



# Income Tax Organizer for 2020 - Page 2

## Questions

*This is a list of important questions that aid us in preparing your tax return. Please attach any documents for all "yes" answers. Please answer all the questions that pertain to you.*

### New This Year

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| 1 Did you receive a Economic Stimulus Payment in 2020? If so how much? _____<br><i>If no, you may be entitled to a tax credit on your 2020 tax return depending on your adjusted gross income.</i>                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2 Did you receive income or incur expenses associated with a fantasy sports league? If yes please provide documentation.   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3 Did you donate up to \$300 to a public charity in 2020? If yes please provide documentation. This will reduce your adjusted gross income. ( This can be deducted from your tax return even if you cannot itemize). | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

### General Questions

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 4 Were there any births, deaths, marriages, divorces or adoptions in your immediate family? If yes please include on page 1   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5 Did you sell and/or purchase or refinance a home in 2020? (if yes, please provide closing statements)   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6 Were you a victim of identity theft with the IRS?<br><i>If yes, you should have received an Identity Protection PIN from the Internal Revenue Service. Please provide us with the IRS letter containing your PIN number so that your return can be e-filed.</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7 Did your drivers license expire in 2020? If yes please provide us with a copy of your new drivers license.  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8 Did you have any childcare expenses during the year? If yes, please provide documentation per child.  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

### Retirement Distributions and Contributions

- |   |                        |                              |                             |         |
|---|------------------------|------------------------------|-----------------------------|---------|
| <b>Distributions:</b>   |                        |                              |                             |         |
| 9 Did you make a withdrawal from:   | Traditional IRA        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |         |
| (please make sure we have your Form 1099-R's and Form 5498's)   | Roth IRA               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |         |
| <i>What was your reason for withdrawal? higher education expenses, medical expenses, first-time home buyer, IRS levy, disability, or COVID-19? These are some of the exceptions to the 10% penalty.</i> | Non-Deductible IRA     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |         |
|   | Other Retirement Plans | <input type="checkbox"/> Yes | <input type="checkbox"/> No |         |
| 10 Did you convert a regular IRA to a Roth IRA?   |                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |         |
| <b>Contributions:</b>   |                        |                              |                             |         |
| 11 Did you or your spouse   | Taxpayer               | Type of retirement:          | Date Made:                  | Amount: |
| make a contribution to:   |                        | Traditional IRA              | _____                       | _____   |
|   |                        | Roth IRA                     | _____                       | _____   |
|   |                        | Non-Deductible IRA           | _____                       | _____   |
|   |                        | Other Retirement Plans       | _____                       | _____   |
|   | Spouse                 | Type of retirement:          | Date Made:                  | Amount: |
|   |                        | Traditional IRA              | _____                       | _____   |
|   |                        | Roth IRA                     | _____                       | _____   |
|   |                        | Non-Deductible IRA           | _____                       | _____   |
|   |                        | Other Retirement Plans       | _____                       | _____   |

### Health Insurance / Health Savings Account (HSA)

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| 12 Did you and/or your dependents have health coverage for the entire year of 2020?<br><i>If yes, was the health insurance employer-provided? Please circle: Pre-tax or Post-tax</i><br>How much were your out of pocket premiums paid in 2020? Taxpayer _____ Spouse _____                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 13 For those that are self-employed how much were your health insurance premiums paid in 2020?<br><i>* self-employment health insurance can include: health insurance, dental insurance, long-term care insurance, medicare, etc.</i><br><b>Please provide a detailed breakdown of each premium.</b> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 14 Did you enroll for Marketplace Coverage through healthcare.gov under the Affordable Care Act? If yes, please provide us with any Form 1095-A you received. We have to have this form to prepare your tax return.  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 15 Did you contribute to a HSA? If so, how much did you contribute and how much did your employer contribute for 2020? Is it family coverage or individual coverage? Please circle: family or individual<br>Employer Contribution _____ Employee Contribution _____                                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 16 Did you receive a distribution from a HSA in 2020? If yes, please provide us with Form 1099-SA.<br><i>If yes, was your distribution 100% used for qualified medical expenses?</i>   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

### Foreign Income & Cryptocurrency

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| 17 Did you have an interest in or signature over a bank or brokerage account in a foreign country with a value greater than \$10,000? If yes, please provide details.  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 18 Did you receive a distribution from or were you a grantor of or transferor to a foreign trust? If yes, what country _____<br><br><i>Note: As part of your filing obligations you are required to report the maximum value of specified foreign financial assets, which include financial accounts with foreign institutions and certain other foreign non-account investment assets that exceed certain thresholds. You are responsible with informing us of all your foreign assets, so we can properly advise of your filing obligations with the U.S Federal Government.</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 19 Did you engage in either a purchase or sale transaction involving cryptocurrency (such as bitcoin)?<br><i>If yes, please provide us a report with all sales transactions in 2020.</i>   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

# Income Tax Organizer for 2020 - Page 3

## Questions

*This is a list of important questions that aid us in preparing your tax return. Please attach any documents for all "yes" answers  
Please answer all the questions that pertain to you.*

### Education

20 Did anyone in your household attend a post- secondary school during the year? If yes who? Provide: Form 1098- T, tuition, books, computer equipment , supplies, etc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
21 Please circle one: Student Name_____ Freshman    Sophomore    Junior    Senior    Masters    PhD    Other Student Name_____ Freshman    Sophomore    Junior    Senior    Masters    PhD    Other Student Name_____ Freshman    Sophomore    Junior    Senior    Masters    PhD    Other	Amount Paid \$ _____ \$ _____ \$ _____	
22 Did you pay student loan interest for yourself, your spouse, or your dependent(s) during the year? Provide documentation.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

### Head of Household (HOH)

23 Were you unmarried on the last day of the tax year and did you provide more than half of the cost of keeping up a home for the year for a qualifying person? Please provide documentation to substantiate the HOH filing status claimed on your return such as: proof of over half of the support for your qualifying person, and proof of them living with you for over 6 months.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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### Earned Income Credit (EIC)

24 Do you understand the rules about claiming the EIC when a child is the child of more than one qualifying taxpayer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
25 Are you aware of the "tie-breaker" rules, and has it been determined that you are, in fact, eligible to claim the EIC for said child/children?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
26 Do you know that you may not claim the EIC if the child/children have not lived with you for over half the year, even if you have supported the child?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

### Child Tax Credit (CTC)/ Additional Child Tax Credit (ACTC)

27 Has the child lived with you for over half the year? (If "no," answer questions 28 & 29.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
28 Is there an active Form 8332, Release/ Revocation of Claim to Exemption for Child by Custodial Parent, or similar statement in place. Please attach if "yes."	<input type="checkbox"/> Yes	<input type="checkbox"/> No
29 Have you released the claim to another person? If yes, you cannot claim the child tax credit.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
30 Can you provide documentation to substantiate your answers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

### Self- Employed Income

31 Did you start a new business or sell a existing business in 2020? Please provide documentation.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
32 Did you receive a Payroll Protection Program Loan? If yes was the loan forgiven or have you applied for forgiveness?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
33 If you are a sole proprietor or one - member LLC taxed as a sole proprietor, did you issue Forms 1099-NEC to your independent contractors who were paid more than \$600 or more in 2020?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

### Rental Property

34 Did you purchase or sell any rental properties during 2020? If yes, we will need the closing statements.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
35 Did you make any payments in 2020 that would require you to issue a Form 1099?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
36 Did you purchase any business assets or convert any assets to business use in 2020? If yes, please provide documentation of the cost of the asset and the date it was placed in service.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

### Itemized Deductions

37 Do your itemized deductions exceed the following amounts: Examples of itemized deuctions are medical expenses >7.5% of your adjusted gross income, real estate taxes, mortgage interest, charitable contributions. If yes please provide documentation	<input type="checkbox"/> Yes	<input type="checkbox"/> No												
<table style="width: 100%; border: none;"> <tr> <td style="padding-left: 40px;">Single</td> <td style="text-align: right;">\$12,400</td> <td></td> <td></td> </tr> <tr> <td style="padding-left: 40px;">Married Filing Jointly</td> <td style="text-align: right;">\$24,800</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td style="padding-left: 40px;">Head of Household</td> <td style="text-align: right;">\$18,650</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> </table>	Single	\$12,400			Married Filing Jointly	\$24,800	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Head of Household	\$18,650	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Single	\$12,400													
Married Filing Jointly	\$24,800	<input type="checkbox"/> Yes	<input type="checkbox"/> No											
Head of Household	\$18,650	<input type="checkbox"/> Yes	<input type="checkbox"/> No											

### Miscellaneous Income

38 Did you receive a K-1 from a partnership, S Corporation, trust, or an estate in 2020? If yes, please provide the K-1.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
39 Did you buy or sell any stocks, bonds, or other investments during 2020? If yes, please provide Forms 1099-B	<input type="checkbox"/> Yes	<input type="checkbox"/> No
40 Did you have any gambling winnings in 2020? If yes, please provide a Form W-2G Certain Gambling Winnings	<input type="checkbox"/> Yes	<input type="checkbox"/> No

### Estimated Tax Payments

### Vehicle Information

Estimated Tax Payments		Vehicle Information											
	Federal	State											
Applied from prior year return	\$	\$	Must have a vehicle log to substantiate your vehicle expense.  <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 50%;"><u>Vehicle 1</u></td> <td style="text-align: center; width: 50%;"><u>Vehicle 2</u></td> </tr> <tr> <td>Make / Model</td> <td>_____</td> </tr> <tr> <td>Date Purchased</td> <td>_____</td> </tr> <tr> <td>Cost</td> <td>_____</td> </tr> <tr> <td>Auto Mileage</td> <td>_____</td> </tr> </table>	<u>Vehicle 1</u>	<u>Vehicle 2</u>	Make / Model	_____	Date Purchased	_____	Cost	_____	Auto Mileage	_____
<u>Vehicle 1</u>	<u>Vehicle 2</u>												
Make / Model	_____												
Date Purchased	_____												
Cost	_____												
Auto Mileage	_____												
1st quarter/ due July 15, 2020	\$	\$											
2nd quarter/ due July 15, 2020	\$	\$											
3rd quarter / due September 15, 2020	\$	\$											
4th quarter/ due January 15, 2021	\$	\$											
<b>Total estimated Tax Payments for 2020</b>	<b>\$</b>	<b>\$</b>	<table style="width: 100%; border: none;"> <tr> <td style="padding-left: 20px;">Business</td> <td>_____</td> </tr> <tr> <td style="padding-left: 20px;">Commuting</td> <td>_____</td> </tr> <tr> <td style="padding-left: 20px;">Personal</td> <td>_____</td> </tr> <tr> <td style="padding-left: 20px;">Total</td> <td>_____</td> </tr> </table>	Business	_____	Commuting	_____	Personal	_____	Total	_____		
Business	_____												
Commuting	_____												
Personal	_____												
Total	_____												

# Income Tax Organizer for 2020 - Page 4

## INCOME CHECKLIST

*Please attach the original forms to document your income*

- |  |  |
|--|--|
| <input type="checkbox"/> Wages: Form W - 2<br><input type="checkbox"/> Retirement Income: Form 1099 - R<br><input type="checkbox"/> Interest Income: Form 1099 - INT<br><input type="checkbox"/> Dividend Income: Form 1099 - DIV<br><input type="checkbox"/> Sale of Stocks & Bonds: Form 1099 - B<br><input type="checkbox"/> Education Savings Withdrawal: Form 1099-Q<br><input type="checkbox"/> Independent Contractors: Form 1099- NEC<br><input type="checkbox"/> Unemployment Compensation: Form 1099 - G<br><input type="checkbox"/> State Income Tax Refund: Form 1099 - G<br><input type="checkbox"/> <b>Income and Expenses from Sole Proprietor:</b> Schedule C (Please provide a full list of your income and expenses as well as any new assets bought in 2020 with the cost and the purchase date).<br>You are responsible for ensuring that personal expenses are segregated from business expenses and that expenses such as meals, travel, vehicle use, gifts, and related expenses are supported by necessary records required by the IRS | <input type="checkbox"/> Partnerships, S- Corporations, Estates & Trusts Income: Schedule K -1s<br><input type="checkbox"/> Jury Duty<br><input type="checkbox"/> Gambling Winnings or Losses: Form W-2G<br><input type="checkbox"/> Cancellation of Debt: Form 1099-C<br><input type="checkbox"/> Alimony Income - for divorces final before 12-31-18<br><input type="checkbox"/> Other Income: |
|--|--|
- Rental Income and Expenses:** Schedule E (Please provide income and expenses, new assets bought in 2020 with the cost and the purchase date, fair rental days and personal days used for the property)
- Social Security Benefits:** Form 1099 - SSA
- Farm Income:** Schedule F (Please provide a full list of income and expenses and new assets purchased in 2020 with the cost and purchase date)

## ITEMIZED DEDUCTIONS

- Medical:**
- |                                      |                                |
|--------------------------------------|--------------------------------|
| Health and Dental Insurance Premiums | Nursing Home Care              |
| Long-Term Care Premiums              | Doctor, Dentist, Hospital, Lab |
| Prescription, Glasses, Other         | Auto Mileage: \$0.17/ mile     |
- Real Estate Taxes:** Residence, Second Homes, Lots, Land
- Sales Tax:** Cars, Boats, Motorcycle, New Home Construction or Major Home Renovations
- State Income Taxes**
- Interest Paid:**
- Home Mortgage Interest Loan - Form 1098      Interest deductions are limited on loans up to \$750,000.  
 Home Equity Loan- **NO LONGER DEDUCTIBLE FOR LOANS BEGINNING AFTER 1/1/2018. UNLESS FOR HOME IMPROVEMENTS**  
 What were the proceeds from your home equity loan used for? \_\_\_\_\_  
 Points Paid on Original Loan      \_\_\_\_\_  
 Points Paid on Refinance      \_\_\_\_\_      Date of Refinance      \_\_\_\_\_ # of years \_\_\_\_\_  
 Investment Interest      \_\_\_\_\_
- Charitable Contributions:** Cash & Non-Cash
- Child / Dependent Care Expenses:**
- |                       |                         |
|-----------------------|-------------------------|
| Payee ( School) _____ | Federal ID Number _____ |
| Address _____         | Amount Paid _____       |

\* Please note: Tax Preparation Fees, Investment/ IRA Fees, Safe Deposit Box Rental and Casualty and Theft Losses except for federally declared disasters are NO LONGER DEDUCTIBLE for Federal Tax Purposes but may be deductible for those States that have an Income Tax. (Tennessee does not have a State Income Tax)