

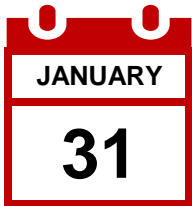
## 2019 *Personal* DSA Tax Organizer

If DSA is preparing your Personal Tax Return(s), **then** this **Personal DSA Tax Organizer** is **mandatory**.

Log in at **DSATAX.com** to: } Complete this organizer in the **Submit Online** section  
Request blank forms (such as 1099-MISC or W-2)  
Submit **Extension Requests** in the **Submit Online** section

### 2020 Due Dates for the 2019 Tax Season

Please keep this page for your reference



- 1099-MISC due to **Contractors**
- 1099-MISC (with **1096**) due to the **IRS**
- W-2's** due to **Employees**
- W-2's** (with **W-3**) due to the **Social Security Administration**

*If you have paid a Contractor **\$600 or more** you will have to issue them a 1099-MISC and file it with the IRS*



- 2019 DSA Monthly Reports\*** due to **DSA**
- 2019 Business DSA Tax Organizer\*** & any business related documents, due to **DSA**

*Please only send copies of forms to DSA - keep originals for your records indefinitely!*

*\*Extensions may be needed if your Monthly Reports, Tax Organizers and related documents are not submitted by the due dates*



- 2019 Personal DSA Tax Organizer\*** & any personal related documents, due to **DSA**

*Please only send copies of forms to DSA - keep originals for your records indefinitely!*

*\*Extensions may be needed if your Monthly Reports, Tax Organizers and related documents are not submitted by the due dates*



- Business (S-Corporation) Tax Returns are due!**

*When S Corporations fail to file Form 1120S by the due date (or by the extended due date), the IRS will impose a minimum penalty of \$205 for each month (or part of the month) the return is late multiplied by the number of shareholders. Business Extensions extend the due date for the filing to **September 15th**.*



- Personal Tax Returns are due!**

*You will owe interest & penalties on any personal tax not paid by April 15th, regardless of filing an extension. Extensions only extend the due date for the return, to avoid a late filing penalty. They **DO NOT** extend the due date of the payment. If you **DO NOT** file an extension and **DO NOT** file your return by April 15th, the IRS will charge a failure to file penalty - which is usually 5% of your unpaid tax per each additional month late. Personal Extensions will extend the due date for the filing to **October 15th**.*

**Business Name:**

**DSA # / EIN:**

**for the tax year 2019 - Personal DSA Tax Organizer Page 2**

**ACCT REP:**

**This Personal Tax Organizer and related documents must be submitted by February 21, 2020**

*You can also log in at **DSATAX.com** to complete this organizer in the Submit Online section*

**FILING STATUS**

- Single**
- Head of Household**  
*Enter the qualifying dependent ▶▶ See Page 2 Dependents*
- Qualifying Widow(er) with Dependent Child**  
Name of the Deceased \_\_\_\_\_  
Date of Death \_\_\_\_\_ / \_\_\_\_\_ / 20\_\_\_\_  
*Enter the qualifying child ▶▶ See Page 2 Dependents*
- Married Filing Jointly\***  
*\* If Married Filing Jointly or Married Filing Separately*  
**▶▶ Please complete Spouse data below**
- Married Filing Separately\***
  - I did not live with spouse at any time in 2019
  - I am eligible to claim my spouse's deduction (state use)
  - My spouse itemizes deductions

• If your marital status changed during 2019, please explain why:

**PERSONAL DATA**

**Taxpayer**

**Spouse**

Full Name			Full Name		
Social Security #			Social Security #		
Occupation			Occupation		
Date of Birth			Date of Birth		
Driver's License #		State	Driver's License #		State
Issue Date	Expiration Date		Issue Date	Expiration Date	

*Driver's license credentials are required as an additional authentication step to combat identity theft*

**CONTACT INFO**

Home Phone		Fax #	
Cell Phone		Cell (Alt.)	
Primary Email		Email (Alt.)	


• Would you like DSA to send your personal tax returns by email in a password protected .PDF file?  YES  NO

Mailing Address			Apt #
City	State	Zip Code	

• Is your Physical Address the same as Mailing Address?  YES  NO **▼ Enter physical address below**

Physical Address			Apt #
City	State	Zip Code	

• Did you move in 2019?  YES, the date of the move was: \_\_\_\_\_ / \_\_\_\_\_ / 2019  NO

• Did you buy, sell or refinance a principal residence / other real property in 2019?  YES  *Please attach closing or escrow statements along with Purchase Price, Date of Purchase & Improvements*  NO



Business Name:

DSA # / EIN:

for the tax year 2019 - Personal DSA Tax Organizer Page 3

ACCT REP:

DIRECT DEPOSIT / ELECTRONIC PAYMENT

DIRECT DEPOSIT

If you receive a refund, would you like Direct Deposit? YES NO

ELECTRONIC PAYMENT

You will receive further information with your tax returns. EFW will not occur until you provide signed authorization and dates.

If you owe the IRS, would you like to use EFW (electronic funds withdrawal) for federal balance due? YES NO

If you owe the state would you like to use EFW (electronic funds withdrawal) for state balance due? YES NO

BANKING INFORMATION

Personal Account Type: Checking Savings Routing Number:

Bank name: Account Number:

Attach a copy of a voided check (not a deposit slip)

DEPENDENTS (FOR CERTAIN TAX CREDITS)

If Filing as Head of Household or Qualifying Widower with Dependent Child: Please enter the qualifying dependent below

Are any of the dependents listed below required to file tax returns? YES NO Not Sure

Form row 1: First Name, Last Name, SS#, D.O.B., \*Relationship, Months Lived With You during 2019, Child Care \$

Form row 2: First Name, Last Name, SS#, D.O.B., \*Relationship, Months Lived With You during 2019, Child Care \$

Form row 3: First Name, Last Name, SS#, D.O.B., \*Relationship, Months Lived With You during 2019, Child Care \$

Form row 4: First Name, Last Name, SS#, D.O.B., \*Relationship, Months Lived With You during 2019, Child Care \$

Form row 5: First Name, Last Name, SS#, D.O.B., \*Relationship, Months Lived With You during 2019, Child Care \$

CHILD & DEPENDENT CARE PROVIDER EXPENSES

Please attach receipts if available

Form row 1: Provider, Phone #, SS#/EIN, Full Address, Amount Paid \$

Form row 2: Provider, Phone #, SS#/EIN, Full Address, Amount Paid \$



Business Name:

DSA # / EIN:

for the tax year 2019 - Personal DSA Tax Organizer Page 4

ACCT REP:

TAX RELATED FORMS

Please attach copies of any of the following forms you may have received or any other applicable information

- checkboxes for various tax forms like 1099-MISC, 1099-R, 1095-A, etc.

PART ONE: INCOME SUMMARY: WAGES & SALARIES

Attach copies of Forms W-2 or 1099 that you have received. If incorporated, include the W-2 from your Corporation

Table with 4 columns: Payer Name, (Circle One), Gross Wages, Comment. Rows for Taxpayer / Spouse.

PART TWO: QUARTERLY ESTIMATED TAX PAYMENTS

Actual Estimated Tax Payments you have made using the payment voucher 1040-ES or state equivalent voucher

Table with 6 columns: Due Date, Federal (IRS) 1040-ES Voucher (Amount Paid, Date Paid), State Estimated (Amount Paid, Date Paid), State / Notes.

PART THREE: RETIREMENT PLAN CONTRIBUTIONS

Attach copies of Forms 1099-R, if available

Please check applicable boxes

Table with 4 columns: Retirement Plan Type (Traditional IRA, Roth IRA, SEP, Keogh, Individual 401(k), SIMPLE), Taxpayer, Spouse, Fair Market Value as of 12/31.

- Question: In 2019, did you (or your spouse) 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? YES NO

PART FOUR: PURCHASE / SALE OF STOCKS / BONDS

- Question: Have you purchased or sold stocks or bonds in 2019? YES NO

Attach copies of Forms 1099-S or Brokerage statements, if available

**Business Name:**

**DSA # / EIN:**

*for the tax year* **2019 - Personal DSA Tax Organizer Page 5**

**ACCT REP:**

**PART FIVE HEALTH INSURANCE**

*Attach copies of Forms 1095-A, if available* 

*For 2019, the Federal Shared Responsibility Payment no longer applies. However, the **District of Columbia**, **Massachusetts**, and **New Jersey**, have their own mandate requiring you to have qualifying health coverage or pay a fee with your state taxes.*

- Do you live in either, the **District of Columbia**, **Massachusetts** or **New Jersey**?  YES ▼ See next question  NO ▶▶ Move to Part Six
- Was everyone on your return covered by Health Insurance for all of 2019?  YES ▶▶ Move to Part Six  NO ▼ Please explain

*Explantion if needed:*

**PART SIX: STUDENT & EDUCATION RELATED**

**STUDENT LOAN INTEREST**

*Attach copies of Forms 1098-E, if available* 

Lender Name	Borrower / Student	\$
Lender Name	Borrower / Student	\$

**EDUCATION TUITION & FEES**

*Attach copies of Forms 1098-T, if available* 

First & Last Name	SS#
<ul style="list-style-type: none"> <li>• What kind of school was attended in 2019?           <input type="checkbox"/> Elementary <input type="checkbox"/> High school (secondary) <input type="checkbox"/> College (postsecondary) <input type="checkbox"/> Vocational school <input type="checkbox"/> Military academy <input type="checkbox"/> Not Applicable         </li> </ul>	
<ul style="list-style-type: none"> <li>• Student during 2019? <input type="checkbox"/> YES <input type="checkbox"/> NO</li> </ul>	<ul style="list-style-type: none"> <li>• Completed the 1st 4 years of postsecondary education as of 1/1/2019? <input type="checkbox"/> YES <input type="checkbox"/> NO</li> </ul>
<ul style="list-style-type: none"> <li>• Was form 1098-T received for 2019? <input type="checkbox"/> YES <input type="checkbox"/> NO</li> </ul>	<ul style="list-style-type: none"> <li>• Enrolled in a program that leads to a degree, certificate or credential? <input type="checkbox"/> YES <input type="checkbox"/> NO</li> </ul>
<ul style="list-style-type: none"> <li>• Graduate? <input type="checkbox"/> or Undergrad? <input type="checkbox"/></li> </ul>	<ul style="list-style-type: none"> <li>• Take at least one-half the normal full-time workload for one academic period? <input type="checkbox"/> YES <input type="checkbox"/> NO</li> </ul>
<ul style="list-style-type: none"> <li>• Tuition Amount Paid: (not reported on 1098-T) \$</li> </ul>	<ul style="list-style-type: none"> <li>• Enrolled in a eligible education institution? <input type="checkbox"/> YES <input type="checkbox"/> NO</li> </ul>
<ul style="list-style-type: none"> <li>• Books, Supplies or Course Related expenses? \$</li> </ul>	<ul style="list-style-type: none"> <li>• Taking courses in a postsecondary degree program or to acquire/improve job skills? <input type="checkbox"/> YES <input type="checkbox"/> NO</li> </ul>
<ul style="list-style-type: none"> <li>• Other expenses / please describe: \$</li> </ul>	<ul style="list-style-type: none"> <li>• Been convicted of a felony for possessing or distributing a controlled substance? <input type="checkbox"/> YES <input type="checkbox"/> NO</li> </ul>

**(Additional Student)**

First & Last Name	SS#
<ul style="list-style-type: none"> <li>• What kind of school was attended in 2019?           <input type="checkbox"/> Elementary <input type="checkbox"/> High school (secondary) <input type="checkbox"/> College (postsecondary) <input type="checkbox"/> Vocational school <input type="checkbox"/> Military academy <input type="checkbox"/> Not Applicable         </li> </ul>	
<ul style="list-style-type: none"> <li>• Student during 2019? <input type="checkbox"/> YES <input type="checkbox"/> NO</li> </ul>	<ul style="list-style-type: none"> <li>• Completed the 1st 4 years of postsecondary education as of 1/1/2019? <input type="checkbox"/> YES <input type="checkbox"/> NO</li> </ul>
<ul style="list-style-type: none"> <li>• Was form 1098-T received for 2019? <input type="checkbox"/> YES <input type="checkbox"/> NO</li> </ul>	<ul style="list-style-type: none"> <li>• Enrolled in a program that leads to a degree, certificate or credential? <input type="checkbox"/> YES <input type="checkbox"/> NO</li> </ul>
<ul style="list-style-type: none"> <li>• Graduate? <input type="checkbox"/> or Undergrad? <input type="checkbox"/></li> </ul>	<ul style="list-style-type: none"> <li>• Take at least one-half the normal full-time workload for one academic period? <input type="checkbox"/> YES <input type="checkbox"/> NO</li> </ul>
<ul style="list-style-type: none"> <li>• Tuition Amount Paid: (not reported on 1098-T) \$</li> </ul>	<ul style="list-style-type: none"> <li>• Enrolled in a eligible education institution? <input type="checkbox"/> YES <input type="checkbox"/> NO</li> </ul>
<ul style="list-style-type: none"> <li>• Books, Supplies or Course Related expenses? \$</li> </ul>	<ul style="list-style-type: none"> <li>• Taking courses in a postsecondary degree program or to acquire/improve job skills? <input type="checkbox"/> YES <input type="checkbox"/> NO</li> </ul>
<ul style="list-style-type: none"> <li>• Other expenses / please describe: \$</li> </ul>	<ul style="list-style-type: none"> <li>• Been convicted of a felony for possessing or distributing a controlled substance? <input type="checkbox"/> YES <input type="checkbox"/> NO</li> </ul>

**Business Name:**

**DSA # / EIN:**

*for the tax year* **2019 - Personal DSA Tax Organizer Page 6**

**ACCT REP:**

**PART SEVEN: 2019 ITEMIZED DEDUCTIONS**

*Being that the standard deduction has greatly increased, many taxpayers will no longer have to itemize. However, if you are still fortunate enough to itemize (or can itemize on the state level), please complete any applicable sections on this page*

**MEDICAL & DENTAL EXPENSES**

Health Insurance premiums:	Taxpayer \$	Spouse \$	Dependent \$
Long-term care premiums:	Taxpayer \$	Spouse \$	Dependent \$
Prescription medications	\$	Doctors, dentists, etc...	\$
Hospitals, clinics, etc...	\$	Lab and x-ray fees	\$
Expenses for qualified long-term care	\$	Medical equipment and supplies	\$
Miles driven for medical purposes	<i>miles:</i>	Other medical/dental expenses*	\$

• Please describe your other medical/dental expenses\*:

**TAXES & FEES**

*Attach copies of Forms 1098, or receipts of taxes paid, if available* 

Real Estate Taxes Paid on principal residence	\$	Personal auto license registration fees	\$
Real Estate Taxes Paid: additional homes or land	\$	Other personal property taxes	\$

**MORTGAGE INTEREST**

*Attach copies of Forms 1098, if available* 

Lender Name	\$	Lender Name	\$
	\$		\$

**GIFTS TO CHARITY**

*Attach copies of all applicable receipts for donations, if available* 

Qualified Organization Name	\$	Qualified Organization Name	\$
	\$		\$
	\$		\$

**NON-CASH CHARITABLE CONTRIBUTIONS**

*Attach copies of all applicable receipts for donations, if available* 

Donee	Date Donated
Address	Donated Value \$
Description	Purchase Cost \$

**MISCELLANEOUS EXPENSES**

• Do you (or more likely your spouse) have any other Miscellaneous Expenses\* in 2019?

YES 

*Please attach related expenses\*, which are only included on a state level, if applicable*

NO

*(i.e. \*Educator expenses, union dues, professional subscriptions, uniforms, protective clothing, etc..)*

**Business Name:**

**DSA # / EIN:**

*for the tax year* **2019 - Personal DSA Tax Organizer Page 7**

**ACCT REP:**

**PART EIGHT: ADDITIONAL 2019 QUESTIONS**

*If you answer YES, be sure to provide the applicable details*

1• Did you pay alimony in 2019?	<input type="checkbox"/> YES	▼ Enter info below	<input type="checkbox"/> NO
Recipient Name	SS#	Alimony Paid \$	
• What is the date that the agreement was executed/modified?		/ / 20	
2• Were you (or your spouse) permanently and totally disabled in 2019?	<input type="checkbox"/> YES	▼ Enter info below	<input type="checkbox"/> NO
• What is the total amount of Disability Payments received?		Amount Received \$	
3• Were you (or your spouse) legally blind as determined by an eye doctor (optometrist) in 2019?	<input type="checkbox"/> YES		<input type="checkbox"/> NO
4• Did you (or your spouse) receive unemployment compensation in 2019?	<input type="checkbox"/> YES	Please attach Form 1099-G or applicable information	<input type="checkbox"/> NO
5• Did you (or your spouse) receive social security benefits in 2019?	<input type="checkbox"/> YES	Please attach Form SSA-1099 or applicable information	<input type="checkbox"/> NO
6• Did you receive rental income in 2019?	<input type="checkbox"/> YES	Please attach applicable information and related income and expenses	<input type="checkbox"/> NO
7• Did you (or your spouse) have another business in 2019?	<input type="checkbox"/> YES	Please attach Schedule or forms, applicable information and related income and expenses	<input type="checkbox"/> NO
<i>For additional business preparation, additional fees may apply - speak to your Tax Representative</i>			
8• Did you receive any income in 2019 not mentioned in this organizer?	<input type="checkbox"/> YES	Please attach applicable information and related income and expenses	<input type="checkbox"/> NO
9• Do you (or more likely your spouse) have any other Miscellaneous Expenses* in 2019?	<input type="checkbox"/> YES	Please attach related expenses*, which are only included on a state level, if applicable	<input type="checkbox"/> NO
<i>(i.e. *Educator expenses, union dues, professional subscriptions, uniforms, protective clothing, etc..)</i>			
10• Have you have suffered a casualty loss in a federally declared disaster area in 2019?	<input type="checkbox"/> YES		<input type="checkbox"/> NO
<i>Please speak to your Tax Representative</i>			
11• Did you make energy saving improvements* to your home in 2019?	<input type="checkbox"/> YES	Please attach receipts and documentation for the improvements, along with a description, cost and date performed	<input type="checkbox"/> NO
<i>*Qualifying improvements include: Geothermal Heat Pumps, Small Wind Turbines, Solar Energy systems (Solar Water Heaters or Solar Panels) and Fuel Cells - which are all subject to meeting certain requirements</i>			
12• If DSA did not prepare your 2018 Tax Returns, did you provide a copy of your return(s)?	<input type="checkbox"/> YES	Please attach a copy of both Federal and state returns	<input type="checkbox"/> N/A
13• Did you receive a State income Tax Refund in 2019 for 2018's return?	<input type="checkbox"/> YES	▼ Enter info below	<input type="checkbox"/> NO
• What was the refund amount from your state?		Amount Received \$	
• Did you itemize on your return last year?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
14• Did you apply a refund from your 2018 Return to your 2019 liability?	<input type="checkbox"/> YES	▼ Enter info below	<input type="checkbox"/> NO
• What is the total amount payments applied?		Amount Applied \$	

**ADDITIONAL NOTES**