Form 1040 2019 Tax *Organizer*

With Schedules A (itemize), B (interest-Dividends) & D (Capital Gains)

Name____
Tel #________________________________(Cell) **DOB**___/___/_____
Spouse____
Tel #________________________________(Cell) **DOB**___/___/_____
Address____
E-mail(s)____

Dependents

First & last name	Social-security	Date of Birth	Relationship

Income

(1 copy needed of below forms – mailed, scanned or faxed is ok but form must be legible)

W-2 1099-R 1099-MISC 1099-G 1099-INT 1099-SSA 1099-DIV

Schedule K-1 for S-Corporation (1120S) and/or Partnership (1065)

Alimony **Received** ____________, Likely reported with your SSN by payer
Other Income ____________, Description __________________

Adjusted Gross Income

Educator Expenses ____________, this deduction is for teachers only
IRA Reg☐Roth☐ ____________ IRA (spouse) Reg☐Roth☐__________
SEP, SIMPLE IRA ____________
Student Loan Interest ____________ Tuition & Fees __________
Education Expenses ____________, indicate for whom ______________
Alimony **Paid** ____________, Recipient's SSN ____________
Health Savings Act. ____________, (from Form 8889) (above recipient's name)
Health Insurance Paid____________, (self-employed only)

In 2019 anyone who has health insurance will receive a 1095. Please make sure to include this form with your tax documents.

Interest

(1 copy needed of each interest and dividend statement received from bank, etc.)

[Do not overlook interest paid to you by U.S. Treasury on overdo tax refunds]

Interest $_____ FSJ Bank __________________
Interest $_____ FSJ Bank __________________
Dividends $_____ / $____ / $____ d/q/c FSJ
Dividends $_____ / $____ / $____ d/q/c FSJ
(**F = Filer, S = Spouse, J = Joint account; d = Dividend, q = Qualified, c = Cap gain)**

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Itemized (Schedule A)

Prescriptions $__________ Doctors, Dentists $____________
Healthcare/Hospitals $__________ Mileage (medical) ______________
Health Insurance Paid $__________
Real estate tax (home) $__________ Real estate (other) $____________
Property (Excise) Tax $__________ Sales Tax (big items) $____________

Home Mortgage* Interest $________ *requires copy of form 1098 from bank
Home Mortgage* Interest $________ (if private) lender's name, address & SSN
Home Mortgage Points $__________ Home Equity Interest* $____________
Contributions (Cash) $__________ (Any one donation on 1 day of $250 or more requires letter)
Contributions (property) $_________ (Any donation over $250 or over $500 requires documents)
Mileage (charity) _______________
Tax Prep Fees (2018)$__________ Other (investment, etc) $____________
Investment Expenses $__________ Safe box, interest, advisor fees, etc.
Casualty & Theft $__________ List losses (requires Form 4684)

Capital Gains & Losses (Schedule D)

Include your form 1099-B. This will have **the** description, date purchased, date sold, sales price &, purchase price.

Tax Credits

Child & Dependent Care $________ Name of Child_____________________
Name of Provider ______________ & Address_______________________
Provider SSN / EIN_____________ &Town, State, Zip__________________
Education Credits ____________, from Form 8863

Other Taxes

Soc-Sec & Medicare on unreported tips $__________
Household Employment Taxes (attach Schedule H) $__________
Additional unreported tips (Filing for 4137) $__________

Payments

Estimated payments made for this tax year (Federal) $ __________
Estimated payments made for this tax year (State* _____) $ __________
Payment made with extension (Federal) $__________
Payment made with extension (State* specify________) $__________
Carried over from preceding year (Federal) $__________
Carried over from preceding year (State * specify______) $__________

Refunds

(joint returns require both filers on the same bank account)

(For direct deposit, enter routing #_______________, Account #__________________

☐Chk ☐Sav

Mail to Taxing Situations, Inc., 515 Cobbs Bridge Road, New Gloucester, ME 04260,
FAX to (207) 657-8145 or **attach as an e-mail** to Shannon@Taxingsituations.com