

Forsythe & Donahue Tax Solutions

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2019 New Client Tax Organizer

PLEASE PROVIDE COPY OF PRIOR 2 YEAR TAX RETURNS

Married: _____ Single: _____ Other: _____

Name: _____ SSN: _____ DOB: _____

Spouse: _____ SSN: _____ DOB: _____

Street: _____

City: _____ State: _____ ZIP: _____

Township/Boro: _____ School Dist. _____

Occupation: _____ Spouse's Occupation _____

Phone 1: _____ Phone 2: _____

Email _____

Maiden name or other last names used by taxpayer or spouse: N/A

Dependents: (Please list additional on back of page 5)

Dependent # 1: _____ **Date of Birth:** _____ **SSN:** _____

Lives with you: Yes No **Day Care Expense:** Yes No **U.S. Citizen:** Yes No

Relationship: _____ **Months lived with you:** _____

Dependent # 2: _____ **Date of Birth:** _____ **SSN:** _____

Lives with you: Yes No **Day Care Expense:** Yes No **U.S. Citizen:** Yes No

Relationship: _____ **Months lived with you:** _____

Dependent # 3: _____ **Date of Birth:** _____ **SSN:** _____

Lives with you: Yes No **Day Care Expense:** Yes No **U.S. Citizen:** Yes No

Relationship: _____ **Months lived with you:** _____

Are there any dependents from last year that you are no longer claiming? _____

Anyone else living in your household? _____

Please enclose the following forms:

Please fill in Number of each forms enclosed on the blank line next to it

<u>Number</u>	<u>Form #</u>	<u>Form Description</u>
_____	W-2	Wage and Tax Statement.
_____	W-2G	Certain Gambling Winnings.
_____	1099-INT	Interest Income.
_____	1099-DIV	Dividends and Distributions.
_____	1099-B	Brokerage Statements (Provide all pages)
_____	1099-R	Distributions from Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
_____	SSA 1099	Social Security
_____	1099-C	Cancellation of Debt
_____	1099-G	State Income Tax Refund and Unemployment Compensation
_____	1099-S	Proceeds from Real Estate Transactions.
_____	1099-K	Merchant Card and Third-Party (BUSINESS RETURNS)
_____	K-1s	Partnership, LLC, Estate, Trust, and S Corporation Income
_____	1098	Home Mortgage Interest Paid
_____	1098-E	Student Loan Interest Statement.
_____	1098-T	Tuition Paid
_____	1095A, B, or C	Proof of Health Insurance (REQUIRED)

Health Insurance Information:

Did you have health insurance for all family members for all of 2018? Yes No

Deductions

Medical and Dental Expenses You Paid:

(Please do not submit receipts just totals)

1. Prescription medications		\$
2. Health insurance premiums:		\$
a. Medical, dental and vision insurance:		
b. Long-term care premiums	for whom?	\$
H	W	
c. Medicare Premiums:		\$
3. Fees for doctors, dentists, hospitals clinics etc		\$
7. Eyeglasses and contact lenses		\$
8. Medical equipment and supplies		\$
9. Miles driven for medical purposes	miles	

State and Local Taxes You Paid:

Real Estate Taxes (enclose statements or bills)	\$
Personal Property/Automobile (enclose statement or bills) n/a to PA	\$
Other (list and enclose statements or bills):	\$

Interest You Paid:

Mortgage Interest Statement. [ENCLOSE form 1098]

	Paid to:	Amount
1 st Mortgage:		\$
2 nd Mortgage (Home Equity):		\$
Mortgage Insurance Paid		\$

Yes, No – Did you purchase/refinance your home this year? If yes, enclose Settlement Sheet.

Gifts to Charity (CASH or Check): Do Not Submit Receipts, please attach list.

Total \$ _____

Gifts by OTHER THAN CASH OR CHECK if this total is over \$500, please attach receipt with name and address of organization with value of each. Total \$ _____

Teacher's Classroom Expenses: \$ _____

Education Expenses

Enclose 1098-T – Tuition Payments Statement. (IRS now requires one)

Other costs for books, supplies etc. \$ _____

Child and Dependent Care Expenses (Attach Statement):

Provider: (if you had more than one please attach list with breakdown by child)

Name of Care Provider: _____

Address: _____

Social Security Number or Employer I.D. Number _____

Amounts Paid This Provider: \$ _____

Student Loan Interest Expense

Enclose 1098-E \$ _____

Federal Estimated Taxes You Paid:

Please attach copies of cancelled checks if possible.

Federal Income Taxes	Date Paid	Amount
2018 Estimated Payment – Voucher #1 (due 4/15/18)	/ /2018	\$
2018 Estimated Payment – Voucher #2 (due 6/15/18)	/ /2018	\$
2018 Estimated Payment – Voucher #3 (due 9/15/18)	/ /2018	\$
2018 Estimated Payment – Voucher #4 (due 1/15/19)	/ /201	\$

Federal Refund from 2017 Tax Return Applied to 2018 \$ _____

State Estimated Taxes You Paid:

State Estimated Income Taxes	Date Paid	Amount
2018 Estimated Payment – Voucher #1 (due 4/15/18)	/ /2018	\$
2018 Estimated Payment – Voucher #2 (due 6/15/18)	/ /2018	\$
2018 Estimated Payment – Voucher #3 (due 9/15/18)	/ /2018	\$
2018 Estimated Payment – Voucher #4 (due 1/15/19)	/ /201	\$

State Refund from 2017 Tax Return Applied to 2018 \$ _____

Local Estimated Taxes You Paid:

Local Estimated Income Taxes	Date Paid	Amount
2018 Estimated Payment – Voucher #1 (due 4/15/18)	/ /2018	\$
2018 Estimated Payment – Voucher #2 (due 6/15/18)	/ /2018	\$
2018 Estimated Payment – Voucher #3 (due 9/15/18)	/ /2018	\$
2018 Estimated Payment – Voucher #4 (due 1/15/19)	/ /201	\$

Local Refund from 2017 Tax Return Applied to 2018 \$ _____

IMPORTANT QUESTIONS - PLEASE ANSWER.

Additional information is required if you answer yes to these questions - Please attach Documentation

- Yes** **No** Can you or your spouse be claimed as a dependent by another taxpayer?
- Yes** **No** Can any dependent be claimed as a dependent by another taxpayer?
- Yes** **No** Did you **sell** a **personal residence**, vacation home, land, or other real estate this year?
- Yes** **No** Did you **purchase** a **personal residence**, vacation home, land, or other real estate this year?
- Yes** **No** Did you receive **unreported tip income** of \$ 20 or more in any month?
- Yes** **No** **IMPORTANT - Do you have any foreign accounts (bank, securities, trusts, business, etc.)?**
- Yes** **No** Were there any births, deaths, marriages, divorces, or adoptions in your immediate family?
- Yes** **No** Do you wish to have **refund**, (Federal and State), if any, **direct deposited** to either a checking or savings account? **If yes please provide a copy of VOIDED check:**

Please read and sign below:

This confirms the services we will provide:

- ✓ We will prepare your federal, state, and local returns based on information you provide. We may ask for clarification of certain information, or additional information.
- ✓ It is your responsibility to provide all necessary information related to income and deductions for tax year 2018, and to respond to our inquiries in a timely manner so that we are able to accurately complete your returns by the appropriate due dates. You are responsible for maintaining appropriate records, such as official tax documents you receive, receipts and substantiation for your deductions, and purchase and sales information for assets.
- ✓ It is your responsibility to review your returns before they are filed to determine that all income has been correctly reported and that you have substantiation for your deductions.
- ✓ If your returns are later selected for review or audit by taxing authorities, we will be glad to assist or represent you if you desire. Our fees for preparing your returns do not include time that might be necessary to assist you during a taxing authority review. Our invoices are due and payable upon presentation.
- ✓ We will not release or disclose your tax information to anyone not properly authorized by you or as permitted by regulation or as required by law. If you would like for us to disclose your information to anyone, we must have your written approval on file before releasing your information. Our general policy is to release information only to you our customer. Thank you for understanding.

If this letter accurately summarizes your understanding of our agreement relating to the preparation of your tax returns, please sign below.

Signature: _____

Signature: _____

Date: _____

ADDITIONAL DEPENDANT INFORMATION:

Dependent # 4: _____ Date of Birth: _____ SSN: _____

Lives with you: Yes No Day Care Expense: Yes No U.S. Citizen: Yes No

Relationship: _____ Months lived with you: _____

Dependent # 5: _____ Date of Birth: _____ SSN: _____

Lives with you: Yes No Day Care Expense: Yes No U.S. Citizen: Yes No

Relationship: _____ Months lived with you: _____