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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**



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

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?

Yes

No

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?

Yes

No

Yes

No

Yes

No

Personal Identification Numbers:

Code - 1 - Issued by IRS 2 - Issued by State or City

TS	State	City	Code	PIN

Tax Organizer Legend:



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.

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### 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



2019

## Electronic Filing

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### 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
<input type="checkbox"/>	<input type="checkbox"/>

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? .....	<input type="checkbox"/>	<input type="checkbox"/>
Would you like to pay any amount due on your <u>federal</u> return using electronic withdrawal? .....	<input type="checkbox"/>	<input type="checkbox"/>
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 <u>state</u> return(s) using electronic withdrawal? .....	<input type="checkbox"/>	<input type="checkbox"/>
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? .....	<input type="checkbox"/>	<input type="checkbox"/>
Would you like to pay any estimated payments due for your <u>state</u> return(s) using electronically withdrawal, if available? .....	<input type="checkbox"/>	<input type="checkbox"/>

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. ☐

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	Yes	No
Would you like any refunds owed to you directly deposited? .....	<input type="checkbox"/>	<input type="checkbox"/>
Would you like to pay any amount due on your <u>federal</u> return using electronic withdrawal? .....	<input type="checkbox"/>	<input type="checkbox"/>
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 <u>state</u> return(s) using electronic withdrawal? .....	<input type="checkbox"/>	<input type="checkbox"/>
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? .....	<input type="checkbox"/>	<input type="checkbox"/>
Would you like to pay any estimated payments due for your <u>state</u> return(s) using electronically withdrawal, if available? .....	<input type="checkbox"/>	<input type="checkbox"/>

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. ☐



2019

U.S. Series I Savings Bonds Purchase

4B

Up to \$5,000 of your refund may be used to purchase U.S. Series I Savings Bonds for yourself, your spouse, and up to two other individuals, in \$50 increments.

Do you want to use any of your refund to purchase any U.S. Series I Savings Bonds?

Yes

No

If Yes, provide the information requested for each type of bond you want to purchase using your refund.

If the purchase is for someone other than the taxpayer or spouse, or if the bond should have a co-owner or beneficiary, provide the name of the person receiving the bond (if not the taxpayer or spouse), the name of the person being designated as the co-owner of the bond, if applicable, the name of the person designated as the beneficiary of the bond, if applicable, and the amount of the bond to be purchased.

Joint:

Co-owner name

Beneficiary name

Amount of refund, if not the entire refund, to be used to purchase U.S. Series I Savings Bonds

Note: If filing a married filing joint return, bonds purchased will be jointly owned by the taxpayer and spouse. In this case, the spouse's name does not need to be entered as a co-owner. If the bonds will not be jointly owned by the taxpayer and spouse, the savings bond information should be entered in the taxpayer, spouse, or other owner areas below.

Taxpayer:

Co-owner name

Beneficiary name

Amount of refund, if not the entire refund, to be used to purchase U.S. Series I Savings Bonds

Spouse:

Co-owner name

Beneficiary name

Amount of refund, if not the entire refund, to be used to purchase U.S. Series I Savings Bonds

Bond purchases for someone other than the taxpayer or spouse:

Taxpayer name

Co-owner name

Beneficiary name

Amount of purchase

Taxpayer name

Co-owner name

Beneficiary name

Amount of purchase



**5A**

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

Total2018 Interest  
Amount**Worksheet: Interest  
Form IRS-1099INT**



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

Brokerage Statement Details

5EA

	TSJ	Payer Name	Account No.	Information Included (X or ✓)
A				
B				
C				
D				
E				
F				
G				
H				
I				
J				
K				
L				
M				
N				
O				
P				
Q				
R				
S				
T				

	Interest Income	U.S. Bonds and Obligations	Code	Tax-Exempt Interest	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								
O								
P								
Q								
R								
S								
T								

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

Note: For other amounts not listed, attach a copy of your brokerage statement.



