

Tax Organizer For 2020 Income Tax Return

Prepared For:

**Do Not File
Verify PTIN**

Prepared By:

This Tax Organizer can be used to help identify information needed to prepare your 2020 income tax return. Enter your 2020 tax information and if additional space is required, enclose a separate sheet with the details. If available, your prior year information has been included for reference.

Please return this Tax Organizer along with all Forms W-2, 1099, and any other relevant information that will assist in the accurate preparation of your 2020 income tax return.

PERSONAL INFORMATION ORGANIZER
Please complete this Organizer before your appointment.

1. PERSONAL INFORMATION

| | | | | | | | |
|--------------------|--|------------------------|---------------|---------------|---------------------|--------------------------|--------------------------|
| Name | | SSN or ITIN | Date of Birth | Date of Death | Occupation | Blind | Disabled |
| Taxpayer | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Spouse | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Street Address | | Apt. | City or town | State | Zip Code | County | |
| Foreign country | | Foreign province/state | | | Foreign postal code | | |
| E-mail Address(es) | | | | Home Phone | | Mobile Phone | |

2. FILING STATUS

Single Check if parent (or someone else) can claim you as a dependent on their return.
 Married Filing Joint
 Married Filing Separate Check if you lived apart from your spouse for all of 2020.
 Head of Household
 Qualifying Widow(er) Year spouse died: _____

3. DEPENDENTS

| Name | Relationship | Date of Birth | SSN or ITIN | Months Lived With You | Disabled | Full Time Student | Dependent's Gross Income | Child Care Expenses Paid |
|------|--------------|---------------|-------------|-----------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | | |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | | |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | | |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | | |

4. REFUND INFORMATION

1. Would you like to have any refunds directly deposited into your bank account? Yes No

| | |
|---|---|
| <p>Bank Account Ownership <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings Bank name _____ Routing number _____ Account number _____ Account outside the jurisdiction of the United States? <input type="checkbox"/> Yes</p> | <p>Bank Account Ownership <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings Bank name _____ Routing number _____ Account number _____ Account outside the jurisdiction of the United States? <input type="checkbox"/> Yes</p> |
|---|---|

5. IDENTIFICATION INFORMATION

| | |
|--|--|
| <p>Taxpayer Type of ID: <input type="checkbox"/> Driver's license <input type="checkbox"/> State-issued ID <input type="checkbox"/> No ID ID number _____ Location of issuance _____ Issue date _____ Expiration date _____</p> | <p>Spouse Type of ID: <input type="checkbox"/> Driver's license <input type="checkbox"/> State-issued ID <input type="checkbox"/> No ID ID number _____ Location of issuance _____ Issue date _____ Expiration date _____</p> |
|--|--|

6. HEALTH CARE INFORMATION

Please indicate where you received your health insurance from for all members of your tax household.

Employer Government-Sponsored Marketplace Private Exchange (Individual Insurance Company)

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7. MISCELLANEOUS PERSONAL INFORMATION QUESTIONS

| | | |
|--|-----------------------------------|---------------------------------|
| 1. Check the applicable boxes if you wish to contribute \$3 to the Presidential Election campaign fund. | <input type="checkbox"/> Taxpayer | <input type="checkbox"/> Spouse |
| 2. Were you a victim of identity theft and have you been contacted by the IRS? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If Yes, please furnish the 6-digit PIN issued to you by the IRS | _____ | |
| 3. Were you (or your spouse if filing jointly) a nonresident alien for any part of 2020? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Have you received any notices or correspondences from the IRS or state in the past 3 tax years? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Do you have any children age 18 or under (or student under age 24) who had unearned income of more than \$2,200? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. If any of your children are required to file a return, do you elect to report your child's interest and dividends on your return? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Did you give a gift of more than \$15,000 to one or more people? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. If age 65 or older, do you want to file Form 1040-SR, U.S. Tax Return for Seniors, instead of Form 1040? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

8. COMMENTS

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INCOME ORGANIZER

Please complete this Organizer before your appointment.
Business, Farm and Rental and Royalty Income or Loss Organizers are on separate pages.

1. WAGE AND SALARY INFORMATION

Attach W-2s:

| | | |
|---------------|--------------------------|--------------------------|
| Employer Name | Taxpayer | Spouse |
| _____ | <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"/> |

Unreported tip income received: _____

4. SCHEDULE K-1 INCOME (1065, 1120-S AND 1041)

Attach K-1s:

| | | |
|------------|--------------------------|--------------------------|
| Payer Name | Taxpayer | Spouse |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> |

2. INTEREST AND DIVIDEND INCOME

Attach 1099-INT, 1099-DIV or other statements

| | | |
|------------|--------------------------|--------------------------|
| Payer Name | Taxpayer | Spouse |
| _____ | <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"/> |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> |

5. CAPITAL GAINS AND LOSSES

Attach 1099-Bs:

| | | |
|------------|--------------------------|--------------------------|
| Payer Name | Taxpayer | Spouse |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> |

3. RETIREMENT DISTRIBUTIONS

| | | | | |
|----------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Attach 1099-R & 5498 | Roth | Other | Taxpayer | Spouse |
| Payer Name | IRA | IRA | | |
| _____ | <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"/> | <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"/> |

Attach SSA 1099 or RRB 1099

| | | |
|---|--------------------------|--------------------------|
| | Yes | No |
| Did you receive social security benefits? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive railroad retirement benefits? | <input type="checkbox"/> | <input type="checkbox"/> |

6. OTHER INCOME

| Description | Amount |
|---|--------|
| State income tax refund | _____ |
| Alimony received | _____ |
| Date of original divorce/separation agreement | _____ |
| Unemployment compensation | _____ |
| Gambling winnings | _____ |
| Jury pay | _____ |
| Hobby income | _____ |
| Scholarships (grants) | _____ |
| NOL Carryforward | _____ |
| Child support | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

7. MISCELLANEOUS INCOME QUESTIONS

1. Did you sell your home? Yes No
2. Did you earn any foreign income or pay any foreign taxes? Yes No
3. Do you have a health savings account (HSA), Archer MSA or Medicare Advantage (MA) MSA? Yes No
4. Did you have a financial account in a foreign country (i.e. bank account, securities account, etc.)? Yes No
 If Yes, did the aggregate value of all financial accounts exceed \$10,000 at any time during 2020? Yes No
5. Did you have any debt forgiven (i.e. student loans, home mortgage, etc.)? Yes No
6. Did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes No

DEDUCTIONS ORGANIZER

Please complete this Organizer before your appointment.
Itemized Deduction Organizers are on separate pages.

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1. EDUCATION

Attach 1098-Ts, 1098-E's and 1099-Q's:

| Student Name | Educational Institution | Fr | So | Jr | Sr | Oth | Tuition & Fees | Student Loan Interest Paid | Books, Supplies & Equipment | 529 Plan |
|--------------|-------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|----------------|----------------------------|-----------------------------|--------------------------|
| _____ | _____ | <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"/> | <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"/> | <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"/> |

2. JOB-RELATED MOVING EXPENSES

| Description | Amount |
|--|--|
| Lodging | _____ |
| Gas and Oil | _____ |
| Mileage | _____ |
| Other | _____ |
| Miles from old home to your new workplace | _____ |
| Miles from old home to old workplace | _____ |
| Member of the Armed Forces? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

3. IRA CONTRIBUTIONS

| Description | Amount |
|--|--------|
| Contributions to a Traditional IRA | _____ |
| Contributions to a ROTH IRA | _____ |

4. OTHER DEDUCTIONS

| Description | Amount |
|---|--------|
| Educator expenses | _____ |
| Alimony paid Rec. SSN: _____ Date of original divorce/separation _____ | _____ |
| Health Savings Account contributions | _____ |
| Archer Medical Savings Account contributions | _____ |
| Jury duty repayment to employer | _____ |
| Foreign qualified housing expenses | _____ |
| Contributions to College 529 Savings Plan | _____ |
| Qualified business net (loss) carryover from 2019 | _____ |
| Qualified REIT dividends and PTP net (loss) carryover | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

5. MISCELLANEOUS DEDUCTION QUESTIONS

1. Did you purchase an item(s) during 2020 for which you paid a large amount of sales tax? Yes No
2. Did you refinance a mortgage during 2020? Yes No

CREDITS AND PAYMENTS ORGANIZER
Please complete this Organizer before your appointment.

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1. REBATE RECOVERY CREDIT

| | |
|----------------------------------|--------|
| Economic Impact Payment received | Amount |
| Taxpayer | _____ |
| Spouse | _____ |

If you filed a joint return in 2019 and received an economic impact payment, you and your spouse are treated as having received half of the payment.

2. CHILD CARE CREDIT

| Attach Daycare Provider Statement(s): | | Tax-Exempt | Telephone Number | Identification Number | Amount Paid |
|---------------------------------------|---------|--------------------------|------------------|-----------------------|-------------|
| Care Provider Name | Address | | | | |
| _____ | _____ | <input type="checkbox"/> | _____ | _____ | _____ |
| _____ | _____ | <input type="checkbox"/> | _____ | _____ | _____ |
| _____ | _____ | <input type="checkbox"/> | _____ | _____ | _____ |
| _____ | _____ | <input type="checkbox"/> | _____ | _____ | _____ |

3. RESIDENTIAL ENERGY CREDIT

| Description | Amount | Description | Amount |
|-----------------------------------|--------|---|--------|
| Solar electric property | _____ | Metal or asphalt roof | _____ |
| Solar water heating | _____ | Exterior windows and skylights | _____ |
| Small wind energy | _____ | Electric heat pump or central air conditioner | _____ |
| Geothermal heat pump | _____ | Natural gas, propane or oil water heater | _____ |
| Fuel cell property | _____ | Biomass fuel stove | _____ |
| Insulation material | _____ | Natural gas, propane or oil furnace | _____ |
| Exterior doors | _____ | Advanced main air circulating fan | _____ |

1. Were the qualified improvements for your main home in the United States? Yes No

2. Were any of the improvements related to the construction of this main home? Yes No

4. MISCELLANEOUS CREDIT QUESTIONS

1. Did you pay any expenses related to the adoption of an eligible child? Yes No

2. Are you currently repaying the First-Time Homebuyer Credit? Yes No

3. Do you (and your spouse) have a social security number that allows you to work and is valid? Yes No

4. Were you issued a Mortgage Credit Certificate (MCC) by a state or local governmental unit or agency? Yes No

5. ESTIMATED TAX PAYMENTS

| Federal estimated payments | Date Paid | Amount Paid |
|--|-----------|-------------|
| Applied from 2019 federal refund | _____ | _____ |
| 1st quarter payment | _____ | _____ |
| 2nd quarter payment | _____ | _____ |
| 3rd quarter payment | _____ | _____ |
| 4th quarter payment | _____ | _____ |

| State estimated payments | Date Paid | Amount Paid | Local estimated payments | Date Paid | Amount Paid |
|--|-----------|-------------|--|-----------|-------------|
| Applied from 2019 state refund | _____ | _____ | Applied from 2019 local refund | _____ | _____ |
| 1st quarter payment | _____ | _____ | 1st quarter payment | _____ | _____ |
| 2nd quarter payment | _____ | _____ | 2nd quarter payment | _____ | _____ |
| 3rd quarter payment | _____ | _____ | 3rd quarter payment | _____ | _____ |
| 4th quarter payment | _____ | _____ | 4th quarter payment | _____ | _____ |
| State Name | _____ | _____ | Locality Name | _____ | _____ |