

2019

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US

Client Information

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KLABO, BROWN & CO., LLC

PO BOX 790

ABERDEEN SD 57402-0790

Telephone number: (605) 229-4359

Fax number: (605) 229-4984

E-mail address: klabobrown@klabobrown.com

Tax Return Appointment

Date:

Time:

Location:

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

CLIENT INFORMATION

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

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Client Information (continued)

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Please add, change or delete information for 2019.

CLIENT INFORMATION

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

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2019**1040****US****Miscellaneous Questions**

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

PERSONAL INFORMATION

Yes No

- ☐ ☐ Did your marital status change during the year?
- ☐ ☐ Did your address change during the year?
- ☐ ☐ Could you be claimed as a dependent on another person's tax return for 2019?

DEPENDENTS

Yes No

- ☐ ☐ Were there any changes in dependents?
- ☐ ☐ Were any of your unmarried children who might be claimed as dependents 19 years of age or older at the end of 2019?
- ☐ ☐ Did you have any children under age 19 or full-time students under age 24 at the end of 2019, with interest and dividend income in excess of \$1,050, or total investment income in excess of \$2,100?

HEALTH CARE COVERAGE

Yes No

- ☐ ☐ Did you or your dependents have healthcare coverage from the Health Insurance Marketplace (Exchange)? If so, please be sure to include Form 1095-A (Health Insurance Marketplace Statement)

INCOME

Yes No

- ☐ ☐ Did you receive unreported tip income of \$20 or more in any month?
- ☐ ☐ Did you cash any Series EE U.S. savings bonds issued after 1989 and pay qualified higher education expenses for yourself, your spouse, or your dependents?
- ☐ ☐ Did you receive any disability income?
- ☐ ☐ Did you have any foreign income or pay any foreign taxes?

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Miscellaneous Questions**RENTAL REAL ESTATE INCOME**

Yes

No

☐☐

Do you have Rental Real Estate Income Property(s)? If so, answer following questions.

☐☐

Did you spend more than 250 hours dealing with advisors, property managers, or personally with tenants, repair or maintenance companies, or on-site issues?

☐☐

Did you maintain written time records to prove the regular and continuous activity?

PURCHASES, SALES AND DEBT

Yes

No

☐☐

Did you start a business or farm, purchase rental or royalty property, or acquire an interest in a partnership, S corporation, trust, or REMIC?

☐☐

Did you purchase or dispose of any business assets (furniture, equipment, vehicles, real estate, etc.), or convert any personal assets to business use?

☐☐

Did you buy or sell any stocks, bonds or other investment property in 2019?

☐☐

Did you sell or do you plan to sell any dividend generating stocks or mutual funds during the first 60 days of 2020?

☐☐

Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan. If so, please provide copies of closing statements and/or loan documents.

☐☐

Did you purchase a home in 2019 and you were overseas on official extended duty?

☐☐

Did you have any debts cancelled or forgiven?

☐☐

Does anyone owe you money which has become uncollectible

☐☐

Did you purchase, sell, or use any form of cryptocurrency (such as Bitcoin, Litecoin, etc.)

RETIREMENT PLANS

Yes

No

☐☐

Did you receive a distribution from a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?

☐☐

Did you make a contribution to a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?

2019	1040	US	Miscellaneous Questions
-------------	-------------	-----------	--------------------------------

Yes	No	
-----	----	--

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make a contribution to a Nondeductible IRA? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you transfer or rollover any amount from one retirement plan to another retirement plan? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you convert part or all of your traditional, SEP, or SIMPLE IRA to a Roth IRA in 2019? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you convert part or all of your Nondeductible IRA to a Roth IRA in 2019? |

EDUCATION

Yes	No	
-----	----	--

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive a distribution from an Education Savings Account or a Qualified Tuition Program? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school? |

ITEMIZED DEDUCTIONS

Yes	No	
-----	----	--

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you incur a loss because of damaged or stolen property? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you work out of town for part of the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you use your car on the job (other than to and from work)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you purchase a motor vehicle or boat in 2019? If so, enter sales tax paid in the Itemized Deductions Sales and Use Taxes Paid section in the tax organizer. |

ESTIMATED TAXES

Yes	No	
-----	----	--

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

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Miscellaneous Questions

MISCELLANEOUS

Yes

No

☐☐

Do you want to allocate \$3 to the Presidential Election Campaign Fund?

☐☐

Does your spouse want to allocate \$3 to the Presidential Election Campaign Fund?

☐☐

May the IRS discuss your tax return with your preparer?

☐☐

Did you have an interest in or signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account?

☐☐

Did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust or did you have an interest in any foreign assets or accounts?

☐☐

Was your home rented out or used for business?

☐☐

Did you make any residential energy-efficient improvements or purchases involving in 2019? If applicable, please provide total cost of each area listed below.

