

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	

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) \$ _____			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..... \$ _____																	
★ SALE OF STOCK OR OTHER PROPERTY <table border="0"> <tr> <td><u>Item:</u></td> <td><u>Cost:</u></td> <td><u>Sale:</u></td> </tr> <tr> <td>_____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td>_____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td>_____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td>_____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> </table>			<u>Item:</u>	<u>Cost:</u>	<u>Sale:</u>	_____	\$ _____	\$ _____	_____	\$ _____	\$ _____	_____	\$ _____	\$ _____	_____	\$ _____	\$ _____	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..... \$ _____		
<u>Item:</u>	<u>Cost:</u>	<u>Sale:</u>																		
_____	\$ _____	\$ _____																		
_____	\$ _____	\$ _____																		
_____	\$ _____	\$ _____																		
_____	\$ _____	\$ _____																		

★ 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

Please sign here _____ date _____

CONTRIBUTIONS

Churches (received)
Other Contributions of Money (received)
Charitable Auto Mileage.....
Volunteer Expenses (received).....
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 \$ _____