



# 1 Source CPA's, PLLC

*Certified Public Accountants*

January 2, 2020

Dear Tax Client,

It's that time of year again! We have enclosed your Tax Organizer for 2019. Completing your Organizer helps us prepare your return more efficiently. It will also assist us in getting a complete picture of your tax situation so that we can look for ways to keep your taxes down now and in the future.

The Organizer contains several sections that include common expenses and deductions that many taxpayers overlook. Please review these carefully. Each \$100 of deductible expense you find in your 2019 records may save you up to \$35 in federal and state income taxes.

Enter all relevant information in the designated areas on each page. Feel free to add additional pages for any notes or questions that might help us find ways to save you money. Please provide detailed information if you answer 'Yes' to any of the General or Business and Investment questions.


Once your Organizer is complete, call our office for the next available tax appointment or drop off your return information for faster processing. When you come to our office, please bring your Organizer and any of the following that apply to your tax situation:

- ✓ Last year's tax return (if not in our possession)
- ✓ Original Form(s) W-2
- ✓ Schedule(s) K-1 from partnerships, S-Corporations, estates or trusts
- ✓ Information about contributions to a pension or other retirement plan
- ✓ Form(s) 1099 or statements of dividends, interest, retirement or other income
- ✓ Broker statements providing details of capital gains transactions
- ✓ Form(s) 1098 and copies of real estate tax bills, etc.
- ✓ Legal documents pertaining to the sale or purchase of real property
- ✓ Letter from charitable group confirming your tax deductible contribution
- ✓ Form(s) 1095 health insurance information from employer and/or the Marketplace

The IRS has estimated that the first day of the filing season will be January 27, 2020. As a result, we will begin appointments on February 3, 2020. Please bring your tax information to our office before March 31, 2020, to avoid filing an extension.

We look forward to working with you this year. If you have any questions, please give us a call.

Sincerely,

  
Penny Francis, CPA

  
Sherri Kennedy, CPA

2202 Old Main Street, Maysville, KY 41056

Phone: (606) 759-0606 Fax: (606) 759-8606 Email: [pstanfield@windstream.net](mailto:pstanfield@windstream.net)

Members American Institute of Certified Public Accountants and Kentucky Society of Certified Public Accountants

# 2019 Tax Organizer

## Basic Taxpayer Information

Taxpayer Spouse	First Name	Initial	Last Name	Suffix	Social Security No.
Taxpayer Spouse	Occupation	Date of Birth	Check if		
			Disabled	Blind	Dependent of Another
Street Address					Phone Res:
City, State & Zip					Phone Work:
Foreign country					Cell Phone:
Foreign province					
Foreign postal code					
E-mail Address					
School District					
Filing Status	<input type="checkbox"/> 1 - Single; 2 - Married filing joint; 3 - Married filing separate; 4 - Head of Household; 5 - Qualifying Widower				

## Dependent Information

	First Name	Last Name	Social Sec. No.	Relationship	Months in home	Date of Birth	Disabled or full time student
1							
2							
3							
4							
5							
6							

## Wages and Salaries

	Employer Name	Wages	Federal Tax Withheld	FICA Withheld	Medicare Withheld	State Tax Withheld	Local Tax Withheld
1							
2							
3							
4							
5							
6							

## Pensions and IRAs

	Payer's Name	Gross Distribution	Taxable Distribution	Federal Tax Withheld	IRA
1					
2					
3					
4					

### Attestation and Signature:

To the best of my knowledge the enclosed information is correct and includes all income, deductions, and other information necessary for the preparation of this year's income tax returns for which I have adequate records.

Sign \_\_\_\_\_ Date \_\_\_\_\_

here \_\_\_\_\_ Date \_\_\_\_\_



Name \_\_\_\_\_

SSN \_\_\_\_\_

### Medical and Dental - Itemized Deductions

		Current Year Amount	Prior Year Amount
1	Prescription medications . . . . .		
2	Fees for doctors, dentists, etc. . . . .		
3	Fees for hospitals, clinics, etc. . . . .		
4	Lab and X-ray fees . . . . .		
5	Medical aids such as glasses, contacts, hearing aids, wheelchair, etc. . . . .		
6	Medical equipment and supplies . . . . .		
7	Medical mileage (number of miles driven) . . . . .		
8	Medical parking, tolls and local transportation . . . . .		
9	Lodging for medical purposes (up to \$50 per night per person) . . . . .		
10	Health/Dental/Other ins. premiums (do not include self-employed plans) . . . . .		
11	Long Term Care insurance premiums (taxpayer) . . . . .		
12	Long Term Care insurance premiums (spouse) . . . . .		
13	Expenses to stop smoking . . . . .		
14	Health insurance premiums - coverage established under your business (1) . . . . .		
15	Health insurance premiums - coverage established under your business (2) . . . . .		
16	Long Term Care insurance premiums - coverage est. under your business (1) . . . . .		
17	Long Term Care insurance premiums - coverage est. under your business (2) . . . . .		
18	_____ . . . . .		
19	_____ . . . . .		
20	_____ . . . . .		
21	_____ . . . . .		
22	Insurance reimbursement for any medical and dental expense listed above . . . . .		

