

Questionnaire

Name:

SSN:

Questionnaire

Personal Information**Yes No** Did your marital status change during the year?

If "Yes," explain _____

 Can you or your spouse be claimed as a dependent by someone else? Did your address change during the year?

Provide proof of identity to be eligible to e-file your tax return (driver's license or state-issued photo ID)

Dependent Information**Yes No** Did you have any changes in dependents during the year?

If "Yes," explain _____

 Can another person qualify to claim any of your dependents? Did you have any childcare expenses during the year? Did you have any adoption expenses during the year? Did you have any children under age 19 or a full-time student under age 24 with more than \$2200 of unearned income? Provide documentation for proof of dependent related credits (school records, medical records, daycare records, etc.)**Health Care Information****Yes No** Did any member of your household have healthcare coverage through the Marketplace?

If "Yes," provide copies of Form 1095-A.

 Did you receive any distributions from a Health Savings Account (HSA), Archer MSA, or Medicare Advantage MSA during the year?**Income, Purchases, Sales, and Debt Information****Yes No** Did you receive any tips not reported to your employer? Did you receive any disability income during the year? Did you cash any U.S. savings bonds during the year? Did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currencies? Did you receive any other income not provided with this organizer?

If "Yes," explain _____

 Did you start a new business or purchase any rental property during the year? Did you sell an existing business, rental property, or other property during the year? Did you purchase any business assets or convert any assets to business use?

If "Yes," provide the cost of the asset, the date it was placed in service, and business use percentage.

 Did you buy or sell any stocks, bonds, or other investments during the year? Did you sell a principal residence during the year?

If "Yes," provide closing documentation for the purchase and sale of the home

 Did you have a principal residence or a piece of real property foreclosed on during the year? Did you abandon a principal residence or a piece of real property during the year? Did you refinance your principal home or second home or take out a home equity loan during the year?

If "Yes," provide all escrow, closing, and other pertinent documentation and information.

 Did you receive any principal or interest during this year from property sold in prior years? Did you rent out your home or use it for business? Did you sell, exchange, or purchase any real estate during the year? Did you acquire a new or additional interest in a partnership or S corporation? Did you have any debts canceled or forgiven this year? Does anyone owe you money that has become uncollectible? Did you purchase a new hybrid, alternative motor, or electric motor energy-efficient vehicle during the year?

If "Yes," provide the year, make, model, VIN, and date the vehicle was placed in service.

Itemized Deduction Information**Yes No** Did you pay out-of-pocket medical or dental expenses (premiums, prescriptions, mileage, etc.) during the year?

Questionnaire

Name:

SSN:

Questionnaire

- Did you pay any long-term care premiums for yourself, your spouse, or a dependent during the year?
- Did you receive any state or local income tax refunds from prior years?
- Did you make any major purchases (vehicle, boat, etc.) during the year?
- Did you pay any real estate property taxes or personal taxes during the year?
- Did you pay mortgage interest during the year?
- Did you make cash donations to charity during the year?
- Did you make noncash donations to charity (clothes, furniture, etc.) during the year?
- Did you donate a boat or vehicle during the year?
If "Yes," attach Form 1098-C.
- Did you have gambling winnings or losses during the year?

Retirement Information

Yes No

- Did you receive any payments from a pension, profit sharing, or 401(k) plan during the year?
- Did you make any withdrawals from or contributions to an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), myRA, or other qualified retirement plan during the year?
- Did you receive any Social Security benefits during the year?

Education Information

Yes No

- Did you pay tuition expenses that were required for attending college, university, or vocational school for yourself, your spouse, or a dependent during the year (even if classes were attended in another year)?
- Did anyone in your household attend a post-secondary school during the year?
- Did you make a contribution to or receive a distribution from an Education Savings Account or Qualified Tuition Program during the year?
- Did you pay student loan interest for yourself, your spouse, or your dependent(s) during the year?

Miscellaneous Information

Yes No

- Did you incur a gain or loss due to damaged or stolen property?
If "Yes," provide the incident date, value of the property, and amount of insurance reimbursements.
- Did you pay wages to any household employees (babysitter, nanny, housekeeper, etc.)?
- Did you make gifts to any one person in excess of \$15,000 during the year?
If "Yes,"
Yes No
 Are you splitting the gift with your spouse?
- Did you make any energy-efficient improvements to your main home during the year?
- Are you a business owner who paid health insurance premiums for your employees during the year?
- Did you apply an overpayment of your 2018 taxes to your 2019 estimated taxes?
- If you have an overpayment of 2019 taxes, do you want the refund applied to your 2020 estimated taxes?
- Did you make any estimated payments toward your 2019 taxes?
- Do you want to have any refund or balance due directly deposited or withdrawn?
If "Yes," provide a canceled checking or savings slip.
- Did you receive any notices from the IRS or state taxing authority?
If "Yes," explain _____

Foreign Account Information

Yes No

- Did you have a financial interest in or signature authority over a financial account or asset located in a foreign country?
- Did you receive a distribution from, or were you a grantor of, or transferor to, a foreign trust?
- Did you have any income from, or pay taxes to, a foreign country?
- Did you own property in a foreign country?
- Did the aggregate value of your foreign accounts exceed \$10,000 at any time during the year?

Additional Questions

Yes No

- Did you receive income or incur expenses associated with a fantasy sport league?

Questionnaire

Name:

SSN:

Questionnaire

If yes, provide documentation.

- Did you receive income or incur expenses associated with car sharing (e.g., Lyft or Uber)?
If yes, attach Form 1099-MISC and Form 1099-K.
- Did you receive income or incur expenses associated with freelancing (e.g., Upwork or TaskRabbit)?
If yes, attach Form 1099-K or Form W-2.
- Did you receive income or incur expenses associated with fashion sharing (e.g., Poshmark or thredUP)?
If yes, provide documentation.
- Did you receive income or incur expenses associated with crowdfunding (e.g., Kickstarter or Indiegogo)?
If yes, attach Form 1099-K.
- Did you receive income or incur expenses associated with a short-term rental (e.g., Airbnb or HomeAway)?
If yes, provide documentation.
- Do you anticipate your income or withholdings to be different for 2020?

Preparer Notes

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? Yes No
 Are you disabled? Yes No
 Are you a full-time student? Yes No
 Do you want \$3 to go to the Presidential Election Campaign Fund? Yes No

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 _____

Child and Dependent Care

Name: _____

SSN: _____

Child Care Provider's Information

	2019	2018
Social Security Number or Employer ID Number _____	Amount paid _____	<div style="background-color: #cccccc; width: 50px; height: 20px; margin: 0 auto;"></div>
Name _____		
Street address _____		
City _____		Phone _____
U.S. only State, ZIP _____		
Foreign only Province/State, Country, Postal code _____		

	2019	2018
Social Security Number or Employer ID Number _____	Amount paid _____	<div style="background-color: #cccccc; width: 50px; height: 20px; margin: 0 auto;"></div>
Name _____		
Street address _____		
City _____		Phone _____
U.S. only State, ZIP _____		
Foreign only Province/State, Country, Postal code _____		

	2019	2018
Social Security Number or Employer ID Number _____	Amount paid _____	<div style="background-color: #cccccc; width: 50px; height: 20px; margin: 0 auto;"></div>
Name _____		
Street address _____		
City _____		Phone _____
U.S. only State, ZIP _____		
Foreign only Province/State, Country, Postal code _____		

	2019	2018
Social Security Number or Employer ID Number _____	Amount paid _____	<div style="background-color: #cccccc; width: 50px; height: 20px; margin: 0 auto;"></div>
Name _____		
Street address _____		
City _____		Phone _____
U.S. only State, ZIP _____		
Foreign only Province/State, Country, Postal code _____		

Wages and Salaries

Name: _____

SSN: _____

Provide all copies of Form W-2

TS _____ Employer's name and address: _____ Federal EIN _____

	2019	2018		2019	2018
Wages, tips, other compensation	_____	_____	State _____ State I.D. _____	_____	_____
Federal income tax withheld	_____	_____	State wages	_____	_____
Social Security wages	_____	_____	State income tax	_____	_____
Social Security tax withheld	_____	_____	Locality name _____	_____	_____
Medicare wages and tips	_____	_____	Local wages	_____	_____
Medicare tax withheld	_____	_____	Local income tax	_____	_____
Social Security tips	_____	_____	State _____ State I.D. _____	_____	_____
Allocated tips	_____	_____	State wages	_____	_____
Dependent care benefits	_____	_____	State income tax	_____	_____
			Locality name _____	_____	_____
Are you a statutory employee? _____		_____	Local wages	_____	_____
Are you covered by a retirement plan? _____		_____	Local income tax	_____	_____
Did you receive third-party sick pay? _____		_____			

TS _____ Employer's name and address: _____ Federal EIN _____

	2019	2018		2019	2018
Wages, tips, other compensation	_____	_____	State _____ State I.D. _____	_____	_____
Federal income tax withheld	_____	_____	State wages	_____	_____
Social Security wages	_____	_____	State income tax	_____	_____
Social Security tax withheld	_____	_____	Locality name _____	_____	_____
Medicare wages and tips	_____	_____	Local wages	_____	_____
Medicare tax withheld	_____	_____	Local income tax	_____	_____
Social Security tips	_____	_____	State _____ State I.D. _____	_____	_____
Allocated tips	_____	_____	State wages	_____	_____
Dependent care benefits	_____	_____	State income tax	_____	_____
			Locality name _____	_____	_____
Are you a statutory employee? _____		_____	Local wages	_____	_____
Are you covered by a retirement plan? _____		_____	Local income tax	_____	_____
Did you receive third-party sick pay? _____		_____			

Interest Income

Name:

SSN:

Provide all Form(s) 1099-INT relating to interest income

TSJ	Name of payer Account number ID and address of payer (if seller-financed mortgage)	Interest income	Federal income tax withheld	Foreign tax paid	Tax exempt interest	Amount of resident state municipal interest	Nominee interest

Did you have a financial interest in or signature authority over a financial account or asset located in a foreign country? Yes No

Dividend Income

SSN:

Name:

Provide all Form(s) 1099-DIV relating to dividend income

TSJ	Name of payer Account number	Ordinary	Qualified	Capital gains	Federal income tax withheld	Foreign tax paid	Other	
							Description	Amount

Did you have a financial interest in or signature authority over a financial account or asset located in a foreign country? Yes No
Please attach additional sheets if necessary.

Schedule C - Profit or Loss from Business

Name: _____

SSN: _____

General Business Information

TS _____ Principal business product or profession _____ Business code _____

Employer I.D. number _____

Business name _____

Business address _____

City _____

U.S. only State, ZIP _____

Foreign only Province/State, Country, Postal code _____

Accounting method, if not cash Accrual Other _____

Inventory method, if not cost Lower of cost or market Other

Change of inventory method Yes No

You started or acquired this business during 2019

Some investment is NOT at risk

You disposed of this property during 2019

Did you make any payments in 2019 that would require you to file Forms 1099? Yes No

If "Yes," did you or will you file all required Forms 1099 for the individuals? Yes No

Other Information

	2019	2018
Family health coverage	_____	_____

Income

	2019	2018
Gross receipts or sales	_____	_____
Returns and allowances	_____	_____
Other income	_____	_____

Cost of Goods Sold

	2019	2018
Inventory at beginning of the year	_____	_____
Purchases (less cost of items withdrawn for personal use)	_____	_____
Cost of labor	_____	_____
Materials and supplies	_____	_____
Other costs (list on detail worksheet)	_____	_____
Inventory at end of year	_____	_____

Schedule C - Profit or Loss from Business

Name: _____

SSN: _____

Expenses

TS _____ Business name _____ Profession or product _____

	2019	2018
Advertising	_____	_____
Car and truck expenses	_____	_____
Commissions and fees	_____	_____
Contract labor	_____	_____
Depletion	_____	_____
Employee benefit programs	_____	_____
Insurance (other than health)	_____	_____
Interest - mortgage (paid to banks, etc.)	_____	_____
Interest - other	_____	_____
Legal and professional services	_____	_____
Office expenses	_____	_____
Pension and profit sharing plans	_____	_____
Rent or lease (vehicles, machinery, and equipment)	_____	_____
Rent (other business property)	_____	_____
Repairs and maintenance	_____	_____
Supplies	_____	_____
Taxes and licenses (including real estate taxes)	_____	_____
Travel	_____	_____
Total meals	_____	_____
Utilities	_____	_____
Wages	_____	_____
Other expenses (list): _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____	_____	_____

Casualties and Thefts

Name: _____

SSN: _____

FEMA code _____

Description of property _____

Location of property _____

Was property Personal Business Income-producing Employee income-producing

Date acquired _____ Fair market value before incident _____

Cost or other basis _____ Fair market value after incident _____

Insurance or other reimbursement (whether or not you filed a claim) _____ Date of incident _____

Theft Loss Deduction for Ponzi-Type Investment Scheme

Part I Computation of Deduction

Initial investment _____ Percentage of qualified investment _____

Subsequent investments _____ Actual recovery _____

Income reported in prior years _____ Potential insurance / SIPC recovery _____

Withdrawals _____

Part II Required Statements and Declarations

Information about the person or entity that conducted fraudulent arrangements

Name _____ SSN/EIN _____

Address _____

City _____ State _____ ZIP _____

FEMA code _____

Description of property _____

Location of property _____

Was property Personal Business Income-producing Employee income-producing

Date acquired _____ Fair market value before incident _____

Cost or other basis _____ Fair market value after incident _____

Insurance or other reimbursement (whether or not you filed a claim) _____ Date of incident _____

Theft Loss Deduction for Ponzi-Type Investment Scheme

Part I Computation of Deduction

Initial investment _____ Percentage of qualified investment _____

Subsequent investments _____ Actual recovery _____

Income reported in prior years _____ Potential insurance / SIPC recovery _____

Withdrawals _____

Part II Required Statements and Declarations

Information about the person or entity that conducted fraudulent arrangements

Name _____ SSN/EIN _____

Address _____

City _____ State _____ ZIP _____

Installment Sale Income

Name: _____

SSN: _____

TSJ _____ 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	_____	_____

TSJ _____ 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	_____	_____

TSJ _____ 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	_____	_____

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

- | | | | |
|--|---|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Single family residence | <input type="checkbox"/> Vacation / short-term rental | <input type="checkbox"/> Land | <input type="checkbox"/> Self-rental |
| <input type="checkbox"/> Multi-family residence | <input type="checkbox"/> Commercial | <input type="checkbox"/> Royalties | <input type="checkbox"/> 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 _____

- | | | |
|---|--|--|
| <input type="checkbox"/> This property is your main home or second home | <input type="checkbox"/> Yes <input type="checkbox"/> No | Payments of \$600 or more were paid to an individual who is not your employee for services provided for this rental. |
| <input type="checkbox"/> This property was disposed of during 2019 | <input type="checkbox"/> Yes <input type="checkbox"/> No | You filed Forms 1099 for the individuals |
| <input type="checkbox"/> This property was owned as a qualified joint venture | | |

Income

	2019	2018		2019	2018
Rent Income			Royalties from oil, gas, mineral, copyright or patent		

Expenses

	Rental unit expenses		Rental <u>and</u> homeowner expenses	
Advertising				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.
Auto & travel				
Cleaning & maintenance				
Commissions				
Insurance				
Legal & professional fees				
Management fees				
Mortgage interest				
Other interest				
Repairs				
Supplies				
Taxes				
Utilities				
Depletion				
Other expenses (list)				

Form 1099-G Unemployment Compensation

Name: _____

SSN: _____

Provide all copies of Form 1099-G

TSJ _____ Payer's Federal I.D. Number: _____

Payer's name: _____

Payer's address: _____

City: _____

U.S. only State, ZIP: _____

Foreign only Province/State, Country, Postal code: _____

Payer's phone: _____ Account number: _____

	2019	2018	
Unemployment compensation . . .	_____	_____	<input type="checkbox"/> Trade/business
Unemployment compensation repaid in current year	_____	_____	Market gain
State/local tax refunds/credits . .	_____	_____	State _____ State I.D. _____
Tax year	_____	_____	State unemployment
Federal tax withheld	_____	_____	State withholding
RTAA payments	_____	_____	<input type="checkbox"/> Unemployment benefits are from railroad
Taxable grants	_____	_____	
Agriculture	_____	_____	

TSJ _____ Payer's Federal I.D. Number: _____

Payer's name: _____

Payer's address: _____

City: _____

U.S. only State, ZIP: _____

Foreign only Province/State, Country, Postal code: _____

Payer's phone: _____ Account number: _____

	2019	2018	
Unemployment compensation . . .	_____	_____	<input type="checkbox"/> Trade/business
Unemployment compensation repaid in current year	_____	_____	Market gain
State/local tax refunds/credits . .	_____	_____	State _____ State I.D. _____
Tax year	_____	_____	State unemployment
Federal tax withheld	_____	_____	State withholding
RTAA payments	_____	_____	<input type="checkbox"/> Unemployment benefits are from railroad
Taxable grants	_____	_____	
Agriculture	_____	_____	

Form 1099-MISC

Name: _____

SSN: _____

Provide all copies of Form 1099-MISC

TS ____ For _____ Payer's federal ID number: _____

Payer's name: _____

Address: _____

	2019	2018		2019	2018
Rents	_____	_____	State _____ State I.D. _____	_____	_____
Royalties	_____	_____	State tax withheld	_____	_____
Other income	_____	_____	State income	_____	_____
Description _____			Name of locality _____		
Federal tax withheld	_____	_____	Local tax withheld	_____	_____
Fishing boat proceeds	_____	_____	Local income	_____	_____
Medical and health care payments . .	_____	_____	State _____ State I.D. _____	_____	_____
Non-employee compensation	_____	_____	State tax withheld	_____	_____
Substitute payments	_____	_____	State income	_____	_____
<input type="checkbox"/> Payer made direct sales of \$5,000 or more of consumer products			Name of locality _____		
Crop insurance proceeds	_____	_____	Local tax withheld	_____	_____
Excess golden parachute	_____	_____	Local income	_____	_____
Gross attorney proceeds	_____	_____			
Taxable Proceeds	_____	_____			
Section 409A deferrals	_____	_____			
Section 409A income	_____	_____			

Pension, Annuities, Retirement, Etc. Distributions

Name: _____

SSN: _____

Provide all Form(s) 1099-R, Form(s) 1099-SSA, etc.

TS _____ Payer's name: _____

Payer's federal ID number: _____

Address: _____

	2019	2018		2019	2018
Disability indicator	<input type="checkbox"/>	<input type="checkbox"/>	State _____ State I.D. _____		
Report as wages on 1040	<input type="checkbox"/>	<input type="checkbox"/>	State income tax withheld		
Gross distribution			State distribution		
Taxable amount			Name of locality _____		
Total distribution	<input type="checkbox"/>		Local income tax withheld		
Capital gain			Local distribution		
Federal income tax withheld			State _____ State I.D. _____		
Employee contributions or insurance premiums			State income tax withheld		
Distribution code(s)			State distribution		
IRA/SEP/SIMPLE	<input type="checkbox"/>	<input type="checkbox"/>	Name of locality _____		
Your percentage of total distribution			Local income tax withheld		
Did you take a distribution from an IRA and give it to an organization eligible to receive tax-deductible contributions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Local distribution		

TS _____ Payer's name: _____

Payer's federal ID number: _____

Address: _____

	2019	2018		2019	2018
Disability indicator	<input type="checkbox"/>	<input type="checkbox"/>	State _____ State I.D. _____		
Report as wages on 1040	<input type="checkbox"/>	<input type="checkbox"/>	State income tax withheld		
Gross distribution			State distribution		
Taxable amount			Name of locality _____		
Total distribution	<input type="checkbox"/>		Local income tax withheld		
Capital gain			Local distribution		
Federal income tax withheld			State _____ State I.D. _____		
Employee contributions or insurance premiums			State income tax withheld		
Distribution code(s)			State distribution		
IRA/SEP/SIMPLE	<input type="checkbox"/>	<input type="checkbox"/>	Name of locality _____		
Your percentage of total distribution			Local income tax withheld		
Did you take a distribution from an IRA and give it to an organization eligible to receive tax-deductible contributions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Local distribution		

Social Security Benefit Statement

	2019	2018		2019	2018
TS _____			TS _____		
Net benefits			Net benefits		
Medicare premiums			Medicare premiums		
Income tax withheld			Income tax withheld		

Adjustments

Name: _____

SSN: _____

Moving Expenses

TSJ _____

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

2018

Enter the number of miles from your OLD home to your NEW workplace	_____	_____
Enter the number of miles from your OLD home to your OLD workplace	_____	_____
Enter the amount you paid for transportation and storage of household goods and personal effects	_____	_____
Enter the amount you paid for travel and lodging expenses incurred during the move (do NOT include meals)	_____	_____
Enter the amount of moving expenses reimbursed to you by your employer	_____	_____

Self-Employed Health Insurance

TSJ _____

2019

2018

Enter the qualified long term care amount	_____	_____
Enter your Medicare wages from an S corporation	_____	_____

Self-Employed Pensions

TSJ _____

2019

2018

Enter your plan contribution rate as a decimal	_____	_____
Enter your allowable elective deferrals made during 2019	_____	_____
Enter your catch-up contributions	_____	_____
Enter the amount of designated ROTH contributions included above	_____	_____

