

**Name:**

Taxpayer \_\_\_\_\_ SS No. \_\_\_\_\_ Birthdate/Age \_\_\_\_\_

Spouse \_\_\_\_\_ SS No. \_\_\_\_\_ Birthdate/Age \_\_\_\_\_

Address: \_\_\_\_\_ Telephone (Home) (\_\_\_\_) \_\_\_\_\_

Telephone (Work) (\_\_\_\_) \_\_\_\_\_

**Cell Phone:** Taxpayer \_\_\_\_\_ Spouse \_\_\_\_\_**Email Address:** Taxpayer \_\_\_\_\_ Spouse \_\_\_\_\_**Occupation:** Taxpayer \_\_\_\_\_ Spouse \_\_\_\_\_**Circle One:**      Single      Married Filing Joint      Surviving Widow/Widower

Married Filing Separately (enter spouse's name/SS No. Above)

Unmarried Head of Household

**Taxpayer:**      65 or over      Blind/Disabled      **Spouse:**      65 or over      Blind/Disabled**Estimated Tax Payments**

	1 <sup>st</sup> Quarter			2 <sup>nd</sup> Quarter			3 <sup>rd</sup> Quarter			4 <sup>th</sup> Quarter			TOTAL	
	Date Paid	Amount		Date Paid	Amount		Date Paid	Amount		Date Paid	Amount			
Federal														
State														
City														

**Dependents**

Name	Birthdate/ Age	Relationship	No. of Months lived in your home in 2019	No. of Months of Qualifying Healthcare Coverage

Did you have any adoption expenses? \$ \_\_\_\_\_

**Child Care Deductions** (Number of Dependents Qualifying:\_\_\_)

Provider's Name & Address (Include Individual's Name and/or Org. Name)	SS No. or Federal ID	Amount

Did you receive employer-provided dependent care assistance benefits?      Yes      No

Members of your family attending college may make you eligible for:

American Opportunity Credit, Lifetime Learning Credit, or Tuition and Fees Deduction.

# Students \_\_\_\_\_

Did you incur any educational expenses on behalf of yourself, your spouse, or a dependent?

Did your college student receive educational benefits under a prepaid tuition program?

Did you contribute to a Qualified State Tuition Plan?      Yes      No

The checklist below could lead to helpful deductions. Please answer and provide supporting information. **All questions below pertain to the year 2019.**

**YES NO (please write yes or no next to the question)**

Did you receive gifts from others, Parents, family, unrelated individuals?

Did you receive gifts from a foreign entity or foreign person?

Did you receive an advance child tax credit payment?

Have you ever qualified for the Earned Income Tax Credit?

Did you or your spouse pay any interest on a student loan?

Did you incur any educational expenses on behalf of yourself, your spouse?

Did you receive any employer-provided educational assistance?

If you are an educator, did you have unreimbursed work-related expenses?

Did you have a property foreclosed on, a short sale, or relinquish a property in lieu of foreclosure?

Did you have a casualty of theft loss?

Did you pay alimony?

Did you receive alimony?

Did you purchase an alternative fuel motor vehicle?

Did you make qualified energy improvements, such as energy efficient windows, doors, or metal roofs?

Did you purchase alternative energy sources for your personal residence, such as solar water heaters, solar electric equipment, geothermal heat pumps or wind turbines and fuel cell plants?

The Checklist below could lead to helpful deductions. Please answer and provide supporting information. **All questions below pertain to the year 2019.**

**YES NO (please write yes or no next to the question)**

Do you or your spouse have any kind of pension (If yes, please circle which ones):  
profit-sharing, 401K, Keogh, IRA, Roth or tax sheltered annuity plan?

If yes, were you or your spouse at least 70 ½ years of age on Dec. 31<sup>st</sup>?      Yes      No

Did you withdraw IRA or Keogh funds during the year? If so, please indicate the amount of funds:

Withdrawn: \$ \_\_\_\_\_ Date: \_\_\_\_\_

Re-deposited: \$ \_\_\_\_\_ Date: \_\_\_\_\_

Were any funds withheld?      Yes      No      Amount: \$ \_\_\_\_\_

Were the withdrawn funds used to pay medical expenses?      Yes      No

Were you called to active duty before you withdrew the amounts?

### Retirement Contributions for 2019

Do you want to make any nondeductible IRA contributions?

