



## Personal Information

	Name	SSN	Date of Birth	Occupation	Healthcare coverage ALL year
Taxpayer					
Spouse					
	Daytime Phone	Evening Phone	Cell Phone	Email	
Taxpayer					
Spouse					
Street address, city, state, and ZIP					

## Marital Status at end of 2020

- ☐ Married  
☐ Married filing separately  
☐ Single  
☐ Widow(er), Date of Spouse's Death \_\_\_\_\_

## Taxpayer

- ☐ Yes ☐ No  
☐ Yes ☐ No  
☐ Yes ☐ No  
☐ Yes ☐ No

## Spouse

- ☐ Yes ☐ No You are blind?  
☐ Yes ☐ No You are disabled?  
☐ Yes ☐ No You are a full-time student  
☐ Yes ☐ No You want \$3 to go to the Presidential Election Camp Fund?

## Dependent Information

First and last name	SSN	Relationship	Months in Home	Date of Birth	Disabled	Full-time Student	Required to file a return	Healthcare coverage ALL year

## Child and Other Dependent Care Expenses

Name of care provider	Address	SSN or EIN	Amount Paid

## Bank account information if you prefer direct deposit

Bank Name:

Routing#:

Account#:

Checking  
Savings

## Other Information

- |  |   |
|--|---|
| <input type="checkbox"/> Copy of your 2020 income tax return<br><input type="checkbox"/> All income statements (Forms W-2, 1098s, 1099s, etc.)<br><input type="checkbox"/> All healthcare coverage statements (Forms 1095-A, 1095-B, 1095-C)<br>Did you receive 2020 distribution / loan upto \$100k under CARES ACT Provisions from your traditional IRA<br><input type="checkbox"/> You can be claimed as a dependent by someone else<br>If yes, explain _____<br><input type="checkbox"/> Another person qualifies to claim any dependent listed above<br><input type="checkbox"/> You have a child under 19 or a full-time student under 24 with more than \$1,900 of unearned income<br><input type="checkbox"/> You are self-employed or received hobby income during 2020<br><input type="checkbox"/> You received income from farming during 2020<br><input type="checkbox"/> You received income from rental property during 2020<br><input type="checkbox"/> You received income from timber, minerals, oil, gas, copyrights, etc. during 2020<br><input type="checkbox"/> You have a financial interest in or signature authority over a financial account located in a foreign country during 2020<br><input type="checkbox"/> You received a distribution from, were a grantor of, or transferor to a foreign trust during 2020 | <input type="checkbox"/> Canceled checking or savings slip (for direct deposit or debit of refund or balance due)<br><input type="checkbox"/> Documentation for proof of dependency for earned income credit (school records, medical records, daycare records, etc.)<br><input type="checkbox"/> You receive income from or pay taxes to a foreign country<br><input type="checkbox"/> You sold a principal residence during 2020<br><input type="checkbox"/> You foreclosed or abandoned a principal residence during 2020<br><input type="checkbox"/> You had debts canceled or forgiven during 2020<br><input type="checkbox"/> You engaged in a bartering transaction during 2020<br><input type="checkbox"/> You gave a gift of more than \$15,000 to one or more people during 2020<br><input type="checkbox"/> You paid student loan interest during 2020<br><input type="checkbox"/> You paid tuition expenses required to attend classes beyond high school during 2020<br><input type="checkbox"/> You incurred a loss due to damaged or stolen property during 2020<br><input type="checkbox"/> You paid wages to a household employee during 2020<br><input type="checkbox"/> You received a notice from IRS or a state taxing authority |
|--|---|



## 2020 Tax Organizer Income

### Wages & Salaries

Attach all copies of Form W-2

Employer name	federal wages

### Form 1099-Misc Income and 1099-NEC

Attach all copies of Form 1099-MISC and 1099-NEC

Payer name	amount

### Interest Income

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

Payer name	interest

### Retirement

Attach all copies of Form 1099-R

Payer name	distribution

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

### Dividend Income

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

Payer name	ordinary dividends	qualified dividends	Payer name	ordinary dividends	qualified dividends

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

Also provide all brokerage statements

Description of property	Date purchased	Date sold	Cost	Sales price



## 2020 Tax Organizer Other Income & Adjustments

### Partnerships, S corporations, Estates and Trusts

Provide all copies of Schedule K-1 and attachments

Entity Name	EIN	Entity Name	EIN

### Other Income

	Taxpayer	Spouse
Scholarships or grants not reported on W-2 . . . . .		
State income tax refund (attach Forms 1099-G) . . . . .		
Alimony received (Divorced Date: ) . . . . .		
Unemployment compensation (attach Forms 1099-G) . . . . .		
Unemployment compensation repaid in 2020 . . . . .		
Social Security Benefits (attach Forms 1099-SSA) . . . . .		
Railroad Retirement Benefits (attach Forms 1099-RRB) . . . . .		
Gambling winnings (attach Forms W2-G) . . . . .		
Alaska Permanent Fund . . . . .		
Other income _____		

### Adjustments

	Taxpayer	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: _____ Divorced Date: _____		
Name: _____ SSN: _____ Divorced Date: _____		
Contributions made to an Individual Retirement Account (IRA) . . . . .		
Contributions made to a Roth IRA . . . . .		
Contributions made to a myRA . . . . .		
Interest paid on a student loan . . . . .		
Other adjustments _____		



