

Income Tax Return Document Organizer

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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
☐ Widow(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 _____

Child and Dependent Care

Name: _____

SSN: _____

Child Care Provider's Information

	2019	2018
Social Security Number or Employer ID Number _____	Amount paid _____	
Name _____		
Street address _____		
City _____	Phone _____	
U.S. only State, ZIP _____		
Foreign only Province/State, Country, Postal code _____		

	2019	2018
Social Security Number or Employer ID Number _____	Amount paid _____	
Name _____		
Street address _____		
City _____	Phone _____	
U.S. only State, ZIP _____		
Foreign only Province/State, Country, Postal code _____		

	2019	2018
Social Security Number or Employer ID Number _____	Amount paid _____	
Name _____		
Street address _____		
City _____	Phone _____	
U.S. only State, ZIP _____		
Foreign only Province/State, Country, Postal code _____		

	2019	2018
Social Security Number or Employer ID Number _____	Amount paid _____	
Name _____		
Street address _____		
City _____	Phone _____	
U.S. only State, ZIP _____		
Foreign only Province/State, Country, Postal code _____		

Wages and Salaries

Name: _____

SSN: _____

Provide all copies of Form W-2

TS _____ Employer's name and address: _____ Federal EIN _____

	2019	2018		2019	2018
Wages, tips, other compensation	_____	_____	State _____ State I.D. _____	_____	_____
Federal income tax withheld	_____	_____	State wages	_____	_____
Social Security wages	_____	_____	State income tax	_____	_____
Social Security tax withheld	_____	_____	Locality name	_____	_____
Medicare wages and tips	_____	_____	Local wages	_____	_____
Medicare tax withheld	_____	_____	Local income tax	_____	_____
Social Security tips	_____	_____	State _____ State I.D. _____	_____	_____
Allocated tips	_____	_____	State wages	_____	_____
Dependent care benefits	_____	_____	State income tax	_____	_____
			Locality name	_____	_____
Are you a statutory employee?	_____	_____	Local wages	_____	_____
Are you covered by a retirement plan?	_____	_____	Local income tax	_____	_____
Did you receive third-party sick pay?	_____	_____			

TS _____ Employer's name and address: _____ Federal EIN _____

	2019	2018		2019	2018
Wages, tips, other compensation	_____	_____	State _____ State I.D. _____	_____	_____
Federal income tax withheld	_____	_____	State wages	_____	_____
Social Security wages	_____	_____	State income tax	_____	_____
Social Security tax withheld	_____	_____	Locality name	_____	_____
Medicare wages and tips	_____	_____	Local wages	_____	_____
Medicare tax withheld	_____	_____	Local income tax	_____	_____
Social Security tips	_____	_____	State _____ State I.D. _____	_____	_____
Allocated tips	_____	_____	State wages	_____	_____
Dependent care benefits	_____	_____	State income tax	_____	_____
			Locality name	_____	_____
Are you a statutory employee?	_____	_____	Local wages	_____	_____
Are you covered by a retirement plan?	_____	_____	Local income tax	_____	_____
Did you receive third-party sick pay?	_____	_____			

Interest Income

Name:

SSN:

Provide all Form(s) 1099-INT relating to interest income

TSJ	Name of payer Account number ID and address of payer (if seller-financed mortgage)	Interest income	Federal income tax withheld	Foreign tax paid	Tax exempt interest	Amount of resident state municipal interest	Nominee interest

Did you have a financial interest in or signature authority over a financial account or asset located in a foreign country? ☐ Yes ☐ No

2019

Dividend Income

Name: _____

SSN:

Provide all Form(s) 1099-DIV relating to dividend income

TSJ	Name of payer Account number	Ordinary	Qualified	Capital gains	Federal income tax withheld	Foreign tax paid	Other	
							Description	Amount

Did you have a financial interest in or signature authority over a financial account or asset located in a foreign country? ☐ Yes ☐ No

Schedule C - Profit or Loss from Business

Name: SSN:

