

## 2019 Tax Organizer Personal and Dependent Information

### Personal Information

	Name	SSN	Date of birth
Taxpayer			
Spouse			
Street address, city, state, and ZIP			
	Occupation	Daytime phone	Evening phone
Taxpayer			
Spouse			
Taxpayer email			
Spouse email			

#### Marital Status at end of 2019

- Married  
 Married filing separately  
 Single  
 Widower If spouse died in 2019 enter the date of death \_\_\_\_\_

#### Other information

- Are you blind?  Yes  No  
 Are you disabled?  Yes  No  
 Are you a full-time student?  Yes  No  
 Do you want \$3 to go to the Presidential Election Campaign Fund?  Yes  No

#### Taxpayer

- Yes  No  
 Yes  No  
 Yes  No  
 Yes  No

#### Spouse

- Yes  No  
 Yes  No  
 Yes  No  
 Yes  No

### Dependent Information

First and last name	SSN	Relationship	Months in home	Date of birth	Disabled	Full-time student

List dependents required to file a return \_\_\_\_\_

### Estimates

	Federal		Resident state		Resident city	
	Date paid	Amount	Date paid	Amount	Date paid	Amount
Overpayment applied from 2018	_____	_____	_____	_____	_____	_____
First quarter	_____	_____	_____	_____	_____	_____
Second quarter	_____	_____	_____	_____	_____	_____
Third quarter	_____	_____	_____	_____	_____	_____
Fourth quarter	_____	_____	_____	_____	_____	_____
Additional payments	_____	_____	_____	_____	_____	_____

### Account Information for Deposits or Withdrawals

Name of bank	Bank routing number	Bank account number	Type of account		Use this account for	
			Checking	Savings	Deposits	Withdrawals

### Appointment Information

Your 2019 appointment is scheduled for \_\_\_\_\_

### Income

Name:

SSN:

#### Wages & Salaries

Provide all copies of Form W-2

Employer name	2019 federal wages

#### Retirement

Provide all copies of Form 1099-R

Payer name	2019 distribution

Did you take a distribution from an IRA and give it to an organization eligible to receive tax-deductible contributions?  Yes  No

#### Form 1099-Misc Income

Provide all copies of Form 1099-MISC

Payer name	2019 amount

### Income

Name:

SSN:

**Dividend Income**

Provide all copies of Form 1099-DIV & other statements that report dividend income

Account number Payer name	2019 ordinary dividends	2019 qualified dividends

**Interest Income**

Provide all copies of Form 1099-INT, Form 1099-OID and other statements that report interest income

Account number Payer name	2019 interest

If any interest income listed above is from a seller-financed mortgage, provide the payer's ID number and address

2019

## Sale of Capital Assets

Name:

SSN:

### Sale of Capital Assets (not reported on Form 1099-B)

Provide all brokerage statements

Description of property	Date purchased	Date sold	Sales price	Cost

### Installment Sale Income

Description of property: \_\_\_\_\_

Date acquired \_\_\_\_\_ Date sold \_\_\_\_\_

	2019	Prior years
Selling price . . . . .	_____	
Mortgages assumed . . . . .		
Cost of property sold . . . . .		
Depreciation allowed . . . . .		
Commissions and expense of sale . . . . .		
Gross profit percentage . . . . .		
Interest received . . . . .	_____	
Principal payments received . . . . .	_____	

Property was sold to a related party

### Other Income and Adjustments

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

#### Other Income

Did you receive, sell, exchange, or otherwise acquire any financial interest in any virtual currency at any time during 2019?

	2019 Taxpayer	2019 Spouse
Scholarships or grants not reported on Form W-2 . . . . .	_____	_____
State income tax refund (attach Forms 1099-G) . . . . .	_____	_____
Social Security Benefits (attach Forms 1099-SSA) . . . . .	_____	_____
Railroad Retirement Benefits (attach Forms 1099-RRB) . . . . .	_____	_____
Alimony received		
Divorce or separation date _____ Amount _____	_____	_____
Unemployment compensation (attach Forms 1099-G) . . . . .	_____	_____
Unemployment compensation repaid in 2019 . . . . .	_____	_____
Gambling winnings (attach Forms W2-G) . . . . .	_____	_____
Alaska Permanent Fund . . . . .	_____	_____
ABLE distributions . . . . .	_____	_____
Other income: _____	_____	_____
_____	_____	_____
_____	_____	_____

#### Adjustments

	2019 Taxpayer	2019 Spouse
Educator expenses (If you are an educator, enter the amount you paid for classroom supplies) . . . . .	_____	_____
Contributions made to a Health Savings Account (HSA) . . . . .	_____	_____
Contributions made to a Self-Employed Pension plan (SEP). . . . .	_____	_____
Payments made for Self-Employed Health Insurance for you, your spouse, or dependents . . . . .	_____	_____
Alimony paid		
Name _____		
SSN _____ Divorce or separation date _____	_____	_____
Name _____		
SSN _____ Divorce or separation date _____	_____	_____
Contributions made to an Individual Retirement Account (IRA) . . . . .	_____	_____
Contributions made to a Roth IRA . . . . .	_____	_____
Interest paid on a student loan . . . . .	_____	_____
Other adjustments: _____	_____	_____

#### Job-related Moving Expenses

Select this box and complete the fields below if you are a member of the Armed Forces on active duty, and moved due to a military order for a permanent change of station.

**2019**

Number of miles from old home to old workplace . . . . .		_____
Number of miles from old home to new workplace . . . . .		_____
Expense to move household goods & personal effects and lodging expenses while traveling to your new home (Do not include cost of meals) . . . . .		_____

**Schedule C - Profit or Loss from Business**

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

**General Business Information**

Business name \_\_\_\_\_ Employer ID number \_\_\_\_\_

Professional product or service \_\_\_\_\_

Business address, city, state, ZIP \_\_\_\_\_

This business started or was acquired during 2019

Yes  No

Payments of \$600 or more were paid to an individual who is not your employee for services provided for this business

This business was disposed of during 2019

Yes  No

You filed Forms 1099 for the individuals

**Income**

	2019		2019
Gross receipts or sales . . . . .	_____	Other income . . . . .	_____
Returns & allowances . . . . .	_____		_____

**Expenses**

	2019		2019
Advertising . . . . .	_____	Travel . . . . .	_____
Car & truck expenses . . . . .	_____	Total meals . . . . .	_____
Commissions & fees . . . . .	_____	Utilities . . . . .	_____
Contract labor . . . . .	_____	Wages . . . . .	_____
Depletion . . . . .	_____	Other expenses (list) . . . . .	_____
Employee benefit programs . . . . .	_____		_____
Insurance (other than health) . . . . .	_____		_____
Interest - mortgage . . . . .	_____		_____
Interest - other . . . . .	_____		_____
Legal & professional services . . . . .	_____		_____
Office expenses . . . . .	_____		_____
Pension & profit sharing plans . . . . .	_____		_____
Rent or lease (vehicles, machinery, & equipment) . . . . .	_____		_____
Rent (other business property) . . . . .	_____		_____
Repairs & maintenance . . . . .	_____		_____
Supplies . . . . .	_____		_____
Taxes & licenses . . . . .	_____		_____

**Cost of Goods Sold**

	2019		2019
Inventory at beginning of year . . . . .	_____	Materials & supplies . . . . .	_____
Purchases . . . . .	_____	Other costs . . . . .	_____
Cost of personal use items . . . . .	_____	Inventory at end of year . . . . .	_____
Cost of labor . . . . .	_____	<input type="checkbox"/> There was a change in inventory method	

## Schedule E - Income or Loss from Rental Real Estate & Royalties

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

### General Property Information

Property description \_\_\_\_\_  
 Address, city, state, ZIP \_\_\_\_\_

**Select the property type**

- |  |   |                                    |                                      |
|--|---|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Single family residence | <input type="checkbox"/> Vacation / short-term rental | <input type="checkbox"/> Land      | <input type="checkbox"/> Self-rental |
| <input type="checkbox"/> Multi-family residence  | <input type="checkbox"/> Commercial                   | <input type="checkbox"/> Royalties | <input type="checkbox"/> Other _____ |

Number of days property was rented \_\_\_\_\_ Number of days property was used for personal use \_\_\_\_\_

If the rental is a multi-dwelling unit and you occupied part of the unit, enter the percentage you occupied \_\_\_\_\_

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> This property is your main home or second home       | <input type="checkbox"/> Yes <input type="checkbox"/> No | Payments of \$600 or more were paid to an individual who is not your employee for services provided for this rental |
| <input type="checkbox"/> This property was disposed of during 2019            | <input type="checkbox"/> Yes <input type="checkbox"/> No | You filed Forms 1099 for the individuals  |
| <input type="checkbox"/> This property was owned as a qualified joint venture |  |   |

### Income

	<b>2019</b>		<b>2019</b>
Rent income . . . . .	_____	Royalties from oil, gas, mineral, copyright or patent . . . . .	_____

### Expenses

	Rental unit expenses	Rental <u>and</u> homeowner expenses
Advertising . . . . .	_____	_____
Auto & travel . . . . .	_____	_____
Cleaning & maintenance . . . . .	_____	_____
Commissions . . . . .	_____	_____
Insurance . . . . .	_____	_____
Legal & professional fees . . . . .	_____	_____
Management fees . . . . .	_____	_____
Mortgage interest . . . . .	_____	_____
Other interest . . . . .	_____	_____
Repairs . . . . .	_____	_____
Supplies . . . . .	_____	_____
Taxes . . . . .	_____	_____
Utilities . . . . .	_____	_____
Depletion . . . . .	_____	_____
Other expenses	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If this Schedule E is for a multi-unit dwelling and you lived in one unit and rented out the other units, use the "Rental and homeowner expenses" column to show expenses that apply to the entire property. Use the "Rental unit expenses" column to show expenses that pertain ONLY to the rental portion of the property.

If the Schedule E is not for a multi-unit property in which you lived in one unit, complete just the "Rental unit expenses" column.





### Expenses Related to Business

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

#### Auto Expense

Name of business vehicle is used for \_\_\_\_\_

Description of vehicle \_\_\_\_\_ Date vehicle was placed in service \_\_\_\_\_

- |  |  |
|--|--|
| <p>Yes    No</p> <p><input type="checkbox"/>   <input type="checkbox"/> This vehicle is available for use during off-duty hours</p> <p><input type="checkbox"/>   <input type="checkbox"/> Another vehicle is available for personal use</p> | <p>Yes    No</p> <p><input type="checkbox"/>   <input type="checkbox"/> There is evidence to support your deduction</p> <p><input type="checkbox"/>   <input type="checkbox"/> The evidence is written</p> |
|--|--|

#### Mileage

Number of miles the vehicle was driven during 2019

- Business . . . . . \_\_\_\_\_
- Commuting . . . . . \_\_\_\_\_
- Other . . . . . \_\_\_\_\_

#### Expenses

- |                              |                               |
|------------------------------|-------------------------------|
| Garage rent . . . . . _____  | Repairs . . . . . _____       |
| Gas . . . . . _____          | Tires . . . . . _____         |
| Insurance . . . . . _____    | Tolls . . . . . _____         |
| Licenses . . . . . _____     | Lease addback . . . . . _____ |
| Oil . . . . . _____          | Other expenses _____          |
| Parking fees . . . . . _____ | _____                         |
| Rental fees . . . . . _____  | _____                         |
| Interest . . . . . _____     | _____                         |
| Property tax . . . . . _____ | _____                         |

#### Business Use of Home

Name of business home is used for \_\_\_\_\_

What is the total square footage of your home that was used regularly and exclusively for business \_\_\_\_\_

What is the total square footage of your home \_\_\_\_\_

For daycare facilities not used exclusively for business, complete the following questions

How many days during the year was the area used \_\_\_\_\_

How many hours per day was the area used \_\_\_\_\_

The daycare facility was in operation for the entire year

#### Expenses

#### Office expenses

#### Home expenses

- |  |       |       |
|--|-------|-------|
| Mortgage interest . . . . . _____        | _____ | _____ |
| Real estate taxes . . . . . _____        | _____ | _____ |
| Excess mortgage interest . . . . . _____ | _____ | _____ |
| Excess real estate taxes . . . . . _____ | _____ | _____ |
| Insurance . . . . . _____                | _____ | _____ |
| Rent . . . . . _____                     | _____ | _____ |
| Repairs & maintenance . . . . . _____    | _____ | _____ |
| Utilities . . . . . _____                | _____ | _____ |
| Other expenses . . . . . _____           | _____ | _____ |

In the "Office expenses" column, enter those expenses that pertain exclusively to your office; in the "Home expenses" column, enter those expenses that pertain to the entire dwelling.

**Schedule A - Itemized Deductions**

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

**Medical and Dental Expenses**

Health insurance premiums (paid by you) . . . . . \_\_\_\_\_  
 Long-term care premiums (you) . . . . . \_\_\_\_\_  
 Long-term care premiums (your spouse) . . . . . \_\_\_\_\_  
 Long-term care premiums (dependents) . . . . . \_\_\_\_\_  
 Mileage driven for medical purposes . . . . . \_\_\_\_\_  
 Medical and dental expenses  
     Doctor, dental, etc . . . . . \_\_\_\_\_  
     Prescription medicines . . . . . \_\_\_\_\_  
     Insulin . . . . . \_\_\_\_\_  
     Glasses and contacts . . . . . \_\_\_\_\_  
     Hearing aids . . . . . \_\_\_\_\_  
     Braces . . . . . \_\_\_\_\_  
     Medical equipment & supplies . . . . . \_\_\_\_\_  
     Hospital services . . . . . \_\_\_\_\_  
     Laboratory services . . . . . \_\_\_\_\_  
     Nursing services . . . . . \_\_\_\_\_  
     Other . . . . . \_\_\_\_\_

