

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
 Widow(er) If spouse died in 2019 enter the date of death _____

Other information

- Are you blind?
 Are you disabled?
 Are you a full-time student?
 Do you want \$3 to go to the Presidential Election Campaign Fund?

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

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

- Single family residence
- Multi-family residence

- Vacation / short-term rental
- Commercial

- Land
- Royalties

- Self-rental
- 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 _____

- This property is your main home or second home
- This property was disposed of during 2019
- This property was owned as a qualified joint venture

- Yes No
- Yes No

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

You filed Forms 1099 for the individuals

Income

2019

2019

Rent income _____

Royalties from oil, gas, mineral, copyright or patent _____

Expenses

Rental unit expenses

Rental and 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.

Schedule F - Profit or Loss from Farming

Name: _____

SSN: _____

General Information

Principal product _____ Employer ID number _____

This farm was disposed of during 2019

Yes No Payments of \$600 or more were paid to an individual who is not your employee for services provided for this farm

Yes No You filed Forms 1099 for the individuals

Income

	2019	2019
Sale of livestock / other items	_____	Custom hire income _____
Cost of items bought for resale	_____	Beginning inventory for accrual _____
Sale of products you raised	_____	Ending inventory for accrual _____
Total cooperative distributions	_____	<input type="checkbox"/> You used unit-livestock-price or farm-price inventory method
Total agricultural payments	_____	Other income _____
Commodity Credit Corporation (CCC) loans:		
CCC loans reported	_____	_____
CCC loans forfeited	_____	_____
Crop insurance proceeds:		
Amount received in 2019	_____	_____
<input type="checkbox"/> You elect to defer to 2020		
Amount deferred from 2018	_____	_____

Expenses

	2019	2019
Car & truck expenses	_____	Repairs & maintenance _____
Chemicals	_____	Seeds & plants purchased _____
Conservation expenses	_____	Storage & warehousing _____
Custom hire (machine work)	_____	Supplies purchased _____
Employee benefit programs	_____	Taxes _____
Feed purchased	_____	Utilities _____
Fertilizers & lime	_____	Veterinary, breeding, & medicine _____
Freight & trucking	_____	Other expenses _____
Gasoline, fuel, & oil	_____	_____
Insurance (other than health)	_____	_____
Interest - mortgage (paid to banks, etc.)	_____	_____
Interest - other	_____	_____
Non-W-2 labor hired	_____	_____
W-2 wages paid	_____	_____
Pension & profit-sharing plans	_____	_____
Rent - vehicles, machinery, & equipment	_____	_____
Rent - other (land, animals, etc.)	_____	_____

Form 4835 - Farm Rental Income and Expenses

Name: _____

SSN: _____

General Information

Description _____ Employer ID Number _____

This farm was disposed of during 2019

Income

	2019		2019
Income from production of livestock, grains, and other crops	_____	Crop insurance proceeds:	
Total cooperative distributions	_____	Amount received in 2019	_____
Total agricultural payments	_____	<input type="checkbox"/> You elect to defer to 2020	
Commodity Credit Corporation (CCC) loans:		Amount deferred from 2018	_____
CCC loans reported	_____	Other Income	_____
CCC loans forfeited	_____		

Expenses

	2019		2019
Car & truck expenses	_____	Seeds & plants purchased	_____
Chemicals	_____	Storage & warehousing	_____
Conservation expenses	_____	Supplies purchased	_____
Custom hire (machine work)	_____	Taxes	_____
Employee benefit programs	_____	Utilities	_____
Feed purchased	_____	Veterinary, breeding, & medicine	_____
Fertilizers & lime	_____	Other expenses	
Freight & trucking	_____	_____	_____
Gasoline, fuel, & oil	_____	_____	_____
Insurance (other than health)	_____	_____	_____
Interest - mortgage (paid to banks, etc.)	_____	_____	_____
Interest - other	_____	_____	_____
Labor hired (less jobs credit)	_____	_____	_____
Pension & profit-sharing plans	_____	_____	_____
Rent - vehicles, machinery & equip	_____	_____	_____
Rent - other (land, animals, etc.)	_____	_____	_____
Repairs & maintenance	_____	_____	_____

Expenses Related to Business

Name: _____

SSN: _____

Auto Expense

Name of business vehicle is used for _____

Description of vehicle _____ Date vehicle was placed in service _____

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

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
Church
Boy or Girl Scouts
Goodwill
Red Cross
Salvation Army
United Way
Veterans
Hospital
University
Other
Cash
Noncash
Amount

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

- | | |
|--|--|
| <input type="checkbox"/> You are a qualified performing artist | <input type="checkbox"/> You are a member of the clergy |
| <input type="checkbox"/> You are a fee-based state or local government official | <input type="checkbox"/> You used your personal vehicle for your job during 2019 |
| <input type="checkbox"/> You are a disabled employee with impairment-related work expenses | |
| <input type="checkbox"/> You are a reservist | |

	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