

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:

Daytime Telephone _____
 Evening Telephone _____
 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
Taxpayer					
Spouse					

IMPORTANT INFORMATION

- 1. New IRS Due Diligence Requirements:** check all of the following that apply, and see instructions
 You are filing as Head of Household (fill out page 4 HOH Filing Status)
 You, your spouse, or your dependent attended college (fill out page 4 AOTC Credit)
 You had a dependent child under age 17 at end of tax year (fill out page 4 CTC Credit)
 You expect to receive the Earned Income Credit (fill out page 4 EIC Credit)
- 2. For each Rental Property - fill out **Rental Property Schedule**** } both downloadable from brownellscountry.com
 For Sole Proprietor/Single Member LLC - fill out **Profit or Loss Worksheet**
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) \$ _____
 Yes No
6. Did you, spouse, and dependents have health insurance for the full tax year?
7. Did your name or marital status change during the tax year?
8. Are you being claimed as a dependent on another tax return?
9. 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?
10. Did you carry forward or incur any adoption expense?
11. Did you move to or from Colorado? (only applies if member of armed forces)
12. We are providing digital copies of taxes 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 _____
 Unemployment Income: Taxpayer \$ _____ Spouse \$ _____
 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 \$ _____

Date	Federal Amt.	State Amt.	Date	Federal Amt.	State Amt.
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

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? _____

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.)? _____

CTC (CHILD TAX CREDIT): Eligible children are U.S. citizens with social security numbers under the age of 17; 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? _____
3. Child's name _____ Blood related to the taxpayer and spouse? _____
If not, explain: _____
Can this child be claimed as dependent by any other person? _____

EIC (EARNED INCOME CREDIT): Only fill out if taxpayer or spouse owns a business. Additionally, fill out HOH FILING STATUS if you are head of household, and fill out CTC if you have a dependent child.

- How long have you owned your business? _____ Who maintains your business records? _____
- Do you maintain separate accounts for personal and business transactions? _____ If not, how do you differentiate personal and business transactions and assets? _____
- Could you provide business cards, business stationary, receipts (with company header), business/occupational license, other business tax returns, or business advertisements if requested? _____