

Income Tax Organizer – 2020



TAXPAYER INFORMATION:

First Name _____ Initial ____ Last Name _____
Social Sec Number _____ Date of Birth _____
Mailing Address _____
City _____ State _____ Zip Code _____
Phone (Cell) _____ Other Phone _____
Email _____

SPOUSE INFORMATION:

First Name _____ Initial ____ Last Name _____
Social Sec Number _____ Date of Birth _____

DEPENDENTS:

Name	SSN	D.O.B.	Relationship	Months in home
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

(Please attach separate statement for additional dependents)

Copy of Social Security Cards are required for all new dependents

ID/Driver's License required for ALL taxpayers and spouse

FILING STATUS:

___ Single ___ Married filing **Joint** ___ Married filing **Separate** ___ Qualifying Widow ___ Head of Household
Date of Divorce/Separation: _____ Date of Death: _____

INCOME:

The following documentation and information, if applicable, is required to complete your tax return:

- W2** (for EACH job held by each taxpayer during the year 2020)
- Gambling winnings – **W2G**
- Retirement Income – **1099-R** – (Pensions, Annuities, IRA's, 401K, etc.)
- Interest Income / Dividends – **1099-INT, 1099-B or 1099-DIV**
- Corporate / Partnership Income – **K1**
- Self Employed Business Income – **1099-NEC or 1099-MISC ***
- Rental Income*
- Social Security Benefits – **SSA 1099**
- State Tax Refund – **1099-G**
- Unemployment Income – **1099-G**
- Alimony Income (Does NOT include Child Support)
Payer: _____ Payer SSN: _____ Amount \$ _____
- Other Income (please provide explanation in notes section below)
*** (please attach all supporting documentation or contact us directly for further consultation)**

DEDUCTIONS:

- Medical Expenses (includes all vision, dental, specialists, co-pays, deductibles, prescriptions, medical equipment, home improvements required per prescription by a medical professional, etc.)
- Medical Lodging while obtaining medical treatment (limited to \$50 per night, per person)
- Medical Miles driven in 2020 _____
- Real Estate Property Taxes
- Vehicle Licensing Fee (auto license tags, etc.)
- Home Mortgage Interest and/or Points paid – **Form 1098**
- Charitable Donations
(If monetary donation of \$250 or more, please provide supporting documentation. If fair market value of items donated is equal to \$500 or more, additional information is required)
- Gambling Losses (limited up the amount of winnings, please attach supporting documentation)
- Student Loan Interest – **Form 1098-E**
- Educator Expenses

CREDITS:

- Education Credit – **Must attach Form 1098-T**
Was the student enrolled at least half-time for a minimum of one academic period during 2020? Y N
Was the student convicted of a felony before 12/31/20 for possession or distribution of a controlled substance?
Y N
- Child Care Credit
Did you incur care costs for a dependent child under age 13 or for a disabled dependent or spouse during 2020?
If so, please provide: Name / Address / Taxpayer ID Number or EIN / Total amount paid \$ _____
- Premium Tax Credit – **Must attach Form 1095-A**
Did you or your family hold health insurance coverage through the Marketplace (Obama Care)? Y N
- Energy Credits
Did you make any energy efficient changes to your home (solar panels)? Y N
- Adoption Credit
Expenses incurred in the legal adoption of a child under age 18 or for the adoption of an incapacitated or special needs person (tax credit up to \$14,300 but **non-refundable** – more information required)

The following items may have an impact on your return. Please read thoroughly and answer each.

Y N Did you receive an economic stimulus payment during 2020? Amount \$ _____

Y N Did you receive a Paycheck Protection Program (PPP) loan for your Schedule C business?
Amount \$ _____ Amount Forgiven \$ _____

Y N PURCHASED Health Insurance for yourself or a family member through the Health Insurance Marketplace (Exchange)? If so, attach Form 1095-A.

Y N Did you pay alimony (Child Support payments NOT included)
If yes: Name _____ SSN _____ Amount \$ _____
Date of original divorce or separation agreement _____

Y N Did you (or do you plan to before April 15, 2021) contribute to a traditional IRA or ROTH IRA?

Y N Did you have any debts cancelled or reduced by the creditors (credit cards, personal loans)?

Y N Did you file for bankruptcy during 2020?

Y N Did you purchase, sell, or refinance any real estate property before 12/31/2020?

Y N Did you make any monetary gifts totaling more than \$15,000 to any individual during the year?
o If yes, please provide recipients: Name / Address / Relationship / Total Monetary Amount

Y N Did you live or work in a foreign country at any time during 2020?

Y N Did you have an interest in or signature authority over a financial account in a foreign country, such as a bank account, securities account, retirement account or other financial account?

o If yes – did the total amount in your foreign financial account(s) exceed \$10,000 at any time during the year? Y N

Y N Are you an officer or director of a foreign account?

Y N At any time during 2020, did you receive, sell, send, exchange, or acquire any financial interest in any virtual currency (Bitcoin, Crypto currency)?

Y N Were you granted stock options and/or exercised stock options by your employer?

OTHER

Y N Do you authorize your preparer to discuss your federal tax return with the IRS?

Y N Do you or your spouse want to designate \$3 to the Presidential Election Campaign Fund?

For **Direct Deposit** of your federal and/or state refund please provide the following:

Bank Name _____

Routing Number _____

Account Number _____

Checking

Savings

Any additional information or notes to discuss with your preparer:
