

**PERSONAL INCOME TAX ORGANIZER – 2019
RETURNING CLIENTS**

Your Name: _____

Spouse's Name: _____

Main/Home Phone: (_____) _____

Cell Phone(s): (_____) _____
(_____) _____

Your E-Mail Address _____

Spouse's E-Mail Address _____

DID ALL INDIVIDUALS ON YOUR TAX RETURN HAVE HEALTH INSURANCE IN 2019:

Yes Full Year Partial Year

No

Check all that apply:

Medicare
 Individual

Affordable Care Act/Obamacare - provide Form 1095A(s)
 Company-Sponsored

DID YOU MAKE IRA CONTRIBUTIONS IN 2019: Yes (complete below) No

IRA Contributions (Traditional): You: \$ _____ Date: ___/___/___ Spouse: \$ _____ Date: ___/___/___

IRA Contributions (Roth): You: \$ _____ Date: ___/___/___ Spouse: \$ _____ Date: ___/___/___

DID YOU MAKE TAX PAYMENTS IN 2019: Yes (complete below) No

Tax Payments for 2019

Due Dates	1 st Qtr – 4/15/19	2 nd Qtr – 6/17/19	3 rd Qtr – 9/16/19	4 th Qtr – 1/15/20
Federal	\$ _____	\$ _____	\$ _____	\$ _____
<i>Date Paid</i>	___/___/___	___/___/___	___/___/___	___/___/___
State	\$ _____	\$ _____	\$ _____	\$ _____
<i>Date Paid</i>	___/___/___	___/___/___	___/___/___	___/___/___
Add'l Taxes Paid in '19				

DID YOU HAVE CHILD CARE EXPENSES IN 2019: Yes No

If yes, we will need the provider(s) name, address, EIN or SSN, and amount paid for each child.

W2 Dependent Care Benefits: \$ _____

Forms and Information Checklist (please bring any/all applicable below documents with you)

- | | |
|---|---|
| <input type="checkbox"/> Wages: W2s (employment income) | <input type="checkbox"/> IRA or Savings Plan Withdrawals or Distributions (bring all documentation) |
| <input type="checkbox"/> Pensions: 1099Rs (pension income) | <input type="checkbox"/> Sale of Assets: stocks, mutual funds, real estate (bring all documentation) |
| <input type="checkbox"/> Social Security: 1099-SSA (SS income) | <input type="checkbox"/> 1095A – Health Insurance Marketplace (ACA) Coverage for 2019 |
| <input type="checkbox"/> 1099s (Dividends, Interest, Unemployment, State Refunds, Miscellaneous Income, etc.) | <input type="checkbox"/> Business Income and Expenses (checklists are available on our website under 'Muenks Tax Forms' tab). |
| <input type="checkbox"/> W2G (Gambling/Lottery Winnings, Odd Jobs, Jury Duty, etc.) | <input type="checkbox"/> Rental Income and Expenses (checklists are available on our website under 'Muenks Tax Forms' tab). |
| <input type="checkbox"/> Long-Term Care Premiums | |
| <input type="checkbox"/> K1 (Partners/S-Corps/Estates, or Trust Distributions (bring all documentation) | |
| <input type="checkbox"/> Dependent College Expenses (1098 Forms and expense receipts) | |

Complete the following only if your information has changed

Address: _____		City/State/Zip _____		
Filing Status (circle):	Single	MFJ (filing jointly)	MFS (filing separately)	Head of Household
Dependents:	<u>Full Name</u>	<u>Date of Birth</u>	<u>Social Security Number</u>	<u>Relationship</u> <u>Income</u>
	_____	___/___/___	- - -	_____ \$ _____
	_____	___/___/___	- - -	_____ \$ _____
	_____	___/___/___	- - -	_____ \$ _____

Additional questions/information for your tax preparer should be attached to this form.

Muenks Tax Company
Website: muenkstax.com

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Email: preparer@muenkstax.com

Phone: (314)429-3252
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