



STAN P. MOORE CPA, PLLC
FINANCIAL 360°

Tax Organizer for Individual Returns

IRS Form 1040

Individual
Tax
Organizer

2019

Tax Year

IMPORTANT:

We will be unable to complete your tax return until we have received all necessary pages of the organizer, payment & **SIGNED** Tax Engagement Letter.



Stan P. Moore CPA, PLLC

455 Swiftside Drive, Suite 102

Cary, NC 27518

Office: (919) 233- 0076

Fax: (919) 233-0008

www.stanmoorecpa.com

Date: _____

Subject: Preparation of Individual Tax Returns for year ending: _____

Dear Client: *Your Name(s)*: _____

Thank you for choosing Stan P. Moore, CPA, PLLC to assist with your taxes. This letter confirms the terms of our engagement with you and outlines the nature and extent of the services we will provide. This engagement letter does not relate to or include any taxpayers other than noted above and signed on next page.

We will prepare your federal and state income tax returns and general consulting you request which we agree upon. Tax extensions and the related calculations for estimated payments are subject to additional fees beyond the scope of preparing your final tax returns. **There is a minimum fee of \$150.00 to file an extension (one federal, one state return) which will automatically be filed if adequate information requested by us is not received in order to complete the tax return by the initial deadline. Tax Extensions do NOT extend the time to pay tax, so penalties and fees will be assessed to taxes not paid by the Initial Deadline.**

We will depend on you to provide the information we need to prepare complete and accurate returns. We may ask you to clarify some items but will not audit or otherwise verify the data you submit. An Organizer is enclosed to help you avoid overlooking important information and it helps minimize the cost of our services. If you choose to not use the Organizer, our cost and subsequent fees will be higher and completeness may be compromised.

Please send Tax Documents for income & deductions (W-2, 1099, H.S.A, IRA, 1098, etc.), but do not waste time duplicating the same information into the Organizer. We will begin work on your tax return(s) after receipt of payment, signed engagement letter, organizer, and tax documents.

We will perform accounting services only as needed to prepare your tax returns. Our work will not include procedures to find defalcations or other irregularities. Accordingly, our engagement should not be relied upon to disclose errors, fraud, or other illegal acts, though it may be necessary for you to clarify some of the information you submit. We will inform you of any material errors, fraud, or other illegal acts we discover. This engagement does not include the preparation of any financial statements.

The law imposes penalties when taxpayers underestimate their tax liability. If we encounter instances of unclear tax law, or of potential conflicts in the interpretation of the law, we will outline the reasonable courses of action and the risks and consequences of each. We will ultimately adopt, on your behalf, the alternative you select.

Our fee will be based on the time required at standard billing rates (**Please see attached Fee Schedule**) plus out-of-pocket expenses. Billable time includes e-mails, phone calls, meetings, and time spent by our staff for you. Invoices are due and payable upon presentation. To the extent permitted by state law, an interest charge may be added to all accounts not paid within thirty (30) days. Tax filings and/or sending copies of returns will not be completed until final payment is rendered in full, including past due amounts, for this company or entities/persons under similar ownership control. **We also provide for Online Credit Card Payments on our invoices.**

You should securely store your tax records indefinitely, along with all supporting documents, canceled checks, etc., as these items may later be needed to prove accuracy and completeness of a return.

Our engagement to prepare your tax returns will conclude with the delivery of the completed returns to you (if paper filing) or your signing, and the subsequent submittal, of your tax return (if e-filing). If you have not selected to e-file your returns with our office, or if you have requested Amended Tax Returns, you will be solely

responsible to file the returns with the appropriate taxing authorities. Review all tax-return documents carefully before signing them.

If you agree with terms of this engagement, please sign the enclosed copy of this letter in the space indicated and return it to us with your retainer payment.

We appreciate your confidence in us. Please call if you have questions (919-233-0076).

Please note the following important items:

- 1) We must receive the completed Personal Organizer, payment, and this Signed Engagement Letter to begin work and complete your returns.
- 2) Appointment cancellations within 24 hours are subject to a \$150 cancellation fee.
[Click here to Schedule an Appointment online !](#) OR go to www.stanmoorecpa.com
- 3) Signing this Engagement Letter hereby affirms your completion of the Personal Organizer provided for this tax year, review and acceptance of the "Fee Schedule & Billing Policies."
- 4) We must receive all requested documentation by February 22, 2020 to file your return by the initial due date or we may automatically file tax extensions.
- 5) We MUST RECEIVE a SIGNED 8879 or Tax Return In Order to File your Tax Returns

To upload tax information online [Click Here for Web Portal](#) or <http://www.stanmoorecpa.com/login/>

--- OR ---

Email tax documentation and organizer to client@stanmoorecpa.com

--- OR ---

Drop off or mail to our office

Sincerely,

STAN P. MOORE, CPA, PLLC

(If applicable, both spouses must sign for preparation of joint returns.)

