

# Cardinal Accounting & Tax

2716 Telegraph Road, Suite 203, St. Louis, MO 63125  
314-487-3663 (Fax) 314-487-2515

Please complete the organizer and mail or bring it to our office with **all W2's, 1099's, Forms 1095, and Forms 1098, including Form 1098-T**, as well as any notices or correspondence you have received from the IRS or state department of revenue. Complete information will help us improve our service.

**We are required to electronically file all returns. If you want any refund direct deposited, please submit a voided check to us with your tax information. You may be asked to provide a copy of your driver's license for e-filing.**

**ALL NEW CLIENTS—please bring a copy of your prior year tax return.**

**I attest all information enclosed is complete and accurate.**

Client Signature \_\_\_\_\_ Date: \_\_\_\_\_

Client Signature \_\_\_\_\_ Date: \_\_\_\_\_

**TAXPAYER INFORMATION**

Taxpayer \_\_\_\_\_ SSN \_\_\_\_\_ Birth Date \_\_\_\_\_  
Spouse \_\_\_\_\_ SSN \_\_\_\_\_ Birth Date \_\_\_\_\_

Address : \_\_\_\_\_ Date Moved \_\_\_\_\_  
(If address is different from prior year.)

County \_\_\_\_\_  
Do you live in the City of St. Louis?  YES  NO

EMAIL ADDRESSES:

Taxpayer \_\_\_\_\_ May we contact you by email with questions?  YES  NO  
Spouse \_\_\_\_\_ May we contact you by email with questions?  YES  NO

Occupation: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Taxpayer \_\_\_\_\_  
Spouse \_\_\_\_\_  
(Please indicate preferred phone number with \*.)

**STATUS CHANGES THIS YEAR (Enter Dates):**

Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Spouse Deceased \_\_\_\_\_ Dependent Deceased \_\_\_\_\_  
Sold Home \_\_\_\_\_ Sold Property \_\_\_\_\_

65 or over? Taxpayer?  YES  NO Spouse?  YES  NO Legally Blind? Taxpayer?  YES  NO Spouse?  YES  NO

Do you want \$3 to go to the Presidential Election Campaign Fund? Taxpayer?  YES  NO Spouse?  YES  NO

**ESTIMATED TAXES PAID FOR 2018**

|                                  | Date Due         | Date Paid | Federal | State |
|----------------------------------|------------------|-----------|---------|-------|
| Applied From Prior Year's Refund |                  |           |         |       |
| First Quarter                    | April 15th, 2019 |           |         |       |
| Second Quarter                   | June 17th, 2019  |           |         |       |
| Third Quarter                    | Sept. 16th, 2019 |           |         |       |
| Fourth Quarter                   | Jan. 15th, 2020  |           |         |       |

**DEPENDENTS**--List names of all dependents that received more than one-half of their support from you.

| NAME (Include last name if different): | Soc. Sec. # | Birthdate | **    | Income | If over age 18<br>Student/Disabled? | Education<br>Expenses |
|--|-------------|-----------|-------|--------|-------------------------------------|-----------------------|
| _____                                  | _____       | _____     | _____ | _____  | _____                               | _____                 |
| _____                                  | _____       | _____     | _____ | _____  | _____                               | _____                 |
| _____                                  | _____       | _____     | _____ | _____  | _____                               | _____                 |

\*\*S=Son, D=Daughter, R=Relative, O=Other

Please attach copies of Form 1098-T for education expenses.

Did a dependent child under age 23 have unearned (interest/dividend) income over \$2,200? \_\_\_\_\_

Missouri MOST or other 529 plan contributions for education. Amount \_\_\_\_\_

**CHILD & DEPENDENT CARE EXPENSES (DAY CARE)**

|                                 |                                 |
|---------------------------------|---------------------------------|
| Child Name _____                | Child Name _____                |
| <b>Child Care Provider:</b>     | <b>Child Care Provider:</b>     |
| Name _____                      | Name _____                      |
| Address _____                   | Address _____                   |
| City/State/Zip _____            | City/State/Zip _____            |
| SSN/EIN _____ Amount Paid _____ | SSN/EIN _____ Amount Paid _____ |

**OTHER INCOME**

|                   | Taxpayer | Spouse |
|-------------------|----------|--------|
| Alimony Received  | _____    | _____  |
| Unemployment      | _____    | _____  |
| Jury Duty         | _____    | _____  |
| Gambling Winnings | _____    | _____  |
| Other Income      | _____    | _____  |

Attach all W2's, W2-G's      Attach all Forms 1095-A, B or C  
 Attach social security/railroad retirement statement  
 Attach all 1099's/1098's  
 Attach K-1's from trusts, estates, partnerships, S corporations

**DEDUCTIONS OR ADJUSTMENTS**

|                    | Taxpayer | Spouse |                          | Taxpayer | Spouse |
|--------------------|----------|--------|--------------------------|----------|--------|
| Deductible IRA     | _____    | _____  | Health Savings Account   | _____    | _____  |
| Non-Deductible IRA | _____    | _____  | Self Employed Health Ins | _____    | _____  |
| Roth IRA           | _____    | _____  | Student Loan Interest    | _____    | _____  |
| SEP                | _____    | _____  | Alimony Paid             | _____    | _____  |
| SIMPLE             | _____    | _____  | To Whom: _____           |          |        |
|                    |          |        | SSN: _____               |          |        |

**ITEMS THAT NEED TO BE DISCUSSED WITH TAX PRACTITIONER (Check all that apply to 2019):**

- |   |  |
|---|--|
| _____ Bankruptcy Date: _____  | _____ (Incentive) Stock Options Exercised    |
| _____ Foreign accounts  | _____ Losses from damaged or stolen property |
| _____ Conversion to Roth IRA  | _____ Disabled child under the age of 22     |
| _____ Cryptocurrency transactions   | _____ Adoption Expenses Date: _____          |
| _____ Gifts given or received over \$15,000   |  |
| _____ Has your name been added to a deed? (Possible Gift Tax)                         |  |
| _____ Do you have any stocks that have been deemed worthless?                         |  |
| _____ Purchased, sold or refinanced home (Submit Documents)                           |  |
| _____ IRA Distribution before age 59 1/2 Reason for distribution _____                |  |
| _____ College & Vocational-Tech expenses (Submit 1098T & list of additional expenses) |  |
| _____ Other _____   |  |



**RENTAL INCOME & EXPENSES**

Description & Location (Provide Full Address & Type of Property)

Date Acquired

|   |       |       |
|---|-------|-------|
| A | _____ | _____ |
| B | _____ | _____ |
| C | _____ | _____ |

|  | A  | B  | C  |
|--|--|--|--|
| Number of days property rented during the tax year | _____  | _____  | _____  |
| Number of days of personal use during the tax year | _____  | _____  | _____  |
| Property disposed of during the tax year?          | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |

**Income:**  
 Rents Received \_\_\_\_\_

**Expenses:**

|                          |       |       |       |
|--------------------------|-------|-------|-------|
| Advertising              | _____ | _____ | _____ |
| Auto Expense _____ miles | _____ | _____ | _____ |
| Cleaning & Maintenance   | _____ | _____ | _____ |
| Commissions              | _____ | _____ | _____ |
| Insurance                | _____ | _____ | _____ |
| Legal/professional fees  | _____ | _____ | _____ |
| Management fees          | _____ | _____ | _____ |
| Mortgage Interest        | _____ | _____ | _____ |
| Other Interest           | _____ | _____ | _____ |
| Repairs                  | _____ | _____ | _____ |
| Supplies                 | _____ | _____ | _____ |
| Taxes                    | _____ | _____ | _____ |
| Utilities                | _____ | _____ | _____ |
| Other                    | _____ | _____ | _____ |
| Other                    | _____ | _____ | _____ |
| Other                    | _____ | _____ | _____ |

**CAPITAL IMPROVEMENTS TO RENTAL PROPERTY IN 2019**

| <u>Date Purchased</u> | <u>Description</u> | <u>Amount</u> |
|-----------------------|--------------------|---------------|
| _____                 | _____              | _____         |
| _____                 | _____              | _____         |
| _____                 | _____              | _____         |
| _____                 | _____              | _____         |

PREPARER USE

|       |
|-------|
| _____ |
| _____ |
| _____ |
| _____ |
| _____ |

**SELF-EMPLOYED BUSINESS INCOME & EXPENSES** (Attach Business Card)

Business Owner \_\_\_\_\_  
Business Name \_\_\_\_\_  
Business Address \_\_\_\_\_  
Dates in Business--if NOT full year \_\_\_\_\_

Gross Sales or Receipts \_\_\_\_\_  
Returns or Allowances \_\_\_\_\_  
Other Income--Explain \_\_\_\_\_

Beginning Inventory \_\_\_\_\_  
Purchases \_\_\_\_\_  
Personal Use of Inventory \_\_\_\_\_  
Ending Inventory \_\_\_\_\_  
Is Inventory valued at cost?  YES  NO

Advertising \_\_\_\_\_  
Auto Expenses (See Page 6) \_\_\_\_\_  
Bad Checks \_\_\_\_\_  
Bank Charges \_\_\_\_\_  
Commissions \_\_\_\_\_  
Contract Labor (Any individual paid over \$600--a 1099 should be issued) \_\_\_\_\_  
Dues & Publications \_\_\_\_\_  
Education \_\_\_\_\_  
Freight \_\_\_\_\_  
Gifts to Clients (\$25 maximum each gift) \_\_\_\_\_  
Insurance - Health \_\_\_\_\_  
Insurance - Other--Liability, Workers' Comp. etc. (NOT LIFE INSURANCE) \_\_\_\_\_  
Interest paid to banks \_\_\_\_\_  
Interest paid to others \_\_\_\_\_  
Laundry & Cleaning \_\_\_\_\_  
Legal & Professional \_\_\_\_\_

Meals & Entertainment \_\_\_\_\_  
Office Expenses & Postage \_\_\_\_\_  
Open House Expenses \_\_\_\_\_  
Rent or lease-machinery & equipment \_\_\_\_\_  
Rent other \_\_\_\_\_  
Repairs & Maintenance \_\_\_\_\_  
Small Tools \_\_\_\_\_  
Supplies \_\_\_\_\_  
Taxes, Licenses & Permits \_\_\_\_\_

Telephone-separate line \_\_\_\_\_  
Telephone-cellular (LESS PERSONAL USE) \_\_\_\_\_  
Travel & Lodging \_\_\_\_\_  
Utilities \_\_\_\_\_  
Wages \_\_\_\_\_  
Other \_\_\_\_\_  
Other \_\_\_\_\_

**BUSINESS EQUIPMENT, FURNITURE, FIXTURES, COMPUTERS, CELLULAR PHONES, ETC.**

| Date Purchased<br>in 2019 | <u>Description of Equipment, etc.</u> | <u>Amount</u> |
|---------------------------|---------------------------------------|---------------|
| _____                     | _____                                 | _____         |
| _____                     | _____                                 | _____         |
| _____                     | _____                                 | _____         |

**CHECKLIST OF BUSINESS AUTO EXPENSES**

|  | Auto #1 | Auto #2 | Auto #3 |
|--|---------|---------|---------|
| Beginning Odometer Reading _____                                 | _____   | _____   | _____   |
| Ending Odometer Reading _____                                    | _____   | _____   | _____   |
| Total Mileage for the year _____                                 | _____   | _____   | _____   |
| Business Mileage _____<br>(home to office not usually allowable) | _____   | _____   | _____   |
| Average Daily Roundtrip Commuting Distance _____                 | _____   | _____   | _____   |
| Year & Make of Auto _____  | _____   | _____   | _____   |
| Date Purchased _____   | _____   | _____   | _____   |
| Cost of Auto (including sales tax) _____                         | _____   | _____   | _____   |
| Gas, Oil, Lubrication _____                                      | _____   | _____   | _____   |
| Repairs _____  | _____   | _____   | _____   |
| Tires _____  | _____   | _____   | _____   |
| Washes & Supplies for Auto _____                                 | _____   | _____   | _____   |
| Insurance _____  | _____   | _____   | _____   |
| License, Inspection _____  | _____   | _____   | _____   |
| Motor Club _____   | _____   | _____   | _____   |
| Interest on Loan (May Need to Call Lender) _____                 | _____   | _____   | _____   |
| Personal Property Tax _____                                      | _____   | _____   | _____   |
| Parking Fees & Tolls _____                                       | _____   | _____   | _____   |
| Short Term Rentals _____   | _____   | _____   | _____   |
| Lease Payment _____  | _____   | _____   | _____   |

Do you (or your spouse) have another vehicle available for personal purposes?  YES  NO

Do you have evidence to support your deduction?  YES  NO

If yes, is the evidence written?  YES  NO

If your employer provided you with a vehicle, is personal use during off-duty hours permitted?  YES  NO

Does your employer reimburse you for use of your personal auto?  YES  NO

If yes, how much? \_\_\_\_\_

**"OFFICE-IN-HOME" EXPENSES**

Total Square Feet of: Home: \_\_\_\_\_ Office: \_\_\_\_\_ Storage: \_\_\_\_\_  
 Expenses: Rent: \_\_\_\_\_ Utilities: \_\_\_\_\_ Insurance: \_\_\_\_\_ Taxes: \_\_\_\_\_  
 Condo/Management Fees: \_\_\_\_\_ Other: \_\_\_\_\_  
 Maintenance & Repairs (Office): \_\_\_\_\_