

2019	1040	US	Client Information	1
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Robert A. Cowen C.P.A.
 1010 Turquoise Street, Suite #201
 San Diego CA 92109
 Telephone number: (858) 488-0525
 Fax number: 858-488-0525
 E-mail address: robert@cowencpa.com

Tax Return Appointment

Date:
 Time:
 Location:

This tax organizer will assist you in gathering information necessary for the preparation of your 2019 tax return. Please add, change, or delete information as appropriate.

CLIENT INFORMATION

Filing Status	Filing status (table)		<p align="center">Filing Status</p> <p>1 = Single 2 = Married filing joint 3 = Married filing separate 4 = Head of household 5 = Qualifying widow(er)</p>
	1=married filing separate and lived with spouse		
	Year spouse died, if qualifying widow(er) (2017 or 2018)		
Taxpayer	First name and initial		
	Last name		
	Title/suffix		
	Social security number		
	Occupation		
	Date of birth (m/d/y)		
	Date of death (m/d/y)		
1=blind			
Spouse	First name and initial		
	Last name		
	Title/suffix		
	Social security number		
	Occupation		
	Date of birth (m/d/y)		
	Date of death (m/d/y)		
1=blind			
Address	In care of		
	Street address		
	Apartment number		
	City		
	State		
Foreign Address	ZIP code		
	Region		
	Postal code		
	Country		

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Client Information (continued)

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Please add, change or delete information for 2019.

CLIENT INFORMATION

Taxpayer Contact Information	Home phone		Daytime Phone 1 = Work 2 = Home 3 = Mobile
	Work phone		
	Work extension		
	Daytime phone (table)		
	Mobile phone		
	Fax number		
	E-mail address		
Spouse Contact Information	Home phone		
	Work phone		
	Work extension		
	Daytime phone (table)		
	Mobile phone		
	Fax number		
	E-mail address		
Taxpayer Authentication	Driver's license no.		
	Driver's license state		
	Issue date (m/d/y)		
	Expiration date (m/d/y)		
	Theft protection PIN		
Spouse Authentication	Driver's license no.		
	Driver's license state		
	Issue date (m/d/y)		
	Expiration date (m/d/y)		
	Theft protection PIN		

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2019	1040	US	Dependents	2
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Please add, change or delete information for 2019.

DEPENDENTS

	Dependent	Dependent	
First name.....			<p>Type of Dependent</p> <p>1 = Child living w/taxpayer 2 = Child not living w/taxpayer 3 = Dependent other than child 4 = Head of household or qualifying widow(er) only, not a dependent 5 = Earned income credit only, not a dependent</p> <p>Earned Income Credit</p> <p>1 = When applicable (default) 2 = Student age 19 to 23 3 = Disabled 4 = Force 5 = Suppress</p> <p>NOTE: If you claim the earned income credit, please provide proof that your child is a resident of the U.S. This proof is typically in the form of:</p> <ol style="list-style-type: none"> 1. School records or statement 2. Landlord or property management statement 3. Health care provider statement 4. Medical records 5. Child care provider records 6. Placement agency statement 7. Social service records or statement 8. Place of worship statement 9. Indian tribe office statement 10. Employer statement <p>NOTE: If your child is disabled, please provide one of the following forms of proof of disability:</p> <ol style="list-style-type: none"> 1. Doctor statement 2. Other health care provider statement 3. Social services agency or program statement
Last name.....			
Title/suffix.....			
Date of birth (m/d/y).....			
Date of death.....			
Date of adoption.....			
Social security number.....			
Relationship.....			
Months lived at home.....			
Type of dependent (see table).....			
Earned income credit (see table).....			
Claimed by: 1=taxpayer, 2=spouse.....			
	Dependent	Dependent	
First name.....			
Last name.....			
Title/suffix.....			
Date of birth (m/d/y).....			
Date of death.....			
Date of adoption.....			
Social security number.....			
Relationship.....			
Months lived at home.....			
Type of dependent (see table).....			
Earned income credit (see table).....			
Claimed by: 1=taxpayer, 2=spouse.....			
	Dependent	Dependent	
First name.....			
Last name.....			
Title/suffix.....			
Date of birth (m/d/y).....			
Date of death.....			
Date of adoption.....			
Social security number.....			
Relationship.....			
Months lived at home.....			
Type of dependent (see table).....			
Earned income credit (see table).....			
Claimed by: 1=taxpayer, 2=spouse.....			
	Dependent	Dependent	
First name.....			
Last name.....			
Title/suffix.....			
Date of birth (m/d/y).....			
Date of death.....			
Date of adoption.....			
Social security number.....			
Relationship.....			
Months lived at home.....			
Type of dependent (see table).....			
Earned income credit (see table).....			
Claimed by: 1=taxpayer, 2=spouse.....			

2019	1040	US	Miscellaneous Questions
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If any of the following items pertain to you or your spouse for 2019, please check the appropriate box and provide additional information if necessary.

PERSONAL INFORMATION

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Did your marital status change during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did your address change during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Could you be claimed as a dependent on another person's tax return for 2019? |

DEPENDENTS

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Were there any changes in dependents? |
| <input type="checkbox"/> | <input type="checkbox"/> | Were any of your unmarried children who might be claimed as dependents 19 years of age or older at the end of 2019? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have any children under age 19 or full-time students under age 24 at the end of 2019, with interest and dividend income in excess of \$1,100, or total investment income in excess of \$2,200? |

HEALTH CARE COVERAGE

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you and your dependents have health-care coverage for 12 months in 2019? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have one or more month of non-coverage in 2019? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you purchase health insurance through the market? If yes, provided Form 1095-A (Health Insurance Marketplace Statement). If you live in CA the market insurance is called Covered CA. |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive any of the following IRS Documents? Form 1095-A (Health Insurance Marketplace Statement), 1095-B (Health Coverage) or Form 1095-C (Employer Provided Health Insurance Offer and Coverage) If so, please attach. |
| <input type="checkbox"/> | <input type="checkbox"/> | If you or your dependents did not have health care coverage during the year, do you fall into one of the following exemption categories: Indian tribe membership, health care sharing ministry membership, religious sect membership, incarceration, general hardship or unable to renew existing coverage? If you received an exemption certificate, please attach. |

INCOME

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive unreported tip income of \$20 or more in any month? |
|--------------------------|--------------------------|---|

2019	1040	US	Miscellaneous Questions
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- Did you cash any Series EE U.S. savings bonds issued after 1989 and pay qualified higher education expenses for yourself, your spouse, or your dependents?
- Did you receive any disability income?
- Did you have any foreign income or pay any foreign taxes?
- Do you have any on-line gambling accounts?
- Did you have any ownership or direct or indirect control of any foreign assets/bank accounts? This includes if you are a signer or have a power of attorney related to any foreign bank account.
- Did you have any foreign income or pay any foreign taxes, have ownership in a foreign entity, and/or are an officer or director of a foreign entity?
- Did you make any payments of any kind to a foreign financial entity in 2019?
If yes, were you or will you be required to withhold the required 30% and submit the withholding to the US Treasury?

PURCHASES, SALES AND DEBT

- Did you start a business or farm, purchase rental or royalty property, or acquire an interest in a partnership, S corporation, trust, or REMIC?
- Did you purchase or dispose of any business assets (furniture, equipment, vehicles, real estate, etc.), or convert any personal assets to business use?
- Did you buy or sell any stocks, bonds or other investment property in 2019?
- Did you sell or do you plan to sell any dividend generating stocks or mutual funds during the first 60 days of 2020?
- Did you have any stock option transactions (purchase and/or sales) in 2019?
- Did you trade, hold, or make purchases with any Bitcoin or Digital/Virtual currencies in the current tax year 2019?
- Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan?
- Did you make any residential energy-efficient improvements or purchases involving solar, wind, geothermal or fuel cell energy sources?
- Did you have any debts canceled or forgiven?
- Does anyone owe you money which has become uncollectible?

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RETIREMENT PLANS

- Did you receive a distribution from a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?
- Did you make a contribution to a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?
- Did you transfer or rollover any amount from one retirement plan to another retirement plan?
- Did you convert part or all of your traditional, SEP, or SIMPLE IRA to a Roth IRA in 2019?
- Did you make Required Minimal Distributions (RMD's) if you are 70 1/2 or older in 2019?

EDUCATION

- Did you receive a distribution from an Education Savings Account or a Qualified Tuition Program?
- Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school?

ITEMIZED DEDUCTIONS

- Did you incur a loss because of damaged or stolen property?
- Did you work out of town for part of the year?
- Did you use your car on the job (other than to and from work)?
- Cash donations of less than \$250 should be documented by a bank record, written communication from the charity or payroll deduction. Cash donations of \$250 or more should be documented by a written communication from the charity. Do you have receipts or proper documentation for all cash donations provided to us?
- Non-cash donations of less than \$250 should be documented with a receipt from the donee or reliable records. Non-cash donations between \$250-500 should be documented by a written communication from the charity. Non-cash donations in excess of \$500 require written communication from the charity and how you obtained the property (purchases, etc.) the date and cost. Also, we suggest that for any non-cash donations in excess of \$500, create an itemized list and take pictures of the items prior to donating. Do you have receipts or proper documentation for all non-cash donations provided to us?

2019	1040	US	Miscellaneous Questions
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ESTIMATED TAXES

- Did you apply an overpayment of 2018 taxes to your 2019 estimated tax (instead of being refunded)?
- If you have an overpayment of 2019 taxes, do you want the excess applied to your 2020 estimated tax (instead of being refunded)?
- Do you expect your 2020 taxable income and withholdings to be different from 2019?

MISCELLANEOUS

- Do you want to electronically file your tax return?
- Do you want to allocate \$3 to the Presidential Election Campaign Fund?
- Does your spouse want to allocate \$3 to the Presidential Election Campaign Fund?
- May the IRS discuss your tax return with your preparer?
- Did you have an interest in or signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account?
- Did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust or did you have an interest in any foreign assets or accounts?
- Was your home rented out or used for business?
- Did you have a medical savings account (MSA), a Medicare + Choice MSA, or acquire an interest in an MSA or a Medicare + Choice MSA because of the death of the account holder? Or, were you a policyholder who received payments under a long-term care (LTC) insurance contract or received any accelerated death benefits from a life insurance policy?
- Did you make any HSA contributions for tax year 2019?
- Did you make any HSA distributions for the tax year 2019?
- If you had HSA distributions, were all the distributions for qualified medical expenses/payments?
- Did you engage the services of any household employees? If you paid any single household employee more than \$2,100 in 2019, you will have payroll tax withholding and reporting requirements.

2019	1040	US	Miscellaneous Questions
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Are you a member of the Armed Forces of the United States on active duty who moved pursuant to a military order related to a permanent change of station?

Were you notified or audited by either the Internal Revenue Service or the State taxing agency?

Did you or your spouse make any gifts to an individual that total more than \$15,000, or any gifts to a trust?

Did you make any purchases (over the Internet, Amazon, Craigslist, E-Bay, etc.) for which you did not pay sales tax and you would like to make the required use tax payment with your California individual tax return? If yes, please indicate the amount of the purchases here _____. This amount will be reported on your California income tax return, and the sales tax rate will be applied and increase your tax due/decrease your refund by the difference (Ex: \$100 in purchases, use tax = \$8). You may also pay the amount due directly to the BOE (Board of Equalization) with form BOE 401-DS.

Did your bank account information change within the last twelve months? If yes, provide: Routing Number _____ Account Number _____ Bank Name _____.

Generally, we mail out your individual tax return in hard copy/paper version form, alternatively, we can forward an electronic copy to you via email in a password protected PDF file. The electronic version would replace the hard copy/paper version and accordingly, you would need to keep a permanent copy of the electronic version for your records. Would you like to switch to the paperless/electronic version?

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Direct Deposit & Estimates (Form 1040 ES) (cont.)

7.1

Please enter all pertinent 2019 information.

APPLICATION OF 2019 OVERPAYMENT (7.1)

If you have an overpayment of 2019 taxes, do you want the excess refunded? or applied to 2020 estimate? ...

Other (please explain): _____

2020 ESTIMATED TAX INFORMATION

Do you expect your 2020 taxable income to be different from 2019? Yes No

If "yes" explain any differences in income, deductions, dependents, etc.: _____

Do you expect your 2020 withholding to be different from 2019? Yes No

If "yes" explain any differences: _____

7.1

Please enter all pertinent 2019 information.

DIRECT DEPOSIT / ELECTRONIC PAYMENT (3)

1=direct deposit of federal tax refund into bank account		
1=electronic payment of balance due		
1=electronic payment of estimated tax		

BANK INFORMATION

Name of Bank	Percent to Deposit (xx.xx)	Routing Number	Account Number	Type of Account (Table 1)	Type of Invest. (Table 2)

2019 ESTIMATED TAX / 1040-ES (6)

Federal

	Amount Paid	Date Paid	TS	2019 Voucher Amount
Overpayment applied from 2018				
1st quarter payment				
2nd quarter payment				
3rd quarter payment				
4th quarter payment				
Additional Estimated Tax Payments				
Paid with extension				
Former spouse SSN if joint estimates				

State

	Amount Paid	Date Paid	TS	2019 Voucher Amount
Overpayment applied from 2018				
1st quarter payment				
2nd quarter payment				
3rd quarter payment				
4th quarter payment				
Additional Estimated Tax Payments				
Paid with extension				

1 **Type of Account**

1 = Savings
2 = Checking

2 **Type of Investment**

1 = Checking or savings (default)	6 = Coverdell savings account (ESA)
2 = Taxpayer's IRA (next year limits)	7 = Other
3 = Spouse's IRA (next year limits)	8 = Taxpayer's IRA (current year limits)
4 = Health savings account (HSA)	9 = Spouse's IRA (current year limits)
5 = Archer MSA	

2019	1040	US	Wages, Pensions, Gambling Winnings	10, 13.1, 13.2
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Please enter all pertinent 2019 amounts & attach all W-2, W-2G and 1099-R forms.
Last year's amounts are provided for your reference.

WAGES, SALARIES, TIPS (10)

No.	Name of Employer (Box c)	1=retirement plan (Box 13)		Wages, Tips, Other Compensation (Box 1)	Tax Withheld					2018 Wages
		1=spouse			Federal (Box 2)	Social Security (Box 4)	Medicare (Box 6)	State (Box 17)	Local (Box 19)	

PENSIONS, IRA DISTRIBUTIONS (13.1)

No.	Name of Payer	Distribution code #2		Gross Distribution (Box 1)	Taxable Amount (Box 2a)	Tax Withheld		Value of all IRAs at 12/31/19	2018 Distribution
		Distribution code #1				Federal (Box 4)	State (Box 12)		
		1=IRA/SEP/SIMPLE							
		1=spouse							

GAMBLING WINNINGS (W-2G) (13.2)

No.	Name of Payer	1=spouse	Gross Winnings (Box 1)	Tax Withheld			2018 Winnings
				Federal (Box 4)	State (Box 15)	Local (Box 17)	

GAMBLING LOSSES & WINNINGS (NON W-2G) (13.2)

	2019 Amount	Ts	2018 Amount
Total gambling losses	12		
Winnings not reported on Form W-2G	10		

10, 13.1, 13.2

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Miscellaneous Income

14.1

Please enter all pertinent 2019 amounts and attach all 1099-MISC, SSA-1099, and RRB-1099 forms. Last year's amounts are provided for your reference.

MISCELLANEOUS INCOME

	2019 Amount		2018 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Social security benefits (SSA-1099, box 5)				
Medicare premiums paid (SSA-1099)				
1=treat Medicare premiums paid as SE health ins..				
Tier 1 RR retirement benefits (RRB-1099, box 5) ..				
1=lump-sum election for SS benefits				
Alimony received				
Taxable scholarships and fellowships				
Jury duty pay				
Household employee income not on W-2				
Excess minister's allowance				
Alaska permanent fund dividends				
Income from rental of personal property				
Income subject to S/E tax:				

Other income (1099-MISC, box 3, 8)				

TAX WITHHELD (not entered elsewhere)

Federal income tax withheld				
State income tax withheld				
Local income tax withheld				

14.1

Please enter all pertinent 2019 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

Principal business/profession.....	
Principal business code.....	
Business name, if different from Form 1040.....	
Business address, if different from Form 1040...	
City, if different from Form 1040.....	
State, if different from Form 1040.....	
ZIP code, if different from Form 1040.....	
Foreign region.....	
Foreign postal code.....	
Foreign country.....	
Employer identification number.....	
Other accounting method.....	

Accounting method: 1=cash, 2=accrual.....		
Inventory method: 1=cost, 2=lower cost/market, 3=other.....		
1=change of inventory method.....		
1=spouse, 2=joint.....		
1=first Schedule C filed for this business.....		
If required to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no.....		
1=not subject to self-employment tax.....		
1=did not "materially participate".....		
1=personal services is not a material income producing factor.....		
1=investment.....		
1=minister's Schedule C.....		
1=single member limited liability company.....		
1=trader in financial instruments or commodities.....		

INCOME

	2019 Amount	2018 Amount
Gross receipts or sales (Form 1099-MISC, box 7).....		
Returns and allowances.....		
Other income:		

COST OF GOODS SOLD

Inventory at beginning of the year.....		
Purchases.....		
Cost of items for personal use.....		
Cost of labor.....		
Materials and supplies.....		
Other costs:		

Inventory at end of the year.....		

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Business Income (Schedule C) (cont.)

No.

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Please enter all pertinent 2019 amounts. Last year's amounts are provided for your reference.

EXPENSES

	2019 Amount	2018 Amount
Accounting.....		
Advertising.....		
Answering service.....		
Bad debts from sales or service.....		
Bank charges.....		
Car and truck expenses (not entered elsewhere).....		
Commissions.....		
Contract labor.....		
Delivery and freight.....		
Dues and subscriptions.....		
Employee benefit programs.....		
Insurance (other than health).....		
Mortgage interest (paid to banks, etc.).....		
Other interest (not entered elsewhere).....		
Janitorial.....		
Laundry and cleaning.....		
Legal and professional.....		
Miscellaneous.....		
Office expense.....		
Outside services.....		
Parking and tolls.....		
Pension and profit sharing plans - contributions.....		
Pension and profit sharing plans - admin. and education costs.....		
Postage.....		
Printing.....		
Rent - vehicles, machinery, & equipment (not entered elsewhere).....		
Rent - other.....		
Repairs.....		
Security.....		
Supplies.....		
Taxes - real estate.....		
Taxes - payroll.....		
Taxes - sales tax included in gross receipts.....		
Taxes - other (not entered elsewhere).....		
Telephone.....		
Tools.....		
Travel.....		
Total meals in full (50%).....		
Department of Transportation meals in full (80%).....		
Uniforms.....		
Utilities.....		
Wages.....		

Other expenses:

NOTE: If you purchased or disposed of any business assets, please complete Sheet 22.

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Please enter all pertinent 2019 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

	2019 Amount	2018 Amount
Description of property.....		Type of Property 1 = Single Family Residence 2 = Multi-Family Residence 3 = Vacation/Short-Term Rental 4 = Commercial 5 = Land 6 = Royalties 7 = Self-Rental
Street address.....		
City.....		
State.....		
ZIP code.....		
Type of property (see table)....		
Other type of property.....		
Number of days rented.....		

Percentage of ownership if not 100% (.xxxx).....		1=did not actively participate... ..	
Percentage of tenant occupancy if not 100% (.xxxx).....		1=real estate professional.....	
1=spouse, 2=joint.....		1=rental other than real estate.....	
1=qualified joint venture.....		1=investment.....	
1=nonpassive activity, 2=passive royalty.....		1=single member limited liability company.....	
If required to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no.....			

INCOME

	2019 Amount	2018 Amount
Rents or royalties received.....		

DIRECT EXPENSES

NOTE: Direct expenses are related only to the rental activity. These include rental agency fees, advertising, and office supplies.

Advertising.....		
Association dues.....		
Auto and travel (not entered elsewhere).....		
Cleaning and maintenance.....		
Commissions.....		
Gardening.....		
Insurance.....		
Legal and professional fees.....		
Licenses and permits.....		
Management fees.....		
Miscellaneous.....		
Mortgage interest (paid to banks, etc.).....		
Qualified mortgage insurance premiums.....		
Excess mortgage interest.....		
Other interest (not entered elsewhere).....		
Painting and decorating.....		
Pest control.....		
Plumbing and electrical.....		
Repairs.....		
Supplies.....		
Taxes - real estate.....		
Taxes - other (not entered elsewhere).....		
Telephone.....		
Utilities.....		
Wages and salaries.....		
Other:		

NOTE: If you purchased or disposed of any business assets, please complete Sheet 22.

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Rental & Royalty Income (Sch. E) (cont.)

No.

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Please enter all pertinent 2019 amounts. Last year's amounts are provided for your reference. The indirect expense column should only be used for vacation homes or less than 100% tenant occupied rentals.

GENERAL INFORMATION

Foreign region	<input type="text"/>
Foreign postal code	<input type="text"/>
Foreign country	<input type="text"/>

OIL AND GAS

	2019 Amount	2018 Amount
Production type (preparer use only)	<input type="text"/>	<input type="text"/>
Cost depletion	<input type="text"/>	<input type="text"/>
Percentage depletion rate or amount	<input type="text"/>	<input type="text"/>
State cost depletion, if different (-1 if none)	<input type="text"/>	<input type="text"/>
State % depletion rate or amount, if different (-1 if none)	<input type="text"/>	<input type="text"/>

PERSONAL USE OF DWELLING UNIT (INCLUDING VACATION HOME)

Number of days personal use	<input type="text"/>
Number of days owned (if optional method elected)	<input type="text"/>

INDIRECT EXPENSES

NOTE: Indirect expenses are related to operating or maintaining the dwelling unit. These include repairs, insurance, and utilities.

Advertising	<input type="text"/>	<input type="text"/>
Association dues	<input type="text"/>	<input type="text"/>
Auto and travel (not entered elsewhere)	<input type="text"/>	<input type="text"/>
Cleaning and maintenance	<input type="text"/>	<input type="text"/>
Commissions	<input type="text"/>	<input type="text"/>
Gardening	<input type="text"/>	<input type="text"/>
Insurance	<input type="text"/>	<input type="text"/>
Legal and professional fees	<input type="text"/>	<input type="text"/>
Licenses and permits	<input type="text"/>	<input type="text"/>
Management fees	<input type="text"/>	<input type="text"/>
Miscellaneous	<input type="text"/>	<input type="text"/>
Mortgage interest (paid to banks, etc.)	<input type="text"/>	<input type="text"/>
Qualified mortgage insurance premiums	<input type="text"/>	<input type="text"/>
Excess mortgage interest	<input type="text"/>	<input type="text"/>
Other interest (not entered elsewhere)	<input type="text"/>	<input type="text"/>
Painting and decorating	<input type="text"/>	<input type="text"/>
Pest control	<input type="text"/>	<input type="text"/>
Plumbing and electrical	<input type="text"/>	<input type="text"/>
Repairs	<input type="text"/>	<input type="text"/>
Supplies	<input type="text"/>	<input type="text"/>
Taxes - real estate	<input type="text"/>	<input type="text"/>
Taxes - other (not entered elsewhere)	<input type="text"/>	<input type="text"/>
Telephone	<input type="text"/>	<input type="text"/>
Utilities	<input type="text"/>	<input type="text"/>
Wages and salaries	<input type="text"/>	<input type="text"/>
Other:	<input type="text"/>	<input type="text"/>
_____	<input type="text"/>	<input type="text"/>
_____	<input type="text"/>	<input type="text"/>
_____	<input type="text"/>	<input type="text"/>
_____	<input type="text"/>	<input type="text"/>
_____	<input type="text"/>	<input type="text"/>

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Adjustments to Income

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Please enter all pertinent 2019 information. Last year's amounts are provided for your reference.

TRADITIONAL IRA CONTRIBUTIONS

	2019 Amount		2018 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
IRA contributions you made or expect to make (1=maximum) (\$6,000/\$7,000 if 50 or older).....				
Contributions made to date				
1=covered by plan, 2=not covered.....				
2019 payments from 1/1/20 to 4/15/20.....				

ROTH IRA CONTRIBUTIONS

	2019 Amount	2018 Amount
	Taxpayer	Spouse
Roth IRA contributions you made or expect to make (1=maximum) (\$6,000/\$7,000 if 50 or older).....		
Contributions made to date		

SEP, SIMPLE AND QUALIFIED PLANS (KEOGH)

	2019 Amount		2018 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Profit-sharing (25%/1.25) contributions you made or expect to make (1=maximum).....				
Money purchase (25%/1.25) contributions you made or expect to make (1=maximum).....				
Defined benefit contributions you expect to make.....				
Self-employed SEP (25%/1.25) contributions you made or expect to make (1=maximum).....				
Plan contribution rate if not .25 (.xxxx).....				
Individual 401k: SE elective deferrals (except Roth) (1=max.)...				
Individual 401k: SE designated Roth contributions (1=max.)...				
SIMPLE contributions:				
Self-employed SIMPLE contributions you made or expect to make (1=maximum).....				
Employer matching rate if not .03 (.xxxx).....				
1=nonelective contributions (2%).....				
Contributions made to date				

ADJUSTMENTS TO INCOME

	2019 Amount	2018 Amount
	Taxpayer	Spouse
Self-employed health insurance:		
Total premiums (excluding long-term care)....		
Long-term care premiums.....		
Student loan interest paid (1098-E, box 1).....		
Educator expenses (kindergarten thru grade 12)...		
Jury duty pay given to employer.....		
Expenses from rental of personal property.....		
Other adjustments to income:		

Alimony paid:	Taxpayer	Spouse
	Recipient's first name....	
Recipient's last name....		
Recipient's SSN.....		
Amount paid	2018 amt:	2018 amt:

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Itemized Deductions

25

Please enter all pertinent 2019 amounts and attach all 1098 forms. Last year's amounts are provided for your reference.

MEDICAL AND DENTAL EXPENSES

NOTE: Enter self-employed health insurance premiums on Sheet 24 and Medicare insurance premiums on Sheet 14.

Table with 3 columns: 2019 Amount, TS, 2018 Amount. Rows include Prescription medicines and drugs, Doctors, dentists and nurses, Hospitals and nursing homes, Insurance premiums not entered elsewhere, Long-term care premiums, Insurance reimbursement, Lodging and transportation, Out-of-pocket expenses, Medical miles driven, and Other medical and dental expenses.

TAXES PAID (State and local withholding and 2019 estimates are automatic.)

Table with 3 columns: 2019 Amount, TS, 2018 Amount. Rows include State income taxes (1/19 payment, 2018 state return extension, 2018 state return, prior years), and City/local income taxes (1/19 payment, 2018 city/local extension, 2018 city/local return).

SALES AND USE TAXES PAID

Table with 3 columns: 2019 Amount, TS, 2018 Amount. Rows include State and local sales taxes (except autos and special items), Use taxes paid on 2019 purchases, Use taxes paid with 2018 state return, Sales tax on autos not included above, and Sales tax on boats, aircraft, other special items.

OTHER TAXES PAID

Table with 3 columns: 2019 Amount, TS, 2018 Amount. Rows include Real estate taxes (principal residence, held for investment), Personal property taxes (including auto fees), Foreign income taxes, and Other taxes.

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Itemized Deductions (continued)

25 p2

Please enter all pertinent 2019 amounts. Last year's amounts are provided for your reference.

INTEREST PAID

Home mortgage int. (Box 1) and points (Box 2) reported on Form 1098:

2019 Amount

TS

2018 Amount

Table with 3 columns: Description, 2019 Amount, TS, 2018 Amount. Includes rows for home mortgage interest and points reported on Form 1098.

Home mortgage interest not reported on Form 1098:

Form for home mortgage interest not reported on Form 1098, including fields for payee's name, SSN, address, city, state, ZIP code, region, postal code, and country.

Table with 3 columns: Description, 2019 Amount, TS, 2018 Amount. Includes row for amount paid.

Points not reported on Form 1098:

Table with 3 columns: Description, 2019 Amount, TS, 2018 Amount. Includes row for points not reported on Form 1098.

Mortgage insurance premiums on post 12/31/06 contracts (Box 4)

Table with 3 columns: Description, 2019 Amount, TS, 2018 Amount. Includes row for mortgage insurance premiums.

Investment interest (interest on margin accounts):

Table with 3 columns: Description, 2019 Amount, TS, 2018 Amount. Includes row for investment interest.

Passive interest

Table with 3 columns: Description, 2019 Amount, TS, 2018 Amount. Includes row for passive interest.

NOTE: Points paid on loans other than to buy, build, or improve your main home are deductible over the life of the mortgage. For these types of loans also provide the dates and lives of the loans.

CASH CONTRIBUTIONS

NOTE: No deduction is allowed for cash or check contributions unless the donor maintains a bank record, or a written communication from the donee, showing the name of the organization, contribution date(s), and contribution amount(s).

Churches, schools, hospitals, and other charitable organizations (60% limitation):

Contributions by cash or check:

Table with 3 columns: Description, 2019 Amount, TS, 2018 Amount. Includes rows for cash contributions, volunteer expenses, and charitable miles.

Veterans' organizations, fraternal societies, nonprofit cemeteries, and certain private nonoperating foundations (30% limitation):

Contributions by cash or check:

Table with 3 columns: Description, 2019 Amount, TS, 2018 Amount. Includes rows for cash contributions, volunteer expenses, and charitable miles.

25 p2

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Itemized Deductions (continued)

25 p3

Please enter all pertinent 2019 amounts. Last year's amounts are provided for your reference.

NONCASH CONTRIBUTIONS

NOTE: Use Sheet 26 if total noncash contributions are over \$500. No deduction is allowed for contributions of clothing and household items that are not in good used condition or better. In addition, a deduction for any item with minimal monetary value may be denied.

50% limitation (see above):

2019 Amount

TS

2018 Amount

Table with 3 columns: Description, 2019 Amount, TS, 2018 Amount. Includes 3 rows for 50% limitation.

30% limitation (see above):

Table with 3 columns: Description, 2019 Amount, TS, 2018 Amount. Includes 3 rows for 30% limitation.

30% capital gain property (gifts of capital gain property to 50% limit orgs.):

Table with 3 columns: Description, 2019 Amount, TS, 2018 Amount. Includes 3 rows for 30% capital gain property.

20% capital gain property (gifts of capital gain property to non-50% limit orgs.):

Table with 3 columns: Description, 2019 Amount, TS, 2018 Amount. Includes 3 rows for 20% capital gain property.

STATE MISC. DEDS. IF NON-CONFORMING TO TAX CUTS & JOBS ACT (subject to 2% AGI limit)

Union and professional dues

Other unreimbursed employee expenses (uniforms and protective clothing, professional subscriptions, employment agency fees, and certain edu. expenses):

Table with 3 columns: Description, 2019 Amount, TS, 2018 Amount. Includes 5 rows for unreimbursed employee expenses.

Investment expense:

Table with 3 columns: Description, 2019 Amount, TS, 2018 Amount. Includes 5 rows for investment expense.

Tax return preparation fee

Safe deposit box rental

Table with 3 columns: Description, 2019 Amount, TS, 2018 Amount. Includes 2 rows for tax return preparation fee and safe deposit box rental.

Miscellaneous deductions (2% AGI) (certain legal and accounting fees, and custodial fees):

Table with 3 columns: Description, 2019 Amount, TS, 2018 Amount. Includes 5 rows for miscellaneous deductions.

25 p3

If either of the following conditions below apply to you, your home mortgage interest deduction may need to be limited and the input section provided below should be completed. If neither condition applies, enter home mortgage interest amounts on organizer sheet 25 p2.

1. Total home equity debt exceeded \$100,000 at any time during 2019 (\$50,000 if married filing separate). For this purpose, home equity debt is defined as any mortgages taken out in which the proceeds were used to buy, build, or improve your home.
2. Total home acquisition debt exceeded \$750,000 at any time during 2019 (\$375,000 if married filing separate). For this purpose, home acquisition debt is defined as any mortgages taken out after October 13, 1987 in which the proceeds were used to buy, build, or improve your home.

NOTE: When completing the input section below, grandfather debt represents loans taken out prior to October 14, 1987.

**Please enter all pertinent 2019 amounts and attach all 1098 forms.
Last year's amounts are provided for your reference.**

	2019 Amount	TS	2018 Amount
Fair market value of the property on the date that the last debt was secured			
Home acquisition and grandfather debt on the date that the last debt was secured			

LOAN INFORMATION

Loan #1

Lender's name			
Form (see table)			
Number of form			
1=taxpayer, 2=spouse, blank=joint			
Interest paid			
Points paid			
Total principal paid			
Lump sum principal payment (if paid off)			
Months outstanding (if not 12)			
1=home acquisition debt incurred after 12/15/17			
Home acquisition debt balance - beginning of year			
Home acquisition debt borrowed in 2019			
Home equity debt balance - beginning of year			
Home equity debt borrowed in 2019			
Grandfather debt balance - beginning of year			

Loan #2

Lender's name			
Form (see table)			
Number of form			
1=taxpayer, 2=spouse, blank=joint			
Interest paid			
Points paid			
Total principal paid			
Lump sum principal payment (if paid off)			
Months outstanding (if not 12)			
1=home acquisition debt incurred after 12/15/17			
Home acquisition debt balance - beginning of year			
Home acquisition debt borrowed in 2019			
Home equity debt balance - beginning of year			
Home equity debt borrowed in 2019			
Grandfather debt balance - beginning of year			

Form
1 = Schedule A (default) 2 = Business use of home 3 = Schedule E

2019	1040	US	Health Savings Accounts (8889)	32.1
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**Please enter all pertinent 2019 amounts & attach all 1099-SA forms.
Last year's amounts are provided for your reference.**

HSA CONTRIBUTIONS

NOTE: Contributions to an HSA are only eligible to persons covered under a high deductible health plan. For tax year 2019, a high deductible health plan is one with an annual deductible that is not less than \$1,350 for self-only coverage or \$2,700 for family coverage, and the annual out-of-pocket expenses (deductibles, co-payments, and other amounts, but not premiums) do not exceed \$6,750 for self-only coverage or \$13,500 for family coverage.

	2019 Amount		2018 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
1= self-only coverage, 2= family coverage.....				
HSA contributions you made or expect to make, except rollovers, employer contributions, and contributions made to an employee account through a cafeteria plan (1=maximum).....				
Contributions included above that were made after you became eligible for Medicare.....				
Contributions made to date				

HSA DISTRIBUTIONS

Total HSA distribution received (1099-SA, box 1) ..				
Distributions included above that were rolled over to another HSA				
Total unreimbursed qualified medical expenses ...				

	32.1
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2019	1040	US	Child and Dependent Care Expenses (Form 2441)	33.1,33.2
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Please enter all pertinent 2019 information. Last year's amounts are provided for your reference. You must have paid for the care of one or more dependents enabling you to work or attend school to qualify for this credit.

DEPENDENT CARE EXPENSES (33.1)

	2019 Amount		2018 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Dependent care expenses incurred but not paid in 2019 . . .				
Employer-provided benefits forfeited in 2019				

PERSONS AND EXPENSES QUALIFYING FOR DEPENDENT CARE CREDIT

No. <input style="width:40px;" type="text"/>	First name		
	Last name		
	Title or suffix		
	Date of birth (m/d/y)		
	Social security number		
	Qualified dependent care expenses incurred and paid in 2019		2018 amt:
	1=disabled		
1=spouse, 2=joint			

No. <input style="width:40px;" type="text"/>	First name		
	Last name		
	Title or suffix		
	Date of birth (m/d/y)		
	Social security number		
	Qualified dependent care expenses incurred and paid in 2019		2018 amt:
	1=disabled		
1=spouse, 2=joint			

PERSONS OR ORGANIZATIONS PROVIDING CARE (33.2)

No. <input style="width:40px;" type="text"/>	Name of provider		
	Street address		
	City		
	State		
	ZIP code		
	Foreign region		
	Foreign postal code		
	Foreign country		
	Identification number (SSN or EIN)		
	Amount paid to care provider in 2019		2018 amt:
	1=spouse, 2=joint		

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Education Credits / Tuition Deduction

No.

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Please complete the information below if you paid qualified education expenses in 2019 for you, your spouse, or your dependents enrolled in an accredited postsecondary institution. Last year's amounts are provided for your reference.

STUDENT INFORMATION

1=taxpayer, 2=spouse		
First name		
Last name		
Social security number.....		
Number of years hope credit claimed		
Number of prior years AOC claimed		
1=student was NOT enrolled at least half-time for at least one academic period that began in 2019 (or the first 3 months of 2020 if the qualified expenses were made in 2019) at an eligible institution in a qualified program.		
1=student completed first four years of post-secondary education before 2019.		
1=student was convicted, before the end of 2019, of a felony for possession or distribution of a controlled substance.		

EDUCATIONAL INSTITUTION ATTENDED (#1)

Name		
Street address		
City		
State		
ZIP code		
1=2019 Form 1098-T was NOT received.		
1=2019 Form 1098-T received with Box 2 & 7 completed.....		
1=2018 Form 1098-T received with Box 2 & 7 completed.....		
Federal ID number from Form 1098-T.....		

EDUCATIONAL INSTITUTION ATTENDED (#2)

Name		
Street address		
City		
State		
ZIP code		
1=2019 Form 1098-T was NOT received.		
1=2019 Form 1098-T received with Box 2 & 7 completed.....		
1=2018 Form 1098-T received with Box 2 & 7 completed.....		
Federal ID number from Form 1098-T.....		

QUALIFIED EDUCATION EXPENSES

	2019 Amount	2018 Amount
Qualified tuition & fees paid in 2019 (net of refund or assistance, & not entered elsewhere) ..		
Books & supplies required to be purchased from institution.		
Books & supplies not entered above.....		
Amount of prior year refund or assistance *		

* Refund of qualified expenses and tax-free educational assistance received after you file your return for the year in which the expenses were paid.

