2020 Tax Organizer Personal and Dependent Information

Person	al Infor	mation										
		Name						SS	N	Has IP PIN	Date	of birth
Taxpayer												
Spouse												
Street add	dress, city	y, state, and ZIP										
	Occupation Daytime phone Evening phone Cell phone							one				
Taxpayer												
Spouse		r										
Taxpayer	email											
Spouse e	email											
Marital Statu	us at end of	2020	I	Other information	ation			<u>Taxpa</u>	<u>yer</u>		Spous 	2
Married	d d filing se	naratoly		Are you blin Are you dis				Yes Yes	□ No □ No		Yes Yes	□ No □ No
Single	a ming se	Jaratery		-	ull-time stude	ent?		Yes			Yes	
Widow((0)	spouse died in 2020 ter the date of death			nt \$3 to go to I Election Ca		und?	Yes	🗌 No		Yes	No
At any tim	e during	2020 did you receive, sell, send, exchang	ge, or a	cquire any fi	nancial inter	rest in any	/ virtual c	urrency?			Yes	No
Depend	dent Inf	ormation										
	d last nam	ie	Has	Relati	onship	Months in home	Date of	birth	Disabled	Full- time student		ldcare
SSN			IP PIN			nome				Student	Ext	enses
	donte ro	quired to file a return]
•		lications										
	lo											
	-	u receive an Economic Impact Payment	(EIP)?									
	-	"Yes," provide Notice 1444 from the IRS. u experience economic loss due to COV		loss of ich	losed busin	ess etc.)	2					
	Ξ ΄	you unemployed for any portion of the ye		•		ess, eic.)	:					
	-	u continue to receive wages from your e		-								
		u receive a distribution from a retirement	t piari (4	UIN, INA, E	ic.) due to C	-19	ſ					
	-	own a farm or business: u continue to pay any employee while the	ey were	not working	1?							
	-	u delay withholding FICA taxes from any										
	-	u receive a Paycheck Protection Program "Yes," was the loan forgiven or have you			ess?							
	Were	you unable to work due to COVID-19 and have qualified for sick or family leave?		-		er than yo	urself,					
Appoin		nformation										
Your 2020) appointr	nent is scheduled for										

	Add	litional Taxpay	er Information				
Name:						SSN:	
Estimates							
	Federal Date paid An	nount Date	Resident state paid Amo	ount	R Date paid	esident city	Amount
Overpayment applied from 2019							
First quarter							
Second quarter							
Third quarter							
Fourth quarter							
Additional payments							
Account Information for	or Deposits or Withdraw	/als					
		Bank	Bank		account		ccount for
Name of	bank	routing number	account number	Checking	Savings	Deposits	Withdrawals
Identfication Informatio	DN						
Taxpayer Type of photo ID	river's license	te-issued photo ID					
Driver's license or state-issu	ued photo ID number						
State the driver's license or	state-issued photo ID was is	sued in					
Issue date of the driver's lice	ense or state-issued photo IE)					
Expiration date of the driver	's license or state-issued pho	oto ID					
Spouse	_						
Type of photo ID	river's license 📃 Sta	te-issued photo ID					
Driver's license or state-issu	ued photo ID number						
State the driver's license or	state-issued photo ID was is	sued in					
Issue date of the driver's lice	ense or state-issued photo IE)					
Expiration date of the driver	's license or state-issued pho	oto ID					

Healthcare Coverage Questionnaire

Name:				SS	SN:
Heal	thcar	e Information			
		Member of household for healthcare purposes	Covered the entire year	Covered less than 12 months	No healthcare coverage at all
YES	NO				
		Did anyone other than you or your spouse pay for healthcare coverage for a	anyone listed above?		
		Did you pay for healthcare coverage for anyone not listed above?			
		coverage for any part of the year: was the policy obtained?			
	viieie	Employer / Medicare / Medicaid / Marketplace(Exchange) / Other			
lf you	ı didn'	t have coverage part or all of the year:			
Ans	wer YE	S if the following applies to any member of the household			
		Was your previous insurance policy canceled in 2020?			
		Was coverage offered by your employer or your spouse's employer?			
		Are you a member of a federally recognized Indian tribe?			
		Are you eligible for services through an Indian healthcare provider? Are you a member of a healthcare sharing ministry?			
		Did you live in the United States the entire year?			
		Are you enrolled in TRICARE?			
		Did you apply for CHIP coverage?			
		Do any of the following apply to you? Do NOT indicate which one.			
_		Became homeless			
		Evicted in the past six months, or facing eviction or foreclosure			
		Received a shut-off notice from a utility company			
		Recently experienced domestic violence			
		Recently experienced the death of a close family member			
		 Recently experienced a fire, flood, or other natural or human-caused disthat resulted in substantial damage to your property Filed for bankruptcy in the last six months 	aster		
		Incurred unreimbursed medical expenses in the last 24 months that resu	ulted in substantial del	ot	
		 Experienced unexpected increases in essential expenses due to caring t ill, disabled, or aging family member 	for an		

Income	
Name: SSN	:
Wages & Salaries	
Provide all copies of Form W-2	2020 federal
Employer name	wages
	,
Retirement Provide all copies of Form 1099-R	
	2020
Payer name	distribution
	Yes 🗌 No
Form 1099-Misc and Form 1099-NEC Income Provide all copies of Forms 1099-MISC and 1099-NEC	
	2020
Payer name	amount

.020	Income		
Name:		SSN:	
Dividend Income			
Provide all copies of Form 1099-DIV & other statements that	t report dividend income	2020	2020
Account number Payer name		ordinary dividends	qualified dividends
Interest Income			
Provide all copies of Form 1099-INT, Form 1099-OID and ot	her statements that report interest income		2020
Account number Payer name			2020 interest
If any interest income listed above is from a seller-financed r	nortgage, provide the payer's ID number and address		

S	ale of Capital Assets			
Name:			SSN	l:
Sale of Capital Assets (not reported on Form 1	1099-B)			
Provide all brokerage statements Description of property	Date purchased	Date sold	Sales price	Cost
	purchaoca	5014	price	
				·
				· ·
				·
				· .
				·
				·
				·
				·
	,			
				·
				·
		·		·
Installment Sale Income				
Description of property:				
Date acquired Date sold			2020	Prior years
Selling price				
Mortgages assumed				
Cost of property sold				
Depreciation allowed				
Commissions and expense of sale				
Gross profit percentage				
Interest received				
Principal payments received				
Property was sold to a related party				

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Other Income and Adjustments		
lame:	SSN	
Other Income		
	2020 Taxpayer	2020 Spouse
Scholarships or grants not reported on Form W-2		
State income tax refund (attach Forms 1099-G)		
Social Security Benefits (attach Forms 1099-SSA)		
Railroad Retirement Benefits (attach Forms 1099-RRB)		
Alimony received Divorce or separation date Amount		
Jnemployment compensation (attach Forms 1099-G)		
Jnemployment compensation repaid in 2020 · · · · · · · · · · · · · · · · ·		
Gambling winnings (attach Forms W2-G) ••••••••••••••••••••••••••••••••••••		
Alaska Permanent Fund		
ABLE distributions		
Other income:		
Adjustments		
Adjustments	_2020	2020
	2020 Taxpayer	2020 Spouse
Educator expenses (If you are an educator, enter the amount you paid for classroom supplies)	Taxpayer	Spouse
Educator expenses (If you are an educator, enter the amount you paid for classroom supplies)	Taxpayer	Spouse
Educator expenses (If you are an educator, enter the amount you paid for classroom supplies)	Taxpayer	Spouse
Educator expenses (If you are an educator, enter the amount you paid for classroom supplies)	Taxpayer	Spouse
Educator expenses (If you are an educator, enter the amount you paid for classroom supplies)	Taxpayer	Spouse
Educator expenses (If you are an educator, enter the amount you paid for classroom supplies)	Taxpayer	Spouse
Educator expenses (If you are an educator, enter the amount you paid for classroom supplies)	Taxpayer	Spouse
Educator expenses (If you are an educator, enter the amount you paid for classroom supplies)	Taxpayer	Spouse
Educator expenses (If you are an educator, enter the amount you paid for classroom supplies)	Taxpayer	Spouse
Educator expenses (If you are an educator, enter the amount you paid for classroom supplies)	Taxpayer	Spouse
Educator expenses (If you are an educator, enter the amount you paid for classroom supplies)	Taxpayer	Spouse
Educator expenses (If you are an educator, enter the amount you paid for classroom supplies)	Taxpayer	Spouse
Educator expenses (If you are an educator, enter the amount you paid for classroom supplies)	Taxpayer	Spouse
Educator expenses (If you are an educator, enter the amount you paid for classroom supplies)	Taxpayer	Spouse
SSN	Taxpayer	Spouse

