Lacy Italiano, EA
PO Box 16872
San Diego, CA 92116
Cell:(619) 300-0972
For Appts:(619) 298-7562
Lacy@LacyItaliano.com

January 7, 2020

Dear New Client,

As 2019 ends and the new year begins, it's time to start thinking about taxes again. We hope 2019 has been a happy and prosperous year for you.

Enclosed is your 2019 Tax Organizer which we will use in preparing your 2019 tax return(s). It summarizes your 2018 tax information and provides space for you to enter your 2019 data. As you receive your 2019 tax documents, please collect them and keep them with this organizer. These documents include such items as your W-2s, Form 1099s, K-1s, brokerage statements, etc.

Complete only those schedules that apply to you. If you have already prepared other schedules for the necessary information, refer to them in the organizer and enclose them for our use. A fully completed organizer lessens the likelihood of omissions from your tax return.

When you have gathered all (or almost all) your tax information, there are several ways to get it to us. You may **mail, drop off** or **send electronically through our secure client portal** your completed tax organizer, along with your various tax forms.

Mail, drop off and appointment location will be:

2637 Adams Ave. San Diego, CA 92116.

If you would like to use our secure client portal to complete your 2019 tax return(s) and have not yet been set up, please contact the office.

Alternatively, If you'd like to schedule an appointment to meet, please call the office for scheduling.

We look forward to hearing from you soon. As always, contact us if you have any questions.

Sincerely,

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Lacy@LacyItaliano.com

January 7, 2020

Dear New Client,

This letter is to confirm our understanding of the terms of our agreement and outline the nature and extent of services we will provide. Based upon the information you furnish to us, we will prepare your federal and applicable state income tax returns for 2019.

We will not audit or verify the data you submit to us, although we may ask you for clarification when necessary. All the information you submit to us will, to the best of your knowledge, be correct and complete and include all other information necessary for the completion of your tax return.

We will also prepare estimated tax vouchers if required, based on your income and withholding taxes for 2019. If you anticipate a substantial change in income or withholding taxes for 2020, please advise us as soon as possible. We will then determine whether an adjustment should be made to your tax estimates.

Your returns are subject to review by the taxing authorities. Any items that may be resolved against you by the examining agent are subject to certain rights of appeal. In the event of an examination, we will be available upon request to represent you, or to review the results of any examination. Billing for these additional services will be at our standard rates.

You, as the taxpayer, have the final burden of responsibility for your income tax returns. Please review them carefully for any errors or omissions before you sign and file them.

Sincerely,

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PO Box 16872
San Diego, CA 92116
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For Appts:(619) 298-7562
Lacy@LacyItaliano.com

ENGAGEMENT AGREEMENT

By signing this, I affirm that I have read, understand and accept the terms of the engagement as detailed above:

Accepted by:

____
Client #1 signature

____
Date

____
Client #2 signature

____
Date

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January 7, 2020

RE: Our Privacy Policy, Compliance with the Gramm-Leach-Bliley Act, Public Law 106-102 (FTC 16 CFR Part 313)

Dear New Client,

The privacy of your client information has always been important to us, and we have always been bound by professional standards of confidentiality. However, we are now required by law to formally inform you of our privacy policy.

We collect nonpublic personal information about you that is provided by you or obtained by us with your authorization. This information may come from various sources, including information we receive from personal interviews, tax organizers, worksheets and other documents necessary to provide professional services to you.

We do not disclose any nonpublic personal information about our clients or former clients to anyone, except as permitted or required by law, or when necessary to process transactions requested by a client.

We restrict access to nonpublic personal information about you to members of our firm who need to know that information in order to provide you professional services. We retain records relating to the professional services that we provide you in accordance with accounting and government standards.

We employ physical, electronic, and procedural security safeguards to protect your nonpublic personal information.

Your confidence and trust are important to us. If you have any questions or concerns regarding the privacy of your nonpublic personal information, please contact us.

Sincerely,

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For Appts:(619) 298-7562
Lacy@LacyItaliano.com

PRIVACY STATEMENT

A copy of this privacy statement was provided to the client.

____
Lacy Italiano, EA

By signing this, I affirm that I have read and understand this privacy policy:

____
Client #1 signature

____
Date

____
Client #2 signature

____
Date

2019 Tax Organizer

This Tax Organizer is designed to help you collect and report the information needed to prepare your 2019 income tax return. The attached worksheets cover income, deductions, and credits, and will help in the preparation of your tax return by focusing attention on your special needs.

Please enter your 2019 information in the designated areas on the worksheets. If you need to include additional information, you may use the back of a worksheet or an additional page.

When possible, 2018 information is included for your reference. You do not need to make any 2018 entries.

Note: The General Questions and Business/Investment Questions worksheets include a variety of questions designed to assist in completing your tax return. If you answer **yes** to any of the questions, be sure to provide the applicable details.

Please provide the following information:

- ☐ A copy of your 2018 tax return (if not in our possession).
- ☐ Original Form(s) W-2.
- ☐ Schedule(s) K-1 showing income or loss from partnerships, S corporations or estates or trusts.
- ☐ Copies of other compensation or pension documentation, such as Form 1099-MISC or Form 1099-R.
- ☐ Form(s) 1099 or statements reporting dividend and interest income.
- ☐ Brokerage statements showing transactions for stocks, bonds, etc.
- ☐ Form(s) 1098 reporting interest paid, copies of real estate tax bills and other information relating to real property holdings.
- ☐ Copies of closing statements regarding the sale or purchase of real property.
- ☐ All other information notices you received, or any items you have questions about.

Thank you for taking the time to complete this Tax Organizer.

Lacy Italiano, EA
2637 Adams Ave
San Diego, CA 92116-1311
Telephone: (619)300-0972 Fax: (619)789-6567
E-mail: Lnitaliano@yahoo.com

Lacy Italiano, EA
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San Diego, CA 92116-1311
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E-mail: Lnitaliano@yahoo.com

2019
TAX ORGANIZER

Taxpayer Information

Last name .... ______

First name .... ______

Middle Initial.............. ______ Suffix......... ______

Social security number .... ______

Occupation .... ______

Work phone .... ______ Ext ... ______

Cell phone .... ______

E-mail address........... ______

Date of birth .... ______

Spouse Information

Last name................... ______

First name .... ______

Middle Initial .... ______ Suffix......... ______

Social security number .... ______

Occupation.................. ______

Work phone................. ______ Ext ... ______

Cell phone .... ______

E-mail address .... ______

Date of birth .... ______

Address .... ______ Apartment number....... ______

City .... ______ State........... ______ ZIP Code....... ______

Home phone........ ______ Fax number .... ______

Dependent Information

First name / Last name	MI / Suffix	Social Security Number / Relationship	Date of Birth	Months Lived with Taxpayer	Child Care Expense

Child and Dependent Care Provider Expenses

Name	Address	ID Number	Amount Paid

Education Tuition and Fees

Attach all Form 1098-Ts and a list of your qualified education expenses.

Student Loan Interest Paid

Enter total 2019 qualified student loan interest.. ______

Attach Form(s) W-2 — Wages, Salaries, Tips and Other Compensation

Employer Name	2018 Amount

Attach Form(s) 1099-R — Distributions from Pensions, Annuities, Retirement, Profit-Sharing, IRAs, etc

1099-R Payer Name	2018 Amount

Attach Form(s) SSA-1099 — Social Security/Railroad Benefits

	Taxpayer	Spouse
Social Security Benefits from Form SSA-1099		
Railroad Retirement Benefits from Form RRB-1099		
Medicare B premiums withheld		
Medicare C premiums withheld		
Medicare D premiums withheld		

Attach Form(s) 1099-MISC — Miscellaneous Income

1099-MISC Payer Name

Attach Form(s) 1099-INT — Interest Income

1099-INT Payer Name	2018 Amount

Attach Form(s) 1099-DIV — Dividend Income

1099-DIV Payer Name	2018 Amount

Attach Form(s) 1099-B, 1099-S – Sales of Stocks, Bonds, Real Estate, etc

Attach all stock sale transaction information, including initial cost information.

Other Government Forms to attach:

Form(s) 1099-G — Certain Government Payments, Schedule K-1s — Partnership, S-Corporation, Trust or Estate Income, Form(s) W-2G — Gambling or Lottery Winnings, Form(s) 1099-Q — Payments from Qualified Education Programs

Other Income:

Alimony, jury duty, unreported tips, disability income, etc. Business, rentals, farms: Attach income and expenses for any business, rental or farm you own. Include a list of all new equipment acquired this year, including date of purchase and cost.

Retirement Plan Contributions

	Taxpayer	Spouse
Traditional IRA contributions made for 2019		
Roth IRA contributions made for 2019		
SEP, Keogh, Individual 401(k) or SIMPLE Contributions		

Medical and Dental Expenses

	2019 Amount	2018 Amount
Prescription medications		
Health insurance premiums		
Doctors, dentists, etc		
Hospitals, clinics, etc		
Eyeglasses and contact lenses		
Miles driven for medical purposes		
Other medical and dental expenses:		

Taxes

	2019 Amount	2018 Amount
Real estate taxes paid on principal residence		
Real estate taxes paid on additional homes or land		
Auto license registration fees based on the value of the vehicle		
Other personal property taxes		

Interest Expenses

Home mortgage interest paid — Attach Form(s) 1098.

Lender's Name	2019 Amount	2018 Amount

Points paid on loan to buy, build or improve main home

Lender's Name	2019 Amount

Cash/Check/Credit Contributions

	2019 Amount	2018 Amount

Noncash Charitable Contributions

Attach all receipts with details listing the following information: Donee, donee address, description of donation, date acquired and date contributed, your cost, value at time of donation, and how you acquired the property.

Miscellaneous Deductions

	2019 Amount	2018 Amount
Union and professional dues		
Professional subscriptions, books, supplies		
Uniforms and protective clothing (including cleaning)		
Job search costs		
Taxpayer educator expenses		
Spouse educator expenses		
Tax return preparation fees		
Safe deposit box rental		
Gambling losses (to the extent of gambling income)		
Other expenses (list):		

		Yes	No
1	Did a lender cancel any of your debt in 2019? (Attach any Forms 1099-A or 1099-C)	☐	☐
2	Did you make energy efficient improvements to your home or purchase any energy-saving property during 2019? If **yes,** please attach details	☐	☐
3	Did you purchase a motor vehicle or boat during 2019 ? If **yes,** attach documentation showing sales tax paid.	☐	☐
4	Did you purchase a hybrid or electric vehicle in 2019? If **yes,** enter year, make, model, and date purchased: ______	☐	☐
5	Did you donate a vehicle in 2019 ? If **yes,** attach Form 1098C	☐	☐
6	What was the sales tax rate in your locality in 2019 ? ______ % State ID ______		
7	Did your marital status change during 2019? If **yes,** explain: ______	☐	☐
8	Were you or your spouse permanently and totally disabled in 2019?	☐	☐
9	Do you have dependents who must file?	☐	☐
10	Do you have children who are under age 19 or a full time student under age 24 with investment income greater than $2,200?	☐	☐
11	Did you provide over half the support for any other person during 2019?	☐	☐
12	Did you incur adoption expenses during 2019?	☐	☐
13	Did you receive a total distribution from an IRA or other qualified plan that was partially or totally rolled over into another IRA or qualified plan within 60 days of the distribution?	☐	☐
14	Did you receive any disability payments in 2019?	☐	☐
15	Did you receive tip income **not** reported to your employer?	☐	☐
16 a	Did you buy, sell, refinance, foreclose or abandon a principal residence or other real property in 2019 ? If **yes,** attach closing or escrow statements, 1099-C or 1099-A forms	☐	☐
b	If you sold a home, did you claim the First-Time Homebuyer Credit when you purchased it?	☐	☐
17	Did you incur any casualty or theft losses during 2019 ?	☐	☐
18	Did you incur any non-business bad debts?	☐	☐
19	Did you pay any individual for domestic services in 2019 ?	☐	☐
20	Did you buy or sell any stocks or bonds in 2019 ?	☐	☐
21	Did you use the proceeds from Series EE or I U.S. savings bonds purchased after 1989 to pay for higher education expenses?	☐	☐
22	Did you incur any moving expenses? If **yes,** attach details	☐	☐
23	Did you receive any income not included in this Tax Organizer? If **yes,** please attach information.	☐	☐
24	Do you expect your income and deductions in 2020 to be the same as 2019 ? If **no,** attach explanation of changes expected.	☐	☐
25	Did you receive Form 1095-A (Health Insurance Marketplace Statement)? If so, please attach	☐	☐
26	At any time during 2019, did you sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?	☐	☐
27	If you paid any alimony, enter recipient's SSN: ______ Alimony paid: ______		
28	Enter your state of residence **Taxpayer** ______ **Spouse** ______		

Electronic Filing and Direct Deposit of Refund

	Yes	No
If your tax return is eligible for Electronic Filing, would you like to file electronically?	☐	☐
The Internal Revenue Service is able to deposit many refunds directly into taxpayers' accounts. If you receive a refund, would you like direct deposit?	☐	☐

If **yes,** please provide a voided check (not a deposit slip) if your bank account information has changed.

What type of account is this? Checking ☐ Savings ☐

Estimated Tax Paid

Federal		State			Local		
Date	Amount	Date	Amount	ID	Date	Amount	ID

Additional Information (Enter any additional information here and attach any documents.)

General Questions

PERSONAL INFORMATION

		Yes	No
1	Did your marital status change during 2019?	☐	☐
	If **yes,** explain ________		
2	Do you want to allow your tax preparer to discuss this year's return with the IRS?	☐	☐
	If **no,** enter another person (if desired) to be allowed to discuss this return with the IRS. **Caution:** Review any transferred information for accuracy.		
	Designee's Name ► ________		
	Phone Number ► ________ Personal Identification Number (5 digit PIN) ► ________		
3	Do you or your spouse plan to retire in 2020?	☐	☐
4	Were you or your spouse permanently and totally disabled in 2019?	☐	☐
5	Enter date of death for taxpayer or spouse (if during 2019 or 2020): Taxpayer: ________ Spouse: ________		
6	Were you or your spouse a member of the U.S. Armed Forces during 2019?	☐	☐

DEPENDENT INFORMATION

		Yes	No
7 a	Do you have dependents who must file?	☐	☐
b	If **yes,** do you want us to prepare the return(s)?	☐	☐
8 a	Do you have children who are under age 19 or a full time student under age 24 with investment income greater than $2,200?	☐	☐
b	If **yes,** do you want to include your child's income on your return?	☐	☐
9	Are any of your dependents **not** U.S. citizens or residents?	☐	☐
10	Did you provide over half the support for any other person during 2019?	☐	☐
11	Did you incur adoption expenses during 2019?	☐	☐

IRA, PENSION AND EDUCATION SAVINGS PLANS

		Yes	No
12	Did you receive payments from a pension or profit-sharing plan?	☐	☐
13	Did you receive a total distribution from an IRA or other qualified plan that was partially or totally rolled over into another IRA or qualified plan within 60 days of the distribution?	☐	☐
14 a	Did you convert all or part of a regular IRA into a Roth IRA?	☐	☐
b	Did you roll over all or part of a qualified plan into a Roth IRA?	☐	☐
15	Did you contribute to a Coverdell Education Savings Account?	☐	☐

ITEMS RELATED TO INCOME/LOSSES

		Yes	No
16	Did you receive any disability payments in 2019?	☐	☐
17	Did you receive tip income **not** reported to your employer?	☐	☐
18 a	Did you buy, sell, refinance, or abandon a principal residence or other real property in 2019? (Attach copies of any escrow statements or Forms 1099.)	☐	☐
b	If you sold or abandoned a home, did you claim the First-Time Homebuyer Credit when you purchased the home?	☐	☐
c	Are you planning to purchase a home soon?	☐	☐
19	Did you incur any casualty or theft losses during 2019?	☐	☐
20	Did you incur any non-business bad debts?	☐	☐

PRIOR YEAR TAX RETURNS

		Yes	No
21	Were you notified by the Internal Revenue Service or state taxing authority of changes to a prior year's return?	☐	☐
	If **yes,** enclose agent's report or notice of change.		
22	Were there changes to a prior year's income, deductions, credits, etc which would require filing an amended return?	☐	☐

General Questions (continued)

FOREIGN BANK ACCOUNTS, FOREIGN ASSETS AND FOREIGN TAXES

		Yes	No
23	Did you have foreign income or pay any foreign taxes in 2019 ?	☐	☐
24 a	At any time during 2019 , did you have an interest in or a signature or other authority over a bank account, or other financial account in a foreign country?	☐	☐
b	Did the aggregate value of all your foreign accounts exceed $10,000 at any time during 2019 ? Report all interest income on Org 11	☐	☐
25	Were you the grantor of or transferor to a foreign trust which existed during the tax year, whether or not you have any beneficial interest in the trust?	☐	☐
26	Did you at any time during 2019 , have an interest in or any authority over any foreign accounts or assets (i.e. stocks, bonds, mutual funds, partnership interests, etc.) held in foreign financial institutions that exceeded $50,000 in value at any time during the year?	☐	☐

HEALTH AND LIFE INSURANCE

		Yes	No
27	Did you receive Form 1095-A (Health Coverage)? If so, please attach	☐	☐
28 a	Did you or your spouse have self-employed health insurance?	☐	☐
b	If you or your spouse are self-employed, are either of you eligible to participate in an employer's health plan at another job?	☐	☐
29	Did your employer pay premiums on life insurance in excess of $50,000 where the proceeds are payable to beneficiaries named by you?	☐	☐
30	Did you contribute to or receive distributions from a Health Savings Account (HSA)?	☐	☐

MISCELLANEOUS

		Yes	No
31	Did you make energy efficient improvements to your home or purchase any energy-saving property during 2019 ? If **yes,** please attach details	☐	☐
32	Did you start paying mortgage insurance premiums in 2019 ? If **yes,** please attach details	☐	☐
33	Did you purchase a motor vehicle or boat during 2019 ? If **yes,** attach documentation showing sales tax paid.	☐	☐
34	Did you purchase an energy efficient vehicle in 2019 ? If **yes,** enter year, make, model, and date purchased: ______	☐	☐
35	Did you donate a vehicle in 2019 ? If yes, attach Form 1098C	☐	☐
36	What was the sales tax rate in your locality in 2019 ? ______ % State ID ...... ____		
37	Did you or your spouse make gifts of over $15,000 to an individual or contribute to a prepaid tuition plan?	☐	☐
38	Did you make gifts to a trust?	☐	☐
39	If there were dues paid to an association, was any portion required to be non-deductible due to political lobbying by the association? If **yes,** please attach details.	☐	☐
40	Did you or your spouse participate in a medical savings account in 2019 ? If **yes,** please attach Form 1099-SA (Distributions from an HSA, Archer MSA or Medicare+Choice MSA.)	☐	☐
41	Did you make a loan at an interest rate below market rate?	☐	☐
42	Did you pay any individual for domestic services in 2019 ?	☐	☐
43	Did you pay interest on a student loan for yourself, your spouse, or your dependents?	☐	☐
44	Did you, your spouse, or your dependents attend post-secondary school in 2019 ?	☐	☐
45	Did a lender cancel any of your debt in 2019 ? (Attach any Forms 1099-A or 1099-C)	☐	☐
46	Did you receive any income not included in this Tax Organizer? If **yes,** please attach information.	☐	☐
47	At any time during 2019, did you sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?	☐	☐

ELECTRONIC FILING AND DIRECT DEPOSIT OF REFUND

		Yes	No
48	If your tax return is eligible for Electronic Filing, would you like to file electronically?	☐	☐
49	The Internal Revenue Service is able to deposit many refunds directly into taxpayers' accounts. If you receive a refund, would you like direct deposit?	☐	☐

Caution: Review transferred information for accuracy.

50 If **yes,** please provide the following information:

a Name of your financial institution ______

b Routing Transit Number (must begin with 01 through 12 or 21 through 32) ______

c Account number ______

► d What type of account is this? Checking ☐ Savings ☐

☑ Please attach a **voided** check (not a deposit slip) if your bank account information has changed.

Health Insurance Coverage

Preparer note: The fields on this form are non-enterable. This worksheet is meant to gather client data only. This worksheet will not transfer to the ProSeries/1040 product. Data from this worksheet must be manually entered on the appropriate form in ProSeries/1040.

Part 1 Coverage

Enter the name, SSN/DOB and health insurance status for each person who will claim on your return in the table below:

					Indicate which months each person was covered by MEC*:											
Name of covered individual(s)	**SSN or DOB**	**Covered 12 mos**	**Exchange Policy**	**Exemption Received**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**
1.																
2.																
3.																
4.																
5.																
6.																
7.																
8.																
9.																

*Minimum Essential Coverage (MEC) includes employer-sponsored coverage, health insurance purchased through the Health Insurance Marketplace (Exchange), Medicare, Medicaid, certain VA coverage, Tricare, etc.

For tax year 2019, the Federal ACA tax penalty has been eliminated, however, you may still be subject to a state tax penalty depending on where you live because some states have created their own individual insurance mandates to replace the federal version. These mandates require state residents to have qualifying health coverage or pay a fee with their state taxes.

Use this worksheet to list the names of individuals listed on the income tax return and their health care insurance coverage status. It will help your tax preparer determine who has health insurance coverage.

If you purchased a health insurance policy from an exchange (or Marketplace), check the Exchange Policy box above. You will receive Form 1095-A from the exchange that issued your policy. Please provide this form with your Organizer documents to your tax preparer.

Please call with any questions on this worksheet.

Business/Investment Questions

		Yes	No
1	Did you receive stock from a stock bonus plan with your employer? (Do not include stock sales included on your W-2.)	☐	☐
2	Did you buy or sell any stocks or bonds in 2019 ? If **yes**, attach broker's information (such as Form 1099-Bs and broker annual statements) related to the transactions.	☐	☐
3	Did you surrender any U.S. savings bonds during 2019 ?	☐	☐
4	Did you use the proceeds from Series EE or I U.S. savings bonds purchased after 1989 to pay for higher education expenses?	☐	☐
5	Did you realize a gain or loss on property which was taken from you by destruction, theft, seizure, or condemnation?	☐	☐
6	Did you start a business, purchase a rental property or farm, or acquire interests in partnerships or S corporations?	☐	☐
7	Do you have any investments for which you were **not** personally 'at risk' (other than sole proprietorship or farm)?	☐	☐
8	Did you own an interest in a Real Estate Mortgage Investment Conduit (REMIC) during 2019 ?	☐	☐
9	Did you sell property or equipment on installment in 2019 ?	☐	☐
10	Did you have any business related educational expenses?	☐	☐
11	Did you do a 'like-kind' exchange of property in 2019 ?	☐	☐
12	Deductions for travel and meals may be allowed under certain circumstances. Adequate records must be presented. Information must include: **1** Amount; **2** Time and place; **3** Date; **4** Business purpose; **5** Description of gift(s); and **6** Business relationship of recipient. Do you have records to support expenses?	☐	☐
13	Did you purchase special fuels for non-highway use? If **yes**, please list the type of use and the number of gallons for each fuel.	☐	☐