

# INCOME TAX RETURN ORGANIZER

Success with the **Organizer Worksheet**

- 1 Before you start filling in the form, **SAVE the blank form to your computer**
- 2 Open your saved blank form in the latest version of **Adobe Reader**
- 3 Complete the form as fully as possible; return it to [david@davidturrentine.com](mailto:david@davidturrentine.com)



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Enrolled to practice before the IRS

Tax Year \_\_\_\_\_

## Personal Information

### Taxpayer

Last name: \_\_\_\_\_  
First name: \_\_\_\_\_ Middle initial: \_\_\_\_\_  
Social Security no. (On file?  ): \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Date of birth: \_\_\_\_\_  
Email address: \_\_\_\_\_  
Work phone: \_\_\_\_\_ Ext: \_\_\_\_\_  
Cell phone: \_\_\_\_\_  
Home phone: \_\_\_\_\_  
Fax number: \_\_\_\_\_

### Driver's License Information

State: \_\_\_\_\_ Lic. No.: \_\_\_\_\_  
Issued: \_\_\_\_\_ Expires: \_\_\_\_\_  
Document # (NY only): \_\_\_\_\_

### Spouse

Last name (if different): \_\_\_\_\_  
First name: \_\_\_\_\_ Middle initial: \_\_\_\_\_  
Social Security no. (On file?  ): \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Date of birth: \_\_\_\_\_  
Email address: \_\_\_\_\_  
Work phone: \_\_\_\_\_ Ext: \_\_\_\_\_  
Cell phone: \_\_\_\_\_  
Home phone: \_\_\_\_\_  
Fax number: \_\_\_\_\_

State: \_\_\_\_\_ Lic. No.: \_\_\_\_\_  
Issued: \_\_\_\_\_ Expires: \_\_\_\_\_  
Document # (NY only): \_\_\_\_\_

Address: \_\_\_\_\_ Apt. no. \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_

## Presidential Election Campaign Fund

Checking a box below will not change your tax or refund.

Check here if you (or your spouse if filing jointly) want \$3 to go to this fund.  You  Spouse

## Federal Filing Status

- 1  Single
- 2  Married filing jointly
- 3  Married filing separately  
 Taxpayer did not live with spouse at any time during year
- 4  Head of household  
If qualifying person is child but not dependent:  
Child's name: \_\_\_\_\_  
Child's social security number: \_\_\_\_\_
- 5  Qualifying widow(er). Year spouse died: \_\_\_\_\_
- 6  Are you or your spouse eligible to be claimed as a dependent on someone else's return?  Yes  No

## Direct Deposit/Electronic Funds Withdrawal Information

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Use <b>direct deposit</b> for any <b>federal tax refund / state tax refund</b>
<input type="checkbox"/>	<input type="checkbox"/>	Use <b>electronic funds withdrawal</b> for <b>federal balance due</b>
<input type="checkbox"/>	<input type="checkbox"/>	Use <b>electronic funds withdrawal</b> for <b>state balance(s) due</b>

## Financial Institution Information

Account type: Checking  Savings   
Routing number: \_\_\_\_\_  
Account number: \_\_\_\_\_

## Dependents

First name	MI	Soc. Sec. number			Number of months lived with taxpayer in U.S.	Qualified child and dependent care 2019 expenses
Last name	Suffix	Relationship	Code*	Date of Birth		

\* **L**–Dependent child who lived with taxpayer; **N**–Dependent child who did not live with taxpayer due to divorce or separation; **O**–Other dependent; **Q**–Not a dependent (but is a qualifying person for the earned income credit and/or the child tax credit and/or the credit for child and dependent care expenses).

## Child Dependent Care Expenses

(a) Care provider's name and Care provider's phone number	(b) Address (number, state, apt. no., city, state, and Zip code)	(c) Identifying Number (SSN or EIN)	(d) Amount paid

## 1099-G – Unemployment Compensation and State Income Tax Refund(s)

Unemployment compensation and state tax refunds are reported on Form 1099-G.

### Unemployment Compensation (provide 1099-G)

Amount Received	State	Federal Income Tax Withheld	State Income Tax Withheld

### State Income Tax Refunds (provide 1099-G)

State	State income tax refund	Refund is for tax year:

## Alimony

Payer's/Payee's name	Social Security number	Amount received	Amount paid

On what date did the alimony payments begin? \_\_\_\_\_

## Interest and Dividend Income (1099-INT/1099-DIV)

Provide Forms **1099-INT** and **1099-DIV** reporting interest and dividend income.

<b>Wages – Provide all copies of W-2</b>	
How many W-2 Forms do you have? (Do not enter amounts.)	
Self	
Spouse	

<b>Dividends and Interest Income</b>
Provide all Forms 1099 which report interest and/or dividend income. You may provide a listing of your interest and dividends on a separate sheet, but we will still need the actual Forms 1099-INT and 1099-DIV

<b>Retirement Plan Distribution – Pensions, Annuities, Rollovers, IRA SEP, Keoghs, Lump-Sum Distributions or Other Retirement Plan Withdrawals</b>
Provide all copies of Forms 1099-R received for retirement plan distributions.

<b>Sale of Stock (Form 1099-B)</b>
Provide Forms 1099-B (including cost basis info)

<b>Partnerships, Estates, Trusts and S Corporation</b>
Provide all year-end reports and/or Schedule(s) K-1 received for tax year 2019

<b>Social Security Benefits (1099-SSA)</b>
Provide Forms SSA-1099

<b>Other Income – Provide All Forms 1099, etc.</b>	
Commissions and Fees	
Tips and Gratuities not reported on Form W-2	
Bonuses and Prizes not reported on Form W-2	
Cancellation of Debt (Form 1099 C)	
Jury Duty – Election Board Fees	
Gambling/Lottery Earnings (Form W-2G)	
Bartering Income	
Other Income (Describe)	

## 2019 Estimated Tax Payments

	FEDERAL	Date Paid	STATE	Date Paid	Notes
Amount applied from 2018, if any.		XXXXXXXX		XXXXXXXX	<ul style="list-style-type: none"> <li>• If you itemize deductions on your federal income tax return, it can be to your advantage to pay your last state tax estimate in December instead of January.</li> <li>• Do not include balance due from prior year in the first estimated payment box.</li> </ul>

## Itemized Deductions

Note: Complete this portion only if you think your itemized deductions might exceed the IRS standard deduction for your filing status (see below).

2019 Standard Deductions	
Filing Status	
MFJ or Widow(er)	\$24,400
Single	\$12,200
Head of Household	\$18,350
MFS	\$12,200

Medical Expenses	
<i>Deductible Only If Net Cost Exceeds 7.5% of AGI</i>	
<b>(Do not include amounts paid for or reimbursed by insurance or health insurance premiums paid with pre-tax income.)</b>	
<i>NOTE: If you are self-employed, don't list health insurance premiums here. Include in page 5.</i>	
Health Insurance Premiums	
Medicare Insurance Premiums Paid (Form SSA-1099)	
Long-Term Care Insurance Premiums	
Dental Insurance	
Dentists	
Prescribed Drugs and Insulin	
Hospitals, Nurses, Alcoholism Treatment, Ambulance	
Doctors and Clinics	
Glasses, Contact Lenses, Eye Exams	
Lab Tests, Therapy, X-Ray, Anesthesiology	
Prescribed Medical Equipment	
Hearing Aids, Batteries & Related Equipment	
Vasectomy/Tubal Ligation/Abortion Costs	
Nursing or Retirement Home (medical care only)	
Medical Transportation (taxi, bus, ambulance, etc.)	
Medical Miles	
Medical Parking	
Lodging While Obtaining Medical Treatment <i>(Limited to \$50 per night, per person)</i>	

