

Tax Organizer

2019

American Tax & Accounting
(828) 324-4047

Name: _____
 Taxpayer _____ SS No. _____ Birthdate _____
 Spouse _____ SS No. _____ Birthdate _____
 Address: _____ Telephone (Day) _____
 _____ Telephone (Evening) _____
 Email Address: Taxpayer: _____ Spouse: _____
 Occupation: Taxpayer: _____ Spouse: _____
 Taxpayer: 65 or over Blind/Disabled Spouse: 65 or over Blind/Disabled

Dependents:

Name	Birthdate	Social Security Number	Relationship	Number of Months Lived in your Home during 2019?

Your FILING STATUS is determined on December 31, 2019

SINGLE

- Single
- Single, being claimed by someone else
- Single with a dependent child
- Single with a dependent relative (child who is not a qualifying child, parent, grandparent, brother, sister, stepbrother, stepsister, half brother, half sister, stepmother, stepfather, mother-in-law, father-in-law, brother-in-law, sister-in-law, son-in-law, uncle, aunt, nephew, or niece)

HEAD OF HOUSEHOLD

- Single with a dependent child (you are custodial parent)
- Single with a dependent parent (parents live with you or their home and you pay over half the cost of maintaining their home)
- Married living apart from spouse for over 6 months of the year **and** paid over half of the cost of keeping up a home **and** that home was the main home of your child, stepchild, or foster child for over 6 months of the year. Spouse must file MFS tax return.

MARRIED

- Married filing a joint tax return
- Married filing a separate return
- Married, check both ways for best advantage

Ver 3/030220

2019 INCOME TAX CHECKLIST

GENERAL QUESTIONS Y= Yes N=No Please Provide Documentation

- _____ Did your address change since you filed your 2018 income tax return?
- _____ Were there any births, deaths, marriages, or divorce in your immediate family during 2019?
- _____ Did you or your spouse receive any tips not reported to your (or spouse's) employer?
- _____ Did you pay student loan interest during 2019?
- _____ If you are an educator, did you have un-reimbursed work-related expenses? Amount _____
- _____ Did you have any debt that was cancelled or settled for less than amount owed in 2019? Provide Form 1099-A or a Form 1099-C.
- _____ Did you have (or expect to get) a Schedule K-1 from a S Corporation, partnership, or trust?
- _____ Did you apply an overpayment of your 2018 taxes to your 2019 taxes?
- _____ Did you make any estimated payments toward your 2019 taxes? (Not from W-2 or 1099)

DEPENDENTS

- _____ Did you have any changes in dependents during the year?
- _____ Can another person qualify to claim any of your dependents?
- _____ Did all of your dependents live with you all year?
- _____ Did you have any childcare expenses during the year?
- _____ Does your child have income of \$2200 or more from interest, dividends, trust, etc.?

NOTE: You must provide proof that any dependent that you claim is your dependent
A copy of a school record, report card, child care provider, medical bill from a doctor or dentist,
social service agency, health insurance document, etc.
The child's name and address must be the same as your address

HEALTH INSURANCE

- _____ Did any member of your household have healthcare coverage through the Marketplace? If yes, provide copies of Form 1095-A
- _____ 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, sell, send, exchange, or otherwise acquire any financial interest in any virtual currencies?
- Did you rent out your home or use it for business?
- Did you sell property, rental property, or a business or business interest during the year?
- Did you start a business or purchase rental property during the year?
- Did you buy or sell stocks, bonds, or other investments during the year?
- Did you sell a personal residence during 2019? If yes, provide purchase and sale closing documents
- Do you sell products and get paid by PayPal? Provide Form 1099-K

FOREIGN FINANCIAL INFORMATION

- Did you have a financial interest in or signature authority over a financial account or asset located in a foreign country?
- Were you a grantor of or transferor to a foreign trust?
- Did you earn interest from, or are you an authorized signature holder on, a foreign bank account?
- Did you have any income from, or pay taxes to, a foreign country?
- Did you sell, exchange, or send any Bitcoin, Litecoin, Zcash, Dash, or any other Crypto Currency?
- Did the aggregate value of your foreign accounts exceed \$10,000 at any time during the year?

TAX CREDITS For Homeowners

- Exterior windows, including skylights
 - Exterior doors, insulation and/or systems which reduce heat gain or loss
 - Heat pumps, water heaters, and central a/c units
 - Natural gas, propane, or oil furnaces or hot water boilers
 - Solar water heaters, solar electric power, small wind systems, geothermal heat pumps, or fuel cells
- (Tax Law 12/20/19 made these credits retroactive from 1/01/2018)
- Have you qualified for any energy tax credit from 2006 - 2017? How Much? _____

ITEMIZED DEDUCTIONS (NC allows a lesser amount than the Federal return)

Medical – Out of pocket, not reimbursed

Health Insurance	Doctors, Dentists	Long-term Care Insurance
Prescription Drugs	Hospitals, Labs	Eyeglasses, Contacts
Orthopedic Shoes, Braces	Hearing Aids	Mileage

Taxes – paid during 2019 only

Real Estate	Cars/Trucks	RV	Boat	Jet Ski	Trailers	Motorcycles
State Income Taxes		2019 Estimated Income Taxes				Foreign Taxes

Home Mortgage Interest

Personal Residence	Second/Vacation Home	Home Equity
--------------------	----------------------	-------------

Mortgage Insurance Premiums	Investment Interest
-----------------------------	---------------------

Donations

Cash, check, or credit card (send acknowledgement from Organization if \$250 and over)

NON-cash contributions (clothes, furniture, household items, etc)? Attach charity receipt and list of items donated. For daily non-cash donations of \$500 or more include a value to each item.

Non-cash donations of \$5000 or more, copy of appraisal from a qualified appraisal

Volunteer mileage _____ miles

RETIREMENT PLANS

_____ Did you contribute to an IRA for 2019? Amount: _____ Spouse amount: _____

_____ Did you contribute to a Roth IRA for 2019? Amount: _____ Spouse amount: _____

_____ Did you recharacterize any IRA's this year?

_____ Did you receive a distribution from a retirement plan this year? You will get a Form 1099-R

_____ Did you get an early distribution to pay for medical expenses, higher education expenses, health insurance premiums while unemployed, or to an alternative payee under a domestic relations order? Please circle which applies to your situation, if any.

EDUCATION

_____ Do 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)? Provide Form 1098-T

_____ Did you purchase any course materials that were required for study? Send receipts

_____ Do you have student loan interest paid in 2019?

NORTH CAROLINA

_____ What is your state of Residence? What state issued your driver's license? _____

_____ Do you have income from more than one state? List States: _____

_____ Did you, your spouse, and/or your dependents make any purchases from out-of-state retailers that did not charge state sales tax? If yes, how much was purchased \$ _____ Over \$1000? _____

Estimated Income Tax Payments

2019 and Due Dates	<u>Federal</u>	<u>North Carolina</u>	<u>Other State</u>
1st Quarter - April 15, 2019	_____	_____	_____
2nd Quarter - June 15, 2019	_____	_____	_____
3rd Quarter - September 15, 2019	_____	_____	_____
4th Quarter - January 15, 2020	_____	_____	_____

Concerns to discuss with accountant: _____

Will you be bringing additional information to prepare your 2019 Income Tax returns?

List: _____

REFUNDS

DIRECT DEPOSIT INFO

Account #1 Name of Bank: _____

Routing Number (9 digits) _____ or attach a Voided Check

Account Number _____

Type of Account: _____ Checking _____ Savings _____ IRA

If you owe a

BALANCE DUE (from Bank Account listed above)

We can setup your Balance Due Payment to draft from your bank account on a date you specify. This can be done for Federal & State tax return balances.

_____ Federal - Setup my Balance Due to draft on this date: _____

_____ North Carolina – Setup my Balance Due to be draft on: _____

_____ (Name of State) _____ - Setup my Balance to draft on: _____

For clients who make ESTIMATED TAX payments

We can setup your FEDERAL Estimated Tax payments to automatically be drafted

_____ Setup my 2020 Estimated Income Tax payments to be drafted from my Bank Account listed above

Estimated Tax Payment Dates: April 15, June 15, September 15, and January 15

SELF EMPLOYED INCOME/EXPENSE

NAME OF PROPRIETOR	BUSINESS ACTIVITY
BUSINESS NAME	PRODUCT OR SERVICE
BUSINESS ADDRESS	FEDERAL I.D. NUMBER

1. Business is conducted on the Cash Basis Accrual Other _____
2. Inventory (if applicable) is based on Cost Other _____
3. Do you use any part of your home for business? Yes No
4. Did you hire any new employees that may qualify for job credits? Yes No
5. How many months in business during year? # _____
6. Did you buy or sell any assets? Yes No (See back for details)

INCOME	COST OF GOODS SOLD (If Applicable)
Gross Receipts/Sales	Beginning of the Year Inventory
Returns & Allowances ()	End of the Year Inventory
*Income Reported on 1099's	Purchases
*Commissions	Above Withdrawn for Personal Use
Other:	Cost of Labor
	Materials/Supplies
	Other:
* Do Not Duplicate if included in Gross Receipts	

EXPENSES			
Advertising		Wages (Not Reported Above)	
Bad Debts (If reported as income)		Payroll Taxes	
Bank Charges		Social Security and Medicare	
Car/Truck Expense (Detail)		Unemployment (Fed & State)	
Commissions & Fees Paid		Other Taxes	
Dues & Publications		Real Estate	
Employee Benefit Programs		Personal Property	
Freight (Not Included Above)		Other:	
Insurance (Business)		Automobile Exp. (Adequate records required)	
Interest (Business)		Total Miles Driven	No.
Laundry & Cleaning		Business Miles	No.
Legal & Professional		Parking Expense	
Office Supplies & Postage		Other:	
Pensions/Profit Sharing		Travel (Out of Town)	
Utilities		Transportation (Air Fare)	
Rent (Business)		Lodging	
Repairs & Maintenance		Cabs, Bus, Rentals	
Supplies (Other)		Other:	
Telephone (Business)		Meals & Entertainment (at 100%)	
Health Ins. (Personal 100%)		Meals & Tips	
Other:		Entertainment	
		Tickets & Events	
		Gifts	
Mortgage Interest (Paid to Financial Institution)			
Depreciation - If Predetermined (Attach Schedule)			
Other (Explain):			

List on back, purchases of equipment, furniture, vehicles or leasehold improvements.

American Tax & Accounting

Agreement for the Preparation of an Income Tax Return

Thank you for choosing American Tax & Accounting to assist you in the preparation of your individual income 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 federal and state income tax returns (if applicable). 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 data you submit. An Organizer is available 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.

You will be responsible for providing accurate information pertaining to the provisions of the Affordable Care Act (Obamacare) such as Health Insurance coverage for you, spouse (if married), and your dependents (if any), including the exact months of coverage.

We will return your original records to you at the end of this engagement. 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 your records and our work papers for your engagement for three years, after which these documents will be destroyed.

Our engagement to prepare your income tax returns will conclude with the delivery of the completed returns to you. 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.

Payment for the preparation of income tax returns will be due upon completion or when you pick up your copy of the tax returns. Additional copies are available for \$40 federal (if we have your email address we can send you a copy), State copies are \$15 per year.

The client agrees to limit our liability for any claims they may make against us to the fee that they paid us for the return and all claims must be made within 180 days from the date the preparer signs the tax return.

This agreement is for income tax preparation only. If you receive any letter or notices from the government for the tax year(s) indicated below, we will explain the letter or notice to you – free of charge.

If you want us to file an "extension" indicate below. An extension of time to file is not an extension of time to pay, if a payment is due or expected to be due it must be sent in with the extension. Failure to do so may result in penalties and interest being assessed.

Income Tax Return(s):

_____ **Extension** (2019 only)

_____ **Federal 1040**

Select Tax Year(s): **2019** 2018 2017 2016 2015 Other: _____

State Income Tax: _____ NC _____ SC Other State: _____

To affirm that this letter correctly summarizes your understanding of the arrangements for this work, please sign the enclosed copy of this letter in the space indicated and return to us. You may request a copy for your records.

We appreciate your confidence in us. Please call if you have questions.

Wayne Kight EA, Accountant
American Tax & Accounting

Client

Date