

Income Tax Organizer for Tax Year 2020

Name: _____ Spouse Name: _____
 DOB ___/___/____ Occupation _____ DOB ___/___/____ Occupation _____

Filing Information: ***** If all information is unchanged, write "SAME" across each section below *****

Address _____
 City _____ State ___ ZIP _____
 *Previous year clients may check here if unchanged: Same
 Phone _____ Type _____
 Spouse Phone _____ Type _____
 Othr Phone _____ Type _____
 Othr Phone _____ Type _____
 Email: _____
 Spouse email: _____

Filing Status:
 Single **Head of Household** **Qualifying Widow**
 Married Filing Joint
 Married Filing Separate (Enter Name/SSN of Spouse in notes)
 Total Number of People Living in Your Home: _____
 Number to be Claimed as Dependents: _____
 Please provide information on any new dependents on page 2.
 ! New clients are required to provide all dependent information on page 2.

Income: ***** Businesses Must Contact Our Office to Properly Submit Income & Expenses ***** **Form Count**

Enter the amount of Economic Stimulus Payment(s) received in 2020 and 2021:	All 2020 =	\$ _____
	All 2021 =	\$ _____
If you or your spouse worked for an employer, list the number of W-2s provided.		W-2s _____
If you or your spouse received unemployment in the past year, list the number of 1099Gs provided.		1099G _____
If you or your spouse provided any services for non-employers, list the number of 1099-Ms received.		1099-Misc _____
If you or your spouse received interest from any bank, credit union, insurance companies, etc.		1098-INT _____
If you or your spouse received dividends from mutual funds or stocks, include forms 1099-DIV.		1099-DIV _____
If you or your spouse sold stocks or mutual funds, include forms 1099-B.		1099-B _____
If you or your spouse received Social Security/Social Security Disability (SSI), include forms SSA-1099.		SSA-1099 _____
If you or your spouse received regular retirement income/IRA distributions, include forms 1099-R.		1099-R _____ *
* Is any military retirement? ____ If it is for a deceased spouse, please list spouses DOB ___/___/____		
If you or your spouse withdrew from an IRA/401K as an early withdrawal, include forms 1099-R.		1099-R _____ *
* Please list the purpose of the early withdrawal _____		
If you or your spouse rolled over an IRA/401K to another account, include forms 1099-R.		1099-R _____
If you or your spouse received a state income tax refund, include form 1099G or fill in amount.		1099G ___ \$ _____
If you received any other income forms (ex: K-1 statement for partnership or S-Corp), list and provide.		Other _____
Please describe any other income received this year that you believe may affect your income tax return: _____ _____		

Deductions / Credits / Misc:	Form Count / Dollar amt
If you own a home and made mortgage interest payments, include form 1098 for each mortgage. For a reminder of other expenses that you may itemize, download the <i>Client Itemized Expense Aid</i> If either contributed to an IRA (not payroll deducted), include form 5498 or enter amount. * Please indicate type of IRA: Taxpayer - <input type="checkbox"/> Traditional <input type="checkbox"/> Roth Spouse - <input type="checkbox"/> Traditional <input type="checkbox"/> Roth	1098s _____ Client Portal or our website Amount _____ Amount _____ Amount _____
If you had daycare/dependent care expenses, include name, EIN (SSN if individual), address and amount paid to caretaker. The business or individual should provide you with a statement.	Amount _____
Student Loan Interest (only include dependent's interest if primary or spouse are obligated to debt)	1098-E _____
If Advance Premium Tax Credit for an ACA Health Plan was received, include form(s) 1095-A	1095-A _____
Any member of the household who attended a qualifying college, vocational, or post-secondary institution provide form 1098-T for each student who could be eligible for an education credit.	1098-T _____
*If you are a SC resident and someone in your tax household attended college full time, please go to our website and download the SC Tuition Questionnaire and complete it. Pay close attention to the first three questions as these will tell you if you need to complete the entire questionnaire.	*Download the questionnaire from our website and follow directions at the top of the form
Enter CASH/CHECK donations (if you DO NOT itemize) to: <i>List Charity</i> _____ (Max \$300)	\$ _____

Persons Listed on Tax Return:

Primary SSN/ITIN ____ - ____ - _____ Spouse SSN/ITIN ____ - ____ - _____

Dependents

First Name	Last Name	DOB	Soc Sec #	Relationship	Home	Months in
• _____	• _____	• ____ / ____ / ____	• ____ - ____ - ____	• _____	• _____	• _____
• _____	• _____	• ____ / ____ / ____	• ____ - ____ - ____	• _____	• _____	• _____
• _____	• _____	• ____ / ____ / ____	• ____ - ____ - ____	• _____	• _____	• _____
• _____	• _____	• ____ / ____ / ____	• ____ - ____ - ____	• _____	• _____	• _____
• _____	• _____	• ____ / ____ / ____	• ____ - ____ - ____	• _____	• _____	• _____

For any additional dependents, please provide the same information in the Notes below or on a separate blank page.

Please provide the account information for direct deposit of any anticipated refund or if you elect to pay any amount due by ACH Debit.

Routing# _____ Acct # _____ Checking Savings
(If unchanged from last tax year, you may write SAME in Acct # field)

Notes (Please add additional notes on a blank page):