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Tax Return Appointment

Date:
 Time:
 Location:

This tax organizer will assist you in gathering information necessary for the preparation of your 2019 tax return. Please add, change, or delete information as appropriate.

CLIENT INFORMATION

Filing Status	Filing status (table) 1 1=married filing separate and lived with spouse..... Year spouse died, if qualifying widow(er) (2017 or 2018).....	<p>Filing Status</p> 1 = Single 2 = Married filing joint 3 = Married filing separate 4 = Head of household 5 = Qualifying widow(er)
Taxpayer	First name and initial Last name Title/suffix Social security number Occupation Date of birth (m/d/y) Date of death (m/d/y) 1=blind.....	
Spouse	First name and initial Last name Title/suffix Social security number Occupation Date of birth (m/d/y) Date of death (m/d/y) 1=blind.....	
Address	In care of Street address Apartment number City State ID ZIP code	
Foreign Address	Region Postal code Country.....	

Please add, change or delete information for 2019.

CLIENT INFORMATION

Taxpayer Contact Information	Home phone.....		<p>Daytime Phone</p> <p>1 = Work 2 = Home 3 = Mobile</p>
	Work phone.....		
	Work extension.....		
	Daytime phone (table).....	1	
	Mobile phone.....		
	Fax number.....		
	E-mail address.....		
Spouse Contact Information	Home phone.....		
	Work phone.....		
	Work extension.....		
	Daytime phone (table).....		
	Mobile phone.....		
	Fax number.....		
	E-mail address.....		
Taxpayer Authentication	Driver's license no.....		
	Driver's license state.....		
	Issue date (m/d/y).....		
	Expiration date (m/d/y).....		
	Theft protection PIN.....		
Spouse Authentication	Driver's license no.....		
	Driver's license state.....		
	Issue date (m/d/y).....		
	Expiration date (m/d/y).....		
	Theft protection PIN.....		

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Wages, Pensions, Gambling Winnings

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Please enter all pertinent 2017 amounts & attach all W-2, W-2G and 1099-R forms.
Last year's amounts are provided for your reference.

WAGES, SALARIES, TIPS (10)

No.	Name of Employer (Box c)	1=retirement plan (Box 13)		Wages, Tips, Other Compensation (Box 1)	Tax Withheld					2016 Wages
		1=spouse			Federal (Box 2)	Social Security (Box 4)	Medicare (Box 6)	State (Box 17)	Local (Box 19)	

PENSIONS, IRA DISTRIBUTIONS (13.1)

No.	Name of Payer	Distribution code #2			Gross Distribution (Box 1)	Taxable Amount (Box 2a)	Tax Withheld		Value of all IRAs at 12/31/17	2016 Distribution
		Distribution code #1					Federal (Box 4)	State (Box 12)		
		1=IRA/SEP/SIMPLE								

GAMBLING WINNINGS (W-2G) (13.2)

No.	Name of Payer	1=spouse	Gross Winnings (Box 1)	Tax Withheld			2016 Winnings
				Federal (Box 4)	State (Box 15)	Local (Box 17)	

GAMBLING LOSSES & WINNINGS (NON W-2G) (13.2)

	2017 Amount	TS	2016 Amount
Total gambling losses			
Winnings not reported on Form W-2G			

If any of the following items pertain to you or your spouse for 2019, please check the appropriate box and provide additional information if necessary.

PERSONAL INFORMATION

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Did your marital status change during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did your address change during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Could you be claimed as a dependent on another person's tax return for 2019? |

DEPENDENTS

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Were there any changes in dependents? |
| <input type="checkbox"/> | <input type="checkbox"/> | Were any of your unmarried children who might be claimed as dependents 19 years of age or older at the end of 2019? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have any children under age 19 or full-time students under age 24 at the end of 2019, with interest and dividend income in excess of \$1,000, or total investment income in excess of \$2,000? |

HEALTH CARE COVERAGE

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you and your dependents have health-care coverage for the full year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive any of the following IRS Documents? Form 1095-A (Health Insurance Marketplace Statement), 1095-B (Health Coverage) or Form 1095-C (Employer Provided Health Insurance Offer and Coverage) If so, please attach. |

INCOME

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive unreported tip income of \$20 or more in any month? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you cash any Series EE U.S. savings bonds issued after 1989 and pay qualified higher education expenses for yourself, your spouse, or your dependents? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive any disability income? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have any foreign income or pay any foreign taxes? |

PURCHASES, SALES AND DEBT

- Did you start a business or farm, purchase rental or royalty property, or acquire an interest in a partnership, S corporation, trust, or REMIC?
- Did you purchase or dispose of any business assets (furniture, equipment, vehicles, real estate, etc.), or convert any personal assets to business use?
- Did you buy or sell any stocks, bonds or other investment property in 2019?
- Did you sell or do you plan to sell any dividend generating stocks or mutual funds during the first 60 days of 2020?
- Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan?
- Did you purchase a home in 2019 and you were overseas on official extended duty?
- Did you make any residential energy-efficient improvements or purchases involving solar, wind, geothermal or fuel cell energy sources?
- Did you have any debts canceled or forgiven?

RETIREMENT PLANS

- Did you receive a distribution from a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?
- Did you make a contribution to a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?
- Did you transfer or rollover any amount from one retirement plan to another retirement plan?
- Did you convert part or all of your traditional, SEP, or SIMPLE IRA to a Roth IRA in 2019?

EDUCATION

- Did you receive a distribution from an Education Savings Account or a Qualified Tuition Program?
- Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school?

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Miscellaneous Questions

ITEMIZED DEDUCTIONS

Did you incur a loss because of damaged or stolen property?

ESTIMATED TAXES

Did you make any estimated 2019 tax payments? If so, please attach copies.

Did you apply an overpayment of 2019 taxes to your 2020 estimated tax (instead of being refunded)?

If you have an overpayment of 2019 taxes, do you want the excess applied to your 2020 estimated tax (instead of being refunded)?

MISCELLANEOUS

Did your bank account information change within the last twelve months?

If you have a refund would you like it direct deposited?

Did you contribute to an HSA or MSA account?

Did you withdraw funds from an HSA or MSA that were not used for medical expenses?

May the IRS discuss your tax return with your preparer?

Did you have an interest in or signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account?

Did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust or did you have an interest in any foreign assets or accounts?

Was your home rented out or used for business?

Did you receive a distribution from an Achieving a Better Life Experience (ABLE) savings account?

Did you engage the services of any household employees?

Were you notified or audited by either the Internal Revenue Service or the State taxing agency?

Did you or your spouse make any gifts to an individual that total more than \$15,000, or any gifts to a trust?

Did you buy, sell, exchange, or otherwise acquire any virtual currency?

IDAHO INQUIRIES

- Did you contribute to an Idaho Medical Savings account?
- Did you purchase any on-line or mail order items from an out of state vendor that you didn't pay sales tax on? If so how much \$_____?
- Did you incur any expenses in donating or transplanting human organs?
- Did you donate any technological equipment to an Idaho school?
- Did you maintain a home for a family member age 65 or over?
- Are any of your dependents developmentally disabled?
- Did you donate to a College Savings 529 Plan?

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Miscellaneous Income

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Please enter all pertinent 2017 amounts and attach all 1099-MISC, SSA-1099, and RRB-1099 forms. Last year's amounts are provided for your reference.

MISCELLANEOUS INCOME

	2017 Amount		2016 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Social security benefits (SSA-1099, box 5).....				
Medicare premiums paid (SSA-1099).....				
1=treat Medicare premiums paid as SE health ins.....				
Tier 1 RR retirement benefits (RRB-1099, box 5)...				
1=lump-sum election for SS benefits.....				
Alimony received.....				
Taxable scholarships and fellowships.....				
Jury duty pay.....				
Household employee income not on W-2.....				
Excess minister's allowance.....				
Alaska permanent fund dividends.....				
Income from rental of personal property.....				
Income subject to S/E tax:				

Other income (1099-MISC, box 3, 8)				

TAX WITHHELD (not entered elsewhere)

Federal income tax withheld.....				
State income tax withheld.....				
Local income tax withheld.....				

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Health Coverage Form

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Please do not complete this information if coverage is indicated on Form 1095-A, 1095-B or 1095-C. Attach the document with this organizer if you have it.

GENERAL INFORMATION

1=entire household covered for all months, 2=no months
Date married (if in current year)

Empty boxes for household coverage and date married.

COVERED INDIVIDUAL (#1)

Form for Covered Individual #1 including fields for name, ID number, and monthly coverage for 2016.

COVERED INDIVIDUAL (#2)

Form for Covered Individual #2 including fields for name, ID number, and monthly coverage for 2016.

COVERED INDIVIDUAL (#3)

Form for Covered Individual #3 including fields for name, ID number, and monthly coverage for 2016.

COVERED INDIVIDUAL (#4)

Form for Covered Individual #4 including fields for name, ID number, and monthly coverage for 2016.

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Capital Gains & Losses (Schedule D)

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If you sold any stocks, bonds, or other investment property in 2019, please list the pertinent information for each sale below or provide a spreadsheet file with this information.
Be sure to attach all 1099-B forms and brokerage statements.

