

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? Yes No
 Are you disabled? Yes No
 Are you a full-time student? Yes No
 Do you want \$3 to go to the Presidential Election Campaign Fund? Yes No

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 _____

Schedule A - Itemized Deductions

Name: _____

SSN: _____

Medical and Dental Expenses

Health insurance premiums (paid by you) _____
 Long-term care premiums (you) _____
 Long-term care premiums (your spouse) _____
 Long-term care premiums (dependents) _____
 Mileage driven for medical purposes _____
 Medical and dental expenses
 Doctor, dental, etc _____
 Prescription medicines _____
 Insulin _____
 Glasses and contacts _____
 Hearing aids _____
 Braces _____
 Medical equipment & supplies _____
 Hospital services _____
 Laboratory services _____
 Nursing services _____
 Other _____

Taxes Paid

State and local income taxes _____
 Sales tax _____
 Real estate taxes _____
 Personal property taxes _____
 Other taxes (list) _____

Interest Paid

Mortgage interest paid (attach Form 1098) _____
 Some of your home mortgage loan was not used to buy, build, or improve your home
 Mortgage interest paid to an individual _____
 Paid to:
 Name _____
 Address _____
 City, State, ZIP _____
 SSN or EIN _____
 Investment interest _____

Charitable Contributions

Donations to charity	Cash	Noncash	Amount
Church	<input type="checkbox"/>	<input type="checkbox"/>	_____
Boy or Girl Scouts	<input type="checkbox"/>	<input type="checkbox"/>	_____
Goodwill	<input type="checkbox"/>	<input type="checkbox"/>	_____
Red Cross	<input type="checkbox"/>	<input type="checkbox"/>	_____
Salvation Army	<input type="checkbox"/>	<input type="checkbox"/>	_____
United Way	<input type="checkbox"/>	<input type="checkbox"/>	_____
Veterans	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hospital	<input type="checkbox"/>	<input type="checkbox"/>	_____
University	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other	<input type="checkbox"/>	<input type="checkbox"/>	_____

Miles driven for charitable purposes _____

Other Miscellaneous Deductions

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

Job Expenses & Certain Miscellaneous Deductions

Necessary job expenses you paid that were not reimbursed by your employer
 Safety equipment, tools, & supplies _____
 Uniforms _____
 Protective clothing (shoes, hardhats, glasses, etc.) _____
 Dues to professional organizations _____
 Books & subscriptions _____
 Other _____
 Tax preparation fees _____
 Other nonpersonal expenses related to taxable income
 Safe deposit box fees _____
 Investment expenses not entered elsewhere _____
 Other _____
 Qualified mortgage insurance premiums _____
 Home equity interest _____

Schedule C - Profit or Loss from Business

Name: _____

SSN: _____

General Business Information

Business name _____ Employer ID number _____

Professional product or service _____

Business address, city, state, ZIP _____

- This business started or was acquired during 2019 Yes No Payments of \$600 or more were paid to an individual who is not your employee for services provided for this business
- This business was disposed of during 2019 Yes No You filed Forms 1099 for the individuals

Income

	2019	2019
Gross receipts or sales	_____	Other income _____
Returns & allowances	_____	_____

Expenses

	2019	2019
Advertising	_____	Travel _____
Car & truck expenses	_____	Total meals _____
Commissions & fees	_____	Utilities _____
Contract labor	_____	Wages _____
Depletion	_____	Other expenses (list) _____
Employee benefit programs	_____	_____
Insurance (other than health)	_____	_____
Interest - mortgage	_____	_____
Interest - other	_____	_____
Legal & professional services	_____	_____
Office expenses	_____	_____
Pension & profit sharing plans	_____	_____
Rent or lease (vehicles, machinery, & equipment)	_____	_____
Rent (other business property)	_____	_____
Repairs & maintenance	_____	_____
Supplies	_____	_____
Taxes & licenses	_____	_____

Cost of Goods Sold

	2019	2019
Inventory at beginning of year	_____	Materials & supplies _____
Purchases	_____	Other costs _____
Cost of personal use items	_____	Inventory at end of year _____
Cost of labor	_____	<input type="checkbox"/> There was a change in inventory method

