

This letter is to confirm and specify the terms of our engagement with you and to clarify the nature and extent of the services we will provide. In order to ensure an understanding of our mutual responsibilities, we ask all clients for whom returns are prepared to confirm the following arrangements.

We will prepare your 2019 federal and requested state income tax returns from information that you will furnish us. We will not audit or otherwise verify the data you submit, although it may be necessary to ask you for clarification of some of the information. We will furnish you with questionnaires and/or worksheets to guide you in gathering the necessary information. Your use of such forms will assist in keeping pertinent information from being overlooked. You will be subject to a \$75 reprocessing fee for client changes made after our preparation of your return. We have not been engaged to prepare payroll, excise, sales & use, Oregon lodging, property or other tax reports unless specifically requested by you. You may note additional returns requested just below your signature at the end of the returned copy of this letter.

It is your responsibility to provide all the information required for the preparation of complete and accurate returns. You should retain all the documents, canceled checks and other data that form the basis of income and deductions. These may be necessary to prove the accuracy and completeness of the returns to a taxing authority. You have the final responsibility for the income tax returns and, therefore, you should review them carefully before you sign them.

If you have income from a foreign country, we will use the foreign country income information which you provide to calculate any applicable U.S. federal or state foreign tax credit or other affected federal or state income tax items. However, you are responsible for meeting any foreign country income tax or other foreign country reporting requirements. If you have any amount invested in a foreign country, we need to know about it.

Our work in connection with the preparation of your income tax returns does not include any procedures designed to discover defalcations or other irregularities, should any exist. We will render such accounting and bookkeeping assistance as determined to be necessary for preparation of the income tax returns.

We will use professional judgment in resolving questions where the tax law is unclear, or where there may be conflicts between the taxing authorities' interpretations of the law and other supportable positions. Unless otherwise instructed by you, we will resolve such questions in your favor whenever possible.

We delight and understand it as our responsibility to provide you with financial and tax advice. We are available throughout the year for tax planning, consultation, and other financial services, such as retirement planning, investment advisory, or accounting services. Your signature below also authorizes us to use the tax return information you have provided to us to contact you regarding financial services or investment opportunities available so you may make sound and informed choices to enhance your financial future.

The law provides various penalties that may be imposed when taxpayers understate their tax liability. If you would like information on the amount or the circumstances of these penalties, please contact us. Your returns may be selected for review by the taxing authorities. If you receive a letter from the IRS or state, please treat it as an audit, open or bring it to us **immediately**, and let us review it before you respond. We are available to represent you during the initial response as well as the audit and appeal process. Fees for these services are not included in the fees for your tax return preparation. If we are required to respond to a subpoena or provide litigation support involving you or your business now or in the future, you agree to compensate us at our standard hourly rates for such required work.

Our fee for these services will be based upon the amount of time required at standard billing rates plus out-of-pocket expenses. All invoices are due and payable upon presentation.

If the foregoing fairly sets forth your understanding, please sign the enclosed copy of this letter in the space indicated and return it to our office.

We want to express our appreciation for this opportunity to work with you.

Sincerely

Strada Financial Group

Accepted By: \_\_\_\_\_ Accepted By: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_

Additional returns requested (excluding federal and state income tax returns):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## TAX RETURNS BY E-MAIL, FAX, MAIL OR DROPPED OFF AT OUR OFFICE

If your time is limited or you are unable to come to our office, you can provide your tax information via ShareSafe, fax, mail or drop-off.

Please follow the below steps:

- If you have a tax appointment, call 503-667-5355 ext 101 to cancel it.
- Gather your tax information and documents (see organizer checklist)
- Complete the enclosed organizer
- **Sign the Engagement Letter** included with your organizer. This letter is mandatory and must be signed prior to tax preparation.
- Return the **organizer, engagement letter**, any supporting documents and additional information you want us to consider by one of the following convenient methods:
  1. Upload documents via ShareSafe: <https://www.clientaccess.com/sharesafe/#/StradaFG>  
(If you have an established client portal, please access at: <https://www.clientaccess.com>)
  2. Fax your information to: (503) 667-5369
  3. Drop off your information at the office. If dropping off outside of business hours, please use the drop box at the front door. If using the Drop Box, please notify us once dropped off.
  4. Mail or courier service to: 1510 NE Village Street, Fairview, OR 97024

Please use the best scanner available so we can easily read your documents. If taking pictures with a tablet or phone, please ensure that all information is clearly visible (attempt to flatten the document and take picture in well-lit conditions). If sending or dropping off your documents, **please check that pages are not stapled**.

Thank you!

**Please get all your information to us as soon as possible. Please note that information received after March 15<sup>th</sup> will likely result in an extension of time to file for your return.**

At Strada Financial Group, we strive to provide the best service. We file these extensions to allow us the time needed to properly prepare and review the return. Please note that these extensions do not include an extension of time to pay. Providing us **all** of your information prior to March 15<sup>th</sup> can help avoid an extension being filed and any IRS penalties for late or underpayment of your taxes.

### **What to expect from us:**

Upon receiving your tax information, we will go through the documents thoroughly as always, to complete your return. If submitted before March 15<sup>th</sup>, please allow two weeks for us to prepare and review your return. We will then contact you to review and discuss prior to finalizing the return.

It is our goal to ensure proper preparation of your tax return while taking advantage of all available deductions possible. We also strive to provide a tax efficient financial planning process that incorporates more than just preparing your tax return, like retirement, legacy and estate, and investment planning to name a few. Please inquire about how we can help you down the road (Strada in Italian) to financial peace.

We appreciate being able to prepare your tax return and look forward to serving you.

Sincerely

Strada Financial Group

**PLEASE REMOVE BEFORE RETURNING ORGANIZER**

YOU MAY NEED OUR HELP WITH THE FOLLOWING:

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**1099 FORMS** (*If your business paid for services*)  
**DUE DATE – JANUARY 31<sup>ST</sup>**

Did you pay any individual or unincorporated business such as an LLC a total of \$600 or more for services or rent in connection with your business during the year?

Did you pay \$600 or more to an attorney or law firm (even if the law firm is a corporation in connection with your business)?

Information returns are required for these payments (Form 1099-MISC) *IF* you paid by cash or check. If you paid by credit card, a payment card, or via a “third party network” such as PayPal, you do not need to file 1099-MISC, as the credit card company or third party network will be filing 1099-K instead.

We can also prepare and electronically file 1099-DIV, 1099-R and other forms 1099 for you.

Oregon requires electronic filling of 1099 forms (1099-MISC, 1099-R, 1099-G) but not 1099-DIV or 1099-INT.

If you would like us to prepare these forms, please provide the following **as soon as possible**:

1. Name of each service provider you paid (Include personal and business name if using their social security number)
2. Address of each service provider (if new to us or changed)
3. Federal ID number or social security number of each service provider (if new to us or changed)
4. Total amount paid to each provider for the calendar year
5. The type of distribution/payment i.e. non-employee compensation or rent

Typical cost for us to prepare: \$40 plus \$15 for each additional 1099 requested at that time.

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**PERSONAL PROPERTY TAX RETURNS** (*If you own business equipment*)  
**DUE DATE – MARCH 15<sup>TH</sup>** (Oregon Counties – no extension)  
**APRIL 30<sup>TH</sup>** (Washington State Counties – no extension)

If you have a business or rental property, each county requires a business personal property tax return to be filed. The report lists the business equipment, such as computers or tools located in the county as of January 1st of each year. Licensed vehicles are not included. Equipment under your “capitalization limit” should be included.

If you would like our office to prepare your personal property tax return, please provide the following **as soon as possible**:

1. The preprinted personal property tax return if mailed to you by the county **including the asset list provided**.
2. An update of any personal property purchased or sold during the year, so we can update your property listing. If the county enclosed a list of the assets previously reported, please review this list and not any assets that may have been sold or scrapped.
3. Preliminary accounting information for the year. (It does not have to be “tax-ready” for this purpose.)

Typical cost for us to prepare: \$50-100

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For both of the above, please send via ShareSafe, fax, mail or drop off at our office:

Strada Financial Group  
Attention: Connie  
1510 NE Village Street  
Fairview, OR 97024

ShareSafe: <https://www.clientaccess.com/sharesafe/#/StradaFG>  
Email: [connie.vanderborg@stradafg.com](mailto:connie.vanderborg@stradafg.com)  
Fax: (503) 667-5369  
For questions or information please call (503) 663-8419

**PLEASE REMOVE BEFORE RETURNING ORGANIZER**



2019

# 2019 Tax Return Checklist

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

|   | Prior Year | Current Year |
|---|------------|--------------|
| <b>Income:</b>  |            |              |
| Wages (IRS W-2) .....   | _____      | _____        |
| Interest Income (IRS 1099-INT) .....                          | _____      | _____        |
| Dividend Income (IRS 1099-DIV) .....                          | _____      | _____        |
| Brokerage Statements (Form 1099-A,B,S) .....                  | _____      | _____        |
| IRA/Pension/Annuity Income (IRS 1099R) .....                  | _____      | _____        |
| Schedule K-1s (IRS K-1) .....                                 | _____      | _____        |
| Miscellaneous Income and Adjustments (IRS-1099-MISC, G) ..... | _____      | _____        |
| Rent and Royalty Income .....                                 | _____      | _____        |
| <b>Itemized Deductions:</b>                                   |            |              |
| Medical/Dental Expenses .....                                 | _____      | _____        |
| Real Estate Taxes .....                                       | _____      | _____        |
| Property Taxes .....  | _____      | _____        |
| Mortgage Interest (Form 1098) .....                           | _____      | _____        |
| Charitable Contributions .....                                | _____      | _____        |
| <b>Other:</b>   |            |              |
| Estimated Tax Payments .....                                  | _____      | _____        |

\* Provide any tax related information not listed above, e.g. new brokerage statements, K-1 investments, etc.



# Personal Information

### Taxpayer:

First Name and Initial \_\_\_\_\_ Last Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Occupation \_\_\_\_\_ Date of Birth (Mo/Da/Yr) \_\_\_\_\_ Date of Death (Mo/Da/Yr) \_\_\_\_\_

Driver's License or State-Issued ID Number \_\_\_\_\_ Expiration Date (Mo/Da/Yr) \_\_\_\_\_ Issue Date (Mo/Da/Yr) \_\_\_\_\_ State \_\_\_\_\_  Does not expire

Driver's License     State-Issued ID     No Identification

### Spouse:

First Name and Initial \_\_\_\_\_ Last Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Occupation \_\_\_\_\_ Date of Birth (Mo/Da/Yr) \_\_\_\_\_ Date of Death (Mo/Da/Yr) \_\_\_\_\_

Driver's License or State-Issued ID Number \_\_\_\_\_ Expiration Date (Mo/Da/Yr) \_\_\_\_\_ Issue Date (Mo/Da/Yr) \_\_\_\_\_ State \_\_\_\_\_  Does not expire

Driver's License     State-Issued ID     No Identification

### Contact Information:

Street Address \_\_\_\_\_ Apartment Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP or Postal Code \_\_\_\_\_

Foreign Province or County \_\_\_\_\_

Foreign Country \_\_\_\_\_

Taxpayer Daytime/Work Phone \_\_\_\_\_ Taxpayer Evening/Home Phone \_\_\_\_\_ Taxpayer Foreign Phone \_\_\_\_\_

Taxpayer Cell Phone \_\_\_\_\_ Taxpayer Fax Number \_\_\_\_\_

Spouse Daytime/Work Phone \_\_\_\_\_ Spouse Evening/Home Phone \_\_\_\_\_ Spouse Foreign Phone \_\_\_\_\_

Spouse Cell Phone \_\_\_\_\_ Spouse Fax Number \_\_\_\_\_

Taxpayer Email Address \_\_\_\_\_

Spouse Email Address \_\_\_\_\_

Preferred Method of Contact \_\_\_\_\_

May the IRS or other taxing authority discuss the return with the preparer?  Yes  No

Is the taxpayer claimed as a dependent on someone else's tax return?  Yes  No

Are you considered legally blind per IRS regulations?  Yes  No

Do you want to contribute to the Presidential Election Campaign Fund?  Yes  No

Are you a U.S. citizen or Green Card holder?  Yes  No

### Personal Identification Numbers:

Code - 1 - Issued by IRS    2 - Issued by State or City

| TS | State | City | Code | PIN |
|----|-------|------|------|-----|
|    |       |      |      |     |
|    |       |      |      |     |

### Tax Organizer Legend:

Throughout the tax organizer, you will find columns with the heading "TSJ". Enter "T" for taxpayer, "S" for spouse or "J" for joint.

Worksheets: Basic Data > General and Return Options > Processing Options

Forms 1, 1A and 2



2019

# Dependents and Wages

3A

## Dependent Information:

|   | First Name and Initial | Last Name | Social Security Number | Date of Birth (Mo/Da/Yr) | Date of Death (Mo/Da/Yr) | Relationship to Taxpayer |
|---|------------------------|-----------|------------------------|--------------------------|--------------------------|--------------------------|
| A |                        |           |                        |                          |                          |                          |
| B |                        |           |                        |                          |                          |                          |
| C |                        |           |                        |                          |                          |                          |
| D |                        |           |                        |                          |                          |                          |
| E |                        |           |                        |                          |                          |                          |
| F |                        |           |                        |                          |                          |                          |
| G |                        |           |                        |                          |                          |                          |
| H |                        |           |                        |                          |                          |                          |

Did dependent have income over \$4,200?



|   | Months Lived in Your Home | X if Disabled | Yes or No | Identity Protection PIN |
|---|---------------------------|---------------|-----------|-------------------------|
| A |                           |               |           |                         |
| B |                           |               |           |                         |
| C |                           |               |           |                         |
| D |                           |               |           |                         |
| E |                           |               |           |                         |
| F |                           |               |           |                         |
| G |                           |               |           |                         |
| H |                           |               |           |                         |

Provide the name of any dependent who is not a U.S. citizen or Green Card holder.

Provide the name of any person living with you who is claimed as a dependent on someone else's tax return.

List the years that a release of claim to exemption is given for a dependent child not living with you.

## Wages and Salaries: Include all copies of your current year Forms W-2

Note: Use this section to report any wages and/or salaries for which no Form W-2 was received.

| TS | Employer's Name | Taxable Wages | Tax Withheld |             |          |       |       |
|----|-----------------|---------------|--------------|-------------|----------|-------|-------|
|    |                 |               | Federal      | FICA/TIER 1 | Medicare | State | Local |
|    |                 |               |              |             |          |       |       |
|    |                 |               |              |             |          |       |       |
|    |                 |               |              |             |          |       |       |
|    |                 |               |              |             |          |       |       |
|    |                 |               |              |             |          |       |       |
|    |                 |               |              |             |          |       |       |
|    |                 |               |              |             |          |       |       |
|    |                 |               |              |             |          |       |       |



2019

# Electronic Filing

## Electronic Filing:

Electronic filing is the means by which your return is transmitted directly to the IRS and state tax authorities. The IRS has implemented an electronic filing mandate requiring certain preparers, including this firm, to file all returns that they prepare electronically. Some states also require certain preparers to electronically file state returns prepared. The IRS and some states allow taxpayers to elect not to file their returns electronically. If you prefer not to electronically file your return, please refer to and sign the opt-out statement below. Because some states have official opt-out forms, additional signatures may be necessary before your return can be filed.

## Opt-Out Statement:

Strada Financial Group

\_\_\_\_\_ has informed me (us) that my (our) 2019 Individual Income Tax return may be required to be electronically filed if the firm files the return on my (our) behalf. I (We) understand that electronic filing may provide a number of benefits to taxpayers, including an acknowledgment that the IRS received the return, a reduced chance of errors in processing, and faster refunds. I (we) do not want to file my (our) return electronically and will personally file the paper return. My (our) preparer will not file or otherwise mail or submit my (our) paper return to the IRS.

Taxpayer signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse signature: \_\_\_\_\_ Date: \_\_\_\_\_

**The IRS requires the use of a 5-digit self-selected Personal Identification Number (PIN) in lieu of mailing a signature document when electronically filing.**

Would you like to use a randomly generated PIN?

|                          |                          |
|--------------------------|--------------------------|
| Yes                      | No                       |
| <input type="checkbox"/> | <input type="checkbox"/> |

Taxpayer .....

Spouse .....

|                          |                          |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|

If No, enter a 5-digit self-selected PIN:

Taxpayer PIN .....

Spouse PIN .....



2019

# Direct Deposit and Withdrawal

## Direct Deposit and Electronic Funds Withdrawal Account Information:

The IRS and certain states allow refunds to be deposited to and balances due to be paid directly from your financial institution. If you would like to receive your refund or pay a balance due electronically, complete the following information. If you selected either of these options in 2018, your account information may already be included below.

|   |            |           |
|---|------------|-----------|
| Would you like any refunds owed to you directly deposited? .....                                      | <b>Yes</b> | <b>No</b> |
| Would you like to pay any amount due on your <u>federal</u> return using electronic withdrawal? ..... |            |           |

If Yes, what amount would you like withdrawn, if not the entire balance due? \_\_\_\_\_

If Yes, when should the withdrawal occur, if other than the due date of the return? \_\_\_\_\_ (Mo/Da/Yr)

|  |  |  |
|--|--|--|
| Would you like to pay any amount due on your <u>state</u> return(s) using electronic withdrawal? ..... |  |  |
|--|--|--|

If Yes, what amount would you like withdrawn, if not the entire balance due? \_\_\_\_\_

If Yes, when should the withdrawal occur, if other than the due date of the return? \_\_\_\_\_ (Mo/Da/Yr)

The IRS and some states allow estimated payments to be electronically withdrawn on the due dates of the estimated payments.

|  |  |  |
|--|--|--|
| Would you like to pay any estimated payments due for your <u>federal</u> return using electronic withdrawal? ..... |  |  |
|--|--|--|

|   |  |  |
|---|--|--|
| Would you like to pay any estimated payments due for your <u>state</u> return(s) using electronically withdrawal, if available? ..... |  |  |
|---|--|--|

Name of bank or financial institution .....

Routing Transit Number (RTN) .....

Account number .....

|                  |   |  |                                      |
|------------------|---|--|--------------------------------------|
| Type of account: | <input type="checkbox"/> Checking           | <input type="checkbox"/> Traditional Savings   | <input type="checkbox"/> IRA Savings |
|                  | <input type="checkbox"/> Archer MSA Savings | <input type="checkbox"/> Coverdell Ed. Savings | <input type="checkbox"/> HSA Savings |

Is this a business account?  Yes  No

Account owner  Taxpayer  Spouse  Joint

I confirm that the bank account information and the direct deposit/electronic withdrawal options selected above are correct.

|   |            |           |
|---|------------|-----------|
| Would you like any refunds owed to you directly deposited? .....                                      | <b>Yes</b> | <b>No</b> |
| Would you like to pay any amount due on your <u>federal</u> return using electronic withdrawal? ..... |            |           |

If Yes, what amount would you like withdrawn, if not the entire balance due? \_\_\_\_\_

If Yes, when should the withdrawal occur, if other than the due date of the return? \_\_\_\_\_ (Mo/Da/Yr)

|  |  |  |
|--|--|--|
| Would you like to pay any amount due on your <u>state</u> return(s) using electronic withdrawal? ..... |  |  |
|--|--|--|

If Yes, what amount would you like withdrawn, if not the entire balance due? \_\_\_\_\_

If Yes, when should the withdrawal occur, if other than the due date of the return? \_\_\_\_\_ (Mo/Da/Yr)

The IRS and some states allow estimated payments to be electronically withdrawn on the due dates of the estimated payments.

|  |  |  |
|--|--|--|
| Would you like to pay any estimated payments due for your <u>federal</u> return using electronic withdrawal? ..... |  |  |
|--|--|--|

|   |  |  |
|---|--|--|
| Would you like to pay any estimated payments due for your <u>state</u> return(s) using electronically withdrawal, if available? ..... |  |  |
|---|--|--|

Name of bank or financial institution .....

Routing Transit Number (RTN) .....

Account number .....

|                  |   |  |                                      |
|------------------|---|--|--------------------------------------|
| Type of account: | <input type="checkbox"/> Checking           | <input type="checkbox"/> Traditional Savings   | <input type="checkbox"/> IRA Savings |
|                  | <input type="checkbox"/> Archer MSA Savings | <input type="checkbox"/> Coverdell Ed. Savings | <input type="checkbox"/> HSA Savings |

Is this a business account?  Yes  No

Account owner  Taxpayer  Spouse  Joint

I confirm that the bank account information and the direct deposit/electronic withdrawal options selected above are correct.





2019

# U.S. Series I Savings Bonds Purchase

4B

Up to \$5,000 of your refund may be used to purchase U.S. Series I Savings Bonds for yourself, your spouse, and up to two other individuals, in \$50 increments.

Do you want to use any of your refund to purchase any U.S. Series I Savings Bonds? .....

|                          |                          |
|--------------------------|--------------------------|
| Yes                      | No                       |
| <input type="checkbox"/> | <input type="checkbox"/> |

If Yes, provide the information requested for each type of bond you want to purchase using your refund.

If the purchase is for someone other than the taxpayer or spouse, or if the bond should have a co-owner or beneficiary, provide the name of the person receiving the bond (if not the taxpayer or spouse), the name of the person being designated as the co-owner of the bond, if applicable, the name of the person designated as the beneficiary of the bond, if applicable, and the amount of the bond to be purchased.

Joint:

Co-owner name .....

Beneficiary name .....

Amount of refund, if not the entire refund, to be used to purchase U.S. Series I Savings Bonds .....

Note: If filing a married filing joint return, bonds purchased will be jointly owned by the taxpayer and spouse. In this case, the spouse's name does not need to be entered as a co-owner. If the bonds will not be jointly owned by the taxpayer and spouse, the savings bond information should be entered in the taxpayer, spouse, or other owner areas below.

Taxpayer:

Co-owner name .....

Beneficiary name .....

Amount of refund, if not the entire refund, to be used to purchase U.S. Series I Savings Bonds .....

Spouse:

Co-owner name .....

Beneficiary name .....

Amount of refund, if not the entire refund, to be used to purchase U.S. Series I Savings Bonds .....

Bond purchases for someone other than the taxpayer or spouse:

Taxpayer name .....

Co-owner name .....

Beneficiary name .....

Amount of purchase .....

Taxpayer name .....

Co-owner name .....

Beneficiary name .....

Amount of purchase .....





# Dividend Income

5B

## Dividend Information:

Include copies of all Forms 1099-DIV or other documents for dividends received

| TSJ          | Name of Payer | Box 1a<br>Total Ordinary<br>Dividends | Box 1b<br>Qualified<br>Dividends | Box 2a<br>Total Capital<br>Gain Distribution | U.S. Bond Interest<br>Amount or<br>Percent in Box 1a |
|--------------|---------------|---------------------------------------|----------------------------------|--|--|
| A            |               |                                       |                                  |  |  |
| B            |               |                                       |                                  |  |  |
| C            |               |                                       |                                  |  |  |
| D            |               |                                       |                                  |  |  |
| E            |               |                                       |                                  |  |  |
| F            |               |                                       |                                  |  |  |
| G            |               |                                       |                                  |  |  |
| H            |               |                                       |                                  |  |  |
| I            |               |                                       |                                  |  |  |
| J            |               |                                       |                                  |  |  |
| K            |               |                                       |                                  |  |  |
| L            |               |                                       |                                  |  |  |
| M            |               |                                       |                                  |  |  |
| N            |               |                                       |                                  |  |  |
| <b>Total</b> |               |                                       |                                  |  |  |

Tax-Exempt Interest Code: 1 - 1099-DIV 2 - Private Activity Bonds 3 - Both

| Code         | Tax-Exempt<br>Interest | 2018 Gross<br>Dividends<br>Amount |
|--------------|------------------------|-----------------------------------|
| A            |                        |                                   |
| B            |                        |                                   |
| C            |                        |                                   |
| D            |                        |                                   |
| E            |                        |                                   |
| F            |                        |                                   |
| G            |                        |                                   |
| H            |                        |                                   |
| I            |                        |                                   |
| J            |                        |                                   |
| K            |                        |                                   |
| L            |                        |                                   |
| M            |                        |                                   |
| N            |                        |                                   |
| <b>Total</b> |                        |                                   |

## Enter Any Additional Information:

|  |
|--|
|  |
|  |
|  |
|  |
|  |
|  |

Note: List all items sold during the year on Form 7.



2019

# Foreign Assets

5C

Note: If the aggregate value of the accounts does not exceed \$10,000, then you do not need to provide details.

## General Information:

TSJ ..... \_\_\_\_\_  
 Title of filer ..... \_\_\_\_\_  
 Enter all countries where you have foreign bank accounts ..... \_\_\_\_\_

## Foreign Identification:

|     |    |
|-----|----|
| Yes | No |
|     |    |
|     |    |

Passport ..... \_\_\_\_\_  
 Foreign TIN ..... \_\_\_\_\_  
 If not passport or TIN, enter description ..... \_\_\_\_\_  
 Number ..... \_\_\_\_\_  
 Country of issue ..... \_\_\_\_\_

## Information on Foreign Financial Accounts:

1 - Bank Account    2 - Securities Account    3 - Other

| Account Type | If Other Account Type, Describe | Maximum Account Value | Account Number | Financial Institution Name |
|--------------|---------------------------------|-----------------------|----------------|----------------------------|
| A            |                                 |                       |                |                            |
| B            |                                 |                       |                |                            |

| Street Address | City |
|----------------|------|
| A              |      |
| B              |      |

| State | ZIP/Postal Code | Country | GIIN |
|-------|-----------------|---------|------|
| A     |                 |         |      |
| B     |                 |         |      |

If you have no financial interest in the account or account is jointly owned, please complete the account owner information below.

Type of TIN Code: A - Employer Identification No. (EIN)    B - SSN or ITIN    C - Foreign

| Last Name or Organization Name | First Name | Middle Initial | Suffix | Taxpayer ID Number |
|--------------------------------|------------|----------------|--------|--------------------|
| A                              |            |                |        |                    |
| B                              |            |                |        |                    |

| # of Joint Owners | Street Address | City |
|-------------------|----------------|------|
| A                 |                |      |
| B                 |                |      |

1 - No financial interest    2A - Joint - spouse is joint owner    2B - Joint - other joint owner    3 - Consolidated

| State | ZIP/Postal Code | Country | Ownership Code | Filer's Title |
|-------|-----------------|---------|----------------|---------------|
| A     |                 |         |                |               |
| B     |                 |         |                |               |

1 - Deposit    2 - Custodial

| Type | Foreign Currency | Exchange Rate | Source of Exchange | Acct Open | Acct Closed | Joint | No Tax Items Reported |
|------|------------------|---------------|--------------------|-----------|-------------|-------|-----------------------|
| A    |                  |               |                    |           |             |       |                       |
| B    |                  |               |                    |           |             |       |                       |



# Foreign Assets

5D

### Asset Information:

| Description | Identifying Number | Date Acquired (Mo/Da/Yr) | Date Sold (Mo/Da/Yr) | Jointly Owned | No Tax Items Reported |
|-------------|--------------------|--------------------------|----------------------|---------------|-----------------------|
|             |                    |                          |                      |               |                       |

  

| Value | Foreign Currency | Exchange Rate | Source of Exchange Rate |
|-------|------------------|---------------|-------------------------|
|       |                  |               |                         |

### If Asset is Stock of a Foreign Entity or an Interest in a Foreign Entity

1 - Partnership   2 - Corporation   3 - Trust   4 - Estate

| Name of Foreign Entity | Type of Foreign Entity | Mailing Address of Foreign Entity |
|------------------------|------------------------|-----------------------------------|
|                        |                        |                                   |

  

| City or Town of Foreign Entity | Province, County or State of Foreign Entity | Country of Foreign Entity | Postal Code of Foreign Entity | GIIN |
|--------------------------------|---|---------------------------|-------------------------------|------|
|                                |   |                           |                               |      |

### If Asset is NOT Stock of a Foreign Entity or an Interest in a Foreign Entity

1 - U.S. person  
2 - Foreign person

1 - Issuer   2 - Counterparty

| Name of Issuer | Issuer Code | Type of Issuer | Residence of Issuer |
|----------------|-------------|----------------|---------------------|
|                |             |                |                     |
|                |             |                |                     |
|                |             |                |                     |

1 - Individual   2 - Partnership   3 - Corporation   4 - Trust   5 - Estate

| Mailing Address of Issuer | City or Town of Issuer |
|---------------------------|------------------------|
|                           |                        |
|                           |                        |
|                           |                        |

  

| Province, County or State of Issuer | Country of Issuer | Postal Code of Issuer |
|-------------------------------------|-------------------|-----------------------|
|                                     |                   |                       |
|                                     |                   |                       |
|                                     |                   |                       |

Foreign assets were acquired or sold during the tax year .....  Yes  No

### Foreign Bank Accounts and Trusts:

At any time during 2019, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account or other financial account? .....

If Yes, enter name of foreign country .....

Were you the grantor of, or transferor to, a foreign trust that existed during 2019, whether or not you had any beneficial interest in it? .....



2019

# Consolidated Brokerage Statement

5E

|                |     |                |
|----------------|-----|----------------|
| Brokerage Name | TSJ | Account Number |
|----------------|-----|----------------|

|                   |
|-------------------|
| Brokerage Address |
|-------------------|

## Interest Income and Foreign Information

Interest Income: (List all items sold during the year on Form 5G.)

Special Interest Code: 2 - Early Withdrawal Penalty 4 - Accrued Interest 6 - Amortizable Bond  
 1 - Qualified Educational Series EE Bonds 3 - Nominee Interest 5 - Original Issue Discount Adjustment Premium Adjustment

|   | Source | Interest Income | U.S. Bonds and Obligations | Code | Special Interest |
|---|--------|-----------------|----------------------------|------|------------------|
| A |        |                 |                            |      |                  |
| B |        |                 |                            |      |                  |
| C |        |                 |                            |      |                  |
| D |        |                 |                            |      |                  |
| E |        |                 |                            |      |                  |

Tax-Exempt Interest Code: 1 - 1099-INT 2 - Private Activity Bond 3 - Both

| Code | Tax-Exempt Interest | Investment Expenses | Federal Withholding | State Withholding | Tax Exempt Bond CUSIP No. | 2018 Interest Amount |
|------|---------------------|---------------------|---------------------|-------------------|---------------------------|----------------------|
| A    |                     |                     |                     |                   |                           |                      |
| B    |                     |                     |                     |                   |                           |                      |
| C    |                     |                     |                     |                   |                           |                      |
| D    |                     |                     |                     |                   |                           |                      |
| E    |                     |                     |                     |                   |                           |                      |

### Foreign Taxes Paid or Accrued:

|   | Source | Name of Foreign Country Imposing Tax | X if Tax Accrued | Date Paid or Accrued (Mo/Da/Yr) | Tax Amount (in Foreign Currency) | Tax Amount (in U.S. Dollars) |
|---|--------|--------------------------------------|------------------|---------------------------------|----------------------------------|------------------------------|
| A |        |                                      |                  |                                 |                                  |                              |
| B |        |                                      |                  |                                 |                                  |                              |
| C |        |                                      |                  |                                 |                                  |                              |
| D |        |                                      |                  |                                 |                                  |                              |
| E |        |                                      |                  |                                 |                                  |                              |

### Additional State Information:

| Payer ID | New Hampshire or Illinois Reason Interest is Nontaxable |
|----------|---|
| A        |   |
| B        |   |
| C        |   |
| D        |   |
| E        |   |



# Consolidated Brokerage Statement Dividend Income and Foreign Information

List all items sold during the year on Form 5G.

Tax-Exempt Interest Code: 1 - 1099-DIV 2 - Private Activity Bonds 3 - Both

**Dividend Income:**



|   | Source | Form 1099-DIV                         |                                  |  |      |                        |
|---|--------|---------------------------------------|----------------------------------|--|------|------------------------|
|   |        | Box 1a<br>Total Ordinary<br>Dividends | Box 1b<br>Qualified<br>Dividends | U.S. Bond Interest<br>Amount or<br>Percent in Box 1a | Code | Tax-Exempt<br>Interest |
| A |        |                                       |                                  |  |      |                        |
| B |        |                                       |                                  |  |      |                        |
| C |        |                                       |                                  |  |      |                        |
| D |        |                                       |                                  |  |      |                        |
| E |        |                                       |                                  |  |      |                        |

| Form 1099-DIV                                   |  |                                |                                      |                                       |                                      |
|---|--|--------------------------------|--------------------------------------|---------------------------------------|--------------------------------------|
| Box 2a<br>Total Capital<br>Gain<br>Distribution | Box 2b<br>Unrecaptured<br>Section 1250<br>Gain | Box 2c<br>Section 1202<br>Gain | Box 2d<br>Collectibles<br>(28%) Gain | Box 3<br>Nondividend<br>Distributions | 2018<br>Gross<br>Dividends<br>Amount |
| A   |  |                                |                                      |                                       |                                      |
| B   |  |                                |                                      |                                       |                                      |
| C   |  |                                |                                      |                                       |                                      |
| D   |  |                                |                                      |                                       |                                      |
| E   |  |                                |                                      |                                       |                                      |

| Form 1099-DIV                   |                                    |                                 |                      |
|---------------------------------|------------------------------------|---------------------------------|----------------------|
| Box 4<br>Federal<br>Withholding | Box 5<br>Section 199A<br>Dividends | Box 6<br>Investment<br>Expenses | State<br>Withholding |
| A                               |                                    |                                 |                      |
| B                               |                                    |                                 |                      |
| C                               |                                    |                                 |                      |
| D                               |                                    |                                 |                      |
| E                               |                                    |                                 |                      |

**Foreign Taxes Paid or Accrued:**

| Source | Name of Foreign Country<br>Imposing Tax | X if Tax<br>Accrued | Date Paid<br>or Accrued<br>(Mo/Da/Yr) | Tax Amount<br>(in Foreign<br>Currency) | Tax Amount<br>(in U.S.<br>Dollars) |
|--------|---|---------------------|---------------------------------------|--|------------------------------------|
| A      |   |                     |                                       |  |                                    |
| B      |   |                     |                                       |  |                                    |
| C      |   |                     |                                       |  |                                    |
| D      |   |                     |                                       |  |                                    |
| E      |   |                     |                                       |  |                                    |

**Additional State Information:**

| Payer ID | New Hampshire Reason Dividend is Nontaxable |
|----------|---|
| A        |   |
| B        |   |
| C        |   |
| D        |   |
| E        |   |



# Consolidated Brokerage Statement Sales of Stocks, Securities, Capital Assets and Miscellaneous Income

5G

## Gains or Losses from Sales of Stocks, Securities and Other Capital Assets:

Include all Forms 1099-A, 1099-B, 1099-MISC, 1099-S and copies of mutual fund statements for the year

Did you have any of the following during the year?

|  | Yes | No |
|--|-----|----|
| Mutual fund transactions   |     |    |
| Exchange of any securities or investments for something other than cash  |     |    |
| Sales of inherited property  |     |    |
| Sales of any stock or stock options at a loss and purchases of the same or substantially similar stock or options 30 days before or 30 days after the sale |     |    |
| Commodity sales, short sales or straddles  |     |    |
| Reinvestment of the proceeds of the sale of a publicly traded security into an SSBIC interest  |     |    |
| Reinvestment of the proceeds of the sale of qualified small business stock in other qualified small business stock   |     |    |
| Securities which became worthless  |     |    |

|   | Kind of Property and Description | Quantity | Date Acquired (Mo/Da/Yr) | Date Sold (Mo/Da/Yr) |
|---|----------------------------------|----------|--------------------------|----------------------|
| A |                                  |          |                          |                      |
| B |                                  |          |                          |                      |
| C |                                  |          |                          |                      |
| D |                                  |          |                          |                      |

|   | Gross Sales Price (Less Commissions) | Cost or Other Basis | Federal Tax Withheld | State Tax Withheld |
|---|--------------------------------------|---------------------|----------------------|--------------------|
| A |                                      |                     |                      |                    |
| B |                                      |                     |                      |                    |
| C |                                      |                     |                      |                    |
| D |                                      |                     |                      |                    |

## Other Income:

| Nature and Source | 2019 Amount | 2018 Amount |
|-------------------|-------------|-------------|
|                   |             |             |
|                   |             |             |

## Other Adjustments to Income:

| Nature and Source | 2019 Amount | 2018 Amount |
|-------------------|-------------|-------------|
|                   |             |             |
|                   |             |             |

## Investment Interest Expense:

Interest paid on money you borrowed that is allocable to property held for investment.

| Paid To | 2019 Amount | 2018 Amount |
|---------|-------------|-------------|
|         |             |             |
|         |             |             |

## Foreign Bank Accounts and Trusts:

At any time during 2019, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account?  Yes  No

If Yes, enter name of foreign country \_\_\_\_\_

Were you the grantor of, or transferor to, a foreign trust that existed during 2019, whether or not you had any beneficial interest in it?  Yes  No





# Sales of Stocks, Securities, Capital Assets & Installment Sales

**Gains or Losses from Sales of Stocks, Securities and Other Capital Assets:**

Include all Forms 1099-A, 1099-B, 1099-S and copies of mutual fund statements for the year

Did you have any of the following during the year?

|  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| Mutual fund transactions .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| Exchange of any securities or investments for something other than cash .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| Sales of inherited property .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| Sales of any stock or stock options at a loss and purchases of the same or substantially similar stock or options 30 days before or 30 days after the sale ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Commodity sales, short sales or straddles .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| Reinvestment of the proceeds of gains in a qualified opportunity fund .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| Sale of any investments in qualified opportunity funds .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| Reinvestment of the proceeds of the sale of qualified small business stock in other qualified small business stock .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| Debts that became uncollectible .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| Securities that became worthless .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| Sale of any property where you will receive payments in future years .....   | <input type="checkbox"/> | <input type="checkbox"/> |

| TSJ | Kind of Property and Description | Quantity | Date Acquired (Mo/Da/Yr) | Date Sold (Mo/Da/Yr) |
|-----|----------------------------------|----------|--------------------------|----------------------|
| A   |                                  |          |                          |                      |
| B   |                                  |          |                          |                      |
| C   |                                  |          |                          |                      |
| D   |                                  |          |                          |                      |
| E   |                                  |          |                          |                      |
| F   |                                  |          |                          |                      |
| G   |                                  |          |                          |                      |
| H   |                                  |          |                          |                      |

|   | Gross Sales Price (Less Commissions) | Cost or Other Basis | Federal Tax Withheld | State Tax Withheld |
|---|--------------------------------------|---------------------|----------------------|--------------------|
| A |                                      |                     |                      |                    |
| B |                                      |                     |                      |                    |
| C |                                      |                     |                      |                    |
| D |                                      |                     |                      |                    |
| E |                                      |                     |                      |                    |
| F |                                      |                     |                      |                    |
| G |                                      |                     |                      |                    |
| H |                                      |                     |                      |                    |

**Installment Sales:** Do not include interest received in principal amount

| TSJ | Property Description | Date Sold (Mo/Da/Yr) | 2019 Principal Received | 2018 Principal Received |
|-----|----------------------|----------------------|-------------------------|-------------------------|
|     |                      |                      |                         |                         |
|     |                      |                      |                         |                         |
|     |                      |                      |                         |                         |
|     |                      |                      |                         |                         |
|     |                      |                      |                         |                         |
|     |                      |                      |                         |                         |



**Sale or Exchange of Your Home:**

**Include the closing statements from the purchase and sale of your former and new homes**

**Former Home Information:**

TSJ ..... \_\_\_\_\_

Date acquired ..... (Mo/Da/Yr) \_\_\_\_\_

Date sold ..... (Mo/Da/Yr) \_\_\_\_\_

Selling price .....

**Original Cost and Cost of Improvements:**

| Description | Amount |
|-------------|--------|
|             |        |
|             |        |
|             |        |

**Sale Expenses:**

Commissions, legal fees, advertising and other expenses.

| Description | Amount |
|-------------|--------|
|             |        |
|             |        |
|             |        |

Did you personally own and occupy the home for at least 2 of the 5 years preceding the sale?  Yes  No

If your spouse is deceased, did the sale occur within two years of the date of death and did your spouse live in the home for at least 2 of the 5 years preceding the sale?  Yes  No

If you had a foreign mortgage on the above property, please provide the amount of the mortgage retired on the sale and the date the mortgage was acquired or the date the mortgage was most recently renegotiated \_\_\_\_\_

**Moving Expenses:**

TSJ ..... \_\_\_\_\_

Were the moving expenses reimbursed by your employer?  Yes  No

Enter reimbursements not included in wages on your Form W-2

Was the move due to a permanent change of station pursuant to a military order?  Yes  No

**Mileage:**

Number of miles from old home to new workplace (applicable only on some state returns) .....

Number of miles from old home to old workplace (applicable only on some state returns) .....

Number of automobile miles in move .....

**Transportation Expenses:**

| Amount  |
|---|
| Costs of transportation of household goods and personal effects .....           |
| Costs of travel and lodging (do not include meals or automobile expenses) ..... |
| Automobile expenses (gasoline, oil, etc.) .....                                 |
| Meals (Pennsylvania only) .....   |





2019

# Pension, Annuity and Retirement Plan Information

9A

**Pensions and Annuities:** Include all Forms 1099-R and any nontaxable distribution details

| TSJ | Name of Payer | 2019 Gross Distributions | Taxable Amount | Federal Tax Withheld | State Tax Withheld | Is this a Rollover? | 2018 Gross Distributions |
|-----|---------------|--------------------------|----------------|----------------------|--------------------|---------------------|--------------------------|
|     |               |                          |                |                      |                    |                     |                          |
|     |               |                          |                |                      |                    |                     |                          |
|     |               |                          |                |                      |                    |                     |                          |
|     |               |                          |                |                      |                    |                     |                          |
|     |               |                          |                |                      |                    |                     |                          |

**Self-Employed Retirement Plan:** Include copies of all Forms 1099-R

Have you established a self-employed retirement or SIMPLE plan with deductible contributions? .....

Do you want to contribute the maximum amount allowed? .....

| Taxpayer                 |                          | Spouse                   |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|
| Yes                      | No                       | Yes                      | No                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Contributions to:**

Simplified employee pension plan .....

Defined benefit plan .....

Defined contribution plan .....

SIMPLE plan .....

| 2019 Amount | 2019 Amount |
|-------------|-------------|
|             |             |
|             |             |
|             |             |
|             |             |



Include Forms: W-2G, 1099-MISC, 1099-RRB, 1099-SSA, 1099-SA, 1099-LTC and 1099-G

Miscellaneous Income and Adjustments:

Table with 2 main columns for TSJ (with blank line) and 2 sub-columns for 2019 Amount and 2018 Amount. Rows include Unemployment compensation received, Social security benefits received, Medicare premiums withheld, etc.

State and Local Income Tax Refunds:

Table with columns: TSJ, State, City, Tax Year, and Income Tax Refund (State, Local).

Other Income:

Table with columns: TSJ, Nature and Source, 2019 Amount, 2018 Amount.

Alimony Paid or Received:

Table with columns: TSJ, Recipient's Name, Recipient's Social Security No., Alimony Received?, 2019 Amount, 2018 Amount.



# Miscellaneous Adjustments

**Educator Expenses:** Deduction for amounts paid by educators of kindergarten through Grade 12

| TS | 2019 Amount | 2018 Amount |
|----|-------------|-------------|
|    |             |             |
|    |             |             |

**Health Savings Accounts (HSAs)**

| TS | Description                                  | 2019 Amount | 2018 Amount |
|----|--|-------------|-------------|
|    | Contributions made for 2019                  |             |             |
|    | Distributions received from all HSAs in 2019 |             |             |

What type of coverage applies to your high deductible health plan?  Self only  Family

Were any HSA contributions listed above also shown on your Form W-2? ..... 

|     |    |
|-----|----|
| Yes | No |
|     |    |

Were all distributions from your HSA for unreimbursed medical expenses? ..... 

|     |    |
|-----|----|
| Yes | No |
|     |    |

Did you or your spouse enroll in Medicare? ..... 

|     |    |
|-----|----|
| Yes | No |
|     |    |

If Yes, what month did you enroll? .....

What month did your spouse enroll? .....

**Other Adjustments to Income:** Include all Forms 1098-E for Student Loan Interest Paid

| TSJ | Nature and Source | 2019 Amount | 2018 Amount |
|-----|-------------------|-------------|-------------|
|     |                   |             |             |
|     |                   |             |             |
|     |                   |             |             |
|     |                   |             |             |
|     |                   |             |             |
|     |                   |             |             |
|     |                   |             |             |



Medical and Dental Expenses:

Prescription medicines and drugs .....

Total medical insurance premiums paid \* .....

Long-term care expenses .....

Total insurance reimbursement .....

Number of miles traveled for medical care .....

Lodging .....

Doctors, dentists, etc. ....

Hospitals .....

Lab fees .....

Eyeglasses and contacts .....

| TSJ | 2019 Amount | 2018 Amount |
|-----|-------------|-------------|
|     |             |             |
|     |             |             |
|     |             |             |
|     |             |             |
|     |             |             |
|     |             |             |
|     |             |             |
|     |             |             |
|     |             |             |
|     |             |             |

| 2019 Amount | 2018 Amount |
|-------------|-------------|
|             |             |
|             |             |

Taxpayer long-term care insurance premiums paid .....

Spouse long-term care insurance premiums paid .....

\* Do not include Medicare premiums or premiums deducted in computing taxable wages reported on a W-2.

Other Medical Expenses:

| TSJ | Description | 2019 Amount | 2018 Amount |
|-----|-------------|-------------|-------------|
|     |             |             |             |
|     |             |             |             |
|     |             |             |             |

Taxes Paid:  Include copies of your tax bills

Personal property taxes paid (include vehicle taxes) .....

General sales taxes paid on specified items .....

| TSJ | 2019 Amount | 2018 Amount |
|-----|-------------|-------------|
|     |             |             |
|     |             |             |

Itemize real estate taxes by state.

| TSJ | Real Estate Taxes | 2019 Amount | 2018 Amount |
|-----|-------------------|-------------|-------------|
|     |                   |             |             |
|     |                   |             |             |
|     |                   |             |             |

Other Taxes Paid:

| TSJ | Description | 2019 Amount | 2018 Amount |
|-----|-------------|-------------|-------------|
|     |             |             |             |
|     |             |             |             |
|     |             |             |             |

If you purchased or sold your home in 2019, did you include any taxes from your closing statement in the amounts above?  Yes  No



Mortgage Questions for 2019:

|   |                          |                          |
|---|--------------------------|--------------------------|
|   | <b>Yes</b>               | <b>No</b>                |
| If you purchased or sold your home, did you include any mortgage interest from your closing statement in the amount below? . . .  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you refinance your home? (If Yes, enclose the closing statement.) . . . . .   | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, how many years is your new mortgage loan? . . . . . _____   |                          |                          |
| Did you purchase a new home or sell your former home during the year? . . . . .   | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, enclose the closing statements from the purchase and sale of your new and former homes.   |                          |                          |
| If Yes, also, did you (or your spouse, if married) have an ownership interest in a principal residence in the US<br>during the 3 year period prior to the purchase of this home? . . . . .  | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, did you (and your spouse, if married at the time of purchase) own and use the same home as a principal residence<br>in the U.S. for any 5 consecutive year period during the 8 year period ending on the purchase date of the new home? . . . . . | <input type="checkbox"/> | <input type="checkbox"/> |

Home Mortgage Interest Paid To Financial Institutions:

| TSJ | Paid To | Did You Receive Form 1098? |    | 2019 Amount | 2018 Amount |
|-----|---------|----------------------------|----|-------------|-------------|
|     |         | Yes                        | No |             |             |
|     |         |                            |    |             |             |
|     |         |                            |    |             |             |
|     |         |                            |    |             |             |

Other Home Mortgage Interest Paid:

| TSJ | Paid To |         | ID Number | 2019 Amount | 2018 Amount |
|-----|---------|---------|-----------|-------------|-------------|
|     | Name    | Address |           |             |             |
|     |         |         |           |             |             |
|     |         |         |           |             |             |
|     |         |         |           |             |             |

Deductible Points:

| TSJ | Paid To | Did You Receive Form 1098? |    | 2019 Amount | 2018 Amount |
|-----|---------|----------------------------|----|-------------|-------------|
|     |         | Yes                        | No |             |             |
|     |         |                            |    |             |             |
|     |         |                            |    |             |             |
|     |         |                            |    |             |             |

Mortgage Insurance Premiums:

Premiums paid or accrued for qualified mortgage insurance.

| TSJ | 2019 Amount | 2018 Amount |
|-----|-------------|-------------|
|     |             |             |
|     |             |             |
|     |             |             |

Investment Interest Expense:

Interest paid on money you borrowed that is allocable to property held for investment.

| TSJ | Paid To | 2019 Amount | 2018 Amount |
|-----|---------|-------------|-------------|
|     |         |             |             |
|     |         |             |             |
|     |         |             |             |





# Itemized Deductions - Contributions

**Cash Contributions:** Include all Forms 1098-C or other documentation.

You cannot deduct a cash contribution, regardless of the amount, unless you keep as a record of the contribution a bank record (such as a canceled check, a bank copy of a canceled check, or a bank statement containing the name of the charity, the date, and the amount) or a written communication from the charity. The written communication must include the name of the charity, date of the contribution, and amount of the contribution. Clothes and household items donated must be in good, used condition or better in order to be deductible unless the item donated is worth more than \$500 and you have the item's value appraised. Attach a copy of the appraisal. Include any vehicles donated to charity.

| TSJ | Organization or Description of Contribution | 2019 Amount | 2018 Amount |
|-----|---|-------------|-------------|
|     |   |             |             |
|     |   |             |             |
|     |   |             |             |
|     |   |             |             |
|     |   |             |             |
|     |   |             |             |
|     |   |             |             |
|     |   |             |             |
|     |   |             |             |

| TSJ | Conservation Real Property | 2019 Amount | 2018 Amount |
|-----|----------------------------|-------------|-------------|
|     | 100% limit                 |             |             |
|     | 50% limit                  |             |             |

| TSJ | Description   | 2019 Miles | 2018 Miles |
|-----|---|------------|------------|
|     | Number of miles traveled performing volunteer work for qualified charitable organizations |            |            |

**Noncash Contributions Totaling \$500 or Less:** Include all documentation.

| TSJ | Description of Donated Property | 2019 Amount | 2018 Amount |
|-----|---------------------------------|-------------|-------------|
|     |                                 |             |             |
|     |                                 |             |             |

**Noncash Contributions Totaling More Than \$500:** Include all Forms 1098-C or other documentation.

| TSJ | Property Description | Date Acquired | Date of Donation | Cost or Basis |
|-----|----------------------|---------------|------------------|---------------|
| A   |                      |               |                  |               |
| B   |                      |               |                  |               |
| C   |                      |               |                  |               |

|   | Fair Market Value (FMV) | Method Used to Determine FMV | Other Method Description | Method of Acquisition |
|---|-------------------------|------------------------------|--------------------------|-----------------------|
| A |                         |                              |                          |                       |
| B |                         |                              |                          |                       |
| C |                         |                              |                          |                       |

1 - Appraisal    3 - Comparable Sale    5 - Thrift Shop Value  
 2 - Catalog    4 - Other (Describe)

1 - Gift    3 - Exchange  
 2 - Inheritance    4 - Purchase

|   | Donee Organization Name | Donee Organization Address |
|---|-------------------------|----------------------------|
| A |                         |                            |
| B |                         |                            |
| C |                         |                            |



# Itemized Deductions - Miscellaneous

\* These expenses are not deductible on the federal return but may be deductible on some state returns.

### Miscellaneous Itemized Deductions:

- Union and professional dues \* .....
- Tax preparation fee \* .....
- Professional subscriptions \* .....
- Hobby expense (To extent of income) \* .....
- Safe deposit box \* .....
- Uniforms and protective clothing \* .....
- Work tools \* .....
- Gambling losses .....
- Estate taxes .....

| TSJ | 2019 Amount | 2018 Amount |
|-----|-------------|-------------|
|     |             |             |
|     |             |             |
|     |             |             |
|     |             |             |
|     |             |             |
|     |             |             |
|     |             |             |
|     |             |             |
|     |             |             |
|     |             |             |

### Other Itemized Deductions:

#### Examples:

- Certain legal and accounting fees \*
- Investment expenses \*
- Custodial fees \*
- Employment agency fees \*
- Certain educational expenses \*
- Amortizable bond premium
- Impairment-related work expense of a disabled person
- Repayment of amounts under a claim of right

| TSJ | Description | 2019 Amount | 2018 Amount |
|-----|-------------|-------------|-------------|
|     |             |             |             |
|     |             |             |             |
|     |             |             |             |
|     |             |             |             |
|     |             |             |             |
|     |             |             |             |
|     |             |             |             |
|     |             |             |             |
|     |             |             |             |
|     |             |             |             |

### Casualty or Theft Loss:

TSJ ..... \_\_\_\_\_  
 Property description ..... \_\_\_\_\_

Which of the following describes the type of property that sustained the casualty or theft loss?

- Personal use  
  Business use  
  Income producing  
  Employee Use  
  Personal use attributable to insolvent or bankrupt financial institution losses on deposits

Was the loss due to a federally declared disaster? .....  Yes  No

Date acquired ..... (Mo/Da/Yr) \_\_\_\_\_  
 Date damaged or lost ..... (Mo/Da/Yr) \_\_\_\_\_

- Original cost or other basis .....
- Fair market value before casualty .....
- Fair market value after casualty .....
- Cost of replacement .....
- Insurance reimbursement .....



# Household Employment Taxes

### General Information:

TSJ .....

Employer identification number .....

Did you pay any one household employee cash wages of \$2,100 or more in 2019?  Yes  No

Did you withhold any federal income tax from wages paid to any household employee?  Yes  No

Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2018 or 2019?  Yes  No

### Social Security, Medicare and Income Taxes:

|   | 2019 Amount | 2018 Amount |
|---|-------------|-------------|
| Cash wages subject to social security taxes .....   |             |             |
| Cash wages subject to Medicare taxes (if different than cash wages subject to social security)                              |             |             |
| Cash wages subject to additional Medicare tax withholding .....   |             |             |
| Federal income tax withheld .....   |             |             |
| State disability plan payments subject to social security taxes .....   |             |             |
| State disability plan payments subject to Medicare taxes (if different than plan payments subject to social security) ..... |             |             |

### Federal Unemployment (FUTA) Tax:

Did you pay unemployment contributions to more than one state?  Yes  No

Were all of the wages subject to FUTA tax subject to the state's unemployment tax?  Yes  No

| State | Total Cash Wages Subject to FUTA | 2018 Amount |
|-------|----------------------------------|-------------|
|       |                                  |             |
|       |                                  |             |
|       |                                  |             |
|       |                                  |             |

Complete the following for all state unemployment contributions made:

X if payment to be made after April 15, 2020

| Name of State | Total Taxable Wages | Contribution Paid to Unemployment Fund | X | 2018 Amount |
|---------------|---------------------|--|---|-------------|
|               |                     |  |   |             |
|               |                     |  |   |             |
|               |                     |  |   |             |
|               |                     |  |   |             |
|               |                     |  |   |             |



# Federal Tax Payments

## Refund Application:

If you have an overpayment of 2019 taxes, do you want the excess:

Refunded .....  Yes  No  
 Applied to your 2020 estimated tax liability  Yes  No

## Federal Estimated Tax Payments:

2019 1st Quarter Estimate ..... (Due 04-15-2019)  
 2019 2nd Quarter Estimate ..... (Due 06-17-2019)  
 2019 3rd Quarter Estimate ..... (Due 09-16-2019)  
 2019 4th Quarter Estimate ..... (Due 01-15-2020)

| Amount Due | Date Paid if Not Date Due (Mo/Da/Yr) | Amount Paid |
|------------|--------------------------------------|-------------|
|            |                                      |             |
|            |                                      |             |
|            |                                      |             |
|            |                                      |             |

2018 overpayment applied to 2019 estimate .....

## Tax Planning Information for Tax Year 2020:

Do you expect any of the following to occur in 2020?

|   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| A change in your marital status .....           | <input type="checkbox"/> | <input type="checkbox"/> |
| A change in the number of your dependents ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| A substantial change in your income .....       | <input type="checkbox"/> | <input type="checkbox"/> |
| A substantial change in your withholding .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| A substantial change in deductions .....        | <input type="checkbox"/> | <input type="checkbox"/> |

If you answered Yes to any of the above questions, provide details.

|  |
|--|
|  |
|  |
|  |
|  |
|  |



2019

# State and City Tax Payments

20A

## State and City Estimated Tax Payments:

| TSJ _____<br>State/City _____ |  |             |
|-------------------------------|--|-------------|
| Amount Due                    | Date Paid<br>if Not Date Due<br>(Mo/Da/Yr) | Amount Paid |
|                               |  |             |
|                               |  |             |
|                               |  |             |
|                               |  |             |

2019 1st Quarter Estimate .....  
 2019 2nd Quarter Estimate .....  
 2019 3rd Quarter Estimate .....  
 2019 4th Quarter Estimate .....

If you have an overpayment of 2019 taxes, do you  
 want the excess applied to your 2020 estimated tax liability? .....  Yes  No

2018 overpayment applied to 2019 estimate .....   
 Balance of prior year(s)' tax paid in 2019 plus  
 amount paid with 2018 extensions .....   
 Estimated tax payments for 2018 paid in 2019 .....

## State and City Estimated Tax Payments:

| TSJ _____<br>State/City _____ |  |             |
|-------------------------------|--|-------------|
| Amount Due                    | Date Paid<br>if Not Date Due<br>(Mo/Da/Yr) | Amount Paid |
|                               |  |             |
|                               |  |             |
|                               |  |             |
|                               |  |             |

2019 1st Quarter Estimate .....  
 2019 2nd Quarter Estimate .....  
 2019 3rd Quarter Estimate .....  
 2019 4th Quarter Estimate .....

If you have an overpayment of 2019 taxes, do you  
 want the excess applied to your 2020 estimated tax liability? .....  Yes  No

2018 overpayment applied to 2019 estimate .....   
 Balance of prior year(s)' tax paid in 2019 plus  
 amount paid with 2018 extensions .....   
 Estimated tax payments for 2018 paid in 2019 .....

## State and City Estimated Tax Payments:

| TSJ _____<br>State/City _____ |  |             |
|-------------------------------|--|-------------|
| Amount Due                    | Date Paid<br>if Not Date Due<br>(Mo/Da/Yr) | Amount Paid |
|                               |  |             |
|                               |  |             |
|                               |  |             |
|                               |  |             |

2019 1st Quarter Estimate .....  
 2019 2nd Quarter Estimate .....  
 2019 3rd Quarter Estimate .....  
 2019 4th Quarter Estimate .....

