



**Global**  
**PORTFOLIO**  
**Consulting, LLC**

## Organizer

### Individual

This organizer is designed to assist you in gathering the information required for preparation of your individual income tax returns.

Please complete all applicable sections. Also, please provide details and documentation as requested (documents may be provided electronically).

The Internal Revenue Service (IRS) matches information returns/forms with amounts reported on tax returns. A negligence penalty may be assessed when income is underreported or when deductions are overstated. Accordingly, all information returns reflecting amounts reported to the IRS are also mailed or delivered to taxpayers in an envelope clearly marked "Important Tax Documents Enclosed" and should be submitted with this organizer. Include the following, if applicable:

- W-2 (wages)
- 1099-R (retirement)
- 1099-INT (interest)
- 1099-DIV (dividends)
- 1099-B (brokerage sales)
- 1099-MISC (rents, etc.)
- 1099 (any other)
- 1095-A, 1095-B, 1095-C (health insurance)
- 1098-T (education)
- Schedules K-1 (Forms 1065, 1120S, 1041)
- Annual brokerage statements
- 1098 (mortgage interest)
- 8886 (reportable transactions)
- Closing Disclosure (real estate sales/purchases)
- Copies of any tax elections or revocations in effect
- Other information statements

In addition, please provide a copy of your (and your spouse's, if applicable) driver's license (front and back). This information may be needed to electronically file your tax return.

Also, enclosed is an engagement letter which explains the services that will be provided to you. Please sign a copy of the engagement letter and return it in the enclosed envelope. Keep the other copy for your records.

The filing deadline for your income tax return is **April 15<sup>th</sup>, 2020** \_\_\_\_\_. Your completed tax organizer needs to be received no later than **March 30<sup>th</sup>, 2020** \_\_\_\_\_. Any information received after that date may require an extension to be filed for this return.

If an extension of time is required, any tax due should be paid with that extension. Any taxes not paid by the filing deadline may be subject to late-payment penalties and interest. If you don't pay a reasonable estimate of your tax liability, your extension may be deemed invalid, subjecting you to late-filing penalties.

Your return will be electronically filed unless otherwise requested or ineligible for e-file. The request to opt out of e-filing may require you to sign a form that will be filed with the taxing authority(ies). We look forward to providing services to you. Should you have questions regarding any items, please do not hesitate to contact **Amevo, CPA, MBT, CPPM** .

Email [camevo@globalportfolioconsulting.com](mailto:camevo@globalportfolioconsulting.com) Phone **612 964 0938**

If you are uncertain of the appropriate response for any of the requested items, please consult the contact above.

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Certification:

The undersigned certifies, to the best of his or her knowledge, that the information documented in and provided with this organizer is complete and accurate.

Certified by (taxpayer) \_\_\_\_\_

Certified by (spouse) \_\_\_\_\_ (if applicable)

Individual tax return organizer (Form 1040) | 1

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If we did not prepare your prior year returns, provide a copy of federal and state returns for the three previous years.

If we did not prepare your prior year returns, do we have permission to contact your predecessor tax return preparer?

Yes     No

If permission is granted, please provide the predecessor's contact information. \_\_\_\_\_

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Taxpayer's name \_\_\_\_\_ Social Security number \_\_\_\_\_ Occupation \_\_\_\_\_

Spouse's name \_\_\_\_\_ Social Security number \_\_\_\_\_ Occupation \_\_\_\_\_

Home address \_\_\_\_\_

\_\_\_\_\_  
City, town, or post office                      County                      State                      Zip code                      School district

Telephone number                      Telephone number (taxpayer)                      Telephone number (spouse)

Home \_\_\_\_\_ Office \_\_\_\_\_ Office \_\_\_\_\_

Email (T) \_\_\_\_\_ Fax \_\_\_\_\_ Fax \_\_\_\_\_

Email (S) \_\_\_\_\_ Mobile \_\_\_\_\_ Mobile \_\_\_\_\_

Taxpayer citizenship/visa status \_\_\_\_\_

Spouse citizenship/visa status \_\_\_\_\_

Taxpayer date of birth \_\_\_\_\_ Blind?     Yes     No

Spouse date of birth \_\_\_\_\_ Blind?     Yes     No

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► Dependent children who lived with you:

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Full name	Social Security number	Relationship	Birth date

▶ Other dependents:

Full name	Social Security number	Relationship	Birth date	# months resided in your home	% support furnished by you

Please answer the following questions and submit details for any question answered "yes." Yes    No

- ▶ 1) Will the address on your current returns be different from that shown on your prior year returns?  Yes     No  
 If yes, provide the new address and the date moved. \_\_\_\_\_

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- ▶ 2) Did any births, adoptions, marriages, separations, divorces or deaths occur related to you, your spouse or any of your dependents for 2019?  Yes     No  
 If yes, provide details. \_\_\_\_\_

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- ▶ 3) Were there any changes in dependents from the prior year? If yes, provide details.  Yes     No  
 \_\_\_\_\_

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- ▶ 4) Are you entitled to a dependency exemption due to a divorce decree?  Yes     No

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- ▶ 5) Did any of your dependents have unearned income of \$1,100 or more (\$350 if self-employed)?  Yes     No  
 If yes, do you want us to prepare your child's tax return? Note that unearned income can no longer be included on the parent's tax return.  Yes     No

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- ▶ 6) Are any dependent children married and filing a joint return with their spouse?  Yes     No

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- ▶ 7) Did any dependent child 19-23 years of age attend school full time for less than five months during the year?  Yes     No

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- ▶ 8) Has the IRS, or any state or local taxing agency, notified you of changes to a prior year's tax return in which you have not already notified us (including a partnership or LLC in which you have an investment)? If yes, provide copies of all notices or correspondence received.  Yes     No

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- ▶ 9) Did you receive any income from any legal proceedings, cancelation of student loans or other indebtedness during the year? If yes, provide details.  Yes     No

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- ▶ 10) Did you acquire, use, dispose of or hold any virtual currency (such as bitcoin)?  Yes     No

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- ▶ 11) Did you make gift(s) to any person that total more than \$15,000 this year? The gift(s) could have been made directly, indirectly or to a trust.  Yes     No

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- ▶ 12) Did you make any discounted gifts or gifts of future interest to any person or trust?  Yes     No

Yes No

- ▶ 13) Did you have any interest in, or signature or other authority over, a bank, securities or other financial account in a foreign country? If yes and the aggregate value of all of your accounts exceeded U.S. \$10,000 at any time during the year, complete the following:

Name and address of financial institution	Account type (bank securities/ other)**	Account number	Maximum value during the year*	Currency	Held separately (S) or jointly (J) or signature authority (SA)	Joint owner's name(s), address, and U.S. taxpayer identification number (if any)

\* Please provide the highest value at any time during the year in the foreign currency.

\*\* Treasury guidance presently (Form 114, *Report of Foreign Bank and Financial Accounts*) defines a foreign financial account as any bank, securities, securities derivatives or other financial instruments account. These accounts generally encompass any accounts in which the assets are held in a commingled fund and the account owner holds an equity interest in the fund (mutual fund). The term also means any savings, demand, checking, deposit, time deposit, debit card or credit card maintained with a financial institution or other person engaged in the business of a financial institution. A financial account also includes a commodity futures or options account, an insurance policy with cash surrender value (whole life), and an annuity policy with cash surrender value.

- ▶ 14) Did you have an interest in specified foreign financial assets valued at more than \$50,000 on the last day of the tax year or more than \$75,000 at any time during the tax year? Please include assets not previously listed for FinCEN 114 reporting.

Description of asset	Identifying number	Date asset acquired or disposed of during the year	Maximum value of asset during the tax year	Currency/ exchange rate	If asset is stock of a foreign entity, provide name, type and mailing address	If asset is not a stock of a foreign entity, provide name of issuer, type and mailing address

