

M.L. PERRY, CPA
2019 INDIVIDUAL TAX ORGANIZER

New Client(s) Existing Client(s)

(If you are a new client, please be sure to bring a copy of your prior year federal & state tax returns)

PERSONAL INFORMATION

	TAXPAYER	SPOUSE
Last name		
First name		
Middle initial and suffix	MI Suffix	MI Suffix
Social security number		
Occupation		
Work phone/extension		
Cell phone		
E-mail address		
Birthdates	MM/DD/YYYY	MM/DD/YYYY
Blind	Yes _____ No _____	Yes _____ No _____
Eligible to be claimed as a dependent on another return	Yes _____ No _____	Yes _____ No _____
Street address.....		Apartment number.....
City.....	State.....	Zip code.....
Home phone.....	Foreign country.....	

FILING STATUS

Single
 Married Filing Jointly
 Married, Filing Separately
 Check this box if you did not live with spouse at any time during the year.....
 Head of Household
 Widower

DEPENDENTS – Please list names of all dependents, regardless of age, who received more than half of their support from you. Do not list spouse.

Name of Dependents	MM/DD/YYYY Date of Birth	Social Security #	Months in your home in 2019	Full Time Student? (5 months or more)

CHILD OR DEPENDENT CARE EXPENES

Daycare Provider Name	EIN or Social Security Number	Street address, city, state, zip code	Amount Paid
			\$
			\$
			\$



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WAGES INCOME - Please enclose all W-2 Forms provided by your employer(s).

PARTNERSHIP, TRUST or S-CORPORATIONS K-1s – Provide complete K-1 copies

PENSION, IRA & ANNUITY INCOME – Please include any 1099 Forms you received (1099-R)

INTEREST INCOME - Please include any 1099 Forms you received (1099-INT)

Name of Payer	Gross Amount Received

DIVIDEND INCOME - Please include any 1099 Forms you received (1099-DIV)

Name of Payer	Gross Amount Received

OTHER INCOME - Please include any 1099 Forms you received

	Amount
Alimony Received	
Commissions and Fees	
Gambling Income	
Jury Duty	
Prizes and Awards	
Social Security	
Tax Refunds (State and Local)	
Unemployment	
Royalties	
Other	

STOCK OR PROPERTY SALES –Please enclose broker statements, Form 1099-B, or Real Estate transaction papers.

Name of Stock or Property Description	Number of Shares	Date Acquired	Date Sold	Amount of Sales Price	Cost or Other Basis	Expense of Sale	

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RENTAL PROPERTY INCOME AND EXPENSES			
	<i>Property A</i>	<i>Property B</i>	<i>Property C</i>
Rental Income Received			
Expenses:			
Advertising			
Auto and Travel			
Cleaning and Maintenance			
Commissions			
Insurance			
Professional Fees			
Management Fees			
Mortgage Interest Paid			
Other Interest			
Plumbing and Electrical			
Repairs			
Supplies			
Real Estate Taxes			
Utilities (Gas, Electric, Water, Oil)			
Depreciation (discuss with tax consultant)			

What type of property is the rental (i.e. multi-family, duplex, single family, warehouse, etc.)?			
Number of days the property was rented?			
Number of days the property was used personally?			
Number of days the property was vacant?			
When did you purchase the rental property mm/yy?			
How much did the rental property cost?			

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SELF-EMPLOYED BUSINESS INCOME AND EXPENSES

GENERAL INFORMATION

Principal Business / Profession	
Business Name	
Business Address	
City, State, Zip Code	
Employer Identification Number [EIN]	
Taxpayer, Spouse or Joint Ownership	
Did you issue 1099s or W2s for 2019	

INCOME

Gross Receipts	

EXPENSES	Amount	Amount
Advertising		Professional Services
Accounting Services		Contract Labor (1099)
Bad Debts		Pension / Profit Sharing Plans
Commissions		Interest:
Continuing Education / Training		Bank Loans
Dues & Memberships		Credit Cards
Employee Benefit Programs		Vehicle Loans
Insurance (other than health) liability, etc.		Other
Legal Fees		Rent or Lease:
Consultants		Machinery & Equipment
Supplies		Office Space
Meals *		Other Business Property
Telephone		Cost of Goods Sold:
Wages (W-2)		Inventory (Beginning of Year)
Employer Taxes		Purchases of Goods
Occupational License		Inventory (End of Year)
Repairs, Maintenance		Away from Home Expenses:
Storage, Warehousing		Airfare
Utilities		Auto rental, bus, shuttle, taxi, train
Postage & Shipping		Lodging
Printing & Reproduction		Meals
Internet & Website Hosting		AUTO
Dues & Memberships		Total Miles Driven
Business Gifts		Business Miles Driven
Publications & Journals		Tolls & Parking
Office Expense		

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Expenses: Home Office

To qualify for the office in the home deduction, your space must be used regularly and EXCLUSIVELY to meet with clients, perform administrative tasks or other business activity. It need not be an entire room, but the space must be used only for the business and not used by others or you for something other than business activities. For instance, if your children use the office computer for homework, then it's not exclusive. If you cut hair in your kitchen, it's not exclusive if you also eat there. Daycare care operations do not need to be exclusive; they are an exception to the exclusivity rule.

Business or activity for which you have an office	Total area of the house or apartment (square feet)	Business portion (square feet)	Business Percentage

Annual Rent	
Mortgage Interest (homeowners)	
Annual Real Estate Taxes	
Annual Renter or Homeowner Insurance Premiums	
Repairs and Maintenance	
Gas & Electric	
Water, Sewer, Garbage	
Security	

ESTIMATED TAX PAYMENTS

Federal	Amount Paid	Date Paid
Overpayment applied from 2018		
1 st Quarter Payment (due 4/18/19)		
2 nd Quarter Payment (due 6/15/19)		
3 rd Quarter Payment (due 9/15/19)		
4 th Quarter Payment (due 1/16/20)		
Additional Estimated Tax Payments		
State	Amount Paid	Date Paid
Overpayment applied from 2018		
1 st Quarter Payment (due 4/18/19)		
2 nd Quarter Payment (due 6/15/19)		
3 rd Quarter Payment (due 9/15/19)		
4 th Quarter Payment (due 1/16/20)		
Additional Estimated Tax Payments		

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HEALTH INSURANCE PREMIUMS AND MEDICAL EXPENSES PAID WITH PRE-TAX DOLLARS (CAFETERIA PRE-TAX MEDICAL -CAFETERIA PLANS, HEALTH SAVINGS ACCOUNTS, (ETC.) ARE NOT DEDUCTIBLE.

DEDUCTIONS – MEDICAL AND DENTAL EXPENSES		Un-Reimbursed Amount
List All Expenses		
Prescription Drugs and Insulin		
Doctors, Dentist, Specialist		
Acupuncture & Chiropractic Care		
Eye exam, Glasses, Contact lenses		
Hearing Aids & Batteries		
Hospitals		
Insurance Premiums Paid for Medical and Dental Care		
Transportation Expense or Vehicle Miles for Medical Purposes		
Other (List below - dentures, braces, wheelchairs, walker, crutches, oxygen equipment, etc.)		
DEDUCTIONS – TAXES		Amount
Real Estate Tax-Primary Residence		
Real Estate Tax – 2 nd Home		
Personal Property Tax		
Automobile Tags		
Sales or Excise Tax on a New Vehicle, Boat		
Other		
DEDUCTIONS – INTEREST		Amount
1 st Home Mortgage Interest paid to Financial Institutions (Form 1098)		
2 nd Home Mortgage Interest paid or Line of Credit		
Home Mortgage Interest paid to Individuals (show name and address)		
Home Mortgage Insurance Premiums paid (For policy issued after 1-1-07)		
DEDUCTIONS – CONTRIBUTIONS		Amount
Cash Contributions - House of Worship (Church), Temple, Mosque, Parrish		
United Way, Market Street Mission, American Cancer Society		
American Red Cross, YMCA, World Vision, American Heart Association		
YMCA, Feed the Children, Special Olympics, Habitat for Humanity		
Other		
Non-Cash Contributions - Clothing & Household Items		
(Provide donee acknowledgement letter indicating organization name, address & date)		
Total Charitable Miles Driven _____		

ALIMONY

	Amount
Recipient's First Name	
Recipient's Last Name	
Recipient's SSN	

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COLLEGE TUITION (enclose a copy of **form 1098-T** and all additional costs)

Name of Student	Tuition & Fees	Name of School	Classification (Circle)
			Fr-So-Jr-Sr-Other
			Fr-So-Jr-Sr-Other
			Fr-So-Jr-Sr-Other

STUDENT LOAN INTEREST (enclose a copy of form 1098E)	AMOUNT

Please answer the following questions and submit details for any question answered "Yes":

	<u>YES</u>	<u>NO</u>
1. Did you receive income from any legal proceedings, cancellation of student loans or other indebtedness during the year? If yes, provide details.	_____	_____
2. Did you make any gifts during the year directly or in trust exceeding \$15,000 per person? (\$30,000 for joint gifts by a married couple)	_____	_____
3. Did you have any interest in, or signature, or other authority over a bank, securities, or other financial account in a <i>foreign country over \$10,000</i> ?	_____	_____
4. Were you the grantor, transferor or beneficiary of a foreign trust?	_____	_____
5. Were you a resident of, or did you have income in, more than one state during the year?	_____	_____
6. Do either you or your spouse have any outstanding child or spousal support payments or federal debt?	_____	_____
7. Did you "convert" IRA funds into a Roth IRA? If yes, provide details. (Form 1099R)	_____	_____
8. Did you receive any disability payments this year?	_____	_____
9. Did you sell and/or purchase a principal residence or other real estate? If yes, provide settlement sheet (HUD-1) and Form 1099-S.	_____	_____
10. During this year, do you have any securities that became worthless or loans that became uncollectible?	_____	_____
11. Did you receive unemployment compensation? If yes, provide Form 1099-G.	_____	_____
12. Did you have foreign income, pay any foreign taxes, or file any foreign information reporting or tax return forms? Provide details.	_____	_____
13. Did you or your spouse at any time during the year hold an interest in a foreign financial asset?	_____	_____
14. If you or your spouse has self-employment income, did you pay any health insurance premiums or long-term care premiums? If yes how much? \$_____	_____	_____

15. Were you granted or did you exercise any stock options? If yes, provide details. _____
16. Were you granted any restricted stock? If yes, provide details. _____
17. Did you start or operate a business during the year? (If yes see page 6) _____
18. Did you purchase or own rental property? (If yes see page 5) _____
19. Did you acquire any interests in partnerships, LLCs, S corporations, estates or trusts this year? _____
20. Do you have records to support travel, entertainment, or gift expenses? The law requires that adequate records be maintained for travel, entertainment, and gift expenses. The documentation should include amount, time and place, date, business purpose, description of gift(s) (if any), and business relationship of recipient(s). _____
21. Did you ever receive the First-Time Homebuyer's Credit for a home? If yes, explain in the note section _____
22. Are you a National Guard member or an Armed Forces Reservist and travel more than 100 miles and stay overnight to fulfill your duty? _____
23. Has your will or trust been updated within the last three years? _____
24. Did you incur expenses as an elementary or secondary educator? If so, how much? _____
25. Did you make any energy-efficient improvements (remodel or new construction) to your home? _____
26. Did you receive an Identity protection PIN from the Internal Revenue Service or have you been the victim of identity theft? _____

CONTRIBUTIONS TO RETIREMENT PLANS	TAXPAYER	SPOUSE
Are you covered by a qualified retirement plan? (Y/N)		
Do you want to make the maximum deductible IRA contribution? (Y/N)		
IRA payments made for this return	\$	\$
IRA payments made for this return for nonworking spouse	\$	\$
Do you want to make an IRA contribution even if part or all of it may not be deducted? (Y/N) If yes, provide copy of latest Form 8606 filed.		
Have you made or do you want to make a Roth IRA contribution? (Y/N) If yes, provide Roth IRA payments made for this return.	\$	\$
Do you want to make the maximum allowable Keogh/SEP/SIMPLE IRA contribution? (Y/N)		
Keogh/SEP/SIMPLE IRA payments made for this return	\$	\$
Date Keogh/SIMPLE IRA Plan established		

SALE/PURCHASE OF PERSONAL RESIDENCE

Provide closing statements (HUD-1) on purchase and sale of old residence and purchase of new residence.

DATE	Description	Amount

RESIDENCE CHANGE

If you changed residences during the year, provide period of residence in each location.

Residence #1 _____ From ___ / ___ / ___ To ___ / ___ / ___

Residence #2 _____ From ___ / ___ / ___ To ___ / ___ / ___

NEW JERSEY VETERANS

You are eligible for a \$3,000 exemption on your Income Tax return if you are a military veteran who was honorably discharged or released under honorable circumstances from active duty in the Armed Forces of the United States on or any time before the last day of the tax year. Your spouse (or civil union partner) is also eligible for an exemption if he/she is a veteran who was honorably discharged or released under honorable circumstances and you are filing a joint return. This exemption is in addition to any other exemptions you are entitled to claim and is available on both the resident and nonresident returns. You cannot claim this exemption for a domestic partner or for your dependents.

You must provide official documentation showing that you were honorably discharged or released under honorable circumstances from active duty the first time you claim the exemption. The most common form of documentation provided is a copy of your Certificate of Release or Discharge from Active Duty, DD-214

Are you a NJ Veteran? Y/N

Were you honorably discharged? Y/N

REFUND DEPOSIT

If you receive a refund, would you like to have it directly deposited into your account? Yes ___ No ___
(The IRS will allow you to deposit your federal tax refund into up to three different accounts. If so, please provide the following information.)

Owner of account Taxpayer Spouse Joint

Type of account Checking Traditional Savings

Name of Financial Institution	
Routing Transit Number	
Account Number	



NOTES / COMMENTS
