

## 2019 TAX ORGANIZER

Sciarabba Walker & Co., LLP  
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Ithaca, NY 14850  
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### TAX INFORMATION NEEDED ASAP

This tax organizer has been prepared for your use in gathering the information we will need to complete your 2019 taxes. Your year-end documents will be arriving shortly. We encourage you to organize and submit your data as soon as possible. The earlier your information is received, the sooner we will be able to get your completed return to you. For your return to have the best chance of being filed by the April 15 filing deadline, your information should be received in our office no later than **Friday, March 13, 2020**. Due to the large volume of returns in our office at that time, if your tax information is received after that date, extensions will be filed on your behalf.

We are once again using a checklist-style format for the standard sections of the organizer. **Instead of pulling information from your source documents and completing the grids, simply check the box to indicate that this information is applicable for 2019 and include the documents with your completed organizer.** The more customized sections like the Business and Rental sections, will require more time and input of data. Please be sure to draw a line through any obsolete information.

A complete and organized tax package will allow us to prepare your return more efficiently, thus minimizing our time charges. If you do not have time to complete the entire organizer, we do ask that you review forms 3 and 3A for accuracy of personal and dependent information and answer the miscellaneous questions in the front of the organizer. These questions are revised annually for changes in the tax law and help us to identify important tax issues and opportunities within your return.

The information you are supplying to us should be accurate and complete. It is your responsibility to retain the supporting records as required by law. Although we do not audit the information you give us, we may ask for clarification of data or additional support to ensure tax returns are accurately prepared.

Have you signed up for our client portal? Portal is an online extension of our website which allows you to securely exchange your financial information with us and gives you 24-hour access to your tax returns and other important documents. To set up your own secure portal, please contact Kyle Justice, our IT administrator, at 607-272-5550 or [kjustice@swcllp.com](mailto:kjustice@swcllp.com) or provide your contact information in the blanks provided in the last question of the "miscellaneous questions" section of the organizer.

Thank you for giving us the opportunity to prepare your tax return this filing season. Please contact us should you have any questions or need assistance with gathering your 2019 information.

The Partners and Staff of Sciarabba Walker & Co., LLP



**To expedite our scanning process, please do not staple documents together or to the organizer sheets. Use dark ink only.**

**Answer each question as it pertains to 2019.**

**Yes      No**

## PERSONAL INFORMATION

**If you are a new client to Sciarabba Walker, or your driver's license was renewed in 2019, please provide a copy of the front and back of your license with your tax documents.**

Are you and your spouse US Citizens? If not, please identify country of citizenship.  
 Taxpayer: \_\_\_\_\_ Spouse: \_\_\_\_\_  
 If you are not a US Citizen, what is your US residency status?  
 Taxpayer: \_\_\_\_\_ Spouse: \_\_\_\_\_ Unsure: \_\_\_\_\_

                      Can you or your spouse be claimed as a dependent by another taxpayer?

\_\_\_\_ Did your marital status change during the year? If so, please provide details on the "Additional Information" page.

\_\_\_\_ Did your address change during the year? If so, please **update Form 3 accordingly.**

\_\_\_\_ Were you a resident of, or did you have income in, more than one state during the year? If so, please provide details:

\_\_\_\_ Did you receive a federal Identity Protection (IP) PIN from the IRS as a victim of identity theft in 2019 or prior years? If so, please provide the 6 digit PIN you were issued. \_\_\_\_\_

\_\_\_\_ Did you receive or pay any alimony in 2019?  
 \_\_\_\_ If so, were any changes made in 2019 that modified the existing divorce agreement?

## HEALTHCARE COVERAGE

\_\_\_\_\_ Did you and all members of your household maintain minimum essential health coverage for all months of 2019?

\_\_\_\_\_ Did you or any member of your household enroll in health insurance through the health insurance marketplace under the Affordable Care Act? If yes, please enclose Form 1095-A, *Health Insurance Marketplace Statement*.

## DEPENDENTS

\_\_\_\_ Were any of your unmarried children who might be claimed as dependents 19 years of age or older at the end of 2019 and **not** full-time students? If so, please provide details:

Were there any changes in dependents from the prior year? If so, please provide details:

\_\_\_\_ Did any of your dependents have income over \$1,100 during 2019? (Over \$350 if self-employed.) If so, please provide details:

\_\_\_\_ Did you pay for the care of a dependent under 13 years of age while you worked, looked for work, or attended college full time? If so, please **complete Form 18**.

## Miscellaneous Questions

### TAX PAYMENTS

Did you make estimated tax payments in 2019? If so, please **list the payments on the "federal, state, and city tax payments" page**, and indicate the date paid even if payment was made on the due date. Please **DO NOT** list payments made in 2019 related to your 2018 tax filing (Ex: 4<sup>th</sup> Quarter payments due 1/15/19 & balances due with 2018 tax returns)

If you have a refund(s) for 2019, would you like it directly deposited into your bank account? If so, please **review or enter the bank information on Form 4A and include a voided check**. Direct deposit is the safest and quickest way to get your refund!

If you have a balance(s) due for 2019, would you like to have the tax due electronically withdrawn from your bank account? If so, please **review or enter the bank information on Form 4A and include a voided check**.

### PURCHASES, SALES, AND DEBTS

Did you sell any stocks, bonds or other securities in 2019? Provide the acquisition date and cost basis for any transactions not reported on Form 1099-B on the "Additional Information" page.

Did you receive any income in 2019 from property sold prior to 2019? If so, please provide details:

Did you sell any artwork, stamps, coins or other collectibles in 2019? If so, please provide acquisition date and basis information on the "Additional Information" page.

Did you sell any stock of a C corporation that had less than \$50 million of assets at the time of purchase? If so, please provide acquisition date and basis information on the "Additional Information" page. Note: publicly traded C corporations are unlikely to meet this criteria.

Did you or your spouse sell or dispose of any stock acquired under a qualified employee stock purchase plan? If so, please provide details:

Were you granted, or did you exercise, any stock options? If so, please provide details:

Were you granted any restricted stock? If so, please provide details:

Did you purchase or sell any real estate during 2019? If so, please **include the closing statements** with your tax documents.

Did you convert a vacation home to a principal residence? If so, please provide details:

Did you have any debts canceled or forgiven? If so, please provide details:

Did anyone owe you money which became uncollectible or did you have any securities that became worthless? If so, please provide details:

**At any time during 2019, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?** If so, please provide details on the "Additional Information" page.

## MISCELLANEOUS QUESTIONS, continued

Yes      No

### BUSINESS INCOME AND DEDUCTIONS

**You may skip this section if you do not own a business, have an investment in a business, own a rental property, rent your vacation home, or rent a portion of your residence.**

- |     |     |  |
|-----|-----|--|
| ___ | ___ | Did you start, purchase, or sell a business or farm? If so, please provide details on the "Additional Information" page.   |
| ___ | ___ | Did you or your spouse conduct business in multiple states during the year? If so, please provide a separate schedule of all income and expenses by state.   |
| ___ | ___ | Did you purchase or sell a rental property? If so, please <b>attach closing statements</b> .   |
| ___ | ___ | Did you actively participate in the operation of this property during the year?  |
| ___ | ___ | Did you or your spouse perform more than 750 hours in real estate activities during the tax year?  |
| ___ | ___ | If so, were more than half of the hours you worked throughout the year devoted to these real estate activities?  |
| ___ | ___ | Did you acquire or dispose of all, or part, of an interest in a partnership, S corporation or trust?   |
| ___ | ___ | Did you purchase or dispose of any business assets (furniture, equipment, vehicles, real estate, etc.), or convert any personal assets to business assets? If so, please provide a detailed list of assets acquired and disposed of including date of acquisition, purchase price and sales price. |
| ___ | ___ | Did you use your car for business purposes (other than for your daily commute)?  |
| ___ | ___ | If so, do you have a mileage log to support your deduction? This should include expenses incurred, starting and ending odometer readings, mileage, date, destination and business purpose of the trip.   |
| ___ | ___ | Did you use a portion of your home for business, or as a rental property?  |
| ___ | ___ | Did you utilize the services of an independent contractor this year?   |
| ___ | ___ | If so, did you file the appropriate year end 1099 miscellaneous income forms?  |
| ___ | ___ | Did you travel for business or have meals and entertainment expenses related to business?  |
| ___ | ___ | Does your self-employed or closely held business retirement plan:  |
| ___ | ___ | Cover employees?   |
| ___ | ___ | Have more than \$250,000 in assets as of December 31, 2019?  |
| ___ | ___ | Are there filing requirements for your self-employed or closely held business retirement plan? If so, please identify the type of plan: _____. Who prepares Form 5500, if required? _____  |
| ___ | ___ | Did you provide medical insurance to your employees through the SHOP marketplace in 2019 and pay at least 50% of the cost of single coverage for each employee?  |
| ___ | ___ | If so, do you have fewer than 25 full-time equivalent employees, excluding family members, to whom you are paying annual average wages of less than \$54,000 per employee?   |
| ___ | ___ | Did you have 50 or more full time equivalent employees (FTE's) in 2019?  |
| ___ | ___ | Did you have or provide a self-insured health plan during 2019?  |
| ___ | ___ | Did your business receive any grant funding in 2019?   |

**MISCELLANEOUS QUESTIONS, continued****Yes      No**

\_\_\_\_ Does your business have any issued or pending patents?

\_\_\_\_ Did you make any sales to foreign customers during the year? If so, please provide details:

\_\_\_\_\_

\_\_\_\_ Did you have any foreign employees or make any payments to non-resident aliens during the year?  
If so, please provide details: \_\_\_\_\_

**RETIREMENT PLANS**

\_\_\_\_ Did you or your spouse retire in 2019?

\_\_\_\_ Did you receive a distribution from a profit sharing plan, retirement plan, 401(k), SEP, SIMPLE, traditional IRA, or ROTH IRA?

\_\_\_\_ If so, was this distribution partially or totally rolled over into another IRA or qualified plan within 60 days of the distribution?

\_\_\_\_ Did you or your spouse withdraw any amounts from your IRA to pay for higher education, unreimbursed medical expenses or to purchase a first home for you, your spouse, your children, or grandchildren? If so, please provide details on the "Additional Information" page.

\_\_\_\_ If you or your spouse reached age 70 ½ in 2019, have you made arrangements to take the required minimum distributions from your retirement accounts?

\_\_\_\_ Will you or your spouse be turning 70 ½ in 2020?

\_\_\_\_ Did you make a direct contribution to a charitable organization from your IRA in 2019?

\_\_\_\_ Did you convert funds from a qualified retirement plan to a ROTH IRA in 2019?

Have you made a contribution to the following for 2019:

\_\_\_\_ Traditional IRA

\_\_\_\_ ROTH IRA

\_\_\_\_ Keogh

\_\_\_\_ SEP

\_\_\_\_ Other self-employed retirement plan

**Date contribution was made:**

\_\_\_\_\_

Do you wish to make a contribution to the following for 2019:

\_\_\_\_ Traditional IRA

\_\_\_\_ ROTH IRA

\_\_\_\_ Keogh

\_\_\_\_ SEP

\_\_\_\_ Other self-employed retirement plan

\_\_\_\_ Are you or your spouse an active participant in an employer maintained retirement plan?

\_\_\_\_ Do you or your spouse have a 403(b) plan through an educational organization, not for profit employer or a hospital? If so, please note the following for 2019:

employee contribution \_\_\_\_\_ employer contribution \_\_\_\_\_

spouse's contribution \_\_\_\_\_ spouse's employer's contribution \_\_\_\_\_

## MISCELLANEOUS QUESTIONS, continued

**Yes      No**

### ITEMIZED DEDUCTIONS

- |     |     |  |
|-----|-----|--|
| ___ | ___ | Did you pay an individual to perform in-home health care for yourself, your spouse, or dependents?   |
| ___ | ___ | Did you pay premiums for long-term care? If so, please include the amounts in the medical/dental section on <b>Form 14</b> .   |
| ___ | ___ | Did you make any large purchases such as a car, motor home, boat, or snowmobile this year? If so, <b>please attach invoice</b> .                                     |
| ___ | ___ | Did you refinance your home or take out a home equity loan this year? If so, what were the funds used for (i.e. home improvement, new car purchase, vacation, etc.)? |
- 
- |     |     |   |
|-----|-----|---|
| ___ | ___ | Are your total mortgages on your first and/or second residence(s) greater than \$1,000,000 for debt incurred <b>prior</b> to 12/31/2017? If so, please provide principal balances and interest rates at the beginning and end of the year on the "Additional Information" page. |
| ___ | ___ | Are your total mortgages on your first and/or second residences(s) greater than \$750,000 for debt incurred <b>after</b> 12/31/2017? If so, please provide principal balances and interest rates at the beginning and end of the year on the "Additional Information" page.     |
| ___ | ___ | Are you claiming a deduction for mortgage interest paid to a financial institution for which someone else received Form 1098?   |
| ___ | ___ | Did you make any charitable contributions by cash, check or credit card?  |
| ___ | ___ | Did you contribute clothing or household items to charity? If so, please provide receipt from donee and the fair market value of the donated items based on thrift store values or some other acceptable method.  |
| ___ | ___ | Did you contribute property (other than cash) with a fair market value of more than \$5,000 to a charitable organization? If so, please provide the <b>appraisal</b> for the property contributed.  |
| ___ | ___ | Did you make any contributions to foreign charities?  |
| ___ | ___ | Did you incur any casualty or theft losses during the year attributable to a federally declared disaster? If so, please provide details:  |
- 

