

**2019 TAX QUESTIONS**

**AT ANY TIME DURING 2019:**

Did you or your spouse receive income from the following sources:

YES	NO

- Wages?
- Tips?
- Interest or Dividends?
- Social Security or Tier I Railroad Retirement?
- Lump sum from an employer sponsored plan and the recipient and/or employee was born before 1936?
- Retirement or IRA distribution for which the recipient is under age 59 1/2?
- Other pension, annuity, IRA, or retirement income?
- If IRA distribution, were nondeductible contributions ever made?
- If yes, provide the balance of all IRA accounts as of the end of 2019.**
- Unemployment compensation?
- Alimony?
- Self-employment and/or operation of a business?
- Operation of a farm?
- Rental of land and property for agricultural purposes?
- Other rental property?
- Gambling winnings?
- Royalties?
- Any miscellaneous income, such as prizes or jury duty pay?

Did you or your spouse receive any of the following forms: (Please provide them to your preparer)

YES	NO

- W-2
- W-2G
- 1095-A, 1095-B or 1095-C
- 1099R
- 1099INT
- 1099DIV
- 1099MISC
- 1099B
- 1099S
- 1099G
- Any other 1099
- K-1
- IRS notice of change to prior year's return
- Closing statements from real estate sales, purchases, or refinancing

Did you or your spouse sell or dispose of any of the following property:

YES	NO

- Stock, mutual fund, or other non-business assets?
- Your personal residence?
- Rental property?
- Property relating to a business or farm?
- Any other business property not listed above? (i.e. equipment, land)
- If you sold any property above, did it involve a bartering agreement?
- If you sold any property above, are you receiving payments in installments?

# 2019 TAX QUESTIONS

## AT ANY TIME DURING 2019:

Did you or your spouse

YES	NO

- Have a home mortgage?
- Refinance your home mortgage?
- Use a portion of your home exclusively for business?
- Have medical expenses or pay for health insurance?
- Make regular or substantial contributions to charity, church, etc.?
- If yes, did you make over \$500.00 in non-cash contributions?
- Suffer a casualty loss in a federally declared disaster area?
- Incur any out of pocket expense or use your personal vehicle in conjunction with your job while you were a member of the Armed Forces?
- Move to be closer to a new job?
- Send payments to the IRS/state in order to prepay your current year tax liability (estimated taxes) or apply an overpayment from 2018?
- Have any interest in a partnership or S-corporation, estate or trust for which you expect to receive Form K-1?
- Have any household employees to whom you paid \$1000.00 or more?
- Have a qualified fuel tax credit?
- Contribute to an:  IRA?  SEP?  Keogh?  Roth?  or Simple retirement plan?
- Get claimed (or were eligible to be claimed) as a dependent on anyone else's return?

YES	NO

- Did your children receive more than \$1,050 and less than \$10,500 from interest and dividends that you wish to claim on your own tax return instead of your child's?
- Did you pay child or dependent care expenses? If so, please bring names, addresses, Social Security/EIN numbers, amount paid to each provider, and amount paid for each dependent.
- Did you pay qualified post-secondary education tuition and related expenses for yourself, your spouse, or your dependents?
- Did you cash any US EE or I bonds to pay for post-secondary education for yourself, your spouse, or your dependents?
- Did you pay interest on higher education loans?
- Were you a pre-college educator who purchased books or classroom supplies?
- Did you purchase a car, boat, aircraft, motor home or home building materials in 2019 or keep receipts on all sales tax items purchased in 2019?
- Were there any births, adoptions, divorces, marriages, or deaths in your household?
- Do you desire direct deposit? If yes, please attach voided check.

**GENERAL INFORMATION**

**2019  
(MAIN INFO)**

Taxpayer's First Name _____	M.I. _____	Spouse's First Name _____	Spouse's M.I. _____
Taxpayer's Last Name _____	Suffix _____	Spouse's Last Name (if different) _____	
Taxpayer's Social Security Number _____		Spouse's Social Security Number _____	
Present Home Address _____		City, State, Zip Code _____	
E-Mail Address _____			

Filing Status: Please Check One  
 Single     Married Filing Joint     Married Filing Separately     Head of Household     Qualifying Widow(er)

If you selected head of household and have no dependents, list the name and Social Security number \_\_\_\_\_ of your qualified child who lives with you and qualifies you for this status.

