

SHERMAN, YOUNG & ASSOCIATES, P.C.

Certified Public Accountants

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2019 TAX INFORMATION SUMMARY

Taxpayer's Phone Numbers		Spouse's Phone Numbers	
Home		Home	
Work		Work	
Cell		Cell	
Email		Email	

NOTE: PLEASE BRING IN ALL FORMS, W-2'S, 1099'S, 1098'S, 1095'S ETC.

Please Use Full Legal Names (as shown on social security card):

TAXPAYER'S FULL NAME:

SPOUSE'S FULL NAME:

MAILING ADDRESS:

CITY:

STATE:

ZIP:

Taxpayer's SSN:

Occupation:

DOB:

Spouse's SSN:

Occupation:

DOB:

FILING STATUS (Check Box) - If blind or disabled, bring in doctor's statement first year only

Single			
Married Joint			
Married Separate			
Head of Household			
Widow(er) with Dependent Children			
Date of death of taxpayer or spouse			
ENTER (X) IF:	Legally Blind	Taxpayer	Spouse
	Disabled	Taxpayer	Spouse
	Claimed as a Dependent on Another Return	Taxpayer	Spouse

DEPENDENTS: (If child's last name is different from yours, please indicate child's last name)

Did the status of any of your dependents change in 2019? (Y) (N)

Legal Name	Social Security Number	DOB	# of months lived with you in 2019	Relationship
1				
2				
3				
4				
5				
6				

Note: All children born before November 30, 2018 are required to have a Social Security Number.

Affordable Care Act Mandate: Please include all forms 1095-A, B and C

Did you and your dependents have healthcare coverage for the full year?..... (Y) (N)

Did you purchase coverage through the Federal or State exchange?..... (Y) (N)

If you are exempt, please list your exemption:

ESTIMATED TAXES:

Note-If you were advised last year to make estimated payments and you did not make any payments, enter "0"

	Federal Date	Amount	State Date	Amount
Refunds applied from 2019		\$		\$
1ST Quarter		\$		\$
2ND Quarter		\$		\$
3RD Quarter		\$		\$
4TH Quarter		\$		\$
Other Payments		\$		\$

INCOME: W-2 EARNINGS

	TAXPAYER		SPOUSE	
A) Employer Name				
Wages		\$		\$
Federal Withholding		\$		\$
Social Security W/H (FICA)		\$		\$
Medicare		\$		\$
State Withholding		\$		\$
B) Employer Name				
Wages		\$		\$
Federal Withholding		\$		\$
Social Security W/H (FICA)		\$		\$
Medicare		\$		\$
State Withholding		\$		\$
C) Employer Name				
Wages		\$		\$
Federal Withholding		\$		\$
Social Security W/H (FICA)		\$		\$
Medicare		\$		\$
State Withholding		\$		\$

Use a separate page for additional wage information

INTEREST INCOME: Please list TAXABLE and NONTAXABLE

Please refer to forms 1099

Source	Amount	Source	Amount
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$

DIVIDEND INCOME: Please list TAXABLE and NONTAXABLE

Please refer to forms 1099

Source	Ordinary	Qualified	Cap. Gains	Foreign Tax	Other

SALE OF ASSETS: If you sold any assets (i.e., stocks, bonds, residence, etc.) please enter the details.

Item Quantity	Item Description	Covered? (Y) (N)	Date Acquired	Date Sold	Proceeds	Cost	Cost of Improvements

OTHER HOUSEHOLD INCOME:

	Taxpayer		Spouse	
Alimony Received.....	\$		\$	
Unemployment Compensation.....	\$		\$	
Retirement Plan Income Received - Gross.....	\$		\$	
Taxable Amount.....	\$		\$	
Federal Withholding on Pension.....	\$		\$	
State Withholding on Pension.....	\$		\$	
Retirement Plan Income Received - Gross.....	\$		\$	
Taxable Amount.....	\$		\$	
Federal Withholding on Pension.....	\$		\$	
State Withholding on Pension.....	\$		\$	
Gross Social Security Benefit.....	\$		\$	
Medicare Payments Deducted from Social Security.....	\$		\$	
		State		State
	\$		\$	
State Income Tax Refund Received (amount on 1099G).....	\$		\$	

OTHER INCOME: Describe source and amount; do not include income listed elsewhere

BUSINESS INCOME: If you had a business, farm or rental property in 2019, please use the schedules on pages 5 and 6 to record your income and expenses. If you had any partnership income, Subchapter S Corporation, estate or trust income, please bring in your related Schedule K-1.

