

2019	1040	US	Miscellaneous Questions
------	------	----	-------------------------

If any of the following items pertain to you or your spouse for 2019, please check the appropriate box and provide additional information if necessary.

- | Yes | No | PERSONAL INFORMATION |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | I agree and understand that payment is due for tax preparation when the Tax Return is finalized and before e-filing. For your convenience, we accept <u>Visa, Mastercard, Checks and Cash</u> . |
| <input type="checkbox"/> | <input type="checkbox"/> | Did your marital status change during the year? If yes, circle status: Married/Divorced/Separated/Widowed Date: _____? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did your address, email or phone # change during the year? Please note on the organizer. |
| <input type="checkbox"/> | <input type="checkbox"/> | Could you be claimed as a dependent on another person's tax return for 2019? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is anyone listed on your Tax Return permanently disabled ?
Name: _____ |

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | DEPENDENTS
Were there any changes in dependents ? (Who <u>lives with YOU</u> and/or who <u>YOU support financially</u>)? i.e. Births/Adoptions/Parents/Relatives. Please note on Organizer. |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have any dependent children that are filing their own tax returns? If yes, be sure they do not claim themselves, <u>check with us first BEFORE they file</u> . |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have any children under age 19 or full-time students under age 24 at the end of 2019, with unearned income (i.e. interest, dividend or capital gains) in excess of \$1050? |

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | HEALTH CARE COVERAGE
Did you or any of your dependents/spouse have health care coverage for any months in 2019? If yes, circle type: Medicare/SS deduction Employer/Payroll Deduction
Marketplace/Obamacare If Marketplace coverage, please attach: Form 1095-A
(Health Insurance Marketplace Statement)- Required to file taxes . |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have a HSA(Health Savings Acct) or MSA(Medical Savings Acct) in 2019? If you had distributions, attach Forms 5498-SA, 1099-SA, or W-2 with code W in box 12. |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you pay any medical insurance premiums out-of-pocket, including COBRA ? (not included in pre-tax dollars on W-2 or on SS statement). If yes, to whom and how much?
_____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you pay for any medical expenses out-of-pocket in 2019 ? (If significant, then total out-of-pocket expenses and enter under <u>Medical and Dental Expenses</u> in Organizer. Do not send us the receipts . (Keep medical receipts in your tax file <u>at home</u> in the event you need to produce them to IRS) Medical expenses includes payments made to Assisted Living Facilities and Nursing Homes . |

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | INCOME
Did you receive unreported tip income of \$20 or more in any month? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive any disability or unemployment income? |

2019

1040

US

Miscellaneous Questions

Yes

No

Did you have any **foreign income** or pay any foreign taxes other than in mutual funds?

Did you receive any income from **Rental Property** in 2019?

Did you buy or sell cryptocurrency in 2019? If yes, please supply Cryptocurrency tax report or csv file for short & long term gains/losses.

PURCHASES, SALES AND DEBT

Did you start a business, purchase a **rental property** or purchase/lease a **new car** in 2019? Circle, if applicable and supply settlement statement or purchase agreement.. Tell us more: _____

Did you purchase or dispose of any business assets (furniture, equipment, vehicles, real estate, etc.), or convert any personal assets to business use?

Did you buy or sell any stocks, bonds or other investment property in 2019?

Did you purchase, sell, or refinance your principal home or second home? Did you take a home equity loan? If yes, attach **Closing Statement**.

Did you make any **residential renewable energy improvements in 2019?** (i.e. solar, wind, geothermal or fuel cell energy source). Attach copy of receipt(s).

Did you have any business **debts canceled** or forgiven?

Does anyone owe you money which has become uncollectible?

RETIREMENT PLANS

Did you receive a **distribution** from a retirement plan? (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.). attach Form **1099-R**.

Did you make a **contribution** to a retirement plan? (401(k), IRA, SEP, SIMPLE, Qualified Plan etc)

Did you **transfer or rollover** any amount from one retirement plan to another retirement plan? Attach Form 5498 (if applicable)

Did you convert part or all of a **Traditional** IRA to a **Roth** IRA in 2019?

EDUCATION

Did you receive a distribution from an Education Savings Account or a Qualified Tuition Program? Attach Form **1099Q**

Did you, your spouse, or a dependent incur any **tuition expenses (including books and fees)** that are required to attend a college, university, or vocational school? Attach Tuition Statement Form **1098-T**

Did you, your spouse, pay **student loan interest**? Attach Form **1098-E**

2019	1040	US	Miscellaneous Questions
-------------	-------------	-----------	--------------------------------

Yes No

ITEMIZED DEDUCTIONS

 Did you sustain a loss not covered by insurance in a Federally Declared Disaster Area in 2019? If yes, tell us more _____

 Did you use your car on the job (other than to and from work)? If so, please provide: (1) total miles driven for the year, (2) commuting miles and (3) business miles. Taxpayer will supply **written documentation** of mileage records to the IRS, if requested.

ESTIMATED TAXES

 Did you make **estimated tax payments** or apply last year's refund to this year's tax? If so, provide details.

 Crystal Ball question: Do you expect your **2020** taxable income and withholdings to be significantly different from 2019? (i.e. Retiring? Changing Employment? Starting a business?) If yes, please explain: _____

MISCELLANEOUS

 Did you pay or receive alimony in 2019?

 Did you have an interest in or signature or other authority over a financial account in a **foreign** country, such as a bank account, retirement and/or securities account?

 Did you receive a distribution from a **foreign** trust or did you have an interest in any **foreign** assets or accounts? (ie. foreign checking, savings, retirement plans)

 If you have a balance due the IRS/State, would you like to make a payment directly from your bank account?

 Have you, your spouse, or dependents been a victim of tax related theft or been issued an **Identity Protection PIN**? If yes, please provide letter from IRS that is usually sent to you in January. Otherwise, we will be unable to file your Tax Return electronically.

 Were you notified or audited by either the **IRS** or the State taxing agency?

 Did you or your spouse make any gifts to an individual that total more than \$15,000, or any gifts to a trust?

 Important: Did your bank account information change within the last twelve months? Please look over banking information on the "Direct Deposits and Estimates" page of your organizer. If information has changed, please provide a copy of check.

Client Statement:

It is expressly agreed that all income and expense amounts will be furnished by me, and I accept full responsibility for both accuracy and completeness of the information I provide. It is my responsibility to meet the documentation requirements for expenses and to report income from all sources. Additionally, I will retain my supporting documents for possible IRS inquiry.

SIGNATURE _____ Date: _____

Print name _____ Best Contact Phone #: _____

Office hours are: **Monday - Thursday from 9 am to 6 pm**

*For your convenience, we have a slot in our front door for after hour drop offs. Phone: 727.785.5228