

2020 TAX ORGANIZER

Please provide the following:

All wage and income statements (W-2's, 1099's, bank and investment 1099's, mortgage interest 1098's)

Last year's tax return **if you are a new client**

Name	SS#	Birth date	Occupation
Spouse	SS#	Birth date	Occupation
Address		E-mail	
Phone Numbers			

Dependents:

Name	SS#	Birth date	# months lived with you in 2020	relationship

Marital Status at year end:

Single
 Married
 Separated
 Divorced
 Head of Household
 Widowed

MISCELLANEOUS QUESTIONS

YES NO

- At any time during 2020, did you receive, sell, send, exchange or otherwise acquire any financial interest in any **virtual currency**?
- Are you being claimed as a dependent of another person?
- Do you have a child who had interest or dividend income greater than \$1,100?
- Do you have any children who were 19 - 24 years of age and were full-time students?
- Do you have any dependent students over the age of 24 who earned less than \$4200.00?
- Do you have a foreign bank account?** Even small accounts must be disclosed.
- If you had a foreign account, at any point in 2020, was the balance over \$10,000?
- Did you receive any income from tips that were not reported to your employer?
- Did you pay any tuition for college education?
- Were you notified by the IRS of changes to a prior year's return? (If yes, enclose agent's report.)
- Have you had any issues with the IRS concerning identity theft? (If yes, provide PIN number)
- Did you receive stimulus checks? (If yes, how much)

Check the appropriate boxes and provide supporting documents

INCOME:

- | | |
|--|---|
| <input type="checkbox"/> W-2 FORMS | <input type="checkbox"/> JURY DUTY PAY |
| <input type="checkbox"/> 1099 FORMS (Int, Div, Royalties, Misc) | <input type="checkbox"/> UNEMPLOYMENT STATEMENT |
| <input type="checkbox"/> PENSION AND ANNUITY INCOME | <input type="checkbox"/> SOCIAL SECURITY STATEMENT |
| <input type="checkbox"/> K-1'S (Partnerships/S Corp/Estates) | <input type="checkbox"/> LOTTERY AND GAMBLING WINNINGS |
| <input type="checkbox"/> TAX EXEMPT INTEREST STATEMENTS - year end | <input type="checkbox"/> EMPLOYEE EXPENSE REIMBURSEMENT |
| <input type="checkbox"/> STATE TAX REFUND STATEMENT | <input type="checkbox"/> CHILDREN'S INTEREST/DIVIDENDS |
| <input type="checkbox"/> IRA DISTRIBUTIONS/ROTH CONVERSIONS | <input type="checkbox"/> ALIMONY RECEIVED divorce prior to 2019 |
| <input type="checkbox"/> INSURANCE REIMBURSEMENTS | Amount: _____ From: _____ |
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- CAPITAL GAINS\LOSSES (Sales of mutual funds, stocks, bonds, land, etc.)

Date purchased and cost	Include copies of closing statements or investment statements on sale and purchase
Date sold and price	
Cost of improvements	If property was used for business, include tax returns for those years
Cost of dividends reinvested	
Selling costs incurred	

- RENTAL INCOME (Compile each property separately)

Property address		
Total rent received		
Total expenses		
Advertising	Mortgage interest	Wages or labor
Auto and Travel	Repairs/Decorating	Major improvements
Cleaning and maintenance	Supplies	Telephone
Commissions	Property taxes	Trash
Insurance	Utilities	Pest Control
Legal fees	Association Fees	Appliances purchased

ADJUSTMENTS

- | | |
|---|---|
| <input type="checkbox"/> STUDENT LOAN INTEREST | <input type="checkbox"/> TUITION AND FEES DEDUCTION |
| <input type="checkbox"/> IRA, Roth, SEP CONTRIBUTIONS (include statements) | <input type="checkbox"/> PENALTY ON EARLY WITHDRAWAL OF SAVINGS |
| <input type="checkbox"/> ALIMONY PAID To: _____ | <input type="checkbox"/> EDUCATORS' EXPENSES |
| Amount: _____ SS#: _____ | <input type="checkbox"/> COLLEGE INVEST 529 CONTRIBUTIONS |
| <input type="checkbox"/> HEALTH SAVINGS ACCOUNT HSA CONTRIBUTIONS (please provide 1099-SA) | |
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CREDITS

- | | |
|---|---|
| <input type="checkbox"/> CHILD AND DEPENDENT CARE | |
| Provider's Name _____ | SS#\EIN# _____ |
| Address _____ | Amount paid \$ _____ |
| <input type="checkbox"/> EDUCATION CREDIT | |
| <input type="checkbox"/> ADOPTION CREDIT | <input type="checkbox"/> HEALTH PREMIUM CREDIT – Include Form 1095A |

ITEMIZED DEDUCTIONS – only if greater than standard deduction Married = \$24,800 Single = \$12,400 **MEDICAL AND DENTAL EXPENSES**

(must total greater than 7.5 % of adjusted gross income)

- PRESCRIPTION DRUGS, INSULIN
- HEARING AIDS, BATTERIES, DENTURES
- GLASSES, CONTACTS, EYE EXAMS
- COPAYS, HOSPITAL, DOCTOR VISIT
- MEDICAL MILEAGE
- MEDICAL, DENTAL, LONG TERM CARE INSURANCE PREMIUMS

 STATE AND LOCAL TAXES

(total is limited to \$10,000)

- PROPERTY TAXES
- STATE TAX PAID OR SALES TAX
- CAR OWN TAX

 INTEREST PAID

MORTGAGE INTEREST (limits apply)
(1st, 2nd, home equity, refinanced loans, only if used to buy, build or improve the home)

 MORTGAGE INSURANCE PREMIUM **INVESTMENT INTEREST** **CHARITABLE CONTRIBUTIONS** (cash and non-cash, mileage, must have receipt for any item > \$250) **GAMBLING LOSSES** (up to winnings) **CASUALTY AND THEFT LOSS**

(only if a Declared Federal Disaster)

 ESTIMATED TAX PAYMENTS

PAYMENT	FEDERAL		STATE	
	#1 \$	DATE	\$	DATE
	#2 \$	DATE	\$	DATE
	#3 \$	DATE	\$	DATE
	#4 \$	DATE	\$	DATE

 BUSINESS INCOME including LYFT, UBER AND VRBO/AIRBNB (provide documentation or summary lists, include all business 1099 forms and year end bank statements)

GROSS SALES/INCOME FOR YEAR
RETURNS AND ALLOWANCES
BEGINNING INVENTORY
PURCHASES
ENDING INVENTORY

DEPRECIATION:

Asset purchases (provide description, cost and date of purchase)
Asset sales\discards

EXPENSES:

Advertising	Insurance	Supplies
Bad Debts	Interest Expense	Taxes\Licenses\Permits
Bank charges	Legal\Accounting Fees	Travel (Lodging, Air, Meals)
Cleaning	Postage & Freight	Meals
Dues and Publications	Health Insurance	Utilities
Rent	Office Expense	Wages
Repairs\Maintenance	Payroll Taxes	

Business expense deductions must be based on a log and/or other receipts and records. The combination of records should document: the business purpose, date and time, place and amount. For business meals, you must also document that (1) you discussed business during the meal, or (2) you had a substantial bona fide business discussion or activity before or after the meal, or (3) you ate alone while out of town. **Entertainment is no longer deductible.** Gifts are limited to \$25 a person per year.

Do you have written records as described for expenses? ___yes ___no

HAVE YOU ISSUED ALL REQUIRED 1099'S? ___yes ___no

BUSINESS AUTOMOBILE USE

The mileage and Section 1 **MUST** be completed for every vehicle used for business. Section 2 is not needed if you are using the government's standard mileage rate. Section 2 **MUST** be used if you leased the vehicle or electing to use actual expenses.

If this is the first year of business use of the vehicle, provide a copy of the purchase or lease contract.

Mileage	Jan - Dec
Business miles	
Personal miles	
Total miles for the vehicle	

Section 1:		Section 2:	
Make/Model		Gasoline, oil, lubrication	
Date Purchased		Repairs and maintenance	
Parking/Tolls		Tires, batteries, etc.	
Interest		Insurance	
		License and Taxes	
		Interest	
		Wash and wax	
		Lease payments	

BUSINESS OFFICE IN HOME

To qualify, an "office in home" must be used exclusively and on a regular basis (a) as your principal place of business, or (b) by patients, clients, or customers in meeting or dealing with you in the normal course of business. A home office meets the principal place of business rule, if you use it regularly for administrative or management activities and you have no other fixed location to do such work.

Total Sq.ft.: of home _____ of office _____ of storage _____
 Utilities _____ Insurance _____ Rent _____ Taxes _____
 Interest _____ Condo or Mgmt fees _____ Other _____
 Repairs and maintenance: of office _____ of home in general _____

QUESTIONS AND EXPLANATIONS YOU MAY HAVE (List any other income or expenses not included in this Tax Organizer. Attach additional sheets if necessary)