	Yes	No
<p>▶ 15) Did you have foreign income, pay any foreign taxes that are not reflected on an enclosed 1099, or file any foreign information reporting or tax forms? Provide details. _____</p>	<input type="checkbox"/>	<input type="checkbox"/>
▶ 16) Were you the grantor, transferor or beneficiary of a foreign trust?	<input type="checkbox"/>	<input type="checkbox"/>
▶ 17) Were you a resident of, or did you have income from, more than one state during the year? If so, provide details. You may be required to file tax returns and may also owe taxes in those states. _____	<input type="checkbox"/>	<input type="checkbox"/>
▶ 18) Do you file use tax returns in any states?	<input type="checkbox"/>	<input type="checkbox"/>
▶ 19) Do you have any unpaid sales/use tax for tax year 2019 (such as from goods you purchased online or from a catalog)?	<input type="checkbox"/>	<input type="checkbox"/>
▶ 20) Do you and/or your spouse want to designate \$3 to the Presidential Election Campaign Fund?	<input type="checkbox"/>	<input type="checkbox"/>
<p>Taxpayer      <input type="checkbox"/> Yes      <input type="checkbox"/> No</p> <p>Spouse        <input type="checkbox"/> Yes      <input type="checkbox"/> No</p>		
▶ 21) Do you wish to contribute to any state fund(s)? If yes, indicate amount(s) and which fund(s): _____ _____	<input type="checkbox"/>	<input type="checkbox"/>
▶ 22) Did you and all members of your household maintain minimum essential health coverage for all months of 2019? Minimum essential coverage includes employer-sponsored health insurance coverage, Medicare, Medicaid or Tricare.	<input type="checkbox"/>	<input type="checkbox"/>
1. Enclose documentation received from your employer and/or insurance company, such as Form(s) 1095-B and/or Form(s) 1095-C, even for partial periods of coverage.	<input type="checkbox"/>	<input type="checkbox"/>
2. If anyone in the household was not covered for the entire year, provide details that include dates of partial periods of coverage and any other types of health insurance coverage and/or benefits received during the year, such as Indian tribe membership and/or health care sharing ministry membership.	<input type="checkbox"/>	<input type="checkbox"/>
▶ 23) If you or your household did not maintain minimum essential health coverage for the entire year:	<input type="checkbox"/>	<input type="checkbox"/>
1. Were you offered coverage (through your or your spouse's plan) that you declined?	<input type="checkbox"/>	<input type="checkbox"/>
2. If yes, did the coverage offer minimum value and was it affordable?	<input type="checkbox"/>	<input type="checkbox"/>
3. Were you or any member of your household eligible for Medicare or Medicaid but did not enroll?	<input type="checkbox"/>	<input type="checkbox"/>
▶ 24) Did you or any member of your family enroll in health insurance coverage through the Health Insurance Marketplace at healthcare.gov under the Affordable Care Act? If yes, enclose Form 1095-A, <i>Health Insurance Marketplace Statement</i> .	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
▶ 25) Is more than one tax household sharing the premium tax credit? Examples include adult nondependent children, situations of divorce or a new marriage.	<input type="checkbox"/>	<input type="checkbox"/>
▶ 26) Were either you or your spouse eligible to participate in an employer's health insurance or long-term care plan?	<input type="checkbox"/>	<input type="checkbox"/>
▶ 27) Did you receive any distribution from an IRA or other qualified plan that was partially or totally rolled over into another IRA or qualified plan within 60 days of the distribution (Form 1099-R and proof of rollover)?	<input type="checkbox"/>	<input type="checkbox"/>
▶ 28) If you received an IRA distribution, which you did not roll over, provide details (Form 1099-R).	<input type="checkbox"/>	<input type="checkbox"/>
1. Did you or your spouse withdraw amounts from your IRA to acquire a personal residence or pay for unreimbursed medical expenses or higher education expenses? If yes, provide details.	<input type="checkbox"/>	<input type="checkbox"/>
▶ 29) Did you convert IRA funds or any other qualified retirement plan funds into a Roth IRA? If yes, provide details (Form 1099-R).	<input type="checkbox"/>	<input type="checkbox"/>
▶ 30) Did you receive any Social Security income or disability payments this year?	<input type="checkbox"/>	<input type="checkbox"/>
▶ 31) Did you have any taxable distributions from an ABLÉ (achieving a better life experience) account?	<input type="checkbox"/>	<input type="checkbox"/>
▶ 32) Did you receive tip income not reported to your employer?	<input type="checkbox"/>	<input type="checkbox"/>
▶ 33) Did you sell or purchase a principal residence or other real estate? If yes, provide the settlement sheet (Closing Disclosure) and Form 1099-S.	<input type="checkbox"/>	<input type="checkbox"/>
▶ 34) Did you refinance any existing loans on your home or other real estate you own? If yes, provide the settlement sheet (Closing Disclosure).	<input type="checkbox"/>	<input type="checkbox"/>
▶ 35) Did you collect on any installment contract during the year? Provide details.	<input type="checkbox"/>	<input type="checkbox"/>
▶ 36) During this year, do you have any securities that became worthless or loans that became uncollectible?	<input type="checkbox"/>	<input type="checkbox"/>
▶ 37) Did you receive unemployment compensation? If yes, provide Form 1099-G.	<input type="checkbox"/>	<input type="checkbox"/>
▶ 38) Did you receive or pay any alimony during the year? If yes, provide details, including the date of the divorce agreement and the Social Security number of the spouse paying the alimony or whom the alimony was paid.	<input type="checkbox"/>	<input type="checkbox"/>
▶ 39) Did you have any business casualty or theft losses during the year? If yes, provide details.	<input type="checkbox"/>	<input type="checkbox"/>
▶ 40) Did you receive any proceeds (including insurance) on property which was taken from you by destruction, theft, seizure or condemnation?	<input type="checkbox"/>	<input type="checkbox"/>
▶ 41) Did you, or do you plan to, contribute money before April 15, 2020, to a traditional or Roth IRA for the last calendar year? If yes, provide details (note that some states may have earlier due dates).	<input type="checkbox"/>	<input type="checkbox"/>
▶ 42) If you or your spouse have self-employment income, do you want to make a retirement plan contribution?	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
▶ 43) Did you, or do you plan to, contribute money before April 15, 2020 to a health savings account (HSA) for the last calendar year? If yes, provide details.	<input type="checkbox"/>	<input type="checkbox"/>
▶ 44) Did you receive any distributions from an HSA? Were all distributions made for qualified medical expenses? If so, provide detail, including Form 1099-SA and Form 5498-SA.	<input type="checkbox"/>	<input type="checkbox"/>
▶ 45) Did you incur expenses as an elementary or secondary educator? If so, how much? The amount deductible is limited to \$250 per taxpayer.	<input type="checkbox"/>	<input type="checkbox"/>
▶ 46) Did you pay real estate taxes on your principal residence or any other real property owned? If so, provide details by property.	<input type="checkbox"/>	<input type="checkbox"/>
▶ 47) Did you purchase gasoline, oil or special fuels for non-highway use vehicles?	<input type="checkbox"/>	<input type="checkbox"/>
▶ 48) Did you purchase an energy-efficient or other new vehicle? If yes, provide the purchase invoice.	<input type="checkbox"/>	<input type="checkbox"/>
▶ 49) Did you pay sales tax on any large purchases, including home improvements? If yes, provide details.	<input type="checkbox"/>	<input type="checkbox"/>
▶ 50) Did you make any energy-efficient improvements (remodel or new construction) to your home?	<input type="checkbox"/>	<input type="checkbox"/>
▶ 51) Did you purchase and place in service any solar water heating, solar electric, fuel cells, small wind energy or geothermal heat pump to any property you own (not just your home)?	<input type="checkbox"/>	<input type="checkbox"/>
▶ 52) Did you incur adoption expenses or adopt a U.S. child that the state has determined to have special needs?	<input type="checkbox"/>	<input type="checkbox"/>
▶ 53) Did you acquire or sell any "qualified small business stock?"	<input type="checkbox"/>	<input type="checkbox"/>
▶ 54) Were you granted, or did you exercise, any stock options? If yes, provide details.	<input type="checkbox"/>	<input type="checkbox"/>
▶ 55) Were you granted any restricted stock? If yes, provide details.	<input type="checkbox"/>	<input type="checkbox"/>
▶ 56) Did you pay any household employee over age 18 wages of \$2,100 or more?	<input type="checkbox"/>	<input type="checkbox"/>
1. If yes, provide a copy of form W-2 issued to each household employee.	<input type="checkbox"/>	<input type="checkbox"/>
2. If yes, did you pay total wages of \$1,000 or more in any calendar quarter to all household employees?	<input type="checkbox"/>	<input type="checkbox"/>
▶ 57) Did you surrender any U.S. savings bonds, or did they mature?	<input type="checkbox"/>	<input type="checkbox"/>
▶ 58) Did you use the proceeds from Series EE U.S. savings bonds purchased after 1989 to pay for higher education expenses?	<input type="checkbox"/>	<input type="checkbox"/>
▶ 59) Did you start a business? If yes, provide details.	<input type="checkbox"/>	<input type="checkbox"/>
▶ 60) Did you purchase or convert property you already owned to rental property? If yes, provide the settlement sheet (Closing Disclosure).	<input type="checkbox"/>	<input type="checkbox"/>



	Yes	No
▶ 61) Did you acquire or dispose of any interests in partnerships, LLCs, S corporations, estates or trusts this year? If yes, provide the Schedule K-1 that the organization has issued to you.	<input type="checkbox"/>	<input type="checkbox"/>
▶ 62) Do you have records to support travel, meals or gift expenses incurred in your business? The law requires that adequate records be maintained for travel, meals and gift expenses. The documentation should include the amount, time and place, date, business purpose, description of gift(s) (if any), and business relationship of recipient(s). Note that entertainment expenses are not deductible.	<input type="checkbox"/>	<input type="checkbox"/>
▶ 63) Did you participate in any bartering transactions (including the use of virtual currency)?	<input type="checkbox"/>	<input type="checkbox"/>
▶ 64) Do you have evidence to substantiate all of your charitable contributions?	<input type="checkbox"/>	<input type="checkbox"/>
<p>Note: Current tax law requires taxpayers to have the following for all tax deductions of a donation to a charitable contribution of cash, check or any other monetary gift: (1) a bank record (such as a canceled check) or (2) a written communication from the charity that adequately documents the donation. If the donation is \$250 or more, you must have the appropriate written communication from the charity. Written acknowledgment from a donee organization must include (1) the amount of any cash you paid and a description of any property given to the organization, (2) a statement of whether or not the donee organization provides any goods or services related to the contribution, (3) if the donee organization provides any goods or services other than intangible religious benefits, a description and good faith estimate of the value of the goods or services and (4) if the donee organization provides intangible religious benefits, a statement to that effect. If you make charitable contributions by payroll deductions, you should have a pay stub, Form W-2 or other document furnished by your employer that shows the total amount withheld for payment to a charity and the pledge card that shows the name of the charity. In order to take a deduction for donations of used clothing and household goods, they must be in "good condition" or better. An exception allows deductions for single items that are appraised at more than \$500, even if they are not in "good condition."</p>		
▶ 65) Has your will or trust been updated within the last three years? If yes, provide copies.	<input type="checkbox"/>	<input type="checkbox"/>
▶ 66) Can the IRS and state tax authority discuss questions about this return with the preparer?	<input type="checkbox"/>	<input type="checkbox"/>
▶ 67) Did you or any of your dependents receive a Federal IP PIN from the IRS or have you been a victim of identity theft, either in 2019 or in prior years? If you received an IP PIN, provide a copy of the IRS notice.	<input type="checkbox"/>	<input type="checkbox"/>
▶ 68) Do you expect a large fluctuation in your income, deductions or withholding? This will help us calculate possible changes to estimated tax payments. If yes, provide details. _____	<input type="checkbox"/>	<input type="checkbox"/>
▶ 69) Do you want any overpayment of taxes applied to next year's estimated taxes?	<input type="checkbox"/>	<input type="checkbox"/>
▶ 70) Do you want any federal or state refund deposited directly into your bank account? If yes, enclose a voided check or provide your bank routing number and account number.	<input type="checkbox"/>	<input type="checkbox"/>
1. Do you want any balance due directly withdrawn from this same bank account on the due date?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you want next year's estimated taxes withdrawn from this same bank account on the due dates?	<input type="checkbox"/>	<input type="checkbox"/>
▶ 71) If you owe federal or state tax upon completion of your return, are you able to pay the balance due? If not, please provide further information.	<input type="checkbox"/>	<input type="checkbox"/>

