

Winfree, Ruff & Associates
692 Hill Rd N
Pickerington, OH 43147

2019 Client Organizer

Winfree, Ruff & Associates
692 Hill Rd N
Pickerington, OH 43147
614-837-8291

This Tax Organizer is designed to help you gather the tax information needed to prepare your 2019 personal income tax return. To help you complete the Organizer with minimal time and effort, when available, you will find certain information from your 2018 personal income tax return.

Enter 2019 information on the Tax Organizer pages provided. If any information does not apply to you or is incorrect, please draw a line through it or make the necessary corrections.

The Client Questionnaire asks about pertinent tax items necessary for preparing the most accurate tax return possible. Please answer all questions and attach a statement when necessary for additional information not provided in the Client Organizer.

You will also need to provide the following information:

- Forms W-2 for wages, salaries and tips.
- All Forms 1099 for interest, dividends, retirement, miscellaneous income, Social Security, state or local refunds, gambling winnings, etc.
- Brokerage statements showing investment transactions for stocks, bonds, etc.
- Schedule K-1 from partnerships, S corporations, estates and trusts.
- Statements supporting educational expenses, deductions or distributions, including any Forms 1098-T, 1098-E, or 1099-Q.
- All Forms 1095-A, 1095-B, and/or 1095-C related to health care coverage or the Premium Tax Credit.
- Statements supporting deductions for mortgage interest, taxes, and charitable contributions (including any Form 1098-C).
- Copies of closing statements regarding the sale or purchase of real property.
- Legal papers for adoption, divorce, or separation involving custody of your dependent children.
- Any tax notices sent to you by the IRS or other taxing authority.
- A copy of your income tax return from last year, if not prepared by this office.

IRS regulations require paid tax preparers who expect to prepare and file 11 or more federal individual, nonresident alien, or trust tax returns to file them electronically. To comply with this requirement your return will be electronically filed this year. The benefits of e-filing include a secure way to file tax returns and it provides proof of acceptance that the IRS has accepted your return for processing. Contact this office if you prefer your return be filed on paper.

Thank you for the opportunity to serve you.

Sincerely,

Winfree, Ruff & Associates

Questions

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

| | Yes | No |
|---|--------------------------|--------------------------|
| Personal Information | | |
| 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"/> |
| Can you be claimed as a dependent by another taxpayer? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you change any bank accounts, or did routing transit numbers (RTN) and/or bank account number change for existing bank accounts that have been used to direct deposit (or direct debit) funds from (or to) the IRS or other taxing authority during the tax year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you, your spouse (if applicable), and any dependents have a taxpayer identification number (SSN, ITIN, or ATIN)? | <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? If yes, attach the IRS letter. | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you reside in or operate a business in a Federally declared disaster area? The Federally declared disaster areas include victims of hurricanes, tropical storms, floods, as well as wildfires. | <input type="checkbox"/> | <input type="checkbox"/> |
| Dependent Information | | |
| Were there any changes in dependents from the prior year? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, explain: _____ | | |
| Do you have any children under age 19 or a full-time student under age 24 with unearned income in excess of \$2,200? | <input type="checkbox"/> | <input type="checkbox"/> |
| 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"/> |
| Did you pay for child care while you worked, looked for work, or while a full-time student? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you pay any expenses related to the adoption of a child 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"/> |
| Did any dependents receive an Identity Protection PIN (IP PIN) from the IRS or have they been a victim of identity theft? If yes, attach the IRS letter. | <input type="checkbox"/> | <input type="checkbox"/> |
| Purchases, Sales and Debt Information | | |
| Did you start a new business or purchase rental property during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you sell, exchange, or purchase any assets used in your trade or business? | <input type="checkbox"/> | <input type="checkbox"/> |
| 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 purchase or sell a principal residence 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 sell an existing business, rental, or other property this year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you lend money with the understanding of repayment and this year it became totally uncollectable? | <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?

Income Information

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?

Did you receive any income from property sold prior to this year?

Did you receive any unemployment benefits during the year?

Did you receive any disability income during the year?

Did you receive tip income not reported to your employer this year?

Did any of your life insurance policies mature, or did you surrender any policies?

Did you receive any awards, prizes, hobby income, gambling or lottery winnings?

Do you expect a large fluctuation in income, deductions, or withholding next year?

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?

Retirement Information

Are you an active participant in a pension or retirement plan?

Did you receive any Social Security benefits during the year?

Did you make any withdrawals from an IRA, Roth, myRA, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan?

If you received a 2016 or 2017 qualified disaster retirement plan distribution in 2017 or 2018, did you repay any of the distribution in 2019? If yes, attach any Form(s) 5498 you received.

Did you receive any lump-sum payments from a pension, profit sharing or 401(k) plan?

Did you make any contributions to an IRA, Roth, myRA, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan?

Education Information

Did you, your spouse, or your dependents attend a post-secondary school during the year, or plan to attend one in the coming year?

Did you have any educational expenses during the year on behalf of yourself, your spouse, or a dependent? If yes, attach any Form(s) 1098-T and receipts for qualified tuition and related expenses

Did anyone in your family receive a scholarship of any kind during the year? If yes, were any of the scholarship funds used for expenses other than tuition, such as room and board?

Did you make any withdrawals from an education savings or 529 Plan account? If yes, were any of these withdrawals rolled over into an ABLER (Achieving a Better Life Experience) account?

Did you make any contributions to an education savings or 529 Plan account?

Did you pay any student loan interest this year?

Did you cash any Series EE or I U.S. Savings bonds issued after 1989?

Would you like a worksheet to aid in the completion of a Free Application for Federal Student Aid (FAFSA) with the U.S. Department of Education?

Health Care Information

Did you have qualifying health care coverage, such as employer-sponsored coverage or government-sponsored coverage (i.e. Medicare/Medicaid) for your family? "Your family" for health care coverage refers to you, your spouse if filing jointly, and anyone you can claim as a dependent. If yes, attach any Form(s) 1095-B and/or 1095-C you received.

Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act? If yes, attach any Form(s) 1095-A you received.

- Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act and share a policy with anyone who is not included in your family?
- Did you make any contributions to a Health savings account (HSA) or Archer MSA?
- Did you receive any distributions from a Health savings account (HSA), Archer MSA, or Medicare Advantage MSA this year?
- Did you pay long-term care premiums for yourself or your family?
- Did you make any contributions to an ABLER (Achieving a Better Life Experience) account? If yes, attach any Form(s) 5498-QA you received.
- Did you receive any withdrawals from an ABLER (Achieving a Better Life Experience) account? If yes, attach any Form(s) 1099-QA you received.
- If you are a business owner, did you pay health insurance premiums for your employees this year?
- Did you receive any Health Coverage Tax Credit (HCTC) advance payments? If yes, attach any Form(s) 1099-H you received.

Itemized Deduction Information

- Did you incur a casualty or theft loss or any condemnation awards during the year?
- If yes, did the loss occur in a Federally declared disaster area?
- Did you pay out-of-pocket medical expenses (Co-pays, prescription drugs, etc.)?
- Did you make any cash or noncash charitable contributions (clothes, furniture, etc.)?
- If yes, please provide evidence such as a receipt from the donee organization, a canceled check, or record of payment, to substantiate all contributions made.
- Did you donate a vehicle or boat during the year? If yes, attach Form 1098-C or other written acknowledgment from the donee organization.
- Did you pay real estate taxes for your primary home and/or second home?
- Did you pay any mortgage interest on an existing home loan? If yes, attach any Form(s) 1098 you received.
- Did you incur interest expenses associated with any investment accounts you held?
- Did you make any major purchases during the year (cars, boats, etc.)?
- 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?

Miscellaneous Information

- Did you make gifts of more than \$15,000 to any individual?
- Did you utilize an area of your home for business purposes?
- Did you engage in any bartering transactions?
- Did you retire or change jobs this year?
- Did you incur moving costs because of a permanent change of station as a member of the Armed Forces on active duty?
- Did you pay any individual as a household employee during the year?
- Did you make energy efficient improvements to your main home this year?
- Did you receive a distribution from, or were you a grantor or transferor for a foreign trust?
- 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?
- Do you have any foreign financial accounts, foreign financial assets, or hold interest in a foreign entity?
- Did you receive correspondence from the State or the IRS?
- If yes, explain: _____
- Do you have previous years of tax returns that are either unfiled or filed with unpaid balances due?
- Do you want to designate \$3 to the Presidential Election Campaign Fund? If you check yes, it will not change your tax or reduce your refund.

Client Organizer Topical Index

This client organizer topical index is designed to help you quickly locate the items listed. To use the index just locate the topic and refer to the page number listed. The page number corresponds to the number printed in the top right corner of your organizer sheets. Please note this organizer is customized specifically for you, and may not contain all of the pages listed here.

| Topic | Page | Topic | Page |
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| ABLE account distributions | 73 | Gambling winnings | 10, 18, 20 |
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| Alaska Permanent Fund dividends | 18, 77 | Household employee taxes | 78 |
| Alimony paid | 51 | Identity authentication | 7 |
| Alimony received | 18 | Installment sales | 41, 42 |
| Annuity payments received | 10, 24 | Interest income, including foreign | 11, 13, 17b |
| Automobile information - | | Interest paid | 58 |
| Business or profession | 68 | Investment expenses | 57 |
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| Farm, Farm Rental | 68 | IRA, Roth IRA contributions | 26 |
| Rent and royalty | 68 | IRA distributions | 10, 24 |
| Bank account information | 3 | Like-kind exchange of property | 43 |
| Broker Statement - Consolidated | 17b | Long-term care services and contracts (LTC) | 72 |
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| Business use of home | 67 | Medical savings account (MSA) | 71, 72 |
| Cancellation of debt | 19 | Minister earnings and expenses | 28, 49, 75 |
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| Casualty and theft losses, personal | 64, 66 | Miscellaneous adjustments | 51 |
| Child and dependent care expenses | 80 | Miscellaneous itemized deductions | 59, 59a |
| Children's interest and dividend | 76, 77 | Mortgage interest expense | 58, 60 |
| Charitable contributions | 59, 61, 62 | Moving expenses - Active Military | 48 |
| Contracts and straddles | 22 | Nonresident Alien | 4, 5 |
| Dependent care benefits received | 12 | Partnership income | 10, 38 |
| Dependent information | 1 | Payments from Qualified Education Programs (1099-Q) | 10, 55 |
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| Business or profession | 92, 93 | Personal property taxes paid | 57 |
| Employee business expense | 92, 93 | Railroad retirement benefits | 25 |
| Farm, Farm Rental | 92, 93 | Real estate taxes | 57 |
| Rent and royalty | 92, 93 | REMIC's | 16 |
| Direct deposit information | 3 | Rent and royalty, vacation home, income and expenses | 31, 32 |
| Disability income | 24, 81 | Residential energy credit | 82 |
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| Early withdrawal penalty | 13 | Sale of business property | 41, 42 |
| Education Credits and tuition and fees deduction | 54 | Sale of personal residence | 40 |
| Education Savings Account & Qualified Tuition Program | 55 | Sale of stock, securities, and other capital assets | 17, 17a, 17b |
| Electronic filing | 6 | Self-employed health insurance premiums | 28, 33, 69 |
| Email address | 2 | Self-employed Keogh, SEP and SIMPLE plan contributions | 27 |
| Employee business expenses | 49 | Seller-financed mortgage interest received | 15 |
| Estate income | 10, 39 | Social security benefits received | 25 |
| Farm income and expenses | 33, 34, 35 | State and local income tax refunds | 18 |
| Farm rental income and expenses | 36, 37 | State & local estimate payments | 9 |
| Federal estimate payments | 8 | State & local withholding | 12, 20, 24 |
| Federal student aid application information (FAFSA) | 56 | Statutory employee | 12, 28 |
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| First-time homebuyer credit repayment | 79 | Taxes paid | 57 |
| Foreign bank accounts & financial assets | 44, 45 | Trust income | 39 |
| Foreign earned income & housing deduction | 46, 47 | Unemployment compensation | 18 |
| Foreign employer compensation | 23 | Unreported tip or unreported wage income | 74 |
| Foreign taxes paid | 83 | U.S. savings bonds educational exclusion | 52 |
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Please note the following conventions used throughout your client organizer: T/S/J and T/S headings should be used to indicate if an item belongs to the (T)axpayer, (S)pouse, or (J)oint. Also, if an item did not occur in your resident state, please indicate the state's postal code abbreviation in which the item occurred. Control totals and [] numbers are for preparer use only.

