



Culpepper CPA

2019 TAX ORGANIZER

Thanks for downloading Culpepper CPA's tax organizer.

Gathering this information will help us get to know more about you, alert us to any changes to your tax situation in the last year, and enable us to prepare an accurate tax return for you.

The more we know about your situation, the more opportunities we'll have to help you be truly strategic with your taxes.

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P.O. Box 32454
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Happy New Year! That means it must be tax time again! We'll understand if that doesn't excite you as much as it does us...

First, an important note about our new Client Portal. You should have received your login information via email. If not, please contact us ASAP. As part of our paperless initiative, this will be our new default way of sending/receiving information to/from you, including copies of your tax returns when completed. We are sure you will enjoy and appreciate this robust, efficient, and secure 2-way file transfer service; however, if you prefer a good, old-fashioned physical copy of your completed return(s), please be sure to indicate that in the appropriate area of this Tax Organizer. For our 2020 transition year, we will not be charging any extra fees for paper copies.

Now, down to business. As usual, we are sending this Tax Organizer to help you gather the information we need in order to prepare your 2019 personal income tax return. Please be sure to address the following for us:

Completed?

- Review and sign the engagement letter on the next page. We will need this on file before beginning the preparation of your return(s).
- Complete the attached questionnaire. For any "yes" answers, please submit the appropriate documentation, forms, and/or detailed explanations through your Client Portal account at www.Culpepper-CPA.com/portal.
- Verify, or update, your personal and contact information. Make sure we have a current and accurate email address and phone number on file.

If there's any other information you want to provide, please use the "Notes/Questions" section at the end of this Tax Organizer.

In order to meet the initial filing deadline for your 2019 tax return(s), all tax information (including this Tax Organizer) must be received by our office no later than **March 9, 2020**. Information received after that date will likely require the filing of an extension.

We very much look forward to another year of serving your tax, accounting, and advisory needs. We truly appreciate the opportunity to do so!

Sincerely,
Culpepper CPA, PLLC



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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.

We will prepare your 2019 federal and state (if applicable) tax returns, or provide other assistance as requested, 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. It is your responsibility to provide all the information required for the preparation of complete and accurate returns, or rendering other such services as may be requested, and to retain all the documents 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 returns and, therefore, you should review them carefully before you sign them or the related e-file authorization form(s).

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 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 (currently ranging from \$75/hr-\$120/hr for associates, \$130/hr-\$180/hr for supervisors/managers, and \$190/hr-\$225/hr for partners) plus out-of-pocket expenses. All invoices are due and payable upon presentation. In the event it becomes necessary to engage an attorney or agency to assist in collection efforts, you agree that such fees, at a minimum of 40% of your outstanding balance, will be added to your account. Any time required in pursuit of collection will also continue to be billed at our then-prevailing standard billing rates as will any out-of-pocket expenses incurred in connection with these efforts.

Finance charges at the rate of 1.5% per month (18% per year) will also be added to any past due balances.

Electronic filing of tax returns will not be initiated until such invoices are paid in full.

If the foregoing fairly sets forth your understanding, please sign in the space indicated and return this letter to our office.

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

Very truly yours,

Culpepper CPA, PLLC

Accepted:

Print or type name

Sign

Questions

For any “Yes” answers, please attach supporting documentation or details.

Personal Information

- | | Yes | No |
|---|--------------------------|--------------------------|
| • Did your marital status change during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Did your address change from last year? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Did you change any bank accounts, or did routing transit numbers (RTN) and/or bank account numbers change for existing bank accounts that have previously been used to direct deposit (or direct debit) funds from (or to) the IRS or other taxing authority during the tax year? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Did you (or any dependants) receive an Identity Protection PIN (IP PIN) from the IRS or have you been a victim of identity theft? If yes, attach the IRS letter. | <input type="checkbox"/> | <input type="checkbox"/> |

Dependent Information

- | | | |
|--|--------------------------|--------------------------|
| • Were there any changes in dependents from the prior year? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you have any children under age 19 or a full-time student under age 24 with <u>unearned</u> (investment) income in excess of \$2,100? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you have dependents who must file a tax return? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Did you provide over half the support for any other person(s) other than your dependent children during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Did you pay for child care while you worked, looked for work, or while a full-time student? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Did you pay any expenses related to the adoption of a child during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| • 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? | <input type="checkbox"/> | <input type="checkbox"/> |

Purchases, Sales and Debt Information

- | | | |
|--|--------------------------|--------------------------|
| • Did you start a new business or purchase rental property during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Did you acquire a new or additional interest in a LLC, partnership or S corporation? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Did you sell, purchase, foreclose, or abandon any real estate during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Did you acquire or dispose of any stock during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Did you take out a home equity loan or refinance this year? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Did you sell an existing business, rental, or other property this year? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Did you lend money that became totally uncollectable this year? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Did you have any debts canceled or forgiven this year? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Did you purchase a qualified plug-in electric drive or fuel cell vehicle this year? | <input type="checkbox"/> | <input type="checkbox"/> |

Income Information

- | | | |
|---|--------------------------|--------------------------|
| • Did you have any foreign income or pay any foreign taxes during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Did you receive any income from property sold in a prior year? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Did you receive any unemployment benefits during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Did you receive any disability income during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Did you receive tip income not reported to your employer this year? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Did any of your life insurance policies mature, or did you surrender any policies? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Did you receive any awards, prizes, hobby income, gambling or lottery winnings? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Did you have any sales or other exchanges of virtual currencies, or used virtual currencies to pay for goods or services, or you are holding virtual currencies as an investment? | <input type="checkbox"/> | <input type="checkbox"/> |

Yes No

Retirement Information

- Are you an active participant in a pension or retirement plan? Yes No
- Did you receive any Social Security benefits during the year? Yes No
- Did you make any withdrawals from an IRA, Roth, 401(k), or other retirement plan? Yes No
- Did you receive any lump-sum payments from a pension or profit sharing plans? Yes No
- Did you make any contributions to an IRA, Roth, 401(k), or other retirement plan? Yes No

Education Information

- Did you have any post-secondary educational expenses on behalf of yourself, your spouse, or a dependent? Yes No
- Did anyone in your family receive a scholarship of any kind during the year? Yes No
- Did you make any withdrawals from an education savings or 529 Plan account? Yes No
- Did you pay any student loan interest this year? Yes No
- Did you cash any Series EE or I U.S. Savings bonds issued after 1989? Yes No

Health Care Information

- Did you have qualifying health care coverage for your family? Yes No
- Did you make any contributions to a Health savings account (HSA) or MSA? Yes No
- Did you receive any distributions from a Health savings account (HSA) or MSA? Yes No
- Did you pay long-term care premiums for yourself or your family? Yes No
- Did you receive any Health Coverage Tax Credit (HCTC) advance payments? Yes No

Itemized Deduction Information

- Did you incur a casualty or theft loss or any condemnation awards during the year? Yes No
- Did you pay out-of-pocket medical expenses (Co-pays, prescription drugs, etc.)? Yes No
- Did you make any cash or noncash charitable contributions (clothes, furniture, etc.)? Yes No
- Did you donate a vehicle or boat during the year? Yes No
- Did you pay real estate taxes for your primary home and/or second home? Yes No
- Did you pay any mortgage interest on an existing home loan? Yes No
- Did you incur interest expenses associated with any investments you held? Yes No
- Did you make any major purchases during the year (cars, boats, etc.)? Yes No

Miscellaneous Information

- Did you make gifts of more than \$15,000 to any individual? Yes No
- Did you utilize an area of your home for business purposes? Yes No
- Did you retire or change jobs this year? Yes No
- Did you incur moving costs because of a permanent change of station as a member of the Armed Forces on active duty? Yes No
- Did you pay any individual as a household employee during the year? Yes No
- Did you make energy efficient improvements to your main home this year? Yes No
- Did you receive a distribution from, or were you a grantor for a foreign trust? Yes No
- Do you own or have signature authority over any foreign financial accounts, foreign financial assets, or foreign entities? Yes No
- Did you receive correspondence from the State or IRS? Yes No
- Do you prefer to receive a physical/paper copy of your completed tax return(s) from our office? An additional packaging fee will apply **beginning in 2021.** Yes No

