



**Roberts,
Ritschke &
Tyczkowski, Ltd.**

Certified Public Accountants..

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**Client Tax Organizer
2019**

Please complete this organizer before your appointment.

1. Personal Information

Name		Soc. Sec. No.	Date of Birth	Occupation
Taxpayer				
Spouse				
Street Address		City	State	ZIP
Email Addresses				
Work Phone	Home Phone		Cell Phone	

School District _____ County _____ City/Town/Village of (circle one) _____

In what format would you like the client copy of your tax return? **(Choose one)**

Paper

CD

Emailed Secure .pdf Email address: _____

2. Dependents (Children & Others)

Name (First, Last)	Relationship	Date of Birth	Social Security Number	Months Lived With You	Disabled	Full Time Student	Dependent's Gross Income

Please answer the following questions and provide any relevant information:

1. Did you receive rent from real estate or other property?

Yes No

2. Do you have a foreign bank account, trust, or business?

Yes No

3. Do you provide a home for or help support anyone not listed in Section 2 above?

Yes No

4. Did you receive any correspondence from the IRS or a State Department of Revenue?

Yes No

5. Did you buy or sell a business, a rental property, farm or any interest in any partnership or S corporation during 2019?

Yes No

6. Were there any births, deaths, marriages, divorces or adoptions in your family? Yes No
7. Did you inherit any assets this year? Yes No
8. Were you gifted any non-cash assets this year? Yes No
9. Did you give a gift of cash or other assets of more than \$15,000 to one or more people? Yes No
10. Did you have any debts cancelled, forgiven, or refinanced? Did you go through bankruptcy proceedings? Yes No
11. (a) If you paid rent, how much did you pay? \$ _____
- (b) Was heat included? Yes No
12. Did you pay interest on a student loan for yourself, your spouse, or your dependent during the year? See Section 13 Yes No
13. Did you pay expenses for yourself, your spouse, or your dependent to attend classes beyond high school? See Section 17. Yes No
14. Did your children attend a **private** elementary, secondary or high school? Yes No
If yes, please provide tuition statements.
15. Did you have any children under the age of 19 OR 19 to 23 year old students with unearned income of more than \$2,200? Yes No
16. Did you forgive any debts this year? Yes No
17. Do you have an HSA (Health Savings Account): Yes No
If yes, please bring in:
A) Form 1099-SA
B) Form 5498-SA
C) Year end account statement
18. Did you have any out-of-state purchases in which no sales tax was paid? Yes No
If yes, total purchases. \$ _____

3. Wages: Please Bring In All Original W-2 Forms

4. Interest & Dividend Income: Please Bring In All 1099 Forms

5. Property Sold

Attach 1099-S and closing statements.

Property	Date Acquired	Cost	Improvements
Vacation Home			
Land			
Other			

Did you sell your Personal Residence or other real estate? Yes No
If yes, please bring in closing statement and 1099-S if one was received.

6. Investments Sold

Stocks, Bonds, Mutual Funds, Gold, Silver, Partnership interest – Attach 1099-B & brokerage realized gain/loss schedule.

Investment	Date Acquired/Sold	Cost	Sale Price
	/		
	/		
	/		
	/		

7. Individual Retirement Accounts

Contributions:

	Amount	Date Contributed	For Tax Year	✓ for Roth
Taxpayer				
Spouse				

If you are eligible, would you like to consider a contribution to a retirement plan? Yes No

Amounts withdrawn: Attach 1099-R & 5498

Plan Trustee	Reason for Withdrawal	Reinvested/ Rollover
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

8. Pension, Annuity Income

Attach 1099-R Payer	Reason for Withdrawal	Reinvested/ Rollover
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

Did you receive:

Social Security	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Railroad Retirement	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Attach SSA-1099, RRB-1099

9. Other Income

List all other income (including non-taxable) and attach supporting documents.

- State Income Tax Refund _____
- Unemployment Compensation _____
- Alimony Received _____
- Gambling, Lottery _____
- Jury Duty _____
- Disability Income _____
- Worker's Compensation _____
- Prizes, Bonuses, Awards _____
- Commissions _____
- Director/Executor's Fee _____
- Payments from Prior Installment Sale _____
- Other _____
- Other _____

10. Medical Expenses

Do you have health insurance coverage through the marketplace/exchange?

Yes No

If yes, bring in Form 1095-A.

NOTE: If you have a Health Savings Account (HSA) it is very important to bring in your year end account statement and Forms 1099-SA (distributions) and 5498-SA (contributions).

Expenses paid out of pocket:

- Medical Insurance Premiums – Taxpayer _____
- Medical Insurance Premiums – Spouse _____
- Medicare Premium – Taxpayer _____
- Medicare Premium – Spouse _____
- Long Term Care Ins. Premium – Taxpayer _____
- Long Term Care Ins. Premium – Spouse _____
- Long Term Care Expenses _____
- Lodging _____
- Mileage (number of miles) _____
- Prescription Drugs _____
- Doctors & Dentists _____
- Hospitals _____
- Lab Fees _____
- Eyeglasses and contacts _____
- Other _____
- Other _____

Were any of the above medical expenses reimbursed by insurance? Amount received: \$ _____

11. Taxes Paid

	Date Paid	Amount
Real Estate: (Attach Bills)		
Residence	_____	_____
Cottage	_____	_____
Personal Property Tax	_____	_____
Other	_____	_____
Other	_____	_____

12. Estimated Taxes Paid

Federal Amount	Date Paid	State Amount	Date Paid

13. Interest Expense (Attach 1098's)

Mortgage Interest on Principal Residence: Amount

Interest paid to individual for your home (include amortization schedule):
 Name _____
 Address _____
 Social Security No. _____

Home Equity Loan Interest:

Mortgage Interest on Second Residence:

Is your mortgage indebtedness greater than \$750,000? Yes No

Was any of your home equity indebtedness used other than to buy, build, or substantially improve your main home or second home? Yes No

If yes, what was the amount?
 Please attach year end statements on loans. _____

Student Loan Interest:

Investment Interest:

14. Charitable Contributions

Did you contribute any amount of your IRA RMD to Charity? Yes No
 If yes, please bring in details.
 Also, do not include those donations in this section.

Volunteer Miles: _____ Miles

Non-Cash Contributions: Amount
 Clothing & Household Items: _____

Political contributions are not deductible. You need to have a receipt or cancelled check for all contributions.

Paid To: Amount

Securities & Other:
 Please bring in details of charitable organizations name, address, description of item, amount of contribution, and cost basis.

15. Other Deductible Expenses:

Alimony Paid _____
 Gambling Losses _____

16. Child & Other Dependent Care Expenses

Also complete this section if you have dependent care benefits through your employer.

Name of Care Provider	Address	Soc. Sec. No. or Employer ID	Amount Paid

