

RHW CPAs  
475 Metro Pl S Ste 110  
Dublin, OH 43017

**2019 Client Organizer**



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Dublin, OH 43017

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## **2019 Client Organizer**

This information is complete and correct to the best of my (our) knowledge.

Taxpayer signature \_\_\_\_\_ Date \_\_\_\_\_

Spouse signature \_\_\_\_\_ Date \_\_\_\_\_



**RHW CPAs**  
**475 Metro Pl S Ste 110**  
**Dublin, OH 43017**  
**614-344-9381**

Dear .:

This letter is to confirm and specify the terms of our engagement with you and to clarify the nature and extent of the services we will provide. In order to ensure an understanding of our mutual responsibilities, we ask all clients for whom returns are prepared to confirm the following arrangements.

We will prepare your 2019 federal and state income tax returns from information which you will furnish to us. We will not audit or otherwise verify the data you submit, although it may be necessary to ask you for clarification of some of the information. We will furnish you with questionnaires and worksheets to guide you in gathering the necessary information. Your use of such forms will assist in keeping the fee to a minimum.

You are responsible for maintaining adequate documentation to substantiate the accuracy and completeness of your tax returns. You should retain all documents that provide evidence and support for reported income, credits, and deductions on your returns, as required under applicable tax law and regulations. You are responsible for the adequacy of all information provided in such documents. You represent that you have such documentation and can produce it, if needed, to respond to any audit or inquiry by taxing authorities. You agree to hold us harmless with respect to any additional taxes, penalties, or interest imposed on you by taxing authorities resulting from the disallowance of tax deductions due to inadequate documentation.

You have final responsibility for your income tax returns. We will provide you with a copy of your electronic income tax returns and accompanying schedules and statements for review prior to filing with the IRS and state taxing authorities (as applicable). You agree to review and examine them carefully for accuracy and completeness.

You will be required to verify and sign a completed Form 8879, IRS e-file Signature Authorization, and the state equivalents before your returns can be filed electronically. In the event you do not wish to have your income tax returns filed electronically, please contact our firm. Additional procedures will apply. You will be responsible for reviewing the paper returns for accuracy, signing them, and filing them timely with the taxing authorities.

Our work in connection with the preparation of your income tax returns does not include any procedures designed to discover defalcations and/or irregularities, should any exist. We will render such accounting and bookkeeping assistance as determined to be necessary for preparation of the income tax returns.

Our engagement does not include tax planning services, which are available upon request and will be considered as a separate engagement. During the course of preparing the tax returns identified above, we may bring to your attention potential tax saving strategies for you to consider as a possible means of reducing your income taxes in subsequent tax years.

Your returns may be selected for review by the taxing authorities. Any proposed adjustments by the examining agent are subject to certain rights of appeal. In the event of such government tax examination, we will be available upon request to represent you and will render additional invoices for the time and expenses incurred.

This engagement does not include responding to inquiries by any governmental agency or tax authority. If your tax return is selected for examination or audit, you may request our assistance in responding to such inquiry. If you ask us to represent you, we will confirm this representation in a separate engagement letter and delineate how additional charges for this service will be calculated.

The law provides various penalties that may be imposed when taxpayers understate their tax liability. If you would like information on the amount or the circumstances of these penalties, please contact us.

You may be required to make quarterly estimated tax payments. We will calculate these payments for the 2020 tax year based upon the information you provide to prepare your 2019 tax returns and have no obligation to update recommended payments after the engagement is completed.

Please note that any person or entity subject to the jurisdiction of the United States (includes individuals, corporations, partnerships, trust, and estates) having a financial interest in, or signature or other authority over, bank accounts, securities, or other financial accounts having an aggregate value exceeding \$10,000 in a foreign country, shall report such a relationship. Although there are some limited exceptions, filing requirements also apply to taxpayers that have direct or indirect control over a foreign or domestic entity with foreign financial accounts, even if the taxpayer does not have foreign account(s). For example, a corporate-owned foreign account would require filings by the corporation and by the individual corporate officers with signature authority. Failure to disclose the required information to the U.S. Department of the Treasury may result in substantial civil and/or criminal penalties. Such disclosure includes filing Form 8938 with this form 1040. If you do not provide our firm with information regarding any interest you may have in a foreign account, we will not be able to prepare any of the required Income Tax forms and penalties may be incurred, for which we have no responsibility. In the absence of such information being provided, we will presume you do not have any foreign assets or financial interests and will not file any applicable disclosure forms without separate written authorization.

You are responsible for complying with tax filing requirements of any other country. You acknowledge and agree that we have no responsibility to raise these issues with you and that foreign filing obligations are not within the scope of this engagement.

Transactions in cryptocurrency such as Bitcoin, Litecoin, Ethereum or Libra are taxable and reportable transactions on your US income tax filings. In some cases, you may receive a Form 1099 reporting the transaction, please send us this form. In most cases, you will not receive a Form 1099 and you will need to report to us the detail of any sales of cryptocurrency. Please provide the date of the transaction, quantity and description of what was sold, proceeds, and the basis of the cryptocurrency sold.

In the interest of facilitating our services to you, we utilize a secure web client portal. Your use of this portal must comply with our standards of use, and as owners of the portal, we retain the right to limit and deny use of the portal for inappropriate purposes. Your access to files maintained on the client portal can be terminated at our discretion or if you notify us in writing of your desire to terminate portal services. All confidential information sent to you or third parties (at your direction), as well as the client portal will be password protected. While we will use our best efforts to keep such communications secure in accordance with our obligations under applicable laws and professional standards, you recognize and accept that we have no control over the unauthorized interception of these communications once they have been sent and consent to our use of these devices during this engagement.

We estimate the fee to prepare your 2019 tax returns will be equal to last year's fee plus 5% assuming there are no changes in your tax return and no out-of-pocket expenses. All invoices are due and payable upon presentation. Unless prior arrangements have been made for an ACH or credit card payment plan, all completed tax returns will not be released without payment for services and any outstanding balances must be paid in full. Further, you agree that in the event you breach this agreement and fail to pay for services rendered, and collection activity is necessary, you agree to pay any damages, costs, interest accumulated while in collections, as well as expenses, including attorney's fees, incurred by our firm in collecting the fees and expenses owed.

The original filing due dates for your tax returns are April 15, 2020. Due to the high volume of tax returns prepared by our firm, the information needed to complete the tax returns must be received no later than **March 20, 2020** so that the returns may be completed by the original filing due dates. It may become necessary to apply for an extension of the filing deadline if there are unresolved tax issues or delays in processing, or if we do not receive all of the necessary information from you on a timely basis. All taxes owed are due by the original filing due date. Additionally, extensions may affect your liability for penalties and interest or compliance with government or other deadlines.

To the extent you wish to engage our firm to apply for extensions of time to file tax returns on your behalf, you must notify us of this request in writing. Our firm will not file these applications unless we receive an executed copy of this Agreement and your express written authorization to file for extension. In some cases, your signature may be needed on such applications prior to filing. Failure to timely file for an extension of time to file can result in penalties for failure to file tax returns, which accrue from the original due date of the returns, and can be substantial.

Federal, state, and local taxing authorities impose various penalties and interest charges for non-compliance with tax law, including, for example, failure to file or late filing of returns, and underpayment of taxes. You, as the taxpayer, remain responsible for the payment of all taxes, penalties, and interest charges imposed by taxing authorities.

We rely on the accuracy and completeness of the information you provide to us in connection with the preparation of your tax returns. Failure to disclose or inadequate disclosure of income or tax positions may result in the imposition of penalties and interest charges.

If the foregoing fairly sets forth your understanding, please sign the enclosed copy of this letter in the space indicated and return it to our office. However, if there are other tax returns you expect us to prepare, please inform us by noting so at the end of the return copy of this letter.

We want to express our appreciation for this opportunity to work with you.

Very truly yours,

RHW CPAs

Accepted By: \_\_\_\_\_ Date: \_\_\_\_\_

**Because of the complexities of today's financial and legal environment and as an additional value to our clients, we have teamed up with a select group of financial professionals including attorneys, insurance professionals, and wealth managers. RHW CPAs has arranged for them to provide you a complimentary review in their areas of expertise.**

Client Name(s): \_\_\_\_\_

Client Phone/Cell: \_\_\_\_\_

Client Email(s): \_\_\_\_\_

	Yes	No
Would you like to receive a complimentary second opinion on your investment portfolio?	<input type="checkbox"/>	<input type="checkbox"/>
Would you like a complimentary review of your home financing options?	<input type="checkbox"/>	<input type="checkbox"/>
Would you like a complimentary analysis on your Long Term Care needs?	<input type="checkbox"/>	<input type="checkbox"/>
Would you like a complimentary analysis of your retirement income needs?	<input type="checkbox"/>	<input type="checkbox"/>
Would you like a complimentary analysis of your health and/or disability coverage?	<input type="checkbox"/>	<input type="checkbox"/>
Would you like a free review of your will, trust or estate documents?	<input type="checkbox"/>	<input type="checkbox"/>
Would you like information on setting up a will or trust?	<input type="checkbox"/>	<input type="checkbox"/>
Would you like a complimentary review on your individual health insurance?	<input type="checkbox"/>	<input type="checkbox"/>
Would you like a complimentary review of your Medicare options?	<input type="checkbox"/>	<input type="checkbox"/>
Would you like a complimentary review of your disability coverage?	<input type="checkbox"/>	<input type="checkbox"/>
Would you like a complimentary analysis of your life insurance?	<input type="checkbox"/>	<input type="checkbox"/>
Would you like a complimentary review on your personal insurance including General Liability, Commercial Auto, Commercial Umbrella, Professional Liability, and Directors and Officers coverage?	<input type="checkbox"/>	<input type="checkbox"/>
Would you like a complimentary review of your Group Health Plan?	<input type="checkbox"/>	<input type="checkbox"/>
Are you interested in reducing your Workers' Compensation premium?	<input type="checkbox"/>	<input type="checkbox"/>
Would you like a complimentary review of your payroll services?	<input type="checkbox"/>	<input type="checkbox"/>

If you checked "Yes" to any of the above questions and you would like RHW CPAs, LLC to provide your contact information to our team of financial professionals, please initial next to the authorization declaration below, sign and date this form.

\_\_\_\_\_, I, authorize RHW CPAs, LLC to provide my contact number and email I provided above, to their team of financial professionals for complimentary reviews of above selected services.

\_\_\_\_\_  
Taxpayer Signature

\_\_\_\_\_  
Date

**RHW Referral Program:**

As a new or existing RHW CPAs tax client, you have the opportunity to have your tax return processed at a discounted rate. For every new tax client you refer to our firm, who utilize our services, you will receive 10% off your tax return invoice.

Email the names and contact information of your referrals to [rwilson@rhwcps.com](mailto:rwilson@rhwcps.com)

# Audit Protection Plan

In the event your tax return is selected for an audit, RHW CPAs is there to help you. We provide an audit protection plan that is designed to help guide you through the audit process and the considerable expenses you may incur when audited. With this plan we will provide you familiarity, proficiency and knowledge with the structure and procedures of the Internal Revenue Service. With our expertise you can have the confidence that you will get through the audit process with ease.

The audit process is an expensive inconvenience to taxpayers. If your return is selected, expenses and time costs incurred include:

- Evaluation of the audit issue
- IRS Code research for validation of issue and verification of information reported
- Immense time spent gathering and organizing of receipts and documentation
- Review of prior year returns that could affect or be affected by the audit
- Extensive amount of time spent communicating with and/or meeting with the IRS

## **Be Protected**

Our Audit Protection Plan not only helps with considerable expenses you may incur when audited, but also provides you familiarity, expertise and knowledge with the structure and procedures of the Internal Revenue Service. The Audit Protection Plan Covers:

- Audit Review Time
- Audit Preparation Time
- Audit Representation Time
- Communication and/or meetings needed with the Internal Revenue Service
- Accounting and Tax expertise of our staff
- Client conferences to keep you informed and updated on the audit process
- We will also represent you in any audits related to these returns up to the appellate level

## **Minimal Cost**

Audit expenses can easily and typically cost a taxpayer \$2,500 or more. However, the Audit Protection Plan for an Individual Tax Return will only cost you 10% (minimum of \$100) of your current year tax return preparation fee. This minimal cost can easily end up saving you thousands of dollars!

We do offer the Audit Protection for Corporations, Partnerships, Non-Profits, as well as Estates & Trusts, at 10% (minimum of \$250) of your current year tax return preparation fee.

The Audit Protection Plan is a one-time fee for the current year tax return prepared and can be purchased each tax year.

You are responsible for maintaining adequate records and making them available to us so that we can properly represent you before the taxing authorities. Similarly, you are liable for any additional taxes, penalties, and interest assessed.

If you would like to take advantage of this service, please include the additional fee with your payment for the tax return preparation when you receive your returns and sign the bottom of this page. Payment must be made within 90 days of the return preparation. If you do not wish to use this service, we will still be pleased to handle any questions from the taxing authorities and to represent you in audit situations- we will then bill you at our hourly rates. We hope you will find this service helpful.

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# This Form Requires Choosing 1 of 2 Options

(Please disregard this page if you already have already chosen a Client Portal option)

## About The RHW CPAs Client Portal

Our client portal system offers you an ultra-convenient way to access documents and transfer pertinent data, 24/7, from the comfort of your computer.

## Capabilities of Your Client Portal

You will be provided with a unique login and password allowing you to access the following for each year RHW CPAs processes your tax return:

- Access tax returns processed by our group and easily print.
- Access client organizers and supporting materials you've provided to our firm.
- Upload your completed client organizer and support materials needed to process tax return.

## Reasons for Launching the RHW Client Portal

The RHW Client Portal is an extremely user-friendly system that provides you with the following benefits:

- **Security:** Protecting your identity and private information is of the utmost importance to our firm. The RHW Client Portal provides a higher level of protection for you.
- **Convenience:** Client convenience is the paramount priority of our firm. The RHW Client Portal provides access to your tax information from anywhere, anytime. All you need is an Internet connection.
- **Accelerated Return Processing:** The RHW Client Portal allows for instant document exchange.

## 2 Convenient Portal Options

**Option 1: The Hybrid Portal System**, which includes:

- A RHW Client Portal login to access your Tax Organizer, client copy of your Tax Return, and supporting materials.
- Any tax returns that are non electronic filing, payment vouchers, estimated tax payment vouchers, or forms that require signature(s), these actionable items are prepared for you by our processing department. You will be notified by our office when your actionable items and backup documents are ready for pick up in our office.

