

	<b>1040</b>	<b>US</b>	<b>Client Information</b>	<b>1</b>
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# Dodson & Pope CPA PLLC

**This tax organizer will assist you in gathering information necessary for the preparation of your tax return. Please add, change, or delete information as appropriate.**

## CLIENT INFORMATION

Filing Status	Filing status (table) ..... 1=married filing separate and lived with spouse ..... Year spouse died, if qualifying widow(er) .....	
Taxpayer	First name and initial ..... Last name ..... Title/suffix ..... Social security number ..... Occupation ..... Date of birth (m/d/y) ..... Date of death (m/d/y) ..... 1=blind .....	
Spouse	First name and initial ..... Last name ..... Title/suffix ..... Social security number ..... Occupation ..... Date of birth (m/d/y) ..... Date of death (m/d/y) ..... 1=blind .....	
Address	In care of ..... Street address ..... Apartment number ..... City ..... State ..... ZIP code .....	
Foreign Address	Region ..... Postal code ..... Country .....	

### Filing Status

- 1 = Single
- 2 = Married filing joint
- 3 = Married filing separate
- 4 = Head of household
- 5 = Qualifying widow(er)

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US

Client Information (continued)

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CLIENT INFORMATION

Taxpayer Contact Information	Home phone.....		<b>Daytime Phone</b> 1 = Work 2 = Home 3 = Mobile
	Work phone.....		
	Work extension.....		
	Daytime phone (table).....		
	Mobile phone.....		
	Fax number.....		
	E-mail address.....		
Spouse Contact Information	Home phone.....		
	Work phone.....		
	Work extension.....		
	Daytime phone (table).....		
	Mobile phone.....		
	Fax number.....		
	E-mail address.....		
Taxpayer Authentication	Driver's license no.....		
	Driver's license state.....		
	Issue date (m/d/y).....		
	Expiration date (m/d/y).....		
	Theft protection PIN.....		
Spouse Authentication	Driver's license no.....		
	Driver's license state.....		
	Issue date (m/d/y).....		
	Expiration date (m/d/y).....		
	Theft protection PIN.....		

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	<b>1040</b>	<b>US</b>	<b>Dependents</b>	<b>2</b>
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**DEPENDENTS**

	Dependent	Dependent	
First name.....			<p><b>Type of Dependent</b></p> <p>1 = Child living w/taxpayer                  2 = Child not living w/taxpayer                  3 = Dependent other than child                  4 = Head of household or qualifying widow(er) only, not a dependent                  5 = Earned income credit only, not a dependent</p> <p><b>Earned Income Credit</b></p> <p>1 = When applicable (default)                  2 = Student age 19 to 23                  3 = Disabled                  4 = Force                  5 = Suppress</p> <p>NOTE: If you claim the earned income credit, please provide proof that your child is a resident of the U.S. This proof is typically in the form of:</p> <ol style="list-style-type: none"> <li>1. School records or statement</li> <li>2. Landlord or property management statement</li> <li>3. Health care provider statement</li> <li>4. Medical records</li> <li>5. Child care provider records</li> <li>6. Placement agency statement</li> <li>7. Social service records or statement</li> <li>8. Place of worship statement</li> <li>9. Indian tribe office statement</li> <li>10. Employer statement</li> </ol> <p>NOTE: If your child is disabled, please provide one of the following forms of proof of disability:</p> <ol style="list-style-type: none"> <li>1. Doctor statement</li> <li>2. Other health care provider statement</li> <li>3. Social services agency or program statement</li> </ol>
Last name.....			
Title/suffix.....			
Date of birth (m/d/y).....			
Date of death.....			
Date of adoption.....			
Social security number.....			
Relationship.....			
Months lived at home.....			
Type of dependent (see table).....			
Earned income credit (see table).....			
Claimed by: 1=taxpayer, 2=spouse.....			
IRS theft protection PIN.....			
First name.....			
Last name.....			
Title/suffix.....			
Date of birth (m/d/y).....			
Date of death.....			
Date of adoption.....			
Social security number.....			
Relationship.....			
Months lived at home.....			
Type of dependent (see table).....			
Earned income credit (see table).....			
Claimed by: 1=taxpayer, 2=spouse.....			
IRS theft protection PIN.....			
First name.....			This section shares the notes from the first section
Last name.....			
Title/suffix.....			
Date of birth (m/d/y).....			
Date of death.....			
Date of adoption.....			
Social security number.....			
Relationship.....			
Months lived at home.....			
Type of dependent (see table).....			
Earned income credit (see table).....			
Claimed by: 1=taxpayer, 2=spouse.....			
IRS theft protection PIN.....			

Please enter all pertinent amounts. Documents to support the amounts must be retained

**GENERAL INFORMATION**

Principal business/profession .....	
Principal business code .....	
Business name, if different from Form 1040 .....	
Business address, if different from Form 1040 .....	
City, if different from Form 1040 .....	
State, if different from Form 1040 .....	
ZIP code, if different from Form 1040 .....	
Foreign region .....	
Foreign postal code .....	
Foreign country .....	
Employer identification number .....	
Other accounting method .....	

Accounting method: 1=cash, 2=accrual .....

Inventory method: 1=cost, 2=lower cost/market, 3=other .....

1=change of inventory method .....

1=spouse, 2=joint .....

1=first Schedule C filed for this business .....

If required to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no ..

1=not subject to self-employment tax .....

1=did not "materially participate" .....

1=personal services is not a material income producing factor .....

1=investment .....

1=minister's Schedule C .....

1=single member limited liability company .....

1=trader in financial instruments or commodities .....


**INCOME**

Gross receipts or sales (Form 1099-MISC, box 7) .....

Returns and allowances .....

Other income:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<b>This Year</b>	

**COST OF GOODS SOLD**

Inventory at beginning of the year .....

Purchases .....

Cost of items for personal use .....

Cost of labor .....

Materials and supplies .....

Other costs:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Inventory at end of the year .....


Please enter all pertinent amounts. Last year's amounts are provided for your reference.

EXPENSES

This Year

Accounting .....		
Advertising .....		
Answering service .....		
Bad debts from sales or service .....		
Bank charges .....		
Car and truck expenses (not entered elsewhere) .....		
Commissions .....		
Contract labor .....		
Delivery and freight .....		
Dues and subscriptions .....		
Employee benefit programs .....		
Insurance (other than health) .....		
Mortgage interest (paid to banks, etc.) .....		
Other interest (not entered elsewhere) .....		
Janitorial .....		
Laundry and cleaning .....		
Legal and professional .....		
Miscellaneous .....		
Office expense .....		
Outside services .....		
Parking and tolls .....		
Pension and profit sharing plans - contributions .....		
Pension and profit sharing plans - admin. and education costs .....		
Postage .....		
Printing .....		
Rent - vehicles, machinery, & equipment (not entered elsewhere) .....		
Rent - other .....		
Repairs .....		
Security .....		
Supplies .....		
Taxes - real estate .....		
Taxes - payroll .....		
Taxes - sales tax included in gross receipts .....		
Taxes - other (not entered elsewhere) .....		
Telephone .....		
Tools .....		
Travel .....		
Total meals in full (50%) .....		
Department of Transportation meals in full (80%) .....		
Uniforms .....		
Utilities .....		
Wages .....		

Other expenses:

_____		
_____		
_____		
_____		
_____		

Please enter all pertinent amounts. Last year's amounts are provided for your reference.

**GENERAL INFORMATION**

Description of property .....		<b>Type of Property</b> 1 = Single Family Residence 2 = Multi-Family Residence 3 = Vacation/Short-Term Rental 4 = Commercial 5 = Land 6 = Royalties 7 = Self-Rental
Street address .....		
City .....		
State .....		
ZIP code .....		
Type of property (see table) .....		
Other type of property .....		
Number of days rented .....	34	

Percentage of ownership if not 100% (.xxxx) .....		1=did not actively participate .....	
Percentage of tenant occupancy if not 100% (.xxxx) .....		1=real estate professional .....	
1=spouse, 2=joint .....		1=rental other than real estate .....	
1=qualified joint venture .....		1=investment .....	
1=nonpassive activity, 2=passive royalty .....		1=single member limited liability company .....	
If required to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no .....			

**INCOME**

**This Year**

Rents or royalties received .....	
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**DIRECT EXPENSES**

NOTE: Direct expenses are related only to the rental activity. These include rental agency fees, advertising, and office supplies.

Advertising .....		
Association dues .....		
Auto and travel (not entered elsewhere) .....		
Cleaning and maintenance .....		
Commissions .....		
Gardening .....		
Insurance .....		
Legal and professional fees .....		
Licenses and permits .....		
Management fees .....		
Miscellaneous .....		
Mortgage interest (paid to banks, etc.) .....		
Qualified mortgage insurance premiums .....		
Excess mortgage interest .....		
Other interest (not entered elsewhere) .....		
Painting and decorating .....		
Pest control .....		
Plumbing and electrical .....		
Repairs .....		
Supplies .....		
Taxes - real estate .....		
Taxes - other (not entered elsewhere) .....		
Telephone .....		
Utilities .....		
Wages and salaries .....		
Other:		
_____		
_____		
_____		

Please enter all pertinent 2020 amounts. Please retain all support for reported amounts. The indirect expense column should only be used for vacation homes or less than 100% tenant occupied rentals.

GENERAL INFORMATION

Foreign region .....	
Foreign postal code .....	
Foreign country .....	

OIL AND GAS

This Year

Production type (preparer use only) .....		
Cost depletion .....		
Percentage depletion rate or amount .....		
State cost depletion, if different (-1 if none) .....		
State % depletion rate or amount, if different (-1 if none) .....		

PERSONAL USE OF DWELLING UNIT (INCLUDING VACATION HOME)

Number of days personal use .....		
Number of days owned (if optional method elected) .....		

INDIRECT EXPENSES

NOTE: Indirect expenses are related to operating or maintaining the dwelling unit. These include repairs, insurance, and utilities.

Advertising .....		
Association dues .....		
Auto and travel (not entered elsewhere) .....		
Cleaning and maintenance .....		
Commissions .....		
Gardening .....		
Insurance .....		
Legal and professional fees .....		
Licenses and permits .....		
Management fees .....		
Miscellaneous .....		
Mortgage interest (paid to banks, etc.) .....		
Qualified mortgage insurance premiums .....		
Excess mortgage interest .....		
Other interest (not entered elsewhere) .....		
Painting and decorating .....		
Pest control .....		
Plumbing and electrical .....		
Repairs .....		
Supplies .....		
Taxes - real estate .....		
Taxes - other (not entered elsewhere) .....		
Telephone .....		
Utilities .....		
Wages and salaries .....		
Other:		
_____		
_____		
_____		
_____		
_____		

Please enter all pertinent 2020 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

Principal product .....	<input type="text"/>
Employer ID number .....	<input type="text"/>

Agricultural activity code .....	<input type="text"/>	
Accounting method: 1=cash, 2=accrual .....	<input type="text"/>	
1=spouse, 2=joint .....	<input type="text"/>	
1=farm rental (Form 4835) .....	<input type="text"/>	
Type of rental property (farm rental only): 1=land, 2=self-rental, 3=other .....	<input type="text"/>	
1=crop insurance proceeds election .....	<input type="text"/>	
If required to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no .....	<input type="text"/>	
1=did not "materially participate" (Schedule F only) .....	<input type="text"/>	
1=did not actively participate (Farm rental only) .....	<input type="text"/>	
1=real estate professional (farm rental only) .....	<input type="text"/>	
1=single member limited liability company .....	<input type="text"/>	
% of ownership if not 100% (.xxxx) (Farm rental only) .....	<input type="text"/>	

FARM INCOME

	This Year
Cash method:	
Sales of livestock and other resale items .....	<input type="text"/>
Cost or basis of livestock or other resale items .....	<input type="text"/>
Sales of products raised .....	<input type="text"/>
Accrual method:	
Sales of livestock, produce, etc. ....	<input type="text"/>
Beginning inventory of livestock, etc. ....	<input type="text"/>
Cost of livestock, etc. purchased .....	<input type="text"/>
Ending inventory of livestock, etc. ....	<input type="text"/>
Other farm income:	
Total cooperative distributions .....	<input type="text"/>
Taxable cooperative distributions .....	<input type="text"/>
Total agricultural program payments (other than CRP) .....	<input type="text"/>
Taxable agricultural program payments (other than CRP) .....	<input type="text"/>
Total conservation reserve program payments .....	<input type="text"/>
Taxable conservation reserve program payments .....	<input type="text"/>
Commodity credit loans reported under election .....	<input type="text"/>
Total commodity credit loans forfeited or repaid .....	<input type="text"/>
Taxable commodity credit loans forfeited or repaid .....	<input type="text"/>
Total crop insurance proceeds received in 2020 .....	<input type="text"/>
Taxable crop insurance proceeds received in 2020 .....	<input type="text"/>
Taxable crop insurance proceeds deferred from 2019 .....	<input type="text"/>
Custom hire (machine work) income not included above .....	<input type="text"/>



Please enter all pertinent 2020 amounts. Please retain support for all reported amounts.

**FARM INCOME (continued)**

Other income:



**FARM EXPENSES**

- Car and truck expenses (not entered elsewhere) .....
- Chemicals .....
- Conservation expenses .....
- Custom hire (machine work) .....
- Employee benefit programs .....
- Feed purchased .....
- Fertilizers and lime .....
- Freight and trucking .....
- Gasoline, fuel, and oil .....
- Insurance (other than health) .....
- Mortgage interest (paid to banks, etc.) .....
- Other interest (not entered elsewhere) .....
- Labor hired .....
- Pension and profit sharing - contributions .....
- Pension and profit sharing plans - admin. and education costs .....
- Rent - vehicles, machinery, and equipment (not entered elsewhere) .....
- Rent - other (land, animals, etc.) .....
- Repairs and maintenance .....
- Seeds and plants purchased .....
- Storage and warehousing .....
- Supplies purchased .....
- Taxes (not entered elsewhere) .....
- Utilities .....
- Veterinary, breeding, and medicine .....
- Capitalized preproductive period expenses (also enter below) .....


Other expenses:



Please enter all pertinent amounts. Please retain support for all reported amounts.

GENERAL INFORMATION

This Year

Description of vehicle
1=no evidence to support your deduction
1=no written evidence to support your deduction
1=vehicle is available for off-duty personal use
1=no other vehicle is available for personal use
1=vehicle used primarily by more than 5% owner
Number of months of business use if changed from 100% personal use

Table with 2 columns and 7 rows for general information entries.

AUTOMOBILE MILEAGE

Total mileage (for the tax year)
Business mileage
Commuting mileage (for the tax year)
Average daily round-trip commute

Table with 2 columns and 4 rows for automobile mileage entries.

ACTUAL EXPENSES

Parking fees and tolls (business portion only)
Gasoline, lube, oil
Repairs
Tires
Insurance
Miscellaneous
Auto license (other than personal property taxes)
Personal property taxes (based on car's value)
Interest (car loan) (for Schedule C, E & F)
Vehicle rent or lease payments
Inclusion amount (enter as positive)
Value of employer-provided vehicle on Form W-2 (2106)

Table with 2 columns and 12 rows for actual expenses entries.

Please enter indirect expenses in full. Nonbusiness portion will carry to Schedule A. Business percentage will be applied to indirect expenses only.

**BUSINESS USE OF HOME**

Form.....  
Number of form (e.g., enter 2 for Schedule C number 2).....  
Business use area (square footage).....  
Total area of home (square footage).....  
Total hours facility used (for daycare facilities only).....  
Total hours available (if not 8,760).....  
Area of home included above used exclusively for daycare business, if any (sq ft).....  
% (.xx) or amount of gross income from home if not 100% (-1 if none).....  
% (.xx) or amount of expenses from home if not 100% (-1 if none).....


**INDIRECT EXPENSES**

NOTE: Indirect expenses are for keeping up and running your entire home. They benefit both the business and personal parts of your home.

Mortgage interest.....  
Real estate taxes.....  
Casualty losses.....  
Insurance.....  
Miscellaneous.....  
Rent.....  
Repairs and maintenance.....  
Utilities.....  
Excess mortgage interest.....  
Excess real estate taxes.....

Please provide the full amounts


Other indirect expenses:

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


**DIRECT EXPENSES**

NOTE: Direct expenses benefit only the business part of your home. They include painting or repairs made to specific areas or rooms used for business.

Mortgage interest.....  
Real estate taxes.....  
Casualty losses.....  
Insurance.....  
Miscellaneous.....  
Rent.....  
Repairs and maintenance.....  
Utilities.....  
Excess mortgage interest.....  
Excess real estate taxes.....  
Excess casualty losses.....  
Allowable casualty losses.....


Other direct expenses:

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