



2019 Tax Checklist

What to Provide

- 1) This Checklist (optional)
- 2) Signed "Tax Services Agreement"
- 3) Payment Authorization (**required for new clients; optional for returning clients**)
- 4) COPY of government or school issued picture ID (**new clients only**)
- 5) COPY of 2018 fed & state income tax returns (**new clients only**)
- 6) COPIES of 2019 tax related documents

How to Provide it

Secure Upload: Go to TaxpayerServices.com and click on "File Upload" link or upload directly to your secure folder at <https://TaxpayerServices.sharefile.com>.

Fax: 1 (888) 759-1148
Use a cover page with your full name and # of pages faxed.

Regular Mail: TaxpayerServices, LLC
521 W 146th St #602
New York, NY 10031
Send COPIES rather than originals.

Hardcopies of Completed Returns

You will receive signed copies of your completed returns electronically; please check this box if you would also like to have signed hardcopies mailed to your home address.....

About You

Identifying Info (SKIP IF NO CHANGES)

You

Spouse

First Name (per social security card).....	_____	_____
Last Name (per social security card).....	_____	_____
Social Security Number.....	_____	_____
Occupation.....	_____	_____
Date of Birth.....	_____	_____
Email Address.....	_____	_____
Work Phone.....	_____	_____
Cell Phone.....	_____	_____
Home Phone.....	_____	_____
Phone Number to List on Tax Return.....	_____	_____
Current Street Address.....	_____	_____
City, State, Zip.....	_____	_____

Answer if you were married at any time during 2019

- 1) Were you legally married as of December 31, 2019?..... Yes No
- 2) Were you legally divorced or separated as of December 31, 2019?..... Yes No
- 3) Was your spouse unable to care for himself/herself at any time during 2019?..... Yes No
- 4) Did you pay anyone to take care of your spouse in 2019?..... Yes No
- 5) Did you become a widow(er) during 2019?..... Yes No
- 6) Do you prefer to file **Separately** even if you would pay less tax by filing Jointly?..... Yes No

Direct Deposit of Refunds / Payment of Taxes Due

If you want your refunds directly deposited into your bank account or your taxes due paid directly from your bank account at the time your returns are e-filed, provide the following information:

Name of Financial Institution: _____

Routing # _____ Account # _____ Type: Checking Savings

Name _____ 117
 Address _____
 City, State, ZIP _____

Date: _____

Pay to the order of _____ \$ _____ Dollars

Bank Name _____
 Bank Address _____

Memo: _____

⑆ 123456789 ⑆ 12 34567890 ⑆ 117



Your Dependents

What is a Dependent?

- 1) Your relative **OR**
- 2) A person who lived in your home as a family member for all of 2019 (other than your spouse)

ONLY IF:

- a) You provided more than 50% of this person's total financial support in 2019 **OR**
- b) You have a multiple support agreement or divorce decree allowing you to claim this person

Provide a List of Dependent Care Expenses

If you paid for day camp, preschool, before or after school care (including extracurricular activities), or any other type of dependent care in 2019, provide the following information on a per child basis for each person or organization you paid (keep in mind that you may owe taxes if you paid an individual to provide services in your home, e.g., a nanny):

- 1) Legal name & address (also provide the address where care was provided, if different)
- 2) Social Security Number or Employer Identification Number ("EIN")
- 3) Amount paid in 2019 (don't include tuition payments unless they are for preschool; also, don't include payments for food, clothing, or overnight camp)

Dependent Info (SKIP IF NO CHANGES)

	<u>1st</u>	<u>2nd</u>
First Name.....	_____	_____
Last Name.....	_____	_____
Social Security Number or Tax ID Number.....	_____	_____
Relationship (e.g., Daughter, Parent).....	_____	_____
Date of Birth.....	_____	_____
College Student in 2019 (Yes or No)?.....	_____	_____
Single for all of 2019 (Yes or No)?.....	_____	_____
Citizen or resident of the U.S. (Yes or No)?.....	_____	_____
Countries this person was a resident of in 2019....	_____	_____
Days this person lived with you in 2019.....	_____	_____
What was this person's gross income for 2019?....	_____	_____

	<u>3rd</u>	<u>4th</u>
First Name.....	_____	_____
Last Name.....	_____	_____
Social Security Number or Tax ID Number.....	_____	_____
Relationship (e.g., Daughter, Parent).....	_____	_____
Date of Birth.....	_____	_____
College Student in 2019 (Yes or No)?.....	_____	_____
Single for all of 2019 (Yes or No)?.....	_____	_____
Citizen or resident of the U.S. (Yes or No)?.....	_____	_____
Countries this person was a resident of in 2019....	_____	_____
Days this person lived with you in 2019.....	_____	_____
What was this person's gross income for 2019?....	_____	_____

Answer YES or NO

- 1) Were you an employee at any time during 2019?..... Yes No
 If YES, list each employer you worked for in a separate document and provide a copy of each **W-2**
- 2) Did you receive any dependent care benefits from your employer in 2019?..... Yes No
- 3) Could you be claimed as a dependent by another person in 2019?..... Yes No
- 4) Did you receive any severance pay in 2019?..... Yes No
 If YES, indicate whether or not taxes were withheld
- 5) Did you receive unemployment benefits at any time during 2019?..... Yes No
 If YES, provide a copy of the **1099-G** from each payer
- 6) Did you make gifts totaling more than \$15,000 to any individual in 2019?..... Yes No
 If YES, provide details in a separate document
- 7) Were you paid as an independent contractor in 2019?..... Yes No
 If YES, provide a copy of each **1099-MISC**, and complete the "Business Owners" section on Pages 6 & 7
- 8) Were you the owner of a sole proprietorship or single-member LLC in 2019?..... Yes No
 If YES, complete the "Business Owners" section on Pages 6 & 7
- 9) Did you own an interest in a partnership, multi-member LLC, S corporation, or trust in 2019?..... Yes No
 If YES, list ownership interests in a separate document and provide a **K-1** for each interest
- 10) As an independent contractor or business owner (other than the owner of an S corp), did you use an area in your home regularly and exclusively as your office in 2019?..... Yes No
 If YES, complete the "Home Office" section on Page 7
- 11) Did you operate a farm in 2019?..... Yes No
- 12) Did you receive any disability payments in 2019?..... Yes No
- 13) Did you receive social security benefits in 2019?..... Yes No
 If YES, provide a copy of the **SSA-1099** from the Social Security Administration
- 14) Did you receive a distribution from a retirement plan or annuity in 2019?..... Yes No
 If YES, provide a copy of the **1099-R** from each payer
- 15) Did you rollover funds from one retirement plan to another in 2019 or convert all or part of a traditional IRA to a Roth IRA in 2019 or vice versa?..... Yes No
 If YES, provide details in a separate document
- 16) Did you contribute to a non-employer retirement plan in 2019 or will you do so by 4/15/2020?..... Yes No
 If YES, complete the "Retirement Plan Contributions" section on Page 7
- 17) Are any of your retirement plans from military or U.S. government service?..... Yes No
 If YES, identify these in a separate document
- 18) Did you receive interest, dividends, or any other type of investment income in 2019 other than from a retirement plan, or did you buy or sell any publicly traded options in 2019?..... Yes No
 If YES, provide a copy of the **FINAL** tax form for each account
- 19) Did you receive any employer equity compensation, sell or exercise any employer stock options or restricted stock units ("RSUs"), or sell any employer stock in 2019?..... Yes No
 If YES, complete the "Employer Equity Compensation" section on Page 8
- 20) Did you purchase any real estate in 2019?..... Yes No
 If YES, provide a copy of the **Closing Disclosure** form and complete the "Real Estate Purchases" section on Page 8
- 21) Did you sell or abandon any real estate in 2019 (including a "short sale"), or was any real estate you owned foreclosed upon in 2019?..... Yes No
 If YES, provide a copy of the **Closing Disclosure** form, **1099-A**, **1099-C** and/or **1099-S**, as applicable, and complete the "Real Estate Sales" section on Page 8
- 22) Did you own any rental properties in 2019 (including vacation homes that were rented)?... Yes No
 If YES, complete the "Rental Properties" section on Page 9
- 23) Did you own any real estate in 2019 other than your primary residence or rentals?..... Yes No
 If YES, list the address and a description of each property in a separate document
- 24) Did you pay any real estate taxes or other property taxes in 2019?..... Yes No
 If YES, provide a copy of each statement showing property taxes **paid in 2019**

Answer YES or NO

- 25) Did you pay mortgage interest or any other interest secured by real estate in 2019?..... Yes No
If YES, provide a copy of each tax statement showing interest paid (e.g., **Form 1098**)
- 26) Did you refinance a mortgage or any other loan secured by real estate in 2019?..... Yes No
If YES, provide a copy of the **Closing Disclosure** form
- 27) Were you a party to a “like-kind exchange” transaction in 2019?..... Yes No
If YES, provide details in a separate document
- 28) Did you receive any royalties in 2019?..... Yes No
If YES, provide details in a separate document
- 29) Were any of your debts cancelled, forgiven, or otherwise modified in 2019?..... Yes No
If YES, provide a copy of the tax form you received for each debt that was modified
- 30) Did you receive a damage award or settlement income in 2019?..... Yes No
If YES, provide details in a separate document
- 31) Did you pay or receive alimony in 2019?..... Yes No
If YES, provide details in a separate document
- 32) Did you move in 2019 within a year of being a military member on active duty?..... Yes No
If YES, complete the “Moving Expenses” section on Page 10
- 33) Did you reside in more than 1 state, or earn money in more than 1 state in 2019?..... Yes No
If YES, complete the “State Info” section on Page 10
- 34) Did you reside in, receive income from, or pay taxes to a foreign country in 2019?..... Yes No
If YES, complete the “Foreign Info” section on Page 10
- 35) Did you have authority over a non-U.S. financial account in 2019?..... Yes No
If YES, provide the name & address of the institution where the account is held, the account number, and the highest single day balance in the account in 2019 in U.S. dollars
- 36) Were you a grantor to or transferor of a foreign trust in 2019?..... Yes No
- 37) Did you make any quarterly estimated income tax payments for the 2019 tax year?..... Yes No
If YES, complete the “Quarterly Estimated Payments” section on Page 10
- 38) Were you covered by government marketplace health insurance for any part of 2019?..... Yes No
If YES, provide a copy of the **1095-A** from the insurer
- 39) Did you have any unreimbursed, out-of-pocket medical or dental costs in 2019?..... Yes No
If YES, complete the “Medical & Dental Costs” section on Page 11
- 40) Did you have a Health Savings Account (“HSA”) during 2019?..... Yes No
If YES, provide a copy of the **1099-SA** and **5498-SA** for each health savings account
- 41) Did you purchase a vehicle, boat, or airplane in 2019?..... Yes No
If YES, provide a full, legible copy of the receipt for the vehicle, boat, or airplane you purchased
- 42) Did you pay a tax in 2019 based on the value of any vehicle you own?..... Yes No
If YES, provide a copy of each statement showing vehicle value tax paid in 2019
- 43) Did you donate cash, property, or time to a religious or charitable organization in 2019?... Yes No
If YES, complete the “Religious & Charitable Contributions” section on Page 11
- 44) Did you or any of your dependents make any payments or donations to a school in 2019? Yes No
If YES, complete the “School” section on Page 11
- 45) Did you or any of your dependents have any outstanding college loans in 2019?..... Yes No
If YES, provide a copy of the **1098-E** for each loan
- 46) Did you contribute to or take distributions from an education savings account in 2019?.... Yes No
If YES, provide a copy of the **annual statement** showing the amounts contributed or distributed
- 47) Did you adopt a child or begin adoption proceedings in 2019?..... Yes No
- 48) Did you incur expenses for energy efficient home improvements in 2019?..... Yes No
If YES, provide a full, legible copy of the receipt for each of the expenses you incurred
- 49) Did you have an insurable loss in a federally declared disaster area in 2019 that will not be fully reimbursed by insurance?..... Yes No
If YES, provide details in a separate document

Business Owners

(Complete if you answered YES to Question 7 or 8 on Page 4)

- 1) Business Name: _____
- 2) Provide access to your QuickBooks data or provide the following CASH BASIS financial statements in hardcopy, PDF, or Microsoft Excel format (**not required if TaxpayerServices reconciles your books**):
 - a) 2019 Profit & Loss
 - b) 12/31/2019 & 12/31/2018 Comparative Balance Sheet
 - c) 12/31/2019 General Ledger

For your reference, following is a non-exhaustive list of common business expenses:

- Accounting, Legal, & Other Professional Fees
- Advertising, Marketing, Promotions, & Website Expenses
- Bank & Merchant Account Fees
- Commissions
- Contract Labor
- Dues & Subscriptions
- Employee Benefits
- Employer Retirement Plan Contributions
- Education & Training (to improve skills in current job role)
- Fixed Assets (includes equipment, furniture, software, buildings, etc., whether purchased or financed; acquisition date, purchase price, and description should be provided for each fixed asset)
- Gifts (deductible amount is limited to \$25 per recipient per year)
- Interest Expense
- Leased Equipment & Furniture
- Liability Insurance
- Licenses & Regulatory Fees
- Meals (**entertainment expenses are no longer deductible**)
- Office Supplies (e.g., paper, postage, etc.)
- Payroll Taxes
- Property Taxes
- Rent for Office & Storage Space (excluding refundable deposits)
- Repairs & Maintenance
- Salaries & Wages (should reconcile to payroll returns filed)
- Small Tools (e.g., screwdrivers, keyboards, etc.)
- Telephone, Internet, & Other Communications Expenses
- Travel Out of Town (includes airfare, lodging, taxis, car rental, etc.; separately report meals)
- Uniforms & Laundry (only for specialized clothing, like lab coats, company uniforms, etc.)
- Utilities (e.g., electricity, water, etc. for office space)
- Vehicle Expenses (**commuting costs are generally not deductible**)

- 3) Provide copies of all government notices and 1099 forms you received pertaining to this business for 2019.
- 4) Provide the following information about your personal vehicle used for this business:

Year	Make	Model	Purchased or Leased?	Date Acquired	Purchase Price

- 5) How many miles was this vehicle driven in 2019? _____
- 6) How many miles did you drive this vehicle in 2019 for business purposes? _____

IMPORTANT – Do not include miles for commuting from your home to your regular workplace and back. Also, you should keep a handwritten mileage log or a printed report from a mileage tracking app to substantiate your business miles; you can download a sample mileage log from www.TaxpayerServices.com/downloads

Business Owners

(Continued from Page 6)

For Businesses Started in 2019:

- 7) Business Address: _____
- 8) Business Description: _____
- 9) Employer ID Number (write "N/A" if you do not have one) _____
- 10) On what date did this business start? _____
- 11) Did this business manufacture or resell any products in 2019?..... Yes No

Home Office

(Complete if you're an Independent Contractor / Biz Owner and answered YES to Question 10 on Page 4)

- 1) Specify which business this home office pertains to..... _____
- 2) Do you also have regular access to office space outside of your home?..... Yes No
- 3) Is the home office a fully enclosed room with a door?..... Yes No
- 4) Is the home office a separate structure on your property (like a detached garage)?..... Yes No
- 5) What was the total square footage of your home in 2019?..... _____
- 6) What was the square footage of the area in your home used regularly and exclusively as the home office in 2019?..... _____
- 7) In a separate document, provide the following total household costs for all of 2019:
 - a) Rent
 - b) Homeowners or renters insurance
 - c) Homeowners association dues
 - d) Utilities used by the home office (e.g., gas, electric)
 - e) Garbage pickup
 - f) Alarm monitoring
 - g) General maintenance other than landscaping (e.g., pest control, house cleaning, etc.)
 - h) General repairs & improvements (e.g., cost to fix whole house air-conditioning or to replace the entire roof, etc.); DO NOT include costs to repair specific areas of the home other than the home office (e.g., cost to fix a bedroom door or to upgrade the kitchen, etc.)
- 8) In a separate document, provide the following total costs specifically related to the home office for all of 2019:
 - a) Repairs specifically made to the home office
 - b) Improvements specifically made to the home office
 - c) Insurance specifically for the home office

Retirement Plan Contributions

(Complete if you answered YES to Question 16 on Page 4)

Provide details if you contributed to a non-employer retirement plan in 2019 or you will do so by 4/15/2020:

Type of Plan (e.g., Roth IRA)	Your Plan or Spouse's Plan	Date Contributed	Amount Contributed	Plan Year (2018, 2019 or 2020)

Employer Equity Compensation

(Complete if you answered YES to Question 19 on Page 4)

- 1) Did you have any transactions in 2019 involving **publicly traded** stock options that were NOT provided by your employer?..... Yes No
If YES, provide details regarding each option that was purchased, sold, expired or exercised

- 2) Were you granted any employer stock options or restricted stock units in 2019?..... Yes No
If YES, provide a copy of each grant statement

