

2020	1040	US	Client Information	1
------	------	----	--------------------	---

**Tax Return Appointment**

Telephone number:  
 Fax number:  
 E-mail address:

Date:  
 Time:  
 Location:

This tax organizer will assist you in gathering information necessary for the preparation of your 2020 tax return. Please add, change, or delete information as appropriate.

**CLIENT INFORMATION**

Filing Status	Filing status (table).....	
	1=married filing separate and lived with spouse.....	
	Year spouse died, if qualifying widow(er) (2018 or 2019).....	
Taxpayer	First name and initial.....	
	Last name.....	
	Title/suffix.....	
	Social security number.....	
	Occupation.....	
	Date of birth (m/d/y).....	
	Date of death (m/d/y).....	
	1=blind.....	
Spouse	First name and initial.....	
	Last name.....	
	Title/suffix.....	
	Social security number.....	
	Occupation.....	
	Date of birth (m/d/y).....	
	Date of death (m/d/y).....	
	1=blind.....	
Address	In care of.....	
	Street address.....	
	Apartment number.....	
	City.....	
	State.....	
	ZIP code.....	
Foreign Address	Region.....	
	Postal code.....	
	Country.....	

**Filing Status**

- 1 = Single
- 2 = Married filing joint
- 3 = Married filing separate
- 4 = Head of household
- 5 = Qualifying widow(er)

2020

1040

US

**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.

**PERSONAL INFORMATION**

Yes No

- 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?
- Did you receive your Recovery Rebate Credit (coronavirus stimulus payment) in 2020? If so, how much did you receive?  
\$ \_\_\_\_\_

**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 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?
- Did you incur any child care expenses for children under age 13 so that you could work or look for work? If so, please indicate child's name, amount paid and provider name and EIN.

**HEALTH CARE COVERAGE**

- Did you and your dependents have health insurance coverage in 2020?
- Did you receive any of the following IRS Documents? Form 1095-A (Health Insurance Marketplace Statement), 1095-B (Health Coverage) or Form 1095-C (Employer Provided Health Insurance Offer and Coverage). If so, please include.

**INCOME**

- Did you receive unreported tip income of \$20 or more in any month?
- Did you receive any disability income?

2020

1040

US

**Miscellaneous Questions**

Yes  No

Did you receive any unemployment income in 2020? If so, please provide a copy of your Form 1099-G.

Did you have any foreign income or pay any foreign taxes?

Did you receive any bartering income? If so, please indicate the amount received.

\$ \_\_\_\_\_

**BUSINESS DEDUCTIONS (SELF-EMPLOYMENT & RENTAL ACTIVITY)**

Did you incur a loss because of damaged or stolen business property?

Did you receive a PPP loan in 2020? If so, please provide details for the loan and forgiveness, if granted.

Did you receive an EIDL grant or loan in 2020? If so, please provide details.

Did you use your car on the job (other than to and from work)?

If you used your car on the job, did you receive reimbursement from your employer for your vehicle expenses?

If you used your car on the job, and did not receive reimbursement, do you have written documentation (i.e. mileage log)?

Was your home rented out or used for business?

Did you make any payments of \$600 or more for rent or services that would require you to file Form(s) 1099?

If "yes" did you file all required Forms 1099?

Did you have any internet sales shipped to customers or did you perform any services for a customer outside of your resident state?

If yes, please provide the amount of income received and the number of transactions by state for the year.

Did you perform any services that required you to travel to another city or state outside of your resident state? If so, please provide details.

If so, do you have documents to support your travel?

<b>2020</b>	<b>1040</b>	<b>US</b>	<b>Miscellaneous Questions</b>
-------------	-------------	-----------	--------------------------------

**PURCHASES, SALES AND DEBT**

- | Yes                      | No                       |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you start a business or farm, purchase rental or royalty property, or acquire an interest in a partnership, S corporation, trust, or REMIC?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you purchase a new vehicle? If so, please provide the purchase contract.  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you buy or sell any stocks, bonds or other investment property in 2020? If so, please provide 1099s.  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan? If so, please provide the closing statement.   |
| <input type="checkbox"/> | <input type="checkbox"/> | If you have a home equity line of credit were the proceeds used to purchase, build or substantially renovate your home?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make any residential energy-efficient improvements or purchases involving solar, wind, geothermal or fuel cell energy sources? If so, please provide the receipt and manufacturers certification. |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have any debts cancelled or forgiven? If so, please provide Form 1099-C.  |
| <input type="checkbox"/> | <input type="checkbox"/> | Does anyone owe you money which has become uncollectible?   |

**RETIREMENT PLANS**

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive a distribution from a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)? If so, please provide Form 1099-R  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make any Qualified Charitable Distributions with your Required Minimum Distributions?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make a contribution to a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)? If so, please provide Form 5498 or a year-end statement if Form 5498 is not available. Indicate below how the contribution to the plan was made. Please circle one. |

Via my employer per W2

Direct plan contribution

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make any IRA contributions if you are over the age of 70 1/2? If so, please provide details for the contribution.              |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you transfer or rollover any amount from one retirement plan to another retirement plan? If so, please provide documentation.      |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you recontribute any part of your RMD in 2020 as a result of new legislation due to COVID-19? If so, please provide documentation. |

<b>2020</b>	<b>1040</b>	<b>US</b>	<b>Miscellaneous Questions</b>
-------------	-------------	-----------	--------------------------------

Yes      No

      Did you convert part or all of your traditional, SEP, or SIMPLE IRA to a Roth IRA in 2020? If so, please provide Form 1099-R.

      Did you contribute to, or receive a distribution from, a health savings account (HSA)? If so, please provide Form 1099-SA (distributions) and Form 5498-SA (contributions).

      If you received a distribution from your health savings account (HSA), was it used for qualified medical expenses?

**EDUCATION**

      Did you receive a distribution from an Education Savings Account or a Qualified Tuition Program? If so, please provide Form 1099-Q.

      Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school? If so, please provide Form 1098-T.

      If you incurred college tuition expenses, did the student receive any scholarships or grants? If so, please indicate the amount received.

\$ \_\_\_\_\_

      If you incurred college tuition expenses, did the student meet all of the following four requirements? (1) the student was enrolled at least half-time for at least one academic period during the year, (2) the student has not completed the first 4 years of post-secondary education before 2020, (3) the student was enrolled in a program leading towards a degree, certificate or credential, and (4) the student was not convicted or a felony before the end of 2020.

      Did you pay any student loan interest? If so, please provide Form 1098-E.

      Did you incur any educator (i.e. teacher) expenses and work more than 900 hours in K-12 education for 2020? If so, please indicate the amount paid for unreimbursed out-of-pocket school supplies.

\$ \_\_\_\_\_

      Did you contribute to a 529 college savings plan during the year? If so, please indicate below the total amount contributed.

\$ \_\_\_\_\_

2020

1040

US

Miscellaneous Questions

ITEMIZED DEDUCTIONS

- |                                 |                                |   |
|---------------------------------|--------------------------------|---|
| Yes<br><input type="checkbox"/> | No<br><input type="checkbox"/> | If you made a charitable contribution that was more than \$250, do you have both a bank record and a receipt from the organization stating that no goods or services were received?   |
| <input type="checkbox"/>        | <input type="checkbox"/>       | If you incurred more than \$250 of charitable volunteer expenses, do you have both a bank record and a receipt from the organization stating that no goods or services were received?   |
| <input type="checkbox"/>        | <input type="checkbox"/>       | If you donated noncash items during the year (i.e. clothing and household goods), were the items in good or very good condition at the time of the donation? If so, please indicate the amount donated below and provide receipts for donations of more than \$500.<br><br>\$ _____ |
| <input type="checkbox"/>        | <input type="checkbox"/>       | Did you make charitable contributions that could qualify for the Arizona tax credits? If so, please indicate below the type of credit and provide receipts.   |

School   
  Qualifying Charity   
  Foster Care   
  Military Relief  
 Private School

ESTIMATED TAXES

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make any estimated tax payments? If so, please be sure to include the dates and amounts paid with your tax documents. |
|--------------------------|--------------------------|---|

MISCELLANEOUS

If you have an overpayment of 2020 taxes, do you want the excess applied to your 2021 estimated tax or do you want the overpayment refunded to you? Please circle your preference

Refund                       Apply to next year

If you requested a refund in the prior question, would you like to have that refund direct deposited into your bank account or would you prefer to receive a paper check? Please circle your preference below.

Direct Deposit                       Paper Check

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Did your bank account information change within the last twelve months? If so, and you would like to direct deposit your tax refund, please provide a voided check from the new account. |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you want to allocate \$3 to the Presidential Election Campaign Fund?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Does your spouse want to allocate \$3 to the Presidential Election Campaign Fund?  |

<b>2020</b>	<b>1040</b>	<b>US</b>	<b>Miscellaneous Questions</b>
-------------	-------------	-----------	--------------------------------

Yes      No

- Did you have an interest in 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?
- Did you own any foreign assets (i.e. real estate, business, estate, financial instruments, retirement plans, contracts)?
- 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(i.e. nannies, caretakers, housekeepers)? If the amount paid exceeds \$2,100, please indicate the amount paid, name and social security number of the individual(s).
- Were you notified or audited by either the Internal Revenue Service or the State taxing agency? If so, please provide a copy of the notice.
- Did you or your spouse make any gifts to an individual that total more than \$15,000, or any gifts to a trust?
- At any time during 2019, did you receive, sell, send, exchange or otherwise acquire any financial interest in any virtual currency (i.e. Bitcoin)?
- Would you like an electronic copy of your income tax return emailed to you in PDF format?
- Would you like a paper copy of your income tax return?

We will file your tax returns electronically. How would you like to sign your authorization forms for us to file your return? Please circle your preference below.

Electronically via email

Manually with pen & ink signature

What is your preferred contact method? (Select one) \_\_\_\_\_ Email \_\_\_\_\_ Phone

- Are you currently on our email list to receive our newsletter and tax updates throughout the year? If not, and you would like to be added, please write your email address below.

---

**Please take a minute to ensure that the contact information in this organizer is correct.**