2019

Consolidated Brokerage Statement Sales of Stocks,  
Securities, Capital Assets and Miscellaneous Income

5G

Gains or Losses from Sales of Stocks, Securities and Other Capital Assets:

Include all Forms 1099-A, 1099-B, 1099-MISC, 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 the sale of a publicly traded security into an SSBIC interest		
Reinvestment of the proceeds of the sale of qualified small business stock in other qualified small business stock		
Securities which became worthless		

	Kind of Property and Description	Quantity	Date Acquired (Mo/Da/Yr)	Date Sold (Mo/Da/Yr)
A				
B				
C				
D				

	Gross Sales Price (Less Commissions)	Cost or Other Basis	Federal Tax Withheld	State Tax Withheld
A				
B				
C				
D				

Other Income:

Nature and Source	2019 Amount	2018 Amount

Other Adjustments to Income:

Nature and Source	2019 Amount	2018 Amount

Investment Interest Expense:

Interest paid on money you borrowed that is allocable to property held for investment.

Paid To	2019 Amount	2018 Amount

Foreign Bank Accounts and Trusts:

At any time during 2019, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account?

YesNo

If Yes, enter name of foreign country

Were you the grantor of, or transferor to, a foreign trust that existed during 2019, whether or not you had any beneficial interest in it?



2019

## Business Income and Cost of Goods Sold

6

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? _____	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, what was the disposition date? _____ (Mo/Da/Yr)	<input type="checkbox"/>	<input type="checkbox"/>
Was there a change in determining quantities, costs or valuations between opening and closing inventory? _____	<input type="checkbox"/>	<input type="checkbox"/>
Were you involved in the operations of this business on a regular, continuous and substantial basis? _____	<input type="checkbox"/>	<input type="checkbox"/>
Have you prepared or will you prepare all required Forms 1099? _____	<input type="checkbox"/>	<input type="checkbox"/>

	2019 Amount	2018 Amount
Health insurance premiums paid for yourself and your dependents _____		

### Income:

Include all Forms 1099-K

Payment card and third party transactions:

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 \_\_\_\_\_



2019

**Business Expenses and Property & Equipment**

**6A**

**Name of Business:** .....

**Principal Business or Profession:** ....

**Expenses:**

	2019 Amount	2018 Amount
Advertising .....		
Car and truck expenses .....		
Parking fees and tolls .....		
Commissions and fees .....		
Contract labor .....		
Employee benefit programs and health insurance (other than pension and profit-sharing plans) .....		
Insurance (other than health) .....		
Interest - mortgage (paid to banks, etc.) .....		
Interest - other .....		
Legal and professional fees .....		
Office expense .....		
Pension and profit-sharing plans .....		
Rent or lease - vehicles, machinery and equipment .....		
Rent or lease - other business property .....		
Repairs and maintenance .....		
Supplies (not included in Cost of Goods Sold) .....		
Taxes and licenses .....		
Travel .....		
Meals .....		
Entertainment (deductible only on some state returns) .....		
Utilities .....		
Wages .....		
Dependent care benefits .....		

**Other Expenses:**

Description	2019 Amount	2018 Amount

**Property and Equipment:** Include a list if more space is needed

X if not new	Acquisitions - Description	Date Acquired (Mo/Da/Yr)	Cost

Dispositions - Description	Date Acquired (Mo/Da/Yr)	Cost	Date Sold (Mo/Da/Yr)	Selling Price



2019

Business Expenses

6C

Name of Business:
Principal Business or Profession:

Business Expenses: Enter all expenses at 100 percent

If not 100%, please enter the percentage to apply to this business %

Table with 2 columns: Description, 2019 Amount, 2018 Amount. Rows include Parking fees and tolls, Local transportation, Travel expenses, Meals, Entertainment (deductible only on some state returns), and Other Business Expenses.

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

Table with 2 columns: Description, 2019 Amount, 2018 Amount. Rows include Amount received for other expenses, Amount received for meals, and Amount received for entertainment.

If you are a statutory employee, does your employer's reimbursement plan for meals and entertainment allow for offset of other reimbursements? Yes No

Vehicle:

If not 100%, please enter the percentage to apply to this business %
Description of vehicle
Date vehicle was placed in service (Mo/Da/Yr)

Do you (or your spouse) have another vehicle available for personal purposes? Yes No
Was your vehicle available for personal use during off-duty hours? Yes No

Table with 2 columns: Description, 2019, 2018. Rows include Total miles, Total business miles, Average daily commuting miles, Total commuting miles for the year, Gasoline and oil, Repairs, Insurance, Interest, Taxes, Value of employer provided vehicle, Temporary vehicle rentals, Fair market value of leased vehicle, Vehicle leases, and Other Vehicle Expenses.



