

Please follow these few steps . . .

1 If you are viewing our website, print this Tax Organizer

2 New Clients please complete page I, then continue below with number 3. Returning clients skip to number 3.

3 Read the "Important Information" on pages II, III, and IV

4 Accumulate your tax documents

Generally,

Income: W-2s, 1099-R, 1099-INT, 1099-DIV, rental, etc.

Deductions: 1098 for mortgage, contributions, medical, etc.

Other: Sale of home, purchase of home, etc.

5 Complete the General Questions starting on and following page V

Organize and attach your tax documents behind the corresponding pages of your tax organizer. For example, paperclip (**do not staple**) all your W-2s behind the page in your tax organizer that lists your W-2s. **If you are unsure where to attach a document, paperclip it behind the last page of the Organizer, "1099-B Broker Statements. Miscellaneous Documents" page.** Also put all year-end **1099-B** broker statements behind this page.

6 Sign the organizer on page V

7 Sign the e-file forms and accompanying Refund/Payment options form

Sign only. Do not date the e-file forms or enter any other information.

Complete the Refund/Payment options sheet which will tell us how you wish to receive your refunds or pay any balance due.

8 Return the tax organizer and e-file forms to us

Include the signed (undated) e-file forms and Refund/Payment options form (see **7** above).

9 Please **KEEP COPIES (or send us copies) of your original tax documents.**

We prefer copies. If you send copies, however, please send one-sided copies with information on the front side only. No two-sided copies.

To help control costs, we will not return any documents you send **unless you request we do so.** We will destroy these documents after 3 years.

IMPORTANT DATES TO REMEMBER:

March 1, 2020: Last date to receive all pertinent information to complete your personal tax returns by April 15, 2020.

Hope Scholarship / FASFA: Please provide us with all pertinent tax information preferably 2 weeks prior to the date you need your completed tax return for Hope Scholarship or FASFA, but no less than 7 days.

NEW CLIENTS ONLY (returning clients skip this page)

General Information

	TAXPAYER	SPOUSE
FIRST NAME & Middle Initial	<hr/>	<hr/>
LAST NAME	<hr/>	<hr/>
SOCIAL SEC #	<hr/>	<hr/>
DATE of BIRTH	<hr/>	<hr/>
ADDRESS	Street 1	<hr/>
	<hr/>	<hr/>
	Street 2 / PO Box	<hr/>
	<hr/>	<hr/>
	City / State / Zip	<hr/>
TELEPHONE DAYTIME	<hr/>	<hr/>
EVENING	<hr/>	<hr/>
CELL PHONE CELL PROVIDER	<hr/>	<hr/>


May we please have your cell phone provider to add to our data base? The information will allow us to send you important text message alerts if we think you are not getting your email. Thank you!


E-MAIL	DEPENDENT 1	DEPENDENT 2	DEPENDENT 3	DEPENDENT 4	DEPENDENT 5
FIRST NAME	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
LAST NAME (if different)	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
SOCIAL SEC. #	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
DATE of BIRTH	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>


CONTINUE TO PAGE II


IMPORTANT INFORMATION. PLEASE READ AND SIGN YOUR TAX ORGANIZER FOLLOWING THIS SECTION.


REMINDER: For returns completed by April 15, 2020, return your organizer and tax documents by March 1, 2020


 **NEW CLIENTS.** Please BE SURE TO COMPLETE the General Information and Dependent Information Sections of this organizer on the previous page. Also, be sure to read carefully the following points. You can help us process your work more efficiently by understanding our procedures.


 **CURRENT CLIENTS.** Please BE SURE TO REVIEW AND UPDATE the preprinted General Information and Dependent Information Sections. Make any necessary changes, such as new address, phone number, email, etc.


 **RESPONSIBILITY.** First and foremost, *remember that YOU are responsible* for keeping necessary records of your income and deductions, and YOU have the final responsibility for the content of your tax returns. Our responsibility, as for all CPAs, lies in our skill to use your information to your best benefit.

 **APPOINTMENTS.** *WE CANNOT MEET WITHOUT SCHEDULING APPOINTMENTS.* We will make every effort to arrange a convenient time for you if we cannot schedule an appointment during our normal business hours. Please call our office **Monday through Thursday** to schedule your appointment in Fayetteville or Atlanta. Please visit our website for office hours and contact information: www.oddocpas.com


 **MAIL, EMAIL, OR DELIVER YOUR ORGANIZER TO OUR OFFICES.** Many times, appointments are unnecessary if you complete and mail or deliver your organizer to us. If you SCAN and email your organizer and documents, please scan only one document per page. We will contact you with any questions. *If you send your documents certified mail, please send to: 819 REDWINE ROAD, FAYETTEVILLE, GA 30215.*

 **WE WILL NOT RETURN DOCUMENTS UNLESS YOU REQUEST US TO.** In an effort to hold down costs, we will not return the documents you provide unless you request us to. Please retain copies of all documents you send us.

 **COPIES OF ORIGINAL DOCUMENTS**
We prefer you send us copies of your original documents. Please, however, send us one-sided copies with information on the front side only. No two-sided copies.










 **ITEMIZED DEDUCTIONS.**
HEALTH INSURANCE PREMIUMS: "Pre-tax" amounts are not deductible.
If you have included payments for health insurance premiums, DO NOT list any "pre-tax" amounts.
AD VALOREM TAXES: DO NOT include the cost of tags.
PERSONAL PROPERTY TAXES: Remember to INCLUDE tax paid on a boat or plane.

 **RECEIPT TOTALS.** Please provide us with **TOTAL** income and expense, not individual receipts. Untotaled receipts will result in extra time preparing your return, and higher bills for our services.

 **RECEIPTS.** Save all receipts for tax purposes such as audits.
Examples: Sales tax on car; Medical payments; Home remodeling. Email us if you are unsure.

IMPORTANT INFORMATION. PLEASE READ AND SIGN YOUR TAX ORGANIZER FOLLOWING THIS SECTION.

REMINDER: For returns completed by April 15, 2020, return your organizer and tax documents by March 1, 2020

-  **REQUESTS FOR ADDITIONAL INFORMATION.** We may request copies of information to document justification of positions in your favor. We will not audit nor otherwise verify data that you submit, but we may ask that you clarify some items to enable us to fully understand your tax position and to properly prepare your returns.
-  **ERRORS.** In the rare instance in which our work contains an error, we reserve the right to amend or correct your return at no charge for our time. Please inform us immediately of any such errors.
-  **AUDITS.** All tax returns are subject to review by the taxing authorities. Should your return be selected for audit, please advise us immediately so that we may discuss with you the best method under which to proceed.
-  **CONTACTING US.** At times during tax season we are not available to answer your call. However, you may contact us in a variety of ways. If possible, we prefer you **E-MAIL** us at **IRSGOAWAY@AOL.COM**. If not possible, FAX your message to 770-461-8535, or leave a message or question on our voice mail so we can be prepared when we return your call.
-  **TURNAROUND.** Your tax return is customized for you. We take the time necessary to ensure that we have kept your income taxes to the absolute minimum. If you require quick turnaround, please advise us when you schedule your appointment or when you send us your completed tax organizer. "Final" information received from you after March 1 will most likely ensure completion will be after April 15. We will prepare an extension.
-  **EXTENSIONS.** We will make every effort to have your tax return prepared before **April 15**. However, if we have not received all necessary information from you **BY MARCH 1**, we will prepare, and possibly file an extension for you. *An extension neither increases nor decreases your chance of an audit.* We will estimate how much tax payment, if any, is to be sent with your extension.
-  **AFTER MARCH 1.** As a precaution we will prepare extensions for all tax returns, regardless of whether or not they will be used. **Please make every effort to send us your work more than five weeks prior to the end of the season.**
-  **MORTGAGE FINANCING & REFINANCING / FASFA / HOPE SCHOLARSHIP.** If your mortgage company will need financial information or tax returns prepared by us, or if you need tax returns for FASFA or the Hope Scholarship, *please provide at least seven days notice, and preferably longer, before the date the requested information is needed.*
-  **SERVICES WE OFFER IN ADDITION TO TAX PREPARATION.** Throughout the year we are available for consultation regarding your questions on specific tax matters or assistance in tax and business planning. However, we will not offer recommendations as to investment quality of any specific stock, bond, limited partnership or similar investment.

**-IMPORTANT INFORMATION. PLEASE READ
AND SIGN YOUR TAX ORGANIZER FOLLOWING THIS SECTION.**

REMINDER: For returns completed by April 15, 2020, return your organizer and tax documents by March 1, 2020



FEE. Fees for tax preparation and for all other related services are based on time spent at our hourly standard rates.

Estimated MINIMUM charge for the completion of both an individual's federal and state returns: \$190.00.

Estimated AVERAGE charge for the completion of both an individual's federal and state returns: \$295.00.

Review of "client-prepared" tax return: minimum \$150.

NOTE: Fees reflect timing and staffing. Many clients provide tax information late in the season, requiring staff overtime to meet tax deadlines. Invoices will reflect the additional cost due to time constraints to meet the April 15 deadline unless extensions are acceptable.

Actual charges often vary from from these estimates, depending on the complexity of the returns.

Charge for additional copies of tax returns and support in divorce situations, for replacements, etc., is \$45 minimum. Either or both spouses or taxpayers may request. For further price information, please visit our web site at: www.oddocpas.com/pricing



ONLINE PAYMENT. For your convenience, we accept Credit Card payments online through MasterCard, Visa, American Express, and Discover.



TO KEEP YOUR COST OF TAX PREPARATION TO A MINIMUM: PLEASE INCLUDE ALL PERTINENT TAX DATA WITH YOUR TAX ORGANIZER or note that information will follow. **We will charge to redo completed returns for data received late.**



INVOICING & PAYMENT. We prefer to invoice clients via e-mail. We would appreciate your participation. Please make sure you check the appropriate response on the following page regarding invoice via e-mail.



BILLING OF COMPLETED WORK. In general, a service charge of 1.5% per month will be added to all accounts not paid currently unless you contact us to make arrangements for payment.



PRIVACY POLICY. All non-public information about our clients is restricted to those members of our staff who need to know such information in order to provide the services you requested. We will not sell your name to any other firm. From time to time we may provide your name to firms we work with to inform you of financial information that could benefit you.

PLEASE SIGN YOUR TAX ORGANIZER BELOW

To the best of my (our) knowledge and belief, the information provided to Oddo Brothers CPAs in this tax organizer and accompanying supplement and / or notes, is true and correct. Also, I (we) have read and understand the preceding information regarding operating procedures of Oddo Brothers CPAs and agree to abide by them while having Oddo Brothers CPAS prepare our tax returns or other work.

TAXPAYER

SPOUSE

DATE _____

DATE _____

2019 TAX QUESTIONS

GENERAL QUESTIONS

YES	NO	N/A

Are your names, including your dependents' names, as printed in this Tax Organizer in the GENERAL INFORMATION section, spelled as they appear on your Social Security Card(s)? If not, please make the necessary corrections.

Is your address correct, as printed in this Tax Organizer in the GENERAL INFORMATION section? If not, please make the necessary corrections next to your address.

SPECIAL NOTE REGARDING DECEASED SPOUSES: If a joint tax return was prepared last year under the names of the surviving and deceased spouses, this tax return will be filed under the name of the surviving spouse only. There is no need to correct your name.

Have COPIES of **ALL** pertinent 2019 tax information been enclosed with this Tax Organizer? If additional information follows after completion of your tax returns, **amendments or changes to your tax returns due to incomplete data will be charged for.**

YES	NO	N/A

Are your phone number(s), e-mail address(es), and/or fax number(s), as printed in this Tax Organizer, correct? If not, please make corrections.

E-mail: We have installed security to guard your confidential information during transmissions. If you do not use email, or do not wish to use email, please advise us.

Invoicing: We will invoice you via email unless you check the "NO" box.

Telephone: If we need to call you, what are the best times to contact you via telephone? We do not want to call you too early or too late.

Telephone No: _____

Best times to call: _____

REMINDER: For returns completed by April 15, 2020, return your organizer and tax documents by March 1, 2020

2019 TAX QUESTIONS

GENERAL QUESTIONS

PDF	PAPER
<input type="checkbox"/>	<input type="checkbox"/>

IN LIEU OF A PRINTED TAX RETURN, we will deliver your copy via e-mail in PDF printable format unless you request otherwise. Please mark your appropriate preferences.

PDF format via E-mail.

Encryption password, if desired: _____

Traditional paper format (paper requires more time to process to completion).

YES	NO	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IRA CONTRIBUTION: Will you make a **TRADITIONAL** IRA Contribution by April 15, **2020**?

IRA CONTRIBUTION: Will you make a **ROTH** IRA Contribution by April 15, **2020**?

Note: if your contribution is reflected on your W2, or handled through your corporation, do not include any amounts here.

