

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			

<p>Marital Status at end of 2020</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>Other information</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>Taxpayer</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>Spouse</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 Notices 1444 and 1444-B from the IRS.
 First EIP amount _____ Second EIP amount _____

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 _____

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 _____

Other Information

Child and Other Dependent Care Expenses

Name of care provider	Address	SSN or EIN	Amount paid

Wages and Salaries

Name: _____

SSN: _____

Provide all copies of Form W-2

TS _____ Employer's name and address: _____ Federal EIN _____

	2020	2019		2020	2019
Wages, tips, other compensation	_____	_____	State _____ State I.D. _____	_____	_____
Federal income tax withheld	_____	_____	State wages	_____	_____
Social Security wages	_____	_____	State income tax	_____	_____
Social Security tax withheld	_____	_____	Locality name _____	_____	_____
Medicare wages and tips	_____	_____	Local wages	_____	_____
Medicare tax withheld	_____	_____	Local income tax	_____	_____
Social Security tips	_____	_____	State _____ State I.D. _____	_____	_____
Allocated tips	_____	_____	State wages	_____	_____
Dependent care benefits	_____	_____	State income tax	_____	_____
			Locality name _____	_____	_____
Are you a statutory employee?	_____	_____	Local wages	_____	_____
Are you covered by a retirement plan?	_____	_____	Local income tax	_____	_____
Did you receive third-party sick pay?	_____	_____			

TS _____ Employer's name and address: _____ Federal EIN _____

	2020	2019		2020	2019
Wages, tips, other compensation	_____	_____	State _____ State I.D. _____	_____	_____
Federal income tax withheld	_____	_____	State wages	_____	_____
Social Security wages	_____	_____	State income tax	_____	_____
Social Security tax withheld	_____	_____	Locality name _____	_____	_____
Medicare wages and tips	_____	_____	Local wages	_____	_____
Medicare tax withheld	_____	_____	Local income tax	_____	_____
Social Security tips	_____	_____	State _____ State I.D. _____	_____	_____
Allocated tips	_____	_____	State wages	_____	_____
Dependent care benefits	_____	_____	State income tax	_____	_____
			Locality name _____	_____	_____
Are you a statutory employee?	_____	_____	Local wages	_____	_____
Are you covered by a retirement plan?	_____	_____	Local income tax	_____	_____
Did you receive third-party sick pay?	_____	_____			

Pension, Annuities, Retirement, Etc. Distributions

Name: _____

SSN: _____

Provide all Form(s) 1099-R, Form(s) 1099-SSA, etc.

TS _____ Payer's name: _____ Payer's federal ID number: _____

Address: _____

	2020	2019	2020	2019
Disability indicator	<input type="checkbox"/>	<input type="checkbox"/>	State _____ State I.D. _____	
Report as wages on 1040	<input type="checkbox"/>	<input type="checkbox"/>	State income tax withheld	
Gross distribution			State distribution	
Taxable amount			Name of locality _____	
Total distribution	<input type="checkbox"/>		Local income tax withheld	
Capital gain			Local distribution	
Federal income tax withheld			State _____ State I.D. _____	
Employee contributions or insurance premiums			State income tax withheld	
Distribution code(s)			State distribution	
IRA/SEP/SIMPLE	<input type="checkbox"/>	<input type="checkbox"/>	Name of locality _____	
Your percentage of total distribution			Local income tax withheld	
Did you take a distribution from an IRA and give it to an organization eligible to receive tax-deductible contributions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Local distribution	

TS _____ Payer's name: _____ Payer's federal ID number: _____

Address: _____

	2020	2019	2020	2019
Disability indicator	<input type="checkbox"/>	<input type="checkbox"/>	State _____ State I.D. _____	
Report as wages on 1040	<input type="checkbox"/>	<input type="checkbox"/>	State income tax withheld	
Gross distribution			State distribution	
Taxable amount			Name of locality _____	
Total distribution	<input type="checkbox"/>		Local income tax withheld	
Capital gain			Local distribution	
Federal income tax withheld			State _____ State I.D. _____	
Employee contributions or insurance premiums			State income tax withheld	
Distribution code(s)			State distribution	
IRA/SEP/SIMPLE	<input type="checkbox"/>	<input type="checkbox"/>	Name of locality _____	
Your percentage of total distribution			Local income tax withheld	
Did you take a distribution from an IRA and give it to an organization eligible to receive tax-deductible contributions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Local distribution	

Social Security Benefit Statement

TS _____	2020	2019	TS _____	2020	2019
Net benefits			Net benefits		
Medicare premiums			Medicare premiums		
Income tax withheld			Income tax withheld		

Adjustments

Name: _____

SSN: _____

Moving Expenses

TSJ _____

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
Enter the number of miles from your OLD home to your NEW workplace	_____	_____
Enter the number of miles from your OLD home to your OLD workplace	_____	_____
Enter the amount you paid for transportation and storage of household goods and personal effects	_____	_____
Enter the amount you paid for travel and lodging expenses incurred during the move (do NOT include meals)	_____	_____
Enter the amount of moving expenses reimbursed to you by your employer	_____	_____

Self-Employed Health Insurance

TSJ _____

	2020	2019
Enter the qualified long term care amount	_____	_____
Enter your Medicare wages from an S corporation	_____	_____

Self-Employed Pensions

TSJ _____

	2020	2019
Enter your plan contribution rate as a decimal	_____	_____
Enter your allowable elective deferrals made during 2020	_____	_____
Enter your catch-up contributions	_____	_____
Enter the amount of designated ROTH contributions included above	_____	_____

Nondeductible IRAs

TS _____

	2020	2019
Total traditional IRA contributions made for 2020	_____	_____
Total basis in traditional IRAs as of 12/31/2020	_____	_____
Distributions you received from traditional, SEP, and Simple IRAs. (Do not include rollovers)	_____	_____
Amount of traditional IRAs converted to ROTH IRAs	_____	_____
IRA basis before conversion	_____	_____
Total ROTH IRA contributions made for 2020	_____	_____

Health Savings Account

TSJ _____

	2020	2019
HSA contributions made for 2020	_____	_____
Total distributions from all HSAs during 2020	_____	_____
Distributions included above that were rolled over into another account	_____	_____
Qualified medical expenses paid using HSA distributions	_____	_____

Schedule A - Itemized Deductions

Name: _____

SSN: _____

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 & dental expenses
 Doctor, dental, etc _____
 Prescription medicines _____
 Insulin _____
 Glasses & 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) _____
 Some of your home mortgage loan was not used to buy, build, or improve your home
 Mortgage interest paid to an individual _____
 Paid to:
 Name _____
 Address _____
 City, State, ZIP _____
 SSN or EIN _____
 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 Miscellaneous 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 _____
 Excess deduction on termination _____

Job Expenses & Certain Miscellaneous Deductions

Necessary job expenses you paid that were not reimbursed by your employer
 Safety equipment, tools, & supplies _____
 Uniforms _____
 Protective clothing (shoes, hardhats, glasses, etc.) _____
 Dues to professional organizations _____
 Books & subscriptions _____
 Other _____
 Union dues _____
 Tax preparation fees _____
 Other nonpersonal expenses related to taxable income
 Safe deposit box fees _____
 Investment expenses not entered elsewhere _____
 Other _____
 Home equity interest _____