**Dependents/Nondependents Qualifying for Child Care and/or EIC**

Note: If any children listed below are nondependents then mark an 'X' in the column listed "Non Dep."

First Name	Last Name	Date of Birth	Social Security Number	Relationship	Months in home	Non Dep.
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

If you are claiming as a dependent a child who did not live with you, check the documents that substantiate this claim:

Pre-1985 divorce or separation agreement     Signed Form 8332  
 Post-1984 divorce or separation agreement WITHOUT CONDITIONS

Taxpayer's Birth Date _____	Spouse's Birth Date _____
Taxpayer's Occupation _____	Spouse's Occupation _____
Daytime Phone _____	Daytime Phone _____
Evening Phone _____	Evening Phone _____
Cell/FAX Phone _____	Cell/FAX Phone _____

State of Residency:(2-Letter Abbreviation)      State of Part-year Residency      2nd State of Part-year Residency

Please use the following space for any comments you wish to make to your preparer.

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# W-2 INCOME

2019  
(W-2)

Listed below are your employers shown on your last year's income tax return.

Name of employer \_\_\_\_\_  
Street address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Employer Identification Number \_\_\_\_\_

TAXPAYER  SPOUSE

Name of employer \_\_\_\_\_  
Street address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Employer Identification Number \_\_\_\_\_

TAXPAYER  SPOUSE

Name of employer \_\_\_\_\_  
Street address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Employer Identification Number \_\_\_\_\_

TAXPAYER  SPOUSE

Name of employer \_\_\_\_\_  
Street address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Employer Identification Number \_\_\_\_\_

TAXPAYER  SPOUSE

Name of employer \_\_\_\_\_  
Street address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Employer Identification Number \_\_\_\_\_

TAXPAYER  SPOUSE

Name of employer \_\_\_\_\_  
Street address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Employer Identification Number \_\_\_\_\_

TAXPAYER  SPOUSE

Name of employer \_\_\_\_\_  
Street address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Employer Identification Number \_\_\_\_\_

TAXPAYER  SPOUSE

Name of employer \_\_\_\_\_  
Street address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Employer Identification Number \_\_\_\_\_

TAXPAYER  SPOUSE

\* Please include a W-2 from each of your 2019 employers.

# INTEREST AND DIVIDEND INCOME

2019  
(SCH B)

INTEREST INCOME		2019	2018
T,S,J*	NAME OF PAYER		
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
If you received any interest income from a seller financed mortgage, please enter the payer's name, address, and their SSN or EIN.			
_____	Name	SSN/EIN	
_____	City, State, Zip	Amount	
_____	_____	_____	
_____	Amount of nominee interest	_____	
_____	Amount of accrued interest	_____	
_____	Amount of tax-exempt interest	_____	
_____	Amount of OID adjustment	_____	
_____	Amount of ABP adjustment	_____	

DIVIDEND INCOME		2019	2018
T,S,J*	NAME OF PAYER	ORDINARY	ORDINARY
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	

\*Taxpayer, Spouse or Joint

Nominee Distribution Dividends

\*Please attach any 1099-INT, 1099-OID, and 1099-DIV forms

# PENSION AND RETIREMENT INCOME

2019  
(1099R)

## PENSIONS AND IRAS

Listed below are your pension, IRA distributions, and Social Security received last year (if any).

Name of payer \_\_\_\_\_  
Street address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Employer Identification Number \_\_\_\_\_

TAXPAYER  SPOUSE  IRA

Name of payer \_\_\_\_\_  
Street address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Employer Identification Number \_\_\_\_\_

TAXPAYER  SPOUSE  IRA

Name of payer \_\_\_\_\_  
Street address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Employer Identification Number \_\_\_\_\_

TAXPAYER  SPOUSE  IRA

Name of payer \_\_\_\_\_  
Street address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Employer Identification Number \_\_\_\_\_

TAXPAYER  SPOUSE  IRA

Name of payer \_\_\_\_\_  
Street address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Employer Identification Number \_\_\_\_\_

TAXPAYER  SPOUSE  IRA

Name of payer \_\_\_\_\_  
Street address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Employer Identification Number \_\_\_\_\_

TAXPAYER  SPOUSE  IRA

\* Please include any 1099's and other information.

