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2020 Tax Organizer

Name	Social Security Number	Date of Birth	Occupation
Taxpayer:			
Spouse:			
Address:			
Email:		Phone:	Cell:

Marital Status

- ☐ Married (If yes, will you file jointly? ☐ Yes ☐ No)
☐ Single
☐ Head of Household
☐ Widow(er), Date of Spouse's Death _____

Blind?
 Disabled?

Taxpayer

☐
☐

Spouse

☐
☐

Dependents

Name	Social Security Number	Date of Birth	Relationship

Document Checklist

<input type="checkbox"/> Last year's tax return	<input type="checkbox"/> Form(s) 1095-A (Marketplace health insurance)
<input type="checkbox"/> W-2 (Wages)	<input type="checkbox"/> Form 1098-E (Student loan interest paid)
<input type="checkbox"/> 1099-Int, 1099-Div, 1099-B – Investment income statements	<input type="checkbox"/> Form 1099-T (Tuition paid for post-secondary education)
<input type="checkbox"/> 1099-R (Retirement distributions)	<input type="checkbox"/> Medical expenses
<input type="checkbox"/> SSA-1099 (Social security income)	<input type="checkbox"/> Form 1098 (Mortgage interest)
<input type="checkbox"/> 1099-G (Unemployment income and state tax refunds)	<input type="checkbox"/> Property tax statements
<input type="checkbox"/> Schedule K-1 from Partnership, S Corporation, or Trust	<input type="checkbox"/> Charitable donations (cash and non-cash)
<input type="checkbox"/> Self-employment income (include all 1099-Misc) and expenses	<input type="checkbox"/> 5498-SA / 1099-SA (HSA contributions/distributions)
<input type="checkbox"/> Rental income and expenses	<input type="checkbox"/> Any notices received from IRS in the past year
<input type="checkbox"/> Form W-2G (Gambling income)	<input type="checkbox"/> Voided check for direct deposit of refund

Questions *(If answer yes to any of the following, please provide supporting documentation.)*

Yes	No	Did you give a gift of more than \$15,000 to one or more people?
Yes	No	Did you receive, sell, send, exchange, or otherwise acquire any financial interest in virtual currency (e.g. bitcoin)?
Yes	No	Did you own or have financial interest in a foreign bank or financial account?
Yes	No	Did you pay or receive any alimony payments? <i>If yes, provide amount, recipient SSN, date of divorce or separation.</i>
Yes	No	Can anyone else claim any of the dependents you listed on the first page of this form?
Yes	No	Did you purchase or sell a main home or rental/investment property during the year? <i>If yes, provide closing statement.</i>
Yes	No	Did you refinance a mortgage or take a home equity loan? <i>If yes, provide closing statement.</i>
Yes	No	Did you make any new energy-efficient improvements to your home?
Yes	No	Did you, or will you, contribute any money to an IRA for 2020? (Traditional or ROTH?)
Yes	No	Did you pay for dependent care so you could work or go to school? <i>Name of provider, address, EIN/SSN, amount paid.</i>
Yes	No	Will there be any significant changes in income or deductions next year, such as retirement?

Estimated Tax Payments – Tax Year 2020

Date Paid	Federal	Date Paid	State
	\$		\$
	\$		\$
	\$		\$
	\$		\$

Deductions and Credits

Medical/Dental Expenses		Taxes Paid	
Medical Insurance Premiums (paid by you)	\$	Property Taxes	\$
Prescriptions	\$	Personal Property Taxes (vehicle tabs)	\$
Doctors / Dentists / Hospitals	\$	Sales Tax Paid (e.g. vehicle, boat, RV)	\$
Other:	\$	State Income Tax Paid	\$
Medical Miles (# of miles)	#	Other:	\$

Charitable Contributions		Other	
Churches	\$	Adoption Expenses	\$
Volunteer Expenses (unreimbursed)	\$	Post-secondary Tuition and Expenses	\$
Other:	\$	Self-Employed Health Insurance	\$
Non-Cash (include receipts)	\$	Gambling Losses (to extent of winnings)	\$
Volunteer Miles (# of miles)	#	Other:	\$