Name \_\_\_\_\_

SSN \_\_\_\_\_

**Taxes - Itemized Deductions**

		Current Year Amount	Prior Year Amount
<b>Real Estate Taxes</b>			
23	Principal residence . . . . .	23	
24	Real estate taxes from Schedule E properties . . . . .	24	
<b>Real Estate Not Held For Investment</b>			
25	_____	25	
26	_____	26	
27	_____	27	
28	_____	28	
29	_____	29	
<b>Real Estate Held For Investment</b>			
30	_____	30	
31	_____	31	
32	_____	32	
33	_____	33	
34	_____	34	
<b>Personal property taxes</b>			
35	Non-business portion of vehicle personal property taxes . . . . .	35	
36	_____	36	
37	_____	37	
38	_____	38	
39	_____	39	
40	_____	40	
<b>Non-Personal Property Taxes</b>			
41	K1 (1065) - Other deductions/taxes . . . . .	41	
42	K1 (1120S) - Other deductions/taxes . . . . .	42	
43	K1 (1041) - Other deductions/taxes . . . . .	43	
44	Foreign Taxes . . . . .	44	
45	From Schedule E properties . . . . .	45	
46	_____	46	
47	_____	47	
48	_____	48	

**Interest - Itemized Deductions**

		Current Year Amount	Prior Year Amount
<b>Home Mortgage Interest and Points Reported on Form 1098</b>			
49	Lender _____	49	
50	Lender _____	50	
51	Lender _____	51	
52	Lender _____	52	
<b>Home Mortgage Interest Not Reported on Form 1098</b>			
53	Name: _____	53	
	Address: _____		
	SSN: _____		
54	Mortgage insurance premiums paid on 2019 acquisition indebtedness for principal residence . . . . .	54	



**Questions**

- | Yes                      | No                       |   | <b>Personal Information</b>   |
|--------------------------|--------------------------|---|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1 | Did any births, adoptions, marriages, divorces, or deaths occur in your family since last year?                           |
| <input type="checkbox"/> | <input type="checkbox"/> | 2 | Did you purchase or sell your principal residence or did your address change?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 3 | Are either you or your spouse being claimed (or are eligible to be claimed) as a dependent on anyone else's return?       |
| <input type="checkbox"/> | <input type="checkbox"/> | 4 | Were you in a Registered Domestic Partnership, civil union or same-sex marriage during 2019?                              |
| <input type="checkbox"/> | <input type="checkbox"/> | 5 | Were either you or your spouse in the military or National Guard?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 6 | Have you been notified by the IRS or state of changes to a prior year's return, or received any other tax correspondence? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7 | Have you or your spouse been an identity theft victim and given an identity theft protection six digit PIN by the IRS?    |

- | Yes                      | No                       |   | <b>Dependents</b>  |
|--------------------------|--------------------------|---|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1 | Are there any changes in your dependents from last year?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 2 | Did you have any children under 19 (or 24 if a full time student) who received more than \$1,100 in investment income? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3 | Did you pay education expenses for your dependent children?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 4 | Did anyone in your family receive a scholarship of any kind during 2019?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 5 | Did you pay any dependent care expenses for a child or a parent?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 6 | Did you pay over half of the support for a parent or someone else you aren't claiming as a dependent?                  |
| <input type="checkbox"/> | <input type="checkbox"/> | 7 | Are all of your dependents either US residents or citizens?  |

- | Yes                      | No                       |   | <b>Health Care Coverage</b>   |
|--------------------------|--------------------------|---|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1 | Did you or a member of your family have minimum essential coverage in 2019? (The entity that provided the coverage may have sent you a Form 1095-A, 1095-B, or 1095-C, that lists individuals in your family who were enrolled in minimum essential coverage and shows their months of coverage.) |

- | Yes                      | No                       |    | <b>Income (In 2019, did you or your spouse have any of the following?)</b>  |
|--------------------------|--------------------------|----|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1  | Wages? (include form(s) W-2)  |
| <input type="checkbox"/> | <input type="checkbox"/> | 2  | Non-employee compensation? (include form(s) 1099-MISC)  |
| <input type="checkbox"/> | <input type="checkbox"/> | 3  | Interest income? (include form(s) 1099-INT)   |
| <input type="checkbox"/> | <input type="checkbox"/> | 4  | Dividend income? (include form(s) 1099-DIV)   |
| <input type="checkbox"/> | <input type="checkbox"/> | 5  | Did you receive any tax-exempt income, such as interest or dividends from municipal bonds or a mutual fund account?       |
| <input type="checkbox"/> | <input type="checkbox"/> | 6  | Gambling income? (include form(s) W-2G). Be sure to include any gambling expenses.  |
| <input type="checkbox"/> | <input type="checkbox"/> | 7  | Social security or Railroad Retirement benefits? (include form(s) SSA-1099 & RRB-1099)                                    |
| <input type="checkbox"/> | <input type="checkbox"/> | 8  | Did you receive a state or local refund, or a refund of any other deduction you itemized in a prior year? (attach 1099-G) |
| <input type="checkbox"/> | <input type="checkbox"/> | 9  | Disability income? (include form(s) W-2 or 1099)  |
| <input type="checkbox"/> | <input type="checkbox"/> | 10 | Unemployment compensation? (include form(s) 1099-G)   |
| <input type="checkbox"/> | <input type="checkbox"/> | 11 | Alimony?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 12 | Did you receive tip income NOT reported to your employer?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 13 | Did you receive payments from a Long-Term Care insurance contract?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 14 | Did you barter your services for goods or services from someone else?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 15 | Did you receive, or expect to receive, a Schedule K-1 (or substitute K-1) from a trust, estate, partnership, or S corp?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 16 | Did you receive employer-provided adoption benefits for a previous year?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 17 | Did you cash in any U.S. savings bonds?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 18 | Did you make a loan to someone at an interest rate below market rate?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 19 | Did you receive a housing allowance for ministerial services you provided?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 20 | Did you receive any income not reported in this Organizer?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 21 | Did you own an interest in a Real Estate Mortgage Investment Conduit (REMIC)?   |

- | Yes                      | No                       |   | <b>Foreign Reporting</b>  |
|--------------------------|--------------------------|---|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1 | Did you have an interest in or signature authority over a financial account in a foreign country? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2 | Were you the grantor of or transferor to a foreign trust?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 3 | Did you receive income from a foreign source or pay taxes to a foreign government?                |

- | Yes                      | No                       |   | <b>Retirement &amp; Other Plans</b>  |
|--------------------------|--------------------------|---|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1 | Did you receive any distributions from a retirement plan? (Include form(s) 1099-R)                         |
| <input type="checkbox"/> | <input type="checkbox"/> | 2 | Did you rollover a retirement plan distribution into another plan?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 3 | Did you convert a traditional IRA to a Roth IRA?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 4 | Did you make a contribution to a retirement plan? (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?        |
| <input type="checkbox"/> | <input type="checkbox"/> | 5 | Did you receive a distribution from an Achieving a Better Life Experience (ABLE) savings account?          |
| <input type="checkbox"/> | <input type="checkbox"/> | 6 | Did you receive a distribution from an HSA, Archer MSA or Medicare Advantage MSA (Include form(s) 1099-SA) |
| <input type="checkbox"/> | <input type="checkbox"/> | 7 | Did you make any contributions to an HSA (Health Savings Account) in 2019?                                 |

- | Yes                      | No                       |   | <b>Purchases, Sales, Gains and Losses</b>                                     |
|--------------------------|--------------------------|---|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1 | Did you exchange any securities or investments for something other than cash? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2 | Do you have any short sales, commodity sales, or straddles?                   |
| <input type="checkbox"/> | <input type="checkbox"/> | 3 | Did you receive Form 2439?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 4 | Did you buy or sell any bonds?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 5 | Did you receive stock from a stock bonus plan with your employer?             |
| <input type="checkbox"/> | <input type="checkbox"/> | 6 | Did you sell any other personal assets at a gain?                             |

- |                          |                          |    |   |
|--------------------------|--------------------------|----|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 7  | Did you sell any real estate (other than your home) during the year?                                      |
| <input type="checkbox"/> | <input type="checkbox"/> | 8  | Did you sell any assets using the installment method?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 9  | Did you receive proceeds from a prior year installment sale?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 10 | Did you purchase a rental property?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 11 | Did you exchange any property for other property?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 12 | Did you incur a loss because of damaged or stolen property?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 13 | Did you purchase a new vehicle, aircraft or boat?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 14 | Did any security become worthless during 2019?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 15 | Did any debts become uncollectible during 2019?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 16 | Did you purchase any items acquired out of state, online or by mail order that did not include sales tax? |

**Yes** **No** **Business and Rental Property Income & Deductions**

- |                          |                          |    |   |
|--------------------------|--------------------------|----|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1  | If you own rental property, do you qualify as a Real Estate Professional?                           |
| <input type="checkbox"/> | <input type="checkbox"/> | 2  | Did you start or acquire a new business?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 3  | Did you sell any part of an existing business, or sell business assets?                             |
| <input type="checkbox"/> | <input type="checkbox"/> | 4  | Did you cease operating any business or rental property?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 5  | Did you remove any of your business assets for personal use?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 6  | Did you use part of your home for business purposes?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 7  | Did you make any contributions to a Keogh or a self-employed SEP plan for 2019?                     |
| <input type="checkbox"/> | <input type="checkbox"/> | 8  | Do you pay for any health or long term care insurance through your business?                        |
| <input type="checkbox"/> | <input type="checkbox"/> | 9  | If you or your spouse are self-employed, are either of you covered under an employer's health plan? |
| <input type="checkbox"/> | <input type="checkbox"/> | 10 | Did you purchase any furniture or equipment for your business?                                      |
| <input type="checkbox"/> | <input type="checkbox"/> | 11 | Did you make any improvements to your rental properties?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 12 | Did you receive income from raising animals or crops?   |

**Yes** **No** **Other Deductions**

- |                          |                          |    |  |
|--------------------------|--------------------------|----|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1  | Did you use your car on the job (other than to and from work)?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 2  | Did you work out of town for part of the year?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 3  | Did you incur unreimbursed expenses working as a reservist, performing artist, or fee-basis gov't official?          |
| <input type="checkbox"/> | <input type="checkbox"/> | 4  | Did you incur any travel and entertainment expenses for business purposes?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 5  | Did you pay expenses for the care of your child or other dependent so you could work?                                |
| <input type="checkbox"/> | <input type="checkbox"/> | 6  | Did you purchase a 'clean fuel' or electric hybrid vehicle in 2019?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 7  | Did you make energy efficient improvements to your home or purchase any energy-saving property during 2019?          |
| <input type="checkbox"/> | <input type="checkbox"/> | 8  | Did you contribute less than an entire interest in any property to charity?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 9  | Did you refinance a mortgage or take out a home equity loan during 2019?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 10 | Did you incur moving expenses during the year due to a military order and incident to a permanent change in station? |
| <input type="checkbox"/> | <input type="checkbox"/> | 11 | Did you or your spouse pay any educational expenses for yourselves?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 12 | Did you pay any student loan interest?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 13 | Did you make any federal or state estimated payments?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 14 | Did you pay alimony?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 15 | Did you donate non-cash donations?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 16 | Did you donate a vehicle?  |

**Yes** **No** **Miscellaneous**

- |                          |                          |   |   |
|--------------------------|--------------------------|---|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1 | Did you make gifts of more than \$15,000 to any one person?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 2 | Did you engage the service of any household employees?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 3 | Did your bank account information change within the last twelve months?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 4 | Do you want to allocate \$3 to the Presidential Election Campaign Fund?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 5 | Does your spouse want to allocate \$3 to the Presidential Election Campaign Fund?                                 |
| <input type="checkbox"/> | <input type="checkbox"/> | 6 | Did you file Form 8839, Adoption Credit, in a previous year or incur adoption expenses in 2019?                   |
| <input type="checkbox"/> | <input type="checkbox"/> | 7 | Did you claim a First-time Homebuyer Credit for a home purchased in 2008?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 8 | Was there a disposition or change in use of your main home for which you claimed the First-time Homebuyer Credit? |

**Yes** **No** **Return preparation and filing**

- |                          |                          |   |   |
|--------------------------|--------------------------|---|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1 | Do you want to e-file your return?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 2 | If you are due a refund, how do you want to receive it?                                     |
|                          | <input type="checkbox"/> |   | Check sent to you in the mail   |
|                          | <input type="checkbox"/> |   | Apply to next year's estimates  |
|                          | <input type="checkbox"/> |   | Direct deposit (please provide voided blank check)  |
|                          | <input type="checkbox"/> |   | Other quick refund via a bank product   |
|                          |                          |   | Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings         |
|                          |                          |   | If you owe taxes, how do you want to pay them?  |
|                          | <input type="checkbox"/> |   | Paper check sent with my return   |
|                          | <input type="checkbox"/> |   | Credit card   |
|                          | <input type="checkbox"/> |   | Direct debit (please provide a voided blank check)  |
|                          |                          |   | Installment Agreement   |
|                          |                          |   | Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings         |
| <input type="checkbox"/> | <input type="checkbox"/> | 3 | Do you want to allow your tax preparer to discuss this year's return with the IRS?          |
|                          |                          |   | If no, enter another person (if desired) to be allowed to discuss this return with the IRS: |

Designee's name \_\_\_\_\_ Phone Number \_\_\_\_\_ Personal identification Number (5 digit PIN) \_\_\_\_\_