If you ever made non-deductible contributions to your IRA, please provide year-end balances of all your IRA accounts.

## SOCIAL SECURITY BENEFITS

(1040 WKT)

### 2019 AMOUNTS

### 2018 TOTAL AMOUNT

Taxpayer Amount \$ \_\_\_\_\_

Spouse Amount \$ \_\_\_\_\_

**CAPITAL GAINS AND LOSSES**

2019  
(SCH D)

**Stocks, Bonds, and Non-Business Assets**

Description	Date Acquired	Date Sold	Sales Price	Cost

Amount of short-term loss carryover from 2018 \_\_\_\_\_

Amount of long-term loss carryover from 2018 \_\_\_\_\_

# OTHER INCOME AND ADJUSTMENTS

2019

OTHER INCOME	2019	2018
<b>Seller Financed Mortgages</b>		
Payer _____	Principal _____	Interest _____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
<b>State and Local Income Tax Refunds Received in 2019</b>		
State or Local jurisdiction _____	Amount received _____	
State or Local jurisdiction _____	Amount received _____	
State or Local jurisdiction _____	Amount received _____	
<b>Unemployment</b> (Please attach 1099G(s)).		
Amount received: _____	<b>2019</b>	<b>2018</b>
Amount repaid: _____	_____	_____
<b>Alimony amount received</b>	_____	_____
<b>Other Income</b>		
Type: _____	Amount: _____	
<b>ADJUSTMENTS</b>	<b>Taxpayer 2019</b>	<b>Taxpayer 2018</b>
Educator expense _____	_____	_____
Self-employed retirement plans _____	_____	_____
Self-employed health insurance paid _____	_____	_____
<b>IRA'S</b>		
Traditional _____	_____	_____
Roth _____	_____	_____
Student loan interest _____	_____	_____
<b>Alimony Paid</b>		
To whom paid: _____	Amount: _____	
SSN: _____		
<b>Tuition and Fees</b>	Amount: _____	
<b>Other Adjustments</b>		
Type: _____	Amount: _____	



# BUSINESS INCOME AND EXPENSES

2019  
(SCH C)

Your principal business or profession \_\_\_\_\_

Is this your spouse's Schedule C? \_\_\_\_\_

Business name \_\_\_\_\_

2018 Business code \_\_\_\_\_

Business address \_\_\_\_\_

Employer ID \_\_\_\_\_  
(Not SSN)

Accounting method: \_\_\_\_\_

Enter date if you disposed of or sold this business during the year \_\_\_\_\_

BUSINESS VEHICLE	2019	2018
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Date placed in service _____		
Miles used for: Business _____		
Commuting _____		
Other _____		

PART I INCOME		
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Gross receipts or sales _____		
Returns and allowances _____		
Other income _____		

PART II EXPENSES		
------------------	--	--

Advertising _____		
Car/Truck expenses _____		
Commissions _____		
Contract labor _____		
Depletion _____		
Employee benefit programs _____		
Insurance _____		
Interest - mortgage _____		
Interest - other _____		
Legal and professional services _____		
Office expense _____		
Pension and profit sharing _____		
Rent or lease - vehicles, machinery _____		
Rent - Other business property _____		
Repairs and maintenance _____		
Supplies _____		
Taxes and licenses _____		
Travel _____		
Meals and entertainment _____		
Utilities _____		
Wages _____		
Enter prior year unallowed loss (if any) _____		

OTHER EXPENSES		(SCH C PG 2)
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_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		

Inventory method: <input type="checkbox"/> Cost <input type="checkbox"/> Lower of Cost or Market <input type="checkbox"/> Other		
Inventory at beginning of year _____		
Purchases less cost of personal items _____		
Inventory at end of the year _____		

# BUSINESS ASSET LIST

2019

**Asset acquisition list** (Please list all assets you have purchased or placed in service in 2019.)

Description	Date Acquired	Cost	To Schedule

**Asset disposition list** (Please list all assets you sold, traded, junked, or took out of service for any reason in 2019.)

Description	Date Acquired	Date Sold	Sales Price	Sales Expenses	Cost	Prior Depreciation	From Sch.

# OFFICE IN THE HOME DEDUCTION

2019  
(8829)

2018

Square footage of area used for business \_\_\_\_\_

Total square footage in your home \_\_\_\_\_

Is this your spouse's Schedule C? \_\_\_\_\_

Day care facilities:

Number of days used for day care \_\_\_\_\_

Number of hours per day used for day care \_\_\_\_\_

Enter date if you disposed of or sold this business during the year \_\_\_\_\_

## EXPENSES DIRECTLY RELATING TO YOUR BUSINESS

2019

2018

Casualty losses \_\_\_\_\_

Deductible mortgage interest \_\_\_\_\_

Real estate taxes \_\_\_\_\_

Insurance \_\_\_\_\_

Rent \_\_\_\_\_

Repairs and maintenance \_\_\_\_\_

Utilities \_\_\_\_\_

Other expenses \_\_\_\_\_

## EXPENSES RELATING TO ENTIRE HOUSEHOLD

Casualty losses \_\_\_\_\_

Deductible mortgage interest \_\_\_\_\_

Real estate taxes \_\_\_\_\_

Insurance \_\_\_\_\_

Rent \_\_\_\_\_

Repairs and maintenance \_\_\_\_\_

Utilities \_\_\_\_\_

Other expenses \_\_\_\_\_

Carryover of operating expenses from 2018 Form 8829 line 43 \_\_\_\_\_

Carryover of excess casualty losses and depreciation from 2018 Form 8829 line 44 \_\_\_\_\_

Enter the fair market value of your home \_\_\_\_\_

Enter the cost of your home \_\_\_\_\_

Enter the value of the land on which your home is placed \_\_\_\_\_

# RENTAL REAL ESTATE AND ROYALTIES

2019  
(SCH E)

KIND OF PROPERTY LOCATION OF PROPERTY CITY STATE ZIP	Property A		Property B		Property C	
<b>INCOME</b>	2019	2018	2019	2018	2019	2018
Rent received						
Royalties received						
<b>EXPENSES</b>						
Advertising						
Auto and travel						
Cleaning and maintenance						
Commissions						
Insurance						
Legal, professional fees						
Management fees						
Mortgage interest						
Other interest						
Repairs						
Supplies						
Taxes						
Utilities						
<b>Miscellaneous Expenses</b>						
Type of misc expense 1						
Amount item 1						
Type of misc expense 2						
Amount item 2						
Type of misc expense 3						
Amount item 3						
Type of misc expense 4						
Amount item 4						
Enter loss carryover to 2019						
Did you actively participate in this venture?						
Did you use this property for personal use?						

# PARTNERSHIP AND S-CORPORATION INCOME

2019  
(K-1 P/S)

Your 2018 K-1 information is shown below.

## K-1 INFORMATION

Name of Partnership or S-Corporation \_\_\_\_\_  
Federal ID Number \_\_\_\_\_  
Enter "P" for partnership or "S" for S-Corp \_\_\_\_\_

## K-1 INFORMATION

Name of Partnership or S-Corporation \_\_\_\_\_  
Federal ID Number \_\_\_\_\_  
Enter "P" for partnership or "S" for S-Corp \_\_\_\_\_

## K-1 INFORMATION

Name of Partnership or S-Corporation \_\_\_\_\_  
Federal ID Number \_\_\_\_\_  
Enter "P" for partnership or "S" for S-Corp \_\_\_\_\_

## K-1 INFORMATION

Name of Partnership or S-Corporation \_\_\_\_\_  
Federal ID Number \_\_\_\_\_  
Enter "P" for partnership or "S" for S-Corp \_\_\_\_\_

## K-1 INFORMATION

Name of Partnership or S-Corporation \_\_\_\_\_  
Federal ID Number \_\_\_\_\_  
Enter "P" for partnership or "S" for S-Corp \_\_\_\_\_

