Personal Legal Plans, Inc.

Tax Organizer

**We are asking our tax clients to complete and sign this annual tax organizer**.

As tax laws change from year to year, we need to ask questions to help us help you more effectively.

If you are new to our tax practice, please provide a copy of your prior year tax return.

Also, we strongly suggest that you include all the tax forms you receive. If it says “important tax documents” then we most likely need it. A good rule of thumb would be, “if you wonder if we might need it, bring it and let us decide.” It is better to have too much than too little. All individuals are different so it is impossible to list all the necessary forms you would have. Below is a list of the more commons forms tax preparers receive from their clients.

|  |  |  |
| --- | --- | --- |
| **(✓) If you have** | **Income/Deduction** | **Tax Form** |
|  | Wages | Form W - 2 |
|  | Interest | Form 1099 – INT |
|  | Dividends | Form 1099 – DIV |
|  | Sale of Stocks, Securities, and/or Capital Assets  *Bring the complete tax reporting brokerage statement* | Form 1099 – B  *Complete brokerage stmt*. |
|  | State or Local Tax Refunds | Form 1099 – G |
|  | Sale of Real Estate | Form 1099 – S |
|  | Miscellaneous Income | Form 1099 – NEC |
|  | Retirement or Pension Distributions | Form 1099 – R |
|  | Pass-thru Income (S Corp, Partnership, Trust Estate) | Schedule K - 1 |
|  | Unemployment Compensation | Form 1099 – G |
|  | Social Security Income | Form SSA – 1099 |
|  | Cancelation of Debt, Abandonment of Property Foreclosure | Form 1099 – C or 1099 – A |
|  | Mortgage Interest | Form 1098 |
|  | Health Savings Account (HSA) | Forms 1099 – SA **&** 5498 – SA |
|  | Student Loan Interest | Form 1098 - E |
|  | Tuition | Form 1098 – T |
|  | Healthcare Coverage or Insurance | Form 1095 – A, B, C |
|  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Person Submitting Form: |  | Date: |  |
| Preferred Email Address: |  | Phone: |  |

**To the best of my knowledge & belief, the information included on this organizer is true, correct and complete.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Signature of Taxpayer | Date |  | Signature of Spouse | Date |

**Tax Questionnaire**

Please **check the box to the left** for any of the following that applies. If not leave **blank**.

If checked, please provide a brief explanation. **(Note: You are answering for you and your spouse)**

Did your **marital** status change during the year?

Did your **address** change during the year? **Phone number** change? **Email address** change?

Did you or your spouse have a change in **employment** status? **Occupational** changes?

Were there any changes in **dependents**? Are any of them turning or have they turned **17?** **24?**

Do you have any dependents that have **filed or will file** a tax return?

Did you **purchase, sell, or refinance** your principal home, second home, investment property or inherited property? If so, please bring a copy of the Settlement Statements you received at closing.

Did you start, purchase, or sell a **business? Rental** property? Farm? Your interest in partnership or an S Corp?

Did you have **Marketplace insurance** at any time during the year?

Did you, your spouse, or a dependent have any **tuition** expenses while attending a college, university or vocational school?

Did you **make or do you intend to make** by the due date of this return any IRA, ROTH IRA or contributions?

Do you receive a pension or social security equivalent from **another country**?

At any time during the year, did you receive, sell, send, exchange, or otherwise acquire any financial

Interest in any **virtual currency**? (Bit Coins)````

|  |  |  |  |
| --- | --- | --- | --- |
| **TAXPAYER** |  | **SPOUSE** | |
|  | **NAME** |  |  |
|  | **SOCIAL SECURITY NUMBER** |  |  |
|  | **OCCUPATION** |  |  |
|  | **DATE OF BIRTH** |  |  |
|  | **EMAIL ADDRESS** |  |  |
|  | **CELL PHONE** |  |  |
| **Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | **Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |
| **City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | |
| **DEPENDENT CHILDREN & OTHER DEPENDENTS** | | | |
| **NAME** | **SOCIAL SECURITY NUMBER** | **DATE OF BIRTH** | **INCOME** |
|  |  |  |  |
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| List any dependents from above who do not live with you.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |

**Interest Income** - from 1099-INT checking/savings accounts, bonds, CDs, brokerage accounts or seller-financed mortgages

|  |  |  |  |
| --- | --- | --- | --- |
| Financial Source | Amount | Financial Source | Amount |
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**Non-taxable Interest or Dividend Income**- from municipal bonds and/or brokerage accounts

|  |  |  |  |
| --- | --- | --- | --- |
| Financial Source | Amount | Financial Source | Amount |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Dividend Income - *from 1099-DIVs and/or brokerage statement***

\*\*\***Do Not fill-in the amounts your tax preparer will do this.** \*\*\*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Financial source | 1a | 1b | 2a | 3 | 5 | Foreign Tax | Foreign Income |
|  |  |  |  |  |  |  |  |
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**Securities and Property Sold** - from various sources such as Forms 1099 – S, brokerage forms 1099 - B

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Description** | **Date sold** | **Date acquired** | **Sales Price** | **Cost or other Basis** | **Gain/Loss** | **ST/LT** | **Y/N** |
|  |  |  |  |  |  |  |  |
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| **Carryover ST Loss** |  |  | **Carryover LT Loss** |  |  |

**Additional Income Sources**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Disability Income |  | Lawsuit Settlement |  | State or Local  Tax Refund |  |
| Alimony Received |  | Tips Received |  | Jury Duty |  |
| Unemployment Benefits |  | Gambling Lottery or Prizes |  | Any Other Income Not Listed |  |

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| --- |
| **Miscellaneous**   * Contribution to a retirement plan (outside of your employer) i.e. IRA, Roth or SEP: * Teacher Expenses: * Did you get a divorce prior to Jan. 1, 2019 and are paying alimony? If so, please provide the recipient’s name. their SSN and the amount paid: * Contribution to HSA through employer: * Contribution to HSA other than your employer: * Did you use the provided HSA Card?  Yes  No. If yes, then please provide the 1099 – SA * Gambling losses: * Casualty losses in a disaster area: * Did you install any energy efficient windows, new heat/air system for which you are entitled to a tax   Credit. If so, how much did it cost?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| **Education Expenses**  Please provide us with copies of the Form 1098 – T and 1099 – Q that was received plus the followinginformation  Student name: How many years of school for this student:  What are the amounts on form 1098-T for Tuition & Scholarship  If you had a distribution from a 529 plan, what was the cost of room & board & internet expense  If you are a GA resident, did you contribute to a GA 529?  Yes  No If yes, how much?  Do you have any Student Loan interest?  Yes  No If yes, please provide the 1098 – E (s) |

|  |  |  |  |
| --- | --- | --- | --- |
| **Childcare Expenses** | | | |
| Provider | Address | EIN | Amount |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Total childcare expenses** | | | |
| **Please enter the amount, if any, that you contributed to a pre – tax benefit plan at work.** | | | |

**Estimated Tax Payments** – Please bring a copy of payment check images

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Due on | April 15 | June 15 | Sept 15 | Jan 15  of current year | Total |
| Federal |  |  |  |  |  |
| State |  |  |  |  |  |

Comments, questions or concerns you would like to discuss with your tax preparer.

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**Itemized Deductions**

**Medical**

**\*\*Do not include amounts covered by insurance or paid with a distribution from an HSA/MSA\*\***

**Please provide tax preparer with your 1095 – A if you have Marketplace Insurance**

|  |  |  |  |
| --- | --- | --- | --- |
| Prescriptions |  | Eyeglasses & contacts |  |
| Insurance premiums (not pre-tax) |  | Supplies & equipment |  |
| Medicare premiums |  | Ambulance fees |  |
| Taxpayer’s long-term care premiums |  | Lodging for medical purposes |  |
| Spouse’s long-term care premiums |  | Other expenses |  |
| Doctors, dentist, hospital, lab fees |  |  |  |
| Qualified long-term care expenses |  |  |  |
|  |  | Medical transportation miles\_\_\_\_\_\_ |  |

**Taxes**

|  |  |  |  |
| --- | --- | --- | --- |
| Primary residence property t//ax |  | Total vehicle property tax |  |
| Additional homes or land |  | Estimated taxes listed on page 4 | /////////////// |
|  |  |  |  |
|  |  |  |  |

**Interest**

|  |  |  |  |
| --- | --- | --- | --- |
| Primary residence mortgage interest on form 1098 |  | 2nd home, additional property or land mortgage interest |  |
| Line of credit on primary dated before 12/14/2017 |  | Refinance of primary residence (bring closing statement) |  |
| Second mortgage on primary home |  | Date of refinance |  |
| Mortgage insurance on primary residence |  | Refinance loan duration |  |
| Investment land |  | Margin interest |  |

