Tax Organizer For

2019 Income Tax Return

Prepared For:

and

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Prepared By:

4-Serenity, Inc.
2775 Trotters Walk Trail
Snellville, GA 30078

This Tax Organizer can be used to help identify information needed to prepare your 2019 income tax return. Enter your 2019 tax information and if additional space is required, enclose a separate sheet with the details. If available, your prior year information has been included for reference.

Please return this Tax Organizer along with all Forms W-2, 1099, and any other relevant information that will assist in the accurate preparation of your 2019 income tax return.

If you have any questions, please feel free to contact me at (770)978-9565 or (770)316-4724.

PERSONAL INFORMATION ORGANIZER

Please complete this Organizer before your appointment.

1. PERSONAL INFORMATION

	Name	SSN or ITIN	Date of Birth	Date of Death	Occupation	Blind	Disabled
Taxpayer						☐	☐
Spouse						☐	☐

Street Address	Apt.	City or town	State	Zip Code	County

Foreign country	Foreign province/state	Foreign postal code

E-mail Address(es)	Home Phone	Mobile Phone

2. FILING STATUS

- ☐ Single
- ☒ Married Filing Joint
- ☐ Married Filing Separate
- ☐ Head of Household
- ☐ Qualifying Widow(er)

☐ Check if parent (or someone else) can claim you as a dependent on their return.

☐ Check if you lived apart from your spouse for all of 2019.

Year spouse died: __________

3. DEPENDENTS

Name	Relationship	Date of Birth	SSN or ITIN	Months Lived With You	Disabled	Full Time Student	Dependent's Gross Income	Child Care Expenses Paid
					☐	☐		
					☐	☐		
					☐	☐		
					☐	☐		
					☐	☐		

4. REFUND INFORMATION

1. Would you like to have any refunds directly deposited into your bank account?. . . . . ☐ Yes ☐ No

Bank Account
Ownership ☐ Taxpayer ☐ Spouse ☐ Joint
Type ☐ Checking ☐ Savings
Bank name ____________________
Routing number ____________________
Account number ____________________
Account outside the jurisdiction of the United States? ☐ Yes

Bank Account
Ownership ☐ Taxpayer ☐ Spouse ☐ Joint
Type ☐ Checking ☐ Savings
Bank name ____________________
Routing number ____________________
Account number ____________________
Account outside the jurisdiction of the United States? ☐ Yes

5. IDENTIFICATION INFORMATION

Taxpayer
Type of ID: ☐ Driver's license ☐ State-issued ID ☐ No ID
ID number ____________________
Location of issuance ____________________
Issue date ____________________
Expiration date ____________________

Spouse
Type of ID: ☐ Driver's license ☐ State-issued ID ☐ No ID
ID number ____________________
Location of issuance ____________________
Issue date ____________________
Expiration date ____________________

6. HEALTH CARE INFORMATION

Please indicate where you received your health insurance from for all members of your tax household.

☐ Employer ☐ Government-Sponsored Marketplace ☐ Private Exchange (Individual Insurance Company)

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PERSONAL INFORMATION ORGANIZER

Please complete this Organizer before your appointment.

7. MISCELLANEOUS PERSONAL INFORMATION QUESTIONS

1. Check the applicable boxes if you wish to contribute $3 to the Presidential Election campaign fund.	☐ Taxpayer	☐ Spouse
2. Were you a victim of identity theft and have you been contacted by the IRS?	☐ Yes	☐ No
If Yes, please furnish the 6-digit PIN issued to you by the IRS	______________	
3. Were you (or your spouse if filing jointly) a nonresident alien for any part of 2019?	☐ Yes	☐ No
4. Have you received any notices or correspondences from the IRS or state in the past 3 tax years?	☐ Yes	☐ No
5. Do you have any children age 18 or under (or student under age 24) who had unearned income of more than $2,200?	☐ Yes	☐ No
6. If any of your children are required to file a return, do you elect to report your child's interest and dividends on your return?	☐ Yes	☐ No
7. Did you give a gift of more than $15,000 to one or more people?	☐ Yes	☐ No
8. If age 65 or older, do you want to file Form 1040-SR, U.S. Tax Return for Seniors, instead of Form 1040?	☐ Yes	☐ No

8. COMMENTS

INCOME ORGANIZER

Please complete this Organizer before your appointment.
Business, Farm and Rental and Royalty Income or Loss Organizers are on separate pages.

1. WAGE AND SALARY INFORMATION

Attach W-2s:

Employer Name	Taxpayer	Spouse
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐

Unreported tip income received: . . . . ______________

2. INTEREST AND DIVIDEND INCOME

Attach 1099-INT, 1099-DIV or other statements

Payer Name	Taxpayer	Spouse
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐

3. RETIREMENT DISTRIBUTIONS

Attach 1099-R & 5498

Payer Name	Roth IRA	Other IRA	Taxpayer	Spouse
	☐	☐	☐	☐
	☐	☐	☐	☐
	☐	☐	☐	☐
	☐	☐	☐	☐
	☐	☐	☐	☐

Attach SSA 1099 or RRB 1099

	Yes	No
Did you receive social security benefits?	☐	☐
Did you receive railroad retirement benefits? . . .	☐	☐

4. SCHEDULE K-1 INCOME (1065, 1120-S AND 1041)

Attach K-1s:

Payer Name	Taxpayer	Spouse
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐

5. CAPITAL GAINS AND LOSSES

Attach 1099-Bs:

Payer Name	Taxpayer	Spouse
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐

6. OTHER INCOME

Description	**Amount**
State income tax refund	
Alimony received	
Date of original divorce/separation agreement	
Unemployment compensation	
Gambling winnings	
Jury pay	
Hobby income	
Scholarships (grants)	
NOL Carryforward	
Child support	

7. MISCELLANEOUS INCOME QUESTIONS

1. Did you sell your home? . . . . ☐ Yes ☐ No
2. Did you earn any foreign income or pay any foreign taxes? . . . . ☐ Yes ☐ No
3. Do you have a health savings account (HSA), Archer MSA or Medicare Advantage (MA) MSA? . . . . ☐ Yes ☐ No
4. Did you have a financial account in a foreign country (i.e. bank account, securities account, etc.)? . . . . ☐ Yes ☐ No
   If Yes, did the aggregate value of all financial accounts exceed $10,000 at any time during 2019? . . . . ☐ Yes ☐ No
5. Did you have any debt forgiven (i.e. student loans, home mortgage, etc.)? . . . . ☐ Yes ☐ No
6. Did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? . . . . ☐ Yes ☐ No

BUSINESS INCOME AND EXPENSES *(Schedule C)*

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Indicate the owner of this business: [X] Taxpayer [ ] Spouse [ ] Joint

Business Name: ______

Business product or service: ______

Business Address: ______

City, State, and Zip Code: ______

Did you start or acquire this business during 2019? [ ] Yes [ ] No

Accounting Method: [X] Cash [ ] Accrual [ ] Other (describe)

Method used to value inventory: [ ] Cost [ ] Lower of cost or market [ ] Other (describe)

Income and Cost of Goods Sold	2019 Amount	2018 Amount
Gross receipts or sales		
Returns and allowances		
Other income (enclose description)		
Inventory at beginning of year		
Purchases less cost of items withdrawn for personal use		
Cost of labor		
Materials and supplies		
Other costs		
Inventory at end of year		

Expenses	2019 Amount	2018 Amount		2019 Amount	2018 Amount
Advertising			Wages		
Commissions and fees			Other: ______		
Contract labor			______		
Depletion			______		
Employee benefits			______		
Insurance (other than health)			______		
Mortgage interest			______		
Other interest			______		
Legal and professional fees			______		
Office expenses			______		
Pension and profit sharing			______		
Rent - Vehicle, machinery			______		
Rent - Other			______		
Repairs and maintenance			______		
Supplies			______		
Taxes and licenses			______		
Travel			______		
Meals and entertainment			______		
Utilities					

Vehicle Information

Vehicle description ______ Date placed in service ______ Cost or basis ______

Business miles ______ Commuting miles ______ Other miles ______

Actual expenses such as gas, oil, repairs, etc ______ Parking fees and tolls ______

Sales, Purchases, and Disposition of Assets in 2019 (New clients, enclose detailed listing of all depreciable assets.)

Asset description	Date acquired	Purchase price	Date sold	Sales Price

Business Use of Home

Area used exclusively for business ______ Total area of home ______

Was the home used as a day care facility? [ ] Yes [ ] No Date home placed in service ______

Casualty losses ______ Insurance ______ Rent ______

Mortgage interest ______ Repairs and maintenance ______ FMV of home ______

Real estate taxes paid ______ Utilities and other expenses ______ Value of land ______

Carryover of unallowed expenses to 2019 [ ] Yes [ ] No (if yes, enter amount) ______

DEDUCTIONS ORGANIZER

Please complete this Organizer before your appointment.
Itemized Deduction Organizers are on separate pages.

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1. EDUCATION

Attach 1098-Ts, 1098-E's and 1099-Q's:

Student Name	Educational Institution	Fr	So	Jr	Sr	Oth	Tuition & Fees	Student Loan Interest Paid	Books, Supplies & Equipment	529 Plan
		☐	☐	☐	☐	☐				☐
		☐	☐	☐	☐	☐				☐
		☐	☐	☐	☐	☐				☐
		☐	☐	☐	☐	☐				☐
		☐	☐	☐	☐	☐				☐

2. JOB-RELATED MOVING EXPENSES

Description	Amount
Lodging	
Gas and Oil.	
Mileage	
Other	
Miles from old home to your new workplace	
Miles from old home to old workplace	
Member of the Armed Forces?.	☐ Yes ☐ No

3. IRA CONTRIBUTIONS

Description	Amount
Contributions to a Traditional IRA.	
Contributions to a ROTH IRA	

4. OTHER DEDUCTIONS

Description	Amount
Educator expenses.	
Alimony paid Rec. SSN: ______________	
Date of original divorce/separation ______________	
Health Savings Account contributions	
Archer Medical Savings Account contributions	
Jury duty repayment to employer	
Foreign qualified housing expenses.	
Contributions to College 529 Savings Plan. .	
Qualified business net (loss) carryover from 2018	
Qualified REIT dividends and PTP net (loss) carryover	

5. MISCELLANEOUS DEDUCTION QUESTIONS

1. Did you purchase an item(s) during 2019 for which you paid a large amount of sales tax?. . . . . ☐ Yes ☐ No

2. Did you refinance a mortgage during 2019? . . . . ☐ Yes ☐ No

CREDITS AND PAYMENTS ORGANIZER

Please complete this Organizer before your appointment.

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1. CHILD CARE CREDIT

Attach Daycare Provider Statement(s):

Care Provider Name	Address	Tax-Exempt	Telephone Number	Identification Number	Amount Paid
		☐			
		☐			
		☐			
		☐			
		☐			

2. RESIDENTIAL ENERGY CREDIT

Description	Amount	Description	Amount
Solar electric property		Metal or asphalt roof	
Solar water heating		Exterior windows and skylights	
Small wind energy		Electric heat pump or central air conditioner	
Geothermal heat pump		Natural gas, propane or oil water heater	
Fuel cell property		Biomass fuel stove	
Insulation material		Natural gas, propane or oil furnace	
Exterior doors		Advanced main air circulating fan	

1. Were the qualified improvements for your main home in the United States? ☐ Yes ☐ No
2. Were any of the improvements related to the construction of this main home? ☐ Yes ☐ No

3. MISCELLANEOUS CREDIT QUESTIONS

1. Did you pay any expenses related to the adoption of an eligible child? ☐ Yes ☐ No
2. Are you currently repaying the First-Time Homebuyer Credit? ☐ Yes ☐ No
3. Do you (and your spouse) have a social security number that allows you to work and is valid? ☐ Yes ☐ No
4. Were you issued a Mortgage Credit Certificate (MCC) by a state or local governmental unit or agency? ☐ Yes ☐ No

4. ESTIMATED TAX PAYMENTS

Federal estimated payments	Date Paid	Amount Paid
Applied from 2018 federal refund		
1st quarter payment		
2nd quarter payment		
3rd quarter payment		
4th quarter payment		

State estimated payments State Name: ______________	Date Paid	Amount Paid
Applied from 2018 state refund		
1st quarter payment		
2nd quarter payment		
3rd quarter payment		
4th quarter payment		

Local estimated payments Locality Name: ______________	Date Paid	Amount Paid
Applied from 2018 local refund		
1st quarter payment		
2nd quarter payment		
3rd quarter payment		
4th quarter payment		