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2019 Income Tax Preparation Questionnaire & Organizer

Name (include spouse): _____

Address: _____

City/State/Zip: _____

Preferred Ph: _____ Cell Work Home Other

Alternate Ph: _____ Cell Work Home Other

E-mail: _____

Please check box left of contact information to indicate change from prior year

This document is meant as a guide for helping you organize your tax information. It is not intended to replace original documentation. We have modified this organizer from prior years.

PLEASE READ IT CAREFULLY AND FILL IN COMPLETELY

General Return & Filing Information

Provide a copy of your current driver's license or government issued ID.

	YES	NO
1) Were you notified by the IRS or your State of any changes to a prior year's return? <i>*If Yes, please provide a copy of IRS or State notices</i>		
2) Are you aware of any changes to a prior year's income, deductions, or credits that would require filing an amended return? <i>*If Yes, please explain or attach documentation</i>		
3) Is the address listed above a NEW primary residence for 2019? <i>*If Yes, please complete question #19</i>		
4) Did your marital status change in 2019? (Married, Divorced, Remarried) <i>a) If married or remarried, please provide spouse's DOB, SSN & Full Name.</i> <i>b) If divorced, please provide date and copy of decree.</i> New Information: _____		
5) Any other general information regarding your return filing status? <i>(Additional dependents, new spouse, name change, DOB, SSN, etc.)</i> New Information: _____		
6) Did you (or spouse) make Estimated FEDERAL TAX Payments for 2019? <i>*If Yes, please provide the following:</i>		
Date _____ Amount \$ _____		
Date _____ Amount \$ _____		
Date _____ Amount \$ _____		
Date _____ Amount \$ _____		

Dependents

	YES	NO																																			
7) Dependents - Indicate if any dependent needs to file a tax return (use additional sheets if needed)																																					
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 8%;">ADD OR REMOVE</th> <th style="width: 18%;">FIRST NAME</th> <th style="width: 18%;">LAST NAME</th> <th style="width: 8%;">DOB</th> <th style="width: 12%;">RELATIONSHIP</th> <th style="width: 8%;">MONTHS IN HOME</th> <th style="width: 10%;">DISABLED? F/T STUDENT?</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	ADD OR REMOVE	FIRST NAME	LAST NAME	DOB	RELATIONSHIP	MONTHS IN HOME	DISABLED? F/T STUDENT?																														
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If claiming a new dependent please provide a copy of their social security card.																																					
8) DAY CARE - Did you pay <u>child care costs</u> for a dependent child under the age of 13? <i>*If Yes, include care provider statement with: name, address, federal ID # & amount paid</i>																																					

Notes Pertaining to General Return & Filing Information

Health Care Information

	YES	NO	FORM	QTY
9) If you purchased your insurance through the MARKETPLACE please provide form(s) 1095A . <i>*Contact the marketplace if you did not receive a form and you were insured in 2019</i> (FORM 1095A IS REQUIRED TO COMPLETE YOUR RETURN)			1095A	
10) Did you (or spouse) make HSA contributions or receive distributions? <i>*Please provide all 1099-SA forms</i>			1099-SA	

Client notes pertaining to Health Care Information

Income and Earnings Information (Standard)

	YES	NO	FORM	QTY
11) Did you (or spouse) receive WAGES as an employee during the year? <i>*Please provide all W-2 forms</i>			W-2	
12) Did you (or spouse) receive INTEREST from a bank account or other financial institution? <i>(include regular, tax-exempt and bond interest)</i> <i>*Please provide all 1099-INT forms</i>			1099-INT	
13) Did you (or spouse) receive DIVIDENDS from investments? <i>*Please provide all 1099-DIV forms</i>			1099-DIV	
14) Did you (or spouse) receive a state or local INCOME TAX REFUND , credit/offset of prior year? <i>*Please provide all 1099-G forms</i>			1099-G	
15) Did you (or spouse) receive or pay ALIMONY during the year? <i>*If Yes, please provide:</i> Date Divorce Was Finalized _____ Ex-Spouse's Name: _____ Ex-Spouse's SSN: _____ Amount Paid/Received: _____				
16) Did you (or spouse) operate a sole proprietorship, single member LLC or other unincorporated business during the year (Sch C)? <i>*If Yes, please provide detailed income and expense summary for each business</i>				Worksheet available for download at atscpas.com
17) Did you (or spouse) SELL stocks, securities or mutual funds? <i>*Please provide all 1099-B forms & cost basis info</i>			1099-B	
18) Did you (or spouse) RECEIVE stock from a plan with your employer? <i>*Please provide 1099-B forms</i>			1099-B	
19) Did you (or spouse) SELL/PURCHASE a principal residence, 2 nd home, timeshare, cottage, etc.? <i>*If Yes, please provide date and closing documents</i>				Provide copy of Seller/Buyer Settlement Statement
20) Did you (or spouse) receive payments from a PENSION , IRS, Roth IRA, profit sharing, or other qualified or employer sponsored plan? <i>*Please provide all 1099-R forms</i>			1099-R	

21)	Did you (or spouse) purchase, sell or have income from a RENTAL PROPERTY (Sch E)? <i>*If Yes, please provide detailed income and expense summary for each property</i>			Worksheet available for download at atscpas.com
22)	Did you (or spouse) receive UNEMPLOYMENT benefits? <i>*Please provide all 1099-G forms</i>			1099-G
23)	Did you (or spouse) receive SOCIAL SECURITY BENEFITS ? <i>*Please provide all 1099-SSA forms</i>			1099-SSA
24)	Did you (or spouse) have any GAMBLING INCOME during the year? <i>*Please provide all W-2G forms</i>			W-2G
25)	Did you (or spouse) acquire interests in or have income from S-Corporations, Partnerships, or Trusts? <i>*Please provide all K1 Forms 1120S, 1065, or 1041</i>			K-1

Income and Earnings Information (Special)

		YES	NO
26)	Did you (or spouse) receive income from any of the following:		
	a) Gambling winnings not reported on form W-2G?		
	b) Other income reported on 1099-Misc Box 3? (*Please provide form)		
	c) Qualified tuition program earnings? (Form 1099-Q)		
	d) Child's investment income in excess of \$2,100.00?		
	e) Jury duty fees?		
	f) Cancelled Debts? Form 1099-C or Form 1099-A		
	g) Do you have any foreign bank/financial accounts?		
	h) Other income? (please provide details)		
	j) Did you receive, sell, send, exchange, or otherwise acquire interest in any virtual currency?		

Client notes pertaining to Income and Earnings Information

Adjustments to Income & Earnings

		YES	NO
27)	Did you (or spouse) make contributions or rollover funds to any of the following?:		
	a) SEP or Simple IRA contributions (not IRA or Roth)		
	b) Self-employed health insurance premiums?		
	c) IRA or Roth IRA contributions? (not SEP or Simple) Form 5498		
	d) Student loan interest paid? (If Yes, please provide Form(s) 1098-E)		

Medical Expenses

		YES	NO
28)	Did you (or spouse) pay medical expenses OUT OF POCKET that were neither reimbursed nor paid from a health savings account (HSA)? <i>Please provide a summary schedule of medical expenses not reimbursed or paid from an HSA</i>		
		Worksheet available for download at atscpas.com	

Taxes – State & Local Income, Property and Personal

		YES	NO
29)	Did you (or spouse) make Estimated STATE TAX Payments for 2019? <i>*If Yes, please provide the following:</i> Date _____ Amount \$ _____ Date _____ Amount \$ _____ Date _____ Amount \$ _____ Date _____ Amount \$ _____		
30)	Did you (or spouse) make Estimated LOCAL OR OTHER STATE TAX Payments for 2019? <i>*If Yes, please provide the following:</i> Date _____ Amount \$ _____ Date _____ Amount \$ _____ Date _____ Amount \$ _____ Date _____ Amount \$ _____		
31)	Did you (or spouse) pay REAL ESTATE TAXES on any real property which you own? (Primary residence, 2nd Home, family cottage, timeshare, etc.) <i>*If Yes, please provide all tax bills for taxes you paid or were paid on your behalf</i>		
32)	Did you (or spouse) pay any PERSONAL PROPERTY TAXES based on the value of the personal property? (i.e. plate fees on autos, boats and other vehicles)		
33)	Did you (or spouse) pay any OTHER TAXES you believe may be deductible? <i>*If Yes, please provide details</i>		

Client notes pertaining to Taxes - State & Local Income, Property and Personal

Interest – Mortgage & Investment

		YES	NO	FORM	QTY
34)	Did you (or spouse) make payments on a 1ST OR 2ND MORTGAGE , refinance or take out a home equity loan? Home equity loans must be used for the purchase of or improvements of the property . <i>*Please provide all 1098 forms</i>			1098	
35)	Did you (or spouse) make payments on a mortgage that was <u>not</u> reported to you on form 1098? (land contract or other)? <i>*If Yes, please provide name, address and TIN of the land contract holder:</i> Name: _____ Address: _____ TIN/SSN: _____				

Higher Education Expenses

Please note: If you are claiming a deduction or tax credit for higher education expenses paid the 1098-T is REQUIRED for all schools for which you are claiming tuition paid. Additionally, in addition to the 1098-T you must provide proof of payment in the form of a statement from the school or cancelled checks and receipts for payments of tuition and qualified expenses (i.e. books etc.)

		YES	NO	FORM	QTY
36)	Did you pay any HIGHER EDUCATION EXPENSES that were not covered by scholarships or qualified tuition payment plans? <i>If Yes, number of qualified college students _____</i> <i>*Please provide all forms 1098-T, 1099Q and relevant records pertaining to the tuition paid</i>			1098-T	

Client notes pertaining to Higher Education Expenses

Charitable Contributions – Cash & Non-cash

	YES	NO	FORM	QTY
37) Did you (or spouse) make CASH contributions to a qualified charity? <i>*If Yes, please provide receipts or bank records of cash donations</i>			Worksheet available for download at atscpas.com	
38) Did you (or spouse) make NON-CASH contributions to a qualified charity? <i>*If Yes, please provide receipt and "in good used condition" letter These amounts may not be "estimated" please provide specific detail of items donated!</i>			Worksheet available for download at atscpas.com	
39) Did you (or spouse) donate a VEHICLE to a qualified charity? <i>*If Yes, please provide statement from charity and form 1098-C</i>			1098-C	

Under tax regulations you acknowledge that you have a letter from the organization or a bank record of the donation reflecting the amount and date of the donation and that any non-cash items were in "good used condition" and that your donation receipt reflects that statement.

Client notes pertaining to Charitable Contributions – Cash & Non-cash

Other Deductions & Misc. Expenses

	YES	NO
40) Do you (or spouse) have expenses from any of the following?:		
a) <i>Gambling losses exceeding your winnings?</i>		
b) <i>Other expenses you feel may be deductible?</i>		
41) Are you are a Renter, please provide (MI Residents Only): Landlord Name & Address _____ Number of months you paid rent for 2019 _____ Total amount of Rent for 2019 \$ _____		

Client notes pertaining to Other Deductions & Misc. Expenses

Direct Deposit of any refund(s)

	YES	NO
42) Do you want your refund(s) DIRECT DEPOSITED into your bank account, if any?		
If yes, attach a voided check or copy of a check		
PLEASE NOTE: Deposit slips will not be accepted as they have a different routing number than checks		
Please specify: <input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account Bank Name _____ Routing #: _____ Account # _____		

- Due to constant banking changes this information is required every year.
- ATS Advisors will not include prior year banking information.
- If no banking information is provided you will receive a paper check.

