

*Diane Vogel* CPA, LLC  
**Certified Public Accountant**  
368 W Arrow St. Marshall, MO 65340  
(660) 831-1300  
www.dianevogelcpa.com

This Tax Organizer is designed to help you collect and report the information needed to prepare your 2019 income tax return. The attached worksheets cover income, deductions, and credits, and will help in the preparation of your tax return by focusing attention on your special needs.

Please enter your 2019 information in the designated areas on the worksheets. If you need to include additional information, you may use the back of a worksheet or an additional page.

When possible, 2018 information is included for your reference. You do not need to make any 2018 entries.

Note: The General Questions and Business/Investment Questions worksheets include a variety of questions designed to assist in completing your tax return. If you answer **yes** to any of the questions, be sure to provide the applicable details.

Please provide the following information:

- A copy of your 2018 tax return (if not in our possession).
- Original Form(s) W-2.
- Schedule(s) K-1 showing income or loss from partnerships, S corporations or estates or trusts.
- Copies of other compensation or pension documentation, such as Form 1099-MISC or Form 1099-R.
- Form(s) 1099 or statements reporting dividend and interest income.
- Brokerage statements showing transactions for stocks, bonds, etc.
- Form(s) 1098 reporting interest paid, copies of real estate tax bills and other information relating to real property holdings.
- Copies of closing statements regarding the sale or purchase of real property.
- All other information notices you received, or any items you have questions about.

Thank you for taking the time to complete this Tax Organizer.

# 2019 TAX ORGANIZER

Taxpayer Information				Spouse Information			
Last name .....				Last name.....			
First name .....				First name .....			
Middle Initial.....		Suffix.....		Middle Initial.....		Suffix.....	
Social security number .....				Social security number .....			
Occupation .....				Occupation.....			
Work phone .....		Ext ...		Work phone.....		Ext ...	
Cell phone .....				Cell phone .....			
E-mail address.....				E-mail address.....			
Date of birth.....				Date of birth .....			
Address .....						Apartment number.....	
City .....				State.....		ZIP Code.....	
Home phone.....		Fax number .....					

Dependent Information					
First name	MI	Social Security Number	Date of Birth	Months Lived with Taxpayer	Child Care Expense
Last name	Suffix	Relationship			

Child and Dependent Care Provider Expenses			
Name	Address	ID Number	Amount Paid

**Education Tuition and Fees**  
 Attach all Form 1098-Ts and a list of your qualified education expenses.

**Student Loan Interest Paid**  
 Enter total 2019 qualified student loan interest.....

**Attach Form(s) W-2 – Wages, Salaries, Tips and Other Compensation**

Employer Name	2018 Amount
_____	_____
_____	_____
_____	_____

**Attach Form(s) 1099-R – Distributions from Pensions, Annuities, Retirement, Profit-Sharing, IRAs, etc**

1099-R Payer Name	2018 Amount
_____	_____
_____	_____
_____	_____

**Attach Form(s) SSA-1099 – Social Security/Railroad Benefits**

	Taxpayer	Spouse
Social Security Benefits from Form SSA-1099 .....	_____	_____
Railroad Retirement Benefits from Form RRB-1099 .....	_____	_____
Medicare B premiums withheld .....	_____	_____
Medicare C premiums withheld .....	_____	_____
Medicare D premiums withheld .....	_____	_____

**Attach Form(s) 1099-MISC – Miscellaneous Income**

1099-MISC Payer Name
_____
_____
_____

**Attach Form(s) 1099-INT – Interest Income**

1099-INT Payer Name	2018 Amount
_____	_____
_____	_____
_____	_____
_____	_____

**Attach Form(s) 1099-DIV – Dividend Income**

1099-DIV Payer Name	2018 Amount
_____	_____
_____	_____
_____	_____
_____	_____

**Attach Form(s) 1099-B, 1099-S – Sales of Stocks, Bonds, Real Estate, etc**

Attach all stock sale transaction information, including initial cost information.

**Other Government Forms to attach:**

Form(s) 1099-G – Certain Government Payments, Schedule K-1s – Partnership, S-Corporation, Trust or Estate Income, Form(s) W-2G – Gambling or Lottery Winnings, Form(s) 1099-Q – Payments from Qualified Education Programs

**Other Income:**

Allimony, jury duty, unreported tips, disability income, etc. Business, rentals, farms: Attach income and expenses for any business, rental or farm you own. Include a list of all new equipment acquired this year, including date of purchase and cost.

Retirement Plan Contributions	Taxpayer	Spouse
Traditional IRA contributions made for 2019 .....	_____	_____
Roth IRA contributions made for 2019 .....	_____	_____
SEP, Keogh, Individual 401(k) or SIMPLE Contributions .....	_____	_____



**2019 Deductions**

<b>Medical and Dental Expenses</b>	<b>2019 Amount</b>	<b>2018 Amount</b>
Prescription medications.....	_____	_____
Health insurance premiums .....	_____	_____
Doctors, dentists, etc .....	_____	_____
Hospitals, clinics, etc .....	_____	_____
Eyeglasses and contact lenses .....	_____	_____
Miles driven for medical purposes.....	_____	_____
Other medical and dental expenses: _____	_____	_____

  

<b>Taxes</b>	<b>2019 Amount</b>	<b>2018 Amount</b>
Real estate taxes paid on principal residence .....	_____	_____
Real estate taxes paid on additional homes or land .....	_____	_____
Auto license registration fees based on the value of the vehicle .....	_____	_____
Other personal property taxes .....	_____	_____

  

<b>Interest Expenses</b>	<b>2019 Amount</b>	<b>2018 Amount</b>
Home mortgage interest paid – Attach Form(s) 1098. <b>Lender's Name</b>	<b>2019 Amount</b>	<b>2018 Amount</b>
_____	_____	_____
Points paid on loan to buy, build or improve main home <b>Lender's Name</b>	<b>2019 Amount</b>	
_____	_____	

  

<b>Cash/Check/Credit Contributions</b>	<b>2019 Amount</b>	<b>2018 Amount</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____

  

**Noncash Charitable Contributions**  
 Attach all receipts with details listing the following information: Donee, donee address, description of donation, date acquired and date contributed, your cost, value at time of donation, and how you acquired the property.

  

<b>Miscellaneous Deductions</b>	<b>2019 Amount</b>	<b>2018 Amount</b>
Union and professional dues .....	_____	_____
Professional subscriptions, books, supplies .....	_____	_____
Uniforms and protective clothing (including cleaning) .....	_____	_____
Job search costs .....	_____	_____
Taxpayer educator expenses.....	_____	_____
Spouse educator expenses.....	_____	_____
Tax return preparation fees .....	_____	_____
Safe deposit box rental .....	_____	_____
Gambling losses (to the extent of gambling income) .....	_____	_____
Other expenses (list): _____	_____	_____

**General Questions**

**ORG3**

**PERSONAL INFORMATION**

		Yes	No
1 Did your marital status change during 2019? ..... If yes, explain .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Do you want to allow your tax preparer to discuss this year's return with the IRS? ..... If no, enter another person (if desired) to be allowed to discuss this return with the IRS. <b>Caution:</b> Review any transferred information for accuracy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Designee's Name ..... ▶ _____ Phone Number ..... ▶ _____ Personal Identification Number (5 digit PIN) ..... ▶ _____			
3 Do you or your spouse plan to retire in 2020? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Were you or your spouse permanently and totally disabled in 2019? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Enter date of death for taxpayer or spouse (if during 2019 or 2020 ): Taxpayer: _____ Spouse: _____			
6 Were you or your spouse a member of the U.S. Armed Forces during 2019? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**DEPENDENT INFORMATION**

		Yes	No
7 a Do you have dependents who must file? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b If yes, do you want us to prepare the return(s)? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 a Do you have children who are under age 19 or a full time student under age 24 with investment income greater than \$2,200? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b If yes, do you want to include your child's income on your return? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Are any of your dependents not U.S. citizens or residents? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Did you provide over half the support for any other person during 2019? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 Did you incur adoption expenses during 2019? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**IRA, PENSION AND EDUCATION SAVINGS PLANS**

		Yes	No
12 Did you receive payments from a pension or profit-sharing plan? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 Did you receive a total distribution from an IRA or other qualified plan that was partially or totally rolled over into another IRA or qualified plan within 60 days of the distribution? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 a Did you convert all or part of a regular IRA into a Roth IRA? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b Did you roll over all or part of a qualified plan into a Roth IRA? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15 Did you contribute to a Coverdell Education Savings Account? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**ITEMS RELATED TO INCOME/LOSSES**

		Yes	No
16 Did you receive any disability payments in 2019? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17 Did you receive tip income not reported to your employer? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18 a Did you buy, sell, refinance, or abandon a principal residence or other real property in 2019? (Attach copies of any escrow statements or Forms 1099.) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b If you sold or abandoned a home, did you claim the First-Time Homebuyer Credit when you purchased the home? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c Are you planning to purchase a home soon? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19 Did you incur any casualty or theft losses during 2019? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20 Did you incur any non-business bad debts? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**PRIOR YEAR TAX RETURNS**

		Yes	No
21 Were you notified by the Internal Revenue Service or state taxing authority of changes to a prior year's return? ..... If yes, enclose agent's report or notice of change.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22 Were there changes to a prior year's income, deductions, credits, etc which would require filing an amended return? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



General Questions (continued)

ORG3

**FOREIGN BANK ACCOUNTS, FOREIGN ASSETS AND FOREIGN TAXES**

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| 23 Did you have foreign income or pay any foreign taxes in 2019 ? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 24 a At any time during 2019, did you have an interest in or a signature or other authority over a bank account, or other financial account in a foreign country? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| b Did the aggregate value of all your foreign accounts exceed \$10,000 at any time during 2019 ? Report all interest income on Org 11 .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 25 Were you the grantor of or transferor to a foreign trust which existed during the tax year, whether or not you have any beneficial interest in the trust? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 26 Did you at any time during 2019, have an interest in or any authority over any foreign accounts or assets (i.e. stocks, bonds, mutual funds, partnership interests, etc.) held in foreign financial institutions that exceeded \$50,000 in value at any time during the year? ..... | <input type="checkbox"/> | <input type="checkbox"/> |

**HEALTH AND LIFE INSURANCE**

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| 27 Did you receive Form 1095-A (Health Coverage)? If so, please attach .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 28 a Did you or your spouse have self-employed health insurance? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| b If you or your spouse are self-employed, are either of you eligible to participate in an employer's health plan at another job? .....       | <input type="checkbox"/> | <input type="checkbox"/> |
| 29 Did your employer pay premiums on life insurance in excess of \$50,000 where the proceeds are payable to beneficiaries named by you? ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 30 Did you contribute to or receive distributions from a Health Savings Account (HSA)? .....  | <input type="checkbox"/> | <input type="checkbox"/> |

**MISCELLANEOUS**

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| 31 Did you make energy efficient improvements to your home or purchase any energy-saving property during 2019 ? If yes, please attach details ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 32 Did you start paying mortgage insurance premiums in 2019 ? If yes, please attach details .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 33 Did you purchase a motor vehicle or boat during 2019 ? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, attach documentation showing sales tax paid.  |                          |                          |
| 34 Did you purchase an energy efficient vehicle in 2019 ? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, enter year, make, model, and date purchased: _____  |                          |                          |
| 35 Did you donate a vehicle in 2019 ? If yes, attach Form 1098C .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 36 What was the sales tax rate in your locality in 2019 ? _____ % State ID .....  |                          |                          |
| 37 Did you or your spouse make gifts of over \$15,000 to an individual or contribute to a prepaid tuition plan? .....                               | <input type="checkbox"/> | <input type="checkbox"/> |
| 38 Did you make gifts to a trust? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 39 If there were dues paid to an association, was any portion required to be non-deductible due to political lobbying by the association? .....     | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, please attach details.  |                          |                          |
| 40 Did you or your spouse participate in a medical savings account in 2019 ? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, please attach Form 1099-SA (Distributions from an HSA, Archer MSA or Medicare+Choice MSA.)  |                          |                          |
| 41 Did you make a loan at an interest rate below market rate? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 42 Did you pay any individual for domestic services in 2019 ? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 43 Did you pay interest on a student loan for yourself, your spouse, or your dependents? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 44 Did you, your spouse, or your dependents attend post-secondary school in 2019 ? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 45 Did a lender cancel any of your debt in 2019 ? (Attach any Forms 1099-A or 1099-C) .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 46 Did you receive any income not included in this Tax Organizer? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, please attach information.  |                          |                          |
| 47 At any time during 2019, did you sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? ..                   | <input type="checkbox"/> | <input type="checkbox"/> |

**ELECTRONIC FILING AND DIRECT DEPOSIT OF REFUND**

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| 48 If your tax return is eligible for Electronic Filing, would you like to file electronically? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 49 The Internal Revenue Service is able to deposit many refunds directly into taxpayers' accounts. If you receive a refund, would you like direct deposit? ..... | <input type="checkbox"/> | <input type="checkbox"/> |

**Caution:** Review transferred information for accuracy.

50 If yes, please provide the following information:

- a Name of your financial institution .....
- b Routing Transit Number (must begin with 01 through 12 or 21 through 32) .....
- c Account number .....
- d What type of account is this? .....

.....Checking  Savings

Please attach a voided check (not a deposit slip) if your bank account information has changed.

# Health Insurance Coverage

ORG3A

**Preparer note:** The fields on this form are non-enterable. This worksheet is meant to gather client data only. This worksheet will not transfer to the ProSeries/1040 product. Data from this worksheet must be manually entered on the appropriate form in ProSeries/1040.

<b>Part 1 Coverage</b>																
Enter the name, SSN/DOB and health insurance status for each person who will claim on your return in the table below:																
Name of covered individual(s)	SSN or DOB	Covered 12 mos	Exchange Policy	Exemption Received	Indicate which months each person was covered by MEC*:											
					Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1.																
2.																
3.																
4.																
5.																
6.																
7.																
8.																
9.																

\*Minimum Essential Coverage (MEC) includes employer-sponsored coverage, health insurance purchased through the Health Insurance Marketplace (Exchange), Medicare, Medicaid, certain VA coverage, Tricare, etc.

For tax year 2019, the Federal ACA tax penalty has been eliminated, however, you may still be subject to a state tax penalty depending on where you live because some states have created their own individual insurance mandates to replace the federal version. These mandates require state residents to have qualifying health coverage or pay a fee with their state taxes.

Use this worksheet to list the names of individuals listed on the income tax return and their health care insurance coverage status. It will help your tax preparer determine who has health insurance coverage.

If you purchased a health insurance policy from an exchange (or Marketplace), check the Exchange Policy box above. You will receive Form 1095-A from the exchange that issued your policy. Please provide this form with your Organizer documents to your tax preparer.

Please call with any questions on this worksheet.

ORG3A



**Business/Investment Questions**

**ORG4**

	Yes	No
1 Did you receive stock from a stock bonus plan with your employer? ..... (Do not include stock sales included on your W-2.)	<input type="checkbox"/>	<input type="checkbox"/>
2 Did you buy or sell any stocks or bonds in 2019? ..... If <b>yes</b> , attach broker's information (such as Form 1099-Bs and broker annual statements) related to the transactions.	<input type="checkbox"/>	<input type="checkbox"/>
3 Did you surrender any U.S. savings bonds during 2019?.....	<input type="checkbox"/>	<input type="checkbox"/>
4 Did you use the proceeds from Series EE or I U.S. savings bonds purchased after 1989 to pay for higher education expenses? .....	<input type="checkbox"/>	<input type="checkbox"/>
5 Did you realize a gain or loss on property which was taken from you by destruction, theft, seizure, or condemnation? .....	<input type="checkbox"/>	<input type="checkbox"/>
6 Did you start a business, purchase a rental property or farm, or acquire interests in partnerships or S corporations? .....	<input type="checkbox"/>	<input type="checkbox"/>
7 Do you have any investments for which you were <b>not</b> personally 'at risk' (other than sole proprietorship or farm)? .....	<input type="checkbox"/>	<input type="checkbox"/>
8 Did you own an interest in a Real Estate Mortgage Investment Conduit (REMIC) during 2019? .....	<input type="checkbox"/>	<input type="checkbox"/>
9 Did you sell property or equipment on installment in 2019? .....	<input type="checkbox"/>	<input type="checkbox"/>
10 Did you have any business related educational expenses? .....	<input type="checkbox"/>	<input type="checkbox"/>
11 Did you do a 'like-kind' exchange of property in 2019? .....	<input type="checkbox"/>	<input type="checkbox"/>
12 Deductions for travel and meals may be allowed under certain circumstances. Adequate records must be presented. Information must include: 1 Amount; 2 Time and place; 3 Date; 4 Business purpose; 5 Description of gift(s); and 6 Business relationship of recipient Do you have records to support expenses? .....	<input type="checkbox"/>	<input type="checkbox"/>
13 Did you purchase special fuels for non-highway use? .....	<input type="checkbox"/>	<input type="checkbox"/>
If <b>yes</b> , please list the type of use and the number of gallons for each fuel.		
<hr/>		
<hr/>		
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