

Blue Bear Tax Solutions



Tax | Accounting | Auditing | Planning

Tax Planning
Guide
for 2019

Save 50% on your Bookkeeping and Tax Prep!**

- Join the **Blue Bear Tax Cub Club** (*try saying that ten times fast!*) and with a minimal monthly subscription fee you will receive 50% Off all our services! You'll be able to ask us questions any time throughout the year at no cost!

- 1040 Tax Form Prep (current year) ~~\$250~~ **\$125**
- 1040 Tax Form Prep (past years) ~~\$400~~ **\$200**
- 1040X Tax Form Prep ~~\$250~~ **\$125**
- 1040 Schedule C Tax Form Prep ~~\$250~~ **\$125**
- 1120 Tax Form (C Corp) Prep ~~\$874~~ **\$437**
- 1120S Tax Form (S Corporation) Prep ~~\$850~~ **\$425**
- 1065 Tax Form Prep (Partnership) ~~\$650~~ **\$325**
- 990 Tax Form Prep (Tax-exempt organization) ~~\$750~~ **\$375**
- 940 Tax Form Prep (Federal Unemployment) ~~\$120~~ **\$60**
- Schedule D Prep (Capital gains & losses) ~~\$200~~ **\$100**
- Schedule E Prep (Supplemental income and loss) ~~\$200~~ **\$100**
- Schedule F Prep (Farming) ~~\$250~~ **\$125**
- Bookkeeping services ~~\$30/hr~~ **\$15/hr**



If you sign up by Dec 31st, 2019 your individual 1040 tax return will still only be \$100!

Your 1120, 1120S, or 1065 would only be \$200

How Much Does It Cost?

Only \$35 per month*

* If you don't make use of our other services during the year, you'll have the full amount of your membership towards your tax return!

** Other discounts do not apply...

ID# _____

Blue Bear Tax Cub Club Membership is a monthly subscription based service that provides "on-call" tax advice for the following: _____] By signing this agreement, I _____, agree that my needs for tax services and representation may go outside the scope of services as provided by said monthly subscription.

Membership shall entitle member to 50% of all off Blue Bear Tax Solution's services except for the following: Tax Attorney, Creation of 501(c)3s, Form 706 Estate Tax Returns and other services that need to be partnered with or referred out.

**The client responsibility is to provide all correspondences in a timely matter. To observe all deadline dates given by the contractor and the governing body of the authority.

Payment Terms Monthly fees for Blue Bear Tax Monitoring membership shall be \$35.00. Monthly fees will be automatically debited from the member's registered credit/debit card or checking account. The payment is debited monthly on the same day of each month as the first payment (this is the sign-up date). The monthly charges will continue automatically each month for 12 months, or until the termination of the membership. Memberships will auto-renew after 12 months.

Termination To cancel this membership, a \$40 termination fee is required. All requests for membership cancellation must be submitted to Blue Bear Tax Services management at least 10 days in advance of the requested cancellation date. Once we have received and completed your request for cancellation the next scheduled monthly charge and all those that were to follow will be cancelled. Membership will be valid until, but not on, the date of the first cancelled payment; after that date, all member benefits will also be cancelled.

By signing below, I agree to be bound the terms of payment detailed in this document. I also certify that I have reviewed, understood, and agree to be bound by all the terms and conditions described above.

Full Name (Print): _____ Signature: _____

Date: _____

Credit/Debit Card Information

Card No: _____ Expiration Date: _____ CVV: _____

Signature: _____

I authorize Blue Bear Tax Services to charge my card monthly with respect to related monthly fees for membership.



2019 TAX PROFORMA/ORGANIZER FOR THE WORLD'S GREATEST CLIENT

This Tax Proforma/Organizer package was designed to assist you in collecting the information we need for the preparation of your 2019 income tax return. The following pages contain many of the common income tax items expenses, deductions and credits. You will also be asked to answer certain questions which will help us determine the best way to handle certain items of income or deduction.

Where appropriate, amounts reported on your 2019 income tax return are listed in the shaded right-hand column.

Please take time to completely fill out the pages that apply to you and furnish us with any supporting documentation as required. This will enable us to prepare a complete and accurate income tax return. If you need more space, please attach additional schedules.

We will also need the following information:

- Copy of your prior year income tax return (if not in our possession).
- Original Form(s) W-2 and 1099-R received from all employers.
- Original Form(s) 1095-A, 1095-B and 1095-C received.
- Copies of other compensation, moving expense reimbursement, or pension documentation.
- Form(s) 1099 or other statements reporting interest and dividend income received.
- Form(s) 10998 and any other closing documentation regarding the sale or purchase of assets.
- Schedule K-1 showing your share of income and deductions from partnerships, S corporations, estates and trusts.
- Form(s) 1098, copies of real estate bills, property tax bills, mortgage statements, etc.
- Any other information or statements that you received or that you may have questions about.
- CP Notice 28 - Taxable IRA from Roth Rollover

We hope this Tax Proforma/Organizer will help make your task easier. It will certainly help us evaluate your income tax situation thoroughly and concentrate our efforts in preparing a complete and accurate income tax return.

QUESTIONNAIRE

Did your filing status change during 2019? YES NO

Will the address on your 2019 Federal return be different from the one shown on your 2018 return?
 YES NO

if YES, enter the New Address:

Street _____
City _____
State _____ Zip Code _____

Were you notified by the internal Revenue Service or any other taxing authority of changes to a prior year tax return?
(If YES, please enclose report notifying you of the change(s).) YES NO

Did you have minimum essential health care coverage for yourself, your spouse (if filing jointly), and anyone you could or did claim as a dependent for every month of 2019? YES NO

Did you, your spouse, or a dependent enroll in health insurance through the marketplace/exchange?
 YES NO

Are you aware of any changes to your income, deductions and credits reported on a prior year return?
 YES NO

Did you sell and/or purchase a principal residence in 2019? YES NO

Did you receive any insurance or other reimbursement from a prior year medical, casualty, or theft loss deduction?
 YES NO

Do you have any dependent children under 18 who received unearned income (interest, dividends, investment income) of over \$1,900? YES NO

If YES, and if your child qualifies, do you elect to report your child's interest and dividends in your income tax return?
 YES NO

Did you or your spouse receive stock from an employers' stock bonus plan (do not include amounts reported on Form W-2)? YES NO

Did you buy or sell any bonds during the year? (if YES, please provide a copy of the brokers report.) YES NO

Did you start a new business during 2019? YES NO

Did you receive payments from a pension or profit-sharing plan? YES NO

Did you sell business or personal property(ies) on the installment method, OR did you receive payments from an installment sale? (If YES, please provide details) YES NO

Did you surrender any U,S. savings bonds during 2019? YES NO

Did you use the proceeds from Series EE U.S. savings bonds purchased after 1989 to pay for higher education expenses? YES NO

Did you receive tip income NOT reported to your employer? YES NO

Did you receive any tax-exempt interest? YES NO

Did you obtain a loan and use the proceeds for an investment? YES NO

If employed, are you covered under a pension, profit-sharing, stock bonus or other retirement plan? YES NO

Did you 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

Did you rollover any amount from a Traditional IRA to a Roth IRA during 2017, 2018, or 2019? YES NO

Did you receive any disability payments this year? YES NO

If either you or your spouse are self-employed, are either of you covered under an employer's health plan at another job? YES NO

Did you have foreign income or pay any foreign taxes in 2019? YES NO

Did you sell property or equipment on installment in 2019? YES NO

Did you have any business related educational expenses? YES NO

Did you make gifts of more than \$14,000 to any individual? YES NO

Did you make gifts to a trust? YES NO

Did you suffer an uninsured casualty or theft loss on a non-business property? YES NO

Did your employer pay premiums on life insurance in excess of \$50,000 where the proceeds are paid to beneficiaries named by you? YES NO

Did you receive any income not included in the Tax Organizer? YES NO

Did you pay any qualifying education expenses for yourself or any dependents? YES NO

Did you make any online purchases for which you did not pay state sales tax? YES NO
If so, enter the amount of purchases here:

At any time during the tax year, did you or your spouse have an interest in or a signature or other authority over a bank account, securities account, or other financial account in a foreign country?
If Yes, enter the name of the foreign country: _____ YES NO

Were you or your spouse the grantor of, or transferor to, a foreign trust which existed during the tax year, whether or not you or your spouse have any beneficial interest in it? YES NO

Notes:

Please make certain to report all income received in 2019. If you received income that is not included in this proforma/organizer, attach a schedule listing the income received. Also, describe the nature of the income received (type of income, how received, etc.).

Please take some time to fill out this form, and bring it with you when you come to the office. *
 This will save you time and money, and help us help you more effectively.
 * If you received this as a PDF, please print out first and fill in the form.

Tax Return Questionnaire - TAX YEAR 2019

Name and Address	Social Security Number:	Occupation:
Taxpayer:		
Address:		
Spouse:		
Address:		
Phone Numbers:	Work:	Home:
Email Address:		

Do you wish \$3 to go to the presidential Election campaign? (Tax amount not affected) Yes No

Filing status: Single Married Head of Household Qualifying widow(er) with dependent child

Birth Date: Month/Day/Year Yourself: __/__/____ Spouse: __/__/____

If you can be claimed on your parent's or someone else's return, check here.

DEPENDENTS:

Name: First, Middle Initial, Last	Income over \$2000? (Y/N)	Date of Birth	Social Security Number	Relationship	Months Lived in Home

If your child didn't live with you but is claimed under a pre-1985 agreement, check here.

INCOME:

1. Wages and Salaries (Attach ALL W-2's)

Name of Payer	Gross Wages <small>(Withheld)</small>	Soc. Sec. Taxes <small>(Withheld)</small>	Medicare <small>(Withheld)</small>	Federal Inc. Tax <small>(Withheld)</small>	State Inc. Tax <small>(Withheld)</small>

If your employer didn't reimburse you or over reimbursed you for any expenses as an employee, check here.

If you had employer paid child care benefits, check here.

2. Interest Income (Attach 1099's) (List non-taxable Interest Income as well – identify as non-taxable)

T/S/J*	Name of Payer	Federal Tax Withheld	Interest Income 2019	Interest Income 2018

* T = Taxpayer S = Spouse J=Joint

3. If you received any interest from a "Seller Financed" mortgage, provide:

Name & Address of Payer	Social Security Number	Amount

4. Dividend Income (Attach 1099's)

Name & Address of Payer	Amount	Name & Address of Payer	Amount

5. Capital Gains and Losses

Investment	Date Acquired	Cost or other Basis	Date Sold	Net Sale Proceeds

6. Other Gains and Losses (Include details of dispositions of any business/rental/farm assets)

Investment	Date Acquired	Cost or other Basis	Date Sold	Net Sale Proceeds

7. Miscellaneous Income (Attach 1099-MISC's) (* T = Taxpayer S = Spouse J=Joint)

	T/S/J	Payer 1	Payer 2	Payer 3	Payer 4
Payer Name					
1 - Rents					
2 - Royalties					
3- Other Income					
4- Federal Income Tax Withheld					
7 - Non-employee Compensation					
8- Substitute Payments					
11- State Income Tax Withheld					
	T/S/J	Payer 5	Payer 6	Payer 7	Payer 8
Payer Name					
1 - Rents					
2 - Royalties					
3- Other Income					
4- Federal Income Tax Withheld					
7 - Non-employee Compensation					
8- Substitute Payments					
11- State Income Tax Withheld					

Number of 1099-MISC attached _____

7. Pensions, IRA Distributions, Annuities, and Rollovers

Total Received.....

Taxable Amount (Attach all 1099's or other related papers).....

8. Rents/Royalties, Partnerships, S Corporations. Estates, Trusts

(Attach K-1 's for all Partnerships/S Corporations/Fiduciaries)

(Attach separate schedule(s) showing receipts & expenses for each rental property)

9. Unemployment Compensation Received

10. Social Security Benefits Received (Attach annual statement)

11. State/Local Tax Refund(s).....

12. Other Income:

Description	Amount

CREDITS:

Child and Dependent Care:

1. Number Of Qualifying Individuals (under 19 years of age or 24 if a full-time student).._____

2. Name, Address and Identification Number of each provider:

Name	Address	Amount Paid

If payments were made to an individual, were the services performed in your home?

Yes **No**

If "Yes", have payroll reports been filed? **Yes** **No**

Expenses incurred in connection with adoption:

"Special Needs" child **Yes** **No**

Tuition & Fees Paid for higher education: (American Opportunity & Lifetime Learning Credits)

.....

Foreign Tax Credits

Attach detail of the type of foreign tax, country, and whether "withheld" or paid direct.

2019 Estimated Tax Payments

Federal	Amount	State	Amount

Other Payments: (Enter Advanced Child Credit Payment Here)

Date	Amount	Date	Amount

Other Payments or Credits - Attach schedule and explain.....

ITEMIZED DEDUCTIONS:

Medical and Dental	Amount
1. Out of pocket costs for prescription medicines, drugs, insulin, doctors, dentists, nurses, and medical and dental insurance premiums (including Medicare a) paid in 2018 (reduce any insurance reimbursements)	
2. Transportation and lodging incurred to obtain medical care	
3. Other - hearing aids, eyeglasses, medical devices, etc.	

Taxes paid in 2019	Amount
1. State and local income taxes not listed elsewhere	
2. Real estate taxes not listed elsewhere	
3. Personal property taxes (includes owners tax on auto registration)	

Interest paid in 2019	Amount
1. Home mortgage interest paid to financial institutions	
2. Home mortgage interest paid to individuals	
Name:	
Address:	
3. Points paid on <input type="checkbox"/> purchase <input type="checkbox"/> refinance (include details)	
4. Investment Interest	
5. Student Loan Interest	

Automobile use in 2019

In order to deduct mileage for auto expenses in a tax return, a log must be kept which details mileage driven for business purposes. This log, or something which keeps track of mileage, would be needed to justify the write off for the expense in the event of an audit.

Car #1

Make	
Model	
Year	
<i>If the vehicle is being used by title owner, please provide the following information:</i>	
Date of Purchase	
Purchase Price	

For period of Jan 1, 2019 to Dec 31, 2019	Amount
Business Mileage	
Moving Mileage	
Charitable Mileage	
Total Mileage	

Car #2

Make	
Model	
Year	
<i>If the vehicle is being used by title owner, please provide the following information:</i>	
Date of Purchase	
Purchase Price	

For period of Jan 1, 2019 to Dec 31, 2019	Amount
Business Mileage	
Moving Mileage	
Charitable Mileage	
Total Mileage	

*Commuting mileage must not be added to business mileage.

Contributions: (Written documentation is required for all gifts of \$250 or more - not just cancelled checks)

Contributions	Amount
1. Cash - Less than \$3,000 paid to any one organization	
2. Cash - \$3,000 or more to any one organization — show name of organization	
3. Other than cash - Attach details	

Casualty and Theft Losses -Attach Details

Miscellaneous Deductions:

Employee business expenses - attach details	Amount
Reimbursed	
Not reimbursed	
Job Hunting Expenses (List)	
Other Expenses	
Tax Preparation	
Union Dues	
Business Publications	
Professional Dues/Fees	
Safe Deposit Box Rental	
Small Tools used in your trade or business	
Business Telephone	
Uniforms and Cleaning	
IRA Custodial Fees	
Investment Expenses	
Education Expenses (attach details)	
Business Entertainment	
Other Miscellaneous deductions	

Adjustments to Income:

	Maximize?	Amount
1. Your IRA deduction	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Spouse’s IRA deduction	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Keogh SEP deduction	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Penalty for early withdrawal of savings		
5. Alimony paid - List name and Social Security Number		
6. Self-employed health insurance premiums		

Did anyone in your family receive a scholarship of any kind during _____?

If yes, Please supply details. Yes No (This includes athletic scholarships)

If you have added or disposed of any fixed assets used in trade or business or rental or farm activities, please provide the following:

Addition: Description, Date acquired, cost (& trade-in, if any)

Dispositions: Description, Date of disposition, amount realized

(If we did not prepare your 2018 return, please provide the date acquired, cost, depreciation method used, and accumulated depreciation)

If we have not previously prepared your return - please provide a copy of your 2016, 2017, 2018 tax returns.

Did you settle any notices or settle any tax examinations concerning your prior tax years' returns? Yes No

(If yes, please provide copy of notices, settlement reports, etc.)

Did you receive any payments from a pension or profit sharing plan?

Yes No

(if yes, provide pertinent information or statements from the plan.)

Did you sell your primary residence during _____? Yes No

If "Yes", provide a copy of the closing statements of the sale and a copy of the closing statement at the time of your purchase, details of any capital improvements you made during the time you owned the property, and any expenses of sale incurred by you. If you have purchased a replacement property, indicate cost and date acquired. If you have previously sold a residence, provide a copy of **Form 2119** from your tax return for the year of sale.

Did you change your state residency during _____? Yes No

If "Yes", please provide the following:

Previous Address:	
Date of Move:	
Distance:	Miles
Costs of Move:	
(describe)	

If you would like your tax refund (if any) deposited directly into your bank, please provide:

Account Type:	Your Account Number:	Bank Routing Number:
Checking <input type="checkbox"/> Savings <input type="checkbox"/>		

For the year _____: (Provide details for any "Yes" response)

1. Did your principle residence (and second residence, if any) loan(s) exceed the fair market value of the residence?..... Yes No
2. Do you have a balance borrowed against a home (equity line of credit) in excess of \$100,000, or total mortgage indebtedness in excess Of \$1,000,000 ?..... Yes No
3. Did you exercise any stock options?..... Yes No
4. Did you purchase, sell, or own any bonds you paid more or less than the face amount? Yes No
5. Did you sustain any non-business bad debts?..... Yes No
6. Did you or your spouse make any gifts in excess of \$14,000 to any one donee?..... Yes No
7. Were you the recipient of, or did you make a "below-market" or "interest-free" loan? Yes No
8. Do you have a child under the age of 18 as of December 31, 2016 who has earned an income (interest, dividends, etc.) of more than \$1,000?..... Yes No
9. Did you lease a car which you used for business..... Yes No

If "Yes", provide (1) fair market value or capitalized cost of the car on the 1st day of the lease or rental agreement, (2) term of the lease, (3) number of payments made, (4) number of days the car was leased in 2015, (5) percentage of business use, (6) business or work the car was used in, (7) amount of expenses reported by you to your employer on Form W2.

Rental & Royalty Income and Expense

Property Type: Residential Commercial

Location:

--	--

If Vacation Home:

Number of days rented	
Number of days used personally	

Property is owned by: Taxpayer Spouse Joint ownership

Percentage ownership if not 100% : _____%

(Please indicate if income and expenses below are listed at 100% or your percentage.)

Did you live in part of the rental property? Yes No

If yes, what percentage did you occupy as a tenant? _____%

Check if rented to a related Party.

Explain relationship:

Income	Amount		
1. Rental Income			
2. Royalties Received			
Expenses	Amount		Amount
1. Advertising		16. Property taxes	
2. Association dues		17. Utilities	
3. Auto miles driven		Other (description)	
4. Travel		18a.	
5. Cleaning & Maintenance		18b.	
6. Commissions		18c.	
7. Insurance		18d.	
8. Legal & Professional Fees		18e.	
9. Allocated tax preparation fees		18f.	
10. Licenses & permits		18g.	
11. Management Fees		18h.	
12. Mortgage Interest (form 1098)		18i.	
13. Other Interest		18j.	
14. Repairs		18k.	
15. Supplies		18l.	

Depreciation

Property	Date Acquired	Cost or other basis	Depreciation Method	Prior Depreciation

Business Income & Expenses (Sole Proprietorship)

Principle business or profession: _____

Business name: _____

Employer ID number: _____

Business address: _____

City _____ State _____ Zip Code _____

Business is owned by: Taxpayer Spouse

Accounting Method: Cash Accrual

Inventory method: Cost Lower cost or market other N/A

Did you materially participate in the business? Yes No

Check if this is the first year of the business.

Income	Amount	Cost of Goods Sold	Amount
1. Gross receipts		1. Beginning of year inventory	
2. Returns and allowances		2. Purchases	
3. Other Income		3. Cost of items used personally	
		4. Cost of labor	
		5. Materials & supplies	
		6. Other costs	
		7. End of Year Inventory	

Expenses	Amount	Expenses	Amount
1. Advertising		21. Other taxes	
2. Bad debts (N/A cash benefits)		22. Licenses	
3. Commissions & fees		23. Travel	
4. Employee benefits		24. Meals & Entertainment (in full)	
5. Health insurance		25. Utilities	
6. Other insurance		26. Wages	
7. Mortgage insurance		27. Management fees	
8. Other interest		28. Consulting expenses	
9. Legal & accounting fees		29. Payroll Service	
10. Allocation of tax preparation fees		30. Employee vehicle expense	
11. Office expense		31. Employee mileage reimbursement	
12. Pension & profit sharing plans		32. Client gifts (limited to \$25 each)	
13. Rent, vehicles		33. Education & seminars	
14. Rent, equipment		34. Other (description)	
15. Rent, building		34a.	
16. Repairs & maintenance; building		34b.	
17. Repairs & maintenance; equipment		34c.	
18. Repairs & maintenance; vehicles		34d.	
19. Supplies		34e.	
20. Payroll taxes		34f.	

Depreciation

Property	Date Acquired	Cost or other basis	Depreciation Method	Prior Depreciation

Farm Income & Expense

Principle Product: _____

Employer ID number: _____

Accounting method: Cash Accrual

Check if you materially participated in farm operations: Taxpayer Spouse

Income	Amount
1. Sales of livestock and other resale items	
2. Cost of above	
3. Sales of livestock, produce, etc. you raised	
4. Cooperative distributions (1099-PATR)	
5. Cooperative distributions, taxable portion	
6. Agricultural program payments	
7. Agricultural program, taxable portion	
8. Commodity Credit Corporation Loans	
9. Crop Insurance Loans	
10. Custom Hire	
11. Other:	

Expenses	Amount	Expenses	Amount
1. Car & Truck expenses		11. Machinery & equipment rental	
2. Chemicals		12. Land rental	
3. Conservation expense		13. Other	
4. Custom hire (machine work)		14. Repairs & maintenance	
5. Employee benefit programs		15. Seeds and plants purchased	
6. Employee health insurance		16. Storage & warehousing	
7. Feed purchased		17. Supplies purchased	
8. Fertilizers & lime		18. Payroll taxes	
9. Freight & trucking		19. Other taxes	
10. Gasoline, fuel, oil		20. Utilities	

Expenses	Amount	Expenses	Amount
1. Other insurance		10. Other:	
2. Mortgage interest		11.	
3. Other interest		12.	
4. Labor hired		13.	
5. Legal & professional fees		14.	
6. Allocated tax prep fees		15.	
7. Pension & profit share plans		16.	
8. Vehicle rental		17.	
9. Veterinary, breeding & medicine		18.	

Depreciation

Property	Date Acquired	Cost or other basis	Depreciation Method	Prior Depreciation

Business Use of Home

Do you use any part of your home regularly and exclusively for business? Yes No
 Estimated percentage of time spent in home office compared to total time spent in this business activity. (e.g., 10%, 20%).....
 Description of work done in home office _____
 Description of work done outside of work office _____
 Total area of home
 Total area of home used regularly for business.....

	Direct Costs (benefit only business portion of home)	Indirect costs (other)
Home Insurance		
Repairs & maintenance		
Utilities		
Rent		
Other		

If Daycare Facility

Days used as a daycare facility	
Prior year carryover of unallowed losses	

Cost of home and improvements and prior depreciation	
Depreciation of home, improvements, furniture and equipment	

Property	Date Acquired	Cost or other basis	Depreciation method	Prior depreciation

Household Employees (Nanny Tax):

Did you pay a household employee at least \$1,900 this year? Yes No
(e.g., housekeepers, nannies, nurses, yard workers, health aides, babysitters)

If yes, please provide the following information for each:

Name		Federal Income Tax withheld	
Social Security Number		Social Sec. Tax withheld	
Wages Paid		Medicare Tax withheld	
		State income tax withheld	

Your Employer Identification Number (You can no longer use your social security Number)
EIN: _____

Has W-2 been filed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If "No", do you want us to prepare it for you?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have the necessary state employment returns been filed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If "No", do you want us to prepare them for you?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was the household employess under eighteen years of age and a student?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Possible tax deductions not previously considered:	2013	2014	2015	2016	2017	2018
Did any of your children go to camp?						
Did you look for a Job? Expenses incurred						
Did you go back to school or get additional training?						
Did you pay annual vehicle registration tax?						
Did you have medical expenses, surgery, procedures?						
Did you pay for health insurance?						
Did you have to pay for prescriptions for any family member?						
Did you have any dental expenses for you or family?						
Did you have any vision expenses for you or your family?						
Did you pay for home improvement for the sale of a home?						
Did you have a theft or casualty loss?						
Did you give to a charity/church/school/organization?						
Did you pay for a lock box at a bank?						
Did you pay any financial advisory fees?						
Did you have any gambling losses?						
Did you sell any stock or bonds at loss or they became worthless?						
Do you have any student loans? (Interest paid)						
How much did you pay your last tax professional?						
Did you serve on a jury or have jury duty?						
Did you pay for dry cleaning?						
Did you pay for Union dues?						
Did you have to pay for special equipment for work?						
Did you pay for work related expenses but were not reimbursed?						
Did you pay for closing costs or commission for purchase of home?						
Are any of your children disabled?						
Did any of your children go to before or after school care?						

The Blue Bear Foundation: Promoting Education in Finance and Accounting For Minority and Veteran Women

We provide financial assistance to women in pursuit of accounting and finance degrees with emphasis on veterans and women of color. Helping women achieve sustainability is at the heart of our work.



By partnering with local non-profits, we are able to provide additional education to young women to promote financial literacy and management.



TO LEARN MORE or SUPPORT BBF
<http://bluebearfoundation.com/>

“If you get a letter from the IRS and you are afraid to open it; send it to my office. I’ll let you know if you have anything to worry about.”

**Clinton R. Dale MBA EA
Senior Tax Specialist
(Enrolled Agent)**

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