**Charity**

**\*\*Anything listed below must have supporting documentation (i.e. canceled checks, receipt from charity) \*\***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Monetary Donations  Charity Name | Amount | Non - Monetary Donations  Charity Name | Date | Amount |
|  |  |  |  |  |
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| Payroll Deduction |  | Charitable Miles | **/////////////////////** |  |

**Self – Employed Business (Schedule C)**

**Business income and Expenses**

|  |  |
| --- | --- |
| EIN: | |
| If self – employed enter amount contributed to a SEP |  |
| If self – employed enter amount paid for health ins. |  | Long-term care ins. | |  |

**Income**  **Business Use Vehicle Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Gross receipts (from your books) |  |  | Make |  |
| Non-employee income (1099 -MISC) |  | Year |  |
| Returns and refunds |  | Original cost |  |
| Cost of inventory at beginning of year |  | Date purchased |  |
| Cost of merchandise purchased during yr. |  | Lease? Yes No | |
| Cost of items withdrawn for personal use |  | Lease payment |  |
| Cost inventory at end of year |  | Mileage log? Yes No | |

**Expenses** **Mileage (only if you use your vehicle for business)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Advertising |  |  | Total miles (both business & personal) | |  |
| Commissions |  | Self-employed business miles \*\* | |  |
| Contract labor (1099-misc?) |  | Average daily round trip commute | |  |
| Insurance |  | Interest paid on vehicle loan | |  |
| Legal/Professional |  | Personal property tax paid on vehicle | |  |
| Office Expense |  | Parking and/or tolls | |  |
| Rent (office) |  | \*\*(break down miles Jan-June July-Dec) | |  |
| Rent (equipment) |  | **Car & Truck Expenses (if using actual expense)** | | | |
| Repairs |  |
| Supplies |  |  | Gasoline, oil lubrication | |  |
| Taxes & Licenses |  | Repairs, maintenance, wash | |  |
| Travel |  | Tires, batteries, etc.. | |  |
| Meals |  | Insurance | |  |
| Utilities (not home utilities) |  | Registration fees, inspection, etc. | |  |
| Wages (W-2) |  |  | |  |
| Bank Charges |  |  | |  |
| Book/Publications |  |  | | | |
| Business phone |  | **Travel Expenses Away-From Home** | | | |
| Cell Phone |  |  | Airfare, auto rental, taxi, etc. | |  |
| Gifts |  | Meals (include tips) | |  |
| Uniforms |  | Lodging (include tips) | |  |
| Union/Professional Dues |  | Other | |  |
| Other expenses |  | Did you buy any equipment for your business? Y N | | |
| Other expenses |  | If so, provide description, cost, & date of purchase | | |
| Other expenses |  | **Description** | **Price** | **Date** |
|  |  |  |  |  |
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| **Home Office Expense (Check here  if you wish to use the simplified method)** | | | | | |
| Office sq. ft. |  | Mortgage int. |  | Rent |  |
| Home sq. ft. |  | Taxes |  | Mgmt. fees |  |
| Storage sq. ft. |  | Insurance |  | Other exp. |  |
| **Maintenance/Repairs** |  | Utilities\* | \*Gas, electric, but not water | | |
| Home office area |  |  | \*\*Repairs, maintenance, outside painting, but  not lawn care | | |
| Home in general\*\* |  |  |

**Rental Income (Schedule E)**

|  |  |  |
| --- | --- | --- |
|  | **Property Description** | **Street Address, City, State and Zip Code** |
| **1** |  |  |
| **2** |  |  |
| **3** |  |  |
| **4** |  |  |
| **5** |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Property | 1 | 2 | 3 | 4 | 5 |
| Days available |  |  |  |  |  |
| Days rented |  |  |  |  |  |
| Personal use days |  |  |  |  |  |
| Rental income |  |  |  |  |  |
| Advertising |  |  |  |  |  |
| Auto miles |  |  |  |  |  |
| Travel expenses |  |  |  |  |  |
| Cleaning |  |  |  |  |  |
| Insurance |  |  |  |  |  |
| Legal/Professional |  |  |  |  |  |
| Management fees |  |  |  |  |  |
| Mortgage interest |  |  |  |  |  |
| Other interest |  |  |  |  |  |
| Repairs |  |  |  |  |  |
| Supplies |  |  |  |  |  |
| Taxes |  |  |  |  |  |
| Termite control |  |  |  |  |  |
| Condo fees |  |  |  |  |  |
| Lawn care |  |  |  |  |  |
|  |  |  |  |  |  |
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**Please list separately below or on a separate paper, any major repairs or improvements., brief description, date of expense and the amount.**