> | Were there any changes in dependents? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you and your dependents have health care coverage for the full-year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive any of the following IRS documents? Form 1095-A (Health Insurance Marketplace Statement), 1095-B (Health Coverage) or Form 1095-C (Employer Provided Health Insurance Offer and Coverage) if so, please attach. |
| <input type="checkbox"/> | <input type="checkbox"/> | If you or your dependents did not have health care coverage during the year, do you fall into one of the following exemptions categories: Indian tribe membership, health care sharing ministry membership, religious sect membership, incarceration, general hardship or unable to renew existing coverage? If you received an exemption certificate, please attach. |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive unreported tip income of \$20 or more in any month? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive any disability income? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you buy or sell any stocks, bonds or other investment property? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make any residential energy-efficient improvements or purchases involving solar, wind, geothermal or fuel cell energy sources? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive a distribution from or make a contribution to a retirement plan (401(k), IRA, etc.)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you transfer or rollover any amount from one retirement plan to another? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you convert part or all of your traditional/SEP/SIMPLE IRA to a Roth IRA? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you incur a loss because of damaged or stolen property? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you use your car on the job (other than to and from work)? |
| <input type="checkbox"/> | <input type="checkbox"/> | May the IRS discuss your tax return with your preparer? |
| <input type="checkbox"/> | <input type="checkbox"/> | Was your home rented out or used for business? |
| <input type="checkbox"/> | <input type="checkbox"/> | Were you notified or audited by either the IRS or the State taxing agency? |

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

2018

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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):

Horizontal lines for text entry.

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.:

Horizontal lines for text entry.

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

If "yes" explain any differences:

Horizontal lines for text entry.

7.1

2018	1040	US	State & Local Tax Refunds / Unemployment Compensation	14.2
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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).....			

2018

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US

Business Income (Schedule C)

No.

16

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

GENERAL INFORMATION

Principal business/profession.....

Principal business code.....

Business name, if different from Form 1040.....

Business address, if different from Form 1040.....

City, if different from Form 1040.....

State, if different from Form 1040.....

ZIP code, if different from Form 1040.....

Foreign region.....

Foreign postal code.....

Foreign country.....

Employer identification number.....

Other accounting method.....

Accounting method: 1=cash, 2=accrual.....

Inventory method: 1=cost, 2=lower cost/market, 3=other.....

1=change of inventory method.....

1=spouse, 2=joint.....

1=first Schedule C filed for this business.....

If required to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no.....

1=not subject to self-employment tax.....

1=did not "materially participate".....

1=personal services is not a material income producing factor.....

1=investment.....

1=minister's Schedule C.....

1=single member limited liability company.....

1=trader in financial instruments or commodities.....

INCOME

	2018 Amount	2017 Amount
Gross receipts or sales (Form 1099-MISC, box 7).....		
Returns and allowances.....		
Other income:		
.....		
.....		
.....		

COST OF GOODS SOLD

	2018 Amount	2017 Amount
Inventory at beginning of the year.....		
Purchases.....		
Cost of items for personal use.....		
Cost of labor.....		
Materials and supplies.....		
Other costs:		
.....		
.....		
.....		
Inventory at end of the year.....		

2018

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US

Business Income (Schedule C) (cont.)

No.

16 p2

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

EXPENSES

	2018 Amount	2017 Amount
Accounting.....		
Advertising.....		
Answering service.....		
Bad debts from sales or service.....		
Bank charges.....		
Car and truck expenses (not entered elsewhere).....		
Commissions.....		
Contract labor.....		
Delivery and freight.....		
Dues and subscriptions.....		
Employee benefit programs.....		
Insurance (other than health).....		
Mortgage interest (paid to banks, etc.).....		
Other interest (not entered elsewhere).....		
Janitorial.....		
Laundry and cleaning.....		
Legal and professional.....		
Miscellaneous.....		
Office expense.....		
Outside services.....		
Parking and tolls.....		
Pension and profit sharing plans - contributions.....		
Pension and profit sharing plans - admin. and education costs.....		
Postage.....		
Printing.....		
Rent - vehicles, machinery, & equipment (not entered elsewhere).....		
Rent - other.....		
Repairs.....		
Security.....		
Supplies.....		
Taxes - real estate.....		
Taxes - payroll.....		
Taxes - sales tax included in gross receipts.....		
Taxes - other (not entered elsewhere).....		
Telephone.....		
Tools.....		
Travel.....		
Total meals in full (50%).....		
Department of Transportation meals in full (80%).....		
Uniforms.....		
Utilities.....		
Wages.....		