**Option 2: The Full Portal System**, which includes:

- A RHW Client Portal login to access you tax organizer, client copy of your tax return, supporting materials, and all actionable documents.
- Rather than visit our locations, in person, you will have an Actionable Folder located in your Client Portal for all tax returns, vouchers, estimates and efile forms that need to be printed and mailed to the appropriate agencies.

## Choose your preferred portal option by circling one of the options

Option 1  
Hybrid

Option 2  
Full

Print Client Name(s): \_\_\_\_\_

Print Primary Email Address: \_\_\_\_\_

*Regardless of the RHW Client Portal option you choose, you are ALWAYS welcome to schedule an appointment with one of our CPAs, either on the phone or in person.*

## 2019 Tax Season

### Required Driver License Data

In an attempt to combat tax fraud, State electronically filed tax returns are now mandating that your driver's license number, issue date, and expiration date **MUST** be transmitted with the tax return.

If any person does not have a driver's license number (e.g., child, or a person unable to drive), we can use a State Issued ID or mark below they do not have either a Driver's License or state ID.

When you drop off your tax documents, please bring with you a photocopy of your driver's license and spouses and/or child's driver's license, if applicable, to avoid a delay in completing the return or you may supply the required driver license information below. Without this required information, your 2019 tax return **CANNOT** be electronically filed.

Please provide the following information or bring copies of your, spouse's, and/or child's Driver's License or State Issued ID.

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

License # or State ID #: \_\_\_\_\_ State Issued By: \_\_\_\_\_

Issued Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

☐ I do not have a Driver's License or State ID

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

License # or State ID #: \_\_\_\_\_ State Issued By: \_\_\_\_\_

Issued Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

☐ I do not have a Driver's License or State ID

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

License # or State ID #: \_\_\_\_\_ State Issued By: \_\_\_\_\_

Issued Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

☐ I do not have a Driver's License or State ID

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

License # or State ID #: \_\_\_\_\_ State Issued By: \_\_\_\_\_

Issued Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

☐ I do not have a Driver's License or State ID



**RHW CPAs**  
**475 Metro Pl S Ste 110**  
**Dublin, OH 43017**  
**614-344-9381**

Dear .:

This Tax Organizer is designed to help you gather the tax information needed to prepare your 2019 personal income tax return. You are not required to fill out your Tax Organizer, however, the Tax Organizer is designed to help you conveniently gather the tax information needed to prepare your 2019 personal income tax return. To help you complete the Organizer with minimal time and effort, when available, you will find certain information from your 2018 personal income tax return.

To protect your privacy, your Tax Organizer contains masked data. Masked data displays as asterisks. For example, a Social Security number could display as \*\*\*-\*\*-6789, an account number as \*\*\*\*\*6789, and a date of birth as \*\*/\*\*/2000. If you would like to confirm the masked data or make a change to your data, please contact this office. Do not indicate any changes to your data on your Tax Organizer. When you receive your completed tax return(s), make sure you review all Social Security numbers, bank account numbers, and dates of birth for accuracy.

Enter 2019 information on the Tax Organizer pages provided. If any information does not apply to you or is incorrect, please draw a line through it or make the necessary corrections.

The Client Questionnaire asks about pertinent tax items necessary for preparing the most accurate tax return possible. Please answer all questions and attach a statement when necessary for additional information not provided in the Client Organizer.

You will also need to provide the following information:

- Signed 2019 Tax Return Engagement Letter,
- Completed Driver License Data Form for all tax payers,
- Forms W-2 for wages, salaries and tips.
- All Forms 1099 for interest, dividends, retirement, miscellaneous income, Social Security, state or local refunds, gambling winnings, etc.
- Brokerage statements showing investment transactions for stocks, bonds, etc.
- Schedule K-1 from partnerships, S corporations, estates and trusts.
- Statements supporting educational expenses, deductions or distributions, including any Forms 1098-T, 1098-E, or 1099-Q.
- All Forms 1095-A, 1095-B, and/or 1095-C related to health care coverage or the Premium Tax Credit.
- Statements supporting deductions for mortgage interest, taxes, and charitable contributions (including any Form 1098-C).
- Copies of closing statements regarding the sale or purchase of real property.
- Legal papers for adoption, divorce, or separation involving custody of your dependent children.
- Any tax notices sent to you by the IRS or other taxing authority.
- A copy of your income tax return from last year, if not prepared by this office.

IRS regulations require paid tax preparers who expect to prepare and file 11 or more federal individual, nonresident alien, or trust tax returns to file them electronically. To comply with this requirement your return will be electronically filed this year. The benefits of e-filing include a secure way to file tax returns and it provides proof of acceptance that the IRS has accepted your return for processing. Contact this office if you prefer your return be filed on paper.

In order to meet the filing deadline for your 2019 income tax return, your completed tax organizer needs to be received by our office no later than March 20, 2020. To assure timely completion of your tax return, any additional documents or information requested by our office, needs to be responded to promptly. To avoid the extension fee of \$75, all documentation and tax organizer should be in our office before the cutoff date, March 20, 2020. Any information received after that date may require an extension of time be filed for your return.

Thank you for the opportunity to serve you.

Sincerely,

RHW CPAs

## Questions

Please check the appropriate box and include all necessary details and documentation.

	Yes	No
<b>Personal Information</b>		
Did your marital status change during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____		
If a divorce occurred, date finalized: _____		
Did/have you celebrate(d) marriage to a same-sex spouse in a state that legally recognizes same-sex marriage?	<input type="checkbox"/>	<input type="checkbox"/>
Did your address change from last year?	<input type="checkbox"/>	<input type="checkbox"/>
Can you be claimed as a dependent by another taxpayer?	<input type="checkbox"/>	<input type="checkbox"/>
Did you change any bank accounts, or did routing transit numbers (RTN) and/or bank account number change for existing bank accounts that have been used to direct deposit (or direct debit) funds from (or to) the IRS or other taxing authority during the tax year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive an Identity Protection PIN (IP PIN) from the IRS or have you been a victim of identity theft? If yes, attach the IRS letter.	<input type="checkbox"/>	<input type="checkbox"/>
<b>Dependent Information</b>		
Were there any changes in dependents from the prior year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____		
Do you have any dependents who earned income?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, how much did each dependent earn? _____		
Do you have any children under age 19 or a full-time student under age 24 with unearned income in excess of \$2,100?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have dependents who must file a tax return?	<input type="checkbox"/>	<input type="checkbox"/>
Did you provide over half the support for any other person(s) other than your dependent children during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay for child care while you worked, looked for work, or while a full-time student?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any expenses related to the adoption of a child during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If you are divorced or separated with child(ren), do you have a divorce decree or other form of separation agreement which establishes custodial responsibilities?	<input type="checkbox"/>	<input type="checkbox"/>
Did any dependents receive an Identity Protection PIN (IP PIN) from the IRS or have they been a victim of identity theft? If yes, attach the IRS letter.	<input type="checkbox"/>	<input type="checkbox"/>
<b>Purchases, Sales and Debt Information</b>		
Did you start a new business or purchase rental property during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell, exchange, or purchase any assets used in your trade or business?	<input type="checkbox"/>	<input type="checkbox"/>
Did you acquire a new or additional interest in a partnership or S corporation?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell, exchange, or purchase any real estate during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you purchase or sell a principal residence during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you foreclose or abandon a principal residence or real property during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you acquire or dispose of any stock during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you take out a home equity loan this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you refinance a principal residence or second home this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell an existing business, rental, or other property this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any debts canceled or forgiven this year, such as a home mortgage or student loan(s)?	<input type="checkbox"/>	<input type="checkbox"/>
Did you purchase a qualified plug-in electric drive vehicle or qualified fuel cell vehicle this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any student loan interest this year?	<input type="checkbox"/>	<input type="checkbox"/>

### Income Information

Did you have any foreign income or pay any foreign taxes during the year, directly or indirectly, such as from investment accounts, partnerships or a foreign employer?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any income from property sold prior to this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any unemployment benefits during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any disability income during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did any of your life insurance policies mature, or did you surrender any policies?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any awards, prizes, hobby income, gambling or lottery winnings?	<input type="checkbox"/>	<input type="checkbox"/>
Do you expect a large fluctuation in income, deductions, or withholding next year?	<input type="checkbox"/>	<input type="checkbox"/>

### Retirement Information

Are you an active participant in a pension or retirement plan?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any distributions from a Health Savings Account (HSA), Archer MSA, or Medicare Advantage MSA this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any Social Security benefits during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any withdrawals from an IRA, Roth, myRA, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, were any withdrawals due to a Federally declared disaster?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any lump-sum payments from a pension, profit sharing or 401(k) plan?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any contributions to an IRA, Roth, myRA, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan?	<input type="checkbox"/>	<input type="checkbox"/>

### Education Information

Did you, your spouse, or your dependents attend a post-secondary school during the year, or plan to attend one in the coming year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any educational expenses during the year on behalf of yourself, your spouse, or a dependent? If yes, attach any Form(s) 1098-T and receipts for qualified tuition and related expenses	<input type="checkbox"/>	<input type="checkbox"/>
Did anyone in your family receive a scholarship of any kind during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, were any of the scholarship funds used for expenses other than tuition, such as room and board?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any withdrawals from an education savings or 529 Plan account?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any contributions to an education savings or 529 Plan account?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any student loan interest this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you cash any Series EE or I U.S. Savings bonds issued after 1989?	<input type="checkbox"/>	<input type="checkbox"/>
Would you like a worksheet to aid in the completion of a Free Application for Federal Student Aid (FAFSA) with the U.S. Department of Education?	<input type="checkbox"/>	<input type="checkbox"/>

### Health Care Information

Did you have qualifying health care coverage, such as employer-sponsored coverage or government-sponsored coverage (i.e. Medicare/Medicaid) for your family? "Your family" for health care coverage refers to you, your spouse if filing jointly, and anyone you can claim as a dependent. If yes, attach any Form(s) 1095-B and/or 1095-C you received.	<input type="checkbox"/>	<input type="checkbox"/>
Did anyone in your family qualify for an exemption from the health care coverage mandate? Examples of exemptions include (but are not limited to) certain non-citizens, members of a health care sharing ministry, members of Federally-recognized Indian tribes, and exemptions requested from the Marketplace. If yes, attach the Exemption Certificate Number (ECN) or type of exemption.	<input type="checkbox"/>	<input type="checkbox"/>
Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act? If yes, attach any Form(s) 1095-A you received.	<input type="checkbox"/>	<input type="checkbox"/>
Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act and share a policy with anyone who is not included in your family?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any contributions to a Health savings account (HSA) or Archer MSA?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any distributions from a Health savings account (HSA), Archer		

MSA, or Medicare Advantage MSA this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay long-term care premiums for yourself or your family?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any contributions to an ABLE (Achieving a Better Life Experience) account? If yes, attach any Form(s) 5498-QA you received.	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any withdrawals from an ABLE (Achieving a Better Life Experience) account? If yes, attach any Form(s) 1099-QA you received.	<input type="checkbox"/>	<input type="checkbox"/>
If you are a business owner, did you pay health insurance premiums for your employees this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any Health Coverage Tax Credit (HCTC) advance payments? If yes, attach any Form(s) 1099-H you received.	<input type="checkbox"/>	<input type="checkbox"/>

### Itemized Deduction Information

Did you incur a casualty or theft loss or any condemnation awards during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, did the loss occur in a Federally declared disaster area?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay out-of-pocket medical expenses (Co-pays, prescription drugs, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any cash or noncash charitable contributions (clothes, furniture, etc.)? If yes, please provide evidence such as a receipt from the donee organization, a canceled check, or record of payment, to substantiate all contributions made.	<input type="checkbox"/>	<input type="checkbox"/>
Did you donate a vehicle or boat during the year? If yes, attach Form 1098-C or other written acknowledgment from the donee organization.	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay real estate taxes for your primary home and/or second home?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any mortgage interest on an existing home loan? If yes, attach any Form(s) 1098 you received.	<input type="checkbox"/>	<input type="checkbox"/>
Did you incur interest expenses associated with any investment accounts you held?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have an expense account or allowance during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you use your car on the job, for other than commuting?	<input type="checkbox"/>	<input type="checkbox"/>
Did you work out of town for part of the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any expenses related to seeking a new job during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any major purchases during the year (cars, boats, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any out-of-state purchases (by telephone, internet, mail, or in person) for which the seller did not collect state sales or use tax?	<input type="checkbox"/>	<input type="checkbox"/>

### Miscellaneous Information

Did you make gifts of more than \$15,000 to any individual?	<input type="checkbox"/>	<input type="checkbox"/>
Did you utilize an area of your home for business purposes?	<input type="checkbox"/>	<input type="checkbox"/>
Did you engage in any bartering transactions?	<input type="checkbox"/>	<input type="checkbox"/>
Did you retire or change jobs this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you incur moving costs because of a job change?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any individual as a household employee during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make energy efficient improvements to your main home this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive a distribution from, or were you a grantor or transferor for a foreign trust?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have a financial interest in or signature authority over a financial account such as a bank account, securities account, or brokerage account, located in a foreign country?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any foreign financial accounts, foreign financial assets, or hold interest in a foreign entity?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive correspondence from the State or the IRS?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____		
Do you have previous years of tax returns that are either unfiled or filed with unpaid balances due?	<input type="checkbox"/>	<input type="checkbox"/>
Do you want to designate \$3 to the Presidential Election Campaign Fund? If you check yes, it will not change your tax or reduce your refund.	<input type="checkbox"/>	<input type="checkbox"/>



## Personal Information

1

Filing (Marital) status code (1 = Single, 2 = Married filing joint, 3 = Married filing separate, 4 = Head of household, 5 = Qualifying widow(er)) [1]

Mark if you were married but living apart all year [2]

Mark if your nonresident alien spouse does not have an Individual Taxpayer Identification Number (ITIN) [3]

## Taxpayer

## Spouse

Social security number [4]

First name [6]

Last name [8]

Occupation [10]

Designate \$3.00 to the presidential election campaign fund? (1 = Yes, 2 = No, 3 = Blank) [12]

Mark if dependent of another taxpayer [15]

Taxpayer with income less than 1/2 support age 18 or 19 - 23 full-time student? (Y, N) [17]

Mark if legally blind [20]

Date of birth [22]

Date of death [26]

Work/daytime telephone number/ext number [28]

Home/evening telephone number [32]

Do you authorize us to discuss your return with the IRS? (Y, N) [34]

## Present Mailing Address

Address [38]

Apartment number [39]

City, state postal code, zip code [40] [41] [42]

Foreign country name [44]

Foreign phone number [47]

In care of addressee [48]