Taxpayer \$ _____ Taxpayer's Spouse \$ _____

TAX ESTIMATES: Do you wish us to calculate **2020** income tax estimates? (usually unnecessary if your withholding is adequate and consistently overpaid)

YES	NO	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Did you make any contributions to a qualified higher education program / qualified higher education college savings account (**Section 529 Plan**)? Such payments may be deductible on your state income tax return.

YES	NO	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TAXPAYER: Do you wish to contribute \$3 to the presidential campaign fund?

SPOUSE: Do you wish to contribute \$3 to the presidential campaign fund?

YES	NO	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NON-CASH CONTRIBUTIONS of \$250 or more. **SPECIAL NOTE:** The IRS requires taxpayers to maintain written documentation indicating the name of the donee(s), the date(s) of the contribution(s), and the amount(s) of the contribution(s) for all cash **AND** non-cash charitable contributions. Without this support, the IRS may deny the deduction(s). Use additional page, if necessary.

CIRCLE T(axpayer) S(spouse) or J(oint)	DATE PUR- CHASED	DATE SOLD	DONEE	DESCRIPTION	VALUE
T S J					\$
T S J					\$
T S J					\$

REMINDER: For returns completed by April 15, 2020, return your organizer and tax documents by March 1, 2020

2019 TAX QUESTIONS

AT ANY TIME DURING 2019

YES	NO	N/A

Were any changes made to your prior year's tax return by you, the IRS, or the State? If yes, please provide details (e.g. change in refund received). If not, we will use the information shown on your prior year's tax return:

YES	NO	N/A

Do you file multiple state tax returns? If so, which?

Did you prepare and file your own extension(s)? If yes, how much was paid with extension(s)?

Federal \$ _____ State \$ _____

Did you receive retirement plan distributions (e.g. IRA, 401-k, etc.)? If yes, please provide copies of your 1099Rs.

If yes, were they rolled over within 60 days?

If yes, were any funds used to pay for post secondary schooling or as a down payment on the purchase of a first home?

Did you pay SALES TAX on any major purchase(s)? (e.g. new car) \$ _____

Are you considering bankruptcy? If so, consider reviewing your plan with us for tax consequences and possible tax strategies. For example, you should consider not filing bankruptcy until your tax returns are filed up-to-date.

DEPENDENT INFORMATION

NAME of Dependent (do not include yourself or your spouse)																
Last Name, if different																
Dependent is married?	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO						
... is a U.S. citizen or permanent resident?																
... is a full-time student 5 or more months?																
... if in college, in what year? circle year ⇒	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
	5+				5+				5+				5+			
... received over ½ support from Taxpayer?																
Wages of Dependent	\$		\$		\$		\$		\$							
Investment income of Dependent	\$		\$		\$		\$		\$							

IF YOU PLAN TO CLAIM YOUR CHILDREN AS DEPENDENTS, BE SURE HE/SHE/THEY DO NOT FILE PERSONAL RETURNS AND CLAIM THEMSELVES.

IN ADDITION TO THE DEPENDENT INFORMATION PROVIDED ABOVE, PLEASE VERIFY, AND CORRECT IF NECESSARY, THE DEPENDENT INFORMATION IN THE FOLLOWING SECTION ENTITLED "GENERAL INFORMATION."

2019 TAX QUESTIONS

AT ANY TIME DURING 2019

REMINDER: For returns completed by April 15, 2020, return your organizer and tax documents by March 1, 2020

YES	NO

Did you or your spouse receive income from the following sources:

Wages?

Tips?

Interest or Dividends?

Social Security or Tier I Railroad Retirement?

Foreign Assets? Failure to report may result in a \$10,000 civil penalty, not to exceed \$50,000.

Lump sum from an employer sponsored plan and the recipient and/or employee was born before January 2, **1936**?

Retirement or IRA distribution for which the recipient is under age 59 1/2?

Other pension, annuity, IRA, or retirement income?

If IRA distribution, were nondeductible contributions ever made?

If yes, provide the balance of all IRA accounts as of the end of 2019. \$ _____

Unemployment compensation?

Alimony?

Self-employment and/or operation of a business?

Operation of a farm?

Rental of land and property for agricultural purposes?

Other rental property?

Hobby Income/Loss? Please read: <https://www.irs.gov/uac/is-your-hobby-a-for-profit-endeavor>

Gambling winnings? If you are claiming gambling losses, be sure to have supporting data which will include the dates gambled and places gambled. Be sure to report winnings which have not been reported to you.

