



Personal Information

Form with fields for Name, SSN, Date of Birth, Occupation, Healthcare coverage ALL year, Taxpayer, Spouse, Daytime Phone, Evening Phone, Cell Phone, Email, 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

Table with columns: 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

Table with columns: Name of care provider, Address, SSN or EIN, Amount Paid.

Bank account information if you prefer direct deposit

Bank Name: Routing#: Account#: Checking Saving

Other Information

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



Partnerships, S corporations, Estates and Trusts

Provide all copies of Schedule K-1 and attachments

Table with 4 columns: Entity Name, EIN, Entity Name, EIN. Multiple rows for data entry.

Other Income

Table with 3 columns: Description, Taxpayer, Spouse. Rows include Scholarships, State income tax refund, Alimony, Unemployment compensation, Social Security Benefits, etc.

Adjustments

Table with 3 columns: Description, Taxpayer, Spouse. Rows include Educator expenses, HSA contributions, SEP contributions, Health Insurance, Alimony paid, IRA contributions, etc.



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
Boy or Girl Scouts
Goodwill
Red Cross
Salvation Army
United Way
Veterans
Hospital
University
Other
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
This vehicle is available for use during off-duty hours
There is evidence to support your deduction
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 & 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

Amount

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) · _____

Estimated payments

Federal

	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
_____	_____
_____	_____
_____	_____

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	_____	_____

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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____