

## 2019 Summary Organizer Personal and Dependent Information

### Personal Information

Name		SSN	Date of birth
Taxpayer			
Spouse			
Street address, city, state, and ZIP			
Occupation		Daytime phone	Evening phone
Taxpayer			
Spouse			
Taxpayer email			
Spouse email			

#### Marital Status at end of 2019

- Married  
 Married filing separately  
 Single  
 Widow(er) If spouse died in 2019 enter the date of death \_\_\_\_\_

#### Other information

- Are you blind?  Yes  No  
 Are you disabled?  Yes  No  
 Are you a full-time student?  Yes  No  
 Do you want \$3 to go to the Presidential Election Campaign Fund?  Yes  No

#### Taxpayer

- Yes  No  
 Yes  No  
 Yes  No  
 Yes  No

#### Spouse

- Yes  No  
 Yes  No  
 Yes  No  
 Yes  No

### Dependent Information

First and last name	SSN	Relationship	Months in home	Date of birth	Disabled	Full-time student

List dependents required to file a return \_\_\_\_\_

### Estimates

	Federal		Resident state		Resident city	
	Date paid	Amount	Date paid	Amount	Date paid	Amount
Overpayment applied from 2018	_____	_____	_____	_____	_____	_____
First quarter	_____	_____	_____	_____	_____	_____
Second quarter	_____	_____	_____	_____	_____	_____
Third quarter	_____	_____	_____	_____	_____	_____
Fourth quarter	_____	_____	_____	_____	_____	_____
Additional payments	_____	_____	_____	_____	_____	_____

### Account Information for Deposits or Withdrawals

Name of bank	Bank routing number	Bank account number	Type of account		Use this account for	
			Checking	Savings	Deposits	Withdrawals

### Appointment Information

Your 2019 appointment is scheduled for \_\_\_\_\_

### Income

Name:

SSN:

#### Wages & Salaries

Provide all copies of Form W-2

Employer name	2019 federal wages	2018 federal wages

#### Retirement

Provide all copies of Form 1099-R

Payer name	2019 distribution	2018 distribution

Did you take a distribution from an IRA and give it to an organization eligible to receive tax-deductible contributions?  Yes  No

#### Form 1099-Misc Income

Provide all copies of Form 1099-MISC (\* Also reported on Schedule C or E)

Payer name	2019 amount	2018 amount





### Other Income and Adjustments

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

#### Other Income

Did you receive, sell, exchange, or otherwise acquire any financial interest in any virtual currency at any time during 2019?

	2019 Taxpayer	2018 Taxpayer	2019 Spouse	2018 Spouse
Scholarships or grants not reported on Form W-2 . . . . .	_____	_____	_____	_____
State income tax refund (attach Forms 1099-G) . . . . .	_____	_____	_____	_____
Social Security Benefits (attach Forms 1099-SSA) . . . . .	_____	_____	_____	_____
Railroad Retirement Benefits (attach Forms 1099-RRB) . . . . .	_____	_____	_____	_____
Alimony received				
Divorce or separation date _____ Amount _____	_____	_____	_____	_____
Unemployment compensation (attach Forms 1099-G) . . . . .	_____	_____	_____	_____
Unemployment compensation repaid in 2019 . . . . .	_____	_____	_____	_____
Gambling winnings (attach Forms W2-G) . . . . .	_____	_____	_____	_____
Alaska Permanent Fund . . . . .	_____	_____	_____	_____
ABLE distributions . . . . .	_____	_____	_____	_____
Other income: _____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

#### Adjustments

	2019 Taxpayer	2018 Taxpayer	2019 Spouse	2018 Spouse
Educator expenses (If you are an educator, enter the amount you paid for classroom supplies) . . . . .	_____	_____	_____	_____
Contributions made to a Health Savings Account (HSA) . . . . .	_____	_____	_____	_____
Contributions made to a Self-Employed Pension plan (SEP) . . . . .	_____	_____	_____	_____
Payments made for Self-Employed Health Insurance for you, your spouse, or dependents . . . . .	_____	_____	_____	_____
Alimony paid				
Name _____				
SSN _____ Divorce or separation date _____	_____	_____	_____	_____
Name _____				
SSN _____ Divorce or separation date _____	_____	_____	_____	_____
Contributions made to an Individual Retirement Account (IRA) . . . . .	_____	_____	_____	_____
Contributions made to a Roth IRA . . . . .	_____	_____	_____	_____
Interest paid on a student loan . . . . .	_____	_____	_____	_____
Other adjustments: _____	_____	_____	_____	_____

#### Job-related Moving Expenses

Select this box and complete the fields below if you are a member of the Armed Forces on active duty, and moved due to a military order for a permanent change of station.

	2019	2018
Number of miles from old home to old workplace . . . . .	_____	_____
Number of miles from old home to new workplace . . . . .	_____	_____
Expense to move household goods & personal effects and lodging expenses while traveling to your new home (Do not include cost of meals)	_____	_____

### Schedule C - Profit or Loss from Business

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

#### General Business Information

Business name \_\_\_\_\_ Employer ID number \_\_\_\_\_

Professional product or service \_\_\_\_\_

Business address, city, state, ZIP \_\_\_\_\_

This business started or was acquired during 2019  Yes  No Payments of \$600 or more were paid to an individual who is not your employee for services provided for this business

This business was disposed of during 2019  Yes  No You filed Forms 1099 for the individuals

#### Income

	2019	2018		2019	2018
Gross receipts or sales . . . . .			Other income . . . . .		
Returns & allowances . . . . .					

#### Expenses

	2019	2018		2019	2018
Advertising . . . . .			Travel . . . . .		
Car & truck expenses . . . . .			Total meals . . . . .		
Commissions & fees . . . . .			Utilities . . . . .		
Contract labor . . . . .			Wages . . . . .		
Depletion . . . . .			Other expenses (list) . . . . .		
Employee benefit programs . . . . .			_____		
Insurance (other than health) . . . . .			_____		
Interest - mortgage . . . . .			_____		
Interest - other . . . . .			_____		
Legal & professional services . . . . .			_____		
Office expenses . . . . .			_____		
Pension & profit sharing plans . . . . .			_____		
Rent or lease (vehicles, machinery, & equipment) . . . . .			_____		
Rent (other business property) . . . . .			_____		
Repairs & maintenance . . . . .			_____		
Supplies . . . . .			_____		
Taxes & licenses . . . . .			_____		

#### Cost of Goods Sold

	2019	2018		2019	2018
Inventory at beginning of year . . . . .			Materials & supplies . . . . .		
Purchases . . . . .			Other costs . . . . .		
Cost of personal use items . . . . .			Inventory at end of year . . . . .		
Cost of labor . . . . .			<input type="checkbox"/> There was a change in inventory method		

## Schedule E - Income or Loss from Rental Real Estate & Royalties

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

### General Property Information

Property description \_\_\_\_\_  
 Address, city, state, ZIP \_\_\_\_\_

**Select the property type**

- |  |   |                                    |                                      |
|--|---|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Single family residence | <input type="checkbox"/> Vacation / short-term rental | <input type="checkbox"/> Land      | <input type="checkbox"/> Self-rental |
| <input type="checkbox"/> Multi-family residence  | <input type="checkbox"/> Commercial                   | <input type="checkbox"/> Royalties | <input type="checkbox"/> Other _____ |

Number of days property was rented \_\_\_\_\_ Number of days property was used for personal use \_\_\_\_\_

If the rental is a multi-dwelling unit and you occupied part of the unit, enter the percentage you occupied \_\_\_\_\_

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> This property is your main home or second home       | <input type="checkbox"/> Yes <input type="checkbox"/> No | Payments of \$600 or more were paid to an individual who is not your employee for services provided for this rental. |
| <input type="checkbox"/> This property was disposed of during 2019            | <input type="checkbox"/> Yes <input type="checkbox"/> No | You filed Forms 1099 for the individuals   |
| <input type="checkbox"/> This property was owned as a qualified joint venture |  |  |

### Income

	2019	2018		2019	2018
Rent Income . . . . .			Royalties from oil, gas, mineral, copyright or patent . . . . .		

### Expenses

	Rental unit expenses		Rental <u>and</u> homeowner expenses	
Advertising . . . . .				If this Schedule E is for a multi-unit dwelling and you lived in one unit and rented out the other units, use the "Rental and homeowner expenses" column to show expenses that apply to the entire property. Use the "Rental unit expenses" column to show expenses that pertain ONLY to the rental portion of the property.  If the Schedule E is not for a multi-unit property in which you lived in one unit, complete just the "Rental unit expenses" column.
Auto & travel . . . . .				
Cleaning & maintenance . . . . .				
Commissions . . . . .				
Insurance . . . . .				
Legal & professional fees . . . . .				
Management fees . . . . .				
Mortgage interest . . . . .				
Other interest . . . . .				
Repairs . . . . .				
Supplies . . . . .				
Taxes . . . . .				
Utilities . . . . .				
Depletion . . . . .				
Other expenses (list)				
_____				
_____				
_____				
_____				
_____				
_____				
_____				



### Schedule F - Profit or Loss from Farming

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

**General Information**

Principal product \_\_\_\_\_ Employer ID number \_\_\_\_\_

This farm was disposed of during 2019

Yes  No Payments of \$600 or more were paid to an individual who is not your employee for services provided for this farm

Yes  No You filed Forms 1099 for the individuals

**Income**

	2019	2018		2019	2018
Sale of livestock / other items . . . . .	_____	_____	Custom hire income . . . . .	_____	_____
Cost of items bought for resale . . . . .	_____	_____	Beginning inventory for accrual . . . . .	_____	_____
Sale of products you raised . . . . .	_____	_____	Ending inventory for accrual . . . . .	_____	_____
Total cooperative distributions . . . . .	_____	_____	<input type="checkbox"/> You used unit-livestock-price or farm-price inventory method		
Total agricultural payments . . . . .	_____	_____	Other income . . . . .	_____	_____
Commodity Credit Corporation (CCC) loans:					
CCC loans reported . . . . .	_____	_____	_____	_____	_____
CCC loans forfeited . . . . .	_____	_____	_____	_____	_____
Crop insurance proceeds:					
Amount received in 2019 . . . . .	_____	_____	_____	_____	_____
<input type="checkbox"/> You elect to defer to 2020					
Amount deferred from 2018 . . . . .	_____	_____	_____	_____	_____

**Expenses**

	2019	2018		2019	2018
Car & truck expenses . . . . .	_____	_____	Repairs & maintenance . . . . .	_____	_____
Chemicals . . . . .	_____	_____	Seeds & plants purchased . . . . .	_____	_____
Conservation expenses . . . . .	_____	_____	Storage & warehousing . . . . .	_____	_____
Custom hire (machine work) . . . . .	_____	_____	Supplies purchased . . . . .	_____	_____
Employee benefit programs . . . . .	_____	_____	Taxes . . . . .	_____	_____
Feed purchased . . . . .	_____	_____	Utilities . . . . .	_____	_____
Fertilizers & lime . . . . .	_____	_____	Veterinary, breeding, & medicine . . . . .	_____	_____
Freight & trucking . . . . .	_____	_____	Other expenses . . . . .	_____	_____
Gasoline, fuel, & oil . . . . .	_____	_____	_____	_____	_____
Insurance (other than health) . . . . .	_____	_____	_____	_____	_____
Interest - mortgage (paid to banks, etc.)	_____	_____	_____	_____	_____
Interest - other . . . . .	_____	_____	_____	_____	_____
Non-W-2 labor hired . . . . .	_____	_____	_____	_____	_____
W-2 wages paid . . . . .	_____	_____	_____	_____	_____
Pension & profit-sharing plans . . . . .	_____	_____	_____	_____	_____
Rent - vehicles, machinery, & equip . . . . .	_____	_____	_____	_____	_____
Rent - other (land, animals, etc.) . . . . .	_____	_____	_____	_____	_____

### Expenses Related to Business

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

#### Auto Expense

Name of business vehicle is used for \_\_\_\_\_

Description of vehicle \_\_\_\_\_ Date vehicle was placed in service \_\_\_\_\_

- Yes No
- This vehicle is available for use during off-duty hours
- Another vehicle is available for personal use

- Yes No
- There is evidence to support your deduction
- The evidence is written

Number of miles the vehicle was driven during 2019

Number of miles driven in prior years

		2019	2018			2019	2018
Business	.....	_____	_____	Business	.....	_____	_____
Commuting	.....	_____	_____	Total	.....	_____	_____
Other	.....	_____	_____				

		2019	2018			2019	2018
Garage rent	.....	_____	_____	Repairs	.....	_____	_____
Gas	.....	_____	_____	Tires	.....	_____	_____
Insurance	.....	_____	_____	Tolls	.....	_____	_____
Licenses	.....	_____	_____	Lease addback	.....	_____	_____
Oil	.....	_____	_____	Other expenses			_____
Parking fees	.....	_____	_____				_____
Rental fees	.....	_____	_____				_____
Interest	.....	_____	_____				_____
Property tax	.....	_____	_____				_____

#### Business Use of Home

Name of business home is used for \_\_\_\_\_

What is the total square footage of your home that was used regularly and exclusively for business \_\_\_\_\_

What is the total square footage of your home \_\_\_\_\_

For daycare facilities not used exclusively for business, complete the following questions

How many days during the year was the area used \_\_\_\_\_

How many hours per day was the area used \_\_\_\_\_

The daycare facility was in operation for the entire year

Expenses	Office expenses		Home expenses	
	2019	2018	2019	2018
Mortgage interest	_____	_____	_____	_____
Real estate taxes	_____	_____	_____	_____
Excess mortgage interest	_____	_____	_____	_____
Excess real estate taxes	_____	_____	_____	_____
Insurance	_____	_____	_____	_____
Rent	_____	_____	_____	_____
Repairs & maintenance	_____	_____	_____	_____
Utilities	_____	_____	_____	_____
Other expenses	_____	_____	_____	_____

In the "Office expenses" column, enter those expenses that pertain exclusively to your office; in the "Home expenses" column, enter those expenses that pertain to the entire dwelling.

**Schedule A - Itemized Deductions**

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

**Medical and Dental Expenses**

	2019	2018
Health insurance premiums (paid by you, not through work) . . . . .	_____	_____
Long-term care premiums (you) . . . . .	_____	_____
Long-term care premiums (your spouse) _____	_____	_____
Long-term care premiums (dependents) _____	_____	_____
Mileage driven for medical purposes . . . . .	_____	_____
Out of pocket medical and dental expenses (list) . . . . .	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Taxes Paid**

State and local income taxes . . . . .	_____	_____
Sales tax . . . . .	_____	_____
Real estate taxes . . . . .	_____	_____
Personal property taxes . . . . .	_____	_____
Other taxes (list)	_____	_____
_____	_____	_____
_____	_____	_____

**Interest Paid**

Mortgage interest paid (attach Form 1098) _____	_____
<input type="checkbox"/> Some of your home mortgage loan was not used to buy, build, or improve your home	
Mortgage interest paid to an individual _____	_____
Paid to:	
Name _____	
Address _____	
City, State, ZIP _____	
SSN or EIN _____	
Investment interest . . . . .	_____

**Charitable Contributions**

	2019	2018
Donations to charity (cash) . . . . .	_____	_____
Disaster relief contributions . . . . .	_____	_____
Miles driven for charitable purposes _____	_____	_____
Donations to charity (noncash) . . . . .	_____	_____
If noncash donations are greater than \$500, list below		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Other Miscellaneous Deductions**

Amortizable bond premiums . . . . .	_____	_____
Federal estate tax . . . . .	_____	_____
Gambling losses . . . . .	_____	_____
Impairment-related work expenses _____	_____	_____
Claim repayments . . . . .	_____	_____
Unrecovered pension investments _____	_____	_____
Schedule K-1 . . . . .	_____	_____
Ordinary loss debt instrument . . . . .	_____	_____

**For state purposes ONLY**

**Job Expenses & Certain Miscellaneous Deductions**

Necessary job expenses you paid that were not reimbursed by your employer (list)	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Tax preparation fees . . . . .	_____	_____
Other nonpersonal expenses related to taxable income (list)	_____	_____
_____	_____	_____
_____	_____	_____
Investment expenses not entered elsewhere . . . . .	_____	_____
Qualified mortgage insurance premiums . . . . .	_____	_____
Home equity interest . . . . .	_____	_____