Name		Date	
	Your Name		
	Preparer's		
	Name		
	(subject to terms and conditions)		
Name		Date	
	Your Name		
	Preparer's		
	Name		
	(subject to terms and conditions)		
	(subject to terms and conditions)		
		<u> </u>	
Name		Date	
	Address		

r

# 2020 Tax Organizer Personal and Dependent Information

Persona	I Information										
	Name						SS	N	Has IP PIN	Date	of birth
Taxpayer											
Spouse											
Street addr	ress, city, state, and ZIP					I					
	Occupation			Doutim			Evening	hono		Cell pho	
Taxpayer	Cccupation Daytime phone					Evening phone			Cell plic		
Spouse											
Taxpayer e											
Spouse em	all at end of 2020		Other inform	ation			Taxpa	vor		Spous	<u> </u>
Marital Status	at end of 2020						∏ Yes	-			
	iling separately		Are you bli Are you dis				Ves			└ Yes │ Yes	
Single			Are you a f	ull-time stude	ent?		Yes	No		Yes	No
Widow(e	r) If spouse died in 2020 enter the date of death			nt \$3 to go to I Election Ca		und?	Yes	🗌 No		Yes	No
At any time	during 2020 did you receive, sell, send, exchan	de ora					urrencv?	_		 Yes	
	ent Information	.go, or a				,					
		1	1		Months			1	Full-		
First and I SSN	ast name	Has IP PIN	Relati	onship	in home	Date of	birth	Disabled	time		ildcare penses
List depend	ents required to file a return									-	
•	9 Implications										
Yes No	Did you receive an Economic Impact Payment	t (EIP)?									
	If "Yes," provide Notice 1444 from the IRS	. ,									
	Did you experience economic loss due to COV	/ID-19 (	loss of job, o	closed busin	ess, etc.)	?					
	Were you unemployed for any portion of the ye	ear due	to COVID-1	9?							
	Did you continue to receive wages from your e	employe	r even if you	were unabl	e to work'	?					
ЦЦ	Did you receive a distribution from a retiremen										
	If you own a farm or business, did you continu				-		g?				
	If you own a farm or business, did you delay w		-	-							
	If you own a farm or business, did you receive If "Yes," was the loan forgiven or have you	-		-	1 (PPP) IC	ban?					
	If you own a farm or business and were unable		-		uld vou ha	ve qualif	ed				
	for sick or family leave if employed by someon						-				
Appoint	ment Information										
Your 2020 a	appointment is scheduled for										

	Ado	litional Taxpay	er Information				
Name:						SSN:	
Estimates							
	Federal Date paid An	nount Date	Resident state paid Amo	ount	R Date paid	esident city	Amount
Overpayment applied from 2019							
First quarter							
Second quarter							
Third quarter							
Fourth quarter							
Additional payments							
Account Information for	or Deposits or Withdraw	/als					
		Bank	Bank		account		ccount for
Name of	bank	routing number	account number	Checking	Savings	Deposits	Withdrawals
Identfication Informatio	DN						
Taxpayer       Type of photo ID	river's license	te-issued photo ID					
Driver's license or state-issu	ued photo ID number						
State the driver's license or	state-issued photo ID was is	sued in					
Issue date of the driver's lice	ense or state-issued photo IE	)					
Expiration date of the driver	's license or state-issued pho	oto ID					
Spouse	_						
Type of photo ID	river's license 📃 Sta	te-issued photo ID					
Driver's license or state-issu	ued photo ID number						
State the driver's license or	state-issued photo ID was is	sued in					
Issue date of the driver's lice	ense or state-issued photo IE	)					
Expiration date of the driver	's license or state-issued pho	oto ID					

## Healthcare Coverage Questionnaire

Name: SSN:						
Heal	thcar	e Information				
		Member of household for healthcare purposes	Covered the entire year	Covered less than 12 months	No healthcare coverage at all	
YES	NO					
		Did anyone other than you or your spouse pay for healthcare coverage for a	anyone listed above?			
		Did you pay for healthcare coverage for anyone not listed above?				
		coverage for any part of the year: was the policy obtained?				
	viieie	Employer / Medicare / Medicaid / Marketplace(Exchange) / Other				
lf you	ı didn'	t have coverage part or all of the year:				
Ans	wer YE	S if the following applies to any member of the household				
		Was your previous insurance policy canceled in 2020?				
		Was coverage offered by your employer or your spouse's employer?				
		Are you a member of a federally recognized Indian tribe?				
		Are you eligible for services through an Indian healthcare provider? Are you a member of a healthcare sharing ministry?				
		Did you live in the United States the entire year?				
		Are you enrolled in TRICARE?				
		Did you apply for CHIP coverage?				
		Do any of the following apply to you? Do NOT indicate which one.				
_		Became homeless				
		Evicted in the past six months, or facing eviction or foreclosure				
		Received a shut-off notice from a utility company				
		Recently experienced domestic violence				
		Recently experienced the death of a close family member				
		<ul> <li>Recently experienced a fire, flood, or other natural or human-caused disthat resulted in substantial damage to your property</li> <li>Filed for bankruptcy in the last six months</li> </ul>	aster			
		Incurred unreimbursed medical expenses in the last 24 months that resu	ulted in substantial del	ot		
		<ul> <li>Experienced unexpected increases in essential expenses due to caring t ill, disabled, or aging family member</li> </ul>	for an			

Income	
Name: SSN	:
Wages & Salaries	
Provide all copies of Form W-2	2020 federal
Employer name	wages
	,
Retirement Provide all copies of Form 1099-R	
	2020
Payer name	distribution
	Yes 🗌 No
Form 1099-Misc and Form 1099-NEC Income Provide all copies of Forms 1099-MISC and 1099-NEC	
	2020
Payer name	amount

.020	Income		
Name:		SSN:	
Dividend Income			
Provide all copies of Form 1099-DIV & other statements that	t report dividend income	2020	2020
Account number Payer name		ordinary dividends	qualified dividends
Interest Income			
Provide all copies of Form 1099-INT, Form 1099-OID and ot	her statements that report interest income		2020
Account number Payer name			2020 interest
If any interest income listed above is from a seller-financed r	nortgage, provide the payer's ID number and address		

S	ale of Capital Assets			
Name:			SSN	l:
Sale of Capital Assets (not reported on Form 1	1099-B)			
Provide all brokerage statements Description of property	Date purchased	Date sold	Sales price	Cost
	purchaoca	5014	price	
				·
				·
				· .
				·
				·
				·
				·
	,			
				·
				·
		·		·
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				

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Other Income and Adjustments		
lame:	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		
Jnemployment compensation (attach Forms 1099-G)		
Jnemployment compensation repaid in 2020 · · · · · · · · · · · · · · · · ·		
Gambling winnings (attach Forms W2-G) ••••••••••••••••••••••••••••••••••••		
Alaska Permanent Fund		
ABLE distributions		
Other income:		
Adjustments		
Adjustments	_2020	2020
	2020 Taxpayer	2020 Spouse
Educator expenses (If you are an educator, enter the amount you paid for classroom supplies)	Taxpayer	Spouse
Educator expenses (If you are an educator, enter the amount you paid for classroom supplies)	Taxpayer	Spouse
Educator expenses (If you are an educator, enter the amount you paid for classroom supplies)	Taxpayer	Spouse
Educator expenses (If you are an educator, enter the amount you paid for classroom supplies)	Taxpayer	Spouse
Educator expenses (If you are an educator, enter the amount you paid for classroom supplies)	Taxpayer	Spouse
Educator expenses (If you are an educator, enter the amount you paid for classroom supplies)	Taxpayer	Spouse
Educator expenses (If you are an educator, enter the amount you paid for classroom supplies)	Taxpayer	Spouse
Educator expenses (If you are an educator, enter the amount you paid for classroom supplies)	Taxpayer	Spouse
Educator expenses (If you are an educator, enter the amount you paid for classroom supplies)	Taxpayer	Spouse
Educator expenses (If you are an educator, enter the amount you paid for classroom supplies)	Taxpayer	Spouse
Educator expenses (If you are an educator, enter the amount you paid for classroom supplies)	Taxpayer	Spouse
Educator expenses (If you are an educator, enter the amount you paid for classroom supplies)	Taxpayer	Spouse
Educator expenses (If you are an educator, enter the amount you paid for classroom supplies)	Taxpayer	Spouse
Educator expenses (If you are an educator, enter the amount you paid for classroom supplies)	Taxpayer	Spouse
SSN	Taxpayer	Spouse

2020	Dustit and ass from Dusinger	
	C - Profit or Loss from Business	
Name:	SSN:	
General Business Information		
Business name	Employer ID number	
Professional product or service		
Business address, city, state, ZIP		
This business started or was acquired during 2020	Yes No Payments of \$600 or more were paid to an individual w not your employee for services provided for this busines	ho is ss
This business was disposed of during 2020	Yes No You filed Forms 1099 for the individuals	
Income		
	2020	2020
Gross receipts or sales	Other income	
Returns & allowances		
Expenses	2020	2020
Advatising	Travel	2020
Advertising		
Car & truck expenses	Total meals	
Commissions & fees	Utilities • • • • • • • • • • • • • • • • • • •	
Contract labor	Wages · · · · · · · · · · · · · · · · · · ·	
Depletion	Other expenses (list)	
Employee benefit programs		
Insurance (other than health)		
Interest - mortgage		
Interest - other		
Legal & professional services		
Office expenses		
Pension & profit sharing plans		
Rent or lease (vehicles, machinery, & equipment)		
Rent (other business property)		
Repairs & maintenance		
Supplies		
Taxes & licenses		
Cost of Goods Sold		
	2020	2020
Inventory at beginning of year	Materials & supplies	
Purchases	Other costs	
Cost of personal use items	Inventory at end of year	
Cost of labor	There was a change in inventory method	

Schedule E - Income or Los	ss from Rei	ntal Real Estate &	Royalties
Name:			SSN:
General Property Information			
Property description Address, city, state, ZIP			
Select the property type         Single family residence         Multi-family residence         Commercial	rental	Land D Royalties	Self-rental Other
Number of days property was rented Num If the rental is a multi-dwelling unit and you occupied part of the un		erty was used for personal entage you occupied	use
<ul> <li>This property is your main home or second home</li> <li>This property was disposed of during 2020</li> <li>This property was owned as a qualified joint venture</li> </ul>	Yes No		ore were paid to an individual who is ervices provided for this rental r the individuals
Income			
Rent income	2020 R <sup>→</sup> m	oyalties from oil, gas, ineral, copyright or patent	2020
Expenses			
	ntal unit Repenses	ental <u>and</u> homeowner expenses	
Advertising			If this Schedule E is for a
Auto & travel			a multi-unit dwelling and you lived in one unit and rented
Cleaning & maintenance			out the other units, use the "Rental and homeowner
Commissions			expenses" column to show
Insurance			expenses that apply to the entire property. Use the "Rental unit
Legal & professional fees			expenses" column to show
Management fees			expenses that pertain ONLY to the rental portion of the property.
Mortgage interest			
Other interest			If the Schedule E is not for a multi-unit property in which you
Repairs			lived in one unit, complete just
Supplies			the "Rental unit expenses" column.
Taxes			
Utilities			
Depletion · · · · · · · · · · · · · · · · · · ·			
· ·			
· ·			

Income or Loss from Partnerships, S corporations, and Fiduciaries				
Name:	SSN:			
Partnerships, S corporations, Estates and Trusts				
Provide all copies of Schedule K-1 and attachments				
Entity Name	EIN			
	<u> </u>			
	<u> </u>			
	<u> </u>			
	<u> </u>			
	<u> </u>			
	<u> </u>			
	<u> </u>			
	<u> </u>			

#### **Schedule A - Itemized Deductions**

Name:	SSN:
Medical and Dental Expenses	Charitable Contributions
Health insurance premiums (paid by you)	Donations to charity Cash Noncash Amount
Long-term care premiums (you) ••••••••••••	Church
Long-term care premiums (your spouse)	Boy or Girl Scouts
Long-term care premiums (dependents)	Goodwill
Mileage driven for medical purposes	Red Cross
Medical & dental expenses	Salvation Army
Doctor, dental, etc	United Way
Prescription medicines	Veterans
Insulin	Hospital
Glasses & contacts	University
Hearing aids	Other
Braces	Miles driven for charitable purposes
Medical equipment & supplies	Other Miscellaneous Deductions
Hospital services	Amortizable bond premiums
Laboratory services • • • • • • • • • • • • • • • • • • •	Federal estate tax
Nursing services	Gambling losses
Other	Impairment-related work expenses
Taxes Paid	Claim repayments
State and local income taxes	Unrecovered pension investments
Sales tax	Loss from other activities from Schedule K-1
Real estate taxes	Ordinary loss debt instrument
Personal property taxes	Excess deduction on termination
Other taxes (list)	Job Expenses & Certain Miscellaneous Deductions Necessary job expenses you paid that were not reimbursed by your
	employer
	Safety equipment, tools, & supplies
Interest Paid	Uniforms
Mortgage interest paid (attach Form 1098)	Protective clothing (shoes, hardhats, glasses, etc.)
Some of your home mortgage loan was not used to buy, build, or improve your home	Dues to professional organizations
Mortgage interest paid to an individual	Books & subscriptions
Paid to:	Other
Name	Union dues • • • • • • • • • • • • • • • • • • •
Address	Tax preparation fees
City, State, ZIP	Other nonpersonal expenses related to taxable income
SSN or EIN	Safe deposit box fees
Mortgage insurance premiums	Investment expenses not entered elsewhere
Investment interest	Other
	Home equity interest

Other Information			
Name:			SSN:
Mortgage Interest			
Provide all copies of Form 1098			
Lender's name	Mortgage interest received	Mortgage insurance premiums	Real estate taxes paid
Employee Business Expenses	_		
<ul> <li>You are a qualified performing artist</li> <li>You are a fee-based state or local government official</li> </ul>	_	a member of the cler	rgy icle for your job during 2020
You are a disabled employee with impairment-related work expenses		а уош регоопаг колто	Sle for your job daming 2020
You are a reservist	NOT reimbursed	Reim	nbursed by your employer
	by your employer	nc	ot included on your W-2
Parking fees, tolls, local transportation			
Meals			
Overnight business travel expenses (Do not include meals & entertainment)			
Other business expenses			
	·		-
Casualties and Thefts			
FEMA code	FEMA code		
Property description		ו	
Property location	Property location		
Date property was acquired	- Date property was a	acquired	
Date property was damaged or stolen	Date property was d	-	
Cost of property damaged or stolen	Cost of property dan		
Amount of damage		-	
Insurance reimbursement			