

2020 INCOME TAX ORGANIZER

Taxpayer's Name				Social Security Number			
Spouse's Name				Social Security Number			
Taxpayer's Occupation			Date of Birth (D.O.B.)			Blind?	
Spouse's Occupation			Date of Birth (D.O.B.)			Blind?	
Address				e-mail address			
City		State	Zip	Home Phone		Work Phone	

DEPENDENT CHILDREN (who lived with you more than 6 months)

1) Name	Social Security No.	D.O.B.	2) Name	Social Security No.	D.O.B.
3) Name	Social Security No.	D.O.B.	4) Name	Social Security No.	D.O.B.

OTHER DEPENDENTS

1) Name	Social Security	Time at home	Relationship	Income	Support by you	Support by dependent & others
2) Name	Social Security	Time at home	Relationship	Income	Support by you	Support by dependent & others

THINGS TO BRING

(if applicable):



- Last Year's Tax Return (if new client)
- W-2 Form(s) for Wages
- 1099 Form(s) for Interest, Dividends, Retirement, Social Security, Unemployment, & Other Income
- Amount of EIP (aka "stimulus") Received
- IRA Year-end Statements
- K-1s from Partnerships, Corporations or Estates
- Statements for Assets Held Outside the USA
- Cryptocurrency (e.g. Bitcoin) Sales/Earnings
- Business/Rental/Farm Income & Expenses
- Records of Estimated Taxes Paid
- HSA forms (1099-SA & 5498-SA)
- Childcare Provider Information
- Property Tax Statements
- 1098 Form(s) - Mortgage Interest, Tuition, Student Loans, Vehicle/Boat Donations
- Closing Papers for Purchases & Sales (including purchase and sale dates & amounts)
- All Other Statements Showing Income
- Charitable Contribution Details
- Last Pay Stub of the Year
- Voided Check for Direct Deposit
- Form(s) 1095 - Health Insurance
- Copy of Driver's License for Taxpayer & Spouse
- Copy of Social Security Card for New Family Members
- Pandemic Related Business Loans/Credits (bring details)

RENTAL/SELF-EMPLOYMENT/FARM INCOME (see reverse for expenses) Landlords (rents received) \$ _____ Self-employment (total received) \$ _____ Farm income (total received) \$ _____			OTHER INCOME (cont.) Census Work..... \$ _____ EIP ("stimulus") Received..... \$ _____ Gambling Winnings..... \$ _____ Unemployment (1099-G)..... \$ _____ Alimony Received..... \$ _____ Prizes/Awards..... \$ _____ Scholarships & Fellowships..... \$ _____ Debt Cancellation..... \$ _____ Partnerships & S-Corporations.... \$ _____ Estates & Trusts..... \$ _____ Social Security/RR Retirement..... \$ _____ State Tax Refunds..... \$ _____ Royalties (music/writing/other)..... \$ _____ Sick Pay &/or Disability..... \$ _____ Veteran's Payments..... \$ _____ Withdrawals from HSA/MSA..... \$ _____ Hobby Income..... \$ _____ Odd Jobs/Side Jobs..... \$ _____ Research/Survey/Online..... \$ _____ Insurance Claims/Lawsuits..... \$ _____ Public Assistance..... \$ _____ Barter..... \$ _____ Foreign Income..... \$ _____ Cryptocurrency sales/earnings..... \$ _____ All Other Income..... \$ _____														
SALE OF STOCK OR OTHER PROPERTY <table border="0"> <tr> <td>Item:</td> <td>Cost:</td> <td>Sale:</td> </tr> <tr> <td>_____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td>_____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td>_____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> </table>			Item:	Cost:	Sale:	_____	\$ _____	\$ _____	_____	\$ _____	\$ _____	_____	\$ _____	\$ _____	OTHER INCOME Wages (forms W2)..... \$ _____ Interest (forms 1099-INT)..... \$ _____ Dividends (forms 1099-DIV)..... \$ _____ Tips..... \$ _____ Child Care..... \$ _____ Retirement (forms 1099-R)..... \$ _____ Roth Conversions..... \$ _____ Jury Duty..... \$ _____ Election Judging..... \$ _____		
Item:	Cost:	Sale:															
_____	\$ _____	\$ _____															
_____	\$ _____	\$ _____															
_____	\$ _____	\$ _____															

* Bring statements if available. Double-check 'online' accounts that don't send paper statements (e.g. brokerage, HSA, tuition, etc.).

Potential Deductions and Credit Items

ADJUSTMENTS

Payments to an IRA Traditional Roth
 Taxpayer Amount \$ _____ SEP SIMPLE
 Spouse Amount \$ _____

Penalty for Early Withdrawal

Alimony Paid \$: _____ SS#: - - -

Self-Employed Health Insurance

Student Loan Interest

Payments to HSA/MSA: Taxpayer _____ Spouse _____

Classroom Materials for Educators

MEDICAL EXPENSES

Insurance & Medicare (not pretax)
 Long Term Care Insurance
 Prescriptions
 Eyeglasses, Hearing Aids & Batteries
 Doctors
 Dentists
 Hospital / Ambulance
 Auto Mileage miles
 Other Medical Expenses, Travel
 Reimbursement
 Did you receive reimbursement at work? _____

TAXES

Real Estate Taxes
 State taxes paid in '20 for '19 or earlier
 Sales tax paid on vehicles, boats, planes
 Sales tax paid (from receipts)
2020 State Tax Estimates
 date pd. \$ _____ date pd. \$ _____
 date pd. \$ _____ date pd. \$ _____
2020 Federal Tax Estimates
 date pd. \$ _____ date pd. \$ _____
 date pd. \$ _____ date pd. \$ _____
 Vehicle License Tabs, Pers. Prop. Tax

INTEREST EXPENSE

Home Mortgage—Paid to Financial Institutions (Form 1098)
First Mortgage/Refinance
Loan Origination Fee/Discount Fee
Second Mortgage
Home Equity
Equity loan used only to buy/build/improve home? Y N
 Mortgage Insurance
 Second Home Interest Payments
 Home Mortgage—Pd. to Individuals
 (name, address, Social Security number)
 Investment Interest: *Margin Account*
Other Investment Interest

OTHER MISCELLANEOUS EXPENSES

Gambling Losses
 Impairment Related Work Expenses

HIGHER EDUCATION EXPENSES

Post Secondary Tuition/Req. Fees Paid
 Date: _____ Year in School

CONTRIBUTIONS

Churches (received)
 Other Contributions of Money (received)
 Charitable Auto Mileage
 Volunteer Expenses (received)
 Property Donated (for which you have receipts)
 Fair market value (bring
 documentation if over \$500)
 Auto, Boat Donations (Form 1098C)
 Qualified Charitable Distribution from IRA? Y N (bring details)

CASUALTY & THEFT LOSSES

Cost of Property Lost
 Fair Market Value of Property
 Insurance Reimbursement Received
 Federally Declared Disaster Area? Y N (bring details)

AUTOMOBILE EXPENSE

Total Miles
 Business Miles
 Commuting Miles
 Personal Miles
 Jan. 1, 2020, Odometer Beginning:
 Dec. 31, 2020, Odometer Ending:
 Gas & Oil
 Interest
 Tolls & Local Transportation
 Lease Payments
 Parking
 Other:

BUSINESS EXPENSES

Taxes
 Utilities
 Insurance
 Repairs
 Supplies
 Business Meals
 Business Travel
 Advertising
 Professional Dues/Memberships
 Legal/Professional Fees
 Wages (bring copies of W2s/941s if they have been filed)
 Contract Labor
 Equipment (bring a list with details)
 Other:
 Is your primary place of business in your home? If yes, bring all home
 related expenses, total square footage and square footage of space that
 is exclusively and regularly used for business.

CHILD CARE EXPENSES

Names, addresses, and ID#s of provider(s), amount paid.

 Do you have a dependent care benefit plan at work? _____

ADOPTION EXPENSES

Amount Paid: _____ Date Finalized: _____ (bring papers)

ENERGY CREDITS / PLUG-IN VEHICLE

(BRING RECEIPTS AND DETAILS)
 Solar Wind Geothermal Plug-in Vehicle

Please sign here _____ date _____