Taxes	
Real Estate Taxes	
Property Tax Index Number	
Property Tax Refund	
Other Real Estate Taxes (second home, cabin, boat, etc.)	
Personal Property Taxes	
State Income Taxes Paid This Year for Prior Tax Years	
New Auto or Boat Sales Taxes	

Interest Paid		
	Primary Residence	Second Home
First Mortgage Interest <i>(Provide Forms 1098)</i>		
Second Mortgage		
Private Mortgage Insurance (PMI)		
Home Equity/Improvement Loan		
Loan Points		
Investment Interest Paid		

Cash Contributions (Use separate sheet if needed)	
Churches or Synagogues	
United Campaign <i>(Include Payroll Deductions)</i>	
Cancer or Heart	
M.S./M.D./March of Dimes	
Other	
Out-of-Pocket Expenses for Charitable Work	

Non-Cash Contributions		
<i>*Fair Market Value of Items Given to Charities</i>		
<b>If over \$500, we will need more specific details regarding the contribution</b>		
Vets/Goodwill/Salvation Army	Amt*	
Organization	Amt*	
Organization	Amt*	
Charitable Mileage on Auto	Miles	

Gambling Losses	
Limited to Total Gambling Winnings	

## Section 529 Plan Contributions

Contributions to an Illinois Section 529 college savings plan (Bright Start, College Illinois, Bright Directions) for 2019.	Amount:	Account Number:
-----------------------------------------------------------------------------------------------------------------------------	---------	-----------------

## HSA (Health Savings Account)

Contributions made (or expected to be made) to an HSA for 2019.	Amount:
-----------------------------------------------------------------	---------

**Do not include contributions to a Flexible Spending Account (FSA). Do not include employer contributions reported on Form W-2, Box 12, Code W. Please provide me with your year-end statement and any Forms 1099-SA you received**

## Health Insurance

<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you purchase health insurance through an Affordable Care Act Exchange?
<i>Please provide a copy of any Forms 1095-A that you received.</i>	

## Self Employed ARTIST Income/Expenses (Schedule C) See descriptions on following page.

Name of Proprietor		Business Activity	
Business Name (if different)		Product or Service	
Business Address (if different)		Federal ID Number (if any)	

1. Do you use any part of your home for business?  Yes  No (If Yes, complete the *Office in the Home* section, page 8.)

2. How many months in business during the year? \_\_\_\_\_

If this will be your first year filing Schedule C (self-employed), please check here

Are you required to issue 1099s?  Yes  No If so, have the 1099s been issued?  Yes  No

Number of 1099s included \_\_\_\_\_

<b>Income</b>	
Income Reported on Forms 1099-MISC	
Gross Fee Income Not Reported on Forms 1099-MISC / 1099-K (Do not include W-2 income here)	
<b>TOTAL INCOME</b>	

### Common Expenses

Expense Category	Total Amount	Expense Category	Total Amount	Expense Category	Total Amount
Advertising		Telephone*		Tickets for Research	
Business Insurance		Fees		Local Transportation	
Postage & Shipping		Tax Preparation		Membership Dues	
Office Expense		Cable		Internet Service*	
Equipment Rental		Classes		Contract Labor	
Space Rental		Gifts for Business		Other (explain)	
Repairs		Hair /Makeup			
Supplies		Liability/Equipment Insurance			
Self-Employed Health Insurance		Costumes			
Business Meals		Trade Publications			

\* Business amounts only

### Equipment

This is anything you use in your business that has an expected life of more than one year: Computer, fax machine, cell phone, PDA, ear prompter, musical instruments, audio and video equipment, etc. Software also goes here.

Please complete the table below. Include an additional sheet if necessary.

Item/Description	Date of Purchase	Price	% Business Use*

\* If business use percentage is over 50%, I may be able to write it all off this year.

If under 50%, the equipment must be depreciated.

# Artist Expenses In-Town Explanation Sheet

## Advertising

Anything you spend to promote yourself. Pictures, résumés, copying costs, photographer, makeup artist, retouching costs. On-line databases such as [castnet.com](http://castnet.com). Voice demos and their production costs.

## Postage & Shipping

List here any postage and shipping costs not included in other categories.

## Office Expense

Toner, paper, paper clips, pens and pencils, organizers, etc.

## Equipment Rental

Audio and video equipment, etc.

## Space Rental

Rehearsal space, studio space.

## Repairs

Just as equipment is deductible; so are repairs on that equipment. But only to the extent that the original piece of equipment is deductible. That is, a \$100 repair on a piece of equipment that is used 50% for business is a \$50 deduction.

## Supplies

Sheet music, records, books, CDs, scripts, props, etc.

## Business Meals

Business meals are deductible expenses if a bona fide business discussion takes place before, during, or after the meal or entertainment. In addition to your receipt, keep track of this in your daily log. Jot down who you met with, where you met, and what you talked about. Personal meals which do not involve other people are only deductible when overnight travel is involved.

## Telephone

Include the business portion of your cellular phone service. The monthly service charge for any land line coming into your home is not deductible. The cell phone accessories should be included in the equipment area of the worksheet.

## Fees

Did you pay anybody for anything? To transpose music for you, accompany you at an audition, direct you in a showcase, sub for you on a gig? If you pay an independent contractor \$600 or more in the year, you may need to issue them a 1099 form.

## Classes

This is training that improves or enhances your present job skills, including the transportation expense of getting back and forth to classes. (Add cab and bus fare to Local Transportation and auto mileage to the Auto Sheet).

## Gifts for Business

This deduction is limited to \$25 per recipient per year. Be sure to include opening night gifts and backstage tips.

## Hair/Makeup

The general expense of year-round hair costs are personal expenditures. These costs are not deductible. Only styling costs directly related to your work as a performing artist are deductible. You can certainly take off the cost of doing something special to your hair for a show or a job or for new headshots. Makeup costs must be for business use only – stage, film, TV work. Include the cost of character glasses, wigs, electrolysis, and contacts (business portion only).

## Costumes

Can you deduct that new outfit you bought specifically for an audition for an industrial? The IRS says no. You can't deduct clothing that is suitable for everyday street wear, whether you wear it there or not. So, go ahead and include the clown outfit, but not the new dress or suit. Include smocks for doing makeup, the tux for catering jobs and opening night parties, and dance clothes.

## Trade Publications

American Theatre Magazine, Audition News, Act One Reports, Backstage, etc.

## Tickets for Research

Tickets for movies and plays can be deducted if the viewings were for research purposes. Make sure to keep good records related to what you saw and why it was necessary for your work. Dance concerts and museum admissions may also sometimes qualify for a research expense.

## Streaming Services

Netflix, Hulu, etc., to the extent that they are used for research.

## Local Transportation

Don't include your auto expenses here. There is a separate sheet for them. Local transportation related to self-employment can be included as an expense on your Schedule C. If your home is your principal place of business, all your transportation related to self-employment is deductible. Don't forget to include transportation related to business meetings, continuing education, research, etc. Travelling to a regular place of work is generally considered commuting and is not deductible.

## Membership Fees

Equity and SAG/AFTRA union dues and initiation fees are no longer deductible as they are related to W-2 income. However, professional membership fees related to self-employment (1099) income remain deductible. This includes fees paid by directors, designers, or musician's guilds or other professional organizations.

## Internet Service

The portion of your internet service that is used for business.

## Cable

You may be able to deduct the percentage of your cable T.V. bill that is used for business. (Not the portion that is entertainment.)

## Self Employed NON-ARTIST Income/Expenses (Schedule C) Sole Proprietor

Name of Proprietor		Business Activity	
Business Name (if different)		Product or Service	
Business Address (if different)		Federal ID Number (if any)	

1. Do you use any part of your home for business?     Yes     No    (If Yes, complete the *Office in the Home* section, page 8.)

