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2019 INCOME TAX SCHEDULE

Instructions: **This form is designed to be a useful tool for you to gather information for us to prepare your returns. It is not all inclusive, so please attach any additional information. You do not have to use this entire form, but at a minimum, please complete the GENERAL INFORMATION section below. Also, include all tax documents such as W-2s; 1099s; Social Security form SSA-1099; health insurance form 1095-A, etc. Please include ALL pages from a broker's annual tax reporting 1099 package. *PLEASE NOTE—certain 2019 Form 1099s from banks and brokers are not required to be mailed until Feb 15, 2020.***

GENERAL INFORMATION

	Taxpayer	Spouse
Name	______________	______________
Soc Sec #	______________	______________
Occupation	______________	______________
Birth date	______________	______________

Address ______________________________

Telephone Work__________ Home__________ Cell__________

Email address ______________________________

Do you want to donate to the Presidential election: Yes______ No______

Dependents

Full Name	Birth Date	Soc Sec #	Relationship	# Months in Home	Income

Please note: We may need to contact you for additional information. As the tax preparer, we are required by the IRS to obtain certain information to substantiate certain tax credits and deductions claimed on your return.

____**YES** ____**NO** I authorize the taxing authorities to discuss my returns, attachments, and related matters with the Preparer.

ALL returns will be electronically filed. There is an additional charge if you request to file paper returns.

Please provide a voided check (or a copy of a check) if you check "YES" to either of the following:

Direct deposit of refund(s) ______**NO** ______**YES**

Draft balance of taxes owed ______**NO** ______**YES** If YES, date to draft bank account____________

You will receive an email acknowledgement from our tax software vendor (CCH) that your returns have been accepted.

Health Insurance Coverage

If you purchased health insurance through the Marketplace, you will receive a Form 1095-A by January 31, 2020. **Please provide this form to us.** Effective January 1, 2019, there is no penalty for not having health insurance.

I certify to the best of my knowledge that all information provided to Martin Smith & Company is true and correct.

Signature ______________________________

ITEMIZED DEDUCTIONS

Medical expenses

(Include ONLY out-of-pocket and after-tax amounts)

Prescription Drugs $__________

Medicare premiums (Form 1099-SSA) $__________

Medical/dental insurance premiums $__________

Long-term care insurance: Taxpayer $__________

Spouse $__________

Long-term care expenses $__________

Doctors, dentists, etc. $__________

Hospitals $__________

Lab fees $__________

Eyeglasses and contacts $__________

Other: ________________ $__________

Mileage: Jan-Dec 2019 __________miles

Taxes

State income tax-balance **paid** prior yr $__________

Real estate tax on personal residence $__________

Personal property taxes (autos, boats) $__________

Sales tax - boats, homes, aircraft $__________

Sales tax - vehicles $__________

Mortgage interest

Paid to Bank (Attach forms 1098) $__________

Paid to an **individual**:

Soc Sec # ____________

Name____________________ $__________

Address____________________

Charitable contributions

Cash, checks, credit cards:

________________________ $__________

________________________ $__________

________________________ $__________

Mileage: Jan-Dec 2019________

Non-cash contributions:

N**OTE:** Donated items **must** be of "good" or better quality. Please be sure that the following information is documented on each donation receipt:

(1) Organization name and address
(2) Date donated
(3) Fair market value (deduction amount)
(4) General description of items
(5) Estimate of original cost

Total of all non-cash donations $__________

For vehicles, **attach Form 1098-C**

MISC CREDITS AND DEDUCTIONS

Adoption expenses $____________

Date adoption finalized ____________

Alimony paid $____________

Name____________________

Soc Sec # ________________

Child care expenses $____________

Provider's name____________________

Address:________________________

City, ST ________________________

EIN/SS#________________________

Traditional IRA 2019 contributions:

Taxpayer $____________

Spouse $____________

Roth IRA 2019 contributions:

Taxpayer $____________

Spouse $____________

SC college prepayment investment program $____________

Teacher (K-12) (classroom expenses) $____________

College tuition and fees (**Form 1098-T**) $____________

Early withdrawal penalty $____________

Other deductions:

____________________ $____________

____________________ **$**____________

Health Savings Accounts (HSA) contributions:

Coverage: ___ Self-only ___ Family

Employer contributions $____________

Your contributions (after-tax only) $____________

Value of HSA at 12/31/19 $____________

Months cover by a high-deductible health plan ______

Please include Forms 1098-SA and 5498-SA (These forms may contain the above information)

OTHER INCOME

Alimony received $__________

Installment sales collections:

____________________ $__________

____________________ **$**__________

Jury duty $__________

Other income:

____________________ $__________

____________________ $__________

____________________ $__________

____________________ $__________

____________________ $__________

BUSINESS , RENTAL, FARM and HOME OFFICE

Use this section to report home office deductions, self-employment business income and expenses (Schedule C), rental property income and expenses (Schedule E), and farm income and expenses (Schedule F). See the next page regarding 1099 filing requirements and questions for certain payments that you made and are claiming as a deduction below.

Description of Rental Property/Business/Farm or Home office	______	______	______	______
INCOME	$______	$______	$______	$______
EXPENSES				
Advertising	______	______	______	______
Interest expense	______	______	______	______
Legal & accounting	______	______	______	______
Cleaning/maintenance	______	______	______	______
Commissions paid	______	______	______	______
Insurance (**excluding** life and health)	______	______	______	______
Interest expense	______	______	______	______
Management fees	______	______	______	______
Office expense	______	______	______	______
Postage	______	______	______	______
Real estate taxes	______	______	______	______
Rent: Equipment	______	______	______	______
Office	______	______	______	______
Repairs & maintenance	______	______	______	______
Supplies	______	______	______	______
Property tax/licenses	______	______	______	______
Travel	______	______	______	______
Telephone	______	______	______	______
Meals & entertainment	______	______	______	______
Utilities	______	______	______	______
Other:				
______	______	______	______	______
______	______	______	______	______
______	______	______	______	______
______	______	______	______	______
Vehicle expense ONLY:				
• Prop tax	______	______	______	______
• Tolls, rentals	______	______	______	______
• Gas, repairs, Insur, etc.	______	______	______	______
• Interest on veh loans	______	______	______	______
• Mileage:				
Business miles	______ miles	______ miles	______ miles	______ miles
Personal miles	______ miles	______ miles	______ miles	______ miles
Total miles	______ miles	______ miles	______ miles	______ miles

SC Sales/Use Tax and Fuel Tax Credit

Sales/Use Tax and Fuel Tax Credit (SC returns only)

Total purchases from mail orders, internet, TV shopping networks, etc. $______

Total sales tax charged and paid to SC and other states on the above purchases $______

Fuel Tax Credit: Due to the complexity and volume of information needed for this tax credit, please refer to our January 2020 Newsletter and website for additional information. As an example of this credit, a qualifying purchase of 1,000 gallons of fuel results in a credit of $38 per vehicle.

ESTIMATED TAX PAYMENTS

Please list below all payments made for the **tax year 2019**, including payments for **2019** made in January 2020.

Federal estimated tax payments: Date paid	Amount	**State** estimated tax payments: Date paid	Amount
______	$______	______	$______
______	$______	______	$______
______	$______	______	$______
______	$______	______	$______
______	$______	______	$______

OTHER INFORMATION

NOTE: If you have a foreign bank, investment or retirement account, please let us know. There are severe penalties for not reporting foreign accounts.

Please provide any other additional information here:

If you are self-employed, own rental property, or operate a farm you MUST answer the following:

___**Yes** ___**No** Did you make any payments that would require you to file Form(s) 1099?
___**Yes** ___**No** If "Yes" to the above question, did you or will you file all required Form(s) 1099?

1099 Filing Requirements – Form 1099-MISC is required to be issued if **ALL** of the following are true:

1. You paid non-corporate service providers $600 or more during 2019 **AND**
2. The payments are for business (not personal) **AND**
3. You are self-employed (Schedule C), own rental property (Schedule E), or operate a farm (Schedule F)

Examples of the above payments include: professional fees paid to an attorney or an accountant; payments to independent contractors for janitorial services, information technology consulting, web design, and repairs; and rent paid to a landlord (just to name a few).

INFORMATIONAL DATA

Standard mileage rates (cents per mile):

	2019	2020
Business	58.0	57.5
Moving	20.0	17.0
Medical	20.0	17.0
Charitable	14.0	14.0

Retirement contribution limits (subject to provisions):

	2019	2020
Roth/Traditional IRA	6,000	6,000
IRA catch-up contributions	1,000	1,000
SIMPLE plans	13.000	13,500
SIMPLE catch-up contrib.	3,000	3,000

(Catch-up provisions are for individuals age 50 and older)

REMINDERS:

- If you have children who will be filing tax returns, please be sure they do not claim themselves if they are not eligible to do so. **If the parents are eligible to claim their child, then the child generally can not claim themselves.**
- For electronic filing purposes, please provide us a copy of a check, **not** a deposit slip, **even if** your bank account has not changed since last year.
- **PLEASE REMEMBER** to include all IRS documents with the tax information that you submit to our office. This includes forms W-2, 1099s, 1098 (mortgage interest paid), 1098-T (College tuition and fees paid), and health insurance form 1095-A.