2019

**Business Use of Home**

6D

Name of Business: .....

Principal Business or Profession: .....

**Partial Use of Your Home for Business:**

Square footage of home used exclusively for business .....

Total square footage of home .....

Total hours home was used for day care during the year .....

2019	2018

Was your home used for day care purposes for the entire year? .....

Were improvements made to the home and/or home office since the time you began using the home for business? .....

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

**Expenses:** Enter all expenses at 100 percent

Direct expenses benefit the business part of your home.  
Example: Cost of painting or repairs made to the specific area or room used for business.

Indirect expenses are required for keeping up and running your entire home.  
Example: Real estate taxes.

	Direct Expenses		Indirect Expenses	
	2019 Amount	2018 Amount	2019 Amount	2018 Amount
Casualty losses .....				
Deductible mortgage interest paid to:				
Financial institutions .....				
Individuals .....				
Real estate taxes .....				
Insurance .....				
Qualified mortgage insurance premiums .....				
Repairs and maintenance .....				
Utilities .....				
Rent .....				

**Other Expenses:**

Description	Direct Expenses		Indirect Expenses	
	2019 Amount	2018 Amount	2019 Amount	2018 Amount

**Seller-Financed Mortgage Interest Information:**

Name of Individual to Whom Mortgage Interest Was Paid	Identification Number of Individual	Address of Individual to Whom Mortgage Interest Was Paid



2019

**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?

- 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 . . . . .

Yes	No

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



## 9

TS

Yes	No

If Yes, explain.

	Q1 2019	Q2 2019	Q3 2019	Q4 2019	Q1 2020	Q2 2020	Q3 2020	Q4 2020	Q1 2021	Q2 2021	Q3 2021	Q4 2021	Q1 2022	Q2 2022	Q3 2022	Q4 2022	Q1 2023	Q2 2023	Q3 2023	Q4 2023	Q1 2024	Q2 2024	Q3 2024	Q4 2024	Q1 2025	Q2 2025	Q3 2025	Q4 2025	Q1 2026	Q2 2026	Q3 2026	Q4 2026	Q1 2027	Q2 2027	Q3 2027	Q4 2027	Q1 2028	Q2 2028	Q3 2028	Q4 2028	Q1 2029	Q2 2029	Q3 2029	Q4 2029	Q1 2030	Q2 2030	Q3 2030	Q4 2030	Q1 2031	Q2 2031	Q3 2031	Q4 2031	Q1 2032	Q2 2032	Q3 2032	Q4 2032	Q1 2033	Q2 2033	Q3 2033	Q4 2033	Q1 2034	Q2 2034	Q3 2034	Q4 2034	Q1 2035	Q2 2035	Q3 2035	Q4 2035	Q1 2036	Q2 2036	Q3 2036	Q4 2036	Q1 2037	Q2 2037	Q3 2037	Q4 2037	Q1 2038	Q2 2038	Q3 2038	Q4 2038	Q1 2039	Q2 2039	Q3 2039	Q4 2039	Q1 2040	Q2 2040	Q3 2040	Q4 2040	Q1 2041	Q2 2041	Q3 2041	Q4 2041	Q1 2042	Q2 2042	Q3 2042	Q4 2042	Q1 2043	Q2 2043	Q3 2043	Q4 2043	Q1 2044	Q2 2044	Q3 2044	Q4 2044	Q1 2045	Q2 2045	Q3 2045	Q4 2045	Q1 2046	Q2 2046	Q3 2046	Q4 2046	Q1 2047	Q2 2047	Q3 2047	Q4 2047	Q1 2048	Q2 2048	Q3 2048	Q4 2048	Q1 2049	Q2 2049	Q3 2049	Q4 2049	Q1 2050	Q2 2050	Q3 2050	Q4 2050	Q1 2051	Q2 2051	Q3 2051	Q4 2051	Q1 2052	Q2 2052	Q3 2052	Q4 2052	Q1 2053	Q2 2053	Q3 2053	Q4 2053	Q1 2054	Q2 2054	Q3 2054	Q4 2054	Q1 2055	Q2 2055	Q3 2055	Q4 2055	Q1 2056	Q2 2056	Q3 2056	Q4 2056	Q1 2057	Q2 2057	Q3 2057	Q4 2057	Q1 2058	Q2 2058	Q3 2058	Q4 2058	Q1 2059	Q2 2059	Q3 2059	Q4 2059	Q1 2060	Q2 2060	Q3 2060	Q4 2060	Q1 2061	Q2 2061	Q3 2061	Q4 2061	Q1 2062	Q2 2062	Q3 2062	Q4 2062	Q1 2063	Q2 2063	Q3 2063	Q4 2063	Q1 2064	Q2 2064	Q3 2064	Q4 2064	Q1 2065	Q2 2065	Q3 2065	Q4 2065	Q1 2066	Q2 2066	Q3 2066	Q4 2066	Q1 2067	Q2 2067	Q3 2067	Q4 2067	Q1 2068	Q2 2068	Q3 2068	Q4 2068	Q1 2069	Q2 2069	Q3 2069	Q4 2069	Q1 2070	Q2 2070	Q3 2070	Q4 2070	Q1 2071	Q2 2071	Q3 2071	Q4 2071	Q1 2072	Q2 2072	Q3 2072	Q4 2072	Q1 2073	Q2 2073	Q3 2073	Q4 2073	Q1 2074	Q2 2074	Q3 2074	Q4 2074	Q1 2075	Q2 2075	Q3 2075	Q4 2075	Q1 2076	Q2 2076	Q3 2076	Q4 2076	Q1 2077	Q2 2077	Q3 2077	Q4 2077	Q1 2078	Q2 2078	Q3 2078	Q4 2078	Q1 2079	Q2 2079	Q3 2079	Q4 2079	Q1 2080	Q2 2080	Q3 2080	Q4 2080	Q1 2081	Q2 2081	Q3 2081	Q4 2081	Q1 2082	Q2 2082	Q3 2082	Q4 2082	Q1 2083	Q2 2083	Q3 2083	Q4 2083	Q1 2084	Q2 2084	Q3 2084	Q4 2084	Q1 2085	Q2 2085	Q3 2085	Q4 2085	Q1 2086	Q2 2086	Q3 2086	Q4 2086	Q1 2087	Q2 2087	Q3 2087	Q4 2087	Q1 2088	Q2 2088	Q3 2088	Q4 2088	Q1 2089	Q2 2089	Q3 2089	Q4 2089	Q1 2090	Q2 2090	Q3 2090	Q4 2090	Q1 2091	Q2 2091	Q3 2091	Q4 2091	Q1 2092	Q2 2092	Q3 2092	Q4 2092	Q1 2093	Q2 2093	Q3 2093	Q4 2093	Q1 2094	Q2 2094	Q3 2094	Q4 2094	Q1 2095	Q2 2095	Q3 2095	Q4 2095	Q1 2096	Q2 2096	Q3 2096	Q4 2096	Q1 2097	Q2 2097	Q3 2097	Q4 2097	Q1 2098	Q2 2098	Q3 2098	Q4 2098	Q1 2099	Q2 2099	Q3 2099	Q4 2099	Q1 2100	Q2 2100	Q3 2100	Q4 2100	Q1 2101	Q2 2101	Q3 2101	Q4 2101	Q1 2102	Q2 2102	Q3 2102	Q4 2102	Q1 2103	Q2 2103	Q3 2103	Q4 2103
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Contributions made for the 2019 tax year

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

[illegible]





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

Have you established a self-employed retirement or SIMPLE plan with deductible contributions? . . . . .  
Do you want to contribute the maximum amount allowed? . . . . .

Taxpayer	
Yes	No

Spouse	
Yes	No

Contributions to:

Simplified employee pension plan . . . . .  
Defined benefit plan . . . . .  
Defined contribution plan . . . . .  
SIMPLE plan . . . . .

2019 Amount

2019 Amount



**10**

TSJ .....  
Type of property .....

Have you prepared or will you prepare all required Forms 1099?

No

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)?

%

Rents received . . . . .

Royalties received . . . . .

