Jason Anakkala Ltd.

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2019 INDIVIDUAL INCOME TAX ORGANIZER

YOUR APPOINTMENT / DROP OFF TIME IS ON ____________________________________ AT ____________ AM / PM

● ***Additional organizers can be found at our website www.jasonacpa.com*** ●

TAXPAYER INFORMATION

First ____________________ M _____ Last ________________________
SS # __________________________________ DOB ____________________
Occupation ____
Address ____
City ____________________________ State __________ Zip ___________
Home ___________________________ Work ________________________
Cell _______________________ Email _____________________________
Are you legally blind or disabled? Y / N

SPOUSE INFORMATION

First ____________________ M _____ Last ________________________
SS # __________________________________ DOB ____________________
Occupation ____
Address ____
City ____________________________ State __________ Zip ___________
Home ___________________________ Work ________________________
Cell _______________________ Email _____________________________
Are you legally blind or disabled? Y / N

DEPENDENTS

Name	Birthday	SS #	Relation	Months in Home	Grade	Daycare Costs	Income Earned	Full Time Student
								Y / N
								Y / N
								Y / N
								Y / N
								Y / N

DEPENDENT AND CHILD CARE EXPENSES

For dependents under age 14, or if dependent or spouse is physically or mentally incapable of caring for themselves.

Name of Provider	Address	**SS or Tax ID - Required**	Amount Paid	Children Cared For

Are you enrolled in your employer's Flex Plan? Usually, this is the best way to handle child care costs.

THINGS TO BRING

- ☐ **Last Paystub of the Year**
- ☐ **W-2 Forms for Wages**
- ☐ **1099-R for Retirement**
- ☐ **1099's for Interest, Dividends, and Other Income**
- ☐ **K-1's for Partnerships, Corporations or Estates**
- ☐ **1099-SSA for Social Security Benefits**
- ☐ **1099-SA for Health Savings Accounts**
- ☐ **Proof of Health Insurance (1095-A, 1095-B, 1095-C)**
- ☐ **Voided Check(s) for Direct Deposit**
- ☐ **1098's: Mortgage Interest, Student Loan Interest, College Tuition**
- ☐ **Closing Papers for Real estate purchases & Sales, including Refinances**
- ☐ **Property Tax Statements**
- ☐ **All Other Statements Showing Income**
- ☐ **IRA Year-End Statements**
- ☐ **NEW CLIENTS ONLY: Last 2 Year's Tax Return**
- ☐ **NEW CLIENTS ONLY: Copy of Drivers License(s)**

OTHER INCOME NOT ON 1099/W-2

	$
	$
	$
	$
	$
	$
	$
	$
	$
	$
	$

NONTAXABLE INCOME

Veterans Pension/Disability	$
Child Support/Assistance	$
Worker's Compensation	$
Other (identify)	$

Failure to complete this organizer will jeopardize our ability to prepare an accurate tax return. Please complete!

ADJUSTMENTS TO INCOME

RETIREMENT PLANS

	Taxpayer	Spouse
Covered by a retirement plan at work?	Y / N	Y / N
Contributions already made for 2019:		
Traditional (Regular) IRA	$	$
Roth IRA	$	$
SEP/Simple/Keogh	$	$
Did you convert an IRA to a ROTH IRA?	Y / N	Y / N
Calculate possible retirement plan options with this return? (IRA, Roth, SIMPLE, HSA, etc.)	Y / N	Y / N

2019 IRA Limit: $6000; over age 50 +$1000

HEALTH SAVINGS ACCOUNTS

Contributions to HSA	$	$
Distributions from HSA	$	$

2019 HSA Limit: Single $3500; married $7000; over age 55 +$1000

STUDENT LOAN INTEREST/CREDIT

	Taxpayer	Spouse
Student Loan Interest Paid	$	$

You also need to provide Form 1098-E.

Total amount of loan payments made in 2019 (principal + interest)	$	$
Original amount of student loans	$	$

MISCELLANEOUS

Educator Expenses (supplies, etc.)	$	$

ENERGY TAX CREDITS

Must be on your primary residence.

Windows, exterior doors, skylights	$
Storm doors, windows	$
Furnace and/or air conditioner	$
Insulation	$
Water heater	$
Metal or asphalt roof w/ cooling granules	$
Geothermal heat pumps	$
Wind turbines	$
Solar panels	$
Fuel cell property	$

DEDUCTIONS

MEDICAL AND DENTAL EXPENSES

**** Do not include amounts withheld pre-tax from your wages.***

Health Insurance Premiums *	$
Medicare Premiums	$
Long Term Care Insurance	$
Insur Co ________	*Policy Number* ________
Vision Insurance Premiums *	$
Dental Insurance Premiums *	$
Prescription Medicine / Drugs	$
Doctors, Dentists, Hospitals	$
Labs, X-Rays	$
Eye Glasses, Contact Lens	$
Hearing Aid, Supplies, Repair	$
Special Medical Apparatus	$
Ambulance	$
	$
	$
	$
Travel for Medical	Miles
Lodging Away From Home	$
Number of Nights	
Medical Reimbursements *(If above are gross expenses)*	$

REAL ESTATE TAXES (Excluding Special Assessments)

Provide actual 2019 property tax statements.

Primary Residence	$
Second Residence	$
Land	$
Property Tax Refund Received in 2019	$

VEHICLE LICENSE FEES (Cars & Trucks Only)

Year/Make/Model	Amount
	$
	$
	$

SALES TAX PAID ON LARGER PURCHASES

New/Used	Description	Amount
		$
		$

AFTER HIGH SCHOOL EDUCATIONAL EXPENSES

Pay for or incur a loan for college or vocational costs last year? We **must** have the 1098-T and an account activity statement from the school.

	Parent(s)	Dependent 1	Dependent 2	Dependent 3
Year of school				
Name of school attended				
Tuition/fees				
Books and supplies				
Expenses paid by parents?	Y / N	Y / N	Y / N	Y / N

DEDUCTIONS (Continued)

INTEREST PAID - Bring 1098 Forms

1st Mortgage - Primary Residence	$
Ending Balance as of 12/31/19	$
2nd Mortgage - Second Home / Land	$
Ending Balance as of 12/31/19	$
What was the loan used for?	
Home Equity Loan	$
Ending Balance as of 12/31/19	$
What was the loan used for?	
Contract for Deed	$
Ending Balance as of 12/31/19	$
Also list recipient's name, address, and SS#:	
Points Paid	$
Mortgage Insurance Premiums	$
Investment Interest	$

Note: Bring closing (settlement) statements for any property refinanced, sold or purchased during year.

CONTRIBUTIONS

IRS requires you to have a receipt or cancelled check for all contributions. Those over $250, you must have written statement from charity. If $250 or more, a cancelled check is not enough. Our office does not need copies, you keep.

Do you have receipts to support your donations? Y / N

Church	$
Others - Please list below	
	$
	$
	$
	$
	$
	$
	$
Charitable Mileage	Miles
Other Than Cash	$

ESTIMATED TAX PAYMENTS

Be careful. Incorrect data will result in notices and penalties from tax authorities.

FEDERAL	Date Paid	Amount
Applied from Prior Year's Return		$
1st Qtr - Due 4/15/19		$
2nd Qtr - Due 6/15/19		$
3rd Qtr - Due 9/15/19		$
4th Qtr - Due 1/15/20		$

STATE	Date Paid	Amount
Applied from Prior Year's Return		$
1st Qtr - Due 4/15/19		$
2nd Qtr - Due 6/15/19		$
3rd Qtr - Due 9/15/19		$
4th Qtr - Due 1/15/20		$

MISCELLANEOUS DEDUCTIONS

Several items that were previously deductible have been eliminated by the Tax Cuts & Jobs Act, particularly Employee work related expenses and Investment expenses.

Use this space to ask if your expense item is still an allowable deduction or not.

	$
	$
Gambling Losses (Limited to Winnings)	$

MINNESOTA ITEMS

529 PLAN DEDUCTION - MINNESOTA RETURNS

If you contribute to a Section 529 College Savings Plan, you may be eligible for a credit or deduction. Please provide the following information for each 529 Plan account.

Trustee:

Account Number:

Amount Contributed (added in 2019): $

Distributions in 2019: $

Trustee:

Account Number:

Amount Contributed (added in 2019): $

Distributions in 2019: $

EMPLOYEE WORK EXPENSES

(These are deductible for Minnesota only.)

	Taxpayer	Spouse
Union and Professional Dues	$	$
Uniforms and Laundry	$	$
Work Tools, Supplies and Equipment	$	$
Continuing Education and Seminars	$	$
Business Publications, Books and Mags	$	$
Travel (Lodging, Airfare, Car Rental)	$	$

	Make/Model	Work miles	Total miles
Vehicle 1			
Vehicle 2			

Commuting to/from work is generally not deductible.

ITEMS TO DISCUSS WITH PREPARER

MISCELLANEOUS QUESTIONS

Please review the following questions. Please circle Yes or No. If not circled, we assume you reviewed and it does not apply to your return.

Y / N Any births, adoptions, miscarriages, marriages, divorces, deaths or name changes in your immediate family in 2019?

Y / N Did the taxpayer and spouse live apart for the entire last 6 months of the year or longer?

Y / N Do you have a mentally or physically disabled child?

Y / N Any changes in dependents in 2019? If so, please explain: ____

Y / N Can anyone claim you as a dependent?

Y / N Divorced parents claiming non-custodial children are now required to have a special form signed. Is this you?

Y / N Made gifts of more than $15,000 to any individual? If yes, provide details.

Y / N Are you receiving a military pension or other military retirement pay?

Y / N Wish to donate to the MN Non-Game Wildlife Fund? If yes, please indicate amount $ _______.

Y / N Receive any notices from any tax authorities? If yes, provide copies.

Y / N Did either you or your spouse turn age 70 1/2 this year? Will either of you reach 72 next year? Minimum retirement distributions may be required. Do you need assistance in calculating the necessary distribution?

Y / N Want us to prepare a MN Renter or Homeowner Property Tax Refund for 2019? If yes, please provide real estate tax statements or Certificate of Rent Paid.

Y / N Receive/pay alimony or child support during the year? If yes, provide amount paid, name & address of recipient.
____

Y / N Receive any tax-exempt interest during the year? If yes, provide us with a list of accounts and amount received.

Y / N Did you or a dependent receive any scholarships or grants in 2019?

Y / N Refinance your home this year? Bring in closing statement and/or contract. ____

Y / N Buy or sell any property or investments this year? Bring in closing statement and/or contract.

Y / N Add someone (or were you added) to the title or deed of a property, such as a life estate?

Y / N Do you want us to prepare Quarterly tax estimate vouchers for you for 2020?

Y / N Any income from or pay taxes to a foreign country, have a foreign account or own property in a foreign country?

Y / N Receive, sell, send, exchange, or acquire any financial interest in any virtual currency?

Y / N Pay a household employee over $1,900?

Y / N Go through bankruptcy, foreclosure, or repossession proceedings? Considering?

Y / N Moved during 2019 or have a change of residence or job location during the year?

Y / N Reside in more than one state during the year?

Y / N Earn income from a state other than the state in which you live?

Y / N Receive any disability income during the year?

Y / N Receive a Schedule K-1 from a partnership, S Corp or trust?

Y / N Serve in the military during the year?

Y / N Expect significant changes in income, expenses or dependents in 2020?

Y / N Would you like us to review your Social Security statements? If yes, bring in your benefit statement.

Y / N I use the Secure Web Portal.

Y / N Need a return prepared for your dependents? If so, whom: ____

MINNESOTA K-12 EDUCATION EXPENSES

Note: Minnesota allows deductions (or credits) for K-12 school expenses. Please list by child.

	Child: ________________________	Child: ________________________
Type of School (Private, Public, Homeschool) & Grade	_______________/Grade________	_______________/Grade________
Fees/Tuition for Enrichment outside regular school	$________/Class Type___________	$________/Class Type___________
Fees for individual instruction outside school	$________/Class Type___________	$________/Class Type___________
Required School Supplies	$____________________________	$____________________________
Purchase or Rentals of Music Instruments	$___________/Type_____________	$___________/Type_____________
Transportation cost paid to others	$_________/Provider___________	$_________/Provider___________
Home Computer Expenses / Private School Tuition	$_____________/$______________	$_____________/$______________

We submit this information to Jason Anakkala Ltd. only for use in preparing, at our request, federal and/or state income tax returns for 2019. Each item can be substantiated by receipts, cancelled checks or other documents. The information supplied is true, correct and complete to the best of our knowledge. We have reviewed the organizers provided to us and have provided all relevant material needed to properly complete our tax return.

Signed: ____ Date: ____________________