IRS regulations require paid tax preparers who expect to prepare a certain amount of federal individual tax returns to file them electronically. To comply with this requirement your return will be electronically filed this year if it qualifies for electronic filing under IRS rules. Taxpayers may choose to file a paper return instead of filing electronically.

Mark if you want to file a paper return even if you qualify for electronic filing ___[1]

Receive email notification(s) when your electronic file is accepted by the taxing agency (Blank = None, 1 = Return, 2 = Return & Extension) ___[2]

If 1 or 2, please provide email address on Organizer Form ID: Info

Mark if you are filing a balance due return electronically and you want to pay the amount due by debiting your financial institution account ___[9]

The IRS requires a Personal Identification Number (PIN) be used in signing returns that are electronically filed.

Each taxpayer and spouse, if applicable, must provide a 5 digit self-selected PIN of your choice other than all zeroes.

Taxpayer self-selected Personal Identification Number (PIN) _____ [7]

Spouse self-selected Personal Identification Number (PIN) _____ [8]

NOTES/QUESTIONS:

Please provide copies of Schedules K-1 showing income from partnerships and S-corporations.

Taxpayer/Spouse/Joint (r, s, j) _____
 Employer identification number _____
 Name of entity _____
 State postal code _____
 Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership) _____

T[2]
 [6]
 [13]
OH[14]
1[17]

Partnership

| Preparer use only | | Pre-TCJA Regular | Regular | AMT |
|-------------------|-----------------------------|------------------|---------|------|
| 1 | Carryovers | | | |
| Enter on K1-7 | Operating | [18] | [19] | [20] |
| | Short-term capital | | [21] | [22] |
| | Long-term capital | | [23] | [24] |
| | 28% rate capital | | [25] | [26] |
| | Section 1231 loss | [27] | [28] | [29] |
| | Ordinary business gain/loss | [30] | [31] | [32] |
| | Other losses - 1040 Sch 1 | [33] | [34] | [35] |
| | Section 179 | [36] | [37] | [38] |

Taxpayer/Spouse/Joint (r, s, j) _____
 Employer identification number _____
 Name of entity _____
 State postal code _____
 Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership) _____

___[2]
 [6]
 [13]
 [14]
 [17]

| Preparer use only | | Pre-TCJA Regular | Regular | AMT |
|-------------------|-----------------------------|------------------|---------|------|
| | Carryovers | | | |
| Enter on K1-7 | Operating | [18] | [19] | [20] |
| | Short-term capital | | [21] | [22] |
| | Long-term capital | | [23] | [24] |
| | 28% rate capital | | [25] | [26] |
| | Section 1231 loss | [27] | [28] | [29] |
| | Ordinary business gain/loss | [30] | [31] | [32] |
| | Other losses - 1040 Sch 1 | [33] | [34] | [35] |
| | Section 179 | [36] | [37] | [38] |

Taxpayer/Spouse/Joint (r, s, j) _____
 Employer identification number _____
 Name of entity _____
 State postal code _____
 Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership) _____

