

Questionnaire

Name:

SSN:

Questionnaire

Personal Information

Yes No

- Did your marital status change during the year?
If "Yes," explain _____
- Can you or your spouse be claimed as a dependent by someone else?
- Did your address change during the year?
Provide proof of identity to be eligible to e-file your tax return (driver's license or state-issued photo ID)

Dependent Information

Yes No

- Did you have any changes in dependents during the year?
If "Yes," explain _____
- Can another person qualify to claim any of your dependents?
- Did you have any childcare expenses during the year?
- Did you have any adoption expenses during the year?
- Did you have any children under age 19 or a full-time student under age 24 with more than \$2200 of unearned income?
Provide documentation for proof of dependent related credits (school records, medical records, daycare records, etc.)

Health Care Information

Yes No

- Did any member of your household have healthcare coverage through the Marketplace?
If "Yes," provide copies of Form 1095-A.
- Did you receive any distributions from a Health Savings Account (HSA), Archer MSA, or Medicare Advantage MSA during the year?

Income, Purchases, Sales, and Debt Information

Yes No

- Did you receive any tips not reported to your employer?
- Did you receive any disability income during the year?
- Did you cash any U.S. savings bonds during the year?
- Did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currencies?
- Did you receive any other income not provided with this organizer?
If "Yes," explain _____
- Did you start a new business or purchase any rental property during the year?
- Did you sell an existing business, rental property, or other property during the year?
- Did you purchase any business assets or convert any assets to business use?
If "Yes," provide the cost of the asset, the date it was placed in service, and business use percentage.
- Did you purchase any gasoline, diesel, or special fuels for non-highway business use?
- Did you buy or sell any stocks, bonds, or other investments during the year?
- Did you sell a principal residence during the year?
If "Yes," provide closing documentation for the purchase and sale of the home
- Did you have a principal residence or a piece of real property foreclosed on during the year?
- Did you abandon a principal residence or a piece of real property during the year?
- Did you refinance your principal home or second home or take out a home equity loan during the year?
If "Yes," provide all escrow, closing, and other pertinent documentation and information.
- Did you receive any principal or interest during this year from property sold in prior years?
- Did you rent out your home or use it for business?
- Did you sell, exchange, or purchase any real estate during the year?

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- Did you acquire a new or additional interest in a partnership or S corporation?
 Did you have any debts canceled or forgiven this year?
 Does anyone owe you money that has become uncollectible?
 Did you purchase a new hybrid, alternative motor, or electric motor energy-efficient vehicle during the year?
 If "Yes," provide the year, make, model, VIN, and date the vehicle was placed in service.

Itemized Deduction Information

Yes No

- Did you pay out-of-pocket medical or dental expenses (premiums, prescriptions, mileage, etc.) during the year?
 Did you pay any long-term care premiums for yourself, your spouse, or a dependent during the year?
 Did you receive any state or local income tax refunds from prior years?
 Did you make any major purchases (vehicle, boat, etc.) during the year?
 Did you pay any real estate property taxes or personal taxes during the year?
 Did you pay mortgage interest during the year?
 Did you make cash donations to charity during the year?
 Did you make noncash donations to charity (clothes, furniture, etc.) during the year?
 Did you donate a boat or vehicle during the year?
 If "Yes," attach Form 1098-C.
 Did you have gambling winnings or losses during the year?
 Did you have any job-related expenses that were not reimbursed by your employer (uniforms, safety equipment, etc.)?
 Did you use your vehicle on the job other than for commuting to work?
 Did you work out of town at any time during the year?

Retirement Information

Yes No

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

Education Information

Yes No

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

Miscellaneous Information

Yes No

- Did you incur a gain or loss due to damaged or stolen property?
 If "Yes," provide the incident date, value of the property, and amount of insurance reimbursements.
 Did you pay wages to any household employees (babysitter, nanny, housekeeper, etc.)?
 Did you make gifts to any one person in excess of \$15,000 during the year?
 If "Yes,"
Yes No
 Are you splitting the gift with your spouse?
 Did you incur moving expenses during the year?
 Did you make any energy-efficient improvements to your main home during the year?

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- Are you a business owner who paid health insurance premiums for your employees during the year?
- Did you apply an overpayment of your 2018 taxes to your 2019 estimated taxes?
- If you have an overpayment of 2019 taxes, do you want the refund applied to your 2020 estimated taxes?
- Did you make any estimated payments toward your 2019 taxes?
- Do you want to have any refund or balance due directly deposited or withdrawn?
If "Yes," provide a canceled checking or savings slip.
- Did you receive any notices from the IRS or state taxing authority?
If "Yes," explain _____
- May the IRS discuss your tax return with your preparer?
- Would you like a copy of your tax return emailed to you instead of receiving a printed copy?

Foreign Account Information

Yes No

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

Additional Questions

Yes No

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

Preparer Notes

2019 Tax Organizer Personal and Dependent Information

Personal Information

Name		SSN	Date of birth
Taxpayer			
Spouse			
Street address, city, state, and ZIP			
Occupation		Daytime phone	Evening phone
Taxpayer			
Spouse			
Taxpayer email			
Spouse email			

<p>Marital Status at end of 2019</p> <p><input type="checkbox"/> Married</p> <p><input type="checkbox"/> Married filing separately</p> <p><input type="checkbox"/> Single</p> <p><input type="checkbox"/> Widow(er) <small>If spouse died in 2019 enter the date of death _____</small></p>	<p>Other information</p> <p>Are you blind? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are you disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are you a full-time student? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you want \$3 to go to the Presidential Election Campaign Fund? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Taxpayer</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Spouse</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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Dependent Information

First and last name	SSN	Relationship	Months in home	Date of birth	Disabled	Full-time student

List dependents required to file a return _____

Estimates

	Federal		Resident state		Resident city	
	Date paid	Amount	Date paid	Amount	Date paid	Amount
Overpayment applied from 2018	_____	_____	_____	_____	_____	_____
First quarter	_____	_____	_____	_____	_____	_____
Second quarter	_____	_____	_____	_____	_____	_____
Third quarter	_____	_____	_____	_____	_____	_____
Fourth quarter	_____	_____	_____	_____	_____	_____
Additional payments	_____	_____	_____	_____	_____	_____

Account Information for Deposits or Withdrawals

Name of bank	Bank routing number	Bank account number	Type of account		Use this account for	
			Checking	Savings	Deposits	Withdrawals

Appointment Information

Your 2019 appointment is scheduled for _____

Income

Name:

SSN:

Wages & Salaries

Provide all copies of Form W-2

Employer name	2019 federal wages

Retirement

Provide all copies of Form 1099-R

Payer name	2019 distribution

Did you take a distribution from an IRA and give it to an organization eligible to receive tax-deductible contributions? Yes No

Form 1099-Misc Income

Provide all copies of Form 1099-MISC

Payer name	2019 amount

Income

Name:

SSN:

Dividend Income

Provide all copies of Form 1099-DIV & other statements that report dividend income

Account number	2019 ordinary dividends	2019 qualified dividends
Payer name		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
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_____	_____	_____
_____	_____	_____
_____	_____	_____

Interest Income

Provide all copies of Form 1099-INT, Form 1099-OID and other statements that report interest income

Account number	2019 interest
Payer name	
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
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_____	_____
_____	_____
_____	_____
_____	_____

If any interest income listed above is from a seller-financed mortgage, provide the payer's ID number and address

Sale of Capital Assets

Name:

SSN:

Sale of Capital Assets (not reported on Form 1099-B)

Provide all brokerage statements

Description of property	Date purchased	Date sold	Sales price	Cost

Installment Sale Income

Description of property: _____

Date acquired _____ Date sold _____

	2019	Prior years
Selling price		
Mortgages assumed		
Cost of property sold		
Depreciation allowed		
Commissions and expense of sale		
Gross profit percentage		
Interest received		
Principal payments received		

Property was sold to a related party

Other Income and Adjustments

Name:

SSN:

Other Income

Did you receive, sell, exchange, or otherwise acquire any financial interest in any virtual currency at any time during 2019?

Table with 3 columns: Description, 2019 Taxpayer, 2019 Spouse. Rows include Scholarships or grants not reported on Form W-2, State income tax refund, Social Security Benefits, Railroad Retirement Benefits, Alimony received, Unemployment compensation, Gambling winnings, Alaska Permanent Fund, ABLE distributions, and Other income.

Adjustments

Table with 3 columns: Description, 2019 Taxpayer, 2019 Spouse. Rows include Educator expenses, Contributions made to a Health Savings Account (HSA), Contributions made to a Self-Employed Pension plan (SEP), Payments made for Self-Employed Health Insurance, Alimony paid, Contributions made to an Individual Retirement Account (IRA), Contributions made to a Roth IRA, Interest paid on a student loan, and Other adjustments.

Job-related Moving Expenses

Select this box and complete the fields below if you are a member of the Armed Forces on active duty, and moved due to a military order for a permanent change of station.

2019

Table with 3 columns: Description, 2019 Taxpayer, 2019 Spouse. Rows include Number of miles from old home to old workplace, Number of miles from old home to new workplace, and Expense to move household goods & personal effects and lodging expenses while traveling to your new home.

Schedule A - Itemized Deductions

Name:

SSN:

Medical and Dental Expenses

- Health insurance premiums (paid by you)
Long-term care premiums (you)
Long-term care premiums (your spouse)
Long-term care premiums (dependents)
Mileage driven for medical purposes
Medical and dental expenses
Doctor, dental, etc
Prescription medicines
Insulin
Glasses and contacts
Hearing aids
Braces
Medical equipment & supplies
Hospital services
Laboratory services
Nursing services
Other

Taxes Paid

- State and local income taxes
Sales tax
Real estate taxes
Personal property taxes
Other taxes (list)

Interest Paid

- Mortgage interest paid (attach Form 1098)
Some of your home mortgage loan was not used to buy, build, or improve your home
Mortgage interest paid to an individual
Paid to: Name, Address, City, State, ZIP, SSN or EIN
Investment interest

Charitable Contributions

- Donations to charity: Church, Boy or Girl Scouts, Goodwill, Red Cross, Salvation Army, United Way, Veterans, Hospital, University, Other
Miles driven for charitable purposes

Other Miscellaneous Deductions

- Amortizable bond premiums
Federal estate tax
Gambling losses
Impairment-related work expenses
Claim repayments
Unrecovered pension investments
Loss from other activities from Schedule K-1
Ordinary loss debt instrument

Job Expenses & Certain Miscellaneous Deductions

- Necessary job expenses you paid that were not reimbursed by your employer: Safety equipment, tools, & supplies, Uniforms, Protective clothing, Dues to professional organizations, Books & subscriptions, Other
Tax preparation fees
Other nonpersonal expenses related to taxable income: Safe deposit box fees, Investment expenses not entered elsewhere, Other
Qualified mortgage insurance premiums
Home equity interest

Other Information

Name: _____

SSN: _____

Mortgage Interest

Provide all copies of Form 1098

Lender's name	Mortgage interest received	Mortgage insurance premiums	Real estate taxes paid
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Employee Business Expenses

- | | |
|--|--|
| <input type="checkbox"/> You are a qualified performing artist | <input type="checkbox"/> You are a member of the clergy |
| <input type="checkbox"/> You are a fee-based state or local government official | <input type="checkbox"/> You used your personal vehicle for your job during 2019 |
| <input type="checkbox"/> You are a disabled employee with impairment-related work expenses | |
| <input type="checkbox"/> You are a reservist | |

	NOT reimbursed by your employer	Reimbursed by your employer not included on your W-2
Parking fees, tolls, local transportation	_____	_____
Meals	_____	_____
Overnight business travel expenses (Do not include meals & entertainment)	_____	_____
Other business expenses	_____	_____
_____	_____	_____
_____	_____	_____

Casualties and Thefts

FEMA code _____	FEMA code _____
Property description _____	Property description _____
Property location _____	Property location _____
_____	_____
Date property was acquired _____	Date property was acquired _____
Date property was damaged or stolen _____	Date property was damaged or stolen _____
Cost of property damaged or stolen _____	Cost of property damaged or stolen _____
Amount of damage _____	Amount of damage _____
Insurance reimbursement _____	Insurance reimbursement _____

Other Information

Name: _____

SSN: _____

Child and Other Dependent Care Expenses

Name of care provider	Address	SSN or EIN	Amount paid

Education Expenses

Provide all copies of Form 1098-T

Student name _____ Student name _____

Type of expense	Amount	Type of expense	Amount

Student name _____ Student name _____

Type of expense	Amount	Type of expense	Amount

Student name _____ Student name _____

Type of expense	Amount	Type of expense	Amount