- 3) Did you exercise or sell any employer stock options, restricted stock units, or shares acquired through an employee stock purchase plan in 2019?..... Yes No
If YES, provide a statement from your employer or brokerage reflecting the following information per lot exercised/sold, as applicable:
 - a) Type of lot exercised/sold (e.g., "ISOs", "RSU's", etc.)
 - b) Grant date
 - c) Value on grant date
 - d) Exercise date
 - e) Exercise price
 - f) Sale date
 - g) Sale price
 - h) Amount included in your wage income as a result of the exercise and/or sale

Real Estate Purchases

(Complete if you answered YES to Question 20 on Page 4)

- 1) What type of property did you purchase (e.g., primary residence, office building, etc.)?
- 2) If you purchased a primary residence, was this your first purchase of a primary residence? Yes No
- 3) Did you utilize retirement savings (e.g., 401k, IRA, etc.) to make this purchase?..... Yes No

Real Estate Sales

(Complete if you answered YES to Question 21 on Page 4)

- 1) Was this property sold, abandoned, or foreclosed upon?
- 2) What type of property was it (e.g., primary residence, office building, etc.)?
- 3) Why was it sold, abandoned, or foreclosed upon (e.g., due to change of employment, health issues, etc.)?

- 4) On what date was it sold, abandoned, or foreclosed upon?
- 5) How many months leading up to this date was the property your primary residence?
- 6) Other than this property, have you sold another primary residence within the 2-year period ending on the date this property was sold?..... Yes No
- 7) On what date did you acquire this property?
- 8) How did you acquire this property (e.g., purchase, gift, inheritance, etc.)?
- 9) How much did you pay for this property OR what was the value on the date you received it?
- 10) How much did you pay for major improvements (e.g., new roof, remodeled kitchen, etc.)?
- 11) Did you rent out any portion of this property during any of the time you owned it?..... Yes No
If YES, provide a depreciation schedule for the rental portion of the property

Rental Properties

(Complete if you answered YES to Question 22 on Page 4)

1) Describe what you do for your rental properties:

2) Provide the following information for each rental property you owned in 2019:

	<u>1st Property</u>	<u>2nd Property</u>	<u>3rd Property</u>
a) Street Address	_____	_____	_____
b) City, State, and Zip Code	_____	_____	_____
c) Purchase Date	_____	_____	_____
d) Purchase Price	_____	_____	_____
e) Rent received in 2019	_____	_____	_____
f) # of days in 2019 property was used for personal purposes	_____	_____	_____
g) # of days in 2019 property was available for rental	_____	_____	_____
h) # of days in 2019 property was actually rented	_____	_____	_____
i) # of hours you devoted to this property in 2019	_____	_____	_____

3) Provide a list of all furniture and equipment you purchased in 2019 for each property, including the purchase date, purchase price, and a description of each item.

4) How many miles did you drive in 2019 for your rental properties? _____

5) Provide any other expenses you paid in 2019 for each rental property:

	<u>1st Property</u>	<u>2nd Property</u>	<u>3rd Property</u>
a) Advertising	_____	_____	_____
b) Association Dues	_____	_____	_____
c) Cleaning & Maintenance	_____	_____	_____
d) Commissions	_____	_____	_____
e) Insurance	_____	_____	_____
f) Legal Fees	_____	_____	_____
g) Management Fees	_____	_____	_____
h) Mortgage Interest	_____	_____	_____
i) Property Taxes	_____	_____	_____
j) Repairs (describe)	_____	_____	_____
k) Telephone & Utilities	_____	_____	_____
l) Other (describe)	_____	_____	_____

6) If TaxpayerServices **DID NOT** prepare your 2018 returns, provide a **depreciation schedule** for each property.

Moving Expenses

(Complete if you answered YES to Question 32 on Page 5)

- 1) Were you given a military order to move because of a permanent change of station?..... Yes No
- 2) What was your out-of-pocket expense in 2019 for transportation & storage of your possessions? _____
- 3) Excluding meals, what was your out-of-pocket expense in 2019 for travel & lodging while moving? _____
- 4) What amount of reimbursement of these expenses are you expecting from the government?..... _____

State Info

(Complete if you answered YES to Question 33 on Page 5)

<u>State</u>	<u>Date Entered</u>	<u>Date Departed</u>	<u>Amount Earned</u>	<u>Source of Income</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Foreign Info

(Complete if you answered YES to Question 34 on Page 5)

- 1) If you received income from or paid taxes to a foreign country in 2019 but did not reside there, skip the following questions and provide details in a separate document.
- 2) Provide the following details about the foreign country you resided in during 2019:
 - a) Name of country _____
 - b) Date you first arrived _____
 - c) Foreign home address _____
 - d) Foreign employer's name & address _____
 - e) Gross foreign earnings in 2019, including all expense allowances _____
 - f) Foreign housing expenses paid in 2019 _____
 - g) Income taxes paid to this country in 2019 _____
- 3) List the dates you traveled to, from, and over the U.S. and any of its territories in 2018, 2019, and so far in 2020:

Quarterly Estimated Payments

(Complete if you answered YES to Question 37 on Page 5 – EXCLUDE EXTENSION PAYMENTS)

Federal Payments (U.S. Treasury)

State Payments

<u>Date Paid</u>	<u>Amount</u>	<u>For</u>	<u>Due</u>	<u>Date Paid</u>	<u>State</u>	<u>Amount</u>	<u>For</u>	<u>Due</u>
_____	_____	1 st Qtr 2019	4/15/2019	_____	_____	_____	1 st Qtr 2019	4/15/2019
_____	_____	2 nd Qtr 2019	6/17/2019	_____	_____	_____	2 nd Qtr 2019	6/17/2019
_____	_____	3 rd Qtr 2019	9/16/2019	_____	_____	_____	3 rd Qtr 2019	9/16/2019
_____	_____	4 th Qtr 2019	1/15/2020	_____	_____	_____	4 th Qtr 2019	1/15/2020

Medical & Dental Costs

(Complete if you answered YES to Question 39 on Page 5)

- 1) How many miles did you drive in 2019 for medical purposes? _____
- 2) Provide health-expenses you paid in 2019 for yourself, your spouse, and your dependents. Include co-payments to physicians, pharmacies, etc. However, **DO NOT INCLUDE** the cost of insurance or health savings account contributions if these were paid via pre-tax withholding from your paycheck, and do not include any expenses that were (or will be) reimbursed from any type of tax-advantaged account, like a flexible spending account or health savings account:

Prescription Medications _____	Hospitals, Lab Fees, Etc. _____
Health & Dental Insurance _____	Contacts & Eyeglasses _____
Medicare Premiums _____	Medical Equipment & Supplies _____
Long-term Care Insurance _____	Health Savings Account Contributions _____
Doctors, Dentists, Etc. _____	Other (provide details) _____

Religious & Charitable Contributions

(Complete if you answered YES to Question 43 on Page 5)

- 1) How many miles did you drive in 2019 to help religious and charitable organizations? _____
- 2) Provide a list of **monetary donations** made and **membership dues** paid to religious and charitable organizations in 2019, including only those for which you have receipts (**do not provide your receipts**).
- 3) Provide the following information **for EACH non-monetary donation** you made to a religious or charitable organization in 2019, including only those for which you have receipts (**only provide receipts for vehicle donations**; do not provide other receipts):
 - a) Date of the donation
 - b) Name and address of the religious or charitable organization
 - c) Summarized description of what you donated (e.g., clothing & toys)
 - d) Fair Market Value of the donation (see below)
 - e) Value of any goods or services you received in return for the donation

Fair Market Value - Many large charitable organizations provide free guides to help you estimate the value of items you donate based on what these items would sell for in a thrift shop. For example, The Salvation Army provides a free online valuation guide at <http://satruck.org/donation-value-guide>.

School

(Complete if you answered YES to Question 44 on Page 5)

- 1) Send a copy of the front & back of Form **1098-T** from each college or university attended in 2019.
- 2) On a **per person basis**, provide an itemized list of tuition, fees, and related expenses paid in 2019 for you, your spouse, or any of your dependents who attended a college or university on at least a half-time basis in 2019.
- 3) Provide a copy of the **receipt** for each donation or payment made to an elementary school, middle school, high school, or school related organization. Receipts should include:
 - a) Name and address of the school
 - b) Date of donation/payment
 - c) Amount donated/paid
 - d) Description of donation/payment
- 4) Provide a summary of any other unreimbursed school related expenses you paid in 2019.