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Here is your 2019 **Income Tax Organizer**. It will help you **organize your tax information** (and make sure you don't miss any **important deductions**). Whether you do your own tax return or use the services of an accounting firm like ourselves, we hope you'll find it useful.

Our fees are competitive and we'll gladly **quote you a fee over the phone**. We run an efficient, friendly office — and we're here all year round to answer your questions. If you'd like to schedule an appointment, call and we'll arrange one **immediately**. If you just have a tax question, we'll be happy to handle it **over the phone**.

*L. Owens*

TAXPAYER INFORMATION		SPOUSE INFORMATION	
First Name	Initial	First Name	Initial
Last Name		Last name	
SSN	DOB	SSN	DOB
Occupation		Occupation	
T: Home	Cell	Home	Cell
Email		Email	
Address		City	State ZIP

FILING STATUS	
<input type="checkbox"/> Single	<input type="checkbox"/> Head of Household
<input type="checkbox"/> Married	<input type="checkbox"/> Married Filing Separately

DEPENDENTS	
Name	
DOB	SSN
Relationship	Months Lived @ Home
Name	
DOB	SSN
Relationship	Months Lived @ Home

	FEDERAL		STATE	
	Date	Amount	Date	Amount
Overpayment				
1 <sup>st</sup> Quarter				
2 <sup>nd</sup> Quarter				
3 <sup>rd</sup> Quarter				
4 <sup>th</sup> Quarter				

REFUND	
Automatic Deposit	<input type="checkbox"/> Yes (attach a VOID check) <input type="checkbox"/> No

<b>SALARIES &amp; WAGES – Attach all W-2 forms</b>		
W-2	Employer	Gross Wages
1		
2		
3		
4		

<b>OTHER INCOME</b>	
<b>INTEREST – Attach Forms 1099INT</b>	Total \$
<b>DIVIDENDS – Attach Forms 1099DIV</b>	Total \$
<b>CAPITAL GAINS – Attach Forms 1099B, 1099S and year-end brokerage statements with purchase date and cost of each asset.</b>	
<b>STATE TAX REFUND – Attach Forms 1099G</b>	
<input type="checkbox"/> Check if you did NOT itemize last year	
<b>ALIMONY RECEIVED</b>	
Payor	
Payor's SSN	Amount
<b>SOCIAL SECURITY BENEFITS RECEIVED – Attach Forms SSA-1099</b>	
<b>UNEMPLOYMENT BENEFITS RECEIVED – Attach Forms 1099G</b>	
<b>PENSIONS/IRA/ANNUITY DISTRIBUTIONS – Attach Forms 1099R</b>	
<b>INCOME FROM PARTNERSHIPS, ESTATES, LLCs, TRUSTS AND S-CORPORATIONS – Attach Forms K-1 and list any not yet received.</b>	

<b>OTHER INCOME – Attach detailed schedules</b>
Include royalties, jury duty fees, finder's fees, director's fees, gambling winnings, disability payments, unreported tip income and any other income (whether taxable or not).

**WE WELCOME NEW INTRODUCTIONS**

**Please introduce us to your family, friends & business associates who may need help with their taxes or financial planning.**

<b>INCOME FROM BUSINESS OR PROFESSION</b>		
<b>GENERAL INFORMATION</b>		
<input type="checkbox"/> Cash Basis <input type="checkbox"/> Accrual Basis <input type="checkbox"/> 1 <sup>st</sup> Year		
Principal Business/Profession		
Business Name		
Business Address		
City	State	ZIP
<b>INCOME</b>		
Gross Receipts or Sales		
Returns & Allowances		
Other Income		
<b>COST OF GOODS SOLD (if applicable)</b>		
Inventory @ Beginning of the year		
Purchases		
Cost of Labor		
Materials & Supplies		
Other Costs		
Inventory @ End of the Year		
<b>EXPENSES</b>		
Advertising		
Car & Truck Expenses*		
Commissions		
Employee Benefits		
Insurance (other than health)		
Health Insurance Premiums for Self*		
Interest		
Legal & Professional		
Office Expenses		
Pensions & Profit Sharing		
Rent – Vehicles, Machinery & Equipment		
Rent – Business Property		
Repairs & Maintenance		
Supplies		
Taxes – Property		
Taxes – Other		
Travel		
Meals & Entertainment*		
Utilities		
Wages		
Other Expenses*		
* Attach detailed schedules		
<b>HOME OFFICE</b>		
Did you have a home office during the year?    Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, attach detailed schedule of expenses including mortgage interest (or rent), real estate taxes, utilities, property insurance, maintenance & cleaning.		

*“It’s not what you earn, it’s what you keep!”*

RENTAL INCOME & EXPENSES		
PROPERTY	#1	#2
Location		
<b>INCOME</b>		
Rent Received		
<b>EXPENSES</b>		
Advertising		
Association Dues		
Auto & Travel		
Cleaning/Maintenance		
Insurance		
Labor		
Professional Fees		
Miscellaneous		
Mortgage Interest		
Other Interest		
Supplies		
Taxes		
Telephone		
Utilities		
Repairs		
Improvements:		
Other:		

ADJUSTMENTS TO INCOME	
<b>ALIMONY PAID</b>	
Payee	
Payee's SSN	\$

IRA CONTRIBUTIONS, ETC.
IRA Deduction
SIMPLE Plan Deduction
KEOGH/SEP Deduction
Education IRA Deduction
Penalty on Early Withdrawal

HEALTH CARE COVERAGE
Did you and your dependents have health coverage for the entire year?      Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>Attach Forms 1095-A, 1095-B or 1095-C, if available</i>

ITEMIZED DEDUCTIONS
<b>MEDICAL &amp; DENTAL EXPENSES</b> – <i>Attach detailed schedules</i>
Prescriptions
Insurance Premiums
Doctors & Dentists
Eyeglasses/Contacts
Other:

TAXES PAID
State & Local Income Taxes
Real Estate Taxes – Residence
Real Estate Taxes – Other Property
Auto License: Number of cars
Auto License: Fees Paid
Personal Property Taxes
Other Taxes:

INTEREST PAID
Home Mortgage (1 <sup>st</sup> )
Home Mortgage (2 <sup>nd</sup> )
Home Mortgage (Equity Line)
Student Loan Interest
Other Interest:

CONTRIBUTIONS
By Cash or Check
Personal Property

ADDITIONAL DEPENDENTS	
Name	
DOB	SSN
Relationship	
Name	
DOB	SSN
Relationship	

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## MISCELLANEOUS QUESTIONS

If any of the following items pertain to you or your spouse for the year 2015, please check the appropriate box and include all pertinent details.

- |     | Yes                      | No                       |  |
|-----|--------------------------|--------------------------|--|
| 1.  | <input type="checkbox"/> | <input type="checkbox"/> | Did you have any interest in, or signature or other authority over a bank, securities, other financial account or trust in a foreign country at any time during the year?                              |
| 2.  | <input type="checkbox"/> | <input type="checkbox"/> | Do you own any foreign assets or have foreign income, pay any foreign taxes, or file any foreign information reporting or tax return forms? Provide details.   |
| 3.  | <input type="checkbox"/> | <input type="checkbox"/> | Did you receive an inheritance from a foreign country or a distribution from a foreign trust?  |
| 4.  | <input type="checkbox"/> | <input type="checkbox"/> | Were there any births, adoptions, marriages, divorces, or deaths in your immediate family during the year?   |
| 5.  | <input type="checkbox"/> | <input type="checkbox"/> | Are any of your unmarried children, who might be claimed as dependents, 19 years of age or older?  |
| 6.  | <input type="checkbox"/> | <input type="checkbox"/> | Did any of your children under age 19 or full-time students under age 24 have interest and dividend income of \$950 or more or total investment income of \$1,900 or more?                             |
| 7.  | <input type="checkbox"/> | <input type="checkbox"/> | Do you have a health savings account (HSA) or a medical savings account (MSA)?   |
| 8.  | <input type="checkbox"/> | <input type="checkbox"/> | Did you pay an individual or an organization to perform services for the care of a dependent under 13 years old in order to enable you to work or attend school on a full-time basis? Provide details. |
| 9.  | <input type="checkbox"/> | <input type="checkbox"/> | Did you pay an individual to perform in-home health care services for yourself, your spouse, or dependents?  |
| 10. | <input type="checkbox"/> | <input type="checkbox"/> | Did you have expenses for a household employee?  |
| 11. | <input type="checkbox"/> | <input type="checkbox"/> | Did you have any education expense or student loan interest?   |
| 12. | <input type="checkbox"/> | <input type="checkbox"/> | Did you have any debts, including mortgages, canceled or forgiven or did you sell or abandon property?   |
| 13. | <input type="checkbox"/> | <input type="checkbox"/> | Does anyone owe you money that has become uncollectible?   |
| 14. | <input type="checkbox"/> | <input type="checkbox"/> | Did you incur any legal fees?  |
| 15. | <input type="checkbox"/> | <input type="checkbox"/> | Did you acquire or dispose of any assets (including real estate) during the year?  |
| 16. | <input type="checkbox"/> | <input type="checkbox"/> | Did you purchase, sell or refinance your principal home or second home, or obtain a home equity loan?  |
| 17. | <input type="checkbox"/> | <input type="checkbox"/> | Did you make any energy-efficient improvements or purchases for your home?   |
| 18. | <input type="checkbox"/> | <input type="checkbox"/> | Did you incur a casualty loss because of damaged or stolen property?   |
| 19. | <input type="checkbox"/> | <input type="checkbox"/> | Did you make any gifts either outright or in trust?  |
| 20. | <input type="checkbox"/> | <input type="checkbox"/> | Did you receive any distribution from an IRA or other qualified plans? (Form 1099R)  |
| 21. | <input type="checkbox"/> | <input type="checkbox"/> | If yes, was this rolled over? (Form 1099R)   |
| 22. | <input type="checkbox"/> | <input type="checkbox"/> | Did you open a Roth IRA account or convert an IRA into a Roth IRA?   |
| 23. | <input type="checkbox"/> | <input type="checkbox"/> | Were you or your spouse the beneficiary of COBRA premium assistance?   |
| 24. | <input type="checkbox"/> | <input type="checkbox"/> | Were you granted or did you exercise any stock options?  |
| 25. | <input type="checkbox"/> | <input type="checkbox"/> | Do you and your spouse each want to allocate \$3 to the Presidential Election Campaign Fund?   |

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