



Professional Services

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PERSONAL INFORMATION

- 1 Did your marital status change during 2019?
If yes, explain
2 Do we have your current contact information? (address, phone numbers, email address)
3 Were you or your spouse permanently and totally disabled in 2019?

DEPENDENT INFORMATION

- 4 a Are there any changes in dependents from the prior year?
b If yes, explain
5 Did you provide over half the support for any other person during 2019?
6 Did you pay for child and/or dependent care expenses?

IRA AND PENSION PLANS

- 7 Did you receive payments from a pension or profit-sharing plan?
8 Did you make any contributions to an IRA, SEP, Keogh or SIMPLE?
9 Did you receive a distribution from an IRA or other qualified plan?

ITEMS RELATED TO INCOME/LOSSES

- 10 Did you receive any disability payments in 2019?
11 Did you receive social security benefits in 2019?
12 Did you receive unemployment benefits?
13 Did you receive or pay alimony?
14 Did you have any gambling winnings?
15 Did you buy, sell, refinance or abandon a principal residence or other real property in 2019?
If yes please provide copies of any escrow statements or Forms 1099)
16 Do you have a current interest in any Partnerships, S Corp, LLC or Trust?

MISCELLANEOUS

- 17 Did you make any estimated tax payments or installment agreement payment in 2019?
18 Did you make any energy efficient improvements to your home or purchase any energy-saving property in 2019?
19 Did you purchase a motor vehicle or boat during 2019?
20 Did you pay interest on a student loan for yourself, your spouse or your dependents?
21 Did you, your spouse or your dependents attend post secondary school in 2019?
22 Did a lender cancel/forgive any of your debt (mortgage, credit card etc) in 2019?
23 Did you pay any individual for domestic services (nannies, housekeepers, caretakers, yard workers etc) in 2019?
24 Did you make any purchases from Out-of-State or internet sellers where CA sales tax was not collected?
If yes, please provide a total amount for 2019 of purchases subject to CA Use Tax:

25 Did you receive any income not included in this Tax Organizer? Yes No
 If **yes**, please provide a brief description: _____

PRIOR YEAR TAX RETURNS

26 Were you notified by the Internal Revenue Service or state taxing authority of changes to your prior year's return? Yes No

FOREIGN BANK ACCOUNTS, FOREIGN ASSETS AND FOREIGN TAXES

27 Did you have foreign income or pay any foreign taxes in **2019**? Yes No

28 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? Yes No

b Did the aggregate value of all your foreign accounts exceed \$10,000 at any time in **2019**? Yes No

29 Did you at any time during **2019**, have an interest in or any authority over any foreign assets (i.e. stocks, bonds, mutual funds, partnerships interests, etc.) held in foreign financial institutions that exceeded \$50,000 in value at any time during the year? Yes No

HEALTH INSURANCE RELATED

30 a Did you and your dependents have health care coverage for **the full year**? Yes No

b Did you receive any of the following IRS documents? Forms 1095-A (Health Insurance Marketplace Statement), Form 1095-B (Health Coverage) or Form 1095-C (Employer Provided Health Insurance Offer and Coverage)? Yes No

31 a Did you or your spouse have self-employed health insurance? Yes No

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? Yes No

32 Did you contribute to or receive distributions from a Health Savings Account (HAS)? Yes No

33 Did you pay any long-term care insurance premiums in **2019**? Yes No

TAX RELATED OPTIONS

34 I/We would like this year's copy of our tax returns provided in the following format: Yes No

Paper

PDF (sent via email as a password protected PDF)

Initial

You will be provided **ONE COPY** of your tax returns. Please keep track of this copy. A **\$15 copy fee** will apply to all additional copies.

Signature

Date

Signature

Date