No.	Quantity	Description of Property (Box 1a)	Date Acquired (Box 1b)	Date Sold (Box 1c)	Sales Price (gross or net) (Box 1d)	Cost or Basis (Box 1e)	Blank=basis rep. to IRS, 1=nonrec. security (Box 3, 5)	Expenses of Sale (if gross sales price entered)	Federal Income Tax Withheld (Box 4)
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									

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Adjustments to Income

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Please enter all pertinent 2017 information. Last year's amounts are provided for your reference.

TRADITIONAL IRA CONTRIBUTIONS

	2017 Amount		2016 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
IRA contributions you made or expect to make (1=maximum) (\$5,500/\$6,500 if 50 or older)				
Contributions made to date				
1=covered by plan, 2=not covered.				
2017 payments from 1/1/18 to 4/17/18.				

ROTH IRA CONTRIBUTIONS

	2017 Amount	2016 Amount
	Taxpayer	Spouse
Roth IRA contributions you made or expect to make (1=maximum) (\$5,500/\$6,500 if 50 or older)		
Contributions made to date		

SEP, SIMPLE AND QUALIFIED PLANS (KEOGH)

	2017 Amount		2016 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Profit-sharing (25%/1.25) contributions you made or expect to make (1=maximum)				
Money purchase (25%/1.25) contributions you made or expect to make (1=maximum)				
Defined benefit contributions you expect to make				
Self-employed SEP (25%/1.25) contributions you made or expect to make (1=maximum)				
Plan contribution rate if not .25 (.xxxx)				
Individual 401k: SE elective deferrals (except Roth) (1=max.)				
Individual 401k: SE designated Roth contributions (1=max.)				
SIMPLE contributions:				
Self-employed SIMPLE contributions you made or expect to make (1=maximum)				
Employer matching rate if not .03 (.xxxx)				
1=nonelective contributions (2%)				
Contributions made to date				

ADJUSTMENTS TO INCOME

	2017 Amount		2016 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Self-employed health insurance:				
Total premiums (excluding long-term care)				
Long-term care premiums				
Student loan interest paid (1098-E, box 1)				
Educator expenses (kindergarten thru grade 12)				
Jury duty pay given to employer				
Expenses from rental of personal property				
Other adjustments to income:				

Alimony paid:	2017 Amount		2016 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Recipient's first name				
Recipient's last name				
Recipient's SSN				
Amount paid				

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Itemized Deductions

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Please enter all pertinent 2017 amounts and attach all 1098 forms. Last year's amounts are provided for your reference.

MEDICAL AND DENTAL EXPENSES

NOTE: Enter self-employed health insurance premiums on Sheet 24 and Medicare insurance premiums on Sheet 14.

Table with 3 columns: 2017 Amount, TS, 2016 Amount. Rows include Prescription medicines and drugs, Doctors, dentists and nurses, Hospitals and nursing homes, Insurance premiums not entered elsewhere, Long-term care premiums - taxpayer, Long-term care premiums - spouse, Insurance reimbursement, Lodging and transportation, Out-of-pocket expenses, Medical miles driven, and Other medical and dental expenses.

TAXES PAID (State and local withholding and 2017 estimates are automatic.)

Table with 3 columns: 2017 Amount, TS, 2016 Amount. Rows include State income taxes - 1/17 payment on 2016 state estimate, State income taxes - paid with 2016 state return extension, State income taxes - paid with 2016 state return, State income taxes - paid for prior years and/or to other state, City/local income taxes - 1/17 payment on 2016 city/local estimate, City/local income taxes - paid with 2016 city/local extension, and City/local income taxes - paid with 2016 city/local return.

SALES AND USE TAXES PAID

Table with 3 columns: 2017 Amount, TS, 2016 Amount. Rows include State and local sales taxes (except autos and special items), Use taxes paid on 2017 purchases, Use taxes paid with 2016 state return, Sales tax on autos not included above, and Sales tax on boats, aircraft, other special items.

OTHER TAXES PAID

Table with 3 columns: 2017 Amount, TS, 2016 Amount. Rows include Real estate taxes - principal residence, Real estate taxes - property held for investment, Personal property taxes (including auto fees in some states. Provide a copy of tax notice), Foreign income taxes, and Other taxes.

Please enter all pertinent 2017 amounts. Last year's amounts are provided for your reference.

INTEREST PAID

Home mortgage int. (Box 1) and points (Box 2) reported on Form 1098:

2017 Amount

TS

2016 Amount

Table with 3 columns: 2017 Amount, TS, 2016 Amount. Two rows for home mortgage interest and points reported on Form 1098.

Home mortgage interest not reported on Form 1098:

Form for home mortgage interest not reported on Form 1098, including fields for payee's name, SSN, street address, city, state, ZIP code, region, postal code, and country.

Table with 3 columns: 2017 Amount, TS, 2016 Amount. One row for amount paid.

Points not reported on Form 1098:

Table with 3 columns: 2017 Amount, TS, 2016 Amount. Two rows for points not reported on Form 1098.

Mortgage insurance premiums on post 12/31/06 contracts (Box 4).....

Table with 3 columns: 2017 Amount, TS, 2016 Amount. Two rows for mortgage insurance premiums.

Investment interest (interest on margin accounts):

Table with 3 columns: 2017 Amount, TS, 2016 Amount. Two rows for investment interest.

Passive interest.....

Table with 3 columns: 2017 Amount, TS, 2016 Amount. Two rows for passive interest.

Certain home mortgage interest included above (6251).....

Table with 3 columns: 2017 Amount, TS, 2016 Amount. Two rows for certain home mortgage interest.

NOTE: Points paid on loans other than to buy, build, or improve your main home are deductible over the life of the mortgage. For these types of loans also provide the dates and lives of the loans.

CASH CONTRIBUTIONS

NOTE: No deduction is allowed for cash or check contributions unless the donor maintains a bank record, or a written communication from the donee, showing the name of the organization, contribution date(s), and contribution amount(s).

Churches, schools, hospitals, and other charitable organizations (50% limitation):

Contributions by cash or check:

Table with 3 columns: 2017 Amount, TS, 2016 Amount. Four rows for contributions by cash or check.

Volunteer expenses (out-of-pocket).....

Number of charitable miles.....

Table with 3 columns: 2017 Amount, TS, 2016 Amount. Two rows for volunteer expenses and charitable miles.

Veterans' organizations, fraternal societies, nonprofit cemeteries, and certain private nonoperating foundations (30% limitation):

Contributions by cash or check:

Table with 3 columns: 2017 Amount, TS, 2016 Amount. Four rows for contributions by cash or check.

Volunteer expenses (out-of-pocket).....

Number of charitable miles.....

Table with 3 columns: 2017 Amount, TS, 2016 Amount. Two rows for volunteer expenses and charitable miles.

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Itemized Deductions (continued)

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Please enter all pertinent 2017 amounts. Last year's amounts are provided for your reference.

NONCASH CONTRIBUTIONS

NOTE: Use Sheet 26 if total noncash contributions are over \$500. No deduction is allowed for contributions of clothing and household items that are not in good used condition or better. In addition, a deduction for any item with minimal monetary value may be denied.

50% limitation (see above):

Three horizontal lines for entering 2017 amounts under the 50% limitation category.

Table with 3 columns: 2017 Amount, TS, 2016 Amount. Three rows for data entry.

30% limitation (see above):

Three horizontal lines for entering 2017 amounts under the 30% limitation category.

Table with 3 columns: 2017 Amount, TS, 2016 Amount. Three rows for data entry.

30% capital gain property (gifts of capital gain property to 50% limit orgs.):

Three horizontal lines for entering 2017 amounts under the 30% capital gain property category.

Table with 3 columns: 2017 Amount, TS, 2016 Amount. Three rows for data entry.

20% capital gain property (gifts of capital gain property to non-50% limit orgs.):

Three horizontal lines for entering 2017 amounts under the 20% capital gain property category.

Table with 3 columns: 2017 Amount, TS, 2016 Amount. Three rows for data entry.

MISCELLANEOUS DEDUCTIONS (subject to 2% AGI limit)

Union and professional dues

Table with 3 columns: 2017 Amount, TS, 2016 Amount. One row for Union and professional dues.

Other unreimbursed employee expenses (uniforms and protective clothing, professional subscriptions, employment agency fees, and certain edu. expenses):

Five horizontal lines for entering 2017 amounts under the other unreimbursed employee expenses category.

Table with 3 columns: 2017 Amount, TS, 2016 Amount. Five rows for data entry.

Investment expense:

Five horizontal lines for entering 2017 amounts under the investment expense category.

Table with 3 columns: 2017 Amount, TS, 2016 Amount. Five rows for data entry.

Tax return preparation fee

Safe deposit box rental

Table with 3 columns: 2017 Amount, TS, 2016 Amount. Two rows for Tax return preparation fee and Safe deposit box rental.

Miscellaneous deductions (2% AGI) (certain legal and accounting fees, and custodial fees):

Five horizontal lines for entering 2017 amounts under the miscellaneous deductions category.

Table with 3 columns: 2017 Amount, TS, 2016 Amount. Five rows for data entry.

