

2020 TAX ORGANIZER													
<b>Client Name or Names:</b>													
Client Social Security Numbers			Primary:				Spouse:						
Client Dates of Birth			Primary:				Spouse:						
Since 12/31/18, have you gotten:			Married?	Divorced?		Widowed?	Date Married/Divorced/Widowed:						
If newly married:			Spouse Name (First, Middle, Last)										
Address:													
Cell Phone:					Spouse Cell Phone:								
Alternate Phone:					Spouse Alternate Phone								
<b>Added/Removed Dependents Name</b>		Date of Birth:		Relationship:		Social Security Number:		Months in your home:					
<b>INCOME</b>				<b>CONTRIBUTIONS</b>				<b>Dollar Amount</b>					
<b>W-2's, 1099's attached:</b>			<b>Yes</b>	<b>No</b>	<b># of Forms</b>	Total Church		\$					
Salary & Wages (W-2)						Total Charity		\$					
Social Security (1099-SSA)						Noncash Donations (FMV)		\$					
Interest (1099-INT)						Name of Charity Given to:							
Dividend (1099-DIV)						Charitable Miles Driven		# of Miles:					
Stock Sales (1099-B)						<b>MISC DEDUCTIONS</b>							
Pension/Retirement Savings (1099-R)						Tax Preparation Fees		\$					
Non-Employee Comp (1099-Misc)						Safe Deposit Box Rent		\$					
Unemployment Comp (1099-G)						Investment Fees		\$					
Gambling Winnings (W-2G)						Disaster or Theft		\$					
Partnership or S Corp (K-1)						Other:		\$					
<b>OTHER INCOME</b>			<b>Dollar Amount</b>			<b>EMPLOYEE EXPENSES</b> For unreimbursed expenses of an employee, if self-employed use Schedule C – State Only							
State Tax Refunds (1099-G)						Miles Driven (Unreimbursed)		# of Miles:					
Alimony Received			\$			Travel Expenses		\$					
<b>Self-Owned Business Income</b>			<b>Request Schedule C Organizer</b>			Meals & Entertainment		\$					
<b>Rental Income</b>			<b>Request Schedule E Organizer</b>			Union Dues		\$					
<b>OTHER DEDUCTIONS</b>						Uniforms (Not street clothes)		\$					
Work Related Moving Expenses			\$			Gifts, etc.		\$					
IRA contributions			\$			Supplies		\$					
Alimony Paid			\$			Safety Equipment/Tools		\$					
Educator Supplies			\$			Office In home?		Yes No					
<b>MEDICAL EXPENSES (Paid out of pocket and unreimbursed by insurance)</b>						<b>CHILD &amp; DEPENDENT CARE</b>							
Health Premiums (if not deducted pre-tax on your paycheck)			\$			Child & Dependent Care Paid		\$					
Prescription Drugs & Insulin			\$			Which Dependent(s)							
Doctors/Dentists/Hospitals			\$			Care Provider Name:							
Ambulances			\$			Care Provider Federal ID or SSN:							
Glasses & Contact Lenses			\$			<b>EDUCATION EXPENSES</b>		<b># of Forms Attached</b>					
Hearing Aids & Batteries			\$			College Tuition (1098-T)							
Long-Term Care Premiums			\$			Student Loan Interest (1098-E)							
Medical Miles Driven			# of Miles			<b>Questions, Comments or Notes:</b>							
<b>TAXES PAID</b>													
Real Estate Tax			\$										
Tax on Car Tags			\$										
<b>MORTGAGE INTEREST PAID</b>													
Mortgage Interest- 1098 (attach)													
Mortgage Interest - No 1098			\$										
<b>Estimated Taxes Paid (Amount and Date Paid)</b>													
IRS 1 <sup>st</sup> Qtr	\$	Date:			State 1 <sup>st</sup> Qtr					\$	Date:		
IRS 2 <sup>nd</sup> Qtr	\$	Date:			State 2 <sup>nd</sup> Qtr					\$	Date:		
IRS 3 <sup>rd</sup> Qtr	\$	Date:			State 3 <sup>rd</sup> Qtr	\$	Date:						
IRS 4 <sup>th</sup> Qtr	\$	Date:			State 4 <sup>th</sup> Qtr	\$	Date:						