

MobileTax.Pro

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Mooresville, NC 28117
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About This Tax Organizer

The purpose this organizer is the assist you with collecting the tax information and documentation MobileTax.Pro will need to complete your income taxes.

This includes:

- Personal information needed like social security numbers, dates of birth, schools of attendance, etc.
- Tax-related documents you receive in the mail, such as Forms W-2, 1099R, 1099-INT and 1099-DIV, and 1099-B stock transactions, 1099-Misc income, 1099-S real estate transaction.
- Information about deductions and adjustments you are allow to take, such as itemized deductions, school loan interest, IRA contributions, etc.
- Information about your self employments, including Form 1099-NEC.

To complete this document you must:

1. Download this document to your computer and SAVE.
2. Open the document from your computer and complete it.
3. Save the completed document.
4. Upload the completed document to your client portal at <https://mobiletaxpro.securefilepro.com/>
Feel free to let me know if you need your password reset.

Here are the pages of the organizer and their status:

- Pages 1 & 2, Personal and Dependent Information - Required
- Page 3, The Checklist - Required
- Pages 4 - 7, The Questionnaire - Required
- Page 8, Other Information - Optional
- Page 9, Itemized Deductions - Optional*
- Page 10, Other Information - Optional
- Page 11, Household Employment - Optional
- Page 12, Sale of Capital Assets - Not Suggested
- Page 13, Other Income & Adjustments - Optional
- Pages 14 & 15, Schedule C for Business - Optional**
- Pages 16 - 18, Rental Properties or Farm - Optional^
- Page 19 - Partnership - Not Suggested

Required - Must be completed.

Optional - May or may not apply to your tax situation

Not Suggested - ONLY complete these pages if you are required to report information and did NOT receive the tax form (1099, K1, etc.). This is a very rare situation.

*Please add up Itemized Deduction amounts and enter them on the Tax Organizer.

**Please provide your Business Profit & Loss statement. If you do not have one, please enter the Income/Expense amounts on the organizer. Also upload any receipts from Charitable Donations.

^Give me a phone call if you have these tax situations (704) 980-0899

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February 09, 2021

Your privacy is important to us. 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, contact our office at (704)980-0899.

Sincerely,



Laurie Johnson
MobileTax.Pro

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 \$20.
Thank you for your business.

MobileTax.Pro
106 Langtree Village Drive Ste 301
Mooresville, NC 28117
(704) 980-0899

Your Name _____

Address _____

Preparer's

Name Laurie Johnson

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

(subject to terms and conditions)

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Address _____

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2020 Tax Organizer Personal and Dependent Information

Personal Information

Name		SSN	Has IP PIN?	Date of birth
Taxpayer				
Spouse				
Street address, city, state, and ZIP				
Occupation		Daytime phone	Evening phone	Cell phone
Taxpayer				
Spouse				
Taxpayer email				
Spouse email				

<p>Marital Status at end of 2020</p> <p><input type="checkbox"/> Married</p> <p><input type="checkbox"/> Married filing separately</p> <p><input type="checkbox"/> Single</p> <p><input type="checkbox"/> Widow(er) <small>If spouse died in 2020 enter the date of death _____</small></p>	<p>Other information</p> <p>Are you blind? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are you disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are you a full-time student? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you want \$3 to go to the Presidential Election Campaign Fund? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Taxpayer</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Spouse</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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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 / Social Security Number	Has IP PIN?	Relationship	Months in home of 12	Date of birth	Disabled	Full-time student	Childcare Expenses /School Name

List dependents required to file a return: _____

COVID-19 Implications

Yes No

Did you receive a Economic Impact Payments (EIP) from approximately April 2020 and January 2021?
 First EIP amount _____ Second EIP amount _____

Were you or your spouse a member of the U.S. Armed Forces ?

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 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: _____

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

Identification Information Also upload a copy of picture ID(s) to the portal.

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 _____

2020

Checklist

Name:

SSN:

Checklist - Use this list to gather documents to upload the portal.

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 your client portal and let us know of any significant changes from your 2019 tax year.

New Tax Clients

- Provide your last year's tax return

Economic Impact Payment

- Notice 1444 (Letter you received notifying you of your Stimulus payment)
 Notice 1444-B

State and city refunds and other government payments

- 1099-G Unemployment compensation, State Refunds

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

- W2 Wage and Tax Statement (from employment)
 1099-INT, 1099-OID, 1099-DIV Interest, Dividend Income
 1099-R Retirement Income
 SSA-1099, RRB-1099 Social Security, Railroad Retirement
 1099-B, 1099-S Sale of assets or property
 1099-NEC Self Employment Income (see page 14 Schedule C)
 K1 Partnership, Trust, Estate Income
 1099-Misc Miscellaneous Income
 1099-C Cancellation of debt
 1099-SA, 1099-LTC Health Savings Account, Long-Term Care Reimbursements
 W2-G Gambling Winnings
 Other income _____

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

- Educator classroom expenses
 Employee business expenses
 5498-SA Contributions to a Health Savings Account
 Expenses related to work relocation
 Alimony
 1098-E Student loan interest
 1098-T Tuition and fees for higher education
 Expenses related to child or dependent care
 5498 Contributions to a Individual Retirement Account
 1095-A Medical Premiums to the Healthcare Marketplace (Obamacare)
 Medical and dental expenses
 Real estate taxes
 Other state and local taxes
 1098 Mortgage interest
 Investment interest
 Cash Contributions
 Noncash Contributions
 Unreimbursed employee expenses
 Investment expenses
 Gambling losses
 Other payments _____

2020

Questionnaire

Name:

SSN:

Questionnaire

Personal Information

Yes No

- Did your marital status change during the tax 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 or provide the IP PIN for each person on the return who has a IP PIN _____
If you are unable to locate your IP PIN, go to the IRS website to retrieve it:
<https://www.irs.gov/identity-theft-fraud-scams/retrieve-your-ip-pin>

Head of Household Information (Single or Separated with Dependents)

Yes No

- Have you provided MORE than half of the cost of keeping up a home for a dependent?
Note: Do not count amounts provided by state, local, and other welfare agencies, as they are are not considered provided by you.

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?
If unsure, explain circumstances _____
- Did you have any childcare expenses during the year?
If yes, you must submit provider information, including SSN or EIN to claim. If you cannot provide, answer No.
- 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 \$2,200 of unearned income?
- What documentation could you provide, if asked, as proof of dependent related credits
- School/daycare records
- Medical records
- Other records: _____

Health Care Information

Yes No

- Did any member of your household have healthcare coverage through the Marketplace?
If "Yes," remember to 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? If "Yes," remember to provide tax documentation.

Self-Employed Health Care Information

Yes No

- Are you eligible for an employer-sponsored health plan?
- Did you pay for Medical insurance, Dental insurance or Qualified long-term care insurance for yourself, your spouse, or dependents and children who are younger than 27 at the end of the tax year (even if the children aren't your dependents)?
- If you answered yes to both preceding questions, enter your medical expenses on the "Other Income and Adjustments" page, NOT on the Schedule A - Itemized Deductions page.

2020

Questionnaire

Name:

SSN:

Questionnaire

Earned Income and Child Tax Credits

Yes No

- Have you qualified for the Earned Income Credit or the Child Tax Credit in the past?
- Has the IRS denied or reduced your EITC for any year after 1996 for any reason other than a math or clerical error?

Income, Purchases, Sales, and Debt Information

Yes No

- Did you have one or more jobs during the year?
- Did you have a job for which you have been unable to obtain a Form W2?
- 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?
- Do you have, or did you start a new business during the year?
If so, complete the "Schedule C" and "Expenses Related to Business" worksheets in the following pages. Also, provide the Profit & Loss and Balance Sheet for each business.
- Do you have or did you purchase any rental property during the year?
If so, complete the "Schedule E" and "Expenses Related to Business" worksheets in the following pages.
- Did you sell an existing business, rental property, or other property during the year?
- Do you have assets you use in your business (laptops, cameras, furniture, a building, a piece of machinery, etc.)?
If so, include each item on the "Sale of Capital Assets" worksheet - even if the item has not been sold.
- 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 buy or sell any stocks, bonds, or other investments during the year?
If so, submit all Combined 1099 packages.
- 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?
- Did you sell, exchange, or purchase any real estate during the year (other than your primary home)?
- 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.

2020

Questionnaire

Name:

SSN:

Questionnaire

Yes No

- 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?

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 make any contributions to an IRA for which you would like to take a tax deduction for this year?
If so, enter the amount on page 13 of this Organizer.

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?

2020

Questionnaire

Name:

SSN:

Questionnaire

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?

Foreign Tax Information

Yes No

- Answer YES if it is true that you have a financial interest in or signature authority over a financial account or asset located in a foreign country?
- Answer YES if you receive a distribution from, or were you a grantor of, or transferor to, a foreign trust?
- Answer YES if the aggregate value of your foreign accounts exceed \$10,000 at any time during the year?
- Answer YES if you have any income from, or pay taxes to, a foreign country?
- Answer YES if you own property in a foreign country?

2020

Other Information

Name: _____

SSN: _____

Child and Other Dependent Care Expenses

Name of child care provider	Address	SSN or EIN	Amount paid

Education Expenses (enter only information NOT reported on Form 1098-T)

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

Schedule A - Itemized Deductions

Name:

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 Please upload your receipts.

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:

SSN:

Mortgage Interest (enter only information NOT reported on Form 1098)

Table with 4 columns: Lender's name, Mortgage interest received, Mortgage insurance premiums, Real estate taxes paid. Includes multiple rows for data entry.

Employee Business Expenses

- Checkboxes for: 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.

Table for Employee Business Expenses with columns: Expense description, NOT reimbursed by your employer, Reimbursed by your employer not included on your W-2. Rows include Parking fees, tolls, local transportation; Meals; Overnight business travel expenses; Other business expenses.

Casualties and Thefts

Table for Casualties and Thefts with two columns for property information. Rows include FEMA code, Property description, Property location, Date property was acquired, Date property was damaged or stolen, Cost of property damaged or stolen, Amount of damage, Insurance reimbursement.

2020

Household Employment

Name: _____

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 _____

Sale of Capital Assets

Name:

SSN:

Sale of Capital Assets (enter only 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: _____

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) _____

2020

Schedule C - Profit or Loss from Business (Solopreneurs & Contract Workers)

Name:

SSN:

General Business Information

Business name Employer ID number

Professional product or service

Business address, city, state, ZIP

- Checkboxes for business start/acquire, disposal, and 1099 filing status.

Income

Table with 2 columns for 2020 and 2020, rows for Gross receipts or sales, Returns & allowances, and Other income.

Expenses *see page 13 Adjustments for Self Employed Health Insurance

Table with 2 columns for 2020 and 2020, listing various expense categories like Advertising, Car & truck expenses, Insurance, etc.

Cost of Goods Sold

Table with 2 columns for 2020 and 2020, rows for Inventory at beginning/end of year, Purchases, Cost of labor, and Materials & supplies.

2020

Expenses Related to Business
For Schedule C, Schedule E or Schedule F

Name:

SSN:

Auto Expense

Name of business vehicle is used for _____

Description of vehicle _____ Date vehicle was placed in service _____

- Yes No This vehicle is available for use during off-duty hours
Yes No There is evidence to support your deduction
Another vehicle is available for personal use The evidence is written

Mileage - this is REQUIRED information.

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.

Schedule E - Income or Loss from Rental Real Estate & Royalties

Name: _____

SSN: _____

General Property Information

Property description _____
Address, city, state, ZIP _____

Select the property type

- Single family residence Vacation / short-term rental Land Self-rental
- Multi-family residence Commercial Royalties 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 Yes No Payments of \$600 or more were paid to an individual who is not your employee for services provided for this rental
- This property was disposed of during 2020 Yes No You filed Forms 1099 for the individuals
- This property was owned as a qualified joint venture

Income

	2020	2020
Rent income . (not reported on form 1099)	_____	_____
Royalties from oil, gas, mineral, copyright or patent	_____	_____

Expenses

	Rental unit expenses	Rental <u>and</u> homeowner expenses
Advertising	_____	_____
Travel (see page 15 for auto)	_____	_____
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 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.

Use page 15 for this activity, as applies.

2020

Schedule F - Profit or Loss from Farming

Name: _____

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	_____	<input type="checkbox"/> 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	_____	_____
<input type="checkbox"/> You elect to defer to 2021		
Amount deferred from 2019	_____	_____

Expenses

	2020	2020
Car & truck expenses	(see page 15)	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: _____

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	_____	<input type="checkbox"/> 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	(see page 15)	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	_____	_____	_____

Use page 15 for this activity, as applies

