

TAX ORGANIZER

Enclosed is your Tax Organizer for tax year 2019.

Your Tax Organizer contains several sections that include common expenses and deductions that many taxpayers overlook. Please review these sections carefully.

To complete the Organizer, enter all relevant information in the designated areas on each page. Please add any notes or questions that will help us prepare a complete and accurate return for you.

Please send your Organizer along with a copy of your Drivers License (Taxpayer and Spouse only) and Social Security Card for Taxpayer, Spouse and all Dependents, as well as any of the following documents that apply to your tax situation:

- Last year's tax return (if not in our possession)
- A Copy of the Taxpayer and Spouse if Married Filing Joint (MFJ) Driver's License, Military ID, or Passport
- A Copy of the Taxpayer, Spouse if (MFJ) and his Dependents SSN cards
- Original Form(s) W-2
- Schedule(s) K-1 from partnerships, S-corporations, estates or trusts
- Information about contributions to a pension or other retirement plan if this is the first year you received income from the plan
- Form(s) 1099 or statements reporting dividend, interest, retirement or other income
- Broker statements providing details of capital gains transactions
- Form(s) 1098 and copies of real estate tax bills, etc.
- Form(s) 1098-T from a eligible education institution
- Legal documents pertaining to the sale or purchase of real estate property
- Business Statements providing details of business income and expenses
- Form 1095A Health Insurance Marketplace or 1095B/1095C Health Coverage from your employer

If you have any questions please give us a call at [\(509\) 961-0758](tel:5099610758) email: wattsweb@gmail.com
Please ensure you sign and return the Tax Preparation Services Agreement with you Organizer.

Returning Clients Update

Primary Taxpayer Information Update

Taxpayer Name:		Occupation Update:		
Spouse Name:		Occupation Update:		
Address Update: Street:		City:	State:	Zip:
Taxpayer Phone Update:		Spouse Phone Update:		
Taxpayer Email Update:		Spouse Email Update:		
Filing Status Change:		Health Coverage Update:		
Military Address Update: (APO, Sateside)		Date you left a Combat Zone:	Which Operation or Combat Zone:	

Additional Dependents Update

First Name:	M.I.	Last Name:	Birthdate: M/D/Y	SSN:	Relationship:	Months In Household

Additional Dependent Information

Name of School Attending (for full-time student):	Can you provide documentation (1098-T) showing that the child was a full-time student? Yes <input type="checkbox"/> No <input type="checkbox"/>
What type of disability does the child have?	
Does the Dependent receive SSI or other Disability Payments?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Can you provide a letter from the child's doctor, other healthcare provider, or any social sevice program verifying the disabled?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Child/Dependent Care Provider Information Update

SSN or EIN:	Provider's Name or Business Name:
Address:	Zip Code:
Name or Child/Dependent who received the care:	Expenses Paid: \$
Additional Information/Update:	

Questions

Please Answer Yes or No to Following Questions

Did you make any withdrawals from a qualified retirement plan during the year?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>
Did you make any contributions to an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), myRA, or other qualified retirement plan during the year?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>
Did you receive any Social Security benefits during the year?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>
Did you make any energy-efficient improvements to your main home during the year?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>
Are you or your Spouse, if MFJ, an Educator?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>
Did you receive or pay Alimony during the tax year?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>
Are all your dependents either U.S. residents or U.S. citizens?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>
Did you have any Children under age 19 or a full-time student under age 24 with more than \$3,600 of unearned income?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>
Were either you or your spouse, if MFJ, in the military or National Guard?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>
Did you purchase or sell your principal residence during the tax year?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>
If "Yes" to the above question, did you live-in and own the residence for two years within the past five years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>
Did you have adoption expenses during 2019?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>
Did you claim a First-time Homebuyer Credit (FHC) for a home purchase in 2008?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>
Did you pay wages to any household employees (babysitter, nanny, housekeeper, etc.)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>
Are you claiming the SC Fuel Income Tax Credit (ask your Preparer for details)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>
Have you been notified by the IRS of changes to a prior year's tax return, or received any other tax correspondence from them?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>
Have you or your Spouse, if MFJ, been disallowed the CTC, AOTC, or EIC by the IRS in the past 10 years for reckless or fraudulent claims?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>

Itemized Deduction Information

Did you make any major purchases (vehicle, boat, etc.) during the year?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>
Did you pay any real estate property taxes or personal taxes during the year?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>
Did you pay mortgage interest during the year?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>
Did you make cash/non-cash donations to charity during the year?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>
Did you have any job-related expenses that were not reimbursed by your employer (uniforms, safety equipment, etc.)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>
Did you use your vehicle on the job other than for commuting to work?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>
Did you pay out-of-pocket medical or dental expenses (premiums, prescriptions, mileage, etc.) during the year?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>
Did you pay any long-term care premiums for yourself, your spouse, or a dependent during the year?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>
Did you receive any state or local income tax refunds from prior years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>

The following questions are in reference to Child Tax Credit (CTC).

A. Does the child reside with the Taxpayer in the U.S. for more than half of the year? (If "Yes" go to question C. If "No" go to question B).	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>
B. Is there an active Form 8332, Release/Revocation of Claim to Exemption for Child By Custodial Parent, or a similar statement in place and, if applicable.	Yes <input type="checkbox"/>	NA <input type="checkbox"/>	No <input type="checkbox"/>
C. Do you (Custodial Parent) release the claim to another person?	Yes <input type="checkbox"/>	NA <input type="checkbox"/>	No <input type="checkbox"/>

The following questions are in reference to Education Tax Credit

Did you or your Spouse, if MFJ, make qualified education expenses (including Book expenses) for an eligible student and received Form 1098-T from an Educational Institution?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>
Is the Eligible Student enrolled at least half-time in a college program leading toward a degree, certificate, or other recognized educational credential for at least one academic period?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>
Had the Eligible Student completed the first 4 years of post-secondary education at the beginning of the tax year?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>
Had the Eligible Student been convicted of a federal or state felony drug offense during the tax year?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>
Did you or your Spouse, if MFJ, pay any interest on a qualified Student Loan and received an 1098-E from a financial institution during the tax year?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>

The following questions are in reference to Self-Employment Income

Did you or your Spouse, if MFJ, start, acquire, or participate in a self-employed business during 2019?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>
How long have you owned your business?			
Who maintains the business records?			
Can you provide any documentation to substantiate your business? i.e. business bank account statement	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>
Do you maintain separate banking accounts for personal and business transactions?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>
Did you or your Spouse, if MFJ, "materially participate" in the operation of this business during 2019?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>
Did you or your Spouse, if MFJ, keep a record of operating expenses and income for this business during 2019?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>
Did you or your Spouse, if MFJ, keep a mileage log for business mileage for this business during 2019?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>
Did you or your Spouse, if MFJ, make any payments in 2019 that would require you to file Form(s) 1099?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>
Did you make any estimated payments toward your 2019 taxes?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>
If "Yes" did you or will you file required Forms 1099?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>
Did you or your Spouse, if MFJ, have Business Expense use of your home during 2019?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>

Head of Household

Marital Status:		<input type="checkbox"/> Never Married	<input type="checkbox"/> Spouse deceased	<input type="checkbox"/> Divored or Separated	<input type="checkbox"/> Married but lived apart (last 6 months of the year)	<input type="checkbox"/> Separation agreement
IF you are divorced or legally separated can you provide:		<input type="checkbox"/> Divorce decree	<input type="checkbox"/> Separation agreement or separate maintenance agreement	<input type="checkbox"/> NA		
Married but lived apart can you provide:		<input type="checkbox"/> NA	<input type="checkbox"/> Lease agreement	<input type="checkbox"/> Utility bills	<input type="checkbox"/> Letter from social services & Clergy	Other _____
Can you Provide the IRS with the following:		<input type="checkbox"/> Utility bills	<input type="checkbox"/> Property tax bills	<input type="checkbox"/> Grocery receipts	<input type="checkbox"/> Rent or mortgage statement	<input type="checkbox"/> Repair bills
Did you receive any non-taxable support/income:		<input type="checkbox"/> Family support	<input type="checkbox"/> Food stamps	<input type="checkbox"/> Housing asst	<input type="checkbox"/> Childcare asst	Other _____

Cost of Keeping up a Home Worksheet

	<i>Amount You Paid</i>	<i>Total Cost</i>
Property Taxes		
Mortgage Interest Expense		
Rent		
Utility Charges		
Repairs/Maintenance		
Property Insurance		
Food eaten in the home		
Other household expenses		

Bank Information

(For Direct Deposit into Taxpayer's Personal Account)

Bank Name:	Account Type:	Checking <input type="checkbox"/>	Savings <input type="checkbox"/>
Routing Number:	Account Number:		
Will this refund go to an account outside of the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Taxpayer Driver's License or Military ID #:	Issuing Authority (State):		
Issue Date:	Expiration Date:		
Spouse Driver's License or Military ID #:	Issuing Authority (State):		
Issue Date:	Expiration Date:		

Bank Product Security Question

Pick one of the following security question by giving an answer:	Answer
1. what is your mother's maiden name?	
2. What is the name of your first pet?	
3. What high school did you attend?	
4. What is the name of your oldest child?	
5. What is your father's middle name?	

Consent to Use and Disclosure Tax Return Information

Federal law requires this consent form to be provided to you ("you" refers to each tax payer or payers, if more than one) unless authorized by law, we (watts & Associates) cannot use your tax return information for purposes other than the preparation and filing of your tax return without your consent.

You are not required to fill out this form to utilize in our tax preparation services. If you agree to our use of your tax return information, your consent is valid for the amount of time that you specify, however if you do not specify the duration of your consent, your consent is valid one year from the date of your signature. If you would like us to use your tax return information to determine whether these services may be available to you while we are preparing your return, please sign and date this consent form to use your tax return information.

NOW THEREFORE, the parties agree as follows:

1. Watts & Associates agrees to prepare Client's individual federal, and if applicable, state and local tax returns for calendar year/tax year 2019, based on the information provided by client. Watts & Associates shall not provide any services under this Agreement for any other year other than 2019, or for any other person other than Client unless specifically agreed to in writing.

2. Client will provide Watts & Associates with all necessary documents to show evidence of Client's income, expenses, deductions, credits, purchases, and sale of assets information as requested by Watts & Associates. It is the Client's responsibility to maintain appropriate records to substantiate all documents and information provided to Watts & Associates and to respond to Watts & Associates inquiries in a timely manner so that Watts & Associates can prepare Client's returns by the appropriate due date. Failure of Client to maintain adequate records to support a claimed deduction, expense, or credit may result in such deduction, expense, or credit being disallowed and further subject Client to the imposition of penalties and interest. Watts & Associates will not be responsible for any penalties and interest resulting from Client's failure to maintain adequate records.

3. It is Client's responsibility to review the tax returns before they are filed to determine that all income has been correctly reported and that Client has substantiation for your deductions. Client is responsible for filing the returns by the due dates.

4. Violations of Terms and Conditions - Should Client violate these Terms and Conditions or any other rights of | Center, Watts & Associates reserves the right to pursue any and all legal and equitable remedies against you, including, without limitation, terminating your enrollment in the program.

The above information is true and correct, and I/we understand that the information given on this questionnaire will be used to complete my/our current year tax return(s). I/We agree to hold this company harmless for any errors that they may make on my/our tax return. I/We also understand that any error(s) on my/our return will cause a delay in processing of the return and the receipt of the refund, if any.

Accepted this _____ day of _____

Taxpayer Signature: _____

Date: _____

Spouse Signature: _____

Date: _____

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission; you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at complaints@tigta.treas.gov.