General: 1040 **Personal Information**

Filing (Marital) status code (1 = Single, 2 = Married filing joint, 3 = Married filing separate, 4 = Head of household, 5 = Qualifying widow(er)) _____

Mark if you were married but living apart all year _____ Mark if your nonresident alien spouse does not have an ITIN _____

TAXPAYER **SPOUSE**

Social security number _____

First name _____

Last name _____

Occupation _____

Designate \$3.00 to the presidential election campaign fund? (1 = Yes, 2 = No, 3 = Blank) _____

Mark if legally blind _____

Mark if dependent of another taxpayer _____

Taxpayer between 19 & 23, full-time student, with income less than 1/2 support? (Y,N) _____

Date of birth _____

Date of death _____

Work/daytime telephone number/ext number _____

Do you authorize us to discuss your return with the IRS (Y,N) _____

General: 1040, Contact **Present Mailing Address**

Address _____

Apartment number _____

City, State, and Postal code/Zip code _____

Foreign country name _____

Foreign phone number _____

Home/evening telephone number _____

Taxpayer email address _____

Spouse email address _____

General: 1040 **Dependent Information**

First Name	Last Name	Date of Birth	Social Security No.	Relationship	Months in home	Care expenses paid for dependent
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Credits: 2441 **Child and Dependent Care Expenses**

Provider information:

Business name _____

First and Last name _____

Street address _____

City, State, and Zip code _____

Social security number OR Employer Identification Number _____

Tax Exempt or Living Abroad Foreign Care Provider (1 = TE, 2 = LAFCP) _____

Amount paid to care provider in 2018 _____

Taxpayer Spouse

Employer-provided dependent care benefits that were forfeited _____

Health Care: Coverage **Health Care Coverage**

Your family for health care coverage refers to you, your spouse if filing jointly, and anyone you can claim as a dependent.

Was your entire family covered for the full year with minimum essential health coverage? (Y, N)

	2018 Information	Prior Year Information
	_____	_____

General: Bank

Direct Deposit/Electronic Funds Withdraw Information

Per IRS Security Summit requirements, verify the name of financial institution, routing transit number, account number, and type of account below. If you would like to have a refund direct deposited into or a balance due debited from your bank account(s), please enter information in the fields below. Note that electronic funds will be withdrawn only from the primary account listed below.

Mark to verify all accounts listed below have been reviewed, updated as needed, and are correct. _____

Primary account:

Financial institution routing transit number _____
 Name of financial institution _____
 Your account number _____
 Type of account (1 = Savings, 2 = Checking, 3 = IRA*) _____
 Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) _____
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) _____
 Enter the maximum dollar amount, or percentage of total refund Dollar _____ or Percent (xxx.xx) _____

Secondary account #1:

Financial institution routing transit number _____
 Name of financial institution _____
 Your account number _____
 Type of account (1 = Savings, 2 = Checking, 3 = IRA*) _____
 Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) _____
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) _____
 Enter the maximum dollar amount, or percentage of total refund Dollar _____ or Percent (xxx.xx) _____

Secondary account #2:

Financial institution routing transit number _____
 Name of financial institution _____
 Your account number _____
 Type of account (1 = Savings, 2 = Checking, 3 = IRA*) _____
 Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) _____
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) _____
 Enter the maximum dollar amount, or percentage of total refund Dollar _____ or Percent (xxx.xx) _____

*Refunds may only be direct deposited to established traditional, Roth or SEP-IRA accounts. Make sure direct deposits will be accepted by the bank or financial institution.

Electronic Filing: ID Auth

Identity Authentication

Taxpayer -

Form of identification (1 = Driver's license, 2 = State issued identification card, 3 = No applicable identification, 4 = Identification not provided) _____
 Identification number _____
 Issue date _____
 Expiration date _____
 Location of issuance _____
 Document number (New York only) _____

Spouse -

Form of identification (1 = Driver's license, 2 = State issued identification card, 3 = No applicable identification, 4 = Identification not provided) _____
 Identification number _____
 Issue date _____
 Expiration date _____
 Location of issuance _____
 Document number (New York only) _____

Notes/Questions