### EDUCATION DEDUCTIONS AND CREDITS

- |     |     |   |
|-----|-----|---|
| ___ | ___ | Did you or your spouse pay any student loan interest in 2019?   |
| ___ | ___ | Did you cash in any Series EE U.S. Savings Bonds issued after 1989 to pay for qualified higher education expenses for yourself, your spouse, or your dependents?  |
| ___ | ___ | Did you, your spouse or your dependents pay tuition related expenses for any post-secondary education? If so, a copy of the college issued <b>1098-T</b> must be submitted with your tax documents in order to claim any education credits. |

**MISCELLANEOUS QUESTIONS, continued****Yes      No**

Did you make a contribution(s) to, or take a distribution(s) from a college savings plan (Sec. 529 plan) or a Coverdell Education account before December 31, 2019 for post-secondary education? If so, please include all **Forms 1099-Q** and provide the following:

<u>Name of Designated Beneficiary</u>	<u>State Sponsoring Plan</u>	<u>2019 Contribution</u>	<u>2019 Distribution</u>
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Did you make a withdrawal from a college savings plan (Sec. 529 plan) or a Coverdell Education account in 2019 for private, public or religious elementary, middle or high school tuition? If so, please provide the following:

<u>Name of Designated Beneficiary</u>	<u>State Sponsoring Plan</u>	<u>Amount of 2019 Distribution</u>
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**OTHER INCOME, DEDUCTIONS, TAXES, AND CREDITS**

Did you receive any disability income this year? If so, please provide details: \_\_\_\_\_

Did you receive any unemployment compensation this year? If so, please provide details: \_\_\_\_\_

If you and/or your spouse have self-employment income, did you pay any premiums for health insurance for you and/or your family other than those related to a W-2 employer's plan? Please include amounts paid in the medical/dental section on **Form 14**.

Were either you or your spouse eligible to participate in an employer's health insurance long-term care plan?

Did you have a Health Savings Account (HSA) or a Medical Savings Account (MSA) this year? If so, please provide the details of contributions and distributions. (This is NOT a flexible spending account (FSA) such as Select Benefits at Cornell.)

Did you or your spouse receive distributions from long-term care insurance contracts? If so, please include **Form-1099-LTC**, and provide details: \_\_\_\_\_

Did you receive a moving expense reimbursement in 2019?

Did you purchase an energy efficient or other new vehicle this year? If so, please provide **invoice**, and details: \_\_\_\_\_

Did you install any solar electric property or solar water heating property in your home this year? If so, please provide invoices and details: \_\_\_\_\_



## MISCELLANEOUS QUESTIONS, continued

Yes No

\_\_\_ \_\_\_ Did you pay more than \$1,000 in any calendar quarter, or \$2,100 during the year, for domestic services performed in or around your home to individuals over age 18 who could be considered household employees? If so, please provide **Form W-2** and details: \_\_\_\_\_

\_\_\_ \_\_\_ Did you engage in any bartering transactions? If so, please provide details: \_\_\_\_\_

\_\_\_ \_\_\_ Did you incur any expenses working as a teacher, counselor, or principal for classes K-12 grade? If so, please provide details: \_\_\_\_\_

If you are expecting to receive a child tax credit for your dependent child(ren), we are required by the IRS to obtain answers to the following questions:

\_\_\_ \_\_\_ Can you confirm that you (or you and your spouse) are the legal parent(s)?  
 \_\_\_ \_\_\_ Can you confirm that your child(ren) lived with you more than half of the year?  
 \_\_\_ \_\_\_ Do you have documentation to support that they lived with you?

## FOREIGN ASSETS, INCOME, AND TAXES

**Note: US persons are required to report worldwide income.**

**Please note: foreign reporting requirements are extensive and complicated. The following questions highlight some of the more common disclosure requirements. Please inform us of any ownership of foreign accounts, real property, entities, or other foreign assets and any income from foreign sources so that we can make sure all required disclosures are made.**

\_\_\_ \_\_\_ Did you have any foreign income or pay any foreign taxes (other than from shares purchased and held through a U.S. brokerage account)? If so, please provide details: \_\_\_\_\_

\_\_\_ \_\_\_ Did you have interest in, or signature authority over, a financial account in a foreign country, such as a bank account, securities account, retirement account, or other financial account at any point during 2019?

\_\_\_ \_\_\_ If so, was the combined maximum values of all of the accounts \$10,000 (in U.S. dollars) or more at any point during 2019? If so, please provide details on the **Statement of Foreign Financial Assets worksheet** included with this organizer.

\_\_\_ \_\_\_ Did you own any foreign mutual funds other than via a US investment account? If so, please **provide detailed statements for the year.**

\_\_\_ \_\_\_ Are you an officer/director of a foreign corporation or do you own 10% or more of the total value of a foreign corporation's stock?

\_\_\_ \_\_\_ Do you have an interest in a foreign partnership?

\_\_\_ \_\_\_ Did you own any other foreign assets including Cryptocurrency accounts? If so, please provide details on the **Statement of Foreign Financial Assets worksheet** included with this organizer.

\_\_\_ \_\_\_ Did you receive gifts or an inheritance from a foreign person, entity, or estate? Or are you a beneficiary of a foreign estate which has not yet been settled? If so, please provide details: \_\_\_\_\_

\_\_\_ \_\_\_ Did you transfer any money or property during the year to a foreign partnership, foreign corporation, foreign trust, or any other foreign entity? If so, please provide details: \_\_\_\_\_

**MISCELLANEOUS QUESTIONS, continued****Yes      No**

\_\_\_\_      \_\_\_\_ Did you receive a distribution (which includes loans) from or were you the grantor, transferor, or beneficiary of a foreign trust? Note: A non-US pension account may be considered a foreign trust. If so, please provide details: \_\_\_\_\_

\_\_\_\_      \_\_\_\_ Do you or your spouse have a retirement account in, or receive income from, a business or government of another country? If so, please provide country name \_\_\_\_\_ and additional details: \_\_\_\_\_

\_\_\_\_      \_\_\_\_ Did you make a loan to a non-US person? Please provide details. \_\_\_\_\_

\_\_\_\_      \_\_\_\_ Do you have a loan from a non-US person or entity? Please provide details. \_\_\_\_\_

\_\_\_\_      \_\_\_\_ Would you like to have a conversation with a member of our international team to discuss questions or concerns you have regarding foreign assets or transactions?

**NEW YORK STATE SPECIFIC QUESTIONS**

\_\_\_\_      \_\_\_\_ Did you make any purchases of items used in NYS during 2019 which you did not pay NYS or local sales tax? If so, you **must report and pay the tax with your return**. A table of average taxes based on income can be used instead of specific calculations unless any one purchase exceeded \$1,000.

\_\_\_\_      \_\_\_\_ Are you eligible for and do you want to use the table amount? If not, provide us with the amount of total purchases \$ \_\_\_\_\_ or calculated sales tax \$ \_\_\_\_\_

\_\_\_\_      \_\_\_\_ Did you invest in any high technology or emerging technology companies located in New York State this year? If so, please provide the date, amount invested and whether you had any ownership in the company prior to the purchase. \_\_\_\_\_

\_\_\_\_      \_\_\_\_ Are you the owner or involved in the management of a company that might be considered to be in an emerging technology field? If so, please provide details, as there are credits that could potentially be available to the company: \_\_\_\_\_

\_\_\_\_      \_\_\_\_ Are you the owner or involved in the management of an Empire Zone certified business? If so, please **provide your retention certificate for 2019**.

\_\_\_\_      \_\_\_\_ Are you or your spouse an active volunteer fireman or ambulance worker?

\_\_\_\_      \_\_\_\_ If so, did you receive a reduction in your town and county taxes? If not, a credit may be available to you; please provide: Company name \_\_\_\_\_  
Address \_\_\_\_\_ Name of volunteer \_\_\_\_\_

\_\_\_\_      \_\_\_\_ Did you receive a Property Tax Freeze Credit check from NYS? If so, please provide the amount of the credit you received: \_\_\_\_\_

**MISCELLANEOUS**

\_\_\_\_      \_\_\_\_ Did you or your spouse make any gifts in 2019 to an individual that total more than \$15,000, or any gifts to a trust? If so, please provide the details on the "Additional Information" page.

\_\_\_\_      \_\_\_\_ Do you or your spouse have an irrevocable trust?

**MISCELLANEOUS QUESTIONS, continued****Yes      No**

- ☐ ☐ Did you or your spouse forgive any indebtedness to any individual, trust, or entity during the year? If so, please provide details: \_\_\_\_\_
- ☐ ☐ Did you, your spouse, or your dependents inherit any assets during 2019? If so, please provide details: \_\_\_\_\_
- ☐ ☐ Did you receive a government pension or annuity from work in 2019?  
☐ ☐ If so, are you covered by social security?
- ☐ ☐ Did you work out of town for part of the year? If so, please provide details on the "Additional Information" page.
- ☐ ☐ Were you notified by the Internal Revenue Service and/or any state taxing authority of any changes to your 2018 tax returns? If so, please provide copies of the notices and all correspondence received.
- ☐ ☐ Were you audited in 2019? If so, for what year? \_\_\_\_\_
- ☐ ☐ May we automatically indicate on your returns that the Internal Revenue Service and any state taxing authority may discuss your returns with our office? This will aid in the efficient resolution of tax notices.
- ☐ ☐ 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?
- ☐ ☐ Do you expect a large fluctuation in your income, deductions or withholdings next year? If so, please provide details on the "Additional Information" page.
- ☐ ☐ Have you registered for our secure client portal to gain 24 hour access to copies of your tax returns?  
☐ ☐ If not, are you interested in registering for our portal?



## 2019

[illegible]



2019

## Personal Information

3

**Taxpayer:**

First Name and Initial _____		Last Name _____		Social Security Number _____	
Occupation _____		Date of Birth (Mo/Da/Yr) _____	Date of Death (Mo/Da/Yr) _____		
Driver's License or State-Issued ID Number _____		Expiration Date (Mo/Da/Yr) _____	Issue Date (Mo/Da/Yr) _____	State _____	<input type="checkbox"/> Does not expire
<input type="checkbox"/> Driver's License	<input type="checkbox"/> State-Issued ID	<input type="checkbox"/> No Identification			

**Spouse:**

First Name and Initial _____		Last Name _____		Social Security Number _____	
Occupation _____		Date of Birth (Mo/Da/Yr) _____	Date of Death (Mo/Da/Yr) _____		
Driver's License or State-Issued ID Number _____		Expiration Date (Mo/Da/Yr) _____	Issue Date (Mo/Da/Yr) _____	State _____	<input type="checkbox"/> Does not expire
<input type="checkbox"/> Driver's License	<input type="checkbox"/> State-Issued ID	<input type="checkbox"/> No Identification			

**Contact Information:**

Street Address _____		Apartment Number _____	
City _____	State _____	ZIP or Postal Code _____	
Foreign Province or County _____			
Foreign Country _____			
Taxpayer Daytime/Work Phone _____	Taxpayer Evening/Home Phone _____	Taxpayer Foreign Phone _____	
Taxpayer Cell Phone _____	Taxpayer Fax Number _____		
Spouse Daytime/Work Phone _____	Spouse Evening/Home Phone _____	Spouse Foreign Phone _____	
Spouse Cell Phone _____	Spouse Fax Number _____		
Taxpayer Email Address _____			
Spouse Email Address _____			
Preferred Method of Contact _____			

May the IRS or other taxing authority discuss the return with the preparer? .....

Is the taxpayer claimed as a dependent on someone else's tax return? .....

Yes	No		
<input type="checkbox"/>	<input type="checkbox"/>		
		<b>Taxpayer</b>	<b>Spouse</b>
Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are you considered legally blind per IRS regulations? .....

Do you want to contribute to the Presidential Election Campaign Fund? .....

Are you a U.S. citizen or Green Card holder? .....

**Personal Identification Numbers:**

Code - 1 - Issued by IRS 2 - Issued by State or City

TS	State	City	Code	PIN

**Tax Organizer Legend:**

Throughout the tax organizer, you will find columns with the heading "TSJ". Enter "T" for taxpayer, "S" for spouse or "J" for joint.

Worksheets: Basic Data &gt; General and Return Options &gt; Processing Options

Forms 1, 1A and 2

900131 04-01-19



2019

**Dependents****3A****Dependent Information:**

	First Name and Initial	Last Name	Social Security Number	Date of Birth (Mo/Da/Yr)	Date of Death (Mo/Da/Yr)	Relationship to Taxpayer
A						
B						
C						
D						
E						
F						
G						
H						

Did dependent have income over \$4,200?



	Months Lived in Your Home	X if Disabled	Yes or No	Identity Protection PIN
A				
B				
C				
D				
E				
F				
G				
H				

Provide the name of any dependent who is not a U.S. citizen or Green Card holder.

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Provide the name of any person living with you who is claimed as a dependent on someone else's tax return.

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List the years that a release of claim to exemption is given for a dependent child not living with you.

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## 2019

900341 04-01-19



2019

## Direct Deposit and Withdrawal

4A

### Direct Deposit and Electronic Funds Withdrawal Account Information:

The IRS and certain states allow refunds to be deposited to and balances due to be paid directly from your financial institution. If you would like to receive your refund or pay a balance due electronically, complete the following information. If you selected either of these options in 2018, your account information may already be included below.

	Yes	No
Would you like any refunds owed to you directly deposited? .....	<input type="checkbox"/>	<input type="checkbox"/>
Would you like to pay any amount due on your <u>federal</u> return using electronic withdrawal? .....	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, what amount would you like withdrawn, if not the entire balance due? .....		
If Yes, when should the withdrawal occur, if other than the due date of the return? ..... (Mo/Da/Yr)		
Would you like to pay any amount due on your <u>state</u> return(s) using electronic withdrawal? .....	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, what amount would you like withdrawn, if not the entire balance due? .....		
If Yes, when should the withdrawal occur, if other than the due date of the return? ..... (Mo/Da/Yr)		
The IRS and some states allow estimated payments to be electronically withdrawn on the due dates of the estimated payments.		
Would you like to pay any estimated payments due for your <u>federal</u> return using electronic withdrawal? .....	<input type="checkbox"/>	<input type="checkbox"/>
Would you like to pay any estimated payments due for your <u>state</u> return(s) using electronically withdrawal, if available? .....	<input type="checkbox"/>	<input type="checkbox"/>

Name of bank or financial institution .....

Routing Transit Number (RTN) .....

Account number .....

Type of account: ☐ Checking ☐ Traditional Savings ☐ IRA Savings  
☐ Archer MSA Savings ☐ Coverdell Ed. Savings ☐ HSA Savings

Is this a business account? ☐ Yes ☐ No

Account owner ☐ Taxpayer ☐ Spouse ☐ Joint

I confirm that the bank account information and the direct deposit/electronic withdrawal options selected above are correct. ☐

---

	Yes	No
Would you like any refunds owed to you directly deposited? .....	<input type="checkbox"/>	<input type="checkbox"/>
Would you like to pay any amount due on your <u>federal</u> return using electronic withdrawal? .....	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, what amount would you like withdrawn, if not the entire balance due? .....		
If Yes, when should the withdrawal occur, if other than the due date of the return? ..... (Mo/Da/Yr)		
Would you like to pay any amount due on your <u>state</u> return(s) using electronic withdrawal? .....	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, what amount would you like withdrawn, if not the entire balance due? .....		
If Yes, when should the withdrawal occur, if other than the due date of the return? ..... (Mo/Da/Yr)		
The IRS and some states allow estimated payments to be electronically withdrawn on the due dates of the estimated payments.		
Would you like to pay any estimated payments due for your <u>federal</u> return using electronic withdrawal? .....	<input type="checkbox"/>	<input type="checkbox"/>
Would you like to pay any estimated payments due for your <u>state</u> return(s) using electronically withdrawal, if available? .....	<input type="checkbox"/>	<input type="checkbox"/>

Name of bank or financial institution .....

Routing Transit Number (RTN) .....

Account number .....

Type of account: ☐ Checking ☐ Traditional Savings ☐ IRA Savings  
☐ Archer MSA Savings ☐ Coverdell Ed. Savings ☐ HSA Savings

Is this a business account? ☐ Yes ☐ No

Account owner ☐ Taxpayer ☐ Spouse ☐ Joint

I confirm that the bank account information and the direct deposit/electronic withdrawal options selected above are correct. ☐





## 2019

900351 04-01-19



## 2019

900361 04-01-19



## 2019

[illegible]



2019

**Business Income and Cost of Goods Sold**

6

Name of Business: \_\_\_\_\_

Principal Business or Profession: \_\_\_\_\_

TSJ \_\_\_\_\_  
Employer ID number \_\_\_\_\_  
Street address \_\_\_\_\_  
City, state, ZIP or postal code, and country \_\_\_\_\_  
Method of inventory \_\_\_\_\_  
Method of accounting \_\_\_\_\_

**Business Questions for 2019:**

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Did you dispose of this business? \_\_\_\_\_

If Yes, what was the disposition date? \_\_\_\_\_ (Mo/Da/Yr)

Was there a change in determining quantities, costs or valuations between opening and closing inventory? \_\_\_\_\_

Were you involved in the operations of this business on a regular, continuous and substantial basis? \_\_\_\_\_

Have you prepared or will you prepare all required Forms 1099? \_\_\_\_\_

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

2019 Amount

2018 Amount

Health insurance premiums paid for yourself and your dependents \_\_\_\_\_

**Income:**

Payment card and third party transactions:

Include all Forms 1099-K

Description	2019 Amount	2018 Amount

Miscellaneous income:

Include all Forms 1099-MISC


Other Income:


Other gross receipts or sales \_\_\_\_\_

Less returns and allowances \_\_\_\_\_

**Cost of Goods Sold:**

2019 Amount

2018 Amount

Beginning inventory \_\_\_\_\_

Purchases less cost of items withdrawn for personal use \_\_\_\_\_

Cost of labor (do not include amounts paid to yourself) \_\_\_\_\_

Materials and supplies \_\_\_\_\_

Other costs of goods sold: \_\_\_\_\_

Description	2019 Amount	2018 Amount

Ending inventory \_\_\_\_\_



**6A**

**Principal Business or Profession:** . . . \_\_\_\_\_

[illegible][illegible]

X if not new	Acquisitions - Description	Date Acquired (Mo/Da/Yr)	Cost

Dispositions - Description	Date Acquired (Mo/Da/Yr)	Cost	Date Sold (Mo/Da/Yr)	Selling Price



2019

## Business Expenses - Vehicle and Other Listed Property

6B

Name of Business: .....

Principal Business or Profession: ....

### Listed Property Questions for 2019:

	Yes	No
Do you have evidence to support your deduction? .....	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, is the evidence written? .....	<input type="checkbox"/>	<input type="checkbox"/>
Do you have evidence to support the business use percentage claimed on listed property? .....	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, is the evidence written? .....	<input type="checkbox"/>	<input type="checkbox"/>

### If you are an employer who provides vehicles for use by employees:

	Yes	No
Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? .....	<input type="checkbox"/>	<input type="checkbox"/>
Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? .....	<input type="checkbox"/>	<input type="checkbox"/>
Do you treat all use of vehicles by employees as personal use? .....	<input type="checkbox"/>	<input type="checkbox"/>
Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles and retain the information received? .....	<input type="checkbox"/>	<input type="checkbox"/>
Do you meet the requirements for qualified demonstration use by maintaining a written policy statement that prohibits vehicle use by individuals other than full-time vehicle salespersons, use for personal vacation trips, storage of personal possessions in the vehicle and limits the total mileage outside the salesperson's normal working hours? .....	<input type="checkbox"/>	<input type="checkbox"/>

### Vehicle:

Description of vehicle .....

Date placed in service ..... (Mo/Da/Yr)

Do you (or your spouse) have another vehicle available for your personal use? ☐ Yes ☐ No

Was your vehicle available for use during off-duty hours? .....

### Mileage:

Total miles .....

Total business miles .....

Total commuting miles for the year .....

### Actual Expenses:

Gasoline, oil, repairs, insurance, etc. ....

Interest .....

Taxes .....

Fair market value of leased vehicle .....

Vehicle rentals/leases .....

Vehicle 1		Vehicle 2	
<div>.....</div>		<div>.....</div>	
<div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>		<div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
<div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>		<div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
2019 Miles	2018 Miles	2019 Miles	2018 Miles
<div>.....</div>	<div>.....</div>	<div>.....</div>	<div>.....</div>
<div>.....</div>	<div>.....</div>	<div>.....</div>	<div>.....</div>
<div>.....</div>	<div>.....</div>	<div>.....</div>	<div>.....</div>
2019 Amount	2018 Amount	2019 Amount	2018 Amount
<div>.....</div>	<div>.....</div>	<div>.....</div>	<div>.....</div>
<div>.....</div>	<div>.....</div>	<div>.....</div>	<div>.....</div>
<div>.....</div>	<div>.....</div>	<div>.....</div>	<div>.....</div>
<div>.....</div>	<div>.....</div>	<div>.....</div>	<div>.....</div>
<div>.....</div>	<div>.....</div>	<div>.....</div>	<div>.....</div>



2019

**Business Expenses**

6C

Name of Business: \_\_\_\_\_

Principal Business or Profession: \_\_\_\_\_

**Business Expenses:** **Enter all expenses at 100 percent**

If not 100%, please enter the percentage to apply to this business \_\_\_\_\_ %

Parking fees and tolls \_\_\_\_\_  
Local transportation \_\_\_\_\_  
Travel expenses \_\_\_\_\_  
Meals \_\_\_\_\_  
Entertainment (deductible only on some state returns) \_\_\_\_\_  
Other Business Expenses: \_\_\_\_\_

2019 Amount	2018 Amount

Description	2019 Amount	2018 Amount

**Reimbursements:** **List only reimbursements NOT reported in Box 1 of your Form W-2**

Amount received for other expenses \_\_\_\_\_  
Amount received for meals \_\_\_\_\_  
Amount received for entertainment \_\_\_\_\_  
If you are a statutory employee, does your employer's reimbursement plan for meals and entertainment allow for offset of other reimbursements? \_\_\_\_\_

2019 Amount	2018 Amount

☐ Yes ☐ No**Vehicle:**

If not 100%, please enter the percentage to apply to this business \_\_\_\_\_ %  
Description of vehicle \_\_\_\_\_  
Date vehicle was placed in service \_\_\_\_\_ (Mo/Da/Yr)

Do you (or your spouse) have another vehicle available for personal purposes? \_\_\_\_\_  
Was your vehicle available for personal use during off-duty hours? \_\_\_\_\_

☐ Yes ☐ No  
☐ Yes ☐ No

Total miles \_\_\_\_\_  
Total business miles \_\_\_\_\_  
Average daily commuting miles \_\_\_\_\_  
Total commuting miles for the year \_\_\_\_\_  
Gasoline and oil \_\_\_\_\_  
Repairs \_\_\_\_\_  
Insurance \_\_\_\_\_  
Interest \_\_\_\_\_  
Taxes \_\_\_\_\_  
Value of employer provided vehicle \_\_\_\_\_  
Temporary vehicle rentals \_\_\_\_\_  
Fair market value of leased vehicle \_\_\_\_\_  
Vehicle leases \_\_\_\_\_  
Other Vehicle Expenses: \_\_\_\_\_

2019	2018

Description	2019 Amount	2018 Amount



2019

**Business Use of Home****6D**

Name of Business: .....

Principal Business or Profession: .....

**Partial Use of Your Home for Business:**

Square footage of home used exclusively for business .....

Total square footage of home .....

Total hours home was used for day care during the year .....

2019	2018

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Was your home used for day care purposes for the entire year? .....

Were improvements made to the home and/or home office since the time you began using the home for business? .....

**Expenses:** **Enter all expenses at 100 percent**

Direct expenses benefit the business part of your home.

Example: Cost of painting or repairs made to the specific area or room used for business.

Indirect expenses are required for keeping up and running your entire home.

Example: Real estate taxes.

	Direct Expenses		Indirect Expenses	
	2019 Amount	2018 Amount	2019 Amount	2018 Amount
Casualty losses .....				
Deductible mortgage interest paid to:				
Financial institutions .....				
Individuals .....				
Real estate taxes .....				
Insurance .....				
Qualified mortgage insurance premiums .....				
Repairs and maintenance .....				
Utilities .....				
Rent .....				

**Other Expenses:**

Description	Direct Expenses		Indirect Expenses	
	2019 Amount	2018 Amount	2019 Amount	2018 Amount

**Seller-Financed Mortgage Interest Information:**

Name of Individual to Whom Mortgage Interest Was Paid	Identification Number of Individual	Address of Individual to Whom Mortgage Interest Was Paid





2019

## Sales of Stocks, Securities, Capital Assets & Installment Sales

7

### Gains or Losses from Sales of Stocks, Securities and Other Capital Assets:

**Include all Forms 1099-A, 1099-B, 1099-S and copies of mutual fund statements for the year**

Did you have any of the following during the year?

Mutual fund transactions .....  
Exchange of any securities or investments for something other than cash .....  
Sales of inherited property .....  
Sales of any stock or stock options at a loss and purchases of the same or substantially similar stock or options 30 days  
before or 30 days after the sale .....  
Commodity sales, short sales or straddles .....  
Reinvestment of the proceeds of gains in a qualified opportunity fund .....  
Sale of any investments in qualified opportunity funds .....  
Reinvestment of the proceeds of the sale of qualified small business stock in other qualified small business stock .....  
Debts that became uncollectible .....  
Securities that became worthless .....  
Sale of any property where you will receive payments in future years .....

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

TSJ	Kind of Property and Description	Quantity	Date Acquired (Mo/Da/Yr)	Date Sold (Mo/Da/Yr)
A				
B				
C				
D				
E				
F				
G				
H				

	Gross Sales Price (Less Commissions)	Cost or Other Basis	Federal Tax Withheld	State Tax Withheld
A				
B				
C				
D				
E				
F				
G				
H				

**Installment Sales:** **Do not include interest received in principal amount**

TSJ	Property Description	Date Sold (Mo/Da/Yr)	2019 Principal Received	2018 Principal Received



## 2019

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2019

## Rental and Royalty Income

10

**Location of Property:** \_\_\_\_\_

TSJ \_\_\_\_\_

Type of property . . . . . \_\_\_\_\_

Have you prepared or will you prepare all required Forms 1099? . . . . .

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Ownership percentage if not 100% . . . . .

How many days was this property rented at fair market value? . . . . .

