

# TAX ORGANIZER

Toni L. Ladnier, CPA LLC  
PO Box 2852  
St. Francisville, LA 70775  
(225) 635-3845

Dear Valued Client,

Enclosed is your Tax Organizer for tax year 2020. This organizer will assist you in collecting and reporting information necessary for me to properly prepare your 2020 income tax returns. Please complete the organizer sections as appropriate and provide supporting documentation where necessary.

To complete the Organizer, enter all relevant information in the designated areas on each page. Please add any notes or questions that will help me prepare complete and accurate returns for you. In addition, this will help me to plan with you and to manage your tax situation in future years. If my firm prepared your return last year, your prior year amounts are included in the Prior Year Amount column of your Organizer. Use this information to help you remember the types of income and deductions you reported last year. I do ask that you answer all of the questions in the Organizer.

Please provide to me the following additional information:

- A copy of your 2018 and 2019 tax returns, if not prepared by my firm.
- Original Form(s) W-2.
- Schedule(s) K-1 from partnerships, S-corporations, estates or trusts.
- Information about contributions to a pension or other retirement plan.
- Form(s) 1099 or statements reporting dividend, interest, retirement or other income.
- Broker statements providing details of capital gains transactions.
- Form(s) 1098 and copies of real estate tax bills, etc.
- Legal documents pertaining to the sale or purchase of real property.
- Declaration page from your 2020 Homeowner's Insurance Policy.
- Cost of tuition, uniforms, supplies and classroom fee(s) split for each dependent child in grades K-12.
- All supporting documentation if you are claiming a medical expense deduction.
- All supporting documentation if you are claiming a charitable contribution deduction. I must receive the acknowledgement letter from the charity for all donations \$250 or more in order to include the deduction on your return.
- You must answer all questions in the organizer relating to health insurance requirements. Please provide all copies of forms 1095-A, 1095-B or 1095-C you receive.
- Please provide bank information if you wish to receive your refund or pay your balance due electronically.
- Any tax notices received from the IRS or other taxing authority.

**My cutoff date for guaranteed filing by April 15th is March 17, 2021. Any returns received after this date are not guaranteed to be filed by the due date but an extension will be filed on your behalf.**

In addition to completing this organizer, please find enclosed an engagement letter which outlines the terms of our engagement. **You and your spouse (if filing a joint return) must sign and return this letter to me prior to me preparing your tax returns.**

**PLEASE NOTE: NEW OFFICE ADDRESS IS 11736 FERDINAND STREET.**

Thank you for completing this Tax Organizer. Please contact me if you need further assistance.

Cordially,



Toni L. Ladnier  
On behalf of: Toni L. Ladnier, CPA LLC

## 1040 - INDIVIDUAL TAX RETURN ENGAGEMENT LETTER

Toni L. Ladnier, CPA LLC  
PO Box 2852  
St Francisville, LA 70775

January 7, 2021

Dear Valued Client,

Thank you for selecting me to assist you with your tax affairs. This letter confirms the terms of my engagement with you and the nature and extent of the services I will provide.

I will prepare your federal and state returns for tax year 2020 based on information you provide. Although my work will not include procedures to discover irregularities or inaccuracies in the tax data you provide, I may ask for clarification of certain information, or additional information, so that I can prepare accurate and complete returns for you. I've enclosed a Tax Organizer to help you gather the information required for a complete return. If you use the Organizer, it will help you avoid overlooking important information and contribute to the efficient preparation of your returns.

It is your responsibility to provide all necessary information related to income and deductions for tax year 2020. It is also your responsibility to respond to my inquiries in a timely manner so that I am able to accurately complete your returns by the appropriate due dates.

You are responsible for maintaining appropriate records, such as official tax documents you receive, receipts and substantiation for your deductions, and purchase and sales information for assets. These documents may be necessary to prove accuracy and completeness of the returns to a taxing authority.

You are responsible for the returns, so you should review them carefully before you sign them.

I must use my judgment in resolving questions where the tax law is unclear, or where there may be conflicts between the taxing authorities' interpretations of the law and other supportable positions. In order to avoid penalties, I will apply the "more likely than not" reliance standard to resolve such issues. You agree to honor my decisions regarding the need to make protective disclosures in your return.

Penalties of as much as \$100,000 can be imposed on you for failing to disclose participation in "reportable transactions" which are certain arrangements the IRS has identified as potentially abusive. I will insist that all such transactions be properly disclosed. It is your responsibility to disclose such transactions to me.

The law also imposes penalties when taxpayers understate their tax liability. If you should have concerns about such penalties, please call me.

Your returns may be selected for audit by a taxing authority. Any proposed adjustments are subject to appeal. In the event of a tax examination, I am available to represent you. Such representation will be a separate engagement for which an engagement letter will be provided to you. Fees and expenses for defending the return will be invoiced in accordance with the terms we agree on for that engagement.

My fee for preparation of your tax returns will be based on the amount of time required at standard billing rates plus out of pocket expenses. All invoices are due and payable upon presentation. Returns will not be filed until your invoice is paid in full. If I choose to accept payment from you on delayed terms, an interest charge, to the extent permitted by state law, will be added to all invoices not paid within thirty (30) days of the due date.

I will retain copies of records you supplied to me along with my work papers for your engagement for a period of five (5) years. After this time my work papers will be destroyed. All of your original records will be returned to you at the end of this engagement. You should keep the original records in secure storage.

To affirm that this letter correctly summarizes your understanding of our engagement, please sign below in the space indicated and return it to me along with the completed Tax Organizer.

Thank you again for choosing me to prepare your 2020 tax returns. I appreciate your confidence in me. Please call with any questions.

Cordially,



Toni L Ladnier  
On behalf of: Toni L. Ladnier, CPA LLC

Accepted by:  
Both Taxpayer and Spouse must sign for preparation of joint returns.

\_\_\_\_\_  
Taxpayer

\_\_\_\_\_  
Spouse

\_\_\_\_\_  
Date

General Information

Taxpayer

Spouse

Form fields for Taxpayer: First Name, Middle Initial, Last Name, Suffix, Social Security Number, Date of Birth, Date of Death

Form fields for Spouse: First Name, Middle Initial, Last Name, Suffix, Social Security Number, Date of Birth, Date of Death

Check ("X") which phone number to list on return.

Form fields for Taxpayer: Home Phone, Work Phone, Cell Phone, Fax Number, Legally Blind, Totally Disabled, Claimed as a Dependent

Form fields for Spouse: Home Phone, Work Phone, Cell Phone, Fax Number, Legally Blind, Totally Disabled, Claimed as a Dependent

Form fields for Taxpayer: Occupational Election Fund (\$3), Occupation, E-mail address, State of Residence as of 12/31, County of Residence as of 12/31, School District as of 12/31, Sales tax rate of locality in 2020, If Part Year, Period of Residency

Form fields for Spouse: Occupational Election Fund (\$3), Occupation, E-mail address, State of Residence as of 12/31, County of Residence as of 12/31, School District as of 12/31, Sales tax rate of locality in 2020, If Part Year, Period of Residency

Additional information is being requested this filing season in an effort to combat stolen-identity tax fraud. Please provide the requested information from the driver's license or state-issued identification card. Providing the information could help process state returns faster.

Form fields for ID information: ID type, ID number, ID issuing state, ID issue date, ID expiration date

Filing Status

Filing status options: Status on 2019 return, Status as of 12/31/2020 (Single, Married filing joint, Married filing separately, Head of Household, Qualifying widow(er) with minor child)

Taxpayer's Address

Address form fields: Street, City, State, Zip Code, Foreign province/county, Foreign postal code

Preparer's Information

Preparer information fields: Preparer's name (Toni L Ladnier), Firm's name (Toni L. Ladnier, CPA LLC), Street (PO Box 2852), City (St Francisville), State (LA), Zip Code (70775)

Attestation and Signature:

To the best of my knowledge the enclosed information is correct and includes all income, deductions, and other information necessary for the preparation of this year's income tax returns for which I have adequate records.

Signature and Date fields: Sign here, Date

### Questions

Yes      No

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>

#### Personal Information

- 1 Did any births, adoptions, marriages, divorces, or deaths occur in your family since last year?
- 2 Did you purchase or sell your principal residence or did your address change?
- 3 Are either you or your spouse being claimed (or are eligible to be claimed) as a dependent on anyone else's return?
- 4 Were you in a Registered Domestic Partnership, civil union or same-sex marriage during 2020?
- 5 Were either you or your spouse in the military or National Guard?
- 6 Have you been notified by the IRS or state of changes to a prior year's return, or received any other tax correspondence?
- 7 Have you or your spouse been an identity theft victim and given an identity theft protection six digit PIN by the IRS?

Yes      No

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
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#### Dependents

- 1 Are there any changes in your dependents from last year?
- 2 Did you have any children under 19 (or 24 if a full time student) who received more than \$1,100 in investment income?
- 3 Did you pay education expenses for your dependent children?
- 4 Did anyone in your family receive a scholarship of any kind during 2020?
- 5 Did you pay any dependent care expenses for a child or a parent?
- 6 Did you pay over half of the support for a parent or someone else you aren't claiming as a dependent?
- 7 Are all of your dependents either US residents or citizens?

Yes      No

<input type="checkbox"/>	<input type="checkbox"/>
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#### Health Care Coverage

- 1 Did you or a member of your family have minimum essential coverage in 2020? (The entity that provided the coverage may have sent you a Form 1095-A, 1095-B, or 1095-C, that lists individuals in your family who were enrolled in minimum essential coverage and shows their months of coverage.)

Yes      No

<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

#### Income (In 2020, did you or your spouse have any of the following?)

- 1 Wages? (include form(s) W-2)
- 2 Non-employee compensation? (include form(s) 1099-NEC)
- 3 Miscellaneous Income? (include form(s) 1099-MISC)
- 4 Interest income? (include form(s) 1099-INT)
- 5 Dividend income? (include form(s) 1099-DIV)
- 6 Did you receive any tax-exempt income, such as interest or dividends from municipal bonds or a mutual fund account?
- 7 Gambling income? (include form(s) W-2G). Be sure to include any gambling expenses.
- 8 Social security or Railroad Retirement benefits? (include form(s) SSA-1099 & RRB-1099)
- 9 Did you receive a state or local refund, or a refund of any other deduction you itemized in a prior year? (attach 1099-G)
- 10 Disability income? (include form(s) W-2 or 1099)
- 11 Unemployment compensation? (include form(s) 1099-G)
- 12 Alimony?
- 13 Did you receive tip income NOT reported to your employer?
- 14 Did you receive payments from a Long-Term Care insurance contract?
- 15 Did you barter your services for goods or services from someone else?
- 16 Did you receive, or expect to receive, a Schedule K-1 (or substitute K-1) from a trust, estate, partnership, or S corp?
- 17 Did you receive employer-provided adoption benefits for a previous year?
- 18 Did you cash in any U.S. savings bonds?
- 19 Did you make a loan to someone at an interest rate below market rate?
- 20 Did you receive a housing allowance for ministerial services you provided?
- 21 Did you receive any income not reported in this Organizer?
- 22 Did you own an interest in a Real Estate Mortgage Investment Conduit (REMIC)?
- 23 Did you receive a stimulus payment from the IRS in 2020?
- 24 If so, how much did you receive?

Yes      No

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

#### Foreign Reporting

- 1 Did you have an interest in or signature authority over a financial account in a foreign country?
- 2 Were you the grantor of or transferor to a foreign trust?
- 3 Did you receive income from a foreign source or pay taxes to a foreign government?

Yes      No

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

#### Retirement & Other Plans

- 1 Did you receive any distributions from a retirement plan? (Include form(s) 1099-R)
- 2 Did you rollover a retirement plan distribution into another plan?
- 3 Did you convert a traditional IRA to a Roth IRA?
- 4 Did you make a contribution to a retirement plan? (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?
- 5 Did you receive a distribution from an Achieving a Better Life Experience (ABLE) savings account?
- 6 Did you receive a distribution from an HSA, Archer MSA or Medicare Advantage MSA (Include form(s) 1099-SA)
- 7 Did you make any contributions to an HSA (Health Savings Account) in 2020?
- 8 Did you receive an early distribution for a Coronavirus (CARES Act) qualified distribution?

9 Did you receive an early distribution for a qualified birth or adoption distribution?

**Yes No Purchases, Sales, Gains and Losses**

- |                          |                          |    |   |
|--------------------------|--------------------------|----|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1  | Did you exchange any securities or investments for something other than cash (i.e. Virtual Currency or other property)? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2  | Do you have any short sales, commodity sales, or straddles?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 3  | Did you receive Form 2439?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 4  | Did you buy or sell any bonds?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 5  | Did you receive stock from a stock bonus plan with your employer?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 6  | Did you sell any other personal assets at a gain?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 7  | Did you sell any real estate (other than your home) during the year?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 8  | Did you sell any assets using the installment method?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 9  | Did you receive proceeds from a prior year installment sale?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 10 | Did you purchase a rental property?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 11 | Did you exchange any property for other property?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 12 | Did you incur a loss because of damaged or stolen property?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 13 | Did you purchase a new vehicle, aircraft or boat?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 14 | Did any security become worthless during 2020?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 15 | Did any debts become uncollectible during 2020?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 16 | Did you purchase any items acquired out of state, online or by mail order that did not include sales tax?               |

**Yes No Business and Rental Property Income & Deductions**

- |                          |                          |    |   |
|--------------------------|--------------------------|----|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1  | If you own rental property, do you qualify as a Real Estate Professional?                           |
| <input type="checkbox"/> | <input type="checkbox"/> | 2  | Did you start or acquire a new business?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 3  | Did you sell any part of an existing business, or sell business assets?                             |
| <input type="checkbox"/> | <input type="checkbox"/> | 4  | Did you cease operating any business or rental property?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 5  | Did you remove any of your business assets for personal use?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 6  | Did you use part of your home for business purposes?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 7  | Did you make any contributions to a Keogh or a self-employed SEP plan for 2020?                     |
| <input type="checkbox"/> | <input type="checkbox"/> | 8  | Do you pay for any health or long term care insurance through your business?                        |
| <input type="checkbox"/> | <input type="checkbox"/> | 9  | If you or your spouse are self-employed, are either of you covered under an employer's health plan? |
| <input type="checkbox"/> | <input type="checkbox"/> | 10 | Did you purchase any furniture or equipment for your business?                                      |
| <input type="checkbox"/> | <input type="checkbox"/> | 11 | Did you make any improvements to your rental properties?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 12 | Did you receive income from raising animals or crops?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 13 | Did your business receive a Paycheck Protection Plan (PPP) Loan in 2020?                            |
| <input type="checkbox"/> | <input type="checkbox"/> | 14 | If so, have you filed for or received forgiveness for this loan?                                    |

**Yes No Other Deductions**

- |                          |                          |    |  |
|--------------------------|--------------------------|----|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1  | Did you use your car on the job (other than to and from work)?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 2  | Did you work out of town for part of the year?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 3  | Did you incur unreimbursed expenses working as a reservist, performing artist, or fee-basis gov't official?          |
| <input type="checkbox"/> | <input type="checkbox"/> | 4  | Did you incur any travel and entertainment expenses for business purposes?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 5  | Did you pay expenses for the care of your child or other dependent so you could work?                                |
| <input type="checkbox"/> | <input type="checkbox"/> | 6  | Did you purchase a 'clean fuel' or electric hybrid vehicle in 2020?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 7  | Did you make energy efficient improvements to your home or purchase any energy-saving property during 2020?          |
| <input type="checkbox"/> | <input type="checkbox"/> | 8  | Did you contribute less than an entire interest in any property to charity?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 9  | Did you refinance a mortgage or take out a home equity loan during 2020?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 10 | Did you incur moving expenses during the year due to a military order and incident to a permanent change in station? |
| <input type="checkbox"/> | <input type="checkbox"/> | 11 | Did you or your spouse pay any educational expenses for yourselves?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 12 | Did you pay any student loan interest?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 13 | Did you make any federal or state estimated payments?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 14 | Did you pay alimony?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 15 | Did you donate non-cash donations?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 16 | Did you donate a vehicle?  |

**Yes No Miscellaneous**

- |                          |                          |   |   |
|--------------------------|--------------------------|---|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1 | Did you make gifts of more than \$15,000 to any one person?                       |
| <input type="checkbox"/> | <input type="checkbox"/> | 2 | Did you engage the service of any household employees?                            |
| <input type="checkbox"/> | <input type="checkbox"/> | 3 | Did your bank account information change within the last twelve months?           |
| <input type="checkbox"/> | <input type="checkbox"/> | 4 | Do you want to allocate \$3 to the Presidential Election Campaign Fund?           |
| <input type="checkbox"/> | <input type="checkbox"/> | 5 | Does your spouse want to allocate \$3 to the Presidential Election Campaign Fund? |

- 6 Did you file Form 8839, Adoption Credit, in a previous year or incur adoption expenses in 2020?
- 7 Did you claim a First-time Homebuyer Credit for a home purchased in 2008?
- 8 Was there a disposition or change in use of your main home for which you claimed the First-time Homebuyer Credit?

**Yes No** **Return preparation and filing**

- 1 Do you want to e-file your return?
- 2 If you are due a refund, how do you want to receive it?
- Check sent to you in the mail  Other quick refund via a bank product
- Apply to next year's estimates
- Direct deposit (please provide voided blank check) Type of account:  Checking  Savings
- If you owe taxes, how do you want to pay them?
- Paper check sent with my return  Credit card  Installment Agreement
- Direct debit (please provide a voided blank check) Type of account:  Checking  Savings
- 3 Do you want to allow your tax preparer to discuss this year's return with the IRS?  
If no, enter another person (if desired) to be allowed to discuss this return with the IRS:
- Designee's name \_\_\_\_\_ Phone Number \_\_\_\_\_ Personal identification Number (5 digit PIN) \_\_\_\_\_







Name \_\_\_\_\_

SSN \_\_\_\_\_

# Wages

## W-2 Information

<b>"X"</b> <b>if</b> <b>spouse</b>	<b>Employer's Name</b>	<b>Box 1</b> <b>Wages, Tips</b> <b>Other Comp</b>	<b>Box 2</b> <b>Federal Income</b> <b>Tax Withheld</b>	<b>Box 16</b> <b>State</b> <b>Wages</b>	<b>Box 17</b> <b>State Income</b> <b>Tax Withheld</b>
<input type="checkbox"/>	1				
<input type="checkbox"/>	2				
<input type="checkbox"/>	3				
<input type="checkbox"/>	4				
<input type="checkbox"/>	5				
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<input type="checkbox"/>	40				
<input type="checkbox"/>	41				
<input type="checkbox"/>	42				
<input type="checkbox"/>	43				

Name \_\_\_\_\_

SSN \_\_\_\_\_

**Interest Income**

Please provide copies of all Form 1099-INT or other statements reporting interest income.

\* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J	Payer	Taxable Interest Income Current Year Amount	Prior Year Amount	Tax Exempt Interest Current Year Amount	Prior Year Amount	Specified Priv Act Interest Current Year Amount	Prior Year Amount
	1						
	2						
	3						
	4						
	5						
	6						
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	10						
	11						
	12						
	13						
	14						
	15						
	16						
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	19						
	20						

**Dividend Income**

Please provide copies of all Form 1099-DIV or other statements reporting dividend income.

\* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J	Payer	Ordinary Dividends Current Year Amount	Prior Year Amount	Qualified Dividends Current Year Amount	Prior Year Amount	Capital Gains Current Year Amount	Prior Year Amount
	1						
	2						
	3						
	4						
	5						
	6						
	7						
	8						
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	10						
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	18						
	19						
	20						

Name \_\_\_\_\_

SSN \_\_\_\_\_

**Medical and Dental - Itemized Deductions**

	<b>Current Year Amount</b>	<b>Prior Year Amount</b>
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
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22		

- 1 Prescription medications . . . . . 1
- 2 Fees for doctors, dentists, etc. . . . . 2
- 3 Fees for hospitals, clinics, etc. . . . . 3
- 4 Lab and X-ray fees . . . . . 4
- 5 Medical aids such as glasses, contacts, hearing aids, wheelchair, etc. . . . . 5
- 6 Medical equipment and supplies . . . . . 6
- 7 Medical mileage (number of miles driven) . . . . . 7
- 8 Medical parking, tolls and local transportation . . . . . 8
- 9 Lodging for medical purposes (up to \$50 per night per person) . . . . . 9
- 10 Health/Dental/Other ins. premiums (do not include self-employed plans) . . . . 10
- 11 Long Term Care insurance premiums (taxpayer) . . . . . 11
- 12 Long Term Care insurance premiums (spouse) . . . . . 12
- 13 Expenses to stop smoking . . . . . 13
- 14 Health insurance premiums - coverage established under your business (1) . . . 14
- 15 Health insurance premiums - coverage established under your business (2) . . . 15
- 16 Long Term Care insurance premiums - coverage est. under your business (1) . . 16
- 17 Long Term Care insurance premiums - coverage est. under your business (2) . . 17
- 18 \_\_\_\_\_ 18
- 19 \_\_\_\_\_ 19
- 20 \_\_\_\_\_ 20
- 21 \_\_\_\_\_ 21
- 22 Insurance reimbursement for any medical and dental expense listed above 22



Name \_\_\_\_\_

SSN \_\_\_\_\_

**Interest - Itemized Deductions**

**Home Mortgage Interest and Points Reported on Form 1098**

Current Year Amount	Prior Year Amount

49 Lender \_\_\_\_\_ 49

50 Lender \_\_\_\_\_ 50

51 Lender \_\_\_\_\_ 51

52 Lender \_\_\_\_\_ 52

**Home Mortgage Interest Not Reported on Form 1098**

53 Name: \_\_\_\_\_ 53

Address: \_\_\_\_\_

SSN: \_\_\_\_\_

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54 Mortgage insurance premiums paid on 2020 acquisition indebtedness for principal residence . . . . . 54

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**Refinancing Points**

55 Description . . . . . 55

Points paid . . . . .

Date of loan . . . . .

Total number of scheduled loan payments . . . . .

Number of payments made in 2020 . . . . .


56 Description . . . . . 56

Points paid . . . . .

Date of loan . . . . .

Total number of scheduled loan payments . . . . .

Number of payments made in 2020 . . . . .


57 Description . . . . . 57

Points paid . . . . .

Date of loan . . . . .

Total number of scheduled loan payments . . . . .

Number of payments made in 2020 . . . . .


58 Description . . . . . 58

Points paid . . . . .

Date of loan . . . . .

Total number of scheduled loan payments . . . . .

Number of payments made in 2020 . . . . .


59 Investment interest paid . . . . . 59

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Name \_\_\_\_\_

SSN \_\_\_\_\_

**Charity - Itemized Deductions**

\* Total contributions \$500 or less. See Non-Cash Charity if over \$500.

	Current Year Amount	Prior Year Amount
1		
2		
3		

1 Gifts To Charity Other Than By Cash or Check\* . . . . . 1

2 Total Miles driven for charitable activities . . . . . 2

3 Parking fees, tolls and local transportation for charitable activities . . . . . 3

**Gifts To Charity By Cash or Check**

1		
2		
3		
4		
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1 \_\_\_\_\_ 1

2 \_\_\_\_\_ 2

3 \_\_\_\_\_ 3

4 \_\_\_\_\_ 4

5 \_\_\_\_\_ 5

6 \_\_\_\_\_ 6

7 \_\_\_\_\_ 7

8 \_\_\_\_\_ 8

9 \_\_\_\_\_ 9

10 \_\_\_\_\_ 10

11 \_\_\_\_\_ 11

12 \_\_\_\_\_ 12

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35 \_\_\_\_\_ 35

36 \_\_\_\_\_ 36

37 \_\_\_\_\_ 37

38 \_\_\_\_\_ 38

39 \_\_\_\_\_ 39

40 \_\_\_\_\_ 40

41 \_\_\_\_\_ 41

Name \_\_\_\_\_

SSN \_\_\_\_\_

### Child and Dependent Care Expenses

- 1 Amount of dependent care benefits forfeited . . . . . **1** \_\_\_\_\_
- 2 Amount of dependent care expenses incurred in 2019 and paid in 2020 . . . . . **2** \_\_\_\_\_

**Note:** Enter qualified expenses for dependents on the Organizer dependent sheet.

#### Filer and/or Spouse Who Is a Student or Disabled

Check one box for each month or partial month that the filer or spouse was a full-time student or disabled.

		Filer's earned income for each month	Spouse's earned income for each month
Filer	Spouse	Filer	Spouse
<input type="checkbox"/>	<input type="checkbox"/>	January . . . . .	_____
<input type="checkbox"/>	<input type="checkbox"/>	February . . . . .	_____
<input type="checkbox"/>	<input type="checkbox"/>	March . . . . .	_____
<input type="checkbox"/>	<input type="checkbox"/>	April . . . . .	_____
<input type="checkbox"/>	<input type="checkbox"/>	May . . . . .	_____
<input type="checkbox"/>	<input type="checkbox"/>	June . . . . .	_____
<input type="checkbox"/>	<input type="checkbox"/>	July . . . . .	_____
<input type="checkbox"/>	<input type="checkbox"/>	August . . . . .	_____
<input type="checkbox"/>	<input type="checkbox"/>	September . . . . .	_____
<input type="checkbox"/>	<input type="checkbox"/>	October . . . . .	_____
<input type="checkbox"/>	<input type="checkbox"/>	November . . . . .	_____
<input type="checkbox"/>	<input type="checkbox"/>	December . . . . .	_____

#### Non-Dependent Information and Qualifying Expenses

	First Name	Last Name	Birthdate	SSN	Amount incurred and paid in 2020
1	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____

#### Persons or Organizations Who Provided the Care

	Name	Address	SSN/EIN	Amount incurred and paid in 2020
1	First: _____	City: _____ State: _____ Zip: _____	SSN: _____	
	Last: _____		EIN: _____	
	Business: _____			
2	First: _____	City: _____ State: _____ Zip: _____	SSN: _____	
	Last: _____		EIN: _____	
	Business: _____			
3	First: _____	City: _____ State: _____ Zip: _____	SSN: _____	
	Last: _____		EIN: _____	
	Business: _____			
4	First: _____	City: _____ State: _____ Zip: _____	SSN: _____	
	Last: _____		EIN: _____	
	Business: _____			
5	First: _____	City: _____ State: _____ Zip: _____	SSN: _____	
	Last: _____		EIN: _____	
	Business: _____			