

## Checklist

Name:

SSN:

This check list is provided to help you gather necessary information for us to prepare your 2019 income tax return. Return this list, along with the supporting documentation, to our office and let us know of any significant changes from your 2018 tax year.

### Wages (Form W-2)

[ ]

### Health Care Coverage (for each member of the household)

[ ] Health Insurance Marketplace Statement (Forms 1095-A)

[ ] Any exemption certificates received from HHS giving you an exemption from having health insurance

### Other Income (provide supporting documentation for income received for the following items)

[ ] Sale of assets or property

[ ] Cancellation of debt

[ ] Other income \_\_\_\_\_

### Payments (provide supporting documentation for payments made for the following items)

[ ] Educator classroom expenses

[ ] Employee business expenses

[ ] Contributions to a Health Savings Account

[ ] Expenses related to work relocation

[ ] Alimony

[ ] Student loan interest

[ ] Tuition and fees for higher education

[ ] Expenses related to child or dependent care

[ ] Contributions to a Retirement Savings Account

[ ] Medical and dental expenses

[ ] Real estate taxes

[ ] Other state and local taxes

[ ] Mortgage interest

[ ] Investment interest

[ ] Cash Contributions

[ ] Noncash Contributions

[ ] Unreimbursed employee expenses

[ ] Investment expenses

[ ] Gambling losses

[ ] Other payments \_\_\_\_\_

## Miscellaneous Information

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

Yes No

### General Information

<input type="checkbox"/>	<input type="checkbox"/>	1. Were there any changes to your filing status or number of dependents during 2019?
<input type="checkbox"/>	<input type="checkbox"/>	2. Can you or your spouse be claimed as a dependent by someone else?
<input type="checkbox"/>	<input type="checkbox"/>	3. Did you incur any childcare expenses?
<input type="checkbox"/>	<input type="checkbox"/>	4. Did you have a change in residence or job location during the year?
<input type="checkbox"/>	<input type="checkbox"/>	5. Did you move during 2019? From where? _____ Date of move _____
<input type="checkbox"/>	<input type="checkbox"/>	6. Did you reside in more than one state during 2019? If yes, which states? _____
<input type="checkbox"/>	<input type="checkbox"/>	7. Did you receive any notices from the IRS or the state taxing agency? If yes, please attach.

Yes No

### Income Information

<input type="checkbox"/>	<input type="checkbox"/>	1. Have you received all W-2s from all employers? How many W-2s are attached? _____
<input type="checkbox"/>	<input type="checkbox"/>	2. Did you use your vehicle on the job other than for commuting to work?
<input type="checkbox"/>	<input type="checkbox"/>	3. Did you have an employer-provided vehicle which you drove home or used personally? If so, enter the lease value. \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	4. Did you work out of town at any time during the year?
<input type="checkbox"/>	<input type="checkbox"/>	5. Did you earn income from a state other than the state in which you live? If yes, what state and how much? _____
<input type="checkbox"/>	<input type="checkbox"/>	6. Did you or your spouse receive any tips not reported to your (or your spouse's) employer?
<input type="checkbox"/>	<input type="checkbox"/>	7. Did you receive any disability income during the year? \$ _____. Attach 1099-R.
<input type="checkbox"/>	<input type="checkbox"/>	8. Did you have an interest in or signature over a bank or brokerage account in a foreign country? Were you a grantor of or transferor to a foreign trust?
<input type="checkbox"/>	<input type="checkbox"/>	9. Did you earn interest from, or are you an authorized signature holder on, a foreign bank account?
<input type="checkbox"/>	<input type="checkbox"/>	10. Did you have any income from, or pay taxes to, a foreign country?
<input type="checkbox"/>	<input type="checkbox"/>	11. Did you engage in any bartering transactions during 2019?
<input type="checkbox"/>	<input type="checkbox"/>	12. Did you surrender any U.S. Savings Bonds during 2019?
<input type="checkbox"/>	<input type="checkbox"/>	13. Did you receive any state or local income tax refunds from prior years?
<input type="checkbox"/>	<input type="checkbox"/>	14. Do you or your spouse have any IRA accounts?
<input type="checkbox"/>	<input type="checkbox"/>	15. Did you recharacterize any IRAs this year?
<input type="checkbox"/>	<input type="checkbox"/>	16. Did you or your spouse "roll over" a profit-sharing or retirement plan distribution into another plan?
<input type="checkbox"/>	<input type="checkbox"/>	17. Did you receive a Schedule K-1 from a partnership, S corporation, or trust? If so, please attach.
<input type="checkbox"/>	<input type="checkbox"/>	18. Did you or your spouse receive any social security benefits during the year? Attach Form(s) SSA-1099.
<input type="checkbox"/>	<input type="checkbox"/>	19. Did you receive any type of prize, award, or gambling winnings during 2019?
<input type="checkbox"/>	<input type="checkbox"/>	20. Did you receive any of the following: Unemployment Income, Combat Pay, Jury Duty and/or Alimony, or Maintenance Received? If so, what and how much? _____
<input type="checkbox"/>	<input type="checkbox"/>	21. Did you receive any income not shown in this organizer? If so, please list. _____
<input type="checkbox"/>	<input type="checkbox"/>	22. Does anyone owe you money that has become uncollectible?

Comments: \_\_\_\_\_  
 \_\_\_\_\_

### Miscellaneous Information

Name:

SSN:

Yes No

#### Business Information

1. Did you start a new business or purchase any rental property during 2019?
2. Have you purchased any business assets (furniture, equipment, etc.) or converted any assets to business use? If yes, please list on an attached sheet the date placed in service, cost or basis of asset, business use percentage, etc.
3. Did you dispose of any business assets (including real estate)? If yes, please list on an attached sheet the date removed from service, selling price and expense of sale.
4. Did you own rental property? What percentage of time did you spend managing your rentals? \_\_\_\_\_
5. Did you purchase any gasoline, diesel, or special fuels for non-highway business use?

Yes No

#### Other Information

1. Were any tuition costs paid during 2014 (even if classes were attended in another year)?
2. Did anyone in your household attend higher education classes in 2019?
3. Did you incur a loss due to damaged or stolen property?
4. Did you purchase a home for your personal residence between April 8, 2008, and December 31, 2008 in which the First-Time Homebuyer Credit was taken on the home?
5. Did you refinance your principal home or your second home or make a home equity loan during the year? If yes, please provide all escrow, closing, and other pertinent documentation and information.
6. Did you purchase or sell a home that you used as a principal residence? If yes, please provide closing documentation.
7. If yes to question 6, was the First-Time Homebuyer Credit taken?
8. Did you make any gifts to any one person in 2019 in excess of \$14,000? If so, are you splitting this gift with your spouse?
9. Did you pay wages to any household employees (babysitter, housekeeper, nanny, etc.)?
- 10a. Did you have health care coverage for yourself and everyone claimed on the tax return for the entire year?
- 10b. If yes, where did you purchase the health care coverage?  
 Employer  Medicaid  Medicare  Marketplace (Exchange)  Other

#### To itemize deductions, bring receipts and documentation for these types of expenses:

- Prescriptions, first-aid
- State/local income taxes
- Mortgage interest
- Tax preparation fees
- Gambling losses (up to amount of winnings)
- Cash donations to charity (provide all receipts)
- Medical/Dental/Vision expenses and insurance premiums, mileage and lodging for seeking medical care (but not meals) Real estate and personal property taxes paid in 2019
- Unreimbursed employee/work-related expenses (if self-employed, do not include items reported on Schedule C)
- Fair market value of property donated to charity
- Purchase price of new goods donated or used in volunteer work

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### Personal Data

Filing Status: <input type="checkbox"/> Single <input type="checkbox"/> Married Filing Joint <input type="checkbox"/> Married Filing Separate <input type="checkbox"/> Head of Household <input type="checkbox"/> Qualifying Widow(er)	
Taxpayer Name	<b>CLARK</b> SSN
Spouse Name	SSN
Address	Apt no.
City	State Zip
Foreign State/Province	Foreign Postal Code
Foreign Country	
Taxpayer Date of Birth	Spouse Date of Birth
Occupation	Occupation
Daytime phone: Ext:	Daytime phone: Ext:
Evening phone: Ext:	Evening phone: Ext:
Cell:	Cell:
E-mail	E-mail
<input type="checkbox"/> Full time student <input type="checkbox"/> Blind	<input type="checkbox"/> Full time student <input type="checkbox"/> Blind
Do you want \$3 to go to the Presidential Election Camp Fund? <input type="checkbox"/>	Does your spouse want \$3 to go to the Presidential Election Camp Fund? <input type="checkbox"/>
Date and time of this year's appointment	

#### Income Taxes Paid

Federal	2019 estimate date due	2019 estimated amount	Amount paid	Date paid	Check no.
2018 Refund	April 17, 2019				
2018 Refund applied to 2019	June 15, 2019				
2018 Balance Due	Sept. 15, 2019				
	Jan. 15, 2020				
Amount paid	Date paid	Check no.	Amount paid	Date paid	Check no.
Additional payments made					

Resident State	2019 estimate date due	2019 estimated amount	Amount paid	Date paid	Check no.
2016 Refund	April 17, 2019				
2016 Refund applied to 2017	June 15, 2019				
2016 Balance Due	Sept. 17, 2019				
	Jan. 15, 2020				
Amount paid	Date paid	Check no.	Amount paid	Date paid	Check no.
Additional payments made					

Local	2019 estimate date due	2019 estimated amount	Amount paid	Date paid	Check no.
2018 Refund	April 17, 2019				
2018 Refund applied to 2019	June 15, 2019				
2018 Balance Due	Sept. 17, 2019				
	Jan. 15, 2020				
Amount paid	Date paid	Check no.	Amount paid	Date paid	Check no.
Additional payments made					

## Child and Dependent Care

<b>Name:</b>		<b>SSN:</b>	
Child Care Provider's Information		2019	2018
Social Security Number or Employer ID Number	Amount Paid		
Name			
Street Address			
City		Phone	
<b>U.S. Only</b>	State, ZIP		
<b>Foreign Only</b>	Province/State, Country, Postal Code		
		2019	2018
Social Security Number or Employer ID Number	Amount Paid		
Name			
Street Address			
City		Phone	
<b>U.S. Only</b>	State, ZIP		
<b>Foreign Only</b>	Province/State, Country, Postal Code		
		2019	2018
Social Security Number or Employer ID Number	Amount Paid		
Name			
Street Address			
City		Phone	
<b>U.S. Only</b>	State, ZIP		
<b>Foreign Only</b>	Province/State, Country, Postal Code		
		2019	2018
Social Security Number or Employer ID Number	Amount Paid		
Name			
Street Address			
City		Phone	
<b>U.S. Only</b>	State, ZIP		
<b>Foreign Only</b>	Province/State, Country, Postal Code		

## Wages and Salaries

Please attach all W-2(s).

**Name:**

**SSN:**

TS  Employer's name and address: \_\_\_\_\_ Federal EIN \_\_\_\_\_

	2019	2018		2019	2018
Wages, tips, other compensation			State <input type="checkbox"/> 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 <input type="checkbox"/> State I.D.		
Allocated tips			State wages		
Dependent care benefits			State income tax		
			Locality name		
Are you a statutory employee?	<input type="checkbox"/>	<input type="checkbox"/>	Local wages		
Are you covered by a retirement plan?	<input type="checkbox"/>	<input type="checkbox"/>	Local income tax		
Did you receive third-party sick pay?	<input type="checkbox"/>	<input type="checkbox"/>			

TS  Employer's name and address: \_\_\_\_\_ Federal EIN \_\_\_\_\_

	2019	2018		2019	2018
Wages, tips, other compensation			State <input type="checkbox"/> 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 <input type="checkbox"/> State I.D.		
Allocated tips			State wages		
Dependent care benefits			State income tax		
			Locality name		
Are you a statutory employee?	<input type="checkbox"/>	<input type="checkbox"/>	Local wages		
Are you covered by a retirement plan?	<input type="checkbox"/>	<input type="checkbox"/>	Local income tax		
Did you receive third-party sick pay?	<input type="checkbox"/>	<input type="checkbox"/>			

