

**BROWN, ELLS & COMPANY**  
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*It is a pleasure for us to assist you with your taxes. We have prepared this organizer as a checklist to help gather the information needed to properly prepare your tax returns. Per IRS regulations, it is necessary that you provide us with all tax documents you have received. Please include them when you return this organizer to us.*

**Name and address:**

Cell Phone \_\_\_\_\_  
 Work Phone \_\_\_\_\_  
 Occupation - Taxpayer \_\_\_\_\_  
 Occupation - Spouse \_\_\_\_\_  
 E-mail address \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Dependents:**

Birth Date Relationship U.S. Citizen Y/N Disabled or Blind D/B

Name	Soc. Sec. #	Birth Date	Relationship	U.S. Citizen Y/N	Disabled or Blind D/B
<b>Taxpayer</b>					
<b>Spouse</b>					

**IMPORTANT INFORMATION**

1. **New IRS Due Diligence Requirements:** check all of the following that apply, and see instructions

- You were single, and had a dependent living with you during the tax year (fill out page 4 HOH)
- You, your spouse, or your dependent attended college during the tax year (fill out page 4 AOTC)
- You're claiming a child (under age 17 at end of the tax year) as a dependent (fill out page 4 CTC)
- You're claiming someone other than a child under age 17 as dependent (fill out page 4 ODC)

2. For each Rental Property - fill out **Rental Property Schedule** } both downloadable from  
 For Sole Proprietor/Single Member LLC - fill out **Profit or Loss Worksheet** } [brownellscountry.com](http://brownellscountry.com)

- 3. Was an HSA contribution made? Taxpayer or Spouse? (T or S) \$ \_\_\_\_\_
- 4. Was an IRA contribution made by the Taxpayer? Traditional or Roth? (T or R) \$ \_\_\_\_\_
- 5. Was an IRA contribution made by the Spouse? Traditional or Roth? (T or R) \$ \_\_\_\_\_
- 6. Was any student loan interest paid? (Attach Form(s) 1098-E) \$ \_\_\_\_\_

Yes    No

- 7. Did you, spouse, and dependents have health insurance for the full tax year
- 8. Did your name or marital status change during the tax year
- 9. Are you being claimed as a dependent on another tax return
- 10. Did you have financial interest or signature authority over a foreign financial account, or have any involvement with a foreign trust during the tax year?
- 11. Did you carry forward or incur any adoption expense?
- 12. We are providing digital tax returns for 2018. Do you also want a hard copy?
- 13. Do you want any refunds directly deposited into your bank account?  
 If yes- Bank Name \_\_\_\_\_ Account Type \_\_\_\_\_  
 Account No \_\_\_\_\_ Routing No \_\_\_\_\_

**SALARY, WAGE & PENSION INCOME** (Attach All Forms W-2 and 1099-R):

<u>Employer's Name</u>	<u>Gross Salary/Pension</u>	<u>Federal Income Tax</u>	<u>State Income tax</u>	<u>City Taxes</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**INTEREST INCOME** (Attach Forms 1099-INT): **DIVIDENDS** (Attach Forms 1099-DIV):

<u>Name of Payer</u>	<u>Amount</u>	<u>Name of Payer/Amts</u>	<u>1a</u>	<u>1b</u>	<u>2a</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**SALE OF REAL-ESTATE, STOCKS OR OTHER PROPERTY** (Attach Forms 1099-B)

<u>Description</u>	<u>Date Purchased</u>	<u>Date Sold</u>	<u>Sales Price</u>	<u>Cost</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**OTHER INCOME OR RECEIPTS:**

State Income Tax Refund: (attach 1099-G) State \_\_\_\_\_ Amount \$ \_\_\_\_\_  
 Alimony Received: \$ \_\_\_\_\_ Alimony Paid \$ \_\_\_\_\_ To Whom \_\_\_\_\_  
 Health Savings Account Distributions: \$ \_\_\_\_\_ All used for medical expenses? \_\_\_\_\_  
 Social Security received by: Taxpayer \$ \_\_\_\_\_ Spouse \$ \_\_\_\_\_  
 Gambling income: (attach W-2G) \$ \_\_\_\_\_ Gambling Losses \$ \_\_\_\_\_  
 Your Own Business (attach Profit or Loss Worksheet) \_\_\_\_\_  
 Rental Properties (attach Rental Property Schedules) \_\_\_\_\_  
 S-Corps or Partnerships (attach Forms K-1) \_\_\_\_\_  
 Other Income: \_\_\_\_\_

**ESTIMATED TAX & EXTENSION PAYMENT** (please list dates & amounts)

Carryforwards of prior year overpayments: Federal \$ \_\_\_\_\_ State \$ \_\_\_\_\_

<u>Date</u>	<u>Federal Amt.</u>	<u>State Amt.</u>	<u>Date</u>	<u>Federal Amt.</u>	<u>State Amt.</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Any payments made with extensions? Federal Amt \$ \_\_\_\_\_ State Amt \$ \_\_\_\_\_

**ITEMIZED DEDUCTIONS: (do not fill out if total is less than standard deduction)**

- **Married Filing Jointly** - standard deduction of \$24,000
- **Head of Household** - standard deduction of \$18,000
- **Single / Married Filing Separately** - standard deduction of \$12,000

**MEDICAL EXPENSES:** (detailed drug & doctor amounts are not necessary)

- deduction limited by 7.5% of Adjusted Gross Income - (E.g. if AGI is \$100,000, then the first \$7,500 of medical expenses will not be deductible)

	<u>Amount</u>		<u>Amount</u>
Drugs/Prescriptions	_____	Dental	_____
Doctors' Services	_____	Vision	_____
Chiropractic Services	_____	Long-Term Care	_____
Medical Insurance Premiums	_____	Medicare Premiums	_____

Use of auto for medical purposes (Number of miles): \_\_\_\_\_

**TAXES PAID:** (\$10,000 maximum deduction)

State Tax Withheld (on W-2's/1099-R's): \_\_\_\_\_

Real Estate Taxes: \_\_\_\_\_

Auto Ownership Tax ("OWN TAX"): \_\_\_\_\_

Sales Tax Paid on Major Purchases: \_\_\_\_\_

**INTEREST PAID ON PERSONAL RESIDENCE** (or 2nd HOME or FOR INVESTMENT PURPOSES):

If mortgage interest is to a private party we need their address and Social Security number.

<u>Mortgage Interest Paid to:</u>	<u>Amount</u>	<u>Mortgage Interest Paid to:</u>	<u>Amount</u>
_____	_____	_____	_____
_____	_____	_____	_____
<u>Mortgage Insurance Premiums</u>	_____	_____	_____

**CONTRIBUTIONS:**

<u>To Whom:</u>	<u>Amount</u>	<u>To Whom:</u>	<u>Amount</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
<u>Charitable Mileage</u>	_____	_____	_____

**TOTAL ITEMIZED:** \_\_\_\_\_

**CREDITS:**

**Electric Vehicle Credit** (attach IRS letter certifying vehicle from dealer): VIN # \_\_\_\_\_  
Year, Make & Model of Vehicle \_\_\_\_\_ Purchased New? \_\_\_\_\_

**Residential Energy Credit:** Type of Improvement \_\_\_\_\_ Cost \$ \_\_\_\_\_  
Complete Address of Installation \_\_\_\_\_ Ever received this credit before? \_\_\_\_\_

**Child Care Credit:** If you incurred child care expenses which enabled you to be employed or a full time student, list the following:

<u>Name of childcare center/person</u>	<u>Address</u>	<u>ID Number</u>	<u>Amount</u>
_____	_____	_____	_____
_____	_____	_____	_____

**DUE DILIGENCE WORKSHEET:** Answer all questions applicable to the boxes checked on page 1

**HOH (HEAD OF HOUSEHOLD) FILING STATUS:**

- What is the name of your qualifying dependent(s)? \_\_\_\_\_
- Did you provide more than half of his/her/their total support for the tax year? \_\_\_\_\_
- Did he/she/they live with you for more than half of the tax year? \_\_\_\_\_
- Did you pay more than half of the expenses to keep up your household during the tax year? \_\_\_\_\_
- Did you receive any non-taxable support during the tax year? (explain): \_\_\_\_\_
- Have you ever been married? \_\_\_\_\_ Are you currently married? \_\_\_\_\_
- If divorced, could you supply a divorce decree or separation agreement showing legal separation, dissolution, or termination of marriage as of the end of the tax year if requested by the IRS? \_\_\_\_\_

Has your Head Of Household status ever been disallowed? (you would have been contacted by the IRS) \_\_\_\_\_

**AOTC (AMERICAN OPPORTUNITY TAX CREDIT):** Attach Form 1098T, located in the student portal

- Student's name \_\_\_\_\_ U.S. citizen? \_\_\_\_\_ Full time student? \_\_\_\_\_
- Is the student claiming him/herself, or being claimed as a dependent on another tax return? \_\_\_\_\_
- Were all education expenses incurred during the tax year actually paid in the tax year? \_\_\_\_\_
- Were any education expenses paid with tax free scholarship, grant, employer provided education assistance, or VA benefits? \_\_\_\_\_ How much? \_\_\_\_\_
- If the student withdrew from classes, did the taxpayer receive a refund for education expenses? \_\_\_\_\_
- Did the student provide more than half of his/her support for the year? (rent, car payments, school, etc.)? \_\_\_\_\_
- Has the student ever been convicted of a felony for possessing or distributing a controlled substance? \_\_\_\_\_
- In how many prior years has the American Opportunity Tax Credit been claimed for this student? \_\_\_\_\_

Has your American Opportunity Tax Credit ever been reduced or disallowed? (you would have been contacted by the IRS) \_\_\_\_\_

**CTC (CHILD TAX CREDIT):** Eligible children are U.S. citizens with social security numbers under the age of 17 (at the end of the tax year); that lived with the taxpayer more than half of the tax year; did not provide more than half of their own support; and are not filing their own joint returns. List eligible children:

1. Child's name \_\_\_\_\_ Blood related to the taxpayer and spouse? \_\_\_\_\_  
If not, explain: \_\_\_\_\_  
Can this child be claimed as dependent by any other person? \_\_\_\_\_
2. Child's name \_\_\_\_\_ Blood related to the taxpayer and spouse? \_\_\_\_\_  
If not, explain: \_\_\_\_\_  
Can this child be claimed as dependent by any other person? \_\_\_\_\_

Has your Child Tax Credit ever been reduced or disallowed? (you would have been contacted by the IRS) \_\_\_\_\_

**ODC (Other Dependent Credit):** Eligible dependents are U.S. citizens with social security numbers; for which you provided more than half of their support for the tax year; and were not dependents of any other person for the tax year. (includes your children, who at the end of the tax year were age 18; or under age 24 and attended college; or any other person that lived as a member of your household if the relationship didn't violate local law). List eligible dependents:

1. Other dependent's name \_\_\_\_\_ Relationship \_\_\_\_\_  
Did he/she have income less than \$4,150 for the tax year (don't count welfare or non-taxable Soc. Sec. benefits)? \_\_\_\_\_  
Is he/she filing a joint return for 2018? \_\_\_\_\_
2. Other dependent's name \_\_\_\_\_ Relationship \_\_\_\_\_  
Did he/she have income less that \$4,150 for the tax year (don't count welfare or non-taxable Soc. Sec. benefits)? \_\_\_\_\_  
Is he/she filing a joint return for 2018? \_\_\_\_\_

Has your Other Dependent Credit ever been reduced or disallowed? (you would have been contacted by the IRS) \_\_\_\_\_