If you have an overpayment of 2019 taxes, do you  
 want the excess applied to your 2020 estimated tax liability? .....  Yes  No

2018 overpayment applied to 2019 estimate .....   
 Balance of prior year(s)' tax paid in 2019 plus  
 amount paid with 2018 extensions .....   
 Estimated tax payments for 2018 paid in 2019 .....





# Gifts Made Outright to an Individual

**NOTE: Only complete Forms 34 and/or 35 if in 2019:**

- You made gifts of cash or marketable securities to an individual that exceeded \$15,000; or
- You made gifts of hard-to-value assets (such as closely-held stock) to an individual of any amount; or
- You made any transfers to a trust (including paying premiums on a life insurance policy that was transferred to a life insurance trust).

You should include all gifts made to each individual during the year, including gifts for his or her birthday, holiday, anniversary, graduation, etc. In addition, include any gifts you made for educational or medical expenses. You can exclude amounts paid directly to a qualifying educational organization for tuition. You can also exclude amounts paid directly to health care providers if the expenses relate to nonelective medical expenses.

If you made any loans with an interest rate below the market rate of interest, provide details below.

If your most recent gift tax return was not prepared by us, include a copy.

For gifts other than cash, include a copy of any appraisal(s) of assets.

If no appraisal is available, describe how the value was determined.

For each gift made outright to an individual during the year, provide the following information:

### Gift 1:

|  |   |                                 |                                |
|--|---|---------------------------------|--------------------------------|
| Person giving the gift .....   | <input type="checkbox"/> Taxpayer         | <input type="checkbox"/> Spouse | <input type="checkbox"/> Joint |
| Name of person receiving the gift .....  | _____                                     |                                 |                                |
| Address of person .....  | _____                                     |                                 |                                |
| Your relationship to the person<br>(e.g., son, granddaughter or friend) .....                        | _____                                     |                                 |                                |
| Age of the person .....  | _____                                     |                                 |                                |
| Date(s) of gift(s) .....   | (Mo/Da/Yr) _____                          |                                 |                                |
| Description and amount of assets gifted<br>(e.g., \$15,000 in cash or 500 shares of ABC stock) ..... | _____                                     |                                 |                                |
| Cost basis of assets gifted if other than cash .....   | <input style="width: 100%;" type="text"/> |                                 |                                |
| Value of assets gifted if other than cash .....  | <input style="width: 100%;" type="text"/> |                                 |                                |

### Gift 2:

|  |   |                                 |                                |
|--|---|---------------------------------|--------------------------------|
| Person giving the gift .....   | <input type="checkbox"/> Taxpayer         | <input type="checkbox"/> Spouse | <input type="checkbox"/> Joint |
| Name of person receiving the gift .....  | _____                                     |                                 |                                |
| Address of person .....  | _____                                     |                                 |                                |
| Your relationship to the person<br>(e.g., son, granddaughter or friend) .....                        | _____                                     |                                 |                                |
| Age of the person .....  | _____                                     |                                 |                                |
| Date(s) of gift(s) .....   | (Mo/Da/Yr) _____                          |                                 |                                |
| Description and amount of assets gifted<br>(e.g., \$15,000 in cash or 500 shares of ABC stock) ..... | _____                                     |                                 |                                |
| Cost basis of assets gifted if other than cash .....   | <input style="width: 100%;" type="text"/> |                                 |                                |
| Value of assets gifted if other than cash .....  | <input style="width: 100%;" type="text"/> |                                 |                                |



**NOTE: Complete this form only if you have made gifts in or to a trust during the year.**

**For each gift made in trust during the year, provide the following information:**

Name of trust receiving the gift . . . . . \_\_\_\_\_

Name of the trustee . . . . . \_\_\_\_\_

Address of the trustee . . . . . \_\_\_\_\_

Trust identification number . . . . . \_\_\_\_\_

Name of the beneficiary of the trust . . . . . \_\_\_\_\_

Your relationship to the beneficiary  
(e.g., son, granddaughter or friend) . . . . . \_\_\_\_\_

Age of the beneficiary . . . . . \_\_\_\_\_

Date(s) of gift(s) . . . . . (Mo/Da/Yr) \_\_\_\_\_

Description and amount of assets gifted  
(e.g., \$15,000 in cash or 500 shares of ABC stock) . . . . . \_\_\_\_\_

Cost basis of assets gifted if other than cash . . . . .

Value of assets gifted if other than cash . . . . .

For gifts other than cash, include a copy of any appraisal(s) of assets. If no appraisal is available, describe how the value was determined.

\_\_\_\_\_

**Include a copy of the following:**

**A copy of the trust document(s) unless previously furnished to us.**

**A copy of the letter(s) notifying the beneficiary of his or her right to withdraw, if the trust grants the beneficiary the right to withdraw amounts contributed to the trust.**







2019

General Information:

|                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|
| Taxpayer                 |                          | Spouse                   |                          |
| Yes                      | No                       | Yes                      | No                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Do you qualify as disabled? .....

If you are a retired U.S. Government employee receiving a federal pension, enter the payer's name and dates you worked for the U.S. Government.

| TSJ | Payer's Name | From (Mo/Da/Yr) | To (Mo/Da/Yr) |
|-----|--------------|-----------------|---------------|
|     |              |                 |               |
|     |              |                 |               |
|     |              |                 |               |

Residency Information:

|                 |               |
|-----------------|---------------|
| From (Mo/Da/Yr) | To (Mo/Da/Yr) |
|                 |               |

If you did not live in Oregon for all of 2019, enter the dates you did live in Oregon .....

Enter the state names other than Oregon where you had income .....

Education Savings:

|                          |                          |
|--------------------------|--------------------------|
| Yes                      | No                       |
| <input type="checkbox"/> | <input type="checkbox"/> |

Did you or your spouse make any contributions to a 529 Oregon College Savings Network account? .....

If Yes, enter the following:

| TS | Name of Designated Beneficiary | Social Security Number | Portfolio Number | Account Number | 2019 Amount Contributed |
|----|--------------------------------|------------------------|------------------|----------------|-------------------------|
|    |                                |                        |                  |                |                         |
|    |                                |                        |                  |                |                         |
|    |                                |                        |                  |                |                         |

Voluntary Contributions:

Enter the amount you wish to contribute on your 2019 tax return to:

|                                 |                      |  |                      |
|---------------------------------|----------------------|--|----------------------|
| American Red Cross .....        | <input type="text"/> | Alzheimer's Disease Research .....     | <input type="text"/> |
| Oregon Historical Society ..... | <input type="text"/> | OR Head Start Association .....        | <input type="text"/> |
| Child Abuse Prevention .....    | <input type="text"/> | Albertina Kerr Centers .....           | <input type="text"/> |
| Habitat for Humanity .....      | <input type="text"/> | Stop Domestic and Sexual Violence ..   | <input type="text"/> |
| Oregon Food Bank .....          | <input type="text"/> | OR Military Financial Assistance ..... | <input type="text"/> |

Other Charity (Choose up to two of the following):

|                                       |                      |                                   |                      |
|---------------------------------------|----------------------|-----------------------------------|----------------------|
| American Diabetes Association .....   | <input type="text"/> | Oregon Coast Aquarium .....       | <input type="text"/> |
| SMART .....                           | <input type="text"/> | SOLVE .....                       | <input type="text"/> |
| St. Vincent de Paul .....             | <input type="text"/> | The Nature Conservancy .....      | <input type="text"/> |
| Doernbecher Children's Hospital ..... | <input type="text"/> | Oregon Humane Society .....       | <input type="text"/> |
| The Salvation Army .....              | <input type="text"/> | Oregon Veteran's Home .....       | <input type="text"/> |
| Planned Parenthood of OR .....        | <input type="text"/> | LIONS .....                       | <input type="text"/> |
| Shriner's Hospital for Children ..... | <input type="text"/> | Special Olympics Oregon .....     | <input type="text"/> |
| Susan G. Komen for the Cure .....     | <input type="text"/> | Cascade AIDS project .....        | <input type="text"/> |
| Oregon Nongame Wildlife .....         | <input type="text"/> | Veterans Suicide Prevention ..... | <input type="text"/> |
| ALS Association .....                 | <input type="text"/> |                                   |                      |

If you or your spouse wish to contribute \$3.00 to a political party, specify a party.

Taxpayer:  Constitution  Democratic  Independent  Libertarian  
 Republican  Pacific Green  Progressive  Working Families

Spouse:  Constitution  Democratic  Independent  Libertarian  
 Republican  Pacific Green  Progressive  Working Families