Taxpayer's Name: _____
*(Please SIGN - **Do not type** we must have your signature)*

Spouse's Name:

(Please SIGN)

Date: _____

Tax Year: _____



Stan P. Moore, CPA PLLC Fee Schedule & Billing Policies

Current Rates & Payment Terms (as of 01/01/2020)

- ✓ Retainers are invoiced as an estimate of services to be provided
- ✓ Fees are billed in minimum 15 minute increments for all services
- ✓ Fees billed against Retainer monthly or at completion of job
- ✓ Fees billed for all communication types (phone, email, face-to-face, internet)
- ✓ Payment terms are “due upon receipt”
- ✓ Payment methods include check, cash, or credit card (online payment available)
- ✓ Rates are subject to change
- ✓ ALL engagements require a minimum retainer of **\$500.00**, billed (in minimum increments of ¼ hour) at an hourly rate of:

IRS Matters / Litigation support	\$ <u>250.00</u>
Stan Moore	\$ <u>200.00</u>
Staff services	\$ <u>160.00</u>
Bookkeeping / Admin	\$ <u>50.00</u>

Signed: _____

Printed Name: _____

Date: _____



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2019 Personal Information

Filing Tax Status (Check One)

- Married filing joint Married filing separate (*both must file same itemized or standard deductions*)
 Single Head of household (Single with child)
 Qualifying widow(er)

- Designate \$3.00 to the presidential election campaign fund? Yes No
Are you a dependent of another taxpayer? Yes No
Are you legally blind? Yes No
Do you authorize us to discuss your return with the IRS? Yes No

IF Information has CHANGED OR YOU ARE A NEW CLIENT

Taxpayer

Social security# _____
First name: _____
Last name: _____
Occupation: _____
Date of Birth: _____
Date of Death: _____ (Attach Death Certificate)
Mobile Phone #: _____
Work Phone #: _____

Spouse

Social security# _____
First name: _____
Last name: _____
Occupation: _____
Date of Birth: _____
Date of Death: _____ (Attach Death Certificate)
Mobile Phone #: _____
Work Phone #: _____



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IF Information has CHANGED OR YOU ARE A NEW CLIENT

Dependent Information

Dependents Name: _____

Date of Birth: _____

SS # : _____

Relationship: _____

Months in Home: _____

Care Expenses Paid for Dependent: _____ (See Dependent Care Section)

Dependent #2 Name: _____

Date of Birth: _____

SS # : _____

Relationship: _____

Months in Home: _____

Care Expenses Paid for Dependent: _____ (See Dependent Care Section)

Dependent #3 Name: _____

Date of Birth: _____

SS # : _____

Relationship: _____

Months in Home: _____

Care Expenses Paid for Dependent: _____ (See Dependent Care Section)

Dependent #4 Name: _____

Date of Birth: _____

SS # : _____

Relationship: _____

Months in Home: _____

Care Expenses Paid for Dependent: _____ (See Dependent Care Section)



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If other dependents (besides children):

Dependent #5 Name: _____

Date of Birth: _____

SS # : _____

Relationship: _____

Months in Home: _____

Paid >50% of living expenses for Dependent? (Yes/No): _____

*****Attach Tax Return or Income proof of Dependent***

Dependent #6 Name: _____

Date of Birth: _____

SS # : _____

Relationship: _____

Months in Home: _____

Paid >50% of living expenses for Dependent? (Yes/No): _____

*****Attach Tax Return or Income proof of Dependent***

Dependent #7 Name: _____

Date of Birth: _____

SS # : _____

Relationship: _____

Months in Home: _____

Paid >50% of living expenses for Dependent? (Yes/No): _____

*****Attach Tax Return or Income proof of Dependent***

Tax Organizer Questions (Individual Tax Returns)

TAXPAYER NAME(S): _____

DATE COMPLETED: _____

STATE TAX RETURNS

TAX YEAR: _____ for: (Ex. NC) _____

Personal Information

1) Did your marital status change during the year from the prior tax year? Yes / No

If "Yes", please explain _____

2) Did your address change from last year? (If "Yes", please provide new address) Yes / No

3) If married, are you filing separate tax returns ? Yes / No

4) Are you claiming filing status as "Head of Household"? (see IRS publication 501 for qualifications) Yes / No

5) Did you or your spouse (joint filers) reside in more than one state for a partial year? Yes / No

If "Yes" please provide # days in states per person: _____

6) Any taxpayer active in the military? Who? _____

7) Can you be claimed as a dependent by another taxpayer? Yes / No

8) Did you, or any claimed Dependents, 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 with PIN for this tax year Yes / No

9) Do you want Direct Deposit of tax refunds? If "Yes", Complete below: Yes / No

Bank Name: _____

Bank Routing #: _____ Bank Acct #: _____

Checking OR Savings Single OR Joint

10) **If you are eligible** to receive any "Tax Credits", you must provide primary taxpayer Driver's License information:

