

2020 Tax Year Organizer

**Taxpayer Information Spouse Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Last Name… |  | Last Name… |  |
| First Name… |  | First Name… |  |
| Middle Initial… | Suffix… | Middle Initial… | Suffix… |
| Social Security… |  | Social Security | |
| Occupation… |  | Occupation… |  |
| Cell Phone… |  | Cell Phone… |  |
| Email Address… |  | Email Address… |  |
| Date of birth. … |  | Date of Birth… |  |
| Address… |  |  |  |
| City… |  | State... | Zip Code… |

Home Phone… Fax Number…

 



Dependent Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| First Name | MI | Social Security Number | Date of Birth | Months Lived with Taxpayer | Child Care Expense |
| Last Name | Suffix | Relationship |
|  |  |  |  |  |  |
|  |  |
|  |  |  |  |  |  |
|  |  |
|  |  |  |  |  |  |
|  |  |

Enter total of Student loan interest paid……………………………………………………………………



**Retirement Plan Contributions Taxpayer & Spouse Combined**

Traditional IRA contributions made for ………………………………………………………

Roth IRA contributions made for …………………………………………………………



SEP, Keogh, Individual 401(k) or SIMPLE contributions ……………………………....

|  |  |  |
| --- | --- | --- |
| **Medical and Dental Expenses** |  | **Taxpayer & Spouse Combined** |
| Prescription medications …………………………………………………………….... | | |
| Health Insurance Premiums …………………………………………………………. | | |
| Doctors, dentists, etc ………………………………………………………………….... | | |
| Hospitals, clinics, etc ……………………………………………………………………. | | |
| Eyeglasses and contact lenses …………………………………………………….... | | |
| Miles driven for medical expenses ………………………………………………… | | |
| Other Medical Expenses: |  |  |
|  |  |  |
| **Taxes** |  | **Taxpayer & Spouse Combined** |
| Real estate taxes paid on principal residence………………………………....... | | |
| Real estate taxes paid on additional homes or land ……………………....... | | |
| Auto License registration fees based on the value of the vehicle…...... | | |
| Other personal property taxes……………………………………………………........ | | |
| **Interest Expenses** |  |  |
| Lender’s Name for Home mortgage interest paid |  | **Taxpayer & Spouse Combined** |
|  |  |  |
| Lender’s Name for points paid on loan to buy, build or improve main home | | |
| **Cash/Check/Credit Charitable Contributions** |  | **Taxpayer & Spouse Combined** |
|  |  |  |
|  |  |  |
| **Noncash Charitable Contributions** |  |  |
| Attach all receipts with details listing the following information: Donee, donee address, description of donation, date acquired, date contributed, your cost, value at time of donation, and how you acquired the property. Ask for our  donation valuation guide or go to [www.vatruck.com](about:blank) | | |



**Miscellaneous Deductions Taxpayer & Spouse Combined**

Gambling losses (to the extent of gambling income) …………………………….

Investment loan Interest ….………………………………………………………………….



**Estimated Tax Paid**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Federal** | | **State** | | | **Local** | | |
| Date | Amount | Date | Amount | ID | Date | Amount | ID |
| **April 2020** |  |  |  |  |  |  |  |
| **June 2020** |  |  |  |  |  |  |  |
| **September 2020** |  |  |  |  |  |  |  |
| **January 2021** |  |  |  |  |  |  |  |



**Direct Deposit of Refund or ACH withdrawal Yes No**

If you receive a refund would you like direct deposit? …………………………………………………………………………….

If you owe taxes would you like to automatically have it deducted from your bank account? ………………...

What type of account is this? …………………………………………………………………………………………… Checking Savings If **YES** and we have your banking information from previous return we will verify information is correct.

If YES and we don’t have the information on file please provide a voided check (not a deposit slip).



**Questions**

**Yes No**

1. Did a lender cancel any of your debt in 2020? (1099-C) …………………………………………………………………………………
2. Did you install solar energy on your home during 2020? If **yes**, please attach details

……………………………………………………………………………………………………..

1. Did you purchase a motor vehicle or boat during 2020? If **yes**, attach documentation showing sales tax paid.
2. Did you purchase an electric vehicle in 2020? If **yes**, enter year, make model, date purchased and purchase amount:

5. Did you donate a vehicle in 2020? …………………………………………………………………………………………………………………

6. Did your marital status change during 2020? ……………………………………………………………………………………………….

If **yes**, explain: 7. Were you or your spouse permanently and totally disabled in 2020? (Must provide medical certificate) …….

8. Do you have dependents who must file? ……………………………………………………………………………………………………...

1. Do you have children who are under age 19 or a full time student under age 24 with investment income greater than $2100?………………………………………………………………………………………………………………………………………
2. Did you provide over half the support for any other person during 2020? …………………………………………………….

11. Did you incur adoption expenses during 2020? ……………………………………………………………………………………………..

12. Did you receive a total distribution from an IRA or other qualified plan that was partially or totally rolled over into another IRA or qualified plan within 60 days of the distribution? …………………………………………………..

13. Did you receive any disability payments in 2020? ………………………………………………………………………………………….

1. a. Did you buy, sell, refinance, foreclose or abandon a principal residence or other real property in 2020?

If yes, attach closing or escrow statements, 1099-S or 1099-A forms …………………………………………………………….

b. If you sold a home, did you claim the First-Time Homebuyer Credit when you purchased it? ......................

1. Did you incur any non-business bad debts? (ie short sale of a home)……………………………………………………….......

16. Did you pay any individual for domestic services in 2020? (ie caregiver)...........................................................

17. Did you buy or sell any stocks or bonds in 2020? ...............................................................................................

1. Did you use the proceeds from Series EE or I U.S. savings bonds purchased after 1989 to pay for higher education expenses? ..........................................................................................................................................
2. Did you receive any income not included in this Tax Organizer? If **yes**, please attach information..................
3. Do you expect your income and deductions in 2020 to be the same as 2019? If **no**, attach explanation

of changes expected...........................................................................................................................................

22. Did you have health insurance? ........................................................................................................................

1. If you paid any alimony, enter recipient’s SSN: Alimony paid:
2. Enter your state of residence. Taxpayer: Spouse: