

WHITE & ASSOCIATES CLIENT TAX ORGANIZER TAX YEAR 2019

1. PERSONAL INFORMATION:

SS # Date of Birth Occupation Work Phone

Taxpayer's Name: _____
Spouse's Name: _____

911 Address (Physical Address) _____
Mailing Address (where mail is received) City State Zip Home Phone

	<u>Taxpayer</u>	<u>Spouse</u>	<u>Marital Status</u>	
Disabled	Yes ___ No ___	Yes ___ No ___	Married _____	
			Single _____	
			Widow(er) _____	Date of Spouse's Death _____

2. DEPENDENTS YOUR CLAIMING (Children & Others)

Name (First & Last)	Relationship	Date of Birth	SS #	Months Lived W/ You	Full Time Student	Gross Income

Can anyone else claim your dependent? Yes ___ No ___
Did your dependent reside with you MORE than half the year? Yes ___ No ___
Did you provide MORE than half the support for your dependent? Yes ___ No ___

3. WAGE, SALARY INCOME

Do you have W-2 wages? Yes _____ No _____

4. INTEREST INCOME (1099-INT)

Do you have interest income? Yes _____ No _____

5. DIVIDEND INCOME (1099-DIV)

Do you have dividend income? Yes _____ No _____

6. PARTNERSHIP, TRUST OR ESTATE INCOME

Do you have K-1s from a partnership, S-corporation, trust or estate income? Yes _____ No _____
If yes, how many K-1s are attached? _____

7. INVESTMENTS SOLD

Did you sell any stocks, bonds, mutual funds, gold, silver or a partnership interest? Yes ____ No ____
If yes, please provide the **End of the Year Statement**

8. PROPERTY SOLD

Did you sell your personal residence, a vacation home, land or other property? Yes ____ No ____
If yes, we need all closing statements on the sale.

9. INDIVIDUAL RETIREMENT ACCOUNT (IRA)

Did you make any contributions to a **Roth** or **Regular IRA** in tax year 2019? Yes ____ No ____
If Yes, Amount Date Roth or Regular
Taxpayer _____
Spouse _____

10. PENSION, ANNUITY, & SOCIAL SECURITY INCOME

Did you have pension, annuity or social security income? Yes ____ No ____
How many 1099-Rs are attached? _____
How many SSA 1099s are attached? _____ (from Social Security Administration)

11. RENTAL INCOME

Did you receive Rental Income? Yes ____ No ____
If yes, please provide property location(s) as well as any expenses you paid.
Please provide amount of Income received for the year.
Did you make any payments that would require you to file form(s) 1099-MISC? Yes ____ No ____

12. OTHER INCOME

List all other income including but not limited to:

Alimony	Yes ____ No ____	Child Support	Yes ____ No ____
Prizes, Bonuses	Yes ____ No ____	Gambling, Lottery	Yes ____ No ____
Unemployment	Yes ____ No ____	Cancellation of Debt	Yes ____ No ____
Disability Income	Yes ____ No ____	Foreign Bank Account	Yes ____ No ____
Trust	Yes ____ No ____	Business Income	Yes ____ No ____
Other _____			

Did you have any members in your household at any time during 2019 that are **not** claimed as dependents? Yes ____ No ____

If yes, please provide Soc. Sec. # and income (W-2's)
Did you have any full-time students listed as dependents that had income in 2019. If yes, their name, SS#, and income (W-2's) Yes ____ No ____

For the Declaration of Homestead (ACT 60) we need to know was anyone living in your home at any time during the year that generated an income? If yes, then we need their Soc. Sec. # and W-2/ income amount. (If the State discovers that you had someone in your home that generated income and you did not include it on the HI-144, then they will assess penalties & interest. Also, all or a portion of the ACT 60 money received, will have to be paid back.)

13. SELF-EMPLOYED

Are you self-employed? Yes ___ No ___
Did you issue any 1099-MISC forms for income over \$600? Yes ___ No ___
Did you receive income from raising animals or crops? Yes ___ No ___
Did you receive income from gravel, timber, minerals?
oil, gas, copyrights, or patents? Yes ___ No ___
Did you receive hobby income (Avon, MaryKay, etc.)? Yes ___ No ___

14. MEDICAL/DENTAL EXPENSES

Did you provide a list of medical expenses that you paid that were not covered by insurance? This includes co-pays, prescriptions, dentists, braces, glasses, contacts, hearing aids, medical equipment and supplies, hospital and nursing home expenses.
Also, a deduction can be taken for lodging and mileage to and from a facility for medical purposes.

15. HEALTH SAVINGS ACCOUNT (HSA)

Do you have an HSA? Yes ___ No ___
Did you contribute an amount in excess of the amount shown on the W-2 Code W?
If Yes please provide that amount \$ _____
Is HSA for self or family? _____
Did you make any contributions in 2020 for the 2019 year? Yes ___ No ___

16. RESIDENCY

Do you own your own home? Yes ___ No ___
If Yes, please provide a **2019 Property Tax Bill**

Did you and/or your spouse live in Vermont LESS than the whole year? Yes ___ No ___
If yes, date resided in VT and name of other state resided in _____

Did you go through Bankruptcy or Foreclosure? Yes ___ No ___

Did you refinance your home? Yes ___ No ___
If yes, please provide a HUD statement.

MORTGAGE INTEREST:

Did you provide the 1098 with this information? Yes ___ No ___

Do you make payments on a Camper that has a bathroom & kitchen?
If yes, you can claim the INTEREST paid as a second home. Yes ___ No ___

Did you pay Rent? Yes ___ No ___
If yes, must be **12 consecutive months** to qualify (**Provide Landlord Certificate**)

17. CHARITABLE CONTRIBUTIONS

Did you make any charitable contributions in 2019? Yes ___ No ___
If yes, attach list.

Would you like to contribute to the Wildlife Fund? Yes ___ No ___ If Yes Amount \$ _____

Would you like \$3 to go to the Presidential Campaign Fund? Yes ___ No ___

Would you like to contribute to VT Veterans? Yes _____ No _____ If Yes Amount \$ _____
 Would you like to contribute to Green Up VT? Yes _____ No _____ If Yes Amount \$ _____
 Would you like to contribute to Children's Trust Fund? Yes _____ No _____ If Yes Amount \$ _____

18. CHILD AND OTHER DEPENDENT CARE EXPENSES

Did you pay for child/dependent care in 2019? Yes _____ No _____
If yes, please provide the name of the care provider, address, social security number or employer ID number and the amount paid.

19. BUSINESS MILEAGE

You are supposed to have written records to substantiate business mileage used. Did you have business mileage for 2019? Yes _____ No _____
 If Yes, we need the make/year of vehicle used, total mileage for the year and business miles driven. You can also track expenses (gas, registration, repair, insurance, depreciation) but we still need the total miles driven and business miles driven.

20. OTHER EXPENSES

Tax prep fee Yes _____ No _____ Amount \$ _____
 Safe Deposit Box Rental Yes _____ No _____ Amount \$ _____
 Other _____

21. ESTIMATED TAX PAYMENTS

Did you make any estimated tax payments in 2019? Yes _____ No _____
(Estimated tax payments are usually made quarterly or with the Extension)
If yes, we need the date it was paid, amount of payment, to federal or state.

22. OTHER DEDUCTIONS

Alimony paid? Yes _____ No _____
 Paid to _____ SS # _____ Amount _____
 Child Support paid? Yes _____ No _____
 Paid to _____ SS # _____ Amount _____

23. EDUCATION EXPENSES

Did you have education expenses paid for yourself or a dependent in 2019 Yes _____ No _____
If yes, please provide details.
 Provide 1098-T (Tuition Statement) Yes _____ No _____
 Provide 1098-E (Student Loan Interest Paid) Yes _____ No _____

Please answer the following questions to determine maximum deductions:

Did you give a gift of more than \$14,000 to one or more person(s)? Yes _____ No _____
 Did you make any out of state purchases in 2019 that did not include sales tax? Yes _____ No _____

Do you want direct deposit of any refund that may be due to you? Yes _____ No _____

If yes, please provide us with a **voided check**.

