

2020 Tax Organizer Personal and Dependent Information

Personal Information

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

Marital Status at end of 2020

- Married
 Married filing separately
 Single
 Widow(er) If spouse died in 2020 enter the date of death _____

Other information

- Are you blind?
 Are you disabled?
 Are you a full-time student?
 Do you want \$3 to go to the Presidential Election Campaign Fund?

Taxpayer

- Yes No
 Yes No
 Yes No
 Yes No

Spouse

- Yes No
 Yes No
 Yes No
 Yes No

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 and Notice 1444-B 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?
 Did you delay withholding FICA taxes from any employee's pay?
 Did you receive a Paycheck Protection Program (PPP) loan?
 If "Yes," was the loan forgiven or have you applied for forgiveness? _____

- Were you unable to work due to COVID-19 and, if employed by someone other than yourself, would have qualified for sick or family leave?

Appointment Information

Your 2020 appointment is scheduled for _____

Other Information

Name: _____

SSN: _____

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

Other Information

Name: _____

SSN: _____

Mortgage Interest

Provide all copies of Form 1098

Lender's name	2020 Mortgage interest received	2019 Mortgage interest received	2020 Mortgage insurance premiums	2019 Mortgage insurance premiums	2020 Real estate taxes paid	2019 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	2020	2019	Reimbursed by your employer not included on your W-2	2020	2019
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 Income and Adjustments

Name: _____

SSN: _____

Other Income

	2020 Taxpayer	2019 Taxpayer	2020 Spouse	2019 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	2019 Taxpayer	2020 Spouse	2019 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	2019
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 and lodging expenses while traveling to your new home (Do not include cost of meals)	_____	_____

Income

Name:

SSN:

Wages & Salaries

Provide all copies of Form W-2

Employer name	2020 federal wages	2019 federal wages

Retirement

Provide all copies of Form 1099-R

Payer name	2020 distribution	2019 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 (* Also reported on Schedule C or E)

Payer name	2020 amount	2019 amount

Expenses Related to Business

Name: _____

SSN: _____

Auto Expense

Name of business vehicle is used for _____

Description of vehicle _____ Date vehicle was placed in service _____

Yes No
 This vehicle is available for use during off-duty hours
 Another vehicle is available for personal use

Yes No
 There is evidence to support your deduction
 The evidence is written

	Number of miles the vehicle was driven during 2020	
	2020	2019
Business	_____	_____
Commuting	_____	_____
Other	_____	_____

	Number of miles driven in prior years	
	2020	2019
Business	_____	_____
Total	_____	_____

	2020	2019
Garage rent	_____	_____
Gas	_____	_____
Insurance	_____	_____
Licenses	_____	_____
Oil	_____	_____
Parking fees	_____	_____
Rental fees	_____	_____
Interest	_____	_____
Property tax	_____	_____

	2020	2019
Repairs	_____	_____
Tires	_____	_____
Tolls	_____	_____
Lease addback	_____	_____
Other expenses	_____	_____
	_____	_____
	_____	_____

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	
	2020	2019	2020	2019
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.

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

Name: _____

SSN: _____

General Property Information

Property description _____

Address, city, state, ZIP _____

Select the property type

- | | | | |
|--|---|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Single family residence | <input type="checkbox"/> Vacation / short-term rental | <input type="checkbox"/> Land | <input type="checkbox"/> Self-rental |
| <input type="checkbox"/> Multi-family residence | <input type="checkbox"/> Commercial | <input type="checkbox"/> Royalties | <input type="checkbox"/> 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 _____

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

Income

	2020	2019		2020	2019
Rent Income	_____	_____	Royalties from oil, gas, mineral, copyright or patent	_____	_____

Expenses

	Rental unit expenses		Rental <u>and</u> homeowner expenses		
Advertising	_____	_____	_____	_____	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.
Auto & travel	_____	_____	_____	_____	
Cleaning & maintenance	_____	_____	_____	_____	
Commissions	_____	_____	_____	_____	
Insurance	_____	_____	_____	_____	
Legal & professional fees	_____	_____	_____	_____	
Management fees	_____	_____	_____	_____	
Mortgage interest	_____	_____	_____	_____	
Other interest	_____	_____	_____	_____	
Repairs	_____	_____	_____	_____	
Supplies	_____	_____	_____	_____	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.
Taxes	_____	_____	_____	_____	
Utilities	_____	_____	_____	_____	
Depletion	_____	_____	_____	_____	
Other expenses (list)	_____	_____	_____	_____	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	

Schedule C - Profit or Loss from Business

Name: _____

SSN: _____

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	2019		2020	2019
Gross receipts or sales	_____	_____	Other income	_____	_____
Returns & allowances	_____	_____		_____	_____

Expenses

	2020	2019		2020	2019
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	2019		2020	2019
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		

Healthcare Coverage Questionnaire for Dependents (for preparer use)

All Year January February March April May June July August September October November December

Insured through Marketplace (Exchange). MUST provide 1095-A																				
Had health care coverage from another source																				
Was exempt from health care mandate. Has Exemption Certificate Number? If yes, provide number.																				
Required to file a return?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	AGI of that return?																	

Insured through Marketplace (Exchange). MUST provide 1095-A																				
Had health care coverage from another source																				
Was exempt from health care mandate. Has Exemption Certificate Number? If yes, provide number.																				
Required to file a return?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	AGI of that return?																	

Insured through Marketplace (Exchange). MUST provide 1095-A																				
Had health care coverage from another source																				
Was exempt from health care mandate. Has Exemption Certificate Number? If yes, provide number.																				
Required to file a return?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	AGI of that return?																	

Healthcare Coverage Questionnaire for taxpayer and spouse (for preparer use)

PRIMARY TAXPAVER

All Year January February March April May June July August September October November December

Insured through Marketplace (Exchange). MUST provide 1095-A																				
Had health care coverage from another source																				
Was exempt from health care mandate. Has Exemption Certificate Number? If yes, provide number.																				
Employer offered health coverage which was declined																				
If YES, what would be the cost for SELF coverage?																				
If YES, what would be the cost for FAMILY coverage?																				
Would the FAMILY policy have covered the spouse?																				

SPOUSE

All Year January February March April May June July August September October November December

Insured through Marketplace (Exchange). MUST provide 1095-A																				
Had health care coverage from another source																				
Was exempt from health care mandate. Has Exemption Certificate Number? If yes, provide number.																				
Employer offered health coverage which was declined																				
If YES, what would be the cost for SELF coverage?																				
If YES, what would be the cost for FAMILY coverage?																				
Would the FAMILY policy have covered the spouse?																				