**Taxes Paid**

State and local income taxes . . . . . \_\_\_\_\_  
 Sales tax . . . . . \_\_\_\_\_  
 Real estate taxes . . . . . \_\_\_\_\_  
 Personal property taxes . . . . . \_\_\_\_\_  
 Other taxes (list) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Interest Paid**

Mortgage interest paid (attach Form 1098) . . . . . \_\_\_\_\_  
 Some of your home mortgage loan was not used to buy, build, or improve your home  
 Mortgage interest paid to an individual . . . . . \_\_\_\_\_  
 Paid to:  
     Name \_\_\_\_\_  
     Address \_\_\_\_\_  
     City, State, ZIP \_\_\_\_\_  
     SSN or EIN \_\_\_\_\_  
 Investment interest . . . . . \_\_\_\_\_

**Charitable Contributions**

Donations to charity	Cash	Noncash	Amount
Church . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	_____
Boy or Girl Scouts . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	_____
Goodwill . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	_____
Red Cross . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	_____
Salvation Army . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	_____
United Way . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	_____
Veterans . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hospital . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	_____
University . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	_____
Miles driven for charitable purposes			_____

**Other Miscellaneous Deductions**

Amortizable bond premiums . . . . . \_\_\_\_\_  
 Federal estate tax . . . . . \_\_\_\_\_  
 Gambling losses . . . . . \_\_\_\_\_  
 Impairment-related work expenses . . . . . \_\_\_\_\_  
 Claim repayments . . . . . \_\_\_\_\_  
 Unrecovered pension investments . . . . . \_\_\_\_\_  
 Loss from other activities from Schedule K-1 . . . . . \_\_\_\_\_  
 Ordinary loss debt instrument . . . . . \_\_\_\_\_

**Job Expenses & Certain Miscellaneous Deductions**

Necessary job expenses you paid that were not reimbursed by your employer  
     Safety equipment, tools, & supplies . . . . . \_\_\_\_\_  
     Uniforms . . . . . \_\_\_\_\_  
     Protective clothing (shoes, hardhats, glasses, etc.) \_\_\_\_\_  
     Dues to professional organizations . . . . . \_\_\_\_\_  
     Books & subscriptions . . . . . \_\_\_\_\_  
     Other . . . . . \_\_\_\_\_  
 Tax preparation fees . . . . . \_\_\_\_\_  
 Other nonpersonal expenses related to taxable income  
     Safe deposit box fees . . . . . \_\_\_\_\_  
     Investment expenses not entered elsewhere . . . . . \_\_\_\_\_  
     Other . . . . . \_\_\_\_\_  
 Qualified mortgage insurance premiums . . . . . \_\_\_\_\_  
 Home equity interest . . . . . \_\_\_\_\_

**Other Information**

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

**Mortgage Interest**

Provide all copies of Form 1098

Lender's name	Mortgage interest received	Mortgage insurance premiums	Real estate taxes paid
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Employee Business Expenses**

- You are a qualified performing artist
- You are a fee-based state or local government official
- You are a disabled employee with impairment-related work expenses
- You are a reservist
- You are a member of the clergy
- You used your personal vehicle for your job during 2019

	NOT reimbursed by your employer	Reimbursed by your employer not included on your W-2
Parking fees, tolls, local transportation . . . . .	_____	_____
Meals . . . . .	_____	_____
Overnight business travel expenses (Do not include meals & entertainment) . . . . .	_____	_____
Other business expenses . . . . .	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Casualties and Thefts**

FEMA code _____	FEMA code _____
Property description _____	Property description _____
Property location _____	Property location _____
_____	_____
Date property was acquired _____	Date property was acquired _____
Date property was damaged or stolen _____	Date property was damaged or stolen _____
Cost of property damaged or stolen _____	Cost of property damaged or stolen _____
Amount of damage _____	Amount of damage _____
Insurance reimbursement _____	Insurance reimbursement _____

### Other Information

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

#### Child and Other Dependent Care Expenses

Name of care provider	Address	SSN or EIN	Amount paid

#### Education Expenses

Provide all copies of Form 1098-T

Student name \_\_\_\_\_ Student name \_\_\_\_\_

Type of expense	Amount	Type of expense	Amount

Student name \_\_\_\_\_ Student name \_\_\_\_\_

Type of expense	Amount	Type of expense	Amount

Student name \_\_\_\_\_ Student name \_\_\_\_\_

Type of expense	Amount	Type of expense	Amount