

# 2019 Tax Record Worksheet for \_\_\_\_\_

Please provide us with all of your 2019 income documents including all W-2s, 1099s, 1098s, K-1s, 1095s, etc. If you would like, you may use this chart below to summarize some of your 2019 tax records.

Estimated Tax Paid		
Federal	Amount	Date Paid
Due 4/15	_____	_____
Due 6/15	_____	_____
Due 9/15	_____	_____
Due 1/15	_____	_____
State	Amount	Date Paid
Payment 1	_____	_____
Payment 2	_____	_____
Payment 3	_____	_____
Payment 4	_____	_____

Health Care	
Health/Dental Insurance	_____
Prescriptions	_____
Medical Mileage	_____
Other Medical Expenses	_____
	_____
	_____

Miscellaneous (State Only)	
Job & Investment	
Dues	_____
Subscriptions	_____
Income Tax Prep	_____
Safe Deposit Box	_____
Safety Equipment	_____
Tools (Work Related)	_____
Uniforms (cost)	_____
Uniforms (cleaning)	_____
Supplies (work)	_____
Tuition (improve Job)	_____
Lodging	_____
Meals (away from home)	_____
Mileage	_____
Job Hunt	_____
Education (job)	_____
	_____
	_____
*DO NOT include Personal legal fees, fines, penalties, mileage to & from work, meals during regular work hours or travel as a form of education.	

Charitable Gifts	
Cash/Check	_____
Non-Cash	_____
Charitable Mileage	_____
	_____

Child Care Expense	
Provider	Amount
_____	_____
_____	_____
_____	_____
*include name, address, ID# & phone number	

Education Expenses	
Tuition & Fees	_____
* include 1098 T & Receipts	_____
Books	_____
Other	_____
	_____
	_____
Student Loan Interest	_____
*Include 1098-E	

Taxes Paid	
Real Estate	_____
DMV	_____
Other	_____
*DO NOT include: Excise, sales, federal, or inheritance taxes.	

**Claiming Child related Tax credits?** For taxpayers who are eligible, we are required to 'verify' that the dependents are actually your dependents and reside in your home. You must provide copies of birth certificates and social security cards for all dependents, unless already on file with our office. Additionally, please have one of these documents which should show the name and address of the dependent (address must match your address): Form 1095 (Health Insurance Tax Form), Statement from Medical Provider (for example, name of dependent on a prescription order), Statement from Daycare Provider, Social Security Administration document, Statement from Landlord, Statement from Church or School, Other document showing name and address of your dependent. **If you have questions, please contact our office. (909) 797-3140**

**Have a small business or received a 1099?**  
 Visit [www.prospecttax.com](http://www.prospecttax.com) and click "[Schedule C Worksheet](#)" under the 'Client Resources' menu.

**Do you have rental real estate?**  
 Visit [www.prospecttax.com](http://www.prospecttax.com) and click "[Schedule E Worksheet](#)" under the 'Client Resources' menu.

Notes for Preparer:

# Questions

Please check the appropriate box and include all necessary details and documentation.

	Yes	No
<b>Personal Information</b>		
Did your marital status change during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____		
Did your address change from last year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you change the bank account used for Direct Deposit or payment of taxes?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive an Identity Protection PIN (IP PIN) from the IRS or have you been a victim of identity theft?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, attach the IRS letter.	<input type="checkbox"/>	<input type="checkbox"/>
<b>Dependent Information</b>		
Were there any changes in dependents from the prior year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____		
Do you have dependents who must file a tax return?	<input type="checkbox"/>	<input type="checkbox"/>
Did you provide over half the support for any other person(s) other than your dependent children during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If you are divorced or separated with child(ren), do you have a divorce decree or other form of separation agreement which establishes custodial responsibilities?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Purchases, Sales and Debt Information</b>		
Did you acquire a new or additional interest in a partnership or S corporation?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell, exchange, or purchase any real estate during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you foreclose or abandon a principal residence or real property during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you acquire or dispose of any stock during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you take out a home equity loan this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you refinance a principal residence or second home this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any debts canceled or forgiven this year, such as a home mortgage or student loan(s)?	<input type="checkbox"/>	<input type="checkbox"/>
Did you purchase a qualified plug-in electric drive vehicle or qualified fuel cell vehicle this year?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Income Information</b>		
Did you have any foreign income or pay any foreign taxes during the year, directly or indirectly, such as from investment accounts, partnerships or a foreign employer?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any income from property sold prior to this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any unemployment benefits during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive tip income not reported to your employer this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did any of your life insurance policies mature, or did you surrender any policies?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any awards, prizes, hobby income, gambling or lottery winnings?	<input type="checkbox"/>	<input type="checkbox"/>
Do you expect a large fluctuation in income, deductions, or withholding next year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any sales or other exchanges of virtual currencies, or used virtual currencies to pay for goods or services, or you are holding virtual currencies as an investment?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Retirement Information</b>		
Are you an active participant in a pension or retirement plan?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any Social Security benefits during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any withdrawals from a qualified retirement plan?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Health Care Information</b>		
Were you enrolled in lower cost Marketplace Coverage through coveredca.com or healthcare.gov under the Affordable Care Act? If yes, attach any Form(s) 1095-A you received.	<input type="checkbox"/>	<input type="checkbox"/>
Did you have a Health savings account (HSA) or Archer MSA?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Miscellaneous Information</b>		
Did you make any out-of-state purchases (by telephone, internet, mail, or in person) for which the seller did not collect state sales or use tax?	<input type="checkbox"/>	<input type="checkbox"/>
Did you engage in any bartering transactions?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have a financial interest in or signature authority over a financial account such as a bank account, securities account, or brokerage account, located in a foreign country?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive correspondence from the State or the IRS?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____		