



Main Office: 8 Cedar St Ste 54, Woburn, MA 01801-6362
Ph 781.938.0045 www.SchwartzAccountants.com

RE: **Engagement Letter for Preparation of 2019 Individual Tax Return**

Dear :

This letter is to confirm and specify the terms of our engagement with you and to clarify the nature and extent of the services we will provide. In order to ensure an understanding of our mutual responsibilities, we ask all clients for whom returns are prepared to confirm the following arrangements.

We will prepare your 2019 federal and state income tax returns from information which you will furnish to us. We will not audit or otherwise verify the data you submit, although it may be necessary to ask you for clarification of some of the information. We will furnish you with questionnaires and worksheets to guide you in gathering the necessary information. Your use of such forms will assist in keeping the fee to a minimum.

It is your responsibility to provide all the information required for the preparation of complete and accurate returns. You should retain all the documents, cancelled checks and other data that form the basis of income and deductions. These may be necessary to prove the accuracy and completeness of the returns to a taxing authority. You have the final responsibility for the income tax returns and, therefore, you should review them carefully before you sign them.

Our work in connection with the preparation of your income tax returns does not include any procedures designed to discover defalcations and/or irregularities, should any exist. We will render such accounting and bookkeeping assistance as determined to be necessary for preparation of the income tax returns.

The law provides various penalties that may be imposed when taxpayers understate their tax liability. If you would like information on the amount or the circumstances of these penalties, please contact us.

Your returns may be selected for review by the taxing authorities. Any proposed adjustments by the examining agent are subject to certain rights of appeal. In the event of such government tax examination, we will be available upon request to represent you and will render additional invoices for the time and expenses incurred.

Our fee for these services will be based upon the amount of time required at standard billing rates plus out-of-pocket expenses. All invoices are due and payable upon presentation.

If the foregoing fairly sets forth your understanding of the terms and conditions of our engagement, please send in your tax information to our office for preparation of your income tax returns.

We want to express our appreciation for this opportunity to work with you.

Very truly yours,

Schwartz and Schwartz PC
Kaplan-Newman, Schwartz & Schwartz, LLC
Cutler, Schwartz & Schwartz, LLC



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RE: **Organizer, Deadline and Instructions for 2019 Individual Tax Return Preparation**

Dear :

This Tax Organizer is designed to help you gather the tax information needed to prepare your 2019 personal income tax return. To help you complete the organizer with minimal time and effort, when available, you will find certain information from your 2018 personal income tax return.

In your Tax Organizer, all social security numbers have been replaced with asterisks (**_**_****) to protect your privacy and personal information. If you need to change or update a social security number, please contact this office. Do not indicate the social security number change on your Tax Organizer. When you receive your completed tax return(s), please review all social security numbers for accuracy. Report any discrepancies to this office immediately.

INSTRUCTIONS:

Enter 2019 information on the Tax Organizer pages provided. If any information does not apply to you or is incorrect, please draw a line through it or make the necessary corrections.

The Client Questionnaire asks about pertinent tax items necessary for preparing the most accurate tax return possible. Please answer all applicable questions and attach a statement when necessary for additional information not provided in the Client Organizer.

We will also need the following information:

- Forms W-2 for wages, salaries and tips.
- All Forms 1099 for interest, dividends, retirement, miscellaneous income, Social Security, state or local refunds, gambling winnings, etc.
- Brokerage statements showing investment transactions for stocks, bonds, etc.
- Schedule K-1 from partnerships, S corporations, estates and trusts.
- Statements supporting deductions for mortgage interest, taxes, and charitable contributions (including any Form 1098-C).
- Statements supporting educational expenses, deductions or distributions, including any Forms 1098-T, 1098-E, or 1099-Q.
- All Forms 1095-A, 1095-B, and/or 1095-C related to health care coverage or the Premium Tax Credit.
- Copies of closing statements regarding the sale or purchase of real property.
- Legal papers for adoption, divorce, or separation involving custody of your dependent children.
- Any tax notices sent to you by the IRS or other taxing authority
- Any Identity Protection PINs you, your spouse, or your dependents have been issued by the IRS.
- A copy of your income tax return from last year, if not prepared by this office.

DEADLINE:

In order to meet the filing deadline for your 2019 income tax return, your completed tax organizer and all supporting documents need to be **received by our office no later than March 20, 2020.**

If we have not received your information in full by **March 20, 2020, we will need to file an**

Extension of Time for your tax return. Please note that there are no IRS penalties associated with going on extension as long as you pay all of the taxes due by April 15.

HOW TO UPLOAD DOCUMENTS TO US:

You can send us additional documents (such as copies of your W2s) through your portal in two ways:

- 1) You can attach up to 50 files to your web-based Tax Organizer prior to clicking "Send to Preparer". This option is only available once and shuts off after you've sent the completed Web Tax Organizer to us. The maximum size for each file is 10 MB.
- 2) You can always upload documents to us using the "**File Exchange**" feature in your portal. This option is located on the left-side of your portal and is **always available**. The maximum size for each file is 2 GB.

Both are convenient and secure ways to send information regarding the preparation of your tax return without having to mail or deliver these documents to our office.

We receive an email notification when you send your Web Tax Organizer to us and every time you upload any documents using the File Exchange.

FILE FORMATS TO UPLOAD:

You can upload the following types of files to your Tax Organizer: Quicken® tax exchange format (.txt), Microsoft® Excel® (.xls, .xlsx), Microsoft® Word® (.doc, .docx, rtf), Adobe® Reader® (.pdf), text documents (.txt), and image files (.jpg, .bmp, .tif, .png).

Please DO NOT upload Apple, MAC or .numbers files.

IRS WARNING OF "PHISHING" EMAILS AND SCAM PHONE CALLS:

The IRS **does not send out unsolicited emails** requesting detailed personal information. Such authentic-looking emails are called "phishing" emails and responding may expose you to identity theft.

The IRS **does not call taxpayers or solicit for payment of outstanding monies owed by phone**. If you receive a phone call requesting you pay the IRS, please DO NOT give out any personal information, such as your social security number or bank account.

Please contact our office regarding any correspondence, written or electronic, that you receive from the IRS and we can help you verify if it is an authentic or a fraudulent request.

IRS EFILE MANDATE:

IRS regulations require paid tax preparers who expect to prepare and file 11 or more federal individual or trust tax returns to file them electronically.

To comply with this requirement your return will be electronically filed this year. The benefits of e-filing include a secure way to file tax returns and it provides proof of acceptance that the IRS has accepted your return for processing. Contact this office if you prefer your return be filed on paper.

PRIVACY POLICY:

Like all providers of personal financial services, tax professionals are required by law to inform clients of their policies regarding privacy of client information. Our firm continues to adhere to professional standards of confidentiality that are even more stringent than those required by law. We have always protected the security and privacy of your personal and financial information.

Types of Nonpublic Personal Information We Collect

The only nonpublic personal information we collect is provided to us by you or obtained with your authorization.

Parties to Whom We Disclose Information

We do not disclose any nonpublic personal information obtained in the course of our practice except as required or permitted by law. Permitted disclosures may include providing information to our employees, or, in limited situations, to unrelated third parties who need that information to assist us in serving you. In all situations, we stress the confidential nature of the information being shared.

Protecting the Confidentiality and Security of Clients' Information

We retain records relating to our professional services to better serve your professional needs and, in some cases, to comply with professional guidelines. In order to protect your nonpublic personal information, we maintain physical, electronic, and procedural safeguards that comply with our professional standards.

Thank you for the opportunity to work with you,

Sincerely,

Schwartz and Schwartz PC
Kaplan-Newman, Schwartz & Schwartz, LLC
Cutler, Schwartz & Schwartz, LLC

Disclaimer:

Any accounting, business or tax advice contained in this communication, including attachments and enclosures, is not intended as a thorough, in-depth analysis of specific issues, nor a substitute for a formal opinion, nor is it sufficient to avoid tax-related penalties.

QUESTIONNAIRE**Please check the appropriate box and include all necessary details and documentation.****Personal Information****Yes No**Did your marital status change during the year?

If yes, explain: _____

Did your address change from last year? Can you be claimed as a dependent by another taxpayer? Did you change any bank accounts, or did routing transit numbers (RTN) and/or bank account number change for existing bank accounts that have been used to direct deposit (or direct debit) funds from (or to) the IRS or other taxing authority during the tax year? Did you reside in or operate a business in a Federally declared disaster area? *The Federally declared disaster areas include victims of hurricanes, tropical storms, floods, as well as wildfires.***Dependent Information**Were there any changes in dependents from the prior year?

If yes, explain: _____

Do you have any children under age 19 or a full-time student under age 24 with unearned income in excess of \$2,200? Do you have dependents who must file a tax return? Did you provide over half the support for any other person(s) other than your dependent children during the year? Did you pay any expenses related to the adoption of a child during the year? If you are divorced or separated with child(ren), do you have a divorce decree or other form of separation agreement which establishes custodial responsibilities? Did you pay for child care while you worked, looked for work, or were a full-time student? **Would you like our help in complying with the Nanny Tax rules?** **Income Information**Did you retire or change jobs this year? Did you receive any income from property sold prior to this year? Did you receive any unemployment benefits during the year? Did you receive any disability income during the year? Did you receive tip income not reported to your employer this year? Did any of your life insurance policies mature, or did you surrender any policies? Did you receive any awards, prizes, hobby income, gambling or lottery winnings? Do you expect a large fluctuation in income, deductions, or withholding next year? Did you have any sales or other exchanges of virtual currencies, or used virtual currencies to pay for goods or services, or you are holding virtual currencies as an investment?

Retirement Information**Yes No**

- Are you an active participant in a pension or retirement plan?
- Did you receive any Social Security benefits during the year?
- Did you make any withdrawals from an IRA, Roth, myRA, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan?
- If you received a 2016 or 2017 qualified disaster retirement plan distribution in 2017 or 2018, did you repay any of the distribution in 2019?
- If yes, attach any Form(s) 5498 you received.
- Did you receive any lump-sum payments from a pension, profit sharing or 401(k) plan?
- Did you make any contributions to an IRA, Roth, myRA, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan?
- Did you convert a traditional IRA to a Roth IRA?

Foreign Accounts

- Did you have any foreign income or pay any foreign taxes during the year, directly or indirectly, such as from investment accounts, partnerships or a foreign employer?
- Did you receive a distribution from, or were you a grantor or transferor for a foreign trust?
- Did you have a financial interest in or signature authority over a financial account such as a bank account, securities account, or brokerage account, located in a foreign country?
- Do you have any foreign financial accounts, foreign financial assets, or hold interest in a foreign entity?

Purchases, Sales and Debt Information

- Did you start a new business or purchase rental property during the year?
- Did you acquire a new or additional interest in a partnership or S corporation?
- Did you sell, exchange, or purchase any assets used in your trade or business?
- Did you sell, exchange, or purchase any real estate during the year?
- Did you purchase or sell a principal residence during the year?
- Did you foreclose or abandon a principal residence or real property during the year?
- Did you acquire or dispose of any stock during the year?
- Did you take out a home equity loan this year?
- Did you refinance a principal residence or second home this year?
- Did you make energy efficient improvements to your main home this year?
- Did you sell an existing business, rental, or other property this year?
- Did you lend money with the understanding of repayment and this year it became totally uncollectable?
- Did you have any debts canceled or forgiven this year, such as a home mortgage or student loan(s)?
- Did you make any major purchases during the year (cars, boats, etc.)?
- Did you purchase a qualified plug-in electric drive vehicle or qualified fuel cell vehicle this year?
- If yes, what year and model: _____

- Would you like us to facilitate a meeting with a mortgage professional to refinance?**

	Yes	No
Education Related Information		
Did you, your spouse, or your dependents attend a post-secondary school during the year, or plan to attend one in the coming year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any educational expenses during the year on behalf of yourself, your spouse, or a dependent? If yes, attach any Form(s) 1098-T and receipts for qualified tuition and related expenses.	<input type="checkbox"/>	<input type="checkbox"/>
Did anyone in your family receive a scholarship of any kind during the year? If yes, were any of the scholarship funds used for expenses other than tuition, such as room and board?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any withdrawals from an education savings or 529 Plan account? If yes, were any of these withdrawals rolled over into a ABLE (Achieving a Better Life Experience) account?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any student loan interest this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you cash any Series EE or I U.S. Savings bonds issued after 1989?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any contributions to an education savings or 529 Plan account? If yes, what state, how much, which child, and what is the account number: _____	<input type="checkbox"/>	<input type="checkbox"/>

Would you like a worksheet to aid in the completion of a Free Application for Federal Student Aid (FAFSA) with the U.S. Department of Education?
 If yes, for what school year? _____

Are you interested in learning more about College Financial Planning?

Itemized Deduction Information

Did you pay real estate taxes for your primary home and/or second home?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any mortgage interest on an existing home loan? If yes, attach Form(s) 1098 you received.	<input type="checkbox"/>	<input type="checkbox"/>
Did you incur interest expenses associated with any investment accounts you had?	<input type="checkbox"/>	<input type="checkbox"/>
Did you incur a casualty or theft loss or any condemnation awards during the year? If yes, did the loss occur in a Federally declared disaster area?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any cash or noncash charitable contributions (clothes, furniture, etc.)? If yes, please provide evidence such as a receipt from the donee organization, a canceled check, or record of payment, to substantiate all contributions made.	<input type="checkbox"/>	<input type="checkbox"/>
Did you donate a vehicle or boat during the year? If yes, attach Form 1098-C or other written acknowledgement from the donee organization.	<input type="checkbox"/>	<input type="checkbox"/>

Health Care Information**Yes No**

Did you have qualifying health care coverage, such as employer-sponsored coverage or government-sponsored coverage (i.e. Medicare/Medicaid) for your family?

If yes, attach any Form(s) 1095-B and/or 1095-C you received.

"Your family" for health care coverage refers to you, your spouse if filing jointly, and anyone you can claim as a dependent.

If you had qualifying health care coverage, such as employer-sponsored coverage or government-sponsored coverage (i.e. Medicare/Medicaid) for your family, was everyone covered for every month of 2019?

"Your family" for health care coverage refers to you, your spouse if filing jointly, and anyone you can claim as a dependent.

Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act?

If yes, attach any Form(s) 1095-A you received.

Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act and share a policy with anyone who is not included in your family?

Did you receive any Health Coverage Tax Credit (HCTC) advance payments?

If yes, attach any Form(s) 1099-H you received.

Did you make any contributions to a Health savings account (HSA) or Archer MSA?

Did you receive any distributions from a Health savings account (HSA), Archer MSA, or Medicare Advantage MSA this year?

Did you pay long-term care premiums for yourself or your family?

Did you make any contributions to or receive any distributions from an ABLE (Achieving a Better Life Experience) account? If yes, attach any Form(s) 1099-QA you received.

If you are a business owner, did you pay health insurance premiums for your employees this year?

Did you pay out-of-pocket medical expenses (Co-pays, prescription drugs, etc.)?

If you're 50 or over, would you like a Long Term Care specialist to reach out to you to about protecting yourself from this potentially costly financial risk?

	Yes	No
State Related Information		
<i>Massachusetts allows a Commuter Deduction for tolls paid through a FastLane account or for certain transit passes, not including amounts reimbursed or otherwise deductible, in excess of \$150.</i>		
Do you qualify for this deduction on your Mass. state tax return?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any out-of-state purchases (by telephone, internet, mail, in person) that the seller did not collect state sales or use tax?	<input type="checkbox"/>	<input type="checkbox"/>
If so, how much: _____		
Or, would you like to remit this tax at the default tax rate as recommended by your state of residence (in Mass., the default is that you spend 1% of your income on items to be reported)	<input type="checkbox"/>	<input type="checkbox"/>
IRS/State Correspondence or Identity Protection		
Did you or your spouse receive an Identity Protection PIN (IP PIN) from the IRS or have you been a victim of identity theft?		
If yes, attach the IRS letter.	<input type="checkbox"/>	<input type="checkbox"/>
Did any dependents receive an Identity Protection PIN (IP PIN) from the IRS or have they been a victim of identity theft?		
If yes, attach the IRS letter.	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive correspondence from the State or the IRS?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____		
Miscellaneous Information		
Do you have previous years of tax returns that are either unfiled or filed with unpaid balances due?	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently making federal tax payments under a previous year's installment agreement?	<input type="checkbox"/>	<input type="checkbox"/>
If so, what is the outstanding balance: _____		
Did you make gifts of more than \$15,000 to any individual?	<input type="checkbox"/>	<input type="checkbox"/>
Did you utilize an area of your home for business purposes?	<input type="checkbox"/>	<input type="checkbox"/>
Did you engage in any bartering transactions?	<input type="checkbox"/>	<input type="checkbox"/>
Did you incur moving costs because of a permanent change of station as a member of the Armed Forces on active duty?	<input type="checkbox"/>	<input type="checkbox"/>
If so, what was the date of your move: _____		
Did you pay any individual as a household employee during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have plans to open, purchase, or buy into a medical or dental practice in the near future?	<input type="checkbox"/>	<input type="checkbox"/>
Do you want to designate \$3 to the Presidential Election Campaign Fund? If you check yes, it will not change your tax or reduce your refund.	<input type="checkbox"/>	<input type="checkbox"/>
Would you like to set up a separate meeting with a Wealth Management and Financial Planner to prepare a complimentary financial plan, set goals, and review strategies to reach your goals?	<input type="checkbox"/>	<input type="checkbox"/>
Would you like a referral to meet with an Estate Attorney?	<input type="checkbox"/>	<input type="checkbox"/>

Preparer - Enter on Screen Contact

Tax matters person (Indicate which spouse handles tax return related questions) (Blank = Both, T = Taxpayer, S = Spouse) _____ [8]

Taxpayer email address _____ [9]

Spouse email address _____ [10]

Taxpayer

Spouse

Fax telephone number _____ [11] _____ [19]

Mobile telephone number _____ [12] _____ [20]

Mobile telephone #2 number _____ [13] _____ [21]

Pager number _____ [14] _____ [22]

Other: _____ [15] _____ [23]

 Telephone number _____ [16] _____ [24]

 Extension _____ [17] _____ [25]

Preferred method of contact: _____ [18] _____ [26]

 Email, Work phone, Home phone, Fax, Mobile phone, Mobile phone #2 _____ [18] _____ [26]

NOTES/QUESTIONS:

Per IRS Security Summit requirements, verify the name of financial institution, routing transit number, account number, and type of account below. If you would like to have a refund direct deposited into or a balance due debited from your bank account(s), please enter information in the fields below. Note that electronic funds will be withdrawn only from the primary account listed below.

Mark to verify all accounts listed below have been reviewed, updated as needed, and are correct. _____ [1]

Primary account:

Financial institution routing transit number _____ [3]
 Name of financial institution _____ [4]
 Your account number _____ [5]
 Type of account (1 = Savings, 2 = Checking, 3 = IRA*) _____ [6]
 Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) _____ [7]
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) _____ [8]
 Enter the maximum dollar amount, or percentage of total refund Dollar _____ [9] or Percent (xxx.xx) _____ [10]

Secondary account #1:

Financial institution routing transit number _____ [25]
 Name of financial institution _____ [26]
 Your account number _____ [27]
 Type of account (1 = Savings, 2 = Checking, 3 = IRA*) _____ [28]
 Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) _____ [29]
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) _____ [30]
 Enter the maximum dollar amount, or percentage of total refund Dollar _____ [11] or Percent (xxx.xx) _____ [12]

Secondary account #2:

Financial institution routing transit number _____ [31]
 Name of financial institution _____ [32]
 Your account number _____ [33]
 Type of account (1 = Savings, 2 = Checking, 3 = IRA*) _____ [34]
 Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) _____ [35]
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) _____ [36]
 Enter the maximum dollar amount, or percentage of total refund Dollar _____ [15] or Percent (xxx.xx) _____ [16]

*Refunds may only be direct deposited to established traditional, Roth or SEP-IRA accounts. Make sure direct deposits will be accepted by the bank or financial institution.

Refund - U.S. Series I Savings Bond Purchases

A tax refund may be used to buy up to \$5,000 of U.S. Series I Savings bonds and registered for up to three different persons. If you would like to purchase U.S. Series I Savings bonds (in increments of \$50) with your refund, if applicable, please complete the following information. Please note you may enter only one name per registration (with exception of married filing joint returns) and must enter the party's given name, do not use nicknames.

Indicate either a maximum dollar amount (up to \$5,000), or percentage of refund you would like used to purchase bonds

The bonds will be registered to the name(s) on the return. For married filing joint returns this means the bonds will be registered in both names listed on the return.

To register the bonds separately, leave these fields blank and use the fields provided below.

Enter either a dollar amount or percent, but not both Dollar _____ [13] or Percent (xxx.xx) _____ [14]

Bond information for someone other than taxpayer and spouse, if married filing jointly

Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase bonds Dollar _____ [17] or Percent (xxx.xx) _____ [18]
 Owner's name (First Last) _____ [38] _____ [39]
 Co-owner or beneficiary (First Last) _____ [40] _____ [41]
 Mark if the name listed above is a beneficiary _____ [42]

Bond information for someone other than taxpayer and spouse, if married filing jointly

Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase bonds Dollar _____ [21] or Percent (xxx.xx) _____ [22]
 Owner's name (First Last) _____ [43] _____ [44]
 Co-owner or beneficiary (First Last) _____ [45] _____ [46]
 Mark if the name listed above is a beneficiary _____ [47]

IRS regulations require paid tax preparers who expect to prepare a certain amount of federal individual tax returns to file them electronically. To comply with this requirement your return will be electronically filed this year if it qualifies for electronic filing under IRS rules. Taxpayers may choose to file a paper return instead of filing electronically.

Mark if you want to file a paper return even if you qualify for electronic filing

____ [1]

Receive email notification(s) when your electronic file is accepted by the taxing agency (Blank = None, 1 = Return, 2 = Return & Extension)

2 [2]

If 1 or 2, please provide email address on Organizer Form ID: Info

Mark if you are filing a balance due return electronically and you want to pay the amount due by debiting your financial institution account

____ [9]

The IRS requires a Personal Identification Number (PIN) be used in signing returns that are electronically filed.

Each taxpayer and spouse, if applicable, must provide a 5 digit self-selected PIN of your choice other than all zeroes.

Taxpayer self-selected Personal Identification Number (PIN)

_____ [7]

Spouse self-selected Personal Identification Number (PIN)

_____ [8]

NOTES/QUESTIONS:

Taxpayer -

Form of identification (1 = Driver's license, 2 = State issued identification card, 3 = No applicable identification, 4 = Identification not provided) _____[1]
Identification number _____[2]
Issue date _____[3]
Expiration date (mm/dd/yyyy) _____[4]
Location of issuance (State issued only) _____[5]
Document number (New York only) _____[6]

Spouse -

Form of identification (1 = Driver's license, 2 = State issued identification card, 3 = No applicable identification, 4 = Identification not provided) _____[9]
Identification number _____[10]
Issue date _____[11]
Expiration date (mm/dd/yyyy) _____[12]
Location of issuance (State issued only) _____[13]
Document number (New York only) _____[14]

NOTES/QUESTIONS:

If you have an overpayment of 2019 taxes, do you want the excess:

Refunded _____ [52]

Applied to 2020 estimated tax liability _____ [53]

Do you expect a considerable change in your 2020 income? (Y, N) _____ [54]

If yes, please explain any differences: _____ [55]

_____ [56]

_____ [57]

_____ [58]

Do you expect a considerable change in your deductions for 2020? (Y, N) _____ [59]

If yes, please explain any differences: _____ [60]

_____ [61]

_____ [62]

_____ [63]

Do you expect a considerable change in the amount of your 2020 withholding? (Y, N) _____ [64]

If yes, please explain any differences: _____ [65]

_____ [66]

_____ [67]

_____ [68]

Do you expect a change in the number of dependents claimed for 2020? (Y, N) _____ [69]

If yes, please explain any differences: _____ [70]

_____ [71]

_____ [72]

_____ [73]

Mark if you use the Electronic Federal Tax Payment System (EFTPS) to pay your estimated taxes _____ [74]

2019 Federal Estimated Tax Payments

2018 overpayment applied to 2019 estimates + _____ [1]

Mark if you paid the calculated amounts on the dates due indicated below. Skip the remaining fields. _____ [5]

If your estimated payments were not made on the date due or were for an amount other than the calculated amount below, please enter the actual date and amount paid.

	Date Due	Date Paid if After Date Due	Amount Paid	Calculated Amount	Method*
1st quarter payment	4/15/19	_____ [6]	+ _____ [7]	_____	_____
2nd quarter payment	6/17/19	_____ [8]	+ _____ [9]	_____	_____
3rd quarter payment	9/16/19	_____ [10]	+ _____ [11]	_____	_____
4th quarter payment	1/15/20	_____ [12]	+ _____ [13]	_____	_____
Additional payment		_____ [14]	+ _____ [15]	_____	_____

***Method of payment indicated in prior year**
EFW = Electronic funds withdrawal EFTPS = Electronic Federal Tax Payment System
Voucher = Form 1040-ES estimated tax payment voucher

NOTES/QUESTIONS:

Taxpayer/Spouse/Joint (T, S, J) _____ [1]

State postal code _____ [2]

Amount paid with 2018 return + _____ [3]
 2018 overpayment applied to '19 estimates + _____ [4]
 Treat calculated amounts as paid _____ [8]

Date Paid	Amount Paid	Calculated Amount
1st quarter payment _____ [9]	+ _____ [10]	_____ _____ _____ _____
2nd quarter payment _____ [11]	+ _____ [12]	
3rd quarter payment _____ [13]	+ _____ [14]	
4th quarter payment _____ [15]	+ _____ [16]	
Additional payment _____ [17]	+ _____ [18]	

2019 City Estimated Tax Payments

<p>City #1</p> <p>City name _____ [28]</p> <p>Amount paid with 2018 return + _____ [31]</p> <p>2018 overpayment applied to '19 estimates + _____ [32]</p> <p>Treat calculated amounts as paid _____ [36]</p>	<p>City #2</p> <p>City name _____ [50]</p> <p>Amount paid with 2018 return + _____ [53]</p> <p>2018 overpayment applied to '19 estimates + _____ [54]</p> <p>Treat calculated amounts as paid _____ [58]</p>
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<table border="0"> <thead> <tr> <th>Date Paid</th> <th>Amount Paid</th> </tr> </thead> <tbody> <tr> <td>1st quarter payment _____ [37]</td> <td>+ _____ [38]</td> </tr> <tr> <td>2nd quarter payment _____ [39]</td> <td>+ _____ [40]</td> </tr> <tr> <td>3rd quarter payment _____ [41]</td> <td>+ _____ [42]</td> </tr> <tr> <td>4th quarter payment _____ [43]</td> <td>+ _____ [44]</td> </tr> </tbody> </table>	Date Paid	Amount Paid	1st quarter payment _____ [37]	+ _____ [38]	2nd quarter payment _____ [39]	+ _____ [40]	3rd quarter payment _____ [41]	+ _____ [42]	4th quarter payment _____ [43]	+ _____ [44]	<table border="0"> <thead> <tr> <th>Date Paid</th> <th>Amount Paid</th> </tr> </thead> <tbody> <tr> <td>1st quarter payment _____ [59]</td> <td>+ _____ [60]</td> </tr> <tr> <td>2nd quarter payment _____ [61]</td> <td>+ _____ [62]</td> </tr> <tr> <td>3rd quarter payment _____ [63]</td> <td>+ _____ [64]</td> </tr> <tr> <td>4th quarter payment _____ [65]</td> <td>+ _____ [66]</td> </tr> </tbody> </table>	Date Paid	Amount Paid	1st quarter payment _____ [59]	+ _____ [60]	2nd quarter payment _____ [61]	+ _____ [62]	3rd quarter payment _____ [63]	+ _____ [64]	4th quarter payment _____ [65]	+ _____ [66]
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2nd quarter payment _____ [61]	+ _____ [62]																				
3rd quarter payment _____ [63]	+ _____ [64]																				
4th quarter payment _____ [65]	+ _____ [66]																				

Calculated Amount

1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

Calculated Amount

1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

<p>City #3</p> <p>City name _____ [72]</p> <p>Amount paid with 2018 return + _____ [75]</p> <p>2018 overpayment applied to '19 estimates + _____ [76]</p> <p>Treat calculated amounts as paid _____ [80]</p>	<p>City #4</p> <p>City name _____ [94]</p> <p>Amount paid with 2018 return + _____ [97]</p> <p>2018 overpayment applied to '19 estimates + _____ [98]</p> <p>Treat calculated amounts as paid _____ [102]</p>
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3rd quarter payment _____ [107]	+ _____ [108]																				
4th quarter payment _____ [109]	+ _____ [110]																				

Calculated Amount

1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

Calculated Amount

1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

Interest Income

Please provide copies of all Form 1099-INT or other statements reporting interest income.

*Whole numbers will be treated as \$ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.

T/S/J	Type Code (**See codes below)	Interest Income ⁽¹⁾	Tax Exempt Income	Penalty on Early Withdrawal	U.S. Obligations* \$ or %	Tax Exempt* \$ or %	Foreign Taxes Paid	Prior Year Information
	1	Payer						
		Amounts	+					
	2	Payer						
		Amounts	+					
	3	Payer						
		Amounts	+					
	4	Payer						
		Amounts	+					
	5	Payer						
		Amounts	+					
	6	Payer						
		Amounts	+					
	7	Payer						
		Amounts	+					
	8	Payer						
		Amounts	+					
	9	Payer						
		Amounts	+					
	10	Payer						
		Amounts	+					

**Interest Codes		
Blank = Regular Interest	4 = Accrued Interest	6 = ABP Adjustment
3 = Nominee Distribution	5 = OID Adjustment	7 = Series EE & I Bond

	Control Totals	+	Income	Form ID: B-1
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Dividend Income

Please provide copies of all Form 1099-DIV or other statements reporting dividend income.

*Whole numbers will be treated as \$ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.

T S J	Type Code (**See codes below)	Ordinary Dividends	[2] Qualified Dividends	Total Cap Gain Distributions	Section 1250	Sec. 199A	28% Capital Gain	Tax Exempt Dividends	U.S. Obligations* \$ or %	Tax Exempt* \$ or %	Foreign Taxes Paid	Prior Year Information
1	Payer											
	Amounts +											
2	Payer											
	Amounts +											
3	Payer											
	Amounts +											
4	Payer											
	Amounts +											
5	Payer											
	Amounts +											
6	Payer											
	Amounts +											
7	Payer											
	Amounts +											
8	Payer											
	Amounts +											
9	Payer											
	Amounts +											
10	Payer											
	Amounts +											

**Dividend Codes

Blank = Other 3 = Nominee

	2019 Information	Prior Year Information
State and local income tax refunds	+ _____ [5]	

	T/S	Agreement Date	2019 Information	Prior Year Information
Alimony received	---	_____	+ _____ [3]	
	---	_____	+ _____ [3]	

	Taxpayer	Spouse	
Unemployment compensation	+ _____ [9]	+ _____ [10]	
Unemployment compensation federal withholding	+ _____ [9]	+ _____ [10]	
Unemployment compensation state withholding	+ _____ [9]	+ _____ [10]	
Unemployment compensation repaid	+ _____ [12]	+ _____ [13]	
Alaska Permanent Fund dividends	+ _____ [18]	+ _____ [19]	

		Self- Employment Income ? (Y, N)		2019 Information	Prior Year Information
T/S/J			Other income, such as: Commissions, Jury pay, Director fees, Taxable scholarships	+ _____ [15]	
-	-		_____	+	
-	-		_____	+	
-	-		_____	+	
-	-		_____	+	
-	-		_____	+	
-	-		_____	+	
-	-		_____	+	
-	-		_____	+	
-	-		_____	+	
-	-		_____	+	
-	-		_____	+	
-	-		_____	+	
-	-		_____	+	
-	-		_____	+	
-	-		_____	+	
-	-		_____	+	
-	-		_____	+	
-	-		_____	+	
-	-		_____	+	
-	-		_____	+	

NOTES/QUESTIONS:

Preparer use only

	2019 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)	_____ [2]	
Employer identification number	_____ [3]	
Business name	_____ [5]	
Principal business/profession	_____ [6]	
Business code	_____ [12]	
Business address, if different from home address on Organizer Form ID: 1040		
Address	_____ [15]	
City/State/Zip	_____ [16] _____ [17] _____ [18]	
Accounting method (1 = Cash, 2 = Accrual, 3 = Other)	_____ [19]	_____
If other:	_____ [21]	_____
Inventory method (1 = Cost, 2 = LCM, 3 = Other)	_____ [22]	_____
If other enter explanation:	_____ [24]	

Enter an explanation if there was a change in determining your inventory:	_____ [25]	

Did you "materially participate" in this business? (Y, N)	_____ [26]	_____
If not, number of hours you did significantly participate	_____ [28]	_____
Mark if you began or acquired this business in 2019	_____ [30]	
Did you make any payments in 2019 that require you to file Form(s) 1099? (Y, N)	_____ [31]	_____
If "Yes", did you or will you file all required Forms 1099? (Y, N)	_____ [33]	_____
Mark if this business is considered related to qualified services as a minister or religious worker	_____ [35]	_____
Did you receive wages as a statutory employee or as a minister? (1 = Statutory employee, 2 = Minister)	_____ [37]	_____
Medical insurance premiums paid by this activity	+ _____ [40]	_____
Long-term care premiums paid by this activity	+ _____ [44]	_____
Amount of wages received as a statutory employee	+ _____ [47]	_____

Business Income

	2019 Information	Prior Year Information
Gross receipts and sales		
_____	+ _____ [52]	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
Returns and allowances	+ _____ [55]	_____
Other income:		
_____	+ _____ [57]	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____

Cost of Goods Sold

	2019 Information	Prior Year Information
Beginning inventory	+ _____ [59]	_____
Purchases	+ _____ [61]	_____
Labor:		
_____	+ _____ [63]	_____
_____	+ _____	_____
Materials	+ _____ [65]	_____
Other costs:		
_____	+ _____ [67]	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
Ending inventory	+ _____ [69]	_____

Control Totals +

Business

Preparer use only
Principal business or profession _____

Preparer use only Carryovers	Pre- TCJA Regular	Regular	AMT
Operating	+ [19]	+ [20]	+ [21]
Short-term capital		+ [22]	+ [23]
Long-term capital		+ [24]	+ [25]
28% rate capital		+ [26]	+ [27]
Section 1231 loss	+ [28]	+ [29]	+ [30]
Ordinary business gain/loss	+ [31]	+ [32]	+ [33]
Section 179	+ [34]	+ [35]	+ [36]

NOTES/QUESTIONS:

T/S/J		2019 Interest Paid [2]	2019 Points Paid	Type*	2019 Mortgage Ins. Premiums Paid	Prior Year Information
	Home mortgage interest: From Form 1098					
[1]	_____	+	+	_____	+	[Greyed out area]
-	_____	+	+	_____	+	
-	_____	+	+	_____	+	
-	_____	+	+	_____	+	
-	_____	+	+	_____	+	
-	_____	+	+	_____	+	
-	_____	+	+	_____	+	
-	_____	+	+	_____	+	
-	_____	+	+	_____	+	
-	_____	+	+	_____	+	

*Mortgage Types

Blank = Used to buy, build or improve main/qualified second home 1 = Not used to buy, build, improve home or investment

T/S/J	Payee's Name	SSN or EIN	2019 Information	Prior Year Information
	Other, such as: Home mortgage interest paid to individuals			
[4]	_____	_____	+	[5]
	Address _____			
	City, state and zip code _____			
	_____	_____	+	
	Address _____			
	City, state and zip code _____			

T/S/J Name and address of other person who received Form 1098 for jointly liable mortgage interest you paid -

Payer's/Borrower's name _____ [7]
 Street Address _____
 City/State/Zip code _____

Refinancing Points paid in 2019 -
 Taxpayer/Spouse/Joint (T, S, J) _____ [11]
 Recipient/Lender name _____
 Total points paid at time of refinance _____
 Points deemed as paid in 2019 (Preparer use only) + _____ [12]
 Date of refinance _____
 Term of new loan (in months) _____
 Reported on Form 1098 in 2019 _____

Taxpayer/Spouse/Joint (T, S, J) _____
 Recipient/Lender name _____
 Total points paid at time of refinance _____
 Points deemed as paid in 2019 (Preparer use only) + _____
 Date of refinance _____
 Term of new loan (in months) _____
 Reported on Form 1098 in 2019 _____

T/S/J 2019 Information

T/S/J	Investment interest expense, other than on Schedule(s) K-1:	2019 Information	Prior Year Information
[15]	_____	+	[16]
-	_____	+	
-	_____	+	
-	_____	+	
-	_____	+	
-	_____	+	
-	_____	+	
-	_____	+	
-	_____	+	
-	_____	+	

Preparer use only

Taxpayer/Spouse (T, S) _____ [2]
 Occupation in which expenses were incurred _____ [3]
 State postal code _____ [4]

Vehicle Questions

If you used your automobile for work purposes, please answer the following questions:

Was the vehicle available for off-duty personal use? (Y, N, Blank = Not applicable) _____ [5]
 Was another vehicle available for personal use? (Y, N) _____ [7]
 Do you have evidence to support your deduction? (1 = Yes - written, 2 = Yes - not written, 3 = No) _____ [9]

2019 Information

Prior Year Information

	-
	-

Vehicle Information

Vehicle 1 -	Date placed in service	_____	[11]
	Description	_____	[12]
	Comments	_____	
Vehicle 2 -	Date placed in service	_____	[62]
	Description	_____	[63]
	Comments	_____	
Vehicle 3 -	Date placed in service	_____	[109]
	Description	_____	[110]
	Comments	_____	
Vehicle 4 -	Date placed in service	_____	[156]
	Description	_____	[157]
	Comments	_____	

Vehicles Actual Expenses

	Vehicle 1	Prior Year Information	Vehicle 2	Prior Year Information	Vehicle 3	Prior Year Information	Vehicle 4	Prior Year Information
Total mileage for the year	_____ [20]		_____ [69]		_____ [116]		_____ [163]	
Business mileage	_____ [24]		_____ [71]		_____ [118]		_____ [165]	
Average daily round trip commuting mileage	_____ [26]		_____ [73]		_____ [120]		_____ [167]	
Total commuting mileage	_____ [28]		_____ [75]		_____ [122]		_____ [169]	
Gasoline	+ _____ [30]		+ _____ [77]		+ _____ [124]		+ _____ [171]	
Oil	+ _____ [32]		+ _____ [79]		+ _____ [126]		+ _____ [173]	
Repairs	+ _____ [34]		+ _____ [81]		+ _____ [128]		+ _____ [175]	
Maintenance	+ _____ [36]		+ _____ [83]		+ _____ [130]		+ _____ [177]	
Tires	+ _____ [38]		+ _____ [85]		+ _____ [132]		+ _____ [179]	
Car washes	+ _____ [40]		+ _____ [87]		+ _____ [134]		+ _____ [181]	
Insurance	+ _____ [42]		+ _____ [89]		+ _____ [136]		+ _____ [183]	
Interest	+ _____ [44]		+ _____ [91]		+ _____ [138]		+ _____ [185]	
Registration	+ _____ [46]		+ _____ [93]		+ _____ [140]		+ _____ [187]	
Licenses	+ _____ [48]		+ _____ [95]		+ _____ [142]		+ _____ [189]	
Property taxes (Plates, tags, etc)	_____ [50]		+ _____ [97]		+ _____ [144]		+ _____ [191]	
Vehicle rentals	+ _____ [52]		+ _____ [99]		+ _____ [146]		+ _____ [193]	
Inclusion amt (Preparer only)	_____ [54]		+ _____ [101]		+ _____ [148]		+ _____ [195]	
Other vehicle expenses	+ _____ [56]		+ _____ [103]		+ _____ [150]		+ _____ [197]	
Value of employer provided vehicle	+ _____ [58]		+ _____ [105]		+ _____ [152]		+ _____ [199]	
Depreciation	+ _____ [60]		+ _____ [107]		+ _____ [154]		+ _____ [201]	

Control Totals +

Noncash Contributions Exceeding \$500

For donated securities, include the company name and number of shares in the donated property description, below

Taxpayer/Spouse/Joint (T, S, J) _____ [1]
 Donated property description _____ [4]
 Name of donee organization _____ [5]
 Address of donee organization _____ [6]
 City _____ [7]
 State postal code _____ [8]
 Zip code _____ [9]
 Date contributed _____ [10]
 Date acquired by donor _____ [11]
 How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange) _____ [12]
 Donor's cost or basis _____ + _____ [13]
 Fair market value _____ + _____ [14]
 Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) _____ [15]
 If other: _____ [16]

Control Totals +

Noncash Contributions Exceeding \$500

For donated securities, include the company name and number of shares in the donated property description, below

Taxpayer/Spouse/Joint (T, S, J) _____ [1]
 Donated property description _____ [4]
 Name of donee organization _____ [5]
 Address of donee organization _____ [6]
 City _____ [7]
 State postal code _____ [8]
 Zip code _____ [9]
 Date contributed _____ [10]
 Date acquired by donor _____ [11]
 How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange) _____ [12]
 Donor's cost or basis _____ + _____ [13]
 Fair market value _____ + _____ [14]
 Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) _____ [15]
 If other: _____ [16]

Control Totals +

Noncash Contributions Exceeding \$500

For donated securities, include the company name and number of shares in the donated property description, below

Taxpayer/Spouse/Joint (T, S, J) _____ [1]
 Donated property description _____ [4]
 Name of donee organization _____ [5]
 Address of donee organization _____ [6]
 City _____ [7]
 State postal code _____ [8]
 Zip code _____ [9]
 Date contributed _____ [10]
 Date acquired by donor _____ [11]
 How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange) _____ [12]
 Donor's cost or basis _____ + _____ [13]
 Fair market value _____ + _____ [14]
 Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) _____ [15]
 If other: _____ [16]

Control Totals +

Preparer use only

Principal business or profession _____ [3]
 Taxpayer/Spouse/Joint (T, S, J) _____ [4]
 State postal code _____ [5]

Business Use of Home

	2019 Information	Prior Year Information
Total area of home	_____ [14]	_____
Area used exclusively for business	_____ [16]	_____
Information for day-care facilities only:		
Total hours used for day-care during this year	_____ [18]	_____
Total hours used this year, if less than 8760	_____ [20]	_____
Special computation for certain day-care facilities:		
Area used regularly and exclusively for day-care business	_____ [22]	_____
Area used partly for day-care business	_____ [24]	_____

List as direct expenses any expenses which are attributable only to the business part of your home.
List as indirect expenses any expenses which are attributable to the overall upkeep and running of your home.

	2019 Information		Prior Year Information
	Direct Expenses	Indirect Expenses	
Mortgage interest:	+ _____ [29]	+ _____ [31]	_____
Mortgage insurance premiums	+ _____ [34]	+ _____ [35]	_____
Real estate taxes:	+ _____ [37]	+ _____ [39]	_____
Excess mortgage interest	+ _____ [42]	+ _____ [43]	_____
Insurance	+ _____ [48]	+ _____ [50]	_____
Rent	+ _____ [54]	+ _____ [55]	_____
Repairs & maintenance	+ _____ [57]	+ _____ [58]	_____
Utilities	+ _____ [60]	+ _____ [61]	_____
Other expenses, such as: Supplies & Security system	+ _____ [63]	+ _____ [64]	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
Excess casualty losses		+ _____ [66]	_____
Carryovers:			_____
Operating expenses		+ _____ [67]	_____
Casualty losses		+ _____ [68]	_____
Depreciation		+ _____ [70]	_____
Business expenses not from business use of home, such as:			_____
Travel, Supplies, Business telephone expenses		+ _____ [71]	_____
Depreciation		+ _____ [75]	_____

NOTES/QUESTIONS:

If you used your automobile for business purposes, please complete the following information.

Preparer use only

Description of business or profession _____ [3]

Vehicles

Vehicle 1 -	Date placed in service	_____	[4]
	Description	_____	[5]
	Comments	_____	
Vehicle 2 -	Date placed in service	_____	[9]
	Description	_____	[10]
	Comments	_____	
Vehicle 3 -	Date placed in service	_____	[14]
	Description	_____	[15]
	Comments	_____	
Vehicle 4 -	Date placed in service	_____	[19]
	Description	_____	[20]
	Comments	_____	

Vehicle Questions

	Vehicle 1	Prior Year	Vehicle 2	Prior Year	Vehicle 3	Prior Year	Vehicle 4	Prior Year
If you used your automobile for work purposes, answer the following questions:								
Was the vehicle available for off-duty personal use? (Y, N)	___ [60]	___	___ [62]	___	___ [64]	___	___ [66]	___
Was another vehicle available for personal use? (Y, N)	___ [68]	___	___ [70]	___	___ [72]	___	___ [74]	___
Do you have evidence to support your deduction? (Y, N)	___ [76]	___	___ [78]	___	___ [80]	___	___ [82]	___
Is this evidence written? (Y, N)	___ [84]	___	___ [86]	___	___ [88]	___	___ [90]	___

Vehicle Expenses

	Vehicle 1	Prior Year Information	Vehicle 2	Prior Year Information	Vehicle 3	Prior Year Information	Vehicle 4	Prior Year Information
Total miles for year	_____ [32]		_____ [34]		_____ [36]		_____ [38]	
Commuting miles	_____ [42]		_____ [44]		_____ [46]		_____ [48]	
Business miles	_____ [52]		_____ [54]		_____ [56]		_____ [58]	
Parking fees	+ _____ [92]		+ _____ [94]		+ _____ [96]		+ _____ [98]	
Tolls	+ _____ [100]		+ _____ [102]		+ _____ [104]		+ _____ [106]	
Gasoline	+ _____ [108]		+ _____ [110]		+ _____ [112]		+ _____ [114]	
Oil	+ _____ [116]		+ _____ [118]		+ _____ [120]		+ _____ [122]	
Repairs	+ _____ [124]		+ _____ [126]		+ _____ [128]		+ _____ [130]	
Maintenance	+ _____ [132]		+ _____ [134]		+ _____ [136]		+ _____ [138]	
Tires	+ _____ [140]		+ _____ [142]		+ _____ [144]		+ _____ [146]	
Car washes	+ _____ [148]		+ _____ [150]		+ _____ [152]		+ _____ [154]	
Insurance	+ _____ [156]		+ _____ [158]		+ _____ [160]		+ _____ [162]	
Interest	+ _____ [164]		+ _____ [166]		+ _____ [168]		+ _____ [170]	
Registration	+ _____ [172]		+ _____ [174]		+ _____ [176]		+ _____ [178]	
Licenses	+ _____ [180]		+ _____ [182]		+ _____ [184]		+ _____ [186]	
Property taxes	+ _____ [188]		+ _____ [190]		+ _____ [192]		+ _____ [194]	
Other vehicle expenses	+ _____ [196]		+ _____ [198]		+ _____ [200]		+ _____ [202]	
Vehicle rentals	+ _____ [204]		+ _____ [206]		+ _____ [208]		+ _____ [210]	
Inclusion amt (Preparer only)	+ _____ [212]		+ _____ [214]		+ _____ [216]		+ _____ [218]	
Depreciation	+ _____ [220]		+ _____ [222]		+ _____ [224]		+ _____ [226]	

Control Totals +

2019 Information

Taxpayer

Spouse

Prior Year Information

Self-employed health insurance premiums: (Not entered elsewhere)

_____	+	_____ [2]	+	_____ [3]	_____ _____ _____
_____	+	_____	+	_____	

Self-employed long-term care premiums: (Not entered elsewhere)

_____	+	_____ [5]	+	_____ [6]
_____	+	_____	+	_____

NOTES/QUESTIONS:

Please enter all amounts paid in 2019 for the care of one or more dependents which enables you to work or attend school. Enter the amount of dependent care expenses paid for each qualifying dependent on Organizer Form ID:1040

	Taxpayer	Spouse
2018 employer-provided dependent care benefits used during 2019 grace period	+ _____ [3]	+ _____ [4]
Employer-provided dependent care benefits that were forfeited in 2019	+ _____ [5]	+ _____ [6]
Total qualified expenses incurred in 2019		_____ [9]
Were you or your spouse a full time student or disabled? (Yes or No)	_____ [10]	_____ [11]
Did you provide care expenses for any person(s) who is not listed as a dependent? (Y, N)		_____ [12]

Business name of provider _____
 First and last name of provider _____
 Street address of provider _____
 City, State and Zip code _____
 Social security number OR Employer identification number _____
 Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN) _____
 Amount paid to care provider in 2019 + _____ [7]
 Foreign province or state of provider _____
 Foreign country and Foreign postal code of provider _____

Business name of provider _____
 First and last name of provider _____
 Street address of provider _____
 City, State and Zip code _____
 Social security number OR Employer identification number _____
 Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN) _____
 Amount paid to care provider in 2019 + _____
 Foreign province or state of provider _____
 Foreign country and Foreign postal code of provider _____

Business name of provider _____
 First and last name of provider _____
 Street address of provider _____
 City, State and Zip code _____
 Social security number OR Employer identification number _____
 Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN) _____
 Amount paid to care provider in 2019 + _____
 Foreign province or state of provider _____
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Business name of provider _____
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 Amount paid to care provider in 2019 + _____
 Foreign province or state of provider _____
 Foreign country and Foreign postal code of provider _____

This page has been prepared to present the details of prior year income tax returns and is provided for informational purposes only.

	2015 Amounts	2016 Amounts	2017 Amounts	2018 Amounts
Filing Status				
(1 = Single, 2 = MFJ, 3 = MFS, 4 = HOH, 5 = QW)	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>
Salaries and wages				<u>806</u>
Interest income				
Tax-exempt interest				
Dividend income				
Qualified dividends				
Business income/loss		<u>117,000</u>		
Capital gains and losses				
Other gains and losses				
IRA distributions, pensions, annuities				
Rent, royalty, farm rental income				
Partnership/S corp income				
Estate or trust income				
Farm income/loss				
Other income/loss				<u>402</u>
Total income -		<u>117,000</u>		<u>1,208</u>
Total adjustments to income		<u>30,013</u>		
Adjusted gross income -		<u>86,987</u>		<u>1,208</u>
Medical expenses				
State and local taxes				<u>38</u>
Interest expenses				
Charitable contributions				
Other itemized deductions				
Allowable itemized deductions				<u>38</u>
Standard deduction	<u>6,300</u>	<u>6,300</u>	<u>6,350</u>	<u>1,156</u>
Standard or itemized deduction taken -	<u>6,300</u>	<u>6,300</u>	<u>6,350</u>	<u>1,156</u>
Exemptions	<u>4,000</u>	<u>4,050</u>	<u>4,050</u>	
Qual Bus Inc Ded (plus DPAD)				
Taxable income -		<u>76,637</u>		<u>52</u>
Tax on taxable income		<u>14,928</u>		<u>6</u>
Alternative minimum tax				
Total credits				
Net tax liability -		<u>14,928</u>		<u>6</u>
Self-employment taxes		<u>16,532</u>		
Other taxes				
Total tax -		<u>31,460</u>		<u>6</u>
Income tax withheld				<u>13</u>
Estimated tax payments				
Other payments				
Total payments -				<u>13</u>
Tax due/-refund -		<u>31,460</u>		<u>-7</u>
Penalties and interest				
Net tax due/-refund -		<u>31,460</u>		<u>-7</u>
Refund applied to estimated tax payments				
Refund received				<u>-7</u>
Marginal tax rate -	<u>10.0%</u>	<u>25.0%</u>	<u>10.0%</u>	<u>10.0%</u>
Effective tax rate -	<u>%</u>	<u>41%</u>	<u>%</u>	<u>12%</u>

NOTES/QUESTIONS:

Notes to Preparer

Submit questions and provide additional information to your tax return preparer here.

Taxpayer name(s) _____

Social security number _____