

# LEVATION CPA

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Phone: (719)592-0218 | Fax: (719)592-0279

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To assist you in preparing your information, we have included your 2019 information as a reminder and to reduce the time it takes you to complete the Organizer.

Inside you will find an engagement letter to sign and return to us with your organizer.

We are required to e-file your tax returns and if you want direct deposit of a refund we will need a **VOIDED CHECK** with your initial information.

Your Organizer contains several sections that include common expenses and deductions that many taxpayers overlook. Please review these sections carefully.

Gather all your records of taxable income, such as Driver's License, W-2's, 1099s, K-1s, 1095A's, etc.; and tax deductions, such as business expenses, interest on mortgages, charitable contributions, etc. Our enclosed Tax Organizer booklet provides spaces to list totals by category. Please enclose all supporting tax forms you may have received.

**Please do not staple or tape your documents.**

In order that we may better serve you, we ask that:

You gather your documents, complete the Tax Organizer and if you believe you need to schedule an appointment, call us, we are here to help.

Otherwise, simply drop off, mail or upload your completed Tax Organizer with your other tax documents and we'll call you if we need further information.

The earlier we receive your information, the easier it is for us to complete and file in a timely fashion. We can, at your request, easily extend your return for you. However, please be aware that an extension to file, although convenient and allowed by the IRS, does not mean an extension of time to pay tax.

We appreciate the opportunity to serve you. Contact our office at (719)592-0218 if you have any questions or need additional information.

Regards,  
LevationCPA

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## 2019 Tax Returns

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 (719)592-0218.

Sincerely,  
LevationCPA

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Phone: (719)592-0218 | Fax: (719)592-0279

Subject: Preparation of Your 2019 Tax Returns

1. We are pleased to confirm our understanding of the arrangements for your income tax return(s). This letter confirms the services you have asked our firm to perform and the terms under which we have agreed to do that work.

2. This engagement letter represents the entire agreement regarding the services described herein and supersedes all prior negotiations, proposals, representations or agreements, written or oral, regarding these services. It shall be binding on the heirs, successors and assigns of you and us. The Internal Revenue Service imposes penalties on taxpayers, and on us as return preparers, for failure to observe due care in reporting for income tax returns. In order to ensure an understanding of our mutual responsibilities, we ask all clients for whom we prepare tax returns to confirm the following arrangements. We will prepare the returns from information which you will furnish to us. It is your responsibility to provide all the information required for the preparation of complete and accurate returns. We will furnish you with any questionnaires and/or worksheets that you request to guide you in gathering the necessary information. Your use of such forms will assist us in keeping our fee to a minimum. To the extent we render any accounting and/or bookkeeping assistance, including (but not limited to) telephone calls, letters, emails and 3<sup>rd</sup> party consultations it will be limited to those tasks we deem necessary for preparation of the returns and will be billed at our standard billing rates.

## **Tax Preparer Responsibilities**

3. We will prepare your 2019 Federal, State and City personal income tax returns from information you furnish us. We will not audit, review, compile or otherwise verify the data you submit although we may ask you to clarify some of the information.

***4. We are responsible for preparing only the specific individual income tax forms based upon the information provided by you. Any other required services, forms or other actions on our part require a separate engagement letter. In the absence of written communications from us documenting such services, our services will be limited to and governed by the terms of this engagement letter.***

## **Taxpayer Responsibilities**

5. We are required to obtain a copy of Forms W-2 and proof of relationship to dependents claimed on your return before we are allowed to electronically file your return under the rules of IRS Circular 230. In addition, you must provide a copy of Form 1095A if you purchased medical insurance from the market place exchanges and received a subsidy.

6. Please note that any person or entity subject to the jurisdiction of the United States (includes individuals, corporations, partnerships, trusts, and estates) having a financial interest in, or signature or other authority over, bank accounts, securities, or other financial accounts having an aggregate value exceeding \$10,000 in a foreign country, shall report such a relationship. Although there are some limited exceptions, filing requirements also apply to taxpayers that have direct or indirect control over a foreign or domestic entity with foreign financial accounts, even if the taxpayer does not have foreign account(s). ***If you do not provide our firm with information regarding any interest you may have in a foreign account, we will not be able to prepare any of the required Income Tax related forms, and penalties may be due, for which we have no responsibility. In the absence of such information being provided we will presume you do not have any foreign assets or financial interests and will not file any applicable disclosure forms without separate written authorization.***

7. If you and/or your entity have a financial interest in any foreign accounts, you are also responsible for filing Form FinCen 114 required by the U.S. Department of the Treasury on or before April 15th of each tax year. US citizens are required to report worldwide income on their US tax return.

8. In addition, currently the Internal Revenue Service, under IRC §6038 and §6046, requires information reporting if you are an officer, director or shareholder with respect to certain foreign corporations (Form 5471); foreign-owned U.S. corporation or foreign corporation engaged in a U.S. trade or business (Form 5472); U.S. transferor of property to a foreign corporation (Form 926); and if you hold foreign financial assets with an aggregate value exceeding \$50,000 (Form 8938). Therefore, if you fall into one of the above categories you may be required to file one of the above listed forms. Failure to timely file may result in substantial monetary penalties. By your signature below, you accept responsibility for informing us if you believe that you fall into one of the above categories and you agree to provide us with the information necessary to prepare the appropriate form(s). We assume no liability for penalties associated with the failure to file or untimely filing of any of these forms.

9. You acknowledge that you have reported all 2019 income you received including barter, crypto-currency, consumer-to-consumer activity, cash-based revenues and all other income whether received in-person, in-kind, or electronically.

#### **Other Items**

**10. Our fee does not include responding to inquires or examination by taxing authorities or third parties, for which you will be separately billed for time and expenses involved. However, we are available to represent you and our fees for such services are at our standard rates and would be covered under a separate engagement letter. You agree to immediately notify us upon the receipt of any correspondence from any agency covered by this letter.**

11. It is your responsibility to maintain, in your records, the documentation necessary to support the data used in preparing your tax returns, including but not limited to the auto, travel, entertainment, and related expenses and the required documents to support charitable contributions for three years from the filing date.

If you have any questions as to the type of records required, please ask us for advice in that regard. It is also your responsibility to carefully examine and approve your completed tax returns before signing and sending them to the tax authorities. We are not responsible for the disallowance of doubtful deductions or inadequately supported documentation, nor for resulting taxes, penalties and interest. We will rely, without further verification, upon information you provide to us from 3<sup>rd</sup> parties including, but not limited to, Forms K1, 1099, 1098, and receipts and similar items.

12. We did not evaluate, review, or make any judgment regarding the adequacy of your travel, entertainment, or auto documentation. The IRS has established extensive and complicated rules and regulations regarding the documentation of travel, entertainment, and automobile expenses. We expressly disclaim any opinion as to the adequacy of your travel, entertainment, and auto record keeping.

*13 If we need to extend the filing of your tax return(s) you are responsible for estimating the tax due. Failure to file an extension may make you subject to various penalties and interest.*

**Additionally, if your return is extended it does not relieve you from paying any tax due on the due date, or making quarterly estimated tax payments for the current year. Failure to pay any tax due with the extension or failure to pay quarterly estimated tax payments may make you subject to various penalties and interest.**

14. Privacy laws established by the IRS prohibit us from providing confidential information or copies to anyone other than you without your specific, written authorization.

15. It is our policy to keep records related to this engagement for seven years after which they are destroyed. **However, we do not keep any original client records, so we will return those to you at the completion of the services rendered under this engagement. When records are returned to you, it is your responsibility to retain and protect your records for three years for possible future use, including potential examination by any government or regulatory agencies.**

16. Payments for billings are due upon receipt and billings become delinquent if not paid within 30 days of the invoice date. If you are delinquent in payment your account may be subjected to collection actions and you will become additionally responsible for collection, legal, administrative, court and any other fees incurred by us in collecting your delinquent account. If billings are not paid within 60 days of the invoice date, at our election, we may stop all work at our discretion until your account is brought current, or we may withdraw from this engagement. You acknowledge and agree that we are not required to continue work in the event of your failure to pay on a timely basis for services rendered as required by this engagement letter. You further acknowledge and agree that in the event we stop work or withdraw from this engagement as a result of your failure to pay on a timely basis for services rendered as required by this engagement letter, we shall not be liable to you for any damages that occur as a result of our ceasing to render services. Our services will conclude upon delivery of the completed income tax returns discussed above or upon our suspension of services or resignation from the engagement.

17. In recognition of the relative risks and benefits of this agreement to both the client and the accounting firm, the client and the accounting firm have discussed and have agreed on the fair allocation of risk between them. As such, the client agrees, to the fullest extent permitted by law, to limit the liability of the accounting firm to the client for any and all claims, losses, costs, and damages of any nature whatsoever, so that the total aggregate liability of the accounting firm to the client shall not exceed the accounting firm's total fee for services rendered under this agreement. The client and the accounting firm intend and agree that this limitation apply to any and all liability or cause of action against the accounting firm, however alleged or arising, unless otherwise prohibited by law. Both parties agree that there is a one-year limitation period to bring a claim against us for errors and omissions. The one-year period will begin upon the date of the tax professional's signature on the tax returns covered by this engagement letter.

18. Notwithstanding anything contained herein, both the accountant and client agree that regardless of where the client is domiciled and regardless of where this Agreement is physically signed, this Agreement shall have been deemed to have been entered into at Accountant's office located in El Paso County, Colorado, USA such location shall be the exclusive jurisdiction for resolving disputes related to this Agreement. This Agreement shall be interpreted and governed in accordance with the Laws of Colorado.

19. In connection with this engagement, we may communicate with you or others via email transmission. As emails can be intercepted and read, disclosed, or otherwise used or communicated by an unintended third party, or may not be delivered to each of the parties to whom they are directed and only to such parties, we cannot guarantee or warrant that emails from us will be properly delivered and read only by the addressee. Therefore, we specifically disclaim and waive any liability or responsibility whatsoever for interception or unintentional disclosure of emails transmitted by us in connection with the performance of this engagement. In that regard, you agree that we shall have no liability for any loss or

damage to any person or entity resulting from the use of email transmissions, including any consequential, incidental, direct, indirect, or special damages, such as loss of revenues or anticipated profits, or disclosure or communication of confidential or proprietary information. **We can provide access to our secure online portal for the exchange of documents at no additional cost.**

20. While we are, of course, available to provide you with tax and business planning services, it is our policy to put all advice upon which a client might rely into a written memorandum prior to you relying on such advice. We believe this is necessary to avoid confusion and to make clear the specific nature of our advice. You should not rely on any advice that has not been put into writing for you.

22. We appreciate the opportunity to serve you. Please date and sign the enclosed copy of this letter to acknowledge your agreement with and acceptance of your responsibilities and the terms of this engagement. It is our policy to initiate services after we receive the executed engagement letter. If any provision of this agreement is declared invalid or unenforceable, no other provision of this agreement is affected, and all other provisions remain in full force and effect.

I (We) have read the above terms of the engagement letter and agree with the terms of this engagement.

Thank you for the opportunity to be of service. If you have any questions, contact our office at (719)592-0218.

Sincerely,  
LevationCPA

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

Accepted By:

\_\_\_\_\_  
Taxpayer

\_\_\_\_\_  
Spouse

\_\_\_\_\_  
Date

## Checklist

Name:

SSN: \*\*\*-\*\*-9999

### 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.

#### 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: \*\*\*-\*\*-9999

### Questionnaire

#### 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

**Yes No**

- 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 \$2200 of unearned income?  
Provide documentation for proof of dependent related credits (school records, medical records, daycare records, etc.)

#### Health Care Information

**Yes No**

- 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

**Yes No**

- 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, sell, send, exchange, or otherwise acquire any financial interest in any virtual currencies?
- 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 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?

## Questionnaire

Name:

SSN: \*\*\*-\*\*-9999

### Questionnaire

- 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

#### Yes No

- 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?  
  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

#### Yes No

- 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

#### Yes No

- 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

#### Yes No

- 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,"  

#### Yes No

  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?



## Questionnaire

Name:

SSN: \*\*\*-\*\*-9999

### Questionnaire

- 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

Yes	No	
-----	----	--

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

### Additional Questions

Yes	No	
-----	----	--

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Did you receive income or incur expenses associated with a fantasy sport league?<br>If yes, provide documentation.                            |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Did you receive income or incur expenses associated with car sharing (e.g., Lyft or Uber)?<br>If yes, attach Form 1099-MISC and Form 1099-K.  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Did you receive income or incur expenses associated with freelancing (e.g., Upwork or TaskRabbit)?<br>If yes, attach Form 1099-K or Form W-2. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Did you receive income or incur expenses associated with fashion sharing (e.g., Poshmark or thredUP)?<br>If yes, provide documentation.       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Did you receive income or incur expenses associated with crowdfunding (e.g., Kickstarter or Indiegogo)?<br>If yes, attach Form 1099-K.        |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Did you receive income or incur expenses associated with a short-term rental (e.g., Airbnb or HomeAway)?<br>If yes, provide documentation.    |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Do you anticipate your income or withholdings to be different for 2020?   |

### Preparer Notes

## 2019 Tax 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: \*\*\*-\*\*-9999

#### **Wages & Salaries**

Provide all copies of Form W-2

Employer name	2019 federal wages

#### **Retirement**

Provide all copies of Form 1099-R

Payer name	2019 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

Payer name	2019 amount

### Income

Name:

SSN: \*\*\*-\*\*-9999

#### Dividend Income

Provide all copies of Form 1099-DIV & other statements that report dividend income

Account number Payer name	2019 ordinary dividends	2019 qualified dividends

#### Interest Income

Provide all copies of Form 1099-INT, Form 1099-OID and other statements that report interest income

Account number Payer name	2019 interest

If any interest income listed above is from a seller-financed mortgage, provide the payer's ID number and address

### Sale of Capital Assets

Name:

SSN: \*\*\*-\*\*-9999

**Sale of Capital Assets (not reported on Form 1099-B)**

Provide all brokerage statements

Description of property	Date purchased	Date sold	Sales price	Cost

**Installment Sale Income**

Description of property: \_\_\_\_\_

Date acquired \_\_\_\_\_ Date sold \_\_\_\_\_

	2019	Prior years
Selling price . . . . .		
Mortgages assumed . . . . .		
Cost of property sold . . . . .		
Depreciation allowed . . . . .		
Commissions and expense of sale . . . . .		
Gross profit percentage . . . . .		
Interest received . . . . .		
Principal payments received . . . . .		

Property was sold to a related party

### Schedule C - Profit or Loss from Business

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

SSN: \*\*\*-\*\*-9999

#### 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	2019
Gross receipts or sales . . . . .	_____	Other income . . . . . _____
Returns & allowances . . . . .	_____	_____

#### Expenses

	2019	2019
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	2019
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

### Other Income and Adjustments

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

SSN: \*\*\*-\*\*-9999

#### Other Income

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

	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		
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	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 _____ 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**

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 E - Income or Loss from Rental Real Estate & Royalties

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

SSN: \*\*\*-\*\*-9999

#### 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 or second 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 Forms 1099 for the individuals
- This property was owned as a qualified joint venture

#### Income

	2019	2019
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.
Auto & travel . . . . .	_____	_____	
Cleaning & maintenance . . . . .	_____	_____	
Commissions . . . . .	_____	_____	
Insurance . . . . .	_____	_____	
Legal & professional fees . . . . .	_____	_____	
Management fees . . . . .	_____	_____	
Mortgage interest . . . . .	_____	_____	
Other interest . . . . .	_____	_____	
Repairs . . . . .	_____	_____	
Supplies . . . . .	_____	_____	
Taxes . . . . .	_____	_____	
Utilities . . . . .	_____	_____	
Depletion . . . . .	_____	_____	
Other expenses	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	





### Schedule F - Profit or Loss from Farming

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

SSN: \*\*\*-\*\*-9999

#### 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		2019
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		2019
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, & equipment . . . . .	_____		_____
Rent - other (land, animals, etc.) . . . . .	_____		_____

### Form 4835 - Farm Rental Income and Expenses

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

SSN: \*\*\*-\*\*-9999

#### General Information

Description \_\_\_\_\_ Employer ID Number \_\_\_\_\_

This farm was disposed of during 2019

#### Income

	2019	2019
Income from production of livestock, grains, and other crops . . . . .	_____	Crop insurance proceeds:
Total cooperative distributions . . . . .	_____	Amount received in 2019 . . . . .
Total agricultural payments . . . . .	_____	<input type="checkbox"/> You elect to defer to 2020
Commodity Credit Corporation (CCC) loans:		Amount deferred from 2018 . . . . .
CCC loans reported . . . . .	_____	Other income . . . . .
CCC loans forfeited . . . . .	_____	_____

#### Expenses

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

### Expenses Related to Business

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

SSN: \*\*\*-\*\*-9999

#### Auto Expense

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

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

- |  |  |
|--|--|
| Yes <input type="checkbox"/> No <input type="checkbox"/> This vehicle is available for use during off-duty hours<br>Yes <input type="checkbox"/> No <input type="checkbox"/> Another vehicle is available for personal use | Yes <input type="checkbox"/> No <input type="checkbox"/> There is evidence to support your deduction<br>Yes <input type="checkbox"/> No <input type="checkbox"/> The evidence is written |
|--|--|

#### Mileage

Number of miles the vehicle was driven during 2019

- Business . . . . . \_\_\_\_\_
- Commuting . . . . . \_\_\_\_\_
- Other . . . . . \_\_\_\_\_

#### Expenses

- |                              |                               |
|------------------------------|-------------------------------|
| 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

- |  |       |       |
|--|-------|-------|
| 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: \*\*\*-\*\*-9999

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
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
Qualified mortgage insurance premiums
Home equity interest

Other Information

Name:

SSN: \*\*\*-\*\*-9999

Mortgage Interest

Provide all copies of Form 1098

Table with 4 columns: Lender's name, Mortgage interest received, Mortgage insurance premiums, Real estate taxes paid. Includes multiple rows for data entry.

Employee Business Expenses

- Checkboxes for: You are a qualified performing artist, You are a fee-based state or local government official, You are a disabled employee with impairment-related work expenses, You are a reservist, You are a member of the clergy, You used your personal vehicle for your job during 2019.

Table for Employee Business Expenses with columns: Expense description, NOT reimbursed by your employer, Reimbursed by your employer not included on your W-2. Rows include Parking fees, tolls, local transportation; Meals; Overnight business travel expenses; Other business expenses.

Casualties and Thefts

Table for Casualties and Thefts with two columns for property details. Rows include FEMA code, Property description, Property location, Date property was acquired, Date property was damaged or stolen, Cost of property damaged or stolen, Amount of damage, Insurance reimbursement.

### Other Information

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

SSN: \*\*\*-\*\*-9999

#### 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