## Dependent Information

(\*Please refer to Dependent Codes located at the bottom)

First Name [49]	Last Name	Date of Birth	Social Security No.	Relationship	Months in home	**Dep Codes * **	Care expenses paid for dependent

Name of child who lived with you but is not your dependent [50]

Social security number of qualifying person [51]

## Dependent Codes

\*Basic 1 = Child who lived with you

2 = Child who did not live with you due to divorce/separation

3 = Other dependent

4 = Other dependents, but do not qualify for Credit for Other Dependents (ODC)

5 = Qualifying child for Earned Income Credit only

6 = Children who lived with you, but do not qualify for Earned Income Credit

7 = Children who lived with you, but do not qualify for Child Tax Credit

8 = Children who lived with you, but do not qualify for Child Tax Credit/Credit for Other Dependents/Earned Income Credit

\*\*\*Months 77 = Reported on odd year return

88 = Reported on even year return

99 = Not reported on return

\*\*Other 1 = Student (Age 19 - 23)

2 = Disabled dependent

3 = Dependent who is both a student and disabled

## Preparer - Enter on Screen Contact

Tax matters person (Indicate which spouse handles tax return related questions) (Blank = Both, T = Taxpayer, S = Spouse)

[8]

Taxpayer email address

[9]

Spouse email address

[10]

## Taxpayer

## Spouse

Fax telephone number

[11]

[19]

Mobile telephone number

[12]

[20]

Mobile telephone #2 number

[13]

[21]

Pager number

[14]

[22]

Other:

[15]

[23]

Telephone number

[16]

[24]

Extension

[17]

[25]

Preferred method of contact:

Email, Work phone, Home phone, Fax, Mobile phone, Mobile phone #2

[18]

[26]

## NOTES/QUESTIONS:

Per IRS Security Summit requirements, verify the name of financial institution, routing transit number, account number, and type of account below. If you would like to have a refund direct deposited into or a balance due debited from your bank account(s), please enter information in the fields below. Note that electronic funds will be withdrawn only from the primary account listed below.

Mark to verify all accounts listed below have been reviewed, updated as needed, and are correct. \_\_\_\_\_ [1]

Primary account:

Financial institution routing transit number \_\_\_\_\_ [3]

Name of financial institution \_\_\_\_\_ [4]

Your account number \_\_\_\_\_ [5]

Type of account (1 = Savings, 2 = Checking, 3 = IRA\*) \_\_\_\_\_ [6]

Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) \_\_\_\_\_ [7]

Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) \_\_\_\_\_ [8]

Enter the maximum dollar amount, or percentage of total refund Dollar \_\_\_\_\_ [9] or Percent (xxx.xx) \_\_\_\_\_ [10]

Secondary account #1:

Financial institution routing transit number \_\_\_\_\_ [25]

Name of financial institution \_\_\_\_\_ [26]

Your account number \_\_\_\_\_ [27]

Type of account (1 = Savings, 2 = Checking, 3 = IRA\*) \_\_\_\_\_ [28]

Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) \_\_\_\_\_ [29]

Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) \_\_\_\_\_ [30]

Enter the maximum dollar amount, or percentage of total refund Dollar \_\_\_\_\_ [11] or Percent (xxx.xx) \_\_\_\_\_ [12]

Secondary account #2:

Financial institution routing transit number \_\_\_\_\_ [31]

Name of financial institution \_\_\_\_\_ [32]

Your account number \_\_\_\_\_ [33]

Type of account (1 = Savings, 2 = Checking, 3 = IRA\*) \_\_\_\_\_ [34]

Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) \_\_\_\_\_ [35]

Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) \_\_\_\_\_ [36]

Enter the maximum dollar amount, or percentage of total refund Dollar \_\_\_\_\_ [15] or Percent (xxx.xx) \_\_\_\_\_ [16]

\*Refunds may only be direct deposited to established traditional, Roth or SEP-IRA accounts. Make sure direct deposits will be accepted by the bank or financial institution.

### Refund - U.S. Series I Savings Bond Purchases

A tax refund may be used to buy up to \$5,000 of U.S. Series I Savings bonds and registered for up to three different persons. If you would like to purchase U.S. Series I Savings bonds (in increments of \$50) with your refund, if applicable, please complete the following information. Please note you may enter only one name per registration (with exception of married filing joint returns) and must enter the party's given name, do not use nicknames.

Indicate either a maximum dollar amount (up to \$5,000), or percentage of refund you would like used to purchase bonds

The bonds will be registered to the name(s) on the return. For married filing joint returns this means the bonds will be registered in both names listed on the return.

To register the bonds separately, leave these fields blank and use the fields provided below.

Enter either a dollar amount or percent, but not both Dollar \_\_\_\_\_ [13] or Percent (xxx.xx) \_\_\_\_\_ [14]

Bond information for someone other than taxpayer and spouse, if married filing jointly

Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase bonds Dollar \_\_\_\_\_ [17] or Percent (xxx.xx) \_\_\_\_\_ [18]

Owner's name (First Last) \_\_\_\_\_ [38] \_\_\_\_\_ [39]

Co-owner or beneficiary (First Last) \_\_\_\_\_ [40] \_\_\_\_\_ [41]

Mark if the name listed above is a beneficiary \_\_\_\_\_ [42]

Bond information for someone other than taxpayer and spouse, if married filing jointly

Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase bonds Dollar \_\_\_\_\_ [21] or Percent (xxx.xx) \_\_\_\_\_ [22]

Owner's name (First Last) \_\_\_\_\_ [43] \_\_\_\_\_ [44]

Co-owner or beneficiary (First Last) \_\_\_\_\_ [45] \_\_\_\_\_ [46]

Mark if the name listed above is a beneficiary \_\_\_\_\_ [47]

**IRS regulations require paid tax preparers who expect to prepare a certain amount of federal individual tax returns to file them electronically. To comply with this requirement your return will be electronically filed this year if it qualifies for electronic filing under IRS rules. Taxpayers may choose to file a paper return instead of filing electronically.**

Mark if you want to file a paper return even if you qualify for electronic filing

\_\_\_\_[1]

Receive email notification(s) when your electronic file is accepted by the taxing agency (Blank = None, 1 = Return, 2 = Return & Extension)

\_\_\_\_[2]

If 1 or 2, please provide email address on Organizer Form ID: Info

Mark if you are filing a balance due return electronically and you want to pay the amount due by debiting your financial institution account

\_\_\_\_[9]

The IRS requires a Personal Identification Number (PIN) be used in signing returns that are electronically filed.

Each taxpayer and spouse, if applicable, must provide a 5 digit self-selected PIN of your choice other than all zeroes.

Taxpayer self-selected Personal Identification Number (PIN)

\_\_\_\_[7]

Spouse self-selected Personal Identification Number (PIN)

\_\_\_\_[8]

---

**NOTES/QUESTIONS:**

**Taxpayer -**

Form of identification ( 1 = Driver's license, 2 = State issued identification card, 3 = No applicable identification, 4 = Identification not provided) \_\_\_\_\_ [1]  
Identification number \_\_\_\_\_ [2]  
Issue date \_\_\_\_\_ [3]  
Expiration date (mm/dd/yyyy) \_\_\_\_\_ [4]  
Location of issuance (State issued only) \_\_\_\_\_ [5]  
Document number (New York only) \_\_\_\_\_ [6]

**Spouse -**

Form of identification ( 1 = Driver's license, 2 = State issued identification card, 3 = No applicable identification, 4 = Identification not provided) \_\_\_\_\_ [9]  
Identification number \_\_\_\_\_ [10]  
Issue date \_\_\_\_\_ [11]  
Expiration date (mm/dd/yyyy) \_\_\_\_\_ [12]  
Location of issuance (State issued only) \_\_\_\_\_ [13]  
Document number (New York only) \_\_\_\_\_ [14]

**NOTES/QUESTIONS:**

If you have an overpayment of 2019 taxes, do you want the excess:

Refunded

[52]

Applied to 2020 estimated tax liability

[53]

Do you expect a considerable change in your 2020 income? (Y, N)

[54]

If yes, please explain any differences:

[55]

[56]

[57]

[58]

Do you expect a considerable change in your deductions for 2020? (Y, N)

[59]

If yes, please explain any differences:

[60]

[61]

[62]

[63]

Do you expect a considerable change in the amount of your 2020 withholding? (Y, N)

[64]

If yes, please explain any differences:

[65]

[66]

[67]

[68]

Do you expect a change in the number of dependents claimed for 2020? (Y, N)

[69]

If yes, please explain any differences:

[70]

[71]

[72]

[73]

Mark if you use the Electronic Federal Tax Payment System (EFTPS) to pay your estimated taxes

[74]

### 2019 Federal Estimated Tax Payments

2018 overpayment applied to 2019 estimates

+ [1]

Mark if you paid the calculated amounts on the dates due indicated below. Skip the remaining fields.

[5]

If your estimated payments were not made on the date due or were for an amount other than the calculated amount below, please enter the actual date and amount paid.

	Date Due	Date Paid if After Date Due	Amount Paid	Calculated Amount	Method*
1st quarter payment	4/15/19	[6]	+ [7]		
2nd quarter payment	6/17/19	[8]	+ [9]		
3rd quarter payment	9/16/19	[10]	+ [11]		
4th quarter payment	1/15/20	[12]	+ [13]		
Additional payment		[14]	+ [15]		

\*Method of payment indicated in prior year

EFW = Electronic funds withdrawal

EFTPS = Electronic Federal Tax Payment System

Voucher = Form 1040-ES estimated tax payment voucher

NOTES/QUESTIONS:

Taxpayer/Spouse/Joint (T, S, J)

[1]

State postal code

[2]

Amount paid with 2018 return

+ [3]

2018 overpayment applied to '19 estimates

+ [4]

Treat calculated amounts as paid

[8]

Date Paid	Amount Paid	Calculated Amount
1st quarter payment [9]	+ [10]	
2nd quarter payment [11]	+ [12]	
3rd quarter payment [13]	+ [14]	
4th quarter payment [15]	+ [16]	
Additional payment [17]	+ [18]	

## 2019 City Estimated Tax Payments

City #1	City #2
City name [28]	City name [50]
Amount paid with 2018 return + [31]	Amount paid with 2018 return + [53]
2018 overpayment applied to '19 estimates + [32]	2018 overpayment applied to '19 estimates + [54]
Treat calculated amounts as paid [36]	Treat calculated amounts as paid [58]

Date Paid	Amount Paid	Date Paid	Amount Paid
1st quarter payment [37]	+ [38]	1st quarter payment [59]	+ [60]
2nd quarter payment [39]	+ [40]	2nd quarter payment [61]	+ [62]
3rd quarter payment [41]	+ [42]	3rd quarter payment [63]	+ [64]
4th quarter payment [43]	+ [44]	4th quarter payment [65]	+ [66]

## Calculated Amount

1st quarter payment \_\_\_\_\_  
 2nd quarter payment \_\_\_\_\_  
 3rd quarter payment \_\_\_\_\_  
 4th quarter payment \_\_\_\_\_

## Calculated Amount

1st quarter payment \_\_\_\_\_  
 2nd quarter payment \_\_\_\_\_  
 3rd quarter payment \_\_\_\_\_  
 4th quarter payment \_\_\_\_\_

City #3	City #4
City name [72]	City name [94]
Amount paid with 2018 return + [75]	Amount paid with 2018 return + [97]
2018 overpayment applied to '19 estimates + [76]	2018 overpayment applied to '19 estimates + [98]
Treat calculated amounts as paid [80]	Treat calculated amounts as paid [102]

Date Paid	Amount Paid	Date Paid	Amount Paid
1st quarter payment [81]	+ [82]	1st quarter payment [103]	+ [104]
2nd quarter payment [83]	+ [84]	2nd quarter payment [105]	+ [106]
3rd quarter payment [85]	+ [86]	3rd quarter payment [107]	+ [108]
4th quarter payment [87]	+ [88]	4th quarter payment [109]	+ [110]

## Calculated Amount

1st quarter payment \_\_\_\_\_  
 2nd quarter payment \_\_\_\_\_  
 3rd quarter payment \_\_\_\_\_  
 4th quarter payment \_\_\_\_\_

## Calculated Amount

1st quarter payment \_\_\_\_\_  
 2nd quarter payment \_\_\_\_\_  
 3rd quarter payment \_\_\_\_\_  
 4th quarter payment \_\_\_\_\_

**Wages and Salaries #1**

12

Please provide all copies of Form W-2.

**2019 Information****Prior Year Information**

Taxpayer/Spouse (T, S) \_\_\_\_\_ [1]  
 Employer name \_\_\_\_\_ [3]  
 Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Farming / Fishing, 4 = National Guard) \_\_\_\_\_ [5]  
 Mark if this is your current employer \_\_\_\_\_ [6]  
 Federal wages and salaries (**Box 1**) + \_\_\_\_\_ [10]  
 Federal tax withheld (**Box 2**) + \_\_\_\_\_ [12]  
 Social security wages (**Box 3**) (If different than federal wages) + \_\_\_\_\_ [14]  
 Social security tax withheld (**Box 4**) + \_\_\_\_\_ [16]  
 Medicare wages (**Box 5**) (If different than federal wages) + \_\_\_\_\_ [18]  
 Medicare tax withheld (**Box 6**) + \_\_\_\_\_ [21]  
 SS tips (**Box 7**) + \_\_\_\_\_ [23]  
 Allocated tips (**Box 8**) + \_\_\_\_\_ [25]  
 Dependent care benefits (**Box 10**) + \_\_\_\_\_ [27]  
**Box 13 -**  
   Statutory employee \_\_\_\_\_ [29]  
   Retirement plan \_\_\_\_\_ [30]  
   Third-party sick pay \_\_\_\_\_ [31]  
 State postal code (**Box 15**) \_\_\_\_\_ [32]  
 State wages (**Box 16**) (If different than federal wages) + \_\_\_\_\_ [34]  
 State tax withheld (**Box 17**) + \_\_\_\_\_ [36]  
 Local wages (**Box 18**) + \_\_\_\_\_ [38]  
 Local tax withheld (**Box 19**) + \_\_\_\_\_ [40]  
 Name of locality (**Box 20**) \_\_\_\_\_ [43]

Control Totals +

**Wages and Salaries #2**

Please provide all copies of Form W-2.

**2019 Information****Prior Year Information**

Taxpayer/Spouse (T, S) \_\_\_\_\_ [1]  
 Employer name \_\_\_\_\_ [3]  
 Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Farming / Fishing, 4 = National Guard) \_\_\_\_\_ [5]  
 Mark if this your current employer \_\_\_\_\_ [6]  
 Federal wages and salaries (**Box 1**) + \_\_\_\_\_ [10]  
 Federal tax withheld (**Box 2**) + \_\_\_\_\_ [12]  
 Social security wages (**Box 3**) (If different than federal wages) + \_\_\_\_\_ [14]  
 Social security tax withheld (**Box 4**) + \_\_\_\_\_ [16]  
 Medicare wages (**Box 5**) (If different than federal wages) + \_\_\_\_\_ [18]  
 Medicare tax withheld (**Box 6**) + \_\_\_\_\_ [21]  
 SS tips (**Box 7**) + \_\_\_\_\_ [23]  
 Allocated tips (**Box 8**) + \_\_\_\_\_ [25]  
 Dependent care benefits (**Box 10**) + \_\_\_\_\_ [27]  
**Box 13 -**  
   Statutory employee \_\_\_\_\_ [29]  
   Retirement plan \_\_\_\_\_ [30]  
   Third-party sick pay \_\_\_\_\_ [31]  
 State postal code (**Box 15**) \_\_\_\_\_ [32]  
 State wages (**Box 16**) (If different than federal wages) + \_\_\_\_\_ [34]  
 State tax withheld (**Box 17**) + \_\_\_\_\_ [36]  
 Local wages (**Box 18**) + \_\_\_\_\_ [38]  
 Local tax withheld (**Box 19**) + \_\_\_\_\_ [40]  
 Name of locality (**Box 20**) \_\_\_\_\_ [43]

Control Totals +

**INCOME**

Form ID: W2

## Interest Income

13

Please provide copies of all Form 1099-INT or other statements reporting interest income.

\*Whole numbers will be treated as \$ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.

T/S/J Code (**See codes below)	Type	Interest <sup>(1)</sup> Income	Tax Exempt Income	Penalty on Early Withdrawal	U.S. Obligations* \$ or %	Tax Exempt* \$ or %	Foreign Taxes Paid	Prior Year Information
1	Payer Amounts	+						
2	Payer Amounts	+						
3	Payer Amounts	+						
4	Payer Amounts	+						
5	Payer Amounts	+						
6	Payer Amounts	+						
7	Payer Amounts	+						
8	Payer Amounts	+						
9	Payer Amounts	+						
10	Payer Amounts	+						

**Interest Codes	
Blank = Regular Interest	6 = ABP Adjustment
3 = Nominee Distribution	7 = Series EE & I Bond
4 = Accrued Interest	
5 = OID Adjustment	

Control Totals +

INCOME

Form ID: B-1

## Dividend Income

Please provide copies of all Form 1099-DIV or other statements reporting dividend income.

\*Whole numbers will be treated as \$ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.

T S J	Type Code	Ordinary Dividends	Qualified Dividends	Total Cap Gain Distributions	Section 1250	Sec. 199A	28% Capital Gain	Tax Exempt Dividends	U.S. Obligations* \$ or %	Tax Exempt* \$ or %	Foreign Taxes Paid	Prior Year Information
1	Payer	+										
2	Payer	+										
3	Payer	+										
4	Payer	+										
5	Payer	+										
6	Payer	+										
7	Payer	+										
8	Payer	+										
9	Payer	+										
10	Payer	+										

\*\*Dividend Codes

Blank = Other      3 = Nominee

Control Totals +


INCOME

Did you have any securities become worthless during 2019? (Y, N)	[9]
Did you have any debts become uncollectible during 2019? (Y, N)	[10]
Did you have any commodity sales, short sales, or straddles? (Y, N)	[11]
Did you exchange any securities or investments for something other than cash? (Y, N)	[13]
Did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? (Y, N)	[3]

[illegible]

### Prior Year Information

**Prior Year Information**



### Prior Year Information

[illegible]

**NOTES/QUESTIONS:**

**Social Security, Tier 1 Railroad Benefits**

Please provide a copy of Form(s) SSA-1099 or RRB-1099

Taxpayer/Spouse (T, S)

\_\_\_\_ [1]

State postal code

\_\_\_\_ [2]

**Social Security Benefits**

If you received a Form SSA - 1099, please complete the following information:

Net Benefits for 2019 (Box 3 minus Box 4) **(Box 5)**

+ \_\_\_\_\_ [8]

Voluntary Federal Income Tax Withheld **(Box 6)**

+ \_\_\_\_\_ [10]

From the DESCRIPTION OF AMOUNT IN BOX 3 area of Form SSA-1099:

Medicare premiums

+ \_\_\_\_\_ [12]

Prescription drug (Part D) premiums

+ \_\_\_\_\_ [14]

**Prior Year Information**


**Tier 1 Railroad Benefits**

If you received a Form RRB - 1099, please complete the following information:

Net Social Security Equivalent Benefit:

Portion of Tier 1 Paid in 2019 **(Box 5)**

+ \_\_\_\_\_ [22]

Federal Income Tax Withheld **(Box 10)**

+ \_\_\_\_\_ [25]

Medicare Premium Total **(Box 11)**

+ \_\_\_\_\_ [27]

**Prior Year Information**


**Additional Information About Benefits Received**

Additional information about the benefits received not reported above. For example did you repay any benefits in 2019 or receive any prior year benefits in 2019. This information will be reported in the SSA-1099 DESCRIPTION OF AMOUNT IN BOX 3 area or in the RRB-1099 Boxes 7 through 9.

\_\_\_\_ [40]

\_\_\_\_ [41]

\_\_\_\_ [42]

\_\_\_\_ [43]

\_\_\_\_ [44]

**NOTES/QUESTIONS:**

Are you or your spouse (if MFJ or MFS) covered by an employer's retirement plan? (Y, N)

[1]

[2]

Do you want to contribute the maximum allowable traditional IRA contribution amount? If

yes, enter the applicable code: (1 = Deductible only, 2 = Both deductible and nondeductible)

[3]

[4]

Enter the total traditional IRA contributions made for use in 2019

+ [5]

+ [6]

Enter the nondeductible contribution amount made for use in 2019

+ [11]

+ [12]

Enter the nondeductible contribution amount made in 2020 for use in 2019

+ [13]

+ [14]

Traditional IRA basis

+ [15]

+ [16]

Value of all your traditional IRA's on December 31, 2019:

+ [17]

+ [18]

+

+

+

+

+

+

+

+

## Roth IRA

Please provide copies of any 1998 through 2018 Form 8606 not prepared by this office

Mark if you want to contribute the maximum Roth IRA contribution

[27]

[28]

Enter the total Roth IRA contributions made for use in 2019

+ [29]

+ [30]

Enter the amount a 2019 Roth IRA conversion should be adjusted by

+ [37]

+ [38]

Enter the total contribution Roth IRA basis on December 31, 2018

+ [41]

+ [42]

Enter the total Roth IRA contribution recharacterizations for 2019

+ [43]

+ [44]

Enter the Roth conversion IRA basis on December 31, 2018

+ [45]

+ [46]

Value of all your Roth IRA's on December 31, 2019:

+ [47]

+ [48]

+

+

+

+

+

+

+

+

NOTES/QUESTIONS:



T/S/J	2019 Information	Prior Year Information
Medical and dental expenses, such as: Doctors, Dentists, Hospital/nursing home fees, Lab/x-ray fees, Medical supplies, Hearing aids, Eyeglasses/contact lenses, and Insurance reimbursements received		
[1] _____	+ _____ [2]	
— _____	+ _____	
— _____	+ _____	
— _____	+ _____	
— _____	+ _____	
— _____	+ _____	
Medical insurance premiums you paid: Do not include pre-tax amounts paid by an employer-sponsored plan or amounts entered elsewhere, such as amounts paid for your self-employed business (Sch C, Sch F, Sch K-1, etc.) or Medicare premiums entered on Form SSA-1099.		
[4] _____	+ _____ [5]	
— _____	+ _____	
— _____	+ _____	
— _____	+ _____	
Long-term care premiums you paid: Do not include pre-tax amounts paid by an employer-sponsored plan or amounts entered elsewhere, such as amounts paid for your self-employed business (Sch C, Sch F, Sch K-1, etc.)		
[7] _____	+ _____ [8]	
— _____	+ _____	
Prescription medicines and drugs:		
[10] _____	+ _____ [11]	
— _____	+ _____	
— _____	+ _____	
[13] Miles driven for medical items _____	_____ [14]	

## Schedule A - Tax Expenses

T/S/J	2019 Information	Prior Year Information
State/local income taxes paid:		
[18] _____	+ _____ [19]	
— _____	+ _____	
— _____	+ _____	
— _____	+ _____	
— _____	+ _____	
2018 state and local income taxes paid in 2019:		
[21] _____	+ _____ [22]	
— _____	+ _____	
— _____	+ _____	
Real estate taxes paid:		
[24] _____	+ _____ [25]	
— _____	+ _____	
— _____	+ _____	
Personal property taxes:		
[27] _____	+ _____ [28]	
— _____	+ _____	
Other taxes, such as: foreign taxes and State disability taxes		
[30] _____	+ _____ [31]	
— _____	+ _____	
— _____	+ _____	
Sales tax paid on major purchases:		
[36] _____	+ _____ [37]	
— _____	+ _____	
Sales tax paid on actual expenses:		
[39] _____	+ _____ [40]	
— _____	+ _____	
— _____	+ _____	

Control Totals +

ITEMIZED DEDUCTIONS

Form ID: A-1

## Interest Expenses

58

T/S/J	2019 Interest Paid <sup>2</sup>	2019 Points Paid	Type*	2019 Mortgage Ins. Premiums Paid	Prior Year Information
Home mortgage interest: From Form 1098					
[1]	+	+	+		
	+	+	+		
	+	+	+		
	+	+	+		
	+	+	+		
	+	+	+		
	+	+	+		
	+	+	+		
	+	+	+		
	+	+	+		

## \*Mortgage Types

Blank = Used to buy, build or improve main/qualified second home    1 = Not used to buy, build, improve home or investment

T/S/J	Payee's Name	SSN or EIN	2019 Information	Prior Year Information
Other, such as: Home mortgage interest paid to individuals				
[4]			+	[5]
Address				
City, state and zip code				
			+	
Address				
City, state and zip code				

## T/S/J Name and address of other person who received Form 1098 for jointly liable mortgage interest you paid -

Payer's/Borrower's name \_\_\_\_\_ [7]  
 Street Address \_\_\_\_\_  
 City/State/Zip code \_\_\_\_\_

## Refinancing Points paid in 2019 -

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [11]  
 Recipient/Lender name \_\_\_\_\_  
 Total points paid at time of refinance \_\_\_\_\_  
 Points deemed as paid in 2019 (Preparer use only) + \_\_\_\_\_ [12]  
 Date of refinance \_\_\_\_\_  
 Term of new loan (in months) \_\_\_\_\_  
 Reported on Form 1098 in 2019 \_\_\_\_\_

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_  
 Recipient/Lender name \_\_\_\_\_  
 Total points paid at time of refinance \_\_\_\_\_  
 Points deemed as paid in 2019 (Preparer use only) + \_\_\_\_\_  
 Date of refinance \_\_\_\_\_  
 Term of new loan (in months) \_\_\_\_\_  
 Reported on Form 1098 in 2019 \_\_\_\_\_

T/S/J

## 2019 Information

Investment interest expense, other than on Schedule(s) K-1:

[15]	+	[16]
	+	
	+	
	+	
	+	
	+	
	+	
	+	
	+	

Control Totals +

ITEMIZED DEDUCTIONS

Form ID: A-2

T/S/J	2019 Information	Prior Year Information
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Contributions made by cash or check (including out-of-pocket expenses)

Any contribution of cash, a check or other monetary gift requires a written record of the contribution in order to claim the contribution on your return.

**Individual contributions of \$250 or more must be accompanied by a written acknowledgment from the charity to claim the contribution on your return.**

[illegible]

\*\*Mark if qualifying disaster relief contribution made in 2018 for relief efforts in the California wildfire disaster area

### Miscellaneous Deductions

T/S/J	2019 Information	Prior Year Information
-------	------------------	------------------------

Other expenses, not subject to the 2% AGI limit:

<div>[12]</div> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <p>Gambling losses: (Enter only if you have gambling income)</p> <div>[15]</div> <hr/> <hr/> <hr/>	<div>+ [13]</div> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <div>+ [16]</div> <hr/> <hr/> <hr/> <hr/>
--	--

**NOTES/QUESTIONS:**

Complete the information below only if you file a state return in AL, AR, CA, HI, MN, NY or PA. Amounts entered here will be used to calculate your state return, but will be ignored for federal return purposes, as the deductions are not allowed.

T/S/J

2019 Information

Prior Year Information

Unreimbursed expenses, such as: Uniforms, Professional dues,  
Business publications, Job seeking expenses, Educational expenses

[1] \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

+ \_\_\_\_\_ [2]  
 + \_\_\_\_\_  
 + \_\_\_\_\_  
 + \_\_\_\_\_  
 + \_\_\_\_\_  
 + \_\_\_\_\_  
 + \_\_\_\_\_  
 + \_\_\_\_\_  
 + \_\_\_\_\_  
 + \_\_\_\_\_

Union dues, other than amounts reported on Form W-2:

[4] \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

+ \_\_\_\_\_ [5]  
 + \_\_\_\_\_  
 + \_\_\_\_\_  
 + \_\_\_\_\_

[7] Tax preparation fees

Other expenses, subject to 2% AGI limit, such as: Legal/accounting/custodial fees

[10] \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

+ \_\_\_\_\_ [8]  
 + \_\_\_\_\_ [11]  
 + \_\_\_\_\_  
 + \_\_\_\_\_  
 + \_\_\_\_\_  
 + \_\_\_\_\_  
 + \_\_\_\_\_  
 + \_\_\_\_\_  
 + \_\_\_\_\_  
 + \_\_\_\_\_

[13] Safe deposit box rental

Investment expenses, other than on Schedule(s) K-1 or Form(s) 1099-DIV/INT:

[16] \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

+ \_\_\_\_\_ [14]  
 + \_\_\_\_\_ [17]  
 + \_\_\_\_\_  
 + \_\_\_\_\_  
 + \_\_\_\_\_  
 + \_\_\_\_\_  
 + \_\_\_\_\_  
 + \_\_\_\_\_  
 + \_\_\_\_\_  
 + \_\_\_\_\_

NOTES/QUESTIONS:

	2019 Information		
	Taxpayer	Spouse	Prior Year Information
Self-employed health insurance premiums: (Not entered elsewhere)			
	+	[2] +	[3]
	+	+	
Self-employed long-term care premiums: (Not entered elsewhere)			
	+	[5] +	[6]
	+	+	

NOTES/QUESTIONS: