

Taxpayer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SS#:\_\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_\_ DOB:\_\_\_\_\_\_\_\_\_\_\_\_

Spouse’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SS#:\_\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_\_ DOB:\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vacation Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dependent Name Social Security # DOB Relationship Months in Home Daycare or College

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**Please check off provided copies of the following documents:**

\_\_ W2 forms from all jobs \_\_ 1099R pension/401kplan/2011 IRA withdrawal \_\_ 1099G State Refunds

\_\_ W-2G gambling winnings \_\_ 1099INT Interest paid to you from banks, etc. \_\_ 1099T Tuition Paid

\_\_ 1099MISC Self Employ Inc. \_\_ 1099DIV Dividends/ Capital Gains \_\_ 1099Q 529 Distributions

\_\_ 1099A Foreclosed Property \_\_ 1099C Debt Cancellation \_\_ Schedule K-1 Partnership/Trust

\_\_ 1098 Mortgage Interest \_\_ 1098E Student Loan Interest S Corp \_\_ 1099 K Payment Card & Third Party Network Transactions

\_\_ 1099B ,Proceeds from sale of stock/bonds. List of each stock, bond or mutual fund sold showing name, date bought, date sold,

sale price and cost basis.

**Please also send the following items:**

\_\_ Copy of 2019 tax returns including any depreciation schedules ***if not prepared by our firm***.

\_\_ List of Rental Income and Expenses by property

**Self Employed Individuals:**

\_\_ List of Income and Expenses for self-employed business

\_\_ Mileage Log for 01/01/2019 -12/31/2019

**Questions**

Did you contribute to an IRA for 2019 or do you wish to? \_\_\_\_

If No, are you aware of the potential benefits? \_\_\_\_\_\_

Did you buy a home in 2019 \_\_\_

If yes attach HUD Statement.

Did you do anything to improve the energy efficiency of your home such as insulation, new furnace, windows or doors? \_\_\_\_\_\_

Did you pay anyone to care for your dependents so that you could work? \_\_\_\_

If yes, provide Name, SS#, and amount paid. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did any dependent listed above have $950+ of income and $1900+ of unearned income (dividends/interest/capital gains)? \_\_\_\_

Please list below any additional items you think maybe deductions or income on your tax return.

Also make a note regarding questions/concerns as to your personal tax situation to be discussed with your tax preparer.

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**Estimated Payments:**  If you paid any estimated taxes for 2019, please list the date and amount paid

Date Federal Date State\_\_\_\_ Date State\_\_\_\_

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**Itemized Deductions:**

**Medical Expenses** (these must exceed 10% of your income to be deductible, or 7.5% if over age 65)

Medical/Dental Insurance: $\_\_\_\_\_\_\_\_\_\_ (Do not include Medicare or pretax medical insurance)

Long Term Care Ins: Taxpayer $\_\_\_\_\_\_\_\_\_ Spouse $\_\_\_\_\_\_\_\_\_

Prescriptions: $\_\_\_\_\_\_\_\_\_\_\_\_ Dental $\_\_\_\_\_\_\_\_\_\_

Copays (Dr./Clinic/Hospital): $\_\_\_\_\_\_\_\_\_\_\_\_\_ Therapy $\_\_\_\_\_\_\_\_\_\_\_\_

Vision $\_\_\_\_\_\_\_\_ Hearing Aids $\_\_\_\_\_\_\_\_

Medical Miles \_\_\_\_\_\_\_\_\_\_\_ Medical Parking/Tolls $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Taxes Paid**

Property Tax on Home $\_\_\_\_\_\_\_\_\_\_\_ Other Real Estate Tax $\_\_\_\_\_\_\_\_\_\_\_\_\_

Personal Property Tax $ \_\_\_\_\_\_\_\_\_\_\_ (Vehicle/Motor Home/Boats)

**Interest Paid:** Provide all form 1098 for mortgages and home equity loans.

Did you pay points on a refinance in 2019? $\_\_\_\_\_\_\_\_\_\_\_

Interest paid on a margin loan or other investment interest: $ \_\_\_\_\_\_\_\_\_\_

**Charity:** You must have either a cancelled check or receipt for all contributions up to $250 at one time, and a receipt for any contribution over $250 at one time.

Total in 2019 by cash or check that you have a proper documentation for: $\_\_\_\_\_\_\_\_\_\_

Total receipted non-cash contributions $\_\_\_\_\_\_\_\_\_\_ If the total is over $500, please send receipts for all non-cash donations as this needs to be reported to IRS.

**Miscellaneous Deductions:**

Investment Fees: $\_\_\_\_\_\_\_\_\_\_ Tax Prep Fee: $\_\_\_\_\_\_\_\_\_\_ Union Dues: $\_\_\_\_\_\_\_\_\_\_\_\_\_

Prof. Dues: $\_\_\_\_\_\_\_\_\_\_ Work Tools: $\_\_\_\_\_\_\_\_\_\_\_ Safety Shoes $\_\_\_\_\_\_\_\_\_\_\_\_\_

Teacher Expense $\_\_\_\_\_\_\_\_\_\_ Gambling Losses: $ \_\_\_\_\_\_\_\_\_\_\_ (If you had winnings)

Other work or investment related expenses: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Taxpayer Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Tax Preparer Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_