General Business Information

TS Principal business product or profession Business code

Employer I.D. number

Business name

Business address

City

U.S. only State, ZIP

Foreign only Province/State, Country, Postal code

Accounting method, if not cash Accrual Other

Inventory method, if not cost Lower of cost or market Other

Change of inventory method Yes No

You started or acquired this business during 2019

Some investment is NOT at risk

You disposed of this property during 2019

Did you make any payments in 2019 that would require you to file Forms 1099? Yes No

If "Yes," did you or will you file all required Forms 1099 for the individuals? Yes No

Other Information

	2019	2018
Family health coverage		

Income

	2019	2018
Gross receipts or sales		
Returns and allowances		
Other income		

Cost of Goods Sold

	2019	2018
Inventory at beginning of the year		
Purchases (less cost of items withdrawn for personal use)		
Cost of labor		
Materials and supplies		
Other costs (list on detail worksheet)		
Inventory at end of year		

Schedule C - Profit or Loss from Business

Name: _____

SSN:

Expenses

TS	Business name	Profession or product
----	---------------	-----------------------

2019

2018

Advertising		
Car and truck expenses		
Commissions and fees		
Contract labor		
Depletion		
Employee benefit programs		
Insurance (other than health)		
Interest - mortgage (paid to banks, etc.)		
Interest - other		
Legal and professional services		
Office expenses		
Pension and profit sharing plans		
Rent or lease (vehicles, machinery, and equipment)		
Rent (other business property)		
Repairs and maintenance		
Supplies		
Taxes and licenses (including real estate taxes)		
Travel		
Total meals		
Utilities		
Wages		

Other expenses (list):

2019

Sale of Capital Assets

Name: _____

SSN:

Sale of Capital Assets (not reported on Form 1099-B)

Provide all brokerage statements

[illegible]

Casualties and Thefts

Name: _____

SSN: _____

FEMA code _____

Description of property _____

Location of property _____

Was property ☐ Personal ☐ Business ☐ Income-producing ☐ Employee income-producing

Date acquired _____ Fair market value before incident _____

Cost or other basis _____ Fair market value after incident _____

Insurance or other reimbursement (whether
or not you filed a claim) _____ Date of incident _____**Theft Loss Deduction for Ponzi-Type Investment Scheme****Part I Computation of Deduction**

Initial investment _____ Percentage of qualified investment _____

Subsequent investments _____ Actual recovery _____

Income reported in prior years _____ Potential insurance / SIPC recovery _____

Withdrawals _____

Part II Required Statements and Declarations

Information about the person or entity that conducted fraudulent arrangements

Name _____ SSN/EIN _____

Address _____

City _____ State _____ ZIP _____

FEMA code _____

Description of property _____

Location of property _____

Was property ☐ Personal ☐ Business ☐ Income-producing ☐ Employee income-producing

Date acquired _____ Fair market value before incident _____

Cost or other basis _____ Fair market value after incident _____

Insurance or other reimbursement (whether
or not you filed a claim) _____ Date of incident _____**Theft Loss Deduction for Ponzi-Type Investment Scheme****Part I Computation of Deduction**

Initial investment _____ Percentage of qualified investment _____

Subsequent investments _____ Actual recovery _____

Income reported in prior years _____ Potential insurance / SIPC recovery _____

Withdrawals _____

Part II Required Statements and Declarations

Information about the person or entity that conducted fraudulent arrangements

Name _____ SSN/EIN _____

Address _____

City _____ State _____ ZIP _____

Installment Sale Income

Name:

SSN:

TSJ

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

TSJ

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

TSJ

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

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

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

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

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

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

Income

	2019	2018		2019	2018
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	_____	_____	_____	_____	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.
Taxes	_____	_____	_____	_____	
Utilities	_____	_____	_____	_____	
Depletion	_____	_____	_____	_____	
Other expenses (list)	_____	_____	_____	_____	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	

2019

Income or Loss from Partnerships, S corporations, and Fiduciaries

Name: _____

SSN:

Partnerships, S corporations, Estates and Trusts

Provide all copies of Schedule K-1 and attachments

[illegible]

Form 4835 - Farm Rental Income and Expenses

Name: _____

SSN: _____

General Information

Description _____ Employer ID number _____

☐ This farm was disposed of during 2019**Income**

	2019	2018		2019	2018
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	2018		2019	2018
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 (list)		
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	_____	_____	_____	_____	_____

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	2018		2019	2018
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	2018		2019	2018
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, & equip	_____	_____		_____	_____
Rent - other (land, animals, etc.)	_____	_____		_____	_____

Form 1099-G Unemployment Compensation

Name: _____

SSN: _____

Provide all copies of Form 1099-G

TSJ _____ Payer's Federal I.D. Number: _____

Payer's name: _____

Payer's address: _____

City: _____

U.S. only State, ZIP: _____**Foreign only** Province/State, Country, Postal code: _____

Payer's phone: _____ Account number: _____

	2019	2018		2019	2018
Unemployment compensation . . .	_____	_____	<input type="checkbox"/> Trade/business		
Unemployment compensation repaid in current year	_____	_____	Market gain	_____	_____
State/local tax refunds/credits . .	_____	_____	State _____ State I.D. _____	_____	_____
Tax year	_____	_____	State unemployment	_____	_____
Federal tax withheld	_____	_____	State withholding	_____	_____
RTAA payments	_____	_____	<input type="checkbox"/> Unemployment benefits are from railroad		
Taxable grants	_____	_____			
Agriculture	_____	_____			

TSJ _____ Payer's Federal I.D. Number: _____

Payer's name: _____

Payer's address: _____

City: _____

U.S. only State, ZIP: _____**Foreign only** Province/State, Country, Postal code: _____

Payer's phone: _____ Account number: _____

	2019	2018		2019	2018
Unemployment compensation . . .	_____	_____	<input type="checkbox"/> Trade/business		
Unemployment compensation repaid in current year	_____	_____	Market gain	_____	_____
State/local tax refunds/credits . .	_____	_____	State _____ State I.D. _____	_____	_____
Tax year	_____	_____	State unemployment	_____	_____
Federal tax withheld	_____	_____	State withholding	_____	_____
RTAA payments	_____	_____	<input type="checkbox"/> Unemployment benefits are from railroad		
Taxable grants	_____	_____			
Agriculture	_____	_____			

Form 1099-MISC

Name: _____

SSN: _____

Provide all copies of Form 1099-MISC

TS _____ For _____ Payer's federal ID number: _____

Payer's name: _____

Address: _____

	2019	2018		2019	2018
Rents	_____	_____	State _____ State I.D. _____	_____	_____
Royalties	_____	_____	State tax withheld	_____	_____
Other income	_____	_____	State income	_____	_____
Description _____			Name of locality _____		
Federal tax withheld	_____	_____	Local tax withheld	_____	_____
Fishing boat proceeds	_____	_____	Local income	_____	_____
Medical and health care payments . .	_____	_____	State _____ State I.D. _____	_____	_____
Non-employee compensation	_____	_____	State tax withheld	_____	_____
Substitute payments	_____	_____	State income	_____	_____
<input type="checkbox"/> Payer made direct sales of \$5,000 or more of consumer products			Name of locality _____		
Crop insurance proceeds	_____	_____	Local tax withheld	_____	_____
Excess golden parachute	_____	_____	Local income	_____	_____
Gross attorney proceeds	_____	_____			
Taxable Proceeds	_____	_____			
Section 409A deferrals	_____	_____			
Section 409A income	_____	_____			

Pension, Annuities, Retirement, Etc. Distributions

Name: _____

SSN: _____

Provide all Form(s) 1099-R, Form(s) 1099-SSA, etc.

TS _____ Payer's name: _____ Payer's federal ID number: _____

Address: _____

	2019	2018		2019	2018
Disability indicator	<input type="checkbox"/>	<input type="checkbox"/>	State _____ State I.D. _____		
Report as wages on 1040	<input type="checkbox"/>	<input type="checkbox"/>	State income tax withheld		
Gross distribution			State distribution		
Taxable amount			Name of locality _____		
Total distribution	<input type="checkbox"/>		Local income tax withheld		
Capital gain			Local distribution		
Federal income tax withheld			State _____ State I.D. _____		
Employee contributions or insurance premiums			State income tax withheld		
Distribution code(s)			State distribution		
IRA/SEP/SIMPLE	<input type="checkbox"/>	<input type="checkbox"/>	Name of locality _____		
Your percentage of total distribution _____			Local income tax withheld		
Did you take a distribution from an IRA and give it to an organization eligible to receive tax-deductible contributions? <input type="checkbox"/> Yes <input type="checkbox"/> No			Local distribution		

TS _____ Payer's name: _____ Payer's federal ID number: _____

Address: _____

	2019	2018		2019	2018
Disability indicator	<input type="checkbox"/>	<input type="checkbox"/>	State _____ State I.D. _____		
Report as wages on 1040	<input type="checkbox"/>	<input type="checkbox"/>	State income tax withheld		
Gross distribution			State distribution		
Taxable amount			Name of locality _____		
Total distribution	<input type="checkbox"/>		Local income tax withheld		
Capital gain			Local distribution		
Federal income tax withheld			State _____ State I.D. _____		
Employee contributions or insurance premiums			State income tax withheld		
Distribution code(s)			State distribution		
IRA/SEP/SIMPLE	<input type="checkbox"/>	<input type="checkbox"/>	Name of locality _____		
Your percentage of total distribution _____			Local income tax withheld		
Did you take a distribution from an IRA and give it to an organization eligible to receive tax-deductible contributions? <input type="checkbox"/> Yes <input type="checkbox"/> No			Local distribution		

Social Security Benefit Statement

TS _____	2019	2018	TS _____	2019	2018
Net benefits			Net benefits		
Medicare premiums			Medicare premiums		
Income tax withheld			Income tax withheld		

Adjustments

Name:

SSN:

Moving Expenses

TSJ _____

☐ 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

2018

Enter the number of miles from your OLD home to your NEW workplace

Enter the number of miles from your OLD home to your OLD workplace

Enter the amount you paid for transportation and storage of household goods and personal effects

Enter the amount you paid for travel and lodging expenses incurred during the move (do NOT include meals)

Enter the amount of moving expenses reimbursed to you by your employer

Self-Employed Health Insurance

TSJ _____

2019

2018

Enter the qualified long term care amount

Enter your Medicare wages from an S corporation

Self-Employed Pensions

TSJ _____

2019

2018

Enter your plan contribution rate as a decimal

Enter your allowable elective deferrals made during 2019

Enter your catch-up contributions

Enter the amount of designated ROTH contributions included above

Nondeductible IRAs

TS _____

2019

2018

Total traditional IRA contributions made for 2019

Total basis in traditional IRAs as of 12/31/2019

Distributions you received from traditional, SEP, and Simple IRAs. (Do not include rollovers)

Amount of traditional IRAs converted to ROTH IRAs

IRA basis before conversion

Total ROTH IRA contributions made for 2019

Health Savings Account

TSJ _____

2019

2018

HSA contributions made for 2019

Total distributions from all HSAs during 2019

Distributions included above that were rolled over into another account

Qualified medical expenses paid using HSA distributions

Noncash Charitable Contributions

Name:

SSN:

TSJ _____ Donee I.D. _____

Name of donee organization _____

Address of donee organization _____

City _____

U.S. only State, ZIP _____**Foreign only** Province/State, Country, Postal code _____

Description of donated property _____ Donor's cost or adjusted basis _____

Valuation method used _____ Fair market value _____

Physical condition of donated property _____ Average security price _____

How was it acquired? _____ Bargain sale price _____

Date acquired _____ ☐ Capital gain property

Date contributed _____

Property type (if over \$5,000) ☐ Donated property is publicly traded security☐ Art valued more than \$20,000☐ Equipment☐ Collectibles☐ Qualified conservation - qualified farmer/rancher☐ Art valued less than \$20,000☐ Intellectual Property☐ Qualified conservation - non-qualified farmer/rancher☐ Other real estate☐ Vehicles☐ Qualified conservation☐ Securities☐ Other

TSJ _____ Donee I.D. _____

Name of donee organization _____

Address of donee organization _____

City _____

U.S. only State, ZIP _____**Foreign only** Province/State, Country, Postal code _____

Description of donated property _____ Donor's cost or adjusted basis _____

Valuation method used _____ Fair market value _____

Physical condition of donated property _____ Average security price _____

How was it acquired? _____ Bargain sale price _____

Date acquired _____ ☐ Capital gain property

Date contributed _____

Property type (if over \$5,000) ☐ Donated property is publicly traded security☐ Art valued more than \$20,000☐ Equipment☐ Collectibles☐ Qualified conservation - qualified farmer/rancher☐ Art valued less than \$20,000☐ Intellectual Property☐ Qualified conservation - non-qualified farmer/rancher☐ Other real estate☐ Vehicles☐ Qualified conservation☐ Securities☐ Other

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	2018 Taxpayer	2019 Spouse	2018 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	2018 Taxpayer	2019 Spouse	2018 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: _____				

Schedule A - Itemized Deductions

Name: _____

SSN: _____

Medical and Dental Expenses

	2019	2018
Health insurance premiums (paid by you, not through work)	_____	_____
Long-term care premiums (you)	_____	_____
Long-term care premiums (your spouse)	_____	_____
Long-term care premiums (dependents)	_____	_____
Mileage driven for medical purposes . .	_____	_____
Out of pocket medical and dental expenses (list)	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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)	_____	_____
<input type="checkbox"/> 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

	2019	2018
Donations to charity (cash)	_____	_____
Disaster relief contributions	_____	_____
Miles driven for charitable purposes	_____	_____
Donations to charity (noncash) . .	_____	_____
If noncash donations are greater than \$500, list below		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other Miscellaneous Deductions

Amortizable bond premiums . .	_____	_____
Federal estate tax	_____	_____
Gambling losses	_____	_____
Impairment-related work expenses	_____	_____
Claim repayments	_____	_____
Unrecovered pension investments	_____	_____
Schedule K-1	_____	_____
Ordinary loss debt instrument .	_____	_____

For state purposes ONLY**Job Expenses & Certain Miscellaneous Deductions**

Necessary job expenses you paid that were not reimbursed by your employer (list)	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Tax preparation fees	_____	_____
Other nonpersonal expenses related to taxable income (list)	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Investment expenses not entered elsewhere	_____	_____
Qualified mortgage insurance premiums	_____	_____
Home equity interest	_____	_____

Mortgage Interest

Name: _____

SSN: _____

Provide all copies of Form 1098

TSJ _____ For _____ Business name _____ Product _____

Recipient/Lender information: _____ Federal ID # _____

Name _____

Address _____

	2019	2018		2019	2018
Mortgage interest received	_____	_____	Points paid	_____	_____
Outstanding mortgage principal . .	_____	_____	Real estate taxes paid	_____	_____
Mortgage insurance premiums . .	_____	_____	Account number _____		

TSJ _____ For _____ Business name _____ Product _____

Recipient/Lender information: _____ Federal ID # _____

Name _____

Address _____

	2019	2018		2019	2018
Mortgage interest received	_____	_____	Points paid	_____	_____
Outstanding mortgage principal . .	_____	_____	Real estate taxes paid	_____	_____
Mortgage insurance premiums . .	_____	_____	Account number _____		

TSJ _____ For _____ Business name _____ Product _____

Recipient/Lender information: _____ Federal ID # _____

Name _____

Address _____

	2019	2018		2019	2018
Mortgage interest received	_____	_____	Points paid	_____	_____
Outstanding mortgage principal . .	_____	_____	Real estate taxes paid	_____	_____
Mortgage insurance premiums . .	_____	_____	Account number _____		

TSJ _____ For _____ Business name _____ Product _____

Recipient/Lender information: _____ Federal ID # _____

Name _____

Address _____

	2019	2018		2019	2018
Mortgage interest received	_____	_____	Points paid	_____	_____
Outstanding mortgage principal . .	_____	_____	Real Estate taxes paid	_____	_____
Mortgage insurance premiums . .	_____	_____	Account number _____		

Employee Business Expense

Name: _____

SSN: _____

Employee Business Expense

TSJ _____ Occupation _____

- ☐ You are a qualifying performing artist
- ☐ You are a fee-based state or local government official
- ☐ You are a disabled employee with impairment-related work expenses
- ☐ You are a reservist
- ☐ You are a member of the clergy

Part I - Employee Business Expense and Reimbursements

2019

2018

Parking fees, tolls, and local transportation, including train, bus, etc. _____

Travel expense while away from home overnight, including lodging, airplane, car rental, etc. **Do not** include meals and entertainment _____

Other business expenses _____

Meals _____

DOT meals _____

Enter reimbursements received from your employer that were **not** reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 on your Form W-2 for _____

Other business expenses _____

Meals _____

Portion of total expenses that is for impairment-related work expenses of disabled employee _____

Portion of total expenses that is for an Armed Forces reservist _____

Business Vehicle Expenses

Vehicle 1

Vehicle 2

2019

2018

2019

2018

Enter the date vehicle was placed in service _____

Total miles vehicle was driven during 2019 _____

Business miles _____

Average daily roundtrip commuting distance _____

Commuting miles included in total miles above _____

Taxes _____

Gasoline, oil, repairs, vehicle insurance, etc. _____

Vehicle rentals _____

Inclusion amount _____

Value of employer-provided vehicle (applies only if 100% annual lease value was included on Form W-2) _____

Enter cost or other basis _____

Enter section 179 deduction _____

Enter depreciation percentage _____

If your employer provided a vehicle, was personal use during off duty hours permitted? ☐ Yes ☐ NoDo you or your spouse have another vehicle available for personal use? ☐ Yes ☐ NoDo you have evidence to support your deduction? ☐ Yes ☐ NoIf "Yes," is the evidence written? ☐ Yes ☐ No

Auto Expense Worksheet

Name:

SSN:

General Information

For

Business name and profession/product

Description

Date placed in service

Was this vehicle available for use during off-duty hours?

Yes

No

Do you or your spouse have another vehicle available for personal use?

Yes

No

Do you have evidence to support your deduction?

Yes

No

If "Yes," is the evidence written?

Yes

No

Enter the number of miles your vehicle was used for:

2019

2018

Business

Total

Prior year total

a Business

b Commuting

c Other

Expenses

2019

2018

Garage rent

Gas

Insurance

Licenses

Oil

Parking fees

Rental fees

Interest

Property tax

Repairs

Tires

Tolls

Lease addbacks

Other expenses (list):

Apply business %

Drake Software - Individual Organizer - Copyright 2019

C_AUTO.LD

Expenses for Business Use of Your Home

Name: _____

SSN: _____

Business Use of Home

TSJ _____ For _____

2019

2018

Square footage of home used exclusively for business-

Total square footage of home-

Use of Home for Daycare

2019

2018

Area used part time for business

Total hours used for daycare

Total hours available

Did you live in the home all year? ☐ Yes ☐ No

Expenses

Office expenses

2019

2018

Home expenses

2019

2018

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.

Cost of Home

2019

2018

Enter the **smaller** of your home's adjusted basis or its fair market valueDoes this include the value of the land? ☐ Yes ☐ No Value of land

Date placed in service

Date taken out of service

2019

Asset Listing for 2019

Name:

SSN:

Assets for:

[illegible]

Foreign Earned Income

Name: _____

SSN: _____

Part I - General Information

Taxpayer's foreign address

Street 1 _____

Street 2 _____

Foreign city _____

Province/State _____ Country _____ Postal code _____

Occupation _____

Employer's name _____

Employer's U.S. address

Street _____

City _____ ST _____ Zip _____

Employer's foreign address

Street 1 _____

Street 2 _____

City _____

Province/State _____ Country _____ Postal code _____

Employer is: (check any that apply)

☐ A foreign entity☐ A U.S. company☐ Self☐ A foreign affiliate of a U.S. company☐ Other (specify): _____

If you have previously filed Form 2555, enter the last year you filed Form 2555. _____

If you claimed an exclusion in an earlier year, have you ever revoked your choice?

☐ Yes☐ No

If "Yes," give the type of exclusion _____ and tax year _____

Of which country are you a citizen? _____

Did you maintain a separate foreign residence for your family because of adverse living conditions at your tax home?

☐ Yes☐ No

If yes, enter the city and country of the separate foreign residence. Also, show the number of days during your tax year that you maintained a second household at that address.

City and country

Number of days

List your tax homes during your tax year and dates established

Home

Date established

Foreign Earned Income

Name: _____

SSN: _____

Part II - Bona Fide Residence Test

Date bona fide residence began _____, ended _____

Type of living quarters in foreign country ☐ Purchased house ☐ Rented house or apartment
☐ Rented room ☐ Quarters furnished by employer

Did any of your family live with you abroad during any part of the tax year? ☐ Yes ☐ No

If yes, who and for what period Relationship For what period

Have you submitted a statement to the authorities of the foreign country where you claim bona fide residence that you are not a resident of that country? ☐ Yes ☐ NoAre you required to pay income tax to the country where you claim bona fide residence? ☐ Yes ☐ No

If you were present in the United States during the tax year, enter the information below.

Date arrived in U.S.	Date left U.S.	Number of days in U.S. on business	Income earned in U.S. on business	Date arrived in U.S.	Date left U.S.	Number of days in U.S. on business	Income earned in U.S. on business
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

List any contractual terms or other conditions relating to the length of your employment abroad:

List the type of visa under which you entered the foreign country: _____ ☐ Yes ☐ NoDid your visa limit the length of your stay or employment in a foreign country? ☐ Yes ☐ No

If yes, explain _____

Did you maintain a home in the United States while living abroad? ☐ Yes ☐ No

If yes, enter the address of your home, whether it was rented, the names of the occupants, and their relationship to you

Address _____ City _____ State _____ ZIP _____

Name of occupant _____ Relationship of occupant _____

Was the home rented? ☐**Part III - Physical Presence Test**

The physical presence test is based on the 12-month period from: _____ through: _____

Enter your principal country of employment during your tax year: _____

Enter all travel abroad during the 12-month period shown above. Exclude travel between foreign countries that did not involve travel on or over international waters, or in or over the United States, for 24 hours or more. If the last entry is an arrival in a foreign country, enter the number of full days to the end of the 12-month period. If you have no travel to report during the period, write in the schedule "physically present in a foreign country or countries for the entire 12-month period." **Do not** include the income listed in the last column below in Part IV, but report it on Form 1040.

Name of country (including U.S.)	Date arrived	Date left	Full days present in country	Number of days in U.S. on business	Income earned in U.S. on business (attach computation)
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Foreign Earned Income

Name:

SSN:

Part IV - Foreign Earned Income

2019

2018

Total wages, salaries, bonuses, commissions, etc.

Allowable share of income for personal services performed:

In a business (including farming) or profession

In a partnership (list name, address, and type of income)

Noncash income:

Home (lodging)

Meals

Car

Other property or facility
(specify) _____

Allowances, reimbursements, or expenses paid on your behalf for services performed:

Cost of living and overseas differential

Family

Education

Home leave

Quarters

Other (specify) _____

Other foreign earned income
(specify): _____

Meals and lodging that are excludable

For Taxpayers Claiming the Housing Exclusion or Deduction

2019

2018

Qualified housing expenses for the tax year

Location where housing expenses incurred _____

Limit on housing expenses

Enter the number of days in qualifying period that fall within your 2019 tax year

Enter employer-provided amounts

For Taxpayers Claiming the Foreign Earned Income Exclusion

2019

2018

Enter the number of days in qualifying period that fall within your 2019 tax year

Education Credits and Deduction

Name: SSN:

Provide all Form(s) 1098-T

Student's first and last name: SSN:

Has the Hope Scholarship Credit or American Opportunity Credit been claimed for this student for a total of four times in any prior years? ☐ Yes

Was the student enrolled at least half time for at least one academic period that began in 2019 at an eligible education institution in a program leading toward a post-secondary degree, certificate, or other recognized post-secondary educational credential? ☐

Did the student complete the first four years of post-secondary education before 2019? ☐

Was the student convicted, before the end of 2019, of a felony for possession or distribution of a controlled substance? ☐

Is the student pursuing a degree? ☐

Number of years the American Opportunity Credit has been claimed for this student

	2019	2018
Total qualified education expenses (including the cost of books, supplies, and equipment) that were REQUIRED to be paid directly to the educational institution		
ADDITIONAL qualified education expenses that were NOT required to be paid directly to the educational institution		
Tax-free education assistance received in 2019 allocable to the academic period		
Tax-free education assistance received in 2020 (and before 2019 return is filed) allocable to the academic period		
Refunds of qualified education expenses paid in 2019 if the refund is received before the 2019 return is filed		

Educational Institution Name:

Educational Institution Name:

Student's first and last name: SSN:

Has the Hope Scholarship Credit or American Opportunity Credit been claimed for this student for a total of four times in any prior years? ☐ Yes

Was the student enrolled at least half time for at least one academic period that began in 2019 at an eligible education institution in a program leading toward a post-secondary degree, certificate, or other recognized post-secondary educational credential? ☐

Did the student complete the first four years of post-secondary education before 2019? ☐

Was the student convicted, before the end of 2019, of a felony for possession or distribution of a controlled substance? ☐

Is the student pursuing a degree? ☐

Number of years the American Opportunity Credit has been claimed for this student

	2019	2018
Total qualified education expenses (including the cost of books, supplies, and equipment) that were REQUIRED to be paid directly to the educational institution		
ADDITIONAL qualified education expenses that were NOT required to be paid directly to the educational institution		
Tax-free education assistance received in 2019 allocable to the academic period		
Tax-free education assistance received in 2020 (and before 2019 return is filed) allocable to the academic period		
Refunds of qualified education expenses paid in 2019 if the refund is received before the 2019 return is filed		

Educational Institution Name:

Educational Institution Name:

Credits		
Name:		SSN:
Form 5695 - Residential Energy Credit		
TSJ		
Part I - Residential Energy Efficient Property Credit		
Qualified solar electric property costs		
Qualified water heating property costs		
Qualified small wind energy property costs		
Qualified geothermal heat pump property costs		
Was qualified fuel cell property installed on or in your main home in the U.S.?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Address of main home		
City, State, ZIP		
Qualified fuel cell property costs		
Kilowatt capacity of property on line 22		
Amount of unused credit from 2018 Form 5695, line 28		
Form 8936 - Qualified Plug-in Electric Drive Motor Vehicle Credit		
TSJ	Vehicle 1	Vehicle 2
Year of vehicle		
Make of vehicle		
Model of vehicle		
Vehicle Identification Number		
Date vehicle was placed in service		
Credit allowable		
Phaseout percentage		

Credit for Small Employer Health Insurance Premiums

Name: _____

SSN:

TSJ

Complete the columns below for all eligible employees. Eligible employees do not include business owners, partners, shareholders who own more than 2%, family members, etc.

Complete the columns below for each employee enrolled in health insurance coverage provided under qualifying arrangement.

[illegible]

Employer identification number used to report employment taxes for above individuals

Total amount of any state premium subsidies paid and any state tax credits available

2019

Detail Worksheet

Name: _____

SSN:

[illegible]