



INCOME TAX GUIDE AND ORGANIZER

FOR:
Tax Year 2019

PROVIDED BY:

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This booklet will assist you in collecting the necessary information to prepare your tax return accurately. Given the nature of tax laws this year, please include as much of the requested information as possible. This will help optimize your potential tax savings opportunities.

PERSONAL DATA

Taxpayer				Spouse			
Name (Last, First, Middle Initial)				Name (Last, First, Middle Initial)			
SSN (last 4 digits)	DOB	Occupation		SSN (last 4 digits)	DOB	Occupation	
Mailing Address <input type="checkbox"/> Check if address is new				Mailing Address <input type="checkbox"/> Check if address is new			
City, State & Zip			County	City, State & Zip			County
Phone:	H W C	Phone:	H W C	Phone:	H W C	Phone:	H W C
E-Mail Address:				E-Mail Address:			

DEPENDENTS

Name (First, Middle Initial and Last)	(D.O.B.)	X if not living with you	No. of mos. lived in your home during year ¹	Social Security No.	Relationship
		↓	↓	↓	↓

If more lines needed above, list two on a line. Social Security numbers are required for all dependents. If married but filing separately, list name of spouse and Social Security number at top of page. If filing Head of Household and qualifying person is your child but not your dependent above, enter child's name here _____

Place an asterisk by any dependent attending college or post-secondary school.

QUESTIONS: (Yes answers, please explain)

- | | | |
|--|------------------------------|-----------------------------|
| 1. Did your name, address or marital status change during the year? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Can you be claimed as a dependent on another tax return? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Are you (or your spouse) blind or permanently disabled? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Did you claim children above that don't live with you? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Did you carry forward or incur any adoption expenses during the year? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Note: children's time away from home while attending school counts as time in your home.

INCOME TAXES PAID OR REFUNDED

				Federal	State	Local
Balance paid on last year's return (or prior years)						
Refunds received from last year's return (or prior years)						
Refunds applied to current year						
ESTIMATED TAX PAID → If not paid by due dates indicated, list actual dates paid. If state/local tax paid on different dates, attach details.	1st Qtr.	4/15				
	2nd Qtr.	6/15				
	3rd Qtr.	9/15				
	4th Qtr.	1/15				

If someone else prepared your tax return last year, please provide a copy.

INCOME

WAGES/SALARIES/W-2 FORMS

T/S	Name of Employer	Taxable Wages	Withheld Fed. Tax	Other Taxes Withheld			
				Soc. Sec.	Medicare	State	Local

Enclose all W-2 wage and tax statements.

MISCELLANEOUS INCOME (show losses in brackets)

T S J	Source of Income	Amount
	Alimony (pre 2019 agreements) (If you pay alimony - list on page 9)	
	Jury Duty (or other public service)	
	Tips/Gratuities (not reported on W-2)	
	Contest/Awards/Gambling Winnings (attach 1099-MISC, W2G or explain)	
	Commissions/Bonuses (not reported on W-2)	
	Pensions/Annuities (furnish 1099-R forms)	
	IRA/Keogh (attach Form 1099-R)	
	Profit Sharing Distributions (attach Form 1099-R)	
	Unemployment Compensation (attach 1099-G form)	
	Partnerships/Estates/Trusts (furnish K-1 forms)	*
	Small Business Corporations/Sub Chapter S (furnish K-1 forms)	*
	Business/Self-Employed (furnish schedule or details)	*
	Farm (furnish schedule or details)	*
	Rental (furnish schedule or details)	*
	Forgiven Debt <input type="checkbox"/> Check if due to foreclosure (attach Form 1099-A or C)	
	Other (explain)	

* if you did not actively or materially participate in earning the income (or loss) listed

NON-TAXABLE INCOME (Important to list even if not taxable)

	Child Support/Payments/Assistance (not alimony)	
	Veterans Benefits/Disability Income	
	Workmen's Compensation/Loss of Time Payments	
	Other (explain):	
	Other (explain):	

Code T — Taxpayer S — Spouse J — Joint <small>Use these codes if married filing jointly</small>	SOCIAL SECURITY	Benefits (from box 5)	Federal tax withheld
	IMPORTANT: provide all SSA-1099 statements	Taxpayer	
		Spouse	

INTEREST INCOME					C O D E
ATTACH ALL 1099-INT FORMS					
T S J	Name of Payer (always use payer name listed on the 1099)	✓	Interest Amount	Exempt	
Penalty for early withdrawal of savings			()		

List interest income reported on all 1099-INT and 1099-OID forms. Attach all 1099 forms reporting tax withheld. Do not list IRA or retirement plan reported interest. if 1099 form attached

Use these codes below if from indicated sources

MB	MUNICIPAL BONDS
IN	INSTALLMENT SALES
US	U.S. BONDS
TE	TAX EXEMPT (explain)
MF	MORTGAGE FINANCED BY SELLER (list name, address & Social Security no.)

LIST CODE HERE ↑

DIVIDEND INCOME					C O D E	
ATTACH ALL 1099-DIV FORMS						
T S J	Name of Payer (payer name from 1099)	Total Ordinary Dividends	Qualified Dividends	Capital Gain Distributions*	Nontaxable	✓

List Gross Dividends above as reported on 1099-DIV forms received. Dividends under \$10 do not require a 1099. if this 1099-DIV has information not listed above please check here

If in doubt about any amounts listed on 1099-DIV, attach the 1099 and any explanation mailed with it.

CAPITAL GAINS AND LOSSES						
T S J	Stocks, Bonds and Mutual Funds (Attach Form 1099-B) Sale of Property and Real Estate (Attach Form 1099-S)					
	Description (# of shares, name or stock symbols)	Date Acquired MO/DA/YR	Date Sold MO/DA/YR	Sale Price	Cost or Basis (Include sale expense)*	C O D E
	1.					
	2.					
	3.					
	4.					
	5.					
	6.					

NOTE: Record ALL fund transactions including mutual funds.

Use these codes below if from indicated sources

A	1099-B received; Box 3 basis (cost)
B	1099-B received; no Box 3 basis (cost)
C	No 1099-B received; basis is my cost

LIST CODE HERE ↑

- List line # if items sold on installment basis.*
 - Note interest above.
 - Principal received: this year \$ _____ prior year \$ _____ # _____
- If anything above was inherited and sold, list line number(s). # _____
- If 1099-B stated basis (cost) is wrong, mark next to the incorrect value with the codes above and provide the correct cost on an attached sheet.

* For new installment sale, also report selling expenses, mortgage assumed and if used in business, accumulated depreciation and include copy of settlement papers.

SALE OF PERSONAL RESIDENCE

Date Old Residence Acquired		Cost or Basis	
Improvements (additions, landscaping, driveway, new roof, etc.)			
Fixing-Up Expenses (painting, repairs, etc., to prepare for sale)			
Date Old Residence Sold		Selling Price	
Expenses of Sale (commissions, legal fees, points, stamps, etc.)			
1. Was any part of residence rented during the year?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Did you own and use the home as your principal residence for at least two of the last five years?		Taxpayer: Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Spouse: Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Was the sale due to a job transfer, medical issue or unforeseen circumstance?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Have you deferred a gain from the sale of a personal residence into the home sold? If so, please provide Form 2119 from tax return for year prior home sold.		Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. Was the residence used as a home office?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
6. Have you or your spouse sold a principal residence within the last two years?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
7. Has a spouse died in the past two years?		Yes <input type="checkbox"/>	No <input type="checkbox"/>

Special Note: Capital gains tax laws allow exclusion of up to \$500,000 (joint), \$250,000 (single/HH) of home sale gains.

NEW RESIDENCE

Date New Residence Acquired (or construction began)	
Date You Occupied New Residence	Cost of New Residence
<ul style="list-style-type: none"> • If married, do you and your spouse have the same proportionate interest in the new residence as in the old? Yes <input type="checkbox"/> No <input type="checkbox"/> • Did either you or your spouse have NO ownership interest in a principal residence during the past three years prior to this purchase? Yes <input type="checkbox"/> No <input type="checkbox"/> 	
Attach copy of real estate closing papers for both the sale and purchase.	

HIGHER EDUCATION EXPENSES

Note: Many higher education expenses qualify for special tax credits and deductions. Others may qualify as exclusions from income for tax-free and/or penalty-free withdrawals from your tax-deferred savings accounts. Please provide information for each student and include all Form 1099-Q.

Note: "✓" If student is attending less than 1/2 time	1st Student	2nd Student	3rd Student
Code (T=Taxpayer, S=Spouse, D1=Dependent 1, D2=Dependent 2)			
<i>Attach any 1098-T's received (required)</i>	Amount	Amount	Amount
Tuition (Tuition paid during year for at least half-time enrollment)			
Fees			
Books and Supplies (purchased from institution)			
Other Education Expenses (attach details)			
Room and Board			
Amount of any grants, scholarships or other tax free educational funds received			

JOB RELATED EDUCATION*

(Enter amounts only if job/career-related and only for you and your spouse; *potential state deduction in 2018)

Room and Board			
Books and Supplies			
Seminar Fees			
Travel (# of Miles)			

DEDUCTIONS

List only amounts that have actually been paid during the year. You may round off to the nearest dollar.
DO NOT DUPLICATE ANY ENTRY.

MEDICAL Only unreimbursed medical expenses that exceed 10% of adjusted gross income are allowed.

T/S	Drugs and Medicines	Amount			
	Prescriptions & Drugs (Doctor Prescribed Only)				
	Insulin				
T/S	Medical Insurance	Amount			
	Please specify if paid Pre-Tax <input type="checkbox"/> After-Tax <input type="checkbox"/> Unsure <input type="checkbox"/>				
	Insurance — Paid by You (✓ if paid through a health insurance exchange <input type="checkbox"/>)				
	Group Health Plans (deducted from salary; provide final year pay stub)				
	Medicare Premiums				
	From Social Security Benefits				
	From Supplemental Insurance				
	Long-Term Health Care Insurance				
	HSA, Other (Attach 1099-SA for any HSA withdrawals)				
T/S	*Doctors, Dentists, Clinics, Hospitals, Nurses, Etc.	Amount Paid By You	T/S	Other Medical Expenses	Amount Paid By You
				Eye Glasses/Contact Lenses	
				Hearing Aids & Supplies	
				X-Ray/Lab Fees	
				Ambulance, Paramedics	
				Nurses (Board & Room)	
				Medical Aid Rental	
				Artificial Teeth	
				Equipment (Prescribed)	
				Nursing Home Medical Care	
				Medicare Part B Service Payments	
				Smoking Cessation Program	
				Parking / Transportation Fees	
	*Summary Total (Optional)				
	Lodging: While away from home (per day, per person maximums apply)				
	Transportation: Total number of miles driven for medical reasons or actual cost				
	Above amounts reimbursed by insurance (include Form 1099-LTC)				
	Note any health insurance premium credits received during the year.				
Comments or explanations:					
NOTE: Use T/S columns above and on page 9 under OTHER DEDUCTIONS if married and filing separately or to determine if filing separately could be beneficial. Be sure to include co-payments for doctor visits.					

IMPORTANT CHANGES IN DEDUCTIONS

Beginning in 2018 the following changes in deductions have been made:

- Home equity interest** is ONLY deductible if proceeds are used to buy, build or substantially improve a qualified residence. Proceeds used for any other reason may not use this interest deductibility.
- Miscellaneous deductions are eliminated.** Deductions for things like unreimbursed business expenses, uniforms, dues, professional fees, and similar items are no longer a valid itemized deduction.
- Casualty losses limited.** Only casualty losses in a federally declared disaster area are deductible.
- New mortgage loan interest limited to \$750,000.** Any new mortgage interest, including qualified home equity interest is only deductible for up to \$750,000 in debt. Pre-2018 mortgages retain a \$1 million limit.

OTHER DEDUCTIONS

T/S	Amount	T/S	Amount
Casualty/Theft Losses Check if loss is in federally declared disaster area. <input type="checkbox"/>			
From fire, storm, theft, and auto damage — if more than one, provide similar detail for each			
Kind of Property or Item	Date acquired	Cost or Basis	
		Insurance Paid	
Describe how or what happened	Date of Loss	Fair Market Value – Before	
		Fair Market Value – After	
Alimony Paid	Paid to: (Name)	SSN	
Gambling Losses	(Limited to gambling winnings)		

See next page (10) for Auto Business Expenses.

CHILD AND DEPENDENT CARE

(care expenses must be for child under 13 or physically or mentally incapacitated)

if you have employer provided dependent care benefits.

If required to be gainfully employed (or a full time student) "X" if service performed in your home (Nanny)

Name of Provider	Soc. Sec. or ID Number	Address	Paid	
Federal ID number if required to file IRS wage reports.	#	Total Child Care Paid During Year	\$	
		No. of Children Under Age 13	#	

Form W-10 should be used to obtain provider details. Expenses must be allocated by child or dependent. If more space needed, attach list with details.

RETIREMENT CONTRIBUTIONS

	Date	Traditional IRA	Roth IRA	Keogh/SEP/SIMPLE
Single or Taxpayer	/ /			
Spouse	/ /			
If you want the maximum allowable deduction - write MAX in money column(s). You will be informed of amount to deposit.				
List total value of ALL IRAs on 12/31	Single or Taxpayer		Spouse	

BUSINESS EXPENSES

How to use: Use this area to summarize your Schedule C sole proprietor business expenses. Provide financials if available.

Type of Business		Business Owner:	Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/>
Total Revenue			Both <input type="checkbox"/>

Business Expense (if more lines needed, continue on back page)			
Advertising	Insurance	Repairs/Maint.	
Commission/Fees	Interest	Taxes/License	
Contract Labor	Legal/Prof. Services	Utilities	
Depreciation	Office Supplies	Wages	
EE Benefits	Rent or Lease	Other	

All expenses above

Meal expense

Did you purchase any business equipment during the year? Yes No (If yes, attach details)

Vehicle Expense (If both taxpayer and spouse have deductions, use vehicle 1 for taxpayer, 2 for spouse)					
	Vehicle 1	Vehicle 2		Vehicle 1	Vehicle 2
Gas & Oil			Licenses		
Insurance			Repair/Maint/Lube		
Lease Payments			Other		

	Date Placed in Service	Make	Year	Model	Cost of Basis	▼	X if New This Year
Vehicle 1	/ /						Furnish details on newly acquired vehicles and trade-in or disposition of old vehicle.
Vehicle 2	/ /						

Travel Expenses — Away from home (days gone overnight _____)				Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/>
Transportation			Auto Rental	
Lodging			Cabs, Bus, etc.	

Vehicle Mileage Detail		Vehicle 1	Vehicle 2
<input type="checkbox"/> X if another vehicle is available for personal use.	A. End of Year	+	
Subtract B from A for (1), Total Miles Driven. List Business Mile (2), from driving log. Subtract 2 from 1 to get personal miles (3). Divide line 2 by line 1 for percent of business use.	B. Beginning of Year	-	
	1. Total Miles Driven	=	
	2. Business Miles		
No. round-trip miles from home to work _____	3. Personal Miles		
Number of days worked last year _____	% Business Use (Line 2 ÷ Line 1) =	%	%

I have adequate records and sufficient written evidence to support use of vehicles and deductions listed above.
(Please Sign) _____

HOME OFFICE

Type of Business	
Justified business use for: Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Both <input type="checkbox"/>	
Date Acquired Home	Utilities
Cost of Land	Interest (mortgage, home equity loan)
Cost of Home	Taxes
Cost of Improvements	Insurance
Sq. Footage of Living Area ⁽¹⁾	Maintenance
Sq. Footage of Office Area ⁽²⁾ (incl. inventory & sample storage)	Daycare Provider # of Hours
% Office Area ((2) ÷ (1))	Other

QUESTIONS (you or spouse)

For yes answers, supply details on the next page or on a separate sheet:

- | | | |
|---|-----------------------------------|--|
| 1. Were you notified by the IRS or YOUR STATE of any change to a tax return? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Are any of your claimed dependents not residents or citizens of the U.S.? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Did you make any gifts of over \$15,000 to any individual (with no tax advantage to you)? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Do you have any foreign income or foreign bank accounts? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. Did you have living expenses in a foreign country as a result of income earned abroad? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6. Do you have any worthless stocks, uncollectible bad debts or were you the victim of a ponzi scheme? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 7. Did you become disabled during the year? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 8. Are you a handicapped employee? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 9. Did you receive any distribution from an IRA, profit sharing or pension plan? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 10. Have you used bartering to exchange any goods or services? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 11. As a member of the armed forces on active duty, did you move pursuant to a military order? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 12. Did you receive any insurance or other reimbursement from a prior year casualty, theft loss or medical deduction? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 13. Did you start a new business during the year or do you expect to start one this coming year? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 14. Do you expect any significant changes in income, withholding taxes or your tax liability for the coming year? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 15. Did you receive any source of income that is not listed in this booklet (lottery, awards, etc.)? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 16. Do you have children under age 19 with investment income (age 24 if dependent student)? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 17. Did you pay anyone (over 18) \$2,100 or more to work at your home (housecleaning, yard work or other domestic help) during the calendar year? If yes, submit details. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 18. Do you wish to designate \$3.00 of your taxes to the Presidential Campaign Fund (no cost to you)? <u>You</u> Yes <input type="checkbox"/> No <input type="checkbox"/> <u>Spouse</u> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 19. Are you and a same-sex partner considered legally married in any state? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 20. Did you donate a partial interest in any goods to charitable organizations? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 21. Do you have a medical or health savings account (MSA or HSA)? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 22. If you reached the age of 70½, have you begun your mandatory retirement saving withdrawals? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 23. Did you receive employer-provided: | commuter transportation benefits? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | educational assistance? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 24. Did you pay long-term healthcare insurance premiums or receive benefits? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 25. Are you paying off a student loan? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 26. Are you a school teacher who paid for classroom materials without reimbursement? Please provide a recap of expenses for potential deduction. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 27. Have you or your dependents taken a distribution from a qualified tuition program (QTP) or 529 program during the year? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 28. Did you roll funds into a Roth IRA during the year? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 29. Did you purchase any energy-efficient equipment during the year (hybrid car, air conditioner, furnace, windows, doors, water heater, etc.)? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 30. Did you have qualified military combat pay? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 31. Do you own bonds that qualify for the Gulf Bond, Renewable Energy or Build America bond credits? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 32. If over age 70½, did you make a direct contribution to a charity from an IRA? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 33. Did you receive any premium health insurance credits during the year? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 34. Did you revise any prior-year divorce decrees that include alimony payments? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Please answer all questions above. Provide details for any "Yes" answers. A "No" answer will be assumed if not otherwise indicated.

