

# Pamela Price EA Inc.

*Pamela Price EA & Associates*  
Enrolled to practice before the Internal Revenue Service

## 2019 BASIC TAX WORKSHEET

### GENERAL INFORMATION

**PRIMARY EMAIL ADDRESS:** \_\_\_\_\_

This email will be linked with your secure client portal (*pamelapriceea.securefilepro.com*). **IT MUST BE ONE YOU CHECK OFTEN.**

**PRIMARY PHONE NUMBER:** \_\_\_\_\_

### ID/DRIVER'S LICENSE INFORMATION

This is **REQUIRED** in order to file your return. **We must have all the following:**

	TAXPAYER	SPOUSE
<b>TYPE (CIRCLE ONE):</b>	<b>ID / DRIVER'S LICENSE</b>	<b>ID / DRIVER'S LICENSE</b>
<b>NUMBER:</b>		
<b>STATE:</b>		
<b>ISSUE DATE:</b>		
<b>EXPIRATION DATE:</b>		

\_\_\_ **I have a new address.** Even if you told them at the front desk, write it here.

\_\_\_ **My marital status has changed.** If you're married filing a joint return, fill out **ONE** "Basic" worksheet together.

\_\_\_ **I have a new dependent.** Must have SS# to be claimed, and name must match Social Security card.

\_\_\_ **I made quarterly Estimated Tax Payments.** See *page 3* of this worksheet.

Please submit **all** income documents, completed worksheets, and other pertinent information via your **secure client portal**. Upload your tax info in **as few PDF files as possible (preferably, one)** once **all** your information is ready to go (meaning: no information is missing). **No photos/jpegs please.** We will also accept documents by actual mail or fax, but please send us copies of your documents and worksheets (not originals).

For **Appointments**, please submit all your information **2 weeks prior to your appointment to avoid the fee increase.**

For **"Mail-Ins"**, please upload your information **only when you have all your tax info & completed worksheets ready to go** – so that we receive all your information at one time (meaning: no information is missing). **No photos/jpegs, please.**

### ITEMS OF INCOME

(Check the items that apply to you)

\_\_\_ **WAGE INCOME (Form W-2)** We need copies of **all** your W-2s. **Please do not separate your forms!**

\_\_\_ **INTEREST INCOME (Form 1099-INT)** We need copies of all Form 1099-INT you received.

\_\_\_ **DIVIDEND INCOME (Form 1099-DIV)** We need copies of all Form 1099-DIV you received.

\_\_\_ **STATE REFUND FROM 2018 RETURN (Form 1099-G)** We need all copies of Form 1099G.

If you wish, enter the amount here: \_\_\_\_\_

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## 2019 ITEMS OF INCOME - page 2

### BUSINESS OR FEE INCOME (Form 1099-MISC or 1099-K)

This is income you received from performing a service, from which **no taxes were withheld**. We need copies of any Form 1099s you received. **There are separate worksheets for expenses you may have related to this income on our website. Please fill out one worksheet per service/business activity per person.**

You may enter the total of only **this** income here: \_\_\_\_\_

### CAPITAL GAINS You would have this if you sold securities, real estate, or equipment. We need **all documents** concerning both the **purchase and sale** of these properties (this includes brokerage statements, "1099 Reporting Statement", and Form 1099-S).

### AMOUNT OF ALIMONY RECEIVED \_\_\_\_\_

### DISTRIBUTIONS FROM DEFERRED INCOME (Form 1099-R) This includes IRAs, pension plans, and any distributions which were rolled over. We need copies of all Form 1099-Rs you received.

If you wish, you may enter the total here: \_\_\_\_\_

### INCOME FROM RENTAL PROPERTIES. You must fill out the "**Rental**" **Worksheet** which you can download from our website.

### OTHER TYPES OF RENTS OR ROYALTIES (Form 1099-MISC) We need copies of all 1099s you received. If you wish, you may enter the total received here: \_\_\_\_\_

### INCOME FROM K-1s: PARTNERSHIPS, S-CORPS, TRUSTS/ESTATES (Form K-1)

If you have income from any of these, we will need copies of all your Form K-1s.

### UNEMPLOYMENT INSURANCE (Form 1099G) Unemployment income from California or any other states from which you received unemployment during the year. It is **100% taxable**. We need copies of all Form 1099Gs you received. If you wish, you may enter the total received here: \_\_\_\_\_

### SOCIAL SECURITY BENEFITS (Form 1099-SSA) We need copies of your Form 1099-SSA. It may be partially taxable. If you wish, you may enter the total here: \_\_\_\_\_

### OTHER INCOME (Gambling winnings, the Lottery (don't you wish), prizes, tips, or anything else you think **might** be taxable) List below:

<u>Type of Income</u>	<u>Amount</u>	<u>Type of Income</u>	<u>Amount</u>
_____	_____	_____	_____
_____	_____	_____	_____

## ADJUSTMENTS TO INCOME

### IRA, KEOGH, & SEP CONTRIBUTIONS These contributions can still be made for 2019 in most cases. IRA contributions may not be deductible. We can discuss it.

If you have already contributed, enter amounts here: Self \_\_\_\_\_  
 Spouse \_\_\_\_\_

### PENALTY ON EARLY WITHDRAWAL OF SAVINGS: \_\_\_\_\_

### ALIMONY PAID (Bring X's social security number): \_\_\_\_\_

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## 2019 ITEMIZED DEDUCTIONS - Schedule "A"

### MEDICAL & DENTAL EXPENSES: (Do not include reimbursed amounts.)

Medicine	_____	Hearing aids, batteries	_____
Insurance premiums	_____	Lab fees, x-rays	_____
Doctors, dentists, etc.	_____	Miles for medical	_____
Hospital & clinics	_____	Parking for medical	_____
Glasses	_____	Other:	_____

### TAXES YOU PAID:

- **State & local income taxes** (We'll pick up these amounts from your W-2s.)
- **Property taxes paid on your home** (Use the checks you wrote in 2019 to determine this, **not** the bill.)

**Amount:** \_\_\_\_\_

- **Property taxes paid on second home** (Ditto above) **Amount:** \_\_\_\_\_

- **Total amount paid to DMV on auto(s):** 1st car \_\_\_\_\_ 2nd car \_\_\_\_\_

### ESTIMATED TAX PAYMENTS (aka Quarterly Tax Payments)

**Note:** The majority of our correction notices are due to errors in this area. Those who make Estimated Tax Payments **MUST** pull checks to **verify dates and amounts paid** to Federal and State!!  
Look it up before your appointment to avoid delay.

Quarter	Date Paid	Federal Amount	State Amount
1 <sup>st</sup> 4/15/2019	_____	_____	_____
2 <sup>nd</sup> 6/15/2019	_____	_____	_____
3 <sup>rd</sup> 9/15/2019	_____	_____	_____
4 <sup>th</sup> 1/15/2020	_____	_____	_____

### INTEREST YOU PAID (Form 1098):

- **Home mortgage:** You will receive slip(s) from your lender(s). We need copies of those as well as all Form 1098s you receive.

**Paid to financial institutions:** **Amount of first:** \_\_\_\_\_

**Amount of second:** \_\_\_\_\_

**Interest on a second home:** \_\_\_\_\_

**Paid on home equity loans:** May or may not be deductible. **Amount:** \_\_\_\_\_

**Paid to individuals:** **Amount:** \_\_\_\_\_

- **Investment Interest:**

Margin interest \_\_\_\_\_ Interest on land \_\_\_\_\_

Int. on 3rd home \_\_\_\_\_ Other: \_\_\_\_\_

**Interest on credit cards, personal loans, or late tax payments, is still not deductible.**

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## 2019 ITEMIZED DEDUCTIONS - page 2

### CHARITABLE CONTRIBUTIONS YOU MADE:

- **Total of your cash (includes checks) contributions:** \_\_\_\_\_  
(Any time you write a check of \$250 or more you must have an acknowledgment of your contribution from the organization.)
- **Contributions *other than* cash:** \_\_\_\_\_  
(Non cash contributions are usually goods donated to organizations such as Goodwill. You value them by what you would sell them for used, not what you paid for them)
- **Out-of-pocket expense for charitable work:** \_\_\_\_\_
- **Number of miles you traveled for charitable work:** \_\_\_\_\_

### CASUALTY & THEFT LOSSES

- CA only, unless a Federally Declared Disaster.

### MOVING EXPENSE

- MUST put you **50 miles closer** to your new job into or within CA only

### MISCELLANEOUS DEDUCTIONS:

NOTE: ***Before you fill this out, check if there is another worksheet applicable to you for these expenses. DO NOT enter amounts here AND on another worksheet.***

Gambling losses _____	Union dues _____	Tax preparation _____	Investment expns _____
Safe deposit box _____	Job seeking exp. _____	Continuing Ed _____	Tools _____
Job supplies _____	License renewal _____	Publications _____	Uniform/cleaning _____

- If you have entries above, AND you used your car for education or business, put a check here: \_\_\_\_\_

### CHILD CARE:

Besides the individual amounts paid, we must have the following:

<u>Provider's Name</u>	<u>Social Security or I.D. Number</u>	<u>Address</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

### **\*\*REQUIRED\*\* HEALTH INSURANCE & Form 1095-A:**

\_\_\_ Did you and your family have health coverage for the **ENTIRE** year through your employer?  
If so, stop here.

\_\_\_ If you are not covered by work, **did you buy coverage through the Marketplace?** If so, you **MUST** provide us with **Form 1095-A** (which you can download from the marketplace website, for example: CoveredCA.com) **WE CANNOT FILE YOUR TAX RETURN WITHOUT IT.**

\_\_\_ If you **did not have health insurance**, did you receive an **Exemption Certificate?** If so, we need a copy.

\_\_\_ If you **did not have coverage and did not apply** for an exemption, let us know as we may have more questions.