

## 2020 Tax Organizer

### Personal and Dependent Information

#### Personal Information

	Name	SSN	Has IP PIN	Date of birth
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 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:

### 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 \_\_\_\_\_

## Healthcare Coverage Questionnaire

Name:

SSN:

### Healthcare Information

Member of household for healthcare purposes	Covered the entire year	Covered less than 12 months	No healthcare coverage at all

**YES      NO**

- ☐ ☐ Did anyone other than you or your spouse pay for healthcare coverage for anyone listed above?
- ☐ ☐ Did you pay for healthcare coverage for anyone not listed above?

**If you had coverage for any part of the year:**

Where was the policy obtained?

Employer / Medicare / Medicaid / Marketplace(Exchange) / Other

**If you didn't have coverage part or all of the year:**

Answer YES if the following applies to any member of the household

- ☐ ☐ Was your previous insurance policy canceled in 2020?
- ☐ ☐ Was coverage offered by your employer or your spouse's employer?
- ☐ ☐ Are you a member of a federally recognized Indian tribe?
- ☐ ☐ Are you eligible for services through an Indian healthcare provider?
- ☐ ☐ Are you a member of a healthcare sharing ministry?
- ☐ ☐ Did you live in the United States the entire year?
- ☐ ☐ Are you enrolled in TRICARE?
- ☐ ☐ Did you apply for CHIP coverage?
- ☐ ☐ Do any of the following apply to you? Do NOT indicate which one.
- Became homeless
  - Evicted in the past six months, or facing eviction or foreclosure
  - Received a shut-off notice from a utility company
  - Recently experienced domestic violence
  - Recently experienced the death of a close family member
  - Recently experienced a fire, flood, or other natural or human-caused disaster that resulted in substantial damage to your property
  - Filed for bankruptcy in the last six months
  - Incurred unreimbursed medical expenses in the last 24 months that resulted in substantial debt
  - Experienced unexpected increases in essential expenses due to caring for an ill, disabled, or aging family member

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

### PRIMARY TAXPAYER

	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?													

## 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?									

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?									

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?									

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



## Sale of Capital Assets

Name:

SSN:

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

Provide all brokerage statements

[illegible]

### 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 . . . . .	
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Gross profit percentage . . . . .

Interest received . . . . .

Principal payments received . . . . .

Property was sold to a related party ☐



## 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)		

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 . . . . .	_____	_____		_____	_____

☐ There was a change in inventory method

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

- ☐ Single family residence ☐ Vacation / short-term rental ☐ Land ☐ Self-rental  
☐ Multi-family residence ☐ Commercial ☐ Royalties ☐ 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 ☐ Yes ☐ No Payments of \$600 or more were paid to an individual who is not your employee for services provided for this rental.  
☐ This property was disposed of during 2020 ☐ Yes ☐ No You filed Forms 1099 for the individuals  
☐ 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 and 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)					

# 2020

## Income or Loss from Partnerships, S corporations, and Fiduciaries

Name:

SSN:

## Partnerships, S corporations, Estates and Trusts

Provide all copies of Schedule K-1 and attachments

[illegible]

Schedule F - Profit or Loss from Farming

Name: SSN:

General Information

Principal product Employer ID number

- ☐ This farm was disposed of during 2020
- ☐ Yes ☐ No Payments of \$600 or more were paid to an individual who is not your employee for services provided for this farm
- ☐ Yes ☐ No You filed Forms 1099 for the individuals

Income

	2020	2019		2020	2019
Sale of livestock / other items . . . . .			Custom hire income . . . . .		
Cost of items bought for resale . . . . .			Beginning inventory for accrual . . . . .		
Sale of products you raised . . . . .			Ending inventory for accrual . . . . .		
Total cooperative distributions . . . . .			<input type="checkbox"/> You used unit-livestock-price or farm-price inventory method		
Total agricultural payments . . . . .			Other income . . . . .		
Commodity Credit Corporation (CCC) loans:					
CCC loans reported . . . . .					
CCC loans forfeited . . . . .					
Crop insurance proceeds:					
Amount received in 2020 . . . . .					
<input type="checkbox"/> You elect to defer to 2021					
Amount deferred from 2019 . . . . .					

Expenses

	2020	2019		2020	2019
Car & truck expenses . . . . .			Repairs & maintenance . . . . .		
Chemicals . . . . .			Seeds & plants purchased . . . . .		
Conservation expenses . . . . .			Storage & warehousing . . . . .		
Custom hire (machine work) . . . . .			Supplies purchased . . . . .		
Employee benefit programs . . . . .			Taxes . . . . .		
Feed purchased . . . . .			Utilities . . . . .		
Fertilizers & lime . . . . .			Veterinary, breeding, & medicine . . . . .		
Freight & trucking . . . . .			Other expenses . . . . .		
Gasoline, fuel, & oil . . . . .					
Insurance (other than health) . . . . .					
Interest - mortgage (paid to banks, etc.) . . . . .					
Interest - other . . . . .					
Non-W-2 labor hired . . . . .					
W-2 wages paid . . . . .					
Pension & profit-sharing plans . . . . .					
Rent - vehicles, machinery, & equip . . . . .					
Rent - other (land, animals, etc.) . . . . .					

Form 4835 - Farm Rental Income and Expenses

Name: SSN:

General Information

Description Employer ID number

☐ This farm was disposed of during 2020

Income

	2020	2019		2020	2019
Income from production of livestock, grains, and other crops . . . . .			Crop insurance proceeds:		
Total cooperative distributions . . . . .			Amount received in 2020 . . . . .		
Total agricultural payments . . . . .			<input type="checkbox"/> You elect to defer to 2021		
Commodity Credit Corporation (CCC) loans:			Amount deferred from 2019 . . . . .		
CCC loans reported . . . . .			Other income . . . . .		
CCC loans forfeited . . . . .					

Expenses

	2020	2019		2020	2019
Car & truck expenses . . . . .			Seeds & plants purchased . . . . .		
Chemicals . . . . .			Storage & warehousing . . . . .		
Conservation expenses . . . . .			Supplies purchased . . . . .		
Custom hire (machine work) . . . . .			Taxes . . . . .		
Employee benefit programs . . . . .			Utilities . . . . .		
Feed purchased . . . . .			Veterinary, breeding, & medicine . . . . .		
Fertilizers & lime . . . . .			Other expenses (list)		
Freight & trucking . . . . .					
Gasoline, fuel, & oil . . . . .					
Insurance (other than health) . . . . .					
Interest - mortgage (paid to banks, etc.)					
Interest - other . . . . .					
Labor hired (less jobs credit) . . . . .					
Pension & profit-sharing plans . . . . .					
Rent - vehicles, machinery & equip . . . . .					
Rent - other (land, animals, etc.) . . . . .					
Repairs & maintenance . . . . .					

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  
2020 2019

Home expenses  
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.

# 2020

## Asset Listing for 2020

Name:

SSN:

## Assets for

[illegible]



Household Employment

Name:

SSN:

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	2019
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	2019
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 . . . . .		



## 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 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

Type of expense

Amount

Student name

Type of expense

Amount

Student name

Type of expense

Amount

Student name

Type of expense

Amount

Student name

Type of expense

Amount

Student name

Type of expense

Amount

## 2020

## Detail Worksheet

Name:

SSN:

[illegible]