

Pietrasiuk, Kelley & Kelley P.C.  
2395 S Huron Pkwy Ste 100  
Ann Arbor, MI 48104-5170

*2019 Client Organizer*



**Pietrasiuk, Kelley & Kelley P.C.**  
**2395 S Huron Pkwy Ste 100**  
**Ann Arbor, MI 48104-5170**  
**734-971-8500**

Dear :

This Tax Organizer is designed to help you gather the tax information needed to prepare your 2019 personal income tax return. To help you complete the Organizer with minimal time and effort, when available, you will find certain information from your 2018 personal income tax return.

To protect your privacy, your Tax Organizer contains masked data. Masked data displays as asterisks. For example, a Social Security number could display as \*\*\*-\*\*-6789, an account number as \*\*\*\*\*6789, and a date of birth as \*\*/\*\*/2000. If you would like to confirm the masked data or make a change to your data, please contact this office. When you receive your completed tax return(s), make sure you review all Social Security numbers, bank account numbers, and dates of birth for accuracy.

Enter 2019 information on the Tax Organizer pages provided. If any information does not apply to you or is incorrect, please draw a line through it or make the necessary corrections.

The Client Questionnaire asks about pertinent tax items necessary for preparing the most accurate tax return possible. Please answer all questions and attach a statement when necessary for additional information not provided in the Client Organizer.

For those clients who prefer to prepare the questionnaire portion electronically, we have created a fillable PDF available on our website (available around the end of January) at the following address: <https://www.pkkcpa.com/client-resources> . To utilize the electronic version you MUST first download the file to your local drive, open it from your local drive, then complete and save it as you would any PDF file. You may provide us your electronically prepared questionnaire printed on paper or remit it to us electronically.

You will also need to provide the following information:

- Forms W-2 for wages, salaries and tips.
- All Forms 1099 for interest, dividends, retirement, miscellaneous income, Social Security, state or local refunds, gambling winnings, etc.
- Brokerage statements showing investment transactions for stocks, bonds, etc.
- Schedule K-1 from partnerships, S corporations, estates and trusts.
- Statements supporting educational expenses, deductions or distributions, including any Forms 1098-T, 1098-E, or 1099-Q. Also include verification of payments made.
- All Forms 1095-A, 1095-B, and/or 1095-C related to health care coverage or the Premium Tax Credit.
- Statements supporting deductions for mortgage interest, taxes, and charitable contributions (including any Form 1098-C).
- Copies of closing statements regarding the sale or purchase of real property.
- Legal papers for adoption, divorce, or separation involving custody of your dependent children.
- Any tax notices sent to you by the IRS or other taxing authority.
- A copy of your income tax return from last year, if not prepared by this office.

IRS regulations require paid tax preparers who expect to prepare and file 11 or more federal individual, nonresident alien, or trust tax returns to file them electronically. To comply with this requirement your return will be electronically filed this year. The benefits of e-filing include a secure way to file tax returns and it provides proof of acceptance that the IRS has accepted your return for processing. Contact this office if you prefer your return be filed on paper.

Like all providers of personal financial services, tax professionals are required by law to inform clients of their policies regarding privacy of client information. Our firm continues to adhere to professional standards of confidentiality that are even more stringent than those required by law. We have always protected the security and privacy of your personal and financial information.

### **Types of Nonpublic Personal Information We Collect**

The only nonpublic personal information we collect is provided to us by you or obtained with your authorization.

### **Parties to Whom We Disclose Information**

We do not disclose any nonpublic personal information obtained in the course of our practice except as required or permitted by law. Permitted disclosures may include providing information to our employees, or, in limited situations, to unrelated third parties who need that information to assist us in serving you. In all situations, we stress the confidential nature of the information being shared.

### **Protecting the Confidentiality and Security of Clients' Information**

We retain records relating to our professional services to better serve your professional needs and, in some cases, to comply with professional guidelines. In order to protect your nonpublic personal information, we maintain physical, electronic, and procedural safeguards that comply with our professional standards.

Each return prepared by Pietrasiuk, Kelley & Kelley undergoes an extensive review process which can take a considerable amount of time. It would be greatly appreciated if you are able to provide us with your tax information early in the year. Our goal is to provide accurate and timely service to all of our clients. The sooner you provide the information, the better we will be able to service your tax and accounting needs. We have some convenient options available to make ourselves easily accessible to you. You may set up an appointment, mail/e-mail your documents (if e-mailing, please call us and we can send you a secure ShareFile upload link), or use our secured drop box located outside our office building. Mailing the tax information to us or using our drop box is a great convenience for many of our clients. If you do elect to mail us your information or use our drop box and have any specific areas of concern, please note them on the organizer or call us and we will address these concerns with you.

As in prior years, returns received by our office will be completed in the order they are received. In order to ensure quality, we are unable to guarantee completion of any tax return received by our office after March 15, 2020. We will make every effort to complete your return prior to its due date. However, if we find that we are unable to finalize your return, we will provide you with an estimate of the amount due, if any, with the extension request.

We also request that if you will be traveling on or near the tax return due date that you inform our office as soon as possible. This information greatly assists us in prioritizing our workload to meet all of our clients' needs. We appreciate your understanding. Please call our office at (734) 971-8500 if you have any questions or concerns pertaining to this or any other matter.

Thank you for the opportunity to serve you.

Sincerely,

Pietrasiuk, Kelley & Kelley P.C.

Any accounting, business or tax advice contained in this communication, including attachments and enclosures, is not intended as a thorough, in-depth analysis of specific issues, nor a substitute for a formal opinion, nor is it sufficient to avoid tax-related penalties.

## **Our Service to You**

At the request of our clients, we are providing you the following comprehensive explanation of our tax preparation services.

You have retained Pietrasiuk, Kelley & Kelley, P.C. to prepare your individual federal and state tax returns for 2019. These returns will be based on the information you provide us. In preparing these returns we are not required to verify your deductions; however, it is our company policy to review the documents you provide. If during this review questions arise, we will discuss those items with you before finalizing your return.

You also will be provided a Client Organizer containing a questionnaire and, if you are a returning client, prior-year information. Although many questions may not pertain to your situation, the questionnaire and supplemental information is our way of communicating tax law changes and alerting you to tax-related events that may apply to you. Current IRS regulations dictate that we must have adequate knowledge regarding certain components of your return before signing. To comply with these regulations, we adapted our Client Organizer to address those requirements. Our policy is that the Client Organizer must be completed. If the Organizer is not completed in its entirety, additional preparation fees may apply. You, the client, are responsible for all information provided and bear full responsibility for the accuracy and/or the omission of your responses. This responsibility extends to information we receive via e-mail, supplemental written notes, and information provided verbally. In preparing your return, we have assumed that you have reviewed this questionnaire and supplemental information. Any questions left blank will assumed to be "No" or "0" and we bear no responsibility should the actual response differ. Although the questionnaire and supplemental information are comprehensive, they cannot conceivably cover every situation. Please address your individual concerns with your designated tax preparer.

We will provide you with a copy of your tax returns (including electronically filed tax returns) and will return to you all source documentation. It is PKK's policy to retain documents used to prepare the return for four years and a copy of the tax return and work papers for seven years (if you are a former client, i.e. did not return in the prior year, we may purge any and all of your documents utilizing a different retention schedule). PKK will, generally annually, commence the process of destroying the contents of our engagement files. Not all documentation provided to PKK will be scanned into our records, and as such, the Client is ultimately responsible for retaining their tax documentation and PKK cannot be relied upon to have record of all documentation provided to us in preparation of the tax return. PKK may also, in its sole discretion, choose to keep certain historical documentation such as real estate purchase documents longer than PKK's general retention policy stipulates in either electronic or paper document format. The removal of your personal data will be done using professional standards to ensure the integrity and privacy of your personal information. It is your responsibility to maintain your tax returns indefinitely and the supporting source documentation for at least 6 years from the date the return was prepared.

In retaining Pietrasiuk, Kelley & Kelley, P.C. for tax preparation, our services cover the preparation of your individual state and federal tax returns only. If requested, we will provide consultations during the tax preparation process for which we reserve the right to include a separate charge depending on the nature of the consultation. If you receive a notice that requires communication with the state or IRS or your return(s) are selected for audit, Pietrasiuk, Kelley & Kelley, P.C. will represent you; however, a separate charge at our standard hourly rates will apply for the amount of time needed to resolve the matter. You have not retained our office to render financial advice or perform estate planning; a separate arrangement may be made if these services are desired. Depending on your personal tax situation, this arrangement may include minimal tax planning that is done at the time your tax return is prepared. An appropriate charge will be included in your tax preparation fee depending on the nature of the planning. Pietrasiuk, Kelley & Kelley, P.C. is always available for additional tax planning during the year; a separate charge, as stated above, applies for additional tax planning.

Anything you tell our office during the preparation of your tax return is confidential; however, it is not protected by any accountant-client privilege. If we are subpoenaed to testify as to the content of our discussions, documents we have reviewed, or any other issues that may have arisen during our communications, we will be required to fully disclose our knowledge on those matters. We do not receive the same confidentiality privileges as those automatically granted to attorneys. The tax return preparers at Pietrasiuk, Kelley & Kelley, P.C. are not attorneys, and, accordingly, do not give legal advice. If you need specific legal advice, we will refer you to an attorney who can meet those needs.

Your fee is due and payable at the time you pick up your returns. If other arrangements are required, we ask that you make those arrangements with our office before we begin work on your tax returns. We sincerely appreciate your business and look forward to continuing our relationship for years to come.





## Required Documents

Please note that the Engagement Letter includes two additional documents under IRC 7216 regarding privacy and use of your information. If you did not receive these documents or have any questions prior to signing these forms, please contact our office. *(These documents are being sent AFTER the Client Organizer.)*

	YES	NO
<b>Have you received the Engagement Letter with Disclosures?</b> (To be sent out beginning in February AFTER the Client Organizer, may be sent via e-mail. Please check your spam folder if not received.)	<input type="checkbox"/>	<input type="checkbox"/>

<b>Have you signed the first page of this Client Organizer?</b> <i>(By signing the Client Organizer, you are stating that the information and responses provided are correct to the best of your knowledge.)</i>	<input type="checkbox"/>	<input type="checkbox"/>
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## Personal/Bank Account Information

	YES	NO
Did you have any changes in your marital status, dependents (e.g. adoption, graduation, divorce, supporting a parent etc.) or address?	<input type="checkbox"/>	<input type="checkbox"/>

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Would you like to change the bank account information on file?	<input type="checkbox"/>	<input type="checkbox"/>
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*(For your protection, only a small portion of your bank account information is shown, but enough to enable you to verify the account. This information rolls from year to year; our main concern is changes or closures of an account. You will have another opportunity to verify the account upon receiving your final tax return. If this is a joint return, please also verify this is a joint account. If changes are requested, please provide a voided check.)*

Do you want any overpayment of taxes applied to next year's estimated taxes?	<input type="checkbox"/>	<input type="checkbox"/>
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Do you want any remaining federal or state refund deposited directly to your bank account?	<input type="checkbox"/>	<input type="checkbox"/>
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**Personal/Bank Account Information (Continued)**

YES NO

Did you make estimated tax payments for the current tax year?  
*(Please enter your federal and state payments on pages 8 and 9 of the Client Organizer)*

Do you want an automatic withdrawal on a designated date from your bank account to pay for taxes due with your federal or State return?

*(Date of auto withdrawal will be due date of return unless otherwise instructed by you. Available for federal and Michigan payments. Other states may be available and, if selected, we will review those options.)*

Do you want an automatic withdrawal from your bank account to pay your federal estimated taxes? (see note below regarding states)

*(Note: The withdrawal date would be the due date of 4/15, 6/15, 9/15 and 1/15. Not available for Michigan, other states would need to be reviewed if desired.)*

**Affordable Care Act - Health Insurance**

If you had any after-tax out-of-pocket costs for health insurance, please provide the amount paid for health insurance costs here: \$ \_\_\_\_\_

*(Note that most employers who require their employees to cover part or all of the health insurance costs have established pre-tax plans and those costs would not be deductible. If you are not sure if your employer plan is pre-tax, please contact your human resources department.)*

**HEALTH INSURANCE PURCHASED ON THE EXCHANGE (You must provide us with Form(s) 1095-A)**

YES NO

Did you purchase health insurance on the exchange at any time during 2019?

