

Tax Organizer

Tax Year 2019

Tax Center Plus

110 Vista Way

Kennewick, WA 99336

(509) 736-2400 – FAX (509) 736-2411

bculver@taxcenterplus.com

www.taxcenterplus.com

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bculver@taxcenterplus.com
Phone: (509)736-2400 | Fax: (509)736-2411

January 09, 2020

Subject: Preparation of Your 2019 Tax Returns

Thank you for choosing Tax Center Plus 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 the 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 inform you of any material errors, fraud, or other illegal acts we discover.

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

If there is an error on the return which results from incorrect information supplied by you, you are responsible for the payment of any additional taxes which would have been properly due on the original returns(s) and any interest and penalties charged by the IRS. If we have made an error, other than an error caused by incorrect information you supplied, we will be responsible for the payment of penalties. We will not pay an additional tax due since that tax would have been payable had the tax return been correctly prepared. We do not pay interest because you have had use of the monies in the interim.

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.

FEES for individual tax returns will be computed using our current fee schedule, plus any out of pocket expenses. Organizing records and compiling figures for entry on the tax return (accounting service) will be billed at \$150.00 per hour. Such charges are in addition to the tax preparation fee schedule. **Full payment of your tax preparation fee and any additional charges is required before we will electronically file your return or release the paper return to you. We reserve the right to ask for retainer fees to be paid in advance of work done from new clients and from any client with whom we have experienced payment problems.** Rates are subject to change and are usually updated annually. One copy of your tax return will be provided to you for your files. Additional copies at the time of your return is printed are \$25.00 each. Copies of your return at any other time are \$50.00 each.

We will return your original records to you at the end of this engagement. Store these records, along with all supporting documents, in a secure location. We retain copies of your records and our work papers from your engagement for up to 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 with 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.

Extension Requests: Please contact us if you would like an extension of time to file your return. This may be necessary if you do not submit all of your tax information to us by April 1. Even if you file an extension request, you may be assessed penalties and interest if you have paid less than 100% of your current tax liability by the filing deadline. Extensions are granted for filing your return, not for paying your tax. **We do not automatically file extensions.**

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 us in the envelope provided. If you are emailing your tax information, please use secure email. You may email us securely by finding an email from us with the secure link or by calling us, and we will send you the link. Please be responsible for your information and do not take chances. You are responsible for any data that may be compromised if you do not send it to use in a secure manner.

Thank you for the opportunity to be of service. If you have any questions, contact our office at (509)736-2400.

Sincerely,

Barbara Culver EA
Tax Center Plus

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

Accepted By:

Taxpayer

Spouse

Date

Name			SSN	Date of birth
Taxpayer				
Spouse				
Street address, city, state, and ZIP				
Occupation		Daytime phone	Evening phone	Cell phone
Taxpayer				
Spouse				
Taxpayer email				
Spouse email				

☐ Yes ☐ No
☐ Yes ☐ No
☐ Yes ☐ No
☐ Yes ☐ No

First and last name	SSN	Relationship	Months in home	Date of birth	Disabled	Full-time student

	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						

Name of bank	Bank routing number	Bank account number	Type of account		Use this account for	
			Checking	Savings	Deposits	Withdrawals

N_DEMO.LD

Checklist

Name:

SSN:

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.

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 _____

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 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?

☐ ☐

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

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

Additional Questions

Yes No

- ☐ ☐ Did you receive income or incur expenses associated with a fantasy sport league?
If yes, provide documentation.
- ☐ ☐ 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.
- ☐ ☐ 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.
- ☐ ☐ Did you receive income or incur expenses associated with fashion sharing (e.g., Poshmark or thredUP)?
If yes, provide documentation.
- ☐ ☐ Did you receive income or incur expenses associated with crowdfunding (e.g., Kickstarter or Indiegogo)?
If yes, attach Form 1099-K.
- ☐ ☐ Did you receive income or incur expenses associated with a short-term rental (e.g., Airbnb or HomeAway)?
If yes, provide documentation.
- ☐ ☐ Do you anticipate your income or withholdings to be different for 2020?

Preparer Notes

Income

Name:

SSN:

Wages & Salaries

Provide all copies of Form W-2

Employer name	2019 federal wages

Retirement

Provide all copies of Form 1099-R

Payer name	2019 distribution

Did you take a distribution from an IRA and give it to an organization eligible to receive tax-deductible contributions?

☐ Yes ☐ No**Form 1099-Misc Income**

Provide all copies of Form 1099-MISC

Payer name	2019 amount

Name:

SSN:

Provide all copies of Form 1099-DIV & other statements that report dividend income

Provide all copies of Form 1099-INT, Form 1099-OID and other statements that report interest income

If any interest income listed above is from a seller-financed mortgage, provide the payer's ID number and address

Name: _____

SSN:

Provide all brokerage statements

[illegible]

Description of property:

Date acquired _____ Date sold _____

2019

Prior years

Selling price

Mortgages assumed

Cost of property sold

Depreciation allowed

Commissions and expense of sale

Gross profit percentage

Interest received

Principal payments received

Property was sold to a related party ☐

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)	_____

Schedule C - Profit or Loss from Business

Name:

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 _____ ☐ There was a change in inventory method

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 and homeowner expenses

Advertising _____

Auto & travel _____

Cleaning & maintenance _____

Commissions _____

Insurance _____

Legal & professional fees _____

Management fees _____

Mortgage interest _____

Other interest _____

Repairs _____

Supplies _____

Taxes _____

Utilities _____

Depletion _____

Other expenses _____

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.

If the Schedule E is not for a multi-unit property in which you lived in one unit, complete just the "Rental unit expenses" column.

Name:

SSN:

Partnerships, S corporations, Estates and Trusts

Provide all copies of Schedule K-1 and attachments[illegible]

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

☐ 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: _____

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 _____

Gas _____

Insurance _____

Licenses _____

Oil _____

Parking fees _____

Rental fees _____

Interest _____

Property tax _____

Repairs _____

Tires _____

Tolls _____

Lease addback _____

Other expenses _____

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:

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

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

Qualified mortgage insurance premiums

Home equity interest

Other Information

Name: _____

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

- ☐ You are a qualified performing artist
 ☐ You are a member of the clergy
☐ You are a fee-based state or local government official
 ☐ You used your personal vehicle for your job during 2019
☐ You are a disabled employee with impairment-related work expenses
☐ 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:

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