

GENERAL INFORMATION CHECKLIST

Personal Information

- Name(s), social security number(s), and date(s) of birth for yourself, spouse (if married), and any dependents (if applicable)
- Social Security cards and proof of residency for children when claiming the Earned Income Credit.
- You (and/or spouse if married) live in more than one state during the year?
- You (and/or your spouse if married) are legally blind.
- You and your spouse (if married) and any dependents you claim on your return had health insurance coverage for the entire year.
- You, your spouse (if married) or any dependents you claim on your return had health insurance coverage purchased through the federal or a state insurance exchange. If so you will receive a Form 1095-A
- You and/or your spouse (if married) had foreign income.
- You has a household employees. (nannies, housekeepers, etc.)
- Received a first time homebuyer credit in 2008.

Income

- Wages, salaries and tips Form W-2
- Unreported tip income
- Interest income statements Form 1099-INT
- Dividend income statements Form 1099-DIV
- State and/or local tax refunds.
- Alimony received
- Sales of stock, etc. Form 1099-B
- Sales of real estate. (1099-S if applicable)
- IRA, Pension, or Annuity distributions Form 1099-R
- Sales of real estate Form 1099-S (if applicable)
- Received royalties (and expenses related to royalties)
- Income from Trusts, Partnerships, and S Corps Form K-1

- Unemployment compensation received.
- Social Security and/or Railroad Benefits
- Gambling Income Form W-2G (also win loss report from gambling establishment)
- Miscellaneous income (jury duty, other income, etc.)
- Retirement income.
- Adjustments to income. (Not Itemized Expenses)
 - Educator Expenses (maximum of \$250 as an adjustment to income - remainder as Sch A deduction).
 - Expenses of Reservists or Performing Artists
 - HSA (not inc, employer contributions) Form 5498-SA and 1099-SA
 - Moving Expenses
 - Self-employed Qualified Retirement plans
 - Health Insurance purchased through self-employed business
 - Penalties for early withdrawal from savings (Usually a CD etc.)
 - Alimony Paid (recipient's social security number is required)
 - IRA contributions made
 - Tuitions and Fees (may be used for tax credit instead)
- Tax Credits
 - Foreign Tax paid
 - Child or dependent care (insert definition)
 - Paid tuition for yourself, spouse (if married), and/or any dependents claimed on your return.
 - Contributed to an employer sponsored or other qualified retirement plan
 - Energy improvements to your home.
- Estimates paid for Federal and/or State and/or Local income taxes
- Direct Deposit for Refunds? If so provide routing & account numbers

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
Taxpayer			
Spouse			
Taxpayer email			
Spouse email			

Marital Status at end of 2019

- Married
 Married filing separately
 Single
 Widower(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 _____

Questionnaire

Name:

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

Questionnaire

Personal Information

Yes No

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

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

Questionnaire

Name:

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

Questionnaire

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

Questionnaire

Name:

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

Questionnaire

- 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"/> | <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"/> | <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"/> | <input type="checkbox"/> Did you have any income from, or pay taxes to, a foreign country? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Did you own property in a foreign country? |
| <input type="checkbox"/> | <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"/> | <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"/> | <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"/> | <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"/> | <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"/> | <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"/> | <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"/> | <input type="checkbox"/> Do you anticipate your income or withholdings to be different for 2020? |

Preparer Notes

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)		_____

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

ITEMIZED DEDUCTION CHECKLIST

- Medical expenses for the family.
 - Medical insurance paid.
 - Prescription medicines and drugs.
 - Doctor and dentist payments.
 - Hospital and nurse payments.
 - Long term care premiums (taxpayer and/or spouse)
 - Miles traveled for medical purposes.
- State and local income taxes paid with last year's return and any estimates paid for state and local taxes paid in 2014.
- Sales taxes paid for large purchases.
- Real estate taxes paid.
- Personal property taxes paid.
- Home mortgage interest. Only if used to purchase or improve your home
- Qualified Mortgage Insurance
- Home second mortgage interest paid. Only if used to purchase or improve your home
- Interest paid on Investments
- Cash contributions to charities.
- Fair market value of non-cash contributions to charities.
- Carryover of unused charity deduction.
- Unreimbursed expenses related to volunteer work.
- Miles traveled for volunteer purposes.
- Casualty and theft losses. Only for losses related to Presidentially declared Federal Disaster areas.
- ~~Unreimbursed expenses related to your job.~~
- ~~Union and professional dues.~~
- ~~Investment expenses.~~

~~Job-hunting expenses.~~

~~Safe Deposit Box rent~~

~~Last year's tax preparation fee.~~

Only for the portion related to business, rental, farm etc.

~~Gambling expenses~~

Gambling bets, wagers only to the extent of gambling winnings.

~~Other Expenses~~

Most of these miscellaneous expenses were discontinued under the Tax Cuts and Jobs Act of 2017

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 _____
- 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"/>	_____

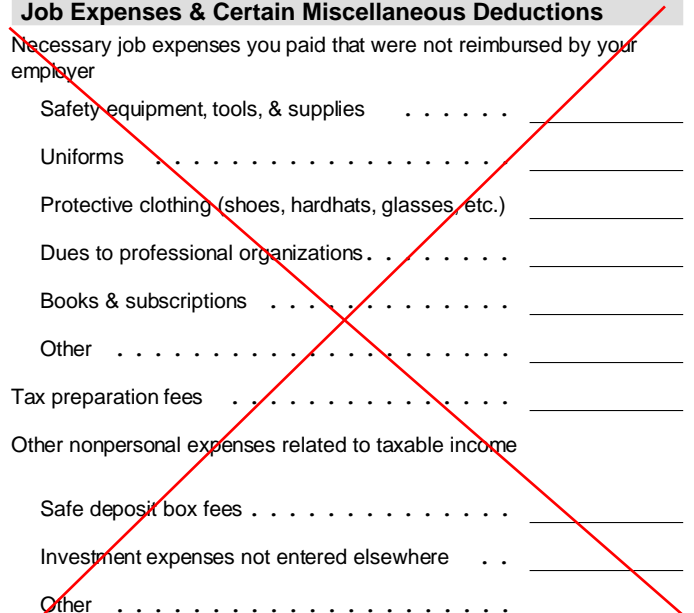
Miles driven for charitable purposes _____

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 _____



Only that portion used to improve your home

SELF-EMPLOYED BUSINESS

- Principal business description
- Business name
- Business address
- Materially participated in the operation of the business
- Started the business during the return tax year
- Filed required 1099's for payments made Yes No N/A

Income

- Gross receipts from sales or services
- Sales records (for accrual based taxpayers)
- Inventory (if applicable)
 - Beginning inventory
 - Inventory purchases
 - Ending inventory
 - Items removed for personal purposes
 - Returns and allowances
 - Business checking/savings account interest (1099-INT or statement)
 - Other income

Expenses

- Advertising
- Transportation and travel expenses
- Local transportation
 - Business trip (mileage) log
 - Log or receipts for public transportation, parking, and tolls
- Contract Labor
- Depreciation
 - Cost and acquisition date of assets (schedule of depreciation) (Insert example pop up)
 - Sales price and disposition date of any assets sold
- Fringe benefits
 - Employer paid HSA contributions
 - Employer-paid health insurance premiums
 - Cost of other fringe benefits
- Business insurance (other than health)
 - Casualty loss insurance
 - Errors and omissions
 - Other
- Interest expense
 - Mortgage interest on building owned by business
 - Business loan interest

- Legal and professional fees
- Office supplies
 - Pens, paper, staples, etc
 - Other consumables
- Employee pension plans
- Rent expense
 - Office space rent
 - Business-use vehicle lease expense
 - Other
- Repairs and maintenance (not capital improvements which increases the value of the property pop up)
- Supplies
- Taxes and Licenses
- Travel away from home
 - Airfare or mileage/actual expense if driven
 - Hotel
 - Taxi, tips
 - Internet connection (hotel, Internet café etc.)
 - Other
 - Meals and Entertainment
- Wages paid to employees
 - Form W-2 and W-3
 - Federal and state payroll returns (Form 940, etc.)

- Other expenses
 - Repairs, maintenance of office facility, etc
 - Other business related expenses
- Office-in-home
 - Square footage of office space (hours of use for daycare business, only square footage is required for the new standard office-in-home deduction)
 - Total square footage of home (not applicable for daycare business)
 - Mortgage interest or rent paid
 - Utilities

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 _____ 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.

RENTAL INCOME

Checklist or each separate property

- Description and Location of Property
- Filed required 1099's for payments made Yes No N/A
- Used for personal purposes during the year
- Income
 - Rent received (include deposits only if not returned to renter)
- Expenses
 - Advertising
 - Auto travel (mileage to and from property to collect rent or make repairs)
 - Cleaning and maintenance costs (includes lawn care and snow removal)
 - Commissions paid
 - Insurance
 - Legal & professional fees paid
 - Management fees
 - Mortgage interest
 - Other interest costs
 - Repairs costs (not depreciable)
 - Supplies
 - Real estate taxes and assessments
 - Utilities
 - Depreciation (Complete schedule of depreciation if you are a new client)
 - Other costs not listed here
- Prior year un-allowed loss

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

Name: _____

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

General Property Information

Property description _____
 Address, city, state, ZIP _____

Select the property type

- | | | | |
|--|---|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Single family residence | <input type="checkbox"/> Vacation / short-term rental | <input type="checkbox"/> Land | <input type="checkbox"/> Self-rental |
| <input type="checkbox"/> Multi-family residence | <input type="checkbox"/> Commercial | <input type="checkbox"/> Royalties | <input type="checkbox"/> 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 _____

- | | | |
|---|--|---|
| <input type="checkbox"/> This property is your main home or second home | <input type="checkbox"/> Yes <input type="checkbox"/> No | Payments of \$600 or more were paid to an individual who is not your employee for services provided for this rental |
| <input type="checkbox"/> This property was disposed of during 2019 | <input type="checkbox"/> Yes <input type="checkbox"/> No | You filed Forms 1099 for the individuals |
| <input type="checkbox"/> 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	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	

FARM INCOME

- Principal crop or activity
- Materially actively participate in the operation of the farming business
- Filed required 1099's for payments made Yes No N/A

- Income
 - Sale of livestock or other resale items (bought for resale)
 - Sales of livestock, produce, grains and other items you raised
 - Cooperative distributions Form 1099-PATR
 - Agricultural payments and/or CCC loans
 - Crop insurance payments received
 - Custom work
 - Other farm income

- Expenses
 - Car and truck expenses
 - Chemicals
 - Conservation expense
 - Custom hire
 - Depreciation
 - Employee benefit programs
 - Feed
 - Fertilizer and lime
 - Freight and trucking
 - Gasoline, fuel, and oil
 - Insurance other than health
 - Mortgage interest
 - Other interest

- Labor hired
 - Employee pension plans
 - Vehicle and/or machinery rental
 - Land, animal or other rentals
 - Repairs and interest (not capital expenses)
 - Seeds and plants
 - Storage and warehousing
 - Supplies
 - Taxes
 - Utilities
 - Veterinary, breeding and medicine
 - Other costs not listed here
- Prior year un-allowed loss

Schedule F - Profit or Loss from Farming

Name: _____

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: _____

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	_____	_____

Household Employment

Name:

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 _____

M C Taxes LLC

3595 Hughes Rd
MOUNT ORAB, OH 45154
mike.w@mctaxes.net
Phone: (855)628-2937 | Fax: (513)964-9641

March 20, 2020

Subject: Preparation of Your 2019 Tax Returns

:

Thank you for choosing M C Taxes LLC to assist you with your 2019 taxes. This letter confirms the terms of my engagement with you and outlines the nature and extent of the services I will provide.

I will prepare your 2019 federal, and state income tax returns (and any local returns necessary). I will depend on you to provide the information I need to prepare complete and accurate returns. I may ask you to clarify some items but will not audit or otherwise verify the data you submit. A checklist is enclosed to help you collect the data required for your return. It will help you avoid overlooking important information. By using it, you will contribute to the efficient preparation of your returns and help minimize the cost of my services.

I will perform accounting services only as needed to prepare your tax returns. My 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. I will inform you of any material errors, fraud, or other illegal acts I discover.

The law imposes penalties when taxpayers underestimate their tax liability. Call me if you have concerns about such penalties.

Should I encounter instances of unclear tax law, or of potential conflicts in the interpretation of the law, I will outline the reasonable courses of action and the risks and consequences of each. I will ultimately adopt, on your behalf, the alternative you select.

My fee is based on the time required at standard billing rates plus out-of-pocket expenses. Invoices are due and payable upon presentation.

I will endeavor to prepare the most accurate return possible and to minimize your tax obligation to the full extent of allowable and ethical procedures. If I make an error that results in a contact by any taxing authority and a penalty is assessed, then I will be responsible for the portion of the penalty that is due to the error I made. I will also be responsible for the costs and time to respond to such error. If however, contact is made by a taxing authority due to erroneous, incomplete or inaccurate information you supply to me (even if it is an error by a third party reporter), then you will be responsible for all penalties and/or fees assessed by the taxing authority plus time and costs I incur in responding to the taxing authority.

I will return your original records to you at the end of this engagement. Store these records, along with all supporting documents, canceled checks, etc., in a secure location in case these items are needed later to prove accuracy and completeness of a return. I 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 choose not to efile your returns with my office, you will be solely responsible to file the returns with the appropriate taxing authorities.

Review all tax-return documents carefully before signing them.

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

Thank you for the opportunity to be of service. If you have any questions, contact me at (855)628-2937.

Sincerely,

Michael Watson EA, NATP, Atsp
M C Taxes LLC

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

Accepted By:

Taxpayer

Spouse

Date

M C Taxes LLC

3595 Hughes Rd
MOUNT ORAB, OH 45154
mike.w@metaxes.net
Phone: (855)628-2937 | Fax: (513)964-9641

March 20, 2020

Your privacy is important to me. Read the following privacy policy.

I collect nonpublic personal information (NPI) 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

I do not disclose any nonpublic personal information about my clients or former clients to anyone, except as requested by our clients or as required by law.

I restrict access to personal information concerning you. I maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your personal information.

If you have any questions about my privacy policy, contact me at (855)628-2937.

Sincerely,

Michael Watson EA, NATP, Atsp
M C Taxes LLC