Did you receive an "Advance Premium Tax Credit"?

## Income

It is important that we are able to view certain types of tax documents to limit your exposure to potential errors of either incorrect amounts reported and/or improper recording of income type. As such you will find an income summary page in your Client Organizer. Please review the income summary page and verify that you have included income documents. **If any item is no longer applicable, please note the item as "N/A" on the applicable Client Organizer page.**

YES NO

Did you receive any income from sources NOT reported on a tax form?  
(e.g. alimony, disability benefits, jury duty pay, legal settlement, etc.)

YES  NO

If yes, please explain and provide amounts received: \_\_\_\_\_

\_\_\_\_\_

Are you receiving income from business or property sold in a prior year?  
(i.e. income received over time, also known as an installment sale)

YES  NO

## Dependent Information

**Please be aware that the new tax laws have strict requirements regarding dependents. As such, you MUST also review and complete the *Child and Educational Tax Credit Checklist* (in the latter part of this Questionnaire).**

**\*\* IF YOU DO NOT HAVE ANY DEPENDENTS, PLEASE CHECK THIS BOX AND PROCEED TO THE NEXT SECTION.**

YES NO

Did you incur any child care expenses for children under age 13 during 2019 while you worked, looked for work, or attended school?

YES  NO

*(Do NOT include any amounts or information relating to overnight camps below or on page 80 in the organizer. These are non-eligible child care credit expenses.)*

If yes, for whom and how much were the qualifying expenses for each qualifying child?

Child's Name \_\_\_\_\_ Amount \$ \_\_\_\_\_

Child's Name \_\_\_\_\_ Amount \$ \_\_\_\_\_

Child's Name \_\_\_\_\_ Amount \$ \_\_\_\_\_

Would you like us to file a tax return for any of your dependents?

YES  NO

*(Please note that an additional charge will apply. 2019 law revisions reverted back to requiring children with investment income over \$2,200 be subject to the "kiddie tax" rules, which require that income over a certain threshold be taxed at the parent's top marginal tax rate. If applicable, we may not be able to finalize the dependent's return until your return is finalized.)*

Do you have any dependents who are not citizens or residents of the United States?

YES  NO

**Dependent Information (Continued)**

	YES	NO
Did any dependent child over 19 years of age attend school less than 5 months during the year?	<input type="checkbox"/>	<input type="checkbox"/>
<i>(If applicable, cross dependent off the personal information page of the Client Organizer. If you feel this person should still be your dependent, please note the reason why and provide an estimation of their earnings during 2019.)</i>		
Are you a non-custodial parent entitled to a dependency exemption due to a divorce decree?	<input type="checkbox"/>	<input type="checkbox"/>

**HEAD OF HOUSEHOLD FILING STATUS**

**(Generally only applicable to non-married individuals supporting a dependent)**

**\*\* CHECK THIS BOX IF YOU DO NOT UTILIZE THE HEAD OF HOUSEHOLD FILING STATUS AND PROCEED TO THE NEXT SECTION. IF UNSURE OF YOUR FILING STATUS, PLEASE REVIEW THE PERSONAL INFORMATION PAGE OF THIS ORGANIZER. IF BOX CHECKED, PROCEED TO THE NEXT SECTION.**

**IMPORTANT: Due to new documentation requirements, we cannot prepare the return with the favorable Head of Household filing status unless we fully document that all criteria is met.**

	YES	NO
Please confirm that you were NOT married at the end of the year?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> If you have a pending divorce and you didn't live with your spouse during the last 6 months of the year, please check this box and we will contact you for more information.		

Explanation, if needed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Did you provide more than half of the support to maintain the household for the person(s) you are claiming as a dependent?	<input type="checkbox"/>	<input type="checkbox"/>
Have you provided documentation to verify proof of residency of at least ONE of your dependents?	<input type="checkbox"/>	<input type="checkbox"/>

*This may be any document with your dependent's name which also shows your physical address. This helps with our requirement to prove residency in your household. Could be a tuition statement, bank statement, copy of their driver's license, medical bill, report card, etc. Please let us know if you have a custody situation that you believe may prevent you from claiming the Head of Household filing status.*

## Head of Household Filing Status (Continued)

	YES	NO
Is there another person, such as an ex-spouse, who may also believe they can claim your dependent(s) on their return?	<input type="checkbox"/>	<input type="checkbox"/>

Did your dependent(s) reside with you for more than half the year? <i>(Children away for college are considered living with you if your home is considered their primary residence.)</i>	<input type="checkbox"/>	<input type="checkbox"/>
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Are you providing a household for a dependent(s) for which you released the exemption to someone else?	<input type="checkbox"/>	<input type="checkbox"/>
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If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If audited, you may be asked to provide documentation to verify that you are entitled to the Head of Household filing status. Please confirm that you could produce such documentation, if requested, including "proof of residency" and "proof of support".

Are you able to provide said documentation, if requested?	<input type="checkbox"/>	<input type="checkbox"/>
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## Investment Activities (Including Cryptocurrency Transactions)

It is imperative that we are able to view the tax documents related to investment activities. These documents include, but are not limited to, 1099-INT, 1099-DIV, 1099-B, Schedule K-1. Also note that tax exempt investments can have a taxable component and States view federal tax exempt investments differently. As such, please provide available information relating to tax exempt investments.

**\*\* IF YOU DID NOT ENGAGE IN INVESTMENT ACTIVITIES OUTSIDE OF YOUR RETIREMENT ACCOUNTS DURING THE YEAR, PLEASE CHECK THIS BOX AND PROCEED TO THE NEXT SECTION.**

	YES	NO
Did you sell any stock, securities, bonds, or other investment property that would not be reported on a tax document?	<input type="checkbox"/>	<input type="checkbox"/>

*(Please provide a statement of cost basis, date of purchase, date sold, sale price and description of investment activity, including number of shares and share price, if applicable.)*

Do you own any stock which became worthless during 2019?	<input type="checkbox"/>	<input type="checkbox"/>
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*(Worthless stock must meet certain criteria. Essentially it must have a market value of ZERO. A significant reduction in marketable value does NOT make a stock worthless. If you believe you have a stock that meets this criteria, please provide details and any documentation regarding this investment loss.)*

## **Investment Activities (Continued)**

	YES	NO
Did you sell, exchange, or purchase any real estate during the year? <i>(Please provide purchase and closing documents of the sale)</i>	P	P
Did you acquire a new or additional interest in a partnership, S corporation or other business entity? <i>(If yes, please supply copies of all relevant documents.)</i>	P	P
Did you receive grants of stock options from your employer, exercise any stock options granted to you, or dispose of any stock acquired under a qualified employee stock purchase plan? <i>If yes, please provide a statement or schedule from your employer.</i>	P	P
Do you participate in purchasing shares of your employer's stock?	P	P
Were any of your business or property sales installment sales (i.e. income received over time)?	P	P

## **VERY IMPORTANT IRS IS LOOKING FOR CRYPTOCURRENCY TRANSACTIONS!**

Did you engage in any cryptocurrency transactions (such as Bitcoin, Litecoin, Ethereum, Zcash, Dash, Ripple, Monero, etc.)? <i>(Cryptocurrency does have tax implications but generally does not provide tax documentation. If you answer yes, we will contact you regarding your particular use of cryptocurrency.)</i>	P	P
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## **Personal Residences**

	YES	NO
Was your personal residence involved in any purchases or sales during the year? <i>(Please provide closing documents.)</i>	P	P
If yes, was your personal residence ever used for business purposes? If yes, was Form 1099-S received? <i>(Depending on how paperwork is filed you may have received Form 1099-S. If it was received, please include it with your tax documents.)</i>	P P	P P
Did you invest in a solar, wind or geothermal energy system during 2019? If yes, please provide the purchase invoice and certificate of qualification.	P	P
Did you invest in energy efficient property for your personal residence? If yes, please provide property certification certificate from manufacturer.	P	P

## Itemized Deductions - General Information

Many of the new tax law changes related to itemized deductions. The information below allows you to make a quick estimation if you will itemize or take the standard deduction.

You may also review your prior year return (Form 1040, page 2, line 8 to see if we itemized or took the standard deduction). If "Schedule A" IS included in your client copy this means we DID itemize deductions on your return and, barring any unusual exceptions, you will most likely itemize again this year.

We will review any information you provide and select the best outcome for you. This information is not all inclusive so please let us know if you have any questions. If you, or your spouse, are over 65 your standard deduction will be slightly higher.

**Single:** \$12,200 (plus \$1,650 if over 65 or blind)  
**Head of Household:** \$18,350 (plus \$1,650 if over 65 or blind)  
**Married Filing Joint:** \$24,400 (plus \$1,300 per person over 65 or blind)

(To estimate if you will itemized or take the standard deduction, add the items below and compare to the above amounts for you filing status)

**Taxes: MAXIMUM \$10,000**

*(state taxes paid: add withholding, estimated tax payments and real estate taxes)*

**Mortgage Interest: No Maximum Deduction Threshold**

*(review Form(s) 1098: may be limited if mortgage debt over \$750K)*

**Charity: No Maximum Deduction Threshold** *(cash and non-cash)*

## Itemized Deduction Information (Sales Taxes)

*(Special provision generally only benefiting those clients who live in states without an income tax or those whose income is exempt from their state's income tax based on the type of income.)*

YES NO

Did you make any large eligible purchases for which sales tax was charged this year? **p** **p**

If yes, please identify what was purchased and the amount of sales tax paid.

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*(Note: Most taxpayers who pay some type of state income tax will not benefit from this deduction because their state tax deduction is generally greater. Eligible purchases refer to vehicles, boats, aircrafts or sales tax charged for substantial improvements to a home.)*

**Itemized Deduction Information (Mortgage/Investment Interest)**

**\*\* IF YOU DID NOT PAY MORTGAGE INTEREST OR WILL TAKE THE STANDARD DEDUCTION (SEE THRESHOLDS PREVIOUSLY NOTED), PLEASE CHECK THIS BOX AND PROCEED TO THE NEXT SECTION.**

(Please provide all Forms 1098 received)

	YES	NO
Is any of the mortgage interest you paid for property NOT considered a personal residence? (i.e. vacant land, rental property, business building property)	<input type="checkbox"/>	<input type="checkbox"/>

Did you pay mortgage interest to an individual rather than a lending institution?	<input type="checkbox"/>	<input type="checkbox"/>
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If yes, please provide the recipient's name, address, social security number or taxpayer identification number, and amount of interest paid (include an amortization schedule if available).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you claiming a deduction for mortgage interest paid to a financial institution for which someone else received the Form 1098?	<input type="checkbox"/>	<input type="checkbox"/>
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If yes, please explain: \_\_\_\_\_

Did you refinance any property this year? (Please provide the refinance/closing statement.)	<input type="checkbox"/>	<input type="checkbox"/>
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Did you take out a home equity loan this year or withdraw funds from an existing loan?	<input type="checkbox"/>	<input type="checkbox"/>
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If yes, was the money used to buy, build or improve your personal residence that secured the loan?	<input type="checkbox"/>	<input type="checkbox"/>
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If not used to buy, build or improve the secured residence please answer the following:

How much did you withdraw? \$ \_\_\_\_\_

What was the money used for? \_\_\_\_\_

**VERY IMPORTANT:** Under the new laws home equity interest is only deductible if it was used to buy, build or improve the residence that secures the loan. This includes amounts withdrawn prior to the recently enacted tax law change. If you are unsure, please provide details. If a new loan/refinance, please provide closing document and let us know how the proceeds were used.



