2019 Tax Organizer

This Tax Organizer is designed to help you collect and report the information needed to prepare your 2019 income tax return. The attached worksheets cover income, deductions, and credits, and will help in the preparation of your tax return by focusing attention on your special needs.

Please enter your 2019 information in the designated areas on the worksheets. If you need to include additional information, you may use the back of a worksheet or an additional page.

When possible, 2018 information is included for your reference. You do not need to make any 2018 entries.

Note: The General Questions and Business/Investment Questions worksheets include a variety of questions designed to assist in completing your tax return. If you answer **yes** to any of the questions, be sure to provide the applicable details.

Please provide the following information:

- ☐ A copy of your 2018 tax return (if not in our possession).
- ☐ Original Form(s) W-2.
- ☐ Schedule(s) K-1 showing income or loss from partnerships, S corporations or estates or trusts.
- ☐ Copies of other compensation or pension documentation, such as Form 1099-MISC or Form 1099-R.
- ☐ Form(s) 1099 or statements reporting dividend and interest income.
- ☐ Brokerage statements showing transactions for stocks, bonds, etc.
- ☐ Form(s) 1098 reporting interest paid, copies of real estate tax bills and other information relating to real property holdings.
- ☐ Copies of closing statements regarding the sale or purchase of real property.
- ☐ All other information notices you received, or any items you have questions about.

Thank you for taking the time to complete this Tax Organizer.

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Basic Taxpayer Information

PERSONAL INFORMATION

	TAXPAYER		SPOUSE	
Last name				
First name				
Middle initial and suffix	MI	Suffix	MI	Suffix
Social security number				
Occupation				
Work phone/extension				
Cell phone				
E-mail address				
Driver's License/Id issuing state				
License /Id number				
License/Id issue date				
License/Id expiration date				
Birthdate	MM/DD/YYYY		MM/DD/YYYY	
Blind	Yes ☐	No ☐	Yes ☐	No ☐
Contribute to Presidential Election Campaign Fund	Yes ☐	No ☐	Yes ☐	No ☐
Eligible to be claimed as a dependent on another return	Yes ☐	No ☐	Yes ☐	No ☐

Street address ..... Apartment number ....

City ..... State ..... ZIP code .....

Home phone ..... Foreign country .....

Fax ..... Foreign phone .....

FILING STATUS

☐ **1** Single

☐ **2** Married filing jointly

☐ **3** Married filing separately

Check this box if you **did not** live with spouse at any time during the year ► ☐

Check this box if you are eligible to claim spouse's exemption ► ☐

Check this box if your spouse itemizes deductions ► ☐

☐ **4** Head of household

If the qualifying person is a child but not your dependent, enter

Child's name .... Child's social security number ....

☐ **5** Qualifying widow(er)

Check the box for the year the spouse died ► 2017 ☐ 2018 ☐

DEPENDENT INFORMATION

Full Name (first name, middle initial, last name, suffix)				Social Security Number / Relationship	**Code / +Months in U.S.	Not qualified credit Other dep	Date of Birth / *Not Citizen	2019 Child Care Expense / 2018 Child Care Expense
						☐	☐	
						☐	☐	
						☐	☐	
						☐	☐	

** For the Dependent Code, enter the following:
L = dependent child who lived with you
N = dependent child who didn't live with you due to divorce or separation
O = other dependent
Q = not a dependent (but is a person who qualifies your client for the earned income credit and/or the credit for child and dependent care expenses)

\+ Enter the number of months dependent lived with you, and/or your spouse if married filing jointly, in the U.S.

* Check this box if dependent child is not a U.S. citizen or resident alien

Topic Index

Alimony paid ORG28
Alimony received ORG10
Annuity payments received ORG7
Business income and expenses ORG19
Car and truck expenses ORG18
Casualties and thefts ORG3
Charitable contributions ORG14
Child and dependent care expenses ORG35
Dependent information ORG6
Depreciable property - additions ORG51
Depreciable property - deletions ORG50
Dividend income ORG11
Education ORG36
Employee business expense ORG17
Estate income ORG47
Estimated and other tax payments ORG40
Farm income and expenses ORG27
Farm rental income and expenses ORG26
Foreign earned income ORG52
Gambling and lottery winnings ORG7
Household employees ORG41
Health Insurance Coverage ORG3A
Installment sales ORG23
Interest income ORG11
Interest paid (mortgage, etc) ORG14
Investment interest expense ORG14
IRA contributions ORG28
IRA distributions and rollovers ORG7
Keogh plan contributions ORG28
Medical and dental expenses ORG13
Miscellaneous income reported on 1099-MISC ORG8
Miscellaneous income not from 1099-MISC ORG10
Miscellaneous itemized deductions ORG15
Moving expenses ORG16
Office in home expenses ORG20
Partnership income ORG45
Pension payments received ORG7
Personal information ORG6
Railroad retirement benefits ORG10
Rental income and expenses ORG25
Royalty income and expenses ORG25
S corporation income ORG46
Sale of home ORG22
Sales of business property ORG24
Sales of stock, securities ORG21
Self-employed health insurance ORG19
SEP plan contributions ORG28
SIMPLE plan contributions ORG28
Social security benefits ORG10
State and local tax refunds ORG10
Taxes paid ORG13
Trust income ORG47
Unemployment compensation ORG10
Wages and salaries ORG7

General Questions

PERSONAL INFORMATION

		Yes	No
1	Did your marital status change during 2019?	☐	☐
	If **yes,** explain		
2	Do you want to allow your tax preparer to discuss this year's return with the IRS?	☒	☐
	If **no,** enter another person (if desired) to be allowed to discuss this return with the IRS. **Caution:** Review any transferred information for accuracy.		
	Designee's Name ►		
	Phone Number ► Personal Identification Number (5 digit PIN) ►		
3	Do you or your spouse plan to retire in 2020?	☐	☐
4	Were you or your spouse permanently and totally disabled in 2019?	☐	☐
5	Enter date of death for taxpayer or spouse (if during 2019 or 2020): Taxpayer: Spouse:		
6	Were you or your spouse a member of the U.S. Armed Forces during 2019?	☐	☐

DEPENDENT INFORMATION

		Yes	No
7 a	Do you have dependents who must file?	☐	☐
b	If **yes,** do you want us to prepare the return(s)?	☐	☐
8 a	Do you have children who are under age 19 or a full time student under age 24 with investment income greater than $2,200?	☐	☐
b	If **yes,** do you want to include your child's income on your return?	☐	☐
9	Are any of your dependents **not** U.S. citizens or residents?	☐	☐
10	Did you provide over half the support for any other person during 2019?	☐	☐
11	Did you incur adoption expenses during 2019?	☐	☐

IRA, PENSION AND EDUCATION SAVINGS PLANS

		Yes	No
12	Did you receive payments from a pension or profit-sharing plan?	☐	☐
13	Did you receive a total distribution from an IRA or other qualified plan that was partially or totally rolled over into another IRA or qualified plan within 60 days of the distribution?	☐	☐
14 a	Did you convert all or part of a regular IRA into a Roth IRA?	☐	☐
b	Did you roll over all or part of a qualified plan into a Roth IRA?	☐	☐
15	Did you contribute to a Coverdell Education Savings Account?	☐	☐

ITEMS RELATED TO INCOME/LOSSES

		Yes	No
16	Did you receive any disability payments in 2019?	☐	☐
17	Did you receive tip income **not** reported to your employer?	☐	☐
18 a	Did you buy, sell, refinance, or abandon a principal residence or other real property in 2019? (Attach copies of any escrow statements or Forms 1099.)	☐	☐
b	If you sold or abandoned a home, did you claim the First-Time Homebuyer Credit when you purchased the home?	☐	☐
c	Are you planning to purchase a home soon?	☐	☐
19	Did you incur any casualty or theft losses during 2019?	☐	☐
20	Did you incur any non-business bad debts?	☐	☐

PRIOR YEAR TAX RETURNS

		Yes	No
21	Were you notified by the Internal Revenue Service or state taxing authority of changes to a prior year's return?	☐	☐
	If **yes,** enclose agent's report or notice of change.		
22	Were there changes to a prior year's income, deductions, credits, etc which would require filing an amended return?	☐	☐

General Questions (continued)

FOREIGN BANK ACCOUNTS, FOREIGN ASSETS AND FOREIGN TAXES

		Yes	No
23	Did you have foreign income or pay any foreign taxes in 2019 ?	☐	☐
24 a	At any time during 2019 , did you have an interest in or a signature or other authority over a bank account, or other financial account in a foreign country?	☐	☐
b	Did the aggregate value of all your foreign accounts exceed $10,000 at any time during 2019 ? Report all interest income on Org 11	☐	☐
25	Were you the grantor of or transferor to a foreign trust which existed during the tax year, whether or not you have any beneficial interest in the trust?	☐	☐
26	Did you at any time during 2019 , have an interest in or any authority over any foreign accounts or assets (i.e. stocks, bonds, mutual funds, partnership interests, etc.) held in foreign financial institutions that exceeded $50,000 in value at any time during the year?	☐	☐

HEALTH AND LIFE INSURANCE

		Yes	No
27	Did you receive Form 1095-A (Health Coverage)? If so, please attach	☐	☐
28 a	Did you or your spouse have self-employed health insurance?	☐	☐
b	If you or your spouse are self-employed, are either of you eligible to participate in an employer's health plan at another job?	☐	☐
29	Did your employer pay premiums on life insurance in excess of $50,000 where the proceeds are payable to beneficiaries named by you?	☐	☐
30	Did you contribute to or receive distributions from a Health Savings Account (HSA)?	☐	☐

MISCELLANEOUS

		Yes	No
31	Did you make energy efficient improvements to your home or purchase any energy-saving property during 2019 ? If **yes,** please attach details	☐	☐
32	Did you start paying mortgage insurance premiums in 2019 ? If **yes,** please attach details	☐	☐
33	Did you purchase a motor vehicle or boat during 2019 ? If **yes,** attach documentation showing sales tax paid.	☐	☐
34	Did you purchase an energy efficient vehicle in 2019 ? If **yes,** enter year, make, model, and date purchased: ________	☐	☐
35	Did you donate a vehicle in 2019 ? If yes, attach Form 1098C	☐	☐
36	What was the sales tax rate in your locality in 2019 ? ________ % State ID .... ____		
37	Did you or your spouse make gifts of over $15,000 to an individual or contribute to a prepaid tuition plan?	☐	☐
38	Did you make gifts to a trust?	☐	☐
39	If there were dues paid to an association, was any portion required to be non-deductible due to political lobbying by the association? If **yes,** please attach details.	☐	☐
40	Did you or your spouse participate in a medical savings account in 2019 ? If **yes,** please attach Form 1099-SA (Distributions from an HSA, Archer MSA or Medicare+Choice MSA.)	☐	☐
41	Did you make a loan at an interest rate below market rate?	☐	☐
42	Did you pay any individual for domestic services in 2019 ?	☐	☐
43	Did you pay interest on a student loan for yourself, your spouse, or your dependents?	☐	☐
44	Did you, your spouse, or your dependents attend post-secondary school in 2019 ?	☐	☐
45	Did a lender cancel any of your debt in 2019 ? (Attach any Forms 1099-A or 1099-C)	☐	☐
46	Did you receive any income not included in this Tax Organizer? If **yes,** please attach information.	☐	☐
47	At any time during 2019, did you sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?	☐	☐

ELECTRONIC FILING AND DIRECT DEPOSIT OF REFUND

		Yes	No
48	If your tax return is eligible for Electronic Filing, would you like to file electronically?	☐	☐
49	The Internal Revenue Service is able to deposit many refunds directly into taxpayers' accounts. If you receive a refund, would you like direct deposit?	☐	☐

Caution: Review transferred information for accuracy.

50 If **yes,** please provide the following information:

a Name of your financial institution .... ____________

b Routing Transit Number (must begin with 01 through 12 or 21 through 32) .... ____________

c Account number .... ____________

d What type of account is this? .... Checking ☐ Savings ☐

☑ Please attach a **voided** check (not a deposit slip) if your bank account information has changed.

Health Insurance Coverage

Preparer note: The fields on this form are non-enterable. This worksheet is meant to gather client data only. This worksheet will not transfer to the ProSeries/1040 product. Data from this worksheet must be manually entered on the appropriate form in ProSeries/1040.

Part 1 **Coverage**

Enter the name, SSN/DOB and health insurance status for each person who will claim on your return in the table below:

Name of covered individual(s)	SSN or DOB	Covered 12 mos	Exchange Policy	Exemption Received	Indicate which months each person was covered by MEC*: Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1.																
2.																
3.																
4.																
5.																
6.																
7.																
8.																
9.																

*Minimum Essential Coverage (MEC) includes employer-sponsored coverage, health insurance purchased through the Health Insurance Marketplace (Exchange), Medicare, Medicaid, certain VA coverage, Tricare, etc.

For tax year 2019, the Federal ACA tax penalty has been eliminated, however, you may still be subject to a state tax penalty depending on where you live because some states have created their own individual insurance mandates to replace the federal version. These mandates require state residents to have qualifying health coverage or pay a fee with their state taxes.

