2019 Individual Taxpayer Organizer Sole Proprietorship

(See next page for Organizer)



PEOT TAX SERVICE

N3736 County Road AB Luxemburg, WI 54217 (920) 845-1466 www.peottaxservice.com Tax Prep | Bookkeeping | Payroll | Sales Tax

Taxpayer					SSN		
First	M.I.	Last		Email	I	IP PIN	
Occupation		Date	of birth		Are you nev	v to our firm?	Yes No
Address	3				State	Zip	
County		Home	e phone		Work or cell		
Driver's License No.				State	Issue Date	Exp. Date	
Spouse					SSN		
First	M.I.	Last		Email		IP PIN	
Occupation		Date	of birth		Are you nev	v to our firm?	Yes No
Address (If different from Taxpayer)		City			State	Zip	
County		Home	e phone		Work or cell		
Driver's License No.				State	Issue Date	Exp. Date	
If you moved during 2019, enter your	previous address	3.			Date of mov	re	
Marital status at 12/31/19: Single Were you divorced or separated durin Individuals who are in registered dom Have you received any notice from th	ng the year? Ye nestic partnership	s (RDI	o Ps) and civil uni	Were there any	d Domestic Partne deaths in the fan dered married for Yes No	nily? Yes No	
Names of dependent children Child's full name	Social Secur	rity #	IP PIN	Date of birt	Months lived h home in 2019	1	College student?
Did any of the children have income a Is it anticipated that a different taxpay		-		2	f the children hav ent for tax year 20		Yes No
Other dependents or people who liv	ed with you						
Name	Social Security	#	IP PIN	Date of birth	Months lived in home in 2019	Relationship	Income
	eposit of refund	Dire	ct debit of balan	ce due Name of			
Checking Savings Routing tra	nsit number			Account nu	ımber		
Ask your tax preparer for information	about depositing	g a refu	ind into an IRA	account or splitti	ng the deposit int	to more than one	account.

Questions—All Taxpayers

(Provide related statements or other documentation.)

"You" refers to both taxpayer and spouse—enter "?" if unsure about a question.

