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2019 TAX ORGANIZER

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This tax organizer has been prepared for your use in gathering the information needed for your 2019 tax return.

To save you time, selected information from your 2018 tax return has been entered in this organizer. Please line through any information that does not apply to your 2019 tax return.

In some cases, 2018 amounts have been included in a separate column. These amounts are for comparison purposes only. You do not need to change these prior year amounts.

If we may be of further assistance, please contact us at your convenience.

REMOVE THIS SHEET PRIOR TO RETURNING THE COMPLETED ORGANIZER

Topic Index

Questions (Page 1 of 5)

The following questions pertain to the 2019 tax year. For any question answered Yes, include supporting detail or documents.

	Yes	No
Personal Information:		
Did your marital status change?	☐	☐
Are you married?	☐	☐
If Yes, do you and your spouse want to file separate returns?	☐	☐
If No, are you in a domestic partnership, civil union, or other state-defined relationship?	☐	☐
Can you or your spouse be claimed as a dependent by another taxpayer?	☐	☐
Did you or your spouse serve in the military or were you or your spouse on active duty?	☐	☐
Dependents:		
Were there any changes in dependents from the prior year? Note: Include non-child dependents for whom you provided more than half the support.	☐	☐
Did you or your spouse pay for child care while you or your spouse worked or looked for work?	☐	☐
Do you have any children under age 18 with unearned income more than $1,100?	☐	☐
Do you have any children age 18 or student children, aged 19 to 23, who did not provide more than half of their cost of support with earned income and that have unearned income of more than $1,100?	☐	☐
Did you adopt a child or begin adoption proceedings?	☐	☐
Are any of your dependents non-U.S. citizens or non-U.S. residents?	☐	☐
Healthcare:		
Did you obtain healthcare coverage through the Marketplace? If Yes, include all Forms 1095-A.	☐	☐
If you received advance premium tax credit, are married, and are filing separately from your spouse, are you a victim of domestic abuse or spousal abandonment?	☐	☐
Did you, your spouse, or a dependent have healthcare purchased through the Marketplace and for whom you did not receive Form 1095-A?	☐	☐
Did you receive Form 1095-A for someone claimed as a dependent on another taxpayer's return or who is filing their own return and is not claimed as a dependent on another taxpayer's return?	☐	☐
Are any of your dependents required to file a tax return?	☐	☐

Questions (Page 2 of 5)

Healthcare (continued):

	Yes	No
Was anyone covered on your health insurance policy also covered on another health insurance policy for any part of the year?	☐	☐
Were you eligible for employer-sponsored healthcare coverage?	☐	☐
Did you or your spouse have any transactions pertaining to a health savings account (HSA)?	☐	☐
If you received a distribution from an HSA, include all Forms 1099-SA.		
Did you or your spouse have any transactions pertaining to a medical savings account (MSA)?	☐	☐
If you received a distribution from an MSA, include all Forms 1099-SA.		
Did you or your spouse receive any distributions from long-term care insurance contracts?	☐	☐
If Yes, include all Forms 1099-LTC.		
If you or your spouse are self-employed, are you or your spouse eligible to be covered under an employer's health plan at another job?	☐	☐
If Yes, how many months were you covered? ________		
If you or your spouse are self-employed, are you or your spouse eligible to be covered under an employer's long-term care plan at another job?	☐	☐
If Yes, how many months were you covered? ________		
Did you or your spouse lose your job because of foreign competition and pay for your own health insurance?	☐	☐

Education:

Did you or your spouse pay any student loan interest?	☐	☐
Did you or your spouse withdraw any amounts from your IRA to pay for higher education expenses incurred by you, your spouse, your children or grandchildren?	☐	☐
Did you or your spouse withdraw any amounts from a Coverdell Education Savings Account or Qualified Education Program (Section 529 plan)?	☐	☐
If Yes, include all Forms 1099-Q.		
Did you, your spouse, or your dependents incur any post-secondary education expenses, such as tuition?	☐	☐

Deductions and Credits:

Did you or your spouse contribute property (other than cash) with a fair market value of more than $5,000 to a charitable organization?	☐	☐
If Yes, provide the appraisal of property contributed. An appraisal is not required for contributions of publicly traded securities or contributions of non-publicly traded stock of $10,000 or less.		
Did you or your spouse incur any casualty or theft losses?	☐	☐
Did you or your spouse make any large purchases, such as motor vehicles and boats?	☐	☐
Did you or your spouse incur any casualty or loss attributable to a federally declared disaster?	☐	☐
Did you or your spouse purchase a new alternative technology vehicle, including a qualified plug-in electric drive motor vehicle?	☐	☐
Did you or your spouse use gasoline or special fuels for business or farm purposes (other than for a highway vehicle)?	☐	☐
If Yes, provide the number of gallons of gasoline or special fuels used for off-highway business purposes. ________ Gallons ________________ Type		
Did you or your spouse install any alternative energy equipment in your residence such as solar water heaters, solar electricity equipment (photovoltaic) or fuel cells?	☐	☐
Did you or your spouse install any energy efficiency improvements or energy property in your residence such as exterior doors or windows, insulation, heat pumps, furnaces, central air conditioners, or water heaters?	☐	☐

2019

Questions (Page 3 of 5)

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Investments:

	Yes	No
Did you or your spouse have any debts canceled, forgiven or refinanced?	☐	☐
Did you or your spouse start or purchase a business, rental property, or farm, or acquire any new interest in any partnership or S corporation?	☐	☐
Did you or your spouse sell an existing business, rental property, farm, or any existing interest in a partnership or S corporation?	☐	☐
Did you or your spouse sell, exchange, or purchase any real estate? If Yes, include closing statements.	☐	☐
Did you or your spouse receive grants of stock options from your employer, exercise any stock options granted to you or your spouse or dispose of any stock acquired under a qualified employee stock purchase plan?	☐	☐
Did you or your spouse engage in any put or call transactions? If Yes, provide the transaction details.	☐	☐
Did you or your spouse close any open short sales?	☐	☐
Did you or your spouse sell any securities not reported on Form 1099-B?	☐	☐

Retirement or Severance:

	Yes	No
Did you or your spouse contribute to a Roth IRA or convert an existing IRA into a Roth IRA?	☐	☐
Did you or your spouse roll into a Roth IRA any distributions from a retirement plan, an annuity plan, tax shelter annuity or deferred compensation plan?	☐	☐
Did you or your spouse turn age 70 1/2 and have money in an IRA or other retirement account without taking any distribution?	☐	☐
Did you or your spouse make a qualified charitable contribution?	☐	☐
Did you or your spouse retire or change jobs?	☐	☐
Did you or your spouse receive deferred, retirement or severance compensation? If Yes, enter the date received (Mo/Da/Yr). ____________	☐	☐

Personal Residence:

	Yes	No
Did your address change? If Yes, provide the new address.	☐	☐
If Yes, did you move to a different home because of a change in the location of your job?	☐	☐
Did you or your spouse claim a homebuyer credit for a home purchased in 2008?	☐	☐
Did you or your spouse withdraw any amounts from your Individual Retirement Account (IRA) or Roth IRA to acquire a principal residence?	☐	☐
Are your total mortgages on your first and/or second residence greater than $750,000? If Yes, provide the principal balance and interest rate at the beginning and end of the year. ____________________	☐	☐
Did you or your spouse take out a home equity loan?	☐	☐
Did you or your spouse have an outstanding home equity loan at the end of the year? If Yes, provide the principal balance and interest rate at the beginning and end of the year. ____________________	☐	☐
Are you claiming a deduction for mortgage interest paid to a financial institution and someone else received the Form 1098?	☐	☐
Did you or your mortgagee receive mortgage assistance payments? If Yes, include all Forms 1098-MA.	☐	☐

2019

Questions (Page 4 of 5)

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Sale of Your Home:

	Yes	No
Did you sell your home?	☐	☐
Did you receive Form 1099-S? If Yes, include Form 1099-S.	☐	☐
Did you or your spouse own and occupy the home as your principal residence for at least two years of the five-year period prior to the sale?	☐	☐
Did you or your spouse ever rent out the property?	☐	☐
Did you or your spouse ever use any portion of the home for business purposes?	☐	☐
Have you or your spouse sold a principal residence within the last two years?	☐	☐

At the time of the sale, the residence was owned by the: ☐ Taxpayer ☐ Spouse ☐ Both

Gifts:

Did you or your spouse make any gifts, including birthday, holiday, anniversary, graduation, education savings, etc., with a total (aggregate) value in excess of $15,000 to any individual?	☐	☐
Did you or your spouse make any gifts of difficult-to-value assets (such as non-publicly traded stock) to any person regardless of value?	☐	☐
Did you or your spouse make any gifts to a trust for any amount?	☐	☐
Do you or your spouse have a life insurance trust?	☐	☐
Did you or your spouse assist with the purchase of any asset (auto, home) for any individual?	☐	☐
Did you or your spouse forgive any indebtedness to any individual, trust or entity?	☐	☐

Foreign Matters:

Did you or your spouse perform any work outside of the U.S. or pay any foreign taxes?	☐	☐
Were you or your spouse a grantor or transferor for a foreign trust, have any interest in or a signature authority over a bank account, securities account or other financial account in a foreign country?	☐	☐
Did you or your spouse create or transfer money or property to a foreign trust?	☐	☐
Did you or your spouse own any foreign financial assets?	☐	☐
Were you or your spouse subject to the transition tax on undistributed foreign income and elect to pay the tax in installments?	☐	☐
Did you or your spouse have an interest in an S corporation that had undistributed foreign income subject to the transition tax?	☐	☐
If Yes, did the corporation cease to be an S corporation?	☐	☐
If Yes, was there a sale or liquidation of substantially all of the corporation's assets or did the corporation cease business?	☐	☐
If Yes, did you or your spouse transfer any share of stock in the corporation?	☐	☐

2019

Questions (Page 5 of 5)

2E

Miscellaneous:

	Yes	No
Did you or your spouse pay in excess of $1,000 in any quarter, or $2,100 during the year for domestic services performed in or around your home to individuals who could be considered household employees?	☐	☐
Did you or your spouse receive unreported tip income of $20 or more in any month?	☐	☐
Have you or your spouse received a punitive damage award or an award for damages other than for physical injuries or illness?	☐	☐
Did you or your spouse engage in any bartering transactions?	☐	☐
Were you or your spouse notified by the IRS or other taxing authority of any changes in prior year returns?	☐	☐
For any trust that you or your spouse created or are trustee, did any beneficiaries, grantors, or trustees die or move?	☐	☐
Did you or your spouse sell, acquire, or exchange Bitcoin or other virtual currencies or engage in any sales or exchanges denominated in Bitcoin or other virtual currencies?	☐	☐

Additional state pages have been included at the back of the organizer and should be reviewed.

2019

Personal Information

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
☐ Does not expire
☐ Driver's License ☐ State-Issued ID ☐ 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
☐ Does not expire
☐ Driver's License ☐ State-Issued ID ☐ 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

	Yes	No
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?	☐	☐

	Taxpayer		Spouse	
	Yes	No	Yes	No
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.

2019

Dependents and Wages

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.

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

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

Wages and Salaries:

Include all copies of your current year Forms W-2

Note: Use this section to report any wages and/or salaries for which no Form W-2 was received.

TS	Employer's Name	Taxable Wages	Tax Withheld				
			Federal	FICA/TIER 1	Medicare	State	Local

Electronic Filing

Electronic Filing:

Electronic filing is the means by which your return is transmitted directly to the IRS and state tax authorities. The IRS has implemented an electronic filing mandate requiring certain preparers, including this firm, to file all returns that they prepare electronically. Some states also require certain preparers to electronically file state returns prepared. The IRS and some states allow taxpayers to elect not to file their returns electronically.

Do not electronically file the federal return . . . . ☐

Do not electronically file the state return(s) . . . . ☐

Note: The IRS and some states that require returns to be electronically filed also impose fees and/or penalties for failure to do so. If you checked either of the boxes above, you may be required to sign an "opt-out" form before we can release your returns. As a follow-up we will contact you to discuss these requirements and your ability to "opt-out" of electronic filing.

The IRS requires, and many states allow, the use of a Personal Identification Number (PIN) in lieu of mailing a signature document when electronically filing.

Would you like to use a randomly generated PIN?	Yes	No
Taxpayer	☐	☐
Spouse	☐	☐

If No, enter a 5-digit self-selected PIN:

Taxpayer PIN . . . . __________

Spouse PIN . . . . __________

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?	☐	☐
Would you like to pay any amount due on your federal return using electronic withdrawal?	☐	☐
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 state return(s) using electronic withdrawal?	☐	☐
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 federal return using electronic withdrawal?	☐	☐
Would you like to pay any estimated payments due for your state return(s) using electronically withdrawal, if available?	☐	☐

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?	☐	☐
Would you like to pay any amount due on your federal return using electronic withdrawal?	☐	☐
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 state return(s) using electronic withdrawal?	☐	☐
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 federal return using electronic withdrawal?	☐	☐
Would you like to pay any estimated payments due for your state return(s) using electronically withdrawal, if available?	☐	☐

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. ☐

Worksheet: Basic Data > Direct Deposit / Electronic Funds Withdrawal
Form BNK-1

2019

Interest Income

5A

Interest Information:

Include copies of all Forms 1099-INT or other documents for interest received

Tax-Exempt Interest Code: 1 - 1099-INT 2 - Private Activity Bond 3 - Both

TSJ	Name of Payer	Interest Income	U.S. Bonds and Obligations	Code	Tax-Exempt Interest	2018 Interest Amount
	Total					

Seller-Financed Mortgage Interest Information:

Name of Individual from Whom Mortgage Interest Was Received	Identification Number of Individual	2019 Interest Amount	2018 Interest Amount

Address of Individual from Whom Mortgage Interest Was Received

Enter Any Additional Information:

Note: List all items sold during the year on Form 7.

2019

Dividend Income

5B

Dividend Information:

Include copies of all Forms 1099-DIV or other documents for dividends received

	TSJ	Name of Payer	Box 1a Total Ordinary Dividends	Box 1b Qualified Dividends	Box 2a Total Capital Gain Distribution	U.S. Bond Interest Amount or Percent in Box 1a
A						
B						
C						
D						
E						
F						
G						
H						
I						
J						
K						
L						
M						
N						
		Total				

Tax-Exempt Interest Code: 1 - 1099-DIV 2 - Private Activity Bonds 3 - Both

	Code	Tax-Exempt Interest	2018 Gross Dividends Amount
A			
B			
C			
D			
E			
F			
G			
H			
I			
J			
K			
L			
M			
N			
Total			

Enter Any Additional Information:

Note: List all items sold during the year on Form 7.

2019

Business Income and Cost of Goods Sold

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
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?	☐	☐

	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		

Worksheet: Business > General, Income and Cost of Goods Sold
Forms C-1, C-2 and C-3

Sales of Stocks, Securities, Capital Assets & Installment Sales

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?

	Yes	No
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	☐	☐

	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

Worksheets: Gains and Losses > Capital Gains and Losses and Installment Sales > General and Schedule of Receipts / Collections

Forms D-1, D-5 and D-6

2019

Sale of Your Home and Moving Expenses

8

Sale or Exchange of Your Home:

Include the closing statements from the purchase and sale of your former and new homes

Former Home Information:

TSJ . . . . ____

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

Date sold . . . . (Mo/Da/Yr) ________

Selling price . . . . ☐

Original Cost and Cost of Improvements:

Description	Amount

Sale Expenses:

Commissions, legal fees, advertising and other expenses.

Description	Amount

Did you personally own and occupy the home for at least 2 of the 5 years preceding the sale? . . . . ☐ Yes ☐ No

If your spouse is deceased, did the sale occur within two years of the date of death and did your spouse live in the home for at least 2 of the 5 years preceding the sale? . . . . ☐ Yes ☐ No

If you had a foreign mortgage on the above property, please provide the amount of the mortgage retired on the sale and the date the mortgage was acquired or the date the mortgage was most recently renegotiated ________

Moving Expenses:

TSJ . . . . ____

Were the moving expenses reimbursed by your employer? . . . . ☐ Yes ☐ No

Enter reimbursements not included in wages on your Form W-2 . . . . ☐

Was the move due to a permanent change of station pursuant to a military order? . . . . ☐ Yes ☐ No

Mileage:

	Miles
Number of miles from old home to new workplace (applicable only on some state returns)	
Number of miles from old home to old workplace (applicable only on some state returns)	
Number of automobile miles in move	

Transportation Expenses:

	Amount
Costs of transportation of household goods and personal effects	
Costs of travel and lodging (do not include meals or automobile expenses)	
Automobile expenses (gasoline, oil, etc.)	
Meals (Pennsylvania only)	

Individual Retirement Account (IRA) Information

Individual Retirement Account (IRA): **Include all copies of Forms 1099-R and 5498.**

TS . . . . ____

IRA Questions for 2019:

	Yes	No
Are you covered by an employer's retirement plan?		
If no, is your spouse covered by an employer's retirement plan?		
Do you want to limit your IRA contribution to the maximum amount deductible on your tax return?		
If no, do you want to contribute the maximum allowable amount to your IRA even though you may not qualify for an IRA deduction?		
Did you use any IRA as security for a loan this year?		
Did you have any transactions with any IRA during the year?		

If Yes, explain. ______________________________

IRA Values, Rollovers, and Distributions:

Total value of all traditional IRAs on December 31, 2019 . . . . ☐

Note: This information or Form 5498 is required if you received a distribution during the year.

Outstanding rollovers on December 31, 2019 . . . . ☐

Total distributions converted to Roth IRAs . . . . ☐

Total retirement plans converted to Roth IRAs . . . . ☐

Contributions:

IRA:

Contributions in 2019 for the 2019 tax return . . . . ☐

Contributions in 2020 for the 2019 tax return . . . . ☐

Amount for 2019 you choose to be treated as nondeductible . . . . ☐

Roth IRA:

Contributions made for the 2019 tax year . . . . ☐

Distributions: **Include all Forms 1099-R and any nontaxable distribution details**

Name of Payer	2019 Gross Distributions	Taxable Amount	Federal Tax Withheld	State Tax Withheld	Is this a Rollover?	2018 Gross Distributions

2019

Pension, Annuity and Retirement Plan Information

9A

Pensions and Annuities: **Include all Forms 1099-R and any nontaxable distribution details**

TSJ	Name of Payer	2019 Gross Distributions	Taxable Amount	Federal Tax Withheld	State Tax Withheld	Is this a Rollover?	2018 Gross Distributions

Self-Employed Retirement Plan: **Include copies of all Forms 1099-R**

	Taxpayer		Spouse	
	Yes	No	Yes	No
Have you established a self-employed retirement or SIMPLE plan with deductible contributions?	☐	☐	☐	☐
Do you want to contribute the maximum amount allowed?	☐	☐	☐	☐

Contributions to:	2019 Amount	2019 Amount
Simplified employee pension plan		
Defined benefit plan		
Defined contribution plan		
SIMPLE plan		

Rental and Royalty Income

Location of Property: ________________________

TSJ . . . . ____

Type of property . . . ________________________

Have you prepared or will you prepare all required Forms 1099? . . . . Yes ☐ No ☐

	2019	2018
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)?		

Income:

	2019 Amount	2018 Amount
Rents received		
Royalties received		

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

2019

Partnership, S Corporation, Estate, Trust and REMIC Income

Partnership Income: Include all Schedules K-1

TSJ	Entity Name	Employer ID Number	Health Insurance Paid by Entity

S Corporation Income: Include all Schedules K-1

TSJ	Entity Name	Employer ID Number	Health Insurance Paid by Entity

Estate and Trust Income: Include all Schedules K-1

TSJ	Entity Name	Employer ID Number

Real Estate Mortgage Investment Conduit (REMIC) Income: Include all Schedules Q

TSJ	Entity Name	Employer ID Number

Worksheets: Fiduciary Passthrough, Partnership Passthrough, Large Partnership Passthrough, S Corporation Passthrough and Other Passthrough

Forms K-1 through K-12, IRS-K1 1065, IRS-K1 1120S and IRS-K1 1041

2019

Miscellaneous Income, Adjustments and Alimony

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

Worksheets: Other Income > Miscellaneous Income, Social Security Benefit Statement, Certain Government Payments, Refunds of State and Local Income Taxes and Alimony Received and Other Adjustments > Alimony Paid

Forms M-2, M-3, IRS-1099G, IRS-1099MISC and IRS-SSA1099

2019

Itemized Deductions - Medical and Taxes

Medical and Dental Expenses:

	TSJ	2019 Amount	2018 Amount
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			

	2019 Amount	2018 Amount
Taxpayer long-term care insurance premiums paid		
Spouse long-term care insurance premiums paid		

* 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**

	TSJ	2019 Amount	2018 Amount
Personal property taxes paid (include vehicle taxes)			
General sales taxes paid on specified items			

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

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Mortgage Questions for 2019:

