

2020 Tax Organizer Personal and Dependent Information

Personal Information

	Name	SSN	Has IP PIN	Date of birth
Taxpayer		***-**-6789		
Spouse				
Street address, city, state, and ZIP				
	Occupation	Daytime phone	Evening phone	Cell phone
Taxpayer				
Spouse				
Taxpayer email				
Spouse email				

<p><u>Marital Status at end of 2020</u></p> <p><input type="checkbox"/> Married</p> <p><input type="checkbox"/> Married filing separately</p> <p><input type="checkbox"/> Single</p> <p><input type="checkbox"/> Widow(er) <small>If spouse died in 2020 enter the date of death _____</small></p>	<p><u>Other information</u></p> <p>Are you blind? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are you disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are you a full-time student? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you want \$3 to go to the Presidential Election Campaign Fund? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Taxpayer</u></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Spouse</u></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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At any time during 2020 did you receive, sell, send, exchange, or acquire any financial interest in any virtual currency? Yes No

Dependent Information

First and last name SSN	Has IP PIN	Relationship	Months in home	Date of birth	Disabled	Full- time student	Childcare Expenses

List dependents required to file a return _____

COVID-19 Implications

Yes No

Did you receive an Economic Impact Payment (EIP)?
If "Yes," provide Notice 1444 from the IRS.

Did you experience economic loss due to COVID-19 (loss of job, closed business, etc.)?

Were you unemployed for any portion of the year due to COVID-19?

Did you continue to receive wages from your employer even if you were unable to work?

Did you receive a distribution from a retirement plan (401K, IRA, etc.) due to COVID-19?

If you own a farm or business, did you continue to pay any employee while they were not working?

If you own a farm or business, did you delay withholding FICA taxes from any employee's pay?

If you own a farm or business, did you receive a Paycheck Protection Program (PPP) loan?
If "Yes," was the loan forgiven or have you applied for forgiveness? _____

If you own a farm or business and were unable to work due to COVID-19, would you have qualified for sick or family leave if employed by someone other than yourself?

Appointment Information

Your 2020 appointment is scheduled for _____

Additional Taxpayer Information

Name: _____

SSN: ***-**-6789

Estimates

	Federal		Resident state		Resident city	
	Date paid	Amount	Date paid	Amount	Date paid	Amount
Overpayment applied from 2019	_____	_____	_____	_____	_____	_____
First quarter	_____	_____	_____	_____	_____	_____
Second quarter	_____	_____	_____	_____	_____	_____
Third quarter	_____	_____	_____	_____	_____	_____
Fourth quarter	_____	_____	_____	_____	_____	_____
Additional payments	_____	_____	_____	_____	_____	_____

Account Information for Deposits or Withdrawals

Name of bank	Bank routing number	Bank account number	Type of account		Use this account for	
			Checking	Savings	Deposits	Withdrawals

Identification Information

Taxpayer

Type of photo ID Driver's license State-issued photo ID

Driver's license or state-issued photo ID number _____

State the driver's license or state-issued photo ID was issued in _____

Issue date of the driver's license or state-issued photo ID _____

Expiration date of the driver's license or state-issued photo ID _____

Spouse

Type of photo ID Driver's license State-issued photo ID

Driver's license or state-issued photo ID number _____

State the driver's license or state-issued photo ID was issued in _____

Issue date of the driver's license or state-issued photo ID _____

Expiration date of the driver's license or state-issued photo ID _____

Income

Name:

SSN: ***-**-6789

Wages & Salaries

Provide all copies of Form W-2

Employer name	2020 federal wages

Retirement

Provide all copies of Form 1099-R

Payer name	2020 distribution

Did you take a distribution from an IRA and give it to an organization eligible to receive tax-deductible contributions? Yes No

Form 1099-Misc and Form 1099-NEC Income

Provide all copies of Forms 1099-MISC and 1099-NEC

Payer name	2020 amount

Income

Name:

SSN: ***-**-6789

Dividend Income

Provide all copies of Form 1099-DIV & other statements that report dividend income

Account number Payer name	2020 ordinary dividends	2020 qualified dividends

Interest Income

Provide all copies of Form 1099-INT, Form 1099-OID and other statements that report interest income

Account number Payer name	2020 interest

If any interest income listed above is from a seller-financed mortgage, provide the payer's ID number and address

Sale of Capital Assets

Name:

SSN: ***-**-6789

Sale of Capital Assets (not reported on Form 1099-B)

Provide all brokerage statements

Description of property	Date purchased	Date sold	Sales price	Cost

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

Other Income and Adjustments

Name: _____

SSN: ***-**-6789

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	
Unemployment compensation (attach Forms 1099-G)	_____	_____
Unemployment compensation repaid in 2020	_____	_____
Gambling winnings (attach Forms W2-G)	_____	_____
Alaska Permanent Fund	_____	_____
ABLE distributions	_____	_____
Other income: _____	_____	_____
_____	_____	_____
_____	_____	_____

Adjustments

	2020 Taxpayer	2020 Spouse
Educator expenses (If you are an educator, enter the amount you paid for classroom supplies).....	_____	_____
Contributions made to a Health Savings Account (HSA).....	_____	_____
Contributions made to a Self-Employed Pension plan (SEP)	_____	_____
Payments made for Self-Employed Health Insurance for you, your spouse, or dependents	_____	_____
Alimony paid		
Name _____		
SSN _____ Divorce or separation date _____	_____	_____
Name _____		
SSN _____ Divorce or separation date _____	_____	_____
Contributions made to an Individual Retirement Account (IRA)	_____	_____
Contributions made to a Roth IRA.....	_____	_____
Interest paid on a student loan	_____	_____
Other adjustments: _____	_____	_____

Job-related Moving Expenses

Select this box and complete the fields below if you are a member of the Armed Forces on active duty, and moved due to a military order for a permanent change of station. 2020

Number of miles from old home to old workplace

Number of miles from old home to new workplace

Expense to move household goods and personal effects and lodging expenses while traveling to your new home
(Do not include cost of meals)

Schedule C - Profit or Loss from Business

Name:

SSN: ***-**-6789

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 who is not your employee for services provided for this business

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	
Advertising	_____	Travel	_____
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	_____	<input type="checkbox"/> There was a change in inventory method	

Schedule E - Income or Loss from Rental Real Estate & Royalties

Name:

SSN: ***-**-6789

General Property Information

Property description
Address, city, state, ZIP

Select the property type

- Single family residence, Multi-family residence, Vacation / short-term rental, Commercial, Land, Royalties, Self-rental, Other

Number of days property was rented
Number of days property was used for personal use

If the rental is a multi-dwelling unit and you occupied part of the unit, enter the percentage you occupied

- This property is your main home or second home, This property was disposed of during 2020, This property was owned as a qualified joint venture, Yes/No Payments of \$600 or more were paid to an individual who is not your employee for services provided for this rental, Yes/No You filed Forms 1099 for the individuals

Income

Table with 2 columns: 2020, 2020. Rows: Rent income, Royalties from oil, gas, mineral, copyright or patent

Expenses

Table with 3 columns: Expense Category, Rental unit expenses, Rental and homeowner expenses. Rows: Advertising, Auto & travel, Cleaning & maintenance, Commissions, Insurance, Legal & professional fees, Management fees, Mortgage interest, Other interest, Repairs, Supplies, Taxes, Utilities, Depletion, Other expenses

If this Schedule E is for a multi-unit dwelling and you lived in one unit and rented out the other units, use the "Rental and homeowner expenses" column to show expenses that apply to the entire property. Use the "Rental unit expenses" column to show expenses that pertain ONLY to the rental portion of the property.

If the Schedule E is not for a multi-unit property in which you lived in one unit, complete just the "Rental unit expenses" column.

Income or Loss from Partnerships, S corporations, and Fiduciaries

Name:

SSN: ***-**-6789

Partnerships, S corporations, Estates and Trusts

Provide all copies of Schedule K-1 and attachments

Entity Name

EIN

Expenses Related to Business

Name: _____

SSN: ***-**-6789

Auto Expense

Name of business vehicle is used for _____

Description of vehicle _____ Date vehicle was placed in service _____

- | | | | | | |
|--------------------------|--------------------------|---|--------------------------|--------------------------|---|
| Yes | No | | Yes | No | |
| <input type="checkbox"/> | <input type="checkbox"/> | This vehicle is available for use during off-duty hours | <input type="checkbox"/> | <input type="checkbox"/> | There is evidence to support your deduction |
| <input type="checkbox"/> | <input type="checkbox"/> | Another vehicle is available for personal use | <input type="checkbox"/> | <input type="checkbox"/> | The evidence is written |

Mileage

Number of miles the vehicle was driven during 2020

- Business
- Commuting
- Other

Expenses

- | | |
|--------------------|---------------------|
| Garage rent | Repairs |
| Gas | Tires |
| Insurance | Tolls |
| Licenses | Lease addback |
| Oil | Other expenses |
| Parking fees | |
| Rental fees | |
| Interest | |
| Property tax | |

Business Use of Home

Name of business home is used for _____

What is the total square footage of your home that was used regularly and exclusively for business _____

What is the total square footage of your home _____

For daycare facilities not used exclusively for business, complete the following questions

How many days during the year was the area used _____

How many hours per day was the area used _____

The daycare facility was in operation for the entire year

Expenses	Office expenses	Home expenses
Mortgage interest	_____	_____
Real estate taxes	_____	_____
Excess mortgage interest	_____	_____
Excess real estate taxes	_____	_____
Insurance	_____	_____
Rent	_____	_____
Repairs & maintenance	_____	_____
Utilities	_____	_____
Other expenses	_____	_____

In the "Office expenses" column, enter those expenses that pertain exclusively to your office; in the "Home expenses" column, enter those expenses that pertain to the entire dwelling.

Household Employment

Name:

SSN: ***-**-6789

TSJ _____ Employer Identification Number _____

Yes No

- Did you pay any one household employee cash wages of \$2,200 or more in 2020?
- Did you withhold federal income tax during 2020 for any household employee?
- Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2019 or 2020 to all household employees?
- Did you pay unemployment contributions to only one state?
- Did you pay all state unemployment contributions for 2020 by April 15, 2021?
- Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?

2020

Total cash wages subject to Social Security tax _____

Total cash wages subject to Medicare tax _____

Total cash wages subject to Additional Medicare tax withholding _____

Federal income tax withheld _____

TSJ _____ Employer Identification Number _____

Yes No

- Did you pay any one household employee cash wages of \$2,200 or more in 2020?
- Did you withhold federal income tax during 2020 for any household employee?
- Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2019 or 2020 to all household employees?
- Did you pay unemployment contributions to only one state?
- Did you pay all state unemployment contributions for 2020 by April 15, 2021?
- Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?

