



Dempsey Scheiman & Associates
Certified Public Accountants ♦ Certified Financial Planners
5579 Pearl Road, Suite 200 Cleveland, Ohio 44129
Phone (440) 885-0100 Fax (440) 885-0221
E-mail dempseyscheiman@dsa-cpa.com
www.dsa-cpa.com

December 31, 2019

Dear Client:

Attached please find your 2019 Income Tax Organizer. Please complete the organizer to enable us to provide you with the most accurate tax return possible and to afford you every deduction and credit you are entitled to.

Please complete the Driver License/State ID information request for both taxpayer and spouse, if applicable. Please supply license information even if you had provided that data last year. Both are required items for the 2019 filing. Please include Driver License/State ID info for any children's returns to be filed as well.

Please provide the following original documents in addition to the completed organizer:

| | |
|---|------------------------------|
| W-2 Forms | Tax Notices |
| Social Security Statements | Mortgage Interest Statements |
| 1095 A, B or C Health Insurance | Real Estate Tax Statements |
| 1099 for Unemployment Income | Brokerage Statements |
| 1099 for Interest Income | K-1 Forms |
| 1099 for Dividend Income | 1099 K for Credit Card Sales |
| 1099 R for Retirement Income | Other Forms Not Listed |
| 1099 Misc. for Miscellaneous Income | Your Questions |
| Copies of your prior year tax returns if not prepared by our firm | |

Please Note: If you have a **dependent** child who will be preparing their own tax return, be sure that they claim "zero" dependents on their return, otherwise the parents return will fail to be accepted.

Our business has been able to grow by referrals from satisfied clients. We sincerely appreciate your referring our services. Please know that we will do our utmost to live up to your recommendations.

Thank you for placing your confidence in our firm and giving us the opportunity to service your tax, accounting and financial planning needs.

Sincerely,
Dempsey Scheiman & Associates



Driver's License or State Issued ID

Taxpayer Name: _____

Taxpayer:

Form of ID: ___ Driver's License ___ State Issued ID ___ No State ID ever issued

___ Copy Attached State: _____ ID Number: _____

Issue Date: _____ Expiration Date: _____

Spouse Name: _____

Form of ID: ___ Driver's License ___ State Issued ID ___ No State ID ever issued

___ Copy Attached State: _____ ID Number: _____

Issue Date: _____ Expiration Date: _____

Please list information of children for whom taxes are being prepared. Attach additional sheet if more room is required.

Child Name: _____

Form of ID: ___ Driver's License ___ State Issued ID ___ No State ID ever issued

___ Copy Attached State: _____ ID Number: _____

Issue Date: _____ Expiration Date: _____

Child Name: _____

Form of ID: ___ Driver's License ___ State Issued ID ___ No State ID ever issued

___ Copy Attached State: _____ ID Number: _____

Issue Date: _____ Expiration Date: _____

Person Providing Info: _____ Date: _____

Info received by: _____

AFFORDABLE CARE ACT

ATTESTATION OF HEALTH CARE COVERAGE

| | <u>Yes</u> | <u>No</u> |
|--|------------|-----------|
| <i>Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act?</i> | _____ | _____ |

| | | |
|--|-------|-------|
| <i>Did you receive a Health Care Subsidy?</i> | _____ | _____ |
|--|-------|-------|

Did you have qualifying health care coverage, such as employer-sponsored coverage or government-sponsored coverage (ie Medicare/Medicaid) for **every month of 2019**

| | | |
|---------------|-------|-------|
| for yourself? | _____ | _____ |
|---------------|-------|-------|

| | | |
|------------------|-------|-------|
| for your spouse? | _____ | _____ |
|------------------|-------|-------|

| | | |
|----------------------|-------|-------|
| for your dependents? | _____ | _____ |
|----------------------|-------|-------|

If you answered "no" for anyone, which months did you have coverage?

____ _
J F M A M J J A S O N D

| | | |
|---|-------|-------|
| Did anyone in your family qualify for an exemption from the health care coverage mandate? | _____ | _____ |
|---|-------|-------|

Please provide all 1095 Forms received

Under penalties of perjury, I attest that to the best of my knowledge and belief, the above responses provided are true, correct, and complete.

Taxpayer Signature

Date

Spouse Signature

Date

Dempsey Scheiman & Associates – 2019 Client Organizer

| Taxpayer Information | Spouse Information |
|--|---|
| Name _____ <small>(AS IT APPEARS ON SOCIAL SECURITY CARD)</small> | _____ <small>(AS IT APPEARS ON SOCIAL SECURITY CARD)</small> |
| Social Security # _____ | _____ |
| Occupation _____ | _____ |
| Date of Birth _____ | _____ |
| Date of Death _____ | _____ |
| Daytime Phone Number _____ | _____ |
| Evening Phone Number _____ | _____ |
| E-mail Address _____ | _____ |
| Signature _____ | _____ |
| Residence Information | |
| Address _____ County _____ | |
| City _____ State _____ Zip Code _____ | |
| Did You Move In 2019? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of Move _____ | |
| Old Address _____ County _____ | |
| City _____ State _____ Zip Code _____ | |
| Wages--Attach W-2 / 1095 Forms | Attach 1099 Form |
| List The Names Of Your Employers: _____ _____ _____ | List Sources Of Pension Income: _____ _____ _____ |
| Other Income Taxpayer | Other Income Spouse |
| State/Local Refunds _____ Unemployment Compensation _____ Social Security Benefits _____ Social Security Withholding _____ Alimony Received _____ Date of Divorce Decree _____ <small>(Newly Required Field)</small> | _____ _____ _____ _____ _____ _____ |

Dempsey Scheiman & Associates – 2019 Client Organizer

Dependent Information

| First, Last Name | Social Security Number | Date of Birth | Relationship | FT Student Y/N | Months Lived in Home |
|------------------|------------------------|---------------|--------------|----------------|----------------------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

If dependent makes you eligible for earned income credit, by IRS mandate we will need proof of residence. e.g. Report card or medical statement showing child's name with address.

***Attach copy of Social Security card. If Social Security Number is incorrectly reported, you will lose the \$2000 child credit & dependency deduction.**

Education Credit

Complete this portion if you paid qualified education expenses for higher education costs in 2019. Qualified education expenses include tuition and fees required for enrollment or attendance at an eligible educational institution. **Copies of Form 1098-T must be attached.**

| Student's First/Last name | Yrs. Attended | Student's Soc. Sec. # | Qualified Expenses |
|---------------------------|------------------|-----------------------|--------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Child and Dependent Care Expenses

Please enter all amounts paid in 2019 for the care of one or more dependents which enabled you to work or attend school.

Total Qualified expenses incurred in 2019: _____

Were you or spouse a full-time student or disabled? _____

Employer provided dependent care benefits: _____

Dependent Care Provider (attach additional sheet if more than one)

Name of Provider: _____

Street address of provider: _____

City State and Zip Code: _____

Social Security Number or Employer Identification number: _____

Is provider a tax-exempt organization? _____

Amount paid to care provider in 2019: _____

Reimbursement from employer? _____

Student Loan Interest Paid

Complete this section if you paid interest on a qualified student loan in 2019 for qualified higher education expenses for you, your spouse or dependent when you took out the loan.

Qualified student interest paid: _____

Dempsey Scheiman & Associates – 2019 Client Organizer

Tax Estimate Payments

Important

In order to prevent tax notices, we **MUST** have the following information to complete your tax returns:

Please write the amount and date of estimate payments paid for 2019.

| <u>Federal</u> | <u>Due</u> | <u>Date Paid</u> | <u>Check Number/EFT Confirmation Number</u> | <u>Amount Paid</u> |
|-------------------------|------------|------------------|---|--------------------|
| 1 st quarter | 04/15/2019 | _____ | _____ | \$ _____ |
| 2 nd quarter | 06/15/2019 | _____ | _____ | \$ _____ |
| 3 rd quarter | 09/15/2019 | _____ | _____ | \$ _____ |
| 4 th quarter | 01/15/2020 | _____ | _____ | \$ _____ |

| <u>Ohio</u> | <u>Due</u> | <u>Date Paid</u> | <u>Check Number/EFT Confirmation Number</u> | <u>Amount Paid</u> |
|-------------------------|------------|------------------|---|--------------------|
| 1 st quarter | 04/15/2019 | _____ | _____ | \$ _____ |
| 2 nd quarter | 06/15/2019 | _____ | _____ | \$ _____ |
| 3 rd quarter | 09/15/2019 | _____ | _____ | \$ _____ |
| 4 th quarter | 01/15/2020 | _____ | _____ | \$ _____ |

| <u>City</u> | <u>Due</u> | <u>Date Paid</u> | <u>Check Number/EFT Confirmation Number</u> | <u>Amount Paid</u> |
|-------------------------|------------|------------------|---|--------------------|
| 1 st quarter | 04/15/2019 | _____ | _____ | \$ _____ |
| 2 nd quarter | 06/15/2019 | _____ | _____ | \$ _____ |
| 3 rd quarter | 09/15/2019 | _____ | _____ | \$ _____ |
| 4 th quarter | 01/15/2020 | _____ | _____ | \$ _____ |

If submitting your organizer after 4/15/2020 (for extended returns only), please verify your 2019 extension payments below:

| | | <u>Date Paid</u> | <u>Check Number</u> | <u>Amount Paid</u> |
|---------|------------|------------------|---------------------|--------------------|
| Federal | 04/15/2020 | _____ | _____ | \$ _____ |
| State | 04/15/2020 | _____ | _____ | \$ _____ |
| City | 04/15/2020 | _____ | _____ | \$ _____ |

I / We did not make any Federal or State estimated tax payments for tax year 2019

Please return this completed form with your organizer and tax documents.

Dempsey Scheiman & Associates – 2019 Client Organizer

IRA Deductions

Are you covered by a retirement plan? _____

Traditional IRA contribution: _____

Roth IRA contribution: _____

Education IRA contribution: _____

Roth Conversion: _____

Other Adjustments

Penalty on early withdrawal of savings: _____

Alimony Paid: _____ SS# of Spouse _____

**** Hospitalization Verification ****

Please provide 1095 (A), (B) or (C) forms provided by your employer or health insurance provider to verify health insurance coverage. Our receipt of these forms has become mandatory as a result of provisions contained in the Affordable Care Act.

Please provide any forms received for Health Savings Accounts (HSA).

Direct Deposit of Refund

Please have any refunds electronically deposited to my/our designated account:

Yes No

If yes, please provide the following account information OR attach a VOIDED check (not a deposit slip) for the account to which the deposit is to be made:

Name of bank institution: _____

Routing number : _____

Account Number: _____

This account is a Checking Savings

Is designated account a joint account? Yes No

If no, and you are filing a joint return, who owns the account?

Husband Wife

Dempsey Scheiman & Associates – 2019 Client Organizer

| Schedule A – Medical | Charitable Contributions |
|---|---|
| <p>Unreimbursed Payments For:</p> <p>Insurance Premiums (if not payroll deducted) _____</p> <p>Prescription Drugs _____</p> <p>Doctor/Dental Exp. _____</p> <p>Hospital/Lab Exp. _____</p> <p>Long-Term Care Premiums _____</p> <p>Miles Driven _____</p> <p>Other _____</p> <p>Amount of reimbursements received for care _____</p> | <p>*Documentation required upon Audit</p> <p>Cash Contributions: _____</p> <p>Churches _____</p> <p>Am. Cancer Society _____</p> <p>Heart Association _____</p> <p>March of Dimes _____</p> <p>United Way _____</p> <p>Other: _____</p> <p>Non-cash Contributions (Itemized list on file with Taxpayer)</p> <p>Goodwill _____</p> <p>Salvation Army _____</p> <p>AM Vets _____</p> <p>Other: _____</p> <p>If over \$500 list Organization, date _____</p> <p>Donated & items: _____</p> |
| Taxes Paid | Interest Expense |
| <p>Real Estate Taxes – Home: _____</p> <p>Real Estate Other Itemize: _____</p> <p>_____</p> <p>_____</p> <p>Sales Tax on Major Purchase: \$ _____</p> <p style="text-align: right;">Details</p> | <p>Home Mortgage Interest _____</p> <p>Second Mortgage _____</p> <p>Home Equity Loan _____</p> <p>Did you refinance your house in 2019? _____</p> <p>If yes: Points paid _____</p> <p style="padding-left: 40px;">Term of loan _____</p> |
| Miscellaneous Expense | |
| <p>The 2018 Tax Law Change eliminated Miscellaneous Deductions</p> <p>Gambling Losses (log book required) _____</p> | |

Dempsey Scheiman & Associates – 2019 Client Organizer

**1099's Must Be Issued To ALL Nonincorporated Service Providers
For Amounts Totaling \$600 Or More.**

Rent & Royalty Properties

| | Unit 1 | Unit 2 | Unit 3 |
|---|--------|--------|--------|
| Property/Location | _____ | _____ | _____ |
| Taxpayer/Spouse/Joint Ownership Percentage | _____ | _____ | _____ |
| | _____ | _____ | _____ |
| | _____ | _____ | _____ |

****Did you make payments in 2019 that require you to file 1099s?** _____yes _____no
****If "yes" did you or will you file all required 1099s?** _____yes _____no

Income

| | | | |
|-----------------|-------|-------|-------|
| Gross Rents | _____ | _____ | _____ |
| Gross Royalties | _____ | _____ | _____ |

Expenses

| | | | |
|---------------------------|-------|-------|-------|
| Advertising | _____ | _____ | _____ |
| Auto | _____ | _____ | _____ |
| Cleaning & Maintenance | _____ | _____ | _____ |
| Commissions | _____ | _____ | _____ |
| Insurance | _____ | _____ | _____ |
| Legal & Professional Fees | _____ | _____ | _____ |
| Management Fees | _____ | _____ | _____ |
| Mortgage Interest | _____ | _____ | _____ |
| Other Interest | _____ | _____ | _____ |
| Repairs | _____ | _____ | _____ |
| Supplies | _____ | _____ | _____ |
| Taxes | _____ | _____ | _____ |
| Travel | _____ | _____ | _____ |
| Utilities | _____ | _____ | _____ |
| Depreciation | _____ | _____ | _____ |
| Other Expenses: | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Large Purchases/Improvements (Not listed above)
 New Property Purchases/Sales – Attach Escrow Statement

| Description/Unit # | Date | Cost Basis |
|--------------------|-------|------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Mileage _____
 Beginning odometer reading 1/1/19 _____
 Ending odometer reading 12/31/19 _____
 Business Mileage _____

Do you have a written log to support your deduction? _____

***The IRS will disallow the mileage deduction if you do not have proof of the beginning of year and end of year odometer readings and a written log. e.g. oil change, mechanic maintenance log.**

Dempsey Scheiman & Associates – 2019 Client Organizer

| 1099-Ks Must Be Attached You Will Receive This Form If You Accepted Credit Card Payments | |
|--|---|
| Schedule C General Information | Cost Of Goods Sold |
| Taxpayer/Spouse/Joint _____ Employer Identification # _____ Principal Business/Profession: _____ Business Name: _____ Business Address: _____ | Beginning Inventory: _____ Purchases: _____ Labor: _____ Materials: _____ Other Costs: _____ Ending Inventory: _____ |
| IRS MANDATE----1099s Must Be Issued to ALL Unincorporated Service Providers For Amounts Totaling \$600 Or More. **Did you make payments in 2019 that require you to file a 1099? ___yes ___no **If “yes” did you or will you file all required 1099s? ___yes ___no | <div style="text-align: center; background-color: #e0e0e0; padding: 2px;">Expenses</div> Advertising: _____ Car & Truck Expense: _____ Depreciation: _____ Employee Benefits: _____ Insurance: _____ Interest—Financial Institutions: _____ Interest Expense—Other: _____ Legal/Professional Fees: _____ Office Expenses: _____ Pension/Profit Sharing: _____ Rent—Machinery: _____ Rent—Other: _____ Repairs./Maintenance: _____ Supplies: _____ Taxes/Licenses: _____ Travel: _____ Meals/Entertainment: _____ Utilities: _____ Wages: _____ Do you have a home office exclusively used for business? _____ If yes: Sq. footage of Office: _____ Sq. footage of House: _____ Other Expenses: _____ _____ |
| Income Attach all 1099K Forms | |
| Gross Receipts Or Sales: _____ Returns And Allowances: _____ Other Income: _____ | |
| Mileage | |
| Odometer Reading 1/1/19 _____ Odometer Reading 12/31/19 _____ Total Mileage: _____ Business Mileage: _____ Make of Auto: _____ Date of vehicle placed in service for business: _____ Do you have another vehicle available for personal use? _____ Do you have a written log to support your deduction? _____ Purchase of Lease? _____ | |

***The IRS will disallow mileage expense if you do not have proof of the beginning of year and ending of year odometer readings and a written log. e.g. oil change receipt; mechanic maintenance log.**