

**Whisman Giordano & Associates
Client Tax Organizer**

GENERAL INFORMATION

General: 1040

PERSONAL INFORMATION

Filing (Marital) status code (1= Single, 2 = Married filing joint, 3 = Married filing separate, 4 = Head of household, 5 = Qualifying widow(er)) _____
 Mark if you were married but living apart all year _____ Mark if your nonresident alien spouse does not have an ITIN _____

	Taxpayer	Spouse
Social security number	_____	_____
First Name	_____	_____
Last Name	_____	_____
Occupation	_____	_____
Designate \$3.00 to the presidential election campaign fund? (1 = Yes, 2 = No, 3 = Blank)	_____	_____
Mark if legally blind	_____	_____
Mark if dependent on another taxpayer	_____	_____
Taxpayer between 19 and 23, full-time student, with income less than 1/2 support? (Y/N)	_____	_____
Date of birth	_____	_____
Date of death	_____	_____
Work/daytime telephone number/ext number	_____	_____
Do you authorize us to discuss your return with the IRS (Y, N)	_____	_____

General: 1040, Contact

PRESENT MAILING ADDRESS

Address _____
 Apartment number _____
 City/State postal code/ Zip code _____
 Foreign country name _____
 Foreign phone number _____
 Home/evening phone number _____
 Taxpayer email address _____
 Spouse email address _____

General: 1040

DEPENDENT INFORMATION

First Name	Last Name	Date of Birth	Social Security No.	Relationship	Months in home	Care expenses paid for dependent
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Credits: 2441

CHILD AND DEPENDENT CARE EXPENSES

Provider information:

Business name _____
 First and Last name _____
 Street address _____
 City, state and zip code _____
 Social security number OR Employer identification number _____
 Tax Exempt or Living Abroad Foreign Care Provider (1 = TE, 2 = LAFCP) _____
 Amount paid to care provider in 2019 _____

Taxpayer

Spouse

Employer-provided dependent care benefits that were forfeited _____

Income: W2 **SALARY AND WAGES**

Please provide all copies of Form W-2 that you receive.

T/S	Description	Current Year Information
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Retirement: 1099R **PENSION, IRA, AND ANNUITY DISTRIBUTIONS**

Please provide all copies of Form 1099R that you receive.

T/S	Description	Current Year Information
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Income: K1, K1T **SCHEDULES K-1**

Please provide all copies of Schedule K-1 that you receive.

T/S/J	Description	Form
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Income: W-2G **GAMBLING INCOME**

Please provide all copies of Form W-2G that you receive.

T/S	Description	Current Year Information
_____	_____	_____
_____	_____	_____
_____	_____	_____

Educate: 1099Q **QUALIFIED EDUCATION PLAN DISTRIBUTIONS**

Please provide all copies of Form 1099-Q that you receive.

T/S	Description	Current Year Information
_____	_____	_____
_____	_____	_____

INTEREST/DIVIDENDS/CAPITAL GAINS/OTHER INCOME

Income: B1

INTEREST INCOME

Please provide all copies of Form 1099-INT or other statements reporting interest income.

Table with 3 columns: T/S/J, Payer Name, Interest Income. Includes a row for Capital Gains/Other Income.

Income: B3

SELLER FINANCED MORTGAGE INTEREST

Form with fields for T, S, J, Payer name, Payer name SSN, Payer's address, city, state, zip code, and Amount received in 2019.

Income: B2

DIVIDEND INCOME

Please provide all Form 1099-DIV or other statements reporting dividend income.

Table with 4 columns: T/S/J, Payer Name, Ordinary Dividends, Qualified Dividends.

Income: D

SALES OF STOCKS, SECURITIES, AND OTHER INVESTMENT PROPERTY

Please provide copies of all Forms 1099-B and 1099-S.

Table with 6 columns: T/S/J, Description of Property, Date Acquired, Date Sold, Gross Sales Price (Less expenses of sale), Cost or Other Basis.

OTHER INCOME

Please provide copies of all supporting documents.

Form with sections for State and local income tax refunds, Alimony received, Unemployment compensation, Social security benefits, Medicare premiums, and Railroad retirement benefits. Includes columns for Agreement Date, Taxpayer, Spouse, and Current Year Information.

Form with fields for T/S/J and Other Income.

1040 Adj: IRA **ADJUSTMENTS TO INCOME - IRA CONTRIBUTIONS**

Please provide year end statements for each account and any Form 8606 not prepared by this office.

Traditional IRA Contributions for 2019 -

If you want to contribute the maximum allowable traditional IRA contribution amount, enter the applicable code (1 = Deductible only, 2 = Both deductible and nondeductible)

Enter the total traditional IRA contributions made for use in 2019 _____

Taxpayer _____

Spouse _____

Roth IRA Contributions for 2019

Mark if you want to contribute the maximum Roth IRA contribution

Enter the total Roth IRA contributions made for use in 2019 _____

Educate: Educate2 **HIGHER EDUCATION DEDUCTIONS AND/OR CREDITS**

Complete this section if you paid interest on a qualified student loan in 2019 for qualified higher education expenses for you, your spouse, or a person who was your dependent when you took out the loan.

T/S	Qualified student loan interest paid	Current Year Information
_____	_____	_____

Complete this section if you paid qualified education expenses for higher education costs in 2019. Qualified education expenses include tuition and fees required for enrollment or attendance at an eligible educational institution.

Please provide all copies of Form 1098-T.

T/S	Ed Exp Code*	Student's SSN	Student's First Name	Student's Last Name	Qualified Expenses
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

*Education Expense code: 1= American opportunity credit; 2 = Lifetime learning credit; 3 = Tuition and fees deduction
The student qualifies for the American opportunity credit when enrolled at least half-time in a program leading to a degree, certificate, or recognized credential; has not completed the first 4 years of post-secondary education; has no felony drug convictions on student's record.

1040 Adj: 3903 **JOB RELATED MOVING EXPENSES**

Complete this section if you moved to a new home due to service in the armed forces.

Description of move _____

Taxpayer/Spouse/Joint (T, S, J) _____

Mark if the move was due to service in the armed forces _____

Number of miles from old home to new workplace _____

Number of miles from old home to old workplace _____

Mark if the move is outside the United States or its possessions _____

Transportation and storage expenses _____

Travel and lodging (not including meals) _____

Total amount reimbursed for moving expenses _____

1040 Adj: Other Adj **OTHER ADJUSTMENTS TO INCOME**

Alimony paid:

T/S	Date*	Recipient Name	Recipient SSN	Current Year Information
_____	_____	_____	_____	_____

*Enter the divorce / separation agreement date

Educator Expenses	Taxpayer	Spouse
_____	_____	_____

Other adjustments:	Taxpayer	Spouse
_____	_____	_____

Itemized: A1 **MEDICAL AND DENTAL EXPENSES**

T/S/J		Current Year Information
_____	Medical and dental expenses	_____
_____	Medical insurance premiums you paid***	_____
_____	Long-term care premiums you paid***	_____
_____	Prescription medicines and drugs	_____
_____	Miles driven for medical items	_____

*** Do not include pre-tax amounts made by an employer-sponsored plan, amounts paid for your self-employed business, or Medicare premiums entered on Form Lite-3

Itemized: A1 **TAX EXPENSES**

T/S/J		Current Year Information
_____	State/local income taxes paid	_____
_____	2018 state and local income taxes paid in 2019	_____
_____	Sales tax paid on actual expenses	_____
_____	Real estate taxes paid	_____
_____	Other taxes	_____

Itemized: A2 **INTEREST EXPENSES**

T/S/J		Current Year Information
_____	Home mortgage interest from Form 1098	_____
_____	Other home mortgage interest paid to individuals:	_____

T/S/J	Payee's Name	SSN or EIN	Current Year Information
_____	_____	_____	_____
	Address, city, state, zip code		
_____	_____		_____

T/S/J		Current Year Information
_____	Investment expense, other than on Sch K-1s:	_____

Refinancing information:	Refinance #1	Refinance #2
T/S/J	_____	_____
Recipient/Lender name	_____	_____
Total points paid at the time of refinance	_____	_____
Date of refinance	_____	_____
Term on new loan (in months)	_____	_____
Reported on Form 1098 in 2019	_____	_____

Itemized: A3 **CHARITABLE CONTRIBUTIONS**

T/S/J		Current Year Information
_____	Contributions made by cash or check	_____
_____	Volunteer miles driven	_____
_____	Noncash items, such as: Goodwill, Salvation Army	_____

Itemized: A3, A-St **MISCELLANEOUS DEDUCTIONS**

T/S/J		Current Year Information
_____	Other expenses, not subject to the 2% AGI limitation:	_____
_____	Gambling losses (enter only if you have gambling income)	_____

***STATE USE ONLY - Complete the following fields only if you file a state return in AL, AR, CA, HI, MN, NY or PA

T/S/J		Current Year Information
_____	Unreimbursed expenses***	_____
_____	Union dues, other than amounts reported on Form W-2***	_____
_____	Tax preparation fees***	_____

T/S/J		Current Year Information
_____	Other expenses, subject to the 2% AGI limitation***:	_____
_____	Safe deposit box rental***	_____
_____	Investment expenses, other than on Schedule(s) K-1 or Form(s) 1099-DIV/INT***	_____