

## 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?  Yes  No
- Are you disabled?  Yes  No
- Are you a full-time student?  Yes  No
- Do you want \$3 to go to the Presidential Election Campaign Fund?  Yes  No

**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 \_\_\_\_\_

**Income**

Name:

SSN:

**Wages & Salaries**

Provide all copies of Form W-2

Employer name	2020 federal wages

**Retirement**

Provide all copies of Form 1099-R

Payer name	2020 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

Payer name	2020 amount





### Other Income and Adjustments

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

**Other Income**

	2020 Taxpayer	2020 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	2020 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

Number of miles from old home to old workplace . . . . .		_____
Number of miles from old home to new workplace . . . . .		_____
Expense to move household goods and 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	2020
Gross receipts or sales . . . . .	_____	Other income . . . . . _____
Returns & allowances . . . . .	_____	_____

**Expenses**

	2020	2020
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	2020
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

## 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

2020

Rent income . . . . .	_____	Royalties from oil, gas, mineral, copyright or patent . . . . .	_____
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### Expenses

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

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.

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.





### 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	2020
Sale of livestock / other items . . . . .	_____	_____
Cost of items bought for resale . . . . .	_____	_____
Sale of products you raised . . . . .	_____	_____
Total cooperative distributions . . . . .	_____	_____
Total agricultural payments . . . . .	_____	_____
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 . . . . .	_____	_____

You used unit-livestock-price or farm-price inventory method

#### Expenses

	2020	2020
Car & truck expenses . . . . .	_____	_____
Chemicals . . . . .	_____	_____
Conservation expenses . . . . .	_____	_____
Custom hire (machine work) . . . . .	_____	_____
Employee benefit programs . . . . .	_____	_____
Feed purchased . . . . .	_____	_____
Fertilizers & lime . . . . .	_____	_____
Freight & trucking . . . . .	_____	_____
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, & equipment . . . . .	_____	_____
Rent - other (land, animals, etc.) . . . . .	_____	_____
Repairs & maintenance . . . . .	_____	_____
Seeds & plants purchased . . . . .	_____	_____
Storage & warehousing . . . . .	_____	_____
Supplies purchased . . . . .	_____	_____
Taxes . . . . .	_____	_____
Utilities . . . . .	_____	_____
Veterinary, breeding, & medicine . . . . .	_____	_____
Other expenses . . . . .	_____	_____

Form 4835 - Farm Rental Income and Expenses

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

General Information

Description \_\_\_\_\_ Employer ID Number \_\_\_\_\_

This farm was disposed of during 2020

Income

	2020	2020
Income from production of livestock, grains, & 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	2020
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
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

#### Mileage

Number of miles the vehicle was driven during 2020

Business . . . . . \_\_\_\_\_

Commuting . . . . . \_\_\_\_\_

Other . . . . . \_\_\_\_\_

#### Expenses

Garage rent . . . . . \_\_\_\_\_

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

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

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

Oil . . . . . \_\_\_\_\_

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

Rental fees . . . . . \_\_\_\_\_

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

Property tax . . . . . \_\_\_\_\_

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

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 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 table with columns: Cash, Noncash, Amount. Rows include Church, Boy or Girl Scouts, Goodwill, Red Cross, Salvation Army, United Way, Veterans, Hospital, University, Other.

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

Other Information

Name:

SSN:

Mortgage Interest

Provide all copies of Form 1098

Lender's name	Mortgage interest received	Mortgage insurance premiums	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	Reimbursed by your employer not included on your W-2
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 \_\_\_\_\_ 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