

**ALL clients must complete and SIGN FILING STATUS CHANGES?**

- Yes \_\_\_\_\_ Address changes?
- Yes \_\_\_\_\_ Marital status changes?
- Yes \_\_\_\_\_ Add or remove dependents?
- Yes \_\_\_\_\_ Occupation changes? \_\_\_\_\_

**EXEMPTIONS & ADDITIONAL STANDARD DEDUCTIONS**

- # Of \_\_\_\_\_ Dependent children living at home (number)
- # Of \_\_\_\_\_ Dependent children away at college
- # Of \_\_\_\_\_ Children living with EX you are claiming  
(Must have form 8332 signed by ex)
- Yes \_\_\_\_\_ New Dependents  
(Need date of birth and social security #)
- Yes \_\_\_\_\_ Dependent parents
- # Of \_\_\_\_\_ Any other dependents
- Yes \_\_\_\_\_ Do any of your dependent(s) have income?
- Yes \_\_\_\_\_ Either Spouse Blind/Disabled

**INCOME – MUST answer last question**

- Yes \_\_\_\_\_ Wages from W-2
- Yes \_\_\_\_\_ Tips Unreported (Check for allocated tips)
- Yes \_\_\_\_\_ Unemployment Compensation 1099G
- Yes \_\_\_\_\_ Interest & Dividend Income 1099 Int or Div
- Yes \_\_\_\_\_ Any Inherited assets or money
- Yes \_\_\_\_\_ State tax refunds received 1099G
- Yes \_\_\_\_\_ Social Security 1099SSA or RR Retirement 1099R
- Yes \_\_\_\_\_ Pension or Annuity payments recvd 1099R
- Yes \_\_\_\_\_ Disability Pension (Reportable on Line 7)
- Yes \_\_\_\_\_ IRA distributions received (is any excludable?)
- Yes \_\_\_\_\_ Rollovers of IRAs or 401Ks
- Yes \_\_\_\_\_ IRA Roth Conversion
- Yes \_\_\_\_\_ Alimony received
- Yes \_\_\_\_\_ Gambling / Lottery Winnings (gross winnings)
- Yes \_\_\_\_\_ Prizes / Settlements / Other
- Yes \_\_\_\_\_ Stock Sales or splits (adjust basis if split)  
**MUST HAVE BASIS OF STOCK SOLD**
- Yes \_\_\_\_\_ Stock Options Exercised
- Yes \_\_\_\_\_ Cryptocurrency Transactions
- Yes \_\_\_\_\_ Hobby Income
- Yes \_\_\_\_\_ Jury Duty
- Yes \_\_\_\_\_ Scholarships / Fellowships / Grants  
(can be fully or partially taxable)
- Yes \_\_\_\_\_ Refunds of previously deducted amounts
- Yes \_\_\_\_\_ Barter / Trade Income
- Yes \_\_\_\_\_ Cancellation of ANY Debt
- Yes \_\_\_\_\_ Mortgage Modification
- Yes \_\_\_\_\_ Schedule C, (use Schedule C Checklist)
- Yes \_\_\_\_\_ Schedule F, (use Schedule F Checklist)
- Yes \_\_\_\_\_ Rental activities
  - \_\_\_\_ Real Estate (Sch E) Days Rented \_\_\_\_\_
  - \_\_\_\_ Days of Personal Use \_\_\_\_\_
  - \_\_\_\_ Vacation Home
- Yes \_\_\_\_\_ Sale or abandonment of ANY assets
  - \_\_\_\_ Sale of residence \_\_\_\_\_ Unimproved land
  - \_\_\_\_ Like-kind exchange \_\_\_\_\_ Sale by Foreclosure
  - \_\_\_\_ Did you repossess any property?
- Yes \_\_\_\_\_ Royalty Income
- Yes \_\_\_\_\_ Partnership Income or Loss from K-1 (at risk?)
- Yes \_\_\_\_\_ Estate or Trust Income from K-1
- Yes \_\_\_\_\_ S Corporation Income from K-1 (at risk?)

**Any other 2019 Income not listed above?**  
**YES or NO** \_\_\_\_\_

\_\_\_\_\_ New Client or Renewed Drivers License or State ID? We need a copy of the front please.

Name: \_\_\_\_\_

Date \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

**Tax Return Preference: Please check one**

Hard copy booklet? \_\_\_\_\_

Electronic copy in portal? \_\_\_\_\_

Yes \_\_\_\_\_ Do you have any FOREIGN Bank Accts or Assets?

**ADJUSTMENTS**

- Yes \_\_\_\_\_ Oregon Saves Program via Employer
- Yes \_\_\_\_\_ Traditional IRA contributions (Not Company)
- Yes \_\_\_\_\_ Roth IRA contributions Pension Plans)
- Yes \_\_\_\_\_ SEP contributions
- Yes \_\_\_\_\_ Alimony or separate maintenance paid
- Yes \_\_\_\_\_ Self-employed Health Insurance deduction
- Yes \_\_\_\_\_ Qualified Moving Expenses (Military Only)
- Yes \_\_\_\_\_ Student Loan Interest (Form 1098E)
- Yes \_\_\_\_\_ Educator (Teacher/Aide) Supplies/Education
- Yes \_\_\_\_\_ HSA deduction

**TAX CREDITS & PAYMENTS**

- Yes \_\_\_\_\_ Qualified College Tuition and Expenses paid  
(Form 1098T & print out of payments required)
- Yes \_\_\_\_\_ Child care (need SSN for each caregiver)
- Yes \_\_\_\_\_ Did you make estimated tax payments?  
(Dates & Amounts Required)
- Yes \_\_\_\_\_ Residential energy improvements - Renewable
- Yes \_\_\_\_\_ **EIC REQUIRED DOCUMENTS**

**AFFORDABLE CARE ACT**

Yes \_\_\_\_\_ Did you have Health Insurance via the Marketplace?  
(We must have form 1095-A)

**OREGON**

- Yes \_\_\_\_\_ All Medical Exp pd if taxpayer/spouse 65 or over  
Taxpayer \$ \_\_\_\_\_ Spouse \$ \_\_\_\_\_
- Yes \_\_\_\_\_ Are you registered as a Domestic Partner?
- Yes \_\_\_\_\_ Foreign Tax Subtraction
- Yes \_\_\_\_\_ Qualified Transportation Worker (AMTRAK)
- Yes \_\_\_\_\_ Military Active Duty pay
- Yes \_\_\_\_\_ Severely Disabled Taxpayer/Spouse
- Yes \_\_\_\_\_ Child eligible for Early Intervention or IEP
- Yes \_\_\_\_\_ Oregon 529 Education Plan Contributions
- Yes \_\_\_\_\_ Political contributions (limited by income)
- Yes \_\_\_\_\_ Cultural Trust or IDA Account contribution
- Yes \_\_\_\_\_ PTE - Pass Thru Entity for Oregon K-1 or Sch C?

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

# IF YOU ITEMIZE – use this checklist

# BUSINESS EXPENSES - SELF EMPLOYED

## MEDICAL COSTS - DEDUCTIONS

- Yes \_\_\_\_\_ Prescription medicine or insulin
- Yes \_\_\_\_\_ Doctor/Chiropractor/Psychologist
- Yes \_\_\_\_\_ Dentist / Dentures /
- Yes \_\_\_\_\_ Hospital / Clinic
- Yes \_\_\_\_\_ Insurance Premiums – Long Term Care
- Yes \_\_\_\_\_ Insurance Premiums (including supplemental)
- Yes \_\_\_\_\_ Drug or Alcohol treatment center
- Yes \_\_\_\_\_ Ambulance
- Yes \_\_\_\_\_ Stop Smoking Programs
- Yes \_\_\_\_\_ Lodging for medical travel (\$50 per day limit)
- Yes \_\_\_\_\_ **Medical Mileage**
- Yes \_\_\_\_\_ Eyeglasses / Contacts (and supplies)
- Yes \_\_\_\_\_ Hearing aids / batteries
- Yes \_\_\_\_\_ In-Home Caregiver for Medical Care
- Yes \_\_\_\_\_ Capital expenditures (ramps/elevators, etc)
- Yes \_\_\_\_\_ **Medical exp of dependents, whether living with you or not**

## TAXES

Yes \_\_\_\_\_ **PORTLAND ARTS TAX \$ \_\_\_\_\_ Due April 15<sup>th</sup>**  
**This is ONLINE. If yes, you MUST file by mail or online**

- Yes \_\_\_\_\_ Oregon estimated payments (made for / in 2019)
- Yes \_\_\_\_\_ Oregon balance due (ANY year) paid in 2019
- Yes \_\_\_\_\_ **Real Estate Tax (residence/investment property)**
- Yes \_\_\_\_\_ Personal property Tax (Mobile home, boat etc)
- Yes \_\_\_\_\_ State Sales Taxes

## INTEREST

- Yes \_\_\_\_\_ **Purchase, Sell or Refinance a home?**  
**Bring FINAL Closing Disclosure**
- Yes \_\_\_\_\_ Home Mortgage Interest
- Yes \_\_\_\_\_ Is any Home Mortgage Interest “Equity Debt”?
- Yes \_\_\_\_\_ RV or Boat Interest (must have Kitchen and Toilet Facilities)
- Yes \_\_\_\_\_ Investment Interest:  
- Margin Accounts      - Investment property

## CONTRIBUTIONS

- Yes \_\_\_\_\_ Cash/Check (Proof Req'd):  
- Church                      - School  
- United Way                - Humane Society  
- Boy/Girl Scouts        - Other
- Yes \_\_\_\_\_ **HAVE CANCELLED CK/RECEIPT**
- Yes \_\_\_\_\_ Volunteer Miles Driven: \_\_\_\_\_
- Yes \_\_\_\_\_ Other than Cash (Stuff):  
- Salvation Army        - Church  
- ARC                        - Cerebral Palsy  
- Goodwill                - Veterans

**Get receipts AND have a priced itemized list!!!**  
**Price list available at [www.salvationarmyusa.org](http://www.salvationarmyusa.org),**  
**[www.goodwill.org](http://www.goodwill.org)**

## MISC. ITEMIZED DEDUCTIONS

- Yes \_\_\_\_\_ Gambling losses (to extent of winnings)
- Yes \_\_\_\_\_ Impairment related work expenses

## EMPLOYEE WORK EXPENSES

Gone through 2025

Yes \_\_\_\_\_ **Business mileage must have:**

**Total Miles driven during year** \_\_\_\_\_

**Business Miles driven during year** \_\_\_\_\_

**Commute (to/from W2 job) driven during year** \_\_\_\_\_

**Auto Description** \_\_\_\_\_

**Date in service** \_\_\_\_\_

**(MUST HAVE WRITTEN PROOF OF MILEAGE TAKEN AND TOTAL MILES DRIVEN)**

\$ \_\_\_\_\_ Amt of Health Insurance paid by self-employed persons.

Yes \_\_\_\_\_ Are you required to file 1099's for your business?  
(\$600 or more paid by check/cash/Venmo for rent or services to Non-Corporations)

## MISCELLANEOUS

Yes \_\_\_\_\_ **Do you expect any major changes in 2020? \*\*\***

Yes \_\_\_\_\_ Did you give more than \$15,000 in gifts to 1 person?

## TAX COMPUTATION

- Yes \_\_\_\_\_ Household Employees (Nanny, Housekeeper, etc)
- Yes \_\_\_\_\_ Penalty on IRA withdrawals (under age 59 ½)
- Yes \_\_\_\_\_ Age 70 ½ with required min distributions

**QUESTIONS / NOTES / CHANGES\*\*\***

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**Direct Deposit Info: If you are getting a refund**

**Bank Name** \_\_\_\_\_

**Routing Number** \_\_\_\_\_

**Account Number** \_\_\_\_\_

**Checking** \_\_\_\_\_ **Savings** \_\_\_\_\_

*Data Scanned* \_\_\_\_\_

*Return checked* \_\_\_\_\_