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Personal Organizer

This checklist will serve as a guide in assembling your tax data and help you take advantage of all allowable deductions for tax preparation.

Members
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TAX YEAR ENDED 2019

TAXPAYER BACKGROUND INFORMATION (FOR NEW CLIENTS AND CHANGES FOR CURRENT CLIENTS)

(T) Taxpayer's Full Name _____
 (S) Spouse's Full Name _____
 Address _____ Apt. # _____
 City _____ State _____ Zip _____
 Same address as last year: Yes _____ No _____
 T Social Security # _____ S Social Security # _____
 T Date of Birth _____ S Date of Birth _____
 T Occupation _____ S Occupation _____
 Home Phone # _____ Work Phone # _____
 Work Phone # _____ Fax #(s) _____
 E-mail address _____ E-mail address _____

DEPENDENTS

| Name | Birth Date | Social Security # | Relationship |
|-------|------------|-------------------|--------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

**INDIVIDUAL ESTIMATED TAX PAID (please provide us documentation of payments)
 DO NOT INCLUDE WITHHOLDING FROM SALARIES**

| | IRS: | State: | Date paid | IRS: | State: |
|-----------------------|-------|--------|-----------|-------|--------|
| 1st Qtr pymt: | _____ | _____ | _____ | _____ | _____ |
| 2nd Qtr pymt | _____ | _____ | _____ | _____ | _____ |
| 3rd Qtr pymt | _____ | _____ | _____ | _____ | _____ |
| 4th Qtr pymt | _____ | _____ | _____ | _____ | _____ |
| Amt paid w/ extension | _____ | _____ | _____ | _____ | _____ |

WAGES FROM W-2'S

(Please enclose all copies of W-2 Forms received.)

PENSION, ANNUITY, INTEREST & DIVIDEND INCOME, & IRS DISTRIBUTIONS

(Please enclose all 1099 Forms received.)

UNEMPLOYMENT & SOCIAL SECURITY INCOME

(Please enclose government forms received.)

CAPITAL GAIN(S)/LOSS(ES)

(Please enclose 1099B Forms received and purchase details.)

OTHER INCOME

| T/S/J | Sources | |
|-------|---|--------------------|
| _____ | Prizes and awards | \$ _____ |
| _____ | Royalties | \$ _____ |
| _____ | Honorariums | \$ _____ |
| _____ | Alimony received (No Child Support) | \$ _____ |
| _____ | Other: Please Itemize | \$ _____ |
| | Do you have any expenses to offset other income | Yes _____ No _____ |

If yes, please request a business checklist or download a copy from our website
 Please visit our website at www.simonic.net

Name:

Tax Year: 2019

ADJUSTMENTS

Table with columns T/S/J, Source, and Amount. Rows include ROTH IRA Contributions, Regular IRA Contributions, Educator Expense, Medical Savings Accounts, Moving Expense, and Alimony Paid to.

Note: A contribution to an IRA by April 15th may apply for the previous year.

ITEMIZED DEDUCTIONS

MEDICAL EXPENSES

Table with columns Description and Amount. Rows include Medical Insurance Premium, Prescriptions and eyeglasses, Doctors and hospitals, Auto mileage for medical purposes, and Other (please explain).

TAXES

Table with columns Description and Amount. Rows include Sales Tax, Real Estate, and Other taxes (please explain).

INTEREST

Table with columns Description and Amount. Rows include Personal home interest - principal home, Equity Line Interest or Second Mortgage, Personal home interest - 2nd home, and Personal investment interest.

Note: If you sold or purchased your home during the year, please provide copies of the settlement statements.

CONTRIBUTIONS-If over \$500 please provide detailed list of each contribution

Table with columns Description and Amount. Rows include By cash or check: Church(es), Charities, Non-cash - volunteer travel expenses, Non-cash - supplies for church or charity, Non-cash mileage for volunteer work, and Non-cash - fair market value of clothing, furniture, real estate, etc.

EDUCATION CREDITS

Form for Education Credits including Name of Student, Year of College, Tuition and fees, Student loan interest paid, Educational Expense (Tuition and fees, Books and supplies, Auto travel), and Courses taken.

CHILD CARE CREDIT

Table with columns Name of Dependents, Age, Relationship, and Amount.

Information on Child Care Provider is required:

Provider's name:
Address:

Federal ID or Social Security #:

Name:

Tax Year: 2019

HOME OFFICE INFORMATION

Please use a separate page for each business activity (i.e., one page for employee business expenses one separate page for self-employed business expenses).

Home Office Expenses (if applicable)

Do you rent your home? (Circle one) Yes No

If you own your own home, date of purchase

Purchase price \$

Total square footage of home

Square footage of office and product area

Is office space used exclusively for business? Yes No (if no stop here)

Is home office for convenience of employer? Yes No (if no stop here)

Do you received any rents from your employer for your office in home? Yes No

Type of Expense - Indirect (Please provide total amounts paid for the entire house)

Rent paid \$ Interest \$

Insurance \$ Taxes \$

Utilities (gas, electric, etc.) \$

Repairs and Upkeep \$ Building

Building Improvements \$

Type of Expense - Direct

R & M on Office Area \$

Supplies for Office Area \$

Furnishing for Office Area \$

Auto Expenses

Was auto available for personal use in off duty hours: (Circle one) Yes No Percentage of Personal Use

Auto Information

Year/make Auto #1 Auto #2

Purchase price (If purchased in 2019 include copy of invoice) \$ \$

Date of purchase

Odometer at purchase

Total miles for year **

Business miles

Commuting miles

Auto lease (if 1st year, enclose copy of lease) \$ \$

Registration fees \$ \$

Garage rent \$ \$

Gas, oil and lube \$ \$

Insurance and auto club \$ \$

Repairs, tires and batteries \$ \$

Tolls and parking ** \$ \$

Washing and polishing \$ \$

Interest on auto loan (do not include elsewhere) ** \$ \$

** NOTE: Complete this whether claiming mileage or actual expenses.

MINISTER'S INFORMATION

GENERAL INFORMATION

| | Yes | No |
|--|----------|-------|
| Are you ordained, licensed or equivalent | _____ | _____ |
| Are you exempt from paying Social Security? (Please provide approved Form 4361, if yes) | _____ | _____ |
| Does your employer own and provide your parsonage? | _____ | _____ |
| If yes, what is its furnished rental value? | | |
| Current fair market value | \$ _____ | |
| If no, do you own your own home? | _____ | _____ |
| Date of purchase | | |
| Purchase price | \$ _____ | |
| Parsonage allowance officially designated | | |
| Is this amount included on the income line of W-2 or 1099? | _____ | _____ |
| Fair rental value of furnished home per month (For all housing over \$36,000, please provide written Real Estate Professional appraisal) | | |

Business Expenses

Have you been reimbursed for your professional expenses, including mileage?
 If yes, how much? \$ _____

Show the details of your unreimbursed expenses by completing below:

Total Parsonage Expenses Paid by You for Year

| <u>Type of Expense</u> | | <u>Unreimbursed Professional Expenses</u> | |
|--|----------|---|----------|
| Rent paid | \$ _____ | Religious materials (Ministers) | \$ _____ |
| Principal payments | \$ _____ | Continuing Education | \$ _____ |
| Taxes | \$ _____ | Gifts to Congregation | \$ _____ |
| Interest | \$ _____ | Office supplies | \$ _____ |
| Insurance | \$ _____ | Postage | \$ _____ |
| Repairs and upkeep | \$ _____ | Seminars and Dues | \$ _____ |
| Lawn Care Expenses | \$ _____ | Subscription | \$ _____ |
| Furniture/appliances | \$ _____ | Telephone | \$ _____ |
| Decorator items | \$ _____ | *Business Long Distance | \$ _____ |
| Misc. supplies/expenses | \$ _____ | *Business Cell | \$ _____ |
| Utilities (water, electric, gas, phone, etc.) | \$ _____ | Vestments | \$ _____ |
| | | Ministry Meals | \$ _____ |
| | | Entertain # of People | \$ _____ |
| | | Travel Fares & Hotels & Other | \$ _____ |
| | | Other (give details) | |
| | | Description | Amount |
| | | _____ | \$ _____ |
| | | _____ | \$ _____ |
| | | _____ | \$ _____ |
| | | Equipment purchases (itemize) | \$ _____ |

RENTAL PROPERTY INFORMATION

(Use separate sheet for each property.)

Type and location of rental property:

Was property used for personal purposes more than 14 days or 10% of total days rented in tax year? Yes No

Number of days used personally (Not including days spent working on the property) _____

Rent received, including sales tax, if applicable \$ _____

Date of purchase _____

Purchase price \$ _____

If property was purchased or sold in 2019, please provide settlement statement

Cost of improvements made this tax year:

| Type | Date | Amount |
|-------|-------|----------|
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |

(If additional space needed, please use separate sheet.)

Expenses:

| | | | |
|---------------------------------------|----------|----------------------------|----------|
| Association Fees | \$ _____ | Office supplies/postage | \$ _____ |
| Advertising | \$ _____ | Pest control | \$ _____ |
| Auto mileage (# OF MILES) | \$ _____ | Repairs | \$ _____ |
| Cleaning and maintenance | \$ _____ | Sales tax | \$ _____ |
| Commissions | \$ _____ | Supplies | \$ _____ |
| Decorating/painting | \$ _____ | Special Assessments | \$ _____ |
| Insurance | \$ _____ | Taxes (real estate) | \$ _____ |
| Lawn care | \$ _____ | Trash Disposal | \$ _____ |
| Legal/professional fees | \$ _____ | Travel away from home | \$ _____ |
| Licenses | \$ _____ | Utilities | \$ _____ |
| Management fees | \$ _____ | Other: Provide Description | _____ |
| Mortgage interest paid to banks, etc. | \$ _____ | | _____ |

Do you actively participate in this activity?

- Yes _____ No _____ More than 100 hrs
- Yes _____ No _____ More than 500 hrs
- Yes _____ No _____ More than 750 hrs

Name: _____

Tax Year: 2019

PLEASE COMPLETE

I have provided all income received from all sources for the current year. YES _____ NO _____

I have adequate records or sufficient written evidence to justify these deductions. YES _____ NO _____

Note that having substantiation for Travel, Meals and Entertainment is critical.

FOREIGN ACCOUNTS

Do you have a financial interest in, or signing power over, a bank, securities, assets including property or other financial accounts in a foreign country?

Yes

No

If Yes, did the balance exceed \$10,000 in 2019?

Yes

No

Please Provide:

1. Name & type of account _____
2. Maximum balance in 2019 _____
3. Name & address of financial institution _____
4. Account Number _____

Do you have an Offshore Trust?

Yes

No

HEALTH INSURANCE

1. Do you have full health insurance coverage for the entire year for all individuals named on your tax return?

Yes

No

2. Did you purchase your health insurance through the Health Insurance Marketplace?

Yes

No

If yes, please provide Form 1095-A

By signing below, you are acknowledging that we will be preparing the tax return based solely on the information that you have provided, for which we have not vouched the validity of. When signing the return, you are taking final responsibility for the accuracy of the information on the return.

You are also responsible to retain proper documentation for all expenses and deductions that you are taking. If you are unsure about the documentation needed call our office for assistance.

Signed _____

Date _____