

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 | Cell 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? Yes No
 Are you disabled? Yes No
 Are you a full-time student? Yes No
 Do you want \$3 to go to the Presidential Election Campaign Fund? Yes No

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

Table with 2 columns for 2020 and 2020. Rows include Gross receipts or sales, Returns & allowances, and Other income.

Expenses

Table with 2 columns for 2020 and 2020. Rows include Advertising, Car & truck expenses, Commissions & fees, Contract labor, Depletion, 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, Travel, Total meals, Utilities, Wages, and Other expenses (list).

Cost of Goods Sold

Table with 2 columns for 2020 and 2020. Rows include Inventory at beginning of year, Purchases, Cost of personal use items, Cost of labor, Materials & supplies, Other costs, and Inventory at end of year. Includes checkbox for 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

| | 2020 | | 2020 |
|--|-------|---|-------|
| Income from production of livestock, grains, & other crops | _____ | Crop insurance proceeds: | |
| Total cooperative distributions | _____ | Amount received in 2020 | _____ |
| Total agricultural payments | _____ | <input type="checkbox"/> 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 | | 2020 |
|--|-------|--|-------|
| 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 _____ Date vehicle was placed in service _____

- | | |
|---|---|
| <p>Yes No</p> <p><input type="checkbox"/> <input type="checkbox"/> This vehicle is available for use during off-duty hours</p> <p><input type="checkbox"/> <input type="checkbox"/> Another vehicle is available for personal use</p> | <p>Yes No</p> <p><input type="checkbox"/> <input type="checkbox"/> There is evidence to support your deduction</p> <p><input type="checkbox"/> <input type="checkbox"/> The evidence is written</p> |
|---|---|

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
Boy or Girl Scouts
Goodwill
Red Cross
Salvation Army
United Way
Veterans
Hospital
University
Other
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

| Lender's name | Mortgage interest received | Mortgage insurance premiums | Real estate taxes paid |
|---------------|----------------------------|-----------------------------|------------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Employee Business Expenses

- | | |
|--|--|
| <input type="checkbox"/> You are a qualified performing artist | <input type="checkbox"/> You are a member of the clergy |
| <input type="checkbox"/> You are a fee-based state or local government official | <input type="checkbox"/> You used your personal vehicle for your job during 2020 |
| <input type="checkbox"/> You are a disabled employee with impairment-related work expenses | |
| <input type="checkbox"/> You are a reservist | |

| | NOT reimbursed by your employer | Reimbursed by your employer not 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 _____ | Property description _____ |
| Property location _____ | Property location _____ |
| Date property was acquired _____ | Date property was 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 _____ | 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 |
|-----------------|--------|-----------------|--------|
| | | | |
| | | | |
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| | | | |
| | | | |