

2019 TAX ORGANIZER

New Clients: Provide copies of last 2 years tax returns, social security cards for you, spouse and dependents, and picture ID for you and your spouse

Fill in this section *only* if you are a new client or have changes since last year

	Taxpayer	Spouse
Social Security Number		
First Name & Middle Initial		
Last Name		
Date of Birth		
Email Address		
Phone Number		
Address		
City		
State and Zip Code		

Dependent Information

Name	Date of Birth	Social Security Number	Relationship	Is Your Dependent Disabled?	College Student?	Number of Months in Your Home

If there are any new dependents we need their social security cards

PROVIDE THE FOLLOWING:

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| <ul style="list-style-type: none"> <input type="checkbox"/> W2 Forms – & year end pay stubs from all employers <input type="checkbox"/> 1099G – for any unemployment benefits received by you <input type="checkbox"/> W2G or 1099s – Gambling Income <input type="checkbox"/> 1099R FORMS for Retirement Income – pension, IRA, 401K, Simple, Sep, Annuities, etc. <input type="checkbox"/> SSA / RRB FORMS – for Social Security OR Railroad Retirement benefits received during 2019 <input type="checkbox"/> 1099 FORMS - interest, dividends, stock/property sales
If you have foreign bank accounts we need the income and bank names and account numbers <input type="checkbox"/> 1099 FORMS - for cancellation of debt or foreclosure <input type="checkbox"/> 1099SA FORMS – for distributions from Health Savings Accounts <input type="checkbox"/> 1098 FORMS – mortgage interest payments <input type="checkbox"/> 1098-E FORMS - student loan interest payments <input type="checkbox"/> 1098-T – Tuition Statement and tuition payment details for education (see EDUCATION EXPENSES pg.5) <input type="checkbox"/> 1095 FORMS – health insurance information from the Marketplace, employers or insurance companies <input type="checkbox"/> K-1 FORMS - from Partnerships, LLCs, Estates, Trusts and Sub-S Corporations <input type="checkbox"/> CRP FORMS – Certificate of Rent Paid forms from landlords | <ul style="list-style-type: none"> <input type="checkbox"/> 2020 PROPERTY TAX STATEMENTS – you will receive one from the county in March 2020. Send us a copy when you receive it. <u>Do not send proposed statements – we cannot use them</u> If anyone who is not your spouse, dependent, or a renter lived with you – we will need to know their income <input type="checkbox"/> NONTAXABLE INCOME – amount of Workers Comp, Veterans Benefits, Welfare Benefits, Scholarships, Grants or any other income not shown on your tax return <input type="checkbox"/> CLOSING / HUD / SETTLEMENT STATEMENTS - for purchases, sales or refinance of real estate <input type="checkbox"/> MOVING EXPENSES – for moves 50 miles or more to a new job location – provide expenses paid for transportation, storage, travel, lodging <input type="checkbox"/> ADOPTION DURING 2019 – expenses paid during 2019 and any employer provided benefit amount <input type="checkbox"/> AMOUNT OF ALIMONY RECEIVED or PAID – we need the recipient’s name and social security number AND the date of your divorce <input type="checkbox"/> GOVERNMENT CORRESPONDENCE – bring any notices from IRS or State that you received during the year. If you, your spouse or dependent received an Identity Protection PIN (IP PIN) from the IRS bring the IRS letter |
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SKALLY'S TAX SERVICE, INC.

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Website: skallys@skallystaxservice.com

ITEMIZED DEDUCTIONS

MEDICAL/DENTAL EXPENSES – Do not include amounts paid with pre-tax dollars, flex spending accounts, health reimbursement accounts or any amount reimbursed by insurance.

Medical expenses must exceed 7.5% of income before you will benefit from the deduction

Doctors, Dentists, Chiropractors, Psychiatrists, Therapists	
Hospitals, Clinics, Anesthesiology, Lab Fees	
Nursing Home Care / Assisted Living	
Ambulance Fees	
Alcohol/Drug/Smoking Treatment	
Hearing Aids, Batteries, Repairs, Support Hose, Shoes, Prescribed Attire.	
Eye Exams, Glasses, Contact Lenses	
Lodging (Limited to \$50/day Per Person)	
Parking, Bus Fare, Taxicabs	

HEALTH INSURANCE PREMIUMS

Health Insurance Premiums	
Dental Insurance Premiums	
Medicare Insurance Premiums paid out of pocket (not the premium deducted from Social Security payments)	

LONG TERM CARE INSURANCE

	Taxpayer	Spouse
Premiums		
Name of Provider:		
Policy Number		

PRESCRIPTION DRUGS AND INSULIN

MEDICAL MILES DRIVEN To doctors, hospitals, drug stores, etc.	
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TAXES

Real Estate Taxes Paid: Home	
2 nd Home	
Other	
Right of Way & Storm Sewer Fees if paid separately	
Minnesota Property Tax Refund Received	()
Car/Truck License Tab Renewal Fees	
For vehicle purchases – bring the bill of sale	

INTEREST PAID - Bring 1098 forms issued by banks and mortgage companies. Bring closing statements for any new purchase, sale or refinance.

Name of Bk / Mortgage Co.	Amount Paid
Interest Paid to Individuals on Contract for Deeds or Mortgages	Amount Paid
Name:	Soc. Sec. #
Address:	
Margin Account Interest – (Bring Brokerage Account Year End Statement)	

CONTRIBUTIONS - You must have bank records or written acknowledgement for all donations

Churches and Synagogues	
AA / Alanon / Alateen	
Alumni Funds / Arts & Science	
Boy Scouts / Girl Scouts	
Cancer Fund / Heart / MS / MD	
Public Radio / TV	
United Way / Red Cross / Food Shelf	
Various Others	
Out Of Pocket Volunteer Expenses e.g. Coaching Uniform, Hotel Expense, Air Fare, Meals	
Number of Miles Driven for Volunteer Work e.g. Coaches, Scout Leaders, Choir Members, AA Members, Volunteer Board Members	

NON-CASH DONATIONS – You Must Provide the Following:

Organization	Date Donated	Items Donated	Estimated Cost	Fair Market Value

Search the Web for “fair market value of donated goods” to get suggested values
You must have a receipt from the organization where you made the donation

MISCELLANEOUS DEDUCTIONS (These expenses must exceed 2% of income before you get any benefit)

See Page 4 for Employee Business Expenses Due To Business Meals, Travel, & Vehicle Expenses

Union Dues/Working Dues	
Professional Dues / Licenses	
Tools/ Job Supplies/Safety Equipment	
Uniforms – Cost / Professional Cleaning	
Protective Clothing – Hard Hats, Safety Shoes, Safety Glasses	
Physical Exams Required by Employer	
Telephone Costs <u>Directly</u> Related to Work (2 nd phone, special features, long distance charges)	
Job Related Education – Tuition, Fees, Books, Supplies, Workshops, Seminars	
Job Related Books, Publications	
Malpractice Insurance	
Job Seeking Expense – Resume, Postage, Etc.	
Job Seeking Miles	
Employment Agency Fees	
Impairment-related Work Expenses of Person With a Disability	
Federal Estate Tax on Income in Respect of Decedent	
Gambling Losses (Enter losses only to the extent of gambling winnings reported as income)	

NO LONGER DEDUCTIBLE – tax preparation fees, safe deposit box rental, investment publications, costs related to investments, broker fees for managed accounts, IRA/SEP account fees

CASUALTY / THEFT LOSSES – must exceed 10% of total income after insurance reimbursement - If you sustained such a loss call your preparer about what to bring to your interview.

ESTIMATED TAX PAYMENTS

FEDERAL

STATE

	DUE DATE	DATE PAID	CHECK NUMBER	AMOUNT PAID	DATE PAID	CHECK NUMBER	AMOUNT PAID
4 th Qtr. Paid in 2019 for 2018 to the State	1 – 15 – 2019						
1 st Qtr. 2019	4 – 15 – 2019						
2 nd Qtr. 2019	6 – 17 – 2019						
3 rd Qtr. 2019	9 – 16 – 2019						
4 th Qtr. 2019*	1 – 15 – 2020						

*Be sure to list the 4th quarter payment for both Federal and State whether you paid it in 2019 or 2020

CHILD AND DEPENDENT CARE EXPENSES - Even if you paid your dependent care expenses through a payroll deduction plan you must provide the following information

	YES	NO
Were dependent care services performed in your home? If yes, you may be required to file W2s on behalf of your provider. Call for more information.		
Were you reimbursed for childcare expense through an employer-sponsored plan? If yes, indicate the amount of the reimbursement if it isn't listed on your W2		
Amount of Employer provided dependent care benefits that were forfeited in 2019		
Show child care expenses for children under age 13. If a child reached age 13 during the year show the expense paid before the child's birthday.		

