ORGANIZER

2019	1040	US	Miscellaneous Questions

If any of the following items pertain to you or your spouse for 2019, please check the appropriate box and provide additional information if necessary.

YES	NO	
		PERSONAL INFORMATION
☐	☐	Did your marital status change during the year?
☐	☐	Did your address change during the year?
☐	☐	Could you be claimed as a dependent on another person's tax return for 2019?
		DEPENDENTS
☐	☐	Were there any changes in dependents?
☐	☐	Were any of your unmarried children who might be claimed as dependents 19 years of age or older (or 24 years or older if student) at the end of 2019?
☐	☐	Did you have any children under age 19 or full-time students under age 24 at the end of 2019, with interest and dividend income in excess of $1,100, or total investment income in excess of $2,200?
		HEALTH CARE COVERAGE
☐	☐	Did you receive IRS document Form 1095-A (Health Insurance Marketplace Statement), If so, please attach.
		INCOME
☐	☐	Did you receive unreported tip income of $20 or more in any month?
☐	☐	Did you cash any Series EE U.S. savings bonds issued after 1989 and pay qualified higher education expenses for yourself, your spouse, or your dependents?
☐	☐	Did you receive any disability income?
☐	☐	Did you have any foreign income or pay any foreign taxes?
		PURCHASES, SALES AND DEBT
☐	☐	Did you start a business or farm, purchase rental or royalty property, or acquire an interest in a partnership, S corporation, trust, or REMIC?
☐	☐	Did you purchase or dispose of any business assets (furniture, equipment, vehicles, real estate, etc.), or convert any personal assets to business use?
☐	☐	Did you buy or sell any stocks, bonds or other investment property in 2019?
☐	☐	Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan?
☐	☐	Did you make any residential energy-efficient improvements or purchases involving solar, wind, geothermal or fuel cell energy sources?
☐	☐	Did you have any debts cancelled or forgiven?
☐	☐	Does anyone owe you money which has become uncollectible?

2019	1040	US	Miscellaneous Questions (continued)

If any of the following items pertain to you or your spouse for 2019, please check the appropriate box and provide additional information if necessary.

YES	NO	
		RETIREMENT PLANS
☐	☐	Did you receive a distribution from a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?
☐	☐	Did you make a contribution to a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?
☐	☐	Did you transfer or rollover any amount from one retirement plan to another retirement plan?
		EDUCATION
☐	☐	Did you receive a distribution from an Education Savings Account or a Qualified Tuition Program?
☐	☐	Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school?
		ITEMIZED DEDUCTIONS
☐	☐	Did you incur a loss because of damaged or stolen property?
☐	☐	Did you work out of town for part of the year?
☐	☐	Did you use your car on the job (other than to and from work)?
		ESTIMATED TAXES
☐	☐	Did you apply an overpayment of 2018 taxes to your 2019 estimated tax (instead of being refunded)?
☐	☐	If you have an overpayment of 2019 taxes, do you want the excess applied to your 2020 estimated tax (instead of being refunded)?
☐	☐	Do you expect your 2020 taxable income and withholdings to be different from 2019?
		MISCELLANEOUS
☐	☐	Do you want to allocate $3 to the Presidential Election Campaign Fund?
☐	☐	Does your spouse want to allocate $3 to the Presidential Election Campaign Fund?
☐	☐	May the IRS discuss your tax return with your preparer?
☐	☐	Did you have an interest in or signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account?

2019	1040	US	Miscellaneous Questions (continued)

If any of the following items pertain to you or your spouse for 2019, please check the appropriate box and provide additional information if necessary.

YES	NO	MISCELLANEOUS (continued)
☐	☐	Did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust?
☐	☐	Was your home rented out or used for business?
☐	☐	Did you have a medical savings account (MSA), a Medicare Advantage MSA, or acquire an interest in an MSA or a Medicare Advantage MSA because of the death of the account holder? Or, were you a policyholder who received payments under a long-term care (LTC) insurance contract or received any accelerated death benefits from a life insurance policy?
☐	☐	Did you receive a distribution from an Achieving a Better Life Experience (ABLE) savings account?
☐	☐	Are you a member of the Armed Forces of the United States on active duty who moved pursuant to a military order related to a permanent change of station?
☐	☐	Did you engage the services of any household employees?
☐	☐	Were you notified or audited by either the Internal Revenue Service or the State taxing agency?
☐	☐	Did you or your spouse make any gifts to an individual that total more than $15,000, or any gifts to a trust?
☐	☐	Did your bank account information change within the last twelve months?
☐	☐	At any time during 2019, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?

2019	1040	US	Miscellaneous Questions

If any of the following items pertain to you or your spouse for 2019, please check the appropriate box and provide additional information if necessary.

YES	NO	
☐	☐	Did your marital status change during the year?
☐	☐	Did your address change during the year?
☐	☐	Could you be claimed as a dependent on another person's tax return?
☐	☐	Were there any changes in dependents?
☐	☐	Did you and your dependents have health care coverage for the full-year?
☐	☐	Did you receive an IRS document 1095-A (Health Insurance Marketplace Statement)? If so, please attach.
☐	☐	Did you receive unreported tip income of $20 or more in any month?
☐	☐	Did you receive any disability income?
☐	☐	Did you buy or sell any stocks, bonds or other investment property?
☐	☐	Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan?
☐	☐	Did you make any residential energy-efficient improvements or purchases involving solar, wind, geothermal or fuel cell energy sources?
☐	☐	Did you receive a distribution from or make a contribution to a retirement plan (401(k), IRA, etc.)?
☐	☐	Did you transfer or rollover any amount from one retirement plan to another?
☐	☐	Did you convert part or all of your traditional/SEP/SIMPLE IRA to a Roth IRA?
☐	☐	Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school?
☐	☐	Did you incur a loss because of damaged or stolen property?
☐	☐	Did you use your car on the job (other than to and from work)?
☐	☐	May the IRS discuss your tax return with your preparer?
☐	☐	Was your home rented out or used for business?
☐	☐	Were you notified or audited by either the IRS or the State taxing agency?

Wages *(W-2)*

Employer Name	H W	CPA USE ONLY					
		Withholding				FICA	
		Wages	Federal	State	SDI	SSA	Med.

Memo: Total number of W-2 __________

Please attach W-2's. Thank you.

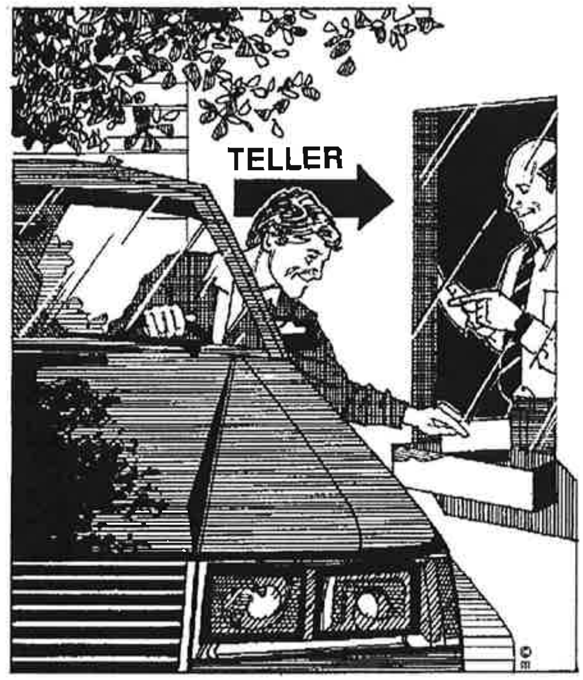
SCH B

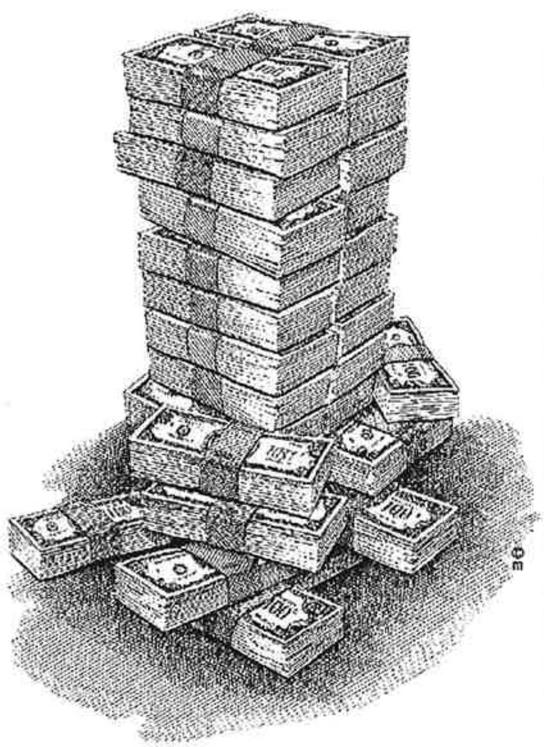
Accountant's Use Only

Memo: Pension Box to Review

INTEREST INCOME *(1099 INT)*

Payer	Amount





DIVIDEND INCOME *(1099 DIV)*

Payee	Total Amoun t (1a)	Qualified dividends (1b)	Total capital gain distr. (2a)	CPA Use Only	

SCH B Accountant's Use Only

OTHER INCOME

1. State tax refund * *(1099G)* .... $ ___________
2. Alimony received .... $ ___________

		Taxpayer	Spouse
3.	Individual Retirement Account		
	Account distribution *(1099R)* ...	$ ___________	$ ___________
	Amount of rollover *(1099R)*	$ ___________	$ ___________
4.	Pension & Annuity income *(1099R)*	$ ___________	$ ___________

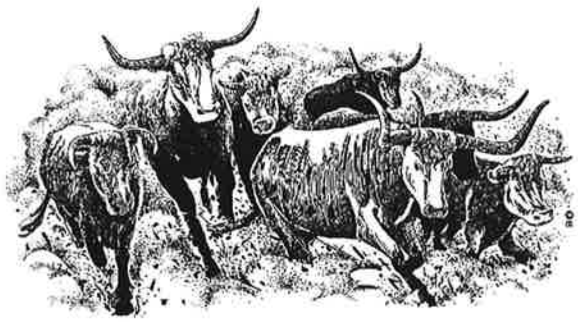
5. Gambling income *(W-2G)* .... $ ___________
   Memo: Gambling losses .... $ ___________

		Taxpayer	Spouse
6.	Unemployment compensation * *(1099G)*	$ ___________	$ ___________
7.	Social Security benefits * *(SSA1099)*	$ ___________	$ ___________
7a.	Social Security Medical (SSA1099)	$ ___________	$ ___________
8.	Other income: give description		
	________________________________	$ ___________	$ ___________
9.	Partnerships, Estates & Trusts * *(K-1)*	$ ___________	$ ___________
10.	Installment sale collection	$ ___________	$ ___________

	Federal	State
Memo: withholding on any of the above items	$ ___________	$ ___________

* Please attach all supporting documents. Thank you.

Accountant's Use Only



CAPITAL GAINS & LOSSES
(1099-B and/or 1099-S Brokerage Statement)

Description of Property	Date acquired	Date Sold	Sales price (gross or net)	Cost or basis	Sales expense (if gross sales price entered)	Gain or (Loss)
		/ /19				
		/ /19				
		/ /19				
		/ /19				
		/ /19				
		/ /19				
		/ /19				
		/ /19				
		/ /19				
		/ /19				
		/ /19				

Were any of the above business assets?

□ Yes □ No

SCH D/4797 Accountant's Use Only

F S

Capital Loss C/O ________ ________

ADJUSTMENTS TO INCOME

1 Individual Retirement Account contributions

	Taxpayer	Spouse
Were you an active participant in an employer or self-employed pension, profit sharing or stock bonus plan, or a tax sheltered annuity at any time during the year?	☐ Yes ☐ No	☐ Yes ☐ No
Would you like to make an IRA contribution?	☐ Yes ☐ No	☐ Yes ☐ No

2 Would you like to make a Roth IRA contribution? ☐ Yes ☐ No ☐ Yes ☐ No

3 Moving expenses . . . . $ ____________

4 Penalty on early withdrawal of savings . . . . $ ____________

5 Alimony paid . . . . $ ____________

6 If self-employed,

	Taxpayer	Spouse
a. Health insurance	$ ____________	$ ____________
b. Retirement contributions, KEOGH, ROTH or SEP IRA	$ ____________	$ ____________

7 Student interest expenses *(1098-E)* . . . . $ ____________ $ ____________

ADJ TO INC Accountant's Use Only

Doctors: Medical & Dental;
Prescriptions, hospital, etc. $____________

		1st Home	2nd Home
Mortgage Interest: *(1098)*	1st	$________	$________
	2nd	$________	$________
	3rd	$________	$________
Property Taxes		$________	$________

Charitable Deductions:

Cash/checks $________

Non Cash* $________

Charitable Miles ________ @ 14¢ per mile

*If non cash over $500, more details are necessary
(i.e.: what was donated, when, etc.)

Moving expenses for new job: $__________

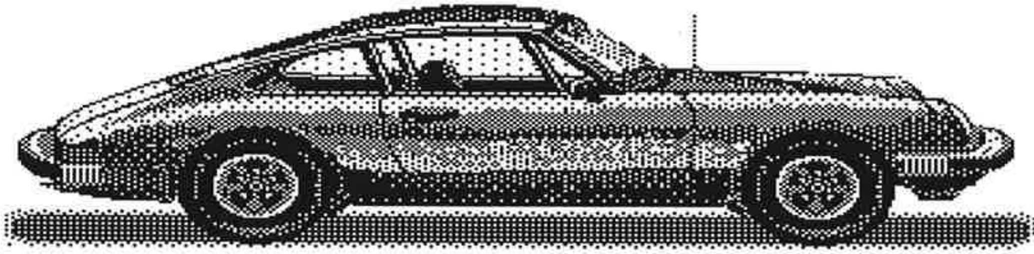
Moving miles for new job: __________ @20¢ Jan. - Dec.

MISCELLANEOUS DEDUCTIONS

Unreimbursed employee expense	$________	Job Hunting Expense	$________
Union dues	$________	Safety deposit box	$________
Tax preparation fee	$________		
Investment advisory fee	$________		

SCH A Accountant's Use Only

AUTOMOBILE DEDUCTION



Please make a copy and fill out for each auto used for business.

Make and year of auto ________________ When purchased or placed into business use ____________

DMV fees $ _______________

- Did you use your automobile for business or do you have unreimbursed employee travel? ☐ Yes ☐ No
  If yes, continue...
- Do you have written evidence to support your deduction? ☐ Yes ☐ No
- Is this a leased car? ☐ Yes ☐ No Memo: ____

For mileage incurred between January thru December, the rate is 58¢ per mile:

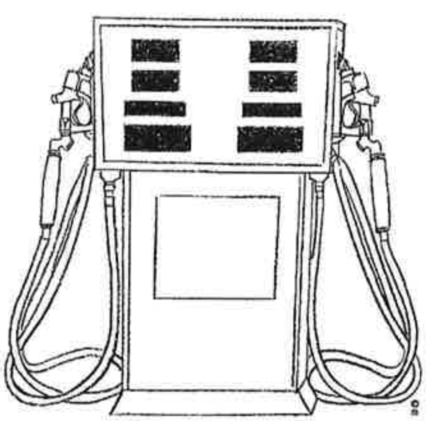
- Total Miles: January - December _____________ (100%)

DETAIL

Mileage / Percentage Used: Business __________ : _______%

Mileage / Percentage Used: Personal __________ : _______%

Mileage / Percentage Used: Commuting __________ : _______%



Auto Club . . . . $ ______________

Car washes . . . . $ ______________

Gasoline, lube, oil . . . . $ ______________

Repairs . . . . $ ______________

Tires . . . . $ ______________

Insurance . . . . $ ______________

Interest . . . . $ ______________

Parking Fee . . . . $ ______________

Miscellaneous . . . . $ ______________

Sch A 2106/Sch. C Auto Accountant's Use Only

CREDITS

Credit for foreign taxes paid .... $ ____________

Low income housing credit .... $ ____________

Credits - other .... $ ____________

Credit for child and dependent care expenses

Person or organization providing care:

1 **Name** ______________________________

Street ______________________________

City, St, Zip ______________________________

SS./Tax ID# ______________________________

Telephone # ______________________________

Amt. Paid $______________________________

2 **Name** ______________________________

Street ______________________________

City, St, Zip ______________________________

SS./Tax ID# ______________________________

Telephone # ______________________________

Amt. Paid $______________________________

3 **Name** ______________________________

Street ______________________________

City, St, Zip ______________________________

SS./Tax ID# ______________________________

Telephone # ______________________________

Amt. Paid $______________________________

4 **Name** ______________________________

Street ______________________________

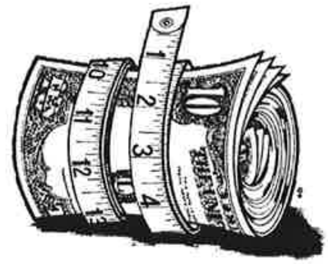
City, St, Zip ______________________________

SS./Tax ID# ______________________________

Telephone # ______________________________

Amt. Paid $______________________________

Foreign Tax CR-1116 Accountant's Use Only



Tax Payments &

Estimates 2019

QUARTERLY ESTIMATES

Due Date	Description	F=Federal S=State	Date Paid	Fed. Amt.	State Amt.
4/15/2019	1st Estimate	F			
		S			
6/17/2019	2nd Estimate	F			
		S			
9/16/2019	3rd Estimate	F			
		S			
1/3/2020	4th State, if early	S		N/A	
1/15/2020	4th Estimate	F			
		S			

Pymts Accountant's Use Only Sch A Est. Tax __________

The following schedules

are for those

who have

Business or Rental

Property

BUSINESS INCOME

GENERAL INFORMATION:

Principal business/profession: ____________________

Business name: ____________________

Business address: ____________________

Business city, state, zip: ____________________

☐ Taxpayer ☐ Spouse

Sales *(1099 Misc)* . . . . $__________

Cost of goods sold (if applicable) . . . . $__________

Inventory at end of year . . . . $__________

Gross profit . . . . $__________

EXPENSES

Advertising . . . . $__________

Bad debts . . . . $__________

Car and truck expenses . . . . $__________

Commissions . . . . $__________

Continuing education . . . . $__________

Dues and subscriptions . . . . $__________

Insurance (other than health) . . . . $__________

Other interest . . . . $__________

Legal and professional . . . . $__________

Office expense . . . . $__________

Internet. . . . . $__________

Rent - Vehicles, Machinery & Equipment . . . . $__________

Rent - other business property . . . . $__________

Repairs . . . . $__________

Supplies . . . . $__________

Taxes - Real Estate . . . . $__________

Taxes - other . . . . $__________

Telephone . . . . $__________

Travel . . . . $__________

Total Entertainment . . . . $__________

Total Meals . . . . $__________

Reduction if other than 50% of above . . . . $__________

Utilities . . . . $__________

Wages . . . . $__________

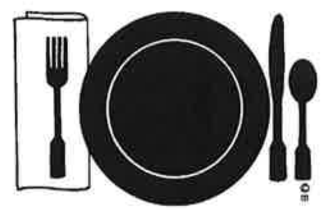
Other expenses:

____________________ $__________

____________________ $__________

Total Expenses . . . . $__________

Net Income . . . . $__________



Do you use your office at home, as your "office" for tax deduction purposes? ☐ Yes ☐ No

(*If we have the proration from last year, write: see* last year).

Sch C Accountant's Use Only

To be further discussed:

Total Square Feet . . . . ____________%

Business Square Feet . . . . ____________%

Other . . . . ____________%

Total 100%

Home office expenses

Rent . . . . $____________

Repairs . . . . $____________

Utilities . . . . $____________

Other ____________________________________ . . . . $____________

____________________________________ . . . . $____________

____________________________________ . . . . $____________

____________________________________ . . . . $____________

Sch C Accountant's Use Only

RENTAL & ROYALTY INCOME

GENERAL INFORMATION:

Kind of property:____
Location of property:____

INCOME

Rents received	$__________
Royalties received.	$__________

EXPENSES

Advertising	$__________
Association dues	$__________
Auto and travel	$__________
Cleaning and maintenance	$__________
Commissions	$__________
Dues and subscriptions	$__________
Gardening	$__________
Insurance	$__________
Legal and Professional fees	$__________
Licenses and permits	$__________
Management fees	$__________
Miscellaneous	$__________
Mortgage Interest (paid to banks, etc.).	$__________
Other interest	$__________
Painting and decorating	$__________
Pest control	$__________
Plumbing and electrical	$__________
Repairs	$__________
Supplies	$__________
Taxes - Real estate	$__________
Taxes - Other	$__________
Telephone	$__________
Utilities	$__________
Wages and salaries	$__________
Other expenses:	
____________________________	$__________
____________________________	$__________
Total Expenses	$__________
Net Income	$__________

SCH E Accountant's Use Only

ASSET ACQUISITION

If you purchased any business assets (furniture, equipment, vehicles, real estate, etc.) or converted any assets to business use in 2019, please enter all pertinent information below.

Prop. No.	Description of Property	Related Business or activity	Date Placed in Service	Cost or Basis

ASSET DISPOSITION

If you disposed of any business assets in 2019, please enter all pertinent information below.

Prop. No.	Description of Property	Date Sold	Sales Price	Expenses of Sale

ASSET ACQ/DISP Accountant's Use Only