## **Itemized Deduction Information (Charitable Contributions)**

**\*\* IF YOU DID NOT MAKE ANY CHARITABLE CONTRIBUTIONS DURING THE TAX YEAR OR YOU WILL TAKE THE STANDARD DEDUCTION (SEE THRESHOLDS PREVIOUSLY NOTED), PLEASE CHECK THIS BOX AND PROCEED TO THE NEXT SECTION.**

(Please provide details in pages 59 through 62 in the Client Organizer)

	YES	NO
Did you make a charitable contribution (other than cash or securities) with a value in excess of \$5,000?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make contributions of appreciated property during the year?	<input type="checkbox"/>	<input type="checkbox"/>

**Support for charitable contributions:** Our procedures are to visually scan receipts provided, however, due to time constraints we are not able to match individual receipts to donations. By providing amounts either here or in the detail pages, you assert you have proper receipts to support your deductions.

### **Substantiation requirements are as follows:**

(Please enter details on Organizer pages 59 through 62)

**Cash:** Receipts required for ALL cash contributions.

**Check or credit card:** Only list the total amount you can substantiate:

- (1) For separate contributions of \$250 or more, you must have written acknowledgement from the charity; your canceled check is not enough.
- (2) For separate contributions under \$250, either a bank record or a receipt is required.

**Clothing and household goods:** The IRS stipulates that items must be donated in good or better condition. If total non-cash contributions are over \$500, please provide the name and address of each charity on a separate statement or within the Client Organizer.

### **Valuing non-cash contributions:**

If you need help in valuing your donated items, please type this link provided by the Salvation Army in your search browser:

**<https://satruck.org/Home/DonationValueGuide>**

**General Retirement: IRA's, SEP, SIMPLE, 401(k), and Keogh Plans**

	YES	NO
Do you have any individual pension plans that require a separate tax filing? <i>(Examples might include a Solo 401K or Keogh)</i>	<input type="checkbox"/>	<input type="checkbox"/>
Did you convert a traditional IRA to a ROTH IRA in 2019? If yes, enter amount converted and provide available paperwork \$ _____	<input type="checkbox"/>	<input type="checkbox"/>

**Retirement Contributions: IRA's, SEP, SIMPLE, 401(k), and Keogh Plans**

**\*\* IF YOU DID NOT MAKE OR DO NOT WISH TO CONSIDER RETIREMENT CONTRIBUTIONS FOR THE TAX YEAR, PLEASE CHECK THIS BOX AND PROCEED TO THE NEXT SECTION.**

The IRA contribution limit is \$6,000 per individual for 2019 and \$7,000 per individual over 50 in 2019. (IRA contributions require wage type earning so generally not applicable to retirees. Please note that individual ROTH IRA contributions have an income threshold phaseout, before contributing please contact this office if you are unsure if you qualify for the ROTH option.)

*(IRA contributions MUST be made by 4/15/20 AND designated for the 2019 tax year.)*

	YES	NO
Did you contribute to an IRA this year? If yes, ROTH IRA contribution amount: \$ _____ If yes, Traditional IRA contribution amount: \$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Did your spouse contribute to an IRA this year? If yes, ROTH IRA contribution amount: \$ _____ If yes, Traditional IRA contribution amount: \$ _____	<input type="checkbox"/>	<input type="checkbox"/>

*(Many factors affect the availability and deductibility of IRA contributions such as your employer retirement options, your income level and whether your spouse is eligible under an employer plan. As such, contributions are often available but contain no current tax benefit. While this is an option to consider, we generally recommend that you maximize your employer options first.)*

Are you interested in considering IRA contribution options?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, would you still be interested if you would not receive a current contribution deduction? <i>(see note above)</i>	<input type="checkbox"/>	<input type="checkbox"/>
If you or your spouse have self-employment income, do you want to consider additional retirement plan contribution options?	<input type="checkbox"/>	<input type="checkbox"/>

**Retirement Distributions: IRA's, SEP, SIMPLE, 401(k), and Keogh Plans**

**\*\* IF YOU DID NOT HAVE ANY RETIREMENT DISTRIBUTIONS, PLEASE CHECK THIS BOX AND PROCEED TO THE NEXT SECTION.**

If you are under age 59 1/2 and took a withdrawal from a retirement account, please provide reason for the withdrawal. *(Purpose is to try to limit penalty on the withdrawal.)*

	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>

Reason for withdrawal: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Did you roll over any retirement distributions received?  YES  NO  
*(Please provide paperwork to document rollover into new account.)*

*If this was a trustee to trustee transfer (i.e. - you never took possession of the funds), please check this box. Under trustee to trustee provisions, you may not have been issued a Form 1099. If you have any concerns, you should call the distributing company and request clarification.*

Did you make a charitable contribution from your IRA directly to a qualified charity?  YES  NO

Are you receiving retirement distributions from a deceased spouse?  YES  NO  
If yes, what year was your spouse born? \_\_\_\_\_  
If yes, what year did your spouse pass away? \_\_\_\_\_

**SPECIAL PROVISION FOR TEACHERS ONLY**

**\*\* CHECK THIS BOX IF YOU ARE NOT AN ELIGIBLE EDUCATOR DEFINED AS A TEACHER, COUNSELOR, PRINCIPAL, OR AIDE FOR GRADES K - 12 AND MOVE TO THE NEXT SECTION.**

Did you work at least 900 hours in a school during a school year? YES NO  
 YES  NO

Was your spouse also a K - 12 educator and met the 900-hour requirement?  YES  NO  
*(If yes, you may each qualify separately for the \$250 teacher deduction.)*

Did you (and/or your spouse) spend at least \$250 in unreimbursed classroom supplies?  YES  NO

How much did you (and/or your spouse) spend in total on classroom supplies including the \$250/\$500?  YES  NO

**Total amount spent on eligible expenses during the tax year: \$ \_\_\_\_\_**

## Education (Tuition, Contributions, Withdrawals)

Please be aware that the new tax laws have strict requirements regarding dependents and educational credits. As such, you **MUST** review and complete the *Child and Educational Tax Credit Checklist* (in the latter part of this Questionnaire).

**IF YOU OR YOUR DEPENDENTS DID NOT INCUR ANY COLLEGE/UNIVERSITY EDUCATIONAL EXPENSES, EDUCATIONAL ACCOUNT CONTRIBUTIONS OR WITHDRAWALS, PLEASE CHECK THIS BOX AND PROCEED TO THE NEXT SECTION.**

### **TO RECEIVE A TAX BENEFIT FOR TUITION EXPENSES YOU MUST PROVIDE US WITH FORM 1098-T.**

*(Many colleges no longer mail Form 1098-T. You may need to log into the student's account to retrieve the form.)*

When gathering expenses, please review **NOTES 1 and 2** on the next page. This will assist you in understanding the complexities that we must consider in determining for which tax benefits you are eligible. In addition, certain expenses are not eligible for credits but are eligible for educational savings account withdrawals. As such, it is important that you not lump all expenses into a single number but provide us with "categories" of expenses. Please attach a separate page if necessary.

	YES	NO
Did you pay any student loan interest in 2019 (please provide Form 1098-E)?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have tuition relating to the first 4 years of post-secondary education?	<input type="checkbox"/>	<input type="checkbox"/>

The American Opportunity Tax Credit expands the list of qualifying educational expenses to include textbooks purchased for 4-year undergraduate students.

If applicable, please provide cost of course-related textbooks per student.

Student: \_\_\_\_\_ \$ \_\_\_\_\_

Student: \_\_\_\_\_ \$ \_\_\_\_\_

Did the student receive any scholarships, fellowships, stipend or grants which exceeded the cost of their tuition?  YES  NO

Did you contribute any money to college savings plans [529 Plans (such as MESP), Coverdell Education Savings accounts, prepaid tuition plans (such as MET)]?  YES  NO

If yes, enter the following information for each person who received a contribution.

*(Attach a separate page if necessary.)*

Beneficiary Name: \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
Plan Type: \_\_\_\_\_ State Where Account Held: \_\_\_\_\_

Beneficiary Name: \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
Plan Type: \_\_\_\_\_ State Where Account Held: \_\_\_\_\_

## Education (Tuition, Contributions, Withdrawals) Continued

TO PROPERLY REPORT ALL EDUCATIONAL ACCOUNT WITHDRAWALS  
YOU MUST PROVIDE US WITH ALL FORM(S) 1099-Q

	YES	NO
Did you <u>withdrawal money from any type of college savings account</u> ?	P	P
If yes, were all of the withdrawals for qualified education purposes? (See NOTE 1 below)	P	P
If yes, do you have documents to verify eligibility of qualified expenses? (See NOTE 2 below)	P	P
Is it possible that someone else may be using these college costs to offset their taxes on educational account withdrawals?	P	P

*(An example of this might be a grandparent who establishes a 529 savings account on behalf of the grandchild. Depending on how the transaction is structured, the grandparent may receive the 1099-Q tax form. We are looking to ensure these educational costs are NOT double dipped between two returns. If applicable, please coordinate with the other party. Under certain circumstances, it may be necessary for us to coordinate with the other party's accountant.)*

*(NOTE 1: Tuition, books, fees and equipment are considered qualified expenses. However, you may only include expenses as qualified under a 529 plan withdrawal for computer technology, equipment or internet access ONLY IF REQUIRED BY THE INSTITUTION AS AN ENROLLMENT REQUIREMENT. These expenses are only considered to apply to tax free withdrawals from 529 plans and they cannot be considered in the computation of the education tax credits or the tuition and fees deduction.)*

*(NOTE 2: Under current law in order to claim educational type credits the tax preparer must prepare a "Due Diligence Checklist". Part of that checklist requires that we review the documents used to claim the expense and maintain a copy in our files. As such, we request that you provide us these documents with your tax information. Primarily those documents will be the tuition bills. If you are using room and board/book expenses to offset Section 529 plan withdrawals, a summary of those costs is acceptable.*

**EDUCATION - Grandparents or Other Relatives Contributing To  
or Distributions From Educational Accounts on Behalf of Individuals  
Not Considered their Dependents)**

**\*\* CHECK THIS BOX IF YOU DID NOT MAKE ANY EDUCATIONAL  
ACCOUNT CONTRIBUTIONS OR IF CONTRIBUTIONS YOU MADE WERE  
FOR INDIVIDUALS CLAIMED AS DEPENDENTS ON YOUR TAX RETURN.**

**YES NO**

Did you contribute any money to college savings plans [529 Plans (such as MESP),  
Coverdell Education Savings accounts, prepaid tuition plans (such as MET)]? **P P**

If yes, enter the following information for each person who received a contribution.  
(Attach a separate page if necessary.)

Beneficiary Name: \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
Plan Type: \_\_\_\_\_ State Where Account Held: \_\_\_\_\_

Beneficiary Name: \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
Plan Type: \_\_\_\_\_ State Where Account Held: \_\_\_\_\_

Were distributions take from an education account for which you, or your spouse,  
were the account owners? **P P**

*(NOTE: There is no official tax document issued for contributions, 1099-Q is issued for  
withdrawals. However, depending on how the withdraw took place, and to whom it was  
payable, the tax document could be issued in your name or the name of the beneficiary. Due to  
the inadvertent oversights that occur with this "crossing of tax data" it is important to confirm  
who received this document and to ensure expenses used to offset the withdrawal are not being  
accounted for twice. If the 1099-Q document is issued in your name, we may need to contact the  
tax preparer for the beneficiary (or the beneficiary's parents if they are still a dependent) to  
clarify the appropriate use of expenses. If this is the case, please provide that information  
below: (Please let them know we may be contacting them.)*

**Contact Name:** \_\_\_\_\_

**Relationship To You:** \_\_\_\_\_

**Contact Phone Number:** \_\_\_\_\_

## Self-Employment Business Income/Expenses

**\*\* IF YOU ARE NOT ENGAGED IN ANY BUSINESS ACTIVITIES (QUALIFIED AS SELF-EMPLOYMENT), PLEASE CHECK THIS BOX AND PROCEED TO THE NEXT SECTION.**

**Under the new laws certain types of businesses may be entitled to an additional business deduction depending on the type of business and/or the level of income of the taxpayer. Please provide a brief description of your business (i.e. - what are you doing that people are paying you for?).**

*Please also indicate the industry (medical, engineering, health, law, accounting, engineering, financial services, actuarial science, performing arts, athletics... just to name a few.)*

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	YES	NO
Did you start a business?	<input type="checkbox"/>	<input type="checkbox"/>
Have you verified that ALL 1099-MISC tax forms received are included as income?	<input type="checkbox"/>	<input type="checkbox"/>
Have you considered income that may NOT be reported on a Form 1099-MISC? <i>(Not every business income transaction includes the receipt of a 1099-MISC. You are responsible for ensuring that you report ALL income received and do not solely rely on tax forms to determine your business income.)</i>	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently involved in a trade or business and did you pay anyone more than \$600 to manage or provide any service related to that trade or business? <i>(Generally you need to prepare Forms 1099 for amounts over \$600 paid to non-corporate entities and individuals.)</i>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, have you issued the required Forms 1099?	<input type="checkbox"/>	<input type="checkbox"/>
Have you engaged in any bartering transactions relating to your business? If yes, please provide details.	<input type="checkbox"/>	<input type="checkbox"/>
Did you hire your spouse or children to work in the business?	<input type="checkbox"/>	<input type="checkbox"/>

## Self-Employment Business Income/Expenses (Continued)

Are you deducting meal expenses relating to business client interactions? YES NO  
P P

*(By checking this box yes, you assert that you have adequate documentation as to date and bona fide business purpose. Please provide 100% of the cost, we will adjust the deductible portion to 50%.)*

### **CLIENT ENTERTAINMENT EXPENSES ARE NOT DEDUCTIBLE. MEALS 50%.**

Are you deducting employee meal or employee relations expenses? P P

*(By checking this box yes, you assert that you have adequate documentation as to date and bona fide purpose. Please provide 100% of the cost, we will adjust the 50% as appropriate. Certain employee expenses may be fully deductible such as a holiday party or team building events, as such please provide details of expenditure that you believe you may be entitled to a full deduction.*

Are you claiming a "gift expense" business deduction in excess of \$25 per recipient? P P

Did you have any large asset purchases this year (generally in excess of \$2500 per item)? *[If yes, please provide copy of invoice(s)]* P P

Have you reviewed the asset listing at the end of this Client Organizer and noted any assets that you no longer own? P P  
*(Please note on the asset page if you sold or scrapped the asset.)*

Are you deducting cell phone expenses for your business? P P  
If yes, what percentage of your cell phone do you use for business? \_\_\_\_\_%

Do you have any property that has not been claimed by your employees, customers, vendors (often in the form of uncashed checks)? P P

*(As a business owner you are required to make reasonable attempts to return money or items to their rightful owner. After a period of dormancy, typically one year, you must turn that property over to the State of Michigan's Unclaimed Property Division. This could include uncashed paychecks, vendor payments or even tangible items in your possession to which you do not have title. You may also visit [www.michigan.gov/treasury](http://www.michigan.gov/treasury) and click on the "Unclaimed Property" icon.)*



## Self-Employment Business Income/Expenses (Continued)

### **HOME OFFICE (ONLY APPLICABLE TO THOSE WHO USE THEIR HOME FOR BUSINESS PURPOSES.)**

**\*\* IF YOU DO NOT CLAIM A HOME OFFICE DEDUCTION, PLEASE CHECK THIS BOX AND PROCEED TO THE NEXT SECTION.**

	YES	NO
Do you maintain an office in your home?	<input type="checkbox"/>	<input type="checkbox"/>

If yes, is that office used regularly and EXCLUSIVELY for your business?	<input type="checkbox"/>	<input type="checkbox"/>
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*(Note: This must be a dedicated space that has some type of enclosure, for example, the end of a dining room table would not qualify. In order to claim a home office deduction, it MUST be exclusive use for your business.)*

If yes, would you consider this office your principal place to conduct this business activity?	<input type="checkbox"/>	<input type="checkbox"/>
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*(Note: Please provide us with your home mortgage interest, taxes, homeowner's insurance, utility bills, repairs, association fees and any other expenses relating to your home office.)*

Would you prefer an alternate simplified method of calculating your home office deduction?	<input type="checkbox"/>	<input type="checkbox"/>
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*(A flat \$5 per square footage of the home that is used for business with a maximum of 300 square feet would be \$1,500.)*

### **Household Employees**

**\*\* IF YOU DID NOT PAY A HOUSEHOLD EMPLOYEE DURING THE YEAR, PLEASE CHECK THIS BOX AND PROCEED TO THE NEXT SECTION.**

*(A household employee is a babysitter, nanny, health care provider, or other domestic worker. If you hired the worker through an agency and you pay that agency directly, usually the worker is considered the agency's employee and not your household employee. The specific agency will be able to help you if you have any questions about your arrangements with them.)*

	YES	NO
Did you pay any household employee wages of \$2,100 or more during 2019?	<input type="checkbox"/>	<input type="checkbox"/>

Did you file employment tax returns for 2019?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please provide copies of federal and/or state reporting forms.		

## **Rental Properties**

**\*\* IF YOU ARE NOT ENGAGED IN ANY RENTAL PROPERTY ACTIVITIES, PLEASE CHECK THIS BOX AND PROCEED TO THE NEXT SECTION.**

Did you purchase or sell any of your rental properties during the year?  
*(Please provide applicable closing statements)*

**YES    NO**

Did you make any substantial improvements or remodeling of your rental properties during the year?

*(Please provide detailed receipts and explain below the types of improvements made to the property (properties). If you have multiple properties, please identify this information for each property individually.)*

Were any of your properties placed "out of service" during the year?  
*(Note: Out-of-service means a property that was NOT available for rent.)*

If yes, answer the following (if not applicable, please indicate N/A)

Please identify property location: \_\_\_\_\_

Please indicate date taken out-of-service: \_\_\_\_\_

Please indicate date placed back into service: \_\_\_\_\_

Is your property also considered your vacation home?  
*(This refers to property that you rent out and also use personally.)*

If yes, answer the following (if not applicable, please indicate N/A)

Number of days rented to non-related parties: \_\_\_\_\_

Number of days used personally or by family members: \_\_\_\_\_

## **Foreign Accounts/Assets/Income**

**\*\* IF ALL OF YOUR INCOME, ASSETS AND ACCOUNTS ARE LOCATED IN THE UNITED STATES, PLEASE CHECK THIS BOX AND PROCEED TO THE NEXT SECTION.**

*(Note: US citizens and residents are taxed on their worldwide income even if that income does NOT enter the US banking system or is not used by the US person during the year. All earnings, capital transactions and inheritances MUST be reported.)*

**YES    NO**

Did you have any foreign income/assets?

If yes, did you pay foreign taxes?

*(Interests in foreign assets DO NOT require a distribution of cash to be reportable nor does it have to be held at a financial institution. Some examples might include a foreign pension or deferred compensation plan, an investment or business interest in a foreign entity or trust, any financial instrument or contract that has an issuer that is not a US person, stock of a foreign corporation, capital or profit interest in a foreign partnership or any other foreign asset which you hold for investment purposes.)*

## Child and Educational Tax Credit Checklist

**\*\* MUST be completed if you have dependent(s)  
or educational expenses \*\***

**IMPORTANT:** In accordance with the new tax laws, we must review, scan and document why we believe you are entitled to a child tax credit, educational credit and head of household status, if applicable. We cannot sign a return unless we have complied with our Due Diligence requirement under the law.

**\*\* PLEASE CHECK THIS BOX IF YOUR RETURN DOES NOT CONTAIN ANY OF THE FOLLOWING AND PROCEED TO THE NEXT SECTION.**

- Children (or other dependents on your return)
- Educational expenses for the current tax year
- If your income is over \$440,000 (married filing joint) or \$240,000 (single or head of household filers) - check this box, you are not entitled to these credits.

YES NO

Have you ever been disallowed or received a reduced credit in a previous tax year relating to the Earned Income Tax Credit, the Child Tax Credit and/or the Educational Credit?

Please explain if YES marked to the above question:

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Did the children listed on your return reside with you for over half the year?

If no, do you have an arrangement where you receive the exemption for the child under a non-custodial parent release of exemption agreement with the custodial parent (Form 8332)?

*(College students are considered living with you if your home would have otherwise been their residence.)*

Is there any other person who may be considered providing more dependent support during the year than you?

If yes, explain: \_\_\_\_\_

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## Child and Educational Tax Credit Checklist (Continued)

### **Respond to these Questions ONLY if you have Educational Expenses/Educational Account Withdrawals**

	YES	NO
Have you provided us with Form 1098-T (Tuition Statement). If you have not we will need it before we can prepare the return?	<input type="checkbox"/>	<input type="checkbox"/>
<i>(Often colleges/universities do not mail this form, you may need to go online to retrieve.)</i>		
Have you provided us with the tuition bills and receipts for course related books and supplies?	<input type="checkbox"/>	<input type="checkbox"/>
<i>(We MUST review the physical documents - please provide an expense summary sheet with the documents.)</i>		
If yes, do you certify that these bills were paid during the 2019 tax year?	<input type="checkbox"/>	<input type="checkbox"/>
<i>(You can consider a bill paid if paid through a student loan that you MUST pay back. Scholarships should be reported on Form 1098-T and will reduce the amount of qualified expenses eligible for the educational tax credit. This section relates ONLY to the American Opportunity Tax Credit. It should not be confused with other educational type expenses, such as room and board, which can be paid from college savings accounts.)</i>		
Did anyone else help you pay for college expenses?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, do you certify that the expenses you are providing are NOT being considered as paid by the other person who helped with the college expenses?	<input type="checkbox"/>	<input type="checkbox"/>

### Miscellaneous Information

	YES	NO
Will your income or withholding significantly change in 2020? If yes, please explain: _____ _____ _____	<input type="checkbox"/>	<input type="checkbox"/>
Have you been advised that you are a beneficiary to a trust or estate?	<input type="checkbox"/>	<input type="checkbox"/>
If you had withdrawals from pre-tax medical savings accounts, do you attest that all withdrawals were for medical expenses?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay alimony to an ex-spouse during 2019?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, were you required to pay that amount of alimony under written contract? If yes, enter amount paid: \$ _____	<input type="checkbox"/>	<input type="checkbox"/>

## Miscellaneous Information (Continued)

	YES	NO
Did you make gifts, including birthday, holiday, anniversary, graduation etc. with a total aggregate value in excess of \$15,000 to any individual during the year?	P	P
Did you receive an inheritance, gift, or bequest this year? If yes, enter amount: \$_____	P	P
Have you been advised, or did you have a tax event where you believe you may be required to file taxes in a state other than your principal residence state? If yes, explain: _____ _____ _____	P	P
Were you forgiven of any indebtedness during the year? (Including mortgage and credit card debt)	P	P
Did you forgive someone of any indebtedness during the year?	P	P
Did you receive correspondence from a state government or the Internal Revenue Service? If yes, explain: _____ _____	P	P
Do you want to allocate \$3 to the Presidential Election Campaign Fund?	P	P

**PLEASE PROCEED TO SPECIFIC STATE TAX INFORMATION SECTION ON THE FOLLOWING PAGES. PLEASE NOTE THAT THE USE TAX QUESTION WOULD APPLY TO ALL STATES THAT ALSO HAVE A SALES TAX.**

**IF YOU ARE NOT A RESIDENT OF MICHIGAN YOU CAN SKIP THE CHARITABLE CONTRIBUTION AND PROPERTY TAX CREDIT INFORMATION.**

**IF YOU HAVE ANY QUESTIONS OR CONCERNS ABOUT YOUR PARTICULAR STATE OF RESIDENCE THAT IS NOT ADDRESSED IN THIS ORGANIZER, PLEASE MAKE A NOTE AND WE WILL RESPOND TO YOU DURING THE PREPARATION PROCESS.**

**AT THE END OF THE QUESTIONNAIRE PORTION WE HAVE INCLUDED A SECTION WHERE YOU CAN INCLUDE ADDITIONAL COMMENTS THAT MAY NOT HAVE A DESIGNATED SECTION WITHIN OTHER PARTS OF THE ORGANIZER.**

## State Tax Information

### Use Taxes (Applies to Most States)

#### What is Use Tax?

The use tax is a companion tax to the sales tax. Use tax is a tax on sales made outside your state of residence. Most states with a sales tax have adopted a companion use tax. The use tax is imposed for storing, using, or consuming goods in your state of residence.

*Note: Many Amazon purchases will have sales tax included in the amount, however, Amazon also permits 3rd party sellers who may not have included sales tax in your purchase. You may find the details in the invoice portion of "your orders" or agree to use the states' standard tax table which estimates use tax based on your income level.*

YES NO

Did you purchase goods to be used in Michigan (or your State of residence) for which no sales tax was not charged?

If yes, enter amount of single purchases for \$1,000 or more: \$ \_\_\_\_\_

If yes, also enter the total of all individual purchases under \$1,000 each for which sales tax was not charged: \$ \_\_\_\_\_

*(If you answer YES, but do not provide any amounts, we will use the standard table available for the applicable State to calculate your use tax. Approx. Michigan Use Tax based on AGI: \$50,001-\$75,000 = \$25 / \$75,001-\$100,000 = \$35 / over \$100,000 is 0.04% of AGI.)*

### Michigan Charitable Contribution Organizations

**\*\* IF YOU WOULD NOT LIKE TO MAKE ANY CONTRIBUTIONS WITH YOUR MICHIGAN RETURN, PLEASE CHECK THIS BOX AND MOVE TO THE NEXT SECTION.**

If you would like to consider a contribution to a designated organization with your Michigan Income Tax Return, please review the available organizations listed below. Please note in the amount field how much you would like to contribute to each organization. **The minimum contribution cannot be less than \$5.00 per organization selected.**

#### Charitable Organization:

#### Amount:

Animal Welfare Fund	\$ _____
Children's Trust Fund - Prevent Child Abuse Michigan	\$ _____
Military Family Relief Fund	\$ _____
United Way Fund	\$ _____
American Red Cross Michigan Fund	\$ _____
Fostering Futures Scholarship Trust Fund	\$ _____
Kiwanis Fund	\$ _____
Lions of Michigan Foundation Fund	\$ _____
Michigan World War II Legacy Memorial Fund	\$ _____







## Client Organizer Topical Index

This client organizer topical index is designed to help you quickly locate the items listed. To use the index just locate the topic and refer to the page number listed. The page number corresponds to the number printed in the top right corner of your organizer sheets. Please note this organizer is customized specifically for you, and may not contain all of the pages listed here.

Topic	Page	Topic	Page
ABLE account distributions	73	Gambling winnings	10, 18, 20
Adoption expenses	84	Gambling losses	59
Affordable Care Act Health Coverage	69, 70	Health savings account (HSA)	71, 72
Alaska Permanent Fund dividends	18, 77	Household employee taxes	78
Alimony paid	51	Identity authentication	7
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Annuity payments received	10, 24	Interest income, including foreign	11, 13, 17b
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Farm, Farm Rental	68	IRA, Roth IRA contributions	26
Rent and royalty	68	IRA distributions	10, 24
Bank account information	3	Like-kind exchange of property	43
Broker Statement - Consolidated	17b	Long-term care services and contracts (LTC)	72
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First-time homebuyer credit repayment	79	Taxes paid	57
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Foreign employer compensation	23	Unreported tip or unreported wage income	74
Foreign taxes paid	83	U.S. savings bonds educational exclusion	52
Fuel tax credit	85, 86, 87	Wages and salaries	10, 12

Please note the following conventions used throughout your client organizer: T/S/J and T/S headings should be used to indicate if an item belongs to the (T)axpayer, (S)pouse, or (J)oint. Also, if an item did not occur in your resident state, please indicate the state's postal code abbreviation in which the item occurred. Control totals and [ ] numbers are for preparer use only.

Form ID: 1040 Personal Information 1

Filing (Marital) status code (1 = Single, 2 = Married filing joint, 3 = Married filing separate, 4 = Head of household, 5 = Qualifying widow(er)) \_\_\_\_\_ [1]  
 Mark if you were married but living apart all year \_\_\_\_\_ [2]  
 Mark if your nonresident alien spouse does not have an Individual Taxpayer Identification Number (ITIN) \_\_\_\_\_ [3]

	Taxpayer	Spouse
Social security number	_____ [4]	_____ [5]
First name	_____ [6]	_____ [7]
Last name	_____ [8]	_____ [9]
Occupation	_____ [10]	_____ [11]
Designate \$3.00 to the presidential election campaign fund? (1 = Yes, 2 = No, 3 = Blank)	_____ [12]	_____ [14]
Mark if dependent of another taxpayer	_____ [15]	_____ [16]
Taxpayer with income less than 1/2 support age 18 or 19 - 23 full-time student? (Y, N)	_____ [17]	
Mark if legally blind	_____ [20]	_____ [21]
Date of birth	_____ [22]	_____ [24]
Date of death	_____ [26]	_____ [27]
Work/daytime telephone number/ext number	_____ [28] _____ [29]	_____ [30] _____ [31]
Home/evening telephone number	_____ [32]	_____ [33]
Do you authorize us to discuss your return with the IRS? (Y, N)	_____ [34]	

Present Mailing Address

Address \_\_\_\_\_ [38]  
 Apartment number \_\_\_\_\_ [39]  
 City, state postal code, zip code \_\_\_\_\_ [40] \_\_\_\_\_ [41] \_\_\_\_\_ [42]  
 Foreign country name \_\_\_\_\_ [44]  
 Foreign phone number \_\_\_\_\_ [47]  
 In care of addressee \_\_\_\_\_ [48]

Dependent Information

(\*Please refer to Dependent Codes located at the bottom)

First Name <sup>[49]</sup>	Last Name	Date of Birth	Social Security No.	Relationship	Months in home	***Dep Codes * **	Care expenses paid for dependent

Name of child who lived with you but is not your dependent \_\_\_\_\_ [50]  
 Social security number of qualifying person \_\_\_\_\_ [51]

**Dependent Codes**

<p><b>*Basic</b></p> <ul style="list-style-type: none"> <li>1 = Child who lived with you</li> <li>2 = Child who did not live with you due to divorce/separation</li> <li>3 = Other dependent</li> <li>4 = Other dependents, but do not qualify for Credit for Other Dependents (ODC)</li> <li>5 = Qualifying child for Earned Income Credit only</li> <li>6 = Children who lived with you, but do not qualify for Earned Income Credit</li> <li>7 = Children who lived with you, but do not qualify for Child Tax Credit</li> <li>8 = Children who lived with you, but do not qualify for Child Tax Credit/Credit for Other Dependents/Earned Income Credit</li> </ul> <p><b>***Months</b></p> <ul style="list-style-type: none"> <li>77 = Reported on odd year return</li> <li>88 = Reported on even year return</li> <li>99 = Not reported on return</li> </ul>	<p><b>**Other</b></p> <ul style="list-style-type: none"> <li>1 = Student (Age 19 - 23)</li> <li>2 = Disabled dependent</li> <li>3 = Dependent who is both a student and disabled</li> </ul>
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Preparer - Enter on Screen Contact

Tax matters person (Indicate which spouse handles tax return related questions) (Blank = Both, T = Taxpayer, S = Spouse) \_\_\_\_\_ [8]  
 Taxpayer email address \_\_\_\_\_ [9]  
 Spouse email address \_\_\_\_\_ [10]

	Taxpayer	Spouse
Fax telephone number	_____ [11]	_____ [19]
Mobile telephone number	_____ [12]	_____ [20]
Mobile telephone #2 number	_____ [13]	_____ [21]
Pager number	_____ [14]	_____ [22]
Other:	_____ [15]	_____ [23]
Telephone number	_____ [16]	_____ [24]
Extension	_____ [17]	_____ [25]
Preferred method of contact:		
Email, Work phone, Home phone, Fax, Mobile phone, Mobile phone #2	_____ [18]	_____ [26]

NOTES/QUESTIONS:

Per IRS Security Summit requirements, verify the name of financial institution, routing transit number, account number, and type of account below. If you would like to have a refund direct deposited into or a balance due debited from your bank account(s), please enter information in the fields below. Note that electronic funds will be withdrawn only from the primary account listed below.

Mark to verify all accounts listed below have been reviewed, updated as needed, and are correct. \_\_[1]

Primary account:

Financial institution routing transit number \_\_\_\_\_ [3]  
 Name of financial institution \_\_\_\_\_ [4]  
 Your account number \_\_\_\_\_ [5]  
 Type of account (1 = Savings, 2 = Checking, 3 = IRA\*) \_\_ [6]  
 Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) \_\_ [7]  
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) \_\_ [8]  
 Enter the maximum dollar amount, or percentage of total refund Dollar \_\_\_\_\_ [9] or Percent (xxx.xx) \_\_\_\_\_ [10]

Secondary account #1:

Financial institution routing transit number \_\_\_\_\_ [25]  
 Name of financial institution \_\_\_\_\_ [26]  
 Your account number \_\_\_\_\_ [27]  
 Type of account (1 = Savings, 2 = Checking, 3 = IRA\*) \_\_ [28]  
 Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) \_\_ [29]  
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) \_\_ [30]  
 Enter the maximum dollar amount, or percentage of total refund Dollar \_\_\_\_\_ [11] or Percent (xxx.xx) \_\_\_\_\_ [12]

Secondary account #2:

Financial institution routing transit number \_\_\_\_\_ [31]  
 Name of financial institution \_\_\_\_\_ [32]  
 Your account number \_\_\_\_\_ [33]  
 Type of account (1 = Savings, 2 = Checking, 3 = IRA\*) \_\_ [34]  
 Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) \_\_ [35]  
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) \_\_ [36]  
 Enter the maximum dollar amount, or percentage of total refund Dollar \_\_\_\_\_ [15] or Percent (xxx.xx) \_\_\_\_\_ [16]

\*Refunds may only be direct deposited to established traditional, Roth or SEP-IRA accounts. Make sure direct deposits will be accepted by the bank or financial institution.

### Refund - U.S. Series I Savings Bond Purchases

A tax refund may be used to buy up to \$5,000 of U.S. Series I Savings bonds and registered for up to three different persons. If you would like to purchase U.S. Series I Savings bonds (in increments of \$50) with your refund, if applicable, please complete the following information. Please note you may enter only one name per registration (with exception of married filing joint returns) and must enter the party's given name, do not use nicknames.

Indicate either a maximum dollar amount (up to \$5,000), or percentage of refund you would like used to purchase bonds

The bonds will be registered to the name(s) on the return. For married filing joint returns this means the bonds will be registered in both names listed on the return.

To register the bonds separately, leave these fields blank and use the fields provided below.

Enter either a dollar amount or percent, but not both Dollar \_\_\_\_\_ [13] or Percent (xxx.xx) \_\_\_\_\_ [14]

Bond information for someone other than taxpayer and spouse, if married filing jointly

Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase bonds Dollar \_\_\_\_\_ [17] or Percent (xxx.xx) \_\_\_\_\_ [18]  
 Owner's name (First Last) \_\_\_\_\_ [38] \_\_\_\_\_ [39]  
 Co-owner or beneficiary (First Last) \_\_\_\_\_ [40] \_\_\_\_\_ [41]  
 Mark if the name listed above is a beneficiary \_\_\_\_\_ [42]

Bond information for someone other than taxpayer and spouse, if married filing jointly

Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase bonds Dollar \_\_\_\_\_ [21] or Percent (xxx.xx) \_\_\_\_\_ [22]  
 Owner's name (First Last) \_\_\_\_\_ [43] \_\_\_\_\_ [44]  
 Co-owner or beneficiary (First Last) \_\_\_\_\_ [45] \_\_\_\_\_ [46]  
 Mark if the name listed above is a beneficiary \_\_\_\_\_ [47]

IRS regulations require paid tax preparers who expect to prepare a certain amount of federal individual tax returns to file them electronically. To comply with this requirement your return will be electronically filed this year if it qualifies for electronic filing under IRS rules. Taxpayers may choose to file a paper return instead of filing electronically.

Mark if you want to file a paper return even if you qualify for electronic filing \_\_\_\_\_[1]

Receive email notification(s) when your electronic file is accepted by the taxing agency (Blank = None, 1 = Return, 2 = Return & Extension) \_\_\_\_\_[2]

If 1 or 2, please provide email address on Organizer Form ID: Info

Mark if you are filing a balance due return electronically and you want to pay the amount due by debiting your financial institution account \_\_\_\_\_[9]

The IRS requires a Personal Identification Number (PIN) be used in signing returns that are electronically filed.

Each taxpayer and spouse, if applicable, must provide a 5 digit self-selected PIN of your choice other than all zeroes.

Taxpayer self-selected Personal Identification Number (PIN) \_\_\_\_\_[7]

Spouse self-selected Personal Identification Number (PIN) \_\_\_\_\_[8]

---

NOTES/QUESTIONS:

Taxpayer -

- Form of identification ( 1 = Driver's license, 2 = State issued identification card, 3 = No applicable identification, 4 = Identification not provided) \_\_\_\_\_ [1]
- Identification number \_\_\_\_\_ [2]
- Issue date \_\_\_\_\_ [3]
- Expiration date (mm/dd/yyyy) \_\_\_\_\_ [4]
- Location of issuance (State issued only) \_\_\_\_\_ [5]
- Document number (New York only) \_\_\_\_\_ [6]

Spouse -

- Form of identification ( 1 = Driver's license, 2 = State issued identification card, 3 = No applicable identification, 4 = Identification not provided) \_\_\_\_\_ [9]
- Identification number \_\_\_\_\_ [10]
- Issue date \_\_\_\_\_ [11]
- Expiration date (mm/dd/yyyy) \_\_\_\_\_ [12]
- Location of issuance (State issued only) \_\_\_\_\_ [13]
- Document number (New York only) \_\_\_\_\_ [14]

NOTES/QUESTIONS:

If you have an overpayment of 2019 taxes, do you want the excess:

Refunded \_\_\_\_\_ [52]

Applied to 2020 estimated tax liability \_\_\_\_\_ [53]

Do you expect a considerable change in your 2020 income? (Y, N) \_\_\_\_\_ [54]

If yes, please explain any differences:

\_\_\_\_\_ [55]

\_\_\_\_\_ [56]

\_\_\_\_\_ [57]

\_\_\_\_\_ [58]

Do you expect a considerable change in your deductions for 2020? (Y, N) \_\_\_\_\_ [59]

If yes, please explain any differences:

\_\_\_\_\_ [60]

\_\_\_\_\_ [61]

\_\_\_\_\_ [62]

\_\_\_\_\_ [63]

Do you expect a considerable change in the amount of your 2020 withholding? (Y, N) \_\_\_\_\_ [64]

If yes, please explain any differences:

\_\_\_\_\_ [65]

\_\_\_\_\_ [66]

\_\_\_\_\_ [67]

\_\_\_\_\_ [68]

Do you expect a change in the number of dependents claimed for 2020? (Y, N) \_\_\_\_\_ [69]

If yes, please explain any differences:

\_\_\_\_\_ [70]

\_\_\_\_\_ [71]

\_\_\_\_\_ [72]

\_\_\_\_\_ [73]

Mark if you use the Electronic Federal Tax Payment System (EFTPS) to pay your estimated taxes \_\_\_\_\_ [74]

**2019 Federal Estimated Tax Payments**

2018 overpayment applied to 2019 estimates + \_\_\_\_\_ [1]

Mark if you paid the calculated amounts on the dates due indicated below. Skip the remaining fields. \_\_\_\_\_ [5]

If your estimated payments were not made on the date due or were for an amount other than the calculated amount below, please enter the actual date and amount paid.

	Date Due	Date Paid if After Date Due	Amount Paid	Calculated Amount	Method*
1st quarter payment	4/15/19	_____ [6]	+ _____ [7]	_____	_____
2nd quarter payment	6/17/19	_____ [8]	+ _____ [9]	_____	_____
3rd quarter payment	9/16/19	_____ [10]	+ _____ [11]	_____	_____
4th quarter payment	1/15/20	_____ [12]	+ _____ [13]	_____	_____
Additional payment		_____ [14]	+ _____ [15]		

\*Method of payment indicated in prior year  
 EFW = Electronic funds withdrawal      EFTPS = Electronic Federal Tax Payment System  
 Voucher = Form 1040-ES estimated tax payment voucher

NOTES/QUESTIONS:

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [1]  
State postal code \_\_\_\_\_ [2]

Amount paid with 2018 return + \_\_\_\_\_ [3]  
2018 overpayment applied to '19 estimates + \_\_\_\_\_ [4]  
Treat calculated amounts as paid \_\_\_\_\_ [8]

Date Paid	Amount Paid	Calculated Amount
1st quarter payment _____ [9]	+ _____ [10]	_____ _____ _____ _____
2nd quarter payment _____ [11]	+ _____ [12]	
3rd quarter payment _____ [13]	+ _____ [14]	
4th quarter payment _____ [15]	+ _____ [16]	
Additional payment _____ [17]	+ _____ [18]	

2019 City Estimated Tax Payments

<p style="text-align: center;">City #1</p> City name _____ [28] Amount paid with 2018 return + _____ [31] 2018 overpayment applied to '19 estimates + _____ [32] Treat calculated amounts as paid _____ [36]	<p style="text-align: center;">City #2</p> City name _____ [50] Amount paid with 2018 return + _____ [53] 2018 overpayment applied to '19 estimates + _____ [54] Treat calculated amounts as paid _____ [58]
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<table border="0"> <thead> <tr> <th style="text-align: left;">Date Paid</th> <th style="text-align: right;">Amount Paid</th> </tr> </thead> <tbody> <tr> <td>1st quarter payment _____ [37]</td> <td style="text-align: right;">+ _____ [38]</td> </tr> <tr> <td>2nd quarter payment _____ [39]</td> <td style="text-align: right;">+ _____ [40]</td> </tr> <tr> <td>3rd quarter payment _____ [41]</td> <td style="text-align: right;">+ _____ [42]</td> </tr> <tr> <td>4th quarter payment _____ [43]</td> <td style="text-align: right;">+ _____ [44]</td> </tr> </tbody> </table>	Date Paid	Amount Paid	1st quarter payment _____ [37]	+ _____ [38]	2nd quarter payment _____ [39]	+ _____ [40]	3rd quarter payment _____ [41]	+ _____ [42]	4th quarter payment _____ [43]	+ _____ [44]	<table border="0"> <thead> <tr> <th style="text-align: left;">Date Paid</th> <th style="text-align: right;">Amount Paid</th> </tr> </thead> <tbody> <tr> <td>1st quarter payment _____ [59]</td> <td style="text-align: right;">+ _____ [60]</td> </tr> <tr> <td>2nd quarter payment _____ [61]</td> <td style="text-align: right;">+ _____ [62]</td> </tr> <tr> <td>3rd quarter payment _____ [63]</td> <td style="text-align: right;">+ _____ [64]</td> </tr> <tr> <td>4th quarter payment _____ [65]</td> <td style="text-align: right;">+ _____ [66]</td> </tr> </tbody> </table>	Date Paid	Amount Paid	1st quarter payment _____ [59]	+ _____ [60]	2nd quarter payment _____ [61]	+ _____ [62]	3rd quarter payment _____ [63]	+ _____ [64]	4th quarter payment _____ [65]	+ _____ [66]
Date Paid	Amount Paid																				
1st quarter payment _____ [37]	+ _____ [38]																				
2nd quarter payment _____ [39]	+ _____ [40]																				
3rd quarter payment _____ [41]	+ _____ [42]																				
4th quarter payment _____ [43]	+ _____ [44]																				
Date Paid	Amount Paid																				
1st quarter payment _____ [59]	+ _____ [60]																				
2nd quarter payment _____ [61]	+ _____ [62]																				
3rd quarter payment _____ [63]	+ _____ [64]																				
4th quarter payment _____ [65]	+ _____ [66]																				

Calculated Amount

1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

Calculated Amount

1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

<p style="text-align: center;">City #3</p> City name _____ [72] Amount paid with 2018 return + _____ [75] 2018 overpayment applied to '19 estimates + _____ [76] Treat calculated amounts as paid _____ [80]	<p style="text-align: center;">City #4</p> City name _____ [94] Amount paid with 2018 return + _____ [97] 2018 overpayment applied to '19 estimates + _____ [98] Treat calculated amounts as paid _____ [102]
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<table border="0"> <thead> <tr> <th style="text-align: left;">Date Paid</th> <th style="text-align: right;">Amount Paid</th> </tr> </thead> <tbody> <tr> <td>1st quarter payment _____ [81]</td> <td style="text-align: right;">+ _____ [82]</td> </tr> <tr> <td>2nd quarter payment _____ [83]</td> <td style="text-align: right;">+ _____ [84]</td> </tr> <tr> <td>3rd quarter payment _____ [85]</td> <td style="text-align: right;">+ _____ [86]</td> </tr> <tr> <td>4th quarter payment _____ [87]</td> <td style="text-align: right;">+ _____ [88]</td> </tr> </tbody> </table>	Date Paid	Amount Paid	1st quarter payment _____ [81]	+ _____ [82]	2nd quarter payment _____ [83]	+ _____ [84]	3rd quarter payment _____ [85]	+ _____ [86]	4th quarter payment _____ [87]	+ _____ [88]	<table border="0"> <thead> <tr> <th style="text-align: left;">Date Paid</th> <th style="text-align: right;">Amount Paid</th> </tr> </thead> <tbody> <tr> <td>1st quarter payment _____ [103]</td> <td style="text-align: right;">+ _____ [104]</td> </tr> <tr> <td>2nd quarter payment _____ [105]</td> <td style="text-align: right;">+ _____ [106]</td> </tr> <tr> <td>3rd quarter payment _____ [107]</td> <td style="text-align: right;">+ _____ [108]</td> </tr> <tr> <td>4th quarter payment _____ [109]</td> <td style="text-align: right;">+ _____ [110]</td> </tr> </tbody> </table>	Date Paid	Amount Paid	1st quarter payment _____ [103]	+ _____ [104]	2nd quarter payment _____ [105]	+ _____ [106]	3rd quarter payment _____ [107]	+ _____ [108]	4th quarter payment _____ [109]	+ _____ [110]
Date Paid	Amount Paid																				
1st quarter payment _____ [81]	+ _____ [82]																				
2nd quarter payment _____ [83]	+ _____ [84]																				
3rd quarter payment _____ [85]	+ _____ [86]																				
4th quarter payment _____ [87]	+ _____ [88]																				
Date Paid	Amount Paid																				
1st quarter payment _____ [103]	+ _____ [104]																				
2nd quarter payment _____ [105]	+ _____ [106]																				
3rd quarter payment _____ [107]	+ _____ [108]																				
4th quarter payment _____ [109]	+ _____ [110]																				

Calculated Amount

1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

Calculated Amount

1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____



Interest Income

Please provide copies of all Form 1099-INT or other statements reporting interest income.  
 \*Whole numbers will be treated as \$ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.

T/S/J	Type Code (**See codes below)	Interest Income [1]	Tax Exempt Income	Penalty on Early Withdrawal	U.S. Obligations* \$ or %	Tax Exempt* \$ or %	Foreign Taxes Paid	Prior Year Information
	1	<b>INTEREST INCOME</b>						
		Payer						
		Amounts	+					
	2	Payer						
		Amounts	+					
	3	Payer						
		Amounts	+					
	4	Payer						
		Amounts	+					
	5	Payer						
		Amounts	+					
	6	Payer						
		Amounts	+					
	7	Payer						
		Amounts	+					
	8	Payer						
		Amounts	+					
	9	Payer						
		Amounts	+					
	10	Payer						
		Amounts	+					

**Interest Codes		
Blank = Regular Interest	4 = Accrued Interest	6 = ABP Adjustment
3 = Nominee Distribution	5 = OID Adjustment	7 = Series EE & I Bond

	Control Totals +	<b>INCOME</b>	Form ID: B-1
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Dividend Income

Please provide copies of all Form 1099-DIV or other statements reporting dividend income.

\*Whole numbers will be treated as \$ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.

T	S	Type	Ordinary	[2]	Qualified	Total													
J	Code	(**See codes below)	Dividends		Dividends	Cap Gain	Section 1250	Sec. 199A	28%	Tax Exempt	U.S.	Tax Exempt*	Foreign	Prior Year					
						Distributions			Capital Gain	Dividends	Obligations*	\$ or %	Taxes Paid	Information					

		<b>DIVIDEND INCOME</b>																		
	1	Payer																		
		Amounts +																		
	2	Payer																		
		Amounts +																		
	3	Payer																		
		Amounts +																		
	4	Payer																		
		Amounts +																		
	5	Payer																		
		Amounts +																		
	6	Payer																		
		Amounts +																		
	7	Payer																		
		Amounts +																		
	8	Payer																		
		Amounts +																		
	9	Payer																		
		Amounts +																		
	10	Payer																		
		Amounts +																		

**Dividend Codes	
Blank = Other	3 = Nominee

Please provide copies of the Consolidated Broker Statement - Include all pages and all inserts

**1** Preparer use only

T/S/J \_\_\_\_\_ Employer identification number \_\_\_\_\_  
 Broker Name **BROKER CONSOLIDATED 1099 STATEMENT** Margin interest \_\_\_\_\_  
 Account number \_\_\_\_\_ Investment management/advisory fees \_\_\_\_\_

\*Whole numbers will be treated as \$ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.

Type Code	1099-INT	Interest Income	Tax Exempt Income	Penalty on Early Withdrawal	U.S. Obligations* \$ or %	Tax Exempt* \$ or %	Foreign Taxes Paid	Prior Year Information
1	Payer							
	Amounts +							
2	Payer							
	Amounts +							
3	Payer							
	Amounts +							
4	Payer							
	Amounts +							
5	Payer							
	Amounts +							

Type Code	1099-DIV	Ordinary Dividends	Qualified Dividends	Total Cap Gain Distr	Section 1250	Sec. 199A	28% Capital Gain	Tax Exempt Dividends	US Obligations* \$ or %	Tax Exempt* \$ or %	Foreign Tax Paid	Prior Year Information
1	Payer											
	Amounts +											
2	Payer											
	Amounts +											
3	Payer											
	Amounts +											
4	Payer											
	Amounts +											
5	Payer											
	Amounts +											

Form 1099-B Proceeds From Broker and Barter Exchange Transactions

Description of Property	Date Acquired	Date Sold	Gross Sales Price (Less expenses of sale)	Cost or Other Basis
_____	_____	_____	+ _____	+ _____
_____	_____	_____	+ _____	+ _____
_____	_____	_____	+ _____	+ _____
_____	_____	_____	+ _____	+ _____
_____	_____	_____	+ _____	+ _____
Description of Account - Aggregate profit/-loss on contracts				
	-Loss/Gain Entire Yr	1099-B Adjustment	Net 1256 loss carryback	





1 Preparer use only  
Principal business or profession

**PRINCIPAL BUSINESS**

Preparer use only Carryovers	Pre- TCJA Regular	Regular	AMT
Operating	+ [19]	+ [20]	+ [21]
Short-term capital		+ [22]	+ [23]
Long-term capital		+ [24]	+ [25]
28% rate capital		+ [26]	+ [27]
Section 1231 loss	+ [28]	+ [29]	+ [30]
Ordinary business gain/loss	+ [31]	+ [32]	+ [33]
Section 179	+ [34]	+ [35]	+ [36]

NOTES/QUESTIONS:



**1** Preparer use only  
Description

**RENTAL DESCRIPTION**

**Refinancing Points**

Preparer - Enter on Screen Rent

2019 Information

Prior Year Information

Refinancing points paid -  
 Recipient's/Lender's name \_\_\_\_\_ [93]  
 Date of refinance \_\_\_\_\_  
 Total # Payments \_\_\_\_\_  
 Reported on 1098 in 2019 \_\_\_\_\_  
 Total points paid \_\_\_\_\_  
 Points deemed as paid in current year (Preparer use only) \_\_\_\_\_

Refinancing points paid -  
 Recipient's/Lender's name \_\_\_\_\_  
 Date of refinance \_\_\_\_\_  
 Total # Payments \_\_\_\_\_  
 Reported on 1098 in 2019 \_\_\_\_\_  
 Total points paid \_\_\_\_\_  
 Points deemed as paid in current year (Preparer use only) \_\_\_\_\_

Refinancing points paid -  
 Recipient's/Lender's name \_\_\_\_\_  
 Date of refinance \_\_\_\_\_  
 Total # Payments \_\_\_\_\_  
 Reported on 1098 in 2019 \_\_\_\_\_  
 Total points paid \_\_\_\_\_  
 Points deemed as paid in current year (Preparer use only) \_\_\_\_\_

**Vacation Home Information**

2019 Information

Prior Year Information

Number of days home was used personally \_\_\_\_\_ [6]  
 Number of days home was rented \_\_\_\_\_ [8]  
 Number of day home owned, if not 365 \_\_\_\_\_ [10]  
 Carryover of disallowed operating expenses into 2019 + \_\_\_\_\_ [22]  
 Carryover of disallowed depreciation expenses into 2019 + \_\_\_\_\_ [23]

**Passive and Other Information**

Preparer use only Carryovers	Pre-TCJA Regular	Regular	AMT
Operating	+ [41]	+ [42]	+ [43]
Short-term capital		+ [44]	+ [45]
Long-term capital		+ [46]	+ [47]
28% rate capital		+ [48]	+ [49]
Section 1231 loss	+ [50]	+ [51]	+ [52]
Ordinary business gain/loss	+ [53]	+ [54]	+ [55]
Section 179	+ [56]	+ [57]	+ [58]



Form ID: IRA	Traditional IRA	26
--------------	-----------------	----

	Taxpayer	Spouse
Are you or your spouse (if MFJ or MFS) covered by an employer's retirement plan? (Y, N)	__ [1]	__ [2]
Do you want to contribute the maximum allowable traditional IRA contribution amount? If yes, enter the applicable code: (1 = Deductible only, 2 = Both deductible and nondeductible)	__ [3]	__ [4]
Enter the total traditional IRA contributions made for use in 2019	+ _____ [5]	+ _____ [6]
	Taxpayer	Spouse
Enter the nondeductible contribution amount made for use in 2019	+ _____ [11]	+ _____ [12]
Enter the nondeductible contribution amount made in 2020 for use in 2019	+ _____ [13]	+ _____ [14]
Traditional IRA basis	+ _____ [15]	+ _____ [16]
Value of all your traditional IRA's on December 31, 2019:	+ _____ [17]	+ _____ [18]
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____

Roth IRA
----------

Please provide copies of any 1998 through 2018 Form 8606 not prepared by this office

	Taxpayer	Spouse
Mark if you want to contribute the maximum Roth IRA contribution	__ [27]	__ [28]
Enter the total Roth IRA contributions made for use in 2019	+ _____ [29]	+ _____ [30]
Enter the amount a 2019 Roth IRA conversion should be adjusted by	+ _____ [37]	+ _____ [38]
Enter the total contribution Roth IRA basis on December 31, 2018	+ _____ [41]	+ _____ [42]
Enter the total Roth IRA contribution recharacterizations for 2019	+ _____ [43]	+ _____ [44]
Enter the Roth conversion IRA basis on December 31, 2018	+ _____ [45]	+ _____ [46]
Value of all your Roth IRA's on December 31, 2019:	+ _____ [47]	+ _____ [48]
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____

NOTES/QUESTIONS:

Schedule A - Medical and Dental Expenses

T/S/J	2019 Information	Prior Year Information
Medical and dental expenses, such as: Doctors, Dentists, Hospital/nursing home fees, Lab/x-ray fees, Medical supplies, Hearing aids, Eyeglasses/contact lenses, and Insurance reimbursements received		
__ [1]	_____ + _____ [2]	
—	_____ + _____	
—	_____ + _____	
—	_____ + _____	
—	_____ + _____	
—	_____ + _____	
Medical insurance premiums you paid: <small>Do not include pre-tax amounts paid by an employer-sponsored plan or amounts entered elsewhere, such as amounts paid for your self-employed business (Sch C, Sch F, Sch K-1, etc.) or Medicare premiums entered on Form SSA-1099.</small>		
__ [4]	_____ + _____ [5]	
—	_____ + _____	
—	_____ + _____	
—	_____ + _____	
Long-term care premiums you paid: <small>Do not include pre-tax amounts paid by an employer-sponsored plan or amounts entered elsewhere, such as amounts paid for your self-employed business (Sch C, Sch F, Sch K-1, etc.)</small>		
__ [7]	_____ + _____ [8]	
—	_____ + _____	
Prescription medicines and drugs:		
__ [10]	_____ + _____ [11]	
—	_____ + _____	
—	_____ + _____	
<b>T</b> [13]	Miles driven for medical items _____ [14]	

Schedule A - Tax Expenses

T/S/J	2019 Information	Prior Year Information
State/local income taxes paid:		
__ [18]	_____ + _____ [19]	
—	_____ + _____	
—	_____ + _____	
—	_____ + _____	
—	_____ + _____	
2018 state and local income taxes paid in 2019:		
__ [21]	_____ + _____ [22]	
—	_____ + _____	
—	_____ + _____	
Real estate taxes paid:		
__ [24]	_____ + _____ [25]	
—	_____ + _____	
—	_____ + _____	
Personal property taxes:		
__ [27]	_____ + _____ [28]	
—	_____ + _____	
Other taxes, such as: foreign taxes and State disability taxes		
__ [30]	_____ + _____ [31]	
—	_____ + _____	
—	_____ + _____	
Sales tax paid on major purchases:		
__ [36]	_____ + _____ [37]	
—	_____ + _____	
Sales tax paid on actual expenses:		
__ [39]	_____ + _____ [40]	
—	_____ + _____	
—	_____ + _____	

Control Totals +

**ITEMIZED DEDUCTIONS**

### Interest Expenses

T/S/J	2019 Interest Paid <sup>2]</sup>	2019 Points Paid	Type*	2019 Mortgage Ins. Premiums Paid	Prior Year Information
Home mortgage interest: From Form 1098					
<b>T</b> <sup>[1]</sup>	+	+	-	+	
-	+	+	-	+	
-	+	+	-	+	
-	+	+	-	+	
-	+	+	-	+	
-	+	+	-	+	
-	+	+	-	+	
-	+	+	-	+	
-	+	+	-	+	

**\*Mortgage Types**

Blank = Used to buy, build or improve main/qualified second home      1 = Not used to buy, build, improve home or investment

T/S/J	Payee's Name	SSN or EIN	2019 Information	Prior Year Information
Other, such as: Home mortgage interest paid to individuals				
[4]			+	[5]
Address				
City, state and zip code				
			+	
Address				
City, state and zip code				

T/S/J Name and address of other person who received Form 1098 for jointly liable mortgage interest you paid -

- Payer's/Borrower's name \_\_\_\_\_<sup>[7]</sup>

Street Address \_\_\_\_\_

City/State/Zip code \_\_\_\_\_

Refinancing Points paid in 2019 -

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_<sup>[11]</sup>

Recipient/Lender name \_\_\_\_\_

Total points paid at time of refinance \_\_\_\_\_

Points deemed as paid in 2019 (Preparer use only) + \_\_\_\_\_<sup>[12]</sup>

Date of refinance \_\_\_\_\_

Term of new loan (in months) \_\_\_\_\_

Reported on Form 1098 in 2019 \_\_\_\_\_

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_

Recipient/Lender name \_\_\_\_\_

Total points paid at time of refinance \_\_\_\_\_

Points deemed as paid in 2019 (Preparer use only) + \_\_\_\_\_

Date of refinance \_\_\_\_\_

Term of new loan (in months) \_\_\_\_\_

Reported on Form 1098 in 2019 \_\_\_\_\_

T/S/J	2019 Information	Prior Year Information
Investment interest expense, other than on Schedule(s) K-1:		
[15]	+	[16]
-	+	
-	+	
-	+	
-	+	
-	+	
-	+	
-	+	
-	+	

T/S/J 2019 Information Prior Year Information

Contributions made by cash or check (including out-of-pocket expenses)

Any contribution of cash, a check or other monetary gift requires a written record of the contribution in order to claim the contribution on your return. Individual contributions of \$250 or more must be accompanied by a written acknowledgment from the charity to claim the contribution on your return.

Table with 3 columns: T/S/J, 2019 Information, and Prior Year Information. Rows include contributions made by cash or check, volunteer miles driven, and noncash items.

\*\*Mark if qualifying disaster relief contribution made in 2018 for relief efforts in the California wildfire disaster area

Miscellaneous Deductions

T/S/J 2019 Information Prior Year Information

Other expenses, not subject to the 2% AGI limit:

Table with 3 columns: T/S/J, 2019 Information, and Prior Year Information. Rows include other expenses and gambling losses.

NOTES/QUESTIONS:

### Noncash Contributions Exceeding \$500

For donated securities, include the company name and number of shares in the donated property description, below

Taxpayer/Spouse/Joint (T, S, J)	__ [1]
Donated property description	_____ [4]
Name of donee organization	_____ [5]
Address of donee organization	_____ [6]
City	_____ [7]
State postal code	_____ [8]
Zip code	_____ [9]
Date contributed	_____ [10]
Date acquired by donor	_____ [11]
How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange)	__ [12]
Donor's cost or basis	+ _____ [13]
Fair market value	+ _____ [14]
Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other)	__ [15]
If other:	_____ [16]

Control Totals +

### Noncash Contributions Exceeding \$500

For donated securities, include the company name and number of shares in the donated property description, below

Taxpayer/Spouse/Joint (T, S, J)	__ [1]
Donated property description	_____ [4]
Name of donee organization	_____ [5]
Address of donee organization	_____ [6]
City	_____ [7]
State postal code	_____ [8]
Zip code	_____ [9]
Date contributed	_____ [10]
Date acquired by donor	_____ [11]
How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange)	__ [12]
Donor's cost or basis	+ _____ [13]
Fair market value	+ _____ [14]
Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other)	__ [15]
If other:	_____ [16]

Control Totals +

### Noncash Contributions Exceeding \$500

For donated securities, include the company name and number of shares in the donated property description, below

Taxpayer/Spouse/Joint (T, S, J)	__ [1]
Donated property description	_____ [4]
Name of donee organization	_____ [5]
Address of donee organization	_____ [6]
City	_____ [7]
State postal code	_____ [8]
Zip code	_____ [9]
Date contributed	_____ [10]
Date acquired by donor	_____ [11]
How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange)	__ [12]
Donor's cost or basis	+ _____ [13]
Fair market value	+ _____ [14]
Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other)	__ [15]
If other:	_____ [16]

Control Totals +

	2019 Information		Prior Year Information
	Taxpayer	Spouse	
Self-employed health insurance premiums: (Not entered elsewhere)			
_____ + _____ [2]	+ _____ [3]		
_____ + _____			
Self-employed long-term care premiums: (Not entered elsewhere)			
_____ + _____ [5]	+ _____ [6]		
_____ + _____			

NOTES/QUESTIONS:

### Child and Dependent Care Expenses

Please enter all amounts paid in 2019 for the care of one or more dependents which enables you to work or attend school.  
Enter the amount of dependent care expenses paid for each qualifying dependent on Organizer Form ID:1040

	Taxpayer	Spouse
2018 employer-provided dependent care benefits used during 2019 grace period	+ _____ [3]	+ _____ [4]
Employer-provided dependent care benefits that were forfeited in 2019	+ _____ [5]	+ _____ [6]
Total qualified expenses incurred in 2019		_____ [9]
Were you or your spouse a full time student or disabled? (Yes or No)	_____ [10]	_____ [11]
Did you provide care expenses for any person(s) who is not listed as a dependent? (Y, N)		_____ [12]

Business name of provider \_\_\_\_\_  
 First and last name of provider \_\_\_\_\_  
 Street address of provider \_\_\_\_\_  
 City, State and Zip code \_\_\_\_\_  
 Social security number OR Employer identification number \_\_\_\_\_  
 Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN) \_\_\_\_\_  
 Amount paid to care provider in 2019 + \_\_\_\_\_ [7]  
 Foreign province or state of provider \_\_\_\_\_  
 Foreign country and Foreign postal code of provider \_\_\_\_\_

Business name of provider \_\_\_\_\_  
 First and last name of provider \_\_\_\_\_  
 Street address of provider \_\_\_\_\_  
 City, State and Zip code \_\_\_\_\_  
 Social security number OR Employer identification number \_\_\_\_\_  
 Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN) \_\_\_\_\_  
 Amount paid to care provider in 2019 + \_\_\_\_\_  
 Foreign province or state of provider \_\_\_\_\_  
 Foreign country and Foreign postal code of provider \_\_\_\_\_

Business name of provider \_\_\_\_\_  
 First and last name of provider \_\_\_\_\_  
 Street address of provider \_\_\_\_\_  
 City, State and Zip code \_\_\_\_\_  
 Social security number OR Employer identification number \_\_\_\_\_  
 Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN) \_\_\_\_\_  
 Amount paid to care provider in 2019 + \_\_\_\_\_  
 Foreign province or state of provider \_\_\_\_\_  
 Foreign country and Foreign postal code of provider \_\_\_\_\_

Business name of provider \_\_\_\_\_  
 First and last name of provider \_\_\_\_\_  
 Street address of provider \_\_\_\_\_  
 City, State and Zip code \_\_\_\_\_  
 Social security number OR Employer identification number \_\_\_\_\_  
 Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN) \_\_\_\_\_  
 Amount paid to care provider in 2019 + \_\_\_\_\_  
 Foreign province or state of provider \_\_\_\_\_  
 Foreign country and Foreign postal code of provider \_\_\_\_\_

Business name of provider \_\_\_\_\_  
 First and last name of provider \_\_\_\_\_  
 Street address of provider \_\_\_\_\_  
 City, State and Zip code \_\_\_\_\_  
 Social security number OR Employer identification number \_\_\_\_\_  
 Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN) \_\_\_\_\_  
 Amount paid to care provider in 2019 + \_\_\_\_\_  
 Foreign province or state of provider \_\_\_\_\_  
 Foreign country and Foreign postal code of provider \_\_\_\_\_

Please provide all Forms 1095-A

Taxpayer/Spouse (T,S) \_\_\_\_\_ [1]  
 Marketplace identifier (Box 1) \_\_\_\_\_ [6]  
 Marketplace-assigned policy number (Box 2) \_\_\_\_\_ [7]  
 Policy issuer's name (Box 3) \_\_\_\_\_ [2]  
 Part III Household Information -

	A. 2019 Monthly Premium Amount	Prior Year Information	B. 2019 Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP)	C. 2019 Monthly Advance Payment of Premium Tax Credit	Prior Year Information
January	+ _____ [12]	_____	+ _____ [25]	+ _____ [38]	_____
February	+ _____ [13]	_____	+ _____ [26]	+ _____ [39]	_____
March	+ _____ [14]	_____	+ _____ [27]	+ _____ [40]	_____
April	+ _____ [15]	_____	+ _____ [28]	+ _____ [41]	_____
May	+ _____ [16]	_____	+ _____ [29]	+ _____ [42]	_____
June	+ _____ [17]	_____	+ _____ [30]	+ _____ [43]	_____
July	+ _____ [18]	_____	+ _____ [31]	+ _____ [44]	_____
August	+ _____ [19]	_____	+ _____ [32]	+ _____ [45]	_____
September	+ _____ [20]	_____	+ _____ [33]	+ _____ [46]	_____
October	+ _____ [21]	_____	+ _____ [34]	+ _____ [47]	_____
November	+ _____ [22]	_____	+ _____ [35]	+ _____ [48]	_____
December	+ _____ [23]	_____	+ _____ [36]	+ _____ [49]	_____
Annual total	+ _____ [24]	_____	+ _____ [37]	+ _____ [50]	_____

Control Totals +

**ACA - Health Insurance Marketplace Statement #2**

Please provide all Forms 1095-A

Taxpayer/Spouse (T,S) \_\_\_\_\_ [1]  
 Marketplace identifier (Box 1) \_\_\_\_\_ [6]  
 Marketplace-assigned policy number (Box 2) \_\_\_\_\_ [7]  
 Policy issuer's name (Box 3) \_\_\_\_\_ [2]  
 Part III Household Information -

	A. 2019 Monthly Premium Amount	Prior Year Information	B. 2019 Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP)	C. 2019 Monthly Advance Payment of Premium Tax Credit	Prior Year Information
January	+ _____ [12]	_____	+ _____ [25]	+ _____ [38]	_____
February	+ _____ [13]	_____	+ _____ [26]	+ _____ [39]	_____
March	+ _____ [14]	_____	+ _____ [27]	+ _____ [40]	_____
April	+ _____ [15]	_____	+ _____ [28]	+ _____ [41]	_____
May	+ _____ [16]	_____	+ _____ [29]	+ _____ [42]	_____
June	+ _____ [17]	_____	+ _____ [30]	+ _____ [43]	_____
July	+ _____ [18]	_____	+ _____ [31]	+ _____ [44]	_____
August	+ _____ [19]	_____	+ _____ [32]	+ _____ [45]	_____
September	+ _____ [20]	_____	+ _____ [33]	+ _____ [46]	_____
October	+ _____ [21]	_____	+ _____ [34]	+ _____ [47]	_____
November	+ _____ [22]	_____	+ _____ [35]	+ _____ [48]	_____
December	+ _____ [23]	_____	+ _____ [36]	+ _____ [49]	_____
Annual total	+ _____ [24]	_____	+ _____ [37]	+ _____ [50]	_____

Control Totals +

NOTES/QUESTIONS:



Form ID: MI Michigan General Information

School district name \_\_\_\_\_ [1]  
 School district code \_\_\_\_\_ [2]  
 Mark if 2/3 income from seafaring \_\_\_\_\_ [3]

	Taxpayer	Spouse
Do you want \$3.00 to go to the state campaign fund? (Y, N)	____ [4]	____ [5]
Mark the applicable boxes if the following conditions apply to you and/or your spouse:		
Paraplegic, quadriplegic or hemiplegic	____ [6]	____ [7]
Totally and permanently disabled	____ [8]	____ [9]
Deaf	____ [10]	____ [11]
Qualified disabled veteran	____ [12]	____ [13]

Use Tax

Purchases up \$1000 per purchase subject to use tax \_\_\_\_\_ [14]  
 Purchases exceeding \$1000 per purchase subject to use tax \_\_\_\_\_ [15]

Contributions

Amount of charitable contribution you wish to make to:  
 Contributions must be a minimum of \$5, \$10 or any amount greater than \$10

American Red Cross of Michigan	_____ [16]
Animal Welfare Fund	_____ [17]
Children's Trust Fund - Preventing Child Abuse in Michigan	_____ [18]
Fostering Futures Scholarship Trust Fund	_____ [19]
Kiwanis Fund	_____ [20]
Lions of Michigan Foundation Fund	_____ [21]
Michigan World War II Legacy Memorial Fund	_____ [22]
Military Family Relief Fund	_____ [23]
United Way Fund	_____ [24]

Part-year Resident Information

If you were a part-year resident during the tax year, enter the dates you lived in Michigan

	Taxpayer	Spouse
From	_____ [25]	_____ [27]
To	_____ [26]	_____ [28]
Residency status of spouse (If different from taxpayer)(1 = Resident, 2 = Nonresident, 3 = Part-year resident)		_____ [29]

NOTES/QUESTIONS: