

# El Cid Bookkeeping - Tax Organizer

## Personal and Dependent(s) Information

### Personal Information

Name		SSN	Date of birth
Taxpayer			
Spouse			
Street address, city, state, and ZIP			
Occupation		Daytime phone	Evening phone
Taxpayer			
Spouse			
Taxpayer email			
Spouse email			

<b>Marital Status at end of year</b> <input type="checkbox"/> Married <input type="checkbox"/> Married filing separately <input type="checkbox"/> Single <input type="checkbox"/> Widow(er)    If spouse died enter the date of death _____	<b>Other information</b> Are you blind? _____ Are you disabled? _____ Are you a full-time student? _____ Do you want \$3 to go to the Presidential Election Campaign Fund? _____	<b>Taxpayer</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Spouse</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
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### Dependent Information

First and last name	SSN	Relationship	Months in home	Date of birth	Disabled	Full-time student

List dependents required to file a return \_\_\_\_\_

### Estimates

	Federal		Resident state		Resident city	
	Date paid	Amount	Date paid	Amount	Date paid	Amount
Overpayment applied						
First quarter						
Second quarter						
Third quarter						
Fourth quarter						
Additional payments						

### Account Information for Deposits or Withdrawals

Name of bank	Bank routing number	Bank account number	Type of account		Use this account for	
			Checking	Savings	Deposits	Withdrawals

## Income

Name:

SSN:

### Wages & Salaries

Provide all copies of Form W-2

Employer name	federal wages

### Retirement

Provide all copies of Form 1099-R

Payer name	distribution

Did you take a distribution from an IRA and give it to an organization eligible to receive tax-deductible contributions?

☐ Yes ☐ No

### Form 1099-Misc Income

Provide all copies of Form 1099-MISC

Payer name	amount

## Income

Name:

SSN:

### Dividend Income

Provide all copies of Form 1099-DIV & other statements that report dividend income

Account number Payer name	ordinary dividends	qualified dividends

### Interest Income

Provide all copies of Form 1099-INT, Form 1099-OID and other statements that report interest income

Account number Payer name	interest

If any interest income listed above is from a seller-financed mortgage, provide the payer's ID number and address

[illegible]

## Other Income and Adjustments

Name:

SSN:

### Other Income

☐ Did you receive, sell, exchange, or otherwise acquire any financial interest in any virtual currency at any time during the year?

	Taxpayer	Spouse
Scholarships or grants not reported on Form W-2 . . . . .		
State income tax refund (attach Forms 1099-G) . . . . .		
Social Security Benefits (attach Forms 1099-SSA) . . . . .		
Railroad Retirement Benefits (attach Forms 1099-RRB) . . . . .		
Alimony received		
Divorce or separation date _____ Amount _____		
Unemployment compensation (attach Forms 1099-G) . . . . .		
Unemployment compensation repaid . . . . .		
Gambling winnings (attach Forms W2-G) . . . . .		
Alaska Permanent Fund . . . . .		
ABLE distributions . . . . .		
Other income: _____		
_____		
_____		

### Adjustments

	Taxpayer	Spouse
Educator expenses (If you are an educator, enter the amount you paid for classroom supplies . . . . .		
Contributions made to a Health Savings Account (HSA) . . . . .		
Contributions made to a Self-Employed Pension plan (SEP) . . . . .		
Payments made for Self-Employed Health Insurance for you, your spouse, or dependents . . . . .		
Alimony paid		
Name _____		
SSN _____ Divorce or separation date _____		
Name _____		
SSN _____ Divorce or separation date _____		
Contributions made to an Individual Retirement Account (IRA) . . . . .		
Contributions made to a Roth IRA . . . . .		
Interest paid on a student loan . . . . .		
Other adjustments: _____		

### Job-related Moving Expenses

☐ Select this box and complete the fields below if you are a member of the Armed Forces on active duty, and moved due to a military order for a permanent change of station.

