

SALARIES AND WAGES

Attach All W-2 Forms

Please Indicate the Total Number of W-2 Forms You Have for 2019: _____

(Report Self-Employment Income on Page 4)

	Name of Employer	Gross Wages (Box 1)	Federal Income Tax Withheld (Box 2)	Social Security Tax Withheld (Box 4)	Medicare Tax Withheld (Box 6)	State Income Tax Withheld (Box 17)
1.	_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
2.	_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
3.	_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
4.	_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
5.	_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
6.	_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

If your employer provides a reconciliation or summary of your Wages, Employment Taxes, Pre- and Post-Tax Deductions and Retirement Plan Contributions, provide a copy along with your W-2.

PENSIONS, ANNUITIES AND I.R.A. DISTRIBUTIONS

Attach All 1099-R Forms

Please Indicate the Total Number of 1099-R Forms You Have for 2019: _____

	Name of Payor	Gross Distribution (Box 1)	Taxable Amount (Box 2a)	Federal Income Tax Withheld (Box 4)	Was the Distribution Rolled-Over? Yes/No	Was this a Roth Conversion? Yes/No
1.	_____	\$ _____	\$ _____	\$ _____	_____	_____
2.	_____	\$ _____	\$ _____	\$ _____	_____	_____
3.	_____	\$ _____	\$ _____	\$ _____	_____	_____
4.	_____	\$ _____	\$ _____	\$ _____	_____	_____
5.	_____	\$ _____	\$ _____	\$ _____	_____	_____
6.	_____	\$ _____	\$ _____	\$ _____	_____	_____
7.	_____	\$ _____	\$ _____	\$ _____	_____	_____
8.	_____	\$ _____	\$ _____	\$ _____	_____	_____

Was all or part of your IRA distribution paid directly to a Qualified Charity? If yes, provide documentation of the direct charitable contribution. Do not include this information with your cash contributions or in the total provided on Page 9. If no receipt is available, provide the amount paid directly to charity.

\$ _____

Are your Health Insurance Premiums paid through your Retirement Account? If yes, provide documentation of the total premiums paid during 2019. If no documentation is available, provide the amount paid.

\$ _____

SOCIAL SECURITY AND RAILROAD RETIREMENT BENEFITS

Attach All SSA-1099 and RRB-1099 Forms

SOCIAL SECURITY AND RAILROAD RETIREMENT BENEFITS MAY BE PARTIALLY TAXABLE.

If you received these benefits during 2019, indicate the amount below:

	Gross Amount	Medicare Premiums	Income Tax Withheld
Taxpayer	\$ _____	\$ _____	\$ _____
Spouse	\$ _____	\$ _____	\$ _____

SELF-EMPLOYMENT INCOME/EXPENSE

Principal Business Activity: _____

Business Name and Address: _____

Federal Employer Identification Number: _____

Did you materially participate (regular, continuous and substantial involvement) in the operation of this business during 2019? Yes _____ No _____

BUSINESS REVENUE - COST OF SALES

Gross Receipts (Sales/Fees)	\$ _____	Beginning Inventory	\$ _____
Less: Returns and Allowances	(\$ _____)	Ending Inventory	\$ _____
Net Sales/Fees	\$ _____	Merchandise Purchased (for resale)	\$ _____

BUSINESS EXPENSES

Advertising	\$ _____	Meals	\$ _____
Bank Charges	\$ _____	Office Expense	\$ _____
Business Insurance	\$ _____	Office Supplies and Postage	\$ _____
Business Telephone	\$ _____	Other Taxes and Licenses	\$ _____
Business Utilities	\$ _____	Payroll Taxes	\$ _____
Commissions and Fees	\$ _____	Professional Fees	\$ _____
Dues and Publications	\$ _____	Rent or Lease:	
General Supplies	\$ _____	A. Machinery and Equipment	\$ _____
Health Insurance:		B. Other Business Property	\$ _____
A. Owner	\$ _____	Travel	\$ _____
B. Employees	\$ _____	Vehicle Expense *	\$ _____
Interest:		* Detailed entries should be recorded on Page 12	
A. Financial Institution	\$ _____	Wages to Staff	\$ _____
(Attach Form 1098)		(Attach Payroll Tax Returns)	
B. Other Business Interest	\$ _____	Other Expenses (Attach a detailed list)...	\$ _____

Did you make any payments that would require you to issue Form(s) 1099? * Yes _____ No _____

If yes, did you, or will you, issue any Form(s) 1099 for payments you made in 2019? Yes _____ No _____

* See Page 2 for filing requirements.

