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2019 TAX ORGANIZER

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I (We) have submitted this information for the sole purpose of preparing my (our) tax return(s). Each item can be substantiated by receipts, canceled checks or other documents. This information is true, correct and complete to the best of my (our) knowledge.

Taxpayer Signature	Date
Spouse Signature	Date

Flynn, Abell & Associates, LLC

7979 Old Georgetown Road

Suite 550

Bethesda, MD 20814

December 26, 2019

[Client Mailing Address Line 1]

[Client Mailing Address Line 2]

[Client Mailing Address Line 3]

[Client Mailing Address Line 4]

Dear Client:

Best wishes for the New Year!

Enclosed please find our 2019 tax organizer, directions to our office, organizer tips and checklist, and our engagement letter. Please sign one copy of the engagement letter. Please keep the other copy for your files.

Please review the information requested in the organizer, particularly the organizer questions that are included in the first few pages of the organizer. The organizer tips and checklist sheet are included to assist you in gathering your 2019 tax information. Please call with any questions about the organizer.

As in the past, we have included various forms on our website to better assist you with gathering your tax information. Included under the "Clients" tab of our website is a blank organizer, which should be helpful in the event that you need an additional organizer or a single page. Feel free to visit us online at www.flynncpas.com.

Our office administrator is available to schedule appointments with Pat, Bill or Hannah, and can also provide further details on mailing us your tax return information.

Please note that our last date for **appointments for this tax season is March 14, 2020**. We must generally receive your tax information by this date in order to have an opportunity to review it prior to the April 15th deadline. Even if you are still awaiting items such as Schedules K-1, please schedule your appointment or ensure that we receive your information by this date. The missing items can be forwarded to us later.

We thank you for your continued business, and look forward to working with you this year!

Sincerely,

Pat

Bill

Hannah

Patrick J. Flynn, CPA

William T. Abell, CPA

Hannah K. Nixon, CPA

IMPORTANT CHANGES FOR 2019!

PLEASE READ

- The last day for appointments and the date by which you must get your documents to us in order for us to complete your tax returns by the filing deadline is **MARCH 14, 2020**. If we receive your information after this date, we will likely need to file an extension for you and will be in touch after the filing deadline.
- For security reasons, we will no longer be emailing tax returns. If you would like electronic copies of your tax returns, please contact our office administrator, Cassandra Frazier at cassandra@flynncpas.com so we can set you up on our secure client portal. Please also consider the portal for sending us any electronic documents that contain Social Security Numbers or other sensitive information.
- If you are using direct deposit or direct withdrawal, please reconfirm the information contained on page 4A of this organizer. It is very important that we have the correct information for this purpose.
- **Please notice the parking information change on the Directions sheet following this. In short, the parking lot behind our building is no longer generally available for parking, but there is usually ample street parking and Montgomery County public garage parking across Auburn Avenue.**

**Flynn, Abell
& Associates, LLC**
Certified Public Accountants
7979 Old Georgetown Road • Suite 550 • Bethesda, Maryland 20814

December 26, 2019

Dear Client:

We appreciate the opportunity to work with you. The purpose of this letter is to confirm our understanding of the terms and objectives of our engagement.

We will prepare your 2019 federal and state income tax returns. We will not verify that data that you provide us, but may ask for clarification of some of the information submitted. We will render accounting and bookkeeping assistance as we find necessary to complete your returns.

You have the final responsibility for your tax returns, and for providing us with the necessary information to prepare complete and accurate returns. An income tax organizer will be provided to expedite your information gathering, and will help keep your cost to a minimum. Please review it carefully, as this may alert you of tax provisions which are relevant to your situation. Please review your returns before you sign them.

We will use judgement to resolve questions where the law is unclear, or where there are conflicts between the taxing authorities' interpretations of the law and other supportable positions. Unless otherwise instructed, we will resolve questions involving application of tax rules in your favor if there is reasonable justification for it. The law provides various penalties that may be imposed when taxpayers understate their tax liability. Please contact us if you would like further information.

Your returns are, of course, subject to review by the taxing authorities. Any items resolved against you by the examining agent are subject to certain rights of appeal. In the event of an examination, we will be available to represent you. Such representation, however, shall be deemed a separate engagement and our fees therefore shall be based upon our normal hourly charges.

It is our policy to respond to electronic and email inquiries within 24 hours. If you do not receive a response within 24 hours, you must assume that we did not receive your message and should take further action to contact us. Further, if we have indicated that any electronic or email correspondence will be sent to you, and that correspondence does not reach you for any reason, you must assume a problem with transmission and take further action to contact us.

You agree that in the event your return cannot be completed by the due date, it may become necessary for us to apply to extend the due date. An extension does not extend the time for payment of tax that may be due, and therefore may affect your liability for penalties and interest, and may extend the time available for a taxing authority to undertake an examination of your return. In the event that you request us to apply for an extension, you will be responsible for ensuring that any payment due with the extension is timely sent to the appropriate taxing authority(ies). You will also be responsible for any additional costs our firm incurs arising from the extension preparation.

Our fee for these services are based on our normal rates, plus out of pocket expenses. Our invoices are due and payable upon receipt. Accounts over 30 days will be charged interest at the rate of 1% per month. In the event that any collection action is required to collect unpaid balances due us, you agree to reimburse us for our reasonable costs of collection, including attorneys' fees.

If this letter is consistent with your understanding, please sign one copy and return it to our office. The additional enclosed copy is for your files. Please feel free to call us with any questions. We look forward to working with you.

Sincerely,

Flynn, Abell & Associates, LLC

Acknowledged:

Client Signature

Print Name & Date

Client Signature

Print Name & Date

**Flynn, Abell
& Associates, LLC**
Certified Public Accountants
7979 Old Georgetown Road • Suite 550 • Bethesda, Maryland 20814

December 26, 2019

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You have the final responsibility for your tax returns, and for providing us with the necessary information to prepare complete and accurate returns. An income tax organizer will be provided to expedite your information gathering, and will help keep your cost to a minimum. Please review it carefully, as this may alert you of tax provisions which are relevant to your situation. Please review your returns before you sign them.

We will use judgement to resolve questions where the law is unclear, or where there are conflicts between the taxing authorities' interpretations of the law and other supportable positions. Unless otherwise instructed, we will resolve questions involving application of tax rules in your favor if there is reasonable justification for it. The law provides various penalties that may be imposed when taxpayers understate their tax liability. Please contact us if you would like further information.

Your returns are, of course, subject to review by the taxing authorities. Any items resolved against you by the examining agent are subject to certain rights of appeal. In the event of an examination, we will be available to represent you. Such representation, however, shall be deemed a separate engagement and our fees therefore shall be based upon our normal hourly charges.

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Our fee for these services are based on our normal rates, plus out of pocket expenses. Our invoices are due and payable upon receipt. Accounts over 30 days will be charged interest at the rate of 1% per month. In the event that any collection action is required to collect unpaid balances due us, you agree to reimburse us for our reasonable costs of collection, including attorneys' fees.

If this letter is consistent with your understanding, please sign one copy and return it to our office. The additional enclosed copy is for your files. Please feel free to call us with any questions. We look forward to working with you.

Sincerely,

Flynn, Abell & Associates, LLC

Acknowledged:

Client Signature

Print Name & Date

Client Signature

Print Name & Date

Directions to:

Flynn, Abell & Associates, LLC

7979 Old Georgetown Road, Suite 550
Bethesda, Maryland 20814
(301) 951-1019

NOTE PARKING CHANGE!

From Rockville : Take Rockville Pike (Route 355) South towards Bethesda. After passing National Institutes of Health on the right, make a slight right onto Woodmont Avenue. Make a right onto Cordell Avenue. At the stop sign, make a right onto Norfolk Avenue. Make a left onto Auburn Avenue. There is ample metered street parking surrounding the building, as well as a Montgomery County public garage across Auburn Avenue (also metered).

From Silver Spring: Take East-West Highway west. After crossing Wisconsin Avenue, the road turns into Old Georgetown Road. Continue for about six blocks. 7979 is on the right, and is an eleven story brown brick building. Make a right onto Auburn Avenue. There is ample metered street parking surrounding the building, as well as a Montgomery County public garage across Auburn Avenue (also metered).

From the Beltway: Take I-495 to Exit 36 – Old Georgetown Road – towards Bethesda. Proceed about 1.8 miles on Old Georgetown Road--7979 is on the left, and is an eleven story brown brick building. Make a left onto Auburn Avenue. There is ample metered street parking surrounding the building, as well as a Montgomery County public garage across Auburn Avenue (also metered).

From DC: Take Wisconsin Avenue towards Bethesda. Turn left onto Old Georgetown Road. Continue for about six blocks. 7979 is on the right, and is an eleven story brown brick building. Make a right onto Auburn Avenue. There is ample metered street parking surrounding the building, as well as a Montgomery County public garage across Auburn Avenue (also metered).

From Northern Virginia : Take I-495 towards Baltimore/Rockville to Exit 36 - Old Georgetown Road. Veer right off exit towards Bethesda (south). Proceed about 1.8 miles on Old Georgetown Road--7979 is on the left, and is an eleven story brown brick building. Make a left onto Auburn Avenue. There is ample metered street parking surrounding the building, as well as a Montgomery County public garage across Auburn Avenue (also metered).

From Metro: Take the Red Line to Bethesda. At the top of the long escalator, take the shorter escalator in front of you to Old Georgetown Road. Turn left and continue along the side walk for about six blocks. Our building, a tall brown brick building, is on your right. Alternatively, you can take the complimentary Bethesda Circulator from the Metro station to the Auburn Avenue stop, which is directly across the street from our office.

ORGANIZER TIPS

- 1** ***USE A PENCIL! ... USE A PENCIL! ... USE A PENCIL! ... We've included one for your use!***
- 2** ***Round ALL entries to the nearest whole number.***
- 3** Gather all pertinent year-end tax information: (*W-2s, 1099s, mortgage documents, K-1s, etc.*)
Please note that the following organizer number references are on the top right hand side of each organizer page. **It is not necessary to duplicate the information included on your W-2s, 1099s and K-1s on the organizer.**
- 4** Spend a few minutes reviewing the organizer pages for information that was included last year.
- 5** Draw a line across (***do not remove***) any pages that will not apply to your taxes. This will make your task easier.
- 6** Spend a few minutes answering the questions on the "questions" pages of the organizer. If you are unsure of the answer to a specific question, please leave it blank and we can discuss it. Please list any of your questions in the space provided following the organizer questions on Questions page 5 of 5.
- 7** Please review the personal information on the organizer Form 3 for accuracy. Is all of the personal information correct? Do we have a current home address, email address (if applicable); work, and home phone numbers? Do we have the correct date of birth?
- 8** Do we have a social security number for each dependent or new dependent you are claiming? ***You must have a social security number for each dependent you are claiming.*** Please call our office if you need assistance in obtaining a social security number.
- 9** If you have any Schedules K-1 from Partnerships, S-Corporations, Trusts or Estates, please include the K-1s with your organizer. You do not need to make any entries in the organizer pertaining to K-1s.
- 10** If you are claiming the childcare credit or you took advantage of a dependent care reimbursement program through your employer, please complete organizer Form 18.
- 11** If you require additional organizer pages, please contact our office or visit our website at www.flymncpas.com under the "Clients" tab.
- 12** **Please review bank account information for direct deposit and withdrawal on Form 4A of the Organizer. If there any changes or inaccuracies, please make the appropriate change.**

APPOINTMENT OR MAIL IN CHECK LIST

Please be sure to bring the following items, if applicable, to your tax appointment. If you choose to mail in your tax information, please include the following, if applicable, in your package along with your organizer.

- 1 The organizer – regardless of the degree of completion.
- 2 Original W-2s, 1099-R, 1099-INT, 1099-DIV, 1099-B, 1095 and any other 1099s that you have received.
- 3 K-1 schedules from Partnerships, S-Corporations, Trusts, Estates, LLCs, LLPs, etc.
- 4 Copies of settlement sheets regarding the purchase or sale of real estate. Also, if your personal residence was converted to rental, bring the original settlement sheet.
- 5 **Copies of settlement sheets for the refinancing of any real estate mortgages.**
- 6 Form 1098-mortgage interest expense. Please be sure that you have received a form 1098 from all of your mortgage lenders during the year.
- 7 Social Security Numbers, dates of birth, etc. for all dependents.
- 8 Changes to dependents or filing status.
- 9 Any other information, notices or receipt of an unusual nature relating to your taxes.
- 10 A copy of last year's tax returns (if we did not prepare the return).

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Questions (Page 1 of 5)

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

Personal Information:

Yes No

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 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 Form 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 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 improvement or energy property in your residence such as exterior doors or windows, insulation, heat pumps, furnaces, central air conditioners, or water heaters?
(Note that this is currently unnecessary for 2019 returns, but could be in a late "extender" bill") _____

Questions (Page 3 of 5)

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:

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 ½ and have money in an IRA or other retirement account without taking any distribution? _____ _____

Did you or your spouse make a qualified charitable distribution? _____ _____

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:

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.

Questions (Page 4 of 5)

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? | _____ | _____ |
| Did 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 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? | _____ | _____ |

Questions (Page 5 of 5)

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 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?

NEW FOR 2019: 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.

Additional Information:

Please enclose copies of any notices or other correspondence you have received from the IRS or state taxing authorities (unless already provided).

REMINDER: please include a copy of all settlement statements for purchase, sale or refinance of your residence, vacation home or rental property.

REMINDER: If you had sales of stocks and securities during the year, please provide the cost basis and date acquired for each security sold if not included on the Form 1099. If not readily available, please request that your broker send it to you or to us directly.

Please inform us of the details of any foreign financial assets you have an interest in so that we can assist you in meeting your US filing requirements with respect to these assets. Please note that a financial interest is more broadly defined than direct ownership. Please discuss whatever foreign assets or interests you have with us, as the penalties for non-compliance with US reporting requirements can be quite severe.



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? Yes No

Is the taxpayer claimed as a dependent on someone else's tax return? Yes No

Are you considered legally blind per IRS regulations? Yes No

Do you want to contribute to the Presidential Election Campaign Fund? Yes No

Are you a U.S. citizen or Green Card holder? Yes No

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.

Worksheets: Basic Data > General and Return Options > Processing Options

Forms 1, 1A and 2



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



2019

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?	<input type="checkbox"/>	<input type="checkbox"/>
Taxpayer	<input type="checkbox"/>	<input type="checkbox"/>
Spouse	<input type="checkbox"/>	<input type="checkbox"/>

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.

Would you like any refunds owed to you directly deposited?	Yes No
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 <u>federal</u> 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:	<input type="checkbox"/> Checking	<input type="checkbox"/> Traditional Savings	<input type="checkbox"/> IRA Savings
	<input type="checkbox"/> Archer MSA Savings	<input type="checkbox"/> Coverdell Ed. Savings	<input type="checkbox"/> 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.

Would you like any refunds owed to you directly deposited?	Yes No
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 <u>federal</u> 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:	<input type="checkbox"/> Checking	<input type="checkbox"/> Traditional Savings	<input type="checkbox"/> IRA Savings
	<input type="checkbox"/> Archer MSA Savings	<input type="checkbox"/> Coverdell Ed. Savings	<input type="checkbox"/> 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.



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

Foreign Assets

5C

Note: If the aggregate value of the accounts does not exceed \$10,000, then you do not need to provide details.

General Information:

TSJ _____
 Title of filer _____
 Enter all countries where you have foreign bank accounts _____

Foreign Identification:

Yes	No

Passport
 Foreign TIN
 If not passport or TIN, enter description _____
 Number _____
 Country of issue _____

Information on Foreign Financial Accounts:

1 - Bank Account 2 - Securities Account 3 - Other

Account Type	If Other Account Type, Describe	Maximum Account Value	Account Number	Financial Institution Name
A				
B				

Street Address	City
A	
B	

State	ZIP/Postal Code	Country	GIIN
A			
B			

If you have no financial interest in the account or account is jointly owned, please complete the account owner information below.

Type of TIN Code: A - Employer Identification No. (EIN) B - SSN or ITIN C - Foreign

Last Name or Organization Name	First Name	Middle Initial	Suffix	Taxpayer ID Number	
A					
B					

# of Joint Owners	Street Address	City
A		
B		

1 - No financial interest 2A - Joint - spouse is joint owner 2B - Joint - other joint owner 3 - Consolidated

State	ZIP/Postal Code	Country	Owner-ship Code	Filer's Title
A				
B				

1 - Deposit 2 - Custodial

Type	Foreign Currency	Exchange Rate	Source of Exchange	Acct Open	Acct Closed	Joint	No Tax Items Reported
A							
B							



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? Yes No

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? Yes No



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? _____	<input type="checkbox"/>	<input type="checkbox"/>
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? _____	<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 _____



Business Use of Home

Name of Business: _____

Principal Business or Profession: _____

Partial Use of Your Home for Business:

	2019	2018
Square footage of home used exclusively for business		
Total square footage of home		
Total hours home was used for day care during the year		

Was your home used for day care purposes for the entire year? Yes No

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

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



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	<input type="checkbox"/>	<input type="checkbox"/>
Exchange of any securities or investments for something other than cash	<input type="checkbox"/>	<input type="checkbox"/>
Sales of inherited property	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>
Commodity sales, short sales or straddles	<input type="checkbox"/>	<input type="checkbox"/>
Reinvestment of the proceeds of gains in a qualified opportunity fund	<input type="checkbox"/>	<input type="checkbox"/>
Sale of any investments in qualified opportunity funds	<input type="checkbox"/>	<input type="checkbox"/>
Reinvestment of the proceeds of the sale of qualified small business stock in other qualified small business stock	<input type="checkbox"/>	<input type="checkbox"/>
Debts that became uncollectible	<input type="checkbox"/>	<input type="checkbox"/>
Securities that became worthless	<input type="checkbox"/>	<input type="checkbox"/>
Sale of any property where you will receive payments in future years	<input type="checkbox"/>	<input type="checkbox"/>

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



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

Contributions to:

Simplified employee pension plan

Defined benefit plan

Defined contribution plan

SIMPLE plan

2019 Amount	2019 Amount



Rental and Royalty Income

Location of Property: _____

TSJ _____

Type of property _____

Have you prepared or will you prepare all required Forms 1099? Yes 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)? _____

2019	2018

Income:

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



Rental and Royalty Property and Equipment & Depletion

Location of Property: _____

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

Acquisitions:

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

Dispositions:

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

Percentage Depletion Information:

Production Type	Royalty Income	
	2019 Amount	2018 Amount



Include Forms: W-2G, 1099-MISC, 1099-RRB, 1099-SSA, 1099-SA, 1099-LTC and 1099-G

Miscellaneous Income and Adjustments:

Table with 2 main columns for TSJ (with blank line) and 2 sub-columns for 2019 Amount and 2018 Amount. Rows include Unemployment compensation received, Social security benefits received, Medicare premiums withheld, etc.

State and Local Income Tax Refunds:

Table with columns: TSJ, State, City, Tax Year, and Income Tax Refund (State, Local).

Other Income:

Table with columns: TSJ, Nature and Source, 2019 Amount, 2018 Amount.

Alimony Paid or Received:

Table with columns: TSJ, Recipient's Name, Recipient's Social Security No., Alimony Received?, 2019 Amount, 2018 Amount.



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



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



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		



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



Household Employment Taxes

General Information:

TSJ

Employer identification number

Did you pay any one household employee cash wages of \$2,100 or more in 2019? Yes No

Did you withhold any federal income tax from wages paid to any household employee? Yes No

Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2018 or 2019? Yes No

Social Security, Medicare and Income Taxes:

	2019 Amount	2018 Amount
Cash wages subject to social security taxes		
Cash wages subject to Medicare taxes (if different than cash wages subject to social security)		
Cash wages subject to additional Medicare tax withholding		
Federal income tax withheld		
State disability plan payments subject to social security taxes		
State disability plan payments subject to Medicare taxes (if different than plan payments subject to social security)		

Federal Unemployment (FUTA) Tax:

Did you pay unemployment contributions to more than one state? Yes No

Were all of the wages subject to FUTA tax subject to the state's unemployment tax? Yes No

State	Total Cash Wages Subject to FUTA	2018 Amount

Complete the following for all state unemployment contributions made:

X if payment to be made after April 15, 2020

Name of State	Total Taxable Wages	Contribution Paid to Unemployment Fund	X	2018 Amount



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?

	Yes	No
A change in your marital status	<input type="checkbox"/>	<input type="checkbox"/>
A change in the number of your dependents	<input type="checkbox"/>	<input type="checkbox"/>
A substantial change in your income	<input type="checkbox"/>	<input type="checkbox"/>
A substantial change in your withholding	<input type="checkbox"/>	<input type="checkbox"/>
A substantial change in deductions	<input type="checkbox"/>	<input type="checkbox"/>

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



Foreign Employment Information (Page 1 of 3)

General Information:

TS _____

Foreign address _____

Name of employer _____

Employer's U.S. address _____

Employer's foreign address _____

Employer type: Foreign entity, U.S. company,
 Foreign affiliate of a U.S. company, Self _____

Enter the last year that Form 2555 was filed to
 claim either of the exclusions _____

Type of exclusions revoked in prior years _____

Year exclusion revoked _____

If a separate foreign residence was maintained for your
 family due to adverse living conditions, please provide
 the city, country, and number of days maintained _____

List tax home(s) during tax year and dates established _____

Country of citizenry or nationality _____

Qualified housing expenses for the tax year

Adjustment to employer provided amounts for qualified
 housing expense

Tax Home History:

	Principal City and Country of Employment	Start Date (Mo/Da/Yr)	End Date (Mo/Da/Yr)
Most recent tax home			
First previous tax home			
Second previous tax home			
Third previous tax home			



Foreign Employment Information (Page 2 of 3)

Bona Fide Residence Test Information:

Beginning date for foreign residence (Mo/Da/Yr) _____
 Ending date for foreign residence (Mo/Da/Yr) _____

Kind of foreign living quarters:
 Purchased house, Rented house or apartment, Rented room,
 Quarters furnished by employer

If any family members lived abroad with you during any part
 of the tax year, enter their names. Include the dates when
 the family members lived with you

Relationship	First Name	MI	Last Name	Date Arrived	Date Left	X if Entire Period

Was a statement made to foreign country authorities declaring you were not a resident of their country?	Yes	No
Were you required to pay income tax in that country?		
Does the foreign country have an income tax?		

State any contractual terms or other conditions relating to the length of employment abroad

What type of visa was used to enter the foreign country?

Explain any limitations of the visa as to length of stay or employment in a foreign country

If a home was maintained in U.S. while residing abroad, show address, whether rented, names and relationships of occupants

Address

Street address

City

State

ZIP Code

X if rented

Occupants			
First Name	MI	Last Name	Relationship



2019

Foreign Housing Expenses Worksheet

30C

Indicate below (for yourself, spouse and dependents living with you) the amount of housing expenses incurred (whether paid by you or your employer) in the foreign country. If expenses are listed in foreign currency, indicate dates of payment to the left of the amount boxes and enter type of currency.

Type of currency	Amount Reimbursed to You or Paid on Your Behalf by Employer	Amount Paid by You Which is NOT Reimbursable by Your Employer	Total Expenses
Rent			
Fair market value of employer-owned housing furnished to you (Without reduction for U.S. equivalent housing charge)			
Foreign real estate, occupancy taxes or television taxes (not included on Medical Expenses and Taxes form, detail by country on continuation sheet)			
Utilities (but not telephone charges)			
Real and personal property insurance			
"Key money" or other similar nonrefundable deposits paid to secure a lease			
Repairs and maintenance			
Furniture rental			
Lodging portion of temporary living expenses (Do not include on Moving Expenses page)			

Other Expenses:

Description	Amount Reimbursed to You or Paid on Your Behalf by Employer	Amount Paid by You Which is NOT Reimbursable by Your Employer	Total Expenses

Total expenses

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Indicate if meals and/or lodging were provided by or on behalf of your employer on his business premises: (If you resided in a camp, you are considered to be on the business premises of your employer.)

To you	<input type="checkbox"/>	<input type="checkbox"/>
To your family members	<input type="checkbox"/>	<input type="checkbox"/>



2019

Foreign Travel and Workdays Information Worksheet

30D

Complete for every month even if this may have been your first or last year in the U.S.

Travel To/From the U.S.				Days in Month	Days Worked In and Outside U.S.				
Dates (Mo/Da/Yr)		Dates (Mo/Da/Yr)			Days Not Worked*		Days Worked**		
Left Foreign Country	Arrived U.S.	Left U.S.	Arrived Foreign Country		U.S.	Foreign	U.S.	Foreign	
				January	31				
				February	28				
				March	31				
				April	30				
				May	31				
				June	30				
				July	31				
				August	31				
				September	30				
				October	31				
				November	30				
				December	31				
				Total	365				

* Weekends, holidays, vacation, sick, etc.

** Include weekends and holidays if you worked on these days.

During 2019, in which state(s)/city(ies) did you work?

List the dates

State/City	From (Mo/Da/Yr)	To (Mo/Da/Yr)	Days Worked

Total (must agree with U.S. days worked shown above)

Days in U.S. for any reason in 2018 ____ 2017 ____