

Accounting By Zust LLC

6822 Pinetree Ln E
Lakeland, FL 33811
stephen.abzllc@gmail.com
Phone: (863)529-4700 | Fax:

April 15, 2020

New Client

New:

Income tax time is just around the corner! The enclosed packet has been prepared to assist you in gathering information for your 2019 tax return. Review the entire packet and answer any questions that apply.

Certain lines in the packet contain information from last year's return. You do not need to change the dollar amounts from last year; these figures are provided for reference only.

Bring this packet and all supporting documents, including W-2 and 1099 statements, to your tax-preparation appointment. We appreciate your trust in our business. Contact our office at (863)529-4700 if you have any questions or need additional information.

Sincerely,

Stephen P Zust II
Accounting By Zust LLC

Accounting By Zust LLC

6822 Pinetree Ln E
Lakeland, FL 33811
stephen.abzllc@gmail.com
Phone: (863)529-4700 | Fax:

April 15, 2020

New Client

Your privacy is important to us. Read the following privacy policy.

We collect nonpublic personal information about you from various sources, including:

- * Interviews regarding your tax situation
- * Applications, organizers, or other documents that supply such information as your name, address, telephone number, Social Security Number, number of dependents, income, and other tax-related data
- * Tax-related documents you provide that are required for processing tax returns, such as Forms W-2, 1099R, 1099-INT and 1099-DIV, and stock transactions

We do not disclose any nonpublic personal information about our clients or former clients to anyone, except as requested by our clients or as required by law.

We restrict access to personal information concerning you, except to our employees who need such information in order to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your personal information.

If you have any questions about our privacy policy, contact our office at (863)529-4700.

Sincerely,

Stephen P Zust II
Accounting By Zust LLC

Accounting By Zust LLC

6822 Pinetree Ln E
Lakeland, FL 33811
stephen.abzllc@gmail.com
Phone: (863)529-4700 | Fax:

April 15, 2020

New Client

Subject: Preparation of Your 2019 Tax Returns

New Client:

Thank you for choosing Accounting By Zust LLC to assist you with your 2019 taxes. This letter confirms the terms of our engagement with you and outlines the nature and extent of the services we will provide.

We will prepare your 2019 federal and state income tax returns. We will depend on you to provide the information we need to prepare complete and accurate returns. We may ask you to clarify some items but will not audit or otherwise verify the data you submit. An Organizer is enclosed to help you collect the data required for your return. The Organizer will help you avoid overlooking important information. By using it, you will contribute to the efficient preparation of your returns and help minimize the cost of our services.

We will perform accounting services only as needed to prepare your tax returns. Our work will not include procedures to find defalcations or other irregularities. Accordingly, our engagement should not be relied upon to disclose errors, fraud, or other illegal acts, though it may be necessary for you to clarify some of the information you submit. We will inform you of any material errors, fraud, or other illegal acts we discover.

The law imposes penalties when taxpayers underestimate their tax liability. Call us if you have concerns about such penalties.

Should we encounter instances of unclear tax law, or of potential conflicts in the interpretation of the law, we will outline the reasonable courses of action and the risks and consequences of each. We will ultimately adopt, on your behalf, the alternative you select.

Our fee is based on the time required at standard billing rates plus out-of-pocket expenses. Invoices are due and payable upon presentation. All accounts not paid within thirty (30) days are subject to interest charges to the extent permitted by state law.

We will return your original records to you at the end of this engagement. Store these records, along with all supporting documents, in a secure location. We retain copies of your records and our work papers from your engagement for up to seven years, after which these documents will be destroyed.

If you have not selected to e-file your returns with our office, you will be solely responsible to file the returns with the appropriate taxing authorities. Review all tax-return documents carefully before signing them. Our engagement to prepare your 2019 tax returns will conclude with the delivery of the completed returns to you, or with e-filed returns, with your signature and our subsequent submittal of your tax return.

To affirm that this letter correctly summarizes your understanding of the arrangements for this work, sign the enclosed copy of this letter in the space indicated and return it to us in the envelope provided.

Thank you for the opportunity to be of service. If you have any questions, contact our office at (863)529-4700.

Sincerely,

Stephen P Zust II
Accounting By Zust LLC

(Both spouses must sign for preparation of joint returns.)

Accepted By:

Taxpayer

Spouse

Date

ChecklistName: New ClientSSN: ***_**_******Checklist**

This check list is provided to help you gather necessary information for us to prepare your 2019 income tax return. Return this list, along with the supporting documentation, to our office and let us know of any significant changes from your 2018 tax year.

