

Clark & Associates CPA PS

19033 68th Ave S Ste D104
Kent, WA 98032
randy@clarkaccounting.net
Phone: (253)234-5732 | Fax: (253)216-8287

January 01, 2020

Client Name: _____

We're trying to keep our intro letter as brief as possible, but here are a few items worth calling out. **In order to encourage your reading of this letter, there's an obvious "keyword" buried in the text. Mention that keyword when you come in with a completed checklist and you'll receive a special reward from us. It will be a reward you'll actually want to take home!**

Tax Code Changes - Many of you may have heard that tax return preparation is now simpler than ever, but that's fake news! Based on a review of our client base, we expect it to be more complex for 97% of our clients. This may translate into additional time needed or it could be that the areas of increased complexity are offset by savings in the few areas where things are simpler. Either way, when we meet we'll be able to provide more about your specific situation.

Organizer data - The most important part of the organizer packet is the section with yes/no questions. Anything you mark "yes" to are subjects we need more info on or need to discuss in further detail. Consider the rest of the organizer to be more of a checklist for most items - please know that if you have official forms like W-2s and 1098s, we do NOT want or need you to fill out the organizer for those items. Just make sure we get the forms. Similarly, if you use QuickBooks, don't fill out the organizer for the business data, just get us the reports or a copy of the QB file. Some info, like your mileage for example, does still need to be on there unless you get it to us another more efficient way. Bottom line is that we don't want you wasting your time to give us the same thing twice - once only from your original source is best. Completing the yes/no questions and the keyword is the combo to the reward.

Office Tools Portal - We've been using Office Tools for 2+ years now and most of our clients who use it find the program easy to use while enhancing data security. Our policy requires us to password protect most of the info we send to you, but if sent via the portal your one password will get you access to all of it, and allow you to send us information securely as well. I sometimes chuckle and cringe at the same time when I get emails from clients with their entire life's data in an unprotected email - please do use the portal for this kind of thing to protect yourself and reduce the risk of your identity being hacked. Call the office with any issues about the portal.

Appointments - This year we are offering appointments on weekdays at 9am, 11am, 2pm, and 4pm. We will also be offering evening and weekend options for clients who are unable to see us during normal business hours. If your schedule is tight, please call us ASAP at 253-234-5732 to reserve a time that works for you. Dodgers. We routinely are asked if it will save money to skip the appointment - the answer is that it might but more often it does not. We still end up having phone and email dialogs that are less efficient. Also, the meetings are the source of much of the information that allows us to go beyond compliance and really find those big tax savings or other value-added items.

eSignatures - We do now have the option to allow for the E-file authorizations to be signed electronically. The IRS requirements around this are very strict - for example, if you're married we'd need both spouses to have separate emails, with no exceptions allowed. If you are travelling when it's time to file or don't have access to be able to print/sign/scan this could be an alternative worth pursuing.

For your tax returns, most taxpayers will have all their necessary forms for filing by early February. If you typically end up waiting on a K-1 or other statements that historically arrive later, please be sure to get everything else ready to go so we can get moving once those statements do arrive. **The sooner we prepare your return, the more time you will have to prepare for any balance that may be due to the IRS, and the sooner you can receive your refund if you are owed one.**

Please review the above information carefully and give us a call at 253-234-5732 if you have any questions. Bring this packet and all supporting documents, including W-2 and 1099 statements, to your tax preparation appointment. We are available Monday thru Friday between 8:30am – 5pm and can also be reached by email at info@clarkaccounting.net.

Sincerely,

Randy Clark
Clark & Associates CPA PS

Clark & Associates CPA PS

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randy@clarkaccounting.net
Phone: (253)234-5732 | Fax: (253)216-8287

January 01, 2020

Client Name: _____

Your privacy is important to us. Read the following privacy policy.

We collect nonpublic personal information about you from various sources, including:

- * Interviews regarding your tax situation
- * Applications, organizers, or other documents that supply such information as your name, address, telephone number, Social Security Number, number of dependents, income, and other tax-related data
- * Tax-related documents you provide that are required for processing tax returns, such as Forms W-2, 1099R, 1099-INT and 1099-DIV, and stock transactions

We do not disclose any nonpublic personal information about our clients or former clients to anyone, except as requested by our clients or as required by law.

We restrict access to personal information concerning you, except to our employees who need such information in order to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your personal information.

If you have any questions about our privacy policy, contact our office at (253)234-5732.

Sincerely,

Randy Clark
Clark & Associates CPA PS

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January 01, 2020

Subject: Preparation of Your 2018 Tax Returns

Client Name: _____

Thank you for choosing Clark & Associates CPA PS to assist you with your 2019 taxes. This letter confirms the terms of our engagement with you and outlines the nature and extent of the services we will provide.

We will prepare your 2019 federal (and state, if applicable) income tax returns. We will depend on you to provide the information we need to prepare complete and accurate returns. We may ask you to clarify some items but will not audit or otherwise verify the data you submit. An Organizer is enclosed to help you collect the data required for your return. The Organizer will help you avoid overlooking important information. By using it, you will contribute to efficient preparation of your returns and help minimize the cost of our services.

We will perform accounting services only as needed to prepare your tax returns. Our work will not include procedures to find defalcations or other irregularities. Accordingly, our engagement should not be relied upon to disclose errors, fraud, or other illegal acts, though it may be necessary for you to clarify some of the information you submit. We will, of course, inform you of any material errors, fraud, or other illegal acts we discover.

The law imposes penalties when taxpayers underestimate their tax liability. Please call us if you have concerns about such penalties.

Should we encounter instances of unclear tax law, or of potential conflicts in the interpretation of the law, we will outline the reasonable courses of action and the risks and consequences of each. We will ultimately adopt, on your behalf, the alternative you select. We will use our professional judgment in resolving areas in which the tax law is unclear or where there are conflicts between the taxing authorities; interpretation of the law and other supportable positions. Our assessment will be based on general and specific facts presented and assume no facts not stated. Additional facts not disclosed to us may have changed the related conclusions. Such additional facts may require specific disclosures on the tax return. Due to the higher scrutiny by the Internal Revenue Service and the increase in paid preparer penalties passed by Congress, more time may have been required to prepare your tax return than in prior years.

As you know, your returns are subject to review by the taxing authorities. In the event of an audit, you may be requested to produce documents and records to substantiate the items of income and deductions shown on the return. Any proposed deficiency is subject to certain rights of appeal. We will be available, upon request, to advise or represent you if an examination occurs; however, these additional services are not included in our fee for the preparation of your returns.

Our fee will be based on the time required at standard hourly billing rates plus out-of-pocket expenses. Invoices are due upon presentation. To the extent permitted by state law, an interest charge may be added to all accounts not paid within thirty (30) days.

We use third-party service providers to assist us in tax preparation and document storage and transfer. Use of any such third-party results in what the state board of accountancy considers "disclosure" of your information, however we believe that our third-party service providers maintain the appropriate physical, electronic, and procedural safeguards to protect your information. We take all reasonable steps to ensure that any third-party service providers adhere to the

same standards of professional quality in safeguarding your information as we do.

We will return your original records to you at the end of this engagement, unless you instruct us to destroy them. You should securely store these records, along with all supporting documents, canceled checks, etc., as these items may later be needed to prove accuracy and completeness of a return. We will retain copies of the records used in the preparation of your tax return and our work papers for your engagement for seven years, after which these documents may be destroyed. Records provided that are not used in the completion of our services will not be retained by us so please be sure to retain all documents, even those not directly related to your return.

Our engagement to prepare your 2019 tax returns will conclude with the delivery of the completed returns to you (if paper-filing), or your signature and our subsequent submittal of your tax return (if e-filing). If you have not selected to e-file your returns with our office, you will be solely responsible to file the returns with the appropriate taxing authorities. Review all tax-return documents carefully before signing them.

To affirm that this letter correctly summarizes your understanding of the arrangements for this work and your agreement to the terms and policies noted above, please sign the enclosed copy of this letter in the space indicated and return it to us in the envelope provided or bring it with you to your appointment.

We appreciate your confidence in us. Please call (253)234-5732 if you have questions.

Sincerely,

Randy Clark
Clark & Associates CPA PS

(Both spouses must sign for preparation of joint returns.)

Accepted By:

Client Name

Date

Checklist

Name:

SSN:

Checklist

This check list is provided to help you gather necessary information for us to prepare your 2019 income tax return. Return this list, along with the supporting documentation, to our office and let us know of any significant changes from your 2018 tax year.

Health Care Coverage (for each member of the household)

- Health Insurance Statements (Forms 1095-A, 1095-B, 1095-C)
- Any exemption certificates received from HHS giving you an exemption from having health insurance

Other Income (provide supporting documentation for income received for the following items)

- Sale of assets or property
- Cancellation of debt
- Other income _____

Payments (provide supporting documentation for payments made for the following items)

- Educator classroom expenses
- Employee business expenses
- Contributions to a Health Savings Account
- Expenses related to work relocation
- Alimony
- Student loan interest
- Tuition and fees for higher education
- Expenses related to child or dependent care
- Contributions to a Retirement Savings Account
- Medical and dental expenses
- Real estate taxes
- Other state and local taxes
- Mortgage interest
- Investment interest
- Cash Contributions
- Noncash Contributions
- Unreimbursed employee expenses
- Investment expenses
- Gambling losses
- Other payments _____

Questionnaire

Name:

SSN:

Questionnaire

Sharing Economy

Yes No

- Did you receive income or incur expenses associated with car sharing (e.g., Lyft or Uber)?
If yes, attach Form 1099-MISC and Form 1099-K.
- Did you receive income or incur expenses associated with freelancing (e.g., Upwork or TaskRabbit)?
If yes, attach Form 1099-K or Form W-2.
- Did you receive income or incur expenses associated with fashion sharing (e.g., Poshmark or thredUP)?
If yes, provide documentation.
- Did you receive income or incur expenses associated with crowdfunding (e.g., Kickstarter or Indiegogo)?
If yes, attach Form 1099-K.
- Did you receive income or incur expenses associated with a short-term rental (e.g., Airbnb or HomeAway)?
If yes, provide documentation.

Additional Questions

Yes No

- Did you receive income or incur expenses associated with a fantasy sport league? If yes, provide documentation.
- Did you have any gains or losses due to a federally recognized natural disaster?
- Did you have any gains or losses from virtual currencies (e.g., Bitcoin or Ripple)?
- Do you expect your income or deductions to be dramatically different from 2018? If so, please be sure to point out the differences to help us make sure we prepare a complete and accurate return for you.

How would you like to receive your copy of the return:

- Hard Copy
- Email password protected PDF
- Secure Portal delivery

How would you like your original documents handled:

- Return my originals - I will pick up
- Shred my originals - I already have copies

**** If requested, we will snail mail your original documents and tax return for a charge of \$20.00 (additional for extra large bundles based on postage).**

Miscellaneous Information

Name: _____

SSN: _____

Personal Information

Yes **No**

- Did your marital status change during the year?
If "Yes," explain _____
- Can you or your spouse be claimed as a dependent by someone else?
- Did your address change during the year?
Provide proof of identity to be eligible to e-file your tax return (driver's license or state-issued photo ID)

Dependent Information

- Did you have any changes in dependents during the year?
If "Yes," explain _____
- Can another person qualify to claim any of your dependents?
- Did you have any childcare expenses during the year?
- Did you have any adoption expenses during the year?
- Did you have any children under age 19 or a full-time student under age 24 with more than \$2100 of unearned income?
Provide documentation for proof of dependent related credits (school records, medical records, daycare records, etc.)

Health Care Information

- Did any member of your household **NOT** have healthcare coverage for the entire year?
Provide copies of all Forms 1095-A, 1095-B, 1095-C for **ALL** members of your household.
If any member of your household received an exemption from the marketplace, provide the Exemption Certificate Number (ECN).
- Did you receive any distributions from a Health Savings Account (HSA), Archer MSA, or Medicare Advantage MSA during the year?

Income, Purchases, Sales, and Debt Information

- Did you receive any tips not reported to your employer?
- Did you receive any disability income during the year?
- Did you cash any U.S. savings bonds during the year?
- Did you receive any other income not provided with this organizer?
If "Yes," explain _____
- Did you start a new business or purchase any rental property during the year?
- Did you sell an existing business, rental property, or other property during the year?
- Did you purchase any business assets or convert any assets to business use?
If "Yes," provide the cost of the asset, the date it was placed in service, and business use percentage.
- Did you purchase any gasoline, diesel, or special fuels for non-highway business use?
- Did you buy or sell any stocks, bonds, or other investments during the year?
- Did you sell a principal residence during the year?
If "Yes," provide closing documentation for the purchase and sale of the home
- Did you have a principal residence or a piece of real property foreclosed on during the year?
- Did you abandon a principal residence or a piece of real property during the year?
- Did you refinance your principal home or second home or take out a home equity loan during the year?
If "Yes," provide all escrow, closing, and other pertinent documentation and information.
- Did you receive any principal or interest during this year from property sold in prior years?
- Did you rent out your home or use it for business?
- Did you sell, exchange, or purchase any real estate during the year?
- Did you acquire a new or additional interest in a partnership or S corporation?
- Did you have any debts canceled or forgiven this year?
- Does anyone owe you money that has become uncollectible?
- Did you purchase a new hybrid, alternative motor, or electric motor energy-efficient vehicle during the year?
If "Yes," provide the year, make, model, VIN, and date the vehicle was placed in service.

Itemized Deduction Information

- Did you pay out-of-pocket medical or dental expenses (premiums, prescriptions, mileage, etc.) during the year?
- Did you pay any long-term care premiums for yourself, your spouse, or a dependent during the year?
- Did you receive any state or local income tax refunds from prior years?
- Did you make any major purchases (vehicle, boat, etc.) during the year?
- Did you pay any real estate property taxes or personal taxes during the year?
- Did you pay mortgage interest during the year?

Miscellaneous Information

Name:

SSN:

Itemized Deduction Information (continued)

Yes No

- Did you make cash donations to charity during the year?
- Did you make noncash donations to charity (clothes, furniture, etc.) during the year?
- Did you donate a boat or vehicle during the year?
If "Yes," attach Form 1098-C.
- Did you have gambling winnings or losses during the year?
- Did you have any job-related expenses that were not reimbursed by your employer (uniforms, safety equipment, etc.)?
- Did you use your vehicle on the job other than for commuting to work?
- Did you work out of town at any time during the year?

Retirement Information

- Did you receive any payments from a pension, profit sharing, or 401(k) plan during the year?
- Did you make any withdrawals from or contributions to an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), myRA, or other qualified retirement plan during the year?
- Did you receive any Social Security benefits during the year?

Education Information

- Did you pay tuition expenses that were required for attending college, university, or vocational school for yourself, your spouse, or a dependent during the year (even if classes were attended in another year)?
- Did anyone in your household attend a post-secondary school during the year?
- Did you make a contribution to or receive a distribution from an Education Savings Account or Qualified Tuition Program during the year?
- Did you pay student loan interest for yourself, your spouse, or your dependent(s) during the year?

Miscellaneous Information

- Did you incur a gain or loss due to damaged or stolen property?
If "Yes," provide the incident date, value of the property, and amount of insurance reimbursements.
- Did you pay wages to any household employees (babysitter, nanny, housekeeper, etc.)?
- Did you make gifts to any one person in excess of \$15,000 during the year?
If "Yes," are you splitting the gift with your spouse? _____
- Did you incur moving expenses during the year?
- Did you make any energy-efficient improvements to your main home during the year?
- Are you a business owner who paid health insurance premiums for your employees during the year?
- Did you apply an overpayment of your 2018 taxes to your 2019 estimated taxes?
- If you have an overpayment of 2019 taxes, do you want the refund applied to your 2020 estimated taxes?
- Did you make any estimated payments toward your 2019 taxes?
- Do you want to have any refund or balance due directly deposited or withdrawn?
If "Yes," provide a canceled checking or savings slip.
- Did you receive any notices from the IRS or state taxing authority?
If "Yes," explain _____
- May the IRS discuss your tax return with your preparer?
- Would you like a copy of your tax return emailed to you instead of receiving a printed copy?

Foreign Account Information

- Did you have a financial interest in or signature authority over a financial account or asset located in a foreign country?
- Did you receive a distribution from, or were you a grantor of, or transferor to, a foreign trust?
- Did you have any income from, or pay taxes to, a foreign country?
- Did you own property in a foreign country?
- Did the aggregate value of your foreign accounts exceed \$10,000 at any time during the year?

Preparer Notes

Miscellaneous Notes

2019 Tax Organizer Personal and Dependent Information

Personal Information

	Name	SSN	Date of birth	Healthcare coverage ALL year
Taxpayer				
Spouse				
Street address, city, state, and ZIP				
	Occupation	Daytime phone	Evening phone	Cell phone
Taxpayer				
Spouse				
Taxpayer email				
Spouse email				

Marital Status at end of 2019

<input type="checkbox"/> Married <input type="checkbox"/> Married filing separately <input type="checkbox"/> Single <input type="checkbox"/> Widow(er) <small>If spouse died in 2018 enter the date of death _____</small>	Are you blind? Are you disabled? Are you a full-time student? Do you want \$3 to go to the Presidential Election Campaign Fund?	Taxpayer <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Spouse <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
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Dependent Information

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

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 _____

Other Income and Adjustments

Name: _____

SSN: _____

Other Income

	2019 Taxpayer	2019 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	_____	_____
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	2019 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: _____	_____	_____
Name: _____ SSN: _____	_____	_____
Contributions made to an Individual Retirement Account (IRA)	_____	_____
Contributions made to a Roth IRA	_____	_____
Contributions made to a myRA	_____	_____
Interest paid on a student loan	_____	_____
Other adjustments: _____	_____	_____

Job-related Moving Expenses

Select this box and complete the fields below if you are member of the Armed Forces on active duty, and moved due to a military order for a permanent change of station. **2019**

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 _____

- Checkboxes for business start/acquire, disposal, and 1099 filing status.

Income

Table with 2 columns for 2019 and 2019, listing Gross receipts or sales, Income from Form 1099-MISC, and Returns & allowances.

Expenses

Table with 2 columns for 2019 and 2019, listing various expense categories like Advertising, Travel, Insurance, etc.

Cost of Goods Sold

Table with 2 columns for 2019 and 2019, listing Inventory at beginning/end of year, Purchases, and Cost of labor.

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

- Single family residence Vacation / short-term rental Land Self-rental
- Multi-family residence Commercial Royalties 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 _____

- This property is your main home Yes No Payments of \$600 or more were paid to an individual who is not your employee for services provided for this rental
- This property was disposed of during 2019 Yes No You filed Form(s) 1099 for the individual(s)
- This property was owned as a qualified joint venture

Income

	2019	2019
Rent income	_____	Royalties from oil, gas, mineral, copyright or patent _____
Rental income from Form(s) 1099-MISC	_____	Royalties from Form 1099-MISC _____

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.
Auto & travel	_____	_____	
Cleaning & maintenance	_____	_____	
Commissions	_____	_____	
Depletion	_____	_____	
Insurance	_____	_____	
Legal & professional fees	_____	_____	
Management fees	_____	_____	
Mortgage interest	_____	_____	
Other interest	_____	_____	
Repairs	_____	_____	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.
Supplies	_____	_____	
Taxes	_____	_____	
Utilities	_____	_____	
Other expenses	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	

Expenses Related to Business

Name: _____

SSN: _____

Auto Expense

Name of business vehicle is used for _____

Description of vehicle _____ Date vehicle was placed in service _____

- | | |
|--|--|
| <input type="checkbox"/> Another vehicle is available for personal use | <input type="checkbox"/> There is evidence to support your deduction |
| <input type="checkbox"/> This vehicle is available for use during off-duty hours | <input type="checkbox"/> The evidence is written |

Number of miles the vehicle was driven during 2019
 Business _____ Commuting _____ Total _____

Garage rent	_____	Property tax	_____
Gas	_____	Repairs	_____
Insurance	_____	Tires	_____
Licenses	_____	Tolls	_____
Oil	_____	Other expenses	_____
Parking fees	_____		_____
Lease payments	_____		_____
Interest	_____		_____

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
Mortgage interest	_____	_____
Real estate taxes	_____	_____
Excess mortgage interest	_____	_____
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

Health insurance premiums (paid by you)
Long-term care premiums (you)
Long-term care premiums (your spouse)
Long-term care premiums (dependents)
Mileage driven for medical purposes
Medical and dental expenses
Doctor, dental, etc
Prescription medicines
Insulin
Glasses and contacts
Hearing aids
Braces
Medical equipment & supplies
Hospital services
Laboratory services
Nursing services
Other

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)
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
Qualified mortgage insurance premiums
Investment interest

Charitable Contributions

Donations to charity
Church
Boy or Girl Scouts
Goodwill
Red Cross
Salvation Army
United Way
Veterans
Hospital
University
Other
Miles driven for charitable purposes

Other Miscellaneous Deductions

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

Job Expenses & Certain Miscellaneous Deductions

Necessary job expenses you paid that were not reimbursed by your employer
Safety equipment, tools, & supplies
Uniforms
Protective clothing (shoes, hardhats, glasses, etc.)
Dues to professional organizations
Books & subscriptions
Other
Tax preparation fees
Other nonpersonal expenses related to taxable income
Safe deposit box fees
Investment expenses not entered elsewhere
Other

Other Information

Name: _____

SSN: _____

Mortgage Interest

Provide all copies of Form 1098

Lender's name	Mortgage interest received	Mortgage insurance premiums	Real estate taxes paid
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Employee Business Expenses

- | | |
|--|--|
| <input type="checkbox"/> You are a qualified performing artist | <input type="checkbox"/> You are a member of the clergy |
| <input type="checkbox"/> You are a fee-based state or local government official | <input type="checkbox"/> You used your personal vehicle for your job during 2019 |
| <input type="checkbox"/> You are a disabled employee with impairment-related work expenses | |
| <input type="checkbox"/> You are a reservist | |

	NOT reimbursed by your employer	Reimbursed by your employer not included on your W-2
Rural mail carrier expenses	_____	_____
Parking fees, tolls, local transportation	_____	_____
Meals	_____	_____
Overnight business travel expenses (Do not include meals & entertainment)	_____	_____
Other business expenses	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Casualties and Thefts

FEMA code _____	FEMA code _____
Property description _____	Property description _____
Property location _____	Property location _____
Date property was acquired _____	Date property was acquired _____
Date property was damaged or stolen _____	Date property was damaged or stolen _____
Cost of property damaged or stolen _____	Cost of property damaged or stolen _____
Amount of damage _____	Amount of damage _____
Insurance reimbursement _____	Insurance reimbursement _____

Other Information

Name: _____

SSN: _____

Child and Other Dependent Care Expenses

Name of care provider	Address	SSN or EIN	Amount paid

Education Expenses

Provide all copies of Form 1098-T

Student name _____ Student name _____

Type of expense	Amount	Type of expense	Amount

Student name _____ Student name _____

Type of expense	Amount	Type of expense	Amount

Student name _____ Student name _____

Type of expense	Amount	Type of expense	Amount