2019 INCOME TAX ORGANIZER

Taxpayer's Name				Social Security Number
Spouse's Name				Social Security Number
Taxpayer's Occupation		Date of Birth (D.O.B.)		Blind?
Spouse's Occupation		Date of Birth (D.O.B.)		Blind?
Address			e-mail address	
City	State	Zip	Home Phone	Work Phone

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DEPENDENT CHILDREN (who lived with you more than 6 months)

1) Name	Social Security No.	D.O.B.	2) Name	Social Security No.	D.O.B.
3) Name	Social Security No.	D.O.B.	4) Name	Social Security No.	D.O.B.

OTHER DEPENDENTS

1) Name	Social Security	Time at home	Relationship	Income	Support by you	Support by dependent & others
2) Name	Social Security	Time at home	Relationship	Income	Support by you	Support by dependent & others

THINGS TO BRING (if applicable):

- □ Last Year's Tax Return (if new client)
- □ W-2 Form(s) for Wages
- □ 1099 Form(s) for Interest, Dividends, Retirement, Social Security, Unemployment, & Other Income
- □ IRA Year-end Statements
- □ K-1s from Partnerships, Corporations or Estates
- □ Statements for Assets Held Outside the USA
- □ Cryptocurrency (e.g. Bitcoin) Sales/Earnings
- □ Business/Rental/Farm Income & Expenses
- □ Records of Estimated Taxes Paid
- □ HSA forms (1099-SA & 5498-SA)
- □ Childcare Provider Information
- □ Property Tax Statements
- □ 1098 Form(s) - Mortgage Interest, Tuition, Student Loans, Vehicle/Boat Donations
- □ Closing Papers for Purchases & Sales (including purchase and sale dates & amounts)
- □ All Other Statements Showing Income
- □ Charitable Contribution Details
- □ Last Pay Stub of the Year
- □ Voided Check for Direct Deposit
- □ Form(s) 1095 - Health Insurance
- □ Copy of Driver's License for Taxpayer & Spouse
- □ Copy of Social Security Card for New Family Members

RENTAL/SELF-EMPLOYMENT/FARM INCOME

(see reverse for expenses)

Landlords (rents received) $_____.___
Self-employment (total received) $_____.___
Farm income (total received) $_____.___

★ SALE OF STOCK OR OTHER PROPERTY

Item:	Cost:	Sale:
_____	$_____	$_____
_____	$_____	$_____
_____	$_____	$_____
_____	$_____	$_____

OTHER INCOME

★ Wages (forms W2)…… $_____
★ Interest (forms 1099-INT)…… $_____
★ Dividends (forms 1099-DIV)….. $_____
Tips…… $_____
Child Care…… $_____
★ Retirement (forms 1099-R)….. $_____
★ Roth Conversions…… $_____
Jury Duty…… $_____
Election Judging…… $_____

OTHER INCOME (cont.)

★ Gambling Winnings…… $_____
★ Unemployment (1099-G)…… $_____
Alimony Received…… $_____
Prizes/Awards…… $_____
Scholarships & Fellowships…… $_____
★ Debt Cancellation…… $_____
★ Partnerships & S-Corporations. $_____
★ Estates & Trusts…… $_____
★ Social Security/RR Retirement.. $_____
★ State Tax Refunds…… $_____
★ Royalties (music/writing/other).. $_____
Sick Pay &/or Disability…… $_____
Veteran's Payments…… $_____
★ Withdrawals from HSA/MSA…. $_____
★ Hobby Income…… $_____
Odd Jobs/Side Jobs…… $_____
Research/Survey/Online…… $_____
Insurance Claims/Lawsuits…… $_____
Public Assistance…… $_____
Barter…… $_____
★ Foreign Income…… $_____
Cryptocurrency sales/earnings…. $_____
Other Income…… $_____

★ Bring statements for marked items.

Potential Deductions and Credit Items

ADJUSTMENTS

Payments to an IRA Traditional □ Roth □

Taxpayer Amount $ SEP □ SIMPLE □

Spouse Amount $

Penalty for Early Withdrawal

Alimony Paid $: SS#: - -

Self-Employed Health Insurance

Student Loan Interest

Payments to HSA/MSA: Taxpayer _____ Spouse _____

Classroom Materials for Educators

MEDICAL EXPENSES

Insurance & Medicare (not pretax) .....
Long Term Care Insurance .....
Prescriptions .....
Eyeglasses, Hearing Aids & Batteries .....
Doctors .....
Dentists .....
Hospital / Ambulance .....
Auto Mileage _____ miles
Other Medical Expenses, Travel .....
Reimbursement .....
Did you receive reimbursement at work? _____

TAXES

Real Estate Taxes .....
State taxes paid in '19 for '18 or earlier .....
Sales tax paid on vehicles, boats, planes .....
Sales tax paid (from receipts) .....

2019 State Tax Estimates

date pd.____$_____ date pd.____$_____
date pd.____$_____ date pd.____$_____

2019 Federal Tax Estimates

date pd.____$_____ date pd.____$_____
date pd.____$_____ date pd.____$_____

Vehicle License Tabs, Pers. Prop. Tax .....

INTEREST EXPENSE

Home Mortgage–Paid to Financial Institutions **(Form 1098)**
First Mortgage/Refinance .....
Loan Origination Fee/Discount Fee ....
Second Mortgage .....
Home Equity .....
Equity loan used only to buy/build/improve home? Y □ N □
Mortgage Insurance .....
Second Home Interest Payments .....
Home Mortgage–Pd. to Individuals .....
(name, address, Social Security number)
Investment Interest: *Margin Account* .....
Other Investment Interest .....

OTHER MISCELLANEOUS EXPENSES

Gambling Losses .....
Impairment Related Work Expenses .....

HIGHER EDUCATION EXPENSES

Post Secondary Tuition/Req. Fees Paid .....
Date: _____ Year in School ....

CONTRIBUTIONS

Churches (receipted) .....
Other Contributions of Money (receipted) ....
Charitable Auto Mileage .....
Volunteer Expenses (receipted) .....
Property Donated (for which you have receipts (fair market value)— bring documentation if over $500) .....
Auto, Boat Donations (Form 1098C) .....
Qualified Charitable Distribution from IRA? __Y__N (bring details)

CASUALTY & THEFT LOSSES

(in presidentially declared disaster areas)

Cost of Property Lost .....
Fair Market Value of Property .....
Insurance Reimbursement Received .....

AUTOMOBILE EXPENSE

Total Miles _____
Business Miles _____
Commuting Miles _____
Personal Miles _____
Jan. 1, 2019, Odometer Beginning:.... _____
Dec. 31, 2019, Odometer Ending:..... _____
Gas & Oil .....
Interest .....
Tolls & Local Transportation .....
Lease Payments .....
Parking .....
Other: _____

BUSINESS EXPENSES

Taxes .....
Utilities .....
Insurance .....
Repairs .....
Supplies .....
Business Meals .....
Business Travel .....
Advertising .....
Professional Dues/Memberships .....
Legal/Professional Fees .....
Wages (bring copies of W2s/941s if they have been filed) .....
Contract Labor .....
Equipment (bring a list with details) .....
Other: _____

Is your primary place of business in your home? If yes, bring all home related expenses, total square footage and square footage of space that is exclusively and regularly used for business.

CHILD CARE EXPENSES

Names, addresses, and ID#s of provider(s), amount paid.

_____

_____

Do you have a dependent care benefit plan at work?_____

ADOPTION EXPENSES

Amount Paid: _____ Date Finalized: _____(bring papers)

ENERGY CREDITS

Solar □ Wind □ Geothermal □ Cost $_____

Please sign here_____ date _____

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