Other Income (provide supporting documentation for income received for the following items)

- Sale of assets or property
- Cancellation of debt
- Other income _____

Payments (provide supporting documentation for payments made for the following items)

- Educator classroom expenses
- Employee business expenses
- Contributions to a Health Savings Account
- Expenses related to work relocation
- Alimony
- Student loan interest
- Tuition and fees for higher education
- Expenses related to child or dependent care
- Contributions to a Retirement Savings Account
- Medical and dental expenses
- Real estate taxes
- Other state and local taxes
- Mortgage interest
- Investment interest
- Cash Contributions
- Noncash Contributions
- Unreimbursed employee expenses
- Investment expenses
- Gambling losses
- Other payments _____

Questionnaire

Name: New Client

SSN: ***-**-****

Questionnaire

Personal Information

Yes No

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

Dependent Information

Yes No

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

Health Care Information

Yes No

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

Income, Purchases, Sales, and Debt Information

Yes No

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

Questionnaire

Name: New Client

SSN: ***-**-****

Questionnaire

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

Itemized Deduction Information

Yes No

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

Retirement Information

Yes No

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

Education Information

Yes No

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

Miscellaneous Information

Yes No

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

Questionnaire

Name: New Client

SSN: ***-**-****

Questionnaire

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

Foreign Account Information

Yes No

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

Additional Questions

Yes No

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

Preparer Notes

2019 Tax Organizer Personal and Dependent Information

Personal Information

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

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

Dependent Information

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

List dependents required to file a return _____

Estimates

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

Account Information for Deposits or Withdrawals

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

Appointment Information

Your 2019 appointment is scheduled for _____

Healthcare Coverage Questionnaire

Name: New Client

SSN: ***_**_****

Healthcare Information

Member of household for healthcare purposes	Covered the entire year	Covered less than 12 months	No healthcare coverage at all

YES NO

- Did anyone other than you or your spouse pay for healthcare coverage for anyone listed above?
- Did you pay for healthcare coverage for anyone not listed above?

If you had coverage for any part of the year:

Where was the policy obtained?

Employer / Medicare / Medicaid / Marketplace(Exchange) / Other

If you didn't have coverage part or all of the year:

Answer YES if the following applies to any member of the household

- Was your previous insurance policy canceled in 2019?
- Was coverage offered by your employer or your spouse's employer?
- Are you a member of a federally recognized Indian tribe?
- Are you eligible for services through an Indian healthcare provider?
- Are you a member of a healthcare sharing ministry?
- Did you live in the United States the entire year?
- Are you enrolled in TRICARE?
- Did you apply for CHIP coverage?
- Do any of the following apply to you? Do NOT indicate which one.
 - Became homeless
 - Evicted in the past six months, or facing eviction or foreclosure
 - Received a shut-off notice from a utility company
 - Recently experienced domestic violence
 - Recently experienced the death of a close family member
 - Recently experienced a fire, flood, or other natural or human-caused disaster that resulted in substantial damage to your property
 - Filed for bankruptcy in the last six months
 - Incurred unreimbursed medical expenses in the last 24 months that resulted in substantial debt
 - Experienced unexpected increases in essential expenses due to caring for an ill, disabled, or aging family member

Income

Name: **New Client**

SSN: ***-**-****

Wages & Salaries

Provide all copies of Form W-2

Employer name	2019 federal wages

Retirement

Provide all copies of Form 1099-R

Payer name	2019 distribution

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

Form 1099-Misc Income

Provide all copies of Form 1099-MISC

Payer name	2019 amount

Other Income and Adjustments

Name: New Client

SSN: ***_**_****

Other Income

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

	2019 Taxpayer	2019 Spouse
Scholarships or grants not reported on Form W-2	_____	_____
State income tax refund (attach Forms 1099-G)	_____	_____
Social Security Benefits (attach Forms 1099-SSA)	_____	_____
Railroad Retirement Benefits (attach Forms 1099-RRB)	_____	_____
Alimony received		
Divorce or separation date _____ Amount _____		
Unemployment compensation (attach Forms 1099-G)	_____	_____
Unemployment compensation repaid in 2019	_____	_____
Gambling winnings (attach Forms W2-G)	_____	_____
Alaska Permanent Fund	_____	_____
ABLE distributions	_____	_____
Other income: _____	_____	_____
_____	_____	_____
_____	_____	_____

Adjustments

	2019 Taxpayer	2019 Spouse
Educator expenses (If you are an educator, enter the amount you paid for classroom supplies)	_____	_____
Contributions made to a Health Savings Account (HSA)	_____	_____
Contributions made to a Self-Employed Pension plan (SEP)	_____	_____
Payments made for Self-Employed Health Insurance for you, your spouse, or dependents	_____	_____
Alimony paid		
Name _____		
SSN _____ Divorce or separation date _____	_____	_____
Name _____		
SSN _____ Divorce or separation date _____	_____	_____
Contributions made to an Individual Retirement Account (IRA)	_____	_____
Contributions made to a Roth IRA	_____	_____
Interest paid on a student loan	_____	_____
Other adjustments: _____	_____	_____

Job-related Moving Expenses

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

	2019
Number of miles from old home to old workplace	_____
Number of miles from old home to new workplace	_____
Expense to move household goods & personal effects and lodging expenses while traveling to your new home (Do not include cost of meals)	_____

Schedule C - Profit or Loss from Business

Name: New Client

SSN: ***-**-****

General Business Information

Business name _____ Employer ID number _____

Professional product or service _____

Business address, city, state, ZIP _____

[] This business started or was acquired during 2019 [] Yes [] No Payments of \$600 or more were paid to an individual who is not your employee for services provided for this business

[] This business was disposed of during 2019 [] Yes [] No You filed Forms 1099 for the individuals

Income

Table with 2 columns for 2019 and 2019. Rows include Gross receipts or sales, Returns & allowances, and Other income.

Expenses

Table with 2 columns for 2019 and 2019. Rows include Advertising, Car & truck expenses, Commissions & fees, Contract labor, Depletion, Employee benefit programs, Insurance (other than health), Interest - mortgage, Interest - other, Legal & professional services, Office expenses, Pension & profit sharing plans, Rent or lease (vehicles, machinery, & equipment), Rent (other business property), Repairs & maintenance, Supplies, Taxes & licenses, Travel, Total meals, Utilities, Wages, and Other expenses (list).

Cost of Goods Sold

Table with 2 columns for 2019 and 2019. Rows include Inventory at beginning of year, Purchases, Cost of personal use items, Cost of labor, Materials & supplies, Other costs, Inventory at end of year, and a checkbox for 'There was a change in inventory method'.

Schedule F - Profit or Loss from Farming

Name: New Client

SSN: ***-**-****

General Information

Principal product _____ Employer ID number _____

This farm was disposed of during 2019

Yes No Payments of \$600 or more were paid to an individual who is not your employee for services provided for this farm

Yes No You filed Forms 1099 for the individuals

Income

	2019		2019
Sale of livestock / other items	_____	Custom hire income	_____
Cost of items bought for resale	_____	Beginning inventory for accrual	_____
Sale of products you raised	_____	Ending inventory for accrual	_____
Total cooperative distributions	_____	<input type="checkbox"/> You used unit-livestock-price or farm-price inventory method	
Total agricultural payments	_____	Other income	_____
Commodity Credit Corporation (CCC) loans:			
CCC loans reported	_____		_____
CCC loans forfeited	_____		_____
Crop insurance proceeds:			
Amount received in 2019	_____		_____
<input type="checkbox"/> You elect to defer to 2020			
Amount deferred from 2018	_____		_____

Expenses

	2019		2019
Car & truck expenses	_____	Repairs & maintenance	_____
Chemicals	_____	Seeds & plants purchased	_____
Conservation expenses	_____	Storage & warehousing	_____
Custom hire (machine work)	_____	Supplies purchased	_____
Employee benefit programs	_____	Taxes	_____
Feed purchased	_____	Utilities	_____
Fertilizers & lime	_____	Veterinary, breeding, & medicine	_____
Freight & trucking	_____	Other expenses	_____
Gasoline, fuel, & oil	_____		_____
Insurance (other than health)	_____		_____
Interest - mortgage (paid to banks, etc.)	_____		_____
Interest - other	_____		_____
Non-W-2 labor hired	_____		_____
W-2 wages paid	_____		_____
Pension & profit-sharing plans	_____		_____
Rent - vehicles, machinery, & equipment	_____		_____
Rent - other (land, animals, etc.)	_____		_____

Form 4835 - Farm Rental Income and Expenses

Name: New Client

SSN: ***-**-****

General Information

Description _____ Employer ID Number _____

This farm was disposed of during 2019

Income

Table with 3 columns: Description, 2019, 2019. Rows include: Income from production of livestock, grains, and other crops; Total cooperative distributions; Total agricultural payments; Commodity Credit Corporation (CCC) loans; Crop insurance proceeds; CCC loans reported; CCC loans forfeited; Amount received in 2019; Amount deferred from 2018; Other income.

Expenses

Table with 3 columns: Description, 2019, 2019. Rows include: Car & truck expenses; Chemicals; Conservation expenses; Custom hire (machine work); Employee benefit programs; Feed purchased; Fertilizers & lime; Freight & trucking; Gasoline, fuel, & oil; Insurance (other than health); Interest - mortgage (paid to banks, etc.); Interest - other; Labor hired (less jobs credit); Pension & profit-sharing plans; Rent - vehicles, machinery & equip; Rent - other (land, animals, etc.); Repairs & maintenance; Seeds & plants purchased; Storage & warehousing; Supplies purchased; Taxes; Utilities; Veterinary, breeding, & medicine; Other expenses.