___[2]
 [6]
 [13]
 [14]
 [17]

| Preparer use only | | Pre-TCJA Regular | Regular | AMT |
|-------------------|-----------------------------|------------------|---------|------|
| | Carryovers | | | |
| Enter on K1-7 | Operating | [18] | [19] | [20] |
| | Short-term capital | | [21] | [22] |
| | Long-term capital | | [23] | [24] |
| | 28% rate capital | | [25] | [26] |
| | Section 1231 loss | [27] | [28] | [29] |
| | Ordinary business gain/loss | [30] | [31] | [32] |
| | Other losses - 1040 Sch 1 | [33] | [34] | [35] |
| | Section 179 | [36] | [37] | [38] |

Schedule A - Medical and Dental Expenses

| T/S/J | 2019 Information | Prior Year Information | |
|---|------------------|------------------------|--|
| Medical and dental expenses, such as: Doctors, Dentists, Hospital/nursing home fees, Lab/x-ray fees, Medical supplies, Hearing aids, Eyeglasses/contact lenses, and Insurance reimbursements received | | | |
| [1] | + _____ [2] | | |
| | + _____ | | |
| | + _____ | | |
| | + _____ | | |
| | + _____ | | |
| | + _____ | | |
| Medical insurance premiums you paid: Do not include pre-tax amounts paid by an employer-sponsored plan or amounts entered elsewhere, such as amounts paid for your self-employed business (Sch C, Sch F, Sch K-1, etc.) or Medicare premiums entered on Form SSA-1099. | | | |
| [4] | + _____ [5] | | |
| | + _____ | | |
| | + _____ | | |
| | + _____ | | |
| Long-term care premiums you paid: Do not include pre-tax amounts paid by an employer-sponsored plan or amounts entered elsewhere, such as amounts paid for your self-employed business (Sch C, Sch F, Sch K-1, etc.) | | | |
| [7] | + _____ [8] | | |
| | + _____ | | |
| Prescription medicines and drugs: | | | |
| [10] | + _____ [11] | | |
| | + _____ | | |
| | + _____ | | |
| [13] Miles driven for medical items | _____ [14] | | |

Schedule A - Tax Expenses

| T/S/J | 2019 Information | Prior Year Information | |
|--|------------------|------------------------|--|
| State/local income taxes paid: | | | |
| [18] | + _____ [19] | | |
| | + _____ | | |
| | + _____ | | |
| | + _____ | | |
| | + _____ | | |
| 2018 state and local income taxes paid in 2019: | | | |
| [21] | + _____ [22] | | |
| | + _____ | | |
| | + _____ | | |
| Real estate taxes paid: | | | |
| J [24] | + _____ [25] | | |
| | + _____ | | |
| | + _____ | | |
| Personal property taxes: | | | |
| [27] | + _____ [28] | | |
| | + _____ | | |
| Other taxes, such as: foreign taxes and State disability taxes | | | |
| [30] | + _____ [31] | | |
| | + _____ | | |
| | + _____ | | |
| Sales tax paid on major purchases: | | | |
| [36] | + _____ [37] | | |
| | + _____ | | |
| Sales tax paid on actual expenses: | | | |
| [39] | + _____ [40] | | |
| | + _____ | | |
| | + _____ | | |

Control Totals +

Itemized Deductions

Interest Expenses

| T/S/J | 2019 Interest Paid ⁽²⁾ | 2019 Points Paid | Type* | 2019 Mortgage Ins. Premiums Paid | Prior Year Information |
|--|--------------------------------------|---------------------|-------|--|------------------------|
| Home mortgage interest: From Form 1098 | | | | | |
| J ⁽¹⁾ | + | + | + | + | |
| | + | + | + | + | |
| | + | + | + | + | |
| | + | + | + | + | |
| | + | + | + | + | |
| | + | + | + | + | |
| | + | + | + | + | |
| | + | + | + | + | |
| | + | + | + | + | |

***Mortgage Types**

Blank = Used to buy, build or improve main/qualified second home 1 = Not used to buy, build, improve home or investment

| T/S/J | Payee's Name | SSN or EIN | 2019 Information | Prior Year Information |
|--|--------------------------|------------|------------------|------------------------|
| Other, such as: Home mortgage interest paid to individuals | | | | |
| (4) | | | + | (5) |
| | Address | | | |
| | City, state and zip code | | | |
| | | | + | |
| | Address | | | |
| | City, state and zip code | | | |

T/S/J Name and address of other person who received Form 1098 for jointly liable mortgage interest you paid -

Payer's/Borrower's name _____ [7]
 Street Address _____
 City/State/Zip code _____

Refinancing Points paid in 2019 -

Taxpayer/Spouse/Joint (T, S, J) _____ [11]
 Recipient/Lender name _____
 Total points paid at time of refinance _____
 Points deemed as paid in 2019 (Preparer use only) + _____ [12]
 Date of refinance _____
 Term of new loan (in months) _____
 Reported on Form 1098 in 2019 _____

Taxpayer/Spouse/Joint (T, S, J) _____
 Recipient/Lender name _____
 Total points paid at time of refinance _____
 Points deemed as paid in 2019 (Preparer use only) + _____
 Date of refinance _____
 Term of new loan (in months) _____
 Reported on Form 1098 in 2019 _____

| T/S/J | 2019 Information |
|-------|---|
| | Investment interest expense, other than on Schedule(s) K-1: |
| (15) | + _____ [16] |
| | + |
| | + |
| | + |
| | + |
| | + |
| | + |
| | + |
| | + |
| | + |

Charitable Contributions

T/S/J

2019 Information

Prior Year Information

Contributions made by cash or check (including out-of-pocket expenses)

Any contribution of cash, a check or other monetary gift requires a written record of the contribution in order to claim the contribution on your return.

Individual contributions of \$250 or more must be accompanied by a written acknowledgment from the charity to claim the contribution on your return.

| | | | | | | |
|---|-----|--|---|-------|-----|--|
| J | (2) | _____ | + | _____ | (3) | <div style="border: 1px solid black; height: 100%;"></div> |
| | | _____ | + | _____ | | |
| | | _____ | + | _____ | | |
| | | _____ | + | _____ | | |
| | | _____ | + | _____ | | |
| | | _____ | + | _____ | | |
| | | _____ | + | _____ | | |
| | | _____ | + | _____ | | |
| | | _____ | + | _____ | | |
| | | _____ | + | _____ | | |
| | | _____ | + | _____ | | |
| | | _____ | + | _____ | | |
| | | _____ | + | _____ | | |
| | | _____ | + | _____ | | |
| | | _____ | + | _____ | | |
| | (5) | Volunteer miles driven | | _____ | (6) | |
| | | Noncash items, such as: Goodwill/Salvation Army/clothing/household goods | | _____ | | |
| | (8) | _____ | + | _____ | (9) | |
| | | _____ | + | _____ | | |
| | | _____ | + | _____ | | |
| | | _____ | + | _____ | | |
| | | _____ | + | _____ | | |
| | | _____ | + | _____ | | |
| | | _____ | + | _____ | | |
| | | _____ | + | _____ | | |
| | | _____ | + | _____ | | |
| | | _____ | + | _____ | | |
| | | _____ | + | _____ | | |
| | | _____ | + | _____ | | |

**Mark if qualifying disaster relief contribution made in 2018 for relief efforts in the California wildfire disaster area

Miscellaneous Deductions

T/S/J

2019 Information

Prior Year Information

Other expenses, not subject to the 2% AGI limit:

| | | | | | | |
|------|------|---|---|-------|------|--|
| [12] | | _____ | + | _____ | (13) | <div style="border: 1px solid black; height: 100%;"></div> |
| | | _____ | + | _____ | | |
| | | _____ | + | _____ | | |
| | | _____ | + | _____ | | |
| | | _____ | + | _____ | | |
| | | _____ | + | _____ | | |
| | | _____ | + | _____ | | |
| | | _____ | + | _____ | | |
| | | _____ | + | _____ | | |
| | | _____ | + | _____ | | |
| | (15) | Gambling losses: (Enter only if you have gambling income) | | _____ | (16) | |
| | | _____ | + | _____ | | |
| | | _____ | + | _____ | | |
| | | _____ | + | _____ | | |
| | | _____ | + | _____ | | |

NOTES/QUESTIONS: