

2020 TAX DEDUCTION FINDER

THURZO-SPELLMAN ENTERPRISES, INC
 6215 W. 79th St - Suite 2C
 Burbank, IL 60459
 708-430-8484

Your Name _____ Soc. Sec. No. _____
 Spouse's Name _____ Soc. Sec. No. _____
 Your Occupation _____ Date of Birth _____ Home Phone _____
 Spouse's Occupation _____ Date of Birth _____ Work Phone _____
 Address _____ eMail _____

DOCUMENTS TO BRING: ▶ Last year's return (if new client) ▶ W-2 Forms ▶ Purchase & sale info for all property sold
 ▶ 1099 Forms for: interest · dividends · soc. sec. · unemployment · self-employment · debt cancellation · retirement · HSA/MSA
 ▶ 1098 Forms for: mortgage interest · tuition · student loan interest · auto/boat donations ▶ Health insurance (form 1095)
 ▶ Foreign account statements ▶ Bitcoin & other cryptocurrency account details ▶ Other documents referenced in following pages

| FEDERAL | STATE | DEPENDENTS | | | | |
|---|-------|-------------------------------|---------------------------------|--------------|-----------|-------|
| | | Name First, Initial & Last | Social Security # (required) | Relationship | Birthdate | Grade |
| Last year I received refunds of: _____ | | | | | | |
| Last year I had to pay: _____ | | | | | | |
| <input type="checkbox"/> I want my refunds directly deposited into my bank, IRA ... (bring a voided check / account info) | | | | | | |

INCOME (other than income shown on W-2s)

| SOURCE (include foreign income) | T/S/J | AMOUNT | SOURCE (include foreign income) | T/S/J | AMOUNT |
|---|-------|--------|--|-------|--------|
| INTEREST (Bring in 1099s or Statements) | | | DIVIDENDS (Bring in 1099s or Statements) | | |
| If Individual, list Name, Address & Soc. Sec. # | | | Include all tax exempt | | |
| Include all tax exempt and Municipal Bonds | | | | | |
| Excludable Series EE Savings Bonds | | | | | |

OTHER INCOME NOT INCLUDED ABOVE OR ON W-2 (see page 4 for self-employment & rental income details)

| | | | | | |
|--|--|--|--|--|--|
| UNEMPLOYMENT (Bring in 1099) | | | PERSONAL INJURY AWARDS | | |
| ALIMONY | | | DISABILITY/RETIREMENT | | |
| TIPS | | | PENSIONS / IRAs (Bring all 1099-R forms) | | |
| COMMISSIONS/BONUSES | | | SOCIAL SECURITY (Bring in SSA-1099) | | |
| PRIZES/AWARDS/GAMBLING/LOTTERY | | | SOCIAL SECURITY (Bring in SSA-1099) | | |
| JURY/ELECTION DUTY | | | RAILROAD RETIREMENT (Bring in RRB-1099) | | |
| PARTNER /CORP/ESTATE/TRUST (Bring K-1) | | | RAILROAD RETIREMENT (Bring in RRB-1099) | | |
| STOCK & PROPERTY SALES (Bring 1099, Cost, Dates) | | | DEBT CANCELLATION - BRING 1099-C or A | | |
| SCHOLARSHIPS/FELLOWSHIPS, if not on W-2 | | | BITCOIN / CRYPTOCURRENCY (bring details) | | |
| STRIKE PAY | | | | | |
| BUSINESS/FARM/RENTAL (details on page 4) | | | | | |
| FOREIGN INCOME | | | | | |
| HOBBY INCOME | | | | | |
| OTHER INCOME (please specify) | | | | | |

NON-TAXABLE INCOME

| | | |
|---|--|--|
| VETERANS PENSION/DISABILITY | | |
| CHILD SUPPORT/ASSISTANCE | | |
| WORKER'S COMPENSATION | | |
| EIP (a.k.a. "stimulus") AMOUNT RECEIVED | | |

| ESTIMATE PAYMENTS PAID IN/FOR 2020 | | FEDERAL | | | STATE | | |
|------------------------------------|-----------|---------|--------|-----------|---------|--------|--|
| | Date Paid | Check # | Amount | Date Paid | Check # | Amount | |
| 4th Qtr. Prior Year | | | | | | | |
| 1st Qtr. This Year | | | | | | | |
| 2nd Qtr. This Year | | | | | | | |
| 3rd Qtr. This Year | | | | | | | |
| 4th Qtr. This Year | | | | | | | |

RETIREMENT PLANS
 If you or your spouse has an IRA, SEP, SIMPLE or Keogh Retirement Plan, list the amount you have contributed for 2020 and the date of contribution.

| | | | | |
|---|--------------|------------|-----------------|------------|
| IRA: Regular <input type="checkbox"/> Roth <input type="checkbox"/> | You \$ _____ | Date _____ | Spouse \$ _____ | Date _____ |
| SEP | You \$ _____ | Date _____ | Spouse \$ _____ | Date _____ |
| Keogh | You \$ _____ | Date _____ | Spouse \$ _____ | Date _____ |
| SIMPLE | You \$ _____ | Date _____ | Spouse \$ _____ | Date _____ |

If amount listed is not the maximum, do you want to contribute the maximum deductible amount? Yes _____ No _____
 Did you convert any funds from a regular IRA to a Roth IRA? You \$ _____ Spouse \$ _____

MEDICAL SAVINGS ACCOUNTS (MSAs) / HEALTH SAVINGS ACCOUNTS (HSAs)
 Amount Contributed: You _____ Spouse _____ Amount withdrawn for Qualified Expense _____
 Amount of Insurance Deductible _____ Type of Plan: Single _____ Family _____

ITEMIZED DEDUCTIONS & ADJUSTMENTS TO AGI

MEDICAL EXPENSES

Net amount paid by
you -- NOT PRETAX

| | | |
|---|---------|--|
| Medical Insurance Premiums: Payroll Deduction | | |
| Paid directly by you | | |
| Medicare B/C/D deducted from Social Security | | |
| Dental Insurance | | |
| Long Term Care Insurance | | |
| | Mileage | |
| Alcohol or Drug Addiction Therapy | | |
| Ambulance | | |
| Anesthesiology | | |
| Child Birth Class | | |
| Doctors, Dentists, Chiropractors, etc. | | |
| Eye Glasses, Contact Lenses, Exams | | |
| Hearing Aid, Batteries, Repairs | | |
| Hospitals | | |
| Insulin | | |
| Laser eye surgery | | |
| Lodging (limited to \$50/day per person) | | |
| Parking | | |
| Prescribed Medical Attire (support hose, shoes, etc.) | | |
| Prescribed Medical Equip: Cost/Rental | | |
| Prescribed weight loss program | | |
| Prescriptions (not over-the-counter) | | |
| Required nursing home care | | |
| Special Schooling for Mentally or Physically Handicapped | | |
| Other | | |
| | | |
| | | |

TAXES

| | |
|--------------------------------------|--|
| Real Estate: Home | |
| 2nd Home | |
| Other | |
| Personal Property | |
| Auto / Truck Tabs | |
| Sales Tax on New Vehicle | |
| Other Sales Tax Paid (from receipts) | |
| | |

INTEREST

| | |
|---|--|
| Home Mortgage (paid to financial institution) Bring in Form(s) 1098 | |
| Home Mortgage (paid to individual) List Name, Social Security Number & Address | |
| 2nd Home Mortgage (paid to financial institution) | |
| 2nd Home Mortgage (paid to individual) List Name, Social Security Number & Address | |
| Home Equity Loan: Bring in Form(s) 1098 | |
| Points (bring closing papers if purchased this yr.) | |
| Have you refinanced above properties this year? If yes, bring closing papers. | |
| | |
| Investment Interest (provide details) | |

CONTRIBUTIONS (receipts from the charity are required)

| | |
|--|--|
| A. Cash Contributions for which you have receipts, canceled checks, payroll deductions, etc. | |
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| | |
| B. Direct Charitable Distribution from IRA (QCD) | |
| | |
| C. Non-cash items: Fair market value or garage sale price on clothing, furniture, appliances, etc. Give organization, item and value (if over \$500, bring detailed information and receipts.) Autos, boats, airplanes bring 1098-C. | |
| | |
| D. Transportation / Travel for Volunteer Work | |
| Mileage | |
| Parking | |
| Out of pocket expenses (receipted) | |

CASUALTY & THEFT LOSSES

| | |
|---|---------------------|
| (Must exceed 10% of Adjusted Gross Income) (See page 4 for business casualty and theft losses) | |
| Date of Casualty _____ | Date Acquired _____ |
| Kind of Property _____ | How Destroyed _____ |
| FMV Before _____ | FMV After _____ |
| Cost plus improvements | |
| Insurance reimbursements | |
| Federally Declared Disaster Area? <u> </u> Y <u> </u> N | bring details |

OTHER ITEMIZED DEDUCTIONS

| | |
|---|--|
| Gambling Losses | |
| Disabled person's impairment related non-reimbursed employee expenses | |

ADJUSTMENTS TO AGI

| | |
|---|------------------------|
| Classroom materials for educators | |
| Payments to HSA/MSA (taxpayer) | See page 1 for details |
| Payments to HSA/MSA (spouse) | See page 1 for details |
| Taxpayer payments to an IRA: Regular <input type="checkbox"/> , Roth <input type="checkbox"/> SEP <input type="checkbox"/> , SIMPLE <input type="checkbox"/> | See page 1 for details |
| Spouse payments to an IRA: Regular <input type="checkbox"/> , Roth <input type="checkbox"/> SEP <input type="checkbox"/> , SIMPLE <input type="checkbox"/> | See page 1 for details |
| Penalty for early withdrawal of savings | |
| Alimony paid (SS# - - - -) | |
| Self employed health insurance premiums | |
| Student loan interest (form 1098-E) | |

CHILD and DEPENDENT CARE ▶ *If you or your spouse paid for dependent care to be gainfully employed.*

Were the Dependent Care services performed in your home? Yes ___ No ___
 Were you reimbursed by your employer for child care: Yes ___ No ___ If so \$ _____ Amount forfeited, if any \$ _____

Even though your reimbursement equaled your child care expenses, you are required to show the following information on your tax return:

Name(s) and Age(s) _____
 of Dependents _____

| Name(s) of Individual/Organization Who Provided Care | Address: Number, Street City, State & Zip | Social Security or Employer ID Number | Amount Paid In 2020 |
|--|---|---------------------------------------|---------------------|
| | | | |
| | | | |
| | | | |
| | | | |

▶ If more space is needed, attach statement. ▶ You cannot take a credit for amounts paid to your dependent.

EDUCATION CREDITS, DEDUCTIONS

Tuition and required fees you paid for yourself, your spouse or dependent(s) for post-secondary education \$ _____ Date Paid _____
 Date education began _____ Student's Name _____ Degree Program? Yes ___ No ___
 Was the student enrolled at least half time? ___ Year in School -- Fr / So / Jr / Sr / Graduate (please bring 1098-T)

PLEASE CHECK ALL APPLICABLE QUESTIONS

- YES _____ Are you being claimed as a dependent on another Tax Return?
- _____ Do any of your dependents have earned income or investment income? Bring details for each dependent.
- _____ Did you change your marital status during the year? If yes, date _____
- _____ Are you paying towards the support of a relative other than dependents claimed above, and if so, what is their *taxable* income?
- _____ Did you or your spouse become disabled or legally blind during the tax year?
- _____ Did you purchase a business vehicle or other business equipment during the year? If yes, bring details.
- _____ Are you making payments on a boat or recreational vehicle that has a toilet, sleeping and basic living facilities?
- _____ Have you received an income statement on your Social Security # which is reported on another tax return?
- _____ Do you have a non-collectible debt? If so, bring details.
- _____ Are you involved in bartering your services or property for other services or property?
- _____ Do you have income, expenses or deductions not mentioned in this organizer? Bring details.
- _____ Did you pay someone who performed services as an employee at your home in 2020?
- _____ Were you notified by the IRS or State of any change in a prior year's tax return? Bring notice.
- _____ Do you (and/or your spouse) wish to designate \$3.00 to the Presidential Election Fund? Taxpayer _____ Spouse _____
- _____ In 2020, did you pay adoption fees, court costs, attorney fees and/or other expenses directly related to an adoption?
 Amount _____ Was it finalized? _____ Was the adoption international? _____ Special Needs Child? _____
- _____ Did you receive combat pay in 2020?
- _____ Did you have debts canceled or forgiven? Bring the 1099-C or 1099-A.
- _____ Did you buy or sell a home in 2020 or did you refinance? Bring the settlement statement.
- _____ Did you distribute/spend funds from an HSA? Bring from 1099-SA.
- _____ Did you contribute to a 529 education savings plan (for yourself or others). If yes, how much in 2020 ? _____
- _____ Did you distribute/spend funds from a 529 plan in 2020? Bring form 1099-Q and details about qualifying educational expenses.
- _____ Are you paying towards health insurance for a child under the age of 19, a full-time student under the age of 24, or, if disabled, an individual of any age? If yes, \$ _____
- _____ Did you enclose a copy of your 2020 Property Tax Statement for your principal residence? Is it paid? _____
- _____ Did you receive a \$7,500.00 First Time Homebuyer Credit for a purchase in 2008?
- _____ Do you have foreign accounts or assets? Bring details.
- _____ Did you earn or sell any Bitcoin and/or cryptocurrency (a.k.a. virtual currency)? Bring details.

QUESTIONS YOU WOULD LIKE TO ASK _____

BUSINESS / RENTAL / FARM INCOME & EXPENSES

Name of Business (if any) _____ Federal ID# (if any) _____

Address of Business/Property _____

Product Sold or Service Performed _____

Income

| | | | |
|--|--|--------------------------------------|---|
| Gross Sales/Receipts | Include all income, even if not reported on form 1099 | | <ul style="list-style-type: none"> Bring all form(s) 1099-MISC received. Do your records agree with the amount reported on form 1099-MISC? Y__ N__ Did you receive \$10,000 in actual cash from any individual at any one time (or cumulative) during the year? |
| Returns/Refunds | Amount included in gross that was refunded to your clients | | |
| Other Income | Directly related to your business | | |
| Pandemic Related Loans/Credits: | | | |
| PPP Loan Total: \$ _____ | | PPP Loan Amount Forgiven: \$ _____ | |
| EIDL Advance Payment: \$ _____ | | Employee Retention Credits: \$ _____ | |

Sale of Equipment, Machinery, Land, Buildings Held for Business Use

| Kind of Property | Date Acquired | Date Sold | Gross Sales Price | Expenses of Sale | Original Cost |
|------------------|---------------|-----------|-------------------|------------------|---------------|
| | | | | | |
| | | | | | |
| | | | | | |

Cost of Goods Sold

| | | |
|---|--|---|
| *Purchase of Product & Supplies for Resale: | | Inventory at End of Year |
| *Cost of Labor: | | How did you arrive at your inventory value? Actual Cost <input type="checkbox"/> Other (explain): |
| *Purchase of Materials for Jobs: | | Personal Use: Cost of inventory used by yourself or family \$ _____ |
| *Other-Costs (describe): | | |

*Do not list the same expense in more than one category

Other Expenses

| | |
|---|--|
| Advertising/Promotion | Repairs & Maintenance |
| Commissions & Fees | Supplies |
| Contract Labor | Taxes |
| Employee Benefits | Business Meals |
| Insurance | Gifts |
| Business Loan Interest | Utilities |
| Legal & Professional Fees | Wages (paid to employees) |
| Office Expenses | Equipment (describe items/costs on separate list) |
| Pension/Profit Sharing (employees only) | Other: |
| Rent | Business Related Casualty or Theft Losses? <input type="checkbox"/> Y <input type="checkbox"/> N (bring details) |

Automobile Expenses

Office in Home

Travel

| | | | | | |
|--------------------------------|------------|------------|----------------------------|--|--|
| | Vehicle #1 | Vehicle #2 | Date Acquired Home | | Lodging |
| Total Miles | | | Total Cost | | Airfare |
| Business Miles | | | Cost of Land | | Auto Rental |
| Commuting Miles | | | Cost of Improvements | | Taxi/Uber/Lyft |
| Personal Miles | | | Sq. Footage of Home | | Bus/Train |
| Jan. 1 2020 Odometer Beginning | | | Sq. Footage of Office Area | | Meals (keep total separate from other costs) |
| Dec. 31 2020 Odometer Ending | | | Rent Paid (if you rent) | | Other (incidentals, laundry, etc.) |
| Gas & Oil | | | Interest | | Convention Fees |
| Interest | | | Taxes | | Travel (# of nights away) |
| Tolls and Local Transportation | | | Utilities | | City _____ Nights Out _____ |
| Lease Payments | | | Insurance | | City _____ Nights Out _____ |
| Repairs & Maintenance | | | Repairs/Maintenance | | City _____ Nights Out _____ |
| Other: | | | Other expenses: | | City _____ Nights Out _____ |

Checklist:

| | |
|--|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Check all information and amounts listed to be sure of accuracy. <input type="checkbox"/> Enclose all W2s, Interest, Dividends, and other 1099s. If you received any correspondence or materials from the IRS or state, please bring them. <input type="checkbox"/> Enclose purchase/sales/contract agreements/closing papers. Dates are important! | <ul style="list-style-type: none"> <input type="checkbox"/> I consent to have the IRS discuss my tax return with my preparer <input type="checkbox"/> TIMELY RECORDS must be maintained to support deductions. Records must indicate who, what, why, where, and when. Check if you have receipts or log. <p>I have reviewed this information and to the best of my knowledge it is correct. Please sign _____</p> |
|--|--|