

TAX YEAR
20

TAX RETURN BINDER

ORGANIZER FOR PERSONAL AND BUSINESS INCOME TAXES

Taxpayer Name

Taxpayer Email

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TAX RETURN BINDER
PERSONAL INFORMATION

TAXPAYER INFORMATION

Full Name	Date of Birth	SSN	Occupation
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email Address	Phone Number	Filing Status	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Street Address	City	State	ZIP
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SPOUSE INFORMATION (if applicable)

Spouse Full Name	Date of Birth	SSN	Occupation
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Spouse Email Address	Spouse Phone		
<input type="text"/>	<input type="text"/>		

DEPENDENT INFORMATION

Dependent Name	Date of Birth	SSN	Relationship
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If any dependent did not live with you all year, indicate which one(s) and number of months:

BANK ACCOUNT INFORMATION (for direct deposit of tax refund)

Bank Name	Routing Number	Account Number	Account Type
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Checking <input type="checkbox"/> Savings

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TAX RETURN BINDER
INDIVIDUAL TAX INFORMATION

PERSONAL INFORMATION CHECKLIST — check all that apply

- Are you, your spouse, or your dependents legally blind or permanently disabled?
- Did your marital status change during the year?
- Did your address change during the year?
- Did you adopt a child under the age of 18 during the year? If yes, provide documentation.
- Did you have children under 18 or full-time students under 23 with investment income over \$2,500?
- Did you obtain health insurance through the Marketplace? If yes, provide Form 1095-A.
- Did you sell your primary residence? If yes, provide closing disclosure statement.
- Did you have interest in or authority over a foreign bank or investment account?

INCOME CHECKLIST — check all that apply and attach relevant documentation

- W-2 provided by your employer(s)
- Social Security Benefits (Form SSA-1099)
- Interest and dividend income (Form 1099-INT and Form 1099-DIV)
- Business income reported on Form 1099-MISC, 1099-NEC, or 1099-K (also complete Business Tax section)
- Sales of stocks, bonds, or other investments (Form 1099-B)
- Did you sell or exchange Cryptocurrency? Provide cost basis.
- Did you receive income from rental property? (also complete rental real estate section)
- Did you receive Alimony payments?
- Did you sell an investment property? If yes, attach settlement statement.
- Income from IRA, pension distributions, or rollovers (Form 1099-R or Form 5498)
- State and local tax refunds (Form 1099-G)
- Unemployment income (Form 1099-G)
- Gambling or prize winnings (Form W-2G or Form 1099)
- Cancelled or forgiven debts (Form 1099-C)
- Distributions from Education Savings Account or Qualified Tuition Program (Form 1099-Q)
- Royalty income
- Pass-through income from a partnership or S Corporation (Schedule K-1)
- Other income (Provide 1099 or other documentation)

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ADJUSTMENTS & ITEMIZED DEDUCTIONS CHECKLIST

ADJUSTMENTS & ITEMIZED DEDUCTIONS CHECKLIST — check all that apply

- Paid tuition expenses (Form 1098-T)
- Student loan interest (Form 1098-E)
- Did you make a back door Roth IRA conversion? (if yes, provide documentation)
- Medical expenses (doctor visits, pharmacy, insurance, medical supplies, hospitalizations)
- Did you purchase a vehicle in which you paid sales tax?
- Real estate taxes paid on primary residence
- Mortgage interest and mortgage insurance on primary residence (Form 1098)
- Did you pay any investment interest expense?
- Cash donations to charity
- Non-monetary donations to charity (clothing, furniture, household items) — provide value
- Did you make alimony payments?
- Educator expenses
- HSA contributions
- Did you do an early withdrawal of retirement income?
- Moving expenses

CREDITS AND PAYMENT INFORMATION — check all that apply

- Did you pay for child/dependent care while you or your spouse worked? Provide amount paid and FEIN of childcare facility.
- Did you make energy efficient improvements to your primary residence?

Did you make estimated tax payments? If so, provide amounts below:

PAYMENT DATE	AMOUNT

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TAX RETURN BINDER
BUSINESS TAX INFORMATION

BUSINESS INFORMATION

Business Name (if applicable)	Employer ID Number (EIN, if applicable)	Business Start Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
Business Activity / Type	Business Address	
<input type="text"/>	<input type="text"/>	

BUSINESS INCOME

COST OF GOODS SOLD

Less Returns & Allowances	<input type="text"/>	Beginning of year inventory balance	<input type="text"/>
	<input type="text"/>	Materials & Supplies purchases throughout the year	<input type="text"/>
		End of year inventory balance	<input type="text"/>

BUSINESS EXPENSES

Accounting	<input type="text"/>	Cleaning / Janitorial	<input type="text"/>
Advertising/Marketing/Promotions	<input type="text"/>	Laundry	<input type="text"/>
Bad Debts	<input type="text"/>	Licenses & Permits	<input type="text"/>
Bank Charges	<input type="text"/>	Business Meals (50%)	<input type="text"/>
Commissions Paid	<input type="text"/>	Office / General Supplies	<input type="text"/>
FMLA (Paid Leave)	<input type="text"/>	Outside Services	<input type="text"/>
Delivery & Freight	<input type="text"/>	Student Loans Paid for Employees	<input type="text"/>
Dues & Subscriptions	<input type="text"/>	Parking & Tolls	<input type="text"/>
Continuing Education	<input type="text"/>	Salary / Wages for Employees	<input type="text"/>
Employee Retirement Contributions	<input type="text"/>	Salary / Wages for Owner	<input type="text"/>
Business Gifts (limited to \$25/person)	<input type="text"/>	Postage	<input type="text"/>
Liability Insurance	<input type="text"/>	Printing	<input type="text"/>
Health Insurance Premiums	<input type="text"/>	Rents (office space / equipment)	<input type="text"/>
Key Person Life Insurance	<input type="text"/>	401(k) / SEP Contributions	<input type="text"/>
Worker's Comp. Insurance	<input type="text"/>	Repairs & Maintenance	<input type="text"/>
Interest Expense	<input type="text"/>	Security	<input type="text"/>
Internet Access	<input type="text"/>	Payroll Taxes	<input type="text"/>
	<input type="text"/>		<input type="text"/>

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TAX RETURN BINDER
BUSINESS EXPENSES — CONTINUED

OTHER BUSINESS EXPENSES (list)

DESCRIPTION	AMOUNT

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TAX RETURN BINDER
BUSINESS VEHICLE INFORMATION

VEHICLE INFORMATION

Date Vehicle Placed in Service for Business Purposes

Year of Vehicle

Make

Model

Business Miles Driven

Total Miles Driven

ACTUAL VEHICLE EXPENSES (optional — see note below)

Gasoline

Repairs & Maintenance

Car Washes

Insurance

Vehicle Registration / Renewal Fees

Interest Paid

Lease Payment (if leased)

* You may use the mileage method instead: $\text{business miles} \div \text{total miles} \times \text{IRS mileage rate}$.

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TAX RETURN BINDER
HOME OFFICE DEDUCTION INFORMATION

HOME OFFICE DEDUCTION

Square Footage of Home Used for Business Purposes

Total Square Footage of Your Home

TOTAL HOME EXPENSES

Mortgage Interest

Real Estate Taxes

Rent

Repairs & Maintenance

Utilities

Casualty Losses

Other Expenses

Adjusted Basis or FMV (whichever lower) of Home for Depreciation

* Simplified method alternative: square footage used for business \times \$5.

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TAX RETURN BINDER
RENTAL REAL ESTATE INFORMATION

RENTAL PROPERTY DETAILS

Address of Investment / Rental Property

Property Description (condo/house/duplex/vacation)

Spent 750+ hrs managing real estate

Purchase Price

Closing Costs Paid at Purchase

Other Costs of Acquiring Property

Purchase Date

RENTAL INCOME

Rental Income

Number of Days Rented During the Year

RENTAL EXPENSES

EXPENSE	AMOUNT	EXPENSE	AMOUNT
Accounting	<input type="text"/>	Plumbing	<input type="text"/>
Automobile Expenses	<input type="text"/>	Property Management	<input type="text"/>
Cleaning / Janitorial	<input type="text"/>	Real Estate Taxes	<input type="text"/>
Commissions	<input type="text"/>	Supplies	<input type="text"/>
HOA Dues	<input type="text"/>	Telephone	<input type="text"/>
Insurance	<input type="text"/>	Travel	<input type="text"/>
Landscaping / Lawn Service	<input type="text"/>	Utilities	<input type="text"/>
Legal & Professional Fees	<input type="text"/>	Other 1	<input type="text"/>
Repairs	<input type="text"/>	Other 2	<input type="text"/>
Maintenance	<input type="text"/>	Other 3	<input type="text"/>
Mortgage Interest (Form 1098)	<input type="text"/>	Other 4	<input type="text"/>
Other Interest	<input type="text"/>	Other 5	<input type="text"/>
Permits / Licenses	<input type="text"/>	Other 6	<input type="text"/>
Pest Control	<input type="text"/>	Other 7	<input type="text"/>

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