

2019 GENERAL TAX ORGANIZER

Name _____

ALL CLIENTS COMPLETE AND RETURN THIS SHEET ALONG WITH YOUR W-2 FORMS AND OTHER TAX INFORMATION. BE SURE TO FILL IN SECTIONS MARKED REQUIRED. ALSO BE SURE TO SIGN, DATE, AND RETURN THE GENERAL ENGAGEMENT LETTER.

ADDRESS _____ (GIVE DATE OF MOVE IF DIFFERENT FROM LAST YEAR'S TAX RETURN)

 _____ CELL PHONE _____
 HOME PHONE _____ WORK PHONE _____
 FAX NUMBER _____ OTHER NUMBER _____ (TYPE _____)
EMAIL ADDRESS IS NOW REQUIRED FOR FILING, IF AVAILABLE EMAIL ADDRESS _____

IF YOU GOT MARRIED DURING 2019: MARRIAGE DATE _____ BIRTH DATE _____ SSN _____ - _____ - _____
 SPOUSE'S NAME EXACTLY AS SHOWN ON SOCIAL SECURITY CARD _____

IF YOU HAVE A NEW DEPENDENT FOR 2019: RELATIONSHIP (SON, ETC.) _____
 DEPENDENT'S NAME EXACTLY AS SHOWN ON SOCIAL SECURITY CARD _____
 DATE OF BIRTH _____ SSN _____ - _____ - _____

ARE THERE ANY CHILDREN LISTED LAST YEAR THAT CANNOT BE CLAIMED IN 2019? **CIRCLE ONE.** YES NO **IF YES, SEND DETAILS**
 ARE YOU CLAIMING DEPENDENTS OVER THE AGE OF 18? **CIRCLE ONE.** YES NO **IF YES, SEND INFO SHOWING THEIR INCOME**

QUARTERLY ESTIMATED PAYMENTS MADE TO PRE-PAY YOUR 2019 TAXES. BE SURE TO INCLUDE ANY PAYMENTS MADE IN 2020. DO NOT INCLUDE ANY PAYMENTS FOR 2018 TAXES NOR FOR AMOUNTS PAID FOR EMPLOYEES THROUGH YOUR BUSINESS PAYROLL.

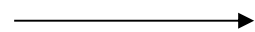
DATE	US TREASURY	STATE	SCHOOL DISTRICT	VILLAGE/CITY
APPLIED TO '19 FROM '18	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____

REQUIRED INFORMATION—WE MUST HAVE THIS INFORMATION FOR EACH TAXPAYER AND SPOUSE

TAXPAYER CIRCLE ONE DRIVER LICENSE STATE ID CARD	SPOUSE CIRCLE ONE DRIVER LICENSE STATE ID CARD
ISSUING STATE _____ HAVE NONE	ISSUING STATE _____ HAVE NONE
LICENSE OR ID NUMBER _____	LICENSE OR ID NUMBER _____
ISSUE DATE _____	ISSUE DATE _____
EXPIRATION DATE _____	EXPIRATION DATE _____

IMPORTANT: ENCLOSE A VOID CHECK FROM THE BANK ACCOUNT YOU WANT TO BE USED FOR DEPOSIT OF REFUNDS OR DEBIT OF BALANCES OWED. IF THERE ARE BALANCES OWED, WE WILL NOTIFY YOU OF THE DATE THE AMOUNT WILL BE DEBITED. YOU MAY CHANGE THE DATE OR CANCEL THE PAYMENT IF INECESSARY. **IF THE ACCOUNT NUMBERS HAVE NOT CHANGED** FROM LAST YEAR, MAKE A NOTE HERE INDICATING THAT INSTEAD OF ENCLOSING A CHECK.

PLEASE **COMPLETE OTHER SIDE.** FIVE ITEMS ON REVERSE MARKED **REQUIRED** ARE NEEDED FROM **ALL** CLIENTS



INTEREST INCOME: LIST NAME AND AMOUNT (ENCLOSE 1099-INT FORMS) <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%; text-align: center;">PAYER NAME</td> <td style="width:40%; text-align: center;">AMOUNT</td> </tr> <tr> <td style="border-top: 1px solid black; border-bottom: 1px solid black;"></td> <td style="border-top: 1px solid black; border-bottom: 1px solid black; text-align: center;">\$ _____</td> </tr> <tr> <td style="border-top: 1px solid black; border-bottom: 1px solid black;"></td> <td style="border-top: 1px solid black; border-bottom: 1px solid black; text-align: center;">\$ _____</td> </tr> </table>	PAYER NAME	AMOUNT		\$ _____		\$ _____	DIVIDEND INCOME: LIST NAME & ENCLOSE 1099-DIV FORM <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%; text-align: center;">PAYER NAME</td> <td style="width:40%;"></td> </tr> <tr> <td style="border-top: 1px solid black; border-bottom: 1px solid black;"></td> <td style="border-top: 1px solid black; border-bottom: 1px solid black; text-align: right;">ENCLOSE 1099</td> </tr> <tr> <td style="border-top: 1px solid black; border-bottom: 1px solid black;"></td> <td style="border-top: 1px solid black; border-bottom: 1px solid black; text-align: right;">ENCLOSE 1099</td> </tr> </table>	PAYER NAME			ENCLOSE 1099		ENCLOSE 1099
PAYER NAME	AMOUNT												
	\$ _____												
	\$ _____												
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IRA ACCOUNTS: IF YOU HAVE IRA ACCOUNTS, MARK THE TYPE & SHOW CONTRIBUTIONS DESIGNATED FOR 2019. IF NONE, SHOW \$0.	_____ REGULAR TRADITIONAL \$ _____	_____ ROTH \$ _____
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REQUIRED FOR EVERYONE: COUNTY _____ TOWNSHIP _____ PUBLIC SCHOOL DISTRICT _____

REQUIRED FOR EVERYONE: MAIL ORDER PURCHASES: 2019 OUT-OF-STATE OR OTHER PURCHASES ON WHICH YOU DID NOT PAY SALES TAX (EXAMPLE: CATALOG, MAIL ORDER, OR INTERNET). IF BUSINESS EXPENSE, REPORT BOTH HERE AND ON BUS. ORGANIZER.

\$ _____ **OR CHECK HERE TO CERTIFY THAT YOU MADE NO UNTAXED PURCHASES** _____

REQUIRED: DID YOU BUY OR SELL ANY PROPERTY DURING 2019? **CIRCLE ONE:** YES NO
 (ENCLOSE COPY OF SETTLEMENT STATEMENT YOU RECEIVED AT CLOSING OF PURCHASE OR SALE)

REQUIRED: DO YOU OWN OR HAVE SIGNING AUTHORITY ON ANY BANK ACCOUNTS OR OWN PROPERTY **LOCATED OUTSIDE THE U.S.?**

_____ YES _____ NO IF YES, PROVIDE FULL DETAILS ON A SEPARATE SHEET OF PAPER.

REQUIRED: DURING 2019, DID YOU OWN, OR HAVE ANY TRANSACTIONS INVOLVING, **VIRTUAL CURRENCY?**

_____ YES _____ NO IF YES, PROVIDE FULL DETAILS ON A SEPARATE SHEET OF PAPER.

FYI: AN EXAMPLE OF VIRTUAL CURRENCY IS BITCOIN. IT IS INTERNET-BASED MONEY THAT EXISTS ONLY IN ELECTRONIC FORM.

THE NEXT TWO BOXES ARE NOT REQUIRED BUT WILL HELP DETERMINE IF YOU WILL SAVE TAX BY REPORTING ITEMIZED DEDUCTIONS.

MEDICAL EXPENSES

\$ _____ **HEALTH INSURANCE COST.** MUST BE **REGULAR OR GROUP HEALTH INSURANCE** (EMPLOYER-SPONSORED OR BRONZE-LEVEL OR HIGHER INDIVIDUAL PLANS) THAT MET AFFORDABLE CARE ACT (OBAMACARE) STANDARDS. **(CHURCH AID PLAN OR HEALTHCARE SHARING MINISTRY COST IS NOT REPORTABLE)**

\$ _____ **MEDICAL EXPENSE.** REPORT THE AMOUNT YOU ACTUALLY PAID DURING CALENDAR YEAR 2019. INCLUDE PRESCRIPTION MEDICINES, INSULIN, DOCTOR, DENTIST, CHIROPRACTOR, HOSPITAL, ETC. (MUST BE STATE-LICENSED), EYEGLASSES, CONTACT LENSES, EYE EXAMINATIONS, HEARING AIDS. DO NOT INCLUDE HERBS, VITAMINS, SUPPLEMENTS, ETC. UNLESS PRESCRIBED BY STATE-LICENSED DOCTORS.

\$ _____ **TRANSPORTATION** AND LODGING (_____ MILES DRIVEN FOR MEDICAL CARE IN YOUR OWN VEHICLE)

OTHER DEDUCTIONS

ENCLOSE FORM 1098 HOME MORTGAGE INTEREST

\$ _____ SALES TAX ON MAJOR PURCHASE SUCH AS VEHICLE FOR PERSONAL USE. DESCRIBE: _____

\$ _____ REAL ESTATE & MOBILE HOME TAX (INCLUDE ONLY AMOUNT OF BILLS YOU PAID DURING 2019)

\$ _____ CONTRIBUTIONS TO CHURCHES & IRS-RECOGNIZED CHARITABLE ORGANIZATIONS-NOT INDIVIDUALS. **YOU MUST HAVE AN IRS-APPROVED RECEIPT IN YOUR POSSESSION** IN ORDER TO CLAIM THIS DEDUCTION. FOOD, CLOTHING, ETC. TO CHURCHES & IRS-RECOGNIZED CHARITABLE ORGANIZATIONS (NOT INDIVIDUALS)

\$ _____ VOLUNTEER EXPENSES INCURRED FOR CHURCHES & IRS-RECOGNIZED CHARITABLE ORGANIZATIONS

_____miles UNREIMBURSED MILES DRIVEN FOR CHURCHES & IRS-RECOGNIZED CHARITABLE ORGANIZATIONS