READ THIS FIRST SPECIAL INFORMATION You Spouse Employer Pension Plan? ☐ Yes This tax organizer is designed to help you maximize your deductions and minimize ☐ Yes problems in preparing and filing your tax return. Please keep in mind that taxes can be very Traditional IRA, Keogh & SEP Plans: complicated and even though this organizer will accommodate most taxpayers' needs, if you Contributions have a special situation not covered, please list it under "QUESTIONS YOU MAY HAVE." Withdrawals (1099-R) (1) The "ALERT FLAGS" designate certain special conditions as follows: Rollovers (2) or Conversions (3) Indicates areas that MUST be completed by new clients and only need to be Roth IRA: filled in by existing clients when the information has changed. Contributions This flag denotes areas where the IRS has concentrated their computer matching programs. Incorrect information may trigger a correspondence audit. Withdrawals (1099-R) (1) Pay particular attention to instructions with this flag. Rollovers (2) or Conversions (3) State Tax Refund (1099-G) TAXPAYER INFORMATION Social Security or RR Benefits (SSA-1099/RRB-1099) Social Security Number* Birth Date Name Alimony Received - matched with payer (4) & Driver License Number Unreported Tips Received You Unemployment or Paid Family Leave Received (1099-G) Spouse Alimony (only required amounts) paid (provide information below) (4) CHANGE Work Phone Occupation Home Phone Paid to: SS#: Cell Phone Salaries, Pensions, REIT, & Misc. Income (Provide W-2s and 1099s) You S-Corporation, Partnership & Trust Income (Provide K-1s) Gross Gambling Winnings \$ Student Loan Interest Spouse Coverdell ESA Contribution \$ Sec. 529 Plan Contribution * Caution - If you have been a victim of identity theft, please contact this office immediately. ✓ If you have been denied EITC, Child Credit or Education Credit by the IRS Yes No If so, have you been re-certified?.... **ADDRESS & STATUS** If you bought, sold, or gifted real estate last year. If so, please call in advance to discuss what documents are required. Street Address If you incurred any adoption expenses this year. If so, enter amount. City State ZIP If you had any cryptocurrency transactions during the year. Email If you invested in a Qualified Opportunity Fund during the year. Status Changes This Year - Enter Dates (1) Provide copy of 1099-R and, if under age 59½, show reason Spouse Deceased (2) Must be reported even if not taxable unless "transferred" Married Sold Home (3) Conversions (rollovers) from a Traditional IRA or other Qualified Plan to a Roth IRA are generally taxable. Dependent Dec'd. Separated Sold Property (4) Enter date divorce or separate maintenance agreement finalized or last You Spouse Divorced Moved Legally Blind **MEDICAL INSURANCE INFORMATION (ACA) DEPENDENTS** Social Security Numbers are MANDATORY If you had coverage through a Government Marketplace. If so, provide all Forms 1095-A received from the Marketplace. If over age of 18 Social Security During (Include last name if different) Income If you, your spouse or dependent was covered by another individual's policy with the Marketplace. If so, provide the Form 1095-A for that policy. Student Number If a dependent filed a tax return (provide a copy). ☐ ✓ If you received Forms 1095-B or 1095-C (provide copies). ESTIMATED TAXES PAID Please provide cancelled checks if available ** S = Son, D = Daughter, R = Relative, O = Other Date Due Date Paid Federal Note: For children of divorced or separated parents, the dependency generally goes to the parent with whom the child resided for the longer period of time during the year (custodial parent) Applied From Prior Year's Refund First Quarter April PLEASE PROVIDE THE FOLLOWING Second Quarter June LAST YEAR'S TAX RETURN (only if you are a new client) Third Quarter Sept. ✓ ALL WAGE AND INCOME STATEMENTS (W-2s and 1099s) THIS Jan. Fourth Quarter IRS computer matches payer and amount. Always use payer INTEREST INCOME **REFUND DIRECT DEPOSIT** Direct U.S. Obligations Savings Bonds, T-Bills, etc. name listed on the 1099 even if not the original source. **Bank Routing Number:** Home State Municipal Bonds Other State Municipal Bonds (Please provide all forms 1099-INT & 1099-OID) Unions, Bonds, etc. (State tax free) Account Number: 2 3 Seller Financed Mortgage Name, Address 4 Checking or Savings FORFEITED INTEREST (early withdrawals) 5 FEDERAL WITHHOLDING ON INT & DIV: Note: If you wish to direct deposit in up to three accounts (including IRA accounts), please provide the above information for the additional accounts and specify the refund allocations, on a separate sheet. 6 Do you have an ownership interest in or signature authority over a foreign financial, bank or securities account? ☐ Yes ☐ No Did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? ☐ No Yes 8 Did you make or receive gifts from a non-resident alien or foreign entity? ☐ Yes ☐ No **QUESTIONS YOU** IRS computer matches payer and amount. Always use payer DIVIDEND INCOME name listed on the 1099 ev en if not the original source Name of Payer (Please provide all forms 1099-DIV) 2

The amount in the "Ordinary" column will include the "Qualified" dividends shown in the "Qualified Portion" column. The portion of ordinary dividends that are qualified receive special tax tre

To be deductible, medical expenses must exce		ur adjusted gross inc	come, and then, only	CHARI	TABLE CONT	AMELEUMINERE	STREET, SQUARE,	-11	
the amount that exceeds the 10% floor is dedu your medical expenses must exceed \$4,000 (1	o% of \$40,000	le: Your income is \$4 0) before the first do	0,000 for the year - llar is deductible. Do	CASH	All cash contrib				
not include medical expenses that were reimbo	ursed by insura	ance or paid for with	pretax funds.	House of V	Vorship	1	Red Cross		
Hospital, Medical, Dental, Vision, Medic	are* Insuran	ce Premiums		Payroll Dec	duction		Other:	_	
Doctors, Dentists, Psychotherapy & Psy	chological C	Counseling		Cancer			Other:		
Hospitals, Nursing Home, Nursing Care	, Lodging, et	tc.		non-cash required for	 Household and clothidonations of \$250 or m 	ing items must be it lore, and a detailed	n good or better of I list should be inc	condition. A writelling condition.	tten receipt is r return if the
Prescription Drugs (no "over-the-counter" drug	ns except insulin)		total exceeds	s \$500.				
Glasses, Hearing Aids, Batteries, etc.		Auto Travel	mi	Fair Marke	t Value of Clothing 8	& Household Iter	ns Contributed		
Lab & X-Ray	20, 10	Parking Fees		Automobile	e Travel for Charitable	e Purposes			, n
Supplies, Rentals, etc.:		Phone (toll char	ges)	Expenses	in Connection with a	a Charitable Org	anization		
Other:				Explain:					
Other:				Vehicle Do	nation (provide 1098-C)				
Other:			<u>d</u> / manusis						IRS
*Do not include Medicare withheld from	Form W-2,	box 6.		CIUID	OR DEPEND	ENIT CARE	EVDENICE		MATCH
TAXES PAID List all taxes even the	ough the total	may be limited.		Care must e	OR DEPEND enable you to work (or last or individual who is	look for work) or att	tend school FULL	TIME. Care mu	
Real Estate - Home & 2nd Homes ONL Real Estate - Investment Property (land,)			enefits SS# and EID#.	priyaically of Therite	any meapable of 3	on care. Into m	atorios
Vehicle License Fees: (1)	(2)	(3)	(4)	☐ ✓ If er	mployer provides de	pendent care be	enefits.		
Personal Property Tax (boat, plane, etc.)					PROVIDER INFOR			s must be alloc	
State Income Tax Paid (pro			ailable)		Payee SS# or EID# MA unless exempt organ		Child:	Child:	Child:
Balance Due on Last Year's Return	Prior Ye or Adjus	ar's Tax stment		Name			Amount	Amount	Amount
Extension Payment		ar's 4th Quarter		Address					
Last Year's Return	Paid Ja	n. of this Year		Phone					
HOME MORTGAGE INTE	REST PA	ID	IRS MATCH	SS# or EII	D#				A
Provide 1098s		Primary	Second	Name			Amount	Amount	Amount
Enter Rental Interest in Rental section	n.	Home	Home	Address					
1st Paid to a Bank, S & L, etc.*				SS# or EII	D#				
TD Paid to an Individual (**must I address &									IRS
2nd Paid to a Bank, S & L, etc.*			Part of the second	FDUC	ATION EXPE	USES			MATCH
TD Paid to an Individual (**must l' address &	SS# below)			CAUTION:	These expenses qualify	for tax credits, de			
Home Equity Loan Equity interest is no longer deduction in can be traced to another deduction	ble or state use.			Use a differ	lusions and tax or pena rent column for each st	udent in the family.	In order to claim a	be segregated an education cr	by student. edit you
*Amounts must agree with Form 1098 issued by If Form 1098 was issued in another's Social Sec	the financial in surity Number, o	stitution. If not, che enter that person's na	ck here 🔲 . ame and Social	MUST prov	ide the 1098-T issued l	by the educational	institution.		
Security Number here.				STUDENT			THIS COLUI	VIN IS DESIG	
Name:		SS#:		Taxpayer					
**Individual's Name:		**SS#:		Spouse					
**Address:	(E.)			Dependen	nt:				
If the second home is a qualified motor how boat, etc., list the name of the payee here:	me,			Dependen	nt:				
200, 000, 100 100 100 100 100 100 100 100			YES NO	FORTUIT	ION CREDIT ONLY	- At institutions elig	ible to participate in	u.S. Dept. of E	
Did you refinance during the year? If					t least half-time stud				
 Did you purchase your home after De If yes, does the sum of all home m 					er First 4 Years	t 4 Years			
If no, does the sum of all home mo				7/2	rollment/Attendance	e Only			
ii iio, dodo iiio daiii di di iio iio					penses – Apply to a	,	n tax benefits.		
INVESTMENT INTEREST		erest paid for investi ch as land, stocks, e		Tuition K-1	12 (Coverdell, Sec 529 di	stributions)			
Vacant Land				Books, Su	ipplies & Equipment	(education credits, Sec 529 distributions)			
Brokerage Margin Accounts					ard (applies to Sec 529 p		STATE OF THE PARTY		
Other:					S (education credits, Sec				
MISCELLANEOUS DEDUC	TIONS								IRS MATCH
				Participation of the Control of the	RITIES & PRO				CH
Gambling Losses (limited to taxable winnings)					es broker gross proceed e sales price of "covere				basis).
Impairment Related Business Expense	100000000000000000000000000000000000000	\$2,000)		All transacti	ions must be reported only enter	even if there is no	profit. If broker pro	ovides a summa	
Repayment of Previously Taxed Income (a NOTE: Tax reform, for federal purposes, repealed a			re subject to the 2% of						
AGI limitation—see list below. However, some state					✓ If				Cost or Other Bas Check box if brok
Employee Business Expenses				Desci		ed Date Acquired	Date Sold	Selling Price	reported basis on 1099-B
Investment Expenses						75.1638			(
Attorney Fees Casualty Losses (losses in federally declared	disaster areas	are still allowed on							(
Casualty Losses (losses in federally declared federal return)	uisasiei dieas a	are sun anowed on							(

BUSINESS EXPENSE INSTRUCTIONS

Business expense deductions must be based on a log and/or other receipts and records. The combination of records should document: the business purpose, date and time, place and amount. Business gifts are limited to \$25 per person per year. You may not deduct these expenses unless documented.

BUSINESS VEHICLE INSTRUCTIONS

Miles Driven section MUST be completed for every vehicle that is used for business. Actual expenses are NOT required if you are using the government's "standard mileage rate." However, they are generally required if you are using the actual expense method, or if you used the actual method the first year the vehicle was placed in service. If this is the first year of business use for the vehicle, provide a copy of the purchase or lease contract.

Vehicle 1 ☐ You ☐ Spouse	Vehicle 2 ☐ You ☐ Spouse
	ingeneral passo.
, +.70;L	
mi	mi
RIVEN	
mi	mi
	□ You □ Spouse mi RIVEN mi mi mi

BUSINESS VEHICLE EXPENSES	Complete only if vehicle used for business. *Not required if using the standard mileage rate.			
Gasoline, Oil, Lubrication*				
Repairs & Maintenance*				
Tires, Batteries, etc.*				
Insurance* (DO NOT DUPLICATE ELSEWHERE)	Park Bay Like	M		
License & Taxes (DO NOT DUPLICATE ELSEWHERE)				
Interest (DO NOT DUPLICATE ELSEWHERE)		100		
Wash & Wax*		-8		
Lease Payments*				
Other*:				

AWAY-FROM-HOME EXPENSES	You	Spouse	
Airfare ,			
Auto Rental, Taxi, Uber, etc.			
Meals & Tips (enter 100% of expense)			
Lodging & Tips (do not include meals)			
Laundry			
Other:			

"OFFICE-IN-HOME" EXPENSES

To qualify, an "office in the home" must be used exclusively and on a regular basis (a) as your principal place of business, or (b) by patients, clients, or customers in meeting and dealing with you in a normal course of business. business, or (b) by patients, clients, or customers in meeting and dealing with you in a normal course of business. A home office will qualify as your principal place of business it: 1) You use it exclusively and regularly for the administrative or management activities of your trade or business, and 2) You have no other fixed location where you conduct substantial administrative or management activities of your trade or business. A home office deduction is not allowed for employees. If you qualify, you have the option of deducting \$5 per square foot (300 square feet maximum) or itemizing your home office expenses. If you choose not to itemize your home office expenses, only complete the square footage entries.

Total Sq. Feet of:	Home	Office	Storag	je
Expenses:	Rent*	Utilities	Insura	nce
Condo or Manager	ment Fees	Other:		
Maintenance & Re	pairs: Office		Home in General**	
			and liet of improvemente	to office

SEC 199A DEDUCTION PASS-THROUGH INFORMATION

Income passed through from a business activity via a K-1 may qualify for a special tax deduction.

The information needed to compute this deduction is included on the K-1 where the business income or loss is from partnerships, S-corporations and trusts (the information for trusts will be on a separate statement).

BUSINESS ASSET PURCHASES					
Date	Description	Business Activity	Cost		

RENTAL INCOME & EXPENSES

If the property was purchased or converted to rental use this year, provide purchase settlement statement and county tax bill. List business vehicle expenses and travel expenses in Business

Property	Address		Type Code		Single Family Residence Authi-Family Residence Vacation Home Rental Commercial	
1						
2	*				5 - Land 6 - Royalties	
3					7 - Self-Rental 8 - Other	
Property		1		2		3
Income				THE STATE OF		
Advertising						
Cleaning & Maint	enance					
Commissions						
Insurance				- Jan 140		
Legal & Profession	onal Fees					
Acquisition Debt	Interest					
Other Interest:						
Repairs: Carpent	ry, Hardware					
Electrica	al, Plumbing					
Paint &	Decorating					
Supplies						
Taxes						
Utilities						
Wages & Salarie	S					
Condo or Manag	ement Fees					
Telephone (toll call	s only)					
Improvements & Replacements			See In	structio	ns Belo	N
Other:						
Number of Days	Used Personally			57/10		
Days Rented at Fair Rental Value			A STATE OF S	L. S.	- 57 - 53 - 53 - 53 - 53 - 53 - 53 - 53 - 53	

Improvements and Replacements include furniture, appliances, carpet, drapes, major repairs, Provide a list with DESCRIPTION, DATE OF PURCHASE OR COMPLETION, and COST for each item.

Spouse

Provide list including description, purchase date and cost.

SELF-EMPLOYED BUSINESS INCOME & EXPENSE

List business vehicle expenses and travel expenses in other column, this page. Effective 2018, entertainment expenses are NOT deductible.

Legal/Professional

Office Expense

Credit Card Sales (provide	de 1099-Ks)				*
Cash and Bartering Sa	les				
Returns & Refunds			< . >	<	>
Cost of Inventory at Be	ginning of	f Year			
Cost of Merchandise P	urchased				
Cost of Items for Perso	nal Use				76.5
Cost of Inventory at En	d of Year			160	
Expense	You	Spouse	Expense	You	Spouse
Advertising		x	Rent (equipment)		
Bank Charges			Rent (other)	* *	
Commissions		- 4	Repairs		
Dues			Supplies		
Publications			Taxes-Payroll		
Freight			Taxes-Sales		
Gifts (see business expense instructions)			Taxes-Property		
Insurance			Telephone		
Interest (mortgage)			Utilities		
Interest (other)			Wages (W-2)		

Equipment:

^{**}Roof, outside painting OK; not lawn/garden care or pool maintenance.