



INDIVIDUAL TAX ORGANIZER

This organizer is designed to assist you in gathering the information required for preparation of your individual income tax returns. Please complete all applicable sections. Also, please provide details and documentation as requested (documents may be provided electronically). If we did not prepare your prior year returns, please provide a copy of federal and state returns for the three previous years.

The Internal Revenue Service (IRS) matches information returns/forms with amounts reported on tax returns. A negligence penalty may be assessed when income is underreported or when deductions are overstated. Accordingly, all information returns reflecting amounts reported to the IRS are also mailed or delivered to taxpayers in an envelope clearly marked "IMPORTANT TAX DOCUMENTS ENCLOSED" and should be submitted with this organizer. Include the following, if applicable:

- | | |
|---|---|
| - W-2 (wages) | - 1098-T (education) |
| - 1099-R (retirement) | - Schedules K-1 (Forms 1065, 1120S, 1041) |
| - 1099-INT (interest) | - Annual brokerage statements |
| - 1099-DIV (dividends) | - 1098 (mortgage interest) |
| - 1099-B (brokerage sales) | - 8886 (reportable transactions) |
| - 1099-MISC (rents, etc.) | - Closing disclosure (real estate sales/purchases) |
| - 1099 (Any other) | - Copies of any tax elections or revocations in effect |
| - 1095-A, 1095-B, 1095-C (health insurance) | - Other information statements |
| - New Clients: prior year federal and state tax returns, depreciation schedules | - All legal documentation for forming, dissolving, or selling a business. |

In addition, please provide a copy of your (and your spouse's, if applicable) driver's license (front and back) and Social Security cards. This information will be needed to electronically file your return and to verify your identity. In addition, if you will be claiming dependents, we will need a copy of each dependent's social security card.

A signed and dated engagement letter will be required prior to beginning any services. The engagement letter can be downloaded from www.silva.tax, under Client Resources, titled "Individual Tax Preparation Engagement Letter."

The filing deadline for your income tax return is **April 15, 2020**. Your completed tax organizer needs to be received no later than **March 22, 2020**. Any information received after that date may require an extension to be filed for this return. If an extension of time is required, any tax due should be paid with that extension. Any taxes not paid by the filing deadline may be subject to late-payment penalties and interest. If you don't pay a reasonable estimate of your tax liability, your extension may be deemed invalid, subjecting you to late-filing penalties.

We look forward to providing services to you. Should you have questions regarding any items, please do not hesitate to contact **Tony Silva, JD, MBA, EA**.

Email: tony@silva.tax Phone: (619) 363-7420

Certification:

The undersigned certifies, to the best of their knowledge, that the information documented in and provided with this organizer is complete and accurate.

Certified by (taxpayer): _____

Certified by (spouse): _____



Tax Questionnaire

I/we are: ☐ New client(s) ☐ Existing client(s)

TAXPAYER

First _____ M.I. _____

Last _____ Suffix _____

SSN/TIN _____

DOB _____

DOD _____

Email _____

Mobile # _____

Work # _____

Full-time student? ☐ Yes ☐ No

Occupation _____

Legally blind? ☐ Yes ☐ No

Disabled? ☐ Yes ☐ No

Contribute to Pres Fund ☐ Yes ☐ No

Physical Address _____

City _____ State _____ Zip Code _____

SPOUSE

First _____ M.I. _____

Last _____ Suffix _____

SSN/TIN _____

DOB _____

DOD _____

Email _____

Mobile # _____

Work # _____

Full-time student? ☐ Yes ☐ No

Occupation _____

Legally blind? ☐ Yes ☐ No

Disabled? ☐ Yes ☐ No

Contribute to Pres Fund ☐ Yes ☐ No

YES NO PERSONAL AND DEPENDENT INFORMATION

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Did your marital status, # of dependents, or place of residence change in the last year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you expect meaningful changes in income/expenses/dependents in the current year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Resided in more than one state? List other states: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Can an individual in the household be claimed by another taxpayer? |
| <input type="checkbox"/> | <input type="checkbox"/> | Active or reserve military? |
| <input type="checkbox"/> | <input type="checkbox"/> | Children/students with unearned income (interest, cap gains, etc.) above \$1,900? |
| <input type="checkbox"/> | <input type="checkbox"/> | Maintained a home for someone not claimed as a dependent? |



YES	NO	PURCHASES, SALES, DEBT, INVESTMENTS
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- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Purchased home using First-Time Homebuyer Credit in 2008? |
| <input type="checkbox"/> | <input type="checkbox"/> | Refinanced or took a home equity loan on a residence or investment property? |
| <input type="checkbox"/> | <input type="checkbox"/> | Had a real estate transaction of any type? |
| <input type="checkbox"/> | <input type="checkbox"/> | Received debt forgiveness or debt cancellation of any debt? |
| <input type="checkbox"/> | <input type="checkbox"/> | Started a business or disposed of a business? |
| <input type="checkbox"/> | <input type="checkbox"/> | Purchased or invested in rental property? |
| <input type="checkbox"/> | <input type="checkbox"/> | Established or modified ownership interest in a corporation, LLC, Trust, or partnership? |
| <input type="checkbox"/> | <input type="checkbox"/> | Purchased or disposed of business assets? |
| <input type="checkbox"/> | <input type="checkbox"/> | Converted assets from personal to business use? |

YES	NO	INCOME AND DEDUCTION INFORMATION
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- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make any estimated tax payments? |
| <input type="checkbox"/> | <input type="checkbox"/> | Received any income from any state other than California? |
| <input type="checkbox"/> | <input type="checkbox"/> | Received a state or local tax refund? |
| <input type="checkbox"/> | <input type="checkbox"/> | Had income from retirement, profit sharing, savings bonds, or exercised stock options? |
| <input type="checkbox"/> | <input type="checkbox"/> | Had other income (tips, gambling, unemployment, jury duty, bartering, prizes, etc.)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Received a K-1 from a corporation, partnership, or trust? |
| <input type="checkbox"/> | <input type="checkbox"/> | Had foreign income, interest, taxes, or were associated with a foreign trust or entity? |
| <input type="checkbox"/> | <input type="checkbox"/> | Had income, expenses, scholarships, or benefits related to higher education? |
| <input type="checkbox"/> | <input type="checkbox"/> | Received employer-provided educational assistance? |
| <input type="checkbox"/> | <input type="checkbox"/> | Received a damage award for personal injury, sickness, or discrimination? |
| <input type="checkbox"/> | <input type="checkbox"/> | Received income from alimony (not child support)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Received income from any Social Security based benefit (retirement, disability, SSI, etc.)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Incurred childcare expenses? If yes, include provider name, SSN or EIN. |
| <input type="checkbox"/> | <input type="checkbox"/> | Made charitable contribution of \$250 or more to a single entity (doc required)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Had substantial medical expenses greater than 10% of AGI? |
| <input type="checkbox"/> | <input type="checkbox"/> | Had a health savings account (provide deductible, contributions, withdrawals)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Self-employed and paid health insurance premiums (provide amount)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Retirement, IRA, or 529 Plan activity (contribution, rollover, withdrawal, recharacterize)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Incurred an unreimbursed casualty or theft loss? |
| <input type="checkbox"/> | <input type="checkbox"/> | Used your vehicle for job or have other unreimbursed employee expenses? |
| <input type="checkbox"/> | <input type="checkbox"/> | Worked away from home, job-related move, or job-seeking expenses? |
| <input type="checkbox"/> | <input type="checkbox"/> | Had income/expenses from car sharing, crowdfunding, short-term rentals, or freelancing? |
| <input type="checkbox"/> | <input type="checkbox"/> | Had income or expenses related to fantasy sports or virtual currencies? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you buy or sell any stocks, bonds, or other investment property? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you work from a home office? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you pay anyone for domestic services in your home (babysitter, housekeeper, etc.)? |

**YES NO HEALTHCARE**

- ☐ ☐ Did everyone on the tax return have healthcare coverage for the entire year (Form 1095)?
- ☐ ☐ Did anyone other than TP/spouse pay for health coverage?
- ☐ ☐ If a business owner, did you pay any portion of health insurance premiums for employees?
- ☐ ☐ Was your health insurance policy cancelled in 2019?
- ☐ ☐ Do you have an exemption from purchasing healthcare from the Marketplace?
- ☐ ☐ Was health coverage offered by the taxpayer's or spouse's employer?
- ☐ ☐ Are you a member of a federally-recognized Indian tribe?
- ☐ ☐ Are you a member of a healthcare sharing ministry?
- ☐ ☐ Did you live in the United States for the entire year?

YES NO MISCELLANEOUS

- ☐ ☐ Did you make any financial gifts more than \$15,000 to any individual?
- ☐ ☐ Received correspondence or notices from any taxing authority (provide documentation)?
- ☐ ☐ Did you go through bankruptcy, foreclosure, or repossession proceedings?
- ☐ ☐ Did you buy any merchandise over the internet for which you did not pay sales/use tax?
- ☐ ☐ May the IRS discuss your tax return with your preparer?
- ☐ ☐ Prefer direct deposit of tax refund (if applicable) (provide cancelled check)?

MARITAL STATUS AND HOUSEHOLD INFORMATION

1a. As of December 31, 2019, what was your marital status?

- ☐ Single
- ☐ Married a. If yes, did you get married in 2019? ☐ Yes ☐ No
- b. Did you live with your spouse during any part of the last six months of 2019? ☐ Yes ☐ No
- ☐ Divorced Date of final decree: _____
- ☐ Legally Separated Date of separate maintenance agreement: _____
- ☐ Widowed Year of spouse's death: _____

1b. Filing status:

- ☐ Single ☐ Married Filing Jointly ☐ Married Filing Separately ☐ Head of Household ☐ Qualifying Widow(er)

2. List the names below of: **everyone** who lived with you last year (*other than spouse*) and **anyone** you supported but that did not live with you last year.

First Name	Last Name	DOB	SSN/TIN	Relationship	Months Home	Dep Code (see below)
A.						
				If dependent is older than 19 are they:	<input type="checkbox"/> Full-time college student	<input type="checkbox"/> Disabled
B.						
				If dependent is older than 19 are they:	<input type="checkbox"/> Full-time college student	<input type="checkbox"/> Disabled
C.						
				If dependent is older than 19 are they:	<input type="checkbox"/> Full-time college student	<input type="checkbox"/> Disabled
D.						
				If dependent is older than 19 are they:	<input type="checkbox"/> Full-time college student	<input type="checkbox"/> Disabled

Dependent Codes: 1 = Child who lived with you; 2 = Child who did not live with you; 3 = Other dependent