

2019
Income Tax Return Organizer



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This Tax Organizer can be used to help identify information needed to prepare your 2019 income tax return. Enter your 2019 tax information and if additional space is required, enclose a separate sheet with the details.

Please return this Tax Organizer along with all Forms W-2, 1099, and any other relevant information that will assist in the accurate preparation of your 2019 income tax return.



Individual Income Tax Preparation Engagement Letter

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. The IRS imposes penalties on taxpayers, and on us as return preparers, for failure to observe due care in preparing income tax returns. 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 federal/state income tax return with all necessary supporting forms and schedules from the information provided by you to us. It is your responsibility to provide all the information required for the preparation of a complete and accurate tax return. You represent that the information you are supplying to us is accurate and complete to the best of your knowledge and that any expenses claimed for meals, travel, business gifts, dues and membership, vehicle usage, and/or charitable contributions are supported by records as required by law. 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. You have the final responsibility for your income tax return and, therefore, you should review it carefully.

We will use professional judgement in resolving questions where the tax law is unclear, or where there may be conflicts between the taxing authorities' interpretations of the law. Unless otherwise instructed by you, we will resolve such questions in your favor whenever possible. We subscribe to a program of peer review for maintenance of quality control in our office. As part of this program, your return may be reviewed by other tax preparers in our office under strict rules of confidentiality.

Fees charged for tax return preparation do not include audit representation or preparing materials to respond to correspondence from taxing authorities. If your federal income tax return is selected for audit, the first two hours spent on preparation for the audit will be at no cost to you after two hours you will be billed at our standard rate of \$35 per hour.

Under IRS guidelines we are required to electronically file all federal income tax returns we prepare, unless you feel electronically filing your income tax return will do you undue hardship. Prior to you signing the Form 8879, we will provide you a printed complete copy of your federal income tax return. If we are asked to disclose any privileged information, unless we are required to disclose the information by law, we will not provide such disclosure until you have provided written instructions to provide any privileged information.

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

Signatures. By signing below, you acknowledge that you have read, understand, and accept your obligations and responsibilities and that you understand our responsibilities in preparing your tax returns as explained above. For a joint return, both taxpayers must sign.

Taxpayer Printed Name(s): _____

Tax Payer Signature: _____ Date: _____

Spouse Signature: _____ Date: _____

PERSONAL INFORMATION ORGANIZER

Please complete this Organizer before your appointment.

1. PERSONAL INFORMATION

Name		SSN or ITIN	Date of Birth	Date of Death	Occupation	Blind	Disabled
Taxpayer						<input type="checkbox"/>	<input type="checkbox"/>
Spouse						<input type="checkbox"/>	<input type="checkbox"/>
Street Address		Apt.	City or town	State	Zip Code	County	
Foreign country		Foreign province/state			Foreign postal code		
E-mail Address(es)				Home Phone	Mobile Phone		

2. FILING STATUS

Single Check if parent (or someone else) can claim you as a dependent on their return.
 Married Filing Joint
 Married Filing Separate Check if you lived apart from your spouse for all of 2019.
 Head of Household
 Qualifying Widow(er) Year spouse died: _____

3. DEPENDENTS

Name	Relationship	Date of Birth	SSN or ITIN	Months Lived With You	Disabled	Full Time Student	Dependent's Gross Income	Child Care Expenses Paid
					<input type="checkbox"/>	<input type="checkbox"/>		
					<input type="checkbox"/>	<input type="checkbox"/>		
					<input type="checkbox"/>	<input type="checkbox"/>		
					<input type="checkbox"/>	<input type="checkbox"/>		

4. REFUND INFORMATION

1. Would you like to have any refunds directly deposited into your bank account? Yes No

<p>Bank Account</p> <p>Ownership <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint</p> <p>Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings</p> <p>Bank name _____</p> <p>Routing number _____</p> <p>Account number _____</p> <p>Account outside the jurisdiction of the United States? <input type="checkbox"/> Yes</p>	<p>Bank Account</p> <p>Ownership <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint</p> <p>Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings</p> <p>Bank name _____</p> <p>Routing number _____</p> <p>Account number _____</p> <p>Account outside the jurisdiction of the United States? <input type="checkbox"/> Yes</p>
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5. IDENTIFICATION INFORMATION

<p>Taxpayer</p> <p>Type of ID: <input type="checkbox"/> Driver's license <input type="checkbox"/> State-issued ID <input type="checkbox"/> No ID</p> <p>ID number _____</p> <p>Location of issuance _____</p> <p>Issue date _____</p> <p>Expiration date _____</p>	<p>Spouse</p> <p>Type of ID: <input type="checkbox"/> Driver's license <input type="checkbox"/> State-issued ID <input type="checkbox"/> No ID</p> <p>ID number _____</p> <p>Location of issuance _____</p> <p>Issue date _____</p> <p>Expiration date _____</p>
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6. HEALTH CARE INFORMATION

Please indicate where you received your health insurance from for all members of your tax household.

Employer Government-Sponsored Marketplace Private Exchange (Individual Insurance Company)

DEDUCTIONS ORGANIZER

Please complete this Organizer before your appointment.
Itemized Deduction Organizers are on separate pages.

1. EDUCATION

Attach 1098-Ts, 1098-E's and 1099-Q's:

Student Name	Educational Institution	Fr	So	Jr	Sr	Oth	Tuition & Fees	Student Loan Interest Paid	Books, Supplies & Equipment	529 Plan
_____	_____	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>				
_____	_____	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>				
_____	_____	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>				
_____	_____	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>				
_____	_____	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>				

2. JOB-RELATED MOVING EXPENSES

Description	Amount
Lodging	_____
Gas and Oil.	_____
Mileage	_____
Other	_____
Miles from old home to your new workplace	_____
Miles from old home to old workplace	_____
Member of the Armed Forces?	<input type="checkbox"/> Yes <input type="checkbox"/> No

4. OTHER DEDUCTIONS

Description	Amount
Educator expenses.	_____
Alimony paid Rec. SSN: _____	_____
Date of original divorce/separation _____	_____
Health Savings Account contributions	_____
Archer Medical Savings Account contributions _____	_____
Jury duty repayment to employer	_____
Foreign qualified housing expenses.	_____
Contributions to College 529 Savings Plan.	_____
Qualified business net (loss) carryover from 2018	_____
Qualified REIT dividends and PTP net (loss) carryover _____	_____
_____	_____
_____	_____
_____	_____

3. IRA CONTRIBUTIONS

Description	Amount
Contributions to a Traditional IRA.	_____
Contributions to a ROTH IRA	_____

5. MISCELLANEOUS DEDUCTION QUESTIONS

1. Did you purchase an item(s) during 2019 for which you paid a large amount of sales tax? Yes No
2. Did you refinance a mortgage during 2019? Yes No

CREDITS AND PAYMENTS ORGANIZER

Please complete this Organizer before your appointment.

1. CHILD CARE CREDIT

Attach Daycare Provider Statement(s):		Tax-Exempt	Telephone Number	Identification Number	Amount Paid
Care Provider Name	Address				
_____	_____	<input type="checkbox"/>	_____	_____	_____
_____	_____	<input type="checkbox"/>	_____	_____	_____
_____	_____	<input type="checkbox"/>	_____	_____	_____
_____	_____	<input type="checkbox"/>	_____	_____	_____
_____	_____	<input type="checkbox"/>	_____	_____	_____

2. RESIDENTIAL ENERGY CREDIT

Description	Amount	Description	Amount
Solar electric property	_____	Metal or asphalt roof	_____
Solar water heating	_____	Exterior windows and skylights	_____
Small wind energy	_____	Electric heat pump or central air conditioner.	_____
Geothermal heat pump	_____	Natural gas, propane or oil water heater.	_____
Fuel cell property.	_____	Biomass fuel stove	_____
Insulation material	_____	Natural gas, propane or oil furnace	_____
Exterior doors	_____	Advanced main air circulating fan	_____

1. Were the qualified improvements for your main home in the United States? Yes No

2. Were any of the improvements related to the construction of this main home? Yes No

3. MISCELLANEOUS CREDIT QUESTIONS

1. Did you pay any expenses related to the adoption of an eligible child? Yes No

2. Are you currently repaying the First-Time Homebuyer Credit? Yes No

3. Do you (and your spouse) have a social security number that allows you to work and is valid? Yes No

4. Were you issued a Mortgage Credit Certificate (MCC) by a state or local governmental unit or agency? Yes No

4. ESTIMATED TAX PAYMENTS

Federal estimated payments	Date Paid	Amount Paid
Applied from 2018 federal refund	_____	_____
1st quarter payment	_____	_____
2nd quarter payment	_____	_____
3rd quarter payment	_____	_____
4th quarter payment	_____	_____

State estimated payments	State Name: _____	Date Paid	Amount Paid
Applied from 2018 state refund		_____	_____
1st quarter payment		_____	_____
2nd quarter payment		_____	_____
3rd quarter payment		_____	_____
4th quarter payment		_____	_____

Local estimated payments	Locality Name: _____	Date Paid	Amount Paid
Applied from 2018 local refund		_____	_____
1st quarter payment		_____	_____
2nd quarter payment		_____	_____
3rd quarter payment		_____	_____
4th quarter payment		_____	_____

ITEMIZED DEDUCTIONS (continued)

Casualty and Theft Losses (for property damaged by storm, water, fire, accident, or theft)

Enclose supporting documentation of what is written here, i.e. insurance reimbursement, receipts for cost of repairs.
(If additional losses were incurred, please attach a separate sheet of paper with these details.)

Location of property: _____ Residential property Business property
 Description of property: _____ Federal Disaster
 Date of loss: _____ FEMA disaster declaration # _____

Amount of damage _____ Cost basis of property _____ Repair Costs _____
 Insurance reimbursement _____ FMV of property before loss _____ Other _____
 Federal monies received _____ FMV of property after loss _____ Other _____

Unreimbursed Employee Business Expenses

(if any depreciable assets were sold (including the vehicle), please see worksheet below)

Dues (related to job) _____
 Subscriptions related to your work _____
 Licenses and regulatory fees _____
 Tools and supplies used in your work _____
 Work clothes, uniforms if required _____
 Medical exams required by your employer _____
 Work related education (books, tuition) _____
 Legal fees related to your job _____
 Job search expenses (current occupation) _____

Vehicle Information

Vehicle description _____
 Date placed in service _____
 Cost or basis _____

Miles of vehicle

Business miles _____
 Commuting miles _____
 Other miles _____

***In home office:**

Total square footage _____
 Office square footage _____
 Office square footage _____
 Rent _____
 Insurance _____
 Utilities _____
 Repairs/Maintenance _____

Expenses

Actual expenses _____
(gas, oil, repairs, etc)
 Parking fees and tolls _____
 Travel expenses _____

*Questions relating to mortgage interest, taxes, and casualty losses were asked previously

Sales, Purchases, and Disposition of Assets in 2019

(New clients, enclose detailed listing of all depreciable assets.)

T S	Asset description	Date acquired	Purchase price	Date sold	Sales price

Investment Related Expenses

Tax preparation fees _____
 Safe deposit box _____
 Custodial, trust admin fees _____
 Fees to collect interest and dividends _____
 Tax advice not related to investment income _____
 Legal fees related to producing taxable income _____
 Other _____
 Other _____
 Other _____

Other Misc. Deductions

Gambling losses _____
 Estate tax deduction (in respect of a decedent) _____
 Portfolio from Schedule K-1 _____
 Unrecovered investment in a pension _____
 Amortizable premium on taxable bonds _____
 Disabled persons work expenses _____
 Other _____
 Other _____
 Other _____

BUSINESS INCOME AND EXPENSES (Schedule C)

Indicate the owner of this business: Taxpayer Spouse Joint
 Business Name: _____
 Business product or service: _____
 Business Address: _____
 City, State, and Zip Code: _____
 Did you start or acquire this business during 2019? Yes No
 Accounting Method: Cash Accrual Other (describe) _____
 Method used to value inventory: Cost Lower of cost or market Other (describe) _____

Income and Cost of Goods Sold	2019 Amount	2018 Amount
Gross receipts or sales		
Returns and allowances		
Other income (enclose description)		
Inventory at beginning of year		
Purchases less cost of items withdrawn for personal use		
Cost of labor		
Materials and supplies		
Other costs		
Inventory at end of year		

Expenses	2019 Amount	2018 Amount		2019 Amount	2018 Amount
Advertising			Wages		
Commissions and fees			Other:		
Contract labor					
Depletion					
Employee benefits					
Insurance (other than health)					
Mortgage interest					
Other interest					
Legal and professional fees					
Office expenses					
Pension and profit sharing					
Rent - Vehicle, machinery					
Rent - Other					
Repairs and maintenance					
Supplies					
Taxes and licenses					
Travel					
Meals and entertainment					
Utilities					

Vehicle Information
 Vehicle description _____ Date placed in service _____ Cost or basis _____
 Business miles _____ Commuting miles _____ Other miles _____
 Actual expenses such as gas, oil, repairs, etc _____ Parking fees and tolls _____

Sales, Purchases, and Disposition of Assets in 2019 (New clients, enclose detailed listing of all depreciable assets.)

Asset description	Date acquired	Purchase price	Date sold	Sales Price

Business Use of Home
 Area used exclusively for business _____ Total area of home _____
 Was the home used as a day care facility? Yes No Date home placed in service _____
 Casualty losses _____ Insurance _____ Rent _____
 Mortgage interest _____ Repairs and maintenance _____ FMV of home _____
 Real estate taxes paid _____ Utilities and other expenses _____ Value of land _____
 Carryover of unallowed expenses to 2019 Yes No (if yes, enter amount) _____



DREAMLAND TAX SERVICES, LLC

CERTIFICATION OF TRUTH, ACCURACY, AND COMPLETENESS (CTAC)

This form must be completed and signed by the “Responsible Taxpayer and Spouse (if applicable)”

A. Responsible Taxpayers

Taxpayer Name: (Last) _____ (First) _____ (MI) _____

Spouse Name: (Last) _____ (First) _____ (MI) _____

B. Certification of Truth, Accuracy and Completeness

I certify under penalty of law, all information listed in this client organizer package is true to the best of my knowledge. I understand it is my responsibility to report accurate figures and information to my tax preparer and I further assume all responsibility if any information I provide to my preparer is incomplete or incorrect. I understand that I must keep a copy of my tax return and all supporting documents used to prepare my return for a minimum of three years.

Taxpayer Signature _____

Taxpayer Spouse Signature _____

Date: ____ / ____ / ____