

Name:

Taxpayer _____ SS No. _____ Birthdate/Age _____

Spouse _____ SS No. _____ Birthdate/Age _____

Address: _____ Telephone (Home) (____) _____

Telephone (Work) (____) _____

Cell Phone: Taxpayer _____ Spouse _____**Email Address:** Taxpayer _____ Spouse _____**Occupation:** Taxpayer _____ Spouse _____**Circle One:** Single Married Filing Joint Surviving Widow/Widower

Married Filing Separately (enter spouse's name/SS No. Above)

Unmarried Head of Household

Taxpayer: 65 or over Blind/Disabled **Spouse:** 65 or over Blind/Disabled**Estimated Tax Payments**

	1 st Quarter			2 nd Quarter			3 rd Quarter			4 th Quarter			TOTAL	
	Date Paid	Amount		Date Paid	Amount		Date Paid	Amount		Date Paid	Amount			
Federal														
State														
City														

Dependents

Name	Birthdate/ Age	Relationship	No. of Months lived in your home in 2020	No. of Months of Qualifying Healthcare Coverage

Did you have any adoption expenses? \$ _____

Child Care Deductions (Number of Dependents Qualifying:___)

Provider's Name & Address (Include Individual's Name and/or Org. Name)	SS No. or Federal ID	Amount

Did you receive employer-provided dependent care assistance benefits? Yes No

Members of your family attending college may make you eligible for:

American Opportunity Credit, Lifetime Learning Credit, or Tuition and Fees Deduction.

Students _____

Did you incur any educational expenses on behalf of yourself, your spouse, or a dependent?

Did your college student receive educational benefits under a prepaid tuition program?

Did you contribute to a Qualified State Tuition Plan? Yes No

The checklist below could lead to helpful deductions. Please answer and provide supporting information. **All questions below pertain to the year 2020.**

YES NO (please write yes or no next to the question)

Did you receive gifts from others, Parents, family, unrelated individuals?

Did you receive gifts from a foreign entity or foreign person?

Did you receive an advance child tax credit payment?

Have you ever qualified for the Earned Income Tax Credit?

Did you or your spouse pay any interest on a student loan?

Did you incur any educational expenses on behalf of yourself, your spouse?

Did you receive any employer-provided educational assistance?

If you are an educator, did you have unreimbursed work-related expenses?

Did you have a property foreclosed on, a short sale, or relinquish a property in lieu of foreclosure?

Did you have a casualty of theft loss?

Did you pay alimony?

Did you receive alimony?

Did you purchase an alternative fuel motor vehicle?

Did you make qualified energy improvements, such as energy efficient windows, doors, or metal roofs?

Did you purchase alternative energy sources for your personal residence, such as solar water heaters, solar electric equipment, geothermal heat pumps or wind turbines and fuel cell plants?

The Checklist below could lead to helpful deductions. Please answer and provide supporting information. **All questions below pertain to the year 2020.**

YES NO (please write yes or no next to the question)

Do you or your spouse have any kind of pension (If yes, please circle which ones):

profit-sharing, 401K, Keogh, IRA, Roth or tax sheltered annuity plan?

If yes, were you or your spouse at least 70 ½ years of age on Dec. 31st? Yes No

Did you withdraw IRA or Keogh funds during the year? If so, please indicate the amount of funds:

Withdrawn: \$ _____ Date: _____

Re-deposited: \$ _____ Date: _____

Were any funds withheld? Yes No Amount: \$ _____

Were the withdrawn funds used to pay medical expenses? Yes No

Were you called to active duty before you withdrew the amounts?

Retirement Contributions for 2020

Do you want to make any nondeductible IRA contributions?

Yes No If so, how much

	Taxpayer	Spouse
IRA or Roth, Specify		
SEP		
Keogh		
Other:		

The checklist below could lead to helpful deductions. Please answer and provide supporting information. **All questions below pertain to the year 2020.**

YES NO (please write yes or no next to the question)

If you are self-employed, did you pay health insurance premiums for yourself and your family? Amount: \$ _____

Did you receive a Form 1095-A, or 1095-B, or 1095-C ? If so, please provide any Form(s) 1099 you received.

Did you or your spouse contribute to a Health Savings Account?

Health Care Reform

Did you have qualifying health care coverage, such as employer-sponsored coverage or government-sponsored coverage

(i.e. Medicare/Medicaid) for every month of 2020 for your family? "Your family" for health care coverage refers to you, your spouse if filing jointly, and anyone you can claim as a dependent.

If you or any member of your family did NOT have coverage all year, indicate the # of months of coverage for each person in the dependent section at the beginning of this organizer.

Did anyone in your family qualify for an exemption from the health care coverage mandate?

Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act?

If yes, please provide any Form(s) 1095-A you received.

(end of questionnaire)

Wage Income

Employer's Name	Was a w-2 received (circle Yes or No)		Employer's Name	Was a w-2 received (circle Yes or No)	
	Yes	No		Yes	No
	Yes	No		Yes	No

Retirement Benefits Received (Enclose all 1099R Forms)

Payer	T or S	Amount	Plan Type

Payer	T or S	Amount	Plan Type

Interest Income (List Payer name ; Enclose all 1099-INT Forms)

Total Municipal Bond Interest Earned in 2020: \$ _____

For **seller financed mortgage**: Buyer's name, Social Security number and addresses:

Dividend Income (List payer name; enclose all 1099-DIV Forms)

Do you have funds in a foreign account? Yes No

Did you have any stock sales in 2020? If yes, submit all 1099B forms. Yes No

Capital Assets Sold (Securities, Real Estate, etc.) Attach Forms 1099B and 1099S

Description of Property	Date Acquired		Date Sold		Sale Price		Depreciation Taken (if applicable)	Cost or Basis	

*To qualify for long term capital gain rates, assets sold must have been held for more than one year.
Starting a new business

Other Income Received, partnerships, S Corporations, Corporations

Did you have income (or loss) on K-1 from Partnership, LLC, S Corp., Estate or Trust in 2020?
Provide all copies of K-1.

Other Benefits/Income Received, installment sale of property

Installment Sale Payments Received: Interest \$ _____ Principal \$ _____

Buyer's name: _____ SS # _____

Address: _____

Other Benefits/Income Received

Enclose all 1099s, SSA-1099, K-1s and other Misc. Forms; examples of which entities provide what is below:

Social Security provides the form SSA-1099; Partnerships and S Corporations provide K-1s; Investment Companies will provide a 1099 Consolidated Statement (interest, dividends, etc)

New Business start up

Did you have business start-up costs in 2020? Yes No

If so, was the business running by the end of 2020? Yes No

Schedule A – Itemized deductions page 1 of 3

Personal Itemized Deductions

Amounts

Prescription Drugs.....
 Medical Insurance Premiums.....
 Long Term Care Ins. Premiums.....
 Medicare Premiums.....
 Doctors/Dentists.....
 Clinic/Lab Tests.....
 Hospitals.....
 Eyeglasses/Hearing Aids.....
 Orthopedic Shoes/Braces.....
 Medical Long Distance Phone.....
 Other.....

 Miles.....
 Fares: Taxi, Bus, etc.....
 Do you have a medical savings acct.?

Interest

Deductible Home Mortgage Interest
 Paid to Financial Institutions.....
 Home Equity Interest.....
 Deductible Home Mortgage Interest
 Paid to Individuals:*
 Name Address:*
 Social Security No.:*
 *Failure to provide is subject to a \$50
 penalty.
 Deductible Points
 (Include Amortization Points from
 Prior Years)
 Investment Interest (list if a 1099 was
 not provided).....

Taxes

Real Estate.....
 Personal Property.....
 State & Local Income tax.....
 State & Local General Sales tax.....

Schedule A – Itemized deductions page 2 of 3**Charitable Contributions****Amounts**

Cash Contributions	
Contributions of \$250 or more require written substantiation from the organizations.	
Other Than Cash Contributions.....	
Miles for Charity	

**Miscellaneous Deductions subject to
2% AGI**

Unreimbursed Employee Business Expense	
Union & Professional Dues.....	
Safe Deposit Box Rental.....	
Tax Return Preparation Fee.....	
Business Publications.....	
Business Telephone Calls.....	
Tools, Supplies, Equipment.....	
Investment Expenses.....	
Other _____	

**Miscellaneous Deductions not
subject to 2% AGI**

Gambling Losses (limited to winnings)..	

Schedule A – Itemized deductions page 3 of 3

Employee Business Expense (must not be unreimbursed by Employer)

Vehicle expenses

Total Miles Driven	Car 1	Car 2
Total Mileage		
Business Mileage		
Business Use %		
Average Daily Commuting		
Written Records Available	Y/N	Y/N
Is another vehicle available for personal use?	Y/N	Y/N
Is an employer-provided vehicle available for personal use?	Y/N	Y/N

Actual Automobile Expenses	Car 1 amount	Car 2 amount
Gas & Oil		
Insurance		
Licenses		
Lubrication		
Repairs		
Tires, Tire Repair		
Wash		
Other:		

Air Fares.....	
Auto Rentals.....	
Entertainment.....	
Garage.....	
Hotel/Motel.....	
Meals.....	
Parking.....	
Postage.....	
Road tolls.....	
Taxi, subway.....	
Telephone, telegraph, fax.....	
Tips.....	

Business Use of Home

Total Area of Home: _____ sq. ft. Total area Used for Business: _____ sq. ft.

Nature of Business Activity Performed in Home:

Was Another Office Available to You Outside the Home? Yes No

Please provide the total annual amount of the following expenses related to your home:
(IRS considers these indirect expenses related to your home office)

Description	\$	Description	\$
Insurance		Utilities	
Rent		HOA dues	
Repairs and maintenance		Other expenses	
Internet			

Home office expense (these are office expenses directly and only related to the office)

Description	\$	Description	\$	
Fax line				

Refinance your home: provide a copy of your closing statement

Improvements to Personal Residence

Description	Date Purchased	Cost	

Non-Exclusive Use (of Home) by Day Care Providers Only:

Hours/Day Used for Day Care: _____ Days/Year Used for Day Care: _____

Sale of Personal Residence (Attach copy of closing/settlement statement)	
Date Old Residence Acquired	<i>Cost or Basis of Old Residence</i>
Cost of Improvements (landscaping, driveway, roof, etc.)	
Date Old Residence Sold	<i>Selling Price</i>
Expenses of Sale (commissions, legal fees, points, deed stamps, etc.)	
Was any part of residence rented or used for business?	
Was it your principal place of residence for 2 of the last 5 years, ending on date of sale?	
Date New Residence Acquired (or construction began)	
Date you occupied new residence	<i>Cost of New Residence</i>
If married do you and/or your spouse meet the ownership and residence requirements?	

Household Employee Information

Household Employer EIN: _____

Did you pay any one household employee \$2,000 or more in 2020? Yes No

Did you withhold Federal income tax during 2020 ? Yes No

Did you pay total cash wages of \$1,000 in any calendar quarter of 2020 ? Yes No

Was the employee under age 18? Yes No Student? Yes No

Do you have a Form I-9 on file for your household employee? Yes No

Household Employee Name: _____ Social Security Number: _____

Address: _____

Gross Wages	FITW	SS Withheld	Employer Share FICA	Advance EIC	FUTA	State Unemployment

Rental Income (Attach 1099 Forms)

Property Description	Property 1	Property 2	Property 3
Gross Income			
Expenses			
Advertising			
Auto & Travel			
Cleaning & Maintenance			
Commissions			
Insurance			
Professional Fees			
Mortgage Interest			
Other Interest			
Repairs			
Supplies			
Taxes			
Utilities			
Wages/Schedule			
% Occupancy by Taxpayer			

Depreciable Asset Additions

For Schedule C, E, F, Form 2106	Description	Date Purchased	Cost		Trade-In (if any)	

Tax Organizer for 2020



Business Income (Attach 1099-MISC Forms)

Business Name _____
 Federal ID No. _____
 Principal Business Activity _____
 Principal Product _____
 Method Used to Value Inventory _____
 Accounting Method: Cash Accrual

Gross Income Amount

Gross Income.....	_____	_____
Less Returns/Allowances.....	_____	_____

Cost of Sales

Beginning Inventory.....	_____	_____
Purchases.....	_____	_____
Cost of Labor.....	_____	_____
Materials and Supplies.....	_____	_____
Freight In.....	_____	_____
Other.....	_____	_____
Ending Inventory.....	_____	_____

Deductions

Advertising.....	_____	_____
Auto-Truck Expense.....	_____	_____
Bad Debts.....	_____	_____
Collection Expense.....	_____	_____
Commissions.....	_____	_____
Professional Dues & Subscriptions..	_____	_____
Employee Benefit Program.....	_____	_____
Freight & Express.....	_____	_____
Utilities.....	_____	_____
Insurance.....	_____	_____
Interest—Mortgage.....	_____	_____
Interest—Other.....	_____	_____
Janitorial & Cleaning.....	_____	_____
Laundry.....	_____	_____
Legal & Accounting Fees.....	_____	_____
Office Expense.....	_____	_____
Postage.....	_____	_____
Rent.....	_____	_____
Repairs.....	_____	_____
Salaries.....	_____	_____
Supplies.....	_____	_____
Telephone.....	_____	_____
Travel.....	_____	_____
Total Meals & Entertainment.....	_____	_____
.....	_____	_____
.....	_____	_____
Interest—Mortgage.....	_____	_____
Interest—Other.....	_____	_____
Labor Hired.....	_____	_____
Pension & Profit Sharing Plans.....	_____	_____
Rent of Farm, Pasture.....	_____	_____
Repairs, Maintenance.....	_____	_____
Seeds, Plants Purchased.....	_____	_____
Storage, Warehousing.....	_____	_____
Supplies Purchased.....	_____	_____

Taxes.....	_____
Utilities.....	_____
Veterinary Fees, Medicine.....	_____
.....	_____
.....	_____
Other.....	_____

Deductions

Breeding Fees.....	_____	_____
Chemicals.....	_____	_____
Conservation Expenses.....	_____	_____
Custom Hire (Machine Work).....	_____	_____
Employee Benefits Programs.....	_____	_____
Feed Purchased.....	_____	_____
Fertilizers & Lime.....	_____	_____
Freight & Trucking.....	_____	_____
Gasoline, Fuel, Oil.....	_____	_____
Insurance.....	_____	_____
Pigs & Sheep.....	_____	_____
Poultry & Eggs.....	_____	_____
Dairy Products.....	_____	_____
Corn, Peas, etc.....	_____	_____
Wheat, Oats, Hay & Straw.....	_____	_____
Fruit.....	_____	_____
Patronage Dividends.....	_____	_____
Agricultural Program Payments.....	_____	_____
Commodity Credit Loans Neglected....	_____	_____
CCC Loans: Forfeited.....	_____	_____
Repaid with Certificates.....	_____	_____
Crop Insurance Proceeds.....	_____	_____
Federal Gasoline Tax Credit.....	_____	_____

Farm Income (Attach 1099 Forms)

Farm Name _____
 Principal Activity _____
 Accounting Method: Cash Accrual

Income

Sales of Items Bought for Resale.....	_____
Cost of Items Bought for Resale.....	_____

Sales of Livestock & Produce Raised Except for Breeding Stock

Feeders & Calves.....	_____
Taxes	_____
Real Estate.....	_____
Personal Property.....	_____
State & Local Income Tax.....	_____
State & Local General Sales Tax.*.....	_____
.....	_____

*Not yet extended

Charitable Contributions

Cash Contributions*.....	_____	_____
.....	_____	_____
.....	_____	_____

Moving Expenses (Military personnel only)

Enter No. of miles from your old home to your *new* workplace

_____.

Enter No. of miles from your old home to your *old* workplace

_____.

Date of Move _____

Arrival at New Location _____

	Amount
Cost to Ship and Pack Household Goods.....	_____
Reimbursements (on W-2)? Yes No 	_____
Cost to Travel to New Home.....	_____
Costst of Lodging during Move.....	_____
Other: _____	_____