	Yes	No
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

Worksheet: Itemized Deductions > Home Mortgage Interest Paid to a Financial Institution and Deductible Points, Other Home Mortgage Interest Paid, Investment Interest Expense Deduction and Mortgage Insurance Premiums Forms A-3, A-4 and IRS-1098MIS

2019

Itemized Deductions - Contributions

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

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* 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 . . . . ☐

Worksheets: Itemized Deductions > Miscellaneous Deductions and Gains and Losses > Business Property, Casualties and Thefts 900261 04-01-19

Forms A-4 and D-2

2019

Employee Business Expenses
(Page 1 of 2)

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TS: ____ **Occupation:** . . . . ______________________

Business Expenses: Enter all expenses at 100 percent | Include all documentation

Occupation code . . . . ______

1 - Performing artist	3 - Fee-basis state or local government official	5 - Outside salesperson
2 - Handicapped employee	4 - National Guard or Reserve	(Big Rapids, MI only)

If not 100%, enter the percentage to apply to Schedule A . . . . ______ %

	2019 Amount	2018 Amount
Parking fees and tolls		
Local transportation		
Travel expenses		
Meals		
Entertainment (deductible only on some state returns)		

Other Business Expenses:

Description	2019 Amount	2018 Amount

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

	2019 Amount	2018 Amount
Amount received for other expenses		
Amount received for meals		
Amount received for entertainment		

Does your employer's reimbursement plan for meals and entertainment allow for offset of other reimbursements? . . . . ☐ Yes ☐ No

2019

Child/Dependent Care Expenses & Education Expenses

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

Worksheets: 2441 - Child and Dependent Care Expenses and Tuition Statement
Forms P-1 and IRS 1098-T

Federal Tax Payments

Refund Application:

If you have an overpayment of 2019 taxes, do you want the excess:

Refunded ☐ Yes ☐ No
Applied to your 2020 estimated tax liability ☐ Yes ☐ No

Federal Estimated Tax Payments:

		Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid
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)			

2018 overpayment applied to 2019 estimate ☐

Tax Planning Information for Tax Year 2020:

Do you expect any of the following to occur in 2020?

	Yes	No
A change in your marital status	☐	☐
A change in the number of your dependents	☐	☐
A substantial change in your income	☐	☐
A substantial change in your withholding	☐	☐
A substantial change in deductions	☐	☐

If you answered Yes to any of the above questions, provide details.

2019

State and City Tax Payments

20A

State and City Estimated Tax Payments:

TSJ ___
State/City ______________________

	Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid
2019 1st Quarter Estimate			
2019 2nd Quarter Estimate			
2019 3rd Quarter Estimate			
2019 4th Quarter Estimate			

If you have an overpayment of 2019 taxes, do you want the excess applied to your 2020 estimated tax liability? ☐ Yes ☐ No

2018 overpayment applied to 2019 estimate ☐

Balance of prior year(s)' tax paid in 2019 plus amount paid with 2018 extensions ☐

Estimated tax payments for 2018 paid in 2019 ☐

State and City Estimated Tax Payments:

TSJ ___
State/City ______________________

	Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid
2019 1st Quarter Estimate			
2019 2nd Quarter Estimate			
2019 3rd Quarter Estimate			
2019 4th Quarter Estimate			

If you have an overpayment of 2019 taxes, do you want the excess applied to your 2020 estimated tax liability? ☐ Yes ☐ No

2018 overpayment applied to 2019 estimate ☐

Balance of prior year(s)' tax paid in 2019 plus amount paid with 2018 extensions ☐

Estimated tax payments for 2018 paid in 2019 ☐

State and City Estimated Tax Payments:

TSJ ___
State/City ______________________

	Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid
2019 1st Quarter Estimate			
2019 2nd Quarter Estimate			
2019 3rd Quarter Estimate			
2019 4th Quarter Estimate			

If you have an overpayment of 2019 taxes, do you want the excess applied to your 2020 estimated tax liability? ☐ Yes ☐ No

2018 overpayment applied to 2019 estimate ☐

Balance of prior year(s)' tax paid in 2019 plus amount paid with 2018 extensions ☐

Estimated tax payments for 2018 paid in 2019 ☐

Gambling Winnings

Include all of your current year Forms W-2G

TS	Name of Payer	Gross Winnings	Tax Withheld	
			Federal	State