

2020 Tax Organizer Personal and Dependent Information

Personal Information

	SSN	Has IP PIN	Date of birth
Name			
Taxpayer			
Spouse			
Street address, city, state, and ZIP			
	Occupation	Daytime phone	Evening phone
Taxpayer			
Spouse			
Taxpayer email			
Spouse email			

Marital Status at end of 2020

- Married
 Married filing separately
 Single
 Widow(er) If spouse died in 2020 enter the date of death _____

Other information

- Are you blind?
 Are you disabled?
 Are you a full-time student?
 Do you want \$3 to go to the Presidential Election Campaign Fund?

Taxpayer

- Yes No
 Yes No
 Yes No
 Yes No

Spouse

- Yes No
 Yes No
 Yes No
 Yes No

At any time during 2020 did you receive, sell, send, exchange, or acquire any financial interest in any virtual currency? Yes No

Dependent Information

First and last name SSN	Has IP PIN	Relationship	Months in home	Date of birth	Disabled	Full- time student	Childcare Expenses

List dependents required to file a return _____

COVID-19 Implications

Yes **No**

- Did you receive an Economic Impact Payment (EIP)?
 If "Yes," provide Notice 1444 from the IRS.
- Did you experience economic loss due to COVID-19 (loss of job, closed business, etc.)?
 Were you unemployed for any portion of the year due to COVID-19?
 Did you continue to receive wages from your employer even if you were unable to work?
 Did you receive a distribution from a retirement plan (401K, IRA, etc.) due to COVID-19?

If you own a farm or business:

- Did you continue to pay any employee while they were not working?
 Did you delay withholding FICA taxes from any employee's pay?
 Did you receive a Paycheck Protection Program (PPP) loan?
 If "Yes," was the loan forgiven or have you applied for forgiveness? _____

- Were you unable to work due to COVID-19 and, if employed by someone other than yourself, would have qualified for sick or family leave?

Appointment Information

Your 2020 appointment is scheduled for _____

Additional Taxpayer Information

Name: _____

SSN: _____

Estimates

	Federal		Resident state		Resident city	
	Date paid	Amount	Date paid	Amount	Date paid	Amount
Overpayment applied from 2019	_____	_____	_____	_____	_____	_____
First quarter	_____	_____	_____	_____	_____	_____
Second quarter	_____	_____	_____	_____	_____	_____
Third quarter	_____	_____	_____	_____	_____	_____
Fourth quarter	_____	_____	_____	_____	_____	_____
Additional payments	_____	_____	_____	_____	_____	_____

Account Information for Deposits or Withdrawals

Name of bank	Bank routing number	Bank account number	Type of account		Use this account for	
			Checking	Savings	Deposits	Withdrawals

Identification Information

Taxpayer

Type of photo ID Driver's license State-issued photo ID

Driver's license or state-issued photo ID number _____

State the driver's license or state-issued photo ID was issued in _____

Issue date of the driver's license or state-issued photo ID _____

Expiration date of the driver's license or state-issued photo ID _____

Spouse

Type of photo ID Driver's license State-issued photo ID

Driver's license or state-issued photo ID number _____

State the driver's license or state-issued photo ID was issued in _____

Issue date of the driver's license or state-issued photo ID _____

Expiration date of the driver's license or state-issued photo ID _____

Other Income and Adjustments

Name: _____

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 _____	_____	_____
Unemployment compensation (attach Forms 1099-G)	_____	_____
Unemployment compensation repaid in 2020	_____	_____
Gambling winnings (attach Forms W2-G)	_____	_____
Alaska Permanent Fund	_____	_____
ABLE distributions	_____	_____
Other income: _____	_____	_____
_____	_____	_____
_____	_____	_____

Adjustments

	2020 Taxpayer	2020 Spouse
Educator expenses (If you are an educator, enter the amount you paid for classroom supplies)	_____	_____
Contributions made to a Health Savings Account (HSA)	_____	_____
Contributions made to a Self-Employed Pension plan (SEP)	_____	_____
Payments made for Self-Employed Health Insurance for you, your spouse, or dependents	_____	_____
Alimony paid		
Name _____		
SSN _____ Divorce or separation date _____	_____	_____
Name _____		
SSN _____ Divorce or separation date _____	_____	_____
Contributions made to an Individual Retirement Account (IRA)	_____	_____
Contributions made to a Roth IRA	_____	_____
Interest paid on a student loan	_____	_____
Other adjustments: _____	_____	_____