Number of miles from old home to old workplace .....	
Number of miles from old home to new workplace .....	
Expense to move household goods & personal effects and lodging expenses while traveling to your new home ..... (Do not include cost of meals)	

## Schedule C - Profit or Loss from Business

Name:

SSN:

### General Business Information

Business name \_\_\_\_\_ Employer ID number \_\_\_\_\_

Professional product or service \_\_\_\_\_

Business address, city, state, ZIP \_\_\_\_\_

☐ This business started or was acquired during 2019

☐ Yes ☐ No Payments of \$600 or more were paid to an individual who is not your employee for services provided for this business

☐ This business was disposed of during 2019

☐ Yes ☐ No You filed Forms 1099 for the individuals

### Income

Gross receipts or sales . . . . . \_\_\_\_\_ Other income . . . . . \_\_\_\_\_

Returns & allowances . . . . . \_\_\_\_\_

### Expenses

Advertising . . . . . \_\_\_\_\_ Travel . . . . . \_\_\_\_\_

Car & truck expenses . . . . . \_\_\_\_\_ Total meals . . . . . \_\_\_\_\_

Commissions & fees . . . . . \_\_\_\_\_ Utilities . . . . . \_\_\_\_\_

Contract labor . . . . . \_\_\_\_\_ Wages . . . . . \_\_\_\_\_

Depreciation . . . . . \_\_\_\_\_ Other expenses (list) . . . . . \_\_\_\_\_

Employee benefit programs . . . . . \_\_\_\_\_

Insurance (other than health) . . . . . \_\_\_\_\_

Interest - mortgage . . . . . \_\_\_\_\_

Interest - other . . . . . \_\_\_\_\_

Legal & professional services . . . . . \_\_\_\_\_

Office expenses . . . . . \_\_\_\_\_

Pension & profit sharing plans . . . . . \_\_\_\_\_

Rent or lease (vehicles, machinery, & equipment) . . . . . \_\_\_\_\_

Rent (other business property) . . . . . \_\_\_\_\_

Repairs & maintenance . . . . . \_\_\_\_\_

Supplies . . . . . \_\_\_\_\_

Taxes & licenses . . . . . \_\_\_\_\_

### Cost of Goods Sold

Inventory at beginning of year . . . . . \_\_\_\_\_ Materials & supplies . . . . . \_\_\_\_\_

Purchases . . . . . \_\_\_\_\_ Other costs . . . . . \_\_\_\_\_

Cost of personal use items . . . . . \_\_\_\_\_ Inventory at end of year . . . . . \_\_\_\_\_

Cost of labor . . . . . \_\_\_\_\_ ☐ There was a change in inventory method

## Schedule E - Income or Loss from Rental Real Estate & Royalties

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

SSN: \_\_\_\_\_

### General Property Information

Property description \_\_\_\_\_

Address, city, state, ZIP \_\_\_\_\_

#### Select the property type

- |  |   |                                    |                                      |
|--|---|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Single family residence | <input type="checkbox"/> Vacation / short-term rental | <input type="checkbox"/> Land      | <input type="checkbox"/> Self-rental |
| <input type="checkbox"/> Multi-family residence  | <input type="checkbox"/> Commercial                   | <input type="checkbox"/> Royalties | <input type="checkbox"/> Other _____ |

Number of days property was rented \_\_\_\_\_ Number of days property was used for personal use \_\_\_\_\_

If the rental is a multi-dwelling unit and you occupied part of the unit, enter the percentage you occupied \_\_\_\_\_

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> This property is your main home or second home       | <input type="checkbox"/> Yes <input type="checkbox"/> No | Payments of \$600 or more were paid to an individual who is not your employee for services provided for this rental |
| <input type="checkbox"/> This property was disposed of during 2019            | <input type="checkbox"/> Yes <input type="checkbox"/> No | You filed Forms 1099 for the individuals  |
| <input type="checkbox"/> This property was owned as a qualified joint venture |  |   |

### Income

Rent income . . . . .	Royalties from oil, gas, . . . . .
	mineral, copyright or patent

### Expenses

	Rental unit expenses	Rental <u>and</u> homeowner expenses	
Advertising . . . . .	_____	_____	If this Schedule E is for a multi-unit dwelling and you lived in one unit and rented out the other units, use the "Rental and homeowner expenses" column to show expenses that apply to the entire property. Use the "Rental unit expenses" column to show expenses that pertain ONLY to the rental portion of the property.
Auto & travel . . . . .	_____	_____	
Cleaning & maintenance . . . . .	_____	_____	
Commissions . . . . .	_____	_____	
Insurance . . . . .	_____	_____	
Legal & professional fees . . . . .	_____	_____	
Management fees . . . . .	_____	_____	
Mortgage interest . . . . .	_____	_____	
Other interest . . . . .	_____	_____	
Repairs . . . . .	_____	_____	
Supplies . . . . .	_____	_____	If the Schedule E is not for a multi-unit property in which you lived in one unit, complete just the "Rental unit expenses" column.
Taxes . . . . .	_____	_____	
Utilities . . . . .	_____	_____	
Depletion .....	_____	_____	
Other expenses	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	

[illegible]

SSN:

## Provide all copies of Schedule K-1 and attachments

**EIN**



## Schedule F - Profit or Loss from Farming

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

SSN: \_\_\_\_\_

### General Information

Principal product \_\_\_\_\_ Employer ID number \_\_\_\_\_

☐ This farm was disposed of during 2019

☐ Yes ☐ No Payments of \$600 or more were paid to an individual who is not your employee for services provided for this farm

☐ Yes ☐ No You filed Forms 1099 for the individuals

### Income

Sale of livestock / other items . . . . . \_\_\_\_\_ Custom hire income . . . . . \_\_\_\_\_

Cost of items bought for resale . . . . . \_\_\_\_\_ Beginning inventory for accrual . . . . . \_\_\_\_\_

Sale of products you raised . . . . . \_\_\_\_\_ Ending inventory for accrual . . . . . \_\_\_\_\_

Total cooperative distributions . . . . . \_\_\_\_\_ ☐ You used unit-livestock-price or farm-price inventory method

Total agricultural payments . . . . . \_\_\_\_\_ Other income . . . . . \_\_\_\_\_

Commodity Credit Corporation (CCC) loans:

CCC loans reported . . . . . \_\_\_\_\_

CCC loans forfeited . . . . . \_\_\_\_\_

Crop insurance proceeds:

Amount received in 2019 . . . . . \_\_\_\_\_

☐ You elect to defer to 2020

Amount deferred from 2018 . . . . . \_\_\_\_\_

### Expenses

Car & truck expenses . . . . . \_\_\_\_\_ Repairs & maintenance . . . . . \_\_\_\_\_

Chemicals . . . . . \_\_\_\_\_ Seeds & plants purchased . . . . . \_\_\_\_\_

Conservation expenses . . . . . \_\_\_\_\_ Storage & warehousing . . . . . \_\_\_\_\_

Custom hire (machine work) . . . . . \_\_\_\_\_ Supplies purchased . . . . . \_\_\_\_\_

Employee benefit programs . . . . . \_\_\_\_\_ Taxes . . . . . \_\_\_\_\_

Feed purchased . . . . . \_\_\_\_\_ Utilities . . . . . \_\_\_\_\_

Fertilizers & lime . . . . . \_\_\_\_\_ Veterinary, breeding, & medicine . . . . . \_\_\_\_\_

Freight & trucking . . . . . \_\_\_\_\_ Other expenses . . . . . \_\_\_\_\_

Gasoline, fuel, & oil . . . . . \_\_\_\_\_

Insurance (other than health) . . . . . \_\_\_\_\_

Interest - mortgage (paid to banks, etc.) . . . . . \_\_\_\_\_

Interest - other . . . . . \_\_\_\_\_

Non-W-2 labor hired . . . . . \_\_\_\_\_

W-2 wages paid . . . . . \_\_\_\_\_

Pension & profit-sharing plans . . . . . \_\_\_\_\_

Rent - vehicles, machinery, & equipment . . . . . \_\_\_\_\_

Rent - other (land, animals, etc.) . . . . . \_\_\_\_\_

# Form 4835 - Farm Rental Income and Expenses

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

SSN: \_\_\_\_\_

## General Information

Description \_\_\_\_\_ Employer ID Number \_\_\_\_\_

☐ This farm was disposed of during 2019

## Income

Income from production of livestock, grains, and other crops..... \_\_\_\_\_ Crop insurance proceeds: \_\_\_\_\_

Total cooperative distributions . . . . . \_\_\_\_\_ Amount received in year ..... \_\_\_\_\_

Total agricultural payments . . . . . \_\_\_\_\_ ☐ You elect to defer to next year?

Commodity Credit Corporation (CCC) loans: \_\_\_\_\_ Amount deferred from previous year..... \_\_\_\_\_

CCC loans reported . . . . . \_\_\_\_\_ Other income ..... \_\_\_\_\_

CCC loans forfeited . . . . . \_\_\_\_\_ \_\_\_\_\_

## Expenses

Car & truck expenses . . . . . \_\_\_\_\_ Seeds & plants purchased ..... \_\_\_\_\_

Chemicals . . . . . \_\_\_\_\_ Storage & warehousing ..... \_\_\_\_\_

Conservation expenses . . . . . \_\_\_\_\_ Supplies purchased ..... \_\_\_\_\_

Custom hire (machine work) . . . . . \_\_\_\_\_ Taxes ..... \_\_\_\_\_

Employee benefit programs . . . . . \_\_\_\_\_ Utilities ..... \_\_\_\_\_

Feed purchased . . . . . \_\_\_\_\_ Veterinary, breeding, & medicine ..... \_\_\_\_\_

Fertilizers & lime . . . . . \_\_\_\_\_ Other expenses \_\_\_\_\_

Freight & trucking . . . . . \_\_\_\_\_ \_\_\_\_\_

Gasoline, fuel, & oil . . . . . \_\_\_\_\_ \_\_\_\_\_

Insurance (other than health) . . . . . \_\_\_\_\_ \_\_\_\_\_

Interest - mortgage (paid to banks, etc.) \_\_\_\_\_ \_\_\_\_\_

Interest - other . . . . . \_\_\_\_\_ \_\_\_\_\_

Labor hired (less jobs credit) . . . . . \_\_\_\_\_ \_\_\_\_\_

Pension & profit-sharing plans . . . . . \_\_\_\_\_ \_\_\_\_\_

Rent - vehicles, machinery & equip . . . . . \_\_\_\_\_ \_\_\_\_\_

Rent - other (land, animals, etc.) . . . . . \_\_\_\_\_ \_\_\_\_\_

Repairs & maintenance . . . . . \_\_\_\_\_ \_\_\_\_\_

## Expenses Related to Business

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

SSN: \_\_\_\_\_

### Auto Expense

Name of business vehicle is used for \_\_\_\_\_

Description of vehicle \_\_\_\_\_ Date vehicle was placed in service \_\_\_\_\_

Yes	No		Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	This vehicle is available for use during off-duty hours	<input type="checkbox"/>	<input type="checkbox"/>	There is evidence to support your deduction
<input type="checkbox"/>	<input type="checkbox"/>	Another vehicle is available for personal use	<input type="checkbox"/>	<input type="checkbox"/>	The evidence is written

### Mileage

Number of miles the vehicle was driven during 2019

Business .....

Commuting .....

Other .....

### Expenses

Garage rent . . . . .	_____	Repairs .....	_____
Gas . . . . .	_____	Tires .....	_____
Insurance . . . . .	_____	Tolls .....	_____
Licenses . . . . .	_____	Lease addback .....	_____
Oil . . . . .	_____	Other expenses	
Parking fees . . . . .	_____		_____
Rental fees . . . . .	_____		_____
Interest . . . . .	_____		_____
Property tax . . . . .	_____		_____

### Business Use of Home

Name of business home is used for \_\_\_\_\_

What is the total square footage of your home that was used regularly and exclusively for business \_\_\_\_\_

What is the total square footage of your home \_\_\_\_\_

For daycare facilities not used exclusively for business, complete the following questions

How many days during the year was the area used \_\_\_\_\_

How many hours per day was the area used \_\_\_\_\_

☐ The daycare facility was in operation for the entire year

### Expenses

Office expenses    Home expenses

Mortgage interest . . . . .	_____	_____
Real estate taxes . . . . .	_____	_____
Excess mortgage interest . . . . .	_____	_____
Excess real estate taxes . . . . .	_____	_____
Insurance . . . . .	_____	_____
Rent . . . . .	_____	_____
Repairs & maintenance . . . . .	_____	_____
Utilities . . . . .	_____	_____
Other expenses . . . . .	_____	_____

In the "Office expenses" column, enter those expenses that pertain exclusively to your office; in the "Home expenses" column, enter those expenses that pertain to the entire dwelling.

## Schedule A - Itemized Deductions

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

SSN: \_\_\_\_\_

### Medical and Dental Expenses

Health insurance premiums (paid by you) . . . . . \_\_\_\_\_

Long-term care premiums (you) . . . . . \_\_\_\_\_

Long-term care premiums (your spouse) . . . . . \_\_\_\_\_

Long-term care premiums (dependents) . . . . . \_\_\_\_\_

Mileage driven for medical purposes . . . . . \_\_\_\_\_

Medical and dental expenses

    Doctor, dental, etc . . . . . \_\_\_\_\_

    Prescription medicines . . . . . \_\_\_\_\_

    Insulin . . . . . \_\_\_\_\_

    Glasses and contacts . . . . . \_\_\_\_\_

    Hearing aids . . . . . \_\_\_\_\_

    Braces . . . . . \_\_\_\_\_

    Medical equipment & supplies . . . . . \_\_\_\_\_

    Hospital services . . . . . \_\_\_\_\_

    Laboratory services . . . . . \_\_\_\_\_

    Nursing services . . . . . \_\_\_\_\_

    Other . . . . . \_\_\_\_\_

### Taxes Paid

State and local income taxes . . . . . \_\_\_\_\_

Sales tax . . . . . \_\_\_\_\_

Real estate taxes . . . . . \_\_\_\_\_

Personal property taxes . . . . . \_\_\_\_\_

Other taxes (list) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Interest Paid

Mortgage interest paid (attach Form 1098) . . . . . \_\_\_\_\_

☐ Some of your home mortgage loan was not used to buy, build, or improve your home

Mortgage interest paid to an individual . . . . . \_\_\_\_\_

Paid to:

    Name \_\_\_\_\_

    Address \_\_\_\_\_

    City, State, ZIP \_\_\_\_\_

    SSN or EIN \_\_\_\_\_

Investment interest . . . . . \_\_\_\_\_

### Charitable Contributions

Donations to charity	Cash	Noncash	Amount
Church . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	_____
Boy or Girl Scouts . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	_____
Goodwill . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	_____
Red Cross . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	_____
Salvation Army . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	_____
United Way . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	_____
Veterans . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hospital . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	_____
University . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	_____
Miles driven for charitable purposes			_____

### Other Miscellaneous Deductions

Amortizable bond premiums \_\_\_\_\_

Federal estate tax \_\_\_\_\_

Gambling losses \_\_\_\_\_

Impairment-related work expenses \_\_\_\_\_

Claim repayments . . . . . \_\_\_\_\_

Unrecovered pension investments \_\_\_\_\_

Loss from other activities from Schedule K-1 \_\_\_\_\_

Ordinary loss debt instrument \_\_\_\_\_

### Job Expenses & Certain Miscellaneous Deductions

Necessary job expenses you paid that were not reimbursed by your employer

Safety equipment, tools, & supplies \_\_\_\_\_

Uniforms \_\_\_\_\_

Protective clothing (shoes, hardhats, glasses, etc.) \_\_\_\_\_

Dues to professional organizations \_\_\_\_\_

Books & subscriptions \_\_\_\_\_

Other \_\_\_\_\_

Tax preparation fees \_\_\_\_\_

Other nonpersonal expenses related to taxable income

Safe deposit box fees \_\_\_\_\_

Investment expenses not entered elsewhere . . . \_\_\_\_\_

Other \_\_\_\_\_

Qualified mortgage insurance premiums \_\_\_\_\_

Home equity interest \_\_\_\_\_

## Other Information

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

SSN: \_\_\_\_\_

### Mortgage Interest

Provide all copies of Form 1098

Lender's name	Mortgage interest received	Mortgage insurance premiums	Real estate taxes paid
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### Employee Business Expenses

- ☐ You are a qualified performing artist

☐ You are a fee-based state or local government official

☐ You are a disabled employee with impairment-related work expenses

☐ You are a reservist

☐ You are a member of the clergy

☐ You used your personal vehicle for your job during 2019

	NOT reimbursed by your employer	Reimbursed by your employer not included on your W-2
Parking fees, tolls, local transportation .....	_____	_____
Meals . . . . .	_____	_____
Overnight business travel expenses ..... (Do not include meals & entertainment)	_____	_____
Other business expenses . . . . .	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

### Casualties and Thefts

FEMA code _____	FEMA code _____
Property description _____	Property description _____
Property location _____	Property location _____
_____	_____
Date property was acquired _____	Date property was acquired _____
Date property was damaged or stolen _____	Date property was damaged or stolen _____
Cost of property damaged or stolen _____	Cost of property damaged or stolen _____
Amount of damage _____	Amount of damage _____
Insurance reimbursement _____	Insurance reimbursement _____

## Other Information

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

SSN: \_\_\_\_\_

### Child and Other Dependent Care Expenses

Name of care provider	Address	SSN or EIN	Amount paid

### Education Expenses

Provide all copies of Form 1098-T

Student name \_\_\_\_\_ Student name \_\_\_\_\_

Type of expense	Amount	Type of expense	Amount

Student name \_\_\_\_\_ Student name \_\_\_\_\_

Type of expense	Amount	Type of expense	Amount

Student name \_\_\_\_\_ Student name \_\_\_\_\_

Type of expense	Amount	Type of expense	Amount