

**F  
R  
O  
M**

## **2019 TAX ORGANIZER**

**T  
O**

**I (We) have submitted this information for the sole purpose of preparing my (our) tax return(s). Each item can be substantiated by receipts, canceled checks or other documents. This information is true, correct and complete to the best of my (our) knowledge.**

<b>Taxpayer Signature</b>	<b>Date</b>
<b>Spouse Signature</b>	<b>Date</b>



The following questions pertain to the 2019 tax year. For any question answered Yes, include supporting detail or documents.

Personal Information:

	Yes	No
Did your marital status change? .....		
Are you married? .....		
If Yes, do you and your spouse want to file separate returns? .....		
If No, are you in a domestic partnership, civil union, or other state-defined relationship? .....		
Can you or your spouse be claimed as a dependent by another taxpayer? .....		
Did you or your spouse serve in the military or were you or your spouse on active duty? .....		

Dependents:

Were there any changes in dependents from the prior year? .....		
Note: Include non-child dependents for whom you provided more than half the support.		
Did you or your spouse pay for child care while you or your spouse worked or looked for work? .....		
Do you have any children under age 18 with unearned income more than \$1,100? .....		
Do you have any children age 18 or student children, aged 19 to 23, who did not provide more than half of their cost of support with earned income and that have unearned income of more than \$1,100? .....		
Did you adopt a child or begin adoption proceedings? .....		
Are any of your dependents non-U.S. citizens or non-U.S. residents? .....		

Healthcare:

Did you obtain healthcare coverage through the Marketplace? .....		
If Yes, include all Forms 1095-A.		
If you received advance premium tax credit, are married, and are filing separately from your spouse, are you a victim of domestic abuse or spousal abandonment? .....		
Did you, your spouse, or a dependent have healthcare purchased through the Marketplace and for whom you did not receive Form 1095-A? .....		
Did you receive Form 1095-A for someone claimed as a dependent on another taxpayer's return or who is filing their own return and is not claimed as a dependent on another taxpayer's return? .....		
Are any of your dependents required to file a tax return? .....		



Healthcare (continued):

- Was anyone covered on your health insurance policy also covered on another health insurance policy for any part of the year?  Yes  No
- Were you eligible for employer-sponsored healthcare coverage?
- Did you or your spouse have any transactions pertaining to a health savings account (HSA)?    
If you received a distribution from an HSA, include all Forms 1099-SA.
- Did you or your spouse have any transactions pertaining to a medical savings account (MSA)?    
If you received a distribution from an MSA, include all Forms 1099-SA.
- Did you or your spouse receive any distributions from long-term care insurance contracts?    
If Yes, include all Forms 1099-LTC.
- If you or your spouse are self-employed, are you or your spouse eligible to be covered under an employer's health plan at another job?    
If Yes, how many months were you covered? \_\_\_\_\_
- If you or your spouse are self-employed, are you or your spouse eligible to be covered under an employer's long-term care plan at another job?    
If Yes, how many months were you covered? \_\_\_\_\_
- Did you or your spouse lose your job because of foreign competition and pay for your own health insurance?

Education:

- Did you or your spouse pay any student loan interest?
- Did you or your spouse withdraw any amounts from your IRA to pay for higher education expenses incurred by you, your spouse, your children or grandchildren?
- Did you or your spouse withdraw any amounts from a Coverdell Education Savings Account or Qualified Education Program (Section 529 plan)?    
If Yes, include all Forms 1099-Q.
- Did you, your spouse, or your dependents incur any post-secondary education expenses, such as tuition?

Deductions and Credits:

- Did you or your spouse contribute property (other than cash) with a fair market value of more than \$5,000 to a charitable organization?    
If Yes, provide the appraisal of property contributed. An appraisal is not required for contributions of publicly traded securities or contributions of non-publicly traded stock of \$10,000 or less.
- Did you or your spouse incur any casualty or theft losses?
- Did you or your spouse make any large purchases, such as motor vehicles and boats?
- Did you or your spouse incur any casualty or loss attributable to a federally declared disaster?
- Did you or your spouse purchase a new alternative technology vehicle, including a qualified plug-in electric drive motor vehicle?
- Did you or your spouse use gasoline or special fuels for business or farm purposes (other than for a highway vehicle)?    
If Yes, provide the number of gallons of gasoline or special fuels used for off-highway business purposes.  
\_\_\_\_\_ Gallons \_\_\_\_\_ Type
- Did you or your spouse install any alternative energy equipment in your residence such as solar water heaters, solar electricity equipment (photovoltaic) or fuel cells?
- Did you or your spouse install any energy efficiency improvements or energy property in your residence such as exterior doors or windows, insulation, heat pumps, furnaces, central air conditioners, or water heaters?



Investments:

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| Did you or your spouse have any debts canceled, forgiven or refinanced? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse start or purchase a business, rental property, or farm, or acquire any new interest in any partnership or S corporation? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse sell an existing business, rental property, farm, or any existing interest in a partnership or S corporation? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse sell, exchange, or purchase any real estate? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, include closing statements.  |                          |                          |
| Did you or your spouse receive grants of stock options from your employer, exercise any stock options granted to you or your spouse or dispose of any stock acquired under a qualified employee stock purchase plan? ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse engage in any put or call transactions? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, provide the transaction details.   |                          |                          |
| Did you or your spouse close any open short sales? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse sell any securities not reported on Form 1099-B? .....  | <input type="checkbox"/> | <input type="checkbox"/> |

Retirement or Severance:

- |   |                          |                          |
|---|--------------------------|--------------------------|
| Did you or your spouse contribute to a Roth IRA or convert an existing IRA into a Roth IRA? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse roll into a Roth IRA any distributions from a retirement plan, an annuity plan, tax shelter annuity or deferred compensation plan? ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse turn age 70 1/2 and have money in an IRA or other retirement account without taking any distribution? .....                              | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse make a qualified charitable contribution? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse retire or change jobs? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse receive deferred, retirement or severance compensation? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, enter the date received (Mo/Da/Yr). _____   |                          |                          |

Personal Residence:

- |   |                          |                          |
|---|--------------------------|--------------------------|
| Did your address change? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, provide the new address.  |                          |                          |
| If Yes, did you move to a different home because of a change in the location of your job? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse claim a homebuyer credit for a home purchased in 2008? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse withdraw any amounts from your Individual Retirement Account (IRA) or Roth IRA to acquire a principal residence? ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Are your total mortgages on your first and/or second residence greater than \$750,000? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, provide the principal balance and interest rate at the beginning and end of the year. _____   |                          |                          |
| Did you or your spouse take out a home equity loan? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse have an outstanding home equity loan at the end of the year? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, provide the principal balance and interest rate at the beginning and end of the year. _____   |                          |                          |
| Are you claiming a deduction for mortgage interest paid to a financial institution and someone else received the Form 1098? .....             | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your mortgagee receive mortgage assistance payments? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, include all Forms 1098-MA.  |                          |                          |



**Sale of Your Home:**

	Yes	No
Did you sell your home? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive Form 1099-S? .....	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, include Form 1099-S.		
Did you or your spouse own and occupy the home as your principal residence for at least two years of the five-year period prior to the sale? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse ever rent out the property? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse ever use any portion of the home for business purposes? .....	<input type="checkbox"/>	<input type="checkbox"/>
Have you or your spouse sold a principal residence within the last two years? .....	<input type="checkbox"/>	<input type="checkbox"/>
At the time of the sale, the residence was owned by the: <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Both		

**Gifts:**

Did you or your spouse make any gifts, including birthday, holiday, anniversary, graduation, education savings, etc., with a total (aggregate) value in excess of \$15,000 to any individual? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse make any gifts of difficult-to-value assets (such as non-publicly traded stock) to any person regardless of value? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse make any gifts to a trust for any amount? .....	<input type="checkbox"/>	<input type="checkbox"/>
Do you or your spouse have a life insurance trust? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse assist with the purchase of any asset (auto, home) for any individual? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse forgive any indebtedness to any individual, trust or entity? .....	<input type="checkbox"/>	<input type="checkbox"/>

**Foreign Matters:**

Did you or your spouse perform any work outside of the U.S. or pay any foreign taxes? .....	<input type="checkbox"/>	<input type="checkbox"/>
Were you or your spouse a grantor or transferor for a foreign trust, have any interest in or a signature authority over a bank account, securities account or other financial account in a foreign country? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse create or transfer money or property to a foreign trust? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse own any foreign financial assets? .....	<input type="checkbox"/>	<input type="checkbox"/>
Were you or your spouse subject to the transition tax on undistributed foreign income and elect to pay the tax in installments? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse have an interest in an S corporation that had undistributed foreign income subject to the transition tax? .....	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, did the corporation cease to be an S corporation? .....	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, was there a sale or liquidation of substantially all of the corporation's assets or did the corporation cease business? .....	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, did you or your spouse transfer any share of stock in the corporation? .....	<input type="checkbox"/>	<input type="checkbox"/>



**Miscellaneous:**

Did you or your spouse pay in excess of \$1,000 in any quarter, or \$2,100 during the year for domestic services performed in or around your home to individuals who could be considered household employees? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse receive unreported tip income of \$20 or more in any month? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Have you or your spouse received a punitive damage award or an award for damages other than for physical injuries or illness? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse engage in any bartering transactions? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Were you or your spouse notified by the IRS or other taxing authority of any changes in prior year returns? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
For any trust that you or your spouse created or are trustee, did any beneficiaries, grantors, or trustees die or move? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse sell, acquire, or exchange Bitcoin or other virtual currencies or engage in any sales or exchanges denominated in Bitcoin or other virtual currencies? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>

**Additional state pages have been included at the back of the organizer and should be reviewed.**



# Personal Information

**Taxpayer:**

First Name and Initial \_\_\_\_\_ Last Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Occupation \_\_\_\_\_ Date of Birth (Mo/Da/Yr) \_\_\_\_\_ Date of Death (Mo/Da/Yr) \_\_\_\_\_  Does not expire

Driver's License or State-Issued ID Number \_\_\_\_\_ Expiration Date (Mo/Da/Yr) \_\_\_\_\_ Issue Date (Mo/Da/Yr) \_\_\_\_\_ State \_\_\_\_\_

Driver's License  State-Issued ID  No Identification

**Spouse:**

First Name and Initial \_\_\_\_\_ Last Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Occupation \_\_\_\_\_ Date of Birth (Mo/Da/Yr) \_\_\_\_\_ Date of Death (Mo/Da/Yr) \_\_\_\_\_  Does not expire

Driver's License or State-Issued ID Number \_\_\_\_\_ Expiration Date (Mo/Da/Yr) \_\_\_\_\_ Issue Date (Mo/Da/Yr) \_\_\_\_\_ State \_\_\_\_\_

Driver's License  State-Issued ID  No Identification

**Contact Information:**

Street Address \_\_\_\_\_ Apartment Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP or Postal Code \_\_\_\_\_

Foreign Province or County \_\_\_\_\_

Foreign Country \_\_\_\_\_

Taxpayer Daytime/Work Phone \_\_\_\_\_ Taxpayer Evening/Home Phone \_\_\_\_\_ Taxpayer Foreign Phone \_\_\_\_\_

Taxpayer Cell Phone \_\_\_\_\_ Taxpayer Fax Number \_\_\_\_\_

Spouse Daytime/Work Phone \_\_\_\_\_ Spouse Evening/Home Phone \_\_\_\_\_ Spouse Foreign Phone \_\_\_\_\_

Spouse Cell Phone \_\_\_\_\_ Spouse Fax Number \_\_\_\_\_

Taxpayer Email Address \_\_\_\_\_

Spouse Email Address \_\_\_\_\_

Preferred Method of Contact \_\_\_\_\_

May the IRS or other taxing authority discuss the return with the preparer? .....  Yes  No

Is the taxpayer claimed as a dependent on someone else's tax return? .....  Yes  No

Are you considered legally blind per IRS regulations? .....  Yes  No

Do you want to contribute to the Presidential Election Campaign Fund? .....  Yes  No

Are you a U.S. citizen or Green Card holder? .....  Yes  No

**Personal Identification Numbers:**  Code - 1 - Issued by IRS 2 - Issued by State or City

TS	State	City	Code	PIN

### Tax Organizer Legend:

Throughout the tax organizer, you will find columns with the heading "TSJ". Enter "T" for taxpayer, "S" for spouse or "J" for joint.



# Dependents and Wages

## Dependent Information:

	First Name and Initial	Last Name	Social Security Number	Date of Birth (Mo/Da/Yr)	Date of Death (Mo/Da/Yr)	Relationship to Taxpayer
A						
B						
C						
D						
E						
F						
G						
H						

Did dependent have income over \$4,200?



	Months Lived in Your Home	X if Disabled	Yes or No	Identity Protection PIN
A				
B				
C				
D				
E				
F				
G				
H				

Provide the name of any dependent who is not a U.S. citizen or Green Card holder.

Provide the name of any person living with you who is claimed as a dependent on someone else's tax return.

List the years that a release of claim to exemption is given for a dependent child not living with you.

## Wages and Salaries: Include all copies of your current year Forms W-2

Note: Use this section to report any wages and/or salaries for which no Form W-2 was received.

TS	Employer's Name	Taxable Wages	Tax Withheld				
			Federal	FICA/TIER 1	Medicare	State	Local





## Electronic Filing:

Electronic filing is the means by which your return is transmitted directly to the IRS and state tax authorities. The IRS has implemented an electronic filing mandate requiring certain preparers, including this firm, to file all returns that they prepare electronically. Some states also require certain preparers to electronically file state returns prepared. The IRS and some states allow taxpayers to elect not to file their returns electronically.

Do not electronically file the federal return .....

Do not electronically file the state return(s) .....

**Note: The IRS and some states that require returns to be electronically filed also impose fees and/or penalties for failure to do so. If you checked either of the boxes above, you may be required to sign an "opt-out" form before we can release your returns. As a follow-up we will contact you to discuss these requirements and your ability to "opt-out" of electronic filing.**

The IRS requires, and many states allow, the use of a Personal Identification Number (PIN) in lieu of mailing a signature document when electronically filing.

Would you like to use a randomly generated PIN? 

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Taxpayer .....

Spouse .....

If No, enter a 5-digit self-selected PIN:

Taxpayer PIN ..... \_\_\_\_\_

Spouse PIN ..... \_\_\_\_\_



**Electronic Filing:**

Electronic filing is the means by which your return is transmitted directly to the IRS and state tax authorities. The IRS has implemented an electronic filing mandate requiring certain preparers, including this firm, to file all returns that they prepare electronically. Some states also require certain preparers to electronically file state returns prepared. The IRS and some states allow taxpayers to elect not to file their returns electronically. If you prefer not to electronically file your return, please refer to and sign the opt-out statement below. Because some states have official opt-out forms, additional signatures may be necessary before your return can be filed.

**Opt-Out Statement:**

\_\_\_\_\_ has informed me (us) that my (our) 2019 Individual Income Tax return may be required to be electronically filed if the firm files the return on my (our) behalf. I (We) understand that electronic filing may provide a number of benefits to taxpayers, including an acknowledgment that the IRS received the return, a reduced chance of errors in processing, and faster refunds. I (we) do not want to file my (our) return electronically and will personally file the paper return. My (our) preparer will not file or otherwise mail or submit my (our) paper return to the IRS.

Taxpayer signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse signature: \_\_\_\_\_ Date: \_\_\_\_\_

**The IRS requires the use of a 5-digit self-selected Personal Identification Number (PIN) in lieu of mailing a signature document when electronically filing.**

Would you like to use a randomly generated PIN?		<input type="checkbox"/>	<input type="checkbox"/>
Taxpayer .....		<input type="checkbox"/>	<input type="checkbox"/>
Spouse .....		<input type="checkbox"/>	<input type="checkbox"/>

If No, enter a 5-digit self-selected PIN:

Taxpayer PIN .....

Spouse PIN .....



# Direct Deposit and Withdrawal

## Direct Deposit and Electronic Funds Withdrawal Account Information:

The IRS and certain states allow refunds to be deposited to and balances due to be paid directly from your financial institution. If you would like to receive your refund or pay a balance due electronically, complete the following information. If you selected either of these options in 2018, your account information may already be included below.

Would you like any refunds owed to you directly deposited? .....	<b>Yes</b> <b>No</b>
.....	<input type="checkbox"/> <input type="checkbox"/>
Would you like to pay any amount due on your <u>federal</u> return using electronic withdrawal? .....	<input type="checkbox"/> <input type="checkbox"/>
.....	<input type="checkbox"/> <input type="checkbox"/>
If Yes, what amount would you like withdrawn, if not the entire balance due? _____	
If Yes, when should the withdrawal occur, if other than the due date of the return? _____ (Mo/Da/Yr)	
Would you like to pay any amount due on your <u>state</u> return(s) using electronic withdrawal? .....	<input type="checkbox"/> <input type="checkbox"/>
.....	<input type="checkbox"/> <input type="checkbox"/>
If Yes, what amount would you like withdrawn, if not the entire balance due? _____	
If Yes, when should the withdrawal occur, if other than the due date of the return? _____ (Mo/Da/Yr)	
The IRS and some states allow estimated payments to be electronically withdrawn on the due dates of the estimated payments.	
Would you like to pay any estimated payments due for your <u>federal</u> return using electronic withdrawal? .....	<input type="checkbox"/> <input type="checkbox"/>
.....	<input type="checkbox"/> <input type="checkbox"/>
Would you like to pay any estimated payments due for your <u>state</u> return(s) using electronically withdrawal, if available? .....	<input type="checkbox"/> <input type="checkbox"/>

Name of bank or financial institution .....

Routing Transit Number (RTN) .....

Account number .....

Type of account:     Checking                       Traditional Savings                       IRA Savings

Archer MSA Savings                       Coverdell Ed. Savings                       HSA Savings

Is this a business account?                       Yes                       No

Account owner                       Taxpayer                       Spouse                       Joint

I confirm that the bank account information and the direct deposit/electronic withdrawal options selected above are correct.

Would you like any refunds owed to you directly deposited? .....	<b>Yes</b> <b>No</b>
.....	<input type="checkbox"/> <input type="checkbox"/>
Would you like to pay any amount due on your <u>federal</u> return using electronic withdrawal? .....	<input type="checkbox"/> <input type="checkbox"/>
.....	<input type="checkbox"/> <input type="checkbox"/>
If Yes, what amount would you like withdrawn, if not the entire balance due? _____	
If Yes, when should the withdrawal occur, if other than the due date of the return? _____ (Mo/Da/Yr)	
Would you like to pay any amount due on your <u>state</u> return(s) using electronic withdrawal? .....	<input type="checkbox"/> <input type="checkbox"/>
.....	<input type="checkbox"/> <input type="checkbox"/>
If Yes, what amount would you like withdrawn, if not the entire balance due? _____	
If Yes, when should the withdrawal occur, if other than the due date of the return? _____ (Mo/Da/Yr)	
The IRS and some states allow estimated payments to be electronically withdrawn on the due dates of the estimated payments.	
Would you like to pay any estimated payments due for your <u>federal</u> return using electronic withdrawal? .....	<input type="checkbox"/> <input type="checkbox"/>
.....	<input type="checkbox"/> <input type="checkbox"/>
Would you like to pay any estimated payments due for your <u>state</u> return(s) using electronically withdrawal, if available? .....	<input type="checkbox"/> <input type="checkbox"/>

Name of bank or financial institution .....

Routing Transit Number (RTN) .....

Account number .....

Type of account:     Checking                       Traditional Savings                       IRA Savings

Archer MSA Savings                       Coverdell Ed. Savings                       HSA Savings

Is this a business account?                       Yes                       No

Account owner                       Taxpayer                       Spouse                       Joint

I confirm that the bank account information and the direct deposit/electronic withdrawal options selected above are correct.



2019

# Interest Income

5A

## Interest Information:

Include copies of all Forms 1099-INT or other documents for interest received

Tax-Exempt Interest Code: 1 - 1099-INT 2 - Private Activity Bond 3 - Both

TSJ	Name of Payer	Interest Income	U.S. Bonds and Obligations	Code	Tax-Exempt Interest	2018 Interest Amount
<b>Total</b>						

## Seller-Financed Mortgage Interest Information:

Name of Individual from Whom Mortgage Interest Was Received	Identification Number of Individual	2019 Interest Amount	2018 Interest Amount

Address of Individual from Whom Mortgage Interest Was Received

## Enter Any Additional Information:


Note: List all items sold during the year on Form 7.



2019

# Dividend Income

5B

## Dividend Information:

Include copies of all Forms 1099-DIV or other documents for dividends received

TSJ	Name of Payer	Box 1a Total Ordinary Dividends	Box 1b Qualified Dividends	Box 2a Total Capital Gain Distribution	U.S. Bond Interest Amount or Percent in Box 1a
A					
B					
C					
D					
E					
F					
G					
H					
I					
J					
K					
L					
M					
N					
<b>Total</b>					

Tax-Exempt Interest Code: 1 - 1099-DIV 2 - Private Activity Bonds 3 - Both

Code	Tax-Exempt Interest	2018 Gross Dividends Amount
A		
B		
C		
D		
E		
F		
G		
H		
I		
J		
K		
L		
M		
N		
<b>Total</b>		

## Enter Any Additional Information:


Note: List all items sold during the year on Form 7.



2019

# Foreign Assets

5C

Note: If the aggregate value of the accounts does not exceed \$10,000, then you do not need to provide details.

## General Information:

TSJ \_\_\_\_\_  
 Title of filer \_\_\_\_\_  
 Enter all countries where you have foreign bank accounts \_\_\_\_\_

## Foreign Identification:

	Yes	No
Passport		
Foreign TIN		

If not passport or TIN, enter description \_\_\_\_\_  
 Number \_\_\_\_\_  
 Country of issue \_\_\_\_\_

## Information on Foreign Financial Accounts:

1 - Bank Account    2 - Securities Account    3 - Other

Account Type	If Other Account Type, Describe	Maximum Account Value	Account Number	Financial Institution Name
A				
B				

Street Address	City
A	
B	

State	ZIP/Postal Code	Country	GIIN
A			
B			

If you have no financial interest in the account or account is jointly owned, please complete the account owner information below.

Type of TIN Code: A - Employer Identification No. (EIN)    B - SSN or ITIN    C - Foreign

Last Name or Organization Name	First Name	Middle Initial	Suffix	Taxpayer ID Number
A				
B				

# of Joint Owners	Street Address	City
A		
B		

1 - No financial interest    2A - Joint - spouse is joint owner    2B - Joint - other joint owner    3 - Consolidated

State	ZIP/Postal Code	Country	Ownership Code	Filer's Title
A				
B				

1 - Deposit    2 - Custodial

Type	Foreign Currency	Exchange Rate	Source of Exchange	Acct Open	Acct Closed	Joint	No Tax Items Reported
A							
B							



2019

# Foreign Assets

5D

### Asset Information:

Description	Identifying Number	Date Acquired (Mo/Da/Yr)	Date Sold (Mo/Da/Yr)	Jointly Owned	No Tax Items Reported

Value	Foreign Currency	Exchange Rate	Source of Exchange Rate

### If Asset is Stock of a Foreign Entity or an Interest in a Foreign Entity

1 - Partnership   2 - Corporation   3 - Trust   4 - Estate

Name of Foreign Entity	Type of Foreign Entity	Mailing Address of Foreign Entity

City or Town of Foreign Entity	Province, County or State of Foreign Entity	Country of Foreign Entity	Postal Code of Foreign Entity	GIIN

### If Asset is NOT Stock of a Foreign Entity or an Interest in a Foreign Entity

1 - Issuer   2 - Counterparty

1 - U.S. person  
2 - Foreign person

Name of Issuer	Issuer Code	Type of Issuer	Residence of Issuer

1 - Individual   2 - Partnership   3 - Corporation   4 - Trust   5 - Estate

Mailing Address of Issuer	City or Town of Issuer

Province, County or State of Issuer	Country of Issuer	Postal Code of Issuer

Foreign assets were acquired or sold during the tax year .....  Yes  No

### Foreign Bank Accounts and Trusts:

At any time during 2019, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account or other financial account? .....  Yes  No

If Yes, enter name of foreign country .....

Were you the grantor of, or transferor to, a foreign trust that existed during 2019, whether or not you had any beneficial interest in it? .....  Yes  No



# Business Income and Cost of Goods Sold

2019

Name of Business: \_\_\_\_\_

Principal Business or Profession: \_\_\_\_\_

TSJ \_\_\_\_\_  
 Employer ID number \_\_\_\_\_  
 Street address \_\_\_\_\_  
 City, state, ZIP or postal code, and country \_\_\_\_\_  
 Method of inventory \_\_\_\_\_  
 Method of accounting \_\_\_\_\_

### Business Questions for 2019:

	Yes	No
Did you dispose of this business? _____	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, what was the disposition date? _____ (Mo/Da/Yr)		
Was there a change in determining quantities, costs or valuations between opening and closing inventory? _____	<input type="checkbox"/>	<input type="checkbox"/>
Were you involved in the operations of this business on a regular, continuous and substantial basis? _____	<input type="checkbox"/>	<input type="checkbox"/>
Have you prepared or will you prepare all required Forms 1099? _____	<input type="checkbox"/>	<input type="checkbox"/>

2019 Amount	2018 Amount

Health insurance premiums paid for yourself and your dependents \_\_\_\_\_

### Income:

Include all Forms 1099-K

Payment card and third party transactions:

Description	2019 Amount	2018 Amount

Miscellaneous income:

Include all Forms 1099-MISC


Other Income:


Other gross receipts or sales \_\_\_\_\_

Less returns and allowances \_\_\_\_\_

### Cost of Goods Sold:

2019 Amount	2018 Amount

Beginning inventory \_\_\_\_\_

Purchases less cost of items withdrawn for personal use \_\_\_\_\_

Cost of labor (do not include amounts paid to yourself) \_\_\_\_\_

Materials and supplies \_\_\_\_\_

Other costs of goods sold:

Description	2019 Amount	2018 Amount

Ending inventory \_\_\_\_\_





2019

# Business Expenses and Property & Equipment

Name of Business: \_\_\_\_\_

Principal Business or Profession: \_\_\_\_\_

**Expenses:**

- Advertising .....
- Car and truck expenses .....
- Parking fees and tolls .....
- Commissions and fees .....
- Contract labor .....
- Employee benefit programs and health insurance (other than pension and profit-sharing plans) .....
- Insurance (other than health) .....
- Interest - mortgage (paid to banks, etc.) .....
- Interest - other .....
- Legal and professional fees .....
- Office expense .....
- Pension and profit-sharing plans .....
- Rent or lease - vehicles, machinery and equipment .....
- Rent or lease - other business property .....
- Repairs and maintenance .....
- Supplies (not included in Cost of Goods Sold) .....
- Taxes and licenses .....
- Travel .....
- Meals .....
- Entertainment (deductible only on some state returns) .....
- Utilities .....
- Wages .....
- Dependent care benefits .....

2019 Amount	2018 Amount

**Other Expenses:**

Description	2019 Amount	2018 Amount

**Property and Equipment:**

Include a list if more space is needed

X if not new	Acquisitions - Description	Date Acquired (Mo/Da/Yr)	Cost

Dispositions - Description	Date Acquired (Mo/Da/Yr)	Cost	Date Sold (Mo/Da/Yr)	Selling Price



# Sales of Stocks, Securities, Capital Assets & Installment Sales

## Gains or Losses from Sales of Stocks, Securities and Other Capital Assets:

**Include all Forms 1099-A, 1099-B, 1099-S and copies of mutual fund statements for the year**

Did you have any of the following during the year?

- Mutual fund transactions .....
- Exchange of any securities or investments for something other than cash .....
- Sales of inherited property .....
- Sales of any stock or stock options at a loss and purchases of the same or substantially similar stock or options 30 days before or 30 days after the sale .....
- Commodity sales, short sales or straddles .....
- Reinvestment of the proceeds of gains in a qualified opportunity fund .....
- Sale of any investments in qualified opportunity funds .....
- Reinvestment of the proceeds of the sale of qualified small business stock in other qualified small business stock .....
- Debts that became uncollectible .....
- Securities that became worthless .....
- Sale of any property where you will receive payments in future years .....

Yes	No

TSJ	Kind of Property and Description	Quantity	Date Acquired (Mo/Da/Yr)	Date Sold (Mo/Da/Yr)
A				
B				
C				
D				
E				
F				
G				
H				

	Gross Sales Price (Less Commissions)	Cost or Other Basis	Federal Tax Withheld	State Tax Withheld
A				
B				
C				
D				
E				
F				
G				
H				

**Installment Sales:** **Do not include interest received in principal amount**

TSJ	Property Description	Date Sold (Mo/Da/Yr)	2019 Principal Received	2018 Principal Received



## Sale or Exchange of Your Home:

**Include the closing statements from the purchase and sale of your former and new homes**

### Former Home Information:

TSJ .....

Date acquired ..... (Mo/Da/Yr) \_\_\_\_\_

Date sold ..... (Mo/Da/Yr) \_\_\_\_\_

Selling price .....

### Original Cost and Cost of Improvements:

Description	Amount

### Sale Expenses:

Commissions, legal fees, advertising and other expenses.

Description	Amount

Did you personally own and occupy the home for at least 2 of the 5 years preceding the sale?  Yes  No

If your spouse is deceased, did the sale occur within two years of the date of death and did your spouse live in the home for at least 2 of the 5 years preceding the sale?  Yes  No

If you had a foreign mortgage on the above property, please provide the amount of the mortgage retired on the sale and the date the mortgage was acquired or the date the mortgage was most recently renegotiated \_\_\_\_\_

## Moving Expenses:

TSJ .....

Were the moving expenses reimbursed by your employer?  Yes  No

Enter reimbursements not included in wages on your Form W-2

Was the move due to a permanent change of station pursuant to a military order?  Yes  No

### Mileage:

Number of miles from old home to new workplace (applicable only on some state returns) .....

Number of miles from old home to old workplace (applicable only on some state returns) .....

Number of automobile miles in move .....

Miles

### Transportation Expenses:

Costs of transportation of household goods and personal effects .....

Costs of travel and lodging (do not include meals or automobile expenses) .....

Automobile expenses (gasoline, oil, etc.) .....

Meals (Pennsylvania only) .....

Amount



2019

**Individual Retirement Account (IRA):** Include all copies of Forms 1099-R and 5498.

TS .....

**IRA Questions for 2019:**

- Are you covered by an employer's retirement plan? .....
- If no, is your spouse covered by an employer's retirement plan? .....
- Do you want to limit your IRA contribution to the maximum amount deductible on your tax return? .....
- If no, do you want to contribute the maximum allowable amount to your IRA even though you may not qualify for an IRA deduction? .....
- Did you use any IRA as security for a loan this year? .....
- Did you have any transactions with any IRA during the year? .....
- If Yes, explain. \_\_\_\_\_

Yes	No

**IRA Values, Rollovers, and Distributions:**

Total value of all traditional IRAs on December 31, 2019 .....

Note: This information or Form 5498 is required if you received a distribution during the year.

Outstanding rollovers on December 31, 2019 .....

Total distributions converted to Roth IRAs .....

Total retirement plans converted to Roth IRAs .....

**Contributions:**

**IRA:**

Contributions in 2019 for the 2019 tax return .....

Contributions in 2020 for the 2019 tax return .....

Amount for 2019 you choose to be treated as nondeductible .....

**Roth IRA:**

Contributions made for the 2019 tax year .....

**Distributions:**

**Include all Forms 1099-R and any nontaxable distribution details**

Name of Payer	2019 Gross Distributions	Taxable Amount	Federal Tax Withheld	State Tax Withheld	Is this a Rollover?	2018 Gross Distributions



2019

# Pension, Annuity and Retirement Plan Information

9A

**Pensions and Annuities:** Include all Forms 1099-R and any nontaxable distribution details

TSJ	Name of Payer	2019 Gross Distributions	Taxable Amount	Federal Tax Withheld	State Tax Withheld	Is this a Rollover?	2018 Gross Distributions

**Self-Employed Retirement Plan:** Include copies of all Forms 1099-R

Have you established a self-employed retirement or SIMPLE plan with deductible contributions? .....

Do you want to contribute the maximum amount allowed? .....

**Taxpayer**

Yes	No

**Spouse**

Yes	No

**Contributions to:**

Simplified employee pension .....

Defined benefit plan .....

Defined contribution plan .....

SIMPLE plan .....

**2019 Amount**


**2019 Amount**




**Location of Property:** \_\_\_\_\_

TSJ .....  
Type of property .....

Yes	No
-----	----

Have you prepared or will you prepare all required Forms 1099? .....

Ownership percentage if not 100% .....  
How many days was this property rented at fair market value? .....  
How many days was this property used personally (including use by family members)? .....

2019	2018

**Income:**

Rents received .....  
Royalties received .....

2019 Amount	2018 Amount

Payment card and third party transactions:  Include all Forms 1099-K

Description	2019 Amount	2018 Amount

Miscellaneous income:  Include all Forms 1099-MISC

Description	2019 Amount	2018 Amount

Other income:

Description	2019 Amount	2018 Amount



2019

# Rental and Royalty Expenses

10A

Location of Property: \_\_\_\_\_

**Expenses:**

- Advertising .....
- Auto and travel .....
- Cleaning and maintenance .....
- Commissions .....
- Insurance .....
- Legal and other professional fees .....
- Management fees .....
- Mortgage interest paid to banks, etc. ....
- Mortgage interest paid to individuals .....
- Other interest .....
- Repairs .....
- Supplies .....
- Taxes .....
- Utilities .....
- Dependent care benefits .....
- Employee benefits .....
- Other Expenses:

2019 Amount	2018 Amount

Description	2019 Amount	2018 Amount



2019

# Rental and Royalty Property and Equipment & Depletion

10B

Location of Property: \_\_\_\_\_

Property and Equipment: Include a list if more space is needed

**Acquisitions:**

X if not new	Description	Date Acquired (Mo/Da/Yr)	Cost

**Dispositions:**

Description	Date Acquired (Mo/Da/Yr)	Cost	Date Sold (Mo/Da/Yr)	Selling Price

**Percentage Depletion Information:**

Production Type	Royalty Income	
	2019 Amount	2018 Amount







Include Forms: W-2G, 1099-MISC, 1099-RRB, 1099-SSA, 1099-SA, 1099-LTC and 1099-G

Miscellaneous Income and Adjustments:

Table with columns for TSJ (2019 Amount, 2018 Amount) and rows for Unemployment compensation received, Social security benefits received, Medicare premiums withheld, etc.

State and Local Income Tax Refunds:

Table with columns for TSJ, State, City, Tax Year, and Income Tax Refund (State, Local).

Other Income:

Table with columns for TSJ, Nature and Source, 2019 Amount, and 2018 Amount.

Alimony Paid or Received:

Table with columns for TSJ, Recipient's Name, Recipient's Social Security Number, Date of Original Divorce or Separation, Date Divorce or Separation Agreement Modified, Alimony Received?, 2019 Amount, and 2018 Amount.



Educator Expenses: Deduction for amounts paid by educators of kindergarten through Grade 12

TS	2019 Amount	2018 Amount

Health Savings Accounts (HSAs)

TS	Description	2019 Amount	2018 Amount
	Contributions made for 2019		
	Distributions received from all HSAs in 2019		

What type of coverage applies to your high deductible health plan?  Self only  Family

Were any HSA contributions listed above also shown on your Form W-2?  Yes  No

Were all distributions from your HSA for unreimbursed medical expenses?  Yes  No

Did you or your spouse enroll in Medicare?  Yes  No

If Yes, what month did you enroll? \_\_\_\_\_

What month did your spouse enroll? \_\_\_\_\_

Other Adjustments to Income: Include all Forms 1098-E for Student Loan Interest Paid

TSJ	Nature and Source	2019 Amount	2018 Amount



# Itemized Deductions - Medical and Taxes

2019

### Medical and Dental Expenses:

Prescription medicines and drugs .....

Total medical insurance premiums paid \* .....

Long-term care expenses .....

Total insurance reimbursement .....

Number of miles traveled for medical care .....

Lodging .....

Doctors, dentists, etc. ....

Hospitals .....

Lab fees .....

Eyeglasses and contacts .....

TSJ	2019 Amount	2018 Amount

Taxpayer long-term care insurance premiums paid .....

Spouse long-term care insurance premiums paid .....

2019 Amount	2018 Amount

\* Do not include Medicare premiums or premiums deducted in computing taxable wages reported on a W-2.

### Other Medical Expenses:

TSJ	Description	2019 Amount	2018 Amount

### Taxes Paid: Include copies of your tax bills

Personal property taxes paid (include vehicle taxes) .....

General sales taxes paid on specified items .....

TSJ	2019 Amount	2018 Amount

Itemize real estate taxes by state.

TSJ	Real Estate Taxes	2019 Amount	2018 Amount

### Other Taxes Paid:

TSJ	Description	2019 Amount	2018 Amount

If you purchased or sold your home in 2019, did you include any taxes from your closing statement in the amounts above?  Yes  No



2019

Mortgage Questions for 2019:

	<b>Yes</b>	<b>No</b>
If you purchased or sold your home, did you include any mortgage interest from your closing statement in the amount below? . . .	<input type="checkbox"/>	<input type="checkbox"/>
Did you refinance your home? (If Yes, enclose the closing statement.) . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, how many years is your new mortgage loan? . . . . . _____		
Did you purchase a new home or sell your former home during the year? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, enclose the closing statements from the purchase and sale of your new and former homes.		
If Yes, also, did you (or your spouse, if married) have an ownership interest in a principal residence in the US during the 3 year period prior to the purchase of this home? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, did you (and your spouse, if married at the time of purchase) own and use the same home as a principal residence in the U.S. for any 5 consecutive year period during the 8 year period ending on the purchase date of the new home? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>

Home Mortgage Interest Paid To Financial Institutions:

TSJ	Paid To	Did You Receive Form 1098?		2019 Amount	2018 Amount
		Yes	No		

Other Home Mortgage Interest Paid:

TSJ	Paid To		ID Number	2019 Amount	2018 Amount
	Name	Address			

Deductible Points:

TSJ	Paid To	Did You Receive Form 1098?		2019 Amount	2018 Amount
		Yes	No		

Mortgage Insurance Premiums:

Premiums paid or accrued for qualified mortgage insurance.

TSJ	2019 Amount	2018 Amount

Investment Interest Expense:

Interest paid on money you borrowed that is allocable to property held for investment.

TSJ	Paid To	2019 Amount	2018 Amount



Cash Contributions: Include all Forms 1098-C or other documentation.

You cannot deduct a cash contribution, regardless of the amount, unless you keep as a record of the contribution a bank record (such as a canceled check, a bank copy of a canceled check, or a bank statement containing the name of the charity, the date, and the amount) or a written communication from the charity. The written communication must include the name of the charity, date of the contribution, and amount of the contribution. Clothes and household items donated must be in good, used condition or better in order to be deductible unless the item donated is worth more than \$500 and you have the item's value appraised. Attach a copy of the appraisal. Include any vehicles donated to charity.

Table with 4 columns: TSJ, Organization or Description of Contribution, 2019 Amount, 2018 Amount

Table with 4 columns: TSJ, Conservation Real Property, 2019 Amount, 2018 Amount. Includes rows for 100% limit and 50% limit.

Table with 4 columns: TSJ, Description, 2019 Miles, 2018 Miles. Includes row for Number of miles traveled performing volunteer work for qualified charitable organizations.

Noncash Contributions Totaling \$500 or Less: Include all documentation.

Table with 4 columns: TSJ, Description of Donated Property, 2019 Amount, 2018 Amount

Noncash Contributions Totaling More Than \$500: Include all Forms 1098-C or other documentation.

Table with 5 columns: TSJ, Property Description, Date Acquired, Date of Donation, Cost or Basis. Includes rows A, B, C.

Table with 4 columns: Fair Market Value (FMV), Method Used to Determine FMV, Other Method Description, Method of Acquisition. Includes rows A, B, C.

- 1 - Appraisal 2 - Catalog 3 - Comparable Sale 4 - Other (Describe) 5 - Thrift Shop Value

- 1 - Gift 2 - Inheritance 3 - Exchange 4 - Purchase

Table with 2 columns: Donee Organization Name, Donee Organization Address. Includes rows A, B, C.





# Child/Dependent Care Expenses & Education Expenses

## Child/Dependent Care Expenses:

### General Information:

TSJ .....

Were you or your spouse a full time student or disabled?  Yes  No  
 Did you pay an individual for services performed in your home?  Yes  No

Expenses incurred in 2018 but paid in 2019 .....  
 Employer-provided dependent care benefits that were forfeited in 2019 .....  
 2018 carryover used in grace period .....

### Child/Dependent Care Providers:

**Provider 1:**

Name .....  
 Street address .....  
 City, state, ZIP or postal code, and country .....  
 Social security number OR .....  
 Employer identification number .....  
 Telephone number (California only) .....

	2019 Amount	2018 Amount
Expenses incurred and paid in 2019 .....		
Expenses incurred and not paid in 2019 .....		

**Provider 2:**

Name .....  
 Street address .....  
 City, state, ZIP or postal code, and country .....  
 Social security number OR .....  
 Employer identification number .....  
 Telephone number (California only) .....

	2019 Amount	2018 Amount
Expenses incurred and paid in 2019 .....		
Expenses incurred and not paid in 2019 .....		

### Qualifying Persons for Child/Dependent Care Expenses:

First Name and Initial	Last Name	Social Security Number	2019 Expenses Incurred	2018 Expenses Incurred

### Higher Education Expenses for Education Credits and/or Tuition Fees Deduction:

Qualified expenses are for post-secondary education tuition and related expenses; they do not include room or board. Include a detailed listing of the expenses.

**Include copies of all Forms 1098-T**

First Name and Initial	Last Name	Social Security Number	2019 Qualified Expenses





General Information:

TSJ .....

Employer identification number .....

Did you pay any one household employee cash wages of \$2,100 or more in 2019? Yes No

Did you withhold any federal income tax from wages paid to any household employee? Yes No

Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2018 or 2019? Yes No

Social Security, Medicare and Income Taxes:

Cash wages subject to social security taxes .....

Cash wages subject to Medicare taxes (if different than cash wages subject to social security) .....

Cash wages subject to additional Medicare tax withholding .....

Federal income tax withheld .....

State disability plan payments subject to social security taxes .....

State disability plan payments subject to Medicare taxes (if different than plan payments subject to social security) .....

Table with 2 columns: 2019 Amount, 2018 Amount. Rows correspond to the tax categories listed on the left.

Federal Unemployment (FUTA) Tax:

Did you pay unemployment contributions to more than one state? Yes No

Were all of the wages subject to FUTA tax subject to the state's unemployment tax? Yes No

Table with 3 columns: State, Total Cash Wages Subject to FUTA, 2018 Amount.

Complete the following for all state unemployment contributions made:

X if payment to be made after April 15, 2020

Table with 5 columns: Name of State, Total Taxable Wages, Contribution Paid to Unemployment Fund, X, 2018 Amount.



Refund Application:

If you have an overpayment of 2019 taxes, do you want the excess:

Refunded .....  Yes  No  
 Applied to your 2020 estimated tax liability .....  Yes  No

Federal Estimated Tax Payments:

2019 1st Quarter Estimate ..... (Due 04-15-2019)  
 2019 2nd Quarter Estimate ..... (Due 06-17-2019)  
 2019 3rd Quarter Estimate ..... (Due 09-16-2019)  
 2019 4th Quarter Estimate ..... (Due 01-15-2020)

Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid

2018 overpayment applied to 2019 estimate .....

Tax Planning Information for Tax Year 2020:

Do you expect any of the following to occur in 2020?

	Yes	No
A change in your marital status .....	<input type="checkbox"/>	<input type="checkbox"/>
A change in the number of your dependents .....	<input type="checkbox"/>	<input type="checkbox"/>
A substantial change in your income .....	<input type="checkbox"/>	<input type="checkbox"/>
A substantial change in your withholding .....	<input type="checkbox"/>	<input type="checkbox"/>
A substantial change in deductions .....	<input type="checkbox"/>	<input type="checkbox"/>

If you answered Yes to any of the above questions, provide details.




State and City Estimated Tax Payments:

TSJ ____ State/City _____		
Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid

2019 1st Quarter Estimate .....

2019 2nd Quarter Estimate .....

2019 3rd Quarter Estimate .....

2019 4th Quarter Estimate .....

If you have an overpayment of 2019 taxes, do you  
want the excess applied to your 2020 estimated tax liability?  Yes  No

2018 overpayment applied to 2019 estimate .....

Balance of prior year(s)' tax paid in 2019 plus  
amount paid with 2018 extensions .....

Estimated tax payments for 2018 paid in 2019 .....

State and City Estimated Tax Payments:

TSJ ____ State/City _____		
Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid

2019 1st Quarter Estimate .....

2019 2nd Quarter Estimate .....

2019 3rd Quarter Estimate .....

2019 4th Quarter Estimate .....

If you have an overpayment of 2019 taxes, do you  
want the excess applied to your 2020 estimated tax liability?  Yes  No

2018 overpayment applied to 2019 estimate .....

Balance of prior year(s)' tax paid in 2019 plus  
amount paid with 2018 extensions .....

Estimated tax payments for 2018 paid in 2019 .....

State and City Estimated Tax Payments:

TSJ ____ State/City _____		
Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid

2019 1st Quarter Estimate .....

2019 2nd Quarter Estimate .....

2019 3rd Quarter Estimate .....

2019 4th Quarter Estimate .....

If you have an overpayment of 2019 taxes, do you  
want the excess applied to your 2020 estimated tax liability?  Yes  No

2018 overpayment applied to 2019 estimate .....

Balance of prior year(s)' tax paid in 2019 plus  
amount paid with 2018 extensions .....

Estimated tax payments for 2018 paid in 2019 .....







**NOTE: Only complete Forms 34 and/or 35 if in 2019:**

- You made gifts of cash or marketable securities to an individual that exceeded \$15,000; or
- You made gifts of hard-to-value assets (such as closely-held stock) to an individual of any amount; or
- You made any transfers to a trust (including paying premiums on a life insurance policy that was transferred to a life insurance trust).

You should include all gifts made to each individual during the year, including gifts for his or her birthday, holiday, anniversary, graduation, etc. In addition, include any gifts you made for educational or medical expenses. You can exclude amounts paid directly to a qualifying educational organization for tuition. You can also exclude amounts paid directly to health care providers if the expenses relate to nonelective medical expenses.

If you made any loans with an interest rate below the market rate of interest, provide details below.

If your most recent gift tax return was not prepared by us, include a copy.

For gifts other than cash, include a copy of any appraisal(s) of assets.

If no appraisal is available, describe how the value was determined.

For each gift made outright to an individual during the year, provide the following information:

**Gift 1:**

Person giving the gift .....	<input type="checkbox"/> Taxpayer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Joint
Name of person receiving the gift .....	_____		
Address of person .....	_____		
Your relationship to the person (e.g., son, granddaughter or friend) .....	_____		
Age of the person .....	_____		
Date(s) of gift(s) .....	(Mo/Da/Yr) _____		
Description and amount of assets gifted (e.g., \$15,000 in cash or 500 shares of ABC stock) .....	_____		
Cost basis of assets gifted if other than cash .....			
Value of assets gifted if other than cash .....			

**Gift 2:**

Person giving the gift .....	<input type="checkbox"/> Taxpayer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Joint
Name of person receiving the gift .....	_____		
Address of person .....	_____		
Your relationship to the person (e.g., son, granddaughter or friend) .....	_____		
Age of the person .....	_____		
Date(s) of gift(s) .....	(Mo/Da/Yr) _____		
Description and amount of assets gifted (e.g., \$15,000 in cash or 500 shares of ABC stock) .....	_____		
Cost basis of assets gifted if other than cash .....			
Value of assets gifted if other than cash .....			



**NOTE: Complete this form only if you have made gifts in or to a trust during the year.**

**For each gift made in trust during the year, provide the following information:**

Name of trust receiving the gift . . . . . \_\_\_\_\_

Name of the trustee . . . . . \_\_\_\_\_

Address of the trustee . . . . . \_\_\_\_\_

Trust identification number . . . . . \_\_\_\_\_

Name of the beneficiary of the trust . . . . . \_\_\_\_\_

Your relationship to the beneficiary  
(e.g., son, granddaughter or friend) . . . . . \_\_\_\_\_

Age of the beneficiary . . . . . \_\_\_\_\_

Date(s) of gift(s) . . . . . (Mo/Da/Yr) \_\_\_\_\_

Description and amount of assets gifted  
(e.g., \$15,000 in cash or 500 shares of ABC stock) . . . . . \_\_\_\_\_

Cost basis of assets gifted if other than cash . . . . .

Value of assets gifted if other than cash . . . . .

For gifts other than cash, include a copy of any appraisal(s) of assets. If no appraisal is available, describe how the value was determined.

\_\_\_\_\_

**Include a copy of the following:**

**A copy of the trust document(s) unless previously furnished to us.**

**A copy of the letter(s) notifying the beneficiary of his or her right to withdraw, if the trust grants the beneficiary the right to withdraw amounts contributed to the trust.**



2019

**Residency Information:**

From (Mo/Da/Yr)	To (Mo/Da/Yr)
--------------------	------------------

If you did not live in the District of Columbia for all of 2019, enter the dates you did live in the District of Columbia .....

Enter the state names other than the District of Columbia where you had income .....

**Education Savings:**

Yes	No
-----	----

Did you or your spouse make any contributions to a qualified DC "529" College Savings Plan account? . . . .  
If Yes, enter the following:

TS	Name of Designated Beneficiary	Social Security Number	Account Number	2019 Amount Contributed

**Property Tax Credit Information:**

TS .....

Enter the amount of rent paid .....

What type of property is the property tax credit for? . . . . .  House  Apartment  Rooming house  Condominium

Landlord's information:

Name .....  
Address .....  
Apartment number .....  
City, state and ZIP code .....  
Telephone number .....

**Business Credits**

Organ and Bone Marrow Donor Credit .....  
Job Growth Incentive Act Credit .....  
Amount of homeownership assistance provided to eligible employees .....  
Number of eligible employees .....

**Voluntary Contributions:**

Enter the amount you wish to contribute on your 2019 tax return to:  
Tax-Payer Support for Afterschool Programs for At-Risk Students .....  
DC Statehood Delegation Fund .....  
Anacostia River Cleanup and Protection Fund .....









2019

Unincorporated Business Franchise Tax Information:

General Information:

TSJ \_\_\_\_\_

Number of business locations: \_\_\_\_\_

    Within DC \_\_\_\_\_

    Outside DC \_\_\_\_\_

DC business tax number \_\_\_\_\_

Sales and use tax account number \_\_\_\_\_

Federal employer I.D. number \_\_\_\_\_

Fiscal year begin date \_\_\_\_\_

Fiscal year end date \_\_\_\_\_

Business name \_\_\_\_\_

Business street address \_\_\_\_\_

Business city, state, and ZIP code \_\_\_\_\_

Supplemental Information:

Principal business activity \_\_\_\_\_

Type of ownership \_\_\_\_\_

Date business began (Mo/Da/Yr) \_\_\_\_\_

Was the business terminated during 2019?  Yes  No

    If Yes, enter the termination date and reason below.

    Termination date (Mo/Da/Yr) \_\_\_\_\_

    Termination reason \_\_\_\_\_

IRS Service Center where the 2019 federal income tax return was filed \_\_\_\_\_

Taxpayer name shown on the 2019 federal income tax return filed \_\_\_\_\_

Have you filed annual Federal Information Return Forms 1096 and 1099?  Yes  No

    If No, enter the reason for not filing Forms 1096 and 1099 \_\_\_\_\_

Which method is used on the federal income tax return? Accrual  Cash  Other (specify) \_\_\_\_\_

Did you withhold DC income tax from your employees' wages during 2019?  Yes  No

    If No, enter the reason for not withholding DC income tax \_\_\_\_\_

Did you file a DC franchise tax return for the business for 2018?  Yes  No

    If No, enter the reason for not filing a DC franchise tax return \_\_\_\_\_

Did you file an annual ballpark fee return?  Yes  No

Has the IRS made or proposed any adjustments to your 2019 income tax return, or did you file any amended federal income tax returns?  Yes  No





2019

General Information:

Political subdivision .....

If the political subdivision is not known, enter the county of residence and city, town, or taxing area:

County of residence on December 31, 2019 .....

Incorporated city, town or taxing area on December 31, 2019 .....

Taxpayer Spouse

Yes No Yes No

Do you qualify as totally disabled? .....

Are you or your spouse a member of the military? ... Yes No

Residency Information:

From To (Mo/Da/Yr) (Mo/Da/Yr)

If you did not live in Maryland for all of 2019:

Enter the dates you did live in Maryland .....

Enter the other state of residence .....

Enter the state names other than Maryland where you had income .....

Pennsylvania residents:

What is the name of your township? .....

What is the name of your county? .....

If you are a nonresident of Maryland, did you reside the full year in your state of legal residency? ... Yes No

Education Savings:

Did you or your spouse make any contributions to a Maryland Prepaid College Trust or Maryland College Investment Plan Account? ... Yes No

If Yes, enter the following:

Table with 6 columns: TS, Name of Designated Beneficiary, Type of Plan, Social Security Number, Account Number, 2019 Amount Contributed

Voluntary Contributions:

Enter the amount you wish to contribute on your 2019 tax return to:

Table with 2 columns: Fund Name, Amount

Long-Term Care Insurance Information:

Table with 5 columns: Name of Insured, Age, Social Security Number, Relationship to Taxpayer, Amount of Premium Paid





2019

General Information:

City or county of residence on January 1, 2020:

Taxpayer
Spouse

Enter the amount of Internet or out of state purchases for which you did not pay sales tax

Table with 2 columns: Taxpayer, Spouse

Residency Information:

Table with 4 columns: Taxpayer (From, To), Spouse (From, To)

If you did not live in Virginia for all of 2019, enter the dates you did live in Virginia

Enter the state names other than Virginia where you had income

Education Savings:

Did you or your spouse make any contributions to a Virginia College Savings Plan account?
If Yes, enter the following:

Yes No

Table with 6 columns: TS, Name of Designated Beneficiary, Type of Plan, Social Security Number, Account Number, 2019 Amount Contributed

Voluntary Contributions:

Enter the amount you wish to contribute on your 2019 tax return to:

- Virginia Nongame Wildlife Program
Virginia Democratic Party political contribution
Virginia Republican Party political contribution
Virginia Housing Program
Elderly and Disabled Transportation Fund
Virginia Arts Foundation
Open Space Recreation and Conservation Fund
Chesapeake Bay Restoration Fund
Family and Children's Trust Fund (FACT)
Virginia State Forests Fund
Virginia Federation of Humane Societies
Spay and Neuter Fund
Cancer Centers of Virginia
Children of America Finding Hope
Virginia Military Family Relief Fund
Federation of Virginia Food Banks
Public School Foundation Contribution
Foundation name(s)

Table with 2 columns: Taxpayer, Spouse

Public Library Foundation Contribution
Foundation name(s)

Table with 2 columns: Taxpayer, Spouse