2020	Dustit and ass from Dusinger	
	C - Profit or Loss from Business	
Name:	SSN:	
General Business Information		
Business name	Employer ID number	
Professional product or service		
Business address, city, state, ZIP		
This business started or was acquired during 2020	Yes No Payments of \$600 or more were paid to an individual w not your employee for services provided for this busines	ho is ss
This business was disposed of during 2020	Yes No You filed Forms 1099 for the individuals	
Income		
	2020	2020
Gross receipts or sales	Other income	
Returns & allowances		
Expenses	2020	2020
Advatising	Travel	2020
Advertising		
Car & truck expenses	Total meals	
Commissions & fees	Utilities • • • • • • • • • • • • • • • • • • •	
Contract labor	Wages · · · · · · · · · · · · · · · · · · ·	
Depletion	Other expenses (list)	
Employee benefit programs		
Insurance (other than health)		
Interest - mortgage		
Interest - other		
Legal & professional services		
Office expenses		
Pension & profit sharing plans		
Rent or lease (vehicles, machinery, & equipment)		
Rent (other business property)		
Repairs & maintenance		
Supplies		
Taxes & licenses		
Cost of Goods Sold		
	2020	2020
Inventory at beginning of year	Materials & supplies	
Purchases	Other costs	
Cost of personal use items	Inventory at end of year	
Cost of labor	There was a change in inventory method	

Schedule E - Income or Loss from Rental Real Estate & Royalties							
Name:			SSN:				
General Property Information							
Property description Address, city, state, ZIP							
Select the property type Single family residence Multi-family residence Commercial	rental	Land D Royalties	Self-rental Other				
Number of days property was rented Num If the rental is a multi-dwelling unit and you occupied part of the un		erty was used for personal entage you occupied	use				
 This property is your main home or second home This property was disposed of during 2020 This property was owned as a qualified joint venture 	Yes No		ore were paid to an individual who is ervices provided for this rental r the individuals				
Income							
Rent income	2020 R [→] m	oyalties from oil, gas, ineral, copyright or patent	2020				
Expenses							
	ntal unit Repenses	ental <u>and</u> homeowner expenses					
Advertising			If this Schedule E is for a				
Auto & travel			a multi-unit dwelling and you lived in one unit and rented				
Cleaning & maintenance			out the other units, use the "Rental and homeowner				
Commissions			expenses" column to show				
Insurance			expenses that apply to the entire property. Use the "Rental unit				
Legal & professional fees			expenses" column to show				
Management fees			expenses that pertain ONLY to the rental portion of the property.				
Mortgage interest							
Other interest			If the Schedule E is not for a multi-unit property in which you				
Repairs			lived in one unit, complete just				
Supplies			the "Rental unit expenses" column.				
Taxes							
Utilities							
Depletion · · · · · · · · · · · · · · · · · · ·							
· ·							
· ·							

Income or Loss from Partnerships, S corporations, and Fiduciaries	
Name:	SSN:
Partnerships, S corporations, Estates and Trusts	
Provide all copies of Schedule K-1 and attachments	
Entity Name	EIN
	<u> </u>
	<u> </u>
	<u> </u>
	<u> </u>
	<u> </u>
	<u> </u>
	<u> </u>

