

Client Name: _____

TAX ORGANIZER - TAX YEAR 2019

(New clients please provide copy of last year's tax returns)

Taxpayer Name _____ M/F Spouse Name _____ M/F/NA
 Occupation _____ Occupation _____
 SSN _____ Birthdate _____ SSN _____ Birthdate _____
 Tax Payer Preferred Phone _____ Spouse Preferred Phone _____
 Taxpayer E-Mail _____ Spouse E-Mail _____
 Address _____

<u>Dependents Names) List Youngest First)</u>	<u>Birthdate</u>	<u>Social Security #</u>	<u>Relationship to You</u>	<u>Months lived in home 2019</u>

How would you like your refund – check one:

Direct Deposit

Name of Bank _____ Checking Savings

Bank Address _____

Routing Number _____ Account Number _____

Paper Check Mailed to Home

TAX ORGANIZER - TAX YEAR 2019

Check All That Apply:

You paid **ESTIMATED Federal or State taxes last year (2019)**: Federal \$ _____ State \$ _____

Dependent: Can someone else claim you as a dependent? Yes No

Did you and your Spouse live apart during last year (2019)? Yes No

- If yes, did you live together at any time after June 30th, 2019? Yes No

Were you or your Spouse a Resident of another State or, Yes No

- Did you earn income in another State last year (2019)? Yes No
- If yes, what State?: _____
- Amount Earned \$ _____

Did you purchase a home in 2019 and receive the up to \$7,500 First Time Home Buyers Credit? Yes No

Did you sell a home in 2019? Yes No

Did you pay real estate or property taxes? Yes No

Do you or your Spouse owe:

- Back taxes: Yes No
- Default student loan(s): Yes No
- Back child support: Yes No

NOTES:

TAX ORGANIZER - TAX YEAR 2019

HEALTH - MEDICAL AND DENTAL In 2019 did you have health insurance either:

- **THROUGH THE HEALTHCARE MARKETPLACE (EXCHANGE):**

No

Yes: If Yes, need Form 1095-A.

Exemption from the Marketplace (Exchange): If you applied for, and received an Exemption, you need an ECN Marketplace (Exchange) Exemption Certificate.

- **THROUGH YOUR EMPLOYER,** insurance company, government health plans such as Medicare, Medicaid, Veterans Administration, CHIP, TRICARE, etc.

Need copy of your last employer paycheck from year 2019 which will show your contributions to your Medical and Dental (dental if applicable) plan(s).

- Medical – amount you contributed: \$_____.

- Dental (if applicable) – amount you contributed: \$_____.

Need forms 1095-B and/or 1095-C.

HSA (Health Savings Account): Need Tax Form 1099-SA.

Long-Term Care Reimbursement: Need Tax Form 1099-LTC.

NOTES:

Client Name: _____

TAX ORGANIZER - TAX YEAR 2019

EMPLOYMENT:

- **Currently Employed:**
 - No, need Tax Form 1099-G (State tax refund).
 - Did you receive Unemployment?

 - Yes: If yes, need:**
 - Tax Form W-2 Wage and Tax Statement.

 - Retirement Plan (if applicable):

- **Are You SELF-EMPLOYED?** No
 - Yes:** If you are self-employed, please complete the Self-Employed Income Data Sheet (*please see attached*)

NOTES:

TAX ORGANIZER - TAX YEAR 2019

RETIREMENT INCOME & OTHER SAVINGS/INVESTMENTS:

- Did you receive Social Security benefits in 2019: Need Tax Form SSA-1099.
- Do you have a Railroad Retirement (RRB): Need Tax Form RRB-1099.
- Did you make an IRA Contributions: Need Tax Form 5498
- Contributed to a 401(k)
- Contributed to a 403(B) , 457(b), or other retirement: Please attach your last paycheck of 2019
 - Paycheck will show your contributions and your employer's contributions:
 - Employee Contribution (before tax): \$_____.
 - Employer Paid Benefit: \$_____.
- Tax Form 1099-R: Need for distributions from annuities, profit-sharing plans, retirement plans, IRAs, pensions or insurance contracts.
- Contributed to an ESA (Education Savings Account): Need Tax Form 5498-ESA.
- Interest/Dividend income: Need Tax Forms 1099-INT, 1099-OID, 1099-DIV.
- Income from sale of stocks or other property: Need Tax Forms 1099-B / 1099-LTC.
- Dates of acquisitions and records of your cost or other basis in property you sold (if basis was not reported on 1099-B).
- Record of Estimated Tax payments made: Need Tax Form 1040-ES.
- Do you have foreign bank account(s): Yes No

NOTES:

TAX ORGANIZER - TAX YEAR 2019

ADDITIONAL INFORMATION

TAX PREPARATION FEES: Amount you paid for preparation of last year's (2019) taxes: \$ _____

STATE & LOCAL TAXES - OR - SALES TAX:

- Amount of State and/or Local **income tax** paid in 2019 (other than wage withholding):
 - State: \$ _____
 - Local: \$ _____

- Amount of State and Local **SALES** tax paid in 2019:
 - State: \$ _____
 - Local: \$ _____

- Vehicle(s) Sales Tax paid: \$ _____
 - Need Invoice(s) showing amount.

MEDICAL / DENTAL Money you spent "out of pocket":

- Medical Doctor Visits: \$ _____
- Dental: \$ _____
- Hospitals: \$ _____
- Prescriptions: \$ _____
- Other: \$ _____

NOTES:

TAX ORGANIZER - TAX YEAR 2019

RENTAL INCOME – Own Rental Properties:

- Records of income and expenses.
- Rental asset information: Cost, date placed in service, etc.
- Record of Estimated Tax payments made: Need Tax Form 1040ES.

RENTER: Did you pay rent in 2019? Yes No

FARM INCOME: Yes No

OTHER INCOME:

- Trusts
- Royalty Income: Need Tax Form 1099-MISC.
- Sold a business asset.
- Record of alimony paid or received. Must include ex-Spouse's name and Social Security Number.
- Any other 1099's received.
- Gambling income: Need Tax Form W-2G or records showing income, including expense records.
- Tips
- Jury Duty records
- Prizes and awards
- Hobby income and expenses

TYPES OF DEDUCTIONS:

Home Ownership – Need:

- Tax Forms 1098 or other mortgage interest statements.
- Real Estate taxes and personal property.
- Receipts for energy-saving home improvements.
- All other 1098 Series Tax Forms.
- Condominium
- Cooperative - Need Tax Form 1098:
 - Include number of shares: _____
 - Lot #: _____
 - Block #: _____

NOTES:

TAX ORGANIZER - TAX YEAR 2019

Types of Deductions - Continued

Federally Declared Disaster:

- City and County you lived, worked or had property in.
- Records to support property losses (appraisal, clean-up costs, etc.).
- Records of re-building / repair costs.
- Insurance reimbursement / claims to be paid.
- FEMA (Federal Emergency Management Agency) Assistance information.
- Check FEMA website to see if your County was declared a Federal disaster area.

Childcare Expenses:

- Fees paid to a licensed day care center or family day care center for care of infant(s) or pre-schooler(s).
- Wages paid to a baby-sitter.
- Note:** Don't include expenses paid through your employer flexible spending account.

Educational Expenses:

- Tax Forms 1098-T from educational institutions.
- Tax Form 1098-E if you paid Student Loan interest.
- Receipts that itemize qualified educational expenses.
- Records of any scholarships or fellowships you received.

Job Expenses:

- Employment-related vehicle expenses (tolls, mileage, gas, maintenance, license, property tax, interest expense, parking).
- Receipts for Classroom expenses – for Educators in Grades K through 12.
- Employment-related expenses (dues, publications, tools, uniform costs, cleaning, travel).
- Job search expenses.
- Record of moving expenses not reimbursed by your employer.
- Union Dues.

Charitable Deductions:

- Cash amounts donated to Houses of Worship, Schools, and other charitable organizations.
- Records of non-cash charitable donations.
- Amount of miles driven for charitable or medical purposes.

NOTES:

TAX ORGANIZER - TAX YEAR 2019

Check All That Apply:

<input type="checkbox"/> Wage Statement – W-2s	<input type="checkbox"/> Paid real estate taxes	<input type="checkbox"/> Paid Qualified Education Expenses
<input type="checkbox"/> Buy or Sell a home	<input type="checkbox"/> Received Dividends	<input type="checkbox"/> Tax Preparation Expenses
<input type="checkbox"/> Medical Expenses	<input type="checkbox"/> Lottery or Gambling Winnings	<input type="checkbox"/> Received Unemployment
<input type="checkbox"/> Tips or Other Income	<input type="checkbox"/> Property Tax	<input type="checkbox"/> Made student loan payments
<input type="checkbox"/> Own Rental Property	<input type="checkbox"/> Sold Stocks or Bonds	<input type="checkbox"/> Union Dues
<input type="checkbox"/> Mortgage Interest	<input type="checkbox"/> Cancellation of Debt	<input type="checkbox"/> Social Security Income
<input type="checkbox"/> 1099	<input type="checkbox"/> Charity or Religious Contributions	<input type="checkbox"/> Job Related Expenses or Training
<input type="checkbox"/> Sold a business asset	<input type="checkbox"/> Pension or Retirement Income	<input type="checkbox"/> Child Care Expenses
<input type="checkbox"/> Paid Rent	<input type="checkbox"/> Moving Expenses	<input type="checkbox"/> Used personal vehicle for work
<input type="checkbox"/> Received Interest	<input type="checkbox"/> Significant loss or Theft	
<input type="checkbox"/> Farm Income	<input type="checkbox"/> Contributions to IRAs	

I certify that I would like my 2019 taxes prepared according to the information provided above.

Taxpayer Signature _____ Date: _____

Spouse's Signature (if applicable) _____ Date: _____