

2019	1040	US	Tax Organizer
-------------	-------------	-----------	----------------------

NORDSTROM & ASSOCIATES PC
150 W DALE AVE STE 2
Flagstaff AZ 86001
Telephone number: (928) 774-5086
Fax number: (928) 774-7908
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.

NOTE: If you claim the earned income credit, please provide proof that your child is a resident of the United States. This proof is typically in the form of: school records or statement, landlord or property management statement, health care provider statement, medical records, child care provider records, placement agency statement, social service records or statement, place of worship, Indian tribal office statement, or employer statement.

NOTE: If your child is disabled, please provide one of the following forms of proof of disability: doctor statement, other health care provider statement, or social services agency or program statement.

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		

Address

In care of	
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		

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		

2019	1040	US	Miscellaneous Questions
-------------	-------------	-----------	--------------------------------

If any of the following items pertain to you or your spouse for 2019, please check the appropriate box and provide additional information if necessary.

PERSONAL INFORMATION

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Did your marital status change during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did your address change during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Could you be claimed as a dependent on another person's tax return for 2019? |

DEPENDENTS

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Were there any changes in dependents? |
| <input type="checkbox"/> | <input type="checkbox"/> | Were any of your unmarried children who might be claimed as dependents 19 years of age or older at the end of 2019? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have any children under age 19 or full-time students under age 24 at the end of 2019, with interest and dividend income in excess of \$1,100, or total investment income in excess of \$2,200? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you incur any child care expenses for children under age 13 so that you could work or look for work? If so, please indicate child's name, amount paid and provider name and EIN. |

HEALTH CARE COVERAGE

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have health insurance coverage through the marketplace or exchange? If so, please include a copy of your Form 1095-A (Health Insurance Marketplace Statement). |
|--------------------------|--------------------------|--|

INCOME

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive unreported tip income of \$20 or more in any month? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive any disability income? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have any foreign income or pay any foreign taxes? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive any bartering income? If so, please indicate the amount received. |

\$ _____

2019	1040	US	Miscellaneous Questions
------	------	----	-------------------------

BUSINESS DEDUCTIONS (SELF-EMPLOYMENT & RENTAL ACTIVITY)

- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you incur a loss because of damaged or stolen business property? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you use your car on the job (other than to and from work)? |
| <input type="checkbox"/> | <input type="checkbox"/> | If you used your car on the job, did you receive reimbursement from your employer for your vehicle expenses? |
| <input type="checkbox"/> | <input type="checkbox"/> | If you used your car on the job, and did not receive reimbursement, do you have written documentation (i.e. mileage log)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Was your home rented out or used for business? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make any payments of \$600 or more for rent or services that would require you to file Form(s) 1099? |
| <input type="checkbox"/> | <input type="checkbox"/> | If "yes" did you file all required Forms 1099? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have any internet sales shipped to customers or did you perform any services for a customer outside of your resident state? |
| <input type="checkbox"/> | <input type="checkbox"/> | If yes, please provide the amount of income received and the number of transactions by state for the year. |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you perform any services that required you to travel to another city or state outside of your resident state? |
| <input type="checkbox"/> | <input type="checkbox"/> | If so, do you have documents to support your travel? |

PURCHASES, SALES AND DEBT

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you start a business or farm, purchase rental or royalty property, or acquire an interest in a partnership, S corporation, trust, or REMIC? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you purchase a new vehicle? If so, please provide the purchase contract. |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you buy or sell any stocks, bonds or other investment property in 2019? If so, please provide 1099s. |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan? If so, please provide the closing statement. |
| <input type="checkbox"/> | <input type="checkbox"/> | If you have a home equity line of credit were the proceeds used to purchase, build or substantially renovate your home? |

2019	1040	US	Miscellaneous Questions
-------------	-------------	-----------	--------------------------------

Yes No

 Did you make any residential energy-efficient improvements or purchases involving solar, wind, geothermal or fuel cell energy sources? If so, please provide the receipt and manufacturers certification.

 Did you have any debts cancelled or forgiven? If so, please provide Form 1099-C.

 Does anyone owe you money which has become uncollectible?

RETIREMENT PLANS

 Did you receive a distribution from a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)? If so, please provide Form 1099-R.

 Did you make a contribution to a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)? If so, please provide Form 5498 or a year-end statement if Form 5498 is not available.

 Did you transfer or rollover any amount from one retirement plan to another retirement plan? If so, please provide documentation.

 Did you convert part or all of your traditional, SEP, or SIMPLE IRA to a Roth IRA in 2019? If so, please provide Form 1099-R.

 Did you contribute to, or receive a distribution from, a health savings account (HSA)? If so, please provide Form 1099-SA (distributions) and Form 5498-SA (contributions).

 If you received a distribution from your health savings account (HSA), was it used for qualified medical expenses?

EDUCATION

 Did you receive a distribution from an Education Savings Account or a Qualified Tuition Program? If so, please provide Form 1099-Q.

 Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school? If so, please provide Form 1098-T.

 If you incurred college tuition expenses, did the student receive any scholarships or grants? If so, please indicate the amount received.

\$ _____

2019	1040	US	Miscellaneous Questions
-------------	-------------	-----------	--------------------------------

Yes No

 If you incurred college tuition expenses, did the student meet all of the following four requirements? (1) the student was enrolled at least half-time for at least one academic period during the year, (2) the student has not completed the first 4 years of post-secondary education before 2019, (3) the student was enrolled in a program leading towards a degree, certificate or credential, and (4) the student was not convicted of a felony before the end of 2019.

 Did you pay any student loan interest? If so, please provide Form 1098-E.

 Did you incur any educator (i.e. teacher) expenses and work more than 900 hours in K-12 education for 2019? If so, please indicate the amount paid for unreimbursed out-of-pocket school supplies.

\$ _____

 Did you contribute to a 529 college savings plan during the year? If so, please indicate below the total amount contributed.

\$ _____

ITEMIZED DEDUCTIONS

 If you made a charitable contribution that was more than \$250, do you have both a bank record and a receipt from the organization stating that no goods or services were received?

 If you incurred more than \$250 of charitable volunteer expenses, do you have both a bank record and a receipt from the organization stating that no goods or services were received?

 If you donated noncash items during the year (i.e. clothing and household goods), were the items in good or very good condition at the time of the donation? If so, please indicate the amount donated below and provide receipts for donations of more than \$500.

\$ _____

 Did you make charitable contributions that could qualify for the Arizona tax credits? If so, please indicate below the type of credit and provide receipts.

_____ School _____ Qualifying Charity _____ Foster Care _____ Military Relief
 _____ Private School

ESTIMATED TAXES

 Did you make any estimated tax payments? If so, please be sure to include the dates and amounts paid with your tax documents.

2019	1040	US	Miscellaneous Questions
------	------	----	-------------------------

MISCELLANEOUS

Yes No

If you have an overpayment of 2019 taxes, do you want the excess applied to your 2020 estimated tax or do you want the overpayment refunded to you? Please circle your preference below:

Refund Apply to next year

If you requested a refund in the prior question, would you like to have that refund direct deposited into your bank account or would you prefer to receive a paper check? Please circle your preference below.

Direct Deposit Paper Check

- | | |
|---|---|
| <input type="checkbox"/> <input type="checkbox"/> | Did your bank account information change within the last twelve months? If so, and you would like to direct deposit your tax refund, please provide a voided check from the new account. |
| <input type="checkbox"/> <input type="checkbox"/> | Do you want to allocate \$3 to the Presidential Election Campaign Fund? |
| <input type="checkbox"/> <input type="checkbox"/> | Does your spouse want to allocate \$3 to the Presidential Election Campaign Fund? |
| <input type="checkbox"/> <input type="checkbox"/> | Did you have an interest in or signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account? |
| <input type="checkbox"/> <input type="checkbox"/> | Did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? |
| <input type="checkbox"/> <input type="checkbox"/> | Did you own any foreign assets (i.e. real estate, business, estate, financial instruments, retirement plans, contracts)? |
| <input type="checkbox"/> <input type="checkbox"/> | Are you a member of the Armed Forces of the United States on active duty who moved pursuant to a military order related to a permanent change of station? |
| <input type="checkbox"/> <input type="checkbox"/> | Did you engage the services of any household employees (i.e. nannies, caretakers, housekeepers)? If the amount paid exceeds \$2,100, please indicate the amount paid, name and social security number of the individual(s). |
| <input type="checkbox"/> <input type="checkbox"/> | Were you notified or audited by either the Internal Revenue Service or the State taxing agency? If so, please provide a copy of the notice. |
| <input type="checkbox"/> <input type="checkbox"/> | Did you or your spouse make any gifts to an individual that total more than \$15,000, or any gifts to a trust? |
| <input type="checkbox"/> <input type="checkbox"/> | At any time during 2019, did you receive, sell, send, exchange or otherwise acquire any financial interest in any virtual currency (i.e. Bitcoin)? |

2019	1040	US	Miscellaneous Questions
-------------	-------------	-----------	--------------------------------

Yes No

 Would you like an electronic copy of your income tax return emailed to you in PDF format?

 Would you like a paper copy of your income tax return?

We will file your tax returns electronically. How would you like to sign your authorization forms for us to file your return? Please circle your preference below.

Electronically via email

Manually with pen & ink signature

What is your preferred contact method? (Select one) _____ Email _____ Phone

 Are you currently on our email list to receive our newsletter and tax updates throughout the year? If not, and you would like to be added, please write your email address below.

Please take a minute to ensure that the contact information in this organizer is correct.

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.

WAGES, SALARIES AND TIPS

Employer name:

Form with 5 checkboxes and 5 horizontal lines for employer name.

Table with 2 columns: 2019 Amount, 2018 Amount. Row 1: Attach Forms W-2. Rows 2-5: empty.

INTEREST INCOME

Payer name:

Form with 5 checkboxes and 5 horizontal lines for payer name.

Table with 2 columns: 2019 Amount, 2018 Amount. Row 1: Attach Forms 1099-INT. Rows 2-5: empty.

DIVIDEND INCOME

Payer name:

Form with 5 checkboxes and 5 horizontal lines for payer name.

Table with 2 columns: 2019 Amount, 2018 Amount. Row 1: Attach Forms 1099-DIV. Rows 2-5: empty.

PENSIONS, IRA AND GAMBLING INCOME

Payer name:

Form with 5 checkboxes and 5 horizontal lines for payer name.

Table with 2 columns: 2019 Amount, 2018 Amount. Row 1: Attach Forms 1099-R & W-2G. Rows 2-5: empty.

Winnings not reported on W-2G
Total gambling losses

OTHER GOVERNMENT FORMS - INCOME

- Form 1099-B - Sales of stock (also include transaction history)
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) ..

Table with 2 columns: 2019 Amount, 2018 Amount. Row 1: Attach Forms 1099. Rows 2-5: empty.

- Form 1099-G - State tax refunds

Table with 2 columns: 2019 Amount, 2018 Amount. Row 1: Attach Forms 1099. Rows 2-5: empty.

Taxpayer:

- Form SSA-1099 - Social security benefits
Form 1099-G - Unemployment compensation
Form 1099-Q (529 Plan)
Form 1099-QA/5498-QA (ABLE Accounts)

Table with 2 columns: 2019 Amount, 2018 Amount. Row 1: Attach Forms 1099. Rows 2-5: empty.

Spouse:

- Form SSA-1099 - Social security benefits
Form 1099-G - Unemployment compensation
Form 1099-Q (529 Plan)
Form 1099-QA/5498-QA (ABLE Accounts)

Table with 2 columns: 2019 Amount, 2018 Amount. Row 1: Attach Forms 1099. Rows 2-5: empty.

2019 1040 US Tax Organizer

MISCELLANEOUS INCOME

Taxpayer: Alimony received
Spouse: Alimony received
Other:

Table with 2 columns for 2019 and 2018 amounts for miscellaneous income.

RETIREMENT PLAN CONTRIBUTIONS

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)

Table with 2 columns: 2019 Amount, 2018 Amount for retirement plan contributions.

OTHER GOVERNMENT FORMS - DEDUCTIONS

Form 1098-E - Student loan interest
Form 1098-T - Tuition and related expenses

Attach Forms 1098 table with 2 columns for 2019 and 2018 amounts.

AFFORDABLE CARE ACT

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

Attach Forms 1095 table with 2 columns for 2019 and 2018 amounts.

ADJUSTMENTS TO INCOME

Taxpayer: Self-employed health insurance premiums
Educator expenses
Other adjustments to income:
Alimony paid - Recipient name & SSN

Table with 2 columns for 2019 and 2018 amounts for taxpayer adjustments.

Spouse: Self-employed health insurance premiums
Educator expenses
Other adjustments to income:
Alimony paid - Recipient name & SSN

Table with 2 columns for 2019 and 2018 amounts for spouse adjustments.

MEDICAL AND DENTAL EXPENSES

Prescription medicines and drugs
Doctors, dentists and nurses
Hospitals and nursing homes
Insurance premiums
Long-term care premiums - taxpayer
Long-term care premiums - spouse
Insurance reimbursement
Out-of-pocket lodging and transportation expenses
Number of medical miles
Other:

Table with 2 columns for 2019 and 2018 amounts for medical and dental expenses.

TAXES PAID

State income taxes - 1/19 payment on 2018 state estimate

Table with 2 columns for 2019 and 2018 amounts for taxes paid.

2019 1040 US Tax Organizer

TAXES PAID (continued)

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 - 1/19 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 (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

Table with 2 columns: 2019 Amount, 2018 Amount. Includes a shaded 'Attach Tax Notice' row.

Personal property taxes (including automobile fees in some states)

INTEREST PAID

Home mortgage interest and points paid:

Form with two input fields for home mortgage interest and points paid.

Table with shaded header 'Attach Forms 1098' and one input field.

Home mortgage interest not on Form 1098 (include name, SSN, & address of payee):

Form with two input fields for home mortgage interest not on Form 1098.

Table with two input fields.

Points not reported on Form 1098:

Form with two input fields for points not reported on Form 1098.

Table with two input fields.

Mortgage insurance premiums on post 12/31/06 contracts:

Investment interest (interest on margin accounts):

Form with two input fields for investment interest.

Table with two input fields.

Passive interest:

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, contribution date(s), and contribution amount(s).

Form with two input fields for cash contributions.

Table with two input fields.

Volunteer expenses (out-of-pocket):

Number of charitable miles:

Form with two input fields for volunteer expenses and miles.

Table with two input fields.

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.

Form with two input fields for noncash contributions.

Table with two input fields.

MISCELLANEOUS DEDUCTIONS

Union and professional dues:

Tax return preparation fee:

Safe deposit box rental:

Investment expenses:

Estate tax, section 691(c):

Unreimbursed employee expenses:

Form with two input fields for miscellaneous deductions.

Table with two input fields.

Form with two input fields for other miscellaneous deductions.

Table with two input fields.