

Accounting & Consulting Professionals, LLC
2004 W. Busch Blvd.
Tampa, FL 33612

Organizer

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This Tax Organizer is designed to help you collect and report the information needed to prepare your 2019 income tax return. The attached worksheets cover income, deductions, and credits, and will help in the preparation of your tax return by focusing attention on your special needs.

Please enter your 2019 information in the designated areas on the worksheets. If you need to include additional information, you may use the back of a worksheet or an additional page.

When possible, 2018 information is included for your reference. You do not need to make any 2018 entries.

Note: The General Questions and Business/Investment Questions worksheets include a variety of questions designed to assist in completing your tax return. If you answer **yes** to any of the questions, be sure to provide the applicable details.

Please provide the following information:

- ☐ A copy of your 2018 tax return (if not in our possession).
- ☐ Original Form(s) W-2.
- ☐ Schedule(s) K-1 showing income or loss from partnerships, S corporations or estates or trusts.
- ☐ Copies of other compensation or pension documentation, such as Form 1099-MISC or Form 1099-R.
- ☐ Form(s) 1099 or statements reporting dividend and interest income.
- ☐ Brokerage statements showing transactions for stocks, bonds, etc.
- ☐ Form(s) 1098 reporting interest paid, copies of real estate tax bills and other information relating to real property holdings.
- ☐ Copies of closing statements regarding the sale or purchase of real property.
- ☐ All other information notices you received, or any items you have questions about.

Thank you for taking the time to complete this Tax Organizer.

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Table of Contents

ORG1

Description	Page
Cover Sheet	ORG0
Topic Index	ORG2
General Questions.....	ORG3
Business/Investment Questions.....	ORG4
Additional Information	ORG5
Basic Taxpayer Information.....	ORG6
W-2, W-2G, 1099-R Income.....	ORG7
1099-MISC Income	ORG8
Social Security Benefits/Form 1099-G/Other Income	ORG10
Interest and Dividend Income	ORG11
Seller Financed Interest/Child's Interest and Dividends	ORG12
Medical and Tax Expenses	ORG13
Interest Paid and Cash Contributions	ORG14
Non-Cash Charitable Contributions.....	ORG14A
Miscellaneous Itemized Deductions	ORG15
Moving Expenses.....	ORG16
Employee Business Expenses	ORG17
Employee Home Office Expense	ORG17A
Car and Truck Expenses	ORG18
Business Income and Expenses	ORG19
Business Use of Home	ORG20
Sales of Stocks and Securities.....	ORG21
Sale of Your Home	ORG22
Installment Sales Income	ORG23
Sales of Business Property	ORG24
Rental and Royalty Income and Expenses.....	ORG25
Farm Rental Income and Expenses	ORG26
Farm Income and Expenses	ORG27
Adjustments to Income	ORG28
Dependent Care Expenses.....	ORG35
Education	ORG36
Tax Payments.....	ORG40
Household Employment Taxes	ORG41
K-1 Partnership – Partner's Questions.....	ORG45
K-1 S-Corporation – Shareholder's Questions	ORG46
K-1 Estate & Trust – Beneficiary's Questions.....	ORG47
K-1 Partnership Supplemental Business Expense.....	ORG48
Transferred Assets	ORG50
Additional Assets	ORG51
Foreign Earned Income.....	ORG52
State Information Worksheet	ORG60

Topic Index**ORG2**

Alimony paid	ORG28	IRA distributions and rollovers.....	ORG7
Alimony received	ORG10	Keogh plan contributions	ORG28
Annuity payments received	ORG7	Medical and dental expenses	ORG13
Business income and expenses	ORG19	Miscellaneous income reported on 1099-MISC	ORG8
Car and truck expenses	ORG18	Miscellaneous income not from 1099-MISC	ORG10
Casualties and thefts.....	ORG3	Miscellaneous itemized deductions	ORG15
Charitable contributions	ORG14	Moving expenses	ORG16
Child and dependent care expenses	ORG35	Office in home expenses	ORG20
Dependent information	ORG6	Partnership income	ORG45
Depreciable property - additions.....	ORG51	Pension payments received	ORG7
Depreciable property - deletions	ORG50	Personal information	ORG6
Dividend income	ORG11	Railroad retirement benefits.....	ORG10
Education	ORG36	Rental income and expenses	ORG25
Employee business expense	ORG17	Royalty income and expenses	ORG25
Estate income.....	ORG47	S corporation income.....	ORG46
Estimated and other tax payments	ORG40	Sale of home.....	ORG22
Farm income and expenses	ORG27	Sales of business property	ORG24
Farm rental income and expenses	ORG26	Sales of stock, securities	ORG21
Foreign earned income	ORG52	Self-employed health insurance	ORG19
Gambling and lottery winnings	ORG7	SEP plan contributions.....	ORG28
Household employees	ORG41	SIMPLE plan contributions	ORG28
Health Insurance Coverage	ORG3A	Social security benefits.....	ORG10
Installment sales.....	ORG23	State and local tax refunds	ORG10
Interest income	ORG11	Taxes paid.....	ORG13
Interest paid (mortgage, etc)	ORG14	Trust income	ORG47
Investment interest expense.....	ORG14	Unemployment compensation.....	ORG10
IRA contributions	ORG28	Wages and salaries	ORG7

General Questions

ORG3

PERSONAL INFORMATION		
	Yes	No
1 Did your marital status change during 2019? If yes , explain	<input type="checkbox"/>	<input type="checkbox"/>
2 Do you want to allow your tax preparer to discuss this year's return with the IRS? If no , enter another person (if desired) to be allowed to discuss this return with the IRS. Caution: Review any transferred information for accuracy. Designee's Name ▶ Phone Number ▶ Personal Identification Number (5 digit PIN) ▶	<input type="checkbox"/>	<input type="checkbox"/>
3 Do you or your spouse plan to retire in 2020?	<input type="checkbox"/>	<input type="checkbox"/>
4 Were you or your spouse permanently and totally disabled in 2019?	<input type="checkbox"/>	<input type="checkbox"/>
5 Enter date of death for taxpayer or spouse (if during 2019 or 2020): Taxpayer: _____ Spouse: _____		
6 Were you or your spouse a member of the U.S. Armed Forces during 2019?	<input type="checkbox"/>	<input type="checkbox"/>
DEPENDENT INFORMATION		
	Yes	No
7 a Do you have dependents who must file?	<input type="checkbox"/>	<input type="checkbox"/>
b If yes , do you want us to prepare the return(s)?	<input type="checkbox"/>	<input type="checkbox"/>
8 a Do you have children who are under age 19 or a full time student under age 24 with investment income greater than \$2,200?	<input type="checkbox"/>	<input type="checkbox"/>
b If yes , do you want to include your child's income on your return?	<input type="checkbox"/>	<input type="checkbox"/>
9 Are any of your dependents not U.S. citizens or residents?	<input type="checkbox"/>	<input type="checkbox"/>
10 Did you provide over half the support for any other person during 2019?	<input type="checkbox"/>	<input type="checkbox"/>
11 Did you incur adoption expenses during 2019?	<input type="checkbox"/>	<input type="checkbox"/>
IRA, PENSION AND EDUCATION SAVINGS PLANS		
	Yes	No
12 Did you receive payments from a pension or profit-sharing plan?	<input type="checkbox"/>	<input type="checkbox"/>
13 Did you receive a total distribution from an IRA or other qualified plan that was partially or totally rolled over into another IRA or qualified plan within 60 days of the distribution?	<input type="checkbox"/>	<input type="checkbox"/>
14 a Did you convert all or part of a regular IRA into a Roth IRA?	<input type="checkbox"/>	<input type="checkbox"/>
b Did you roll over all or part of a qualified plan into a Roth IRA?	<input type="checkbox"/>	<input type="checkbox"/>
15 Did you contribute to a Coverdell Education Savings Account?	<input type="checkbox"/>	<input type="checkbox"/>
ITEMS RELATED TO INCOME/LOSSES		
	Yes	No
16 Did you receive any disability payments in 2019?	<input type="checkbox"/>	<input type="checkbox"/>
17 Did you receive tip income not reported to your employer?	<input type="checkbox"/>	<input type="checkbox"/>
18 a Did you buy, sell, refinance, or abandon a principal residence or other real property in 2019? (Attach copies of any escrow statements or Forms 1099.)	<input type="checkbox"/>	<input type="checkbox"/>
b If you sold or abandoned a home, did you claim the First-Time Homebuyer Credit when you purchased the home?	<input type="checkbox"/>	<input type="checkbox"/>
c Are you planning to purchase a home soon?	<input type="checkbox"/>	<input type="checkbox"/>
19 Did you incur any casualty or theft losses during 2019?	<input type="checkbox"/>	<input type="checkbox"/>
20 Did you incur any non-business bad debts?	<input type="checkbox"/>	<input type="checkbox"/>
PRIOR YEAR TAX RETURNS		
	Yes	No
21 Were you notified by the Internal Revenue Service or state taxing authority of changes to a prior year's return? If yes , enclose agent's report or notice of change.	<input type="checkbox"/>	<input type="checkbox"/>
22 Were there changes to a prior year's income, deductions, credits, etc which would require filing an amended return?	<input type="checkbox"/>	<input type="checkbox"/>

General Questions (continued)

ORG3

FOREIGN BANK ACCOUNTS, FOREIGN ASSETS AND FOREIGN TAXES

	Yes	No
23 Did you have foreign income or pay any foreign taxes in 2019 ?	<input type="checkbox"/>	<input type="checkbox"/>
24 a At any time during 2019, did you have an interest in or a signature or other authority over a bank account, or other financial account in a foreign country?	<input type="checkbox"/>	<input type="checkbox"/>
b Did the aggregate value of all your foreign accounts exceed \$10,000 at any time during 2019 ? Report all interest income on Org 11	<input type="checkbox"/>	<input type="checkbox"/>
25 Were you the grantor of or transferor to a foreign trust which existed during the tax year, whether or not you have any beneficial interest in the trust?	<input type="checkbox"/>	<input type="checkbox"/>
26 Did you at any time during 2019, have an interest in or any authority over any foreign accounts or assets (i.e. stocks, bonds, mutual funds, partnership interests, etc.) held in foreign financial institutions that exceeded \$50,000 in value at any time during the year?	<input type="checkbox"/>	<input type="checkbox"/>

HEALTH AND LIFE INSURANCE

	Yes	No
27 Did you receive Form 1095-A (Health Coverage)? If so, please attach	<input type="checkbox"/>	<input type="checkbox"/>
28 a Did you or your spouse have self-employed health insurance?	<input type="checkbox"/>	<input type="checkbox"/>
b If you or your spouse are self-employed, are either of you eligible to participate in an employer's health plan at another job?	<input type="checkbox"/>	<input type="checkbox"/>
29 Did your employer pay premiums on life insurance in excess of \$50,000 where the proceeds are payable to beneficiaries named by you?	<input type="checkbox"/>	<input type="checkbox"/>
30 Did you contribute to or receive distributions from a Health Savings Account (HSA)?	<input type="checkbox"/>	<input type="checkbox"/>

MISCELLANEOUS

	Yes	No
31 Did you make energy efficient improvements to your home or purchase any energy-saving property during 2019 ? If yes, please attach details	<input type="checkbox"/>	<input type="checkbox"/>
32 Did you start paying mortgage insurance premiums in 2019 ? If yes, please attach details	<input type="checkbox"/>	<input type="checkbox"/>
33 Did you purchase a motor vehicle or boat during 2019 ?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, attach documentation showing sales tax paid.		
34 Did you purchase an energy efficient vehicle in 2019 ?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, enter year, make, model, and date purchased:		
35 Did you donate a vehicle in 2019 ? If yes, attach Form 1098C	<input type="checkbox"/>	<input type="checkbox"/>
36 What was the sales tax rate in your locality in 2019 ? _____ % State ID		
37 Did you or your spouse make gifts of over \$15,000 to an individual or contribute to a prepaid tuition plan?	<input type="checkbox"/>	<input type="checkbox"/>
38 Did you make gifts to a trust?	<input type="checkbox"/>	<input type="checkbox"/>
39 If there were dues paid to an association, was any portion required to be non-deductible due to political lobbying by the association?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please attach details.		
40 Did you or your spouse participate in a medical savings account in 2019 ?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please attach Form 1099-SA (Distributions from an HSA, Archer MSA or Medicare+Choice MSA.)		
41 Did you make a loan at an interest rate below market rate?	<input type="checkbox"/>	<input type="checkbox"/>
42 Did you pay any individual for domestic services in 2019 ?	<input type="checkbox"/>	<input type="checkbox"/>
43 Did you pay interest on a student loan for yourself, your spouse, or your dependents?	<input type="checkbox"/>	<input type="checkbox"/>
44 Did you, your spouse, or your dependents attend post-secondary school in 2019 ?	<input type="checkbox"/>	<input type="checkbox"/>
45 Did a lender cancel any of your debt in 2019 ? (Attach any Forms 1099-A or 1099-C)	<input type="checkbox"/>	<input type="checkbox"/>
46 Did you receive any income not included in this Tax Organizer?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please attach information.		

ELECTRONIC FILING AND DIRECT DEPOSIT OF REFUND

	Yes	No
47 If your tax return is eligible for Electronic Filing, would you like to file electronically?	<input type="checkbox"/>	<input type="checkbox"/>
48 The Internal Revenue Service is able to deposit many refunds directly into taxpayers' accounts. If you receive a refund, would you like direct deposit?	<input type="checkbox"/>	<input type="checkbox"/>

Caution: Review transferred information for accuracy.

49 If yes, please provide the following information:

a Name of your financial institution	
b Routing Transit Number (must begin with 01 through 12 or 21 through 32)	
c Account number	
d What type of account is this?	Checking <input type="checkbox"/> Savings <input type="checkbox"/>

☒ Please attach a **voided** check (not a deposit slip) if your bank account information has changed.

Health Insurance Coverage

ORG3A

Preparer note: The fields on this form are non-enterable. This worksheet is meant to gather client data only. This worksheet will not transfer to the ProSeries/1040 product. Data from this worksheet must be manually entered on the appropriate form in ProSeries/1040.

Part 1 Coverage

Enter the name, SSN/DOB and health insurance status for each person who will claim on your return in the table below:

Name of covered individual(s)	SSN or DOB	Covered 12 mos	Exchange Policy	Exemption Received	Indicate which months each person was covered by MEC*:											
					Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1.																
2.																
3.																
4.																
5.																
6.																
7.																
8.																
9.																

*Minimum Essential Coverage (MEC) includes employer-sponsored coverage, health insurance purchased through the Health Insurance Marketplace (Exchange), Medicare, Medicaid, certain VA coverage, Tricare, etc.

For tax year 2019, the Federal ACA tax penalty has been eliminated, however, you may still be subject to a state tax penalty depending on where you live because some states have created their own individual insurance mandates to replace the federal version. These mandates require state residents to have qualifying health coverage or pay a fee with their state taxes.

Use this worksheet to list the names of individuals listed on the income tax return and their health care insurance coverage status. It will help your tax preparer determine who has health insurance coverage.

If you purchased a health insurance policy from an exchange (or Marketplace), check the Exchange Policy box above. You will receive Form 1095-A from the exchange that issued your policy. Please provide this form with your Organizer documents to your tax preparer.

Please call with any questions on this worksheet.

ORG3A

Business/Investment Questions**ORG4**

	Yes	No
1 Did you receive stock from a stock bonus plan with your employer? (Do not include stock sales included on your W-2.)	<input type="checkbox"/>	<input type="checkbox"/>
2 Did you buy or sell any stocks or bonds in 2019 ? If yes , attach broker's information (such as Form 1099-Bs and broker annual statements) related to the transactions.	<input type="checkbox"/>	<input type="checkbox"/>
3 Did you surrender any U.S. savings bonds during 2019 ?	<input type="checkbox"/>	<input type="checkbox"/>
4 Did you use the proceeds from Series EE or I U.S. savings bonds purchased after 1989 to pay for higher education expenses?	<input type="checkbox"/>	<input type="checkbox"/>
5 Did you realize a gain or loss on property which was taken from you by destruction, theft, seizure, or condemnation?	<input type="checkbox"/>	<input type="checkbox"/>
6 Did you start a business, purchase a rental property or farm, or acquire interests in partnerships or S corporations?	<input type="checkbox"/>	<input type="checkbox"/>
7 Do you have any investments for which you were not personally 'at risk' (other than sole proprietorship or farm)?	<input type="checkbox"/>	<input type="checkbox"/>
8 Did you own an interest in a Real Estate Mortgage Investment Conduit (REMIC) during 2019 ?	<input type="checkbox"/>	<input type="checkbox"/>
9 Did you sell property or equipment on installment in 2019 ?	<input type="checkbox"/>	<input type="checkbox"/>
10 Did you have any business related educational expenses?	<input type="checkbox"/>	<input type="checkbox"/>
11 Did you do a 'like-kind' exchange of property in 2019 ?	<input type="checkbox"/>	<input type="checkbox"/>
12 Deductions for travel and meals may be allowed under certain circumstances. Adequate records must be presented. Information must include: 1 Amount; 2 Time and place; 3 Date; 4 Business purpose; 5 Description of gift(s); and 6 Business relationship of recipient Do you have records to support expenses?	<input type="checkbox"/>	<input type="checkbox"/>
13 Did you purchase special fuels for non-highway use? If yes , please list the type of use and the number of gallons for each fuel. _____ _____ _____ _____ _____	<input type="checkbox"/>	<input type="checkbox"/>

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	_____	_____
Driver's License/Id issuing state	_____	_____
License /Id number	_____	_____
License/Id issue date	_____	_____
License/Id expiration date	_____	_____
Birthdate	MM/DD/YYYY	MM/DD/YYYY
Blind	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Contribute to Presidential Election Campaign Fund	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Eligible to be claimed as a dependent on another return	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Street address.....	_____	Apartment number
City	State	ZIP code
Home phone	Foreign country	_____
Fax	Foreign phone	_____

FILING STATUS

☐ **1** Single
☒ **2** Married filing jointly
☐ **3** Married filing separately

Check this box if you **did not** live with spouse at any time during the year ☐
 Check this box if you are eligible to claim spouse's exemption ☐
 Check this box if your spouse itemizes deductions ☐

☐ **4** Head of household
 If the qualifying person is a child but not your dependent, enter
 Child's name Child's social security number

☐ **5** Qualifying widow(er)
 Check the box for the year the spouse died 2017 ☐ 2018 ☐

DEPENDENT INFORMATION

Full Name (first name, middle initial, last name, suffix)	Social Security Number	**Code +Months in U.S.	Not qua- lified credit Other dep	Date of Birth *Not Citizen	2019 Child Care Expense
					2018 Child Care Expense
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

** For the Dependent Code, enter the following:

L = dependent child who lived with you

N = dependent child who didn't live with you due to divorce or separation

O = other dependent

Q = not a dependent (but is a person who qualifies your client for the earned income credit and/or the credit for child and dependent care expenses)

+ Enter the number of months dependent lived with you, and/or your spouse if married filing jointly, in the U.S.

* Check this box if dependent child is not a U.S. citizen or resident alien

W-2 – WAGES, SALARIES, TIPS, AND OTHER COMPENSATION**Attach all copies of your W-2 forms here.**

1	Employer's name	Check if not applicable for 2019	<input type="checkbox"/>
	Employer's name	Check if for spouse	<input type="checkbox"/>
	1 Check if this employer hired an on-staff care provider or furnished dependent care at your workplace		<input type="checkbox"/>
	2 Enter any amounts forfeited from a flexible spending account		
	3 Check if the income reported is from a foreign source		<input type="checkbox"/>
	4 a Clergy: Enter your designated housing or parsonage allowance		
	b Clergy: Enter smallest of (a) the designated housing or parsonage allowance, (b) amount spent on qualifying housing expenses, or (c) fair rental value.....		
	c Check SE tax on: (a) housing or parsonage allowance.....	(b) W-2 wages.....	(c) both.....
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Employer's name	Check if not applicable for 2019	<input type="checkbox"/>
	Employer's name	Check if for spouse	<input type="checkbox"/>
	1 Check if this employer hired an on-staff care provider or furnished dependent care at your workplace		<input type="checkbox"/>
	2 Enter any amounts forfeited from a flexible spending account		
	3 Check if the income reported is from a foreign source		<input type="checkbox"/>
	4 a Clergy: Enter your designated housing or parsonage allowance		
	b Clergy: Enter smallest of (a) the designated housing or parsonage allowance, (b) amount spent on qualifying housing expenses, or (c) fair rental value.....		
	c Check SE tax on: (a) housing or parsonage allowance.....	(b) W-2 wages.....	(c) both.....
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1099-R – DISTRIBUTIONS FROM PENSIONS, ANNUITIES, RETIREMENT OR PROFIT-SHARING PLANS, IRAS, INSURANCE CONTRACTS, ETC**Attach all copies of your 1099-R forms here.**

1	Payer's name	Check if not applicable for 2019	<input type="checkbox"/>
	Payer's name	Check if for spouse	<input type="checkbox"/>
	1 Check if either box applies: Rollover	Conversion to Roth IRA	<input type="checkbox"/>
	2 a If a partial rollover, enter the amount rolled over		
	b If a partial conversion to a Roth IRA, enter the amount converted to Roth IRA		
	3 Health insurance premiums deductible on Schedule A.....		
	4 a If entire distribution is a Required Minimum Distribution (RMD), check this box		<input type="checkbox"/>
	b If only part of distribution is RMD, enter the part that is RMD.....		
2	Payer's name	Check if not applicable for 2019	<input type="checkbox"/>
	Payer's name	Check if for spouse	<input type="checkbox"/>
	1 Check if either box applies: Rollover	Conversion to Roth IRA	<input type="checkbox"/>
	2 a If a partial rollover, enter the amount rolled over		
	b If a partial conversion to a Roth IRA, enter the amount converted to Roth IRA		
	3 Health insurance premiums deductible on Schedule A.....		
	4 a If entire distribution is a Required Minimum Distribution (RMD), check this box		<input type="checkbox"/>
	b If only part of distribution is RMD, enter the part that is RMD.....		

W-2G – GAMBLING OR LOTTERY WINNINGS**Attach all copies of your W-2G forms here.**

Name of Payer	Check if Spouse	Gross Winnings (Box 1)	Federal Tax Withheld (Box 2)	State Tax Withheld (Box 14)	State Code (Box 13)
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				

Social Security Benefits/Form 1099-G/Other Income

ORG10

SOCIAL SECURITY BENEFITS

☒ Attach all copies of SSA and RRB forms.

Taxpayer

Spouse

1 Social Security Benefits from Form SSA-1099.....

2 Federal income tax withheld from Form SSA-1099

3 Medicare B premiums withheld from Form SSA-1099

4 Medicare C premiums withheld from Form SSA-1099

5 Medicare D premiums withheld from Form SSA-1099

6 Railroad Retirement Benefits from Form RRB-1099

7 Federal income tax withheld from Form RRB-1099

8 Medicare premiums withheld from Form RRB-1099.....

FORM 1099-G

☒ Attach all copies of 1099-G forms.

Box	Description	Payer 1	Payer 2	Payer 3
	Check if Spouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Check if Joint.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Payer's name.....			
1	Unemployment compensation			
a	Unemployment benefits you repaid in 2019			
2	State and local income tax refunds			
3	Enter the tax year from 1099-G box 3			
a	If tax year is 2018 or prior, enter the taxable portion of the amount reported in box 2			
4	Federal income tax withheld			
5	RTAA payments.....			
6	Taxable grants			
7	Agriculture payments			
8	Check if box 2 amount is from trade or business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Market gain			
10a	Two-letter state abbreviation	_____	_____	_____
	Two or three-letter local abbreviation	_____	_____	_____
b	State identification number			
11	State income tax withheld.....			

OTHER INCOME

Nature and Source		2019 Taxpayer	2019 Spouse	2018 Combined
1	Alimony received			
2	Recovery of bad debts previously deducted			
3	Jury duty pay			
4	Gambling winnings not reported on W2G/1099.....			
5	Income from not for profit activities (hobbies).....			
6	Income from the rental of personal property.....			
7	Non-Government unemployment received/repaid in 2019			
8	Other Taxable income:			
a	Union unemployment benefits.....			
b	Private fund unemployment benefits			
c	State employee unemployment benefits			
9	Other miscellaneous income items:			
	Description:			

Interest and Dividend Income

ORG11

T = Taxpayer, S = Spouse, J = Joint

INTEREST INCOME

☒ Attach all copies of your Form 1099-INTs here.

**Type of Interest

blank = Regular taxable interest

ME1 = ME bond interest in federal income

MD1 = MD nontaxable interest — taxable federal

MA1 = MA bank interest

NH1 = NH nontaxable interest — taxable federal

NJ1 = NJ nontaxable interest — taxable federal

OK1 = OK bank interest

TN1 = TN nontaxable interest — taxable federal

WV1 = WV bond interest in federal income

TSJ	X*	Payer Name	2019 Box 1 Interest	Type of Interest**	2019 Box 3 US/Treasury Interest	2019 Box 8 Tax Exempt	State	2018 Box 1 + 3

X* Check if you did not receive income from this account in 2019 .

DIVIDEND INCOME

☒ Attach all copies of your Form 1099-DIVs here.

TSJ	X*	Payer Name	2019 Box 1a Ordinary Dividends	2019 Box 1b Qualified Dividends	2019 Box 2a Capital Gains	State	2018 Box 1a + 2a

X* Check if you did not receive income from this account in 2019 .

Medical and Tax Expenses**ORG13**

MEDICAL AND DENTAL EXPENSES		2019	2018
1	Prescription medications		
2	Health insurance premiums (enter Medicare B on ORG10)..... Exclude premiums paid through an exchange (Form 1095-A)		
3	Qualified long-term care premiums		
a	Taxpayer's gross long-term care premiums		
b	Spouse's gross long-term care premiums		
c	Dependent's gross long-term care premiums		
4	Enter self-employed health insurance premiums on ORG19, ORG27, ORG45A, or ORG46A for the appropriate activity		
5	Insurance reimbursement.....		
6	Doctors, dentists, etc		
7	Hospitals, clinics, etc		
8	Lab and X-ray fees.....		
9	Expenses for qualified long-term care		
10	Eyeglasses and contact lenses		
11	Medical equipment and supplies		
12	Miles driven for medical purposes.....		
13	Ambulance fees and other medical transportation costs		
14	Lodging.....		
15	Other medical and dental expenses:		
a	_____		
b	_____		
c	_____		
d	_____		
e	_____		
f	_____		
g	_____		
h	_____		
i	_____		
j	_____		
TAXES		2019	2018
Enter state and local income taxes on ORG7 , ORG8 , ORG10 , and ORG40 .			
16	Real estate taxes paid on principal residence		
17	Real estate taxes paid on additional homes or land		
18	Auto registration fees based on the value of the vehicle		
19	Other personal property taxes		
20	Other taxes:		

Interest Paid and Cash Contributions

ORG14

HOME MORTGAGE INTEREST PAID

Lender's Name	Check if NOT on Form 1098	2019	2018
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		

POINTS PAID ON LOAN TO BUY, BUILD, OR IMPROVE MAIN HOME

Lender's Name	Check if NOT on Form 1098	2019
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	

SELLER FINANCED MORTGAGE

Individual's Name	Identifying Number	Address

OTHER PERSON RECEIVING FORM 1098

Form 1098 Recipient's Name	Address

OTHER POINTS

Enter below any points paid on a home equity loan (other than to improve your main home), a loan for a second home, or a refinanced mortgage.

Lender's Name	Loan Over	Points Paid	Date of Loan	Loan Length (years)	2018 Points Deducted
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				

QUALIFIED MORTGAGE INSURANCE PREMIUMS

	2019	2018
Premiums paid in 2019 for qualified mortgage insurance not from Form 1098 import		

INVESTMENT INTEREST		
	2019	2018
Investment interest (for example: margin interest, interest paid on loans used for property held for investment, etc).....		

LIMITED HOME MORTGAGE DEDUCTION					
If the mortgage meets the following reasons during 2019 complete the following: - The principal amount of your mortgage and home equity debt is over \$750,000 (\$375,000 if married filing separate), or - You had home debt that was not used to buy, build or substantially improve the home that secures the loan					
	Loan 1	Loan 2	Loan 3	Loan 4	Loan 5
1a Interest paid in 2019					
Points paid in 2019					
Months loan outstanding					
Principal paid on loan in 2019.					
b Was all proceeds of this loan used to buy, build, or substantially improve the home? <div style="display: flex; justify-content: space-around;"> Yes: <input type="checkbox"/> No: <input type="checkbox"/> Yes: <input type="checkbox"/> No: <input type="checkbox"/> Yes: <input type="checkbox"/> No: <input type="checkbox"/> Yes: <input type="checkbox"/> No: <input type="checkbox"/> </div>					
2 Home Debt Origination on or after December 15, 2017					
Beginning of year balance ..					
Additional borrowed in 2019					
Enter the amount of debt not used to buy, build, or substantially improve the home:					
3 Home Debt Origination after October 13, 1987 and Before December 15, 2017					
Beginning of year balance ..					
Enter the amount of debt not used to buy, build, or substantially improve the home:					
4 Grandfathered debt: (before 10/14/1987)					
Beginning of year balance ..					
Enter the amount of debt not used to buy, build, or substantially improve the home:					

CASH CONTRIBUTIONS			
Name of Donee Organization	Check if Statement Exists for Gifts \$250 or More	2019	2018
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
Charitable miles driven			
Miles driven to deliver noncash contributions			
Parking fees, tolls, and local transportation			

Noncash Contributions

ORG14A

Copy 1

Name of Donee Organization	Check if Statement Exists for Gifts of \$250 or More	Fair Market Value	Prior Year Fair Market Value
A _____			
B _____			
C _____			
D _____			
E _____			
F _____			
G _____			
H _____			
I _____			

Note: Complete sections below **only** if the **total** noncash contributions are **more than \$500**.

Description of Donated Property	Type**	Address of Donee Organization
A _____		
B _____		
C _____		
D _____		
E _____		
F _____		
G _____		
H _____		
I _____		

Method for Fair Market Value*	Date of Contribution	Complete these columns only for each contribution over \$500		
		Date Acquired (month, year)	How Acquired***	Your Cost
A _____				
B _____				
C _____				
D _____				
E _____				
F _____				
G _____				
H _____				
I _____				

***Methods of determining FMV:**

Appraisal
Average share
Catalog

Capitalization of income
Comparative sales
Consignment shop

Present value
Replacement cost
Reproduction cost

Thrift shop

****Type of Donated Property**

Household/clothing items
Motor vehicle, boat or airplane
Art, other than self-created
Art, self-created
Collectibles

Business equipment
Business inventory
Stock, publicly traded
Stock, other than publicly traded
Securities, other than stock

Intellectual property
Real property, conservation property
Real property, other than conservation
Other personal property
Other intangible property

*****How Property was Acquired:** Purchase, Gift, Inheritance, Exchange

Miscellaneous Itemized Deductions (FOR STATE USE ONLY)**ORG15**

MISCELLANEOUS DEDUCTIONS (2% LIMITATION)		2019	2018
Employee Business Expenses			
Note: If you have any travel, transportation, meal expenses or your employer reimbursed you for any of your job-related expenses, complete ORG17 for all your employee expenses.			
1	Union and professional dues		
2	Professional subscriptions		
3	Uniforms and protective clothing		
4	Job search costs		
5	Other unreimbursed employee expenses:		
a	_____		
b	_____		
c	_____		
d	_____		
e	_____		
Other Expenses Subject to the 2% Limitation			
Treat all MACRS assets for this activity as qualified Indian reservation property? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Treat all assets acquired after August 27, 2005 as qualified GO Zone property? <input type="checkbox"/> Regular <input type="checkbox"/> Extension <input type="checkbox"/> No			
Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Was this property located in a Qualified Disaster Area? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Check to code assets as Investment Expense <input type="checkbox"/>			
Use ORG50 to record dispositions.			
Use ORG51A to enter additional assets.			
Use ORG11a for investment expenses related to interest income.			
Use ORG11b for investment interest related to dividend income.			
6	Tax return preparation fees		
7	Investment counsel and advisory fees		
8	Certain attorney and accounting fees		
9	Safe deposit box rental		
10	IRA custodial fees		
11 a	Government unemployment benefits repaid in 2019 <input type="checkbox"/>		
b	Other expenses (list):		

OTHER MISCELLANEOUS DEDUCTIONS		2019	2018
12	Federal estate tax paid on income in respect of a decedent		
13	Amortizable bond premiums (acquired before 10/23/86)		
14	Gambling losses (to the extent of gambling income)		
15	Claim repayments		
16	Unrecovered investment in annuity		
17	Ordinary loss attributable to certain debt instruments		

Moving Expenses**ORG16**

If you sold your principal residence during 2019, also complete Sale of Your Home (ORG22).

FIRST MOVE

If you moved your residence because of a change in job location (taxpayer or spouse), please complete the following information.

Check here **only** if **all** of the following apply..... ☐

- You moved in an earlier year
- You are claiming **only** storage fees while you are **away** from the United States
Enter storage fees applicable to you foreign move (no other expenses claimed).
- Any amount your employer paid for the storage fees is included as wages in box 1 of your W-2

Enter the new principal place of work for this move:

New workplace: _____

Enter mileage if required to meet **Distance Test**:

Number of miles from your old home to new workplace.....

Number of miles from your old home to old workplace

Are you a member of the armed forces? **Yes** ☒ **No** ☐

If **Yes**, did you move due to a permanent change of station? **Yes** ☐ **No** ☐

Enter the total amount your employer paid for your move.

Do not enter amounts already reported on Form W-2 Box 12

Description of Expense	Amount
Expenses of transport and storage of household goods and personal effects:	
Expenses of moving from old to new home:	
Travel and lodging expenses for this move (excluding auto and meals)	
Parking fees and tolls paid during this move	
Gasoline and oil expense for this move	
Miles driven traveling to new home for this move	

SECOND MOVE

If you moved your residence because of a change in job location (taxpayer or spouse), please complete the following information.

Check here **only** if **all** of the following apply..... ☐

- You moved in an earlier year
- You are claiming **only** storage fees while you are **away** from the United States
Enter storage fees applicable to you foreign move (no other expenses claimed).
- Any amount your employer paid for the storage fees is included as wages in box 1 of your W-2

Enter the new principal place of work for this move:

New workplace: _____

Enter mileage if required to meet **Distance Test**:

Number of miles from your old home to new workplace.....

Number of miles from your old home to old workplace

Are you a member of the armed forces? **Yes** ☐ **No** ☐

If **Yes**, did you move due to a permanent change of station? **Yes** ☐ **No** ☐

Enter the total amount your employer paid for your move.

Do not enter amounts already reported on Form W-2 Box 12

Description of Expense	Amount
Expenses of transport and storage of household goods and personal effects:	
Expenses of moving from old to new home:	
Travel and lodging expenses for this move (excluding auto and meals)	
Parking fees and tolls paid during this move	
Gasoline and oil expense for this move	
Miles driven traveling to new home for this move	

Business Income and Expenses**ORG19****GENERAL INFORMATION**Is this activity a qualified trade or business under Section 199A? ☐ Yes ☐ No**1** Check ownership ☐ **Taxpayer** ☐ **Spouse** ☐ **Joint****2** Business name**3 a** Business street address.....**b 1** City, State and Zip Code, or**2** Foreign country..... (not applicable)**4** Principal business/profession**5** Employer ID number.....**6** Business code (**Preparer Use Only**)**Yes No****7** Was this business fully disposed of in a fully taxable transaction during 2019?☐ ☐**8** Accounting method:Cash ☐Accrual ☐Other (specify) ☐**9** Method used to value closing inventory:Cost ☐Lower of
cost or
market ☐Other (explain) ☐**Yes No****10** Was there a change in determining quantities, costs, or valuations between opening/closing inventory?

(If yes, attach explanation)

☐ ☐**11** Did you materially participate in the operation of this business during 2019?☐ ☐**12** Did you start or acquire this business during 2019?☐ ☐**13 a** Did you make any payments in 2019 that require you to file Forms 1099?☐ ☐**b** If yes, did you or will you file all the required Forms 1099?☐ ☐**14** At-risk determination:**a** Is all of the investment in this activity at risk?☐**b** Is some of the investment in this activity not at risk?☐**15** Did you have unallowed passive losses in 2018?☐ ☐**16 a** Treat all MACRS assets for this activity as qualified Indian reservation property?☐ ☐**b** Treat all assets acquired after August 27, 2005 as qualified GO Zone property?**Regular** ☐**Extension** ☐**No** ☐**c** Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property?☐ ☐**d** Was this business located in a Qualified Disaster Area?☐ ☐

Complete ORG51 for Asset Acquisitions and ORG50 for Dispositions.

INCOME		2019	2018
17	Gross receipts or sales		
18	Returns and allowances plus other adjustments		
19	Other income (include federal/state gas tax credit/refund)		

COST OF GOODS SOLD – IF APPLICABLE		2019	2018
20	Inventory at beginning of year		
21	Purchases		
22	Items withdrawn for personal use		
23	Cost of labor (do not include your salary)		
24	Materials and supplies		
25	Other costs		
26	Inventory at end of year		

Business Income and Expenses (continued)**ORG19**

EXPENSES	2019	2018
Business name _____		
27 Advertising		
28 Car and truck expenses (complete ORG18).....		
29 Commissions and fees		
30 Contract labor		
31 Depletion		
32 Depreciation and Section 179 deduction (Preparer Use Only)		
33 Employee benefit programs:		
a Employee health insurance premiums		
b Other employee benefit programs		
34 Insurance (other than health)		
35 Self-employed health insurance attributable to this business		
36 Interest:		
a Mortgage paid to banks not reported to you on Form 1098.....		
b Other		
37 Legal and professional services		
38 Office expenses		
39 Pension and profit-sharing plans		
40 Rent or lease:		
a Machinery and equipment (enter vehicle lease on ORG18)		
b Other business property.....		
41 Repairs and maintenance		
42 Supplies (not included in cost of goods sold)		
43 Taxes and licenses not reported to you on Form 1098		
44 Travel and meals		
a Travel.....		
b Meals subject to 50% limit.....		
c Meals subject to 80% limit.....		
d Meals not subject to limit		
45 Utilities		
46 Gross wages		
47 Other expenses:		

48 Expenses for business use of your home (Preparer Use Only)		
Complete ORG20 for Business Use of Home.		
49 Qualified pension plan start-up costs		
50 DPAD (line 6) from cooperative(s) with tax year beginning before Jan. 1, 2018.....		
51 DPAD (line 6) from cooperative(s) with tax year beginning after Dec. 31, 2017		

Sales of Stocks and Securities

ORG21



Attach all copies of Forms 1099-B and/or 1099-S here.

Yes No

- 1 Did you exchange any securities for other securities or any other property held for investment? ☒ ☐
- 2 Did you acquire stock identical to stock sold at a loss within a period beginning 30 days prior to and ending 30 days after the date of the sale? ☐ ☐
- 3 Did you engage in any transactions involving traded options? ☐ ☐
- 4 Did you engage in any transactions involving commodity future contracts and straddle positions? ☐ ☐
- 5 Did you engage in any transactions involving *employee* stock options? ☐ ☐
- 6 Schedule D included in the 2018 Federal income tax return? ☐ ☐

Do not include installment sales transactions here. Complete information on Installment Sales Income (ORG23) instead.
See notes below for entries to be made on lines 1d, 4a, 4b and 5

FORMS 1099-B, 1099-S – SALES OF STOCKS, BONDS, REAL ESTATE, ETC.

Transaction number.....

- 1a Check if this sale was reported to you on Form 1099-B or substitute statement ☐
- b If so, check if Box 6a is marked (i.e., this is the sale of noncovered security)..... ☐
- c If so, check if Box 6b is marked (i.e., the basis amount was reported to the IRS)..... ☐
- d If so, select type of gain (loss) indicated in Box 1c *..... ☐
- 2 Description of property
- 3a Date acquired b Date sold
- 4a Type of transaction *** b Property ownership **
- 5 Holding period *
- 6 Sales price
- 7 Cost or other basis
- 8 Wash sale loss disallowed.....
- 9 Federal Tax withheld (if any)
- 10a State..... b State identification c State tax withheld

Transaction number.....

- 1a Check if this sale was reported to you on Form 1099-B or substitute statement ☐
- b If so, check if Box 6a is marked (i.e., this is the sale of noncovered security)..... ☐
- c If so, check if Box 6b is marked (i.e., the basis amount was reported to the IRS)..... ☐
- d If so, select type of gain (loss) indicated in Box 1c *..... ☐
- 2 Description of property
- 3a Date acquired b Date sold
- 4a Type of transaction *** b Property ownership **
- 5 Holding period *
- 6 Sales price
- 7 Cost or other basis
- 8 Wash sale loss disallowed.....
- 9 Federal Tax withheld (if any)
- 10a State..... b State identification c State tax withheld

* Type of Holding Period

S = Short-term (one year or less)
L = Long-term (more than one year)

** Type of Ownership

T = Taxpayer Ownership
S = Spouse Ownership
J = Joint Ownership

*** Type of Transaction

S = Regular Sale of Stocks, Bonds, etc
W = Wash Sale
M = Collectible (28% Rate)
P = Personal Loss on Noninvestment Property
X = Expired (options, etc)
O = Worthless Securities
K = Bankrupt
N = Nonbusiness Bad Debt
E = Stock sales to ESOP's or EWOC's

Sale of Your Home

ORG22

GENERAL INFORMATION

▶ ☒ Attach copies of your original purchase and the current sale settlement sheets here.

Complete if the sale of your home occurred in the current year (2019).

	Yes	No
1 a Was the sale amount of your residence \$250,000 or less (\$500,000 or less if married filing a joint return)?	<input type="checkbox"/>	<input type="checkbox"/>
b Did you acquire this home in a like-kind (Section 1031) exchange and sell it within 5 years of acquiring it?	<input type="checkbox"/>	<input type="checkbox"/>
c Did you use this home partially or completely in a trade or business or hold it for investment AND dispose of it in a like-kind (Section 1031) exchange?	<input type="checkbox"/>	<input type="checkbox"/>
d Did you claim the First-Time Homebuyer Credit when you purchased this home?	<input type="checkbox"/>	<input type="checkbox"/>
2 a Did you live in your home as a principal residence for a total of at least 2 years during the 5-year period ending on the date of sale?	<input type="checkbox"/>	<input type="checkbox"/>
b If married filing a joint return, did your spouse live in your home as a principal residence for a total of at least 2 years during the 5-year period ending on the date of sale?	<input type="checkbox"/>	<input type="checkbox"/>
3 Did you receive a Form 1099-S?	<input type="checkbox"/>	<input type="checkbox"/>
4 a Have you sold and excluded gain from another principal residence within 2 years before the sale of this home?	<input type="checkbox"/>	<input type="checkbox"/>
b If married filing a joint return, has your spouse sold and excluded gain from another principal residence within 2 years before the sale of this home?	<input type="checkbox"/>	<input type="checkbox"/>
5 Did you sell this home due to a change of health, place of employment or other unforeseen circumstances? (If this is a joint sale, answer both questions the same. Otherwise, answer as applicable.)		
a You	<input type="checkbox"/>	<input type="checkbox"/>
b Your spouse	<input type="checkbox"/>	<input type="checkbox"/>
6 a Did you or your spouse use any part of your residence for business or rental purposes after May 6, 1997?	<input type="checkbox"/>	<input type="checkbox"/>
b Was the home used as investment or rental property after December 31, 2008?	<input type="checkbox"/>	<input type="checkbox"/>
7 a Will you be receiving periodic payments of principal or interest from this sale?	<input type="checkbox"/>	<input type="checkbox"/>
b If Yes , what is the amount of the financial instrument?		

8 Address of former home sold

9 a Date former home was sold

b Date former home was bought

10 Sales price of the home sold

COST BASIS OF HOME SOLD

Description	Amount
Original cost of home sold:	
11 a Purchase price of home sold	
b Postponed gain on the sale of your previous home (from Form 2119 for the year this home was bought)	
Additions and increases to basis:	
12 a Settlement fees or closing costs when home was purchased. Do not include amounts previously deducted as moving expenses	
b Cost of capital improvements	
c Additions, including costs of materials and labor	
d Other additions and increases to basis	
Decreases to basis:	
13 a Seller-paid points (for old home bought after 1990)	
b Other decreases to basis	

COMMISSIONS AND OTHER EXPENSES OF SALE

Description	Amount
14 a	
b	
c	
d	

Installment Sale Income**ORG23****Attach all closing documents if this is the year of sale.**

Was the property sold in this installment sale a rental or used in a trade or business? ☐ **Yes** ☐ **No**
 Was the final installment received this year? ☐ **Yes** ☐ **No**

1 Description of property**2 a** Date acquired **2 b** Date sold**c** Check this box if ordinary gain from non-capital asset ☐**GROSS PROFIT INFORMATION**
(Complete for year of sale only.)

3 Selling price, including mortgages and other debts
4 Mortgages and other debts buyer assumed or took property subject to
5 Cost or other basis of property sold
6 Depreciation allowed or allowable
7 Commissions and other expenses of sale
8 Was this property your main home? ☐ **Yes** ☐ **No**

CURRENT TAXABLE PORTION

9 Gross profit percentage
10 a Payments received in current year
b Interest received in current year

Seller Financed Mortgage Information

11 Payer's Name
 Address
 City State ZIP code
 Country SSN or EIN

12 Payments received in prior years (do not include interest)**SALES TO RELATED PARTIES**

13 a Was the property sold to a related party after May 14, 1980? ☐ **Yes** ☐ **No**
b If **yes**, was the property a marketable security? ☐ **Yes** ☐ **No**

If **yes**, complete the rest of this form. If **no**, complete for year of sale and for 2 years after the sale.

If you received the final installment payment this year, do not complete the rest of this form.

c Give the name, address, and taxpayer identification number of related party:

Name
 Address
 City State ZIP code
 Identifying number

14 Did the related party, during this tax year, resell or dispose of the property? ☐ **Yes** ☐ **No**
 If **no**, do not complete the rest of this form.

Answer **yes** to no more than one of the following questions.

15 a Was the second disposition more than two years after the first disposition (other than dispositions of marketable securities)? ☐ **Yes** ☐ **No**
 If **yes**, give date of disposition

b Was the first disposition a sale or exchange of stock to the issuing corporation? ☐ **Yes** ☐ **No****c** Was the second disposition an involuntary conversion where the threat of conversion occurred after the first disposition? ☐ **Yes** ☐ **No****d** Did the second disposition occur after the death of the original seller or buyer? ☐ **Yes** ☐ **No****e** Can it be established to the satisfaction of the IRS that tax avoidance was not a principal purpose for either disposition? ☐ **Yes** ☐ **No**If **yes**, give explanation

16 If you answered **no** to all questions 15a through 15e, enter sales price of the property sold by related party (attach Form 6252 for year of first sale)

Rent and Royalty Income and Expenses**ORG25****BASIC PROPERTY INFORMATION**

Property description: _____

Property type: * _____ If type is other, enter a description: _____

Location (street address): _____

City: _____ State: _____ Zip: _____

If a foreign address: Foreign province or state: _____

Foreign postal code: _____ Foreign Country: (not applicable) _____

Is this activity a qualified trade or business under Section 199A? ☐ Yes ☐ No1 Check property owner ☐ Taxpayer ☐ Spouse ☐ Joint Yes No2 a Did you make any payments that would require you to file Form(s) 1099? ☐ ☐b If yes, did you or will you file all required Forms(s) 1099? ☐ ☐

3 a Enter the ownership percentage (if not 100%) _____

b If not 100%, are you reporting 100% of the income and expenses? ☐ ☐4 Is this a rental property? (If yes, answer questions 5 through 11; if no, skip to question 12.) ☐ ☐5 Did you have personal use of this property or rent it for part of the year at less than fair rental value? ☐ ☐

6 For all rental properties, enter the number of days during 2019 that:

a The property was rented at fair rental value _____

b The property was used personally or rented at less than fair rental value _____

c You owned the property, if not the entire year _____

7 a Does this rental have multiple living units and you live in one of the units? ☐ ☐

b If yes, enter percentage of rental use _____

8 Did you actively participate in this property's management during 2019 ? ☐ ☐9 Did you materially participate in this property's management during 2019 ? ☐ ☐10 Do you want to treat this property as non-passive? ☐ ☐11 Did this property have unallowed passive losses in 2018 ? ☐ ☐12 Did you dispose of this property in a fully taxable transaction? ☐ ☐13 Check this box if some of this investment was not at-risk ☐14 a Treat all MACRS assets for this activity as qualified Indian reservation property? ☐ ☐b Treat all assets acquired after August 27, 2005 as qualified GO Zone property? Regular ☐ Extension ☐ No ☐c Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property? ☐ ☐d Was this activity located in a Qualified Disaster Area? ☐ ☐

Complete ORG51 for Asset Acquisitions and ORG50 for Dispositions.

INCOME		2019	2018
15 Rents or royalties received			
<div style="display: flex; justify-content: space-between;"> <div> * Property Types: 1 Single family residence 2 Multi-family residence 3 Vacation/short-term rental 4 Commercial </div> <div> 5 Land 6 Royalties 7 Self-rental 8 Other </div> </div>			

Rent and Royalty Income and Expenses (continued)**ORG25**

EXPENSES		2019	2018
	Property location		
16	Advertising		
17a	Automobile (complete ORG18 for autos).....		
b	Travel.....		
18	Cleaning and maintenance		
19	Commissions.....		
20a	Mortgage insurance premiums — qualified		
b	Other insurance		
21	Legal and professional fees		
22	Management fees		
23a	Mortgage interest paid to banks — qualified.....		
b	Mortgage interest paid to banks — other.....		
24	Other interest		
25	Repairs.....		
26	Supplies.....		
27a	Real estate taxes.....		
b	Other taxes		
28	Utilities		
29	Other expenses:		
a	.....	
b	.....	
c	.....	
d	.....	
e	.....	
30a	Depreciation and Section 179 deduction (Preparer Use Only)		
b	Depletion (Preparer Use Only)		

Adjustments to Income

ORG28

TRADITIONAL IRA CONTRIBUTIONS		Taxpayer	Spouse
1 Traditional IRA contributions made for 2019			
2 Check if you were covered by a retirement plan at work.....		<input type="checkbox"/>	<input type="checkbox"/>
3 Check if you wish to make an additional contribution to your traditional IRA before the due date of your return.....		<input type="checkbox"/>	<input type="checkbox"/>
4 If line 3 is checked, check this box to contribute the maximum allowable amount.....		<input type="checkbox"/>	<input type="checkbox"/>
5 Or enter the amount you wish to contribute			
If you (a) received traditional IRA distributions during 2019 and you have made nondeductible IRA contributions to any of your traditional IRAs, including SIMPLE IRAs, OR (b) choose to make any nondeductible traditional IRA contributions for 2019, please provide this information:			
6 Enter the value of all of your IRAs on 12/31/2019			
7 Enter the value of all recharacterizations after 12/31/2019			
8 Enter the amount of any outstanding rollovers as of 1/1/2020			
If you received IRA distributions during 2019, please complete ORG7.			
ROTH IRA CONTRIBUTIONS		Taxpayer	Spouse
1 Roth IRA contributions made for 2019			
2 Check if you wish to make an additional contribution to your Roth IRA before the due date of your return.....		<input type="checkbox"/>	<input type="checkbox"/>
3 If line 2 is checked, check this box to contribute the maximum allowable amount.....		<input type="checkbox"/>	<input type="checkbox"/>
4 Or enter the amount you wish to contribute			
SELF-EMPLOYED PENSION CONTRIBUTIONS		Taxpayer	Spouse
Money Purchase Plan Keogh and Multiple Plans:			
1 a Payments made and/or expected to be made to a money purchase Keogh plan for 2019			
b Check this box if you wish to contribute the maximum amount to your money purchase Keogh for 2019		<input type="checkbox"/>	<input type="checkbox"/>
Profit Sharing Plan Keogh:			
2 a Payments made and/or expected to be made to a profit sharing Keogh for 2019			
b Check this box if you wish to contribute the maximum amount to your profit sharing Keogh for 2019		<input type="checkbox"/>	<input type="checkbox"/>
Defined Benefit Plan Keogh:			
3 Payments made and/or expected to be made to a defined benefit Keogh plan for 2019			
SEP:			
4 a Payments made and/or expected to be made to a SEP for 2019			
b Check this box if you wish to contribute the maximum amount to your SEP for 2019		<input type="checkbox"/>	<input type="checkbox"/>
Self-Employed SIMPLE Plan:			
5 a Payments made and/or expected to be made to a self-employed SIMPLE plan for 2019			
b Enter matching contributions only to report on Form 1040 to a self-employed SIMPLE plan for 2019			
Individual 401(k):			
6 a Elective deferrals made and/or expected to be made to an Individual 401(k) plan for 2019			
b Catch-up contributions made and/or expected to be made to an Individual 401(k) for 2019			
c Employer matching profit-sharing contribution made and/or expected to be made to an Individual 401(k) plan for 2019.....			
d Check this box if you wish to contribute the maximum amount to your Individual 401(k) for 2019		<input type="checkbox"/>	<input type="checkbox"/>
Roth 401(k):			
7 a Elective deferrals made or expected to be made to a designated Roth 401(k) plan for 2019			
b Catch-up contributions made or expected to be made to a designated Roth 401(k) plan for 2019			
ALIMONY PAID			
Recipient's name	Recipient's SSN	Alimony paid	
1			
2			

Child and Dependent Care Expenses**ORG35****CHILD AND DEPENDENT CARE EXPENSES**

Enter below the persons or organizations who provided the child and dependent care.

First Name (if person) Last Name (if person) OR Provider Business Name Additional Business Name	Provider Address	ID Number SSN on first line OR EIN on second line	Amount Paid
Provider Phone			
1 ..... ..... .....	..... ..... ..... Care at above address? <input type="checkbox"/> Tax-Exempt .. <input type="checkbox"/> Foreign <input type="checkbox"/>
2 ..... ..... .....	..... ..... ..... Care at above address? <input type="checkbox"/> Tax-Exempt .. <input type="checkbox"/> Foreign <input type="checkbox"/>
3 ..... ..... .....	..... ..... ..... Care at above address? <input type="checkbox"/> Tax-Exempt .. <input type="checkbox"/> Foreign <input type="checkbox"/>
4 ..... ..... .....	..... ..... ..... Care at above address? <input type="checkbox"/> Tax-Exempt .. <input type="checkbox"/> Foreign <input type="checkbox"/>
EXPENSES		2019	2018
1 Total employment taxes paid on wages for child care expenses			
2 Total expenses paid in 2019 but not incurred in 2019			
3 Total expenses incurred in 2019 but not paid in 2019			
4 Medical expenses paid for qualifying persons unable to care for themselves			
STUDENT/DISABLED PERSON INFORMATION FOR 2019		Taxpayer	Spouse
5 If taxpayer or spouse was a full-time student or disabled in 2019, answer the following questions:			
a Number of months that taxpayer/spouse was a full-time student or disabled			
b Did taxpayer or spouse work and earn less than \$250/\$500 during the months entered on line 5a? If No, leave line 5b blank. If Yes, multiply the number of months working and earning less by either \$250/\$500 and enter that amount here			

Education Information**ORG36****EDUCATION TUITION AND FEES**

Attach all Form 1098-Ts and a list of your qualified expenses.

EDUCATOR EXPENSES**2019****2018****1 a** Taxpayer educator expenses.....**b** Spouse educator expenses.....**STUDENT LOAN INTEREST PAID****Student Loan Interest Reported on a 1098-E in 2019****2 a** Enter detail below or total interest in Part 2b**Lender's Name****2019****2018****Total Student Loan Interest****2019****2018****2 b** Enter the total interest paid on qualified student loans.....**FORM 1099-Q****3** Enter 1099-Q detail below.

State Code	Name of Payer or Program	Gross Distribution Box 1	Earnings Box 2	* Type Box 5

* For the Type Code, enter the following:

P = Private Qualified Tuition Program
S = State Qualified Tuition Program
E = Coverdell ESA

Tax Payments**ORG40****2019 ESTIMATED TAX PAYMENTS**

	Federal		State			Local		
	Date	Amount	Date	Amount	ID	Date	Amount	ID
1 Qtr 1 due by 04/18/19.....	04/15/2019							
2 Qtr 2 due by 06/15/19.....								
3 Qtr 3 due by 09/15/19.....								
4 Qtr 4 due by 01/16/20								
5 a Additional payments ...								
b Additional payments ...								
c Additional payments ...								
d Additional payments ...								

OTHER TAX PAYMENTS

	Federal	State	Local
6 2018 overpayment applied to 2019			
7 Balance due paid with 2018 return			
8 a 2018 Quarter 4 payments paid in 2019			
b 2018 extension payments paid in 2019			
9 Other taxes paid in 2019 for prior years (include explanation)			

2020 ESTIMATED TAX WORKSHEET

If you expect any significant change in your income or expenses in 2020, please enter the increase or decrease below.

Income

10 Wages	Taxpayer	
	Spouse.....	
11 Self-Employment Income	Taxpayer	
	Spouse.....	
12 Capital Gains (sale of stock, real estate, etc).....		
13 Other Income:		
Description		

Deductions

14 Allowable Itemized Deductions	
15 Other deductions (such as alimony paid, early withdrawal penalties, etc):	
Description	
16 Federal Withholding	
17 Number of personal exemptions expected for 2020	

ADDITIONAL INFORMATION

18 Check to use your 2019 tax amount for your 2020 estimate	<input type="checkbox"/>
19 If you have an overpayment of 2019 taxes, check the box to indicate how you want your overpayment applied.	
a Apply entire overpayment to next year and refund excess	<input type="checkbox"/>
b Apply entire overpayment to first quarter and refund excess	<input type="checkbox"/>
20 Amount to apply if not entire overpayment	
21 Number of installments for estimated tax (1 - 4)	

K-1 Partnership – Partner's Questions**ORG45**

☒ **Attach all copies of K-1s from partnerships.**

1	Name of partnership
	Partnership identification number <u>**-***9999</u> Tax shelter registration number
	1 Ownership <input checked="" type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint
	2 Is this the final K-1 for this partnership? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2	Name of partnership <u>ENTITY 1</u>
	Partnership identification number Tax shelter registration number
	1 Ownership <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint
	2 Is this the final K-1 for this partnership? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3	Name of partnership
	Partnership identification number Tax shelter registration number
	1 Ownership <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint
	2 Is this the final K-1 for this partnership? <input type="checkbox"/> Yes <input type="checkbox"/> No
4	Name of partnership
	Partnership identification number Tax shelter registration number
	1 Ownership <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint
	2 Is this the final K-1 for this partnership? <input type="checkbox"/> Yes <input type="checkbox"/> No
5	Name of partnership
	Partnership identification number Tax shelter registration number
	1 Ownership <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint
	2 Is this the final K-1 for this partnership? <input type="checkbox"/> Yes <input type="checkbox"/> No
6	Name of partnership
	Partnership identification number Tax shelter registration number
	1 Ownership <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint
	2 Is this the final K-1 for this partnership? <input type="checkbox"/> Yes <input type="checkbox"/> No

K-1 S Corporation – Shareholder's Questions**ORG46****Attach all copies of K-1s from S Corporations.**

1	<p>Name of S Corporation _____</p> <p>S Corporation identification number <u>** - *** 9999</u> Tax shelter registration number ... _____</p> <p>1 Ownership <input checked="" type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint</p> <p>2 Is this the final K-1 for this S Corporation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
2	<p>Name of S Corporation <u>ENTITY 1</u></p> <p>S Corporation identification number _____ Tax shelter registration number ... _____</p> <p>1 Ownership <input checked="" type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint</p> <p>2 Is this the final K-1 for this S Corporation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
3	<p>Name of S Corporation _____</p> <p>S Corporation identification number _____ Tax shelter registration number ... _____</p> <p>1 Ownership <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint</p> <p>2 Is this the final K-1 for this S Corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
4	<p>Name of S Corporation _____</p> <p>S Corporation identification number _____ Tax shelter registration number ... _____</p> <p>1 Ownership <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint</p> <p>2 Is this the final K-1 for this S Corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
5	<p>Name of S Corporation _____</p> <p>S Corporation identification number _____ Tax shelter registration number ... _____</p> <p>1 Ownership <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint</p> <p>2 Is this the final K-1 for this S Corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
6	<p>Name of S Corporation _____</p> <p>S Corporation identification number _____ Tax shelter registration number ... _____</p> <p>1 Ownership <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint</p> <p>2 Is this the final K-1 for this S Corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

K-1 Estate & Trust – Beneficiary's Questions**ORG47****Attach all copies of K-1's from estates and trusts.**

1	Name of estate or trust.....		
	Estate or trust identification no...		Tax shelter registration number.....
	1 Beneficiary	<input type="checkbox"/> Taxpayer	<input type="checkbox"/> Spouse <input type="checkbox"/> Joint
	2 Is this the final K-1 for this estate or trust?		<input type="checkbox"/> Yes <input type="checkbox"/> No
2	Name of estate or trust.....		
	Estate or trust identification no...		Tax shelter registration number.....
	1 Beneficiary	<input type="checkbox"/> Taxpayer	<input type="checkbox"/> Spouse <input type="checkbox"/> Joint
	2 Is this the final K-1 for this estate or trust?		<input type="checkbox"/> Yes <input type="checkbox"/> No
3	Name of estate or trust.....		
	Estate or trust identification no...		Tax shelter registration number.....
	1 Beneficiary	<input type="checkbox"/> Taxpayer	<input type="checkbox"/> Spouse <input type="checkbox"/> Joint
	2 Is this the final K-1 for this estate or trust?		<input type="checkbox"/> Yes <input type="checkbox"/> No
4	Name of estate or trust.....		
	Estate or trust identification no...		Tax shelter registration number.....
	1 Beneficiary	<input type="checkbox"/> Taxpayer	<input type="checkbox"/> Spouse <input type="checkbox"/> Joint
	2 Is this the final K-1 for this estate or trust?		<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Name of estate or trust.....		
	Estate or trust identification no...		Tax shelter registration number.....
	1 Beneficiary	<input type="checkbox"/> Taxpayer	<input type="checkbox"/> Spouse <input type="checkbox"/> Joint
	2 Is this the final K-1 for this estate or trust?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6	Name of estate or trust.....		
	Estate or trust identification no...		Tax shelter registration number.....
	1 Beneficiary	<input type="checkbox"/> Taxpayer	<input type="checkbox"/> Spouse <input type="checkbox"/> Joint
	2 Is this the final K-1 for this estate or trust?		<input type="checkbox"/> Yes <input type="checkbox"/> No

K-1 Supplemental Business Expenses

ORG48

Partnership

EXPENSES	2019	2018
Use ORG18 to enter vehicle expenses.		
1 Vehicle expenses.....		
2 Vehicle rentals.....		
3 Travel expenses while away from home (excluding meals/entertainment expenses).....		
4 Business gifts.....		
5 Education.....		
6 Office supplies and expenses.....		
7 Telephone, fax, pager, etc.....		
8 Trade publications.....		
9 Depreciation and amortization (Preparer Use Only).....		
Use ORG50 to record dispositions. Use ORG51 to enter additional assets.		
Treat all MACRS assets for activity as qualified Indian reservation property? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Treat all assets acquired after August 27, 2005 as qualified GO Zone property? <input type="checkbox"/> Regular <input type="checkbox"/> Extension <input type="checkbox"/> No		
Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Was this activity located in a Qualified Disaster Area? <input type="checkbox"/> Yes <input type="checkbox"/> No		
10 Carryover of Section 179 expense from prior year.....		
11 Meals and entertainment expenses.....		
12 Other:		

REIMBURSEMENTS	2019	2018
13 Reimbursements for other than meals and entertainment.....		
14 Reimbursements for meals and entertainment.....		

State Information Worksheet

ORG60

GENERAL INFORMATION

	Taxpayer	Spouse
1 Enter your state of residence	_____	_____
2 Check the appropriate box if:	Taxpayer	Spouse
a Full year resident.....	<input type="checkbox"/>	<input type="checkbox"/>
b Part year resident	<input type="checkbox"/>	<input type="checkbox"/>
c Nonresident	<input type="checkbox"/>	<input type="checkbox"/>
	Date of entry: _____	Date of exit: _____
3 Resident locality: _____		
4 County: _____	School district: _____	School district number: _____
	Taxpayer	Spouse
5 Check if disabled	<input type="checkbox"/>	<input type="checkbox"/>

STATE CREDITS

6 Description/type of credit (for example, solar energy, carpool)	Code	Amount
a _____		
b _____		
c _____		
d _____		
e _____		

VOLUNTARY STATE CONTRIBUTIONS

7 Description/type of contribution (for example, wildlife, cancer)	Code	Amount
a _____		
b _____		
c _____		
d _____		
e _____		

MISCELLANEOUS QUESTIONS

	Yes	No
8 Did you file a state return for 2018?	<input type="checkbox"/>	<input type="checkbox"/>
9 Do you want state forms and instructions sent to you next year?	<input type="checkbox"/>	<input type="checkbox"/>
10 Do you want any applicable penalty and interest calculated and added to the return?	<input type="checkbox"/>	<input type="checkbox"/>
11 How do you want your state refund (if any) applied?		
a Refunded <input type="checkbox"/>	b Apply to 2020 estimates <input type="checkbox"/>	c Apply to 2020 taxes <input type="checkbox"/>
12 Additional state information: _____		

2019
Tax Documents to Send to Preparer

► ☒ **Check items enclosed.**

Gather the following documents to send to your preparer.

☒ Form W-2 - Wages, Salaries and Tips:

☐ _____

☒ Form 1099-R - Distributions from IRA, Pensions, Etc:

☐ _____

☐ Form(s) SSA-1099

☒ Form 1099-INT - Interest Income:

☐ _____

☒ Form 1099-DIV - Dividend Income:

☐ _____

☒ Sale of Residence Closing Statements:

☐ _____

☒ Schedule K-1 Worksheet - Partnership:

☐ _____

☐ _____ ENTITY 1

☒ Schedule K-1 Worksheet - S Corporation:

☐ _____

☐ _____ ENTITY 1

☒ Schedule K-1 Worksheet - Estates and Trusts:

☐ _____

☐ _____

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