How many days was this property used personally (including use by family members)? . . . . .

2019	2018

**Income:**

Rents received . . . . .

Royalties received . . . . .

2019 Amount	2018 Amount

Payment card and third party transactions: Include all Forms 1099-K

Description	2019 Amount	2018 Amount

Miscellaneous income: Include all Forms 1099-MISC

Description	2019 Amount	2018 Amount

Other income:

Description	2019 Amount	2018 Amount



**10A**

**Expenses:**[illegible]





2019

**Rental - Business Use of Home****10E**

Location of Property: \_\_\_\_\_

**Partial Use of Your Home for Business:**

2019

Square footage of home used exclusively for business .....

Total square footage of home .....

Were improvements made to the home and/or home office since the time you began using the home for business? ☐ Yes ☐ No**Expenses:** **Enter all expenses at 100 percent**

Direct expenses benefit the business part of your home.

Example: Cost of painting or repairs made to the specific area or room used for business.

Indirect expenses are required for keeping up and running your entire home.

Example: Real estate taxes.

	Direct Expenses		Indirect Expenses	
	2019 Amount	2018 Amount	2019 Amount	2018 Amount
Casualty losses .....				
Deductible mortgage interest paid to:				
Financial institutions .....				
Individuals .....				
Real estate taxes .....				
Insurance .....				
Qualified mortgage insurance premiums .....				
Repairs and maintenance .....				
Utilities .....				
Rent .....				

**Other Expenses:**

Description	Direct Expenses		Indirect Expenses	
	2019 Amount	2018 Amount	2019 Amount	2018 Amount

**Seller-Financed Mortgage Interest Information:**

Name of Individual to Whom Mortgage Interest Was Paid	Identification Number of Individual	Address of Individual to Whom Mortgage Interest Was Paid



### Schedule K-1 Information

[illegible]



2019

**Miscellaneous Income, Adjustments and Alimony**

13

Include Forms: W-2G, 1099-MISC, 1099-RRB, 1099-SSA, 1099-SA, 1099-LTC and 1099-G

**Miscellaneous Income and Adjustments:**

	TSJ _____		TSJ _____	
	2019 Amount	2018 Amount	2019 Amount	2018 Amount
Unemployment compensation received . . . . .				
Unemployment compensation repaid in 2019 . . . . .				
Social security benefits received . . . . .				
Social security benefits repaid in 2019 . . . . .				
Medicare premiums withheld . . . . .				
Tier 1 railroad retirement benefits received . . . . .				
Tier 1 railroad retirement benefits repaid in 2019 . . . . .				
Total lump sum social security received . . . . .				
Lump sum taxable social security . . . . .				
Other federal withholding . . . . .				
Other state withholding . . . . .				

**State and Local Income Tax Refunds:**

TSJ	State	City	Tax Year	Income Tax Refund	
				State	Local

**Other Income:**

TSJ	Nature and Source	2019 Amount	2018 Amount

**Alimony Paid or Received:**

TSJ	Recipient's Name	Recipient's Social Security No.	Alimony Received?	2019 Amount	2018 Amount





2019

## Miscellaneous Adjustments

13A

**Educator Expenses:** Deduction for amounts paid by educators of kindergarten through Grade 12

TS	2019 Amount	2018 Amount

### Health Savings Accounts (HSAs)

TS	Description	2019 Amount	2018 Amount
	Contributions made for 2019		
	Distributions received from all HSAs in 2019		

What type of coverage applies to your high deductible health plan? ☐ Self only ☐ Family

Were any HSA contributions listed above also shown on your Form W-2?	<input type="checkbox"/>	<input type="checkbox"/>
Were all distributions from your HSA for unreimbursed medical expenses?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse enroll in Medicare?	<input type="checkbox"/>	<input type="checkbox"/>

If Yes, what month did you enroll? \_\_\_\_\_

What month did your spouse enroll? \_\_\_\_\_

**Other Adjustments to Income:** Include all Forms 1098-E for Student Loan Interest Paid

TSJ	Nature and Source	2019 Amount	2018 Amount



2019

**Itemized Deductions - Medical and Taxes**

14

**Medical and Dental Expenses:**

Prescription medicines and drugs .....  
Total medical insurance premiums paid \* .....  
Long-term care expenses .....  
Total insurance reimbursement .....  
Number of miles traveled for medical care .....  
Lodging .....  
Doctors, dentists, etc. ....  
Hospitals .....  
Lab fees .....  
Eyeglasses and contacts .....

TSJ	2019 Amount	2018 Amount

Taxpayer long-term care insurance premiums paid .....  
Spouse long-term care insurance premiums paid .....

2019 Amount	2018 Amount

\* Do not include Medicare premiums or premiums deducted in computing taxable wages reported on a W-2.

**Other Medical Expenses:**

TSJ	Description	2019 Amount	2018 Amount

**Taxes Paid:** Include copies of your tax bills

Personal property taxes paid (include vehicle taxes) .....  
General sales taxes paid on specified items .....

TSJ	2019 Amount	2018 Amount

Itemize real estate taxes by state.

TSJ	Real Estate Taxes	2019 Amount	2018 Amount

**Other Taxes Paid:**

TSJ	Description	2019 Amount	2018 Amount

If you purchased or sold your home in 2019, did you include any taxes from your closing statement in the amounts above? ☐ Yes ☐ No



2019

**Itemized Deductions - Mortgage Interest and Points****14A****Mortgage Questions for 2019:**

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

If you purchased or sold your home, did you include any mortgage interest from your closing statement in the amount below? . . .

Did you refinance your home? (If Yes, enclose the closing statement.) . . .

If Yes, how many years is your new mortgage loan? . . .

Did you purchase a new home or sell your former home during the year? . . .

If Yes, enclose the closing statements from the purchase and sale of your new and former homes.

If Yes, also, did you (or your spouse, if married) have an ownership interest in a principal residence in the US during the 3 year period prior to the purchase of this home? . . .

If Yes, did you (and your spouse, if married at the time of purchase) own and use the same home as a principal residence in the U.S. for any 5 consecutive year period during the 8 year period ending on the purchase date of the new home? . . .

**Home Mortgage Interest Paid To Financial Institutions:**

TSJ	Paid To	Did You Receive Form 1098?		2019 Amount	2018 Amount
		Yes	No		

**Other Home Mortgage Interest Paid:**

TSJ	Paid To		ID Number	2019 Amount	2018 Amount
	Name	Address			

**Deductible Points:**

TSJ	Paid To	Did You Receive Form 1098?		2019 Amount	2018 Amount
		Yes	No		

**Mortgage Insurance Premiums:**

Premiums paid or accrued for qualified mortgage insurance.

TSJ	2019 Amount	2018 Amount

**Investment Interest Expense:**

Interest paid on money you borrowed that is allocable to property held for investment.

TSJ	Paid To	2019 Amount	2018 Amount



2019

**Itemized Deductions - Contributions**

15

**Cash Contributions:** Include all Forms 1098-C or other documentation.

You cannot deduct a cash contribution, regardless of the amount, unless you keep as a record of the contribution a bank record (such as a canceled check, a bank copy of a canceled check, or a bank statement containing the name of the charity, the date, and the amount) or a written communication from the charity. The written communication must include the name of the charity, date of the contribution, and amount of the contribution. Clothes and household items donated must be in good, used condition or better in order to be deductible unless the item donated is worth more than \$500 and you have the item's value appraised. Attach a copy of the appraisal. Include any vehicles donated to charity.

TSJ	Organization or Description of Contribution	2019 Amount	2018 Amount

TSJ	Conservation Real Property	2019 Amount	2018 Amount
	100% limit		
	50% limit		

TSJ	Description	2019 Miles	2018 Miles
	Number of miles traveled performing volunteer work for qualified charitable organizations		

**Noncash Contributions Totaling \$500 or Less:** Include all documentation.

TSJ	Description of Donated Property	2019 Amount	2018 Amount

**Noncash Contributions Totaling More Than \$500:** Include all Forms 1098-C or other documentation.

TSJ	Property Description	Date Acquired	Date of Donation	Cost or Basis
A				
B				
C				

	Fair Market Value (FMV)	Method Used to Determine FMV	Other Method Description	Method of Acquisition
A				
B				
C				

1 - Appraisal 3 - Comparable Sale 5 - Thrift Shop Value  
2 - Catalog 4 - Other (Describe)

1 - Gift 3 - Exchange  
2 - Inheritance 4 - Purchase

	Donee Organization Name	Donee Organization Address
A		
B		
C		



2019

**Itemized Deductions - Miscellaneous**

16

\* These expenses are not deductible on the federal return but may be deductible on some state returns.

**Miscellaneous Itemized Deductions:**

TSJ	2019 Amount	2018 Amount

Union and professional dues \* .....  
 Tax preparation fee \* .....  
 Professional subscriptions \* .....  
 Hobby expense (To extent of income) \* .....  
 Safe deposit box \* .....  
 Uniforms and protective clothing \* .....  
 Work tools \* .....  
 Gambling losses .....  
 Estate taxes .....

**Other Itemized Deductions:****Examples:**

- Certain legal and accounting fees \*
- Investment expenses \*
- Custodial fees \*
- Employment agency fees \*
- Certain educational expenses \*
- Amortizable bond premium
- Impairment-related work expense of a disabled person
- Repayment of amounts under a claim of right

TSJ	Description	2019 Amount	2018 Amount

**Casualty or Theft Loss:**

TSJ .....

Property description .....

Which of the following describes the type of property that sustained the casualty or theft loss?

☐ Personal use   
 ☐ Business use   
 ☐ Income producing   
 ☐ Employee Use   
☐ Personal use attributable to insolvent or bankrupt financial institution losses on deposits

 Was the loss due to a federally declared disaster? ..... ☐ Yes ☐ No

Date acquired ..... (Mo/Da/Yr) .....

Date damaged or lost ..... (Mo/Da/Yr) .....

Original cost or other basis ..... Fair market value before casualty ..... Fair market value after casualty ..... Cost of replacement ..... Insurance reimbursement .....



2019

# Child/Dependent Care Expenses & Education Expenses

18

## Child/Dependent Care Expenses:

### General Information:

TSJ .....

Were you or your spouse a full time student or disabled? ☐ Yes ☐ No  
 Did you pay an individual for services performed in your home? ☐ Yes ☐ No

Expenses incurred in 2018 but paid in 2019 .....  
 Employer-provided dependent care benefits that were forfeited in 2019 .....  
 2018 carryover used in grace period .....

### Child/Dependent Care Providers:

#### Provider 1:

Name .....  
 Street address .....  
 City, state, ZIP or postal code, and country .....  
 Social security number OR .....  
 Employer identification number .....  
 Telephone number (California only) .....

	2019 Amount	2018 Amount
Expenses incurred and paid in 2019 .....		
Expenses incurred and not paid in 2019 .....		

#### Provider 2:

Name .....  
 Street address .....  
 City, state, ZIP or postal code, and country .....  
 Social security number OR .....  
 Employer identification number .....  
 Telephone number (California only) .....

	2019 Amount	2018 Amount
Expenses incurred and paid in 2019 .....		
Expenses incurred and not paid in 2019 .....		

### Qualifying Persons for Child/Dependent Care Expenses:

First Name and Initial	Last Name	Social Security Number	2019 Expenses Incurred	2018 Expenses Incurred

### Higher Education Expenses for Education Credits and/or Tuition Fees Deduction:

Qualified expenses are for post-secondary education tuition and related expenses; they do not include room or board. Include a detailed listing of the expenses.

**Include copies of all Forms 1098-T**

First Name and Initial	Last Name	Social Security Number	2019 Qualified Expenses



2019

## Federal, State, and City Tax Payments

### Refund Application:

If you have an overpayment of taxes, do you want the excess:

Refunded ..... ☐ Yes ☐ No  
Applied to next year's estimated tax liability ☐ Yes ☐ No

### Federal Estimated Tax Payments:

2019 1st Quarter Estimate ..... (Due 04-15-2019)  
2019 2nd Quarter Estimate ..... (Due 06-17-2019)  
2019 3rd Quarter Estimate ..... (Due 09-16-2019)  
2019 4th Quarter Estimate ..... (Due 01-15-2020)

Amount Due	Date Paid (Mo/Da/Yr)	Amount Paid

### State and City Estimated Tax Payments:

2019 1st Quarter Estimate .....  
2019 2nd Quarter Estimate .....  
2019 3rd Quarter Estimate .....  
2019 4th Quarter Estimate .....

TSJ _____ State/City Name _____		
Amount Due	Date Paid (Mo/Da/Yr)	Amount Paid

2019 1st Quarter Estimate .....  
2019 2nd Quarter Estimate .....  
2019 3rd Quarter Estimate .....  
2019 4th Quarter Estimate .....

TSJ _____ State/City Name _____		
Amount Due	Date Paid (Mo/Da/Yr)	Amount Paid

2019 1st Quarter Estimate .....  
2019 2nd Quarter Estimate .....  
2019 3rd Quarter Estimate .....  
2019 4th Quarter Estimate .....

TSJ _____ State/City Name _____		
Amount Due	Date Paid (Mo/Da/Yr)	Amount Paid

2019 1st Quarter Estimate .....  
2019 2nd Quarter Estimate .....  
2019 3rd Quarter Estimate .....  
2019 4th Quarter Estimate .....

TSJ _____ State/City Name _____		
Amount Due	Date Paid (Mo/Da/Yr)	Amount Paid