



3950 N Campbell Ave, Tucson, AZ 85719

tel: (520) 320-1041 fax: (520) 320-1053 email: [1stChoice@1stChoiceTaxServices.com](mailto:1stChoice@1stChoiceTaxServices.com)  
[www.1stChoiceTaxServices.com](http://www.1stChoiceTaxServices.com)

## 2019 Tax Organizer

Call to schedule your  Appointment: Day \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_ Preparer \_\_\_\_\_ or  Drop Off  Web Portal\*

Taxpayer		Spouse	
Name _____	SSN _____ Birthday _____	Name _____	SSN _____ Birthday _____
Occupation _____	e-mail _____	Occupation _____	e-mail _____
Cell _____ Daytime _____	Address <input type="checkbox"/> New address this year	Cell _____ Evening _____	<input type="checkbox"/> Yes, Direct Deposit My Refund to: Bank Name _____ <input type="checkbox"/> Ck <input type="checkbox"/> Sav Rtn # _____ Acct # _____ <b>I'd prefer my finished tax return: <input type="checkbox"/> Printed <input type="checkbox"/> PDF <input type="checkbox"/> Both</b>
City _____ ST _____ Zip _____	Filing Status <input type="checkbox"/> Single <input type="checkbox"/> MFJ <input type="checkbox"/> HOH <input type="checkbox"/> QW <input type="checkbox"/> MFS		

Did you and/or your spouse purchase health insurance thru the Marketplace (exchange)?  Yes  No (If YES,  1095-A required)

### DEPENDENTS

Name (First Last) (exactly as shown on SS card)	Soc. Sec. No.	Relationship	#Months in Home	Birthdate	Full Time Student
					<input type="checkbox"/> Y <input type="checkbox"/> N
					<input type="checkbox"/> Y <input type="checkbox"/> N
					<input type="checkbox"/> Y <input type="checkbox"/> N
					<input type="checkbox"/> Y <input type="checkbox"/> N

### TAX DOCUMENTS ENCLOSED \*

* To send digital documents, use our web portal: <a href="http://login.atomanager.com/atom_1ST">login.atomanager.com/atom_1ST</a>	Taxpayer	Spouse
Picture ID (or copy) required for both Taxpayer & Spouse by new industry regulations	<input type="checkbox"/>	<input type="checkbox"/>
Wages <b>W2</b> <input type="checkbox"/> Employment change this year		
Pensions and IRAs <b>1099R</b>		
Social Security <b>1099SSA</b>		
Interest Income <b>1099INT</b>		
Dividend Income <b>1099DIV</b>		
Sales of Capital – <b>1099B</b> ( <input type="checkbox"/> enclose broker statement) <input type="checkbox"/> HUD1 Sale of Real Estate		
Unemployment or State Tax Refunds <b>1099G</b>		
Gambling Winnings <b>W2G</b> (see page 2 for gambling losses)		
<input type="checkbox"/> Estate, <input type="checkbox"/> Trust <input type="checkbox"/> S-Corp <input type="checkbox"/> Partnership <input type="checkbox"/> PTP <b>K-1</b>		
<input type="checkbox"/> Rents, <input type="checkbox"/> Royalties <input type="checkbox"/> Prizes, <input type="checkbox"/> Self Employment – <b>1099MISC</b> (see page 3)		
Mortgage Interest <b>1098</b> (see page 2)		
Education Expense – <input type="checkbox"/> <b>1098T</b> & <input type="checkbox"/> Proof of Payment Student Loan <input type="checkbox"/> <b>1098E</b>		
Other 1099s: <input type="checkbox"/> <b>1099A</b> <input type="checkbox"/> <b>1099C</b> <input type="checkbox"/> <b>1099SA</b> <input type="checkbox"/> <b>1099LTC</b> <input type="checkbox"/> <b>1099Q</b> <input type="checkbox"/> <b>1099OID</b>		

**New Clients:** Please provide:  copy of last year's tax return  Picture ID  Social Security Cards for all Dependents

(Standard Ded: \$24,400 Married \$18,350 HOH \$12,200 Single)

**MEDICAL**

Medical Insurance (not Pre-Tax)	
Dental/Vision Ins. (not Pre-Tax)	
LongTerm Care Ins. - Taxpayer	
LongTerm Care Ins. - Spouse	
DR	
DDS	
Rx Meds	
X-Ray, Labs, Hospital	
Eye care & Supplies	
Hearing Aids & Supplies	
Medical or Diabetic Supplies	
Smoking, Weight Loss, Rehab Prog	
Assisted Living/Nursing Home	
(Less Insurance or HSA Reimbursements)	( )
<b>Total</b>	
Medical Miles (# miles _____)	

**TAXES**

AZ Tax Paid	
_____ State Tax Paid	
Real Estate Tax:	
Auto License (VLT)	
Sales Tax paid on Large Purchases	
<input type="checkbox"/> Auto <input type="checkbox"/> Boat <input type="checkbox"/> Airplane <input type="checkbox"/> _____	
Non-taxable income for addl Sales Tax deduction <input type="checkbox"/> Adoption <input type="checkbox"/> Foster <input type="checkbox"/> Child Support <input type="checkbox"/> VA <input type="checkbox"/> _____	

**ITEMIZED DEDUCTIONS INTEREST**

Home Mortgage <input type="checkbox"/> 1098 <input type="checkbox"/> Over \$750K	
2'nd Home/Motor Home <input type="checkbox"/> 1098	
HELOC <input type="checkbox"/> 1098 <input type="checkbox"/> Acquisition Debt?	
P.M.I. (Private Mortgage Insurance)	
Private Mortgage <input type="checkbox"/> No 1098	
Name _____	
SSN _____	
Address _____	
Points on Refi. <input type="checkbox"/> HUD-1	
Margin Interest <input type="checkbox"/> 1099	
Other Investment Interest	

**CHARITABLE CONTRIBUTIONS**

**New for 2019:** Even if you do not have enough total deductions to exceed the Standard Deduction amounts listed above, you are now allowed a larger Standard Deduction on your state of AZ tax return based on your charitable giving. Please list all donations here:

**\$ CONTRIBUTIONS \$**

Organization Name	\$ Contributed
1)	
2)	
3)	
4)	
5)	
6)	
7)	
8)	
9)	
10)	
<b>Total</b>	

**ESTIMATED TAXES PAID**

Due	Mailed	IRS	Ariz.	_____
Applied from last yr				
April 15				
June 15				
Sept 15				
Jan 15				
<b>Total</b>				

**MISCELLANEOUS**

Gambling Losses (<= winnings)	
Casualty Loss <input type="checkbox"/> Fed Disaster Area	
Moving Exp <input type="checkbox"/> Active Duty Military	

**\$ AZ "Dollar for Dollar" Tax Credit \$**

<input type="checkbox"/> <b>AZ321</b> Qual Charitable Org-QCO (# _____)*	
<input type="checkbox"/> <b>AZ322</b> Public/Charter School (# _____)*	
<input type="checkbox"/> <b>AZ323</b> Private School Tuition Org (# n/a )*	
<input type="checkbox"/> <b>AZ352</b> Qual Foster Care Org-QFCO (# _____)*	
<input type="checkbox"/> <b>AZ340</b> Military Family Relief Fund	

(\* provide AZ DOR code #, or donation receipt)

**NON-CASH CONTRIBUTIONS \*\***

1)	
2)	
3)	
Charity Miles (# Miles _____) <b>Total**</b>	

(\*\* If over \$500 additional detail required)

### SELF EMPLOYMENT INCOME

Business Name		
EIN (if available)		
Owner ( <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse) <input type="checkbox"/> LLC	<input type="checkbox"/> T <input type="checkbox"/> S <input type="checkbox"/> LLC	<input type="checkbox"/> T <input type="checkbox"/> S <input type="checkbox"/> LLC
Home Office? Sq Ft ___ Office ___ Home	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Gross Receipts or Sales <input type="checkbox"/> 1099MISC	\$	\$
Purchases of Inventory		
EOY Ending Inventory		
Advertising		
Auto - Yr: ___ Make: ___	# Miles: ___	# Miles: ___
Gas, Oil Mtce \$ ___	Total: ___	
Interest Pd \$ ___	Business: ___	
License/Reg \$ ___	Commuting: ___	
Contract Labor Paid (1099Misc Issued <input type="checkbox"/> Y <input type="checkbox"/> N )		
Insurance (not health)		
Insurance ( <input type="checkbox"/> SE Health)		
Interest (not auto)		
Legal, Professional, Tax Prep		
Office Expense		
Rent – Equipment		
Rent – Building		
Repairs & Maintenance		
Supplies		
Taxes & License		
Travel		
Meals		
Utilities & Telephone		
Wages		
Payroll Taxes		
Business Assets purchased/sold this year?	<input type="checkbox"/> list attached	<input type="checkbox"/> list attached

### RENTALS / ROYALTIES

Property Description:	1	2	3
Gross Rents /Royalties	\$	\$	\$
Advertising			
Auto (# miles)			
Cleaning			
Commissions			
Insurance – Real Estate			
Insurance – Mortgage (PMI)			
Legal, Professional, Tax Prep			
Management Fees			
Mortgage Interest <input type="checkbox"/> 1098 <input type="checkbox"/> no 1098			
Mortgage Interest <input type="checkbox"/> 1098 <input type="checkbox"/> no 1098			
Other Interest			
Management Fees *			
Repairs / Maintenance			
Supplies			
Taxes – Real Estate			
Taxes – Other ( <input type="checkbox"/> Sales Tax)			
Travel			
Utilities & Telephone			
HOA Fees			
Bank / Collection Fees			
* Property Manager Stmt enclosed	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
1099Misc Issued?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA		
Improvements made this year?	<input type="checkbox"/> list attached	<input type="checkbox"/> list attached	<input type="checkbox"/> list attached
If new/sold-provide HUD-1 stmt.	<input type="checkbox"/> purch. <input type="checkbox"/> sale	<input type="checkbox"/> purch. <input type="checkbox"/> sale	<input type="checkbox"/> purch. <input type="checkbox"/> sale

#### NOTES


**GAINS & LOSSES FROM SALES OF REAL ESTATE, PERSONAL PROPERTY & COLLECTIBLES**

*IRS Requires  Form 1099B Broker Statements for all sales of Stocks, Bonds, and Mutual Funds*

Description	Buy Date	Sell Date	Sale Price	Cost

*Provide  1099S and HUD-1 closing documents (both  purchase and  sale) for any Real Estate transactions*

**OTHER INFORMATION, INCOME, ADJUSTMENTS or CREDITS**

	Taxpayer	Spouse
Did anyone else other than your spouse or dependents live in your home	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Did you have a Foster Child <input type="checkbox"/> Caseworker Placement Letter (required)	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Did you have a Foreign Financial Account or interest in a Foreign Trust	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
<b>Did you have any Crypto-Currency Transactions</b> <input type="checkbox"/> Exchange Spreadsheet	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Did you receive any notices from the <input type="checkbox"/> IRS or <input type="checkbox"/> AZ DOR <input type="checkbox"/> Copy Attached	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Did you foreclose or abandon any Real Estate <input type="checkbox"/> Primary Res <input type="checkbox"/> Other	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Did you have any debt cancelled or forgiven this year <b>1099C</b>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Did you gift more than \$15,000 to any one individual	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Did you install solar or other energy efficient home improvements	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Sharing Economy Income <input type="checkbox"/> Airbnb <input type="checkbox"/> Lyft <input type="checkbox"/> Uber <input type="checkbox"/> Other _____	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Tips not Reported to Employer	\$ _____	\$ _____
Taxable Grants, Scholarships or Fellowships	\$ _____	\$ _____
Jury Duty payments received	\$ _____	\$ _____
Alimony Received (Alimony does not include child support)	\$ _____	\$ _____
Alimony Paid to: Name _____ SSN _____	\$ _____	\$ _____
Date your Alimony Decree was finalized or last modified: _____	____/____/____	____/____/____
IRA Deposit <input type="checkbox"/> done by 12/31 <input type="checkbox"/> will do by 4/15 <input type="checkbox"/> advise me	\$ _____	\$ _____
Roth IRA Deposit <input type="checkbox"/> done by 12/31 <input type="checkbox"/> will do by 4/15 <input type="checkbox"/> advise me	\$ _____	\$ _____
SEP Deposit <input type="checkbox"/> done by 12/31 <input type="checkbox"/> will do by 4/15 <input type="checkbox"/> advise me	\$ _____	\$ _____
529 Education Savings Plan Contributions (Deductible for AZ up to \$4,000)	\$ _____	\$ _____
Health Savings Account: <input type="checkbox"/> 5498SA(Contributions) <input type="checkbox"/> 1099SA(Distributions)		
College Tuition & Fees Paid <input type="checkbox"/> 1098T <input type="checkbox"/> Proof of Payment (required)	\$ _____	\$ _____
If paid by Student Loan, who's responsible to repay <input type="checkbox"/> Parent <input type="checkbox"/> Student		
Claimed American Opportunity or Hope Credits before <input type="checkbox"/> Y <input type="checkbox"/> N # years: 1 2 3 4		
Student Loan Interest Paid <input type="checkbox"/> 1098E	\$ _____	\$ _____
<input type="checkbox"/> Adoption Credit <input type="checkbox"/> Special Needs ( <input type="checkbox"/> Adoption Order <input type="checkbox"/> Subsidy Agreement)		

**DAYCARE EXPENSES**

Provider _____ SSN/EIN _____ Amount Pd \$ _____ Address _____ Zip _____ For Dependent(s) _____	Provider _____ SSN/EIN _____ Amount Pd \$ _____ Address _____ Zip _____ For Dependent(s) _____
---	---

**OTHER ITEMS or NEXT YEAR CHANGES YOU'D LIKE TO DISCUSS**


*Thank you for your continued business. We look forward to seeing you soon!*