Expenses Related to Business

Name: New Client

SSN: ***_**_****

Auto Expense

Name of business vehicle is used for _____

Description of vehicle _____ Date vehicle was placed in service _____

Yes No
 This vehicle is available for use during off-duty hours
 Another vehicle is available for personal use

Yes No
 There is evidence to support your deduction
 The evidence is written

Mileage

Number of miles the vehicle was driven during 2019

Business _____
 Commuting _____
 Other _____

Expenses

Garage rent _____	Repairs _____
Gas _____	Tires _____
Insurance _____	Tolls _____
Licenses _____	Lease addback _____
Oil _____	Other expenses _____
Parking fees _____	_____
Rental fees _____	_____
Interest _____	_____
Property tax _____	_____

Business Use of Home

Name of business home is used for _____

What is the total square footage of your home that was used regularly and exclusively for business _____

What is the total square footage of your home _____

For daycare facilities not used exclusively for business, complete the following questions

How many days during the year was the area used _____

How many hours per day was the area used _____

The daycare facility was in operation for the entire year

Expenses

Office expenses

Home expenses

Mortgage interest _____	_____	_____
Real estate taxes _____	_____	_____
Excess mortgage interest _____	_____	_____
Excess real estate taxes _____	_____	_____
Insurance _____	_____	_____
Rent _____	_____	_____
Repairs & maintenance _____	_____	_____
Utilities _____	_____	_____
Other expenses _____	_____	_____

In the "Office expenses" column, enter those expenses that pertain exclusively to your office; in the "Home expenses" column, enter those expenses that pertain to the entire dwelling.

Household Employment

Name: **New Client**

SSN: ***_**_****

TSJ _____ Employer Identification Number _____

Yes No

Did you pay any one household employee cash wages of \$2,100 or more in 2019?

Did you withhold federal income tax during 2019 for any household employee?

Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2018 or 2019 to all household employees?

Did you pay unemployment contributions to only one state?

Did you pay all state unemployment contributions for 2019 by April 15, 2020?

Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?

2019

Total cash wages subject to Social Security tax _____

Total cash wages subject to Medicare tax _____

Total cash wages subject to Additional Medicare tax withholding _____

Federal income tax withheld _____

TSJ _____ Employer Identification Number _____

Yes No

Did you pay any one household employee cash wages of \$2,100 or more in 2019?

Did you withhold federal income tax during 2019 for any household employee?

Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2018 or 2019 to all household employees?

Did you pay unemployment contributions to only one state?

Did you pay all state unemployment contributions for 2019 by April 15, 2020?

Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?

2019

Total cash wages subject to Social Security tax _____

Total cash wages subject to Medicare tax _____

Total cash wages subject to Additional Medicare tax withholding _____

Federal income tax withheld _____

Schedule A - Itemized Deductions

Name: New Client

SSN: ***-**-****

Medical and Dental Expenses

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

Taxes Paid

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

Interest Paid

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

Charitable Contributions

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

Other Miscellaneous Deductions

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

Job Expenses & Certain Miscellaneous Deductions

Necessary job expenses you paid that were not reimbursed by your employer
Safety equipment, tools, & supplies
Uniforms
Protective clothing (shoes, hardhats, glasses, etc.)
Dues to professional organizations
Books & subscriptions
Other
Tax preparation fees
Other nonpersonal expenses related to taxable income
Safe deposit box fees
Investment expenses not entered elsewhere
Other
Home equity interest

Other Information

Name: New Client

SSN: ***-**-****

Mortgage Interest

Provide all copies of Form 1098

Table with 4 columns: Lender's name, Mortgage interest received, Mortgage insurance premiums, Real estate taxes paid. Includes multiple rows for data entry.

Employee Business Expenses

- Checkboxes for: You are a qualified performing artist, You are a fee-based state or local government official, You are a disabled employee with impairment-related work expenses, You are a reservist, You are a member of the clergy, You used your personal vehicle for your job during 2019.

Table for Employee Business Expenses with columns: Expense description, NOT reimbursed by your employer, Reimbursed by your employer not included on your W-2. Rows include Parking fees, tolls, local transportation; Meals; Overnight business travel expenses; Other business expenses.

Casualties and Thefts

Table for Casualties and Thefts with two columns for property details. Rows include FEMA code, Property description, Property location, Date property was acquired, Date property was damaged or stolen, Cost of property damaged or stolen, Amount of damage, Insurance reimbursement.

Other Information

Name: New Client

SSN: ***_**_****

Child and Other Dependent Care Expenses

Name of care provider	Address	SSN or EIN	Amount paid

Education Expenses

Provide all copies of Form 1098-T

Student name _____ Student name _____

Type of expense	Amount	Type of expense	Amount

Student name _____ Student name _____

Type of expense	Amount	Type of expense	Amount

Student name _____ Student name _____

Type of expense	Amount	Type of expense	Amount