## 2020 Tax Organizer Schedule A - Itemized Deductions

### Medical and Dental Expenses

Health insurance premiums (paid by you) . . . . . \_\_\_\_\_

Long-term care premiums (you) . . . . . \_\_\_\_\_

Long-term care premiums (your spouse) . . . . . \_\_\_\_\_

Long-term care premiums (dependents) . . . . . \_\_\_\_\_

Mileage driven for medical purposes . . . . . \_\_\_\_\_

Medical and dental expenses (list)

    Doctor, dental, etc . . . . . \_\_\_\_\_

    Prescription medicines . . . . . \_\_\_\_\_

    Insulin . . . . . \_\_\_\_\_

    Glasses and contacts . . . . . \_\_\_\_\_

    Hearing aids . . . . . \_\_\_\_\_

    Braces . . . . . \_\_\_\_\_

    Medical equipment & supplies . . . . . \_\_\_\_\_

    Hospital services . . . . . \_\_\_\_\_

    Laboratory services . . . . . \_\_\_\_\_

    Nursing services . . . . . \_\_\_\_\_

    Other . . . . . \_\_\_\_\_

### Taxes Paid

State and local income taxes . . . . . \_\_\_\_\_

Sales tax . . . . . \_\_\_\_\_

Real estate taxes . . . . . \_\_\_\_\_

Personal property taxes . . . . . \_\_\_\_\_

Other taxes (list) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Interest paid

Mortgage interest paid (attach Form 1098) . . . . . \_\_\_\_\_

Mortgage interest paid to an individual . . . . . \_\_\_\_\_

Paid to:

    Name \_\_\_\_\_

    Address \_\_\_\_\_

    City, State, ZIP \_\_\_\_\_

    SSN or EIN \_\_\_\_\_

Qualified mortgage insurance premiums . . . . . \_\_\_\_\_

Investment interest . . . . . \_\_\_\_\_

### Charitable Contributions

Donations to Charity	Cash	Noncash	Amount
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"/>	_____

Miles driven for charitable purposes \_\_\_\_\_

### Other Misc. Deductions

Amortizable bond premiums . . . . . \_\_\_\_\_

Federal estate tax . . . . . \_\_\_\_\_

Gambling losses . . . . . \_\_\_\_\_

Impairment-related work expenses . . . . . \_\_\_\_\_

Claim repayments . . . . . \_\_\_\_\_

Unrecovered pension investments . . . . . \_\_\_\_\_

Loss from other activities from Schedule K-1 . . . . . \_\_\_\_\_

Ordinary loss debt instrument . . . . . \_\_\_\_\_

**Auto Expense**

Name of business vehicle is used for \_\_\_\_\_

Description of vehicle \_\_\_\_\_ Date vehicle was placed in service \_\_\_\_\_

☐ Another vehicle is available for personal use☐ There is evidence to support your deduction☐ This vehicle is available for use during off-duty hours☐ The evidence is written

Number of miles the vehicle was driven during 2020

Business \_\_\_\_\_ Commuting \_\_\_\_\_ Total \_\_\_\_\_

Garage rent . . . . . \_\_\_\_\_ Property tax . . . . . \_\_\_\_\_

Gas . . . . . \_\_\_\_\_ Repairs . . . . . \_\_\_\_\_

Insurance . . . . . \_\_\_\_\_ Tires . . . . . \_\_\_\_\_

Licenses . . . . . \_\_\_\_\_ Tolls . . . . . \_\_\_\_\_

Oil . . . . . \_\_\_\_\_ Other expenses \_\_\_\_\_

Parking fees . . . . . \_\_\_\_\_ \_\_\_\_\_

Lease payments . . . . . \_\_\_\_\_ \_\_\_\_\_

Interest . . . . . \_\_\_\_\_ \_\_\_\_\_

**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 . . . . . \_\_\_\_\_

Insurance . . . . . \_\_\_\_\_

Rent . . . . . \_\_\_\_\_

Repairs &amp; 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.



## 2020 Tax Organizer Other Information

### Job-related Moving Expenses by Military Members

Number of miles from old home to old workplace . . . . .  
Number of miles from old home to new workplace. . . . .  
Expense to move household goods & personal effects . . . . .  
Lodging expenses while traveling to your new home  
(Do not include cost of meals) . . . . .

Amount

### Estimated payments

Federal

Date Paid

Amount

Overpayment applied from 2019

First Quarter . . . . .

Second Quarter . . . . .

Third Quarter . . . . .

Fourth Quarter . . . . .

Additional Payments . . . . .

Resident State

Date Paid

Amount

Overpayment applied from 2019

First Quarter . . . . .

Second Quarter . . . . .

Third Quarter . . . . .

Fourth Quarter . . . . .

Additional Payments . . . . .

Resident City

Date Paid

Amount

Overpayment applied from 2019

First Quarter . . . . .

Second Quarter . . . . .

Third Quarter . . . . .

Fourth Quarter . . . . .

Additional Payments . . . . .

### Education Expenses

Attach all copies of Form 1098-T

Student Name

Type of Expense

Amount

Student Name

Type of Expense

Amount

### Casualties and Thefts

Property description

Property location

Date property was damaged

Cost of property damaged

Amount of damage

Insurance reimbursement

Federal Disaster Zone

### Mortgage Interest

Attach all copies of Form 1098

Lender's name

Mortgage  
Interest  
Received

Mortgage  
Insurance  
Premiums

Real Estate  
Taxes Paid