Estimated tax payments made

Prior year overpayment applied	Federal		State (name)	
	Date paid	Amount paid	Date paid	Amount paid
1st quarter				
2nd quarter				
3rd quarter				
4th quarter				

Wages, salaries and other employee compensation

▶ Enclose all Forms W-2.  Done  N/A

Pension, IRA, and annuity income

Yes No

▶ Enclose all Forms 1099-R.  Done  N/A

▶ 1) Did you receive a lump sum distribution from your employer?  Yes  No

▶ 2) Did you convert a lump sum distribution into another plan or IRA account?  Yes  No

▶ 3) Have you elected a lump sum treatment for any retirement distributions after 1986?  Yes  No

Taxpayer  Yes  No

Spouse  Yes  No

▶ 4) If over age 70½, did you or your spouse make a contribution from your IRA directly to a charitable organization?  Yes  No

Miscellaneous income — List and enclose related Forms 1099 or other forms.

▶ 1) Enclose all 1099 SSA forms.  Done  N/A

Interest income — Enclose all Forms 1099-INT and statements of tax-exempt interest earned. If not available, complete

the following:

TSJ*	Name of payer	Banks, S&L, etc.	U.S. bonds, T-	Tax-exempt	
				In-state	Out-of-state
	Early withdrawal penalties				

\* T = Taxpayer      S = Spouse      J = Joint

Interest income (seller-financed mortgage)

Name of payer	Social Security number	Address	Interest received

Dividend income — Enclose all Forms 1099-DIV and statements of tax-exempt dividends earned. If not available, complete the

following:

TSJ*	Name of payer	Ordinary dividends	Qualified dividends	Capital gain distributions	Non-taxable	Federal tax withheld	Foreign tax withheld

\*T = Taxpayer      S = Spouse      J = Joint

Description	Amount
State and local income tax refund(s)	
Alimony paid or received Date of your divorce or separation agreement _____	
Jury fees	
Finder's fees	
Director's fees	
Prizes	
Gambling winnings (Form W2-G)	
Trustee fees	
Executor fees	
Other miscellaneous income	

Income from business or profession — Schedule C

▶ Who owns this business?  Taxpayer  Spouse  Joint

Principal business or profession \_\_\_\_\_

Business name \_\_\_\_\_

Business taxpayer identification number \_\_\_\_\_

Business address \_\_\_\_\_

\_\_\_\_\_

▶ Method(s) used to value closing inventory:

Cost       Lower of cost or market       Other (describe) \_\_\_\_\_       N/A

Accounting method:

Cash       Accrual       Other (describe) \_\_\_\_\_

▶ 1) Was there any change in determining quantities, costs or valuations between the opening and closing inventory? If yes, attach an explanation.

▶ 2) Did you deduct expenses for the business use of your home? If yes, complete the office-in-home schedule provided in this organizer.

▶ 3) Did you materially participate in the operation of the business during the year?

▶ 4) Did you pay any health insurance premiums or long-term care premiums?

▶ 5) Was all of your investment in this activity at risk?

▶ 6) Were any assets sold, retired or converted to personal use during the year? If yes, list assets sold including date acquired, date sold, sales price and original cost.

▶ 7) Were any assets purchased during the year? If yes, list assets acquired, including date placed in service and purchase price, including trade-in. Attach copies of purchase invoices.

▶ 8) Was this business still in operation at the end of the year?