DATES TO KNOW:

April 1st deadline for town assessments. We need to have form HS-122 filed with the State before April 1st if you have changed your business usage of your home for it to take effect. If not submitted by the April 1st date then your homestead will be treated as it was the prior year.

April 15th is the due date for tax filing and Extensions.

Note: Extensions are only for time, not for payment. If you owe money, that needs to be paid in with the extension on April 15th to avoid any penalties and interest charge. The Extension does not apply to Property Tax Adjustment Claim or Renter Rebate Claim.

September 1st is the due date of Renter's Rebate.

Renter's Rebate forms need to be signed by the Taxpayer and mailed in. We are not able to E-file the Renter's Rebate form.

October 15th is the deadline for the tax returns to be sent in. There are no more extensions allowed after this date. There will be a **\$50.00** late filing fee from the State of VT if after this date.

Fee for services rendered is due before we can e-file your return.

The IRS & State of Vermont are now requiring us to have Identity Verification in order to E-File your tax return.

We will need ONE of the following requirements from Taxpayer & Spouse:

Taxpayer:

Diver License number _____ Issuing State _____
Issuing Date _____, Expiration Date _____

Spouse:

Diver License number _____ Issuing State _____
Issuing Date _____, Expiration Date _____

Or a copy of the following documents:

Passport

Account Statement financial utility billing statement

Please read, sign and date the attached letter. A signature is required on Form 8879 to e-file the return.

WHITE & ASSOCIATES

86 Summer St., Ste. 1
Barre, VT 05641
(802) 476-6191 Office
(802) 476-0642 Fax

TAX PREPARATION ENGAGEMENT LETTER

Dear Client:

We appreciate the opportunity of working with you and advising you regarding your income tax. The Internal Revenue Service imposes penalties upon taxpayers and return preparers for failure to observe due care in reporting for income tax returns. In order to ensure an understanding of our mutual responsibilities, we ask all clients for whom returns are prepared to confirm the following arrangement:

We will prepare your 2019 federal and requested state income tax returns from information which you will furnish to us. We will make no audit or other verification of the data you submit, although it may be necessary to ask you for clarification of some of the information. We will furnish you with a questionnaire to guide you in gathering the necessary information. Your use of this form will assist you in keeping the fee to a minimum.

It is your responsibility to provide all the information required for the preparation of complete and accurate returns. You should retain all the documents, cancelled checks and other data that form the basis of income and deductions. These may be necessary to prove the accuracy and completeness of the returns to a taxing authority. You have the final responsibility for the income tax returns and, therefore, you should review them carefully before you sign them.

Our work in connection with the preparation of your income tax returns does not include any procedures designed to discover defalcations or other irregularities, should any exist.

We will use professional judgment in resolving questions where the tax law is unclear, or where there may be conflicts between the taxing authorities' interpretations of the law and other supportable positions. Unless otherwise instructed by you, we will resolve such questions in your favor whenever possible.

The law provides various penalties that may be imposed when taxpayers understate their tax liability. If you would like information on the amount of the circumstances of these penalties, please contact us.

Your returns may be selected for review by the taxing authorities. Any proposed adjustments by the examining agent are subject to certain rights of appeal. In the event of such government tax examination, we will be available upon request to represent you and will render additional invoices for the time and expenses incurred.

Our fee for these services will be based upon the amount of time required at standard billing rates plus out-of-pocket expenses. All invoices are due and payable upon presentation.

If the foregoing fairly sets forth your understanding, please sign this letter in the space indicated.

We want to express our appreciation for this opportunity to work with you.

Very truly yours,

White & Associates

Accepted by: _____ Date: _____