Royalties?

Any miscellaneous income, such as prizes or jury duty pay?

YES	NO

Did you or your spouse receive any of the following forms? (Please provide them)

W-2 W-2G 1099R 1099 INT 1099 DIV

1099 MISC 1099B 1099S 1099G Other 1099 K-1

CP01A (Identity Protection PIN) or are aware your Taxpayer(s) ID has been compromised?

IRS notice of change to prior year's return

Closing statements from real estate sales, purchases, or refinancing

YES	NO

AFFORDABLE CARE ACT / HEALTH INSURANCE

Although there is no longer a financial penalty in general, "Advance Premium Recapture" may still apply, and you will receive form 1095-A. **Did you or your spouse receive Form 1095-A for insurance purchased through the Government Marketplace? (Please provide them)**

W-2 INCOME

2019
(W-2)

Listed below are your employers shown on your last year's income tax return.

Name of employer _____
Street address _____
City, State, Zip Code _____
Employer Identification Number _____

TAXPAYER SPOUSE

Name of employer _____
Street address _____
City, State, Zip Code _____
Employer Identification Number _____

TAXPAYER SPOUSE

Name of employer _____
Street address _____
City, State, Zip Code _____
Employer Identification Number _____

TAXPAYER SPOUSE

Name of employer _____
Street address _____
City, State, Zip Code _____
Employer Identification Number _____

TAXPAYER SPOUSE

Name of employer _____
Street address _____
City, State, Zip Code _____
Employer Identification Number _____

TAXPAYER SPOUSE

Name of employer _____
Street address _____
City, State, Zip Code _____
Employer Identification Number _____

TAXPAYER SPOUSE

Name of employer _____
Street address _____
City, State, Zip Code _____
Employer Identification Number _____

TAXPAYER SPOUSE

Name of employer _____
Street address _____
City, State, Zip Code _____
Employer Identification Number _____

TAXPAYER SPOUSE

* Please include a W-2 from each of your 2019 employers.

W-2G INCOME

2019
(W-2G)

Listed below are payers shown on your last year's income tax return.

***Please include any W-2G from each of your 2019 payers.**

Name of payer _____
Street address _____
City, State, Zip Code _____
Federal Identification Number _____
 TAXPAYER SPOUSE

Name of payer _____
Street address _____
City, State, Zip Code _____
Federal Identification Number _____
 TAXPAYER SPOUSE

Name of payer _____
Street address _____
City, State, Zip Code _____
Federal Identification Number _____
 TAXPAYER SPOUSE

IMPORTANT: If paid by check, please note the check # blew next to the date paid.

ESTIMATED TAX PAID FOR THE "2019 TAX YEAR

(FED/ST TAX)

* Please enter only the payments to be applied to the current year tax, including any payments made in January of 2020.

Federal payments

State of ___ payments

Date paid	Amount paid	Date paid	Amount paid
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

State/local income tax balance due for previous years paid in 2019: _____

State/local estimate payment for 2018, due January 15, 2019, paid on or after January 1, 2019: _____

PENSION AND RETIREMENT INCOME

2019
(1099R)

PENSIONS AND IRAS

Listed below are your pension, IRA distributions, and Social Security received last year (if any).

Name of payer _____
Street address _____
City, State, Zip Code _____
Employer Identification Number _____

TAXPAYER SPOUSE IRA

Name of payer _____
Street address _____
City, State, Zip Code _____
Employer Identification Number _____

TAXPAYER SPOUSE IRA

Name of payer _____
Street address _____
City, State, Zip Code _____
Employer Identification Number _____

TAXPAYER SPOUSE IRA

Name of payer _____
Street address _____
City, State, Zip Code _____
Employer Identification Number _____

TAXPAYER SPOUSE IRA

Name of payer _____
Street address _____
City, State, Zip Code _____
Employer Identification Number _____

TAXPAYER SPOUSE IRA

Name of payer _____
Street address _____
City, State, Zip Code _____
Employer Identification Number _____

TAXPAYER SPOUSE IRA

* Please include any 1099's and other information.

If you ever made non-deductible contributions to your IRA, please provide year-end balances of all your IRA accounts.

SOCIAL SECURITY BENEFITS

(1040 WKT)

2019 AMOUNTS

2018 TOTAL AMOUNT

Taxpayer Amount \$ _____

Spouse Amount \$ _____

PARTNERSHIP AND S-CORPORATION INCOME

2019
(K-1 P/S)

Your 2018 K-1 information is shown below.

K-1 INFORMATION

Name of Partnership or S-Corporation _____
Federal ID Number _____
Enter "P" for partnership or "S" for S-Corp _____

K-1 INFORMATION

Name of Partnership or S-Corporation _____
Federal ID Number _____
Enter "P" for partnership or "S" for S-Corp _____

K-1 INFORMATION

Name of Partnership or S-Corporation _____
Federal ID Number _____
Enter "P" for partnership or "S" for S-Corp _____

K-1 INFORMATION

Name of Partnership or S-Corporation _____
Federal ID Number _____
Enter "P" for partnership or "S" for S-Corp _____

K-1 INFORMATION

Name of Partnership or S-Corporation _____
Federal ID Number _____
Enter "P" for partnership or "S" for S-Corp _____

K-1 INFORMATION

Name of Partnership or S-Corporation _____
Federal ID Number _____
Enter "P" for partnership or "S" for S-Corp _____

K-1 INFORMATION

Name of Partnership or S-Corporation _____
Federal ID Number _____
Enter "P" for partnership or "S" for S-Corp _____

K-1 INFORMATION

Name of Partnership or S-Corporation _____
Federal ID Number _____
Enter "P" for partnership or "S" for S-Corp _____

K-1 INFORMATION

Name of Partnership or S-Corporation _____
Federal ID Number _____
Enter "P" for partnership or "S" for S-Corp _____

* Please attach all K-1 schedules received for 2019.

ESTATE AND TRUST INCOME

2019
(K-1 E/T)

Your 2018 K-1 information is shown below.

K-1 INFORMATION

Name of Estate, Trust _____

Federal ID Number _____

If any rental real estate, are you an active participant? _____

K-1 INFORMATION

Name of Estate, Trust _____

Federal ID Number _____

If any rental real estate, are you an active participant? _____

K-1 INFORMATION

Name of Estate, Trust _____

Federal ID Number _____

If any rental real estate, are you an active participant? _____

K-1 INFORMATION

Name of Estate, Trust _____

Federal ID Number _____

If any rental real estate, are you an active participant? _____

K-1 INFORMATION

Name of Estate, Trust _____

Federal ID Number _____

If any rental real estate, are you an active participant? _____

K-1 INFORMATION

Name of Estate, Trust _____

Federal ID Number _____

If any rental real estate, are you an active participant? _____

K-1 INFORMATION

Name of Estate, Trust _____

Federal ID Number _____

If any rental real estate, are you an active participant? _____

K-1 INFORMATION

Name of Estate, Trust _____

Federal ID Number _____

If any rental real estate, are you an active participant? _____

K-1 INFORMATION

Name of Estate, Trust _____

Federal ID Number _____

If any rental real estate, are you an active participant? _____

* Please attach all K-1 schedules received for 2019.

OTHER INCOME AND ADJUSTMENTS

2019

OTHER INCOME

2019

2018

Seller Financed Mortgages

Payer	Principal	Interest	Interest
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	

State and Local Income Tax Refunds Received in 2019

State or Local jurisdiction _____	Amount received _____
State or Local jurisdiction _____	Amount received _____
State or Local jurisdiction _____	Amount received _____

Unemployment (Please attach 1099G(s)).

2019

2018

Amount received: _____	
Amount repaid: _____	

Alimony amount received

Other Income

Type: _____ Amount: _____

ADJUSTMENTS**Taxpayer
2019****Taxpayer
2018****Spouse
2019****Spouse
2018**

Educator expense _____			
Self-employed retirement plans _____			
Self-employed health insurance paid _____			
IRA'S			
Traditional _____			
Roth _____			
Student loan interest _____			

Alimony Paid

To whom paid: _____ Amount: _____

SSN: _____

Tuition and Fees

Amount: _____

Other Adjustments

Type: _____ Amount: _____

BUSINESS INCOME AND EXPENSES

2019
(SCH C)

Your principal business or profession _____ Is this your spouse's Schedule C? _____

Business name _____ 2018 Business code _____

Business address _____ Employer ID _____
(Not SSN)

Accounting method: _____

Enter date if you disposed of or sold this business during the year _____

BUSINESS VEHICLE	2019	2018
Date placed in service _____		
Miles used for: Business Miles--> _____		
Commuting _____		
Other _____		

