Tax Organizer

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| **GENERAL INSTRUCTIONS** |
| This organizer is designed to help you collect and report the information needed to prepare your tax return. The attached worksheets cover income, deductions, credits, and will help in the preparation of your tax return by focusing attention on your special tax needs. Please enter your 2020 information in the designated areas on the worksheets. If you need to include additional information, please attach additional pages as needed. There are instructions throughout the Tax Organizer to help guide you through the various sections. Please do not staple supporting documents (i.e. W-2s, 1099s, etc.) |
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| Personal Information | | |
|  | Taxpayer | Spouse |
| Last Name |  |  |
| First Name, MI |  |  |
| Social Security Number |  |  |
| Date of Birth |  |  |
| Phone Number (s) |  |  |
| Address |  |  |
| Email Address |  |  |
| Fax |  |  |
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| **Personal Data Continued** | | | | |
| Filing Status (Circle One): Single. Married Filing Joint. Married Filing Separate. Head of Household | | | | |
| Will someone else be claiming you as a dependent on his/her tax return? Y or N | | | | |
| If Married Filing Separate (MFJ), did you live with your spouse during the last 6 months of 2020 Y or N | | | | |
| If MFS, will your spouse itemize their deductions Y or N | | | | |
| IRS Discussion Authority: Would you like me to be able to discuss your return preparation with the IRS on your behalf? Y or N | | | | |
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| **Dependent Information** | | | | |
| Relationship | First Name | Last Name | SSN | Date of Birth |
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Dependent Notes:

\*If you are divorce and your dependent children do not live with you, you must provide form 8832 (Release of Claim) or a copy of your divorce decree

\*If your dependent did not live with you for the entire year, please indicate the number of months the dependent lived with you.

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| **E-File** |
| Do you want to electronically file your federal and state (if applicable) return? Y or N |
| If yes, please be advised that Federal and State Tax Code require us to have a signed Form 8879 “IRS E-File Authorization Form” on file before we transmit your tax return. We will supply this to you to sign and return upon completion of your tax return. |
| **Direct Deposit** |
| The IRS is able to deposit many refunds directly into a taxpayers’ accounts. If you receive a refund, would you like direct deposit? Yor N |
| Name of Financial Institution: |
| Routing Transit Number: |
| Account Number: |
| Why type of account is this? Checking? \_\_\_\_\_ Savings? \_\_\_\_\_ Other (please explain) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Other Information** |

Please check any of the following items that apply to you for the 2022 year:

Received/paid alimony (need amount, SSN of payee) \_\_\_\_\_\_ Received Unemployment (need 1099-G) \_\_\_\_\_

Adopted a Child or incurred adoption expenses \_\_\_\_\_\_ Owed delinquent student loans \_\_\_\_\_

Filed Bankruptcy \_\_\_\_\_\_ Owed delinquent child support \_\_\_\_\_

Received disability payments \_\_\_\_\_\_ Married or divorced \_\_\_\_\_

Qualified for a home office deduction \_\_\_\_\_\_ Claimed someone who is not a US Citizen/Resident \_\_\_\_\_

Paid interest on a student loan \_\_\_\_\_\_ Sold or purchased a principal residence \_\_\_\_\_

Received payments from a pension/profit sharing plan \_\_\_\_\_\_ (Include settlement statements)

Incurred job-related moving expenses (attach details) \_\_\_\_\_\_ Sold a principal residence lived in less than 2 years \_\_\_\_\_

Had a legal discharge of debt \_\_\_\_\_\_ Incurred any bad-business debt \_\_\_\_\_

Had any installment sale proceeds from relatives \_\_\_\_\_\_ Had any rental income \_\_\_\_\_

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| Received a distribution from an IRA, Roth IRA (including conversion from traditional IRA to Roth IRA, IRS, or SEP (please include amount(s), date and beneficiary name if not the taxpayer or spouse); indicate if you would like me to calculate allowable contributions(s). Y or N | | | |
| Had an interest in or signature of authority over a bank account or other financial account in a foreign country, or involved in foreign trust activity, received foreign income or paid foreign taxes (not related to a mutual fund investment) Y or N | | | |
| Notified by the IRS or state taxing authority of changes to a prior year’s return Y or N | | | |
| Had changes to a prior year’s income, deductions, credits, etc. which would require filing an amended return Y or N | | | |
| Have dependents who must file, and you wish me to prepare the return (enclose tax documents) Y or N | | | |
| **Comments** | | | |
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| **Documents to Attach** | | | |
| Please attach the following documents, if applicable (If Married filing Separate, indicate owner of income – taxpayer or spouse) | | | |
| W-2s for wage income K-1s from Partnerships, S-Corporations, Estates or Trusts | | | |
| 1099-INT for interest income Business related income (See Schedule C Worksheet pg. 7) | | | |
| 1099-DIV for dividend income, 1099-B for investment sale proceeds. List of any other source of income | | | |
| List, including amount and institution, of any tax-exempt interest A copy of your 2020 Tax Return (New clients only) | | | |
| Copies of other compensation or pension documentation Forms 1098 reporting interest paid, real estate tax bills | | | |
| Brokerage statements showing transactions for stocks/bonds All other information notices received | | | |
| **Taxes and Interest Paid** | | | |
| Real Estate taxes paid on Principal Residence | $ | Home Mortgage Interest (Principal Residence) | $ |
| Real Estate taxes paid on additional homes or land | $ | Points paid to buy, build or improve your main home | $ |
| Car Tax Paid (only if based on the value of the vehicle) | $ | Home equity interest (note: subject to certain restrictions) | $ |
| Amount of any state tax refund received in 2020 | $ | Points paid on a home equity loan, loan for a 2nd home, or refinance (include monthly/year of loan and loan term in years) | $ |
| Amount of any additional state tax paid in 2020for prior years | $ | Second home (i.e. vacation home) mortgage interest (\*\*\*NOT RENTAL HOMES\*\*\*) | $ |
| Amounts paid for Investment Advising | $ | Applicable interest on RV or Boat qualifying as a second home | $ |
| Amounts paid for Investment Advisory Materials and Subscriptions | $ | Investment interest PAID (i.e. margin interest) | $ |

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| **Child Care Expenses** | | | |
| If you hired someone to care for your children or other dependents while you worked, you may qualify for a tax credit for the expenses.  \*Generally, both spouses must work at least part-time, unless one is incapable of self-care or is a full-time student  \*The dependent must be your child, under the age of 13, or a person who is mentally or physically incapable of caring for himself or herself.  \*You must provide the name, address and taxpayer identification number (i.e. EIN, ITIN or SSN) of the provider you paid to care for your dependents | | | |
| Child/Depended Name (child must be under age 13) | Amount | Provider Name and Address | SSN/EIN/ITIN |
|  | $ |  | $ |
|  | $ |  | $ |
|  | $ |  | $ |
|  | $ |  | $ |
| Did you contribute to a dependent care flexible spending account? If so, how much was contributed?  $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_ | | | |

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| **Charitable Contributions** | | | | |
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| Name/Address of Qualifying Donee Organization | | Value/Date | Description of items/Method of Valuation (i.e. Goodwill) | |
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| **Charitable Contributions – Cash and Check** | | | | |
| \*\*\***If an individual donation exceeds $250, please provide receipt for donation** | | | | |
| Name/Address of Qualifying Donee Organization | Amount | | Name/Address of Qualifying Donee Organization | Amount |
| 1) |  | | 6) |  |
| 2) |  | | 7) |  |
| 3) |  | | 8) |  |
| 4) |  | | 9) |  |
| 5) |  | | 10) |  |
| **Additional Contributions** | | | | |
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| **Medical Expenses** | | |
| Include a separate list of medical expenses, ONLY if they exceed 10% of your adjusted gross income. Contact me if you need a supplemental form to help you complete this information. | | |
| Did you contribute to a HSA? (Health Savings Account) | Y N | Please attach any Health Savings Account 1099’s  Medical Mileage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| What amount did you contribute for the year? | $ |
| What amount did your employer contribute for the year? | $ |

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| **Amounts paid out of pocket for** | | | |
| Acupuncture | $ | Fertility Treatment and Drugs | $ |
| Ambulance | $ | Hearing Aids | $ |
| Blood/Urine Tests | $ | Hospital/Surgical | $ |
| Braille Supplies | $ | Lead Based Paint Removal | $ |
| Chiropractic | $ | Long Term Care Premiums | $ |
| Christian Science Practitioner | $ | Medicare Premiums | $ |
| COBRA | $ | Mental Illness Centers/Psychiatric Care | $ |
| Dental/Artificial Teeth | $ | Nursing Services | $ |
| Doctor Co Pays | $ | Oxygen | $ |
| Drug Rehabilitation Centers | $ | Physical Therapy | $ |
| Eyeglasses/Contact Lenses and Supplies | $ | Prescriptions (Including Birth Control) | $ |
| Self Employed Insurance Premiums | $ | Weight Loss Programs | $ |
| Special Education under doctor’s orders for a child diagnosed with a learning disability | $ | Transportation/Lodging for overnight trips | $ |
| Sterilization | $ | Vision and Vision Surgeries | $ |
| Stop smoking programs | $ | Wigs | $ |
| Transplants | $ | X-Rays | $ |
| **Casualty/Theft Loss** – Include a separate list of casualty or theft losses, ONLY if they exceed 10% of your adjusted gross income. Include reason for damage, type of property, date of even, date asset acquired, value before/after loss, and any insurance proceeds | | | |
| **Gambling Winning/Losses** – Include a separate list of any gambling winnings, including amount and additional documentation. Any losses can only be used to offset gambling income. Losses greater than winnings are not deductible. | | | |
| **Student Loan Interest** | | | |
| \*\*\*If you paid interest on a qualified student loan in 2020 (for you, your spouse, or dependents), you may be able to claim a deduction directly from gross income. | | | |
| Bank/Institution that provided the loan | | Amount of interest paid in 2020 | |
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| **Estimated Tax Payments** | | | |
| \*\*\*During the course of the taxable year as your income is earned. To the extent taxes withheld from your income are not sufficient for this purpose, estimated tax. | | | |
| Federal Payments | Amount | State Payment | Amount |
| Payment #1 Date: | $ | Payment #1 Date: | $ |
| Payment #2 Date: | $ | Payment #2 Date: | $ |
| Payment #3 Date: | $ | Payment #3 Date: | $ |
| Payment #4 Date: | $ | Payment #4 Date: | $ |
| **Stocks & Bonds Sold** | | | |
| Please provide all 1099-B information statements, as well as any information you have supporting the cost basis. Please also provide brokerage year-end tax summaries and or 12/31/2020 statements. Purchase dates and sale dates are important to determine proper tax treatment. Please notify me of stock option sales. | | | |
| **Symbol/Description and Quantity** | **Sale Proceeds** | **Date Purchased/Date Sold** | **Cost** |
|  |  | Date Purchased / /  Date Sold / / | $ |
|  |  | Date Purchased / /  Date Sold / / | $ |
|  |  | Date Purchased / /  Date Sold / / | $ |

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| **Self Employed Income/Expense Worksheet** | | |
| \*\*\*Please keep in mind that income statements, P&L’s, and balance sheets from an automated accounting system is always the favored tax return collection method. If you do not use an automated accounting system, I ask that you assist in compiling your figures by completing this form. You may also submit spreadsheets outlining the necessary information. Please keep in mind that not every line in this questionnaire will apply to every business and that we may require further information from you. This form is just a partial survey needed. | | |
| Total Money received for the year (Gross Receipts)  This amount should match or exceed your bank deposits | $ |

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| Inventory at the beginning of the year (Your cost) | $ | Inventory at year end (Your cost) | $ |

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| Materials, inventory, and supplies that were used for your own personal purposes | $ |
| Money that you took as DRAWS for personal wage purposes (NOT W-2 wages or salary) |  |

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| Advertising | $ | Insurance | $ | Printing | $ |
| Accountant | $ | Interest on Business Use Credit Cards | $ | Professional Education | $ |
| Attorney | $ | Interest on Loans | $ | Publications | $ |
| Business Supplies | $ | Internet | $ | Rent | $ |
| Business Travel | $ | Licenses | $ | Rental Car | $ |
| Charity | $ | Maintenance | $ | Repairs | $ |
| County Taxes | $ | Meals | $ | SEP Contribution | $ |
| Dues | $ | Marketing | $ | Subcontractors | $ |
| Memberships | $ | Networking | $ | Supplies | $ |
| Entertainment | $ | Newspaper | $ | SUTA | $ |
| Equipment Purchases | $ | Office Supplies | $ | Telephone Expenses | $ |
| FUTA Tax | $ | Payroll Taxes | $ | Tolls | $ |
| Gift | $ | Permits | $ | Wages Paid | $ |
| Hotel/Motel/Lodging | $ | Postage and Shipping | $ |  |  |

Other Please Itemize:

If you purchased any Capital Asset Items, over $100, please list on a separate sheet of paper the cost, date of purchase, and description.

For any previously depreciated Capital Asset Item or Office Equipment sold please list on a separate sheet of paper the date of sale and price.

If we don’t already have them, or if you made changes through the year, please provide us with any formation paperwork related to your entity.

Have you conducted, and documented, an annual shareholder/member meeting? (This is applicable even to single member LLC’s, S Corps and C Corporation.

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| **Car & Truck Expense** | | | | | |
| The purpose of this form is to record all mileage driven for business and investment purposes. This includes mileage for Small Business (Schedule C), Rental Properties, Unreimbursed Employee Expenses (including aviation related mileage for Training, Union Meeting, Temporary Duty Travel, Military Reserve, and FFDO), and other business mileage. Note: Use a copy of this form if you have more than 2 vehicles for business/investment purposes. | | | | | |
| Car/Truck #1 | | | Car/Truck #2 | | |
| Make, Model and Year of Vehicle | | | Make, Model and Year of Vehicle | | |
| Date first used for business | |  | Date first used for business | |  |
| Average Daily Round-Trip Commute Mileage  Total Miles driven for the year (should be the sum of the detail below) | |  | Average Daily Round-Trip Commute Mileage  Total Miles driven for the year (should be the sum of the detail below) | |  |
| Number of Miles drive for personal use | |  | Number of Miles drive for personal use | |  |
| Number of miles driven for commute (home to office) | |  | Number of miles driven for commute (home to office) | |  |
| Miles driven for business/investment use (details below) | |  | Miles driven for business/investment use (details below) | |  |
| Schedule C (indicate which business if more than one) |  |  | Schedule C (indicate which business if more than one) |  |  |
| Rental Property (indicate which property if more than one) |  |  | Rental Property (indicate which property if more than one) |  |  |
| Unreimbursed Employee/Business Mileage (use detail lines below) |  |  | Unreimbursed Employee/Business Mileage (use detail lines below) |  |  |
| \*Training (see note below) |  |  | \*Training (see note below) |  |  |
| \*Union Meetings |  |  | \*Union Meetings |  |  |
| \*Temporary Duty Travel |  |  | \*Temporary Duty Travel |  |  |
| \*Military |  |  | \*Military |  |  |
| \*Other (please explain) |  |  | \*Other (please explain) |  |  |
| Was this vehicle leased? | Y | N | Was this vehicle leased? | Y | N |
| Was the vehicle available for personal use? | Y | N | Was the vehicle available for personal use? | Y | N |
| Was another vehicle available for personal use? | Y | N | Was another vehicle available for personal use? | Y | N |
| Do you have evidence to support the business use? | Y | N | Do you have evidence to support the business use? | Y | N |
| If Yes, is the evidence written? | Y | N | If Yes, is the evidence written? | Y | N |

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| **Home Office Deductions** | | | |
| Total Square Footage of House |  | Gas | $ |
| Date of Purchase |  | Electric | $ |
| Purchase Price of Dwelling (FMV) | $ | Insurance | $ |
| Irrigation | $ | HOA | $ |
| Maintenance | $ | Repairs | $ |
| Rent | $ | Trash Pick Up | $ |
| Other | $ | Security | $ |

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| **Rental Property Income and Expense** | |
| NOTE: Use a copy of this form if you have more than 2 rental properties | |
| Property #1 Location and Description | Property #2 Location and Description |
| Check all that apply:  \_\_\_\_\_ Owned by spouse \_\_\_\_\_\_ Owned Jointly  \_\_\_\_\_ Rental Property \_\_\_\_\_\_ Commercial Property  \_\_\_\_\_ Active Participation \_\_\_\_\_\_ Material Participation | Check all that apply:  \_\_\_\_\_ Owned by spouse \_\_\_\_\_\_ Owned Jointly  \_\_\_\_\_ Rental Property \_\_\_\_\_\_ Commercial Property  \_\_\_\_\_ Active Participation \_\_\_\_\_\_ Material Participation |
| Did you rent to a related party? If yes, please explain. | Did you rent to a related party? If yes, please explain. |
| Percentage Ownership if not 100% | Percentage Ownership if not 100% |
| (If not 100% please indicate below if expenses below are listed at your percentage ownership or 100%) | (If not 100% please indicate below if expenses below are listed at your percentage ownership or 100%) |
| Vacation Home? Y N If Yes, enter: | Vacation Home? Y N If Yes, enter: |
| Number of Days Rented\_\_\_\_\_\_ Number of personal days use \_\_\_\_\_\_ | Number of Days Rented\_\_\_\_\_\_ Number of personal days use \_\_\_\_\_\_ |

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| **Rental Property Income and Expenses** | | | |
| Property #1 | | Property #2 | |
| Date first used as rental: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ | | Date first used as rental: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ | |
| Cost $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Value of Land in cost $\_\_\_\_\_\_\_\_\_\_\_\_ | | Cost $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Value of Land in cost $\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Rental Income | $ | Rental Income | $ |
| Advertising | $ | Advertising | $ |
| Associates Dues | $ | Associates Dues | $ |
| Travel | $ | Travel | $ |
| Cleaning and Maintenance | $ | Cleaning and Maintenance | $ |
| Commissions | $ | Commissions | $ |
| Insurance | $ | Insurance | $ |
| Legal and Professional Fees | $ | Legal and Professional Fees | $ |
| Allocated Tax Preparation Fees | $ | Allocated Tax Preparation Fees | $ |
| Licenses and Permits | $ | Licenses and Permits | $ |
| Management Fees | $ | Management Fees | $ |
| Mortgage Interest reported on Form 1098 | $ | Mortgage Interest reported on Form 1098 | $ |
| Other Interest | $ | Other Interest | $ |
| Repairs | $ | Repairs | $ |
| Real Estate Taxes | $ | Real Estate Taxes | $ |
| Other Taxes | $ | Other Taxes | $ |
| Supplies | $ | Supplies | $ |
| Utilities | $ | Utilities | $ |
| Other Expenses (attach details) | $ | Other Expenses (attach details) | $ |
| Other Expenses (attach details) | $ | Other Expenses (attach details) | $ |
| Other Expenses (attach details) | $ | Other Expenses (attach details) | $ |
| \*\* See Car/Truck Expense Section on Pg. 11 to input business mileage | | | |

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| Furniture, fixtures, and Equipment Purchases in 2020 | Furniture, fixtures, and Equipment Purchases in 2020 |
| Please provide description, date of purchase and cost | Please provide description, date of purchase and cost |
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A Step Above Bookkeeping LLC values you as a client, and your privacy is important to us. Please read our privacy policy below.

Nonpublic personal information about you is collected from various sources, including the following:

* Information received from interviews, regarding your tax return;
* Information received on applications, organizers, or by other means, such as your name, address, telephone number, social security number, and other taxpayer identifying numbers (i.e. EIN, ITIN);
* Information from the tax-related documents you provide that are required to process tax returns such as Forms W-2, 1099R, 1099-INT, 1099-DIV and stock.

There will be no disclosure of any nonpublic personal information about clients, or former clients, to anyone, except as requested by our client or as required by law.

Access is restricted to nonpublic personal information concerning you. If you have any questions about our privacy policy, please contact us.

I/We attest that the information in this organizer is true and actual to the best of my/our knowledge

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name Print Name