



## INCOME TAX RETURN ORGANIZER

Please select one of these 3 boxes and follow the corresponding directions:

- If you are a returning client **AND** your information **HAS NOT** changed (just print your name & select best method of contacting you)
- If you are a returning client **AND** your information **HAS** changed (Please fill out this section completely)
- If you are a new client (Please fill out this section completely and include a copy of your previous year tax returns (Federal & State))

### CONTACT INFORMATION

#### Taxpayer

Disabled/Blind

#### Spouse

Disabled/Blind

Name: \_\_\_\_\_  
 Occupation: \_\_\_\_\_  
 DOB (m/d/yy) \_\_\_\_\_ SSN: \_\_\_\_\_  
 Driver's License (Required): License # \_\_\_\_\_  
 State: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ Best time to call: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Best time to call: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Best time to call: \_\_\_\_\_  
 Email: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Address: \_\_\_\_\_

Name: \_\_\_\_\_  
 Occupation: \_\_\_\_\_  
 DOB (m/d/yr): \_\_\_\_\_ SSN: \_\_\_\_\_  
 Driver's License (Required): License # \_\_\_\_\_  
 State: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ Best time to call: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Best time to call: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Best time to call: \_\_\_\_\_  
 Email: \_\_\_\_\_ Fax: \_\_\_\_\_  
 City State Zip: \_\_\_\_\_

### DEPENDENT INFORMATION

If you are a new client **AND/OR** if your dependent information **HAS CHANGED** please fill out this section completely

Check this box if information **HAS NOT CHANGED** since last year (no need to fill out this section)

**Filing status:**  Single  Married Filing Jointly  Surviving Widow(er) with dependent child  Head of Household

Married Filing Separate Return → List Spouse's Name: \_\_\_\_\_ Spouse's SSN: \_\_\_\_\_

**In year 2018 only:**  Married (date: \_\_\_\_\_)  Divorced (date: \_\_\_\_\_)  Spouse Died (date: \_\_\_\_\_)

**Dependents:** Children living with you age 18 or younger. If the child is age 19 – 23 & attends school full time or at least 5 months during the year, place "S" after name

	1.	2.	3.
Birth date	_____	_____	_____
Grade	_____	_____	_____
SS#	_____	_____	_____
Male / Female	_____	_____	_____

#### Other Dependents:

Name	Relationship	Birth date	SS#	Gross Income	# Months Resided in Your Home	% Support Rec'd From You

#### Affordable Health Care. Were you insured in 2019 through:

- Employer** How many months in 2019 \_\_\_\_\_ Please provide copy of 1095-C
- Insurance Marketplace** How many months in 2019 \_\_\_\_\_ Please provide copy of 1095-A
- Paid Personally** How many months in 2019 \_\_\_\_\_ Please provide copy of 1095-B
- Did you contribute to an HSA? Amount:** \_\_\_\_\_

**E-filing is now required by the IRS. It is much more efficient than mailing your tax returns, and refunds are processed very quickly.**

I/we are interested in Direct Deposit –

(Direct deposit is highly recommended as the most efficient method of receiving your refund. Refunds are deposited directly into the account you choose, generally within a 2-week period after receipt of your e-filed tax returns by the tax agencies.)

the bank information is the same as last year

the bank information has changed

voided check enclosed Bank Name: \_\_\_\_\_

Routing number: \_\_\_\_\_

Account number: \_\_\_\_\_

## NOTE: PLEASE CONVERT JPEGs TO PDFs BEFORE UPLOADING

# INCOME

**Please provide copies of all of the applicable Forms**

**W-2's (Taxpayer & Spouse)**

# submitted (Taxpayer) _____ (W-2G Gambling Winnings)	# submitted ( Spouse) _____
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**Income**

**To include: Interest, Dividends, Retirement Plan Income & Distribution; SS Benefits, etc.:**

1099-A (Foreclosure)	1099-MISC ( <b>Please put 1099-MISC info on Page 4</b> )
1099-B (Proceeds from Stock Sales)	1099-Q (529 Payments)
1099-C (Cancellation of Debt)	1099-R (Retirement Income)
1099-Div (Dividends)	1099-S (Proceeds from Real Estate)
1099-G (ST Income Tax Refund)	1099-SSA (Social Security Benefits)
1099-G (Unemployment)	1099-K (Credit Cards)
1099-INT (Interest)	1099-Consolidated
1099 SA (Health Savings Account)	

**Please include a list of all other income received, but not reported on a 1099 or W-2:**

**Including:**

Alimony Received (Do not include Child Support)	Taxable Disability Income not reported on W -2
Bonuses & Prizes not Reported on W-2 (explain)	Tips & Gratuities not reported on W-2
Commissions & Fees	Veteran's Pension & Disability
Jury Duty-Election Board Fees	Worker's Compensation or SDI
K-1's (include all): From S-Corporations, Partnerships, Trusts and Estates	Other Income ( Describe)

**Contributions to Retirement Funds**

	Taxpayer	Spouse
<b>Contributions to IRA</b>	\$	\$
<b>Contributions to Roth</b>	\$	\$
<b>Contributions to SEP</b>	\$	\$

## Estimated Tax Payments You Made For 2018

	FEDERAL	Date Paid	STATE	Date Paid
Amount applied from 2018 refund, if any				
<b>First Quarter (Due April, 2019)</b>				
<b>Second Quarter (Due June, 2019)</b>				
<b>Third Quarter (Due September, 2019)</b>				
<b>Fourth Quarter (Due January, 2019)</b>				
<b>TOTAL ESTIMATED PAYMENTS</b>	\$		\$	

**I / WE DID NOT MAKE ESTIMATED TAX PAYMENTS THIS YEAR.**

If you have made estimated tax payments throughout the year, please make sure to check the return we have prepared for you to ensure that the return accurately reflects your payments.

# ITEMIZED DEDUCTIONS – Schedule A

(Round all figures to the nearest dollar and do not add any columns)

<p><b>Medical Expenses Deductible only if net cost exceeds 7.5% of AGI</b></p>	<p><b>Casualty Loss</b> – Federally declared disasters only (Review with us)</p> <p>Auto Accident, Fire, Theft, Storm, etc. (Deductible only if your combined net loss after insurance claim exceeds <b>10%</b> of AGI)</p>																									
<p>Do not include amounts paid for or reimbursed by insurance or health insurance premiums paid with pre-tax income at work.</p>	<p><b>Interest Paid</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;"></th> <th style="width: 15%;">Primary Residence</th> <th style="width: 15%;">Second Home/Cabin</th> </tr> </thead> <tbody> <tr> <td>First Mortgage Interest-Provide Forms 1098</td> <td></td> <td></td> </tr> <tr> <td>Second Mortgage</td> <td></td> <td></td> </tr> <tr> <td>Home Equity/Home Improvement Loan (Only if used for primary residence)</td> <td></td> <td></td> </tr> <tr> <td>Loan Points</td> <td></td> <td></td> </tr> <tr> <td>Points Amortization</td> <td></td> <td></td> </tr> <tr> <td>Investment Interest Paid</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			Primary Residence	Second Home/Cabin	First Mortgage Interest-Provide Forms 1098			Second Mortgage			Home Equity/Home Improvement Loan (Only if used for primary residence)			Loan Points			Points Amortization			Investment Interest Paid					
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<p>Did you pay medical expenses for a person you cannot claim as a dependent? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, ask us.</i></p>	<p><b>Notes:</b></p>																									
<p>Hospitalization and Health Insurance Premiums.</p>	<p><b>Cash Contributions</b> (If over \$250 you need letter from charity)</p> <p>Churches or Synagogues</p> <p>Out-of-Pocket Expenses for Charitable Work</p> <p>Other: (If over \$250 please make sure you have letter from charity)</p> <p>(Use separate sheet if needed)</p>																									
<p><i><b>Note:</b> If you are self-employed, don't include health insurance premium here, include on page: 4</i></p>	<p><b>Non-Cash Contributions</b> Thrift Shop Value Amount</p> <p><b>If the value is over \$500 provide details</b></p> <p>Organization name _____</p> <p>Address _____</p> <p>Amount \$ _____</p> <p>Charitable Mileage _____ Miles</p> <p><b>Other:</b></p>																									
<p>Medicare Insurance Premiums Paid (Form SSA-1099)</p>	<p><b>Gambling Losses</b> <i>Limited to Total Gambling Winnings</i></p>																									
<p>Long-Term-Care Insurance Premiums</p>	<p><b>Special Notes</b></p>																									
<p>Dental Insurance, Prescribed Drugs and Insulin</p>	<p>Other Real Estate Taxes (second home, cabin, boat, etc.)</p>																									
<p>Hospitals, Nurses, Alcoholism Treatment, Doctors, Clinics, Dentists and Orthodontists</p>	<p>State Income Taxes Paid This Year For Prior Tax Years</p>																									
<p>Glasses, Contact Lenses, Eye Exams</p>	<p></p>																									
<p>Lab Tests, Therapy, X-Ray, Anesthesiology</p>	<p></p>																									
<p>Hearing Aids, Batteries &amp; Related Equip. Costs</p>	<p></p>																									
<p>Medical Transportation (taxi, bus, ambulance, etc.)</p>	<p></p>																									
<p>Phone Toll Charges for Medical Purposes</p>	<p></p>																									
<p>Medical Miles Driven: 1/1/18 -12/31/18</p>	<p></p>																									
<p><b>Taxes</b></p>	<p></p>																									
<p>Real Estate Taxes–Homestead (less special assessments)</p>	<p></p>																									
<p>Property Tax Refund</p>	<p></p>																									
<p>Property Pin #</p>	<p></p>																									
<p>Special Assessments – Interest Portion Only</p>	<p></p>																									
<p>Did you purchase new home? Provide us with HUD1 for old and new.</p>	<p></p>																									
<p>Did you purchase new investment property? Provide us with HUD1 &amp; see page 5.</p>	<p></p>																									
<p><b>PLEASE GIVE US A COPY OF YOUR REAL ESTATE TAX BILL</b></p>	<p></p>																									
<p><i>(This is needed to EFILE your state return.)</i></p>	<p></p>																									

# SELF EMPLOYED INCOME/EXPENSES (SCHEDULE C) SOLE PROPRIETOR

NAME OF PROPRIETOR	BUSINESS ACTIVITY
BUSINESS NAME and ADDRESS (if different)	PRODUCT OR SERVICE & FEDERAL I.D. NUMBER (if any)

1. Did you make any payments in 2019 that would require you to file Form(s) 1099? **Y N**
2. If "YES," did you or will you file all required Forms 1099? **Y N**

INCOME	
Gross Income not from 1099's	\$
Income Reported on 1099-MISC	
# of 1099's Included	
Other:	
TOTAL Revenue	\$

EXPENSES			
Advertising		Rent or Lease	
<b>Vehicle Expense (year, make model)</b>		Repairs	
a. Vehicle purchase date		Supplies	
b. Total miles driven during 2019		Taxes and Licenses	
1. Business		Transportation (local, cabs, etc.)	
2. Commuting / Personal		Travel (hotels, flights, etc.)	
3. Other		Meals ONLY	
c. Do you have another vehicle for personal use	Yes <input type="checkbox"/> No <input type="checkbox"/>	Utilities	
d. Was your vehicle used during off duty hours	Yes <input type="checkbox"/> No <input type="checkbox"/>	Bank Charges	
e. Do you have evidence to support deduction	Yes <input type="checkbox"/> No <input type="checkbox"/>	Dues & Publications	
If yes, is the evidence written	Yes <input type="checkbox"/> No <input type="checkbox"/>	Freight	
		Laundry & Cleaning	
		Office Supplies & Postage	
		Internet	
Commissions & Fees		Seminars/Classes	
Contract labor		Telephone (Business Portion)	
Employee Benefit Programs		Parking Expense	
Insurance		Janitorial	
a. Taxpayer-employed health insurance		Accounting/Bookkeeping	
b. Long-term care insurance		Fixed Asset/Equip Purchase Date	
Interest		Other (explain):	
Legal & Professional Services			
Office Expense			
Pension & SEP Contributions			

# RENTAL INCOME/EXPENSE (SCHEDULE E)

T=Taxpayer  
S=Spouse  
J=Joint

Columns: W = Rental Use  
X = If you do not take an active part in the operation of the property  
Y = Number of days rented during the year  
Z = Number of days you or your family member resided at location

T S J	Property Code Commercial Residential	Date Acquired	Description of Property	Address	W	X	Y	Z
	A				%			
	B				%			
	C				%			

1. Did you make any payments in 2019 that would require you to file Form(s) 1099? **Y N**

2. If "YES," did you or will you file all required Forms 1099? **Y N**

INCOME	A	B	C	D
Rents Received	\$	\$	\$	\$
Deposits Received				
Other				

EXPENSES (list only rental expenses)				
Advertising				
Auto expense				
Travel				
Cleaning/Maintenance				
Management Fees				
Insurance				
Legal & Professional				
Mortgage Interest				
Other Interest				
Repairs				
Supplies				
Real Estate Taxes				
Electricity				
Water/Sewer				
Yard expense / Snow Removal				
Rubbish / Trash				
Casual/Outside Labor				
Homeowner's Association Fees				
Telephone				
Refunds				
Internet				
Other:				

**If property was purchased or sold in 2019 provide closing documents (HUD-1)**

Improvements: Date \_\_\_\_\_ Cost \_\_\_\_\_

Description: \_\_\_\_\_

Comments/Questions: \_\_\_\_\_

If you are a new client please forward prior year depreciation schedules from prior accountant.

**THE FOLLOWING ITEMS MAY AFFECT YOUR TAX RETURN. Please answer carefully.**

	Y	N	N/A	
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If eligible, are you interested and able to make additional contributions to retirement plans?
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you have a retirement plan withdrawal, rollover or lump sum distribution in <b>2019</b> ? If yes, provide Forms 1099R.
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If either you or your spouse attained age 70 1/2 during the year, are you taking required minimum retirement plan distributions?
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did your children receive 1099's for passive income like interest & dividends?
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you incur educational expenses on behalf of yourself, your spouse or dependent? (Provide form 1098-T Required)
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you pay any education loan interest in <b>2019</b> ? (Provide form 1098-E)
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you pay child care costs for dependent child/children under age 13 or costs of caring for a handicapped individual so you could work, attend school or look for a job? If yes, provide the amounts paid for each dependent & the names, addresses & taxpayer identification numbers of the care providers.
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If you answered "Yes" to Question 7, did you claim any amount through an employer's dependent care reimbursement plan?
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you employ an individual to perform household services or childcare during the year?
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you incur any expenses in <b>2019</b> or prior years associated with the adoption of a child? If so, ask us about it.
11.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you refinance your home mortgage during <b>2019</b> and incur points? Provide closing papers.
12.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are you making payments on a recreational vehicle or boat that has basic living accommodations?
13.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do you own any securities or hold any bad debts that became worthless during the year? Provide details.
14.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you exercise any stock options in <b>2019</b> ?
15.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you pay alimony during <b>2019</b> ? Name: _____ SS#: _____ Amount: \$ _____
16.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any tips during the year? If yes, were all the tips reported to your employer?
17.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you have any out-of-pocket expenses associated with your W-2 job? Please see page 3 unreimbursed employee expenses.
18.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you move at least 50 miles because of a job change? Provide documentation for a possible moving expense deduction.
19.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do you have income from a foreign investment, such as interest from a foreign bank account? If yes, provide details. You may be required to report foreign income and assets.
20.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you purchase a car, motor home, boat or airplane in <b>2019</b> ? If yes, write the amount of sales tax paid \$ _____
21.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	During <b>2019</b> , were there any changes to federal or state returns filed in prior years? Provide written notices.
22.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do you and/or spouse own foreign assets of more than \$10,000 at any time during the year?
23.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you pay tuition for children in K-12 or make a Bright Start contribution? College Tuition?
24.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do you expect a substantial change in income or deductions next year?
25.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did any creditor forgive all or a portion of debt? If yes, please provide 1099-C.
26.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you purchase or sell a home this year? If so, please provide a copy of the closing statement and 1099-S.
27.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are you a K-12 teacher? If yes, a special deduction of up to \$250 is allowed for classroom expenses.
28.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you have any transactions in Bitcoin or other cryptocurrency in <b>2019</b> ?

**FINAL CHECKLIST ✓  
Items We Will Need**

- 1. Your completed Personal Income Tax Organizer.
- 2. All Forms W-2 (wages) and all Forms 1099 (1099-INT for interest, 1099-DIV for dividends, 1099-B for sales of securities, 1099-R for annuities and pensions, 1099-R for IRA/KEOGH or other retirement plan withdrawals, 1099-G for state tax refund, SSA-1099 for Social Security, 1099-G for unemployment compensation, 1099K (Merchant Card & third party network payments) and 1099-S for proceeds from real estate transactions and 1099-MISC for commissions and fees), 1095A, B and C Health Insurance. Include all copies.
- 3. Copies (Schedules K-1) for partnership, joint ventures, S corporations, estates or trusts. (In some cases we may have your K-1 on file)
- 4. If you sold stock or a mutual fund during the year, enclose Broker Statements.
- 5. If you refinanced, purchased or sold your home or other property this year, enclose a copy of your closing statement – RESPA. See questions 11 & 26
- 6. If you are a new client, provide (minimum) a copy of last year's tax return (Federal & State). 2 to 3 years is preferred.
- 7. If you would like to have your refund direct deposited, include a copy of a voided check

**NOTE: Please ask us for a "Consent to Release Tax Information" form if you would like to authorize the A.C.T. Group to disclose/discuss your tax information with another person.**

**To Finish**

- 1) Please review FINAL CHECKLIST above.
- 2) Please upload this organizer and all your original 1099s and W-2s to SmartVault. You may also place it on an envelope and send it to us. We do have a large mail slot for after hours or weekends drop offs. We will notify you when we receive your information, and when your tax return is completed. If you do not hear from our office within 7 business days after mailing your tax information to us, **please call us immediately**.
- 3) No appointment is necessary to drop off your information in person.
- 4) Celebrate that your tax information is ready for someone else to prepare!

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