MoHill Accounting Tax Organizer 2019



1. Personal Information

Name			Soc.Sec.No.		Date	Date of Birth C		Occupation		Work Phone	
Taxpayer											
Spouse											
Street Address					City		State	ZI	Р	Home	Phone
Email Address			1								
Driver's License Information											
Taxpayer's License Number:						Issue Date	:		Exp. Date:		
Spouse's License Number:						Issue Date	:		Exp. Da	te:	
Blind Disabled Pres. Campaign Fund	Taxpayer Yes N Yes N Yes N	oYe oYe	es	No No No	M. Si	<u>Status</u> arried ngle idow(er), Da	ate of Spou	Will file se's Death	jointly 	Yes	
2. Dependents (Childre	en & Others)										
Name (First, Last)		Relationship	Date Birtl		Social Security Number	Month Livec With You	Disable	ed Full Time Studen	0	endent's Gross come	ID Protection PIN
Please provide for your appointr - Last year's tax return (new - Name and address label (1	v clients only)	nt booklet or card)		- All stateme	ents (W-2s, f	1098s, 1099	s, etc)			
Please answer the following que	estions to deterr	nine maximum de	eduction	s							
 Are you self-employed or do receive hobby income? 		Yes*	No		9. Were th marriag	ere any bir es, divorce					
2. Did you receive income fron raising animals or crops?	ı	Yes*	No			immediate		¢15.000		∐ Y	/es No
 Did you receive rent from re estate or other property? 	al	Yes*	No		10. Did you g to one or 11. Did you h	more peop	ole?			Γ	/es No
4. Did you receive income fron gravel, timber, minerals, oil,					or refina 12. Did you g	nced?		-			/ kı_
copyrights, patents? 5. Did you withdraw or write		Yes*	No		proceedi	-	bankiuptey			L Y	/es No
checks from a mutual fund?		Yes	No		13. (a) If you			did you pay	?		
6. Do you have a foreign bank account, trust, or business?		Yes	No		(b) Was 14. Did you p	heat incluc		nt loan for		<u> </u>	′esNo
Do you provide a home for or help support anyone not lis in Section 2 above?		Yes	No			your spous ne year?	e, or your d	lependent		Y	/es No
8. Did you receive any correspondence of Taxation?		Yes	No		spouse, o	or your dep eyond high	endent to a			Y	/es No

16.	Did you have healthcare coverage (health
	insurance) for you, your spouse and
	dependents during this tax season? If yes,
	include Forms 1095-A, 1095-B, and 1095-C.

Yes	No

Yes No

- 17. Did you apply for an exemption through the Marketplace /Exchange? If so, provide the exemption certificate number.
- 18. Did you have any children under the age of 19 or 19 to 23 year old students with unearned income of more than \$1100?

3. Wage, Salary Income

Attach W-2s:

Employer	Taxpayer	Spouse

4. Interest Income

Attach 1099-INT, Form 1097-BTC & broker statements

Payer	Amount		
Tax Exempt			

5. Dividend Income

From Mutual Funds & St ocks - Attach 1099-DIV

Payer	Ordinary	Capital Gains	Non- Taxable
ι	1	1	l]

6. Partnership, Trust, Estate Income

List payers of partnership, limited partnership, S-corporation, trust, or estate income - Attach K-1

19.	Did you purchase a new alternative
	technology vehicle or electric vehicle?

- 20. Did you install any energy property to your residence such as solar water heaters, generators or fuel cells or energy efficient improvements such as exterior doors or windows, insulation, heat pumps, furnaces, central air conditioners or water heaters ?
- 21. Did you own \$50,000 or more in foreign financial assets?
- 22. Have you or your spouse been a victim of identity theft and given an identity theft protection PIN by the IRS? If yes, enter the six digit identity protection PIN number.

Taxpayer Spouse

No

No

U for

Yes

7. Property Sold

Attach 1099-S and closing statements

Property	Date Acquired	Cost & Imp.
Personal Residence*		
Vacation Home		
Land		
Other		

* Provide information on improvements, prior sales of home, and cost of a new residence. Also see Section 17 (Job-Related Moving).

8. I.R.A. (Individual Retirement Acct.)

Contributions for tax year income

	Amount	Date	Roth
Taxpayer			
Spouse			
-			

Amounts withdrawn. Attach 1099-R & 5498

Withdrawal	R	Reinvested?		
		Yes	No	
			Yes Yes Yes	

9. Pension, Annuity Income

Attach 1099-R Reason for Withdrawal Reinvested? Payer* Yes No Yes No Yes No Yes No

* Provide statements from employer or insurance company with information on cost of or contributions to plan.

Did you receive:

Social Security Benefits

Taxpayer		Spouse			
Yes	No No	Yes			
Yes	No No	Yes			

No

No

Attach SSA 1099, RRB 1099

Railroad Retirement

10. Investments Sold

Stocks, Bonds, Mutual Funds, Gold, Silver, Partners	hip interest - A ttach	1099-B & confirmation slips		
Investment		Date Acquired/Sold	Cost	Sale Price
		/		
		/		
		/		
		/		

11. Other Income

List All Other Income (including non-taxable)

12. Medical/Dental Expenses

Medical Insurance Premiums

(paid by you)

Prescription Drugs

Child Support	Alimony Received
Unemployment Compensation (repaid)	Child Support
Prizes, Bonuses, Awards	Scholarship (Grants)
Gambling, Lottery (expenses)	Unemployment Compensation (repaid)
Unreported Tips	Prizes, Bonuses, Awards
Director / Executor's Fee	Gambling, Lottery (expenses)
Commissions	Unreported Tips
Jury Duty	Director / Executor's Fee
Worker's Compensation	Commissions
Disability Income	Jury Duty
Veteran's Pension Payments from Prior Installment Sale State Income Tax Refund Other	Worker's Compensation
Payments from Prior Installment Sale	Disability Income
State Income Tax Refund	Veteran's Pension
Other	Payments from Prior Installment Sale
	State Income Tax Refund
Other	Other
	Other

14. Interest Expense

Mortgage interest paid (attach 1098) Interest paid to individual for your	
home (include amortization schedule)	
Paid to:	
Name	
Address	
Social Security No.	
Investment Interest	
Premiums paid or accrued for qualified	
mortgage insurance	

15. Casualty/Theft Loss

For property damaged by storm, water, fire, accident, or stolen. Location of Property

Description of Property

	Other	Federally Declared Disaster Losses
Amount of Damage		
Insurance Reimbursement		
Repair Costs		
Federal Grants Received		

Charitable Contributions ~

Insulin	16. Charitable Contributions	
Glasses, Contacts	To: Chantable Contributions	
Hearing Aids, Batteries		
Braces Medical Equipment, Supplies Nursing Care	Other	
Medical Therapy	Scouts	
13. Taxes Paid	Salvation Army, Goodwill Other	
Real Property Tax (attach bills) Personal Property Tax Other	Non-Cash	

17. Child & Other Dependent Care Expenses

Name of Care Provider	Address	Soc. Sec. No. or Employer ID	Amount Paid

Also complete this section if you receive

dependent care benefits from your employer.

18. Job-Related Moving Expenses

 $U\,$ if you are a member of the Armed Forces on active duty and moving due to a permanent change of station due to a military order.

Date of move

Move Household Goods

Lodging During Move

Travel to New Home (no. of miles)

19. Employment Related Expenses That You Paid (Not self-employed)

U if Armed Forces reservist, a qualified performing artist, a fee-basis state or local government official, or an individual with a disability claiming impairment-related work expenses.

Dues - Union, Professional	
Books, Subscriptions, Supplies	
Licenses	
Tools, Equipment, Safety Equipment	
Uniforms (include cleaning)	
Sales Expense, Gifts	
Tuition, Books (work related)	
Entertainment	
Office in home:	
In Square a) Total home	
Feet b) Office	
c) Storage	
Rent	
Insurance	
Utilities	
Maintenance	

20. Investment-Related Expenses State use only

Tax Preparation Fee	
Safe Deposit Box Rental	
Mutual Fund Fee	
Investment Counselor	
Other	

21. Business Mileage

Do you have written records?	Yes	
Did you sell or trade in a car used for business?	Yes	

No

No

If yes, attach a copy of purchase agreement

Make/Year Vehicle	
Date purchased	
Total miles (personal & business)	
Business miles (not to and from work)	
From first to second job	
Education (one way, work to school)	
Job Seeking	
Other Business	
Round Trip commuting distance	
Gas, Oil, Lubrication	
Batteries, Tires, etc.	
Repairs	
Wash	
Insurance	
Interest	
Lease payments	
Garage Rent	
-	

22. Business Travel

If you are not reimbursed for exact amount, give total expenses.

Airfare, Train, etc.	
Lodging	
Meals (no. of days)	
Taxi, Car Rental	
Other	
Reimbursement Received	

23. Estimated Tax Paid

Due Date	Date Paid	Federal	State

25. Education Expenses

Student's Name	Type of Expense	Amount

24. Other Deductions

Alimony Paid to

Social Security No.	\$
Student Interest Paid	\$
Health Savings Account Contributions	\$
Archer Medical Savings Acct. Contributions	\$

26. Questions, Comments, & Other Information

ocidonco:		

County _____ School District

Yes No

Residence:

Town	
Village	
City _	

27. Direct Deposit of Refund / or Savings Bond Purchases

Would you like to have your refund(s) directly deposited into your account? (The IRS will allow you to deposit your federal tax refund into up to three different accounts. If so, please provide the following information.)

ACCOUNT 1					
Owner of account			Taxpayer	Spouse	Joint
Type of account Checking Treasury Dire	Traditional Savings	Traditional IRA	HSA Savings	h IRA SEP IRA]
Name of financial institution					
Financial Institution Routing Transit N	lumber (if known)				
Your account number					
ACCOUNT 2					
Owner of account			Taxpayer	Spouse	oint
Type of account Checking Treasury Dire	Traditional Savings	Traditional IRA	Rot HSA Savings	h IRA SEP IRA]
Name of financial institution					
Financial Institution Routing Transit N	lumber (if known)				
Your account number					

ACCOUNT 3

Owner of account			Taxpayer	Spouse Joint
	aditional Savings r MSA Savings	Traditional IR A	R otl HSA Savings	n IR A SEP IRA
Name of financial institution				
Financial Institution Routing Transit Number (if known	ı)			
Your account number				
Would you like to purchase Series I Savings bonds with a portion of your refund? If so, please answer the following:				
Amount used for bond purchases for yourself (and spouse if filing jointly).				
Amount used to buy bonds for someone else (or yourself only or spouse only if filing jointly).				
Owner's name		er or Beneficiary's e if applicable	X if name is for a beneficiary	Bond purchase Amount

To the best of my knowledge the information enclosed in this client tax organizer is correct and includes all income, deductions, and other information necessary for the preparation of this year's income tax returns for which I have adequate records.

Taxpayer

Date

Spouse

Date