▶ 9) List the states in which the business was conducted and provide income and expense by state.

▶ 10) Provide copies of certification for employees of target groups and associated wages qualifying for the work opportunity tax credit.

▶ 11) Did you make any payments during the year that would require you to file Forms 1099?

If yes, did you file Forms 1099?

Note: In general, Form 1099 will be required to be issued to each person to whom was paid at least \$600. There are other situations for which Form 1099 will be required.

▶ 12) Did you have employees? If yes:

1. Provide copies of all federal and state payroll reports including Forms W-2/W-3, 940 and 941.

2. Do you have a health reimbursement arrangement or otherwise reimburse your employees for medical expenses or health insurance premiums?

3. Do you have less than 50 full-time equivalent employees?

4. Do you pay an average wage of less than \$50,000?

5. Do you pay at least half of the employees' health insurance premiums?

6. Provide a copy of Form 1094-C, if applicable.

Income and expenses (Schedule C) — Attach a schedule of income and expenses of the business or complete the following worksheet. Complete a separate schedule for each business.

Description	Amount
<b>Part I — Income</b>	
Gross receipts or sales	
Returns and allowances	
Other income (list type and amount)	
<b>Part II — Cost of goods sold</b>	
Inventory at beginning of year	
Purchases less cost of items withdrawn for personal use	
Cost of labor (do not include salary paid to yourself)	
Materials and supplies	
Other costs (list type and amount)	
Inventory at end of year	
<b>Part III — Expenses</b>	
Advertising	
Bad debts from sales or services	
Car and truck expenses (complete the auto expense schedule)	
Commissions and fees	
Depletion	
Depreciation and Sec. 179 expense deduction (provide depreciation schedules)	
Employee health insurance and other benefit programs (excluding retirement plans)	
Employee retirement contribution (other than owner)	
Self-employed owner:	
a. Health insurance premiums	
b. Retirement contributions	
c. State income tax	

Description	Amount
Insurance (other than health)	
Interest:	
a. Mortgage (paid to banks, etc.)	
b. Other	
Legal and professional services	
Office expense	
Rent or lease:	
a. Vehicles, machinery and equipment	
b. Real estate or other business property	
Repairs and maintenance	
Supplies	
Taxes and licenses (enclose copies of payroll tax returns; do not include state income tax)	
Travel, meals and entertainment:	
a. Travel	
b. Meals	
c. Entertainment	
Utilities	
Wages (enclose copies of Forms W-3/W-2)	
Lobbying expenses	
Club dues:	
a. Civic club dues	
b. Social or entertainment club dues	
Other expenses (list type and amount)	

▶ Automobile expenses — Complete a separate schedule for each vehicle.

Vehicle description	_____	Total business miles	_____
Date placed in service	_____	Total commuting miles	_____
Cost/fair market value	_____	Total other personal miles	_____
Lease term, if applicable	_____	Total miles this year	_____
		Average daily round trip commuting distance	_____

▶ Actual expenses (omit if using mileage method)

Gas, oil	_____	Taxes and tags	_____
Repairs	_____	Interest	_____
Tires, supplies	_____	Parking	_____
Insurance	_____	Tolls	_____
Lease payments	_____	Other	_____

	Yes	No
▶ Did you acquire, lease or dispose of a vehicle used for business during this year? If yes, enclose the purchase and sales contract or lease agreement.	<input type="checkbox"/>	<input type="checkbox"/>
▶ Did you use the above vehicle in this business less than 12 months? If yes, enter the number of months. _____	<input type="checkbox"/>	<input type="checkbox"/>
▶ Do you have another vehicle available for personal purposes?	<input type="checkbox"/>	<input type="checkbox"/>
▶ Do you have evidence to support your deduction?	<input type="checkbox"/>	<input type="checkbox"/>
▶ Is the evidence written?	<input type="checkbox"/>	<input type="checkbox"/>



Office in home

▶ To qualify for an office-in-home deduction, the area must be used exclusively for business purposes on a regular basis in connection with your employer's business and for your employer's convenience. If you are self-employed, it must be your principal place of business or you must be able to show that income is actually produced there. If your business use of your home relates to daycare, provide the total hours of business operation for the year.

Business or activity for which you have an office	Total area of the house (square feet)	Area of business portion (square feet)	Business percentage

▶ I. Depreciation

	Date placed in service	Cost/basis	Method	Life	Prior depreciation
House					
Land					
Total purchase price					
Improvements (provide details)					

▶ II. Mortgage interest

Real estate taxes \_\_\_\_\_

Utilities \_\_\_\_\_

Property insurance \_\_\_\_\_

Other expenses — itemize \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

▶ III. Expenses that apply directly to home office:

Telephone \_\_\_\_\_

Maintenance \_\_\_\_\_

Other expenses — itemize \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Did you make an election to apply a simplified method with respect to your home office expenses?  Yes  No

Capital gains and losses – Enclose all Forms 1099-B (with supplemental year-end brokerage statements) and 1099-S (with Closing Disclosure statements). Complete the following schedule if no statements are available and provide all transaction slips for sales and purchases.

Description	Date acquired	Date sold	Sales proceeds	Cost or basis	Gain (loss)*

▶ Enter any sales NOT reported on Forms 1099-B and 1099-S:

Description	Date acquired	Date sold	Sales proceeds	Cost or basis	Gain (loss)*

\* If you have questions regarding the taxable status of any gain or loss, please contact our office.

Sale/purchase of personal residence

▶ Provide closing statements (Closing Disclosure) on purchase and sale of old residence and purchase of new residence.

Description	Amount

	Yes	No
▶ For sale of personal residence, did you own and live in it for two of the five years prior to the sale?	<input type="checkbox"/>	<input type="checkbox"/>
Was there any rental or business use during the period of ownership?	<input type="checkbox"/>	<input type="checkbox"/>

Residence change

▶ If you changed residences during the year, provide the period of residence in each location.

Residence #1 \_\_\_\_\_ From \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Own  Rent

Residence #2 \_\_\_\_\_ From \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Own  Rent

Rental and royalty income— Complete a separate schedule for each property.

▶ 1) Description and location of property: \_\_\_\_\_  
\_\_\_\_\_

Yes No

▶ 2) Type of property:

Personal use

Residential rental

Commercial rental

Royalty

Self-rental

Other — describe \_\_\_\_\_

If personal-use property, provide the following:

1. Number of days the property was occupied by you, a member of your family or any individual not paying rent at the fair market value. \_\_\_\_\_

2. Number of days the property was not occupied. \_\_\_\_\_

If not occupied, was it available for rent during this time?

3. How many days was the property rented during the year? \_\_\_\_\_

▶ 3) Did you participate in the operation of the rental property during the year? Note that both requirements must be met by you (and not combined with your spouse's activity) to qualify as a real estate professional.

1. Were more than half of the personal services that you performed during the year performed in a real property trade or business?

2. Did you perform more than 750 hours of services during the year in a real property trade or business?

3. Did you perform more than 250 hours of service during the year with respect to each property?

4. Did you maintain separate books and records with respect to each property?

Yes No

▶ 4) Did you make any payments during the year that would require you to file Forms 1099?  Yes  No

If yes, did you file Forms 1099?  Yes  No

Note: In general, Form 1099 will be required to be issued to each person to whom was paid at least \$600. There are other situations for which Form 1099 will be required.

Income	Amount		Amount
Rents received		Royalties received	
Expenses			
Mortgage interest		Legal and other professional fees	
Other interest		Cleaning and maintenance	
Insurance		Commissions	
Repairs		Utilities	
Auto and travel		Management fees	
Advertising		Supplies	
Taxes		Other (itemize)	

Yes No

▶ If this is the first year we are preparing your return, provide depreciation records.  Yes  No

▶ If this is a new property, provide the closing statement (Closing Disclosure).  Yes  No

▶ If the property was sold during the year, provide the closing statement (Closing Disclosure).  Yes  No

▶ List below any improvements or assets purchased during the year.

Description	Date placed in service	Cost

Income from partnerships, estates, LLCs, trusts and S corporations

► Provide a list of all entities for which you have an ownership interest. Enclose all Schedules K-1 (both federal and state) and include basis schedules. If you haven't received a Schedule K-1, please indicate when you expect to receive it. In addition, for each entity, indicate the number of hours you or your spouse (if applicable) participated in the activity during the year.

Name	Source code*	Federal ID no.	Hours participated

\* Source code: P = Partnership/LLC E = Estate/trust S = S corporation

Contributions to retirement plans

	Taxpayer	Spouse
Are you covered by a qualified retirement plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you want to make the maximum deductible IRA contribution?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
IRA contributions made for this return		
IRA contributions made for this return for nonworking spouse		
Do you want to make an IRA contribution even if part or all of it may not be deducted? If yes, provide a copy of the latest Form 8606 filed.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you made, or do you want to make, a Roth IRA contribution? If yes, provide Roth IRA contributions made for this return.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you want to make the maximum allowable Keogh/SEP/SIMPLE IRA contribution?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Keogh SEP/SIMPLE IRA contributions made for this return		
Date Keogh/SIMPLE IRA plan established		

Medical and dental expense. Please note that medical expenses must exceed 10% of adjusted gross income to be deductible as an itemized deduction. Itemized deductions are generally only beneficial if they exceed your standard deduction. Health insurance premiums and medical expenses paid with pre-tax dollars (cafeteria plans, health savings accounts, etc.) are not deductible.