Other expenses:

.....		
.....		
.....		
.....		
.....		

NOTE: If you purchased or disposed of any business assets, please complete Sheet 22.

2018

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US

Rental & Royalty Income (Schedule E)

No. []

18

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

GENERAL INFORMATION

	2018 Amount	2017 Amount
Description of property		Type of Property 1 = Single Family Residence 2 = Multi-Family Residence 3 = Vacation/Short-Term Rental 4 = Commercial 5 = Land 6 = Royalties 7 = Self-Rental
Street address		
City		
State		
ZIP code		
Type of property (see table)		
Other type of property		
Number of days rented		

Percentage of ownership if not 100% (xxxx)	
Percentage of tenant occupancy if not 100% (xxxx)	
1=spouse, 2=joint	
1=qualified joint venture	
1=nonpassive activity	
2=passive royalty	

1=did not actively participate	
1=RE, prof. activity is trade or business	
2=RE, prof. not trade or business	
1=rental other than real estate	
1=investment	
1=single member limited liability company	

If required to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no

INCOME

	2018 Amount	2017 Amount
Rents or royalties received		

DIRECT EXPENSES

NOTE: Direct expenses are related only to the rental activity. These include rental agency fees, advertising, and office supplies.

	2018 Amount	2017 Amount
Advertising		
Association dues		
Auto and travel (not entered elsewhere)		
Cleaning and maintenance		
Commissions		
Gardening		
Insurance		
Legal and professional fees		
Licenses and permits		
Management fees		
Miscellaneous		
Mortgage interest (paid to banks, etc.)		
Qualified mortgage insurance premiums		
Excess mortgage interest		
Other interest (not entered elsewhere)		
Painting and decorating		
Pest control		
Plumbing and electrical		
Repairs		
Supplies		
Taxes - real estate		
Taxes - other (not entered elsewhere)		
Telephone		
Utilities		
Wages and salaries		
Other:		

NOTE: If you purchased or disposed of any business assets, please complete Sheet 22.

2018

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US

Rental & Royalty Income (Sch. E) (cont.)

No.

18 p2

Please enter all pertinent 2018 amounts. Last year's amounts are provided for your reference. The indirect expense column should only be used for vacation homes or less than 100% tenant occupied rentals.

GENERAL INFORMATION

Foreign region	
Foreign postal code	
Foreign country	

OIL AND GAS

	2018 Amount	2017 Amount
Production type (preparer use only)		
Cost depletion		
Percentage depletion rate or amount		
State cost depletion, if different (-1 if none)		
State % depletion rate or amount, if different (-1 if none)		

VACATION HOME

Number of days personal use	
Number of days owned (if optional method elected)	

INDIRECT EXPENSES

NOTE: Indirect expenses are related to operating or maintaining the dwelling unit. These include repairs, insurance, and utilities.

Advertising		
Association dues		
Auto and travel (not entered elsewhere)		
Cleaning and maintenance		
Commissions		
Gardening		
Insurance		
Legal and professional fees		
Licenses and permits		
Management fees		
Miscellaneous		
Mortgage interest (paid to banks, etc.)		
Qualified mortgage insurance premiums		
Excess mortgage interest		
Other interest (not entered elsewhere)		
Painting and decorating		
Pest control		
Plumbing and electrical		
Repairs		
Supplies		
Taxes - real estate		
Taxes - other (not entered elsewhere)		
Telephone		
Utilities		
Wages and salaries		
Other:		
.....		
.....		
.....		
.....		
.....		