PART I INCOME	2019	2018
Gross receipts or sales Sales \$--> _____		
Returns and allowances _____		
Other income _____		

PART II EXPENSES	2019	2018
Advertising	_____	_____
Car/Truck expenses	_____	_____
Commissions	_____	_____
Contract labor	_____	_____
Depletion	_____	_____
Employee benefit programs	_____	_____
Insurance	_____	_____
Interest - mortgage	_____	_____
Interest - other	_____	_____
Legal and professional services	_____	_____
Office expense	_____	_____
Pension and profit sharing	_____	_____
Rent or lease - vehicles, machinery	_____	_____
Rent - Other business property	_____	_____
Repairs and maintenance	_____	_____
Supplies	_____	_____
Taxes and licenses	_____	_____
Travel	_____	_____
Meals and entertainment	_____	_____
Utilities	_____	_____
Wages	_____	_____
Enter prior year unallowed loss (if any)	_____	_____

OTHER EXPENSES	2019	2018
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(SCH C PG 2)

Inventory method: Cost Lower of Cost or Market Other

Inventory at beginning of year _____

Purchases less cost of personal items _____

Inventory at end of the year _____

OFFICE IN THE HOME DEDUCTION

**2019
(8829)**

2018

Square footage of area used for business _____

Total square footage in your home _____

Is this your spouse's Schedule C? _____

Day care facilities:

Number of days used for day care _____

Number of hours per day used for day care _____

Enter date if you disposed of or sold this business during the year _____

EXPENSES DIRECTLY RELATING TO YOUR BUSINESS

2019

2018

Casualty losses _____

Deductible mortgage interest _____

Real estate taxes _____

Insurance _____

Rent _____

Repairs and maintenance _____

Utilities _____

Other expenses _____

EXPENSES RELATING TO ENTIRE HOUSEHOLD

Casualty losses _____

Deductible mortgage interest _____

Real estate taxes _____

Insurance _____

Rent _____

Repairs and maintenance _____

Utilities _____

Other expenses _____

Carryover of operating expenses from 2018 Form 8829 line 43 _____

Carryover of excess casualty losses and depreciation from 2018 Form 8829 line 44 _____

Enter the fair market value of your home _____

Enter the cost of your home _____

Enter the value of the land on which your home is placed _____

BUSINESS ASSET LIST

2019

Asset acquisition list (Please list all assets you have purchased or placed in service in 2019.)

Description	Date Acquired	Cost	To Schedule
<p>If we prepared your prior year return just update the asset schedule that was included with that return and send us a copy of it. That means make a copy of the schedule and indicate which assets were sold and what new assets have to be added. Include dates and amounts. If we did not prepare your prior year return we need a copy of it. It should have an asset schedule in it. If this is the first year for your business please fill out this page. If you are providing us with a ledger such as a copy of your QuickBooks data file we will extract information from it so there is no need to fill this out.</p>	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

Asset disposition list (Please list all assets you sold, traded, junked, or took out of service for any reason in 2019.)

Description	Date Acquired	Date Sold	Sales Price	Sales Expenses	Cost	Prior Depreciation	From Sch.
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

2019 TAX QUESTIONS

RENTAL PROPERTY

Report income and expenses on next page

TYPE OF PROPERTY	PROPERTY A	PROPERTY B	PROPERTY C
Single Family Residence			
Multi-Family Residence			
Vacation/Short-Term Rental			
Commercial			
Land			
Royalties			
Self-Rental			
Other (describe)			
No. of Days Rented			
No. of Personal Use Days			
Was property part of a Joint Venture?			
PHYSICAL ADDRESS			
Property A			
Property B			
Property C			

REMINDER: For returns completed by April 15, 2020, return your organizer and tax documents by March 1, 2020

RENTAL REAL ESTATE AND ROYALTIES

2019
(SCH E)

	Property A		Property B		Property C	
	2019	2018	2019	2018	2019	2018
KIND OF PROPERTY						
LOCATION OF PROPERTY						
CITY						
STATE						
ZIP						
INCOME	2019	2018	2019	2018	2019	2018
Rent received						
Royalties received						
EXPENSES						
Advertising						
Auto and travel						
Cleaning and maintenance						
Commissions						
Insurance						
Legal, professional fees						
Management fees						
Mortgage interest						
Other interest						
Repairs						
Supplies						
Taxes						
Utilities						
Miscellaneous Expenses						
Type of misc expense 1						
Amount item 1						
Type of misc expense 2						
Amount item 2						
Type of misc expense 3						
Amount item 3						
Type of misc expense 4						
Amount item 4						
Enter loss carryover to 2019						
Did you actively participate in this venture?						
Did you use this property for personal use?						

