

# Williams Business Solutions



## 2019 TAX ORGANIZER – Short Form

Use this form if you do not itemize

### Personal and Dependent Information

Name <small>(as appears on social security card)</small>		SSN	DOB	Healthcare coverage all year (y/n)
Taxpayer				
Spouse				
Street Address, City, State and Zip: <input type="checkbox"/> NEW				
Occupation		Daytime Phone	Cell Phone	
Taxpayer				
Spouse				
Taxpayer Email				
Spouse Email				
<b>Please provide a copy of yours and your spouse's current drivers license plus a copy of last years tax return.</b>				

Marital Status on December 31, 2019:    Change <input type="checkbox"/> <input type="checkbox"/> Married <input type="checkbox"/> Married filing separately * <input type="checkbox"/> Single <input type="checkbox"/> Widower – Date of Spouse's Death If deceased in 2019 _____		Taxpayer	Spouse
	Are you blind or disabled?		
	Full Time Student?		
	Live in US All Year?		
	Donate \$3 Pres Camp Fund?		
	Be claimed as dependent by someone else?		
<b>* If married filing separately – please provide full name and social security of spouse above.</b>			

Dependents First and Last Name	SSN	Relationship	Months in Home	DOB	Disabled	FT Student	Healthcare coverage all year
Can another person qualify to claim any of your children <input type="checkbox"/> Yes <input type="checkbox"/> No If yes explain:							
Childcare Expense <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes amount \$				Provide proof of expense			
Adoption Expense <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes amount \$				Provide proof of expense			
Do you have any children under age 19 or FT student under age 24 with more than \$1900 of unearned income? (from investments not work) <input type="checkbox"/> Yes <input type="checkbox"/> No							
Do you have financial interest in or signature authority over a financial account or asset located in a foreign country? <input type="checkbox"/> Yes <input type="checkbox"/> No							

### Healthcare Information

Was coverage offered by your employer or your spouse's employer? <input type="checkbox"/> Yes <input type="checkbox"/> No											
Did you receive any distributions from a Health Savings Account (HSA), Archer MSA, or Medicare Advantage MSA during the year? <input type="checkbox"/> Yes <input type="checkbox"/> No											
Did anyone other than you or your spouse pay for the healthcare coverage for anyone listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No											
Did you pay for healthcare coverage for anyone not listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No											
Where was your insurance policy obtained? <input type="checkbox"/> Employer <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> Marketplace <input type="checkbox"/> Other											
Are you a member of a federally recognized Indian tribe? <input type="checkbox"/> Yes <input type="checkbox"/> No											
Are you eligible for services through an Indian healthcare provider? <input type="checkbox"/> Yes <input type="checkbox"/> No											
Are you a member of a healthcare sharing ministry? <input type="checkbox"/> Yes <input type="checkbox"/> No											
Did you apply for CHIP coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you enrolled in TRICARE? <input type="checkbox"/> Yes <input type="checkbox"/> No										
<b>If you did not have health insurance coverage for the entire year, complete below:</b>											
Did any member of your household NOT have healthcare coverage for the entire year? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>-Provide copies of all Forms 1095-A, 1095-B, 1095-C for all members of your household. If any member of your household received an exemption from the marketplace, provide the Exemption Certificate Number (ECN)</small>											
Which months did each person in your household have insurance?											
Jan <input type="checkbox"/>	Feb <input type="checkbox"/>	Mar <input type="checkbox"/>	Apr <input type="checkbox"/>	May <input type="checkbox"/>	June <input type="checkbox"/>	July <input type="checkbox"/>	Aug <input type="checkbox"/>	Sept <input type="checkbox"/>	Oct <input type="checkbox"/>	Nov <input type="checkbox"/>	Dec <input type="checkbox"/>
Was your previous insurance policy cancelled in 2018? <input type="checkbox"/> Yes <input type="checkbox"/> No											
Do any of the following apply to you? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>Became homeless, evicted in past 6 months, facing eviction / foreclosure, received a shut off notice from utility company, Experienced domestic violence, experienced a natural disaster (damage to property), filed for bankruptcy in past 6 months, experienced death of a close family member, incurred unreimbursed medical expenses that resulted in substantial debt, experienced substantial increase in essential expenses due to caring for an ill, disabled or aging family member?</small>											

### Miscellaneous Information

<b>Income, Purchases, Sales and Debt Information:</b>		
Did you receive any disability income during the year? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Did you cash any US Savings bonds during the year? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Did you sell a principal residence during the year? <input type="checkbox"/> Yes <input type="checkbox"/> No    Secondary residence? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>If yes provide closing documentation for the purchase and sale of property.</small>		
Did you have any debts cancelled or forgiven this year? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Did you receive or pay alimony? <input type="checkbox"/> Yes (see below) <input type="checkbox"/> No    Provide a copy of divorce decree		
Alimony Paid to Name:	SSN:	Amount \$
If you paid alimony please provide a copy of your divorce decree for specific wording to see if deductible.		

<b>Payments &amp; Refund Information</b>			
Did you apply an overpayment of your 2018 taxes to your 2019 estimated taxes? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Did you make estimated payments toward your 2019 taxes? <input type="checkbox"/> Yes <input type="checkbox"/> No    Amount \$			
Do you want your refund direct deposited to your account? <input type="checkbox"/> Or check mailed to you? <input type="checkbox"/> <small>If direct deposit, provide cancelled copy of your check.</small>			
Checking <input type="checkbox"/>	Savings <input type="checkbox"/>	ABA#	ACCT#
May the IRS discuss your tax return with your preparer? <input type="checkbox"/> Yes <input type="checkbox"/> No			

<b>Documentation (for office use only)</b>			
Wages - W-2s	<input type="checkbox"/> Yes	RR Benefits – 1099-RRB	<input type="checkbox"/> Yes
1099-Misc	<input type="checkbox"/> Yes	Gambling – W2-G	<input type="checkbox"/> Yes
Retirement -1099-R	<input type="checkbox"/> Yes	Education Exp – 1098-T	<input type="checkbox"/> Yes
Dividends - 1099-DIV	<input type="checkbox"/> Yes	K-1s	<input type="checkbox"/> Yes
Interest – 1099-INT	<input type="checkbox"/> Yes	Child Care Expense Form	<input type="checkbox"/> Yes
Unemployment – 1099-G	<input type="checkbox"/> Yes		Profit & Loss <input type="checkbox"/> Yes
SS Benefits – 1099-SSA	<input type="checkbox"/> Yes		Balance Sheet <input type="checkbox"/> Yes
Interest Paid – 1098	<input type="checkbox"/> Yes		Asset Lists <input type="checkbox"/> Yes
			Business closed in 2019 <input type="checkbox"/> Yes
<b>Received by:</b>		<b>Date Received:</b>	
<b>Make sure have these docs before accepting:</b>			
<b>Copy of DL Taxpayer</b>	<input type="checkbox"/> Yes	<b>Copy of DL Spouse</b>	<input type="checkbox"/> Yes
<b>Prev year tax return</b>	<input type="checkbox"/> Yes	<b>Engagement Letter</b>	<input type="checkbox"/> Yes

Notes: