Tax Organizer for 2020



Name:														
Taxpayer				SS	S No)				Birthda	ate/	Age		
Spouse				S	S N	o				Birthd	late	/Age		
Address: _							Telep	hon	ie (Hon	ne) (_)		
Telephone	e (Worl	x) (_)											
Cell Phon	ie:	Taxpa	yer				Spou	se _						
Email Ad	dress:	Taxpa	yer				_ Spou	se _						
Occupation	on: Ta	xpaye	r				Spou	ise _						
Circle On	ie:	Singl	e Ma	rried Fil	ing .	Joint	Su	rviv	ing Wi	dow/W	/idc	ower		
Married F	Filing S	Separat	ely (ente	er spouse	e's n	name/S	S No.	Abc	ove)					
Unmarried	d Head	of Ho	usehold											
Taxpayer	: 6	5 or ov	⁄er	Blind	l/Dis	sabled	Sp	ouse	e: 6:	or ov	er	Blind	l/D	isabled
Estimated		Payme Quarte		nd Quarte	or	3 rd	Quarte	ar.	1th	Quartei	<u> </u>			
	Date Paid	Amoi		e Amo		Date Paid	Amo		Date Paid	Amou		ТОТА	L	
Federal														
State														
City														



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

Did you have any adoption expenses?	\$
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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 Fe	ees Deduc	ction.
# Students		
Did you incur any educational expenses on behalf of yourself, your spouse	e, or a dep	endent?
Did your college student receive educational benefits under a prepaid tuiti	on progra	ım?
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. 31 st? 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,		
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-e	employed,	did you pa	ay health	insurance	premiums	for yourse	elf 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 <u>NOT</u> 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

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

Retirement Benefits Received (Enclose all 1099R Forms)

	T or S	Amount	Plan Type	Payer	T or S	Amount	Plan Type
Inte	rest Incom	e (List Pave	r name; Enc	lose all 100	9-INT Fo	rms)	
	erest incom	e (List i aye	Thanie, Enc	1086 411 109	9-11 V 1 1 0	11118)	
	•		erest Earned nge: Buyer's	_		y number a	and addresses
For	seller finan	ced mortga		name, Socia	l Security		and addresses
For	seller finan	ced mortga	nge: Buyer's	name, Socia	l Security		and addresses

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