

Client Tax Organizer - 2019

Personal Information

Returning client ONLY - Do NOT need to write SSN/ITIN, DOB. If anyone previously had ITIN and now received SSN, you must attach copy of Social Security Card.

Taxpayer: (Write YOUR name as shown on Social Security Card) Spouse: (Write SPOUSE name as shown on Social Security Card)

Last Name		Last Name	
First Name		First Name	
Middle Initial		Middle Initial	
Social Security #		Social Security #	
Title/Occupation		Title/Occupation	
Date of Birth		Date of Birth	
Date of Death		Date of Death	
E-mail address		E-mail address	
Work phone #		Work phone #	
Cell phone #		Cell phone #	
Home phone #			
Address			
City, State and Zip			
<i>If you purchased a new residence in 2019, please provide closing statement.</i>			
Presidential Election Campaign Fund:	Y/N		Y/N
Did you and/or your spouse receive IP PIN# Letter from IRS? If yes, provide a copy.			Y/N

Direct Deposit/Electronic Funds withdrawal Information

If you are a returning client, you may skip this section if bank information is same as last year

Account Type	Checking/Savings
Routing Number (Nine Digits)	
Account Number	
Bank Name	

Dependents:

Are you claiming children, parents, etc. as a dependent? If yes, complete below.

<i>Write dependent's name as shown on Social Security/ITIN Card)</i>				
First Name/Middle Initial/Last Name	SSN# or ITIN#	Date of Birth (mm/dd/yyyy)	Relationship	Lived with you in 2019?
				Y/N
				Y/N
				Y/N
				Y/N

Child and Dependent Care Expenses

Complete only- If both parents are working or attending full time school. We suggest you keep receipts, canceled checks, etc. for your records.

Child's First Name	Day Care Provider Information				Amount Paid
	Name	Address	City, State, Zip	EIN# or SSN#	

Medical Expenses (Out of pocket)

Did you, spouse and dependents have any out of pocket medical expenses during 2019? If yes, complete below.

Medical & Dental	
Medical Insurance**	
Long-Term Care**	
Prescription medicines	
Medical miles driven	

****Do not include pre-tax amounts paid by an employer sponsored plan**

Did you receive any distributions from a Health Savings Account (HSA)? If so, how much?

Attach Form 1099-SA.

Mark if Legally Blind

Donations

Did you and/or spouse make **monetary donations** to U.S. tax exempt organizations? If yes, how much? If over \$250, attach receipts or written documentation to show that no goods or services received in exchange.

Volunteer miles driven

Did you and/or spouse make **non-monetary donations** to U.S. tax exempt organizations? If yes and total over \$500, must complete below.

*To determine estimated FMV, you may use any online tools such as --> salvationarmysouth.org/valueguide

Charity Name	Address	Description Of Property	Date Donated	Cost Or Basis	Fair Market Value (FMV)*

House Owned:

Do you have total \$750,000 or more mortgage loan (If purchased in 2018) on primary home?

Y/N

Mortgage Interest paid (attach Form-1098)

Mortgage Interest paid to Individual*

Property Tax paid in 2019

*Include name, address and social security number, if payee is an individual.

College/University Education Expenses

Did you, your spouse or your dependents have education expenses?

Y/N

Who was Student?

Which year in College?

Total Tuition paid in 2019 (attach Form 1098-T)

If the preceding tuition paid with funds **withdrawn** from an educational IRA or 529 Plan attach Form 1099-Q
Total Student Loan Interest paid in 2019. Attach Form 1098-E.

Illinois Qualified Education Expenses

Grade	Child's Name	Total Tuition, Books, Fees	School Name	School City

Miscellaneous Deductions

Alimony paid (Pre 2019 divorce)

Provide recipient name and SSN

Note: Child Support is not considered alimony paid.

Estimated Tax Payments (Do NOT put W-2 Withholding)**Extension Payments**

Date Paid	Amount	Date Paid	Amount
Federal		Federal	
Federal		State	
Federal			
Federal			
State			
State			
State			
State			

Additional Information and Documentation Required

Please go through each item below:

Last year's federal and state income tax returns - For New Clients Only

If you are a new client, attach the last year's tax return

Wages Income

If you received wages, attach all Form W-2's

Unemployment Income

If you received unemployment income, attach all Forms 1099-G

Interest Income

If you received any interest income, attach all Forms 1099-INT

Dividend Income

If you received any dividend income, attach all Forms 1099-DIV

Social Security Benefits

If you received social security benefits, attach all Forms 1099-SSA

Miscellaneous Income

Attach related Forms 1099 or other forms

Description	Amount
State/Local Income Tax Refund(s) (attach 1099-G)	
Alimony Received	
Jury Fees	
Gambling Winnings (attach W-2G)	
Gambling losses (attach report from casino)	
Other Miscellaneous Income	

Virtual Currency (such as - Bitcoin)

If you had any income and/or Capital G/L from the currency, attach all applicable forms

Capital Gains and Losses

If you had any Capital Gains and Losses from investments, attach all Forms 1099-B

Rental Income

If you had rental income from your investment property during 2019 please complete attached worksheet

Pension, IRA and Annuity Income

If you received any lump sum distributions, IRA distributions, transfer to Roth IRA, pensions or annuity income during 2019, attach all Forms 1099-R

Contractor/Small Business Income

If you received/had any contractor/small business income, attach all Forms 1099-MISC and complete attached worksheet

Business Income (S Corp or Partnership)

Attach all Schedules K-1

Foreign Account Tax Compliance Act (FATCA):

Do you and/or spouse have an interest in specified foreign financial assets

Y/N

FBAR Filing Purposes:

Do you and/or spouse have a financial interest in and/or signature authority over foreign financial accounts.

Y/N

Foreign Source Income

By law, U.S. citizens and residents must report their worldwide income. If you had any Foreign source income during calendar year 2019, complete below and attach foreign tax return & computation (if filed):

Name of Country		
Type of Income (Wages/Interest/Dividend)	Foreign income (in foreign currency)	Foreign Tax Paid (in foreign currency)

To the best of my knowledge the information enclosed in this client tax organizer is correct and includes all income, deductions and other information necessary for the preparation of this year's income tax return for which I have adequate records.

Signature of Taxpayer

Date

Signature of Spouse

Date

Rental Income	Property #1	Property #2	Property #3	Property #4
<i>If property was purchased or sold during 2019, please attach closing statements.</i>				
Address				
City/State				
Rents Received				
Expenses				
Advertising				
Association Dues				
Auto & Travel				
Auto Mileage				
Cleaning				
Commissions Paid				
Insurance				
Interest Expense				
Landscaping				
Legal & Professional				
Management Fees				
Pest Control				
Repairs & Maintenance				
Supplies				
Taxes				
Utilities				
Other:				
Other:				
Other:				
Other:				
Other:				
Other:				

Assets Purchased

Date	Amount	Asset

Self Employment Information**Business Name**

Total Sales		Taxpayer/Spouse (please circle)	
Expenses			
Advertising		Rent	
Auto Expense		Repairs/Maintenance	
Auto Mileage		Supplies	
Bank Charges		Taxes	
Commissions/Fees		Telephone Expense	
Dues & Publications		Tools	
Insurance Expense		Travel Expense	
Interest Expense		Uniforms	
Meals		Utilities	
Office Expense		Wages	

Cost of Goods Sold

Inventory at beginning of year		Materials & Supplies	
Purchases		Other:	
Cost of Items for personal use		Other:	
Cost of Labor		Inventory at end of year	

Assets Purchased

Date	Amount	Asset