



2019 TAXPAYER'S CHECKLIST

If mailing in or dropping off tax returns, complete the worksheet.

Please provide documents to substantiate all items of income, deductions and/or credits.

*** ATTN: NEW CLIENTS ***

PLEASE PROVIDE A COPY OF YOUR PRIOR YEAR'S FEDERAL, STATE & LOCAL INCOME TAX RETURNS

TP: _____
 DOB: _____ DOD: _____
 SSN/TIN: _____
 Occupation: _____
 Street Address: _____
 City: _____
 Email: _____
 Best PH: _____

SP: _____
 DOB: _____ DOD: _____
 SSN/TIN: _____
 Occupation: _____
 Suite/Apt #: _____
 State: _____ Zip: _____
 Email: _____
 Best PH: _____

(Check all that apply)
 Blind
 Paraplegic
 Hemiplegic
 Deaf
 Quadraplegic
 Total & Permanently Disabled

(Check all that apply)
 Blind
 Paraplegic
 Hemiplegic
 Deaf
 Quadraplegic
 Total & Permanently Disabled

Filing Status (check only one):
 Single
 Head of Household
 Married Filing Joint
 Married Filing Separate
 Surviving Widow(er) w/ Dependent Child
 Spouse's Name: _____
 Spouse's SSN: _____

Did any of the following events take place during 2019?
 Marriage Date: _____
 Divorced/Legally Separated Date: _____
(Include copy of ENTIRE divorce decree or separation agreement)

DEPENDENT(S)

Dependents living w/ you for more than half the year (full year if no relation) and 18 & under (OR between ages 19-23 AND a FULL-TIME student at least FIVE months during the taxable year). All others must have gross income LESS THAN \$4,200 for the year.

NAME	DOB	SSN/TIN	RELATIONSHIP
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

- a. Are any of the dependent(s) blind, deaf and/or disabled? If so, who? _____
- b. Could any dependent(s) listed above be the qualifying dependent/relative of another taxpayer? If so, who? _____
- c. Did any of the dependent(s) earn more than \$4,200 during 2019? If so, who? _____
- d. Do you have reason to believe your qualifying dependent has already filed a return & claimed an exemption for himself/herself? Yes No
- e. Are you claiming any of the dependent(s) above in accordance with a divorce decree or separation agreement? Yes *(include documents)* No

2019 INCOME

WAGES (include W-2)

MISC INCOME (include 1099-MISC)

Name of Company	TP / SP
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

Name of Company	TP / SP
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

INTEREST (include 1099-INT)

DIVIDENDS (include 1099-DIV)

Payer	Amt
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

Payer	Ord	Qual	CGD
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

PENSION/ANNUITY (include 1099-R)

IRA (include 1099-R)

Payer	Amt	TP / SP
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

Payer	Amt	TP / SP
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

SALE OF STOCK (include 1099-B)

SHORT-TERM GAIN(S)/LOSS(ES)

LONG-TERM GAIN(S)/LOSS(ES)

Security	Proceeds	Cost
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

Security	Proceeds	Cost
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

SOCIAL SECURITY: TAXPAYER (include SSA-1099)

SOCIAL SECURITY: SPOUSE (include SSA-1099)

Box 3 (Benefits Paid in 2019)	_____
Box 4 (Benefits Repaid in 2019)	_____
Box 6 (Voluntary Federal W/H)	_____
Medicare Premiums Paid	SEE P3, MEDICAL EXP
Medicare Premiums Paid	SEE P3, MEDICAL EXP

Box 3 (Benefits Paid in 2019)	_____
Box 4 (Benefits Repaid in 2019)	_____
Box 6 (Voluntary Federal W/H)	_____
Medicare Premiums Paid	SEE P3, MEDICAL EXP
Medicare Premiums Paid	SEE P3, MEDICAL EXP

HSA DISTRIBUTION (include 1099-SA)

OTHER INCOME (include supporting documents)

Trustee: _____
Gross Distribution _____ Amt Used for Medical Exp _____
Trustee: _____
Gross Distribution _____ Amt Used for Medical Exp _____

	TP	SP
State Income Tax Refund	_____	_____
Unemployment Compensation	_____	_____
- Federal Withholding	_____	_____
- State Withholding	_____	_____

INSTALLMENT SALE (attach addt'l sheet if needed)

Name _____ SSN _____
Address _____
City _____ ST _____ Zip _____
Interest Paid _____ Principal Paid _____

Alimony (only for agreements executed before 01/01/19)	_____	_____
- Received	_____	_____
- Paid (Need Recipient's SSN)	_____	_____
Jury Duty	_____	_____

NONTAXABLE INCOME

Veterans Pension/Disability _____	Cancelled Debt _____
Worker's Comp or SDI _____	Other _____
Child Support _____	Other _____
Gain on Sale of Residence _____	Other _____
Gifts over \$300 _____	Other _____

Election Board Fees	_____	_____
Prizes/Lottery/Gambling	_____	_____
- Winning(s)	_____	_____
- Losses	_____	_____
Bartering	_____	_____
Farm Income	_____	_____

2019 DEDUCTIONS

MEDICAL

Do not include any amounts paid for/reimbursed by medical insurance or any other type of insurance or amounts paid using funds from a Health Savings or Flexible Spending Account.

DO NOT INCLUDE HEALTH INSURANCE PREMIUMS PAID W/ PRE-TAX INCOME (I.E. PAYROLL DEDUCTION)

Medical & Dental Expenses, including:

Office Visits	Lab Tests/Therapy/X-Rays		
Co-pays	Dental/Orthodontics		
Doctors/Specialists	Hearing Aid		
Hospital/Ambulance	Eye Exam/Glasses/Contacts		
Prescription Drugs			
Medical Insurance	TP _____	SP _____	
Prescription Insurance	TP _____	SP _____	
Dental/Vision Insurance	TP _____	SP _____	
Long-Term Care Insurance	TP _____	SP _____	
Medicare Premiums	TP _____	SP _____	
Medical Miles Driven	# _____	# _____	

INTEREST

Qualified Mortgage Interest:	
- 1st Home	_____
- 2nd Home	_____
Qualified Home Equity Loan (only if used to buy/build/improve home)	_____
Land Contract Interest Paid	_____
To Whom Paid:	
Name _____	SSN _____
Address _____	
City _____	ST _____ ZIP _____
Boat/Motor Home Interest*	_____
Points Paid on New Home Purchase	_____
Points Paid on Refinance of Current Home	_____
Term of Refinanced Loan (in years)	_____
Investment Interest Paid	_____

**Must have eating, sleeping & toilet facilities*

ADJUSTMENTS TO AGI

Health Savings Acct Contribution	TP _____	SP _____
Moving Expenses (active military only)	TP _____	SP _____
Penalty on Early W/D of Savings	TP _____	SP _____
Student Loan Interest Paid	TP _____	SP _____
Traditional IRA Contribution	TP _____	SP _____
Roth IRA Contribution	TP _____	SP _____

CHARITABLE CONTRIBUTIONS

****To be deductible, must have acknowledgement from qualified organization****

Cash/Check/Credit Card	_____
Other than Cash/Check (i.e. clothing/household items)	_____

If over \$500, please provide the following (attached add'l sheets if necessary)

ITEM(S)	DATE DONATED	COST	FMV
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

Charitable Miles Driven	# _____
Automobile	_____
Boat	_____
Aircraft	_____

TAXES

State Income Tax PAID in 2019 for Prior Year's Tax	_____
Local Income Tax PAID in 2019 for Prior Year's Tax	_____
2019 Homestead TAXABLE Value (MI ONLY)	_____
Real Estate Taxes PAID in 2019:	
- Principal Residence	_____
- Second Home/Cottage	_____
- Vacant Land	_____
- Other	_____
Real Estate Taxes PAID @ Closing (Provide Docs)	_____
Real Estate Taxes REIMB @ Closing (Provide Docs)	(_____)
AUTO LICENSE TABS	
Other Personal Property Taxes	_____
Sales Tax Paid _____ State	
- Actual Sales Tax Paid in 2019	_____
- Major Purchase(s) (Vehicle, Aircraft or Boat ONLY)	_____

2015 ESTIMATED TAX PAYMENTS

	FEDERAL	STATE	CITY
1st Qtr (04/15/2019)	_____	_____	_____
2nd Qtr (06/17/2019)	_____	_____	_____
3rd Qtr (09/16/2019)	_____	_____	_____
4th Qtr (01/15/2020)	_____	_____	_____

'18 overpymt applied to '19

2019 CREDITS

HIGHER EDUCATION EXPENSES

Student 1 _____	
School _____	
Qualified Tuition & Fees Paid in 2019 _____	
Books & Required Supplies Paid in 2019 _____	
Student has completed first 4 years of college	Y N
Student has been convicted of felony?	Y N
Student 2 _____	
School _____	
Qualified Tuition & Fees Paid in 2019 _____	
Books & Required Supplies Paid in 2019 _____	
Student has completed first 4 years of college	Y N
Student has been convicted of felony?	Y N
Student 3 _____	
School _____	
Qualified Tuition & Fees Paid in 2019 _____	
Books & Required Supplies Paid in 2019 _____	
Student has completed first 4 years of college	Y N
Student has been convicted of felony?	Y N

MI PROPERTY TAX CREDIT

No. of Months _____		Rent (per Month) _____
Landlord _____		
Address _____		
City _____	ST _____	ZIP _____
No. of Months _____		Rent (per Month) _____
Landlord _____		
Address _____		
City _____	ST _____	ZIP _____

CHILD & DEPENDENT CARE EXPENSES

Child 1 _____	
Caretaker _____	EIN/SSN _____
Address _____	
City _____	ST _____ ZIP _____
Child 2 _____	
Caretaker _____	EIN/SSN _____
Address _____	
City _____	ST _____ ZIP _____

ADOPTION CREDIT

<table border="0" style="width: 100%;"> <tr> <td style="width: 30%;">Child 1 _____</td> <td style="width: 20%;"></td> <td style="width: 30%;"></td> <td style="width: 20%;"></td> </tr> <tr> <td>Was the child: Disabled</td> <td>Special Needs</td> <td>Foreign Child</td> <td></td> </tr> <tr> <td>Was the adoption final in 2019 or earlier?</td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> <td></td> </tr> <tr> <td>Qualified Adoption Expenses</td> <td colspan="3"></td> </tr> <tr> <td>Adoption Fees</td> <td colspan="3">_____</td> </tr> <tr> <td>Attorney(s) Fees</td> <td colspan="3">_____</td> </tr> <tr> <td>Court Costs</td> <td colspan="3">_____</td> </tr> <tr> <td>Travel Expenses (incl. Meals & Lodging)</td> <td colspan="3">_____</td> </tr> <tr> <td>Re-adoption Expenses re: Foreign Child</td> <td colspan="3">_____</td> </tr> <tr> <td>Did you receive employer-provided benefits?</td> <td colspan="3"></td> </tr> </table>	Child 1 _____				Was the child: Disabled	Special Needs	Foreign Child		Was the adoption final in 2019 or earlier?	Yes	No		Qualified Adoption Expenses				Adoption Fees	_____			Attorney(s) Fees	_____			Court Costs	_____			Travel Expenses (incl. Meals & Lodging)	_____			Re-adoption Expenses re: Foreign Child	_____			Did you receive employer-provided benefits?				<table border="0" style="width: 100%;"> <tr> <td style="width: 30%;">Child 2 _____</td> <td style="width: 20%;"></td> <td style="width: 30%;"></td> <td style="width: 20%;"></td> </tr> <tr> <td>Was the child: Disabled</td> <td>Special Needs</td> <td>Foreign Child</td> <td></td> </tr> <tr> <td>Was the adoption final in 2019 or earlier?</td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> <td></td> </tr> <tr> <td>Qualified Adoption Expenses</td> <td colspan="3"></td> </tr> <tr> <td>Adoption Fees</td> <td colspan="3">_____</td> </tr> <tr> <td>Attorney(s) Fees</td> <td colspan="3">_____</td> </tr> <tr> <td>Court Costs</td> <td colspan="3">_____</td> </tr> <tr> <td>Travel Expenses (incl. Meals & Lodging)</td> <td colspan="3">_____</td> </tr> <tr> <td>Re-adoption Expenses re: Foreign Child</td> <td colspan="3">_____</td> </tr> <tr> <td>Did you receive employer-provided benefits?</td> <td colspan="3"></td> </tr> </table>	Child 2 _____				Was the child: Disabled	Special Needs	Foreign Child		Was the adoption final in 2019 or earlier?	Yes	No		Qualified Adoption Expenses				Adoption Fees	_____			Attorney(s) Fees	_____			Court Costs	_____			Travel Expenses (incl. Meals & Lodging)	_____			Re-adoption Expenses re: Foreign Child	_____			Did you receive employer-provided benefits?			
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AFFORDABLE CARE ACT

****PLEASE PROVIDE 2019 FORM(S) 1095-A or 1095-B or 1095-C RECEIVED****

Was your entire family (including dependents claimed on your 2019 tax return) covered by minimum essential health insurance for the entire year?	Yes	No
If no, how many months was your entire family covered by minimum essential health insurance?	_____ months	
Do you or any of your dependents meet one of the exemptions for the minimum essential health insurance coverage requirement?	Yes	No
If yes, please provide name of the exempt individual & exemption certificate number (attach additional sheet, if necessary)		
_____	_____	
_____	_____	
Are you claiming an exemption because your household income is below the filing threshold?	Yes	No
Are you claiming a hardship exemption because your gross income is below the filing threshold?	Yes	No
Did you purchase health insurance through the insurance marketplace?	Yes	No
If yes, what is your state of residency (needed for the Premium Tax Credit)?	_____	

2019 SCHEDULE C INCOME & EXPENSES

BUSINESS 1

BUSINESS 2

Business Name		
Address		
City/State/Zip		
Business Activity		
Product or Service		

Were payments made in 2019 that would require Form(s) 1099?	Yes	No		Yes	No
---	-----	----	--	-----	----

Did you file all required Form(s) 1099?	Yes	No		Yes	No
---	-----	----	--	-----	----

Gross Receipts	\$			\$	
Returns & Allowances	\$			\$	
Other Income	\$			\$	

Cost of Goods Sold					
Beginning Inventory as of 01/01/19 (At Cost)	\$			\$	
Purchases	\$			\$	
Cost of Labor	\$			\$	
Materials & Supplies UNDER \$200	\$			\$	
Materials & Supplies OVER \$200	\$			\$	
Other Costs	\$			\$	
Ending Inventory as of 12/31/19 (At Cost)	\$			\$	

Advertising	\$			\$	
Bank Charges	\$			\$	
Commissions & Fees	\$			\$	
Dues & Publications	\$			\$	
Insurance - Health	\$			\$	
Insurance - Other	\$			\$	
Interest	\$			\$	
Licenses	\$			\$	
Legal & Professional	\$			\$	
Meals & Entertainment	\$			\$	
Office Expense	\$			\$	
Postage & Freight	\$			\$	
Rent	\$			\$	
Repairs & Maintenance UNDER \$500	\$			\$	
Repairs & Maintenance OVER \$500	\$			\$	
Taxes	\$			\$	
Telephone	\$			\$	
Travel	\$			\$	
Utilities	\$			\$	
Wages	\$			\$	

AUTO

Auto (Mileage):					
- Total Miles (driven in 2019)	#			#	
- Business Miles (driven in 2019)	#			#	

Auto (Actual Expenses):					
Base Price-Trade In+Sales Tax	\$			\$	
Car Wash	\$			\$	
Gasoline	\$			\$	
Insurance	\$			\$	
Interest	\$			\$	
Lease Vehicle Payments	\$			\$	
Oil Changes	\$			\$	
Parking Fees/Tolls	\$			\$	
Registration	\$			\$	
Repairs & Maintenance	\$			\$	
Tires	\$			\$	

2019 RENTAL/ROYALTY INCOME & EXPENSES

PROPERTY 1

PROPERTY 2

PROPERTY 3

Check Type (see below):

1 2 3 4 5 6 7 8 1 2 3 4 5 6 7 8 1 2 3 4 5 6 7 8

1=Single Family Residence 2=Multi Family Residence 3=Vacation/Short-Term 4=Commercial 5=Land 6=Royalties 7=Self-Rental 8=Other

Street Address _____
 City/State/Zip _____

Did you actively participate in rental? Y N Y N Y N
 Did more than 1/2 of the personal services performed in all trades/businesses involve real property trades/business which you materially participated? Y N
 Did you perform more than 750 hours of services in real property trades/business in which you materially participated? Y N

# Days Rented @ Fair Rental Value	#		#		#
# Days Used Personally	#		#		#
Gross Rents	\$		\$		\$
Gross Royalties	\$		\$		\$
Advertising	\$		\$		\$
Association Fees	\$		\$		\$
Cleaning & Maintenance	\$		\$		\$
Commissions	\$		\$		\$
Insurance	\$		\$		\$
Legal & Professional	\$		\$		\$
Management Fees	\$		\$		\$
Mortgage Interest	\$		\$		\$
- Form 1098	\$		\$		\$
- Other	\$		\$		\$
Painting & Decorating	\$		\$		\$
Repairs UNDER \$500	\$		\$		\$
Supplies UNDER \$200	\$		\$		\$
Supplies OVER \$200	\$		\$		\$
Taxes	\$		\$		\$
Utilities	\$		\$		\$
Other: _____	\$	_____	\$	_____	\$
Other: _____	\$	_____	\$	_____	\$
Major Repairs OVER \$500:					
Date in Srvc _____	\$	_____	\$	_____	\$
Description _____		_____		_____	
Date in Srvc _____	\$	_____	\$	_____	\$
Description _____		_____		_____	

AUTO

Auto (Mileage):

- Total Miles (driven in 2019)	#		#		#
- Business Miles (driven in 2019)	#		#		#

Auto (Actual Expenses):

Base Price-Trade In+Sales Tax	\$		\$		\$
Car Wash	\$		\$		\$
Gasoline	\$		\$		\$
Insurance	\$		\$		\$
Interest	\$		\$		\$
Lease Payments	\$		\$		\$
Oil Changes	\$		\$		\$
Parking Fees/Tolls	\$		\$		\$
Registration	\$		\$		\$
Repairs & Maintenance	\$		\$		\$
Tires	\$		\$		\$

NOTES

Please list any questions or additional information you may have. If in response to a specific page, please reference page & item in question.

GURIN & GURIN, P.C. PRIVACY POLICY

We value and trust your confidence, and we want to assure that your personal information is kept completely confidential by our office. As a tax and accounting firm, we adhere to the highest level of professional and ethical responsibility and obligations to protect the confidentiality of all client information.

This *Privacy Policy* will help you understand what information we collect about you, the limited times we may share it with others and what measures we take to protect your privacy.

What Personal Information Do We Collect?

In order to meet your needs in the course of tax preparation/planning and tax compliance engagements for you, we collect various types of personal information about you from the following sources:

- Information we receive from you in person, by telephone, mail or electronic mail through our website, on tax preparation worksheets and on other documents or forms we use in preparing your tax returns or providing other services for you. Such information includes, but is not limited to, your name, social security number, income, investment and other assets, and other tax and financial information about you;
- Information we receive from others about your transactions or relationships with them. Such information includes, but is not limited to, investment loan or banking activity, balances or account numbers, legal agreements and documents, and other information we gather in the course of providing services to you;
- Information we receive from you when your browser interacts with our website. This could include information transmitted on an Internet "cookie" such as a password to our site, your preferences on the site and your Internet Provider's address; and
- Information we receive from a consumer reporting agency such as your credit history and outstanding loan balances.

Is Personal Information Shared With Others?

We do not share personal information about you with anyone without your express written consent, except as permitted by law and as described below.

The law permits or requires disclosure in certain instances, such as if we must share information to protect against fraud, in response to a court subpoena, or as part of actual or threatened legal proceedings or alternate dispute resolution.

We may share information we collect (except for consumer reporting information which we do not disclose) to nonaffiliated companies which perform support services on our behalf (i.e. tax or data processing, transmission of electronic returns or data, records retention and mailing services). We **DO NOT** sell or otherwise disclose our client list or any of your information to outside companies for their marketing or solicitation use.

We may also share your information with other parties that help assure our compliance with professional accounting standards (i.e. peer review) or that conduct due diligence procedures.

How Do We Protect the Confidentiality & Security of Your Personal Information?

Keeping your information confidential and secure is of utmost importance to us. We follow standard industry practices to actively protect the confidentiality, security and integrity of your personal information. We also maintain physical, electronic and procedural safeguards to protect your personal information. Our employees are bound by internal confidentiality policies and are subject to disciplinary action for any policy violations. And, we take appropriate precautions before sharing your information with any outside party.

Should you become an inactive client or should our relationship end, for whatever reason, we will continue to protect the confidentiality and security of your personal information in accordance with this *Privacy Policy*.

Our Pledge to You

As accountants, our professional ethical obligations and responsibilities have always demanded no less than the highest regard and duties for the confidentiality of your personal information and the security of your privacy. We will protect your personal information, use it only as necessary and perform our engagements so as to always maintain your trust and confidence in us.

Thank you for allowing us to be of service; we truly value our relationship with you. We hope you view our firm as your most trusted advisor, and we will work to continue earning that trust. Please call us anytime you have questions or if we may be of further service to you.

Gurin & Gurin P.C.