Job-related Moving Expenses

Select this box and complete the fields below if you are a member of the Armed Forces on active duty, and moved due to a military order for a permanent change of station. **2020**

Number of miles from old home to old workplace _____

Number of miles from old home to new workplace _____

Expense to move household goods and personal effects and lodging expenses while traveling to your new home (Do not include cost of meals) _____

Schedule 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 who is not your employee for services provided for this business
- 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
Advertising	_____	Travel _____
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	_____	<input type="checkbox"/> There was a change in inventory method

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 not your employee for services provided for this farm

Yes No You filed Forms 1099 for the individuals

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	_____	<input type="checkbox"/> 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	_____	_____	_____
<input type="checkbox"/> You elect to defer to 2021			
Amount deferred from 2019	_____	_____	_____

Expenses

	2020		2020
Car & truck expenses	_____	Repairs & maintenance	_____
Chemicals	_____	Seeds & plants purchased	_____
Conservation expenses	_____	Storage & warehousing	_____
Custom hire (machine work)	_____	Supplies purchased	_____
Employee benefit programs	_____	Taxes	_____
Feed purchased	_____	Utilities	_____
Fertilizers & lime	_____	Veterinary, breeding, & medicine	_____
Freight & trucking	_____	Other expenses	_____
Gasoline, fuel, & oil	_____		
Insurance (other than health)	_____		
Interest - mortgage (paid to banks, etc.)	_____		
Interest - other	_____		
Non-W-2 labor hired	_____		
W-2 wages paid	_____		
Pension & profit-sharing plans	_____		
Rent - vehicles, machinery, & equipment	_____		
Rent - other (land, animals, etc.)	_____		

Form 4835 - Farm Rental Income and Expenses

Name:

SSN:

General Information

Description _____ Employer ID Number _____

This farm was disposed of during 2020

Income

Table with 2 columns for 2020 and 2020. Rows include: Income from production of livestock, grains, & other crops; Total cooperative distributions; Total agricultural payments; Commodity Credit Corporation (CCC) loans; Crop insurance proceeds; Amount received in 2020; Amount deferred from 2019; Other income.

Expenses

Table with 2 columns for 2020 and 2020. Rows include: Car & truck expenses; Chemicals; Conservation expenses; Custom hire (machine work); Employee benefit programs; Feed purchased; Fertilizers & lime; 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; Seeds & plants purchased; Storage & warehousing; Supplies purchased; Taxes; Utilities; Veterinary, breeding, & medicine; Other expenses.

Expenses Related to Business

Name:

SSN:

Auto Expense

Name of business vehicle is used for _____

Description of vehicle _____ Date vehicle was placed in service _____

Yes No
This vehicle is available for use during off-duty hours
Another vehicle is available for personal use

Yes No
There is evidence to support your deduction
The evidence is written

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 _____

What is the total square footage of your home that was used regularly and exclusively for business _____

What is the total square footage of your home _____

For daycare facilities not used exclusively for business, complete the following questions

How many days during the year was the area used _____

How many hours per day was the area used _____

The daycare facility was in operation for the entire year

Expenses

Office expenses

Home expenses

Mortgage interest
Real estate taxes
Excess mortgage interest
Excess real estate taxes
Insurance
Rent
Repairs & maintenance
Utilities
Other expenses

In the "Office expenses" column, enter those expenses that pertain exclusively to your office; in the "Home expenses" column, enter those expenses that pertain to the entire dwelling.

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 unemployment tax?

2020

Total cash wages subject to Social Security tax _____

Total cash wages subject to Medicare tax _____

Total cash wages subject to Additional Medicare tax withholding _____

Federal income 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

Total cash wages subject to Social Security tax _____

Total cash wages subject to Medicare tax _____

Total cash wages subject to Additional Medicare tax withholding _____

Federal income tax withheld _____

Schedule A - Itemized Deductions

Name: _____

SSN: _____

Medical and Dental Expenses

Health insurance premiums (paid by you) _____
 Long-term care premiums (you) _____
 Long-term care premiums (your spouse) _____
 Long-term care premiums (dependents) _____
 Mileage driven for medical purposes _____
 Medical & dental expenses
 Doctor, dental, etc _____
 Prescription medicines _____
 Insulin _____
 Glasses & contacts _____
 Hearing aids _____
 Braces _____
 Medical equipment & supplies _____
 Hospital services _____
 Laboratory services _____
 Nursing services _____
 Other _____

Taxes Paid

State and local income taxes _____
 Sales tax _____
 Real estate taxes _____
 Personal property taxes _____
 Other taxes (list) _____

Interest Paid

Mortgage interest paid (attach Form 1098) _____
 Some of your home mortgage loan was not used to buy, build, or improve your home
 Mortgage interest paid to an individual _____
 Paid to:
 Name _____
 Address _____
 City, State, ZIP _____
 SSN or EIN _____
 Mortgage insurance premiums _____
 Investment interest _____

Charitable Contributions

Donations to charity	Cash	Noncash	Amount
Church	<input type="checkbox"/>	<input type="checkbox"/>	_____
Boy or Girl Scouts	<input type="checkbox"/>	<input type="checkbox"/>	_____
Goodwill	<input type="checkbox"/>	<input type="checkbox"/>	_____
Red Cross	<input type="checkbox"/>	<input type="checkbox"/>	_____
Salvation Army	<input type="checkbox"/>	<input type="checkbox"/>	_____
United Way	<input type="checkbox"/>	<input type="checkbox"/>	_____
Veterans	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hospital	<input type="checkbox"/>	<input type="checkbox"/>	_____
University	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other	<input type="checkbox"/>	<input type="checkbox"/>	_____

Miles driven for charitable purposes _____

Other Miscellaneous Deductions

Amortizable bond premiums _____
 Federal estate tax _____
 Gambling losses _____
 Impairment-related work expenses _____
 Claim repayments _____
 Unrecovered pension investments _____
 Loss from other activities from Schedule K-1 _____
 Ordinary loss debt instrument _____
 Excess deduction on termination _____

Job Expenses & Certain Miscellaneous Deductions

Necessary job expenses you paid that were not reimbursed by your employer
 Safety equipment, tools, & supplies _____
 Uniforms _____
 Protective clothing (shoes, hardhats, glasses, etc.) _____
 Dues to professional organizations _____
 Books & subscriptions _____
 Other _____
 Union dues _____
 Tax preparation fees _____
 Other nonpersonal expenses related to taxable income
 Safe deposit box fees _____
 Investment expenses not entered elsewhere _____
 Other _____
 Home equity interest _____

Other Information

Name:

SSN:

Mortgage Interest

Provide all copies of Form 1098

Table with 4 columns: Lender's name, Mortgage interest received, Mortgage insurance premiums, Real estate taxes paid. Includes multiple rows for data entry.

Employee Business Expenses

- Checkboxes for: You are a qualified performing artist, You are a fee-based state or local government official, You are a disabled employee with impairment-related work expenses, You are a reservist, You are a member of the clergy, You used your personal vehicle for your job during 2020.

Table for Employee Business Expenses with columns: Expense description, NOT reimbursed by your employer, Reimbursed by your employer not included on your W-2. Rows include Parking fees, tolls, local transportation; Meals; Overnight business travel expenses; Other business expenses.

Casualties and Thefts

Table for Casualties and Thefts with 2 columns for property details. Rows include FEMA code, Property description, Property location, Date property was acquired, Date property was damaged or stolen, Cost of property damaged or stolen, Amount of damage, Insurance reimbursement.

Other Information

Name: _____

SSN: _____

Child and Other Dependent Care Expenses

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

Student name _____ Student name _____

Type of expense	Amount	Type of expense	Amount

Student name _____ Student name _____

Type of expense	Amount	Type of expense	Amount