

## 2019 Summary 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 \_\_\_\_\_







### Other Income and Adjustments

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

SSN: \_\_\_\_\_

#### Other Income

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

	2019 Taxpayer	2018 Taxpayer	2019 Spouse	2018 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	2018 Taxpayer	2019 Spouse	2018 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	2018
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 \_\_\_\_\_

- 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	2018		2019	2018
Gross receipts or sales . . . . .	_____	_____	Other income . . . . .	_____	_____
Returns & allowances . . . . .	_____	_____		_____	_____

**Expenses**

	2019	2018		2019	2018
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	2018		2019	2018
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		

**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**

- |  |   |                                    |                                      |
|--|---|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Single family residence | <input type="checkbox"/> Vacation / short-term rental | <input type="checkbox"/> Land      | <input type="checkbox"/> Self-rental |
| <input type="checkbox"/> Multi-family residence  | <input type="checkbox"/> Commercial                   | <input type="checkbox"/> Royalties | <input type="checkbox"/> 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 \_\_\_\_\_

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> This property is your main home or second home       | <input type="checkbox"/> Yes <input type="checkbox"/> No | Payments of \$600 or more were paid to an individual who is not your employee for services provided for this rental. |
| <input type="checkbox"/> This property was disposed of during 2019            | <input type="checkbox"/> Yes <input type="checkbox"/> No | You filed Forms 1099 for the individuals   |
| <input type="checkbox"/> This property was owned as a qualified joint venture |  |  |

**Income**

	2019	2018		2019	2018
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 . . . . .	_____	_____	_____	_____	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.
Taxes . . . . .	_____	_____	_____	_____	
Utilities . . . . .	_____	_____	_____	_____	
Depletion . . . . .	_____	_____	_____	_____	
Other expenses (list)	_____	_____	_____	_____	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	

### Expenses Related to Business

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

SSN: \_\_\_\_\_

#### Auto Expense

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

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

Yes No  
  This vehicle is available for use during off-duty hours  
  Another vehicle is available for personal use

Yes No  
  There is evidence to support your deduction  
  The evidence is written

Number of miles the vehicle was driven during 2019

Number of miles driven in prior years

	2019	2018
Business . . . . .	_____	_____
Commuting . . . . .	_____	_____
Other . . . . .	_____	_____

	2019	2018
Business . . . . .	_____	_____
Total . . . . .	_____	_____

	2019	2018
Garage rent . . . . .	_____	_____
Gas . . . . .	_____	_____
Insurance . . . . .	_____	_____
Licenses . . . . .	_____	_____
Oil . . . . .	_____	_____
Parking fees . . . . .	_____	_____
Rental fees . . . . .	_____	_____
Interest . . . . .	_____	_____
Property tax . . . . .	_____	_____

	2019	2018
Repairs . . . . .	_____	_____
Tires . . . . .	_____	_____
Tolls . . . . .	_____	_____
Lease addback . . . . .	_____	_____
Other expenses	_____	_____
	_____	_____
	_____	_____

#### 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	
	2019	2018	2019	2018
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.





**Other Information**

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

SSN: \_\_\_\_\_

**Mortgage Interest**

Provide all copies of Form 1098

Lender's name	2019 Mortgage interest received	2018 Mortgage interest received	2019 Mortgage insurance premiums	2018 Mortgage insurance premiums	2019 Real estate taxes paid	2018 Real estate taxes paid
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

**Employee Business Expenses**

- 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

	NOT reimbursed by your employer 2019	2018	Reimbursed by your employer not included on your W-2 2019	2018
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

