

Gattinger CPA PA

PO Box 13287
Maumelle, AR 72113
Dave@GattingerCPA.com
Phone: (501)310-8563 | Fax: (888)857-6438

January 21, 2020

New Client

Dear New Client:

Income tax time is here! The enclosed packet has been prepared to assist you in gathering information for the efficient preparation of your 2019 tax return and to avoid extra fees for preparation of your tax returns. Please review the entire packet and answer any questions that apply. It is also best to not use staples or orange and green highlighters.

The enclosed organizer/checklist/questionnaire is to help remind you of informaton you may need to gather. Please bring all W2s, 1099s, 1095s, 1098s and all other tax related information. For brokerage/stock/investment accounts, I need the **annual** information; the quarterly or monthly statements are not useful for preparing your tax return. In most cases, there is no need to write 2019 information on the organizer/checklist - I need the actual forms and other documentation sent to you. If you have questions about the checklist, please make a note on the organizer as you review the organizer/checklist.

Included is an IRS publication "Taxes, Security, Together" for your information. You should also know that I will only send your tax return to you by email with a password - the first 4 letters in your last name and the last 5 digits of your social security number. Example - For married taxpayers John Jones, 123-45-6789 and Mary Smith, 987-65-4321 the password will be jone56789; the first taxpayer listed on the tax return. No capital letters.

Please sign the 2-page letter "Preparation of Your 2019 Tax Returns" and bring this packet and all supporting documents, including W-2 and 1099 statements, to your tax-preparation appointment. .

I now meet clients by appointment only at 9200 Maumelle Blvd, next to LED World, 2 buildings from Metro Builders Appliances & More and across the street from Chicken Wangs III. You have the option to set your own appointment by visiting GattingerCPA.com and selecting

Drop off
appointment - Tax
Preparation
45 min | Free

I appreciate your trust in our business. Please feel free to contact me at (501)310-8563 (phone/text) or Dave@GattingerCPA.com if you have any questions or need additional information.

Sincerely,

Dave Gattinger
Gattinger CPA PA
(501)310-8563

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January 21, 2020

New Client

Your privacy is important to us. Please 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, please contact us.

Sincerely,

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(501)310-8563

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January 21, 2020

New Client

Subject: Preparation of Your 2019 Tax Returns

New Client:

Thank you for choosing Gattinger CPA PA 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 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, of course, inform you of any material errors, fraud, or other illegal acts we discover. If you require more extensive accounting services, there will be additional fees.

The law imposes penalties when taxpayers underestimate their tax liability. Please 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 will be based on the forms required to file your returns at standard billing rates. Based on your prior year tax returns, your fee is \$ _____, unless there are changes to your tax situation. Extra work will normally require additional fees. Completing the enclosed tax organizer will help avoid the extra work and fees. Invoices are due and payable upon presentation. To the extent permitted by state law, an interest charge may be added to all accounts not paid within thirty (30) days.

Payment can be made in advance, if desired, and we accept checks, credit/debit cards, the Cash App, and cash.

We will return your original records to you at the end of this engagement. You should securely store these records, along with all supporting documents, canceled checks, etc., as these items may later be needed to prove accuracy and completeness of a return. We will retain copies of your records and our work papers for your engagement for seven years, after which these documents will be destroyed.

Our engagement to prepare your 2019 tax returns will conclude with the delivery of the completed returns to you (if paper-filing), or your signature and our subsequent submittal of your tax return (if e-filing). 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. Any further work may incur additional fees.

To affirm that this letter correctly summarizes your understanding of the arrangements for this work, please sign the enclosed copy of this letter in the space indicated and bring it to your tax appointment.

We appreciate your confidence in us. Please call (501)310-8563 if you have questions.

Sincerely,

Dave Gattinger
Gattinger CPA PA
(501)310-8563

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

Accepted By:

_____ Date _____

Taxpayer signature

Driver's License Number _____

State ____ Issued date _____ Expiration date _____

_____ Date _____

Spouse signature

Driver's License Number _____

State ____ Issued date _____ Expiration date _____

SEND A FRIEND!

Name	Date
------	------

One of the nicest compliments our clients can give us is a referral. For each new paying client you refer to us, we will pay you \$25. Thank you for your business.

Gattinger CPA PA
PO Box 13287
Maumelle, AR 72113
(501) 310-8563

Your Name New Client
Address _____
Preparer's Name Dave Gattinger

HAVE YOUR FRIENDS BRING THIS COUPON IN WITH THEIR TAX INFORMATION.

(subject to terms and conditions)

SEND A FRIEND!

Name	Date
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Preparer's Name Dave Gattinger

HAVE YOUR FRIENDS BRING THIS COUPON IN WITH THEIR TAX INFORMATION.

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2019

Page 1

Checklist

Name: 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. Please bring your driver's license or other ID to your appointment

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 _____

2019

Questionnaire

Name: New Client

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

Questionnaire

Personal Information

Yes No

Provide proof of identity to be eligible to e-file your tax return
(driver's license or state-issued photo ID)

- 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?

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?

Questionnaire

Name: New Client

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

Questionnaire

- Did you rent out your home or use it for business?
 Did you sell, exchange, or purchase any real estate during the year?
 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?

Questionnaire

Name: New Client

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

Questionnaire

- Did you incur moving expenses during the year?
- Did you make any energy-efficient improvements to your main home during the year?
- 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	
-----	----	--

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

Additional Questions

Yes	No	
-----	----	--

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive income or incur expenses associated with a fantasy sport league?
If yes, provide documentation. |
| <input type="checkbox"/> | <input type="checkbox"/> | 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. |
| <input type="checkbox"/> | <input type="checkbox"/> | 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. |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive income or incur expenses associated with fashion sharing (e.g., Poshmark or thredUP)?
If yes, provide documentation. |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive income or incur expenses associated with crowdfunding (e.g., Kickstarter or Indiegogo)?
If yes, attach Form 1099-K. |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive income or incur expenses associated with a short-term rental (e.g., Airbnb or HomeAway)?
If yes, provide documentation. |
| <input type="checkbox"/> | <input type="checkbox"/> | 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>
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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: 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

	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

Schedule E - Income or Loss from Rental Real Estate & Royalties

Name: New Client

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

General Property Information

Property description _____
 Address, city, state, ZIP _____

Select the property type

- Single family residence Vacation / short-term rental Land Self-rental
 Multi-family residence Commercial Royalties Other _____

Number of days property was rented _____ Number of days property was used for personal use _____

If the rental is a multi-dwelling unit and you occupied part of the unit, enter the percentage you occupied _____

- This property is your main home or second home Yes No Payments of \$600 or more were paid to an individual who is not your employee for services provided for this rental
 This property was disposed of during 2019 Yes No You filed Forms 1099 for the individuals
 This property was owned as a qualified joint venture

Income

	2019		2019
Rent income	_____	Royalties from oil, gas, mineral, copyright or patent	_____

Expenses

	Rental unit expenses	Rental <u>and</u> homeowner expenses	
Advertising	_____	_____	If this Schedule E is for a multi-unit dwelling and you lived in one unit and rented out the other units, use the "Rental and homeowner expenses" column to show expenses that apply to the entire property. Use the "Rental unit expenses" column to show expenses that pertain ONLY to the rental portion of the property.
Auto & travel	_____	_____	
Cleaning & maintenance	_____	_____	
Commissions	_____	_____	
Insurance	_____	_____	
Legal & professional fees	_____	_____	
Management fees	_____	_____	
Mortgage interest	_____	_____	
Other interest	_____	_____	
Repairs	_____	_____	
Supplies	_____	_____	
Taxes	_____	_____	
Utilities	_____	_____	
Depletion	_____	_____	
Other expenses	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	

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

	2019	2019
Income from production of livestock, grains, and other crops	_____	Crop insurance proceeds:
Total cooperative distributions	_____	Amount received in 2019
Total agricultural payments	_____	<input type="checkbox"/> You elect to defer to 2020
Commodity Credit Corporation (CCC) loans:		Amount deferred from 2018
CCC loans reported	_____	Other income
CCC loans forfeited	_____	_____

Expenses

	2019	2019
Car & truck expenses	_____	Seeds & plants purchased
Chemicals	_____	Storage & warehousing
Conservation expenses	_____	Supplies purchased
Custom hire (machine work)	_____	Taxes
Employee benefit programs	_____	Utilities
Feed purchased	_____	Veterinary, breeding, & medicine
Fertilizers & lime	_____	Other expenses
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	_____	_____

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 <input type="checkbox"/> No <input type="checkbox"/> This vehicle is available for use during off-duty hours
<input type="checkbox"/> <input type="checkbox"/> Another vehicle is available for personal use | Yes <input type="checkbox"/> No <input type="checkbox"/> There is evidence to support your deduction
<input type="checkbox"/> <input type="checkbox"/> 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.

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	<input type="checkbox"/>	<input type="checkbox"/>	_____
Boy or Girl Scouts	<input type="checkbox"/>	<input type="checkbox"/>	_____
Goodwill	<input type="checkbox"/>	<input type="checkbox"/>	_____
Red Cross	<input type="checkbox"/>	<input type="checkbox"/>	_____
Salvation Army	<input type="checkbox"/>	<input type="checkbox"/>	_____
United Way	<input type="checkbox"/>	<input type="checkbox"/>	_____
Veterans	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hospital	<input type="checkbox"/>	<input type="checkbox"/>	_____
University	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other	<input type="checkbox"/>	<input type="checkbox"/>	_____
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

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

Employee Business Expenses

- | | |
|--|--|
| <input type="checkbox"/> You are a qualified performing artist | <input type="checkbox"/> You are a member of the clergy |
| <input type="checkbox"/> You are a fee-based state or local government official | <input type="checkbox"/> You used your personal vehicle for your job during 2019 |
| <input type="checkbox"/> You are a disabled employee with impairment-related work expenses | |
| <input type="checkbox"/> You are a reservist | |

	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: 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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2019

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