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 | | First | |
| Name | Initial | Name | Initial |
| Last | | | |
| Name | | Last Name | |
| SSN | D.O.B. | SSN | D.O.B. |
| Occupation | | Occupation | |
| Home | Cell | Home | Cell |
| Email | | Email | |
| Address | | | |
| 71001000 | | | |

| | FILING STATUS |
|-----------|---------------------------|
| ☐ Single | ☐ Head of Household |
| ☐ Married | ☐ 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 | | |

| ESTIMATED TAX PAYMENTS | | | | |
|-------------------------|-----------|--------|-----------|--------|
| | FEDERAL | | STATE | |
| | Date Paid | Amount | Date Paid | Amount |
| Overpayment | | | | |
| 1st Quarter | | | | |
| 2 nd Quarter | | | | |
| 3 rd Quarter | | | | |
| 4th Quarter | | | | |

| SALARIES & WAGES - Attach all W-2 forms | | | |
|---|------------------|-------------|--|
| W-2 | Name of Employer | Gross Wages | |
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| | | | |

Referred By:

Name:

Phone:

| INCOME FROM BUSINESS OR PROFESSION | | | | |
|---|---|--|--|--|
| GENERAL INFORMATION | | | | |
| ☐ Cash Basis ☐ Accrual ☐ 1st Year | | | | |
| Principal Business/Profession | | | | |
| Business Name | | | | |
| Business Address | | | | |
| City State Zip | | | | |
| INCOME | | | | |
| Gross Receipts or Sales | | | | |
| Returns & Allowances | | | | |
| Other Income | | | | |
| COST OF GOODS SOLD (if applicable) | | | | |
| Inventory at Beginning of the Year | _ | | | |
| Purchases | | | | |
| Cost of Labor | | | | |
| Materials & Supplies | | | | |
| Other Costs | | | | |
| Inventory at End of the Year | | | | |
| EXPENSES | | | | |
| Advertising | | | | |
| Car & Truck Expenses* | | | | |
| Commissions | | | | |
| Employee Benefits | | | | |
| Insurance (other than health) | | | | |
| Health Insurance Premiums for Self* | | | | |
| Interest | | | | |
| Legal & Professional | | | | |
| Office Expenses | | | | |
| Pensions & Profit Sharing | | | | |
| Rent - Vehicles, Machinery & | | | | |
| Equipment | | | | |
| Rent - Business Property | | | | |
| Repairs & Maintenance | | | | |
| Supplies | | | | |
| Taxes - Property | | | | |
| Taxes - Other | | | | |
| Travel | | | | |
| Meals* | | | | |
| Utilities | | | | |
| Wages | | | | |
| Other Expenses* | | | | |
| *Attach detailed schedules | | | | |
| HOME OFFICE | | | | |
| Did you have a home office during the year? Yes No | | | | |
| If yes, attached detailed schedule of expenses including mortgage interest (or rent), real estate taxes, utilities, property insurance, maintenance & cleaning. | | | | |

| RENTAL INCOME & EXPENSES | | |
|--------------------------|----|----|
| PROPERTY | #1 | #2 |
| Location | | |
| INCOME | | |
| Rent Received | | |
| EXPENSES | | |
| Advertising | | |
| Association Dues | | |
| Auto & Travel | | |
| Cleaning/Maintenance | | |
| Insurance | | |
| Labor | | |
| Professional Fees | | |
| Miscellaneous | | |
| Mortgage Interest | | |
| Other Interest | | |
| Repairs & Maintenance | | |
| Supplies | | |
| Taxes | | |
| Telephone | | |
| Utilities | | |
| Improvements: | | |
| | | |
| | | |
| Other: | | |
| | | |
| | | |
| | | |
| | | |

Recommendations Welcome

We would welcome introductions to your family, friends & business associates who may need help with their taxes, financial planning and business needs.

Call us at 513-821-8768 for hours and to set your appointment today.

Sincerely,

Cindy Peters, CPA

| OTHER INCOME | ITEMIZED DEDUCTIONS |
|---|---|
| INTEREST Attach Forms 1000/NT Total \$ | MEDICAL & DENTAL EXPENSES - Attach detailed |
| INTEREST - Attach Forms 1099INT Total \$ | schedules |
| DIVIDENDS - Attach Forms 1099DIV Total \$ | Prescriptions |
| CAPITAL GAINS - Attach Forms 1099B, 1099S and | Insurance Premiums |
| year-end brokerage statements with purchase date and | Doctors & Dentists |
| cost of each item. | Eyeglasses/Contacts |
| STATE TAX REFUND - Attach Forms 1099G | Long Term Care Insurance |
| ☐ Check if you did not itemize in prior year | Medical Miles |
| ALIMONY RECIEVED | |
| Payor | |
| Payor's SSN Amount | |
| SOCIAL SECURITY BENEFITS RECEIVED - Attach Forms SSA-1099 | |
| UNEMPLOYMENT BENEFITS RECEIVED - Attach | TAXES PAID |
| Forms 1099G | State & Local Income Taxes |
| PENSIONS/IRA/ANNUITY DISTRIBUTIONS - Attach | Real Estate Taxes - Residence |
| Forms 1099R | Real Estate Taxes - Other Property |
| INCOME FROM RAPTHEROUSE FOTATES 11.00 | Auto License: Number of Cars |
| INCOME FROM PARTNERSHIPS, ESTATES, LLCS, | Auto License: Fees Paid |
| TRUSTS & S-CORPORATIONS - Attach Forms K-1 and | Personal Property Taxes |
| list any not yet received. | Other Taxes: |
| | |
| | INTEREST PAID - Attach Forms 1098 |
| | Home Mortgage (1st) |
| | Home Mortgage (2 nd) |
| OTHER INCOME - Attach detailed schedules | Home Mortgage (Equity Line) |
| Including jury duty fees, finder's fees, director's fees, | Student Loan Interest |
| gambling winnings, disability payments, unreported tip | |
| income and any other income (whether taxable or non-taxable). | Other Interest: |
| taxable). | Other interest. |
| | |
| | CONTRIBUTIONS - Attach detailed schedules |
| | By Cash or Check |
| ADJUSTMENTS T O INCOME | Other than Cash |
| ALIMONY PAID | Charitable Miles |
| Payee | |
| Payee's SSN | |
| IRÁ CONTRIBUTIONS, ETC. Amount | |
| IRA Deduction | |
| SIMPLE Plan Deduction | |
| Keogh/SEP Deduction | |
| Education IRA Deduction | |
| Penalty on Early Withdrawal | |
| OTHER | |
| Educator Expenses | *Attach detailed schedules |
| Student Loan Interest naid | |

Date:

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 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 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. Did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? For Ohio residents, did you have out-of-state purchases that are subject to use tax? Were there any births, adoptions, marriages, divorces, or deaths in your immediate family during the year? Are any of your unmarried children, who might be claimed as dependents, 19 years of age or older? 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. \square Do you have a medical savings account (MSA) or an HSA? If yes, were all withdrawals used to pay qualified medical expenses? 10. Did you have a household employee, such as a nanny or in-home care provider? 11. \square Did you contribute to a traditional IRA for the year? If so, how much? 12. 🔲 Did you contribute to a 529 College Savings Plan? Please provide the beneficiary names and amounts contributed. 13. Did you have any debts, including mortgages, cancelled / forgiven or did you sell or abandon property? Did you pay an individual or an organization to perform services for the care of a dependent under 13 years old in order to 14. enable you to work or attend school on a full-time basis? Provide details. 15. Did you acquire or dispose of any business assets (including real estate) during the year? 16. Did you purchase, sell or refinance your principal home or second home, or obtain a home equity loan? 17. Did you make any energy-efficient improvements or purchases for your home? 18. \square Did you make any gifts greater than \$15,000 either outright or in trust? 19. Did you receive any distribution from an IRA or other qualified plan? (Form 1099R) 20. If yes, was this rolled over? (Form 1099R) 21. Did you open a Roth IRA account or convert an IRA into a Roth IRA? 22. Did you buy health insurance on a state or federal exchange? 23. Did you have any education expense or student loan interest? 24. Do you and your spouse each want to allocate \$3 to the Presidential Election Campaign Fund?

Print Name:

Signature: