2019 Engagement Letter and Tax Questionnaire
prepared for:

____

Bottom Line Accounting
P.O. Box 40935
Fayetteville, NC 28309-0935
225 Addison Street
Fayetteville, NC 28314-1253

Phone: (910) 424-0004
Fax: (910) 424-1803
NonaFisher@aol.com

www.bottomlineaccounting.org

Your 2019 Engagement Letter MUST be signed and the Tax Questionnaire should be completed to the best of your ability and returned with your tax documents. If you have any questions, be sure to give us a call or email your questions.

Bottom Line Accounting
P.O. Box 40935
Fayetteville, NC 28309-0935

2019 Engagement Letter for Tax Return Preparation

Dear Tax Client:

We appreciate the opportunity to work with you and to assist and advise you regarding your 2019 income tax return. This engagement letter is designed to confirm the terms and conditions under which we will provide you with tax services. It also outlines the responsibilities for each of us in this process. It is important that you read, sign, and return this engagement letter with your tax documents. Without a signed engagement letter, we will be unable to begin your tax filing.

Tax Preparation:

- We will prepare your federal and state tax return(s) with supporting schedules for the applicable tax year based upon information you provide.
- You will provide any requested records needed in order to complete the tax return(s) preparation. Original records will be returned upon completion of the tax return(s). Photocopies or scanned copies will be accepted as long as <u>all pages</u> and <u>both sides</u> of documents are included. We are not responsible for lost, damaged, or stolen records.
- Our policy is to process all tax returns in the order that they are received. It is imperative that we receive your documents as soon as possible for timely filing.
- If we are unable to complete your tax return by the due date, or if we receive your documents too late in the season, you give us permission to file a tax extension (Form 4868) on your behalf.
- We will not be responsible for any penalties and/or interest charges that you might incur if you have not met your tax liability by the due date of the return. Whenever possible, we will attempt to advise you if we project that you may have an unmet tax liability.
- We will not audit or otherwise verify your records to discover errors or omissions, should any exist. However, if we find irregularities or unusual items, we will bring them to your attention and/or ask for clarification.
- We will provide bookkeeping assistance necessary to complete the tax preparation at an additional charge.
- You confirm that income and expense items you claim are substantiated by proper records and receipts, and can furnish such documentation in the event of an audit.
- You confirm that the information you provide is accurate and complete to the best of your knowledge.
- You are ultimately responsible for the accuracy of the tax return(s) and should review all documents carefully before signing.

Fees & Payment:

- Tax preparation fees are <u>due at the time the return is complete</u> unless a payment arrangement has been signed and approved prior to tax preparation.
- We reserve the right to ask for a retainer to be paid in advance.
- We accept MasterCard and Visa payments as a courtesy to our clients. If a payment plan is needed, it must be signed and approved prior to tax preparation.
- All preparation fees are invoiced per tax return per tax year.
- Our fees are based on a per form fee with additional fees added based upon the complexity of your tax return(s) and any additional out-of pocket expenses we may incur.
- If you terminate this engagement before completion, you agree to pay the HIGHER of a $50.00 terminating fee or for actual time and expenses incurred prior to the date of termination, even if the tax return(s) are not completed.
- In the event the client has any past due balances, we reserve the right to cease working on your tax return(s) or providing any other services until the balance has been paid in full or other acceptable payment arrangements have been made.
- Past due balances of more than 30 days are subject to 18% annual interest.
- At any time after 90 days past due, your account may be sent to collections. You are responsible for any court costs, attorneys' fees, and any costs resulting from collection attempts.

Important Notices:

•Where tax law is ambiguous or unclear; we will use our best judgment. Unless otherwise instructed by you, we will resolve such questions, when possible, in your favor.

• Penalties can be imposed when taxpayers understate their tax liability.

• If an extension to file taxes is required, any estimated taxes owed must be paid when the extension is filed. And while we may assist you in determining the amount of estimated tax payment you should make, *we are not responsible if the estimate we recommend does not cover your tax liability.* Any amounts not paid by the original filing deadline are subject to interest and late payment penalties. *We are not responsible for any penalties and interest charges you may incur if estimated tax payments are not timely made.*

• The IRS does not permit us to discuss your tax return except if authorized by the client by checking a specific box on your tax return. Unless otherwise instructed by you, we will check the box which authorizes the IRS to discuss your tax return with us. Additionally, we may ask you to sign a Form 8821-Tax Information Authorization or Form 2848-Power of Attorney and Declaration of Representative. Signing these forms will insure that we receive any notices you might receive thus insuring timely responses as needed.

• Your tax return(s) may be selected for audit by tax authorities. We are available to assist you in response to correspondence. However, we reserve the right to invoice for additional time and expenses incurred.

• One printed and one electronic copy of your tax return(s) will be provided to you for your files. Additional copies are available for a fee ($25 minimum). These fees may apply to additional electronic copies for the time and effort involved in providing this service.

• If you require us to release a copy of your tax return(s) to a 3rd party (e.g. mortgage lender) we require documented permission. A postage and/or processing fee ($25 minimum) may be invoiced.

• The IRS recommends that you keep your tax return and documentation for a minimum of three years. We recommend seven years.

Privacy Policy Notice:

It has always been the policy of Bottom Line Accounting to keep all information that we collect from you confidential from all sources. We restrict access to all nonpublic personal information about you to members of our firm who need to know that information to provide services to you. We maintain physical, electronic, and procedural safeguards to guard your nonpublic personal information. We do not disclose any nonpublic personal information about our clients or former clients to anyone, except as instructed by you in writing or as required by law as listed below:

- Requirements to comply with federal, state, or local law.
- Requirements to comply with national, state, or local licensing rules.
- Requirements to disclose information in response to legal subpoenas.
- Items you permit or request us to disclose, as authorized by you in writing.
- Information that you authorize us to disclose by signing this engagement letter to electronically file your tax return.

We appreciate the opportunity to serve you. If you have any questions, be sure to contact us for further explanation by phone at (910) 424-0004 or by e-mail at NonaFisher@aol.com. or Rebecca.M.Lewis0309@gmail.com

By signing below you agree that you have read, understand, and accept your obligations and responsibilities stated above, plus you understand our responsibilities and limit of liabilities as explained above. By signing, you also acknowledge receipt of our Privacy Policy. For a joint return, both the taxpayer and spouse must sign (except for a surviving spouse).

2019 Engagement Accepted by Taxpayer(s):

Taxpayer's Signature	Spouse's Signature
Taxpayer's Printed Name Date	Spouse's Printed Name Date

Accepted by BLA Representative:

BLA Representative Signature Date

BLA Representative Printed Name

2019	1040	US	Miscellaneous Questions

This Tax Organizer is meant to assist you in gathering the appropriate information necessary to prepare a complete and accurate tax return(s). It is extremely important that we have answers to the following questions as we work to complete your 2019 tax return and insure that we are meeting the IRS Due Diligence requirements for your 2019 tax return.

Please answer as many of the following questions pertaining to your 2019 tax return as possible. If there are questions you are unsure of, we will be happy to assist you with understanding those questions.

PERSONAL INFORMATION

On December 31, 2019, were you ___Married? ___Single? ___Legally Seperated? ___Divorced?

If legally seperated, what is the month/year of your seperation agreement:___________________________

If divorced, what month/year of your divorce agreement?

____

Do you plan to file: _____Married Filing Jointly? _____Married Filing Separate? _____Single? _____Head of Household (which requires that you have a qualifying child or dependent)?

If filing Married Filing Separately, please give your spouses full name and social security number as it appears on their Social Security Card:

____

____

Yes ☐ No ☐ If you are married and filing separately from your spouse, will they itemize deductions?

Yes ☐ No ☐ Did ___you, or ___your spouse, ____pay or ____receive alimony in 2019?
Paid to or Received from:
Full Name of person paid or received from: _______________________________
Social Security Number of person paid: ___________________________________
Total Amount Paid or Received: $_______________________________________

Yes ☐ No ☐ Did ___you, or ___your spouse, enter into this alimony agreement with the former spouse on or before December 31, 2018?

Yes ☐ No ☐ Can ___you, or ___your spouse, provide a copy of your separation or divorce agreement, if needed?

2019	1040	US	Miscellaneous Questions

What is your job title? ______________________________

Spouse's job title?______________________________

Yes ☐ No ☐ May Bottom Line Accounting contact you by e-mail?

Taxpayer's preferred e-mail address:______________________________

Spouse's preferred e-mail address: ______________________________

Please record your current mailing address:

____

____

____

Please list State of Residence, County of Residence, and Township or School District (if applicable)

Taxpayer: ______________________________

Spouse: ______________________________

Yes ☐ No ☐ Could ___you, or ___your spouse, be claimed as a dependent on another person's tax return for 2019?

Yes ☐ No ☐ Did any of the taxpayers or dependents that were on last year's tax return pass away or become legally blind during the year? If yes, explain:

____

____

____

DEPENDENTS

Yes ☐ No ☐ Were there any changes in dependents? If yes, explain:

____

____

____

Yes ☐ No ☐ Were any of your unmarried children, who might be claimed as dependents on your return, 19 years of age or older at the end of 2019?

Yes ☐ No ☐ Did any of your children under age 19 or who were full-time students under age 24 at the end of 2019 have a total investment income in excess of $1,100?

2019	1040	US	Miscellaneous Questions

Yes ☐ No ☐ Do ___you, or ___your spouse, have dependents under age 24 who must file a tax return?

Yes ☐ No ☐ If your dependent(s) need to file a tax return, would they like Bottom Line Accounting to prepare their tax return(s)?

Yes ☐ No ☐ Did ___you, or ___your spouse, provide over half the support for any person(s) other than your dependent children during the year? If yes, explain:

____

____

____

Yes ☐ No ☐ Did ___you, or ___your spouse, pay for ___childcare for a child under age 13 or ___adult daycare while you worked or looked for work?

Yes ☐ No ☐ Did you pay any expenses related to the adoption of a child during the year?

Yes ☐ No ☐ If ___you, or ___your spouse, are divorced or separated with child(ren), do you have a divorce decree or other form of separation agreement which establishes custodial responsibilities and can you provide a copy?

MILITARY

Yes ☐ No ☐ Are you an active duty military member, retired from the military, or have you *ever served* in the military? Length of Service? ______

Date of enlistment?________________ Date of seperartion: _________________
(A copy of DD-214 may be requested.)

Yes ☐ No ☐ Did you serve outside of the US at any time during 2019? If yes, can you please describe the location and dates?

____

____

Yes ☐ No ☐ Is your spouse an active duty military member, retired from the military, or *ever served* in the military? Length of Service? ______

Date of enlistment?________________ Date of seperartion: _________________
(A copy of DD-214 may be requested.)

2019 | 1040 | US | Miscellaneous Questions

Yes ☐ No ☐ Did your spouse serve outside of the US at any time during 2019? If yes, can you please describe the location and the dates?

____

____

Yes ☐ No ☐ If ___you, or ___your spouse, are a member of the military, did you incur moving expenses due to a change of duty station that were not fully reimbursed?

STATE RESIDENCY

Yes ☐ No ☐ Did you live in North Carolina all year? If not, then what State(s), Counties/Townships did you live in and from what dates?

____

____

Yes ☐ No ☐ Did your spouse live in North Carolina all year? If not, then what State(s), Counties/Townships did he/she live in and from what dates?

____

____

Yes ☐ No ☐ Do ___you, or ___your spouse, need to file a State Tax Return other than North Carolina for any reason? If yes, which State(s)?

____

____

GENERAL

Yes ☐ No ☐ Do ___you, or ___your spouse, have ALL records to substantiate the PERSONAL deductions you are claiming on your 2019 tax return?

Yes ☐ No ☐ Do you know of any changes to a prior year's tax information which would require an amended tax return? Please explain:____

____

____

Yes ☐ No ☐ Have ____you, or ____your spouse, been a victim of tax related identity theft? If ___you, or ___your spouse, received an Identity Theft Pin from the IRS, you will need to provide this information for electronic filing.

Yes ☐ No ☐ Did ___you, or ___your spouse, pay anyone <u>not in business</u> $2,000 or more in 2019 for ___housekeeping, ___babysitting, ___home health care, ___yard work, etc.?

2019	1040	US	Miscellaneous Questions

Yes ☐ No ☐ Did ___you, or ___your spouse, have bank accounts in foreign countries that together had a balance of over $10,000 at any time in 2019?

Yes ☐ No ☐ Did ___you, or ___your spouse, individually make gifts (cash or property) equal to or totaling more than $15,000 to any one individual(s) during 2019?

Yes ☐ No ☐ Are ___you, or ___your spouse, a grade K-12 teacher?

Yes ☐ No ☐ Did you ___purchase, ___sell, or ___refinance your principal home or second home during 2019?

Yes ☐ No ☐ Did you take a home equity loan against your principal home or second home? If yes, please explain when and what the money was used for:

____

____

____

Yes ☐ No ☐ Did you make any residential energy-efficient improvements or purchases involving solar, wind, geothermal or fuel cell energy sources?

Yes ☐ No ☐ At any time during 2019, did ___you, or ___your spouse, receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?

INCOME

Yes ☐ No ☐ Did ___you, or ___your spouse, work for an employer and receive a W-2(s)? Please provide final pay stub along with W-2's. There may be deductible items that can only be found on your final pay stub.

Yes ☐ No ☐ Did ___you, or ___your spouse, receive unreported tip income of $20 or more in any month?

Yes ☐ No ☐ Did ___you, or ___your spouse, cash any Series EE U.S. savings bonds issued after 1989 and pay qualified higher education expenses for yourself, your spouse, or your dependents with these funds?

Yes ☐ No ☐ Did you receive any ___Social Security Benefits, ___unemployment benefits, ___disability income, or ___VA disability benefits during the year?

2019	1040	US	Miscellaneous Questions

Yes ☐ No ☐ Did your spouse receive any ___Social Security Benefits, ___unemployment benefits, ___disability income, or ___VA disability benefits during the year?

Yes ☐ No ☐ Did ___you, or ___your spouse, have any foreign income or pay any foreign taxes?

Yes ☐ No ☐ Did ___you, or ___your spouse, receive any ___awards, ___prizes, ___hobby income, ___gambling or ___lottery winnings?

Yes ☐ No ☐ Did ___you, or ___your spouse, have any debts canceled or forgiven? This would be reported to you on a Form 1099-C or Form 1099-A.

Yes ☐ No ☐ Did ___you, or ___your spouse, have any interest or ownership in a ___partnership,___LLC, ___Corporation, or ___S Corporation?

Yes ☐ No ☐ Did ___you, or ___your spouse, run a sole-proprietorship business at any time during 2019?

Yes ☐ No ☐ Did ___you, or ___your spouse, own any rental property?

INTEREST, DIVIDENDS, AND CAPITAL FROM INVESTMENTS

Yes ☐ No ☐ Did ___you, or ___your spouse, receive: ___interest, ___dividends,___capital gains distributions or did you sell ___stock or ___mutual funds in 2019? Please provide ALL pages of the related Form 1099's (These are the Year End Brokerage Statements.)

Yes ☐ No ☐ Did ___you, or ___your spouse, inherit any form of ___interest, ___dividend account(s), ___ stock, or ___ property in 2019?

Yes ☐ No ☐ Did ___you, or ___your spouse, buy or sell any stocks, bonds or other investment property in 2019?

Yes ☐ No ☐ Did ___you, or ___your spouse, sell or do you plan to sell any dividend generating stocks or mutual funds during the first 60 days of 2020?

RETIREMENT PLANS

Yes ☐ No ☐ Did you receive a distribution from a retirement plan ___401(k), ___403(b),___IRA, ___SEP, ___SIMPLE, ___Qualified Plan,___disability, ___Military Retirement? If yes, you will receive a Form 1099-R which is needed to prepare your tax return.

2019	1040	US	Miscellaneous Questions

Yes ☐ No ☐ If this was a distribution before age 59 1/2, was it due to ___disability, ___death, ___divorce, ___first-time home purchase, ___education, ___medical expenses, ___unemployment, ___military service, ___separation from company (after age 55), or___IRS levy?

Yes ☐ No ☐ If you are age 70 1/2 and have an IRA or other retirement plan, have you taken your Required Minimum Distribution?

