

Client Organizer - Welcome - 2019

WARNING: There is a PHONE SCAM targeting taxpayers. Callers are claiming to be IRS officials and telling victims that they owe taxes. The IRS NEVER makes unsolicited calls to people to tell them they owe taxes.

Your Appointment

[] Please call or visit our website to schedule your appointment as soon as possible : 480-898-7640

[] Please mail / fax / email your information to us as soon as possible (*Hint: keep a copy!*)

Indicate a time that we can call to have a phone interview:

Be sure to call at least 24 hours in advance if you are unable to keep your appointment

Preparing for your Tax Appointment

Here is how you can best prepare for your tax appointment:

- Please use the organizer as a guide and **BRING ORIGINAL DOCUMENTS**
- Get all of your paperwork in one place
- Review this organizer
- Review last year's tax return. See what has changed
- Look over your checkbook and credit card statements for deductions
- Complete the organizer as best you can, because there are many tax saving opportunities
- **Complete the enclosed Questions checklist. This is required for us to complete your tax return**

The Short List

Documents and items that we need to see from you to complete your tax return

- 1 All W-2 forms
- 2 All 1099 forms, (Banks, Credit Unions, Stock brokerages, Social Security, Misc. Income)
- 3 K-1 forms from any partnerships or S-Corps
- 4 Any correspondence from any tax authority
- 5 Brokerage statements (1099-B) if there were any stocks sold
- 6 Escrow statements (HUD-1) for any real estate purchase, sale or refinance
- 7 All 1098 forms
- 8 Social Security card for any new dependents or clients
- 9 Form 8332 for any non-custodial dependent claimed
- 10 All 1095 forms. Not providing 1095 forms will cause a delay receiving tax refunds.
- 11 **Driver's license for you and your spouse**

New Clients

- 1 Provide a copy of the tax return for the prior year
- 2 Bring the Social Security card for each member of your family
- 3 Fill out the household information section of the organizer
- 4 Bring a driver's license for you and your spouse to the appointment

An important note about the IRS

The IRS has vastly expanded its audit programs as it has been directed by Congress to "close the gap". As a result, more audits and spot checks are to be expected. **Protect yourself: Keep good records and keep the record for at least 6 years.** Never ignore correspondence from tax authorities, but always be skeptical. The IRS has an annoying tendency to arbitrarily bill for taxes and penalties without first checking the facts.

Client Organizer - Household - 2019

Personal Information - *(note changes only)*

<u>Name</u>	<u>Name</u>	<u>Soc. Sec. No.</u>	<u>Date of Birth</u>
Taxpayer	_____		
Spouse	_____		
Address	_____		
Phone numbers	_____ / _____		
E-mail address	_____ / _____		
	Taxpayer	Spouse	

	Taxpayer	Spouse	

Filing Status - *choose one*

- Single** If you were unmarried or divorced at the end of the year and don't qualify for head of household status
- Married filing Jointly** If your spouse died during the year, you may still file a joint return with that spouse for the year of death
- Married filing Separately** A married couple may elect to file their returns separately. The IRS disallows many deductions under this filing status and when one spouse itemizes, the other must itemize also.
- Head of Household** If you were unmarried and you paid more than half the cost of maintaining a home for you and a qualifying person (relative) who lived with you more than half the year. You may qualify if you paid more than half the cost of keeping up a parent's home, even if the parent did not live with you, but you must be able to claim an exemption for your parent in order to qualify.
- Qualifying Widow(er)** If your spouse died during 2017 or 2018, you have a dependent child living with you and have not remarried

Dependents (Children & Others) - *(note changes only)*

<u>Name (First, Last)</u>	<u>Relationship</u>	<u>Birthdate</u>	<u>Soc. Sec. No.</u>	<u>Months in home</u>	<u>F/T Student</u>	<u>Income</u>
_____	_____	_____	_____	_____	Y / N	_____
_____	_____	_____	_____	_____	Y / N	_____
_____	_____	_____	_____	_____	Y / N	_____
_____	_____	_____	_____	_____	Y / N	_____

- Are any of the dependents listed above permanently disabled? Y / N

If yes, which dependent? _____

- Are any of the dependents listed above 19 or older during 2019 and not a full-time student for at least 5 months during 2019? Y / N

If yes, which dependent? _____ And what is that individual's gross income for 2019? _____

Guidelines for Dependents - *Note: New Law - divorced parents claiming non-custodial dependents MUST have form 8332*

To qualify as a dependent, that person must be:

1. Unmarried, or if married, does not file a joint return
2. A US Citizen, resident alien or a resident of Canada or Mexico
3. Either a qualifying child or qualifying relative (*see below*)

Qualifying Relative

1. Must not be the taxpayer or anyone else's qualifying child
2. Either have lived with the taxpayer all year OR be related
3. Have gross income of less than \$4,200
4. Provide less than half of own support

Qualifying Child

1. Taxpayer's child, stepchild, brother, sister, stepbrother
2. Under age 19 OR a full-time student under 24 or disabled
3. Lived with taxpayer more than half the year
4. Provide less than half their own support
5. Cannot be a claimed as qualifying child of another taxpayer

Client Organizer - Questions - 2019
REQUIRED

Questions

Review the following questions and **check if YES** (they help to ensure that we don't miss something important)

- IRS - Legal Letters received from IRS or state (please bring)
 Audit or Tax notice received (bring)
 Prior year's returns need to be amended
 Legal matters (lawsuit, etc.) during year
- Income Change in income or expenses
 Large casualty / disaster loss
 Foreign bank account or trust? Signing rights on a foreign account?
 Received proceeds from an installment sale
 Inherited assets last year
 Jury duty (you/spouse)
 Cashed in any US Savings bonds
 Any bartering transactions
 Scholarships
 Any existing/new K-1 from LLC, S Corp, Estate or Trust
 Do you have a calculation of "basis" in the entity? Y/N
 Are you at risk for your investment? Y/N
- Business Part-time business or side venture
 Business returns need to be completed
 Did you start or dispose of a business this past year
 Do you have a student loan
 Did you receive any Form 1099-K
 Bankruptcy or insolvency
- Household Change in dependents
 You or spouse in military or Guard
 You or spouse reach 70 ½ this year or next
 You or spouse legally blind / disabled
 Dependent with investment income over \$ 1,100
 Dependent with capital gains
 Can you be claimed as a dependent by someone else
 Dependent returns need to be completed
- Residence Debt forgiven, short sale or foreclosure
 Sold or refinanced home
 Moved your personal residence
- Miscellaneous Did you pay employees or household help last year
 Adoption expenses incurred
 Gifts of more than \$15,000 to any one person
- Recordkeeping Can you substantiate travel
 Can you substantiate charity donations
 Other matters that we should be aware of:

None of these applied this year

Client Organizer - General - 2019

Credit for Educational Expenses - (degree seeking and non-degree seeking)

Family member	College-University	Tuition	Books & supplies	Scholarships & Grants
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Child & Other Dependent Care Expenses (for dependents under age 14)

Name of Care Provider	Address	Tax ID	Amount Paid
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****Are you enrolled in your employer's Cafeteria Plan? Usually, it's the best way to handle child care costs.

List of Tax Credits. Check () if any apply and supply details:

- | | |
|---|---|
| <input type="checkbox"/> Installed solar energy system (skylights, water heater, photocell-system) – bring documentation - \$500 lifetime limit
<input type="checkbox"/> Installed energy efficient improvements.
<input type="checkbox"/> Adoption credit | <input type="checkbox"/> Arizona tuition scholarship credit
<input type="checkbox"/> Arizona school ECA (Extra Curricular Activity) credit
<input type="checkbox"/> Arizona Working Poor credit |
|---|---|

Health Savings Account (HSA & MSA)

Contributions to HSA	_____	Health insurance premiums paid	_____
Amount disbursed from HSA:			
Qualified medical expenses	_____	Other:(non-qualified)	_____

IRA, SEP, SIMPLE, Keogh Plans and Other Retirement Plans deduction

	You	Spouse
Covered by a retirement plan?	Yes / No	Yes / No
Contribution for:		
IRA - deductible	_____	_____
IRA - nondeductible	_____	_____
Roth IRA	_____	_____
SEP/SIMPLE/Keogh	_____	_____
Did you have a Roth rollover this year?	Yes / No	Yes / No

Miscellaneous

Educator classroom supplies purchased (up to \$250) _____

Student Loan Interest paid (attach documentation) _____

Foreign Income and Investments

Do you have foreign source income (attach documentation)	Yes / No	
Do you have foreign bank accounts (attach documentation)	Yes / No	Form TDF 90-22.1
Do you have foreign source assets (attach documentation)	Yes / No	

Estimated Tax Paid

	Date Paid	Federal amount	State amount
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____
	Refund from 2018 return	_____	_____

Wage, Salary Income

Attach W-2s and last paycheck stub:

Employer	Taxpayer	Spouse
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Interest Income

Attach 1099-INT & broker statements

Payer	Amount
_____	_____
_____	_____
_____	_____
_____	_____
Tax Exempt	_____

Dividend Income

From Mutual Funds & Stocks *Attach 1099-DIV*

Payer	Amount
_____	_____
_____	_____
_____	_____

Gambling & Lottery Income

Attach W-2G

Winnings	Amount
_____	_____
Losses <i>(be sure to have support for losses)</i>	Amount
_____	_____

Partnership, Trust, Estate Income

List partnership, LLC, S-corp, trust or estate

Attach K-1 (Do you have a BASIS calculation?)

_____	_____
_____	_____
_____	_____

Investments Sold

Stocks, Bonds, Mutual Funds, Gold, Silver, Partnership interest. *Attach 1099-B & confirmation slips.*

Investment	Dates Acquired	Dates Sold	Sale Price	Cost
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Other Income *Attach 1099*

List All Other Income (Including Non-taxable). Such as Cash income for which you did not receive a 1099; Alimony Received; Unemployment Compensation (repaid); Unreported tips; Commissions; State tax refunds; Jury Duty; Worker's Compensation; Scholarship (grant); Payment from prior Installment sale; Disability income

Property Sold

Attach 1099s and closing statements for sale & purchase

Property	Date Acquired	Cost & Imp.
Personal Residence	_____	_____
Vacation Home	_____	_____
Land	_____	_____
Other	_____	_____

*Provide information on improvements, prior sales of home, cost of a new residence. Also see Moving Section.

I.R.A. (Taxable and Non-taxable)

Attach 1099-R & 5498

Contributions for tax year income and Rollovers		
	Amount	Date
Taxpayer	_____	_____
Spouse	_____	_____
Amounts withdrawn.		
Plan	Reason for Withdrawal	Reinvested?
Trustee	_____	Yes / No
_____	_____	Yes / No

Pension, Annuity Income

Attach 1099-R

Payer	Reason for Payment	Reinvested?
_____	_____	Yes / No
_____	_____	Yes / No
_____	_____	Yes / No
_____	_____	Yes / No

*Provide statements from employer or insurance company with information on cost of or contributions to plan.

Social Security Benefits

Attach SSA-1099, RRB 1099

	Taxpayer	Spouse
_____	_____	_____
_____	_____	_____
_____	_____	_____

Client Organizer - Expenses - 2019

Medical/Dental Expenses (over 7.5% of AGI)

Medical Insurance (paid by you) _____
 Prescription Drugs, Insulin _____
 Doctor/Dental/Orthodontist (Braces) _____
 Hospital _____
 Lab & X-rays _____
 Nursing Care, Medical Therapy _____
 Glasses, Contacts, Hearing Aids _____
 Medical Equipment, Supplies _____
 Long-term care insurance _____
 Home improvements for health _____
 Mileage (No. of Miles) _____

Taxes Paid - *attach receipts*

Auto/Boat registration (license renewal) _____
 Property Tax - home(s) & land _____
 State Taxes paid _____
 Sales taxes on large purchases (car, RV) _____

Interest Expense

Attach 1098 and Closing papers

Mortgage interest paid _____
 Second Home _____
 Qualified Mortgage insurance premiums _____
 Interest paid to individual for your home _____
 Points paid on new or refinance mortgage _____
 Paid to: Name, address, Soc Sec # _____

Investment Interest

Vacant Land _____
 Brokerage margin account _____

Charitable Contributions

Cash - must attach receipts

Church _____
 United Way _____
 Scouts, Telethons _____
 University, Public TV/Radio _____
 Heart, Lung, Cancer, etc. _____
 Arizona Tax Credits (school or needy) _____

Non-cash - must attach receipts

Salvation Army, Goodwill, DI _____
 (Itemize items donated in detail) _____
 Volunteer (No. of miles) _____

Client Organizer - Health Care Coverage Questionnaire

Yes [] No [] Did you and ALL of your dependents have health care coverage for the full year?

If YES, Bring Form 1095 and Stop here If NO, Please complete this form

MUST List Each Person On Your Tax Return	Indicate for each person if they had health care & which applies		
	For Entire Year	Less Than 12 Months	None At All

- Yes [] No [] Did you receive any of the following IRS documents? Forms 1095-A (Health Insurance Marketplace Statement), Form 1095-B (Health Coverage), Form 1095-C (Employer Provided Health Insurance Offer and Coverage)? **Attach 1095 forms**
- Yes [] No [] If you or your dependents did not have health care coverage during the year, do you fall into one of the following exemption categories: Indian tribe membership, health sharing ministry membership, religious sect membership, incarceration, exempt non-citizen or economic hardship? **Attach exemption certificate**
- Yes [] No [] Did anyone besides taxpayer/spouse pay for health care coverage for anyone listed above?
- Yes [] No [] Did you pay for health care coverage for anyone not listed above?

If you had coverage for any part of the year:

Where was the policy obtained? Please select one below...
Employer / Medicare / Medicaid / Marketplace (Exchange) / Other

If you didn't have coverage for any part, or all of the year:

Answer **YES** if it applies to **ANY** member of the household. Please answer each question.

- Yes [] No [] Was your previous insurance policy cancelled in 2019?
- Yes [] No [] Do you have an Exemption from the Marketplace (also called the Exchange)?
- Yes [] No [] Was coverage offered by taxpayer's or spouse's employer?
- Yes [] No [] Are you a member of a federally-recognized Indian tribe?
- Yes [] No [] Are you eligible for services through an Indian health care provider?
- Yes [] No [] Are you a member of a health care sharing ministry?
- Yes [] No [] Did you live in the United States the entire year?
- Yes [] No [] Are you enrolled in TRICARE?
- Yes [] No [] Did you apply for CHIP coverage?
- Yes [] No [] Do any of the following hardships apply to you? Do NOT indicate which one.
1. Became homeless
 2. Evicted in the past six months, or facing eviction or foreclosure
 3. Received a shut-off notice from a utility company
 4. Recently experienced domestic violence
 5. Recently experienced a fire, flood, or other natural or human-caused disaster that resulted in substantial damage to your property
 6. Filed for bankruptcy in the last six months
 7. Incurred unreimbursed medical expenses in the last 24 months that resulted in substantial debt
 8. Experienced unexpected increases in essential expenses due to caring for an ill, disabled, or aging family member