2019 Amount

2018 Amount

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

Rental and Royalty Expenses

10A

Location of Property: \_\_\_\_\_

Expenses:

	2019 Amount	2018 Amount
Advertising .....		
Auto and travel .....		
Cleaning and maintenance .....		
Commissions .....		
Insurance .....		
Legal and other professional fees .....		
Management fees .....		
Mortgage interest paid to banks, etc. ....		
Mortgage interest paid to individuals .....		
Other interest .....		
Repairs .....		
Supplies .....		
Taxes .....		
Utilities .....		
Dependent care benefits .....		
Employee benefits .....		

Other Expenses:

Description	2019 Amount	2018 Amount



2019

**Miscellaneous Income, Adjustments and Alimony**

13

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



2019

**Miscellaneous Adjustments****13A****Educator Expenses:** Deduction for amounts paid by educators of kindergarten through Grade 12

TS	2019 Amount	2018 Amount

**Health Savings Accounts (HSAs)**

TS	Description	2019 Amount	2018 Amount
	Contributions made for 2019		
	Distributions received from all HSAs in 2019		

What type of coverage applies to your high deductible health plan? ☐ Self only ☐ Family

Were any HSA contributions listed above also shown on your Form W-2?

Were all distributions from your HSA for unreimbursed medical expenses?

Did you or your spouse enroll in Medicare?

If Yes, what month did you enroll?

What month did your spouse enroll?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

**Other Adjustments to Income:** Include all Forms 1098-E for Student Loan Interest Paid

TSJ	Nature and Source	2019 Amount	2018 Amount



2019

**Itemized Deductions - Medical and Taxes**

14

**Medical and Dental Expenses:**

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 . . . . .

TSJ	2019 Amount	2018 Amount

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

Personal property taxes paid (include vehicle taxes) . . . . .  
General sales taxes paid on specified items . . . . .

TSJ	2019 Amount	2018 Amount

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****14A****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? . . .	<input type="checkbox"/>	<input type="checkbox"/>
Did you refinance your home? (If Yes, enclose the closing statement.) . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, how many years is your new mortgage loan? . . . . .		
Did you purchase a new home or sell your former home during the year? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
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? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
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? . . . .	<input type="checkbox"/>	<input type="checkbox"/>

**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



2019

## Itemized Deductions - Contributions

15

**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 - Business Use of Home**

16A

**These expenses are not deductible on the Federal return  
but may be deductible on some state returns.**

**Partial Use of Your Home for Business:**

Square footage of home used exclusively for business .....  
Total square footage of home .....  
Total hours home was used for day care during the year .....

2019	2018

Was your home used for day care purposes for the entire year? .....  
Were improvements made to the home and/or home office since the time you began using the home for business? .....

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

**Expenses:** **Enter all expenses at 100 percent**

Direct expenses benefit the business part of your home.  
Example: Cost of painting or repairs made to the specific area or room used for business.

Indirect expenses are required for keeping up and running your entire home.  
Example: Real estate taxes.

	Direct Expenses		Indirect Expenses	
	2019 Amount	2018 Amount	2019 Amount	2018 Amount
Casualty losses .....				
Deductible mortgage interest paid to:				
Financial institutions .....				
Individuals .....				
Real estate taxes .....				
Insurance .....				
Qualified mortgage insurance premiums .....				
Repairs and maintenance .....				
Utilities .....				
Rent .....				

**Other Expenses:**

Description	Direct Expenses		Indirect Expenses	
	2019 Amount	2018 Amount	2019 Amount	2018 Amount

**Seller-Financed Mortgage Interest Information:**

Name of Individual to Whom Mortgage Interest Was Paid	Identification Number of Individual	Address of Individual to Whom Mortgage Interest Was Paid



2019

## Child/Dependent Care Expenses & Education Expenses

18

### 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 .....

2019 Amount	2018 Amount

##### 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 .....

2019 Amount	2018 Amount

#### 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



2019

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:

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)

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

2018 overpayment applied to 2019 estimate

Tax Planning Information for Tax Year 2020:

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

A change in your marital status ☐ Yes ☐ No

A change in the number of your dependents ☐ Yes ☐ No

A substantial change in your income ☐ Yes ☐ No

A substantial change in your withholding ☐ Yes ☐ No

A substantial change in deductions ☐ Yes ☐ No

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

21

**Include all of your current year Forms W-2G**

[illegible]