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**Personal Organizer**

This checklist will serve as a guide in assembling your tax data and help you take advantage of all allowable deductions for tax preparation.

Members  
 AICPA & FICPA

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**TAX YEAR ENDED 2020**

**TAXPAYER BACKGROUND INFORMATION (FOR NEW CLIENTS AND CHANGES FOR CURRENT CLIENTS)**

(T) Taxpayer's Full Name \_\_\_\_\_  
 (S) Spouse's Full Name \_\_\_\_\_  
 Address \_\_\_\_\_ Apt. # \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Same address as last year: Yes \_\_\_\_\_ No \_\_\_\_\_  
 T Social Security # \_\_\_\_\_ S Social Security # \_\_\_\_\_  
 T Date of Birth \_\_\_\_\_ S Date of Birth \_\_\_\_\_  
 T Occupation \_\_\_\_\_ S Occupation \_\_\_\_\_  
 Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_  
 Work Phone # \_\_\_\_\_ Fax #(s) \_\_\_\_\_  
 E-mail address \_\_\_\_\_ E-mail address \_\_\_\_\_

**DEPENDENTS**

Name	Birth Date	Social Security #	Relationship
_____	_____	_____	_____
_____	_____	_____	_____

**INDIVIDUAL ESTIMATED TAX PAID (please provide us documentation of payments)**

**DO NOT INCLUDE WITHHOLDING FROM SALARIES**

	IRS:	State:	Date paid	IRS:	State:
1st Qtr pymt:	_____	_____	_____	_____	_____
2nd Qtr pymt	_____	_____	_____	_____	_____
3rd Qtr pymt	_____	_____	_____	_____	_____
4th Qtr pymt	_____	_____	_____	_____	_____
Amt paid w/ extension	_____	_____	_____	_____	_____

**WAGES FROM W-2'S**

(Please enclose all copies of W-2 Forms received.)

**PENSION, ANNUITY, INTEREST & DIVIDEND INCOME, & IRS DISTRIBUTIONS**

(Please enclose all 1099 Forms received.)

**UNEMPLOYMENT & SOCIAL SECURITY INCOME**

(Please enclose government forms received.)

**CAPITAL GAIN(S)/LOSS(ES)**

(Please enclose 1099B Forms received and purchase details.)

**OTHER INCOME**

T/S/J	Sources	
_____	Prizes and awards	\$ _____
_____	Royalties	\$ _____
_____	Honorariums	\$ _____
_____	Alimony received (No Child Support)	\$ _____
_____	Other: Please Itemize	\$ _____
Do you have any expenses to offset other income		Yes _____ No _____

If yes, please request a business checklist or download a copy from our website  
 Please visit our website at [www.simonic.net](http://www.simonic.net)

Name:

Tax Year: 2020

ADJUSTMENTS

Table with columns T/S/J, Source, and dollar amounts. Rows include ROTH IRA Contributions, Regular IRA Contributions, Educator Expense, Medical Savings Accounts, Moving Expense, Alimony Paid, and Recipient's Social Security #.

Note: A contribution to an IRA by April 15th may apply for the previous year.

ITEMIZED DEDUCTIONS

MEDICAL EXPENSES

Table with dollar amounts for Medical Insurance Premium, Prescriptions and eyeglasses, Doctors and hospitals, Auto mileage, and Other (please explain).

TAXES

Table with dollar amounts for Sales Tax, Real Estate, and Other taxes (personal property, etc.).

INTEREST

Table with dollar amounts for Personal home interest (principal and 2nd home), Equity Line Interest, and Personal investment interest.

Note: If you sold or purchased your home during the year, please provide copies of the settlement statements.

CONTRIBUTIONS-If over \$500 please provide detailed list of each contribution

Table with dollar amounts for contributions: Church(es), Charities, Non-cash (travel, supplies, mileage, clothing, etc.).

EDUCATION CREDITS

Form for Education Credits including Name of Student, Year of College, Tuition and fees, Student loan interest, Educational Expense (Tuition, Books, Auto travel), and Courses taken.

CHILD CARE CREDIT

Table for Child Care Credit with columns: Name of Dependent, Age, Relationship, Amount.

Information on Child Care Provider is required:

Provider's name:
Address:

Federal ID or Social Security #:

Name:

Tax Year: 2020

HOME OFFICE INFORMATION

Please use a separate page for each business activity (i.e., one page for employee business expenses one separate page for self-employed business expenses).

Home Office Expenses (if applicable)

Do you rent your home? (Circle one) Yes No

If you own your own home, date of purchase

Purchase price \$

Total square footage of home

Square footage of office and product area

Is office space used exclusively for business? Yes No (if no stop here)

Is home office for convenience of employer? Yes No (if no stop here)

Do you received any rents from your employer for your office in home? Yes No

Type of Expense - Indirect ( Please provide total amounts paid for the entire house)

Rent paid \$ Interest \$

Insurance \$ Taxes \$

Utilities (gas, electric, etc.) \$

Repairs and Upkeep \$ Building

Building Improvements \$

Type of Expense - Direct

R & M on Office Area \$

Supplies for Office Area \$

Furnishing for Office Area \$

Auto Expenses

Was auto available for personal use in off duty hours: (Circle one) Yes No Percentage of Personal Use

Auto Information

Year/make Auto #1 Auto #2

Purchase price (If purchased in 2020 include copy of invoice) \$ \$

Date of purchase

Odometer at purchase

Total miles for year \*\*

Business miles

Commuting miles

Auto lease (if 1st year, enclose copy of lease) \$ \$

Registration fees \$ \$

Garage rent \$ \$

Gas, oil and lube \$ \$

Insurance and auto club \$ \$

Repairs, tires and batteries \$ \$

Tolls and parking \*\* \$ \$

Washing and polishing \$ \$

Interest on auto loan (do not include elsewhere) \*\* \$ \$

\*\* NOTE: Complete this whether claiming mileage or actual expenses.

## MINISTER'S INFORMATION

### GENERAL INFORMATION

	Yes	No
Are you ordained, licensed or equivalent	_____	_____
Are you exempt from paying Social Security? (Please provide approved Form 4361, if yes)	_____	_____
Does your employer own and provide your parsonage?	_____	_____
If yes, what is its furnished rental value?		
Current fair market value	\$ _____	_____
If no, do you own your own home?	_____	_____
Date of purchase	_____	_____
Purchase price	\$ _____	_____
Parsonage allowance officially designated	\$ _____	_____
Is this amount included on the income line of W-2 or 1099?	_____	_____
<b>Fair rental value of furnished home per month ( For all housing over \$36,000, please provide written Real Estate Professional appraisal)</b>	_____	_____

#### **Business Expenses**

Have you been reimbursed for your professional expenses, including mileage?

If yes, how much? \$ \_\_\_\_\_

**Show the details of your expenses by completing the information below:**

#### **Total Parsonage Expenses Paid by You for Year**

##### **Type of Expense**

Rent paid	\$ _____
Principal payments	\$ _____
Taxes	\$ _____
Interest	\$ _____
Insurance	\$ _____
Repairs and upkeep	\$ _____
Lawn Care Expenses	\$ _____
Furniture/appliances	\$ _____
Decorator items	\$ _____
Misc. supplies/expenses	\$ _____
Utilities (water, electric, gas, phone etc.)	\$ _____

##### **Unreimbursed Professional Expenses**

Religious materials (Ministers)	\$ _____
Continuing Education	\$ _____
Gifts to Congregation	\$ _____
Office supplies	\$ _____
Postage	\$ _____
Seminars and Dues	\$ _____
Subscription	\$ _____
Telephone	\$ _____
*Business Long Distance	\$ _____
*Business Cell	\$ _____
Vestments	\$ _____
Ministry Meals	\$ _____
Entertain # of People	\$ _____
Travel Fares & Hotels & Other	\$ _____
Other (give details)	
Description	Amount
	\$ _____
	\$ _____
	\$ _____
	\$ _____
Equipment purchases (itemize)	\$ _____

**RENTAL PROPERTY INFORMATION**

(Use separate sheet for each property.)

**Type and location of rental property:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Was property used for personal purposes more than 14 days or 10% of total days rented in tax year? Yes No

Number of days used personally ( Not including days spent working on the property) \_\_\_\_\_

Rent received, including sales tax, if applicable \$ \_\_\_\_\_

Date of purchase \_\_\_\_\_

Purchase price \$ \_\_\_\_\_

**If property was purchased or sold in 2020, please provide settlement statement**

Cost of improvements made this tax year:

Type	Date	Amount
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

(If additional space needed, please use separate sheet.)

**RENTAL INCOME** \$ \_\_\_\_\_

**Expenses:**

Association Fees	\$ _____	Office supplies/postage	\$ _____
Advertising	\$ _____	Pest control	\$ _____
Auto mileage (# OF MILES)	\$ _____	Repairs	\$ _____
Cleaning and maintenance	\$ _____	Sales tax	\$ _____
Commissions	\$ _____	Supplies	\$ _____
Decorating/painting	\$ _____	Special Assessments	\$ _____
Insurance	\$ _____	Taxes (real estate)	\$ _____
Lawn care	\$ _____	Trash Disposal	\$ _____
Legal/professional fees	\$ _____	Travel away from home	\$ _____
Licenses	\$ _____	Utilities	\$ _____
Management fees	\$ _____	Other: Provide Description	_____
Mortgage interest paid to banks, etc.	\$ _____		_____

**Do you actively participate in this activity?**

- Yes \_\_\_\_\_ No \_\_\_\_\_ More than 100 hrs
- Yes \_\_\_\_\_ No \_\_\_\_\_ More than 500 hrs
- Yes \_\_\_\_\_ No \_\_\_\_\_ More than 750 hrs

**PLEASE COMPLETE**

I have provided all income received from all sources for the current year. YES \_\_\_\_\_ NO \_\_\_\_\_

I have adequate records or sufficient written evidence to justify these deductions. YES \_\_\_\_\_ NO \_\_\_\_\_

Note that having substantiation for Travel, Meals and Entertainment is critical.

**FOREIGN ACCOUNTS**

Do you have a financial interest in, or signing power over, a bank, securities, assets including property or other financial accounts in a foreign country?

Yes  No

If Yes, did the balance exceed \$10,000 in 2020?

Yes  No

Please Provide:

- 1. Name & type of account \_\_\_\_\_
- 2. Maximum balance in 2020 \_\_\_\_\_
- 3. Name & address of financial institution \_\_\_\_\_
- 4. Account Number \_\_\_\_\_

Do you have an Offshore Trust?  Yes  No

Do you trade in Virtual Currency (Bitcoin, etc.)  Yes  No

**HEALTH INSURANCE**

1. Did you purchase your health insurance through the Health Insurance Marketplace?  Yes  No

If yes, please provide Form 1095-A

**STIMULUS PAYMENTS**

1. Did you receive a first stimulus payment in the summer of 2020 ?  Yes  No

If yes, how much did you receive? Amount \$ \_\_\_\_\_

2. Did you receive a second stimulus payment in late December 2020 or January 2021?  Yes  No

If yes, how much did you receive? Amount \$ \_\_\_\_\_

By signing below, you are acknowledging that we will be preparing the tax return based solely on the information that you have provided, for which we have not vouched the validity of. When signing the return, you are taking final responsibility for the accuracy of the information on

You are also responsible to retain proper documentation for all expenses and deductions that you are taking. If you are unsure about the documentation needed , call our office for assistance.

Signed \_\_\_\_\_  
Date \_\_\_\_\_

Should you have a refund, would you want a direct deposit of the refund?  
Should you have a tax liability, would you want a direct debit out of your account?  
If so, please provide the following information

**Bank Name:** \_\_\_\_\_  
**Routing Number:** \_\_\_\_\_  
**Account Number:** \_\_\_\_\_  
**Circle One:**  Checking  Savings