Yes      No      If so, how much

	Taxpayer	Spouse
IRA or Roth, Specify		
SEP		
Keogh		
Other:		

The checklist below could lead to helpful deductions. Please answer and provide supporting information. **All questions below pertain to the year 2019.**

**YES NO (please write yes or no next to the question)**

If you are self-employed, did you pay health insurance premiums for yourself and your family? Amount: \$ \_\_\_\_\_

Did you receive a Form 1095-A, or 1095-B, or 1095-C ? If so, please provide any Form(s) 1099 you received.

Did you or your spouse contribute to a Health Savings Account?

### **Health Care Reform**

Did you have qualifying health care coverage, such as employer-sponsored coverage or government-sponsored coverage

(i.e. Medicare/Medicaid) for every month of 2019 for your family? "Your family" for health care coverage refers to you, your spouse if filing jointly, and anyone you can claim as a dependent.

If you or any member of your family did NOT have coverage all year, indicate the # of months of coverage for each person in the dependent section at the beginning of this organizer.

Did anyone in your family qualify for an exemption from the health care coverage mandate?

Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act?

If yes, please provide any Form(s) 1095-A you received.

(end of questionnaire )

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**Wage Income**

Employer's Name	Was a w-2 received (circle Yes or No)	Employer's Name	Was a w-2 received (circle Yes or No)
	Yes    No		Yes    No
	Yes    No		Yes    No

**Retirement Benefits Received** (Enclose all 1099R Forms)

Payer	T or S	Amount	Plan Type

Payer	T or S	Amount	Plan Type

**Interest Income** (List Payer name ; Enclose all 1099-INT Forms)


**Total Municipal Bond Interest Earned in 2019:** \$ \_\_\_\_\_

For **seller financed mortgage:** Buyer's name, Social Security number and addresses:

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**Dividend Income** (List payer name; enclose all 1099-DIV Forms)


**Do you have funds in a foreign account?**      Yes              No

**Did you have any stock sales in 2019?** If yes, submit all 1099B forms.      Yes      No

**Capital Assets Sold** (Securities, Real Estate, etc.) Attach Forms 1099B and 1099S

Description of Property	Date Acquired		Date Sold		Sale Price		Depreciation Taken (if applicable)	Cost or Basis	

\*To qualify for long term capital gain rates, assets sold must have been held for more than one year.  
Starting a new business

**Other Income Received, partnerships, S Corporations, Corporations**

Did you have income (or loss) on K-1 from Partnership, LLC, S Corp., Estate or Trust in 2019?  
Provide all copies of K-1.

**Other Benefits/Income Received, installment sale of property**

Installment Sale Payments Received: Interest \$ \_\_\_\_\_ Principal \$ \_\_\_\_\_

Buyer's name: \_\_\_\_\_ SS # \_\_\_\_\_

Address: \_\_\_\_\_

**Other Benefits/Income Received**

Enclose all 1099s, SSA-1099, K-1s and other Misc. Forms; examples of which entities provide what is below:

Social Security provides the form SSA-1099; Partnerships and S Corporations provide K-1s; Investment Companies will provide a 1099 Consolidated Statement ( interest, dividends, etc)

**New Business start up**

Did you have business start-up costs in 2019?      Yes      No

If so, was the business running by the end of 2019?      Yes      No

## Schedule A – Itemized deductions page 1 of 3

### Personal Itemized Deductions

### Amounts

Prescription Drugs.....	
Medical Insurance Premiums.....	
Long Term Care Ins. Premiums.....	
Medicare Premiums.....	
Doctors/Dentists.....	
Clinic/Lab Tests.....	
Hospitals.....	
Eyeglasses/Hearing Aids.....	
Orthopedic Shoes/Braces.....	
Medical Long Distance Phone.....	
Other.....	
.....	
Miles.....	
Fares: Taxi, Bus, etc.....	
Do you have a medical savings acct.?	

### Interest

Deductible Home Mortgage Interest Paid to Financial Institutions.....	
Home Equity Interest.....	
Deductible Home Mortgage Interest Paid to Individuals:*	
Name Address:*	
Social Security No.:*	
*Failure to provide is subject to a \$50 penalty.	
Deductible Points (Include Amortization Points from Prior Years)	
Investment Interest (list if a 1099 was not provided ).....	

### Taxes

Real Estate.....	
Personal Property.....	
State & Local Income tax.....	
State & Local General Sales tax.....	



**Schedule A – Itemized deductions page 2 of 3****Charitable Contributions****Amounts**

Cash Contributions	
Contributions of \$250 or more require written substantiation from the organizations.	
Other Than Cash Contributions.....	
Miles for Charity .....	

**Miscellaneous Deductions subject to  
2% AGI**

Unreimbursed Employee Business Expense	
Union & Professional Dues.....	
Safe Deposit Box Rental.....	
Tax Return Preparation Fee.....	
Business Publications.....	
Business Telephone Calls.....	
Tools, Supplies, Equipment.....	
Investment Expenses.....	
Other _____ .....	

**Miscellaneous Deductions not  
subject to 2% AGI**

Gambling Losses (limited to winnings)..	

## Schedule A – Itemized deductions page 3 of 3

### Employee Business Expense (must not be unreimbursed by Employer)

#### Vehicle expenses

Total Miles Driven	Car 1	Car 2
Total Mileage		
Business Mileage		
Business Use %		
Average Daily Commuting		
Written Records Available	Y/N	Y/N
Is another vehicle available for personal use?	Y/N	Y/N
Is an employer-provided vehicle available for personal use?	Y/N	Y/N

Actual Automobile Expenses	Car 1 amount	Car 2 amount
Gas & Oil		
Insurance		
Licenses		
Lubrication		
Repairs		
Tires, Tire Repair		
Wash		
Other:		

Air Fares.....	
Auto Rentals.....	
Entertainment.....	
Garage.....	
Hotel/Motel.....	
Meals.....	
Parking.....	
Postage.....	
Road tolls.....	
Taxi, subway.....	
Telephone, telegraph, fax.....	
Tips.....	

## Business Use of Home

Total Area of Home: \_\_\_\_\_ sq. ft.      Total area Used for Business: \_\_\_\_\_ sq. ft.

Nature of Business Activity Performed in Home:

\_\_\_\_\_

Was Another Office Available to You Outside the Home?      Yes      No

**Please provide the total annual amount of the following expenses related to your home:**  
(IRS considers these indirect expenses related to your home office)

Description	\$	Description	\$
Insurance		Utilities	
Rent		HOA dues	
Repairs and maintenance		Other expenses	
Internet			

**Home office expense** (these are office expenses directly and only related to the office)

Description	\$	Description	\$	
Fax line				

**Refinance your home:** provide a copy of your closing statement

## Improvements to Personal Residence

Description	Date Purchased	Cost	

**Non-Exclusive Use (of Home) by Day Care Providers Only:**

Hours/Day Used for Day Care: \_\_\_\_\_ Days/Year Used for Day Care: \_\_\_\_\_

<b>Sale of Personal Residence</b> (Attach copy of closing/settlement statement)	
Date Old Residence Acquired	<i>Cost or Basis of Old Residence</i>
Cost of Improvements (landscaping, driveway, roof, etc.)	
Date Old Residence Sold	<i>Selling Price</i>
Expenses of Sale (commissions, legal fees, points, deed stamps, etc.)	
Was any part of residence rented or used for business?	
Was it your principal place of residence for 2 of the last 5 years, ending on date of sale?	
Date New Residence Acquired (or construction began)	
Date you occupied new residence	<i>Cost of New Residence</i>
If married do you and/or your spouse meet the ownership and residence requirements?	

### Household Employee Information

Household Employer EIN: \_\_\_\_\_

Did you pay any one household employee \$2,000 or more in 2019?      Yes      No

Did you withhold Federal income tax during 2019 ?      Yes      No

Did you pay total cash wages of \$1,000 in any calendar quarter of 2019 ?      Yes      No

Was the employee under age 18?      Yes      No      Student?      Yes      No

Do you have a Form I-9 on file for your household employee?      Yes      No

Household Employee Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

Gross Wages	FITW	SS Withheld	Employer Share FICA	Advance EIC	FUTA	State Unemployment

**Rental Income** (Attach 1099 Forms)

Property Description	Property 1	Property 2	Property 3
Gross Income			
Expenses			
Advertising			
Auto & Travel			
Cleaning & Maintenance			
Commissions			
Insurance			
Professional Fees			
Mortgage Interest			
Other Interest			
Repairs			
Supplies			
Taxes			
Utilities			
Wages/Schedule			
% Occupancy by Taxpayer			

**Depreciable Asset Additions**

For Schedule C, E, F, Form 2106	Description	Date Purchased	Cost		Trade-In (if any)	

# Tax Organizer for 2019



## Business Income (Attach 1099-MISC Forms)

Business Name \_\_\_\_\_  
 Federal ID No. \_\_\_\_\_  
 Principal Business Activity \_\_\_\_\_  
 Principal Product \_\_\_\_\_  
 Method Used to Value Inventory \_\_\_\_\_  
 Accounting Method: Cash \_\_\_\_\_ Accrual \_\_\_\_\_

### Gross Income Amount

Gross Income.....	_____	_____
Less Returns/Allowances.....	_____	_____

### Cost of Sales

Beginning Inventory.....	_____	_____
Purchases.....	_____	_____
Cost of Labor.....	_____	_____
Materials and Supplies.....	_____	_____
Freight In.....	_____	_____
Other.....	_____	_____
Ending Inventory.....	_____	_____

### Deductions

Advertising.....	_____	_____
Auto-Truck Expense.....	_____	_____
Bad Debts.....	_____	_____
Collection Expense.....	_____	_____
Commissions.....	_____	_____
Professional Dues & Subscriptions..	_____	_____
Employee Benefit Program.....	_____	_____
Freight & Express .....	_____	_____
Utilities.....	_____	_____
Insurance.....	_____	_____
Interest—Mortgage.....	_____	_____
Interest—Other.....	_____	_____
Janitorial & Cleaning.....	_____	_____
Laundry.....	_____	_____
Legal & Accounting Fees.....	_____	_____
Office Expense.....	_____	_____
Postage.....	_____	_____
Rent.....	_____	_____
Repairs.....	_____	_____
Salaries.....	_____	_____
Supplies.....	_____	_____
Telephone.....	_____	_____
Travel.....	_____	_____
Total Meals & Entertainment.....	_____	_____
.....	_____	_____
.....	_____	_____
Interest—Mortgage.....	_____	_____
Interest—Other.....	_____	_____
Labor Hired .....	_____	_____
Pension & Profit Sharing Plans.....	_____	_____
Rent of Farm, Pasture.....	_____	_____
Repairs, Maintenance .....	_____	_____
Seeds, Plants Purchased .....	_____	_____
Storage, Warehousing.....	_____	_____
Supplies Purchased.....	_____	_____

Taxes ..... \_\_\_\_\_  
 Utilities ..... \_\_\_\_\_  
 Veterinary Fees, Medicine..... \_\_\_\_\_  
 ..... \_\_\_\_\_  
 Other..... \_\_\_\_\_

### Deductions

Breeding Fees.....	_____	_____
Chemicals.....	_____	_____
Conservation Expenses.....	_____	_____
Custom Hire (Machine Work).....	_____	_____
Employee Benefits Programs.....	_____	_____
Feed Purchased.....	_____	_____
Fertilizers & Lime .....	_____	_____
Freight & Trucking.....	_____	_____
Gasoline, Fuel, Oil.....	_____	_____
Insurance .....	_____	_____
Pigs & Sheep .....	_____	_____
Poultry & Eggs .....	_____	_____
Dairy Products.....	_____	_____
Corn, Peas, etc.. .....	_____	_____
Wheat, Oats, Hay & Straw .....	_____	_____
Fruit .....	_____	_____
Patronage Dividends .....	_____	_____
Agricultural Program Payments.....	_____	_____
Commodity Credit Loans Neglected....	_____	_____
CCC Loans: Forfeited.....	_____	_____
Repaid with Certificates.....	_____	_____
Crop Insurance Proceeds.....	_____	_____
Federal Gasoline Tax Credit.....	_____	_____

## Farm Income (Attach 1099 Forms)

Farm Name \_\_\_\_\_  
 Principal Activity \_\_\_\_\_  
 Accounting Method: Cash \_\_\_\_\_ Accrual \_\_\_\_\_

### Income

Sales of Items Bought for Resale..... \_\_\_\_\_  
 Cost of Items Bought for Resale..... \_\_\_\_\_

### Sales of Livestock & Produce Raised Except for Breeding Stock

Feeders & Calves.....	_____	_____
<b>Taxes</b>	_____	_____
Real Estate.....	_____	_____
Personal Property.....	_____	_____
State & Local Income Tax.....	_____	_____
State & Local General Sales Tax.*.....	_____	_____
.....	_____	_____

\*Not yet extended

### Charitable Contributions

Cash Contributions*.....	_____	_____
.....	_____	_____
.....	_____	_____

**Moving Expenses (Military personnel only)**

Enter No. of miles from your old home to your *new* workplace  
\_\_\_\_\_.

Enter No. of miles from your old home to your *old* workplace  
\_\_\_\_\_.

Date of Move \_\_\_\_\_

Arrival at New Location \_\_\_\_\_

	Amount
Cost to Ship and Pack Household Goods.....	_____
Reimbursements (on W-2)?    Yes    No    .....	_____
Cost to Travel to New Home.....	_____
Costst of Lodging during Move.....	_____
Other: _____ .....	_____