Forsythe Tax & Accounting

Patricia C. Forsythe E.A.

2019 Client Tax Organizer

Name(s): ____

Occupation: ____________________ Spouse's Occupation: __________________

Change in address: ❒Yes ❒No (if yes, list below)

Address: ____

Phone:______________________Email_________________________________

Change in Marital Status: ❒Yes ❒No

Maiden name or other last names used by taxpayer or spouse: **N/A or** ______________

Are there any dependents from last year that you are no longer claiming? ________

New Child:

Name: _______________ Date of Birth: ____________ SSN: ________________

Lives with you: ❒Yes ❒No Day Care Expense: ❒Yes ❒No U.S. Citizen: ❒Yes ❒No

Relationship: __________________________ Months lived with you: ________

Please read and sign below: **This confirms the services we will provide:**

✓ We will prepare your federal, state, and local returns based on information you provide. We may ask for clarification of certain information, or additional information.

✓ It is your responsibility to provide all necessary information related to income and deductions for tax year 2019, and to respond to our inquiries in a timely manner so that we are able to accurately complete your returns by the appropriate due dates. You are responsible for maintaining appropriate records, such as official tax documents you receive, receipts and substantiation for your deductions, and purchase and sales information for assets.

✓ It is your responsibility to review your returns before they are filed to determine that all income has been correctly reported and that you have substantiation for your deductions.

✓ If your returns are later selected for review or audit by taxing authorities, we will be glad to assist or represent you if you desire. Our fees for preparing your returns do not include time that might be necessary to assist you during a taxing authority review. Our invoices are due and payable upon presentation.

✓ We will not release or disclose your tax information to anyone not properly authorized by you or as permitted by regulation or as required by law. If you would like for us to disclose your information to anyone, we must have your written approval on file before releasing your information. Our general policy is to release information only to you our customer. Thank you for understanding.

If this letter accurately summarizes your understanding of our agreement relating to the preparation of your tax returns, please sign below.

Signature: ______________________________ **Date:** _______________

Signature: ______________________________ **Date:** _______________

Please enclose the following forms: Please fill in Number of each forms enclosed on the blank line next to it Number Form # Form Description

___ W-2 Wage and Tax Statement.

___ W-2G Certain Gambling Winnings.

___ 1099-INT Interest Income.

___ 1099-DIV Dividends and Distributions.

___ 1099-B Brokerage Statements (Provide all pages)

___ 1099-R Distributions from Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts

___ SSA 1099 Social Security

___ 1099-C Cancellation of Debt

___ 1099-G State Income Tax Refund and Unemployment Compensation

___ 1099-S Proceeds from Real Estate Transactions.

___ 1099-K Merchant Card and Third-Party (BUSINESS RETURNS)

___ K-1s Partnership, LLC, Estate, Trust, and S Corporation Income

___ 1098 Home Mortgage Interest Paid

___ 1098-E Student Loan Interest Statement.

___ 1098-T Tuition Paid

___ 1095A, B, or C Proof of Health Insurance (REQUIRED)

Health Insurance Information:

Did you have health insurance for all family members for all of 2019? ❒ **Yes** ❒ **No**

State and Local Taxes You Paid:

Real Estate Taxes (enclose statements or bills) **$** ____________

Personal Property/Automobile (enclose statement or bills) n/a to PA **$** ____________
Other (list and enclose statements or bills): **$** ____________

Interest You Paid:

Mortgage Interest Statement. [ENCLOSE form 1098 for each]

1st Mortgage: Name ______________________ Amount **$**____________

2nd Mortgage Name ________________________Amount$_____________

Mortgage Insurance Pd __________________ Amount **$**_____________

(Home Equity may not be deductible)

Did you **purchase/refinance your home** this year? ❒Yes❒No

If yes please enclose **<u>Settlement Sheet</u>**.

Gifts to Charity (CASH or Check): Do Not Submit Receipts, please attach list. Total $__________

Gifts by OTHER THAN CASH OR CHECK if this total is over $500, please attach receipt with name and address of organization with value of each. Total $________________

Teacher's Classroom Expenses: $_________

Education Expenses

Enclose 1098-T – and a tuition payments statement from College. (IRS now requires one)
Other costs for books, supplies etc. $__________________

Child and Dependent Care Expenses (Attach Statement):

Provider: (if you had more than one please attach list with breakdown by child)

Name of Care Provider: ____

Address: ____

Social Security Number or Employer I.D. Number _________________________________

Amounts Paid This Provider: $____________

Student Loan Interest Expense Enclose 1098–E $__________________

Federal Estimated Taxes You Paid:

Please attach copies of cancelled checks if possible.

Federal Income Taxes Date Paid Amount

2019 Estimated Payment – Voucher #1 (due 4/15/19)date paid ___ **/____/2019 $** _________

2019 Estimated Payment – Voucher #2 (due 6/15/19)date paid ___ **/____/2019 $** _________

2019 Estimated Payment – Voucher #3 (due 9/15/19)date paid ___ **/____/2019 $** _________

2019 Estimated Payment – Voucher #4 (due 1/15/20)date paid ___ **/____/20___ $** _________

Federal Refund from 2018 Tax Return Applied to 2019 $__________

State Estimated Taxes You Paid:

State Estimated Income Taxes Date Paid Amount

2019 Estimated Payment – Voucher #1 (due 4/15/19)date paid ___ **/____/2019 $**

2019 Estimated Payment – Voucher #2 (due 6/15/19)date paid ___ **/____/2019 $**

2019 Estimated Payment – Voucher #3 (due 9/15/19)date paid ___ **/____/2019 $**

2019 Estimated Payment – Voucher #4 (due 1/15/20)date paid ___ **/____/20___ $**

State Refund from 2018 Tax Return Applied to 2019 $__________

Local Estimated Taxes You Paid:

Local Estimated Income Taxes Date Paid Amount

2019 Estimated Payment – Voucher #1(due 4/15/19) date paid __ **/___/2019 $**

2019 Estimated Payment – Voucher #2 (due 6/15/19)date paid __ **/___/2019 $**

2019 Estimated Payment – Voucher #3 (due 9/15/19)date paid __ **/___/2019 $**

2019 Estimated Payment – Voucher #4 (due 1/15/20)date paid __ **/___/20__ $**

Local Refund from 2018 Tax Return Applied to 2019 $__________

Deductions Medical and Dental Expenses You Paid:

(Please do not submit receipts just totals) Not necessary if total expenses are less than 10% of your total income.

1. Prescription medications **$ _____________**

2. Health insurance premiums:

a. Medical, dental and vision insurance: **$ _____________**

b. Long-term care premiums for whom? H W Amount **$ __________**

C. Medicare Premiums: **$ ____________**

3. Fees for doctors, dentists, hospitals clinics etc **$ ____________**

4. Eyeglasses and contact lenses **$ ____________**

5. Medical equipment and supplies **$ _____________**

9. Miles driven for medical purposes miles ________

IMPORTANT QUESTIONS - PLEASE ANSWER.
Additional information is required if you answer yes to these questions - Please attach Documentation

Yes No Can you or your spouse be claimed as a dependent by another taxpayer?

Yes No Can any dependent be claimed as a dependent by another taxpayer?

Yes No Did you **sell** a **personal residence**, vacation home, land, or other real estate this year?

Yes No Did you **purchase** a **personal residence**, vacation home, land, or other real estate this year?

Yes No Did you receive **unreported tip income** of $ 20 or more in any month?

Yes No IMPORTANT - Do you have any foreign accounts (bank, securities, trusts, business) ?

Yes No Were there any births, deaths, marriages, divorces, or adoptions in your immediate family?

Yes No Do you wish to have **refund**, (Federal and State), if any, **direct deposited** to either a checking or savings account? **If yes please provide a copy of VOIDED check:**