## K-1 INFORMATION

Name of Partnership or S-Corporation \_\_\_\_\_  
Federal ID Number \_\_\_\_\_  
Enter "P" for partnership or "S" for S-Corp \_\_\_\_\_

## K-1 INFORMATION

Name of Partnership or S-Corporation \_\_\_\_\_  
Federal ID Number \_\_\_\_\_  
Enter "P" for partnership or "S" for S-Corp \_\_\_\_\_

## K-1 INFORMATION

Name of Partnership or S-Corporation \_\_\_\_\_  
Federal ID Number \_\_\_\_\_  
Enter "P" for partnership or "S" for S-Corp \_\_\_\_\_

## K-1 INFORMATION

Name of Partnership or S-Corporation \_\_\_\_\_  
Federal ID Number \_\_\_\_\_  
Enter "P" for partnership or "S" for S-Corp \_\_\_\_\_

\* Please attach all K-1 schedules received for 2019.

# ESTATE AND TRUST INCOME

2019  
(K-1 E/T)

Your 2018 K-1 information is shown below.

## K-1 INFORMATION

Name of Estate, Trust \_\_\_\_\_  
Federal ID Number \_\_\_\_\_  
If any rental real estate, are you an active participant? \_\_\_\_\_

## K-1 INFORMATION

Name of Estate, Trust \_\_\_\_\_  
Federal ID Number \_\_\_\_\_  
If any rental real estate, are you an active participant? \_\_\_\_\_

## K-1 INFORMATION

Name of Estate, Trust \_\_\_\_\_  
Federal ID Number \_\_\_\_\_  
If any rental real estate, are you an active participant? \_\_\_\_\_

## K-1 INFORMATION

Name of Estate, Trust \_\_\_\_\_  
Federal ID Number \_\_\_\_\_  
If any rental real estate, are you an active participant? \_\_\_\_\_

## K-1 INFORMATION

Name of Estate, Trust \_\_\_\_\_  
Federal ID Number \_\_\_\_\_  
If any rental real estate, are you an active participant? \_\_\_\_\_

## K-1 INFORMATION

Name of Estate, Trust \_\_\_\_\_  
Federal ID Number \_\_\_\_\_  
If any rental real estate, are you an active participant? \_\_\_\_\_

## K-1 INFORMATION

Name of Estate, Trust \_\_\_\_\_  
Federal ID Number \_\_\_\_\_  
If any rental real estate, are you an active participant? \_\_\_\_\_

## K-1 INFORMATION

Name of Estate, Trust \_\_\_\_\_  
Federal ID Number \_\_\_\_\_  
If any rental real estate, are you an active participant? \_\_\_\_\_

## K-1 INFORMATION

Name of Estate, Trust \_\_\_\_\_  
Federal ID Number \_\_\_\_\_  
If any rental real estate, are you an active participant? \_\_\_\_\_

\* Please attach all K-1 schedules received for 2019.

# FARM INCOME AND EXPENSES

2019  
(SCH F)

Your principal product \_\_\_\_\_

Is this your spouse's Schedule F? \_\_\_\_\_

Enter date if you disposed of or sold this business during the year \_\_\_\_\_

2018 Activity Code \_\_\_\_\_

Employer ID  
(Not SSN) \_\_\_\_\_

## PART I INCOME

2019

2018

Sales of livestock and other items you bought for resale not reported above \_\_\_\_\_

Cost or other basis of livestock and other resale items reported above \_\_\_\_\_

Sales of livestock, produce, grains and other raised products not reported above \_\_\_\_\_

Total cooperative distributions \_\_\_\_\_

Agricultural program payments \_\_\_\_\_

Commodity Credit Corporation loans \_\_\_\_\_

Crop insurance/disaster payments \_\_\_\_\_

Custom hire income not reported above \_\_\_\_\_

Other income not reported above \_\_\_\_\_

## PART II EXPENSES

Car and Truck expenses \_\_\_\_\_

Chemicals \_\_\_\_\_

Conservation expenses \_\_\_\_\_

Custom hire \_\_\_\_\_

Employee benefit programs \_\_\_\_\_

Feed purchases \_\_\_\_\_

Fertilizer and lime \_\_\_\_\_

Freight and trucking \_\_\_\_\_

Gasoline, fuel and oil \_\_\_\_\_

Insurance \_\_\_\_\_

Interest - mortgage \_\_\_\_\_

Interest - other \_\_\_\_\_

Labor hired \_\_\_\_\_

Pension and profit sharing plans \_\_\_\_\_

Rent or lease - vehicles, machinery and equipment \_\_\_\_\_

Rent or lease other business property \_\_\_\_\_

Repairs and maintenance \_\_\_\_\_

Seeds and plants purchased \_\_\_\_\_

Storage and warehousing \_\_\_\_\_

Supplies \_\_\_\_\_

Taxes \_\_\_\_\_

Utilities \_\_\_\_\_

Veterinary, breeding and medicine \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Enter prior year unallowed loss (if any) \_\_\_\_\_

# FARM RENTAL INCOME AND EXPENSES

2019  
(4835)

Enter date if you disposed of or sold this business during the year \_\_\_\_\_

Employer ID  
(Not SSN) \_\_\_\_\_

PART I INCOME	2019	2018
Income from livestock, produce, grains, and other crops	_____	
Total cooperative distributions	_____	
Agricultural program payments	_____	
Commodity Credit Corporation loans	_____	
Crop insurance proceeds and disaster payments	_____	
Other income	_____	
PART II EXPENSES		
Car and Truck expenses	_____	
Chemicals	_____	
Conservation expenses	_____	
Custom hire	_____	
Employee benefit programs	_____	
Feed purchases	_____	
Fertilizer and lime	_____	
Freight and trucking	_____	
Gasoline, fuel and oil	_____	
Insurance	_____	
Interest - mortgage	_____	
Interest - other	_____	
Labor hired	_____	
Pension and profit sharing plans	_____	
Rent or lease - vehicles, machinery and equipment	_____	
Rent or lease other business property	_____	
Repairs and maintenance	_____	
Seeds and plants purchased	_____	
Storage and warehousing	_____	
Supplies	_____	
Taxes	_____	
Utilities	_____	
Veterinary, breeding and medicine	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
Enter prior year unallowed loss (if any)	_____	



**FARM INCOME ACCRUAL METHOD ONLY**

**2019  
(SCH F)**

	<b>2019</b>	<b>2018</b>
Sales of livestock, produce, grains and other products not reported above	_____	
Total cooperative distributions	_____	
Agricultural program payments	_____	
Commodity Credit Corporation loans	_____	
Crop insurance proceeds	_____	
Custom hire income not reported above	_____	
Other income not reported above	_____	
Inventory at beginning of year	_____	
Cost of inventory during the year	_____	
Inventory at end of year	_____	

# W-2G INCOME

2019  
(W-2G)

Listed below are payers shown on your last year's income tax return.  
\*Please include any W-2G from each of your 2019 payers.

Name of payer \_\_\_\_\_  
Street address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Federal Identification Number \_\_\_\_\_  
 TAXPAYER  SPOUSE

Name of payer \_\_\_\_\_  
Street address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Federal Identification Number \_\_\_\_\_  
 TAXPAYER  SPOUSE

Name of payer \_\_\_\_\_  
Street address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Federal Identification Number \_\_\_\_\_  
 TAXPAYER  SPOUSE

## ESTIMATED TAX PAID FOR THE "2019 TAX YEAR

(FED/ST TAX)

\* Please enter only the payments to be applied to the current year tax, including any payments made in January of 2020.

### Federal payments

### State of \_\_\_ payments

Date paid	Amount paid	Date paid	Amount paid
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

State/local income tax balance due for previous years paid in 2019: \_\_\_\_\_

State/local estimate payment for 2018, due January 15, 2019, paid on or after January 1, 2019: \_\_\_\_\_

# ITEMIZED DEDUCTIONS

2019  
(SCH A)

	*T,S,J	2019	2018
<b>MEDICAL AND DENTAL EXPENSES</b> - Include prescription medicine & drugs, nonprescription medical supplies such as crutches, doctors, dentists, nurses, hospitals, medical insurance premiums, medical miles or actual expense.*			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Number of medical miles	_____	_____	_____
* Do not list amounts paid with pre-tax dollars or that were reimbursed.			
* Taxpayer, Spouse, or Joint			
<b>TAXES PAID</b>			
Real estate taxes	_____	_____	_____
Personal property taxes	_____	_____	_____
Other _____	_____	_____	_____
<b>INTEREST PAID</b>			
Home mortgage interest	_____	_____	_____
Points paid in purchasing new home	_____	_____	_____
Investment interest expense	_____	_____	_____
<b>CONTRIBUTIONS - Receipts required for all contributions</b>			
Cash			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Non-cash	_____	_____	_____
Number of charity miles	_____	_____	_____

# CHILD AND DEPENDENT CARE EXPENSES

2019  
(2441)

Please list all care providers and the amounts paid to them in 2019. Any information from the prior year is shown below.

Name of provider \_\_\_\_\_  
 Street address \_\_\_\_\_  
 City, State, Zip Code \_\_\_\_\_  
 Social Security Number or EIN \_\_\_\_\_  
 Amount paid \$ \_\_\_\_\_ 2018 AMOUNT \$ \_\_\_\_\_

Name of provider \_\_\_\_\_  
 Street address \_\_\_\_\_  
 City, State, Zip Code \_\_\_\_\_  
 Social Security Number or EIN \_\_\_\_\_  
 Amount paid \$ \_\_\_\_\_ 2018 AMOUNT \$ \_\_\_\_\_

Name of provider \_\_\_\_\_  
 Street address \_\_\_\_\_  
 City, State, Zip Code \_\_\_\_\_  
 Social Security Number or EIN \_\_\_\_\_  
 Amount paid \$ \_\_\_\_\_ 2018 AMOUNT \$ \_\_\_\_\_

Name of provider \_\_\_\_\_  
 Street address \_\_\_\_\_  
 City, State, Zip Code \_\_\_\_\_  
 Social Security Number or EIN \_\_\_\_\_  
 Amount paid \$ \_\_\_\_\_ 2018 AMOUNT \$ \_\_\_\_\_

Name of provider \_\_\_\_\_  
 Street address \_\_\_\_\_  
 City, State, Zip Code \_\_\_\_\_  
 Social Security Number or EIN \_\_\_\_\_  
 Amount paid \$ \_\_\_\_\_ 2018 AMOUNT \$ \_\_\_\_\_

List name of each child and total amount spent for care of that child.

_____	€	_____
_____	€	_____
_____	€	_____
_____	€	_____

\*You may change or delete any information that does not apply to the current year.

# FOREIGN EARNED INCOME

2019  
(2555/2555EZ)

Is this your spouse's foreign earned income?

Your foreign address 2018  
Your foreign address 2019  
Employer 2018  
Employer 2019  
Employer U.S. address 2018  
Employer U.S. address 2019  
Employer foreign address 2018  
Employer foreign address 2019

Residence	2019	2018
Taxpayer tax home overseas		
Date established		
Bonafide residence began		
Income	2019	2018
<b>Earned Income</b>		
Salary		
<b>Noncash Income</b>		
Home		
Meals		
Car		
Other		
<b>Allowances and Reimbursements</b>		
Cost of living and overseas differential		
Family		
Education		
Home leave		
Quarters		
Other		

## Travel History During Tax Year

Country							
Date arrived							
Date left							
Days on business in United States							
Amount earned in United States							

## Miscellaneous Questions

Kind of foreign living quarters  Purchased home  Rented house or apartment  Employer housing

Did your family live with you overseas?  Yes  No

If so, who? \_\_\_\_\_

And for what period? \_\_\_\_\_

Have you told the authorities overseas that you are not a resident of their country?  Yes  No

Are you required to pay income taxes to the country you claim residence?  Yes  No

How long is your contract to work overseas? \_\_\_\_\_

What kind of visa are you working under? \_\_\_\_\_

Describe the length or employment limitations of your visa. \_\_\_\_\_

If you maintained a home in the U.S. while overseas:

Address: \_\_\_\_\_

If rented:

Name of occupant: \_\_\_\_\_ Relationship: \_\_\_\_\_