100	Telefs	10 00	ui taxpayer and spo	use—enter	i il ulisule about	a question.							
	Yes	No	Are either you or y	our spouse le	egally blind?								
	Yes	No	Did you pay or receive alimony in 2019? Recipient's SSN Date of divorce or separation Paid Received \$ Did you have health insurance for you, your spouse, and all dependents for the entire year?										
	Yes	No	Did you have healt	h insurance f	for you, your spous	se, and all depend	ents for the entire	e year?					
	Yes	No	Did you purchase health insurance through a public exchange? Will there be any significant changes in income or deductions next year, such as retirement?										
	Yes	No	Will there be any si	Vill there be any significant changes in income or deductions next year, such as retirement?									
	Yes	No	Have you paid alte	lave you paid alternative minimum tax (AMT) in previous years?									
	Yes	No	Did you pay anyor	id you pay anyone for domestic services in your home?									
	Yes	No	Did you purchase a	id you purchase a new energy-efficient car, truck, or van?									
	Yes	No	Are you involved i	n bankruptcy	, foreclosure, repos	ssession, or had ar	ıy debt (includinş	g credit cards) ca	ncelle	d?			
	Yes	No	Are you a member	of the militar	ry?								
	Yes	No	Were you a citizen	of or lived in	a foreign country?								
	Yes	No	Do you own or hav	re financial ir	terest in a foreign	bank or financial a	account?						
	Yes	No	Would you like to a Designee's name	allow your ta		ner person to discu ne number	uss your return w	ith the IRS? PIN (any five a	ligits)				
	Yes	No	Were any children	born or adop	ted in 2019? (Provid	de statement for oth	er expenses.)						
	Yes	No	Were any children		Paid by you: Tuit	ion \$	Student loan int	erest \$	Book	s \$			
			attending college?	college	Paid by student:	Tuition \$	Student loan int	erest \$	Book	s \$			
	Yes	No	Did you pay any tu	uition for a pr	rivate school for a c	lependent or take	classes yourself?						
			Student					Amount paid \$					
			Name and address of	school									
	Yes	No	Did you pay for ch	ild or depend	lent care so you co	uld work or go to	school? (add state	ment if needed)					
			Name of provider					EIN or SSN					
			Address					Amount paid \$					
	Yes	No	Do you have any c	hildren who	earned more than §	\$2,200 of investme	nt income?						
	Yes	No	Did you make any	contributions	s to a 529 plan in 20	019?							
	Yes	No	Did you, or will yo	u, contribute	any money to an I	RA for 2019?		Traditional I	RA	Roth IRA			
	Yes	No	Did you roll over a	ny amounts i	from a retirement a	account in 2019?							
	Yes	No	Did you sell or trar	nsfer any stoc	k or sell rental or i	nvestment proper	ty?						
	Yes	No	Did you receive an	y income from	m an installment sa	ale?							
	Yes	No	Did you have any i	nvestments b	become worthless o	or were you a victi	m of investment	theft in 2019?					
	Yes	No	Were you granted,	or did you e	kercise, any employ	vee stock options o	luring 2019?						
	Yes	No	Did you receive, se	ll, send, exch	ange, or otherwise	acquire any finan	cial interest in an	y virtual currenc	zy?				
	Yes	No	Did you pay any ir	iterest on a lo	an for a boat or RV	/ that has living qu	arters? If yes, pro	ovide details.					
	Yes	No	Did you pay sales t	axes on a ma	jor purchase in 201	19, such as a vehic	le, boat, or home?	2					
	Yes	No	Did you make any	charitable co	ntributions in 2019	?							
	Yes	No	Did you work from	a home offic	e or use your car f	or business?							
	Yes	No	Did you receive inc	come from a s	sharing/gig econor	my activity (e.g. A	irbnb, Uber, etc.)						
	Yes	No	Do you own a busi	ness or an in	terest in a partners	hip, corporation, I	LC, farming acti	vities, or other v	enture	?			
	Yes	No	Did you purchase o	or sell a main	home during the y	ear? If yes, provid	e closing stateme	nt.					
	Yes	No	If you sold a home,	did you clair	n the First-Time H	omebuyer Credit v	when it was purch	nased? If yes, pro	ovide d	letails.			
	Yes	No	Did you refinance a	-		-	-						
	Yes	No	Did you use any m		_	-	-		ve yoi	ur home?			
	Yes	No	Did you make any	~ ~			-						
tate	e infor	matio				Nonresident							
			e during 2019 and d		*								
	ol dist		0				Do you rept of	r own vour home	e? R	ent Or			

School district

Income Worksheet

Provide to your preparer all Forms W-2, 1099-INT, 1099-DIV, 1099-R, 1099-MISC, and other income reporting statements. Do not list dollar amounts for the following forms. Your preparer will report the appropriate amounts.

Indicat	e "T" for taxpayer, "S" for spouse, "J" for join	nt		*	Pro	vide additional statemen	ts if more room is needed	
Forms	W-2—Wage and Tax Statement							
T/S	Employer name			T/S	Employe	er name		
	1)				4)			
	2)				5)			
	3)				6)			
Forms	1099-INT—Interest Income							
T/S/J	Name of issuer			T/S/J Name of issuer				
	1)				4)	4)		
	2)				5)			
	3)				6)			
Forms	1099-DIV—Dividends and Distributions							
T/S/J	Name of issuer			T/S/J	Name of	f issuer		
	1)				4)			
	2)				5)			
	3)				6)			
Forms	1099-R—Distributions From Pensions, Annu	ities, Ret	irement	or Profit	-Sharing 1	Plans, IRAs, Insurance C	ontracts, Etc.	
T/S	Name of issuer			T/S	Name of	f issuer		
	1)				4)			
	2)				5)			
	3)				6)			
If the d	istribution is before age 59½, give a reason to	determin	ie if an e	exception	to penalty	v applies.		
Tax-Ex	empt Interest (such as municipal bonds—inc	clude state	ement)					
Payer	\$	6		Payer			\$	
Other 1	Income						·	
State ta	x refund		\$			Other	\$	
Unemp	loyment compensation		\$				\$	
	Security (taxpayer)—provide SSA-1099 or RR	RB-1099	\$				\$	
Social S	Security (spouse)—provide SSA-1099 or RRB-	-1099	\$				\$	
Unrepo	orted tips		\$				\$	
Busine	ss income (see Sole Proprietorship Tax Organize	r)				Stock sales	See "Sales and Exchanges	
Rental	income (see Rental Property Tax Organizer)					Sale of other property	Worksheet" below.	
Sale	es and Exchanges Worksho	eet						
	e information about sales of stock, real estate,		propert	y, along w	vith Forms	s 1099-B, 1099-S. or other	supporting statements.	
			· · · · · · · ·	,		,	11 0 0	

-				
Description of property	Purchase date	Cost/basis	Sale date	Sale price
		\$		\$
		\$		\$
		\$		\$

Notes:

• When stock is sold, you will usually receive Form 1099-B, *Proceeds From Broker and Barter Exchange Transactions*, reporting the proceeds from the sale. However, your statement will not always provide the cost/basis information necessary to compute gain or loss. If the statement does not contain the cost/basis information, you must provide it. You may need to contact your broker for questions about cost/basis and purchase dates of your stock accounts.

• Often, "transfers" of stock or mutual funds within a brokerage account are actually sales of one type of stock and purchase of another. Even if you did not receive any cash from the transaction, you may have taxable gain or loss.

• If your stock dividends are automatically reinvested, the dividends will be taxable even though you did not receive any cash. The transaction is treated as if you had received cash and purchased additional stock. When the stock is sold, the amount reinvested over the years is taken into account. You may need to contact your broker for questions about the amount of reinvested dividends.

• If you sold property other than stock, your taxable gain or loss will be determined by your cost/basis. The cost/basis is usually the original purchase price plus improvements (the cost of repairs and maintenance are not taken into account for cost/basis).

Itemized Deductions Worksheet

Deductions must exceed \$12,200 Single, \$24,400 MFJ, \$18,350 HOH, or \$12,200 MFS to be a tax benefit.

include cost for dependents — do not include any expenses that were reimbursed by insurance.					Charitable Contributions. If over \$500 in noncash charitable contributions, provide details of contributions. Rules require that the taxpayer retain documentation for all contributions.				
Dentists	\$	Hospitals	\$		Cash			\$	
Doctors	\$	Insurance	\$		Noncash contribu				
Equipment	\$	Prescriptions	\$		items must be in g		\$		
Eyeglasses	\$	Other	\$		Did you transfer f		A directly to a	<i>ф</i>	
Medical miles:		@ 20¢				No		\$	
Taxes Paid. Do r	not include taxes pa	aid for full or partia	al busine	ess or	Charitable mileage				
		less use of the home			Casualty and Th				
State withholding	7		Report	ed on W-2	If you suffered any	y sudden, unexpe ly-declared disas	ected damage or loss ter area, provide deta	of property, or	
State estimated ta	axes—paid in 2019)	\$		preparer. Yes	No	ter area, provide deta	ino io your tax	
Real estate tax—	residence		\$		Miscellaneous It	emized Deduct	ions. Miscellaneous	itemized	
Real estate tax—	other		\$				mitation are no long		
Personal property	y taxes		\$		on the federal return. However, these expenses may still be deductible on your state return. For use of home, auto mileage, or other job-relate				
Property tax refu	nd—received in 20)19	\$()	expenses, provide	information on a	separate sheet. Were		
Foreign tax paid			\$		reimbursed by you	ur employer?	Yes No		
Other			\$		Dues	\$	Subscriptions	\$	
Other			\$		Investment	\$	Supplies	\$	
Other			\$		expenses				
	019 from prior yea				Job education	\$	Tax prep fees	\$	
do not include ir	nterest or penalties)	\$		Job seeking	\$	Tools	\$	
	eipts for sales tax p		Yes	No	Legal fees	\$	Uniforms	\$	
Did you purchase Sales tax paid \$	e a car, plane, boat, <i>Purchase pi</i>		, Yes	No	Licenses	\$	Union dues	\$	
•					Safety equipment	\$	Other	\$	
or rental-use prop		est paid for full or p siness use of the ho nd ID numbers.			Other Deduction income limit.	is. The following	deductions are not s	ubject to a 2% o	
		quity loan	\$		Gambling losses	\$	Federal estate tax on IRD	\$	
Main home \$			\$		T · ·	\$	I	<i>ф</i>	
Main home\$Second home\$	E	quity loan	Ψ		Impairment-	Þ	Loss from box 2,	\$	

Other Deductions or Questions

Notes: • Gambling losses are deductible only up to the amount of gambling winnings reported. A log must be kept to verify losses.
• Work clothing is not deductible if adaptable for every day wear. Exception for safety equipment, such as steel-toe boots.

• Expenses to enable individuals, who are physically or mentally impaired, to work are generally deductible.

Adjustments Worksheet

\$
\$
\$
\$
\$
\$
\$
\$
Ask preparer
Ask preparer

Estimated Tax Payments — Tax Year 2019

Date paid	Federal	Date paid	State
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$

Tax Preparation Checklist

Please provide the following documentation:

All Forms W-2 (wages), 1099-INT (interest), 1099-DIV (dividends), 1099-B (proceeds from broker or barter transactions), 1099-R (pensions and IRA distributions), Schedules K-1 from partnerships, S corporations, estates and trusts, and other income reporting statements, including all copies provided from the payer.

Form 1095-A (for health insurance purchased through a public exchange), Form 1095-B (for health insurance purchased outside of a public exchange), or Form 1095-C (for employer-provided health insurance coverage).

If you are a new client, provide copies of last year's tax returns.

The completed Individual Income Tax Organizer. *Note:* If you choose not to fill out the organizer, you must at least answer the "Yes" or "No" questions under "Questions—All Taxpayers."

Copy of the closing statement if you bought or sold real estate.

Mileage figures for any automobile expenses claimed, including total mileage, commuting mileage, and business mileage. Detail of estimated tax payments made, if any.

Income and deductions categorized on a separate sheet for business or rental activities.

List of itemized deductions categorized on a separate sheet for medical, taxes, interest, charitable, and miscellaneous deductions. Copy of all acknowledgement letters received from charitable organizations for contributions made in 2019.

Tax Return Preparation

We will prepare your tax return based on information you provide. In the event your return is audited, you will be responsible for verifying the items reported. It is important that you review the return carefully before signing to make sure the information is correct. Unless otherwise stated, the services for preparation of your return do not include auditing, review, or any other verification or assurance.

Taxpayer Responsibilities

- You agree to provide us all income and deductible expense information. If you receive additional information after we begin working on your return, you will contact us immediately to ensure your completed tax returns contain all relevant information.
- You affirm that all expenses or other deduction amounts are accurate and that you have all required supporting written records. In some cases, we will ask to review your documentation.
- You must be able to provide written records of all items included on your return if audited by either the IRS or state tax authority. We can provide guidance concerning what evidence is acceptable.
- You must review the return carefully before signing to make sure the information is correct.
- Fees must be paid before your tax return is delivered to you or filed for you. If you terminate this engagement before completion, you agree to pay a fee for work completed. A retainer is required for preparation of late returns.
- You should keep a copy of your tax return and any related tax documents. You may be assessed a fee if you request a copy in the future.

Signatures. By signing below, you acknowledge that you have read, understand, and accept your obligations and responsibilities. For a joint return, both taxpayers must sign.

Taxpayer

Spouse

Date

Privacy Policy

The nature of our work requires us to collect certain nonpublic information. We collect financial and personal information from applications, worksheets, reporting statements, and other forms, as well as interviews and conversations with our clients and affiliates. We may also review banking and credit card information about our clients in the performance of receipt of payment. Under our policy, all information we obtain about you will be provided by you or obtained with your permission.

Our firm has procedures and policies in place to protect your confidential information. We restrict access to your confidential information to those within our firm who need to know in order to provide you with services. We will not disclose your personal information to a third party without your permission, except where required by law. We maintain physical, electronic, and procedural safeguards in compliance with federal regulations that protect your personal information from unauthorized access.

Sole Proprietorship Tax Organizer

EIN (if applicable)

Sole Proprietor General Information

Name of sole proprietor

Business name (if different)

Business address (if different from home address)

	dress (if different from home address)				
<u> </u>	usiness activity			Date business starte	ed
	roduct or service				
Yes No	1 71 1	· · · · · ·	*		
Yes No	<u> </u>	A	business?		
Yes No	1 2	· ·			
Accounting		(specify)	· · 1 /* 1 \		
	Does the business file under a calenda	ar year? (If no, lis	st the fiscal year.)		
	ietor Specific Questions				
Yes No					
Yes No	<u> </u>				
Yes No	, , ,	? List name and s		0 1	600 or more.
	Name			SSN	
V NI	Name			SSN	
Yes No	, , , ,	e, any contribut			¢
Vac Ni	Type of plan			Amount contributed	\$
Yes No	, , , , , , , , , , , , , , , , , , , ,	nai insurance? I	j ies, proviue amount of premiums pata a	uning the year.	\$
Yes No Yes No		one in 20102			
	ietor Business Income	0115 111 2019:			
-			1 4 4 1 6	· · · · ·	
	ots or sales (if you received Forms 1099-MI				\$
Form 109	9-MISC \$ Forms 1099-MISC and 1099-K received	For	m 1099-K	\$	¢
lotal of all J	Forms 1099-10115C and 1099-K received				\$
Octume one	lallowancos				¢ (
Other incon F orm 1099-	l allowances ne (<i>not included in gross receipts above)</i> MISC. You may receive Form 1099-MISC are generally required to file Schedule C				
Other incon F orm 1099- MISC, you a must pay se	ne (<i>not included in gross receipts above</i>) MISC. You may receive Form 1099-MISC are generally required to file Schedule C elf-employment (SE) tax on the income.	, Profit or Loss Fr	om Business, claim any expenses assoc	ciated with the incom	\$ eive Form 109
Other incom F orm 1099- MISC, you a must pay se Sole Propr	ne (<i>not included in gross receipts above</i>) MISC. You may receive Form 1099-MISC are generally required to file Schedule C elf-employment (SE) tax on the income. ietor Cost of Goods Sold (<i>for manufactur</i>)	, Profit or Loss Fr	om Business, claim any expenses assoc	ciated with the incom	\$ eive Form 109 e received, a
Other incom F orm 1099 -J MISC, you a nust pay se Sole Propr nventory a	ne (<i>not included in gross receipts above</i>) MISC. You may receive Form 1099-MISC are generally required to file Schedule C elf-employment (SE) tax on the income.	, Profit or Loss Fr	om Business, claim any expenses assoc	ciated with the incom	\$ eive Form 109
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¹Provide copies of Form W-3, Form 940, Form 941, Form 1096, Form 1099-MISC, and any state tax forms filed.

²Entertainment is no longer deductible for taxes.

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Car Expense	S (use a separate fo	orm for each vehicle,)	·				
Make/Mode	-			Date	car placed in servi	ce		
Yes No		personal use duri	ng off-duty hours?					
Yes No			other cars for person	al use? Did y	ou trade in your c	ar this year?	Yes No)
Yes No	· · · · ·		1		of trade-in	Trade-in	value	
Yes No	Is your evidence	written?		\$		\$		
		Mileage				Actual Expens	ses	
Beginning of	year odometer	ŭ		Gas/		\$		
End of year c	5			Insur	ance	\$		
Business mile	eage			Parki	ng fees/tolls	\$		
Commuting	mileage			Regis	tration/fees	\$		
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Depreciation. Depreciation is the annual deduction that allows you to recover the cost or other basis of your business property over a certain number of years. Depreciation starts when you first use the property in your business. It ends when you either take the property out of service, deduct all your depreciable cost or basis, or no longer use the property in your business. The IRS has outlined a useful life (a set number of years) for most assets.

Equipment Sold or Disposed of During Year									
Asset	Date out of service	Date sold	Selling price/FMV	Trade-in?					
			\$						
			\$						
			\$						
			\$						

Disposition of Property. A disposition of property occurs when you sell property for cash or other property, you exchange property for other property, you transfer property to satisfy a debt, you abandon property, your bank forecloses or repossesses your property, or your property is damaged, destroyed, or stolen and you receive property or money in payment.

Business Use of the Home

Area of home must be exclusively used for business except for storage or day care. *Note:* Managing rental activities or investments does not qualify for business use of the home.

2111 1uxpuyers	Tor Day Care Only	
A) Business use area (square footage)	1) Hours used for day care	
B) Total area of home (square footage)	2) Total hours in year	8,760 hrs.

For Day Care Only

Enter below only the expenses paid during the period the home was used for business.

Direct expenses benefit only the business use portion of the home. This includes painting or repairs exclusively for the business area.

Indirect expenses are for keeping up and running the entire home, such as mortgage interest and property taxes.

If you bought or sold your home during 2019, copy this worksheet and fill out one for each home.

	Direct	Indirect		Direct	Indirect
Mortgage interest	\$	\$	Repairs and maintenance	\$	\$
Property taxes	\$	\$	Utilities	\$	\$
Insurance	\$	\$	Other	\$	\$
Rent	\$	\$	Other	\$	\$
Depreciation of the Home					
Lower of cost or fair market value of home		\$	Improvements?	Yes No	1
Value of land		\$	Casualty losses in 2019?	Yes No	

1) Exclusive Use Test—Business Use of Home

The exclusive use test is met if an area of the home is used only for business. The area can be a room or other separately identifiable space. The space does not need to be marked off by a permanent partition. This test is not met if you use the area both for business and for personal purposes, such as a den used for business during the day and TV viewing during the evening. Storage of inventory or product samples—exception to exclusive use test. If you use part of a home for business to store inventory or product samples you are not required to meet the exclusive use test. However, you must meet all the following tests.

- You are in the business of selling products at wholesale or retail.
- The inventory or product samples are kept in the home for use in the business.
- You home is the only fixed location of the business.
 - The storage space is used on a regular basis.
 - The storage space is a separately identifiable space suitable for storage.

2) Regular Use Test—Business Use of Home

The exclusive use test is not required for:

• A home used as a day care facility.

product samples.

The regular use test means you must use a specific area of the home for business on a regular basis. Incidental or occasional business use is not regular use. All facts and circumstances are considered in determining whether the business use is regular.

3) Trade or Business Use Test—Business Use of Home

· An area used on a regular basis for storage of inventory or

To satisfy the trade or business use test, the portion of the home used for business must be used in connection with a trade or business. If the business use is for a profit-seeking activity that is not a trade or business, the deduction is not allowed.

4) Principal Place of Business Test—Business Use of Home

A trade or business can have more than one location. To qualify for a business use of home deduction, the home must be the principal place of business for that trade or business. To make this determination, the following are considered. • The relative importance of the activities performed at each A home office qualifies under this test if:

- The home office is used exclusively and regularly for administrative or management activities of the trade or business.
- There is no other fixed location where substantial administrative or management activities are conducted.
- place where business is conducted, and
 The amount of time spent at each place where business is

conducted.

Self-Employment (SE) Tax

- SE tax is a Social Security and Medicare tax primarily for individuals who are self-employed. It is similar to the Social Security and Medicare tax withheld from the pay of most wage earners. Your payments of SE tax contribute to your coverage under the Social Security system. Social Security coverage provides you with retirement benefits, disability benefits, survivor benefits, and hospital insurance (Medicare) benefits.
- You must pay SE tax if your net earnings from self-employment were \$400 or more, or you had church employee income of \$108.28 or more. The SE tax rules apply no matter how old you are and even if you are already receiving Social Security or Medicare benefits.
- The SE tax rate on net earnings is 15.3% (12.4% for Social Security plus 2.9% for Medicare). Only the first \$132,900 (2019) of combined wages, tips, and net earnings is subject to the 12.4% Social Security part of SE tax.