Nondeductible IRAs

TS _____

2019

2018

Total traditional IRA contributions made for 2019	_____	_____
Total basis in traditional IRAs as of 12/31/2019	_____	_____
Distributions you received from traditional, SEP, and Simple IRAs. (Do not include rollovers)	_____	_____
Amount of traditional IRAs converted to ROTH IRAs	_____	_____
IRA basis before conversion	_____	_____
Total ROTH IRA contributions made for 2019	_____	_____

Health Savings Account

TSJ _____

2019

2018

HSA contributions made for 2019	_____	_____
Total distributions from all HSAs during 2019	_____	_____
Distributions included above that were rolled over into another account	_____	_____
Qualified medical expenses paid using HSA distributions	_____	_____

Noncash Charitable Contributions

Name:

SSN:

TSJ _____ Donee I.D. _____

Name of donee organization _____

Address of donee organization _____

City _____

U.S. only State, ZIP _____

Foreign only Province/State, Country, Postal code _____

Description of donated property _____ Donor's cost or adjusted basis _____

Valuation method used _____ Fair market value _____

Physical condition of donated property _____ Average security price _____

How was it acquired? _____ Bargain sale price _____

Date acquired _____ Capital gain property

Date contributed _____

Property type (if over \$5,000) Donated property is publicly traded security

- Art valued more than \$20,000
- Qualified conservation - qualified farmer/rancher
- Qualified conservation - non-qualified farmer/rancher
- Qualified conservation
- Equipment
- Art valued less than \$20,000
- Other real estate
- Securities
- Collectibles
- Intellectual Property
- Vehicles
- Other

TSJ _____ Donee I.D. _____

Name of donee organization _____

Address of donee organization _____

City _____

U.S. only State, ZIP _____

Foreign only Province/State, Country, Postal code _____

Description of donated property _____ Donor's cost or adjusted basis _____

Valuation method used _____ Fair market value _____

Physical condition of donated property _____ Average security price _____

How was it acquired? _____ Bargain sale price _____

Date acquired _____ Capital gain property

Date contributed _____

Property type (if over \$5,000) Donated property is publicly traded security

- Art valued more than \$20,000
- Qualified conservation - qualified farmer/rancher
- Qualified conservation - non-qualified farmer/rancher
- Qualified conservation
- Equipment
- Art valued less than \$20,000
- Other real estate
- Securities
- Collectibles
- Intellectual Property
- Vehicles
- Other

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	2018 Taxpayer	2019 Spouse	2018 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	2018 Taxpayer	2019 Spouse	2018 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: _____	_____	_____	_____	_____

Schedule A - Itemized Deductions

Name:

SSN:

Medical and Dental Expenses

Table with columns for 2019 and 2018. Rows include Health insurance premiums, Long-term care premiums, Mileage driven for medical purposes, and Out of pocket medical and dental expenses (list).

Taxes Paid

Table with columns for 2019 and 2018. Rows include State and local income taxes, Sales tax, Real estate taxes, Personal property taxes, and Other taxes (list).

Interest Paid

Table with columns for 2019 and 2018. Rows include Mortgage interest paid (attach Form 1098), Mortgage interest paid to an individual, and Investment interest.

Charitable Contributions

Table with columns for 2019 and 2018. Rows include Donations to charity (cash), Disaster relief contributions, Miles driven for charitable purposes, and Donations to charity (noncash).

Other Miscellaneous Deductions

Table with columns for 2019 and 2018. Rows include Amortizable bond premiums, Federal estate tax, Gambling losses, Impairment-related work expenses, Claim repayments, Unrecovered pension investments, Schedule K-1, and Ordinary loss debt instrument.

For state purposes ONLY

Job Expenses & Certain Miscellaneous Deductions

Table with columns for 2019 and 2018. Rows include Necessary job expenses you paid that were not reimbursed by your employer (list), Tax preparation fees, Other nonpersonal expenses related to taxable income (list), Investment expenses not entered elsewhere, Qualified mortgage insurance premiums, and Home equity interest.

Mortgage Interest

Name: _____

SSN: _____

Provide all copies of Form 1098

TSJ ____ For ____ Business name _____ Product _____

Recipient/Lender information: _____ Federal ID # _____

Name _____

Address _____

	2019	2018		2019	2018
Mortgage interest received	_____	_____	Points paid	_____	_____
Outstanding mortgage principal	_____	_____	Real estate taxes paid	_____	_____
Mortgage insurance premiums	_____	_____	Account number _____		

TSJ ____ For ____ Business name _____ Product _____

Recipient/Lender information: _____ Federal ID # _____

Name _____

Address _____

	2019	2018		2019	2018
Mortgage interest received	_____	_____	Points paid	_____	_____
Outstanding mortgage principal	_____	_____	Real estate taxes paid	_____	_____
Mortgage insurance premiums	_____	_____	Account number _____		

TSJ ____ For ____ Business name _____ Product _____

Recipient/Lender information: _____ Federal ID # _____

Name _____

Address _____

	2019	2018		2019	2018
Mortgage interest received	_____	_____	Points paid	_____	_____
Outstanding mortgage principal	_____	_____	Real estate taxes paid	_____	_____
Mortgage insurance premiums	_____	_____	Account number _____		

TSJ ____ For ____ Business name _____ Product _____

Recipient/Lender information: _____ Federal ID # _____

Name _____

Address _____

	2019	2018		2019	2018
Mortgage interest received	_____	_____	Points paid	_____	_____
Outstanding mortgage principal	_____	_____	Real Estate taxes paid	_____	_____
Mortgage insurance premiums	_____	_____	Account number _____		

Employee Business Expense

Name: _____

SSN: _____

Employee Business Expense

TSJ _____ Occupation _____

- You are a qualifying performing artist
- You are a fee-based state or local government official
- You are a disabled employee with impairment-related work expenses
- You are a reservist
- You are a member of the clergy

Part I - Employee Business Expense and Reimbursements

	2019	2018
Parking fees, tolls, and local transportation, including train, bus, etc.		
Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment		
Other business expenses		
Meals		
DOT meals		
Enter reimbursements received from your employer that were not reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 on your Form W-2 for		
Other business expenses		
Meals		
Portion of total expenses that is for impairment-related work expenses of disabled employee		
Portion of total expenses that is for an Armed Forces reservist		

Business Vehicle Expenses

	Vehicle 1		Vehicle 2	
	2019	2018	2019	2018
Enter the date vehicle was placed in service				
Total miles vehicle was driven during 2019				
Business miles				
Average daily roundtrip commuting distance				
Commuting miles included in total miles above				
Taxes				
Gasoline, oil, repairs, vehicle insurance, etc.				
Vehicle rentals				
Inclusion amount				
Value of employer-provided vehicle (applies only if 100% annual lease value was included on Form W-2)				
Enter cost or other basis				
Enter section 179 deduction				
Enter depreciation percentage				
If your employer provided a vehicle, was personal use during off duty hours permitted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Do you or your spouse have another vehicle available for personal use?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Do you have evidence to support your deduction?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
If "Yes," is the evidence written?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

Auto Expense Worksheet

Name: _____

SSN: _____

General Information

For _____

Business name and profession/product _____

Description _____

Date placed in service _____

Was this vehicle available for use during off-duty hours? Yes No

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

Do you have evidence to support your deduction? Yes No

If "Yes," is the evidence written? Yes No

Enter the number of miles your vehicle was used for:

	2019	2018		Prior year total
a Business	_____	_____	Business	_____
b Commuting	_____	_____	Total	_____
c Other	_____	_____		

Expenses

	2019	2018
Garage rent	_____	_____
Gas	_____	_____
Insurance	_____	_____
Licenses	_____	_____
Oil	_____	_____
Parking fees	_____	_____
Rental fees	_____	_____
Interest	_____	_____
Property tax	_____	_____
Repairs	_____	_____
Tires	_____	_____
Tolls	_____	_____
Lease addbacks	_____	_____
Other expenses (list):	Apply business %	
_____ <input type="checkbox"/>	_____	_____
_____ <input type="checkbox"/>	_____	_____
_____ <input type="checkbox"/>	_____	_____

Expenses for Business Use of Your Home

Name: _____

SSN: _____

Business Use of Home

TSJ _____ For _____

	2019	2018
Square footage of home used exclusively for business.		
Total square footage of home.		

