

SCAPPOOSE BUSINESS TAX SERVICE, INC. #B00973

51671 Columbia River Hwy.
Scappoose, Oregon 97056
Phone 503-543-7195

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St. Helens, Oregon 97051
Phone 503-397-6993

YOUR 2019 PERSONAL TAX ORGANIZER

TAXPAYER:

SPOUSE:

LAST NAME: _____	LAST NAME: _____
FIRST NAME: _____	FIRST NAME: _____
SOCIAL SEC: _____	SOCIAL SEC: _____
OCCUPATION: _____	OCCUPATION: _____
DATE OF BIRTH: _____	DATE OF BIRTH: _____
ADDRESS: _____	
CITY: _____	STATE: _____ ZIP CODE: _____
PHONE: _____	E-MAIL: _____

DEPENDENT INFORMATION FULL NAME	DATE OF BIRTH	SOCIAL SECURITY NUMBER	RELATION	MONTHS IN HOME 2019	DISABLED CHILD?

DO YOU SUPPORT OR DID ANYONE ELSE LIVE WITH YOU DURING THE YEAR?
DO DEPENDENTS HAVE INCOME? _____ IF YES, BRING IN INFORMATION.

*****CHECKLIST OF INCOME - BRING IN SOURCE DOCUMENTS*****

_____ W-2s	_____ TAX EXEMPT INTEREST	_____ BUY OR SELL PROPERTY
_____ UNEMPLOYMENT	_____ 1099-DIV DIVIDENDS	_____ 1099-K MERCHANT SERVICES
_____ SICK PAY	_____ STOCKS	_____ ALIMONY PRE 2019 DIVORCE
_____ WORKERS COMP	_____ 1095-A, 1095-B, 1095-C	_____ FOREIGN INTEREST
_____ TIPS	_____ STATE INCOME TAX REFUND	_____ BARTERING
_____ SOCIAL SECURITY	_____ RENTAL INCOME	_____ FORM W-2G LOTTERY-
_____ PENSION INCOME	_____ K-1s	_____ GAMBLING WINNINGS
_____ IRA DISTRIBUTION	_____ SELF EMPLOYMENT INCOME	_____ STATE
_____ ROTH IRA DIST	_____ FARM INCOME	_____ OTHER
_____ 1099-MISC	_____ INSTALLMENT SALES	
_____ 1099-INT INTEREST	_____ 1099-SA HSA DISTRIBUTION	

DID YOU MAKE ANY ESTIMATED PAYMENTS? _____ BRING IN CANCELLED CHECKS OR PROOF OF PAYMENT

QUARTERLY ESTIMATE PAYMENTS:

QTR 1 PAYMENT BY APRIL 15
QTR 2 PAYMENT BY JUN 15
QTR 3 PAYMENT BY SEPT 15
QTR 4 PAYMENT BY JAN 15, 2020

FEDERAL	DATE PD	CHECK #	STATE	DATE PD	CHECK #

*****PLEASE CHECK OFF AND BRING IN SOURCE DOCUMENTS FOR LISTED ITEMS BELOW*****

MEDICAL EXPENSES

OREGON HAS A MEDICAL SUBTRACTION FOR AGE 65 OR OLDER ONLY. PLEASE SEPARATE THESE EXPENSES! INCLUDE ANY 1095s RECEIVED FOR HEALTH INSURANCE

FILL IN AMOUNTS:	<u>TAXPAYER</u>	<u>SPOUSE</u>
PRESCRIPTIONS:	_____	_____
DOCTORS/DENTISTS:	_____	_____
VISION/GLASSES:	_____	_____
NURSING HOMES:	_____	_____
MEDICAL PREMIUMS:	_____	_____
LONG-TERM INSURANCE:	_____	_____
MEDICAL MILEAGE:	_____	_____
_____ @ \$0.20 PER MILE	_____	_____
_____ @ \$0.20 PER MILE	_____	_____
MED INS REIMBURSED:	_____	_____

TAXES PAID

FILL IN AMOUNTS & BRING IN SOURCE DOCUMENTS
 PROPERTY TAXES: _____
 PERSONAL PROPERTY TAXES: _____
 OTHER TAXES: _____

MORTGAGE INTEREST PAID

HOME MORTGAGE INTEREST PAID TO FINANCIAL INSTITUTION:

 POINTS PAID: _____

 HOME MORTGAGE INTEREST PAID TO INDIVIDUAL PARTY:
 NAME: _____
 ADDRESS: _____
 SS #: _____
 REFINANCE OF HOME: _____
 INVESTMENT INTEREST: _____
 MORTGAGE INSURANCE: _____

BUSINESS MILEAGE

_____ @ \$0.58 PER MILE

CHILD AND DEPENDENT CARE

NO. OF QUALIFYING DEPENDENTS _____
 EXPENSE AMOUNT EACH _____
 WAS SERVICE PERFORMED IN YOUR HOME? _____
 DID EMPLOYER REIMBURSE? _____
 IF YES, AMOUNT EMPLOYER PAID _____

PROVIDER:

NAME: _____
 ADDRESS: _____
 SS# OR EMPLOYER ID #: _____

EMPLOYER BENEFIT PLAN

DO YOU HAVE AN EMPLOYER BENEFIT PLAN? _____

CASH OR CHECK CONTRIBUTIONS

FILL IN AMOUNTS: PLEASE BRING IN RECEIPTS
 CHURCH: _____
 OTHER: _____
 MILEAGE: _____ @ \$0.14 PER MILE

CONTRIBUTIONS OTHER THAN CASH (CLOTHES, ETC) PLEASE BRING IN RECEIPTS.

MISCELLANEOUS DEDUCTIONS

OTHER: _____

 GAMBLING LOSSES: _____ STATE: _____

CONTRIBUTION TO KEOGH/SEP/IRA/529 PLAN

_____ CONTRIBUTION TO KEOGH/SEP/ROTH
 _____ TAXPAYER IRA CONTRIBUTION
 _____ SPOUSE IRA CONTRIBUTION
 _____ 529 TUITION CONTRIBUTION

DID YOU ROLL YOUR IRA INTO A ROTH IRA?

POLITICAL CONTRIBUTION-MUST BRING IN RECEIPT

_____ POLITICAL CONTRIBUTION

OREGON ENERGY CREDIT-MUST BRING IN RECEIPT

_____ ENERGY CREDIT

DID YOU PAY FOR ANY EDUCATION?

DID YOU ADOPT A CHILD?

HSA CONTRIBUTION? (FORM 5498-SA)

OREGON SAVERS CONTRIBUTIONS

529 CONTRIBUTIONS

