



Welcome to the 2020 Tax Filing Season. The 2019 tax filing season saw significant tax changes that will continue to impact 2019 tax returns. Large tax reform often takes several years to implement and several revisions have been made as a result of these tax changes. We anticipate another challenging season, but rest assured, we will head into this upcoming tax season together. As always we will be in the thick of these tax law changes with you, looking for ways to maximize your tax situation and finding ways to minimize your tax liability. **AND**, we will continue to make it our goal to make your tax return filing process a little less *taxing*.

We have a few methods of sharing tax changes and important tax updates, and we hope that you will take advantage of these services.

- Visit our website, www.taxingmatters.com, regularly for articles and be sure to sign up for our monthly email newsletter. These newsletters are filled with helpful information.
- We need your help! Please visit us on Facebook and like our page. We regularly post articles that we write for local publications along with tax changes and tax tips.

The enclosed organizer is designed especially for you in order to help you assemble your tax information, and we would like to take this opportunity to encourage its use. **Experience has taught us that when clients use these organizers there are less errors, greater consistency with previous years, and information is less likely to be omitted.**

Our goal is to prepare your tax returns in a convenient, competent, and efficient manner. **We encourage you to either mail your tax information to our Westport office, or drop it off at either of our Orleans or Westport office.** This allows us the opportunity to work on your taxes and compile a list of questions or missing information that we can then obtain from you via appointment, email, phone or fax. Also, please be sure to make a list of any questions you might have for us so that we can answer all of your questions after thoroughly reviewing your information.

Your completed tax package must be received by March 20th in order to allow us to complete your return without filing an extension. Please contact us if you are not able to file a timely return and would like us to file an extension on your behalf.

We are available year-round to answer any questions that you may have and encourage you to contact us. **Referrals are greatly appreciated!** We are fortunate to have built our client base on the referrals of satisfied clients. We take great pride in our continued relationships with our valued clients and can't thank you enough for your continued patronage.

Sincerely,
Sherri Mahoney

A handwritten signature in blue ink, appearing to read 'Sherri', is written over the printed name 'Sherri Mahoney'.

SHERILYN MAHONEY-BATTLES EA

SHERILYN@TAXINGMATTERS.COM

WWW.TAXINGMATTERS.COM

TELEPHONE: (508) 636-9829 • TOLL FREE (800) 774-1040 • FAX (508) 636-9820

2019 Tax Organizer Personal and Dependent Information

Personal Information

| | | | |
|---|--|----------------------|----------------------|
| Name | | SSN | Date of birth |
| Taxpayer | | | |
| Spouse | | | |
| Street address, city, state, and ZIP | | | |
| Occupation | | Daytime phone | Evening phone |
| Cell phone | | | |
| Taxpayer | | | |
| Spouse | | | |
| Taxpayer email | | | |
| Spouse email | | | |

Marital Status at end of 2019

- Married
 Married filing separately
 Single
 Widow(er) If spouse died in 2019 enter the date of death _____

Other Information

- Are you blind?**
Are you disabled?
Are you a full-time student?
Do you want \$3 to go to the Presidential Election Campaign Fund?

Taxpayer

- Yes No
 Yes No
 Yes No
 Yes No

Spouse

- Yes No
 Yes No
 Yes No
 Yes No

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 _____

Other Income and Adjustments

Name: _____

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:

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

| | 2019 | 2019 |
|-----------------------------------|-------|------------------------------|
| Gross receipts or sales | _____ | Other income _____ |
| Returns & allowances | _____ | _____ |

Expenses

| | 2019 | 2019 |
|--|-------|---------------------------------------|
| Advertising | _____ | Travel _____ |
| Car & truck expenses | _____ | Total meals _____ |
| Commissions & fees | _____ | Utilities _____ |
| Contract labor | _____ | Wages _____ |
| Depletion | _____ | Other expenses (list) _____ |
| 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 | _____ | _____ |

Cost of Goods Sold

| | 2019 | 2019 |
|--|-------|---|
| Inventory at beginning of year | _____ | Materials & supplies _____ |
| Purchases | _____ | Other costs _____ |
| Cost of personal use items | _____ | Inventory at end of year _____ |
| Cost of labor | _____ | <input type="checkbox"/> There was a change in inventory method |

Expenses Related to Business

Name:

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

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.

Schedule A - Itemized Deductions

Name:

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
Investment interest

Charitable Contributions

Donations to charity
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
Qualified mortgage insurance premiums
Home equity interest

Other Information

Name:

SSN:

Mortgage Interest

Provide all copies of Form 1098

| Lender's name | Mortgage interest received | Mortgage insurance premiums | Real estate taxes paid |
|---------------|----------------------------|-----------------------------|------------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Employee Business Expenses

- 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

| | NOT reimbursed by your employer | Reimbursed by your employer not included on your W-2 |
|---|---------------------------------|--|
| Parking fees, tolls, local transportation | _____ | _____ |
| Meals | _____ | _____ |
| Overnight business travel expenses (Do not include meals & entertainment) | _____ | _____ |
| Other business expenses | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Casualties and Thefts

| | |
|---|---|
| FEMA code _____ | FEMA code _____ |
| Property description _____ | Property description _____ |
| Property location _____ | Property location _____ |
| _____ | _____ |
| Date property was acquired _____ | Date property was acquired _____ |
| Date property was damaged or stolen _____ | Date property was damaged or stolen _____ |
| Cost of property damaged or stolen _____ | Cost of property damaged or stolen _____ |
| Amount of damage _____ | Amount of damage _____ |
| Insurance reimbursement _____ | Insurance reimbursement _____ |

Other Information

Name: _____

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 |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |