Gattinger CPA PA

PO Box 13287
Maumelle, AR 72113
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Phone: (501)310-8563 | Fax: (888)857-6438

January 11, 2021

Income tax time is here! The enclosed packet has been prepared to assist you in gathering information for the efficient preparation of your 2020 tax return and to avoid extra fees for preparation of your tax returns. Please review the entire packet and answer any questions that apply. It is also best to not use staples or **orange** and **green** highlighters.

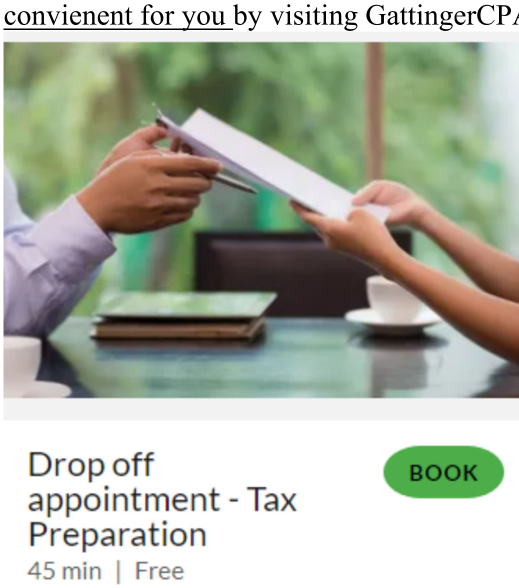
The enclosed organizer/checklist/questionaire is to help remind you of informaton you may need to gather. Please bring all W2s, 1099s, 1098s and all other tax related information. For brokerage/stock/investment accounts, I need the **annual** information; the quarterly or monthly statements are not useful for tax preparation. In most cases, there is no need to write 2020 information on the organizer/checklist - I need the forms and other documentation sent to you. If you have questions, please make a note on the organizer as you review the organizer/checklist.

Please sign the 2-page letter "**Preparation of Your 2020 Tax Returns**" and bring this packet and all supporting documents, including W-2 and 1099 statements, to your tax-preparation appointment. .

Appointments

All meetings, including virtual, are by appointment only. If we meet in person, I still meet clients at 9200 Maumelle Blvd, next to LED World, 2 buildings from Metro Builders Appliances & More and across the street from Chicken Wangs III. It is the office on the end of the building closest to Metro Builders. I have masks available, if you don't have one.

You can call, email, or text for an appointment but you also have the option to **set your own appointment** at a time convienent for you by visiting GattingerCPA.com and selecting:



If you want to meet virtually via Zoom, please indicate when scheduling your appointment and I'll send you instructions.

Security

Included is an IRS publication "Taxes, Security, Together" for your information. You should also know that I will only send your tax return to you by email with a password - the first 4 letters in your last name and the last 5 digits of your social security number. Example - For married taxpayers John Jones, 123-45-6789 and Mary Smith, 987-65-4321 the password will be jone56789; the first taxpayer listed on the tax return. No capital letters.

If you have your information saved on your computer, there are options for us to exchange documents more securely, If you have a scanner or a mutli-function printer set up for scanning, you can scan your documents & send them to me and I can provide your tax returns to you. Let me know if you want to use this option for exchanging documents more securely than e-mails.

Payment Options

Payment is due before I electronically file your tax return. If I provide your cost in the letter "Preparation of Your 2020 Tax Return,", you can pay in advance, if you desire.
You can pay with a check payable to "Gattinger CPA, P.A." You can also use credit/debit cards, Cash App, or good old fashion cash.

I appreciate your trust in our business. Please feel free to contact me at (501)310-8563 (phone/text) or email Dave@GattingerCPA.com if you have any questions or need additional information.

Sincerely,

Dave Gattinger
Gattinger CPA PA
(501)310-8563

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January 11, 2021

Your privacy is important to us. Please read the following privacy policy.

We collect nonpublic personal information about you from various sources, including:

* Interviews regarding your tax situation

* Applications, organizers, or other documents that supply such information as your name, address, telephone number, Social Security Number, number of dependents, income, and other tax-related data

* Tax-related documents you provide that are required for processing tax returns, such as Forms W-2, 1099R, 1099-INT and 1099-DIV, and stock transactions

We do not disclose any nonpublic personal information about our clients or former clients to anyone, except as requested by our clients or as required by law.

We restrict access to personal information concerning you, except to our employees who need such information in order to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your personal information.

If you have any questions about our privacy policy, please contact us.

Sincerely,

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(501)310-8563

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January 11, 2021

____

Subject: Preparation of Your 2020 Tax Returns

_________:

Thank you for choosing Gattinger CPA PA to assist you with your 2020 taxes. This letter confirms the terms of our engagement with you and outlines the nature and extent of the services we will provide.

We will prepare your 2020 federal and state income tax returns. We will depend on you to provide the information we need to prepare complete and accurate returns. We may ask you to clarify some items but will not audit or otherwise verify the data you submit. An Organizer is enclosed to help you collect the data required for your return. The Organizer will help you avoid overlooking important information. By using it, you will contribute to efficient preparation of your returns and help minimize the cost of our services.

We will perform accounting services only as needed to prepare your tax returns. Our work will not include procedures to find defalcations or other irregularities. Accordingly, our engagement should not be relied upon to disclose errors, fraud, or other illegal acts, though it may be necessary for you to clarify some of the information you submit. We will, of course, inform you of any material errors, fraud, or other illegal acts we discover. If you require more extensive accounting services, there will be additional fees.

The law imposes penalties when taxpayers underestimate their tax liability. Please call us if you have concerns about such penalties.

Should we encounter instances of unclear tax law, or of potential conflicts in the interpretation of the law, we will outline the reasonable courses of action and the risks and consequences of each. We will ultimately adopt, on your behalf, the alternative you select.

Our fee will be based on the forms required to file your returns at standard billing rates. Based on your prior year tax returns, your fee is $ _________, unless there are changes to your tax situation. Extra work will normally require additional fees. Completing the enclosed tax organizer will help avoid extra work and fees. Invoices are due and payable upon presentation. To the extent permitted by state law, an interest charge may be added to all accounts not paid within thirty (30) days.

Payment can be made in advance, if desired, and we accept checks, credit/debit cards, the Cash App, and cash.

We will return your original records to you at the end of this engagement. You should securely store these records, along with all supporting documents, canceled checks, etc., as these items may later be needed to prove accuracy and completeness of a return. We will retain copies of your records and our work papers for your engagement for seven years, after which these documents will be destroyed.

Our engagement to prepare your 2020 tax returns will conclude with the delivery of the completed returns to you (if paper-filing), or your signature and our subsequent submittal of your tax return (if e-filing). If you have not selected to e-file your returns with our office, you will be solely responsible to file the returns with the appropriate taxing authorities. Review all tax-return documents carefully before signing them. Any further work may incur additional fees.

To affirm that this letter correctly summarizes your understanding of the arrangements for this work, please sign the enclosed copy of this letter in the space indicated and bring it to your tax appointment.

We appreciate your confidence in us. Please call (501)310-8563 if you have questions.

Sincerely,

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Sincerely,

Dave Gattinger
Gattinger CPA PA
(501)310-8563

(Both spouses must sign for preparation of joint returns.)

Accepted By:

Please see the page "Additional Taxpayer Information" to complete driver's license & direct deposit/withdrawal info.

____ Date _________
Taxpayer signature

____Date _________
Spouse signature

2020 Tax Organizer
Personal and Dependent Information

Personal Information

	Name	SSN	Has IP PIN	Date of birth
Taxpayer	New Client	***-**-****		
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	Taxpayer		Spouse	
Are you blind?	☐ Yes	☐ No	☐ Yes	☐ No
Are you disabled?	☐ Yes	☐ No	☐ Yes	☐ No
Are you a full-time student?	☐ Yes	☐ No	☐ Yes	☐ No
Do you want $3 to go to the Presidential Election Campaign Fund?	☐ 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 Notices 1444 and 1444-B from the IRS.
		First EIP amount ________ Second EIP amount ________
☐	☐	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: New Client 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

Identfication 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 __________

Please provide all W-2s, 1099s, 1098s, and any other tax papers/documentation

Checklist

Name: New Client SSN: ***-**-****

Checklist

This check list is provided to help you gather necessary information for us to prepare your 2020 income tax return. Return this list, along with the supporting documentation, to our office and let us know of any significant changes from your 2019 tax year.

Economic Impact Payment

[ ] Notice 1444 - Letter signed by President Trump a couple of weeks after you received payment
[ ] Notice 1444-B

State and city refunds and other government payments (Form 1099-G)

[ ] Unemployment compensation

Other Income (provide supporting documentation for income received for the following items)

[ ] Sale of assets or property
[ ] Cancellation of debt
[ ] Other income ____

Payments (provide supporting documentation for payments made for the following items)

[ ] Educator classroom expenses
[ ] Employee business expenses
[ ] Contributions to a Health Savings Account
[ ] Expenses related to work relocation
[ ] Alimony
[ ] Student loan interest
[ ] Tuition and fees for higher education
[ ] Expenses related to child or dependent care
[ ] Contributions to a Retirement Savings Account
[ ] Medical and dental expenses
[ ] Real estate taxes
[ ] Other state and local taxes
[ ] Mortgage interest
[ ] Investment interest
[ ] Cash Contributions
[ ] Noncash Contributions
[ ] Unreimbursed employee expenses
[ ] Investment expenses
[ ] Gambling losses
[ ] Other payments ____

Please provide all W-2s, 1099s, 1098s, and any other tax papers/documentation

Questionnaire

Name: New Client SSN: ***-**-****

Questionnaire

Personal Information

Yes No

[ ] [ ] Did your marital status change during the year?
If "Yes," explain ____
[ ] [ ] Can you or your spouse be claimed as a dependent by someone else?
[ ] [ ] Did your address change during the year?
[ ] [ ] Were you, your spouse, or any dependents a victim of identity theft?
If "Yes," explain ____
[ ] [ ] Were you, your spouse, or any dependents issued an Identity Protection PIN (IP PIN)?
If "Yes," provide Notice CP01A from the IRS.

Provide proof of identity to be eligible to e-file your tax return (driver's license or state-issued photo ID)

Dependent Information

Yes No

[ ] [ ] Did you have any changes in dependents during the year?
If "Yes," explain ____
[ ] [ ] Can another person qualify to claim any of your dependents?
[ ] [ ] Did you have any childcare expenses during the year?
[ ] [ ] Did you have any adoption expenses during the year?
[ ] [ ] Did you have any children under age 19 or a full-time student under age 24 with more than $2200 of unearned income?

Provide documentation for proof of dependent related credits (school records, medical records, daycare records, etc.)

COVID-19 Implications

Yes No

[ ] [ ] Did you receive an Economic Impact Payment
If "Yes," provide Notice 1444 from the IRS (letter signed by President Trump)?.
[ ] [ ] Did you or your spouse experience economic loss due to COVID-19 (loss of job, closed business, etc.)?
[ ] [ ] Were you or your spouse unemployed for any portion of the year due to COVID-19?
[ ] [ ] Did you or your spouse continue to receive wages from your employer even if you were unable to work?
[ ] [ ] Did you or your spouse receive a distribution from a retirement plan (401K, IRA, etc.) due to COVID-19?
[ ] [ ] If you or your spouse own a farm or business, did you continue to pay any employees while they were not working?
[ ] [ ] If you or your spouse own a farm or business, did you delay withholding FICA taxes from any employee's pay?
[ ] [ ] If you or your spouse own a farm or business, did you receive a Paycheck Protection Program (PPP) loan?
If "Yes," was the loan forgiven or have you applied for forgiveness?
[ ] [ ] If you or your spouse own a farm or business and were unable to work due to COVID-19, would you have qualified for sick or family leave if employed by someone other than yourself?

Health Care Information

Yes No

[ ] [ ] Did any member of your household have healthcare coverage through the Marketplace?
If "Yes," provide copies of Form 1095-A.
[ ] [ ] Did you receive any distributions from a Health Savings Account (HSA), Archer MSA, or Medicare Advantage MSA during the year? You should have received Form 1099-SA.

Income, Purchases, Sales, and Debt Information

Yes No

[ ] [ ] Did you buy or sell any stocks, bonds, or other investments during the year?
[ ] [ ] Did you receive any tips not reported to your employer?
[ ] [ ] Did you receive any disability income during the year?
[ ] [ ] Did you cash in any U.S. savings bonds during the year?

Please provide all W-2s, 1099s, 1098s, and any other tax papers/documentation

Questionnaire

Name: New Client SSN: ***-**-****

Questionnaire

[ ] [ ] Did you start a new business or purchase any rental property during the year?
[ ] [ ] Did you sell an existing business, rental property, or other property during the year?
[ ] [ ] Did you purchase any business assets or convert any assets to business use?
If "Yes," provide the cost of the asset, the date it was placed in service, and business use percentage.
[ ] [ ] Did you purchase any gasoline, diesel, or special fuels for off-road business use?
[ ] [ ] Did you sell a principal residence during the year?
If "Yes," provide closing documentation for the purchase and sale of the home.
[ ] [ ] Did you have a principal residence or a piece of real property foreclosed on during the year?
[ ] [ ] Did you abandon a principal residence or a piece of real property during the year?
[ ] [ ] Did you refinance your principal home or second home or take out a home equity loan during the year?
If "Yes," provide all escrow, closing, and other pertinent documentation and information.
[ ] [ ] Did you receive any principal or interest during this year from property sold in prior years?
[ ] [ ] Did you rent out your home or use it for business?
[ ] [ ] Did you sell, exchange, or purchase any real estate during the year?
[ ] [ ] Did you acquire a new or additional interest in a partnership or S corporation?
[ ] [ ] Did you have any debts canceled or forgiven this year?
[ ] [ ] Does anyone owe you money that has become uncollectible?
[ ] [ ] Did you purchase a new hybrid, alternative motor, or electric motor energy-efficient vehicle during the year?
If "Yes," provide the year, make, model, VIN, and date the vehicle was placed in service.
[ ] [ ] Did you receive income or incur expenses associated with a fantasy sport league?
If "Yes," provide documentation.
[ ] [ ] Did you receive income or incur expenses associated with car sharing (e.g., Lyft or Uber)?
If "Yes," attach Form 1099-MISC and Form 1099-K.
[ ] [ ] Did you receive income or incur expenses associated with freelancing (e.g., Upwork or TaskRabbit)?
If "Yes," attach Form 1099-K or Form W-2.
[ ] [ ] Did you receive income or incur expenses associated with fashion sharing (e.g., Poshmark or thredUP)?
If "Yes," provide documentation.
[ ] [ ] Did you receive income or incur expenses associated with crowdfunding (e.g., Kickstarter or Indiegogo)?
If "Yes," attach Form 1099-K.
[ ] [ ] Did you receive income or incur expenses associated with a short-term rental (e.g., Airbnb or HomeAway)?
If "Yes," provide documentation.
[ ] [ ] Did you receive any other income you have not provided information for with this organizer?
If "Yes," explain ____

Itemized Deduction Information

Yes No
[ ] [ ] Did you pay out-of-pocket medical or dental expenses (premiums, prescriptions, mileage, etc.) during the year?
[ ] [ ] Did you pay any long-term care premiums for yourself, your spouse, or a dependent during the year?
[ ] [ ] Did you receive any state or local income tax refunds from prior years?
[ ] [ ] Did you make any major purchases (vehicle, boat, etc.) during the year?
[ ] [ ] Did you pay any real estate property taxes or personal taxes during the year?
[ ] [ ] Did you pay mortgage interest during the year?
[ ] [ ] Did you make cash donations to charity during the year?
[ ] [ ] Did you make noncash donations to charity (clothes, furniture, etc.) during the year?
[ ] [ ] Did you donate a boat or vehicle during the year?
If "Yes," attach Form 1098-C.
[ ] [ ] Did you have gambling winnings or losses during the year?
[ ] [ ] Did you have any job-related expenses that were not reimbursed by your employer (uniforms, safety equipment, etc.)?
[ ] [ ] Did you use your vehicle on the job other than for commuting to work?
[ ] [ ] Did you work out of town at any time during the year?

Please provide all W-2s, 1099s, 1098s, and any other tax papers/documentation

Questionnaire

Name: New Client SSN: ***-**-****

Questionnaire

Retirement Information

Yes No

[ ] [ ] Did you receive any payments from a pension, profit sharing, or 401(k) plan during the year?
[ ] [ ] Did you make any contributions to, withdrawals from, or execute any rollovers from an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan during the year?
[ ] [ ] Did you receive any Social Security benefits during the year?

Education Information

Yes No

[ ] [ ] Did you pay tuition expenses that were required for attending college, university, or vocational school for yourself, your spouse, or a dependent during the year (even if classes were attended in another year)?
[ ] [ ] Did anyone in your household attend a post-secondary school during the year?
[ ] [ ] Did you make a contribution to or receive a distribution from an Education Savings Account or Qualified Tuition Program during the year?
[ ] [ ] Did you pay student loan interest for yourself, your spouse, or your dependent(s) during the year?

Miscellaneous Information

Yes No

[ ] [ ] Did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currencies?
[ ] [ ] Did you incur a gain or loss due to damaged or stolen property?
If "Yes," provide the incident date, value of the property, and amount of insurance reimbursements.
[ ] [ ] Did you pay wages to any household employees (babysitter, nanny, housekeeper, etc.)?
[ ] [ ] Did you make gifts to any one person in excess of $15,000 during the year?
Yes No
[ ] [ ] If "Yes," are you splitting the gift with your spouse?
[ ] [ ] Did you incur moving expenses during the year?
[ ] [ ] Did you make any energy-efficient improvements to your main home during the year?
[ ] [ ] Are you a business owner who paid health insurance premiums for your employees during the year?
[ ] [ ] Did you own interest or shares in a Qualified Opportunity Fund?
[ ] [ ] Did you apply an overpayment of your 2019 taxes to your 2020 estimated taxes?
[ ] [ ] If you have an overpayment of 2020 taxes, do you want the refund applied to your 2021 estimated taxes?
[ ] [ ] Did you make any estimated payments toward your 2020 taxes?
[ ] [ ] Do you want to have any refund or balance due directly deposited or withdrawn?
If "Yes," provide a canceled checking or savings slip.
[ ] [ ] Do you anticipate your income or withholdings to be different for 2021?
[ ] [ ] Did you make any purchases subject to Use Tax?
If "Yes," provide details.
[ ] [ ] Did you receive any notices from the IRS or state taxing authority?
If "Yes," explain ____
[ ] [ ] May the IRS discuss your tax return with your preparer?
[ ] [ ] Would you like a copy of your tax return sent to you electronically instead of receiving a printed copy?

Foreign Tax Information

Yes No

[ ] [ ] Did you have a financial interest in or signature authority over a financial account or asset located in a foreign country?
[ ] [ ] Did you receive a distribution from, or were you a grantor of, or transferor to, a foreign trust?
[ ] [ ] Did the aggregate value of your foreign accounts exceed $10,000 at any time during the year?
[ ] [ ] Did you have any income from, or pay taxes to, a foreign country?
[ ] [ ] Did you own property in a foreign country?

Preparer Notes

Income

Name: New Client

You do not need to fill this out; please provide tax forms and papers instead.

SSN: ***-**-****

Wages & Salaries

Provide all copies of Form W-2

Employer name	2020 federal wages

Retirement

Provide all copies of Form 1099-R

You do not need to fill this out; please provide tax forms and papers instead.

Payer name	2020 distribution

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

You do not need to fill this out; please provide tax forms and papers instead.

Payer name	2020 amount

Income

Name: New Client

You do not need to fill this out; please provide tax forms and papers instead.

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

Interest Income

Provide all copies of Form 1099-INT, Form 1099-OID and other statements that report interest income

Account number Payer name	2020 interest

If any interest income listed above is from a seller-financed mortgage, provide the payer's ID number and address

Sale of Capital Assets

Name: New Client SSN: ***-**-****

Sale of Capital Assets (not reported on Form 1099-B)

Provide all brokerage statements

Description of property	Date purchased	Date sold	Sales price	Cost

Installment Sale Income

Description of property: __________

Date acquired __________ Date sold __________

	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: New Client 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: New Client 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

	2020		2020
Gross receipts or sales		Other income	
Returns & allowances			

Expenses

	2020		2020
Advertising		Travel	
Car & truck expenses		Total meals	
Commissions & fees		Utilities	
Contract labor		Wages	
Depletion		Other expenses (list)	
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			

Cost of Goods Sold

	2020		2020
Inventory at beginning of year		Materials & supplies	
Purchases		Other costs	
Cost of personal use items		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

Name: New Client SSN: ***-**-****

General Property Information

Property description ______

Address, city, state, ZIP ______

Select the property type

- ☐ Single family residence
- ☐ Multi-family residence
- ☐ Vacation / short-term rental
- ☐ Commercial
- ☐ Land
- ☐ Royalties
- ☐ Self-rental
- ☐ Other ______

Number of days property was rented ______ Number of days property was used for personal use ______

If the rental is a multi-dwelling unit and you occupied part of the unit, enter the percentage you occupied ______

- ☐ This property is your main home or second home
- ☐ This property was disposed of during 2020
- ☐ This property was owned as a qualified joint venture

☐ Yes ☐ No Payments of $600 or more were paid to an individual who is not your employee for services provided for this rental

☐ Yes ☐ No You filed Forms 1099 for the individuals

Income

	2020		2020
Rent income	______	Royalties from oil, gas, mineral, copyright or patent	______

Expenses

	Rental unit expenses	Rental and homeowner expenses
Advertising	______	
Auto & travel	______	
Cleaning & maintenance	______	______
Commissions	______	
Insurance	______	______
Legal & professional fees	______	
Management fees	______	
Mortgage interest	______	______
Other interest	______	______
Repairs	______	______
Supplies	______	______
Taxes	______	______
Utilities	______	______
Depletion	______	
Other expenses		
______	______	______
______	______	______
______	______	______
______	______	______
______	______	______
______	______	______
______	______	______
______	______	______
______	______	______

If this Schedule E is for a a multi-unit dwelling and you lived in one unit and rented out the other units, use the "Rental and homeowner expenses" column to show expenses that apply to the entire property. Use the "Rental unit expenses" column to show expenses that pertain ONLY to the rental portion of the property.

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.

Income or Loss from Partnerships, S corporations, and Fiduciaries

Name: New Client SSN: ***-**-****

Partnerships, S corporations, Estates and Trusts

Provide all copies of Schedule K-1 and attachments

Entity Name	EIN

Schedule F - Profit or Loss from Farming

Name: New Client 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		☐ 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			
☐ 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: New Client 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		☐ 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			

Please provide all W-2s, 1099s, 1098s, and any other tax papers/documentation

Expenses Related to Business

Name: New Client 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

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: New Client 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	

Please provide all W-2s, 1099s, 1098s, and any other tax papers/documentation

Schedule A - Itemized Deductions

Name: New Client 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: New Client 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

- ☐ You are a qualified performing artist
- ☐ You are a fee-based state or local government official
- ☐ You are a disabled employee with impairment-related work expenses
- ☐ You are a reservist
- ☐ You are a member of the clergy
- ☐ You used your personal vehicle for your job during 2020

	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

Please provide all W-2s, 1099s, 1098s, and any other tax papers/documentation

Other Information

Name: New Client 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

2020

SEND A FRIEND!

Name	Date

One of the nicest compliments our clients can give us is a referral.
For each new paying client you refer to us, we will pay you $25.
Thank you for your business.

Gattinger CPA PA
PO Box 13287
Maumelle, AR 72113
(501) 310-8563

Your Name New Client
Address
Preparer's Name Dave Gattinger

HAVE YOUR FRIENDS BRING THIS COUPON IN WITH THEIR TAX INFORMATION.

(subject to terms and conditions)

2020

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TAXES. SECURITY. TOGETHER.

The IRS, the states and the tax industry are committed to protecting you from identity theft. We've strengthened our partnership to fight the nation's common enemy – the criminals – and to devote ourselves to a common goal – serving you. Working together, we've made many changes to combat identity theft. We are making progress. However, cybercriminals are constantly evolving, and so must we. The IRS is working hand-in-hand with your state revenue officials, your tax software provider and your tax professional. But, we need your help. We need you to join with us. By taking a few simple steps to protect all of your digital devices, you can better protect your personal and financial data online and at home.

Please consider these steps to protect yourself from identity thieves:

Keep Your Computer and Mobile Phone Secure

- Use security software and make sure it updates automatically; essential tools include:
    - Firewall
    - Virus/malware protection
    - File encryption for sensitive data
- Treat your personal information like cash, don't leave it lying around
- Use strong, unique passwords; consider a password manager
- Use 2-Factor Authentication
- Give personal information only over encrypted websites - look for "https" addresses
- Back up your files

Avoid Phishing Scams and Malware

Identity thieves use phishing emails to trick users into giving up passwords and other information. Don't take the bait. Look for:

- Emails that pose as trusted source, i.e. bank, tax provider;
- Emails with an urgent message, i.e. update your account now!, with instructions to open a link or attachment
- Never download software or apps from pop-up advertising
- Talk to family about online security, both with computers and mobile devices

Protect Personal Information

Don't routinely carry your or any dependents' Social Security card or documents with an SSN. Do not overshare personal information on social media. Information about past addresses, a new car, a new home and even your children help identity thieves pose as you. Keep old tax returns and tax records under lock and key or encrypted if electronic. Shred tax documents before trashing.

Avoid IRS Impersonators. The IRS will not call you with threats of jail or lawsuits. The IRS will not send you an unsolicited email suggesting you have a refund or that you need to update your account. The IRS will not request any sensitive information online. These are all scams, and they are persistent. Don't fall for them. Forward IRS-related scam emails to phishing@irs.gov. Report IRS-impersonation telephone calls at www.tigta.gov.

Additional steps:

- Check your credit report annually; check your bank and credit card statements often.
- Review your Social Security Administration records annually: Sign up for My Social Security at www.ssa.gov.
- If you are an identity theft victim and your tax account is affected, review www.irs.gov/identitytheft for details.

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