

2020 Individual Tax Organizer

Miscellaneous Questions

If any of the following items pertain to you or your spouse for 2020, please check the appropriate box and provide additional information if necessary.

Yes	No	Personal Information
		Did your marital status change during the year?
		Did your address change during the year?
		Could you be claimed as a dependent on another person's tax return for 2020?

Yes	No	Dependents
		Were there any changes in dependents?
		Were any of your unmarried children who might be claimed as dependents 19 years of age or older (or 24 years or older if student) at the end of 2020?
		Did you have any children under age 19 or full-time students under age 24 at the end of 2020, with interest and dividend income in excess of \$1,100, or total investment income in excess of \$2,200?

Yes	No	Health Care Coverage
		Did you receive IRS document Form 1095-A (Health Insurance Marketplace Statement), if so, please attach.

Yes	No	Income
		Did you receive unreported tip income of \$20 or more in any month?
		Did you cash any Series EE U.S. savings bonds issued after 1989 and pay qualified higher education expenses for yourself, your spouse, or your dependents?
		Did you receive any disability income?
		Did you have any foreign income or pay any foreign taxes?

Yes	No	Purchases, Sales and Debt
		Did you start a business or farm, purchase rental or royalty property, or acquire an interest in partnership, S corporation, trust or REMIC?
		Did you purchase or dispose of any business assets (furniture, equipment, vehicles, real estate, etc.), or convert any personal assets to business use?
		Did you buy or sell any stocks, bonds or other investment property in 2020?
		Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan?
		Did you make any residential energy-efficient improvements or purchases involving solar, wind, geothermal or fuel cell energy sources?
		Did you have any debts cancelled or forgiven?
		Does anyone owe you money which has become uncollectible?
Yes	No	Retirement Plans
		Did you receive a distribution from a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?
		Did you contribute to a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?
		Did you transfer or rollover any amount from one retirement plan to another retirement plan?

Yes	No	Education
		Did you receive a distribution from an Education Savings Account or Qualified Tuition Program?
		Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school?

Yes	No	Itemized Deductions
		Did you incur a loss because of damaged or stolen property?
		Did you work out of town for part of the year?
		Did you use your card on the job (other than to and from work)?

Yes	No	Estimated Taxes
		Did you apply an overpayment of 2019 taxes to your 2020 estimated tax (instead of being refunded)?
		If you have an overpayment of 2020 taxes, do you want the excess applied to your 2021 estimated tax (instead of being refunded)?
		Do you expect 2021 taxable income and withholdings to be different from 2020?

Yes	No	Miscellaneous
		Do you want to allocate \$3 to the Presidential Election Campaign Fund?
		Does your spouse want to allocate \$3 to the Presidential Election Campaign Fund?
		May the IRS discuss your tax return with your preparer?
		Did you have an interest or signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account?
		Did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust?
		Was your home rented out or used for business?
		Did you have a medical savings account (MSA), a Medicare Advantage MSA, or acquire an interest in an MSA or a Medicare Advantage MSA because of the death of the account holder? Or, were you a policyholder who received payments under a long-term care (LTC) insurance contract or received any accelerated death benefits from a life insurance policy?
		Did you receive a distribution from an Achieving a Better Life Experience (ABLE) savings account?
		Are you a member of the Armed Forces of the United States on active duty who moved pursuant to a military order related to a permanent change of station?
		Did you engage the services of any household employees?
		Were you notified or audited by either the Internal Revenue Service or the State taxing agency?
		Did you or your spouse make any gifts to an individual that total more than \$15,000, or any gifts to a trust?
		Did your bank account information change within the last twelve months?
		At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?

Yes	No	Corona Virus Aid, Relief and Economic Security Act (CARES Act)
		Did you receive a economic impact payment from the Government? If so, how much?
		Did your business have any PPP loan amounts forgiven?
		Did you receive a distribution from your retirement plan because of COVID?

Other Income

	Total	Taxpayer	Spouse
State tax refund* (1099G)			
Alimony received			
Individual Retirement Account Account distribution (1099R) Amount of rollover (1099R)			
Pension & Annuity Income (1099R)			
Gambling Income (W-2G) Gambling Losses			
Unemployment compensation* (1099G)			
Social Security benefits* (SSA 1099)			
Other Income: give description			
Partnerships, Estates & Trusts* (K-1)			
Installment sale collection			
Memo: withholding on any of the above items			

*Please attach all supporting documents.

Capital Gains & Losses
(1099-B and/or 1099-S Brokerage Statement)

Description of Property	Date Acquired	Date Sold	Sales Price (gross or net)	Cost or Basis	Sales expense (if gross sales price entered)	Gain or (loss)

Were any of the above business assets?

Yes _____

No _____

Adjustments to Income

Individual Retirement Account Contributions: Were you an active participant in an employer or self-employed pension, profit sharing or stock bonus plan, or a tax-sheltered annuity at any time during the year?	Taxpayer	Spouse
Would you like to make an IRA Contribution?		
Would you like to make a Roth IRA Contribution?		
Moving expenses?		
Penalty on early withdrawal or savings		
Alimony paid		
If self-employed:		
Health Insurance		
Retirement contributions, KEOGH, Roth, or SEP IRA		
Student interest expenses (1098-E)		

Please indicate yes or no. If yes, please fill in the amount.

Schedule A

Doctors: Medical, Dental, Prescriptions & Hospital \$ _____

Mortgage Interest (1098): **1st Home**

1st payment \$ _____

2nd payment \$ _____

3rd payment \$ _____

2nd Home

1st payment \$ _____

2nd payment \$ _____

3rd payment \$ _____

Property Taxes:

1st Home

1st payment \$ _____

2nd payment \$ _____

2nd Home

1st payment \$ _____

2nd payment \$ _____

Charitable Deductions:

Cash/Checks \$ _____

Non-Cash* \$ _____

Charitable Miles \$ _____

*If noncash over \$500, more details are necessary
(i.e.: what was donated, when, etc.)

Moving expenses for new job: \$ _____

Moving miles from new job: \$ _____

Unreimbursed employee expense \$ _____

Tax preparation fee \$ _____

Investment advisory fee \$ _____

Job hunting expense \$ _____

Safety deposit box \$ _____

Automobile Deductions*

Make and year of auto? _____

When purchased or placed into business use _____

DMV Fees \$ _____

Did you use your automobile for business, or do you have unreimbursed employee travel? Yes No

If yes, continue...

Do you have written evidence to support your deduction? Yes No

Is this a leased car? Yes No Memo:

For mileage incurred between January thru December, the rate is 58 cents per mile:

Total Miles: January - December _____ (100%)

DETAIL

Mileage / Percentage Used: Business _____ : _____ %

Mileage / Percentage Used: Personal _____ : _____ %

Mileage / Percentage Used: Commuting _____ : _____ %

Auto Club	\$ _____
Car Washes	\$ _____
Gasoline, lube, oil	\$ _____
Repairs	\$ _____
Tires	\$ _____
Insurance	\$ _____
Interest	\$ _____
Parking Fee	\$ _____
Miscellaneous	\$ _____

***Please make a copy and fill out for each auto used for business.**

Credits

Credit for foreign taxes paid \$ _____

Low income housing credit \$ _____

Credits – other \$ _____

Credits for child and dependent care expenses

Person or Organization providing care:

Name _____

Street _____

City, State, Zip _____

SS / Tax ID _____

Telephone # _____

Amount Paid _____

Name _____

Street _____

City, State, Zip _____

SS / Tax ID _____

Telephone # _____

Amount Paid _____

Name _____

Street _____

City, State, Zip _____

SS / Tax ID _____

Telephone # _____

Amount Paid _____

Tax Payments & Estimates

Quarterly Estimates

Due Date	Description	Date Paid	Federal Amount	State Amount
	1st Estimate			
	2nd Estimate			
	3rd Estimate			
	4th Estimate			

Amount paid with Form 4868 Federal Extension 4/15/2021 _____

Amount paid with Form 3519 California Extension 4/15/2021 _____

Business or Rental Property Information
(please use if applicable)

GENERAL INFORMATION:

Principal business/profession: _____

Business name: _____

Business address: _____

Business city, state, zip: _____

Taxpayer Spouse

Sales (1099 Misc)	\$ _____
Cost of goods sold (if applicable)	\$ _____
Inventory at end of year	\$ _____
Gross profit	\$ _____

EXPENSES

Advertising	\$ _____
Bad debts	\$ _____
Car and truck expenses	\$ _____
Commissions	\$ _____
Continuing education	\$ _____
Dues and subscriptions	\$ _____
Insurance (other than health)	\$ _____
Other interest	\$ _____
Legal and professional	\$ _____
Office expense	\$ _____
Internet	\$ _____
Rent - Vehicles, Machinery & Equipment	\$ _____
Rent - other business property	\$ _____
Repairs	\$ _____
Supplies	\$ _____
Taxes - Real Estate	\$ _____
Taxes - other	\$ _____
Telephone	\$ _____
Travel	\$ _____
Total Entertainment	\$ _____
Total Meals	\$ _____
Reduction if other than 50% of above	\$ _____
Utilities	\$ _____
Wages	\$ _____
Other expenses:	\$ _____

Total expenses \$ _____

Do you use your office at home, as your "office" for tax deduction purposes? Yes _____ No _____

To be further discussed

Total square feet	_____	%
Business square feet	_____	%
Other	_____	%

Home office expenses

Rent	\$ _____
Repairs	\$ _____
Utilities	\$ _____
Other	\$ _____

Rental & Royalty Income

General Information

Kind of Property _____

Location of Property _____

Income

Rents received \$ _____

Royalties received \$ _____

Expenses

Advertising \$ _____

Association dues \$ _____

Auto and travel \$ _____

Cleaning and maintenance \$ _____

Commissions \$ _____

Dues and subscriptions \$ _____

Gardening \$ _____

Insurance \$ _____

Legal and Professional fees \$ _____

Licenses and permits \$ _____

Management fees \$ _____

Miscellaneous \$ _____

Mortgage Interest (paid to banks, etc.) \$ _____

Other interest \$ _____

Painting and decorating \$ _____

Pest control \$ _____

Plumbing and electrical \$ _____

Repairs \$ _____

Supplies \$ _____

Taxes – Real estate \$ _____

Taxes – other \$ _____

Telephone \$ _____

Utilities \$ _____

Wages and salaries \$ _____

Other expenses: \$ _____

Total Expenses \$ _____

Net Income \$ _____