TAXPAYER

Name on License: _____

State of License: _____ Driver's License #: _____

Issue Date: _____ Expiration Date: _____

SPOUSE

Name on License: _____

State of License: _____ Driver's License #: _____

Issue Date: _____ Expiration Date: _____

Dependent Information

11) Did you have any "Dependents" (children <19 or students 19-23; or adults with taxable income less than \$4,201) Yes / No

If "NO", then SKIP TO "Income Information" Section below

12) Were there any changes in tax-claimed "dependents" from the prior tax year? Yes / No

If "Yes", please explain: _____

Is this the first time we've prepared your returns or are you claiming new dependents ? Yes / No

If "Yes" provide dependent names, dates of birth and Social Security #'s on attached form

13) Do you have any children under age 19 or a full-time student under age 24 with "unearned income" in excess of \$2,200? (ex: Non-Wages such as Interest, Dividends, Capital Gains, etc.) Yes / No

14) Did your dependents claim themselves on their tax returns this year? Yes / No

15) Did you pay for childcare expenses while you worked, looked for work, or while a full-time student? Yes / No

If "Yes" attach details of childcare expenses

16) Did you pay any expenses related to the adoption of a child during the year? Yes / No

17) 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? Yes / No

18) Did any dependents receive an Identity Protection PIN (IP PIN) from the IRS or have they been a victim of identity theft?

If "Yes", attach the IRS letter with PIN for this tax year Yes / No

Income Information

19) Have you received all W-2's from all employers? Yes / No

20) Have you received all 1099's expected? Yes / No

21) Did you receive any Incentive Stock Options (ISO's)? *Attach detail* Yes / No

22) Did you receive all required K-1's from business entities? Yes / No

23) Did you start a new business during the year but have Not provided the information to us? Yes / No

24) Did you sell any Bitcoin? *Provide Cost & Sale dates and amounts* Yes / No

25) Did you sell ownership of a business this year? *Provide closing statement.* Yes / No

26) Did you purchase or sell a principal residence during the year? *Provide closing statement* Yes / No

27) Did you dispose of any "worthless" stock during the year (and no income received)? Yes / No

28) Did you take out a home equity loan this tax year? *Provide HUD statement & Purpose of Funds Borrowed* Yes / No

29) Did you refinance a principal residence or second home this year? *Provide HUD statement* Yes / No

30) Did you lend money that became totally uncollectable (bad debt)? Yes / No

31) Did you have any of your debts cancelled or forgiven this year? Yes / No

32) Did you have any foreign income or pay any foreign taxes during the year, directly or indirectly, such as from investment accounts, partnerships or a foreign employer? *Attach details* Yes / No

33) Did you receive any Installment Payments from property sold? *Provide details* Yes / No

34) Did you receive any unemployment benefits during the year? Yes / No

35) Did you receive any disability income during the year? Yes / No

36) Did you receive tip income not reported to your employer this year? Yes / No

- 37) Did you receive any awards, prizes, hobby income, gambling or lottery winnings? Yes / No
- 38) Did you have rental / vacation home with income and / or expenses? Complete "Rent & Royalty" forms Yes / No
- 39) Have you attached the related Rental Home income, expenses, and organizer questions? Yes / No
- 40) Did you have any inheritance this year? If "Yes", please provide details. Yes / No
-

Retirement Information

- 41) Are you or your spouse "Eligible" **employees, but not a participant** in an employer retirement plan? (ex: 401K) Yes / No
- 42) Did you or your spouse (joint filers) retire during the year? Yes / No
- 43) Did you receive any Social Security benefits during the year? Yes / No
- 44) Did you make any withdrawals or receive distributions from an IRA, Roth, myRA, Keogh, SIMPLE, SEP 401(k), or other qualified retirement plan? Yes / No
- If "Yes", did you have 5 years of creditable vested service in a Federal or NC government plan by 08/12/89 subject to the NC Bailey Act? (see online: [NCDOR: Bailey Decision](#))* Yes / No
- 45) Did you make any contributions to an IRA, Roth, myRA, Keogh, SIMPLE, SEP, that is not shown on your W-2? *If "Yes", provide amounts and types in Attached Organizer.* Yes / No
- 46) Were you required to take "Required Minimum Distributions" (i.e. "RMD") during the tax year? Yes / No
- If "Yes", did you take the RMD according to IRS calculation?* Yes / No
- 47) Do you want us to determine if you can contribute to an IRA for this tax return? (*contribution deadline 4/15*) Yes / No
- 48) Do you want us to calculate a maximum SEP-IRA contribution for this tax return? (Business Owners Only) Yes / No

Education Information

- 49) Did you, your spouse, or your dependents attend a post-secondary school during the year? *Attach 1098* Yes / No
- 50) Did you have any educational expenses during the year on behalf of yourself, your spouse, or a dependent? Yes / No
If "Yes", attach any Form(s) 1098-T and receipts for qualified tuition and related expenses
- 51) Did you make any withdrawals from an education savings or 529 Plan account? *Attach 1099* Yes / No
If "Yes", what did the funds pay for? _____
-
- 52) Did you pay any student loan interest this year? *Attach 1098* Yes / No

Health Care Information

- 53) Did you have health insurance purchased on the "Health Insurance Marketplace?" Yes / No
If "Yes" attached Form(s) 1095 (from Employer or Health Insurance Provider)
- 54) Did you make any contributions to a Health Savings Account (HSA) or Archer MSA? Attach 5498 Yes / No
- 55) Did you receive any distributions from an (HSA), Archer MSA, or other? Please attach 1099 Yes / No
Were all distributions "qualified" for allowed medical expenses? Yes / No
Was the H.S.A. for **Family Plan Coverage**? Yes / No
- 56) Did you pay long-term care premiums for yourself or your family? Complete Organizer detail Yes / No

Itemized Deduction Information

For 2019:

IF your itemized deductions are less than the amounts below, you do NOT need to ITEMIZE expenses

Married filing joint	\$24,400
Head of Household (unmarried with child)	\$18,350
Unmarried (other than surviving spouse or Head of Household)	\$12,200
Married filing separately	\$12,000

Additional Standard Deductions (add to amounts above) if Age 65 or blind at 12/31 of tax year are between \$1,300-\$1,650

- 57) Did you incur a casualty or theft loss or any condemnation awards during the year? Yes / No
- 58) Did you pay out-of-pocket medical expenses (co-pays, prescription drugs, etc.)? (new 10%) Please attach Yes / No
- 59) Did you purchase qualified Energy Efficient products for your primary residence? Yes / No

If "Yes", please provide *Qualified Certificate from manufacturer (solar, fuel cell, wind turbine, geothermal heat pump)*

- 60) Did you make any cash or non-cash charitable contributions (clothes, furniture, etc.)? Yes / No

If "Yes", (you must possess evidence such as a receipt from the donee organization, a canceled check, or record of payment, to substantiate all contributions made.)

Are your non-cash charitable values within recent guidelines? Yes / No

See <https://satruck.org/Home/DonationValueGuide>

Have you confirmed the charitable organizations are IRS approved? See <https://apps.irs.gov/app/eos> Yes / No

- 61) Did you donate a vehicle or boat during the year? Yes / No

If "Yes", attach Form 1098-C or other written acknowledgement from the donee organization.

- 62) Did you donate some of your IRA to charity ? Attach proof (Note: Deduction for NC in 2019+) Yes / No

- 63) Did you pay real estate taxes for your primary home? Attach receipts Yes / No

- 64) Did you pay real estate taxes for your secondary home (not including rental property)? Attach receipts Yes / No

- 65) Did you pay any mortgage interest? Attach 1098 forms Yes / No

- 66) Did you incur "**margin** interest" expense on investment accounts you held? (Loan from Brokerage) Yes / No

- 67) Did you make any out-of-state purchases (by telephone, internet, mail, or in person) for which the seller did not collect state sales or use tax? (Sales tax can be paid on state tax return) Yes / No

If "Yes" would you like for us to calculate the "Safe Harbor calculation" to pay **sales tax on tax return**? Yes / No

Miscellaneous Information

- 68) Did you pay "estimated **Federal** taxes"? *If "Yes", attach dates paid and amounts (See Organizer)* Yes / No
- 69) Did you pay "estimated **State** taxes"? *If "Yes", attach dates paid and amounts (See Organizer)* Yes / No
- 70) Did any taxpayer spouse make gifts of more than \$15,000 to any one individual during tax year? Yes / No
- 71) Did you engage in any bartering transactions? *Attach 1099 Barter* Yes / No
- 72) Did you change jobs this year? Yes / No
- 73) Did you pay any individual as a household employee during the year? *Complete Organizer* Yes / No
- 74) Did you receive a distribution from, or were you a grantor or transferor for a foreign trust? Yes / No
- 75) Did you have a financial interest in or signature authority over a financial account such as a bank account, securities account, foreign assets, or brokerage account, located in a foreign country? ****Mandatory Disclosure**** Yes / No
If "Yes", did you file FinCEN form 114 under FBAR requirements? Please Attach a copy Yes / No
- 76) Did you receive correspondence from the State or the IRS? *Please Attach a copy* Yes / No
- 77) Do you have previous years of tax returns that are either unfiled or filed with unpaid balances due? Yes / No
- 78) Do you want to designate \$3 to the Presidential Election Campaign Fund? Yes / No
(If you check yes, it will not change your tax or reduce your refund.)
- 79) Have you filed bankruptcy or are you currently planning for bankruptcy? Yes / No
(Please provide details and attach copies of filings)

ADDITIONAL INFORMATION, QUESTIONS, OR COMMENTS:



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“Estimated Taxes” Paid

If you have an overpayment of this year’s taxes, do you want the excess refunded? Yes No

OR Applied to next year’s estimated tax liability for next year? Yes No

Federal Estimated Tax Payments (Paid for This Tax Return)

1st Quarter Payment: Date: _____ \$ _____

2nd Quarter Payment: Date: _____ \$ _____

3rd Quarter Payment: Date: _____ \$ _____

4th Quarter Payment: Date: _____ \$ _____

Additional Payment: Date: _____ \$ _____

State Estimated Tax Payments

Which State? _____

1st Quarter Payment: Date: _____ \$ _____

2nd Quarter Payment: Date: _____ \$ _____

3rd Quarter Payment: Date: _____ \$ _____

4th Quarter Payment: Date: _____ \$ _____

Additional Payment: Date: _____ \$ _____

State Estimated Tax Payments

Which State? _____

1st Quarter Payment: Date: _____ \$ _____

2nd Quarter Payment: Date: _____ \$ _____

3rd Quarter Payment: Date: _____ \$ _____

4th Quarter Payment: Date: _____ \$ _____

Additional Payment: Date: _____ \$ _____



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Other Income

IF Information has NOT been provided elsewhere

Please list income items on list below for items NOT otherwise provided to us already.

(Income to who?)	Description	Amount	Detail Attached ?
_____	_____	_____	<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"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>



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Foreign Employer Compensation (Not reported on 1099-MISC)

Taxpayer / Spouse

Taxpayer Spouse

State:	
Employer's Name:	
Foreign Employer Tax ID #:	
Foreign Employer Address:	
<i>(For Foreign Include Country Code & Province):</i>	
Name "In Care of":	
Number of Days Worked at Foreign Address?	
Number of Days Worked in Domestic US?	

Foreign Earned Income

Foreign Employer Compensation \$ _____

Home (Lodging) \$ _____

Meals \$ _____

Car \$ _____

Other properties or facilities \$ _____

Other Expenses Below:

	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____



IRA's

Are you or your spouse covered by an employer's (former or current) retirement plan?

(Taxpayer) Yes No

(Spouse) Yes No

Do you want to contribute the maximum allowable **Traditional Deductible IRA** amount? Yes No

NOTE: CONTRIBUTION DEADLINE IS DUE DATE OF TAX RETURN EXCLUDING EXTENSIONS

If, "Yes", check 1 or 2 1=Deductible Only 2=Both deductible and non-deductible

Have you **already** contributed to any **IRA**? Yes No

(If "YES", Please Attach IRS Form 5498 or Other PROOF of Contribution)

Enter the total **Traditional Non-Business IRA contributions ALREADY made** for this tax return

(Taxpayer) \$ _____ (Spouse) \$ _____

Enter the total **ROTH IRA Non-Business contributions made** for this tax return

(Taxpayer) \$ _____ (Spouse) \$ _____

Enter the **Non-deductible traditional Personal IRA contribution amount made** for this tax year

(Taxpayer) \$ _____ (Spouse) \$ _____



Schedule C – General Information

Sole Proprietor Business (Unincorporated or Single-Owner LLC)

Business Owner's Name: _____

Employer Federal ID #: (If applicable) _____

Business Name: _____

Doing Business As: ("Assumed Name" Registered) _____

Principal Business / Profession: _____

Business Code: (if known) _____

Business address, if different from home address:

Accounting Method: Cash Accrual Other (If other, Please explain) _____

Inventory Method: Cost LCM Other (If other, Please explain) _____

Enter an explanation if there was as change in determining your inventory: _____

Did you acquire or start this business in this tax year? Yes No

Did you close this business in this tax year? Yes No

Did you receive 1099's for this business in this tax year? (Attach) Yes No

Are you a licensed real estate broker in state of income taxation? Yes No

Is this a farming or agricultural-type business? Yes No

How many hours did you work in this business in tax year? _____

Did you make any payments that require you to file Form(s) 1099? Yes No

If "Yes", did you or will you file all required 1099 Forms? Yes No

Did you receive wages as a statutory employee or as a minister? Yes No

Amount of wages received as a statutory employee? \$ _____

Did you receive wages as a minister? Yes No

Amount of wages received as a minister? \$ _____

Medical insurance premiums paid by this activity? Yes No

Long-term care premiums paid by this activity? Yes No

Do you want to make a retirement contribution for this business? Yes No



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Business Income Schedule C only

Sole Proprietor Business, Unincorporated or Single-Owner LLC

(Provide ONLY IF we do NOT have Quickbooks or other financials)

Gross Receipts & Sales (Attach 1099's) Income	\$ _____
Less: Sales Tax Collected	\$ _____
Costs of Goods/Labor/Material Sold	\$ _____
Advertising	\$ _____
Car & Truck Expenses (not vehicle purchase)	\$ _____
Contract Labor	\$ _____
Employee Wages	\$ _____
Payroll Taxes	\$ _____
Retirement contribution (Employer Portion)	\$ _____
Retirement contribution (<i>Paid</i>)(For Owners)	\$ _____
Retirement contribution (<i>To Be Paid</i>)	\$ _____
Insurance (Property/Casualty/Workers Comp)	\$ _____
Insurance (Health Insurance Employees)	\$ _____
Insurance (Health Insurance Owners)	\$ _____
Interest	\$ _____
Legal & Professional Services	\$ _____
Office Supplies	\$ _____
Internet fees	\$ _____
Phone (Land line / cellular)	\$ _____
Rent / Office	\$ _____
Rent / Equipment	\$ _____
Repairs & Maintenance	\$ _____
Licenses & Fees	\$ _____
Taxes – Real Estate	\$ _____
Taxes – Use Tax	\$ _____



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Taxes – Business Property	\$ _____
Travel	\$ _____
Entertainment (Excluding Meals)	\$ _____
Meals – 50% (Clients)	\$ _____
Meals – 100% (In-House – Employees)	\$ _____
Utilities	\$ _____
Utilities	\$ _____
Other Expense _____	\$ _____
Other Expense _____	\$ _____
Other Expense _____	\$ _____
Other Expense _____	\$ _____
Other Expense _____	\$ _____
Sale of assets (Provide sale documents) Gross >>	\$ _____
Other Income: _____	\$ _____
Other Income: _____	\$ _____

Asset purchases > \$2,500

<u>Description & Date of Purchases</u>	<u>\$ Amount of Purchase</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____



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Business Use of Home (Home Office)

Business Name:	
Total Square Footage of Home:	
Square Footage Used Exclusively For Business:	

Would you like to take "Safe Harbor" Home Office Deduction of \$5.00/ft. (Max 300 ft.) Yes No

If "No", please complete the following expenses regarding total costs of home office residence

Mortgage Interest:	\$ _____
Mortgage Insurance Premiums:	\$ _____
Real Estate Taxes	\$ _____
Insurance	\$ _____
Rent	\$ _____
Repairs & Maintenance	\$ _____
Homeowners Association Dues	\$ _____
Utilities	\$ _____

Other Home Office Expenses:

	\$ _____
	\$ _____
	\$ _____
	\$ _____

Business Vehicles

	<u>Vehicle #1</u>	<u>Vehicle #2</u>	<u>Vehicle #3</u>	<u>Vehicle #4</u>
Date Placed in Service:	_____	_____	_____	_____
Make:	_____	_____	_____	_____
Model:	_____	_____	_____	_____
Year:	_____	_____	_____	_____
Total Miles Driven:	_____	_____	_____	_____
Business Miles:	_____	_____	_____	_____

If you used your automobile for work purposes, answer the following questions:

- | | | |
|---|------------------------------|-----------------------------|
| 1. Was the vehicle available for off-duty personal use? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Was another vehicle available for personal use? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Do you have evidence to support your deduction? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Is this evidence written? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |



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*****Checklist of Business Info to send Stan P Moore CPA PLLC*****

**** PLEASE PROVIDE THE FOLLOWING AS APPLICABLE ****

<u>Item Number</u>	<u>Item Requested</u>	<u>Attached</u> ✓	<u>Notes</u>
1	Signed Tax Organizer Package	<input type="checkbox"/>	SEE ATTACHED
2	Any Correspondence with taxing authorities	<input type="checkbox"/>	<i>If applicable, any tax letters</i>
3	Tax liens, garnishments, assessments	<input type="checkbox"/>	<i>If applicable, any tax letters</i>
4	Fed/State Tax returns (Prior 3 Years)	<input type="checkbox"/>	<i>NEW Clients Only</i>
5	Tax Depreciation Schedule (Prior Year)	<input type="checkbox"/>	<i>NEW Clients Only</i>
6	Quickbooks Accountant Copy file (with password)	<input type="checkbox"/>	<i>Please provide Quickbooks Year Version Please send Accountants Copy cutoff 1/1/ this year</i>
7	Quickbooks Online Accountant Access	<input type="checkbox"/>	<i>Setup Stan Moore user (stan@stanmoorecpa.com)</i>
8	Held Checks List	<input type="checkbox"/>	<i>If applicable</i>
9	Bank Statements for last month of tax year	<input type="checkbox"/>	<i>Please have cash accounts reconciled</i>
10	Invoices of any new Fixed Assets	<input type="checkbox"/>	<i>If applicable</i>
11	HUD Closing statements	<input type="checkbox"/>	<i>For Purchase or Sale of asset(s)</i>
12	Credit Card Statements	<input type="checkbox"/>	<i>Statement covering last month of tax year</i>
13	Sales of any Fixed Assets	<input type="checkbox"/>	<i>Bill of sale and/or Settlement Statement</i>
14	Wages Accrued & paid thereafter	<input type="checkbox"/>	<i>If applicable</i>
15	Lease Contracts	<input type="checkbox"/>	<i>New Capital Leases</i>
16	Loan or Financing Documents	<input type="checkbox"/>	<i>New Loans: Promissory Note, Guaranty, Closing Stmt</i>
17	Loan Statement (principal balance)	<input type="checkbox"/>	<i>As of end of last month of tax year</i>
18	Payroll Tax Summary Report for year	<input type="checkbox"/>	<i>Gross wages and taxes paid for tax year (Or 4 quarters of 941's and all state payroll returns)</i>
19	W-2's for all owners from this business	<input type="checkbox"/>	<i>W-2 for business owners from this company</i>
20	WIP Reports (Uncompleted Jobs)	<input type="checkbox"/>	<i>Contractors only (as of end of tax year)</i>
21	Customer Deposits for Unbilled work	<input type="checkbox"/>	<i>Total as of tax year-end</i>
22	Tenant Rental Security Deposits (balance at 12/31)	<input type="checkbox"/>	<i>Total as of tax year-end</i>
23	K-1's from other businesses	<input type="checkbox"/>	<u>Include Basis Schedules</u>
24	1099's for income received	<input type="checkbox"/>	
25		<input type="checkbox"/>	
26		<input type="checkbox"/>	
27		<input type="checkbox"/>	
28		<input type="checkbox"/>	
29		<input type="checkbox"/>	
30		<input type="checkbox"/>	
31		<input type="checkbox"/>	
32		<input type="checkbox"/>	