2020

Total cash wages subject to Social Security tax _____

Total cash wages subject to Medicare tax _____

Total cash wages subject to Additional Medicare tax withholding _____

Federal income tax withheld _____

Schedule A - Itemized Deductions

Name: _____

SSN: ***-**-6789

<div style="background-color: #e0e0e0; padding: 2px; margin-bottom: 5px;">Medical and Dental Expenses</div> <p>Health insurance premiums (paid by you) _____</p> <p>Long-term care premiums (you) _____</p> <p>Long-term care premiums (your spouse) _____</p> <p>Long-term care premiums (dependents) _____</p> <p>Mileage driven for medical purposes _____</p> <p>Medical & dental expenses</p> <p style="padding-left: 20px;">Doctor, dental, etc _____</p> <p style="padding-left: 20px;">Prescription medicines _____</p> <p style="padding-left: 20px;">Insulin _____</p> <p style="padding-left: 20px;">Glasses & contacts _____</p> <p style="padding-left: 20px;">Hearing aids _____</p> <p style="padding-left: 20px;">Braces _____</p> <p style="padding-left: 20px;">Medical equipment & supplies _____</p> <p style="padding-left: 20px;">Hospital services _____</p> <p style="padding-left: 20px;">Laboratory services _____</p> <p style="padding-left: 20px;">Nursing services _____</p> <p style="padding-left: 20px;">Other _____</p> <div style="background-color: #e0e0e0; padding: 2px; margin-top: 5px;">Taxes Paid</div> <p>State and local income taxes _____</p> <p>Sales tax _____</p> <p>Real estate taxes _____</p> <p>Personal property taxes _____</p> <p>Other taxes (list) _____</p> <p>_____</p> <p>_____</p> <div style="background-color: #e0e0e0; padding: 2px; margin-top: 5px;">Interest Paid</div> <p>Mortgage interest paid (attach Form 1098) _____</p> <p><input type="checkbox"/> Some of your home mortgage loan was not used to buy, build, or improve your home</p> <p>Mortgage interest paid to an individual _____</p> <p>Paid to:</p> <p style="padding-left: 20px;">Name _____</p> <p style="padding-left: 20px;">Address _____</p> <p style="padding-left: 20px;">City, State, ZIP _____</p> <p style="padding-left: 20px;">SSN or EIN _____</p> <p>Mortgage insurance premiums _____</p> <p>Investment interest _____</p>	<div style="background-color: #e0e0e0; padding: 2px; margin-bottom: 5px;">Charitable Contributions</div> <table border="0" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 10%; text-align: center;">Cash</th> <th style="width: 10%; text-align: center;">Noncash</th> <th style="width: 20%; text-align: center;">Amount</th> </tr> </thead> <tbody> <tr> <td>Donations to charity</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="padding-left: 20px;">Church _____</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td style="padding-left: 20px;">Boy or Girl Scouts _____</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td style="padding-left: 20px;">Goodwill _____</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td style="padding-left: 20px;">Red Cross _____</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td style="padding-left: 20px;">Salvation Army _____</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td style="padding-left: 20px;">United Way _____</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td style="padding-left: 20px;">Veterans _____</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td style="padding-left: 20px;">Hospital _____</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td style="padding-left: 20px;">University _____</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td style="padding-left: 20px;">Other _____</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> </tbody> </table> <p>Miles driven for charitable purposes _____</p> <div style="background-color: #e0e0e0; padding: 2px; margin-top: 5px;">Other Miscellaneous Deductions</div> <p>Amortizable bond premiums _____</p> <p>Federal estate tax _____</p> <p>Gambling losses _____</p> <p>Impairment-related work expenses _____</p> <p>Claim repayments _____</p> <p>Unrecovered pension investments _____</p> <p>Loss from other activities from Schedule K-1 _____</p> <p>Ordinary loss debt instrument _____</p> <p>Excess deduction on termination _____</p> <div style="background-color: #e0e0e0; padding: 2px; margin-top: 5px;">Job Expenses & Certain Miscellaneous Deductions</div> <p>Necessary job expenses you paid that were not reimbursed by your employer</p> <p style="padding-left: 20px;">Safety equipment, tools, & supplies _____</p> <p style="padding-left: 20px;">Uniforms _____</p> <p style="padding-left: 20px;">Protective clothing (shoes, hardhats, glasses, etc.) _____</p> <p style="padding-left: 20px;">Dues to professional organizations _____</p> <p style="padding-left: 20px;">Books & subscriptions _____</p> <p style="padding-left: 20px;">Other _____</p> <p>Union dues _____</p> <p>Tax preparation fees _____</p> <p>Other nonpersonal expenses related to taxable income</p> <p style="padding-left: 20px;">Safe deposit box fees _____</p> <p style="padding-left: 20px;">Investment expenses not entered elsewhere .. _____</p> <p style="padding-left: 20px;">Other _____</p> <p>Home equity interest _____</p>		Cash	Noncash	Amount	Donations to charity				Church _____	<input type="checkbox"/>	<input type="checkbox"/>		Boy or Girl Scouts _____	<input type="checkbox"/>	<input type="checkbox"/>		Goodwill _____	<input type="checkbox"/>	<input type="checkbox"/>		Red Cross _____	<input type="checkbox"/>	<input type="checkbox"/>		Salvation Army _____	<input type="checkbox"/>	<input type="checkbox"/>		United Way _____	<input type="checkbox"/>	<input type="checkbox"/>		Veterans _____	<input type="checkbox"/>	<input type="checkbox"/>		Hospital _____	<input type="checkbox"/>	<input type="checkbox"/>		University _____	<input type="checkbox"/>	<input type="checkbox"/>		Other _____	<input type="checkbox"/>	<input type="checkbox"/>	
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University _____	<input type="checkbox"/>	<input type="checkbox"/>																																															
Other _____	<input type="checkbox"/>	<input type="checkbox"/>																																															

Other Information

Name:

SSN: ***-**-6789

Mortgage Interest

Provide all copies of Form 1098

Lender's name	Mortgage interest received	Mortgage insurance premiums	Real estate taxes paid
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Employee Business Expenses

- You are a qualified performing artist
- You are a fee-based state or local government official
- You are a disabled employee with impairment-related work expenses
- You are a reservist
- You are a member of the clergy
- You used your personal vehicle for your job during 2020

	NOT reimbursed by your employer	Reimbursed by your employer not 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 _____	Property description _____
Property location _____	Property location _____
Date property was acquired _____	Date property was acquired _____
Date property was damaged or stolen _____	Date property was damaged or stolen _____
Cost of property damaged or stolen _____	Cost of property damaged or stolen _____
Amount of damage _____	Amount of damage _____
Insurance reimbursement _____	Insurance reimbursement _____

Other Information

Name:

SSN: ***-**-6789

Child and Other Dependent Care Expenses

Name of care provider	Address	SSN or EIN	Amount paid

Education Expenses

Provide all copies of Form 1098-T

Student name _____ Student name _____

Type of expense	Amount	Type of expense	Amount

Student name _____ Student name _____

Type of expense	Amount	Type of expense	Amount

Student name _____ Student name _____

Type of expense	Amount	Type of expense	Amount

Checklist

Name:

SSN: ***-**-6789

Checklist

This check list is provided to help you gather necessary information for us to prepare your 2020 income tax return. Return this list, along with the supporting documentation, to our office and let us know of any significant changes from your 2019 tax year.

Economic Impact Payment

Notice 1444

State and city refunds and other government payments (Form 1099-G)

Unemployment compensation

Other Income (provide supporting documentation for income received for the following items)

Sale of assets or property

Cancellation of debt

Other income _____

Payments (provide supporting documentation for payments made for the following items)

Educator classroom expenses

Employee business expenses

Contributions to a Health Savings Account

Expenses related to work relocation

Alimony

Student loan interest

Tuition and fees for higher education

Expenses related to child or dependent care

Contributions to a Retirement Savings Account

Medical and dental expenses

Real estate taxes

Other state and local taxes

Mortgage interest

Investment interest

Cash Contributions

Noncash Contributions

Unreimbursed employee expenses

Investment expenses

Gambling losses

Other payments _____

Questionnaire

Name:

SSN: ***-**-6789

Questionnaire

Personal Information

Yes No

 Did your marital status change during the year?

If "Yes," explain _____

 Can you or your spouse be claimed as a dependent by someone else? Did your address change during the year? Were you, your spouse, or any dependents a victim of identity theft?

If "Yes," explain _____

 Were you, your spouse, or any dependents issued an Identity Protection PIN (IP PIN)?

If "Yes," provide Notice CP01A from the IRS.

Provide proof of identity to be eligible to e-file your tax return (driver's license or state-issued photo ID)

Dependent Information

Yes No

 Did you have any changes in dependents during the year?

If "Yes," explain _____

 Can another person qualify to claim any of your dependents? Did you have any childcare expenses during the year? Did you have any adoption expenses during the year? Did you have any children under age 19 or a full-time student under age 24 with more than \$2200 of unearned income?

Provide documentation for proof of dependent related credits (school records, medical records, daycare records, etc.)

COVID-19 Implications

Yes No

 Did you receive an Economic Impact Payment?

If "Yes," provide Notice 1444 from the IRS.

 Did you or your spouse experience economic loss due to COVID-19 (loss of job, closed business, etc.)? Were you or your spouse unemployed for any portion of the year due to COVID-19? Did you or your spouse continue to receive wages from your employer even if you were unable to work? Did you or your spouse receive a distribution from a retirement plan (401K, IRA, etc.) due to COVID-19? If you or your spouse own a farm or business, did you continue to pay any employees while they were not working? If you or your spouse own a farm or business, did you delay withholding FICA taxes from any employee's pay? If you or your spouse own a farm or business, did you receive a Paycheck Protection Program (PPP) loan?

If "Yes," was the loan forgiven or have you applied for forgiveness?

 If you or your spouse own a farm or business and were unable to work due to COVID-19, would you have qualified for sick or family leave if employed by someone other than yourself?

Health Care Information

Yes No

 Did any member of your household have healthcare coverage through the Marketplace?

If "Yes," provide copies of Form 1095-A.

 Did you receive any distributions from a Health Savings Account (HSA), Archer MSA, or Medicare Advantage MSA during the year?

Income, Purchases, Sales, and Debt Information

Yes No

 Did you receive any tips not reported to your employer? Did you receive any disability income during the year? Did you cash in any U.S. savings bonds during the year? Did you start a new business or purchase any rental property during the year?

Questionnaire

Name:

SSN: ***-**-6789

Questionnaire

- Did you sell an existing business, rental property, or other property during the year?
- Did you purchase any business assets or convert any assets to business use?
If "Yes," provide the cost of the asset, the date it was placed in service, and business use percentage.
- Did you purchase any gasoline, diesel, or special fuels for off-road business use?
- Did you buy or sell any stocks, bonds, or other investments during the year?
- Did you sell a principal residence during the year?
If "Yes," provide closing documentation for the purchase and sale of the home.
- Did you have a principal residence or a piece of real property foreclosed on during the year?
- Did you abandon a principal residence or a piece of real property during the year?
- Did you refinance your principal home or second home or take out a home equity loan during the year?
If "Yes," provide all escrow, closing, and other pertinent documentation and information.
- Did you receive any principal or interest during this year from property sold in prior years?
- Did you rent out your home or use it for business?
- Did you sell, exchange, or purchase any real estate during the year?
- Did you acquire a new or additional interest in a partnership or S corporation?
- Did you have any debts canceled or forgiven this year?
- Does anyone owe you money that has become uncollectible?
- Did you purchase a new hybrid, alternative motor, or electric motor energy-efficient vehicle during the year?
If "Yes," provide the year, make, model, VIN, and date the vehicle was placed in service.
- Did you receive income or incur expenses associated with a fantasy sport league?
If "Yes," provide documentation.
- Did you receive income or incur expenses associated with car sharing (e.g., Lyft or Uber)?
If "Yes," attach Form 1099-MISC and Form 1099-K.
- Did you receive income or incur expenses associated with freelancing (e.g., Upwork or TaskRabbit)?
If "Yes," attach Form 1099-K or Form W-2.
- Did you receive income or incur expenses associated with fashion sharing (e.g., Poshmark or thredUP)?
If "Yes," provide documentation.
- Did you receive income or incur expenses associated with crowdfunding (e.g., Kickstarter or Indiegogo)?
If "Yes," attach Form 1099-K.
- Did you receive income or incur expenses associated with a short-term rental (e.g., Airbnb or HomeAway)?
If "Yes," provide documentation.
- Did you receive any other income you have not provided information for with this organizer?
If "Yes," explain _____

Itemized Deduction Information

Yes No

- Did you pay out-of-pocket medical or dental expenses (premiums, prescriptions, mileage, etc.) during the year?
- Did you pay any long-term care premiums for yourself, your spouse, or a dependent during the year?
- Did you receive any state or local income tax refunds from prior years?
- Did you make any major purchases (vehicle, boat, etc.) during the year?
- Did you pay any real estate property taxes or personal taxes during the year?
- Did you pay mortgage interest during the year?
- Did you make cash donations to charity during the year?
- Did you make noncash donations to charity (clothes, furniture, etc.) during the year?
- Did you donate a boat or vehicle during the year?
If "Yes," attach Form 1098-C.
- Did you have gambling winnings or losses during the year?
- Did you have any job-related expenses that were not reimbursed by your employer (uniforms, safety equipment, etc.)?
- Did you use your vehicle on the job other than for commuting to work?
- Did you work out of town at any time during the year?

Questionnaire

Name:

SSN: ***-**-6789

Questionnaire

Retirement Information

Yes No

- Did you receive any payments from a pension, profit sharing, or 401(k) plan during the year?
- Did you make any contributions to, withdrawals from, or execute any rollovers from an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan during the year?
- Did you receive any Social Security benefits during the year?

Education Information

Yes No

- Did you pay tuition expenses that were required for attending college, university, or vocational school for yourself, your spouse, or a dependent during the year (even if classes were attended in another year)?
- Did anyone in your household attend a post-secondary school during the year?
- Did you make a contribution to or receive a distribution from an Education Savings Account or Qualified Tuition Program during the year?
- Did you pay student loan interest for yourself, your spouse, or your dependent(s) during the year?

Miscellaneous Information

Yes No

- Did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currencies?
- Did you incur a gain or loss due to damaged or stolen property?
If "Yes," provide the incident date, value of the property, and amount of insurance reimbursements.
- Did you pay wages to any household employees (babysitter, nanny, housekeeper, etc.)?
- Did you make gifts to any one person in excess of \$15,000 during the year?
Yes No
 If "Yes," are you splitting the gift with your spouse?
- Did you incur moving expenses during the year?
- Did you make any energy-efficient improvements to your main home during the year?
- Are you a business owner who paid health insurance premiums for your employees during the year?
- Did you own interest or shares in a Qualified Opportunity Fund?
- Did you apply an overpayment of your 2019 taxes to your 2020 estimated taxes?
- If you have an overpayment of 2020 taxes, do you want the refund applied to your 2021 estimated taxes?
- Did you make any estimated payments toward your 2020 taxes?
- Do you want to have any refund or balance due directly deposited or withdrawn?
If "Yes," provide a canceled checking or savings slip.
- Do you anticipate your income or withholdings to be different for 2020?
- Did you make any purchases subject to Use Tax?
If "Yes," provide details.
- Did you receive any notices from the IRS or state taxing authority?
If "Yes," explain _____
- May the IRS discuss your tax return with your preparer?
- Would you like a copy of your tax return sent to you electronically instead of receiving a printed copy?

Foreign Tax Information

Yes No

- Did you have a financial interest in or signature authority over a financial account or asset located in a foreign country?
- Did you receive a distribution from, or were you a grantor of, or transferor to, a foreign trust?
- Did the aggregate value of your foreign accounts exceed \$10,000 at any time during the year?
- Did you have any income from, or pay taxes to, a foreign country?
- Did you own property in a foreign country?

Preparer Notes