2019 TAX QUESTIONS

RENTAL PROPERTY

Report income and expenses on next page

TYPE OF PROPERTY	PROPERTY D	PROPERTY E	PROPERTY F
Single Family Residence			
Multi-Family Residence			
Vacation/Short-Term Rental			
Commercial			
Land			
Royalties			
Self-Rental			
Other (describe)			
No. of Days Rented			
No. of Personal Use Days			
Was property part of a Joint Venture?			
PHYSICAL ADDRESS			
Property D			
Property E			
Property F			

REMINDER: For returns completed by April 15, 2020, return your organizer and tax documents by March 1, 2020

RENTAL REAL ESTATE AND ROYALTIES

2019
(SCH E-DUP)

	Property D		Property E		Property F	
KIND OF PROPERTY						
LOCATION OF PROPERTY						
CITY						
STATE						
ZIP						
INCOME	2019	2018	2019	2018	2019	2018
Rent received						
Royalties received						
EXPENSES						
Advertising						
Auto and travel						
Cleaning and maintenance						
Commissions						
Insurance						
Legal, professional fees						
Management fees						
Mortgage interest						
Other interest						
Repairs						
Supplies						
Taxes						
Utilities						
Miscellaneous Expenses						
Type of misc expense 1						
Amount item 1						
Type of misc expense 2						
Amount item 2						
Type of misc expense 3						
Amount item 3						
Type of misc expense 4						
Amount item 4						
Enter loss carryover to 2019						
Did you actively participate in this venture?						
Did you use this property for personal use?						

ITEMIZED DEDUCTIONS

2019
(SCH A)

*T,S,J

2019

2018

MEDICAL AND DENTAL EXPENSES - Include prescription medicine & drugs, nonprescription medical supplies such as crutches, doctors, dentists, nurses, hospitals, medical insurance premiums, medical miles or actual expense.*

If you are receiving Social Security, please do not list the Medicare insurance here. We will pick the amount up from your 1099-SSA form(s) that you will provide to us.

T,S,J column = Taxpayer, Spouse, Joint. If you don't indicate TSJ we will default to J.

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Number of medical miles

* Do not list amounts paid with pre-tax dollars or that were reimbursed.

* Taxpayer, Spouse, or Joint

TAXES PAID

Real estate taxes	_____	_____
Personal property taxes	_____	_____
Other _____	_____	_____

INTEREST PAID

Home mortgage interest	_____	_____
Points paid in purchasing new home	_____	_____
Investment interest expense	_____	_____

CONTRIBUTIONS - Receipts required for all contributions

Cash		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Non-cash	_____	_____
Number of charity miles	_____	_____

Unreimbursed employee business expenses (form 2106) such as mileage, hotel, air fare, meals and entertainment.....

<https://www.irs.gov/newsroom/tax-reform-affects-if-and-how-taxpayers-itemize-their-deductions>

This deduction has been "suspended" through December 2025.

CHILD AND DEPENDENT CARE EXPENSES

2019
(2441)

Please list all care providers and the amounts paid to them in 2019. Any information from the prior year is shown below.

Name of provider	_____	
Street address	_____	
City, State, Zip Code	_____	
Social Security Number or EIN	_____	
Amount paid	\$ _____	2018 AMOUNT \$ _____

Name of provider	_____	
Street address	_____	
City, State, Zip Code	_____	
Social Security Number or EIN	_____	
Amount paid	\$ _____	2018 AMOUNT \$ _____

Name of provider	_____	
Street address	_____	
City, State, Zip Code	_____	
Social Security Number or EIN	_____	
Amount paid	\$ _____	2018 AMOUNT \$ _____

Name of provider	_____	
Street address	_____	
City, State, Zip Code	_____	
Social Security Number or EIN	_____	
Amount paid	\$ _____	2018 AMOUNT \$ _____

Name of provider	_____	
Street address	_____	
City, State, Zip Code	_____	
Social Security Number or EIN	_____	
Amount paid	\$ _____	2018 AMOUNT \$ _____

List name of each child and total amount spent for care of that child.

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

***You may change or delete any information that does not apply to the current year.**