2019 CAPITAL EQUIPMENT ACQUISITIONS

Description	Cost	Date Acquired		
		Month	Day	Year
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____

Was any capital equipment sold, traded or scrapped during 2019? Yes _____ No _____

If yes, please provide details: _____

OFFICE IN THE HOME

HOME OFFICE EXPENSE DEDUCTION: Expenses of a home office are deductible only for that portion of the home used exclusively as the principal place of business for any trade or business (including secondary trade or business) conducted out of the home. Recent case law provides that the deduction may be allowed depending upon the relative importance of duties you perform in the home office and the amount of time you spend working there as opposed to elsewhere.

Indicate if for business or professional use of: Husband _____ Wife _____ Both _____

Taxpayers may now use a simplified standard deduction equal to \$5 per square foot (up to 300 square foot) of the home used regularly and exclusively for business. Would you like to use this method: yes / no

If not, provide the following information:

Date Acquired Home *	_____ / _____ / _____	Telephone Expense**	\$ _____
Cost of Land	\$ _____	Insurance Expense	\$ _____
Cost of Home	\$ _____	Utility Expense	\$ _____
Cost of Improvements	\$ _____	Other: _____	\$ _____
Square Footage of Living Area	_____	_____	\$ _____
Square Footage of Office Area	_____	_____	\$ _____

* Please provide the original closing statement from home purchase, if not already provided.

** No business expense deduction will be allowed for the standard monthly charge of the first telephone line in your home. If you have only one line into your home, no deduction is allowed for the basic line charge, even if you use it solely for business (or as the fax line).

INTEREST INCOME

Attach All 1099-INT or OID Forms

INTEREST INCOME FROM SELLER-FINANCED MORTGAGES

<u>Payor Name and Address*</u>	<u>Social Security Number *</u>	<u>Amount</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

* There is a \$50 penalty if this number is not reported on your tax return and the payor used the property as a personal residence.

OTHER INTEREST INCOME

Earnings from Savings & Loan Associations, Credit Unions, Commercial Banks, Bonds, Notes Receivable, etc.

<u>Payor</u>	<u>Amount</u>	<u>Payor</u>	<u>Amount</u>
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

Did you have any premature savings withdrawals? If yes, indicate the penalty \$ _____

Did any payor of interest to you withhold income tax? If yes, enter total amount withheld \$ _____

Did you surrender any Series EE bonds issued after December 31, 1989 to pay qualified education expenses? If so, provide details _____

**ALL FOREIGN FINANCIAL AND BANK ACCOUNTS
(INCLUDING FOREIGN TRUSTS)**

Did you at any time during 2019 have an interest in, or a signature or other authority over a bank account, securities account or other financial account in a foreign country? Yes _____ No _____

* NOTE: Failure to disclose foreign bank account information will result in fines up to \$100,000 or 50% of the maximum value of your account and potential imprisonment.

Enter the total amount of investment income earned from the foreign account during the year \$ _____

If the aggregate value of all foreign accounts exceeds \$10,000 at any time during 2019, you must provide the following information regarding each foreign institution and account (Attach additional sheets if necessary):

Name: _____
Address: _____

Type of Account: Bank _____ Securities _____ Other _____

Account Number _____ Name of Foreign Country _____

Maximum Value of Account \$ _____

TAX-EXEMPT INTEREST INCOME FROM MUNICIPAL BONDS OR BOND FUNDS

NOTE: Do not include interest earned by a qualified retirement plan such as an I.R.A., Keogh Plan, Pension Plan, Profit Sharing Plan, SEP, Valic Account, 403(b) Plan, etc.