Description	Amount
Premiums for health and accident insurance including Medicare	
Long-term care premiums: Taxpayer \$ _____ Spouse \$ _____	
Medicine and drugs (prescription only)	
Doctors, dentists, nurses	
Hospitals, clinics, laboratories	
Eyeglasses/corrective surgery	
Ambulance	
Medical supplies/equipment	
Hearing aids	
Lodging and meals	
Travel	
Mileage (number of miles)	
Long-term care expenses	
Payments for in-home care (complete later section on home care expenses)	
Other	
Insurance reimbursements received	

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Yes
No

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▶ Were any of the above expenses related to cosmetic surgery?

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Deductible taxes (subject to limitation)

Description	Amount
State and local income tax payments made this year for prior year(s)	
Real estate taxes: Primary residence	
Secondary residence	
Other	
Personal property or ad valorem taxes	
Sales tax on major items (auto, boat, home improvements, etc.)	
Other sales taxes paid (if applicable)	
Intangible tax	
Other taxes (itemize)	
Foreign tax withheld (may be used as a credit)	

Interest expense

► Mortgage interest (enclose Forms 1098)

Payee*	Property**	Amount

Mortgage balance beginning of the year \_\_\_\_\_

Mortgage balance end of the year \_\_\_\_\_

\* Include address and Social Security number if payee is an individual.

\*\* Describe the property securing the related obligation, i.e., principal residence, motor home, boat, etc. If any mortgage or equity loan was not used to buy, build or improve your principal or second residence, describe the amount of proceeds and how the proceeds were used.

► Unamortized points on residence refinancing

Date of refinance	Loan terms	Total points

► Student loan interest

Payee	Amount

► Investment interest expense not reported on Schedules A, C or E

Payee	Investment purpose (stocks, land, etc.)	Amount

Contributions

► Cash contributions for which you have receipts, canceled checks, etc. Note: You need to have written acknowledgment from any charity to which you made individual donations of \$250 or more during the year.

Donee	Amount	Donee	Amount



▶ Expenses incurred in performing volunteer work for charitable organizations:

Parking fees and tolls \$ \_\_\_\_\_  
Supplies \$ \_\_\_\_\_  
Meals and entertainment \$ \_\_\_\_\_  
Other (itemize) \$ \_\_\_\_\_  
Automobile mileage \_\_\_\_\_

▶ Other than cash contributions (enclose receipts):

Organization name and address		
Description of property		
Date acquired		
How acquired		
Cost or basis		
Date contributed		
Fair market value (FMV)		
How FMV determined		

▶ Include Form 1098-C for donations of motor vehicles, boats or airplanes.

▶ Include a signed and dated Form 8283 by the donee organization and/or qualified appraiser, if applicable.

▶ For contributions over \$5,000, include a copy of the qualified appraisal and confirmation from the charity.

Casualty or theft losses

► Loss/damage of property. Note that personal casualty losses are only allowed if incurred in a federally declared disaster area.

	Property	Property	Property
Indicate type of property	<input type="checkbox"/> Business <input type="checkbox"/> Personal	<input type="checkbox"/> Business <input type="checkbox"/> Personal	<input type="checkbox"/> Business <input type="checkbox"/> Personal
Description of property			
Date acquired			
Cost			
Date of loss			
Description of loss			
Was insurance claim made?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fair market value before loss			
Fair market value after loss			

Miscellaneous deductions (may be deductible for state income tax purposes)

Description	Amount
Income tax preparation fees	
Investment advisory fees	
Documented gambling losses and expenses	

Child care expenses/home care expenses

Yes No

▶ Did you pay an individual or an organization to perform services for the care of a dependent under 13 years old or your spouse or dependent age 13 or over, if physically or mentally incapable of caring for themselves in order to enable you to work or attend school on a full-time basis?  Yes  No

▶ Did you use funds from a cafeteria plan at work to pay for any daycare expenses?  Yes  No

▶ Did you pay an individual to perform in-home health care services for yourself, your spouse or dependents?  Yes  No

▶ If the response to either of the questions above is yes, complete the following:  
Name(s) of dependent(s) for whom services were rendered.

\_\_\_\_\_

▶ List individuals or organizations to whom expenses were paid during the year (services of a relative may be deductible only if that relative is not a dependent and if the relative's services are considered employment for Social Security purposes).

Name and address	ID number	Amount	If under 18
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

▶ If payments of \$2,100 or more during the tax year were made to an individual, were the services performed in your home?  Yes  No

Educational expenses

Yes No

▶ Did you or any other member of your family pay any post-secondary educational expenses this year?  Yes  No

▶ If yes, complete the following and provide Form 1098-T from the school:

Student name	Institution	Grade/level	Amount paid	Date paid

Yes No

▶ Was any of the preceding tuition paid with funds withdrawn from an educational IRA or 529 plan?

If yes, how much? \$\_\_\_\_\_. Submit Form 1099-Q.

Comments/explanations

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