STAN P. MOORE CPA, PLLC
FINANCIAL 360SM

Rent & Royalty Property – General Information (Includes property owned as Single-Owner LLC or individual)

Brief Description of Property: *(How you refer to this property)*

Owner(s) of Property: _____

Property Physical Address: (include state and ZIP code)

Type of Property: ***(Choose One)***

Single Family Multi-Family Vacation/Short-Term Commercial

Land Only Royalty Self-Rental (to your business(es))

Other _____

Did you have a Triple-Net Lease with Tenant(s)? Yes No

Did you make any payments that require you to file Form(s) 1099? Yes No

If, "Yes" did you or will you file all required Forms 1099? Yes No

Number of Days Rented: _____

Number of Days Taxpayer ***Personal Use***: _____

Your Percentage of Ownership if not 100%: _____

If you own less than 100%, provide other owner's names, % ownership, and relation:

<u>Name</u>	<u>Ownership%</u>	<u>Relationship to taxpayer</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



Rent & Royalty Property – General Information
(Includes property owned as Single-Owner LLC or individual)

Complete below if we do NOT have Quickbooks or financials

(Amounts *in your percentage of ownership*) ****Assumed CASH Basis unless otherwise noted****

Rent & Royalty Income: \$ _____

Rental Deposits Received: \$ _____

Rental Deposits Refunded: \$ _____

Advertising: \$ _____

Auto: \$ _____

Travel: \$ _____

Cleaning & Maintenance: \$ _____

Commissions: \$ _____

Insurance: \$ _____

Legal & Professional Fees: \$ _____

Management Fees: \$ _____

Commissions: \$ _____

Mortgage Interest Paid: \$ _____ (Attach Form 1098)

Other Mortgage Interest: \$ _____ (e.g. If Individual, attach name/address & SS#)

Qualified Mortgage
Insurance Premiums: \$ _____

Other Interest: \$ _____

Repairs: (<\$1,000) \$ _____

Supplies: \$ _____

Taxes: \$ _____

Utilities: \$ _____

(Continued Next Page)...



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Rent & Royalty Property – General Information

Other Expenses Below:

<u>Expense Description</u>	<u>Amount paid</u>
	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____

Asset purchases > \$2,500

Description & Date of Purchases

\$ Amount of Purchase

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____



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Schedule A – Medical & Dental Expenses
Deductible IF totals exceed 10% of Adjusted Gross Income

Medical & Dental Expenses (Such as: Doctors, Dentists, Hospitals, Etc.):

	\$ _____
	\$ _____
	\$ _____
	\$ _____

Medical Insurance Premiums You Paid (Do NOT include pre-tax amounts paid by an employer-sponsored plan or amounts entered elsewhere, such as amounts paid for your self-employed business (Schedule C, Schedule F, Schedule K-1, Etc..) or Medicare premiums entered on Form SSA-1099:

	\$ _____
	\$ _____
	\$ _____
	\$ _____

Long-Term Care Premiums You Paid: (Do NOT include pre-tax amounts paid by an employer-sponsored plan or amounts entered elsewhere, such as amounts paid for your self-employed business (Schedule C, Schedule F, Schedule K-1, Etc.)

List Insured person's name below:

Amounts Paid

	\$ _____
	\$ _____
	\$ _____
	\$ _____

Prescription Medicines & Drugs:

	\$ _____
	\$ _____
	\$ _____

Miles Driven for Medical Purposes: _____



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Schedule A – Tax Expenses (Total Limited to \$10,000 Deduction)

Did you pay all of last year’s state income tax due?

Yes No

Real Estate Taxes Paid: ***Must be received by taxing authority by 12/31***

<i>Primary Residence Address:</i> _____	<i>Real Estate Taxes Paid:</i> \$ _____ <i>Attach Proof</i>
<i>Other Residence: (Not Listed Elsewhere)</i> _____	<i>Real Estate Taxes Paid:</i> \$ _____ <i>Attach Proof</i>
<i>Other Property: (Not Listed Elsewhere)</i> _____	<i>Real Estate Taxes Paid:</i> \$ _____ <i>Attach Proof</i>

Personal Property Taxes (Example: Auto / DMV) (**Not Real Estate Taxes**)

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Other Taxes: (Example: Foreign Taxes & State Disability)

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

State **SALES Taxes** Paid on Major Purchases: (ONLY if tax paid exceeds state income taxes paid)

_____	\$ _____
_____	\$ _____



Charitable Contributions

Contributions made by cash or check (including out-of-pocket expenses)

- ✓ Any contribution of cash, a check or other monetary (Non-Cash) gift requires a written receipt
- ✓ Individual contributions of \$250 or more must have a written acknowledgement from the charity

Volunteer Miles Driven ?:

Attached List and/or Receipts? Yes No

(Do NOT DUPLICATE below if on List Attached)

Donee Name	<u>Cash Contributions</u>	Cash / Check Donated
		\$ _____
		\$ _____
		\$ _____
		\$ _____
		\$ _____
		\$ _____
		\$ _____
		\$ _____
		\$ _____
		\$ _____
		\$ _____
		\$ _____
		\$ _____
		\$ _____
		\$ _____
		\$ _____
		\$ _____



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Non-Cash Deductions Exceeding \$500 in TOTAL

Attached Provider Statement and/or Receipts? Yes No

(Do NOT DUPLICATE below if Attached)

If donated securities, include company name and number of shares in the donated property description below:

Item #1

Taxpayer Spouse Joint

Donated Property Description: _____

Name of donee organization: _____

Address: _____

Date Contributed: _____

Date Acquired by Donor: _____

How was donated property acquired? Purchase Inheritance Gift Exchange

Donor's Cost or Basis: _____

Fair Market Value: \$ _____

Method used to determine fair market value? Appraisal Catalog Thrift Shop Value

Sales/Comparative Other If "Other", Please explain: _____

Item #2

Taxpayer Spouse Joint

Donated Property Description: _____

Name of donee organization: _____

Address: _____

Date Contributed: _____

Date Acquired by Donor: _____

How was donated property acquired? Purchase Inheritance Gift Exchange

Donor's Cost or Basis: _____

Fair Market Value: \$ _____

Method used to determine fair market value? Appraisal Catalog Thrift Shop Value

Sales/Comparative Other If "Other", Please explain: _____



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Household Employment Tax

Complete if you paid cash wages of \$1,000 or more to any household employee

If Household Employee is Unincorporated

Taxpayer Spouse Joint

Employer Tax Identification Number#: _____

Total Cash wages subject to social security taxes? \$ _____

Total Cash wages subject to Medicare taxes? \$ _____

Total Cash wages subject to Additional Medicare tax withholding? \$ _____

Federal Income Tax Withheld? \$ _____

State disability plan social security & Medicare withheld? \$ _____

A). Did you pay any household employee cash wages of \$2,000 or more this year? Yes No

B). Did you withhold Federal Income Tax for any household employee? Yes No

C). Did you pay any household employee cash wages equal to or greater than \$1,000 in any quarter of the last two years? Yes No

Federal Unemployment (FUTA) Tax for Household Employees

If you answered "Yes" to question (C) above, complete the following information. Complete only items marked with an asterisk (*) if total cash wages subject to FUTA tax amount is also taxable as defined by your State act and unemployment contributions are paid to only one State.

Total Cash wages subject to FUTA tax? \$ _____

State Information (List State) _____

Zip Code Where You Paid Unemployment Contributions*: _____

State account number as shown on state unemployment tax return: _____

Taxable Wages: \$ _____

State Unemployment Rate: % _____

State Unemployment Paid*: \$ _____



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Child & Dependent Care Expenses

Please enter all amounts paid for the care of one or more dependents which enables you to work or attend school (Use IF both spouses work). Enter the amount of dependent care expenses paid for each dependent.

Attached Provider Statement and/or Receipts? Yes No

(Do NOT DUPLICATE below if Attached)

Employer provided dependent care benefits that were forfeited this year \$ _____

Total qualified expenses incurred \$ _____

Were you or your spouse a full-time student or disabled? Yes No (*Taxpayer*) Yes No (*Spouse*)

Did you provide care expenses for any person(s) who is not listed as a dependent: Yes No

Dependent Care Provider #1

Business Name of Provider: _____

First & Last Name of Provider: _____

Address of Provider: _____

Social Security Number or Employer ID #: _____

Amount paid to care provider: \$ _____

Foreign Provide/State of Provider: _____

Foreign Country/Postal Code of Provider: _____

Dependent Care Provider #2

Business Name of Provider: _____

First & Last Name of Provider: _____

Address of Provider: _____

Social Security Number or Employer ID #: _____

Amount paid to care provider: \$ _____

Foreign Provide/State or Provider: _____

Foreign Country/Postal Code of Provider: _____