<u>Payor</u>	<u>Amount</u>	<u>Payor</u>	<u>Amount</u>
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

DIVIDEND INCOME

Attach All 1099-DIV

Earnings from Ready Asset, Cash Management Funds, Corporate Dividends and Stock Mutual Funds

<u>Payor</u>	<u>Ordinary Dividends</u>	<u>Qualified Dividends</u>	<u>Capital Gain Distributions</u>	<u>Foreign Tax Withheld</u>
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____

Did any payor of dividends to you withhold income tax? If yes, enter total amount withheld \$ _____

ITEMIZED DEDUCTIONS

MEDICAL AND DENTAL EXPENSES

Medical and Dental Expenses are deductible to the extent they exceed 10% of Adjusted Gross Income. A deduction is allowed for medical and dental expenses paid on behalf of the taxpayer, the taxpayer's spouse and their dependents. Enter the expenses incurred for medical and dental care below:

Prescription Medicine, Insulin, Doctors, Dentists, Nurses, Hospitals \$ _____
Long Term Care Premiums: Taxpayer \$ _____ Spouse \$ _____
Medical Transportation (Show Total Miles Only)
Medical Lodging \$ _____
(Include lodging expenses --- but not meals --- paid while away from home to receive medical care in a hospital or a medical care facility that is related to a hospital. Do not include more than \$50 a night for each eligible person.)
Certain retirement home expenses may be deductible if medically necessary. Please contact our office if you feel this may apply to you. Note that you should get a letter from your primary care physician indicating the nursing home is medically necessary.
Other: Provide Details (e.g., Wheelchair, Hearing Aids, Prescription Glasses):
_____ \$ _____
Insurance Reimbursement for Any of the Above \$ _____

HEALTH INSURANCE UNDER THE AFFORDABLE CARE ACT

Attach All 1095-A, 1095-B and 1095-C Forms

The individual shared responsibility provision of The Affordable Care Act calls for all individuals to have minimum essential health coverage for each month. Individuals not obtaining minimum essential coverage must either qualify for an exemption or make a payment when filing their federal income tax return. Please provide the following information so that we may file the appropriate forms with your return.

Health Insurance Premiums \$ _____
By Whom Are You Covered (Employer, Federal or State Marketplace, Medicare, Other)? _____
Was the entire family covered for the entire year? Yes _____ No _____
If no, provide the months each family member was covered: _____
Do you qualify for any exemptions (short coverage gap, affordability, hardship, etc.). If yes, please provide details and a copy of your exemption certificate (if applicable).

HEALTH SAVINGS ACCOUNTS

Attach Forms 1099-SA, 5498-SA

Contributions to a Health Savings Account ("HSA") are only available to eligible persons covered under an HSA eligible high deductible health plan. An HSA eligible plan does not offer any benefits beyond preventative care. For tax year 2019, a high deductible health plan is a plan with (1) an annual deductible that is not less than \$1,350 for self-only coverage or \$2,700 for family coverage; and (2) an annual out-of-pocket expense limit of \$6,750 for self-only coverage or \$13,500 for family coverage. Out-of-pocket expenses include deductibles, co-payments, and other amounts (other than premiums) that must be paid for plan benefits.

Note: If you changed plans during the year, the annual contribution may be effected.

Did you contribute to a Health Savings Account in 2019 that is not through your employer? The Contribution deadline is April 15, 2020 and the maximum contribution is \$3,500 for self-only coverage and \$7,000 for family coverage. Individuals over age 55 are also allowed a \$1,000 catch-up contribution. If you made contributions, please attach all Forms 5498-SA and Forms 1099-SA and enter the following information:

Type of plan (circle one) Self-Only Family
Number of months covered by the plan _____
Contributions made personally \$ _____
Amount of distributions taken during 2019 \$ _____
Amount of distributions for qualified medical expenditures * \$ _____

* Distributions not used for medical expenses are subject to a 20% excise tax.

ITEMIZED DEDUCTIONS CONTINUED

TAXES

Under the Tax Cuts and Jobs Act, the combined itemized deduction for real estate taxes, sales tax and state/local income tax can not exceed \$10,000.

Real Estate Taxes:

Table with 2 columns: Description and Amount. Rows include Primary Residence, Other Real Estate (Itemized), and three blank rows for additional entries.

Sales Tax and State Income Taxes:

For 2019, taxpayers may elect to deduct either state and local income taxes or state and local sales taxes. State and local income taxes include taxes paid to a state through withholding, estimated payments and tax due with the state's 2019 tax return. State and local sales tax includes sales taxes paid on all purchases, including the purchase of food, clothing, motor vehicles, boats, medical supplies and prescriptions, etc. The IRS released optional "Sales Tax Tables" that provide an alternative method to saving all of your receipts. In addition to the table amount, you may deduct the sales tax paid on the purchase of a vehicle, boat, aircraft, home or home building materials up to the amount of the general sales tax rate.

Table with 2 columns: Description and Amount. Rows include State and Local Income Tax Paid, Sales Tax Paid (All Purchases), Sales Tax Paid on Boats, Aircraft or Home Improvements (Attach Receipts), Sales Tax Paid on Vehicles (Attach Invoice), and Other (Itemized).

Other Taxes (Intangible Tax, Personal Property Tax):

Table with 2 columns: Description and Amount. Rows include two blank entries for other taxes.

CHARITABLE CONTRIBUTIONS

Under the Tax Cuts and Jobs Acts, individuals may deduct cash contributions to the extent they do not exceed 60% of Adjusted Gross Income.

1. Cash Contributions \$ _____

All contributions must be substantiated by a bank record (such as a cancelled check) or contemporaneous written acknowledgment from the charity containing the name of the charity, the amount of the contribution and the date. Donations above \$250 require a statement by the charity as to whether something of value was received in return for the donation.

2. Charitable Volunteer Driving (Show Total Miles Only)

3. Contributions Other Than Cash - A receipt from the donee organization is required. Any donations of clothing and household items that you make to charity will not be deductible unless the donated items are in "good" or "better" condition. This means the IRS may deny a deduction for any item that has minimal monetary value. You need to be prepared to prove both the condition and the value of your donation.

If the total deduction is more than \$5,000, you must get a qualified appraisal from a qualified appraiser substantiating the values of the donated property. Contact our office for the forms required to be signed by the Charity and Appraiser.

Donation of vehicles must have contemporaneous written acknowledgement from the charity or Form 1098-C. Be sure to provide Form 1098-C as it must be attached to your tax return.

Enter the following information for all non-cash contributions:

Please attach all receipts and appraisals.

MISCELLANEOUS DEDUCTIONS

Under the Tax Cuts and Jobs Acts, personal casualty losses, investment expenses, employees business expenses and other miscellaneous expenses are no longer deductible.

ITEMIZED DEDUCTIONS CONTINUED

INTEREST

There are three types of deductible interest: (1) Qualified residence interest on mortgages secured by the residence, (2) Investment interest and (3) Interest incurred in your trade or business. None of the interest you pay on personal debt, such as car loans, personal credit cards and consumer installment loans, is deductible. The deduction for qualified residence interest may be limited (see below). The deduction for investment interest may be limited (see below). Generally, trade or business-related interest is fully deductible (list this interest on Page 4).

Interest expense is allocated (except qualified residence interest) according to how you use the loan proceeds. Thus, keeping track of how you use loan proceeds is very important.

QUALIFIED RESIDENCE INTEREST

A. Paid to Financial Institutions (Attach all 1098 Forms):

- 1. Principal Residence \$ _____
- 2. Second Residence \$ _____

B. Paid to Individuals (Mortgage must be recorded):

Show Name, Address, Social Security Number (\$50 penalty for failure to provide) and whether Principal or Second Residence.

_____ \$ _____

_____ \$ _____

_____ \$ _____

C. Paid for Qualified Residence Mortgage Insurance (contracts issued after 12/31/06) \$ _____

Loans Taken Out After October 13, 1987 and Before December 14, 2017: The interest paid to acquire, construct or substantially improve a principal or second residence (called acquisition indebtedness) is fully deductible on mortgages up to \$1 million.

Loans Taken Out On Or After December 14, 2017: The interest paid to acquire, construct or substantially improve a principal or second residence is fully deductible on mortgages up to \$750,000.

