

# ***RSR Financial Resources, Inc.***

## ***Tax, Finance & Mortgage Consulting***

***Mailing:*** P.O. Box 19845, Reno, Nevada 89511

***Physical:*** 1575 Delucchi Lane, Suite 209, Reno, Nevada 89502

***Phone:*** (775)-851-7900 ***Fax:*** (775)-851-7966

***Web Site:*** [www.rsrfinancial.com](http://www.rsrfinancial.com)

***Email:*** [rick@rsrfinancial.com](mailto:rick@rsrfinancial.com)

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## ***Tax Organizer Overview***

*The following pages contain your Tax Organizer for 2018. Completing your Organizer will help us prepare your return more efficiently. Use your previous tax return along with the schedules in the organizer to look for information you normally report to improve your thoroughness with what you will report this year. See if you can find last year's Organizer as it will help remind you of income and deductions that you reported last year.*

*The Organizer contains several sections/worksheets that include common expenses and deductions that many taxpayers overlook. It has also been updated to reflect the changes in the new rules for 2018. Please review these carefully. Each \$100 of deductible expense you find in your records may save you up to \$35 in federal and state income taxes. Enter all relevant information in the designated areas on each page. If you need to include additional information, or ask additional questions, use the back of a page or attach additional pages.*

*Please provide detailed information if you answer 'Yes' to any of the General or Business and Investment questions.*

*Be sure you have any of the following forms included with your organizer as I must match the figures on them when your return is prepared. These documents are also listed on the Source Documents List and they include but are not limited to the following:*

- *Copy of last year's tax return (if not in our possession)*
- *Copies of all Form[s] W-2*
- *Copies of Schedule[s] K-1 from partnerships, S-corporations, estates or trusts Information about contributions to a pension or other retirement plan if this is the first year you received income from the plan*
- *Copies of all Form[s] 1099 or statements reporting dividend, interest, retirement or other income*
- *Copies of all Forms[s] 1099-SA or 1099-Q reporting Health Savings or Education Savings activity*
- *Copies of all Form[s] 1098 and copies of real estate tax bills, etc.*
- *Legal documents pertaining to the close of sale or purchase of real property.*

***Please call if we can be of any further assistance to you.***

*Sincerely,*

***Rick Romero, RSR Financial Resources, Inc.***

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ENTER YOUR NAME HERE

BASIC TAXPAYER INFORMATION

2018

TAXPAYER

First Name Last Name Soc Sec # Date of Birth Occupation

Steet Address City State - Zip Home Phone Cell Phone Email Address

SPOUSE

First Name Last Name Soc Sec # Date of Birth Occupation

Steet Address City State - Zip Home Phone Cell Phone Email Address

DEPENDENTS

CHILDREN

First Name Last Name Soc Sec # Date of Birth Relationship Months Lived with you

First Name Last Name Soc Sec # Date of Birth Relationship

First Name Last Name Soc Sec # Date of Birth Relationship

First Name Last Name Soc Sec # Date of Birth Relationship

First Name Last Name Soc Sec # Date of Birth Relationship

First Name Last Name Soc Sec # Date of Birth Relationship

PARENTS

First Name Last Name Soc Sec # Date of Birth Relationship

First Name Last Name Soc Sec # Date of Birth Relationship

First Name Last Name Soc Sec # Date of Birth Relationship

OTHER

First Name Last Name Soc Sec # Date of Birth Relationship

First Name Last Name Soc Sec # Date of Birth Relationship

First Name Last Name Soc Sec # Date of Birth Relationship

ATTESTATION & SIGNATURE: To the best of my knowledge the enclosed information is corret and includes all income, deductions and other information necessary for the preparation of this year's tax returns for which I have adequate records.

SIGN & DATE

TAXPAYER > \_\_\_\_\_ DATE \_\_\_\_\_

SPOUSE > \_\_\_\_\_ DATE \_\_\_\_\_

**Consent to  
Disclose or Use  
Authorization**

# RSR Financial Resources, Inc.

## Consent to Disclose or Use Statement

P.O. Box 19845

Reno, Nevada 89511

Phone: (775)-851-7900 Fax: (775)-851-7966

Web Site: [www.rsrfinancial.com](http://www.rsrfinancial.com)

Email: [rick@rsrfinancial.com](mailto:rick@rsrfinancial.com)

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Many of RSR's customers come to us during and after each tax season and for one reason or another they need us to disclose information to or provide the use of their tax return information to third parties or other tax preparers. Some of these parties include but are not limited to the following: banks, lending institutions, CPA firms, legal representatives or other tax preparers either inside or outside the United States.

While it is not always necessary for you to supply a signed consent form in order for us to disclose or use your information, there are certain circumstances where it is legally required. While RSR will contact you to get your approval before acting on any third-party request, having your signed consent on file will enable us to disclose or grant the use of your information if you would otherwise not be available to execute a signed consent at the time of a third-party request.

Federal law requires this consent form be provided to you. Unless authorized by law, we cannot use, without your consent, your tax return information for purposes other than the preparation and filing of your tax return. If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at [complaints@tigta.treas.gov](mailto:complaints@tigta.treas.gov).

The various circumstances, one of which may apply to your particular requirements, are described in the remaining section of this document.

### **Disclosure to third party for other purpose:**

Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose, without your consent, your tax return information to third parties for purposes other than the preparation and filing of your tax return. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

### **Consent to Disclose: Auxiliary Provider**

Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose, without your consent, your tax return information to third parties for purposes other than the preparation and filing of your tax return and, in certain limited circumstances, for purposes involving tax return preparation. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

**Consent to a preparer outside the United States**

This consent to disclose may result in your tax return information being disclosed to a tax return preparer located outside the United States, *including your personally identifiable information such as your Social Security Number ("SSN")*. Both the tax return preparer in the United States that will disclose your SSN and the tax return preparer located outside the United States which will receive your SSN maintain an adequate data protection safeguard (as required by the regulations under 26 U.S.C. Section 7216) to protect privacy and prevent unauthorized access of tax return information. If you consent to the disclosure of your tax return information, Federal agencies may not be able to enforce U.S. laws that protect the privacy of your tax return information against a tax return preparer located outside the U.S. to which the information is disclosed.

You are not required to complete this form. If we obtain your signature on this form by conditioning our services on your consent, your consent will not be valid. If you agree to the disclosure of your tax return information, your consent is valid for the amount of time that you specify. **If you do not specify the duration of your consent, your consent is valid for one year.**

Sincerely,

Rick Romero, President  
RSR Financial Resources, Inc.

X \_\_\_\_\_

Rick Romero, President  
RSR Financial Resources, Inc  
Date \_\_\_\_\_

X \_\_\_\_\_

Taxpayer Name                      Date \_\_\_\_\_

X \_\_\_\_\_

Spouse Name                      Date \_\_\_\_\_

We the taxpayer(s) grant RSR Financial Resources the right to disclose or use our tax information for the current and previous \_\_\_\_\_ tax years for \_\_\_\_\_ month/years starting with the signed date of this instrument.

\_\_\_\_\_ Initial Taxpayer

\_\_\_\_\_ Initial Taxpayer (Spouse if applicable)

# **Itemized Deduction Schedule**

SCHEDULE "A"  
ITEMIZED DEDUCTIONS  
2018  
PAGE 1 of 2

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ITEMIZED DEDUCTIONS  
SCHEDULE "A"

=====

MEDICAL EXPENSES - AFTER INSURANCE REIMBURSEMENT

MEDICAL INSURANCE PREMIUMS \_\_\_\_\_

DOCTOR BILLS PAID \_\_\_\_\_

DENTIST BILLS PAID \_\_\_\_\_

HOSPITALS & LABS \_\_\_\_\_

EYE GLASSES & CONTACTS \_\_\_\_\_

SURGERIES \_\_\_\_\_

TRAVEL (AIR, LODGING & TAXI'S) \_\_\_\_\_

AMBULANCE \_\_\_\_\_

DRUGS & Rx \_\_\_\_\_

TAXES

AUTO REGISTRATION FEES \_\_\_\_\_

REAL ESTATE TAXES RESIDENCE \_\_\_\_\_

REAL ESTATE TAXES SECOND HOME \_\_\_\_\_

STATE INCOME TAXES \_\_\_\_\_

SALES TAX (LARGE ITEMS) \_\_\_\_\_

INTEREST

MORTGAGE INTEREST 1ST \_\_\_\_\_

MORTGAGE INTEREST 2ND \_\_\_\_\_

MORTGAGE INSURANCE PREMIUMS \_\_\_\_\_

ORIGINATION FEES / POINTS \_\_\_\_\_

MORTGAGE INTEREST MOTOR HOME/TRAILER \_\_\_\_\_

DONATIONS

DONATIONS CHURCH \_\_\_\_\_

DONATIONS CASH - OTHER \_\_\_\_\_

DONATIONS NON-CASH \_\_\_\_\_

ITEMIZED DEDUCTIONS - CONTINUED

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MISCELLANEOUS

GAMBLING LOSSES

\_\_\_\_\_

CASUALTY LOSSES - FEDERALLY DECLARED DISASTER

\_\_\_\_\_



**Self  
Employment  
Schedule**

TAX PREPARATION WORKSHEET  
 FOR: ENTER YOUR NAME UNDER THIS LINE

RSR FINANCIAL RESOURCES, INC.  
 P. O. BOX 19845, RENO, NEVADA 89511  
 1575 DELUCCHI LANE #209, RENO, NEVADA 89502  
 775-851-7900 775-851-7966 (fax)  
 EMAIL: rick@rsrfinancial.com  
 WEB: www.rsrfinancial.com

SELF EMPLOYED BUSINESS  
 SCHEDULE "C"  
 2018  
 PAGE 1 of 2

SELF-EMPLOYMENT INFORMATION REVENUES	AMOUNT	ADDITIONAL DESCRIPTION OF ITEMS
FROM SALES OF GOODS OR SERVICES	_____	_____
OTHER INCOME	_____	_____
COST OF GOODS SOLD		
MATERIALS USED TO PRODUCE GOODS	_____	_____
MANUFACTURING PRODUCTION COSTS	_____	_____
OUTSOURCING	_____	_____
INDEPENDENT CONTRACTORS - 1099	_____	_____
CASUAL LABOR	_____	_____
SHIPPING	_____	_____
CREDIT CARD MERCHANT CHARGES	_____	_____
ENDING INVENTORY (IF APPLICABLE)	_____	_____
OPERATING EXPENSES		
ADVERTISING	_____	_____
AUTO MILEAGE - ANNUAL TOTAL	_____	_____
AUTO MILEAGE -BUSINESS PORTION	_____	_____
AUTO GASOLINE & WASHES	_____	_____
AUTO INSURANCE	_____	_____
AUTO LEASE PAYMENTS	_____	_____
AUTO REGISTRATION	_____	_____
AUTO REPAIRS	_____	_____
BANK CHARGES	_____	_____
ENTERTAINMENT MEALS	_____	_____
INSURANCE - BUSINESS - (LIABILITY)	_____	_____
INSURANCE - WORKMAN'S COMP	_____	_____
INSURANCE - HEALTH (EMPLOYEES)	_____	_____
INTEREST EXPENSE	_____	_____
LEGAL/ACCOUNTING	_____	_____
LICENSE, BONDING, TAXES & PERMITS	_____	_____
OFFICE SUPPLIES	_____	_____
PAYROLL (NET)	_____	_____
PAYROLL TAXES (EFTPS DEPOSITS)	_____	_____
POSTAGE, MAILING, PO BOX	_____	_____

SELF EMPLOYED BUSINESS - CONTINUED	AMOUNT	ADDITIONAL DESCRIPTION OF ITEMS
PRINTING & REPRODUCTION	_____	_____
PROTECTIVE CLOTHING	_____	_____
SMALL BUSINESS MACHINES UNDER \$500	_____	_____
SMALL TOOLS	_____	_____
SUPPLIES, GENERAL	_____	_____
RENT EQUIPMENT	_____	_____
RENT FACILITY	_____	_____
RENT STORAGE	_____	_____
REPAIR & MAINTENANCE	_____	_____
TAXES - PERSONAL PROPERTY	_____	_____
TAXES- SALES	_____	_____
TELEPHONE, CELL & INTERNET CONNECTION	_____	_____
TRAVEL-AIR FARES	_____	_____
TRAVEL-LODGING	_____	_____
TRAVEL-GROUND TRANS	_____	_____
TRAVEL-MEALS	_____	_____
NUMBER OF DAYS AWAY OVEWRNIGHT	_____	_____
UTILITIES - COMMERICAL FACILITY	_____	_____
OTHER:	_____	_____
OTHER:	_____	_____
OTHER:	_____	_____
OTHER:	_____	_____
HOME OFFICE EXPENSES		
-----		
HOME PRICE & DATE ACQUIRED	_____	_____
DATE FIRST USED AS AN OFFICE	_____	_____
HOME SQUARE FEET - TOTAL	_____	_____
HOME SQUARE FEET - OFFICE AREA	_____	_____
HOMEOWNER'S INSURANCE	_____	_____
ELECTRIC	_____	_____
GAS	_____	_____
PROPANE	_____	_____
WATER	_____	_____
TRASH	_____	_____
SEWER	_____	_____
REPAIRS	_____	_____
CAPITAL PURCHASES		
-----		
AUTO PURCHASE - PRICE & DATE ACQUIRED	_____	_____
COMPUTER - PRICE & DATE ACQUIRED	_____	_____
EQUIPMENT - PRICE & DATE ACQUIRED	_____	_____
OTHER:	_____	_____
OTHER:	_____	_____
OTHER:	_____	_____

# **Rental Property Schedule**

RENTAL PROPERTY  
 DETAIL  
 2018  
 PAGE 1 of 2

RENTAL PROPERTY INPUT	PROPERTY - 1	PROPERTY - 2	PROPERTY - 3	PROPERTY - 4
RENTAL INCOME				
RENTAL EXPENSES				
ADVERTISING				
ASSOCIATION FEES (HOA)				
CLEANING & MAINTENANCE				
COMMISSIONS				
INSURANCE				
LEGAL & PROFESSIONAL				
MANAGEMENT FEES				
MORTGAGE INTEREST 1ST				
MORTGAGE INTEREST 2ND				
REPAIRS & MAINTENANCE				
SUPPLIES				
TAXES				
UTILITES				
ELECTRIC				
GAS				
WATER				
TRASH				
SEWER				
TRAVEL				
AUTO MILEAGE RENTAL RELATED				
AIR FARE				
LODGING				
GROUND TRANSPORTATION				
MEAL EXPENSE				
OR				
DAYS AWAY FROM HOME OVERNIGHT				

RENTALS CONTINUED

OTHER EXPENSES

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TELEPHONE

POSTAGE & MAILING

BANK CHARGES

GROUND TRANSPORTATION

MEAL EXPENSE

LIST ITMES  
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MAJOR TENANT IMPROVEMENTS

PROPERTY - 1

PROPERTY - 2

PROPERTY - 3

PROPERTY - 4

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LIST IMPROVEMENTS

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# **Child Day Care Expenses**

