

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

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

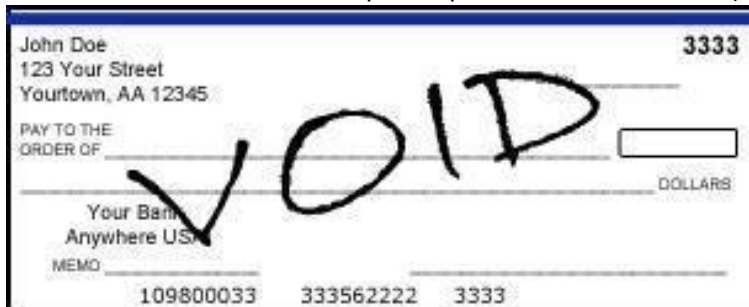
If you receive a refund would you like direct deposit?

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

What type of account is this? Checking Saving

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

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3. Did you purchase a motor vehicle or boat during 2020? If **yes**, attach documentation showing sales tax paid.

4. 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?

9. Do you have children who are under age 19 or a full time student under age 24 with investment income greater than \$2100?.....

10. 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?

14. 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?

15. 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?

18. Did you use the proceeds from Series EE or I U.S. savings bonds purchased after 1989 to pay for higher education expenses?

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19. Did you receive any income not included in this Tax Organizer? If **yes**, please attach information.....

20. 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?

23. If you paid any alimony, enter recipient's SSN: _____ Alimony paid: _____

24. Enter your state of residence. Taxpayer: _____ Spouse: _____

