

ROBERT C. ROWLAND, CPA
 4960 South Gilbert Road, Suite 1-611
 Chandler, AZ 85249
 (520) 319-0077
 Fax 319-0076
robert@rowlandtax.com
rowlandtax.com

INSTRUCTIONS: Please complete this tax organizer as accurately as possible. For those items you are not sure of, insert a question mark. Remember, each \$100 in deductions overlooked may cost you up to \$55 in taxes. As a recommendation, you may want to segregate your receipts and canceled checks according to the following categories at the same time you fill out this questionnaire. It will then be a simple matter to prepare if and when you get audited. **If you do not have sufficient room below, please attach a separate sheet.**

*** This Tax Organizer can ONLY be printed out and filled in ***

	<u>Social Security No.</u> (If not on file)	<u>Occupation</u>	<u>Date of Birth</u>	<u>Blind (Y/N)?</u>
TAXPAYER _____	_____	_____	_____	_____
SPOUSE _____	_____	_____	_____	_____
Address (if changed) _____			Zip _____	

Telephone Number(s) and Email Address(es)

Taxpayer Home _____	Work _____	Cell _____
Spouse Home _____	Work _____	Cell _____
Taxpayer Email Addresses _____		
Spouse Email Address _____		

ELECTRONIC OPTIONS (check yes or no for each option)

- 1. E-File federal and state returns?** _____ YES or _____ NO
- 2. Email to you your copy of the returns?** _____ YES or _____ NO
- 3. Direct Deposit refund(s) to bank account?** _____ YES or _____ NO *If first time for account attach a voided check.* If direct deposit to same bank as last year, CONFIRM last 4 digits of the bank account _____

FOREIGN INVESTMENT (Form 8938 and FBAR) Do you own or have signature power over a foreign bank account, a foreign investment account, or other than a publically traded stock, an interest in a foreign corporation, foreign partnership or foreign trust which in total were worth more than \$10,000 during the year? Yes or No ?

GIFT OR INHERITANCE FROM A FOREIGN SOURCE or **HAVE A TRANSACTION WITH A FOREIGN TRUST** (Form 3520)? If so, describe Yes or No ?

SALE OF REAL ESTATE Did you sell any real estate during the year? Yes or No ?

If so, provide me copies of the sale closing statement. If the property sold is other than your primary residence in which you lived in for more than 2 years, also make a list of improvements (including cost) made to the property and provide me copies of the purchase closing statement (usually HUD-1).

SALE OF STOCKS OR BONDS (provide me a copy of the broker's recap including original cost. *If not available itemize stock transactions below*)

<u>Number of Shares and Name of Stock/Bond</u>	<u>Date Purchased</u>	<u>Date Sold</u>	<u>Total Net Sale Proceeds</u> (less commission) \$ _____	<u>Total Cost</u> (including commission) \$ _____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>RENTAL INCOME</u> Address	Property "A"	Property "B"	Property "C"	Property "D"
Total Rents	\$ _____	\$ _____	\$ _____	\$ _____
<u>RENTAL EXPENSES:</u>				
Auto Mileage	_____ mi	_____ mi	_____ mi	_____ mi
Advertising	\$ _____	\$ _____	\$ _____	\$ _____
Insurance	_____	_____	_____	_____
Management Fees	_____	_____	_____	_____
Interest (mortg.)	_____	_____	_____	_____
Interest (other)	_____	_____	_____	_____
Repairs and Maint.*	_____	_____	_____	_____
Improv/Major Purchase(s)	\$ _____	_____	_____	_____
Supplies	_____	_____	_____	_____
Property tax	_____	_____	_____	_____
Utilities	_____	_____	_____	_____
Homeowners Dues	_____	_____	_____	_____
Misc.	_____	_____	_____	_____

* Repairs and Maintenance: Itemize large items if total exceeds \$5,000.

Are you a real estate professional? (ie Development, construction, property management, real estate agent or broker) Y / N

ESTIMATED TAXES

<u>Due date</u>	<u>Date Paid</u>	<u>Federal</u>	<u>Arizona</u>	<u>Other State</u> _____
April 15 th payment _____	_____	\$ _____	\$ _____	\$ _____
June 15 th payment _____	_____	\$ _____	\$ _____	\$ _____
September 15 th _____	_____	\$ _____	\$ _____	\$ _____
January 15, 2020 _____	_____	\$ _____	\$ _____	\$ _____

Any substantial change in your *future* income, withholding or deductions?

If so, describe _____

HOUSEHOLD HELP Babysitting, cleaning, cooking, gardening, etc., totaling in excess of \$2,100 for the year? (Y/N)? _

If so, you may be liable for social security and unemployment taxes.

CHILD OR DISABLED DEPENDENT CARE paid for care of child(ren) under the age of 13 or a dependent who is physically unable to care for him or herself.

<u>To Whom Paid</u>	<u>Social Security No. or Fed ID</u>	<u>Amount Paid</u>
_____	_____	\$ _____
_____	_____	_____
_____	_____	_____

SOCIAL SECURITY If you are under age 66 and 4 months and receiving Social Security, did you have business profits or wages in 2019 of more than \$17,640 Y/N? _____

ENERGY CREDIT Cost of solar electricity system or solar water heater \$ _____

GIFT TAX RETURN Did you make gifts of more than \$15,000 to any one individual during the year (Y/N)? _____

IRA, SEP, OR KEOGH CONTRIBUTIONS

2019 contributions made or to be made to: **IRA / Roth IRA / SEP / Keogh Plan** (circle applicable) or enter _____

Client \$ _____ Spouse \$ _____ OR _____ Maximum Allowed (check)

Amounts rolled over in 2019 to a Roth IRA Client \$ _____ Spouse \$ _____

IRA Distribution? If so, 12-31-18 balance in all IRA Accts. Client \$ _____ Spouse \$ _____

CRYPTO CURRENCY TRANSACTIONS (ie Bitcoin)? Y/N? _____

MISCELLANEOUS DEDUCTIONS AND CREDITS (Available even if you do not itemize deductions)Tuition and fees (1st 4 years of post high school) \$ _____ and books \$ _____

Student's name _____ and school name _____ Form 1098-T? Y/N

Other tuition and fees (post high school) \$ _____ and books \$ _____

Student's name _____ and school name _____ Form 1098-T? Y/N

Alimony paid (only for pre 2019 divorces) \$ _____ Paid to _____ Soc Sec No. _____

Teacher supplies \$ _____

Interest forfeiture on CD \$ _____

EE Bond interest – educational \$ _____

Uncollectible loans or worthless securities \$ _____ describe: _____

Gambling losses and mileage to and from
gambling establishment(s) \$ _____ (no more than gambling income)

For each gambling "session" you need to enter into a log book (1) the date and type of each wager, (2) name and location of the gambling establishment, (3) names of person(s) accompanying you, and (4) the amounts you won or loss.

Raw Land or other real estate held for investment (other than a rental property) expenses \$ _____
_____ (section 266 election to capitalize)

In 2019 did you contribute any money to a 529 College Savings Account. If so how much \$ _____

CONTRIBUTIONS – DONATIONS (Most will qualify for Arizona credit even if not itemizing deductions)Checks or cash with receipts (cash donations without receipts are not deductible). A single donation of **\$250** or more also requires a receipt from the charitable organization.

			Check if paid after end of the year
Religious	\$ _____		
United Way	\$ _____		
AZ Working Poor Org.	\$ _____	Name of Organization _____	
AZ Scholarship Org.	\$ _____	Name of Organization _____	
AZ Public School			
Extracurricular Activities	\$ _____	Name of School _____	
AZ Foster Care Org.	\$ _____	Name of Organization _____	

Total of all *other* contributions with checks and/or receipts \$ _____Clothing, furniture, etc. in good or better condition (for a valuation guide see
<https://satruck.org/Home/DonationValueGuide>)

	Value	Original Cost
Salvation Army	\$ _____	and \$ _____
Goodwill	\$ _____	and \$ _____
_____	\$ _____	and \$ _____

Miles put on your car to help a charitable organization

Miles _____ and Organization _____

Charitable travel costs \$ _____ (ie airfare, hotels, etc)

MEDICAL, DENTAL, AND HOSPITAL EXPENSES (If itemizing, fully deductible on Arizona return)

Everyone in your *household* is covered by medical insurance (including Medicare) for the full year except _____ or ALL COVERED.

Obamacare health insurance subsidy received \$ _____ (See Form 1095-A)

Medicare paid out of Social Security checks \$ _____

Medical, Vision, and/or Dental Insurance \$ _____

Nursing Home (LTC) Insurance Premiums \$ _____ (Taxpayer) \$ _____ (Spouse)

Amount paid into HSA * by employer \$ _____ Amount paid into HSA thru payroll \$ _____

* HSA: Health Savings Account Amount paid into HSA outside of work \$ _____

Medical bills paid from the HSA \$ _____ Please get this number from Form 1099-SA to insure the dollar amount matches the IRS computer.

Additional Medical Expenses (do not include bills paid from HSA or otherwise reimbursed):

Travel for medical care _____ miles

Prescription drugs \$ _____

Medical Lodging \$ _____

Nursing home care costs \$ _____

Total doctor and dental \$ _____

Hospital \$ _____

Lab/x-ray \$ _____

Eyeglasses/contacts/supplies \$ _____

Ambulance \$ _____

Hearing aids/batteries \$ _____

Chiropractor \$ _____

Air conditioning (medically req.) \$ _____

Therapy pool (medically req.) \$ _____

Weight loss program (no food and only if medically required) \$ _____

Other Medical _____

Medical insurance *reimbursement* on any of the above received by you

\$ _____

TAXES PAID BY YOU (If Itemizing)

Vehicle license fees (total paid) \$ _____

Real estate taxes on your home \$ _____ Home Office for business? (circle one) Y/ N

Real estate taxes on other property \$ _____ (do not include any rental property shown on page 3)

Sales taxes on major purchases \$ _____ (vehicle, boat, aircraft or home improvement)

Describe _____

Trailer or boat tax \$ _____

Foreign tax paid \$ _____ (if not reported on 1099)

INTEREST PAID BY YOU (If Itemizing)

	To Whom Paid	Amount
Home – 1 st mortgage	_____	\$ _____
Home – 2nd mortgage (only if used to purchase or improve home or second home)	_____	\$ _____
2 nd Home	_____	\$ _____
Points paid on a new mortgage	_____	\$ _____
Mortgage insurance premium	_____	\$ _____
Investment loan interest	_____	\$ _____
Interest on student loans	_____	\$ _____

NOTE: EMPLOYEE Business Expenses are no longer deductible**BUSINESS (Attach Profit and Loss Statement and a Year End Balance Sheet) OR Complete Below****Revenue:**

Gross Receipts/Sales \$ _____
 Returns and Allowances \$ _____
 Other Income \$ _____

Cost of Goods Sold:

Purchases less personal use \$ _____
 Cost of Labor \$ _____
 Materials and Supplies \$ _____
 Other Costs \$ _____
 Year End Inventory \$ _____
 (cost or if less market value)

Expenses:

Accounting and Legal	\$	_____
Advertising	\$	_____
Bad Debts (ie, bounced checks)		_____
Bank Charges	\$	_____
Cell Phone	\$	_____
Commissions	\$	_____
Computer Expenses	\$	_____
Dues and Subscriptions	\$	_____
Education and Training	\$	_____
Employee Benefits	\$	_____
Equipment Rental	\$	_____
Health Ins for Employees	\$	_____
Independent Contractors	\$	_____
Insurance - Liability or Casualty		_____
Workers Comp	\$	_____
Interest (business) Expense	\$	_____
Internet	\$	_____
Laundry and Cleaning	\$	_____
Marketing	\$	_____
Meeting Expenses	\$	_____
Office Expenses	\$	_____
Outside Services	\$	_____
Payroll Processing Fees	\$	_____
Pension and Retirement Plan	\$	_____
Permits and Fees	\$	_____
Postage and Shipping	\$	_____
Printing	\$	_____
Property Taxes	\$	_____
Rents for Premises	\$	_____
Repairs and Maintenance	\$	_____
Salaries and Wages (Owners)	\$	_____

Salaries and Wages
(Other Employees) \$ _____

Sales Taxes paid \$ _____
(only if sales taxes are included in total sales info above or amount paid in
excess of amounts collected)

Security \$ _____
Supplies \$ _____

Payroll Taxes \$ _____
Telephone \$ _____
Tools \$ _____

Travel \$ _____
Uniforms \$ _____
Utilities \$ _____

Waste Removal \$ _____
Miscellaneous \$ _____

Balance Sheet Accounts (Year End Value) If no balance sheet is attached

Balance in Business Checking and Savings _____

Equipment Purchased _____
Itemize include date purchased and cost

Sales Tax Payable (owed for 2018 but paid in following year) \$ _____
Payroll Tax Payable (owed for 2018 but paid in following year) \$ _____

Loan Balances (Notes Payable, Lines of Credit, Equip Loans, etc) \$ _____

BUSINESS MILEAGE Do you have a mileage log for the business miles (Y/N)? ____ (do not include to and from work) ***EMPLOYEE USE OF A VEHICLE FOR WORK IS NO LONGER DEDUCTIBLE BY EMPLOYEE***. Instead get reimbursed by your employer.

Car #1: Total miles _____ and total business miles _____

Car #2: Total miles _____ and total business miles _____

BUSINESS VEHICLE EXPENSES (optional) If not completed we will use 58 cents per mile)

	Car #1	Car #2
Gas, oil, lubrication \$	\$ _____	\$ _____
Repairs \$	\$ _____	\$ _____
Insurance \$	\$ _____	\$ _____
Tires, supplies, etc. \$	\$ _____	\$ _____
Lease payments \$	\$ _____	\$ _____
Interest on vehicle \$	\$ _____	\$ _____

Cost of new car \$ _____ need even if taking 58 cents per mile
Date purchased _____ Year and model _____

HOME OFFICE EXPENSES Only if **primary** office of your business and the office area in your home is **used exclusively** for the home office. ***EMPLOYEE USE OF A HOME OFFICE IS NO LONGER DEDUCTIBLE BY EMPLOYEE.***

Total home square feet _____ Office square feet _____
(if the below information is not completed, we will use \$5.00 per square feet of office up to 300 square feet)

Rent	\$ _____
Utilities	\$ _____
Insurance	\$ _____
Repairs	\$ _____
Rural Metro	\$ _____
Trash	\$ _____
HOA Dues	\$ _____

As a reminder the password to get into the tax returns emailed by this office to you is the first four letters of your last name and the last five numbers of your social security number (no caps and no spaces).

QUESTIONS