Name(s) Of Individual/Organization Who Provided Care	Address	Social Security Or Employer ID Number	Amount Paid

If more space is needed, attach a statement. You cannot take credit for amounts paid to your dependents.

As of this printing we are still waiting to see if Congress will extend the Residential Energy Credits – bring the following information to your interview and we will use the information that the government allows

ENERGY CREDITS– Check www.energystar.gov to be sure your expenses qualify

Enter total amount of costs for:

Insulation*		Advanced Main Air Fan	
Exterior Windows/Skylights*		Solar Electric Property	
Metal/Qualified Asphalt Roofs*		Solar Water Heating Property	
Exterior Doors*		Small Wind Energy Property	
Gas, Propane, Oil Furnace		Geothermal Heat Pump	
Hot Water Boiler		Qualified Fuel Cell Property	

***INCLUDE ONLY MATERIALS COST**

NEW CLIENTS – we need to know amount of energy credit taken in 2006 and 2007, and 2009 thru 2017 - please bring tax returns for the years any energy credit was taken

If you purchased an electric vehicle you may be eligible for a tax credit. Bring the information supplied to you by the dealer.

EMPLOYEE BUSINESS EXPENSES

BUSINESS EXPENSES

Meals With Clients (Business Must Be Discussed)	Business Gifts (Limited to \$25 Per Person)
Dues (Business Leagues, Public Service Organizations) ~ Dues To Entertainment Facilities Are Not Deductible ~	Promotional Expenses (Calendars, Pens, Etc.)

BUSINESS TRAVEL EXPENSES

Air Fare	Taxi, Bus, Train Fare	Laundry (While Away On Business)	
Lodging	Telephone, Fax, Postage		
Car Rental	Tips, Baggage Charges		

MEALS AWAY FROM HOME - YOU MAY DEDUCT EITHER THE ACTUAL AMOUNT SPENT OR A STANDARD ALLOWANCE

Actual Cost Of Meals Away From Home	
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TO USE THE STANDARD ALLOWANCE LIST THE CITIES YOU WERE IN AND NUMBER OF DAYS IN EACH CITY

CITY	# OF DAYS	CITY	# OF DAYS	CITY	# OF DAYS

BUSINESS AUTOMOBILE EXPENSES

YOU HAVE THE OPTION OF TAKING CENTS PER MILE DEDUCTION FOR YOUR BUSINESS MILES OR CALCULATING THE BUSINESS PERCENTAGE OF ACTUAL EXPENSES FOR YOUR VEHICLE.

MILEAGE INFORMATION IS NEEDED FOR BOTH METHODS

LIST INFORMATION SEPARATELY FOR EACH VEHICLE USED FOR BUSINESS.

Year and Model	Original Purchase Price	Date first used for business	Total Miles driven in 2019	Business Miles (do not include driving back and forth to work)	Job Hunting Miles	Educational Miles (from work to school for class)	1 st to 2 nd Job Miles
1)							
2)							

IF YOU HAVE RECORDS OF ACTUAL EXPENSES - LIST THE TOTALS HERE FOR EACH BUSINESS VEHICLE

	Gas	Maintenance	Repairs	Insurance	Car Washes	License Tabs	Parking/Tolls	Other	Lease Payments
1)									
2)									

IF YOU ARE REQUIRED BY YOUR EMPLOYER TO MAINTAIN AN OFFICE IN YOUR HOME – WE NEED THE FOLLOWING

Date Converted To Office Use	Sq. Ft. Of Living Space In Home	Sq. Ft. Of Office Space	Cost Of Home + Improvements	Apartment Rent If Renter	Homeowners or Renters Ins.	Utilities – Heat Electricity – Water - Trash	Repairs/Maintenance To Office Space