

Client Name: _____

Appletree & Kern, PC
2019 Tax Organizer Checklist

PERSONAL INFORMATION

p Did your marital status change during the year? Yes No
If yes, explain: _____

p Did your address, phone number or e-mail address change from last year? Yes No

If yes, provide new address and date of move:

Street Address _____

City, State, Zip Code _____

Date of Relocation _____

E-mail Address _____

p Could you be claimed as a dependent on another person's tax return for 2019? Yes No

p Did you celebrate marriage to a same-sex spouse in a state that legally recognizes same-sex marriage? Yes No

DEPENDENTS

p Were there any changes in dependents for 2019? If so, please provide a copy of the Social Security card(s) and dates of birth for **NEW** dependents.

p Do you have any children under the age of 19 or a full-time student under age 24 with unearned income (e.g., interest, dividends, unemployment compensation) in excess of \$2,200? **If so, please provide Form 1099s.**

p Did you pay any expenses related to the adoption of a child during the year? Yes No

p Provide name, address, and Federal I.D. number of anyone or any company to whom you paid child care during 2019.

HEALTH CARE INFORMATION

p Did you have qualifying health care coverage, such as employer-sponsored coverage or government-sponsored coverage (i.e. Medicare/Medicaid) for your family? "Your family" for health care coverage refers to you, your spouse if filing jointly, and anyone you can claim as a dependent.

p Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act? **If yes, please provide any Form(s) 1095-A you received.**

p Contributions to, or distributions from, a health savings account (HSA), medical savings account (MSA), or achieving a better life experience account (ABLE). **Provide 2019 Forms 1099-SA, 1099-Q, 5498-QA or 1099-QA.**

p Health Insurance, Dental Insurance, Vision Insurance and/or Long-Term Care Insurance for self-employed individuals. **Were you and/or your spouse eligible to be covered by another employer's subsidized or partially subsidized health plan during the year?**

INCOME

p Provide all 2019 W-2s.

p Provide all Form 1099-INT/Form 1099-DIV that show interest and dividends earned in 2019.

p Provide business income and expenses if you are self-employed. Was your home used for the business? If you have employees, did you pay health insurance premiums for your employees this year? Did you use your personal vehicle for business purposes?

- p Provide 2019 Forms 1099-R** relating to pension, IRA, myRA, Keogh, SIMPLE, SEP, regular IRA to Roth IRA conversions, life insurance or annuity distributions.
- p Provide 2019 Form K-1** for any interest in Partnerships, S Corporations, LLCs, and Trusts.
- p** Provide rental property income and expenses.
- p Provide 2019 Form 1099-SSA** if you received social security benefits.
- p Provide 2019 Form 1099-G** if you received unemployment compensation.
- p Provide 2019 Form W-2G** if you received gambling winnings. **Please also include copies of any Casino “Win/Loss” statements or other form of proof of gambling losses.**
- p** Did you have any debts cancelled or forgiven? If yes, please provide **2019 Form 1099-C**.
- p** Did you have any foreign income or pay any foreign taxes during the year? Yes No
- p** 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? Yes No

INVESTMENT PURCHASES & SALES, AND NON-BUSINESS DEBT

- p** Provide sales price, cost basis, date of purchase and date of sale for any stock or other investments sold during the year. **Provide 2019 Forms 1099-A and/or 1099-B.**
- p** Provide a copy of any settlement statements for real estate sold, bought or refinanced during 2019. This includes your personal residence. **Provide 2019 Form 1099-S, if applicable.**
- p** Did you incur any non-business bad debts this year? Yes No

RETIREMENT PLANS

- p** Did you make – or do you want to make – any contributions to self-employed SEP, SIMPLE, or other Qualified Plan for 2019? Yes No
- p** Did you make – or do you want to make – an IRA, Roth IRA or myRA contributions for the 2019 tax year? **Provide all 2019 Forms 5498.** Yes No
- p** Did you convert a “traditional” IRA to a Roth IRA in 2019? Yes No
- p** Did you rollover any monies from an account in a Qualified Plan to a Roth account in a Qualified Plan in 2019? Yes No
- p** In 2019, did you make any qualified charitable distributions directly from your IRA to a qualified charitable organization? If yes, please provide a statement from your investment company showing the date(s), amount(s), and name of qualified charitable organization(s).

ENERGY DEDUCTIONS/CREDITS

- p** Did you purchase a new vehicle that qualifies for the electric or hybrid motor vehicle credit?

EDUCATION DEDUCTIONS/CREDITS

- p** Educator Expenses (Kindergarten through Grade 12 Instructors).
- p** Student loan interest paid. **Provide 2019 Form 1098-E.**
- p** Post-secondary (college or other) education expenses for yourself or dependent(s) for tuition, qualified fees, books, supplies, and equipment less any scholarships received. **Please provide 2019 Form 1098-T and any receipts for related expenses.**
- p** Did you make any contribution to a Section 529 Plan in 2019? **If yes, these are deductible on your Pennsylvania tax return; please provide an end of year investment statement detailing the amount that you contributed, cost basis of account and the FMV of account.**

- p Did you make any withdrawals from an education savings or 529 Plan account in the year? **If yes, please provide 2019 Form 1099-Q** and cost of room, board, and books/equipment for the year.
- p 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? Yes No

OTHER DEDUCTIONS/CREDITS

- p Armed forces moving expenses. Note that moving expenses related to a job change are no longer deductible.
- p Did you pay any individual as a household employee during the year?
- p Alimony paid or received for divorces that were final in 2018. **Please provide the amount with a copy of divorce agreement if the divorce was final in 2018. Also please provide copy of divorce agreement if divorce was final in 2019 to determine various custodial duties, etc.**
- p Medical and Dental Expenses paid out of pocket, including long-term health care premiums for yourself or your family. Did you have any medical miles driven in 2019?
- p Real Estate Taxes Paid in 2019 for primary or secondary residences. **If you believe that you are eligible for the Pennsylvania Property Tax Rebate Program you will need to provide copies of the real estate tax bills marked paid by your locality or a receipt from your locality detailing the real estate tax bills were paid on your primary residence only.**
- p Personal Property Tax(es).
- p Did you purchase a vehicle or other “major asset” in 2019? If yes, the sales tax paid on the items may be deductible in 2019. Please provide a copy of the invoices detailing sales tax paid.
- p **Did you purchase any product or service, except clothing, with an out of state vendor or through the internet, mail, or in person where you were not charged any sales tax? If yes, you will owe Pennsylvania use tax on those items; please provide copies of invoices if available. If you cannot locate any of these invoices, please discuss this with us.**
- p **Copies of Form 1098** showing mortgage or home equity loan interest paid during 2019.
- p Interest on money borrowed for investment.
- p Charitable Contributions
 - For cash contributions under \$250: You must have a bank record (e.g., canceled check) or a written receipt from the charitable organization.
 - For a single cash contribution of \$250 or more: You must have a written receipt from the charitable organization.
 - For non-cash contributions: You must provide to us a signed receipt from the charitable organization. The receipt should include a listing of the items donated and value assigned to the items.
 - Did you have any miles driven on behalf of a charity in 2019? If yes, how many?
 - If you donated a vehicle to a charitable organization, **please provide us with the 2019 Form 1098-C you received.**
- p Casualty losses in a Federally Declared Disaster Area? Other personal or theft losses? Note that in 2019, losses not in a Federally Declared Disaster Area are only allowed to the extent of “casualty gains.”

ESTIMATED TAXES

- p Did you apply an overpayment of 2018 taxes to your 2019 estimated tax (instead of being refunded)? Yes No
- p Estimated Federal Income Tax paid for 2019. Enter dates and amounts paid below or on the attached organizer input sheets.

- p** Estimated State and Local taxes paid in 2019 (even if for prior year). Enter dates and amounts paid below or on the attached organizer input sheets.
- p** If you have an overpayment of 2019 taxes, do you want the excess applied to your 2020 estimated tax (instead of being refunded)?
- p** If you are required to pay estimated taxes for the 2020 tax year, would you like to have those estimated tax payments automatically withdrawn from your bank account? If No, then estimated tax voucher coupons will be provided. Yes No
- p** Do you expect your 2020 taxable income and withholdings to be different from 2019? Please explain. Yes No

MISCELLANEOUS

- p** **E-filing is mandatory for both the Federal and State. You may, however, “opt out” of this e-filing requirement by signing an authorization. Do you want to opt out?** Yes No

For identity protection, we recommend that you provide your state driver’s license or identification card information with your electronically filed submission. Please provide a copy of your driver’s license or identification card.

- p** Would you like your Federal and/or State refund directly deposited into your account? If a balance is due would you like your amount automatically withdrawn from your account? Yes No

If yes, is your bank account information the same as in the prior year? Yes No
 If no, please provide the following account information including bank account & routing number:

List the owner(s) of the account

Type of Account:

- p** Checking
- p** Savings
- p** IRA

Enclose a Voided Check to insure an accurate deposit or debit.

- p** Do you, or your spouse, want to contribute \$3 to the Presidential Election Campaign Fund? Yes No
- p** May the IRS discuss your return with your preparer? Yes No
- p** Were you notified or audited by either the Internal Revenue Service or your State taxing agency? Yes No
- p** Did you receive an Identity Protection PIN from the Internal Revenue Service or have you been a victim of identity theft? If yes, provide a copy of the IRS letter. Yes No
- p** Do you have a financial interest or account in a foreign country in 2019? **If yes, we will need various information regarding the account.** Please contact us to discuss this.
- p** Did you, or your spouse, make any gifts to an individual that total more than \$15,000, or any gifts to a trust in 2019? Yes No
- p** **New Clients** - Provide a copy of your 2018 Federal, State and City Individual Income Tax Returns.

§ Did you buy a personal residence in 2008; did you receive a homebuyer credit in 2008? **If yes, please provide a copy of your 2008 Federal tax return if available.**

Signature(s):