Solar Energy _____ Geothermal Energy _____

Insulation _____ Doors _____

Windows _____ Furnace _____

Air Conditioner _____ Water Heater _____

☐☐

Did you have a medical savings account (MSA), a Medicare + Choice MSA, or acquire an interest in an MSA or a Medicare + Choice MSA because of the death of the account holder? Or, were you a policyholder who received payments under a long-term care (LTC) insurance contract or received any accelerated death benefits from a life insurance policy?

☐☐

Did you engage the services of any household employees?

☐☐

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

☐☐

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

☐☐

Did your bank account information change within the last twelve months? If so, enter the new account information in the Bank Information section of the tax organizer.

☐☐

Is the email address shown on Page 2 in the Client Information correct? If incorrect or missing, please update this information.

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Dependents

2

Please add, change or delete information for 2019.

DEPENDENTS

	Dependent	Dependent	
First name.....			Type of Dependent 1 = Child living w/taxpayer 2 = Child not living w/taxpayer 3 = Dependent other than child 4 = Head of household or qualifying widow(er) only, not a dependent 5 = Earned income credit only, not a dependent
Last name.....			
Title/suffix.....			
Date of birth (m/d/y).....			
Date of death.....			
Date of adoption.....			
Social security number.....			
Relationship.....			
Months lived at home.....			
Type of dependent (see table).....			
Earned income credit (see table).....			Earned Income Credit 1 = When applicable (default) 2 = Student age 19 to 23 3 = Disabled 4 = Force 5 = Suppress NOTE: If you claim the earned income credit, please provide proof that your child is a resident of the U.S. This proof is typically in the form of: 1. School records or statement 2. Landlord or property management statement 3. Health care provider statement 4. Medical records 5. Child care provider records 6. Placement agency statement 7. Social service records or statement 8. Place of worship statement 9. Indian tribe office statement 10. Employer statement NOTE: If your child is disabled, please provide one of the following forms of proof of disability: 1. Doctor statement 2. Other health care provider statement 3. Social services agency or program statement
Claimed by: 1=taxpayer, 2=spouse.....			
First name.....			
Last name.....			
Title/suffix.....			
Date of birth (m/d/y).....			
Date of death.....			
Date of adoption.....			
Social security number.....			
Relationship.....			
Months lived at home.....			
Type of dependent (see table).....			
Earned income credit (see table).....			
Claimed by: 1=taxpayer, 2=spouse.....			
First name.....			
Last name.....			
Title/suffix.....			
Date of birth (m/d/y).....			
Date of death.....			
Date of adoption.....			
Social security number.....			
Relationship.....			
Months lived at home.....			
Type of dependent (see table).....			
Earned income credit (see table).....			
Claimed by: 1=taxpayer, 2=spouse.....			
First name.....			
Last name.....			
Title/suffix.....			
Date of birth (m/d/y).....			
Date of death.....			
Date of adoption.....			
Social security number.....			
Relationship.....			
Months lived at home.....			
Type of dependent (see table).....			
Earned income credit (see table).....			
Claimed by: 1=taxpayer, 2=spouse.....			

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2019 1040 US Direct Deposit & Estimates (Form 1040 ES)**3, 6**

Please enter all pertinent 2019 information.

DIRECT DEPOSIT / ELECTRONIC PAYMENT (3)

1=direct deposit of federal tax refund into bank account

18

1=electronic payment of balance due

34

1=electronic payment of estimated tax

36

BANK INFORMATION

Name of Bank	Percent to Deposit (xx.xx)	Routing Number	Account Number	Type of Account (Table 1)	Type of Invest. (Table 2)
19	24	20	21	22	71
44	45	47	48	49	72
50	51	67	68	69	73

2019 ESTIMATED TAX / 1040-ES (6)**Federal**

	Amount Paid	Date Paid	TS	2019 Voucher Amount
Overpayment applied from 2018	1			
1st quarter payment	2	3		13
2nd quarter payment	4	5		14
3rd quarter payment	6	7		15
4th quarter payment	8	9		16
Additional Estimated Tax Payments	38	39		
	40	41		
	42	43		
	44	45		
Paid with extension	10	11		802
Former spouse SSN if joint estimates	12			

State

	Amount Paid	Date Paid	TS	2019 Voucher Amount
Overpayment applied from 2018	101			
1st quarter payment	102	103		113
2nd quarter payment	104	105		114
3rd quarter payment	106	107		115
4th quarter payment	108	109		116
Additional Estimated Tax Payments	138	139		
	140	141		
	142	143		
	144	145		
Paid with extension	110	111		804

1**Type of Account**

- 1 = Savings
2 = Checking

2**Type of Investment**

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

3, 6

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

7.1

Please enter all pertinent 2019 information.

APPLICATION OF 2019 OVERPAYMENT (7.1)If you have an overpayment of 2019 taxes, do you want the excess refunded? ☐ or applied to 2020 estimate?... ☐Other (please explain): _____

_____**2020 ESTIMATED TAX INFORMATION**Do you expect your 2020 taxable income to be different from 2019? Yes ☐ No ☐If "yes" explain any differences in income, deductions, dependents, etc.: _____

_____Do you expect your 2020 withholding to be different from 2019? Yes ☐ No ☐If "yes" explain any differences: _____

7.1

2019	1040	US	Wages, Pensions, Gambling Winnings	10, 13.1, 13.2
-------------	-------------	-----------	---	-----------------------

Please enter all pertinent 2019 amounts & attach all W-2, W-2G and 1099-R forms.
Last year's amounts are provided for your reference.

WAGES, SALARIES, TIPS (10)

No.	Name of Employer (Box c)	1=retirement plan (Box 13)		Wages, Tips, Other Compensation (Box 1)	Tax Withheld					2018 Wages
		1=spouse			Federal (Box 2)	Social Security (Box 4)	Medicare (Box 6)	State (Box 17)	Local (Box 19)	
		1	2							
	800	1	2	3	4	6	8	14	18	

PENSIONS, IRA DISTRIBUTIONS (13.1)

No.	Name of Payer	Distribution code #2					Gross Distribution (Box 1)	Taxable Amount (Box 2a)	Tax Withheld		Value of all IRAs at 12/31/19	2018 Distribution
		Distribution code #1							Federal (Box 4)	State (Box 12)		
		1=IRA/SEP/SIMPLE										
		1=spouse										
	800	1	2	810	196	3	4	6	9	34		

GAMBLING WINNINGS (W-2G) (13.2)

No.	Name of Payer	1=spouse	Gross Winnings (Box 1)	Tax Withheld			2018 Winnings
				Federal (Box 4)	State (Box 15)	Local (Box 17)	
	800	1	3	6	9	152	

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

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

10, 13.1, 13.2

**Please enter all pertinent 2019 amounts & attach all 1099-INT, 1099-OID and 1099-DIV forms.
Last year's amounts are provided for your reference.**

[illegible][illegible]

2019**1040****US****Miscellaneous Income****14.1**

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

MISCELLANEOUS INCOME

	2019 Amount		2018 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Social security benefits (SSA-1099, box 5).....	2	52		
Medicare premiums paid (SSA-1099).....	13	63		
1=treat Medicare premiums paid as SE health ins..	34	84		
Tier 1 RR retirement benefits (RRB-1099, box 5)...	3	53		
1=lump-sum election for SS benefits.....	12	62		
Alimony received.....	5	55		
Taxable scholarships and fellowships.....	8	58		
Jury duty pay.....	28	78		
Household employee income not on W-2.....	9	59		
Excess minister's allowance.....	24	74		
Alaska permanent fund dividends.....	21	71		
Income from rental of personal property.....	23	73		
Income subject to S/E tax:				
_____	10	60		
_____	10	60		
_____	10	60		
_____	10	60		
_____	10	60		
_____	10	60		
Other income (1099-MISC, box 3, 8)				
_____	11	61		
_____	11	61		
_____	11	61		
_____	11	61		
_____	11	61		
_____	11	61		

TAX WITHHELD (not entered elsewhere)

Federal income tax withheld.....	14	64		
State income tax withheld.....	15	65		
Local income tax withheld.....	16	66		

14.1

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Education Distributions (ESA's and QTP's)

14.3

Please enter all pertinent 2019 amounts and attach all 1099-Q forms.
Enter qualified education expenses below that are not entered elsewhere.
Last year's amounts are provided for your reference.

ESA'S AND QTP'S (Form 1099-Q)

		2019 Amount	2018 Amount
No. <input type="text"/>	Name of payer.....	800	
	1=spouse.....	1	
	Qualified expenses:		
	Higher education (net of nontaxable benefits).....	143	
	Elementary & secondary education (net of nontaxable benefits).....	307	
	Form 1099-Q:		
	Gross distributions (Box 1).....	301	
	Earnings (Box 2).....	302	
	Basis (Box 3).....	303	
	Rollover: 1=nontaxable, 2=taxable (Box 4).....	304	
	Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5) ..	2	
	ESA's only:		
	2019 contributions to this ESA.....	142	
	Value of this account at 12/31/19 (plus outstanding rollovers) ..	144	
Basis in this ESA as of 12/31/18.....	165		
No. <input type="text"/>	Name of payer.....	800	
	1=spouse.....	1	
	Qualified expenses:		
	Higher education (net of nontaxable benefits).....	143	
	Elementary & secondary education (net of nontaxable benefits).....	307	
	Form 1099-Q:		
	Gross distributions (Box 1).....	301	
	Earnings (Box 2).....	302	
	Basis (Box 3).....	303	
	Rollover: 1=nontaxable, 2=taxable (Box 4).....	304	
	Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5) ..	2	
	ESA's only:		
	2019 contributions to this ESA.....	142	
	Value of this account at 12/31/19 (plus outstanding rollovers) ..	144	
Basis in this ESA as of 12/31/18.....	165		
No. <input type="text"/>	Name of payer.....	800	
	1=spouse.....	1	
	Qualified expenses:		
	Higher education (net of nontaxable benefits).....	143	
	Elementary & secondary education (net of nontaxable benefits).....	307	
	Form 1099-Q:		
	Gross distributions (Box 1).....	301	
	Earnings (Box 2).....	302	
	Basis (Box 3).....	303	
	Rollover: 1=nontaxable, 2=taxable (Box 4).....	304	
	Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5) ..	2	
	ESA's only:		
	2019 contributions to this ESA.....	142	
	Value of this account at 12/31/19 (plus outstanding rollovers) ..	144	
Basis in this ESA as of 12/31/18.....	165		

14.3

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Business Income (Schedule C)

No.

16

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

GENERAL INFORMATION

Principal business/profession.....	800	
Principal business code.....	801	
Business name, if different from Form 1040.....	802	
Business address, if different from Form 1040...	803	
City, if different from Form 1040.....	804	
State, if different from Form 1040.....	828	
ZIP code, if different from Form 1040.....	829	
Foreign region.....	830	
Foreign postal code.....	831	
Foreign country.....	832	
Employer identification number.....	805	
Other accounting method.....	806	

Accounting method: 1=cash, 2=accrual.....	7		
Inventory method: 1=cost, 2=lower cost/market, 3=other.....	6		
1=change of inventory method.....	8		
1=spouse, 2=joint.....	10		
1=first Schedule C filed for this business.....	44		
If required to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no.....	112		
1=not subject to self-employment tax.....	39		
1=did not "materially participate".....	22		
1=personal services is not a material income producing factor.....	220		
1=investment.....	37		
1=minister's Schedule C.....	302		
1=single member limited liability company.....	418		
1=trader in financial instruments or commodities.....	95		

INCOME

	2019 Amount	2018 Amount
Gross receipts or sales (Form 1099-MISC, box 7).....	51	
Returns and allowances.....	52	
Other income:		
_____	54	
_____	54	
_____	54	
_____	54	

COST OF GOODS SOLD

Inventory at beginning of the year.....	14		
Purchases.....	15		
Cost of items for personal use.....	16		
Cost of labor.....	17		
Materials and supplies.....	18		
Other costs:			
_____	19		
_____	19		
_____	19		
_____	19		
Inventory at end of the year.....	20		

2019**1040****US****Business Income (Schedule C) (cont.)**No. **16** p2

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

EXPENSES

		2019 Amount	2018 Amount
Accounting.....	201		
Advertising.....	56		
Answering service.....	202		
Bad debts from sales or service.....	57		
Bank charges.....	203		
Car and truck expenses (not entered elsewhere).....	59		
Commissions.....	60		
Contract labor.....	87		
Delivery and freight.....	204		
Dues and subscriptions.....	205		
Employee benefit programs.....	64		
Insurance (other than health).....	66		
Mortgage interest (paid to banks, etc.).....	12		
Other interest (not entered elsewhere).....	67		
Janitorial.....	206		
Laundry and cleaning.....	207		
Legal and professional.....	69		
Miscellaneous.....	208		
Office expense.....	70		
Outside services.....	209		
Parking and tolls.....	210		
Pension and profit sharing plans - contributions.....	71		
Pension and profit sharing plans - admin. and education costs.....	53		
Postage.....	211		
Printing.....	212		
Rent - vehicles, machinery, & equipment (not entered elsewhere).....	58		
Rent - other.....	72		
Repairs.....	73		
Security.....	213		
Supplies.....	74		
Taxes - real estate.....	45		
Taxes - payroll.....	41		
Taxes - sales tax included in gross receipts.....	43		
Taxes - other (not entered elsewhere).....	75		
Telephone.....	214		
Tools.....	215		
Travel.....	76		
Total meals in full (50%).....	81		
Department of Transportation meals in full (80%).....	86		
Uniforms.....	216		
Utilities.....	77		
Wages.....	78		

Other expenses:

	90		
	90		
	90		
	90		
	90		
	90		

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

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Series: 52 Capital Gains & Losses (Schedule D)

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Rental & Royalty Income (Schedule E)

No.

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

GENERAL INFORMATION

	2019 Amount	2018 Amount
Description of property.....	800	Type of Property 1 = Single Family Residence 2 = Multi-Family Residence 3 = Vacation/Short-Term Rental 4 = Commercial 5 = Land 6 = Royalties 7 = Self-Rental
Street address.....	801	
City.....	820	
State.....	821	
ZIP code.....	822	
Type of property (see table)....	802	
Other type of property.....	803	
Number of days rented.....	34	

Percentage of ownership if not 100% (.xxxx).....	500
Percentage of tenant occupancy if not 100% (.xxxx).....	503
1=spouse, 2=joint.....	33
1=qualified joint venture.....	108
1=nonpassive activity, 2=passive royalty.....	39

1=did not actively participate...	38
1=real estate professional.....	32
1=rental other than real estate.	71
1=investment.....	48
1=single member limited liability company.....	418
If required to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no.....	112

INCOME

	2019 Amount	2018 Amount
Rents or royalties received.....	110	

DIRECT EXPENSES

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

Advertising.....	4	
Association dues.....	16	
Auto and travel (not entered elsewhere).....	5	
Cleaning and maintenance.....	6	
Commissions.....	7	
Gardening.....	18	
Insurance.....	8	
Legal and professional fees.....	10	
Licenses and permits.....	23	
Management fees.....	19	
Miscellaneous.....	24	
Mortgage interest (paid to banks, etc.).....	9	
Qualified mortgage insurance premiums.....	62	
Excess mortgage interest.....	67	
Other interest (not entered elsewhere).....	29	
Painting and decorating.....	20	
Pest control.....	21	
Plumbing and electrical.....	17	
Repairs.....	11	
Supplies.....	12	
Taxes - real estate.....	13	
Taxes - other (not entered elsewhere).....	25	
Telephone.....	22	
Utilities.....	14	
Wages and salaries.....	15	
Other:		
_____	27	
_____	27	
_____	27	
_____	27	

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

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

No.

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

GENERAL INFORMATION

Foreign region	823	
Foreign postal code	824	
Foreign country	825	

OIL AND GAS

	2019 Amount	2018 Amount
Production type (preparer use only)	42	
Cost depletion	43	
Percentage depletion rate or amount	502	
State cost depletion, if different (-1 if none)	76	
State % depletion rate or amount, if different (-1 if none)	506	

PERSONAL USE OF DWELLING UNIT (INCLUDING VACATION HOME)

Number of days personal use	35	
Number of days owned (if optional method elected)	53	

INDIRECT EXPENSES

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

Advertising	204	
Association dues	216	
Auto and travel (not entered elsewhere)	205	
Cleaning and maintenance	206	
Commissions	207	
Gardening	218	
Insurance	208	
Legal and professional fees	210	
Licenses and permits	223	
Management fees	219	
Miscellaneous	224	
Mortgage interest (paid to banks, etc.)	209	
Qualified mortgage insurance premiums	262	
Excess mortgage interest	267	
Other interest (not entered elsewhere)	229	
Painting and decorating	220	
Pest control	221	
Plumbing and electrical	217	
Repairs	211	
Supplies	212	
Taxes - real estate	213	
Taxes - other (not entered elsewhere)	225	
Telephone	222	
Utilities	214	
Wages and salaries	215	
Other:		
_____	227	
_____	227	
_____	227	
_____	227	
_____	227	
_____	227	

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Asset Disposition List

Asset Acquisition List

2019	1040	US	Adjustments to Income	24
-------------	-------------	-----------	------------------------------	-----------

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

TRADITIONAL IRA CONTRIBUTIONS

2019 Amount

2018 Amount

Taxpayer

Spouse

Taxpayer

Spouse

IRA contributions you made or expect to make (1=maximum) (\$6,000/\$7,000 if 50 or older).....

1		51	
3		53	
5		55	
8		58	

Contributions made to date.....

1=covered by plan, 2=not covered.....

2019 payments from 1/1/20 to 4/15/20.....

ROTH IRA CONTRIBUTIONS

Roth IRA contributions you made or expect to make (1=maximum) (\$6,000/\$7,000 if 50 or older).....

27		77	
30		80	

Contributions made to date.....

SEP, SIMPLE AND QUALIFIED PLANS (KEOGH)

Profit-sharing (25%/1.25) contributions you made or expect to make (1=maximum).....

10		60	
----	--	----	--

--	--

Money purchase (25%/1.25) contributions you made or expect to make (1=maximum).....

11		61	
----	--	----	--

--	--

Defined benefit contributions you expect to make.....

13		63	
----	--	----	--

--	--

Self-employed SEP (25%/1.25) contributions you made or expect to make (1=maximum).....

12		62	
----	--	----	--

--	--

Plan contribution rate if not .25 (.xxxx).....

501		551	
-----	--	-----	--

--	--

Individual 401k: SE elective deferrals (except Roth) (1=max.)...

44		94	
----	--	----	--

--	--

Individual 401k: SE designated Roth contributions (1=max.)...

144		194	
-----	--	-----	--

--	--

SIMPLE contributions:

Self-employed SIMPLE contributions you made or expect to make (1=maximum).....

22		72	
----	--	----	--

--	--

Employer matching rate if not .03 (.xxxx).....

502		552	
-----	--	-----	--

--	--

1=nonelective contributions (2%).....

24		74	
----	--	----	--

--	--

Contributions made to date.....

14		64	
----	--	----	--

--	--

ADJUSTMENTS TO INCOME

Self-employed health insurance:

Total premiums (excluding long-term care)....

16		66	
----	--	----	--

--	--

Long-term care premiums.....

26		76	
----	--	----	--

--	--

Student loan interest paid (1098-E, box 1).....

23		73	
----	--	----	--

--	--

Educator expenses (kindergarten thru grade 12)...

28		78	
----	--	----	--

--	--

Jury duty pay given to employer.....

43		93	
----	--	----	--

--	--

Expenses from rental of personal property.....

37		87	
----	--	----	--

--	--

Other adjustments to income:

19		69	
19		69	
19		69	

Alimony paid:

Taxpayer

Spouse

Recipient's first name....

39.____

89.____

Recipient's last name....

40.____

90.____

Recipient's SSN.....

41.____

91.____

Amount paid.....

18.____

2018 amt:

68.____

2018 amt:

24

2019	1040	US	Itemized Deductions
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Please enter all pertinent 2019 amounts and attach all 1098 forms.
Last year's amounts are provided for your reference.

MEDICAL AND DENTAL EXPENSES

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

	2019 Amount	TS	2018 Amount
Prescription medicines and drugs.....	4		
Doctors, dentists and nurses.....	5		
Hospitals and nursing homes.....	6		
Insurance premiums not entered elsewhere (excl. LT care & amts. paid w/pre-tax dollars).....	7		
Long-term care premiums - taxpayer.....	17		
Long-term care premiums - spouse.....	58		
Insurance reimbursement (enter as a positive number).....	8		
Lodging and transportation:			
Out-of-pocket expenses.....	9		
Medical miles driven.....	52		
Other medical and dental expenses:			
_____	10		
_____	10		
_____	10		

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

State income taxes - 1/19 payment on 2018 state estimate.....	11		
State income taxes - paid with 2018 state return extension.....	12		
State income taxes - paid with 2018 state return.....	13		
State income taxes - paid for prior years and/or to other state.....	14		
City/local income taxes - 1/19 payment on 2018 city/local estimate.....	211		
City/local income taxes - paid with 2018 city/local extension.....	212		
City/local income taxes - paid with 2018 city/local return.....	213		

SALES AND USE TAXES PAID

State and local sales taxes (except autos and special items).....	91		
Use taxes paid on 2019 purchases.....	92		
Use taxes paid with 2018 state return.....	96		
Sales tax on autos not included above.....	349		
Sales tax on boats, aircraft, other special items.....	93		

OTHER TAXES PAID

Real estate taxes - principal residence:

_____	15		
_____	15		

Real estate taxes - held for investment:

_____	16		
_____	16		
_____	16		

Personal property taxes (including auto fees in some states. Provide a copy of tax notice)...

Foreign income taxes.....	18		
Other taxes:	19		

_____	20		
-------	----	--	--

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2019

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US

Itemized Deductions (continued)

25 p2

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

INTEREST PAID

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

2019 Amount

TS

2018 Amount

	21		
	21		
	21		

Home mortgage interest not reported on Form 1098:

Payee's name	85.	
Payee's SSN or FEIN ..	86.	
Payee's street address ..	87.	
Payee's city	88.	
Payee's state	106.	
Payee's ZIP code	108.	
Payee's region	1350.	
Payee's postal code	1351.	
Payee's country	1352.	

Amount paid	22.	
-------------------	-----	--

Points not reported on Form 1098:

	23		
	23		
Mortgage insurance premiums on post 12/31/06 contracts (Box 4)	39		

Investment interest (interest on margin accounts):

	24		
	24		
Passive interest	27		

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

CASH CONTRIBUTIONS

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

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

Contributions by cash or check:

	32		
	32		
	32		
	32		
	32		
Volunteer expenses (out-of-pocket)	31		
Number of charitable miles	53		

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

Contributions by cash or check:

	41		
	41		
	41		
	41		
	41		
Volunteer expenses (out-of-pocket)	40		
Number of charitable miles	54		

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2019	1040	US	Itemized Deductions (continued)
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Please enter all pertinent 2019 amounts. Last year's amounts are provided for your reference.

NONCASH CONTRIBUTIONS

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

50% limitation (see above):

	2019 Amount	TS	2018 Amount
33			
33			
33			
33			

30% limitation (see above):

34			
34			
34			
34			

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

35			
35			
35			
35			

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

36			
36			
36			
36			

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

Union and professional dues

42			
----	--	--	--

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

43			
43			
43			
43			
43			
43			

Investment expense:

44			
44			
44			
44			
44			
44			

Tax return preparation fee

45			
----	--	--	--

Safe deposit box rental

46			
----	--	--	--

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

47			
47			
47			
47			
47			
47			

25	p3
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Please enter all pertinent 2019 amounts. Last year's amounts are provided for your reference.

OTHER MISCELLANEOUS DEDUCTIONS

Estate tax, section 691(c).....

Other miscellaneous deductions:

[illegible]

2019	1040	US	Itemized Deductions (continued)
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25 p5

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

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

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

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

	2019 Amount	TS	2018 Amount
Fair market value of the property on the date that the last debt was secured	493		
Home acquisition and grandfather debt on the date that the last debt was secured	494		

LOAN INFORMATION

Loan #1

Lender's name	820		
Form (see table)	416		
Number of form	417		
1=taxpayer, 2=spouse, blank=joint	496		
Interest paid	401		
Points paid	402		
Total principal paid	404		
Lump sum principal payment (if paid off)	403		
Months outstanding (if not 12)	405		
1=home acquisition debt incurred after 12/15/17	418		
Home acquisition debt balance - beginning of year	407		
Home acquisition debt borrowed in 2019	408		
Home equity debt balance - beginning of year	410		
Home equity debt borrowed in 2019	411		
Grandfather debt balance - beginning of year	413		

Loan #2

Lender's name	830		
Form (see table)	436		
Number of form	437		
1=taxpayer, 2=spouse, blank=joint	497		
Interest paid	421		
Points paid	422		
Total principal paid	424		
Lump sum principal payment (if paid off)	423		
Months outstanding (if not 12)	425		
1=home acquisition debt incurred after 12/15/17	438		
Home acquisition debt balance - beginning of year	427		
Home acquisition debt borrowed in 2019	428		
Home equity debt balance - beginning of year	430		
Home equity debt borrowed in 2019	431		
Grandfather debt balance - beginning of year	433		

Form

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

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2019 **1040** **US** **Itemized Deductions (continued)**

25 p5 cont

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

LOAN INFORMATION (continued)

Loan #3

	2019 Amount	TS	2018 Amount
Lender's name.....	840		
Form (see table).....	456		
Number of form.....	457		
1=taxpayer, 2=spouse, blank=joint.....	498		
Interest paid.....	441		
Points paid.....	442		
Total principal paid.....	444		
Lump sum principal payment (if paid off).....	443		
Months outstanding (if not 12).....	445		
1=home acquisition debt incurred after 12/15/17.....	458		
Home acquisition debt balance - beginning of year.....	447		
Home acquisition debt borrowed in 2019.....	448		
Home equity debt balance - beginning of year.....	450		
Home equity debt borrowed in 2019.....	451		
Grandfather debt balance - beginning of year.....	453		

Loan #4

Lender's name.....	850		
Form (see table).....	476		
Number of form.....	477		
1=taxpayer, 2=spouse, blank=joint.....	499		
Interest paid.....	461		
Points paid.....	462		
Total principal paid.....	464		
Lump sum principal payment (if paid off).....	463		
Months outstanding (if not 12).....	465		
1=home acquisition debt incurred after 12/15/17.....	478		
Home acquisition debt balance - beginning of year.....	467		
Home acquisition debt borrowed in 2019.....	468		
Home equity debt balance - beginning of year.....	470		
Home equity debt borrowed in 2019.....	471		
Grandfather debt balance - beginning of year.....	473		

Form

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

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Noncash Contributions (Form 8283)

26

If your total noncash contributions are in excess of \$500 in 2019, please complete the information below for each donee using the following guidelines:

* If you contributed a motor vehicle, boat, or airplane with a claimed value of more than \$500, attach Form 1098-C or other written acknowledgement received from the donee organization.

* A deduction for contributions of clothing or other household items that are not in *good* used condition or better is not allowed. In addition, a deduction for any item with minimal monetary value may be denied. However, these rules do not apply to any contribution of a single item for which a deduction of more than \$500 is claimed, if a qualified appraisal for the donated property is provided.

DONATED PROPERTY INFORMATION

No. <input type="text"/>	Name of charitable organization (donee).....	800		
	Street address.....	801		
	City.....	802		
	State.....	831		
	ZIP code.....	832		
	1=spouse, 2=joint.....	1		
	Property description (other than vehicle).....	803		
	Vehicle	Identification number (VIN).....	204	
		Year (yyyy).....	14	
		Make and model.....	829	
		Condition and mileage.....	830	
	Date of contribution (m/d/y).....	5		
	Date acquired by donor (m/y).....	6		
	How acquired by donor (Table 1 or describe).....	804		
	Donor's cost or basis.....	7		
Fair market value.....	8			
Method used to determine FMV (Table 2 or describe).....	805			

No. <input type="text"/>	Name of charitable organization (donee).....	800		
	Street address.....	801		
	City.....	802		
	State.....	831		
	ZIP code.....	832		
	1=spouse, 2=joint.....	1		
	Property description (other than vehicle).....	803		
	Vehicle	Identification number (VIN).....	204	
		Year (yyyy).....	14	
		Make and model.....	829	
		Condition and mileage.....	830	
	Date of contribution (m/d/y).....	5		
	Date acquired by donor (m/y).....	6		
	How acquired by donor (Table 1 or describe).....	804		
	Donor's cost or basis.....	7		
Fair market value.....	8			
Method used to determine FMV (Table 2 or describe).....	805			

1 How Property was Acquired 1 = Purchase 3 = Inheritance 2 = Gift 4 = Exchange	2 Method Used to Determine FMV 1 = Appraisal 3 = Catalog 2 = Thrift shop value 4 = Comparable sales For other methods, see IRS Pub. 561.
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26

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

DEPENDENT CARE EXPENSES (33.1)

	2019 Amount		2018 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Dependent care expenses incurred but not paid in 2019...	3	53		
Employer-provided benefits forfeited in 2019.....	6	56		

PERSONS AND EXPENSES QUALIFYING FOR DEPENDENT CARE CREDIT

No. <input style="width: 40px;" type="text"/>	First name.....	17	
	Last name.....	18	
	Title or suffix.....	24	
	Date of birth (m/d/y).....	22	
	Social security number.....	19	
	Qualified dependent care expenses incurred and paid in 2019.....	20	2018 amt:
	1=disabled.....	23	
	1=spouse, 2=joint.....	21	

No. <input style="width: 40px;" type="text"/>	First name.....	17	
	Last name.....	18	
	Title or suffix.....	24	
	Date of birth (m/d/y).....	22	
	Social security number.....	19	
	Qualified dependent care expenses incurred and paid in 2019.....	20	2018 amt:
	1=disabled.....	23	
	1=spouse, 2=joint.....	21	

PERSONS OR ORGANIZATIONS PROVIDING CARE (33.2)

No. <input style="width: 40px;" type="text"/>	Name of provider.....	10	
	Street address.....	11	
	City.....	12	
	State.....	26	
	ZIP code.....	27	
	Foreign region.....	28	
	Foreign postal code.....	29	
	Foreign country.....	30	
	Identification number (SSN or EIN).....	13	
	Amount paid to care provider in 2019.....	14	2018 amt:
	1=spouse, 2=joint.....	15	

33.1,33.2

2019

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US

Education Credits / Tuition Deduction

No.

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

STUDENT INFORMATION

1=taxpayer, 2=spouse

First name

Last name

Social security number

Number of years hope credit claimed

Number of prior years AOC claimed

1=student was NOT enrolled at least half-time for at least one academic period that began in 2019 (or the first 3 months of 2020 if the qualified expenses were made in 2019) at an eligible institution in a qualified program

1=student completed first four years of post-secondary education before 2019

1=student was convicted, before the end of 2019, of a felony for possession or distribution of a controlled substance

17		
12		
13		
14		
23		
35		
41		
32		
42		

EDUCATIONAL INSTITUTION ATTENDED (#1)

Name

Street address

City

State

ZIP code

1=2019 Form 1098-T was NOT received

1=2019 Form 1098-T received with Box 2 & 7 completed

1=2018 Form 1098-T received with Box 2 & 7 completed

Federal ID number from Form 1098-T

950		
951		
952		
953		
954		
243		
245		
244		
958		

EDUCATIONAL INSTITUTION ATTENDED (#2)

Name

Street address

City

State

ZIP code

1=2019 Form 1098-T was NOT received

1=2019 Form 1098-T received with Box 2 & 7 completed

1=2018 Form 1098-T received with Box 2 & 7 completed

Federal ID number from Form 1098-T

850.		
851.		
852.		
853.		
854.		
43.		
45.		
44.		
858.		

QUALIFIED EDUCATION EXPENSES

Qualified tuition & fees paid in 2019 (net of refund or assistance, & not entered elsewhere) ..

Books & supplies required to be purchased from institution

Books & supplies not entered above

Amount of prior year refund or assistance *

	2019 Amount	2018 Amount
16		
27		
28		
20		

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

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Additional Information

Please furnish any additional information or supporting details not provided elsewhere in this tax organizer.