Use this worksheet to list the names of individuals listed on the income tax return and their health care insurance coverage status. It will help your tax preparer determine who has health insurance coverage.

If you purchased a health insurance policy from an exchange (or Marketplace), check the Exchange Policy box above. You will receive Form 1095-A from the exchange that issued your policy. Please provide this form with your Organizer documents to your tax preparer.

Please call with any questions on this worksheet.

Business/Investment Questions

		Yes	No
1	Did you receive stock from a stock bonus plan with your employer? (Do not include stock sales included on your W-2.)	☐	☐
2	Did you buy or sell any stocks or bonds in 2019 ? If **yes**, attach broker's information (such as Form 1099-Bs and broker annual statements) related to the transactions.	☐	☐
3	Did you surrender any U.S. savings bonds during 2019 ?	☐	☐
4	Did you use the proceeds from Series EE or I U.S. savings bonds purchased after 1989 to pay for higher education expenses?	☐	☐
5	Did you realize a gain or loss on property which was taken from you by destruction, theft, seizure, or condemnation?	☐	☐
6	Did you start a business, purchase a rental property or farm, or acquire interests in partnerships or S corporations?	☐	☐
7	Do you have any investments for which you were **not** personally 'at risk' (other than sole proprietorship or farm)?	☐	☐
8	Did you own an interest in a Real Estate Mortgage Investment Conduit (REMIC) during 2019 ?	☐	☐
9	Did you sell property or equipment on installment in 2019 ?	☐	☐
10	Did you have any business related educational expenses?	☐	☐
11	Did you do a 'like-kind' exchange of property in 2019 ?	☐	☐
12	Deductions for travel and meals may be allowed under certain circumstances. Adequate records must be presented. Information must include: **1** Amount; **2** Time and place; **3** Date; **4** Business purpose; **5** Description of gift(s); and **6** Business relationship of recipient. Do you have records to support expenses?	☐	☐
13	Did you purchase special fuels for non-highway use? If **yes**, please list the type of use and the number of gallons for each fuel.	☐	☐

Interest and Dividend Income

T = Taxpayer, **S** = Spouse, **J** = Joint

INTEREST INCOME

☑ **Attach all copies of your Form 1099-INTs here.**

**Type of Interest
blank = Regular taxable interest
ME1 = ME bond interest in federal income
MD1 = MD nontaxable interest — taxable federal
MA1 = MA bank interest
NH1 = NH nontaxable interest — taxable federal
NJ1 = NJ nontaxable interest — taxable federal
OK1 = OK bank interest
TN1 = TN nontaxable interest — taxable federal
WV1 = WV bond interest in federal income

TSJ	X*	Payer Name	2019 Box 1 Interest	Type of Interest**	2019 Box 3 US/Treasury Interest	2019 Box 8 Tax Exempt	State	2018 Box 1 + 3

X* Check if you did not receive income from this account in 2019 .

DIVIDEND INCOME

☑ **Attach all copies of your Form 1099-DIVs here.**

TSJ	X*	Payer Name	2019 Box 1a Ordinary Dividends	2019 Box 1b Qualified Dividends	2019 Box 2a Capital Gains	State	2018 Box 1a + 2a

X* Check if you did not receive income from this account in 2019 .

Medical and Tax Expenses

MEDICAL AND DENTAL EXPENSES	2019	2018
1 Prescription medications		
2 Health insurance premiums (enter Medicare B on ORG10)		
Exclude premiums paid through an exchange (Form 1095-A)		
3 Qualified long-term care premiums		
a Taxpayer's gross long-term care premiums		
b Spouse's gross long-term care premiums		
c Dependent's gross long-term care premiums		
4 Enter self-employed health insurance premiums on ORG19, ORG27, ORG45A, or ORG46A for the appropriate activity		
5 Insurance reimbursement		
6 Doctors, dentists, etc		
7 Hospitals, clinics, etc		
8 Lab and X-ray fees		
9 Expenses for qualified long-term care		
10 Eyeglasses and contact lenses		
11 Medical equipment and supplies		
12 Miles driven for medical purposes		
13 Ambulance fees and other medical transportation costs		
14 Lodging		
15 Other medical and dental expenses:		
a		
b		
c		
d		
e		
f		
g		
h		
i		
j		

TAXES	2019	2018
Enter state and local income taxes on **ORG7, ORG8, ORG10,** and **ORG40.**		
16 Real estate taxes paid on principal residence		
17 Real estate taxes paid on additional homes or land		
18 Auto registration fees based on the value of the vehicle		
19 Other personal property taxes		
20 Other taxes:		

Interest Paid and Cash Contributions

HOME MORTGAGE INTEREST PAID

Lender's Name	Check if NOT on Form 1098	2019	2018
	☐		
	☐		
	☐		
	☐		

POINTS PAID ON LOAN TO BUY, BUILD, OR IMPROVE MAIN HOME

Lender's Name	Check if NOT on Form 1098	2019
	☐	
	☐	
	☐	
	☐	

SELLER FINANCED MORTGAGE

Individual's Name	Identifying Number	Address

OTHER PERSON RECEIVING FORM 1098

Form 1098 Recipient's Name	Address

OTHER POINTS

Enter below any points paid on a home equity loan (other than to improve your main home), a loan for a second home, or a refinanced mortgage.

Lender's Name	Loan Over	Points Paid	Date of Loan	Loan Length (years)	2018 Points Deducted
	☐				
	☐				
	☐				
	☐				

QUALIFIED MORTGAGE INSURANCE PREMIUMS

	2019	2018
Premiums paid in 2019 for qualified mortage insurance **not** from Form 1098 import		

INVESTMENT INTEREST

	2019	2018
Investment interest (for example: margin interest, interest paid on loans used for property held for investment, etc)		

LIMITED HOME MORTGAGE DEDUCTION

If the mortgage meets the following reasons during 2019 complete the following:
- The principal amount of you mortgage and home equity debt is over $750,000 ($375,000 if married filing separate), or
- You had home debt that was not used to buy, build or substantially improve the home that secures the loan

	Loan 1	Loan 2	Loan 3	Loan 4	Loan 5
1a Interest paid in 2019					
Points paid in 2019					
Months loan outstanding					
Principal pd on loan in 2019					
b Was all proceeds of this loan used to buy, build, or substantially improve the home?	Yes: ☐ No: ☐	Yes: ☐ No: ☐	Yes: ☐ No: ☐	Yes: ☐ No: ☐	Yes: ☐ No: ☐
2 Home Debt Origination on or after December 15, 2017					
Beginning of year balance					
Additional borrowed in 2019					
Enter the amount of debt not used to buy, build, or substantially improve the home:					
3 Home Debt Origination after October 13, 1987 and Before December 15, 2017					
Beginning of year balance					
Enter the amount of debt not used to buy, build, or substantially improve the home:					
4 Grandfathered debt: (before 10/14/1987)					
Beginning of year balance					
Enter the amount of debt not used to buy, build, or substantially improve the home:					

CASH CONTRIBUTIONS

Name of Donee Organization	Check if Statement Exists for Gifts $250 or More	2019	2018
	☐		
	☐		
	☐		
	☐		
	☐		
	☐		
	☐		
	☐		
	☐		
	☐		
Charitable miles driven			
Miles driven to deliver noncash contributions			
Parking fees, tolls, and local transportation			

Noncash Contributions

ORG14A

Copy 1

	Name of Donee Organization	Check if Statement Exists for Gifts of $250 or More	Fair Market Value	Prior Year Fair Market Value
A				
B				
C				
D				
E				
F				
G				
H				
I				

Note: Complete sections below **only** if the **total** noncash contributions are **more than $500.**

	Description of Donated Property	Type**	Address of Donee Organization
A			
B			
C			
D			
E			
F			
G			
H			
I			

	Method for Fair Market Value*	Date of Contribution	Complete these columns **only** for each contribution over $500: Date Acquired (month, year)	How Acquired***	Your Cost
A					
B					
C					
D					
E					
F					
G					
H					
I					

***Methods of determining FMV:**

Appraisal
Average share
Catalog
Capitalization of income
Comparative sales
Consignment shop
Present value
Replacement cost
Reproduction cost
Thrift shop

****Type of Donated Property**

Household/clothing items
Motor vehicle, boat or airplane
Art, other than self-created
Art, self-created
Collectibles
Business equipment
Business inventory
Stock, publicly traded
Stock, other than publicly traded
Securities, other than stock
Intellectual property
Real property, conservation property
Real property, other than conservation
Other personal property
Other intangible property

*****How Property was Acquired:** Purchase, Gift, Inheritance, Exchange

Miscellaneous Itemized Deductions (FOR STATE USE ONLY)

MISCELLANEOUS DEDUCTIONS (2% LIMITATION)	2019	2018
Employee Business Expenses		
Note: If you have any travel, transportation, meal expenses **or** your employer reimbursed you for **any** of your job-related expenses, complete **ORG17** for **all** your employee expenses.		
1 Union and professional dues		
2 Professional subscriptions		
3 Uniforms and protective clothing		
4 Job search costs		
5 Other unreimbursed employee expenses:		
a ______		
b ______		
c ______		
d ______		
e ______		
Other Expenses Subject to the 2% Limitation		
Treat all MACRS assets for this activity as qualified Indian reservation property? ☐ Yes ☐ No		
Treat all assets acquired after August 27, 2005 as qualified GO Zone property? ☐ Regular ☐ Extension ☐ No		
Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property? ☐ Yes ☐ No		
Was this property located in a Qualified Disaster Area? ☐ Yes ☐ No		
Check to code assets as Investment Expense ☐		
Use **ORG50** to record dispositions.		
Use **ORG51A** to enter additional assets.		
Use **ORG11a** for investment expenses related to interest income.		
Use **ORG11b** for investment interest related to dividend income.		
6 Tax return preparation fees		
7 Investment counsel and advisory fees		
8 Certain attorney and accounting fees		
9 Safe deposit box rental		
10 IRA custodial fees		
11 a Government unemployment benefits repaid in **2019** ☐		
b Other expenses (list):		
______		
______		
______		
______		
______		
OTHER MISCELLANEOUS DEDUCTIONS	**2019**	**2018**
12 Federal estate tax paid on income in respect of a decedent		
13 Amortizable bond premiums (acquired before 10/23/86)		
14 Gambling losses (to the extent of gambling income)		
15 Claim repayments		
16 Unrecovered investment in annuity		
17 Ordinary loss attributable to certain debt instruments		

Business Income and Expenses

GENERAL INFORMATION

Is this activity a qualified trade or business under Section 199A? ☒ Yes ☐ No

1 Check ownership ☐ **Taxpayer** ☐ **Spouse** ☐ **Joint**

2 Business name

3 a Business street address

b 1 City, State and Zip Code, **or**

2 Foreign country (not applicable)

4 Principal business/profession

5 Employer ID number

6 Business code **(Preparer Use Only)**

	Yes	No
7 Was this business fully disposed of in a fully taxable transaction during 2019 ?	☐	☐

8 Accounting method:
Cash ☐ Accrual ☐ Other (specify) ☐

9 Method used to value closing inventory:
Cost ☐ Lower of cost or market ☐ Other (explain) ☐

	Yes	No
10 Was there a change in determining quantities, costs, or valuations between opening/closing inventory? (If yes, attach explanation)	☐	☐
11 Did you materially participate in the operation of this business during 2019 ?	☐	☐
12 Did you start or acquire this business during 2019 ?	☐	☐
13 a Did you make any payments in 2019 that require you to file Forms 1099?	☐	☐
b If yes, did you or will you file all the required Forms 1099?	☐	☐
14 At-risk determination:		
a Is all of the investment in this activity at risk?	☐	
b Is some of the investment in this activity not at risk?	☐	
15 Did you have unallowed passive losses in 2018 ?	☐	☐
16 a Treat all MACRS assets for this activity as qualified Indian reservation property?	☐	☐
b Treat all assets acquired after August 27, 2005 as qualified GO Zone property? **Regular** ☐ **Extension** ☐ **No**		☐
c Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property?	☐	☐
d Was this business located in a Qualified Disaster Area?	☐	☐

Complete ORG51 for Asset Acquisitions and ORG50 for Dispositions.

INCOME	2019	2018
17 Gross receipts or sales		
18 Returns and allowances plus other adjustments		
19 Other income (include federal/state gas tax credit/refund)		

COST OF GOODS SOLD – IF APPLICABLE	2019	2018
20 Inventory at beginning of year		
21 Purchases		
22 Items withdrawn for personal use		
23 Cost of labor (do not include your salary)		
24 Materials and supplies		
25 Other costs		
26 Inventory at end of year		

Business Income and Expenses (continued)

EXPENSES	2019	2018
Business name ______		
27 Advertising		
28 Car and truck expenses (complete ORG18)		
29 Commissions and fees		
30 Contract labor		
31 Depletion		
32 Depreciation and Section 179 deduction **(Preparer Use Only)**		
33 Employee benefit programs:		
a Employee health insurance premiums		
b Other employee benefit programs		
34 Insurance (other than health)		
35 Self-employed health insurance attributable to this business		
36 Interest:		
a Mortgage paid to banks not reported to you on Form 1098		
b Other		
37 Legal and professional services		
38 Office expenses		
39 Pension and profit-sharing plans		
40 Rent or lease:		
a Machinery and equipment (enter vehicle lease on ORG18)		
b Other business property		
41 Repairs and maintenance		
42 Supplies (not included in cost of goods sold)		
43 Taxes and licenses not reported to you on Form 1098		
44 Travel and meals		
a Travel		
b Meals subject to 50% limit		
c Meals subject to 80% limit		
d Meals not subject to limit		
45 Utilities		
46 Gross wages		
47 Other expenses:		
______		
______		
______		
______		
______		
______		
______		
______		
______		
48 Expenses for business use of your home **(Preparer Use Only)**		
Complete ORG20 for Business Use of Home.		
49 Qualified pension plan start-up costs		
50 DPAD (line 6) from cooperative(s) with tax year beginning **before** Jan. 1, 2018		
51 DPAD (line 6) from cooperative(s) with tax year beginning **after** Dec. 31, 2017		

Sales of Stocks and Securities

☑ **Attach all copies of Forms 1099-B and/or 1099-S here.**

		Yes	No
1	Did you exchange any securities for other securities or any other property held for investment?	☐	☐
2	Did you acquire stock identical to stock sold at a loss within a period beginning 30 days prior to and ending 30 days after the date of the sale?	☐	☐
3	Did you engage in any transactions involving traded options?	☐	☐
4	Did you engage in any transactions involving commodity future contracts and straddle positions?	☐	☐
5	Did you engage in any transactions involving *employee* stock options?	☐	☐
6	Schedule D included in the 2018 Federal income tax return?	☐	

Do not include installment sales transactions here. Complete information on Installment Sales Income (ORG23) instead.
See notes below for entries to be made on lines 1d, 4a, 4b and 5

FORMS 1099-B, 1099-S – SALES OF STOCKS, BONDS, REAL ESTATE, ETC.

Transaction number ____

1a Check if this sale was reported to you on Form 1099-B or substitute statement ► ☐

b **If so**, check if Box 6a is marked (i.e., this is the sale of noncovered security) ► ☐

c **If so**, check if Box 6b is marked (i.e., the basis amount was reported to the IRS) ► ☐

d **If so**, select type of gain (loss) indicated in Box 1c * ► ____

2 Description of property ____

3a Date acquired ____ **b** Date sold ____

4a Type of transaction *** ____ **b** Property ownership ** ____

5 Holding period * ____

6 Sales price ____

7 Cost or other basis ____

8 Wash sale loss disallowed ____

9 Federal Tax withheld (if any) ____

10a State ____ **b** State identification ____ **c** State tax withheld ____

Transaction number ____

1a Check if this sale was reported to you on Form 1099-B or substitute statement ► ☐

b **If so**, check if Box 6a is marked (i.e., this is the sale of noncovered security) ► ☐

c **If so**, check if Box 6b is marked (i.e., the basis amount was reported to the IRS) ► ☐

d **If so**, select type of gain (loss) indicated in Box 1c * ► ____

2 Description of property ____

3a Date acquired ____ **b** Date sold ____

4a Type of transaction *** ____ **b** Property ownership ** ____

5 Holding period * ____

6 Sales price ____

7 Cost or other basis ____

8 Wash sale loss disallowed ____

9 Federal Tax withheld (if any) ____

10a State ____ **b** State identification ____ **c** State tax withheld ____

*** Type of Holding Period**

S = Short-term (one year or less)
L = Long-term (more than one year)

**** Type of Ownership**

T = Taxpayer Ownership
S = Spouse Ownership
J = Joint Ownership

***** Type of Transaction**

S = Regular Sale of Stocks, Bonds, etc
W = Wash Sale
M = Collectible (28% Rate)
P = Personal Loss on Noninvestment Property
X = Expired (options, etc)
O = Worthless Securities
K = Bankrupt
N = Nonbusiness Bad Debt
E = Stock sales to ESOP's or EWOC's

Sale of Your Home

ORG22

GENERAL INFORMATION

► ☑ **Attach copies of your original purchase and the current sale settlement sheets here.**

Complete if the sale of your home occurred in the current year (2019).

		Yes	No
1 a	Was the sale amount of your residence $250,000 or less ($500,000 or less if married filing a joint return)?	☐	☐
b	Did you acquire this home in a like-kind (Section 1031) exchange and sell it within 5 years of acquiring it?	☐	☐
c	Did you use this home partially or completely in a trade or business or hold it for investment **AND** dispose of it in a like-kind (Section 1031) exchange?	☐	☐
d	Did you claim the First-Time Homebuyer Credit when you purchased this home?	☐	☐
2 a	Did **you** live in your home as a principal residence for a total of at least 2 years during the 5-year period ending on the date of sale?	☐	☐
b	If married filing a joint return, did your **spouse** live in your home as a principal residence for a total of at least 2 years during the 5-year period ending on the date of sale?	☐	☐
3	Did you receive a Form 1099-S?	☐	☐
4 a	Have **you** sold and excluded gain from another principal residence within 2 years before the sale of this home?	☐	☐
b	If married filing a joint return, has your **spouse** sold and excluded gain from another principal residence within 2 years before the sale of this home?	☐	☐
5	Did you sell this home due to a change of health, place of employment or other unforeseen circumstances? (If this is a joint sale, answer both questions the same. Otherwise, answer as applicable.)		
a	**You**	☐	☐
b	Your **spouse**	☐	☐
6 a	Did you or your spouse use any part of your residence for business or rental purposes after May 6, 1997?	☐	☐
b	Was the home used as investment or rental property after December 31, 2008?	☐	☐
7 a	Will you be receiving periodic payments of principal or interest from this sale?	☐	☐
b	If **Yes,** what is the amount of the financial instrument?		

8	Address of former home sold	
9 a	Date former home was sold	
b	Date former home was bought	
10	Sales price of the home sold	

COST BASIS OF HOME SOLD

	Description	Amount
	Original cost of home sold:	
11 a	Purchase price of home sold	
b	Postponed gain on the sale of your previous home (from Form 2119 for the year this home was bought)	
	Additions and increases to basis:	
12 a	Settlement fees or closing costs when home was purchased. **Do not** include amounts previously deducted as moving expenses	
b	Cost of capital improvements	
c	Additions, including costs of materials and labor	
d	Other additions and increases to basis	
	Decreases to basis:	
13 a	Seller-paid points (for old home bought after 1990)	
b	Other decreases to basis	

COMMISSIONS AND OTHER EXPENSES OF SALE

	Description	Amount
14 a		
b		
c		
d		

Installment Sale Income

☑ **Attach all closing documents if this is the year of sale.**

Was the property sold in this installment sale a rental or used in a trade or business? ☐ Yes ☐ No
Was the final installment received this year? ☐ Yes ☐ No

1 Description of property ____
2a Date acquired ____ 2b Date sold ____
c Check this box if ordinary gain from non-capital asset ☐

GROSS PROFIT INFORMATION
(Complete for year of sale only.)

3 Selling price, including mortgages and other debts ____
4 Mortgages and other debts buyer assumed or took property subject to ____
5 Cost or other basis of property sold ____
6 Depreciation allowed or allowable ____
7 Commissions and other expenses of sale ____
8 Was this property your main home? ☐ Yes ☐ No

CURRENT TAXABLE PORTION

9 Gross profit percentage ____
10a Payments received in current year ____
b Interest received in current year ____

Seller Financed Mortgage Information

11 Payer's Name ____
Address ____
City ____ State ____ ZIP code ____
Country ____ SSN or EIN ____

12 Payments received in prior years (do not include interest) ____

SALES TO RELATED PARTIES

13a Was the property sold to a related party after May 14, 1980? ☐ Yes ☐ No
b *If* **yes,** *was the property a marketable security?* ☐ Yes ☐ No
If **yes,** *complete the rest of this form. If* **no**, *complete for year of sale and for 2 years after the sale.*
If you received the final installment payment this year, do not complete the rest of this form.
c Give the name, address, and taxpayer identification number of related party:
Name ____
Address ____
City ____ State ____ ZIP code ____
Identifying number ____

14 Did the related party, during this tax year, resell or dispose of the property? ☐ Yes ☐ No
If **no,** *do not complete the rest of this form.*

Answer **yes** to no more than one of the following questions.

15a Was the second disposition more than two years after the first disposition (other than dispositions of marketable securities)? ☐ Yes ☐ No
If **yes,** give date of disposition ____
b Was the first disposition a sale or exchange of stock to the issuing corporation? ☐ Yes ☐ No
c Was the second disposition an involuntary conversion where the threat of conversion occurred after the first disposition? ☐ Yes ☐ No
d Did the second disposition occur after the death of the original seller or buyer? ☐ Yes ☐ No
e Can it be established to the satisfaction of the IRS that tax avoidance was not a principal purpose for either disposition? ☐ Yes ☐ No
If **yes,** give explanation ____

16 If you answered **no** to all questions 15a through 15e, enter sales price of the property sold by related party *(attach Form 6252 for year of first sale)* ____

Sales of Business Property

T = Taxpayer, **S** = Spouse, **J** = Joint

► ☑ **Attach all copies of 1099-S and 1099-B forms here.**

Note: Enter asset dispositions here **or** on ORG50 (Transferred Assets), but not both.

SALE OF PROPERTY USED IN A TRADE OR BUSINESS AND HELD MORE THAN 1 YEAR
(Include in this table asset dispositions which resulted in long-term loss, and dispositions of raised livestock for long-term gain)

TSJ	Description of Property	Date Acquired	Date Sold	Sales Price	Cost Plus Expense of Sale

SALE OF PROPERTY USED IN A TRADE OR BUSINESS AND HELD 1 YEAR OR LESS
(Include in this table asset dispositions which resulted in short-term gain or loss)

TSJ	Description of Property	Date Acquired	Date Sold	Sales Price	Cost Plus Expense of Sale

GAIN FROM THE SALE OF PROPERTY HELD MORE THAN 1 YEAR (Include in this table dispositions of depreciable trade, business, or residential rental assets which resulted in long-term gain)

TSJ	Description of Property	Date Acquired	Date Sold	Sales Price	Cost Plus Expense of Sale

Rent and Royalty Income and Expenses

ORG25

BASIC PROPERTY INFORMATION

Property description: ______

Property type: * ______ If type is other, enter a description: ______

Location (street address): ______

City: ______ State: ___ Zip: ______

If a foreign address: Foreign province or state: ______

Foreign postal code: ______ Foreign Country: (not applicable)

Is this activity a qualified trade or business under Section 199A? .... ☐ Yes ☐ No

1 Check property owner .... ☐ **Taxpayer** ☐ **Spouse** ☐ **Joint**

		Yes	**No**
2 a	Did you make any payments that would require you to file Form(s) 1099?	☐	☐
b	If **yes,** did you or will you file all required Forms(s) 1099?	☐	☐
3 a	Enter the ownership percentage (if not 100%) .... ______		
b	If not 100%, are you reporting 100% of the income and expenses?	☐	☐
4	Is this a rental property? (If **yes,** answer questions 5 through 11; if **no,** skip to question 12.)	☐	☐
5	Did you have personal use of this property or rent it for part of the year at less than fair rental value?	☐	☐
6	For all rental properties, **enter the number of days** during 2019 that:		
a	The property was rented at fair rental value .... ______		
b	The property was used personally or rented at less than fair rental value .... ______		
c	You owned the property, if not the entire year .... ______		
7 a	Does this rental have multiple living units and you live in one of the units?	☐	☐
b	If **yes,** enter percentage of rental use .... ______		
8	Did you actively participate in this property's management during 2019 ?	☐	☐
9	Did you materially participate in this property's management during 2019 ?	☐	☐
10	Do you want to treat this property as non-passive?	☐	☐
11	Did this property have unallowed passive losses in 2018 ?	☐	☐
12	Did you dispose of this property in a fully taxable transaction?	☐	☐
13	Check this box if some of this investment was **not** at-risk..........	☐	
14 a	Treat all MACRS assets for this activity as qualified Indian reservation property?	☐	☐
b	Treat all assets acquired after August 27, 2005 as qualified GO Zone property?.......... **Regular** ☐ **Extension**	☐	**No** ☐
c	Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property?	☐	☐
d	Was this activity located in a Qualified Disaster Area?	☐	☐

Complete ORG51 for Asset Acquisitions and ORG50 for Dispositions.

INCOME	**2019**	**2018**
15 Rents or royalties received		

*** Property Types:**

1 Single family residence	**5** Land
2 Multi-family residence	**6** Royalties
3 Vacation/short-term rental	**7** Self-rental
4 Commercial	**8** Other

Rent and Royalty Income and Expenses (continued)

	EXPENSES	2019	2018
	Property location		
16	Advertising		
17 a	Automobile (complete ORG18 for autos)		
b	Travel		
18	Cleaning and maintenance		
19	Commissions		
20 a	Mortgage insurance premiums – qualified		
b	Other insurance		
21	Legal and professional fees		
22	Management fees		
23 a	Mortgage interest paid to banks – qualified		
b	Mortgage interest paid to banks – other		
24	Other interest		
25	Repairs		
26	Supplies		
27 a	Real estate taxes		
b	Other taxes		
28	Utilities		
29	Other expenses:		
a			
b			
c			
d			
e			
30 a	Depreciation and Section 179 deduction **(Preparer Use Only)**		
b	Depletion **(Preparer Use Only)**		

Farm Rental Income and Expenses

GENERAL INFORMATION

Name of this activity .... ____________

Is this activity a qualified trade or business under Section 199A? .... ☐ Yes ☐ No

1 Check ownership .... ☐ **Taxpayer** ☐ **Spouse** ☐ **Joint**

2 Employer identification number...................................... ____________

	Yes	No
3 Was this farm fully disposed of in a fully taxable transaction during 2019?	☐	☐
4 Did you actively participate in the operation of this business during 2019?	☐	☐
5 Real estate professionals: Did you materially participate in the operation of this business during 2019?	☐	☐
6 At-risk determination:		
a Is all of the investment in this activity at risk?	☐	
b Is some of the investment in this activity not at risk?	☐	
c Did you receive a subsidy in 2019?	☐	☐
7 Did you have unallowed passive losses in 2018?	☐	☐
8 a Treat all MACRS assets for this activity as qualified Indian reservation property?	☐	☐
b Treat all assets acquired after August 27, 2005 as qualified GO Zone property? .... **Regular** ☐ **Extension** ☐ **No**		☐
c Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property?	☐	☐
d Was this farm rental located in a Qualified Disaster Area?	☐	☐

Complete ORG51 for Asset Acquisitions and ORG50 for Dispositions.

FARM RENTAL INCOME – BASED ON PRODUCTION	2019	2018
9 Income from production of livestock, produce, grains and crops		
10 Total distributions received from cooperatives		
11 Taxable amount of distributions from cooperatives		
12 Total agricultural program payments		
13 Taxable amount of agricultural program payments		
14 Commodity Credit Corporation (CCC) loans under election		
15 CCC loans forfeited/repaid with certificates		
16 Taxable amount of CCC loans forfeited/repaid		
17 Crop insurance proceeds/federal crop disaster payments received in 2019		
18 Taxable crop insurance proceeds/federal crop disaster payments		
19 Crop insurance proceeds/federal crop disaster deferred from 2018		
20 Other income – include federal/state gas tax credit/refund		

EXPENSES – FARM RENTAL PROPERTY		2019	2018
	Name of this activity		
21	Car and truck expense (complete ORG18)		
22	Chemicals		
23	Conservation expenses		
24	Custom hire (machine work)		
25	Depreciation and Section 179 deduction **(Preparer Use Only)**		
26	Employee benefit programs other than pension and profit-sharing plans		
27	Feed		
28	Fertilizers and lime		
29	Freight and trucking		
30	Gasoline, fuel, and oil		
31	Insurance (other than health)		
32	Interest:		
a	Mortgage (paid to banks, etc)		
b	Other		
33	Labor hired		
34	Pension and profit-sharing plans		
35	Rent or lease:		
a	Machinery, equipment, etc (for vehicle rent or lease, see ORG18)		
b	Other (land, animals, etc)		
36	Repairs and maintenance		
37	Seeds and plants		
38	Storage and warehousing		
39	Supplies		
40	Taxes		
41	Utilities		
42	Veterinary fees and medicine		
43	Other expenses (specify):		
44	Qualified pension plan start-up costs		
45	DPAD (line 6) from cooperative(s) with tax year beginning **before** Jan. 1, 2018		
46	DPAD (line 6) from cooperative(s) with tax year beginning **after** Dec. 31, 2017		

Farm Income and Expenses

GENERAL INFORMATION

	Name of this farm		
	Is this activity a qualified trade or business under Section 199A?	☐ Yes ☐ No	
1	Check ownership ☐ Taxpayer ☐ Spouse ☐ Joint		
2	Principal product		
3	Employer identification number		
4	Agricultural activity code **(Preparer Use Only)**		
5	Accounting method ☐ Cash ☐ Accrual	**Yes**	**No**
6	Was this farm fully disposed of in a fully taxable transaction during 2019?	☐	☐
7	Did you materially participate in the operation of this business during 2019?	☐	☐
8	Did you make any payments in 2019 that would require you to file Form(s) 1099	☐	☐
9	If 'Yes,' did you or will you file all required Forms 1099?	☐	☐
10	At-risk determination:		
a	Is all of the investment in this activity at risk?	☐	
b	Is some of the investment in this activity not at risk?	☐	
c	Did you receive a subsidy in 2019?	☐	☐
11	Did you have unallowed passive losses in 2018?	☐	☐
12 a	Treat all MACRS assets for this activity as qualified Indian reservation property?	☐	☐
b	Treat all assets acquired after August 27, 2005 as qualified GO Zone property? **Regular** ☐ **Extension** ☐		**No** ☐
c	Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property?	☐	☐
d	Was this farm located in a Qualified Disaster Area?	☐	☐

	FARM INCOME – CASH METHOD	2019	2018
13	Sales of livestock, etc purchased for resale		
14	Cost/Basis of livestock, etc purchased for resale		
15	Sales of livestock, produce, grains, etc raised		
16 a	Total distributions received from cooperatives		
b	Taxable amount of distributions from cooperatives		
17 a	Total agricultural program payments		
b	Taxable amount of agricultural program payments		
c	If you received social security retirement or disability benefits, enter any Conservation Reserve Program payments included on line 15		
18 a	Commodity Credit Corporation (CCC) loans under election		
b	CCC loans forfeited/repaid with certificates		
c	Taxable amount of CCC loans forfeited/repaid		
19 a	Crop insurance proceeds/federal crop disaster payments received in 2019		
b	Taxable crop insurance proceeds/federal crop disaster payments		
c	Crop insurance proceeds/federal crop disaster payments deferred from 2018		
20	Custom hire (machine work) income		
21	Other income – include federal/state gas tax credit/refund		

	FARM INCOME – ACCRUAL METHOD	2019	2018
22	Sales – livestock, produce, grain, other products		
23 a	Total distributions received from cooperatives		
b	Taxable amount of distributions from cooperatives		
24 a	Total agricultural program payments		
b	Taxable amount of agricultural program payments		
25 a	Commodity Credit Corporation (CCC) loans under election		
b	CCC loans forfeited/repaid with certificates		
c	Taxable amount of CCC loans forfeited/repaid		
26	Crop insurance proceeds and certain disaster payments		
27	Custom hire (machine work) income		
28	Other income include federal/state gas tax credit/refund		

Farm Income and Expenses (continued)

FARM INCOME – ACCRUAL METHOD (continued)	2019	2018
29 Cost of Goods Sold:		
a Beginning inventory – livestock, produce, etc		
b Cost of livestock, produce, etc purchased		
c Ending inventory – livestock, produce, etc		
30 Check if you used the unit-livestock price method or farm-price method to value inventory	☐	☐

Complete ORG51 for acquisitions and ORG50 for dispositions.

FARM EXPENSES – CASH AND ACCRUAL METHODS	2019	2018
Name of this farm		
31 Car and truck expense (complete ORG18)		
32 Chemicals		
33 Conservation expenses		
34 Custom hire (machine work)		
35 Depreciation and Section 179 deduction **(Preparer Use Only)**		
36 Employee benefit programs other than pension and profit-sharing plans		
37 Feed		
38 Fertilizers and lime		
39 Freight and trucking		
40 Gasoline, fuel and oil		
41 a Insurance (other than health)		
b Self-employed health insurance attributable to this farm business		
42 Interest:		
a Mortgage (paid to banks, etc)		
b Other		
43 Labor hired		
44 Pension and profit-sharing plans		
45 Rent or lease:		
a Machinery, equipment, etc (for vehicle rent or lease, see ORG18)		
b Other (land, animals, etc)		
46 Repairs and maintenance		
47 Seeds and plants purchased		
48 Storage and warehousing		
49 Supplies purchased		
50 Taxes		
51 Utilities		
52 Veterinary, breeding and medicine		
53 Other expenses (specify):		
54 Qualified pension plan start-up costs		
55 DPAD (line 6) from cooperative(s) with tax year beginning **before** Jan. 1, 2018		
56 DPAD (line 6) from cooperative(s) with tax year beginning **after** Dec. 31, 2017		

Tax Payments

2019 ESTIMATED TAX PAYMENTS

	Federal		State			Local		
	Date	Amount	Date	Amount	ID	Date	Amount	ID
1 Qtr 1 due by 04/18/19								
2 Qtr 2 due by 06/15/19								
3 Qtr 3 due by 09/15/19								
4 Qtr 4 due by 01/16/20								
5 a Additional payments								
b Additional payments								
c Additional payments								
d Additional payments								

OTHER TAX PAYMENTS

	Federal	State	Local
6 2018 overpayment applied to 2019			
7 Balance due paid with 2018 return			
8 a 2018 Quarter 4 payments paid in 2019			
b 2018 extension payments paid in 2019			
9 Other taxes paid in 2019 for prior years (include explanation)			

2020 ESTIMATED TAX WORKSHEET

If you expect any significant change in your income or expenses in 2020, please enter the increase or decrease below.

Income

10 Wages .... Taxpayer .... ______
Spouse .... ______
11 Self-Employment Income .... Taxpayer .... ______
Spouse .... ______
12 Capital Gains (sale of stock, real estate, etc) .... ______
13 Other Income:
Description .... ______ ______

Deductions

14 Allowable Itemized Deductions .... ______
15 Other deductions (such as alimony paid, early withdrawal penalties, etc):
Description .... ______ ______
16 Federal Withholding .... ______
17 Number of personal exemptions expected for 2020 .... ______

ADDITIONAL INFORMATION

18 Check to use your 2019 tax amount for your 2020 estimate .... ☐
19 If you have an overpayment of 2019 taxes, check the box to indicate how you want your overpayment applied.
a Apply entire overpayment to next year and refund excess .... ☐
b Apply entire overpayment to first quarter and refund excess .... ☐
20 Amount to apply if not entire overpayment .... ______
21 Number of installments for estimated tax (1 - 4) .... ______

Household Employment Taxes

ORG41

GENERAL INFORMATION

☑ **Attach copies of your state payroll returns and other payroll forms.**

Taxpayer Copy

1 Enter your employer identification number

		Yes	No
2	Did you pay **any one** household employee cash wages of $2,100 or more in 2019 ?	☐	☐
3	Did you withhold federal income tax during 2019 for any household employee?	☐	☐
4	Did you pay total cash wages of $1,000 or more **in any calendar quarter** of **2018** or 2019 to **all** household employees?	☐	☐

COMPLETE IF YOU ANSWERED 'YES' TO QUESTION 2 OR 3 ABOVE	2019	2018
5 Enter total cash wages paid during 2019 that were:		
a Subject to social security taxes		
b Subject to Medicare taxes		
c Subject to FUTA taxes		
6 Enter federal income tax withheld during 2019		

COMPLETE IF YOU ANSWERED 'YES' TO QUESTION 4 ABOVE

Federal Unemployment Tax (FUTA) Questions:

		Yes	No
7	Did you pay unemployment contributions to only one state?	☐	☐
8	Did you pay all state unemployment contributions for 2019 by April 15, 2020 ?	☐	☐
9	Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?	☐	☐

10 Enter any unemployment compensation you paid for :

State Name	State Reporting Number	Taxable Wages		Contributions Paid to State Unemployment Fund	
		2019	2018	2019	2018
a ___					
b ___					

11 Complete the following if you know your state experience rate:	State A	State B
a State experience rate (e.g., enter 5.5 for 5.5%)	___	___
b State experience rate period – starting date (e.g., 01/01/2019)		
c State experience rate period – ending date (e.g., 12/31/2019)		

State Information Worksheet

ORG60

GENERAL INFORMATION

	Taxpayer	Spouse
1 Enter your state of residence		

2 Check the appropriate box if:

	Taxpayer	Spouse		
a Full year resident	☐	☐		
b Part year resident	☐	☐	Date of entry:	Date of exit:
c Nonresident	☐	☐		

3 Resident locality: ____________________

4 County: ____________ School district: ____________ School district number: ____________

	Taxpayer	Spouse
5 Check if disabled	☐	☐

STATE CREDITS

6 **Description/type of credit** (for example, solar energy, carpool)	Code	Amount
a		
b		
c		
d		
e		

VOLUNTARY STATE CONTRIBUTIONS

7 **Description/type of contribution** (for example, wildlife, cancer)	Code	Amount
a		
b		
c		
d		
e		

MISCELLANEOUS QUESTIONS

	Yes	No
8 Did you file a state return for 2018?	☐	☐
9 Do you want state forms and instructions sent to you next year?	☐	☐
10 Do you want any applicable penalty and interest calculated and added to the return?	☐	☐

11 How do you want your state refund (if any) applied?
a Refunded ☐ **b** Apply to 2020 estimates ☐ **c** Apply to 2020 taxes ☐

12 Additional state information: ____________________