

## 2019 INCOME TAX ARRANGER

This set of worksheets has been designed to assist you in collecting the information we need to accurately prepare your 2019 income tax return. Please enter any applicable information for 2019 on the attached pages. **Thank you** for choosing Insight Accounting & Financial Consulting, Inc. to prepare your tax returns.

Please review and include the following documents:

- Completed and **signed** 2019 Income Tax Arranger.
- If you are a new client, a copy of the last two years tax returns.
- All W-2, W-2P, W-2G, and 1099 Forms. Other statements reporting dividend, interest, proceeds from real estate, barter exchange transactions, social security benefits, pension payments, mutual funds, broker and any other income or income tax withholding. Buy and sell statements relating to all investment activity. Include all copies provided by the payer, closing statements and other documentation regarding the sale or purchase of real property or any other asset.
- Mileage figures for any auto/truck expenses claimed, including total mileage, commuting mileage, and business mileage.
- Copy of **all** your real estate property tax bills paid in 2019.
- Mortgage interest statements for **all** real estate property owned.
- Schedules K-1 showing income and deductions from partnerships, estates, trusts and S-Corporations. Notices from organizers of tax shelters showing registration numbers.
- List of income and expenses categorized on a separate sheet of paper for business and rental activities.
- Additional income received from unemployment, workman's compensation, disability, IRA distributions or profit sharing.
- List of itemized deductions categorized on a separate sheet of paper for medical, taxes, interest, and charitable contributions.
- Correspondence from IRS, State or City tax authorities concerning prior years' tax return.
- Correspondence from your Health Insurance Company, 1095-A and/or 1095-B

**Contact Us:** There are many events that occur during the year that can affect your tax situation. Preparation of your tax return involves summarizing transactions and events that occurred during the tax year. In most situations, treatment is firmly established at the time the transaction occurs. **However, negative tax effects can be avoided by proper planning.** Please contact us in advance if you have questions about the tax effects of a transaction or event.

This letter is to confirm and specify the terms of our engagement with you and to clarify the nature and extent of the services we will provide. In order to ensure an understanding of our mutual responsibilities, we ask all clients for whom returns are prepared to confirm the following arrangements.

We will prepare your 2019 federal and state income tax returns from information which you will furnish to us. We will not audit or otherwise verify the data you submit, although it may be necessary to ask you for clarification of some of the information. We will furnish you with questionnaires and worksheets to guide you in gathering the necessary information. Your use of such forms will assist in keeping the fee to a minimum.

It is your responsibility to provide all the information required for the preparation of complete and accurate returns. You should retain all the documents, cancelled checks and other data that form the basis of income and deductions. These may be necessary to prove the accuracy and completeness of the returns to a taxing authority. You have the final responsibility for the income tax returns and, therefore, you should review them carefully before you sign them.

Our work in connection with the preparation of your income tax returns does not include any procedures designed to discover defalcations and/or irregularities, should any exist. We will render such accounting and bookkeeping assistance as determined to be necessary for preparation of the income tax returns.

The law provides various penalties that may be imposed when taxpayers understate their tax liability. If you would like information on the amount or the circumstances of these penalties, please contact us.

Your returns may be selected for review by the taxing authorities. Any proposed adjustments by the examining agent are subject to certain rights of appeal. In the event of such government tax examination, we will be available upon request to represent you and will render additional invoices for the time and expenses incurred.

Our fee for these services will be based upon the amount of time required at standard billing rates plus out-of-pocket expenses. All invoices are due and payable upon presentation.

If the foregoing fairly sets forth your understanding, please acknowledge this letter by signing on the last page of this document under client signature. However, if there are other tax returns you expect us to prepare, please inform us by noting so at the end of this document.

We want to express our appreciation for this opportunity to work with you.

Sincerely,

Insight Accounting & Financial Consulting, Inc

**Additional Information can be found on our Website: [www.insightaccountingwi.com](http://www.insightaccountingwi.com)**

# CONFIDENTIAL DATA

## Personal (Taxpayer):

Are you new to our firm?

Yes  No

Last Name \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_

Occupation \_\_\_\_\_ Social Security Number \_\_\_\_\_

Date of Birth \_\_\_\_\_ Date of Death \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Phone Taxpayer ( ) \_\_\_\_\_

## Personal (Spouse):

Are you new to our firm?

Yes  No

Last Name \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_

Occupation \_\_\_\_\_ Social Security Number \_\_\_\_\_

Date of Birth \_\_\_\_\_ Date of Death \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Phone Spouse ( ) \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_ County \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ School Dist No. \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_

Did both spouses reside at the same address in 2019? (if no please provide other address)

Yes  No

(Taxpayer or Spouse) Mailing Address \_\_\_\_\_ County \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ School Dist No. \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_

Were you divorced or separated during the year?

Yes  No

Did you move during 2019? (If yes, old address/date \_\_\_\_\_)

Yes  No

## Dependent Information:

Name of dependent children	Social Security number	Date of birth	Relationship	Months lived in home in 2019	College student
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____	_____

Is it anticipated that a different taxpayer will seek to claim a child as a dependent in 2019?

Yes  No

**Child Care Provider information:**

Name of provider: \_\_\_\_\_ ID # \_\_\_\_\_  
Address \_\_\_\_\_ Amt Pd \$ \_\_\_\_\_  
Name of provider: \_\_\_\_\_ ID # \_\_\_\_\_  
Address \_\_\_\_\_ Amt Pd \$ \_\_\_\_\_  
Name of provider: \_\_\_\_\_ ID # \_\_\_\_\_  
Address \_\_\_\_\_ Amt Pd \$ \_\_\_\_\_

**Other Dependent or people who lived with you:**

Name	Social security number	Date of birth	Relationship	Months lived in home in 2019	Income
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____

**Filing Status:**

Single  
 Married Filing a Joint Return  
 Married Filing a Separate Return; Indicate if you **did not** live with your spouse at any time during the year? Yes  No   
 Head of Household  
If filing **Head of Household** and qualifying person is your child but not your dependent listed above, enter the child's name here \_\_\_\_\_, date of birth \_\_\_\_\_ and Social Security Number \_\_\_\_\_.  
 Qualifying Widow (er); Enter the year that your spouse died. \_\_\_\_\_

**State Residency Status:**

Full Year Resident  
 Part Year Resident From \_\_\_\_\_ to \_\_\_\_\_  
 Nonresident  
 Joint Return with spouse being a nonresident From \_\_\_\_\_ to \_\_\_\_\_  
States of residence during 2019 and dates: \_\_\_\_\_

Do you own or rent your home? Rent  Own

Amount of Rent Paid in 2019: \$ \_\_\_\_\_

Who paid for heat?  Landlord  Tenant

**Direct Deposit of Refunds:**

If you are due a refund, would you prefer it directly deposited into your bank account? Yes  No

Do you want to deposit your refund into an IRA or split into multiple accounts? Yes  No

Use same Bank information as last year or

Bank Name \_\_\_\_\_  
RTN \_\_\_\_\_ Checking  Savings   
Account Number \_\_\_\_\_

or  attach voided check or check copy

**If you are new to our firm please tell us how you found us:** \_\_\_\_\_

# QUESTIONNAIRE

Yes No

## Personal Information

1. Did your marital status change during the year?  Yes  No  
If yes, explain: \_\_\_\_\_
2. Can you be claimed as a dependent by another taxpayer?  Yes  No
3. Are either you or your spouse legally blind?  Yes  No
4. Did you receive an Identity Protection PIN (IP PIN) from the IRS or are you the victim of identity theft? If yes, attach the IRS letter.  Yes  No

## Dependent Information

5. Were there any changes in dependents from the prior year?  Yes  No  
If yes, explain: \_\_\_\_\_
6. Do you have dependents who must file a tax return?  Yes  No
7. Did you pay for child care while you worked or looked for work?  Yes  No
8. Did you pay any expenses related to the adoption of a child during the year?  Yes  No
9. 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?  Yes  No

## Purchases, Sales and Debt Information

10. Did you sell, exchange, or purchase any real estate during the year?  Yes  No
11. Were you involved in a bankruptcy, foreclosure, repossession or had any debt cancelled or forgiven this year?  Yes  No
12. Did you acquire or dispose of any stock during the year?  Yes  No
13. Do you have any mortgages or home equity loans that the proceeds were **NOT** used to **buy, build or substantially improve** your principle residence or second home?  Yes  No
14. Did you lend money with the understanding of repayment and this year it became totally uncollectable?  Yes  No

## Income Information

15. 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?  Yes  No
16. Did you receive any unemployment benefits during the year?  Yes  No
17. Did you receive any disability income during the year?  Yes  No
18. Did you receive tip income not reported to your employer this year?  Yes  No
19. Did you receive any awards, prizes, hobby income, gambling or lottery winnings?  Yes  No
20. Did you own, use or receive virtual currencies such as BitCoin?  Yes  No

## Retirement Information

21. Did you make any withdrawals from an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan or do you plan to this year?  Yes  No
22. Did you make any contributions to an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan?  Yes  No

	Yes	No
<b>Education Information</b>		
23. Did you, your spouse, or your dependents attend a post-secondary school during the year, or plan to attend one in the coming year?	<input type="checkbox"/>	<input type="checkbox"/>
24. Did you pay any tuition expenses during the year on behalf of your dependent to a private school in Wisconsin?	<input type="checkbox"/>	<input type="checkbox"/>
25. Did you make any withdrawals from an education savings or 529 Plan account?	<input type="checkbox"/>	<input type="checkbox"/>
26. Did you pay any student loan interest this year?	<input type="checkbox"/>	<input type="checkbox"/>
27. Did you make any contributions to an education savings or 529 Plan account?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Health Care Information</b>		
28. Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act? If yes, please provide any form(s) 1095-A you received	<input type="checkbox"/>	<input type="checkbox"/>
29. Did you make a contribution or receive any distributions from a Health savings account (HSA), Archer MSA, or Medicare Advantage MSA this year?	<input type="checkbox"/>	<input type="checkbox"/>
30. Did you pay long-term care premiums for yourself or your family?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Itemized Deduction Information</b>		
31. Did you pay out-of-pocket medical expenses that might exceed 7.5% of income?	<input type="checkbox"/>	<input type="checkbox"/>
32. Did you make any cash/noncash charitable contributions (clothes, furniture, etc.)? If yes, you must have evidence such as a receipt from the donee organization, a canceled check, Form 1098-C, to substantiate all contributions made.	<input type="checkbox"/>	<input type="checkbox"/>
33. Did you make any major purchases during the year (cars, boats, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
34. 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"/>
35. Did you pay PMI Premiums NOT shown on Form 1098 Mortgage Interest?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Miscellaneous Information</b>		
36. Did you make gifts of more than \$15,000 to any individual?	<input type="checkbox"/>	<input type="checkbox"/>
37. Do you plan to retire or change jobs this or next year?	<input type="checkbox"/>	<input type="checkbox"/>
38. Did you incur moving costs because of a job change (only if in the military)?	<input type="checkbox"/>	<input type="checkbox"/>
39. Did you make energy efficient improvements to your main home this year?	<input type="checkbox"/>	<input type="checkbox"/>
40. Did you have a financial interest greater than \$10,000 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"/>
41. Did you pay/receive alimony in 2019? Explain _____	<input type="checkbox"/>	<input type="checkbox"/>
42. Did you receive correspondence from the State or the Internal Revenue Service? If yes, explain: _____	<input type="checkbox"/>	<input type="checkbox"/>
43. Do you have all the receipts and records for the income and deductions you are claiming?	<input type="checkbox"/>	<input type="checkbox"/>
44. 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.	<input type="checkbox"/>	<input type="checkbox"/>
45. Do you have questions regarding investment, financial or estate planning?	<input type="checkbox"/>	<input type="checkbox"/>

NOTES/EXPLANATION TO YES ANSWERS (please provide question number):

**Estimated Tax Payments:**

	Federal Due Dates	Actual Date Paid	Federal	State	Local
Quarter 1 Payments	04/15/19				
Quarter 2 Payments	06/17/19				
Quarter 3 Payments	09/16/19				
Quarter 4 Payments	12/16/19				
Quarter 4 Payments for 2019	01/15/20				

**Privacy Policy:**

We restrict access to your confidential information to those within our firm who need to know in order to provide you with services. We do not disclose any non-public personal information about our clients or former clients to anyone, except as instructed to do so by such clients, or by law. We restrict access to non-public personal information and we maintain physical, electronic and procedural safeguards to guard your personal non-public information.

**Disclosure:**

I am aware that Michael J. Grabowski, MBA, EA, IAR is in the business of providing financial and investment services beyond accounting, tax return preparation and tax representation and that my tax information can be used to make recommendations to me. I understand I am under no obligation to follow any recommendations made or utilize any other services of the firm. I further understand that beyond the specific purpose of providing other advice or proposing other services to me, no tax return information will be disclosed to any person or for any purpose not specifically allowed by law or by subsequent approval by me (client).

**IRS Required Disclosure:**

Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose, without your consent, your tax return information to third parties for the purposes other than the preparation and filing of your tax return. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

You are not required to complete this form. If we obtain your signature on this form by conditioning our services on your consent, your consent will not be valid. If you agree to the disclosure of your tax return information, your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year.

We are committed to the safeguarding of your confidential information and we maintain physical and electronic safeguards to protect your information within our office. Unless required by law, we will not disclose any information about you unless we have written approval as required under Reg. 301.7216-3(a)(1), even if you are no longer a client.

This represents a general guide, clients are instructed to fill out this form as best as possible. It is designed to provide the taxpayer with the greatest opportunity to reduce their tax liability. We will prepare your tax return based on the information provided. In the event your return is audited, you will be responsible for verifying the items reported. It is important that you review the return carefully before signing to make sure the information is correct. Unless otherwise stated, the services for preparation of your return do not include auditing, review, or any other verification or assurance. If you have any questions or have completed the guide please call our firm to set up an appointment. You may also mail it to us and we will call you to set a meeting as necessary.

I have reviewed the information contained in this guide and to the best of my knowledge it is true, correct and complete.

I / We elect not to complete the 2019 Income Tax Arranger

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Would you like to allow your tax preparer or another person to discuss your return with the IRS? Yes  No

Designee's Name (if not the preparer): \_\_\_\_\_ Phone: \_\_\_\_\_

Signature PIN (any five digits) \_\_\_\_\_ PIN spouse \_\_\_\_\_