

WAHL, WILLEMSE & WILSON, LLP
CERTIFIED PUBLIC ACCOUNTANTS
2019 TAX ORGANIZER

FILING STATUS			<p style="text-align: center;"><u>Filing Status</u></p> <p>1 = Single 2 = Married filing joint 3 = Married filing separate 4 = Head of household 5 = Qualifying widow(er)</p> <p>Please note if taxpayer or spouse is blind</p>
FILING STATUS (See table)			
MARRIED FILING SEPARATE AND LIVED WITH SPOUSE?			
SPOUSE'S DATE OF DEATH (mm/dd/yy), IF QUALIFYING WIDOW(ER) - 2018 or 2019			
TAXPAYER INFORMATION	TAXPAYER	SPOUSE	
FIRST NAME AND MIDDLE INITIAL			
LAST NAME			
TITLE/SUFFIX			
SOCIAL SECURITY NUMBER			
OCCUPATION			
DATE OF BIRTH (mm/dd/yy)			
ADDRESS INFORMATION			
STREET ADDRESS			
APARTMENT NUMBER			
CITY			
STATE			
ZIP CODE			
TELEPHONE INFORMATION			
HOME PHONE			
WORK PHONE			
WORK EXTENSION			
CELL PHONE			
FAX NUMBER			
E-MAIL ADDRESS			
DEPENDENT INFORMATION	DEPENDENT #1	DEPENDENT #2	<p style="text-align: center;"><u>Type of Dependent</u></p> <p>1 = Child at home 2 = Child not at home 3 = Dependent other than child 4 = HOH only, not a dependent 5 = EIC only, not a dependent</p> <p>Please note if dependent is a student &/or disabled</p>
FIRST NAME			
LAST NAME			
TITLE/SUFFIX			
DATE OF BIRTH (mm/dd/yy)			
SOCIAL SECURITY NUMBER			
RELATIONSHIP			
MONTHS LIVED AT HOME			
TYPE OF DEPENDENT (See table)			
CLAIMED BY: 1 = TAXPAYER, 2 = SPOUSE			
DEPENDENT INFORMATION (CONTINUED)	DEPENDENT #3	DEPENDENT #4	
FIRST NAME			
LAST NAME			
TITLE/SUFFIX			
DATE OF BIRTH (mm/dd/yy)			
SOCIAL SECURITY NUMBER			
RELATIONSHIP			
MONTHS LIVED AT HOME			
TYPE OF DEPENDENT (See table)			
CLAIMED BY: 1 = TAXPAYER, 2 = SPOUSE			
DEPENDENT INFORMATION (CONTINUED)	DEPENDENT #5	DEPENDENT #6	
FIRST NAME			
LAST NAME			
TITLE/SUFFIX			
DATE OF BIRTH (mm/dd/yy)			
SOCIAL SECURITY NUMBER			
RELATIONSHIP			
MONTHS LIVED AT HOME			
TYPE OF DEPENDENT (See table)			
CLAIMED BY: 1 = TAXPAYER, 2 = SPOUSE			

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		QUESTIONNAIRE
YES	NO	PERSONAL INFORMATION
		1 Did your marital status change during the year?
		2 Did your address change during the year?
		3 Could you be claimed as a dependent on another person's tax return for 2019?
		<u>DEPENDENTS</u>
		4 Were there any changes in dependents?
		5 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?
		6 Did you have any children under age 19 or full-time students under age 24 at the end 2019, with interest and dividend income in excess of \$1,100 or total investment income in excess of \$2,200?
		<u>HEALTHCARE COVERAGE</u>
		7 Did you receive IRS document Form 1095-A (Health Insurance Marketplace Statement)? If so please attach.
		<u>INCOME</u>
		8 Did you receive any unreported tip income of \$20 or more in any month?
		9 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 dependent(s)?
		10 Did you receive any disability income?
		11 Did you have any foreign income or pay any foreign taxes?
		<u>RETIREMENT PLANS</u>
		12 Did you receive a distribution from a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?
		13 Did you transfer or rollover any amount from one retirement plan to another retirement plan?
		14 Did you contribute to a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?
		<u>PURCHASES, SALES AND DEBT</u>
		15 Did you start a business or farm, purchase rental or royalty property, or acquire an interest in a partnership, S Corporation, Trust, or REMIC?
		16 Did you purchase or dispose of any business assets (furniture, equipment, vehicles, real estate, etc.), or convert any personal assets to business use?
		17 Did you buy or sell any stocks, bonds or other investment property?
		18 Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan?
		19 Did you make any residential energy-efficient improvements or purchases involving solar, wind, geothermal, or fuel cell energy sources?
		20 Does anyone owe you money which has become uncollectible?
		21 Did you have any debts cancelled or forgiven?
		<u>ITEMIZED DEDUCTIONS</u>
		22 Did you incur a loss because of damaged or stolen property?
		23 Did you work out of town for part of the year?
		24 Did you use your car on the job (other than to and from work)?
		<u>EDUCATION</u>
		25 Did you receive a distribution from an Education Savings Account or a Qualified Tuition Program?
		26 Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school? If so, attach form 1098-T (required).
		<u>MISCELLANEOUS</u>
		27 Do you want to electronically file your tax return?
		28 Do you want to allocate \$3 to the Presidential Election Campaign Fund?
		29 Does your spouse want to allocate \$3 to the Presidential Election Campaign Fund?
		30 May the IRS discuss your tax return with your preparer?
		31 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?
		32 Did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust?
		33 Was your home rented out or used for business?

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QUESTIONNAIRE (CONTINUED)

YES	NO	MISCELLANEOUS (CONTINUED)
		34 Did you have a medical savings account (MSA), a Medicare + Choice 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?
		35 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?
		36 Did you engage the services of any household employees?
		37 Were you notified or audited by either the Internal Revenue Service or the State taxing agency?
		38 Did your bank account information change within the last twelve months?
		39 Did you or your spouse make any gifts to an individual that total more than \$15,000, or any gifts to a trust?
		40 At any time during 2019, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?

2019 ESTIMATED TAXES PAID	FEDERAL		STATE	
	Amt Paid	Date Paid	Amt Paid	Date Paid
Overpayment Applied From 2018				
1ST Quarter Payment (Due 04/17/19)				
2ND Quarter Payment (Due 06/15/19)				
3RD Quarter Payment (Due 09/17/19)				
4TH Quarter Payment (Due 01/15/20)				

APPLICATION OF OVERPAYMENT	YES	NO
If you have an overpayment of taxes, do you want the excess refunded? Or applied to your 2020 estimates?		

DIRECT DEPOSIT OF REFUND	
Direct Deposit of Federal or State Tax Refund into Bank Account? (YES/NO)	
Name of Bank	
Routing Transit Number (9 digit # beginning with 01 thru 12 or 21 thru 32)	
Depositor Account Number (up to 17 characters)	
Type of account: Savings or Checking	

2020 ESTIMATED TAX INFORMATION	YES	NO
Do you expect your 2020 taxable income to be different from 2019? If "Yes" explain the differences in income, deductions, dependents, etc: _____		
Do you expect your 2020 withholdings to be different from 2019? If "Yes" explain any differences: _____		

MISCELLANEOUS INCOME - Attach ALL 1099-G, 1099-MISC, SSA-1099, 1099-B, 1099-S, and RRB-1099 forms.	TAXPAYER	SPOUSE
1099-G - State Tax Refunds		
SSA-1099 (box 5) - Social Security Benefits		
SSA-1099 - Medicare Premiums Paid		
RRB-1099 (box 5) - Tier 1 RR retirement benefits		
1099-G - Unemployment Compensation		
1099-B - Sales of Stock (also include transaction history)		
1099-S - Sales of real estate (also include closing statements)		
Alimony Received		
Taxable Scholarships and Fellowships		
Jury Duty Pay		
Household Employee Income not on W-2		
Income from rental of personal property		
Excess minister's allowance		
1099-MISC - Income Subject to S/E Tax: _____		
1099-MISC (box 3) - Other income: _____		

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ITEMIZED DEDUCTIONS	
MEDICAL AND DENTAL EXPENSES (Subject to AGI limits)	AMOUNT
PRESCRIPTION MEDICINES AND DRUGS	
DOCTORS, DENTISTS AND NURSES	
HOSPITALS AND NURSING HOMES	
INSURANCE PREMIUMS (excluding Long-Term Care & amounts paid with pre-tax dollars)	
LONG-TERM CARE PREMIUMS - taxpayer	
LONG-TERM CARE PREMIUMS - spouse	
INSURANCE REIMBURSEMENT (enter as a positive number)	
LODGING AND TRANSPORTATION:	
OUT-OF-POCKET EXPENSES	
NUMBER OF MEDICAL MILES DRIVEN	
OTHER MEDICAL AND DENTAL EXPENSES:	

TAXES PAID	AMOUNT
STATE AND LOCAL INCOME TAXES - Paid for prior yrs &/or to other states	
REAL ESTATE TAXES - PRINCIPAL RESIDENCE	
REAL ESTATE TAXES - PROPERTY HELD FOR INVESTMENT	
USE TAXES PAID ON 2019 PURCHASES	
USE TAXES PAID WITH 2018 STATE RETURN	
SALES TAX ON AUTOS NOT INCLUDED IN ABOVE	
SALES TAX PAID ON BOATS, AIRCRAFT & OTHER SPECIAL ITEMS	
PERSONAL PROPERTY TAXES (including Automobile/DMV fees)	
FOREIGN INCOME TAXES	
OTHER TAXES:	

INTEREST PAID	AMOUNT
HOME MORTGAGE INTEREST (Box 1) AND POINTS (Box 2) REPORTED ON FORM 1098:	

MORTGAGE INTEREST NOT REPORTED ON FORM 1098	
(If paid to the home seller, enter the seller's name, SSN or EIN, and address):	

POINTS NOT REPORTED ON FORM 1098:	

MORTGAGE INSURANCE PREMIUMS (Box 4)	
INVESTMENT INTEREST:	
PASSIVE INTEREST:	

CASH CONTRIBUTIONS	AMOUNT
VOLUNTEER EXPENSES (Out-of-pocket)	
NUMBER OF CHARITABLE MILES	
CONTRIBUTIONS BY CASH OR CHECK (MUST include ALL receipts for donations):	

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ITEMIZED DEDUCTIONS (CONTINUED)

NONCASH CONTRIBUTIONS

Please complete the information below for *each* donee.

NAME OF CHARITABLE ORGANIZATION (DONEE) STREET ADDRESS CITY, STATE, ZIP CODE PROPERTY DESCRIPTION DATE OF DONATION (MM/DD/YY) DATE YOU ACQUIRED PROPERTY (MM/YY) HOW YOU ACQUIRED PROPERTY (Purchase, Gift, Inheritance, Exchange) YOUR COST OF THE PROPERTY Please provide us a detailed list of the donated items Provide a copy of the appraisal for noncash contributions with a value over \$5,000	
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STATE MISCELLANEOUS DEDUCTIONS	AMOUNT
UNION AND PROFESSIONAL DUES	
OTHER UNREIMBURSED EMPLOYEE EXPENSES:	

INVESTMENT EXPENSE:	

TAX RETURN PREPARATION FEE	
SAFE DEPOSIT BOX RENTAL	
OTHER MISCELLANEOUS DEDUCTIONS (2% AGI):	

OTHER MISCELLANEOUS DEDUCTIONS	AMOUNT
GAMBLING LOSSES TO EXTENT OF WINNINGS:	
(Gambling winnings: _____) (Gambling losses: _____)	
OTHER MISCELLANEOUS DEDUCTIONS:	

<u>ADJUSTMENTS TO INCOME</u>		
	TAXPAYER	SPOUSE
SELF-EMPLOYED HEALTH INSURANCE:		
TOTAL PREMIUMS (Excluding long-term care)		
LONG-TERM CARE PREMIUMS		
STUDENT LOAN INTEREST PAID (1098-E, box 1)		
EDUCATOR EXPENSES (Kindergarten thru Grade 12)		
TUITION AND RELATED EXPENSES		
JURY DUTY PAY GIVEN TO EMPLOYER		
EXPENSES FROM RENTAL OF PERSONAL PROPERTY		
ALIMONY PAID (Recipient's First & Last Name, SSN, and Amount paid):		

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RETIREMENT PLANS	TAXPAYER	SPOUSE
KEOGH, SEP, PROFIT-SHARING, MONEY PURCHASE, AND SIMPLE CONTRIBUTIONS		
Would you like to contribute the maximum allowable amount? (YES/NO)		
(Type of plan: _____) (Plan contribution rate or amt: _____)		
Enter the amount already contributed to your plan(s). (Date paid _____)		
Employer matching rate for SIMPLE contributions (if not 3%)		
1=nonelective contributions (2%)		
TRADITIONAL IRA		
Would you like to contribute the maximum allowable amount? (YES/NO)		
(Maximum = \$6,000 / \$7,000 if 50 or older)		
Enter the amount already contributed to your plan(s). (Date paid _____)		
2019 payments from 1/1/20 to 4/15/20		
ROTH IRA		
Would you like to contribute the maximum allowable amount? (YES/NO)		
(Maximum = \$6,000 / \$7,000 if 50 or older)		
Enter the amount already contributed to your plan(s). (Date paid _____)		

CHILD AND DEPENDENT CARE EXPENSES	TAXPAYER	SPOUSE
Dependent care expenses incurred but not paid in 2019		
Employer-provided benefits forfeited in 2019		
PERSONS OR ORGANIZATIONS PROVIDING CARE		
NAME OF PROVIDER #1 STREET ADDRESS CITY, STATE, ZIP CODE IDENTIFICATION NUMBER (SSN or EIN) TELEPHONE NUMBER (including Area Code) AMOUNT PAID TO CARE PROVIDER IN 2019: DEPENDENT #1 DEPENDENT #2 DEPENDENT #3 DEPENDENT #4		
	NAME OF DEPENDENT	AMOUNT
NAME OF PROVIDER #2 STREET ADDRESS CITY, STATE, ZIP CODE IDENTIFICATION NUMBER (SSN or EIN) TELEPHONE NUMBER (including Area Code) AMOUNT PAID TO CARE PROVIDER IN 2019: DEPENDENT #1 DEPENDENT #2 DEPENDENT #3 DEPENDENT #4		
	NAME OF DEPENDENT	AMOUNT

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BUSINESS INCOME (SCHEDULE C)	
For each business, please enter all pertinent 2019 amounts and attach all applicable 1099-MISC forms:	
GENERAL INFORMATION	
BUSINESS/PROFESSION	
BUSINESS NAME, IF DIFFERENT FROM FORM 1040	
BUSINESS ADDRESS, IF DIFFERENT FROM FORM 1040	
CITY, STATE, ZIP CODE, IF DIFFERENT FROM FORM 1040	
EMPLOYER IDENTIFICATION NUMBER	
ACCOUNTING METHOD: 1=CASH, 2=ACCRUAL, 3=OTHER	
INVENTORY METHOD: 1=COST, 2=LOWER C/M, 3=OTHER	
1=CHANGE OF INVENTORY METHOD	
1=SPOUSE, 2=JOINT	
1=FIRST SCHEDULE C FILED FOR THIS BUSINESS	
INCOME	AMOUNT
GROSS RECEIPTS OR SALES	
RETURNS & ALLOWANCES	
OTHER INCOME:	
COST OF GOODS SOLD	AMOUNT
INVENTORY AT THE BEGINNING OF THE YEAR	
PURCHASES	
DIRECT LABOR	
MATERIALS & SUPPLIES	
OTHER COSTS:	
INVENTORY AT THE END OF THE YEAR	
EXPENSES	AMOUNT
ACCOUNTING	
ADVERTISING	
BAD DEBTS	
BANK CHARGES	
CAR & TRUCK EXPENSES (NOT ENTERED ELSEWHERE)	
COMMISSIONS	
CONTRACT LABOR	
DELIVERY & FREIGHT	
DUES & SUBSCRIPTIONS	
EMPLOYEE BENEFITS	
INSURANCE (OTHER THAN OWNER'S HEALTH)	
MORTGAGE INTEREST (PAID TO BANKS, ETC)	
OTHER INTEREST	
JANITORIAL	
LAUNDRY & CLEANING	
LEGAL & PROFESSIONAL	
OFFICE EXPENSE	
OUTSIDE SERVICES	
PENSION AND PROFIT SHARING PLANS - CONTRIBUTIONS	