Home Equity Loans: Generally, interest paid on Home Equity Loans is no longer deductible. If you believe special circumstances relate to your home equity indebtedness, please provide details as tracing may allow you to deduct the interest against business income.

NOTE: In order to qualify as a second residence, you have to use the dwelling for personal purposes for more than the greater of 14 days or 10% of the number of days during 2019 that the property was rented out at fair rental value.

DEDUCTIBLE POINTS

- 1. Points Paid in 2019 on Loan Proceeds Used to Buy or Improve Your Principal Residence Including Points Paid by the Seller \$ _____
- 2. Other Points Paid in 2019 (e.g., Refinancing) \$ _____
Term on Refinancing Loan _____ Years

Points (including loan origination fees) charged only for the use of money are deductible over the life of the loan. Exception: Points may be deducted in the year paid if (1) the loan was used to buy or improve your principal residence, (2) the loan was secured by that residence, (3) in the area where the loan was made it is customary to charge points and (4) the points you paid did not exceed the number of points usually charged in that area. This exception generally does not apply to points paid to refinance a loan secured by your principal residence.

Please provide closing statements.

INVESTMENT INTEREST

Investment Interest is interest paid on money you borrowed to purchase or carry property held for investment. A deduction is allowed only to the extent of your net investment income (i.e. investment income less investment expenses). Disallowed investment interest is carried forward to future years.

<u>Payee</u>	<u>Purpose</u>	<u>Amount</u>
_____	_____	\$ _____
_____	_____	\$ _____

BUSINESS EXPENSES FOR TRAVEL AND ENTERTAINMENT

(Use this form to report self-employment vehicle expenses)

You should maintain written records to substantiate all vehicle expenses including the business purpose of each trip.

VEHICLE EXPENSE

On what date was your vehicle placed in service? / /

Was your vehicle available for personal use during off-duty hours? Yes No

Do you (or your spouse) have another vehicle available for personal use? Yes No

Do you have written evidence to support the deduction? Yes No

Note that employee business expenses are no longer deductible, so mileage related to your job as an employee no longer give rise to a tax deduction.

VEHICLE INFORMATION

Make	Year	Model	Date You Started Using for Business	Cost or Basis	Husband or Wife
Vehicle 1			/ /	\$	
Vehicle 2			/ /	\$	

Furnish details on newly acquired vehicles and trade-in or disposition of old vehicle. Please attach invoice.

If you would like us to calculate the most advantageous vehicle deduction for you, complete the "Vehicle Mileage Detail" and the "Actual Vehicle Expense" schedules.

Vehicle Mileage Detail

Complete the mileage schedule if you have a vehicle used for business.

	<u>Vehicle 1</u>	<u>Vehicle 2</u>
1. Total Miles Driven	_____	_____
2. Business Miles	_____	_____
3. Personal Miles	_____	_____
4. Commuting Miles	_____	_____

Actual Vehicle Expenses

If you wish to take vehicle expense on an actual cost basis, complete the schedule below.

	<u>Vehicle 1</u>	<u>Vehicle 2</u>
Gas/Oil/Lube	\$ _____	\$ _____
Auto Tag	\$ _____	\$ _____
Repairs and Maintenance	\$ _____	\$ _____
Tires/Accessories	\$ _____	\$ _____
Parking/Tolls	\$ _____	\$ _____
Licenses	\$ _____	\$ _____
Insurance	\$ _____	\$ _____
Interest Expense on Auto Loan	\$ _____	\$ _____
Lease Cost	\$ _____	\$ _____
Other (List)	\$ _____	\$ _____

**INCOME (OR LOSS) FROM PARTNERSHIPS,
S CORPORATIONS, AND ESTATES OR TRUSTS**

A non-real estate activity in which you do not "materially participate" is considered a "passive activity". Losses from passive activities can ONLY be used to offset income from passive activities. These losses cannot offset other income. All rental real estate activities are passive, unless you are a real estate professional (see page 13 for definition) or the income is self-generated. The excess loss from a passive investment is generally suspended until the investment is sold. At that time, the unused loss is fully deductible.

Material Participant: Generally, you "materially participate" in an activity if you are involved on a regular, continuous and substantial basis in the operations of the activity. By definition, a limited partner cannot be a material participant in an activity.

The 3.8% Medicare Contribution Tax will be imposed on net investment income of single taxpayers with Adjusted Gross Income above \$200,000 and joint filers over \$250,000. Investment income includes interest, dividends, royalties, rents, capital gains and net income from a passive activity.

For each activity from which you receive a Schedule K-1, please indicate below whether or not you materially participated in the activity during 2019. Please Attach All Schedule K-1 Forms

<u>Entity Name</u>	<u>Material Participant</u>	<u>2019 Capital Contributions (Cash/Property)</u>	<u>2019 Disposition of Partnership Interest (Cash/Property Received)</u>
_____	Yes ___ No ___	\$ _____	\$ _____
_____	Yes ___ No ___	\$ _____	\$ _____
_____	Yes ___ No ___	\$ _____	\$ _____
_____	Yes ___ No ___	\$ _____	\$ _____
_____	Yes ___ No ___	\$ _____	\$ _____

MISCELLANEOUS INCOME

Attach all 1099-MISC Forms

Show name of payor, indicate nature of payment and amount received for other taxable income not listed elsewhere: Alimony, Royalties, Jury Duty Fee, Director's Fee, Prizes Won, Trustee Fee, Personal Representative Fee, State or Local Income Tax Refund and Unemployment Compensation.

<u>Name of Payor</u>	<u>Nature of Payment</u>	<u>Amount</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

HOUSEHOLD EMPLOYMENT TAXES

If you paid any one household employee wages of \$2,100 or more in 2019, please attach a copy of Form W-3 and Form(s) W-2 covering such employee(s).

If you paid household employees total wages of \$1,000 or more in any calendar quarter of 2018 or 2019, you were required to pay state unemployment tax. Please attach copies of all applicable Forms RT-6 (or out-of-state equivalent).

If you were required to pay state unemployment tax:

1. Have you made all required payments? _____
2. What is your state unemployment tax account number? _____
3. What is your state experience rate and rate period? _____
4. What were the total contributions paid to your state unemployment fund? \$ _____

RENTAL INCOME/EXPENSE

VACATION HOME (OR SIMILAR DWELLING) EXPENSE DEDUCTIONS LIMITED: The total deduction for expenses of a rental vacation home is limited to gross rental income if you personally use the home more than the greater of 14 days or 10% of the actual rental period. The deduction for depreciation and repairs is limited to the portion attributable to the actual rental period. However, if the home is rented for less than 15 days, you do not report the income and you may not deduct any rental expenses. Please complete worksheet below or attach statement from property manager.

	A	B	C	D	E
Address: _____					
Type of Property (ex: Commercial, Residential) _____					
Rents Received	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Expenses:					
Advertising	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Auto and Travel	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Cleaning and Maintenance	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Commissions	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Insurance	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Interest: Financial Institution					
(Attach Form 1098)*	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Labor	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Other Interest *	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Professional Fees	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Property Taxes *	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Repairs	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Supplies	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Utilities	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Other Expenses	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

* Interest and Property Taxes entered on this schedule should not be shown again as itemized deductions on Pages 9 (Taxes) or 10 (Interest).

Did you make any payments that would require you to issue Form(s) 1099? * Yes _____ No _____

If Yes, did you, or will you, issue Form(s) 1099 for payments you made in 2019? Yes _____ No _____

* See Page 2 for filing requirements.

PLEASE ANSWER FOR ALL RENTAL PROPERTIES

Are you a "real estate professional" that materially participated in the real estate activities? Yes _____ No _____

You were a real estate professional only if:

- (a) More than half of the personal services you performed in trades or business during the year were performed in real property trades or businesses in which you materially participated, and
- (b) You performed more than 750 hours of services during the tax year in real property trades or businesses in which you materially participated.

Did you "actively participate" in the real estate activities during 2019? Yes _____ No _____

An individual actively participates in a rental real estate activity by, for example, making management decisions or arranging for others to provide services (such as repairs) in a significant and bona fide sense. Management decisions that are relevant in this context include approving new tenants, deciding on rental terms, approving capital or repair expenditures and other similar decisions.

Did you or anyone else use any of the properties personally for more than the greater of 14 days or 10% of the total days rented at fair rental value during 2019? Yes _____ No _____

How many days was the property rented (at fair rental value)? _____

How many days was the property used personally? _____

Did you use your vehicle in caring for this property? Yes _____ No _____

If yes, show miles driven: (A) _____ (B) _____ (C) _____ (D) _____ (E) _____

Do you have written evidence of the business use of the vehicle? Yes _____ No _____

ACQUISITIONS OF CAPITAL EQUIPMENT OR FURNISHINGS FOR RENTAL PROPERTY DURING 2019

Unit A,B,C,D, or E	Description	Cost	Date Acquired Month / Day / Year
_____	_____	\$ _____	/ /
_____	_____	\$ _____	/ /
_____	_____	\$ _____	/ /

Was any capital equipment, furniture, etc. sold or traded during 2019? Yes _____ No _____

If yes, please furnish all pertinent information: _____

RETIREMENT ACCOUNTS

Taxpayer: Do you participate in your employer's retirement plan? Yes _____ No _____

Spouse: Do you participate in your employer's retirement plan? Yes _____ No _____

1. Individual Retirement Accounts (I.R.A.s)

Individuals who have compensation and are under age 70 1/2 are eligible to contribute up to \$6,000 to an I.R.A. Individuals over age 50 are allowed to make an additional \$1,000 "catch up" contribution. For 2019, I.R.A. contributions must be made on or before April 15, 2020. Contributions to a traditional I.R.A. may be deductible depending on your filing status, Adjusted Gross Income and participation in an employer sponsored plan.

NOTE: The 70 1/2 age limitation does not apply to Roth I.R.A.s.

If you file a joint return, your total combined compensation is used to determine the maximum contribution for both spouses. This allows non-working spouses to contribute to an I.R.A.

Your spouse's participation in an employer's retirement plan may not prevent you from deducting an I.R.A. contribution.

Taxpayer: Amount of your 2019 contribution to:

Traditional I.R.A.	\$ _____
Roth I.R.A.	\$ _____

Spouse: Amount of your 2019 contribution to:

Traditional I.R.A.	\$ _____
Roth I.R.A.	\$ _____

2. Retirement Plans for Self-Employed Individuals

Individuals who have earnings from self-employment may be eligible to make a retirement plan contribution even if they are over age 70 1/2. Note that many types of plans allow until the due date of the tax return (including extensions) to fund.

Do you already have a retirement plan in place for self-employed earnings?

Taxpayer	Yes _____	No _____	Type of Plan _____
Spouse	Yes _____	No _____	Type of Plan _____

If yes, do you want to fund in 2019?

Taxpayer	Yes _____	No _____
Spouse	Yes _____	No _____

If no, would you like to discuss the plan that is best for you? Yes _____ No _____

EDUCATION PLANNING

Did you fund an Education I.R.A., Prepaid College Plan or Section 529 Plan during 2019? You are required to file a United States Gift Tax Return if the contribution exceeded \$15,000. If your contribution exceeded \$15,000, please provide the following information about the beneficiary:

<u>Name and Relationship</u>	<u>Address</u>	<u>Social Security Number</u>	<u>Amount of Contribution</u>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

SALE OF PRIMARY PERSONAL RESIDENCE

You might be eligible to exclude up to \$500,000 (\$250,000 if single) of gain on the sale of a primary personal residence. If you sold your primary personal residence during 2019, please furnish the closing statements for: (1) purchase of former primary residence and (2) sale of former primary residence.

Sale of a Former Primary Residence :

Date Former Primary Residence Purchased _____ / _____ / _____

Date Former Primary Residence Sold _____ / _____ / _____

Selling Price of Former Primary Residence \$ _____

Original Cost or Basis of Former Primary Residence \$ _____

Improvements Made (Additions, etc.) \$ _____

Fixing Up Expenses (To Prepare for Sale) \$ _____

Expenses of Sale (Commissions, etc.) \$ _____

A. Was any part of the residence rented or used for business? Yes _____ No _____

B. Was it your principal place of residence for 2 of the last 5 years? Yes _____ No _____

C. Did you postpone gain on a sale/exchange of a personal residence in the past two years? Yes _____ No _____

If yes and we did not prepare that tax return, we will need a copy of the Schedule D and Form 8949 submitted with your return for that year.

CHILD AND DEPENDENT TAX CREDIT

To qualify for the credit you must:

1. Incur childcare expenses in order to earn income (both spouses must work full or part-time, or the non-working spouse must be a full-time student or incapacitated). NOTE: Childcare expenses DO NOT include private school tuition for grades K-12 or overnight camps. In other words, Pre-K is deductible as childcare since it is not required education.
2. Maintain a household for the dependent (child under 13, or incapacitated dependent or spouse); and
3. File a joint return if you are married. If you are separated but not divorced and think you may otherwise qualify for the credit, contact us to see if you meet certain exceptions to the joint return rule.

Did you receive tax-free reimbursements under a qualified employer dependent care program? Yes _____ No _____

If yes, indicate the amount \$ _____

If all or part of these services were performed in your home, did you file Form W-2 for Household Employees? Yes _____ No _____ If yes, please provide copies of the W-2 and supply your Federal Employer Identification Number:

_____ - _____

Number of Qualifying Persons Cared for During 2019 _____

Person(s) or Organization(s) Who Provided the Care:

<u>Name of Child Receiving Care</u>	<u>Name of Childcare Provider</u>	<u>Address of Childcare Provider</u>	<u>Social Security or Employer ID# of Childcare Provider</u>	<u>Amount Paid</u>
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____

ADDITIONAL INFORMATION

1. Have you incurred any expense during 2019 not shown on this worksheet which you feel may be deductible? If so, please provide all pertinent information.
 2. Have you received any income during 2019 not shown on this worksheet which you feel may be taxable? If so, please provide all pertinent information.
 3. Do you expect your 2020 income, deductions or credits to differ significantly from 2019? If so, please explain.
 4. Do you expect your total 2020 income tax withholding to be equal to or greater than the total 2019 income tax withholding? If not, please explain.
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ESTATE PLANNING

1. When was your Will/Revocable Trust last updated? You might not need the complexity of A/B Trusts anymore!
 2. Have you reviewed your beneficiary designation on your life insurance policies, your IRA's and other retirement plans? Remember, these assets pass by contract, not under your Will or Revocable Trust!
 3. In 2019, the exemption is \$11,400,000 per person with a top estate tax rate of 40%. Additionally, surviving spouses are afforded the benefit of a deceased spouse's unused "basic exemption amount" (DSUEA) if Form 706 is timely filed and the executor does not elect out of "portability." We recommend contacting your attorney to review your overall estate plan due to the recent tax law changes.
 4. Have you considered "using up" some of your lifetime gift tax exemption in order to remove future appreciation from your estate? Have you considered using up some of your deceased spouse's unused exemption amount (DSUEA) if applicable?
 5. Do you have a Living Will?
 6. Do you have a Health Care Surrogate?
 7. Do you have a Durable Power of Attorney, with a provision expressly allowing the continuation of your gifting program?
 8. Did you make your annual exclusion gifts of \$15,000 for 2019? Have you considered making your annual exclusion gifts of \$15,000 for 2020?
 9. Did you know paying for education (including private school tuition) and medical expenses are not included in your annual gift limit if paid directly to the provider? However, it may be best if the donee writes the check so they qualify for the tax deduction or credit. Contact us if you have questions.
 10. Have you considered contributing to a Section 529 plan in order to help fund a college education for your children or grandchildren? As of January 1, 2018, you can withdraw up to \$10,000 per beneficiary, per year for elementary or secondary school tuition.
 11. Have you considered creating an Irrevocable Life Insurance Trust (ILIT) in order to eliminate estate tax on life insurance proceeds? If you created an ILIT and funded the trust or paid insurance premiums, please provide a copy of the trust agreement, details of the policy and the amount funded/paid for premiums as you may be required to file a gift tax return.
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