Yes ☐ No ☐ Did your spouse receive a distribution from a retirement plan ___401(k), ___403(b),___IRA, ___SEP, ___SIMPLE, ___Qualified Plan,___disability, ___Military Retirement? If yes, they will receive a Form 1099-R which is needed to prepare your tax return.

Yes ☐ No ☐ If this was a distribution before age 59 1/2 for your spouse, was it due to ___disability, ___death, ___divorce, ___first-time home purchase, ___education, ___medical expenses, ___unemployment, ___military service, ___separation from company (after age 55), or___IRS levy?

Yes ☐ No ☐ If your spouse is age 70 1/2 and has an IRA or other retirement plan, have they taken their Required Minimum Distribution?

Yes ☐ No ☐ Did ___you or ___your spouse, make a contribution to a retirement plan ___401(k), ___403(b),___IRA, ___SEP, ___SIMPLE, ___Qualified Plan, ___other?

Yes ☐ No ☐ Did ___you, or ___your spouse, transfer or rollover any amount from one retirement plan to another retirement plan?

Yes ☐ No ☐ Did ___you, or ___your spouse, convert part or all of your ___traditional, ___SEP, or___ SIMPLE IRA to a Roth IRA in 2019?

Yes ☐ No ☐ Did ___you, or ___your spouse, inherit any form of retirement or pension account in 2019?

BUSINESS-Taxpayer

Yes ☐ No ☐ Did you provide services for which a Form 1099(s) was received?

Yes ☐ No ☐ Did you start a business in 2019? Are you a ____sole-proprietor, ___member, ____partner, or ____investor in this business(es)?

2019 | 1040 | US | Miscellaneous Questions

Yes ☐ No ☐ Do you have a Federal Employer Identification Number (FEIN) for this business? If yes, please provide FEIN and business name:

____

____

What type of service or product is sold or produced by this business(es)?

____

Yes ☐ No ☐ Did you purchase or dispose of any business assets (furniture, equipment, vehicles, real estate, etc.), or convert any personal assets to business use?

Yes ☐ No ☐ Do you have ALL records to substantiate the BUSINESS deductions you are claiming on your 2019 tax return?

Yes ☐ No ☐ Do you have or will you need the preparation of income and expense reports for this business(es)?

BUSINESS-Spouse

Yes ☐ No ☐ Did your spouse provide services for which a Form 1099(s) was received?

Yes ☐ No ☐ Did your spouse start a business in 2019? Are they a ____sole-proprietor, ___member, ____partner, or ____investor in this business(es)?

Yes ☐ No ☐ Does your spouse have a Federal Employer Identification Number (FEIN) for this business? If yes, please provide FEIN and business name:

____

____

What type of service or product is sold or produced by this business(es)?

____

Yes ☐ No ☐ Did your spouse purchase or dispose of any business assets (furniture, equipment, vehicles, real estate, etc.), or convert any personal assets to business use?

Yes ☐ No ☐ Does your spouse have ALL records to substantiate the BUSINESS deductions you are claiming on your 2019 tax return?

Yes ☐ No ☐ Does your spouse have or will they need the preparation of income and expense reports for this business(es)?

2019	1040	US	Miscellaneous Questions

Yes ☐ No ☐ Was your home rented out or used for business in 2019?
If yes, what is the total square footage of your home? _______ What is the total square footage of the space used for business purposes? _______ (This space must be used used "regularly and exclusively" to be considered a business expense.)

EDUCATION

Yes ☐ No ☐ Did ___you, or ___your spouse, pay any student loan interest during 2019? If yes, you should receive a Form 1098-E for each student loan account. This form(s) will be needed to prepare your tax return.

Yes ☐ No ☐ Did ___you, or ___your spouse, make any contributions to an Education Savings or 529 Plan Account?

Yes ☐ No ☐ Did ___you, or ___your spouse, receive a distribution from an Education Savings Account or a Qualified Tuition Program?

Yes ☐ No ☐ Did ___you, ___your spouse, or a ___dependent receive a Form 1098-T for tuition paid in 2019?

Yes ☐ No ☐ Did ___you, ___your spouse, or a ___dependent incur any educational expenses that were required to attend a college, university, or vocational school?

ITEMIZED DEDUCTIONS

Yes ☐ No ☐ Did ___you, or ___your spouse, pay for ___health care insurance, ___Medicare, ___Medicare supplement, or ___long term care insurance with after-tax dollars?

Yes ☐ No ☐ Did ___you, or ___your spouse, pay medical bills to include: ___doctors, ___dentists, ___prescriptions, ___insulin, ___eyeglasses, ___contact lenses and solution, ___medical supplies, ___hearing aids and batteries, ___other medically necessary expenses, and ___home renovations made for medical reasons.

Yes ☐ No ☐ Can you provide documentation for mileage driven for medical purposes?

Yes ☐ No ☐ Did ___you, or ___your spouse, buy a motor vehicle(s) in 2019?

Yes ☐ No ☐ Did ___you, or ___your spouse, register and pay property taxes on a motor vehicle(s)?

2019	1040	US	Miscellaneous Questions

Yes ☐ No ☐ Do ___you, or ___your spouse, own and pay property taxes on a ___home, ___second home (including ___motor-home or ___house boat that qualifies), ___or other property?

Yes ☐ No ☐ Have ___ you, or ___your spouse, made cash contributions to charity? You MUST have receipts.

Yes ☐ No ☐ Have ___you, or ___your spouse, made donations of property (i.e. clothes, furniture, computers, food, household items, etc.) You MUST have receipts.

Yes ☐ No ☐ Did ___you, or ___your spouse, incur a casualty loss that occurred in a presidentially declared disaster area as a result of the disaster?

Yes ☐ No ☐ Did ___you, or ___your spouse, make any out-of-state purchases (by telephone, Internet, mail, or in person) for which the seller did not collect NC State sales and use tax?

HEALTH CARE COVERAGE

Yes ☐ No ☐ Did ___you, ___your spouse, and ___your dependents (that is anyone you claim on your tax return) have healthcare coverage, such as employer-sponsored coverage or government-sponsored coverage (i.e. Medicare/Medicaid/VA Benefits/Tri-Care) for the full-year?

Yes ☐ No ☐ Did ___you, or ___your spouse, receive any of the following IRS Documents? ___Form 1095-A (Health Insurance Marketplace Statement), ___1095-B (Health Coverage) or ___Form 1095-C (Employer Provided Health Insurance Offer and Coverage)

Yes ☐ No ☐ Did ___you, or ___your spouse, make any contributions to a Health Savings Account (HSA) or Archer MSA? If you did, you should receive a Form 5498-SA which is needed to prepare your tax return.

Yes ☐ No ☐ Did ___you, or ___your spouse, receive any distributions from a Health Savings Account (HSA) or Archer MSA? If you did, you should receive a Form 1099-SA which is needed to prepare your tax return.

Yes ☐ No ☐ Did ___you, or ___your spouse, pay long-term care premiums for yourself or your family? (This is normally thought of as nursing care insurance.)

2019	1040	US	Miscellaneous Questions

ESTIMATED TAXES

Yes ☐ No ☐ Did ___you, or ___your spouse, make estimated Federal or State income tax payments? Please provide proof of all amounts paid and dates paid.

Paid to/Amount Paid/Date Paid:

____

____

____

____

Yes ☐ No ☐ Did ___you, or ___your spouse, apply an overpayment of 2018 taxes to your 2019 estimated tax (instead of receiving a refund)?

Yes ☐ No ☐ If you have an overpayment of 2019 taxes, do ___you and ___your spouse want the excess applied to your 2020 estimated tax (instead of being refunded)?

Yes ☐ No ☐ Do you expect your 2020 taxable income and withholdings to be substantially different from 2019?

MISCELLANEOUS

Yes ☐ No ☐ Do you and your spouse want to electronically file your tax return?

Yes ☐ No ☐ May the IRS discuss your tax return with your preparer?

Yes ☐ No ☐ Were you notified or audited by either the Internal Revenue Service or the State taxing agency?

Yes ☐ No ☐ Do you want to allocate $3 to the Presidential Election Campaign Fund?

Yes ☐ No ☐ Does your spouse want to allocate $3 to the Presidential Election Campaign Fund?

FINANCIAL INSTITUTION

Yes ☐ No ☐ Do you want to have any 2019 Federal refund deposited directly into your financial account?

Yes ☐ No ☐ Do you want to use the same financial information for any 2019 State refunds?

2019	1040	US	Miscellaneous Questions

Please supply financial information:

Type of financial account: ___Savings Account or ___Checking Account:

Name of financial institution:____
Routing Number: ____
Account Number:____

****

Completed by:

Signature: ____

Printed Name: ______________________________ Date:______________

****

Please review the Client Information and Dependents (if applicable) sections on the following page. Please complete and/or update any information that is missing or needs updating.

You DO NOT need to fill in any dollar amounts/numbers from your tax documents onto this organizer. We enter data directly from the actual tax documents you provide into your tax return.

2019 | 1040 | US | Tax Organizer

Bottom Line Accounting
P.O. Box 40935
Fayetteville, NC 28309-0935
Telephone number: (910) 424-0004
Fax number: (910) 424-1803
E-mail address:

Tax Return Appointment

Date:
Time:

Location:

This tax organizer will assist you in gathering information necessary for the preparation of your 2019 tax return. Please enter all pertinent 2019 information. If you have attached a government form for an item, check the box and do not enter a 2019 amount.

CLIENT INFORMATION

	Taxpayer	Spouse
First name and initial.......		
Last name........................	:	
Title/suffix........................		
Social security number....		
Occupation......................		
Date of birth (m/d/y)........		
Date of death (m/d/y)......		
1=blind............................		
Home phone....................		
Work phone.....................		
Work extension................		
Cell phone........................		
E-mail address................		
Drivers License #............		
Drivers License State......		
Issue Date........................		
Expiration Date................		

Address	Street address............	
	Apartment number......	
	City..............................	
	State........................	
	ZIP code.....................	

DEPENDENTS

	Dependent No.	Dependent No.
First name........................		
Last name........................		
Title/suffix........................		
Date of birth (m/d/y)........		
Date of death (m/d/y)......		
Date of adoption (m/d/y).		
Social security number....		
Relationship.....................		
Months lived at home......		

WAGES, SALARIES AND TIPS

Employer Name:	2019 Amount	2018 Amount
☐	Attach Forms W-2	
☐		

2019	1040	US	Tax Organizer

Please enter all pertinent 2019 information. If you have attached a government form for an item, check the box and do not enter a 2019 amount.

INTEREST INCOME

Payer Name:	2019 Amount	2018 Amount
☐ ____________	Attach Forms 1099-INT	
☐ ____________		

DIVIDEND INCOME

Payer Name:	2019 Amount	2018 Amount
☐ ____________	Attach Forms 1099-DIV	
☐ ____________		

PENSION AND IRA INCOME

Payer name:	2019 Amount	2018 Amount
☐ ____________	Attach Forms 1099-R	
☐ ____________		

GAMBLING WINNINGS

Payer name:	2019 Amount	2018 Amount
☐ ____________	Attach Forms W-2G	
☐ ____________		
Total gambling losses		
Winnings not reported on Form W-2G		

OTHER GOVERNMENT FORMS - INCOME

	2019 Amount	2018 Amount
☐ Form 1099-B - Sales of stock (also include transaction history)	Attach Forms 1099	
☐ Form 1099-MISC - Miscellaneous income		
☐ Form 1099-K - Merchant card and third party network payments		
☐ Form 1099-S - Sales of real estate (also include closing statements)		
☐ Form 1099-G - State tax refunds	Attach Forms 1099	
Taxpayer:		
☐ Form SSA-1099 - Social security benefits	Attach Forms 1099	
☐ Form 1099-G - Unemployment compensation		
Spouse:		
☐ Form SSA-1099 - Social security benefits	Attach Forms 1099	
☐ Form 1099-G - Unemployment compensation		

MISCELLANEOUS INCOME

	2019 Amount	2018 Amount
Alimony received		
Spouse: Alimony received		
Other:		
____________		
____________		

2019	1040	US	Tax Organizer

Please enter all pertinent 2019 information. If you have attached a government form for an item, check the box and do not enter a 2019 amount.

RETIREMENT PLAN CONTRIBUTIONS

	2019 Amount	2018 Amount
Taxpayer:		
Traditional IRA contributions (1=maximum)		
Roth IRA contributions (1=maximum)		
Self-employed SEP, SIMPLE, & qualified plan contributions (1=maximum)		
Spouse:		
Traditional IRA contributions (1=maximum)		
Roth IRA contributions (1=maximum)		
Self-employed SEP, SIMPLE, & qualified plan contributions (1=maximum)		

OTHER GOVERNMENT FORMS - DEDUCTIONS

		2019 Amount	2018 Amount
☐	Form 1098-E - Student loan interest	Attach Forms 1098	
☐	Form 1098-T - Tuition and related expenses		

Affordable Care Act

☐	Form 1095-A - Health Insurance Marketplace Statement	Attach Forms 1095
☐	Form 1095-B - Health Coverage	
☐	Form 1095-C - Employer-Provided Health Insurance Offer and Coverage	

ADJUSTMENTS TO INCOME

	2019 Amount	2018 Amount
Taxpayer:		
Self-employed health insurance premiums		
Educator expenses		
Expenses from rental of personal property		
Other adjustments to income:		
______________________________		
______________________________		
Alimony Paid - Recipient name & SSN		
______________________________		
Spouse:		
Self-employed health insurance premiums		
Educator expenses		
Expenses from rental of personal property		
Other adjustments to income:		
______________________________		
______________________________		
Alimony Paid - Recipient name & SSN		
______________________________		

MEDICAL AND DENTAL EXPENSES

	2019 Amount	2018 Amount
Prescription medicines and drugs		
Doctors, dentists and nurses		
Hospitals and nursing homes		
Insurance premiums		
Taxpayer: Long-term care premiums		
Spouse: Long-term care premiums		
Insurance reimbursements		
Out-of-pocket lodging and transportation expenses		
Number of medical miles		

2019	1040	US	Tax Organizer

Please enter all pertinent 2019 information. If you have attached a government form for an item, check the box and do not enter a 2019 amount.

MEDICAL AND DENTAL EXPENSES (Continued)

Other:

	2019 Amount	2018 Amount

TAXES PAID

	2019 Amount	2018 Amount
State income taxes - 1/15 payment on 2018 state estimate		
State income taxes - paid with 2018 state extension		
State income taxes - paid with 2018 state return		
State income taxes - paid for prior years and/or to other states		
City/local income taxes - 1/15 payment on 2018 city/local estimate		
City/local income taxes - paid with 2018 city/local extension		
City/local income taxes - paid with 2018 city/local return		
State and local sales taxes paid (except autos and special items)		
Use taxes paid on 2019 purchases		
Use taxes paid on 2018 state return		
Sales tax on autos not included above		
Sales taxes paid on boats, aircraft and other special items		
Real estate taxes - principal residence		
Real estate taxes - property held for investment		
Foreign income taxes		
Other:		
☐ Personal property taxes (including automobile fees in some states)	Attach Tax Notice	

INTEREST PAID

	2019 Amount	2018 Amount
Home mortgage interest and points paid		
☐	Attach Forms 1098	
☐		
Home mortgage interest not on Form 1098 (include name, SSN, & address of payee)		
Points not reported on Form 1098		
Mortgage insurance premiums on post 12/31/06 contracts		
Investment interest (interest on margin accounts):		
Passive Interest		

2019	1040	US	Tax Organizer

Please enter all pertinent 2019 information. If you have attached a government form for an item, check the box and do not enter a 2019 amount.

CASH CONTRIBUTIONS

Note: No deduction is allowed for cash or check contributions unless the donor maintains a bank record, or a written communication from the donee, showing the name of the organization, contributions date(s), and contribution amount(s).

	2019 Amount	2018 Amount
Volunteer Expenses (out-of-pocket)		
Number of charitable miles		

NONCASH CONTRIBUTIONS

Note: No deduction is allowed for contributions of clothing and household items that are not in good used condition or better. In addition, a deduction for any item with minimal monetary value may be denied.

MISCELLANEOUS DEDUCTIONS

Union and professional dues		
Tax return preparation fee		
Safe deposit box rental		
Investment expenses		
Estate tax, section 691(c)		

Unreimbursed employee expenses:

Other:
