

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



YES

NO

PERSONAL INFORMATION

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

Were there any changes in dependents?

Were any of your unmarried children who might be claimed as dependents 19 years of age or older (or 24 years or older if student) 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 \$1,100, or total investment income in excess of \$2,200?

HEALTH CARE COVERAGE

Did you receive IRS document Form 1095-A (Health Insurance Marketplace Statement), if so, please attach.

INCOME

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?

PURCHASES, SALES AND DEBT

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

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

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

Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan?

Did you make any residential energy-efficient improvements or purchases involving solar, wind, geothermal or fuel cell energy sources?

Did you have any debts cancelled or forgiven?

Does anyone owe you money which has become uncollectible?

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Miscellaneous Questions (continued)

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.

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	RETIREMENT PLANS
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a distribution from a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?
<input type="checkbox"/>	<input type="checkbox"/>	Did you make a contribution to a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?
<input type="checkbox"/>	<input type="checkbox"/>	Did you transfer or rollover any amount from one retirement plan to another retirement plan?
		EDUCATION
<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
<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)?
		ESTIMATED TAXES
<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?
		MISCELLANEOUS
<input type="checkbox"/>	<input type="checkbox"/>	Do you want to allocate \$3 to the Presidential Election Campaign Fund?
<input type="checkbox"/>	<input type="checkbox"/>	Does your spouse want to allocate \$3 to the Presidential Election Campaign Fund?
<input type="checkbox"/>	<input type="checkbox"/>	May the IRS discuss your tax return with your preparer?
<input type="checkbox"/>	<input type="checkbox"/>	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?

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Miscellaneous Questions (continued)

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.

YES	NO	MISCELLANEOUS (continued)
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust?
<input type="checkbox"/>	<input type="checkbox"/>	Was your home rented out or used for business?
<input type="checkbox"/>	<input type="checkbox"/>	Did you have a medical savings account (MSA), a Medicare Advantage MSA, or acquire an interest in an MSA or a Medicare Advantage 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?
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a distribution from an Achieving a Better Life Experience (ABLE) savings account?
<input type="checkbox"/>	<input type="checkbox"/>	Are you a member of the Armed Forces of the United States on active duty who moved pursuant to a military order related to a permanent change of station?
<input type="checkbox"/>	<input type="checkbox"/>	Did you engage the services of any household employees?
<input type="checkbox"/>	<input type="checkbox"/>	Were you notified or audited by either the Internal Revenue Service or the State taxing agency?
<input type="checkbox"/>	<input type="checkbox"/>	Did you or your spouse make any gifts to an individual that total more than \$15,000, or any gifts to a trust?
<input type="checkbox"/>	<input type="checkbox"/>	Did your bank account information change within the last twelve months?
<input type="checkbox"/>	<input type="checkbox"/>	At any time during 2019, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?

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Miscellaneous Questions

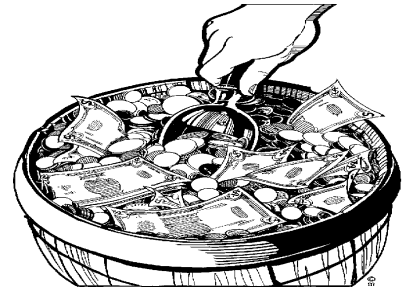
If any of the following items pertain to you or your spouse for 2019, please check the appropriate box and provide additional information if necessary.

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Did your marital status change during the year?
<input type="checkbox"/>	<input type="checkbox"/>	Did your address change during the year?
<input type="checkbox"/>	<input type="checkbox"/>	Could you be claimed as a dependent on another person's tax return?
<input type="checkbox"/>	<input type="checkbox"/>	Were there any changes in dependents?
<input type="checkbox"/>	<input type="checkbox"/>	Did you and your dependents have health care coverage for the full-year?
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive an IRS document 1095-A (Health Insurance Marketplace Statement)? If so, please attach.
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive unreported tip income of \$20 or more in any month?
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any disability income?
<input type="checkbox"/>	<input type="checkbox"/>	Did you buy or sell any stocks, bonds or other investment property?
<input type="checkbox"/>	<input type="checkbox"/>	Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan?
<input type="checkbox"/>	<input type="checkbox"/>	Did you make any residential energy-efficient improvements or purchases involving solar, wind, geothermal or fuel cell energy sources?
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a distribution from or make a contribution to a retirement plan (401(k), IRA, etc.)?
<input type="checkbox"/>	<input type="checkbox"/>	Did you transfer or rollover any amount from one retirement plan to another?
<input type="checkbox"/>	<input type="checkbox"/>	Did you convert part or all of your traditional/SEP/SIMPLE IRA to a Roth IRA?
<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?
<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 use your car on the job (other than to and from work)?
<input type="checkbox"/>	<input type="checkbox"/>	May the IRS discuss your tax return with your preparer?
<input type="checkbox"/>	<input type="checkbox"/>	Was your home rented out or used for business?
<input type="checkbox"/>	<input type="checkbox"/>	Were you notified or audited by either the IRS or the State taxing agency?

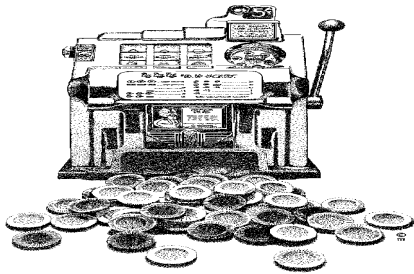
OTHER INCOME

- 1. State tax refund * (1099G) \$ _____
- 2. Alimony received \$ _____

- 3. Individual Retirement Account Taxpayer Spouse
- Account distribution (1099R) ... \$ _____ \$ _____
- Amount of rollover (1099R) \$ _____ \$ _____



- 4. Pension & Annuity income (1099R) \$ _____ \$ _____



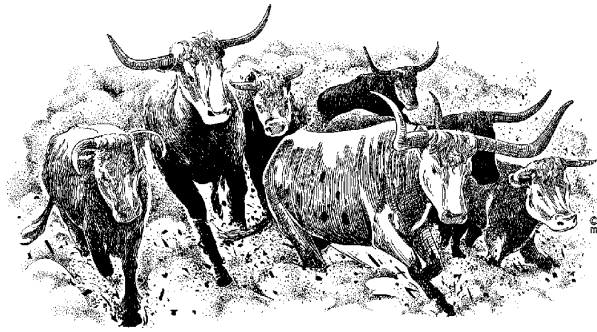
- 5. Gambling income (W-2G) \$ _____
- Memo: Gambling losses \$ _____

- | | <u> Taxpayer </u> | <u> Spouse </u> |
|-------------------------------------------------|-------------------------|-----------------------|
| 6. Unemployment compensation * (1099G) | \$ _____ | \$ _____ |
| 7. Social Security benefits * (SSA1099) | \$ _____ | \$ _____ |
| 7a. Social Security Medical (SSA1099) | \$ _____ | \$ _____ |
| 8. Other income: give description | | |
| _____ | \$ _____ | \$ _____ |
| 9. Partnerships, Estates & Trusts * (K-1) | \$ _____ | \$ _____ |
| 10. Installment sale collection | \$ _____ | \$ _____ |

	<u> Federal </u>	<u> State </u>
Memo: withholding on any of the above items	\$ _____	\$ _____

* Please attach all supporting documents. Thank you.

 Accountant's Use Only



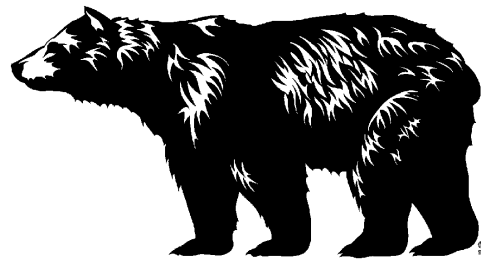
CAPITAL GAINS & LOSSES

*(1099-B and/or 1099-S
Brokerage Statement)*

Description of Property	Date acquired	Date Sold	Sales price (gross or net)	Cost or basis	Sales expense (if gross sales price entered)	Gain or (Loss)
		/ /19				
		/ /19				
		/ /19				
		/ /19				
		/ /19				
		/ /19				
		/ /19				
		/ /19				
		/ /19				
		/ /19				
		/ /19				

Were any of the above business assets?

Yes No



SCH D/4797

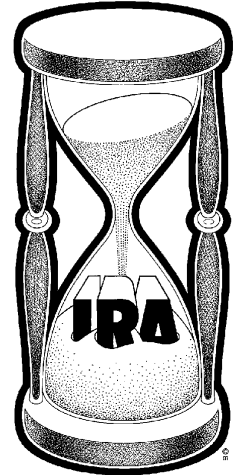
Accountant's Use Only

 F

 S

Capital Loss C/O _____

ADJUSTMENTS TO INCOME



1 Individual Retirement Account contributions

 Taxpayer Spouse

Were you an active participant in an employer or self-employed pension, profit sharing or stock bonus plan, or a tax sheltered annuity at any time during the year?

Yes No Yes No

Would you like to make an IRA contribution?

Yes No Yes No

2 Would you like to make a Roth IRA contribution?

Yes No Yes No

3 Moving expenses \$ _____

4 Penalty on early withdrawal of savings \$ _____

5 Alimony paid \$ _____

6 If self-employed,

 Taxpayer Spouse

a. Health insurance \$ _____ \$ _____

b. Retirement contributions, KEOGH, ROTH or SEP IRA \$ _____ \$ _____

7 Student interest expenses (1098-E) \$ _____ \$ _____

ADJ TO INC

Accountant's Use Only

Doctors: Medical & Dental;
 Prescriptions, hospital, etc. \$ _____



		1st Home	2nd Home
Mortgage Interest: (1098)	1st	\$ _____	\$ _____
	2nd	\$ _____	\$ _____
	3rd	\$ _____	\$ _____
Property Taxes		\$ _____	\$ _____

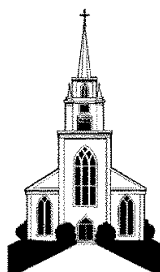
Charitable Deductions:

Cash/checks \$ _____

Non Cash* \$ _____

Charitable Miles _____ @ 14¢ per mile

*If non cash over \$500, more details are necessary
 (i.e.: what was donated, when, etc.)



Moving expenses for new job: \$ _____

Moving miles for new job: _____ @20¢ Jan. - Dec.

MISCELLANEOUS DEDUCTIONS

Unreimbursed employee expense \$ _____

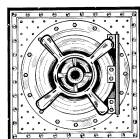
Job Hunting Expense \$ _____

Union dues \$ _____

Safety deposit box \$ _____

Tax preparation fee \$ _____

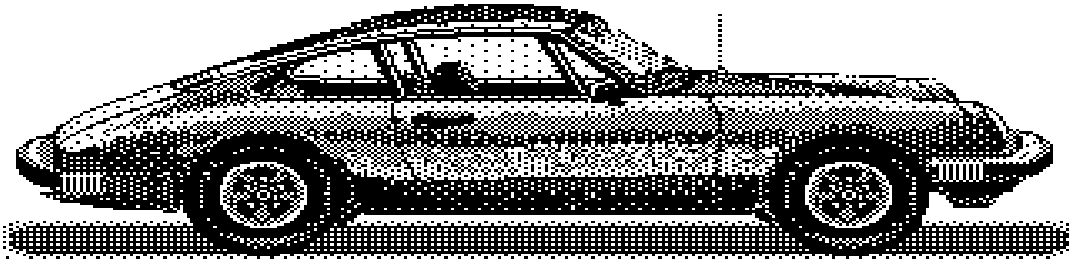
Investment advisory fee \$ _____



SCH A

Accountant's Use Only

AUTOMOBILE DEDUCTION



Please make a copy and fill out for each auto used for business.

Make and year of auto _____ When purchased or placed into business use _____

DMV fees \$ _____

- Did you use your automobile for business or do you have unreimbursed employee travel? Yes No

If yes, continue...

- Do you have written evidence to support your deduction? Yes No

- Is this a leased car? Yes No Memo: _____

For mileage incurred between January thru December, the rate is 58¢ per mile:

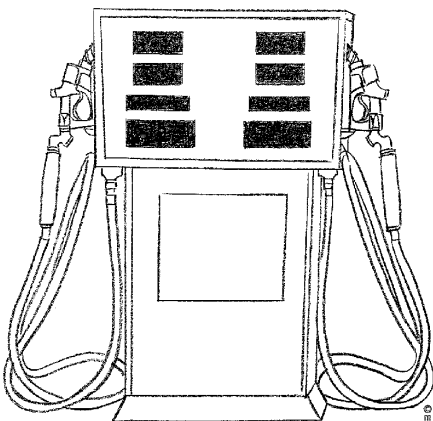
- Total Miles: January - December _____ (100%)

DETAIL

Mileage / Percentage Used: Business _____ : _____ %

Mileage / Percentage Used: Personal _____ : _____ %

Mileage / Percentage Used: Commuting _____ : _____ %



Auto Club	\$ _____
Car washes	\$ _____
Gasoline, lube, oil	\$ _____
Repairs	\$ _____
Tires	\$ _____
Insurance	\$ _____
Interest	\$ _____
Parking Fee	\$ _____
Miscellaneous	\$ _____

Sch A 2106/Sch. C Auto

Accountant's Use Only

CREDITS

Credit for foreign taxes paid \$ _____

Low income housing credit \$ _____

Credits - other \$ _____



Credit for child and dependent care expenses

Person or organization providing care:

1 Name _____
Street _____
City, St, Zip _____
SS./Tax ID# _____
Telephone # _____
Amt. Paid \$ _____

2 Name _____
Street _____
City, St, Zip _____
SS./Tax ID# _____
Telephone # _____
Amt. Paid \$ _____

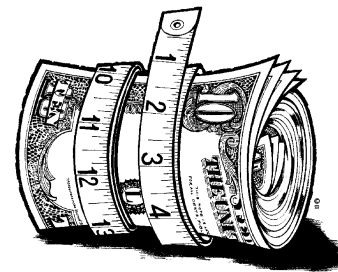
3 Name _____
Street _____
City, St, Zip _____
SS./Tax ID# _____
Telephone # _____
Amt. Paid \$ _____



4 Name _____
Street _____
City, St, Zip _____
SS./Tax ID# _____
Telephone # _____
Amt. Paid \$ _____

Foreign Tax CR-1116

Accountant's Use Only



Tax Payments & Estimates 2019

QUARTERLY ESTIMATES

Due Date	Description	F=Federal S=State	Date Paid	Fed. Amt.	State Amt.
4/15/2019	1st Estimate	F			
		S			
6/17/2019	2nd Estimate	F			
		S			
9/16/2019	3rd Estimate	F			
		S			
1/3/2020	4th State, if early	S		N/A	
1/15/2020	4th Estimate	F			
		S			

Pymts

Accountant's Use Only

Sch A Est. Tax

**The following schedules
are for those
who have
Business or Rental
Property**

BUSINESS INCOME

GENERAL INFORMATION:

Principal business/profession: _____

Business name: _____

Business address: _____

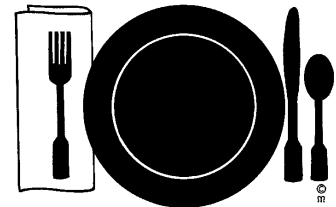
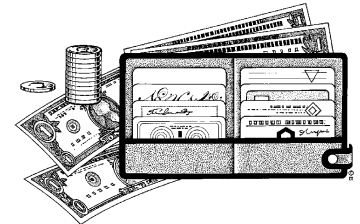
Business city, state, zip: _____

Taxpayer Spouse

Sales (1099 Misc) \$ _____
 Cost of goods sold (if applicable) \$ _____
 Inventory at end of year \$ _____
 Gross profit \$ _____

EXPENSES

Advertising \$ _____
 Bad debts \$ _____
 Car and truck expenses \$ _____
 Commissions \$ _____
 Continuing education \$ _____
 Dues and subscriptions \$ _____
 Insurance (other than health) \$ _____
 Other interest \$ _____
 Legal and professional \$ _____
 Office expense \$ _____
 Internet. \$ _____
 Rent - Vehicles, Machinery & Equipment \$ _____
 Rent - other business property \$ _____
 Repairs \$ _____
 Supplies \$ _____
 Taxes - Real Estate \$ _____
 Taxes - other \$ _____
 Telephone \$ _____
 Travel \$ _____
 Total Entertainment \$ _____
 Total Meals \$ _____
 Reduction if other than 50% of above \$ _____
 Utilities \$ _____
 Wages \$ _____
 Other expenses:
 _____ \$ _____
 _____ \$ _____
Total Expenses \$ _____
Net Income \$ _____



Do you use your office at home, as your "office" for tax deduction purposes? Yes No

(If we have the proration from last year, write: see last year).

Sch C

Accountant's Use Only

To be further discussed:

Total Square Feet _____ %

Business Square Feet _____ %

Other _____ %

Total 100%

Home office expenses

Rent \$ _____

Repairs \$ _____

Utilities \$ _____

Other _____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

.....
Sch C

Accountant's Use Only

RENTAL & ROYALTY INCOME

GENERAL INFORMATION:

Kind of property: _____
 Location of property: _____

INCOME

Rents received \$ _____
 Royalties received \$ _____

EXPENSES

Advertising \$ _____
 Association dues \$ _____
 Auto and travel \$ _____
 Cleaning and maintenance \$ _____
 Commissions \$ _____
 Dues and subscriptions \$ _____
 Gardening \$ _____
 Insurance \$ _____
 Legal and Professional fees \$ _____
 Licenses and permits \$ _____
 Management fees \$ _____
 Miscellaneous \$ _____
 Mortgage Interest (paid to banks, etc.) \$ _____
 Other interest \$ _____
 Painting and decorating \$ _____
 Pest control \$ _____
 Plumbing and electrical \$ _____
 Repairs \$ _____
 Supplies \$ _____
 Taxes - Real estate \$ _____
 Taxes - Other \$ _____
 Telephone \$ _____
 Utilities \$ _____
 Wages and salaries \$ _____
 Other expenses:
 _____ \$ _____
 _____ \$ _____
Total Expenses \$ _____
Net Income \$ _____

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 SCH E

Accountant's Use Only

ASSET ACQUISITION

If you purchased any business assets (furniture, equipment, vehicles, real estate, etc.) or converted any assets to business use in 2019, please enter all pertinent information below.

Prop. No.	Description of Property	Related Business or activity	Date Placed in Service	Cost or Basis

ASSET DISPOSITION

If you disposed of any business assets in 2019, please enter all pertinent information below.

Prop. No.	Description of Property	Date Sold	Sales Price	Expenses of Sale