

Name(s): \_\_\_\_\_

Primary Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Primary Contact Email: \_\_\_\_\_

Spouse's Email: \_\_\_\_\_ Spouse Phone: \_\_\_\_\_

My forms W-2, 1099, K-1, 1095, 1098, 1098-T, etc. have been provided to MinistryCPA via (Check one):

- Original forms enclosed.
- Scanned copies uploaded to MinistryCPA Sharefile.

My dependent's forms have also been provided. If yes, complete Dependent Info on page 4. N/A  YES  NO   
*\*MinistryCPA will prepare your dependent's simple form W-2 tax return at no additional cost to you.*

If you are due a refund, how do you want to receive it?

- Check sent to you in the mail
- Apply to next year's estimates
- Direct deposit (please provide a voided blank check OR complete the following)

Bank name: \_\_\_\_\_ Checking  or Savings

Routing #: \_\_\_\_\_ Acct #: \_\_\_\_\_

If you owe taxes, how do you want to pay them?

- Paper check sent in mail.
- Direct debit from my bank account (please provide bank information above)

Let me know if an IRA retirement or HSA contribution on or before 4/15/2020 will save taxes.

### General Information

1. Are there any changes in your personal information or dependent information from last year? YES  NO   
*If yes, complete the Updated Info section on page 5 (address, occupation, etc.).*

2. Have you received any tax correspondence from the IRS or a state agency regarding prior year returns, etc.? YES  NO   
*If yes, explain any ongoing correspondence in the Additional Comments section on page 5.*

3. Did you own, have interest in, or have signing ability over a foreign financial account\* in 2019? YES  NO   
*\*E.g., checking, savings, Canadian RRSP. The accounts may be owned by another individual or entity.*

If yes, did the combined balances of all foreign accounts at any point in 2019 exceed \$10,000?\* YES  NO

\*Please complete the FBAR Organizer: ([www.ministrycpa.org/resources/tax-organizers](http://www.ministrycpa.org/resources/tax-organizers))

4. Did you purchase or sell your principal residence or other property? Please provide **closing documents**. YES  NO

5. Have you been a victim of identity theft in prior years? YES  NO

6. Did you make any federal or state **estimated** tax payments for tax year **2019**? YES  NO

*If yes, provide **payment dates and amounts**, including any January 2020 payments for the year 2019. **Note:** January 2019 payments, if any, were likely for the 2018 tax year. Please do not include payments made in 2019 not for tax year 2019.*

Federal	Date	Amount

State	Date	Amount

**Income and Expenses for Additional Income (Business, Rental, Uber, AirBnB, Etsy, Etc.)**

No additional income (Skip to Education and Child Care).

7. Did you have income and expenses not reported on Form W-2? YES  NO

8. Did you start or acquire a new business in 2019? YES  NO

Describe: \_\_\_\_\_

9. If you earned self-employment/additional income in 2019, check which method used to provide listing of income and expenses?

Completed Self-Employed Organizer ([www.ministrycpa.org/resources/tax-organizers](http://www.ministrycpa.org/resources/tax-organizers))

Provided income and expenses in another format (QuickBooks access, Excel, Etc.)

10. Did you have income and expenses related to rental or royalty activity? YES  NO

11. Check which method used to provide listing of rental income and expenses?

Completed Rental Organizer ([www.ministrycpa.org/resources/tax-organizers](http://www.ministrycpa.org/resources/tax-organizers))

Provided income and expenses in another format (QuickBooks access, Excel, Etc.)

**Education and Child Care**

No Education or Child Care Expenses (Skip to IRA, HSA, Investments)

12. Did you pay college tuition or fees for you or a dependent? YES  NO

*If yes, complete the following table and provide **Form(s) 1098-T**.  
Note: We are required to have a copy of the 1098-T before e-filing your return.*

Student	Full-time or Part-time	Grade/Level	Cost of additional Expenses (e.g., books, supplies) in 2019

13. Did you pay any student loan interest? If yes, provide statement (Form 1098-E) from lender. YES  NO

14. Did you pay expenses for the care of your child or other dependent, so you could work? YES  NO

*If yes, please provide **care provider name, EIN, and expenses**.*

## IRA, HSA, Investments

No IRAs, HSAs, or Investments (Skip to Health Insurance)

15. **Your Name:** \_\_\_\_\_ Indicate which type of retirement/savings accounts you made contributions to in 2019:

IRA  Roth IRA  401(k)  403(b)  SIMPLE IRA  SEP IRA  HSA  Other: \_\_\_\_\_

16. Indicate the amount and type of contributions made to any of accounts listed above in 2019:

Check if made through  
Employer-sponsored plan

1. Account Type: \_\_\_\_\_ Amount Contributed for 2019: \$ \_\_\_\_\_

2. Account Type: \_\_\_\_\_ Amount Contributed for 2019: \$ \_\_\_\_\_

3. Account Type: \_\_\_\_\_ Amount Contributed for 2019: \$ \_\_\_\_\_

17. **Spouse's name:** \_\_\_\_\_ Indicate which type of retirement/savings accounts you made contributions to in 2019:

IRA  Roth IRA  401(k)  403(b)  SIMPLE IRA  SEP IRA  HSA  Other: \_\_\_\_\_

18. Indicate the amount and type of contributions made to any of accounts listed above in 2019:

Check if made through  
Employer-sponsored plan

4. Account Type: \_\_\_\_\_ Amount Contributed for 2019: \$ \_\_\_\_\_

5. Account Type: \_\_\_\_\_ Amount Contributed for 2019: \$ \_\_\_\_\_

6. Account Type: \_\_\_\_\_ Amount Contributed for 2019: \$ \_\_\_\_\_

19. Did you or your spouse "roll over" a retirement account or convert a traditional IRA amount to a Roth IRA? YES  NO

20. Did any investment of yours become worthless or debts become uncollectible in 2019? YES  NO

21. Did you or your spouse take any distributions from an HSA (Health Savings Account) in 2019? YES  NO

*If yes, please provide Form 1099-SA.*

## Health Insurance

22. Indicate what type of healthcare coverage you maintained in 2019?

Employer-Sponsored Plan

Marketplace Coverage

Healthcare Sharing

Other: \_\_\_\_\_

None

23. If you had Marketplace Coverage, did you receive any Premium Tax Credit? YES  NO

*If yes, please provide Form 1095-A.*

## Rent and Education Questions for State (if applicable)

*Note: Most U.S. States do not permit these credits.*

24. If you paid rent for a home that you lived in, provide total paid for 2019: \$ \_\_\_\_\_  Paid own heat

25. Did one or more of your dependents attend a private school (K-12)? N/A  YES  NO

*Please provide name, grade, tuition paid, other education expenses, and school info for 2019.*

### Minister and Missionary Questions

*I am not a minister or a missionary (Skip to Misc. Questions)*

26. Did you use part of your home “regularly and exclusively” for ministry purposes? YES  NO

27. Did you use your car on the job (other than to and from work for commuting) and were not fully reimbursed? YES  NO

Yes, I maintained a mileage log.

28. Did you incur any unreimbursed travel, meals, lodging, or gift expenses for ministry purposes? YES  NO

Yes, I maintained receipts or reports.

**If you answered ‘yes’ to Questions 26, 27, or 28, please use the Self-Employed Income and Expense page (7) to list expenses.**

29. If applicable, have you completed and provided us the housing allowance worksheet? YES  NO

*The worksheet is available for download on our website: [www.ministrycpa.org/resources/tax-organizers](http://www.ministrycpa.org/resources/tax-organizers).*

30. Did you and your family live outside the U.S. for any part of 2019? If yes, provide below all travel dates in and out of the U.S.

31. If you and your family live outside the U.S., do you have plans to be in U.S. in 2020? If yes, provide anticipated dates you plan to be in the U.S. (This info is used for foreign tax planning purposes.)

### Miscellaneous Questions

32. Were either you or your spouse in the military or National Guard in 2019? YES  NO

33. Did you incur adoption expenses in 2019? If yes, please provide payees and amounts. YES  NO

### Dependent Questions and Info

---Tax Return Preparation--- ----- New Client/Updated info -----

Name	Student?	Approx. Income Earned in 2019	MinCPA Preparing*	Self-Prepared	No Income	Date of Birth	SSN	Relationship
<i>e.g. John Doe</i>	<i>yes</i>	<i>\$2,500</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>1/1/2001</i>	<i>111-11-1111</i>	<i>Son</i>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

*\*MinistryCPA will prepare your dependent’s simple Form W-2 tax return at no additional cost to you.*

## 2020 Tax Planning

Yes, please help me plan for 2020.

I expect the following major changes in income, deductions, or withholding in 2020:

### New Client & Updated Info

	Name	Date of Birth	SSN	Occupation
Taxpayer				
Spouse				

\*See previous page to complete dependent info.

Current Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ School District: \_\_\_\_\_

### Dependent Email Addresses for e-filing

Name: \_\_\_\_\_ Dependent email: \_\_\_\_\_

Name: \_\_\_\_\_ Dependent email: \_\_\_\_\_

Name: \_\_\_\_\_ Dependent email: \_\_\_\_\_

Additional Comments:

### Helpful Tidbits

- Does your charitable contribution receipt include this (or a similar) statement, "No goods or services were provided in exchange for this charitable gift"? If it does not, contact the charity.
- **Because of the increase in identity theft, we recommend you do not email tax returns, anything with SSNs, or bank info. Please use the MinistryCPA ShareFile portal.**
- Updated mileage rate deductions for 2020: 57.5 cents per mile for business; 14 cents per mile for charitable purposes; 17 cents per mile for medical.

Your submission of this organizer is accepted as acknowledgment of your intent to engage Corey A. Pfaffe, CPA, LLC to prepare your 2019 federal and state income tax returns.