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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 | Relationship | U.S. Citizen | Disabled or Blind |
|--------------------|-------------|-------|--------------|--------------|-------------------|
| Name | Soc. Sec. # | Date | | Y/N | D/B |
| Taxpayer | _____ | _____ | _____ | _____ | _____ |
| Spouse | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

IMPORTANT INFORMATION

1. 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. Deductions:

- Were contributions made to a Colorado 529 plan? (Enter Total) \$ _____
- Was an HSA contribution made? Taxpayer or Spouse? (T or S) \$ _____
- Was an IRA contribution made by the Taxpayer? Traditional or Roth? (T or R) \$ _____
- Was an IRA contribution made by the Spouse? Traditional or Roth? (T or R) \$ _____
- Was any student loan interest paid? (Attach Form(s) 1098-E) \$ _____

3. Annual Questions:

- 4. Did your name or marital status change during the tax year?
- 5. Are you being claimed as a dependent on another tax return?
- 6. 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?
- 7. Did you have any involvement with a virtual currency (Bitcoin, Ethereum, Ripple, Bitcoin Cash, EOS, etc.) during the tax year?
- 8. We provide digital tax returns to clients. Do you also want a hard copy?
- 9. Do you want any refunds directly deposited into your bank account?

Yes No

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 \$ _____ Date of Divorce _____
 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 \$ _____

| Date | Federal Amt. | State Amt. | Date | Federal Amt. | State Amt. |
|-------|--------------|------------|-------|--------------|------------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

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

ITEMIZED DEDUCTIONS: (only applies if more than the standard deduction below)

- **Married Filing Jointly** - standard deduction of \$24,400
- **Head of Household** - standard deduction of \$18,350
- **Single / Married Filing Separately** - standard deduction of \$12,200

MEDICAL EXPENSES: (Sum up on amount categories below. Do Not Provide Receipts)

- deduction ilimited by 10% of Adjusted Gross Income - (For Example: if your AGI is \$100,000, then the first \$10,000 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 for this category)

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):
(provide form 1098)

| | | | |
|-----------------------------------|---------------|---|--------------------|
| | <u>Amount</u> | <u>Check if debt wasn't used to buy, build, or improve home</u> | <u>Points Paid</u> |
| Mortgage Interest Paid to: | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

CONTRIBUTIONS:

| | | | |
|-----------------|---------------|-----------------|---------------|
| <u>To Whom:</u> | <u>Amount</u> | <u>To Whom:</u> | <u>Amount</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 (can be found 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 AOTC 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; are not filing their own joint returns; and for whom you could provide birth certificates for. 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 who could not be 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 ODC ever been reduced or disallowed? (you would have been contacted by the IRS) _____