2. How many months in business during the year?    \_\_\_\_\_

If this will be your first year filing Schedule C (self-employed), please check here   

Are you required to issue 1099s?     Yes     No    If so, have the 1099s been issued?     Yes     No

Number of 1099s included    \_\_\_\_\_

Income	
Income Reported on Forms 1099-MISC	
Gross Fee Income Not Reported on Forms 1099-MISC / 1099-K (Do not include W-2 income here)	
<b>TOTAL INCOME</b>	

Expenses			
Advertising		Seminars/Classes	
Bank Charges		Utilities (Not Home Office)	
Commissions and Fees Paid		Rent (Business/Not Home Office)	
Dues and Publications		Repairs and Maintenance	
Insurance (Business)		Supplies	
Interest (Business)		Telephone (Business amount only)	
Laundry and Cleaning		Business Meals (at 100%)	
Legal and Professional		Business Gifts	
Office Supplies and Postage		Research	
Local Transportation		Self-Employed Health Insurance	
Licenses		Website	
Contract Labor		Other Expenses (Describe):	
Internet			

Equipment			
Item/Description	Date of Purchase	Price	% Business Use

## Office in the Home

The following criteria must be met for a home office deduction:

1. The home office space must be used **regularly** and **exclusively** for business. Be aware that you do not have to use an entire room as your office—a portion of a room may qualify.
2. If the space is where you perform the administrative or management activities of your business, there must not be another fixed location where you perform a substantial portion of these tasks.  
(This second criterion does not need to be satisfied if you meet your clients on a regular basis in your home office.)

If you use more than one home office during the year, split the expenses between the two.

Please provide us with the **date of the move**, and any **moving expenses** related to the move.

Date: \_\_\_\_\_ Amount: \_\_\_\_\_

	HOME OFFICE 1	HOME OFFICE 2
Square Footage of House or Apartment (or number of rooms)	_____	_____
Square Footage of Office (or number of rooms)	_____	_____
<b>Home owners only:</b> Deductible mortgage interest	_____	_____
<b>Home owners only:</b> Real estate taxes	_____	_____
<b>Home owners only:</b> Private Mortgage Insurance (PMI)	_____	_____
<b>Renters only:</b> Total rent paid for the year	_____	_____
Insurance (homeowner's, condo owner's, renter's)	_____	_____
Repairs and maintenance	_____	_____
Utilities (Gas, electric, water, trash, etc. – Do not include phone or internet.)	_____	_____
Condo/Homeowner's association fees	_____	_____

Fill in these boxes ONLY if you are claiming an office in your home. Otherwise, see page 10, Part X

If you purchased or refinanced your home this year, please provide me with the closing (settlement) statement. Also include a copy of a property tax bill.

## Energy Credits

If you purchase an energy-efficient product or renewable energy system for your home, you may be eligible for a federal tax credit. Examples of qualifying property include: *Biomass Stoves; Heating, Ventilating and Air Conditioning; Insulation; Water Heaters; Roofs; Windows and Doors; Geothermal Heat Pumps.*

Here is a link which provides additional information regarding these energy credits:

[http://www.energystar.gov/index.cfm?c=tax\\_credits.tx\\_index](http://www.energystar.gov/index.cfm?c=tax_credits.tx_index)

Please provide me with a copy of your receipt(s) showing the products purchased and the cost. You will need to save your receipt(s) and a copy of the Manufacturer's Certification Statement for your records.

## Education Expenses

	Taxpayer	Spouse
Did you attend a college or university? Enter total cost of tuition, books, and lab fees:	_____	_____
Did you pay interest on a student loan? How much? Enter total amount of INTEREST ONLY:	_____	_____
Did you pay for educational expenses for your child(ren) to attend a public or private elementary or secondary school? Enter total cost of tuition, books, and lab fees: _____ and enter the grade level(s) for the child(ren): _____	_____	_____
<b>Name of School</b>	<b>City/State</b>	

Please include any Forms 1098-T and 1098-E that you received. Also include any account statements related to your education expenses for the year.

Fill out worksheet as completely as possible. Save it as your name and tax year (janedoe2019.pdf).

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Email a copy to [david@davidturrentine.com](mailto:david@davidturrentine.com). Don't forget to mail/email/fax a copy of all your tax documents.



## Expenses Out-of-Town (Self-Employed Only)

Below are two charts for your out-of-town expenses. Travel out-of-town means when you are away from your tax home overnight working or looking for work related to self-employment. If the primary purpose of your trip is for business, then the cost of getting there and back is a deductible business expenses, even if you spend some time while you are there doing personal activities.

The top section below is a description of each trip. I need to know the location you were in and the number of days you were there. Each of the columns on the bottom chart corresponds to a trip or row across the top chart.

Do not include business mileage on your own car on this page. Include all business mileage on the auto page of the worksheet.

If you received any per diem payments that were not included in the nonemployee compensation box of your 1099 form, include these payments in the area for "Payments not included on Form 1099." If you want me to calculate a Standard Meal Allowance to account for your meals and incidental expenses, check the "SMA" boxes in the table below.

Employer (or Possible Employer)	City	Inclusive Dates	Number of Days	For Office Use Only	For Office Use Only
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					

	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	Total
Air/Train/Bus travel									
Lodging Expenses									
Tips and Gratuities									
Laundry and Dry Cleaning									
Local Transportation									
Auto Rental									
Gasoline and Oil for Car Rental									
Telephone									
Other (Explain):									
<b>Total Expenses</b>									
Payments not included on Form 1099 (per diem payments)									
Meals & Incidentals or Total Standard Meal Allowance (Check "SMA")	SMA <input type="checkbox"/>	SMA <input type="checkbox"/>	SMA <input type="checkbox"/>	SMA <input type="checkbox"/>	SMA <input type="checkbox"/>	SMA <input type="checkbox"/>	SMA <input type="checkbox"/>	SMA <input type="checkbox"/>	SMA <input type="checkbox"/>

## Auto Usage (Self-Employed Only)

Business mileage related to self-employment can be included as an expense on your Schedule C. If your home is your principal place of business, all of your mileage related to self-employment is deductible. Don't forget to include mileage related to business meetings, continuing education, research, etc. Travelling to a regular place of work is generally considered commuting and is not deductible.

Please note that you must have written evidence, such as a paper or electronic mileage log, in order to claim a deduction for the business use of a car.

### Standard Mileage Rate

There are two ways to take this deduction: the easy way and the hard way. Why don't we start with the easy way. You keep track of your business miles and simply multiply them by the Standard Mileage Rate. If you ever want to make use of the SMR for a particular vehicle, you must use it the first year you use the vehicle for business. You must also own the car or be leasing it in order to use the Standard Mileage Deduction.

	Vehicle 1.	Vehicle 2
Make and model of vehicle		
Date placed in service		
Business Miles for the Year		
Total Commuting Miles (back and forth to a regular job)		
Total Personal Miles		
Total Miles for the Year		

Parking & tolls FOR BUSINESS		
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Is another vehicle available for personal use?  Yes  No

### Actual Expense Method

The harder way to claim an auto usage deductible is by using the **Actual Expenses** method. It's a more complicated process but it can be worthwhile for some taxpayers. Using the business and total mileage from above, I will determine the percentage the car is used for business. Then we deduct that percentage of everything it costs you to operate the car. This method requires more record keeping but it can be worthwhile. If you have the records, fill in this table along with the above mileage information and I will figure out the best approach.

	Vehicle 1	Vehicle 2
Cost of the vehicle		
Date placed in service		
Interest on car loan		
Lease payments		
Gas		
Insurance		
Auto club membership		
License fees		
Maintenance (oil change, tires)		
Repairs		
Car washes		

**If you purchased a new vehicle this year, please provide me with the bill of sale.**

**Leased Vehicles:** You may use either the standard mileage or the actual expenses method. To use the actual expenses method, I will need the fair market value of the vehicle, the total amount of your lease payments, and the mileage numbers from the top of this page.

## Rental Property Income / Expense (including Airbnb)

	Date Acquired	Description of Property	Address	Number of Days Rented During the Year	Number of Days You/Your Family Resided at Location
A					
B					
C					
D					

Income				
	A	B	C	D
Rents Received				
Other				

Expenses (List Only Rental Expenses)				
	A	B	C	D
Real Estate Taxes				
Mortgage Interest				
Other Interest				
Insurance				
Cleaning / Maintenance				
Yard / Snow Removal				
Rubbish Hauling / Trash				
Supplies				
Fuel				
Electricity				
Water / Sewer				
Casual Labor				
Management Fees (Commissions)				
Homeowners Association Dues				
Travel Expense (Detail)				
Auto Travel Mileage				
Telephone				
Advertising				
Legal & Professional				
Repairs / Painting				
Repairs / Plumbing				
Repairs / Electrical				
Repairs / Appliances				
Refunds / Security Deposit				
Other:				
Comments / Questions				

## Retirement Contributions

Did you (or will you) make a contribution to a Traditional IRA, SEP-IRA, SIMPLE IRA, or Individual 401k for last year? Do not include salary deferrals from work reported on Forms W-2.

	Taxpayer Contribution	Spouse Contribution
Traditional IRA		
Roth IRA		
SEP/SIMPLE/Individual 401k		

Did you convert all or part of a Traditional IRA into a **Roth IRA** last year?

Amount converted: \_\_\_\_\_

## The Following Items May Affect Your Tax Return

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Are you interested in making additional contributions to a retirement plan?
<input type="checkbox"/>	<input type="checkbox"/>	Are you or your spouse eligible to participate in an employer's retirement plan?
<input type="checkbox"/>	<input type="checkbox"/>	Did you have a retirement plan withdrawal, rollover or lump sum distribution in 2019? If so, provide Forms 1099R?
<input type="checkbox"/>	<input type="checkbox"/>	Did you incur any expenses in 2019 or prior years associated with the adoption of a child? If so, ask us about it.
<input type="checkbox"/>	<input type="checkbox"/>	Did you sell stock, securities, real estate or other property? If yes, provide all Forms 1099-B. Also provide (1) description of the property, (2) date of purchase, (3) date of sale, (4) purchase price, (6) expenses of sale, (7) improvements or other cost/basis and (8) closing statements for purchase and/or sale.
<input type="checkbox"/>	<input type="checkbox"/>	Did you purchase a new home or refinance your home mortgage during 2019? Please provide the settlement (closing) statement
<input type="checkbox"/>	<input type="checkbox"/>	Do you own any securities or hold any bad debts that became worthless during the year? Provide details?
<input type="checkbox"/>	<input type="checkbox"/>	Were any stock options granted to you or by your employer, or did you exercise any stock options in 2019?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have income from a foreign investment, such as interest from a foreign bank account? If yes, provide details.
<input type="checkbox"/>	<input type="checkbox"/>	During 2019, did you acquire, sell, or exchange virtual currency (Bitcoin, etc.)?

## Final Checklist / Items We Will Need

<input type="checkbox"/>	Your completed Personal Income Tax Organizer
<input type="checkbox"/>	All Forms W-2 (wages) and all Forms 1099 (1099-INT for interest, 1099-DIV for dividends, 1099-B for sales of securities, 1099-R for annuities and pensions, 1099-R for IRA or other retirement plan withdrawals, 1099-G for state tax refund, SSA-1099 for Social Security 1099-G for unemployment compensation and 1099-MISC for commissions and fees.)
<input type="checkbox"/>	Copies of returns (Schedules K-1) for partnership, joint ventures, S corporations, estates or trusts. (In some cases, we may have your K-1 on file.)
<input type="checkbox"/>	If you are a new client, provide a copy of last year's tax return (Federal and State)

### Electronic Filing

If we are filing your returns electronically, we will email you a copy of your return as a PDF document. We will also email your **signature authorization forms** for you to **sign and return to me**.

**IMPORTANT. Before I can transmit your returns electronically, I am required by law to have these signed signature forms in my office.**