OTHER DEDUCTIONS AND TAX INFORMATION NOTE: IRA contributions must be made by April 15, 2020.

CAUTION! Before you contribute: in some cases IRA contributions are non-deductible.

IRA Contribution:	Traditional		Roth	
	Taxpayer	\$	Spouse	\$
Date Paid				

If you contributed to a qualified HSA program in 2019, provide amount ⇔ \$

ALIMONY:	Original Divorce/Separation Agreement Date
Alimony Paid \$	Ex-Spouse's Name: SSN:

CHILD AND DEPENDENT CARE EXPENSES:

Provider	Provider's Address	Provider ID #	Amount Paid
1)			
2)			
3)			

Child care expenses are deductible only if they enable you to work or go to school. Retain a completed form W-10 for each provider. The IRS requires this information if you are claiming a child tax credit.

ITEMIZED DEDUCTIONS

MEDICAL:

Drugs \$	Health Insurance \$	Hospital \$
Miles Driven	Doctors & Dentists \$	Other \$

TAXES:

Real Property Taxes.....	\$
State or local income taxes paid in 2019 for 2018 or prior years.....	\$. \$.....

INTEREST:

Home Mortgage.....	\$
Second Home Mortgage and/or Second Mortgage.....	\$
Mortgage Insurance for Mortgages Financed or Refinanced After December 31, 2006.....	\$
Investment Interest Expense.....	\$
Student Loan Interest.....	\$

CONTRIBUTIONS:

Total Cash (receipts required) and Checks.....	\$	
Total Property (if total for 2019 is more than \$500, enter information below*).....	\$. \$.....	
Volunteer Mileage <input type="text"/>	Political Contributions.....	\$

***Property Contributions Over \$500**

Charity Name	Description	Date Acquired	Date Given	Value when New	Value When Given

MISCELLANEOUS DEDUCTIONS:

Union Dues \$	Tax Preparation \$
Safe Deposits \$	Uniforms \$

Un-reimbursed Employee Expenses (Enter description, amount and indicate if it's the taxpayer's or spouse's)

Taxpayer	Spouse

CAR AND TRUCK EXPENSES:

For self-employed and unreimbursed employee automobile expenses for costs other than commuting (nondeductible), the IRS requires the following information on an annual basis:

Taxpayer's or Car 1	Spouse's or Car 2
Type of Auto	Type of Auto
Year Acquired	Year Acquired
Total Miles Driven in 2019	Total Miles Driven in 2019
Business Miles	Business Miles

If you have kept records on actual auto expenses also provide the following:

Taxpayer's or Car 1	Spouse's or Car 2
Vehicle Cost	Vehicle Cost
Insurance	Insurance
Gas & Oil	Gas & Oil
Car Washes	Car Washes
Repairs	Repairs
Other Expenses	Other Expenses

BUSINESS, FARM OR RENTAL INFORMATION

Please indicate which activity this information pertains to

	Business			Rentals or Royalties						Farm	
	1			1	2	3			1		
NAME											
ADDRESS											
Were you required to file 1099s:	(Y)	(N)		(Y)	(N)		(Y)	(N)	(Y)	(N)	
If yes, did you or will you complete the 1099 filing:	(Y)	(N)		(Y)	(N)		(Y)	(N)	(Y)	(N)	
INCOME:											
EXPENSES:											
Advertising											
Car & Truck (please use page 4)											
Insurance											
Interest - Mortgage											
Interest - Other											
Professional Fees											
Office											
Rent											
Repairs Equip. Office											
Supplies											
Taxes (Other than Federal and State)											
Travel											
Meals & Entertainment (in full)											
Utilities											
Wages											
Other:											

If you have additional businesses, rentals and/or farms please use this format on a separate sheet of paper.

BUSINESS, RENTALS AND FARM INFORMATION CONTINUED

COST OF GOODS SOLD:

(only for business activity)

Inventory at Beginning of Year.....	\$
Purchases.....	\$
Cost of Items for Personal Use.....	\$
Cost of Labor.....	\$
Materials and Supplies.....	\$
Other Costs.....	\$
Inventory at End of Year.....	\$

EQUIPMENT PURCHASES:

If you purchased or sold equipment or made improvements for your business activity, please provide the date acquired, purchase/sales price, and trade, if applicable, for each item. If you are making payments on a new purchase, please bring the contract.

Item Description	Date Acquired	Purchase Price

OTHER TAX CREDITS

EDUCATION CREDITS: *Please Include 1098-T Received from Your Institution*

Student Name	Post Secondary Year in School	At least half time? (5 of 12 months)	Tuition, Fees and Course Materials	Institutions Attended
		(Y) (N)	\$	
		(Y) (N)	\$	
		(Y) (N)	\$	

RESIDENTIAL ENERGY AND VEHICLE CREDITS:

Item Acquired	Product Cost	Install Cost	Date Acquired
	\$	\$	
	\$	\$	
	\$	\$	

STATE CREDITS:

	Amount
Appliance Credits (attach certification).....	\$

MISCELLANEOUS QUESTIONS

1) Did you or your spouse receive any distribution from a profit-sharing, retirement plan, or individual retirement arrangement? If yes:
 Amount Rolled \$ Over \$

(Y) (N)

2) Did you or your spouse "roll over" funds from a regular IRA into a Roth IRA?
 If yes: Amount \$

(Y) (N)

3) Did you purchase, sell or exchange your personal residence or other real estate during the year? If yes, please bring escrow papers and other details.

(Y) (N)

4) Were you in the process of adopting or did you finalize the adoption of a child in 2018? If so please provide additional details.

(Y) (N)

5) Does anyone owe you money which has become uncollectible?

(Y) (N)

6) Do you or your spouse wish to allocate \$3 to the Presidential Election Campaign Fund?

(Y) (N)

7) Do you wish to contribute to any of the non-profit organizations listed on the Oregon tax return?

American Diabetes Association

\$

Oregon Coast Aquarium

\$

SMART

\$

SOLV

\$

The Nature Conservancy

\$

St. Vincent DePaul Society of OR

\$

Oregon Humane Society

\$

The Salvation Army

\$

Doernbecher Children's Hospital

\$

Oregon Veteran's Home

\$

You may also choose one or two of the following by writing the corresponding codes below:

Oregon Non-Game Wildlife (code 19), Prevent Child Abuse (code 20), Alzheimer's Disease Research (code 21), Stop Domestic and Sexual Violence (code 22), Habitat for Humanity (code 1), Oregon Head Start Association (code 2), Planned Parenthood of Oregon (code 13), Oregon Lions Sight & Hearing Foundation (code 14), Shriners Hospitals for Children-Portland (code 15), Special Olympics for Oregon (code 16), Susan G. Komen for the Cure (code 17), Oregon Military Financial Emergency Assistance (code 24), Oregon Historical Society (code 18), Oregon Food Bank (code 25), Albertina Kerr Kid's Crisis Care (code 26), American Red Cross (code 27), Cascade AIDS Project (code 28), Veterans Suicide Prevention (code 23), ALS Association (code 29).

First Charity Code

\$

Second Charity Code

\$

(Y) (N)

8) Do you or your spouse wish to designate \$3 of your Oregon refund to a political party?

If yes, please fill in the party name.

Taxpayer

Spouse

(Y) (N)

9) Did you incur a loss because of damaged or stolen property?

(Y) (N)

10) Did you incur moving expenses for a move greater than 50 miles during the year due to a change in employment? If yes, please provide the details of expenses and related items.

(Y) (N)

11) Do you wish a refund payment to be directly deposited to your bank account? If yes, please provide us a voided check for the account you wish to deposit to.

(Y) (N)

12) Did you make a contribution to an Oregon College Savings Plan account? If so, please indicate:

Amount

\$

Date made

(Y) (N)

13) Are you a signatory on, or do you have ownership in a foreign bank account, investment account or trust? *Note: Penalties for non-reporting can be as much as 50% of the highest balance in the account.*

ADDITIONAL INFORMATION

Use this space to include any additional information we may need to prepare your returns.