

Thank you for taking the time to review and complete our 2019 Tax Organizer. As a licensed CPA firm serving our clients for over 40 years we appreciate your business and strive to do the best for you.

This organizer is an essential part of the tax return process. Tax rules are constantly changing and this information helps us keep up to date with your individual situation. Please take the time to complete it as accurately as possible.

If you are a new client please feel free to call our office for a quote or with any questions. Our fees are competitive; we are open year-round, offer two convenient locations and can complete your return on a 'drop off' or appointment basis.

We look forward to serving you!

TAXPAYER INFORMATION		SPOUSE INFORMATION	
First Name	Initial	First Name	Initial
Last Name		Last Name	
SSN	D.O.B.	SSN	D.O.B.
Occupation		Occupation	
Home	Cell	Home	Cell
Email		Email	
Address			

FILING STATUS	
<input type="checkbox"/> Single	<input type="checkbox"/> Head of Household
<input type="checkbox"/> Married	<input type="checkbox"/> Married Filing Separate

REFUND		
Automatic Deposit?	Yes (attach a VOID Check)	No

DEPENDENTS	
Name	
D.O.B.	SSN
Relationship	Months Lived at Home
Name	
D.O.B.	SSN
Relationship	Month Lived at Home

	FEDERAL		STATE	
	Date Paid	Amount	Date Paid	Amount
Overpayment				
1 <sup>st</sup> Quarter				
2 <sup>nd</sup> Quarter				
3 <sup>rd</sup> Quarter				
4 <sup>th</sup> Quarter				

SALARIES & WAGES - <i>Attach all W-2 forms</i>		
W-2	Name of Employer	Gross Wages
1		
2		
3		
4		

**Referred By:**

**Name:**

**Phone:**





If any of the following items pertain to you or your spouse for the year 2019, please check the appropriate box and include all pertinent details.

- | Yes | No  |  |
|-----|---|--|
| 1.  | <input type="checkbox"/> <input type="checkbox"/> | Did you have any interest in, or signature or other authority over a bank, securities, other financial account or trust in a foreign country at any time in 2019                                       |
| 2.  | <input type="checkbox"/> <input type="checkbox"/> | Do you own any foreign assets or have foreign income, pay any foreign taxes, or file any foreign information reporting or tax return forms? Provide details.   |
| 3.  | <input type="checkbox"/> <input type="checkbox"/> | Did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?  |
| 4.  | <input type="checkbox"/> <input type="checkbox"/> | For Ohio residents, did you have out-of-state purchases that are subject to use tax?   |
| 5.  | <input type="checkbox"/> <input type="checkbox"/> | Were there any births, adoptions, marriages, divorces, or deaths in your immediate family during the year?   |
| 6.  | <input type="checkbox"/> <input type="checkbox"/> | Are any of your unmarried children, who might be claimed as dependents, 19 years of age or older?  |
| 7.  | <input type="checkbox"/> <input type="checkbox"/> | Did any of your children under age 19 or full-time students under age 24 have interest and dividend income of \$1000 or more or total investment income of \$2,000 or more?                            |
| 8.  | <input type="checkbox"/> <input type="checkbox"/> | Do you have a medical savings account (MSA) or an HSA?   |
| 9.  | <input type="checkbox"/> <input type="checkbox"/> | If yes, were all withdrawals used to pay qualified medical expenses?   |
| 10. | <input type="checkbox"/> <input type="checkbox"/> | Did you have a household employee, such as a nanny or in-home care provider?   |
| 11. | <input type="checkbox"/> <input type="checkbox"/> | Did you contribute to a traditional IRA for the year? If so, how much?   |
| 12. | <input type="checkbox"/> <input type="checkbox"/> | Did you contribute to a 529 College Savings Plan? Please provide the beneficiary names and amounts contributed.  |
| 13. | <input type="checkbox"/> <input type="checkbox"/> | Did you have any debts, including mortgages, cancelled / forgiven or did you sell or abandon property?   |
| 14. | <input type="checkbox"/> <input type="checkbox"/> | Did you pay an individual or an organization to perform services for the care of a dependent under 13 years old in order to enable you to work or attend school on a full-time basis? Provide details. |
| 15. | <input type="checkbox"/> <input type="checkbox"/> | Did you acquire or dispose of any business assets (including real estate) during the year?   |
| 16. | <input type="checkbox"/> <input type="checkbox"/> | Did you purchase, sell or refinance your principal home or second home, or obtain a home equity loan?  |
| 17. | <input type="checkbox"/> <input type="checkbox"/> | Did you make any energy-efficient improvements or purchases for your home?   |
| 18. | <input type="checkbox"/> <input type="checkbox"/> | Did you make any gifts greater than \$15,000 either outright or in trust?  |
| 19. | <input type="checkbox"/> <input type="checkbox"/> | Did you receive any distribution from an IRA or other qualified plan? (Form 1099R)   |
| 20. | <input type="checkbox"/> <input type="checkbox"/> | If yes, was this rolled over? (Form 1099R)   |
| 21. | <input type="checkbox"/> <input type="checkbox"/> | Did you open a Roth IRA account or convert an IRA into a Roth IRA?   |
| 22. | <input type="checkbox"/> <input type="checkbox"/> | Did you buy health insurance on a state or federal exchange?   |
| 23. | <input type="checkbox"/> <input type="checkbox"/> | Did you have any education expense or student loan interest?   |
| 24. | <input type="checkbox"/> <input type="checkbox"/> | Do you and your spouse each want to allocate \$3 to the Presidential Election Campaign Fund?   |

Date:

Signature:

Print Name: