

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 st Quarter			2 nd Quarter			3 rd Quarter			4 th 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. 31st? 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)

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:

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