Use of Home for Daycare

	2019	2018
Area used part time for business		
Total hours used for daycare		
Total hours available		

Did you live in the home all year? Yes No

Expenses

	Office expenses		Home expenses		
	2019	2018	2019	2018	
Mortgage interest					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.
Real estate taxes					
Excess mortgage interest					
Excess real estate taxes					
Insurance					
Rent					
Repairs & maintenance					
Utilities					
Other expenses					

Cost of Home

	2019	2018
Enter the smaller of your home's adjusted basis or its fair market value		
Does this include the value of the land? <input type="checkbox"/> Yes <input type="checkbox"/> No Value of land		
Date placed in service		
Date taken out of service		

Education Credits and Deduction

Name: _____

SSN: _____

Provide all Form(s) 1098-T

Student's first and last name: _____ SSN: _____

- Yes
- Has the Hope Scholarship Credit or American Opportunity Credit been claimed for this student for a total of four times in any prior years?
- Was the student enrolled at least half time for at least one academic period that began in 2019 at an eligible education institution in a program leading toward a post-secondary degree, certificate, or other recognized post-secondary educational credential?
- Did the student complete the first four years of post-secondary education before 2019?
- Was the student convicted, before the end of 2019, of a felony for possession or distribution of a controlled substance?
- Is the student pursuing a degree?

Number of years the American Opportunity Credit has been claimed for this student _____

	2019	2018
Total qualified education expenses (including the cost of books, supplies, and equipment) that were REQUIRED to be paid directly to the educational institution		
ADDITIONAL qualified education expenses that were NOT required to be paid directly to the educational institution		
Tax-free education assistance received in 2019 allocable to the academic period		
Tax-free education assistance received in 2020 (and before 2019 return is filed) allocable to the academic period		
Refunds of qualified education expenses paid in 2019 if the refund is received before the 2019 return is filed		

Educational Institution Name: _____

Educational Institution Name: _____

Student's first and last name: _____ SSN: _____

- Yes
- Has the Hope Scholarship Credit or American Opportunity Credit been claimed for this student for a total of four times in any prior years?
- Was the student enrolled at least half time for at least one academic period that began in 2019 at an eligible education institution in a program leading toward a post-secondary degree, certificate, or other recognized post-secondary educational credential?
- Did the student complete the first four years of post-secondary education before 2019?
- Was the student convicted, before the end of 2019, of a felony for possession or distribution of a controlled substance?
- Is the student pursuing a degree?

Number of years the American Opportunity Credit has been claimed for this student _____

	2019	2018
Total qualified education expenses (including the cost of books, supplies, and equipment) that were REQUIRED to be paid directly to the educational institution		
ADDITIONAL qualified education expenses that were NOT required to be paid directly to the educational institution		
Tax-free education assistance received in 2019 allocable to the academic period		
Tax-free education assistance received in 2020 (and before 2019 return is filed) allocable to the academic period		
Refunds of qualified education expenses paid in 2019 if the refund is received before the 2019 return is filed		

Educational Institution Name: _____

Educational Institution Name: _____

Credits

Name:

SSN:

Form 5695 - Residential Energy Credit

TSJ _____

Part I - Residential Energy Efficient Property Credit

Qualified solar electric property costs _____

Qualified water heating property costs _____

Qualified small wind energy property costs _____

Qualified geothermal heat pump property costs _____

Was qualified fuel cell property installed on or in your main home in the U.S.? Yes No

Address of main home _____

City, State, ZIP _____

Qualified fuel cell property costs _____

Kilowatt capacity of property on line 22 _____

Amount of unused credit from 2018 Form 5695, line 28 _____

Form 8936 - Qualified Plug-in Electric Drive Motor Vehicle Credit

TSJ _____

Vehicle 1

Vehicle 2

Year of vehicle _____

Make of vehicle _____

Model of vehicle _____

Vehicle Identification Number _____

Date vehicle was placed in service _____

Credit allowable _____

Phaseout percentage _____

Credit for Small Employer Health Insurance Premiums

Name: _____

SSN: _____

TSJ _____

Complete the columns below for all eligible employees. Eligible employees do not include business owners, partners, shareholders who own more than 2%, family members, etc.

Complete the columns below for each employee enrolled in health insurance coverage provided under qualifying arrangement.

Employee identifier	Hours of service		Wages paid		Employer premiums paid		State average premiums
	2019	2018	2019	2018	2019	2018	

Employer identification number used to report employment taxes for above individuals _____

Total amount of any state premium subsidies paid and any state tax credits available _____