Schedule F - Profit or	Loss from Farming
Name:	SSN:
General Information	
Principal product	Employer ID number
This farm was disposed of during 2020	
Yes No Payments of \$600 or more were paid to an individual who is r Yes No You filed Forms 1099 for the individuals	not your employee for services provided for this farm
Income	
2020	2020
Sale of livestock / other items	Custom hire income
Cost of items bought for resale	Beginning inventory for accrual
Sale of products you raised	Ending inventory for accrual
Total cooperative distributions	You used unit-livestock-price or farm-price inventory method
Total agricultural payments	Other income
Commodity Credit Corporation (CCC) loans:	
CCC loans reported • • • • • • • • • • • • • • • • • • •	
CCC loans forfeited	
Crop insurance proceeds:	
Amount received in 2020	
You elect to defer to 2021	
Amount deferred from 2019	
Expenses	
2020	2020
Car & truck expenses	Repairs & maintenance
Chemicals	· · ·
-	Seeds & plants purchased
Conservation expenses	Seeds & plants purchased
Custom hire (machine work)	Seeds & plants purchased
Custom hire (machine work)	Seeds & plants purchased
Custom hire (machine work)	Seeds & plants purchased
Custom hire (machine work)	Seeds & plants purchased
Custom hire (machine work)	Seeds & plants purchased
Custom hire (machine work)	Seeds & plants purchased
Custom hire (machine work)	Seeds & plants purchased
Custom hire (machine work)	Seeds & plants purchased
Custom hire (machine work)	Seeds & plants purchased
Custom hire (machine work)	Seeds & plants purchased
Custom hire (machine work)	Seeds & plants purchased
Custom hire (machine work)	Seeds & plants purchased
Custom hire (machine work)	Seeds & plants purchased

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Form 4835 - Farm Re	ntal Income and Expenses	
Name:	SSN:	
General Information		
Description	Employer ID Number	
This farm was disposed of during 2020		
Income		
2020 Income from production of livestock, grains, & other crops	20: Crop insurance proceeds:	20
Total cooperative distributions	Amount received in 2020	
Total agricultural payments	You elect to defer to 2021	
Commodity Credit Corporation (CCC) loans:	Amount deferred from 2019	
CCC loans reported	Other income	
CCC loans forfeited		
Expenses		
2020	202	20
Car & truck expenses	Seeds & plants purchased	
Chemicals	Storage & warehousing · · · · · · · · · · · · · · · · · · ·	
Conservation expenses · · · · · · · · · · · · · · · · · ·	Supplies purchased	
Custom hire (machine work) • • • • • • • • • • • • • • • • • • •	Taxes • • • • • • • • • • • • • • • • • • •	
Employee benefit programs	Utilities	
Feed purchased	Veterinary, breeding, & medicine	
Fertilizers & lime	Other expenses	
Freight & trucking		
Gasoline, fuel, & oil		
Insurance (other than health)		
Interest - mortgage (paid to banks, etc.)		
Interest - other		
Labor hired (less jobs credit)		
Pension & profit-sharing plans		
Rent - vehicles, machinery & equip		
Rent - other (land, animals, etc.)		
Repairs & maintenance		

Expenses Related to Business							
Name:	SSN:						
Auto Expense							
Name of business vehicle is used for Description of vehicle Yes No This vehicle is available for use during off-duty hours Another vehicle is available for personal use	Yes No Image:						
Mileage							
Number of miles the vehicle was driven during 2020							
Business	-						
Commuting							
Other	-						
Expenses Garage rent	_ Repairs						
Gas	Tires						
Insurance	Tolls						
Licenses	Lease addback						
Oil • • • • • • • • • • • • • • • • • • •	Other expenses						
Parking fees							
Rental fees							
Interest							
Property tax							
Business Use of Home							
Name of business home is used for							
Expenses Office expenses Mortgage interest	Home expenses In the "Office expenses" column,						
Real estate taxes	enter those expenses that						
Excess mortgage interest	pertain exclusively to your onice,						
Excess real estate taxes	enter those expenses that						
Insurance	pertain to the entire dwelling.						
Rent							
Repairs & maintenance							
Utilities							
Other expenses							

2020			
		Household Employment	
Name	:	SSN	:
TSJ_		Employer Identification Number	
Yes	No	Did you pay any one household employee cash wages of \$2,200 or more in 2020?	
		Did you withhold federal income tax during 2020 for any household employee?	
		Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2019 or 2020 to all household employees?	
		Did you pay unemployment contributions to only one state?	
		Did you pay all state unemployment contributions for 2020 by April 15, 2021?	
		Were all wages that are taxable for FUTA tax also taxable for your state's unemplyment tax?	
			2020
Total o	cash wa	ages subject to Social Security tax	
Total o	cash wa	ages subject to Medicare tax	
Total o	cash wa	ages subject to Additional Medicare tax withholding • • • • • • • • • • • • • • • • • • •	
Feder	al incor	me tax withheld • • • • • • • • • • • • • • • • • • •	
TSJ_		Employer Identification Number	
Yes	No		
		Did you pay any one household employee cash wages of \$2,200 or more in 2020?	
		Did you withhold federal income tax during 2020 for any household employee?	
		Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2019 or 2020 to all household employees?	
		Did you pay unemployment contributions to only one state?	
		Did you pay all state unemployment contributions for 2020 by April 15, 2021?	
		Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?	
			2020
		ages subject to Social Security tax	
		ages subject to Medicare tax	
		ages subject to Additional Medicare tax withholding	
Feder	al incor	me tax withheld · · · · · · · · · · · · · · · · · · ·	

Schedule A - Itemized Deductions

Name:	SSN:					
Medical and Dental Expenses	Charitable Contributions					
Health insurance premiums (paid by you)	Donations to charity Cash Noncash Amount					
Long-term care premiums (you)	Church					
Long-term care premiums (your spouse)	Boy or Girl Scouts					
Long-term care premiums (dependents)	Goodwill					
Mileage driven for medical purposes	Red Cross					
Medical & dental expenses	Salvation Army					
Doctor, dental, etc	United Way					
Prescription medicines	Veterans					
Insulin	Hospital					
Glasses & contacts	University					
Hearing aids	Other					
Braces	Miles driven for charitable purposes					
Medical equipment & supplies	Other Miscellaneous Deductions					
Hospital services	Amortizable bond premiums					
Laboratory services	Federal estate tax					
Nursing services	Gambling losses					
Other	Impairment-related work expenses					
Taxes Paid	Claim repayments					
State and local income taxes	Unrecovered pension investments					
Sales tax	Loss from other activities from Schedule K-1					
Real estate taxes	Ordinary loss debt instrument					
Personal property taxes	Excess deduction on termination					
Other taxes (list)	Job Expenses & Certain Miscellaneous Deductions					
	Necessary job expenses you paid that were not reimbursed by your employer					
	Safety equipment, tools, & supplies					
Interest Paid	Uniforms					
Mortgage interest paid (attach Form 1098)	Protective clothing (shoes, hardhats, glasses, etc.)					
Some of your home mortgage loan was not used to buy, build, or improve your home	Dues to professional organizations • • • • • • • • • • •					
Mortgage interest paid to an individual	Books & subscriptions					
Paid to:	Other					
Name	Union dues • • • • • • • • • • • • • • • • • • •					
Address	Tax preparation fees					
City, State, ZIP	Other nonpersonal expenses related to taxable income					
SSN or EIN	Safe deposit box fees					
Mortgage insurance premiums	Investment expenses not entered elsewhere					
Investment interest	Other					
	Home equity interest					

Other Information					
Name:			SSN:		
Mortgage Interest					
Provide all copies of Form 1098					
Lender's name	Mortgage interest received	Mortgage insurance premiums	Real estate taxes paid		
Employee Business Expenses	_				
 You are a qualified performing artist You are a fee-based state or local government official 	_	a member of the cler	rgy icle for your job during 2020		
You are a disabled employee with impairment-related work expenses		а уош регоопаг колто	Sle for your job daming 2020		
You are a reservist	NOT reimbursed	Reim	nbursed by your employer		
	by your employer	nc	ot included on your W-2		
Parking fees, tolls, local transportation					
Meals					
Overnight business travel expenses (Do not include meals & entertainment)					
Other business expenses					
	·		-		
Casualties and Thefts					
FEMA code	FEMA code				
Property description		ו			
Property location	Property location				
Date property was acquired	- Date property was a	acquired			
Date property was damaged or stolen	Date property was damaged or stolen				
Cost of property damaged or stolen	Cost of property damaged or stolen				
Amount of damage	Amount of damage				
Insurance reimbursement					

Other Information							
Name: SSN:							
Child and Other Dependent Care Exp	enses						
Name of care provider	Address			SSN or EIN	Amount paid		
Education Expenses Provide all copies of Form 1098-T							
Student name		Student name					
Type of expense	Amount		Type of expense		Amount		
		Chudent neme					
Student name		Student name					
Type of expense	Amount		Type of expense		Amount		
Student name		Student name					
Type of expense	Amount		Type of expense		Amount		