

2019 TAX ORGANIZER

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THE LICHTER GROUP, LLC
6115 FALLS ROAD
SUITE 150
BALTIMORE, MD 21209

I (We) have submitted this information for the sole purpose of preparing my (our) tax return(s). Each item can be substantiated by receipts, canceled checks or other documents. This information is true, correct and complete to the best of my (our) knowledge.

Taxpayer Signature	Date
Spouse Signature	Date



2019

Personal Information

Taxpayer:

First Name and Initial _____ Last Name _____ Social Security Number _____

Occupation _____ Date of Birth (Mo/Da/Yr) _____ Date of Death (Mo/Da/Yr) _____

Driver's License or State-Issued ID Number _____ Expiration Date (Mo/Da/Yr) _____ Issue Date (Mo/Da/Yr) _____ State _____ Does not expire

Driver's License State-Issued ID No Identification

Spouse:

First Name and Initial _____ Last Name _____ Social Security Number _____

Occupation _____ Date of Birth (Mo/Da/Yr) _____ Date of Death (Mo/Da/Yr) _____

Driver's License or State-Issued ID Number _____ Expiration Date (Mo/Da/Yr) _____ Issue Date (Mo/Da/Yr) _____ State _____ Does not expire

Driver's License State-Issued ID No Identification

Contact Information:

Street Address _____ Apartment Number _____

City _____ State _____ ZIP or Postal Code _____

Foreign Province or County _____

Foreign Country _____

Taxpayer Daytime/Work Phone _____ Taxpayer Evening/Home Phone _____ Taxpayer Foreign Phone _____

Taxpayer Cell Phone _____ Taxpayer Fax Number _____

Spouse Daytime/Work Phone _____ Spouse Evening/Home Phone _____ Spouse Foreign Phone _____

Spouse Cell Phone _____ Spouse Fax Number _____

Taxpayer Email Address _____

Spouse Email Address _____

Preferred Method of Contact _____

May the IRS or other taxing authority discuss the return with the preparer?

Is the taxpayer claimed as a dependent on someone else's tax return?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Are you considered legally blind per IRS regulations?

Do you want to contribute to the Presidential Election Campaign Fund?

Are you a U.S. citizen or Green Card holder?

Taxpayer		Spouse	
Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Personal Identification Numbers:

Code - 1 - Issued by IRS 2 - Issued by State or City

TS	State	City	Code	PIN

Tax Organizer Legend:

Throughout the tax organizer, you will find columns with the heading "TSJ". Enter "T" for taxpayer, "S" for spouse or "J" for joint.

Questions (Page 1 of 5)

The following questions pertain to the 2019 tax year. For any question answered Yes, include supporting detail or documents.

Personal Information:

	Yes	No
Did your marital status change?	_____	_____
Are you married?	_____	_____
If Yes, do you and your spouse want to file separate returns?	_____	_____
If No, are you in a domestic partnership, civil union, or other state-defined relationship?	_____	_____
Can you or your spouse be claimed as a dependent by another taxpayer?	_____	_____
Did you or your spouse serve in the military or were you or your spouse on active duty?	_____	_____

Dependents:

Were there any changes in dependents from the prior year? <small>Note: Include non-child dependents for whom you provided more than half the support.</small>	_____	_____
Did you or your spouse pay for child care while you or your spouse worked or looked for work?	_____	_____
Do you have any children under age 18 with unearned income more than \$1,100?	_____	_____
Do you have any children age 18 or student children, aged 19 to 23, who did not provide more than half of their cost of support with earned income and that have unearned income of more than \$1,100?	_____	_____
Did you adopt a child or begin adoption proceedings?	_____	_____
Are any of your dependents non-U.S. citizens or non-U.S. residents?	_____	_____

Healthcare:

Did you obtain healthcare coverage through the Marketplace? If Yes, include all Forms 1095-A.	_____	_____
If you received advance premium tax credit, are married, and are filing separately from your spouse, are you a victim of domestic abuse or spousal abandonment?	_____	_____
Did you, your spouse, or a dependent have healthcare purchased through the Marketplace and for whom you did not receive Form 1095-A?	_____	_____
Did you receive Form 1095-A for someone claimed as a dependent on another taxpayer's return or who is filing their own return and is not claimed on another taxpayer's return?	_____	_____
Are any of your dependents required to file a tax return?	_____	_____

Questions (Page 2 of 5)

Healthcare (continued):	Yes	No
Was anyone covered on your health insurance policy also covered on another health insurance policy for any part of the year?	_____	_____
Were you eligible for employer-sponsored healthcare coverage?	_____	_____
Did you or your spouse have any transactions pertaining to a health savings account (HSA)? If you received a distribution from an HSA, include all Forms 1099-SA.	_____	_____
Did you or your spouse have any transactions pertaining to a medical savings account (MSA)? If you received a distribution from an MSA, include all Forms 1099-SA.	_____	_____
Did you or your spouse receive any distributions from long-term care insurance contracts? If Yes, include Forms 1099-LTC.	_____	_____
If you or your spouse are self-employed, are you or your spouse eligible to be covered under an employer's health plan at another job?	_____	_____
If Yes, how many months were you covered? _____		
If you or your spouse are self-employed, are you or your spouse eligible to be covered under an employer's long-term care plan at another job?	_____	_____
If Yes, how many months were you covered? _____		
Did you or your spouse lose your job because of foreign competition and pay for your own health insurance?	_____	_____
Education:		
Did you or your spouse pay any student loan interest?	_____	_____
Did you or your spouse withdraw any amounts from your IRA to pay for higher education expenses incurred by you, your spouse, your children or grandchildren?	_____	_____
Did you or your spouse withdraw any amounts from a Coverdell Education Savings Account or Qualified Education Program (Section 529) plan? If Yes, include all Forms 1099-Q.	_____	_____
Did you, your spouse, or your dependents incur any post-secondary education expenses, such as tuition?	_____	_____
Deductions and Credits:		
Did you or your spouse contribute property (other than cash) with a fair market value of more than \$5,000 to a charitable organization? If Yes, provide the appraisal of property contributed. An appraisal is not required for contributions of publicly traded securities or contributions of non-publicly traded stock of \$10,000 or less.	_____	_____
Did you or your spouse incur any casualty or theft losses?	_____	_____
Did you or your spouse make any large purchases, such as motor vehicles and boats?	_____	_____
Did you or your spouse incur any casualty or loss attributable to a federally declared disaster?	_____	_____
Did you or your spouse purchase a new alternative technology vehicle, including a qualified plug-in electric drive motor vehicle?	_____	_____
Did you or your spouse use gasoline or special fuels for business or farm purposes (other than for a highway vehicle)? If Yes, provide the number of gallons or special fuels used for off-highway business purposes. _____ Gallons _____ Type	_____	_____
Did you or your spouse install any alternative energy equipment in your residence such as solar water heaters, solar electricity equipment (photovoltaic) or fuel cells?	_____	_____
Did you or your spouse install any energy efficiency improvements or energy property in your residence such as exterior doors or windows, insulation, heat pumps, furnaces, central air conditioners, or water heaters?	_____	_____

Questions (Page 3 of 5)

Investments:

Yes No

- Did you or your spouse have any debts canceled, forgiven or refinanced? _____
- Did you or your spouse start or purchase a business, rental property, or farm, or acquire any new interest in any partnership or S corporation? _____
- Did you or your spouse sell an existing business, rental property, farm, or any existing interest in a partnership or S corporation? _____
- Did you or your spouse sell, exchange, or purchase any real estate? _____
- If Yes, include closing statements.
- Did you or your spouse receive grants of stock options from your employer, exercise any stock options granted to you or your spouse or dispose of any stock acquired under a qualified employee stock purchase plan? _____
- Did you or your spouse engage in any put or call transactions? _____
- If Yes, provide the transaction details.
- Did you or your spouse close any open short sales? _____
- Did you or your spouse sell any securities not reported on Form 1099-B? _____

Retirement or Severance:

- Did you or your spouse contribute to a Roth IRA or convert an existing IRA into a Roth IRA? _____
- Did you or your spouse roll into a Roth IRA any distributions from a retirement plan, an annuity plan, tax shelter annuity or deferred compensation plan? _____
- Did you or your spouse turn age 70 ½ and have money in an IRA or other retirement account without taking any distribution? _____
- Did you or your spouse make a qualified charitable contribution? _____
- Did you or your spouse retire or change jobs? _____
- Did you or your spouse receive deferred, retirement or severance compensation? _____
- If Yes, enter the date received (Mo/Da/Yr). _____

Personal Residence:

- Did your address change? _____
- If Yes, provide the new address.
- If Yes, did you move to a different home because of a change in the location of your job? _____
- Did you or your spouse claim a homebuyer credit for a home purchased in 2008? _____
- Did you or your spouse withdraw any amounts from your Individual Retirement Account (IRA) or Roth IRA to acquire a principal residence? _____
- Are your total mortgages on your first and/or second residence greater than \$750,000? _____
- If Yes, provide the principal balance and interest rate at the beginning and end of the year. _____
- Did you or your spouse take out a home equity loan? _____
- Did you or your spouse have an outstanding home equity loan at the end of the year? _____
- If Yes, provide the principal balance and interest rate at the beginning and end of the year. _____
- Are you claiming a deduction for mortgage interest paid to a financial institution and someone else received the Form 1098? _____
- Did you or your mortgagee receive mortgage assistance payments? _____
- If Yes, include all Forms 1098-MA.

Questions (Page 4 of 5)

Sale of Your Home:

	Yes	No
Did you sell your home?	_____	_____
Did you receive Form 1099-S?	_____	_____
If Yes, include Form 1099-S.		
Did you or your spouse own and occupy the home as your principal residence for at least two years of the five-year period prior to the sale?	_____	_____
Did you or your spouse ever rent out the property?	_____	_____
Did you or your spouse ever use any portion of the home for business purposes?	_____	_____
Have you or your spouse sold a principal residence within the last two years?	_____	_____
At the time of the sale, the residence was owned by the: _____ Taxpayer _____ Spouse _____ Both		

Gifts:

Did you or your spouse make any gifts, including birthday, holiday, anniversary, graduation, education savings, etc., with a total (aggregate) value in excess of \$15,000 to any individual?	_____	_____
Did you or your spouse make any gifts of difficult-to-value assets (such as non-publicly traded stock) to any person regardless of value?	_____	_____
Did you or your spouse make any gifts to a trust for any amount?	_____	_____
Did you or your spouse have a life insurance trust?	_____	_____
Did you or your spouse assist with the purchase of any asset (auto, home) for any individual?	_____	_____
Did you or your spouse forgive any indebtedness to any individual, trust or entity?	_____	_____

Foreign Matters:

Did you or your spouse perform any work outside of the U.S. or pay any foreign taxes?	_____	_____
Were you or your spouse grantor or transferor for a foreign trust, have any interest in or a signature authority over a bank account, securities account or other financial account in a foreign country?	_____	_____
Did you or your spouse create or transfer money or property to a foreign trust?	_____	_____
Did you or your spouse own any foreign financial assets?	_____	_____
Were you or your spouse subject to the transition tax on undistributed foreign income and elect to pay the tax in installments?	_____	_____
Did you or your spouse have an interest in an S corporation that had undistributed foreign income subject to the transition tax?	_____	_____
If Yes, did the corporation cease to be an S corporation?	_____	_____
If Yes, was there a sale or liquidation of substantially all of the corporation's assets or did the corporation cease business?	_____	_____
If Yes, did you or your spouse transfer any share of stock in the corporation?	_____	_____

Questions (Page 5 of 5)

Miscellaneous:

Yes No

Did you or your spouse pay in excess of \$1,000 in any quarter or \$2,100 during the year for domestic services performed in or around your home to individuals who could be considered household employees?

Did you or your spouse receive unreported tip income of \$20 or more in any month?

Have you or your spouse received a punitive damage award for damages other than for physical injuries or illness?

Did you or your spouse engage in any bartering transactions?

Were you or your spouse notified by the IRS or other taxing authority of any changes in prior year returns?

For any trust that you or your spouse created or are trustee, did any beneficiaries, grantors, or trustees die or move?

Did you or your spouse sell or exchange Bitcoin or other cryptocurrencies or engage in any sales or exchanges denominated in Bitcoin or other cryptocurrencies?

Additional state pages have been included at the back of the organizer and should be reviewed.

Please indicate in which way you would like to receive your tax returns.

PDF _____

HARD COPY _____

BOTH _____

Please provide us with your current e-mail address:
