2020 Tax Organizer Personal and Dependent Information

Personal Information											
	Name						ss	iN .	Has IP PIN	Date (of birth
Taxpayer											
Spouse											
Street address, city, state, and ZIP											
	Occupation Daytime phone Evening phone Cell phone								one		
Taxpayer											
Spouse											
Taxpayer	email					•					
Spouse e	mail										
Marital Statu	us at end of 2020	1	Other inform	ation			Taxpa	<u>yer</u>		Spous	<u>e</u>
Married			Are you blir				Yes	☐ No		Yes	□ No
☐ Married ☐ Single	filing separately		Are you dis Are you a fu	abled? ull-time stude	ent?		Yes Yes	∐ No ☐ No		∐ Yes ☐ Yes	∐ No □ No
Widow((er) If spouse died in 2020 enter the date of death			nt \$3 to go to I Election Ca		und?	Yes	_ □ No		Yes	_ □ No
At any time	e during 2020 did you receive, sell, send, exchan	— ' ge, or a					currency	?		— ∏ Yes	_ ∏ No
Depend	lent Information		. ,			•	•			_	
		l			Months			<u></u>	Full-		
SSN	I last name	Has IP PIN	Relati	onship	in home	Date of	birth	Disabled	time student	1	ldcare penses
List depen	ndents 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:											
	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?										
Appoin	tment Information										
Your 2020	appointment is scheduled for										

	Add	itional Taxpay	er Information				
Name:						SSN:	
Estimates							
Overpayment applied from 2019	Federal Date paid Amo	ount Date	Resident state paid Amo	ount	Re Date paid	esident city	Amount
First quarter							
Second quarter							
Third quarter							
Fourth quarter							
Additional payments							
Account Information for	or Deposits or Withdrawa	als					
		Bank	Bank		account		ccount for
Name of	bank	routing number	account number	Checking	Savings	Deposits	Withdrawals
Identfication Information	on						
Driver's license or state-iss State the driver's license or lissue date of the driver's license of Expiration date of the driver's license Type of photo ID Driver's license or state-iss State the driver's license or lissue date of the driver's license	r state-issued photo ID was issuence or state-issued photo ID vas issuence or state-issued photo ID vis license or state-issued photo ID vis license or state-issued photo ID vis license ID State	to ID e-issued photo ID sued in					

	Healthcare Coverage Questionnaire					
Name:				S	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					
П	П	Did anyone other than you or your spouse pay for healthcare coverage for	anvone listed above?			
	П	Did you pay for healthcare coverage for anyone not listed above?	,			
່ If yoເ	ا ا had د	coverage for any part of the year:				
		was the policy obtained?				
lf vou	ı didn'	Employer / Medicare / Medicaid / Marketplace(Exchange) / Other t have coverage part or all of the year:				
-		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 	saster			
		Incurred unreimbursed medical expenses in the last 24 months that resi	ulted in substantial de	ebt		
		Experienced unexpected increases in essential expenses due to caring 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
	<u> </u>
	
	
Retirement	
Provide all copies of Form 1099-R	
P	2020
Payer name	distribution
	<u> </u>
	<u> </u>
Did you take a distribution from an IRA and give it to an organization eligible to receive tax-deductible contributions?	Yes No
Form 1099-Misc and Form 1099-NEC Income Provide all copies of Forms 1099-MISC and 1099-NEC	
Trovide direction of Femile 1000 Miles direction NEO	2020
Payer name	amount
	_

	Income		
Name:		SSN:	
Dividend Income			
Provide all copies of Form 1099-DIV & other statements that report	dividend income		
Account number Payer name		2020 ordinary dividends	2020 qualified dividends
a yer name		uividends	uividends
			
		· ———	
		<u> </u>	
		<u> </u>	
Interest Income			
Provide all copies of Form 1099-INT, Form 1099-OID and other state	ements that report interest income		
Account number Payer name			2020 interest
		-	
If any interest income listed above is from a seller-financed mortgag	e, provide the payer's ID number and address		

Sale of Capital Assets

Name:				SSN:	
Sale of Capital Assets (not reported on	Form 1099-B)				
Provide all brokerage statements		Date	Date	Sales	04
Description of property		purchased	sold	price	Cost
-					
Installment Sale Income					
Description of property:					
Date acquired Date so	ld			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					

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		
Adjustments	2020 Taxpayer	2020 Spouse
Adjustments Educator expenses (If you are an educator, enter the amount you paid for classroom supplies)	Taxpayer	Spouse
	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) 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	Taxpayer	Spouse
Educator expenses (If you are an educator, enter the amount you paid for classroom supplies) Contributions made to a Health Savings Account (HSA) · · · · · · · · · · · · · · · · · · ·	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) 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 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.	Taxpayer	Spouse

Schedule C - Profit or Loss from Business SSN: Name: **General Business Information** Business name Employer ID number Professional product or service Business address, city, state, ZIP Payments of \$600 or more were paid to an individual who is Yes No This business started or was acquired during 2020 not your employee for services provided for this business Yes No You filed Forms 1099 for the individuals This business was disposed of during 2020 Income 2020 2020 Other income Returns & allowances . . . Expenses 2020 2020 Advertising Car & truck expenses Total meals Commissions & fees . . . Other expenses (list) Insurance (other than health) Rent or lease (vehicles, machinery, & equipment) Rent (other business property) Repairs & maintenance Taxes & licenses **Cost of Goods Sold** 2020 2020 Inventory at beginning of year Purchases Other costs 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 SSN: Name: **General Property Information** Property description Address, city, state, ZIP Select the property type ☐ Vacation / short-term rental Self-rental ☐ Single family residence Land Other Multi-family residence Commercial Royalties Number of days property was used for personal use Number of days property was rented If the rental is a multi-dwelling unit and you occupied part of the unit, enter the percentage you occupied Payments of \$600 or more were paid to an individual who is Yes No This property is your main home or second home not your employee for services provided for this rental This property was disposed of during 2020 Yes No You filed Forms 1099 for the individuals This property was owned as a qualified joint venture Income 2020 2020 Royalties from oil, gas, mineral, copyright or patent **Expenses** Rental unit Rental and homeowner expenses expenses If this Schedule E is for a Advertising a multi-unit dwelling and you Auto & travel lived in one unit and rented Cleaning & maintenance out the other units, use the "Rental and homeowner expenses" column to show 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 If the Schedule E is not for a multi-unit property in which you lived in one unit, complete just the "Rental unit expenses" column. Other expenses

Income or Loss from Partnerships, S corporations, and Fiduciaries

Name: SSI	N:
Partnerships, S corporations, Estates and Trusts	
Provide all copies of Schedule K-1 and attachments	
Trovide all copies of contestate N-1 and attachments	
Freitr Name	FIN
Entity Name	EIN

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 You used unit-livestock-price or farm-price inventory method Total agricultural payments Other income Commodity Credit Corporation (CCC) loans: Crop insurance proceeds: You elect to defer to 2021 Amount deferred from 2019 **Expenses** 2020 2020 Car & truck expenses Seeds & plants purchased . . . Conservation expenses Storage & warehousing . . Custom hire (machine work) Supplies purchased Employee benefit programs . . Feed purchased Fertilizers & lime . . . Veterinary, breeding, & medicine Freight & trucking Gasoline, fuel, & oil Interest - mortgage (paid to banks, etc.) Rent - vehicles, machinery, & equipment

Form 4835 - Farm Rental Income and Expenses SSN: Name: **General Information Employer ID Number** Description This farm was disposed of during 2020 Income 2020 2020 Income from production of livestock, grains, & other crops Crop insurance proceeds: Amount received in 2020 You elect to defer to 2021 Commodity Credit Corporation (CCC) loans: **Expenses** 2020 2020 Car & truck expenses Supplies purchased Veterinary, breeding, & medicine Other expenses Freight & trucking Gasoline, fuel, & oil Interest - mortgage (paid to banks, etc.) Pension & profit-sharing plans Rent - vehicles, machinery & equip Rent - other (land, animals, etc.)

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 Yes No This vehicle is available for use during off-duty hours There is evidence to support your deduction Another vehicle is available for personal use The evidence is written Mileage Number of miles the vehicle was driven during 2020 Expenses Repairs **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 In the "Office expenses" column, enter those expenses that pertain exclusively to your office; Excess mortgage interest in the "Home expenses" column, enter those expenses that pertain to the entire dwelling. Insurance

		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
		nges subject to Social Security tax • • • • • • • • • • • • • • • • • • •	
		ages subject to Medicare tax · · · · · · · · · · · · · · · · · · ·	
		-	
Feder	al incor	ne tax withheld · · · · · · · · · · · · · · · · · · ·	
TSJ		Employer Identification Number	
	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 o	cash wa	nges subject to Social Security tax • • • • • • • • • • • • • • • • • • •	
Total o	ash wa	ages subject to Medicare tax • • • • • • • • • • • • • • • • • • •	
Total o	cash wa	nges subject to Additional Medicare tax withholding	
Feder	al incor	ne tax withheld · · · · · · · · · · · · · · · · · ·	_
TSJYes	No Ocash was cash was cash was	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? ages subject to Social Security tax ages subject to Medicare tax withholding	2020

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 SSN: Name: **Mortgage Interest** Provide all copies of Form 1098 Mortgage Mortgage interest insurance Real estate received Lender's name premiums taxes paid **Employee Business Expenses** You are a qualified performing artist You are a member of the clergy You are a fee-based state or local government official You used your personal vehicle for your job during 2020 You are a disabled employee with impairment-related work expenses You are a reservist NOT reimbursed Reimbursed by your employer not included on your W-2 by your employer Overnight business travel expenses (Do not include meals & entertainment) **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 In	nformation		
Name:			SSN:	
Child and Other Dependent Care E	xpenses			
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		
Towns of summans	A	T of		A 4
Type of expense	Amount	Type of expense		Amount
		-		