

# BASIC TAX ORGANIZER

The first three sections are the most important to your preparer!

Be sure to include your refund banking information!!

Personal Information					
Taxpayer			Spouse		
First Name & Initial					
Last Name					
Social Security No					
Date of Birth					
Occupation					
Home Phone					
Work Phone					
Cell Phone					
E-Mail Address					
Street Address			Apt No		
City		State		Zip	

Dependents						
Name	Relationship	Date of Birth	Social Security Number	Months Living with you	Student Disabled	Gross Income
					\	
					\	
					\	
					\	

	Yes	No
Did you purchase health insurance through the Marketplace? If Yes, provide Form 1095-A for all covered individuals		
Did you receive unemployment or Disability Income? If yes, provide Forms 1099-G or 1099-R		
Did you purchase, sell or refinance any of your homes or take an equity loan? If yes, provide settlement statements		
Did you convert a traditional/SEP/SIMPLE IRA to a Roth IRA? If yes, provide Forms 1099-R		
Can you be claimed as a dependent on another persons tax return?		
Did you foreclose, file bankruptcy, or have repossession procedures?		
Do you have any income from any foreign country? If yes, please provide more information		
Did you make any purchases from catalog or internet and not pay sales tax?		
Did you have any education expenses for you or dependents? Provide Form 1098-T AND the school billings for 2020		
Did you receive, sell, send, exchange or otherwise acquire any financial interest in any virtual currency? Provide details		

Required Document Check List	
<input type="checkbox"/> Bring All Wage Statements (W-2's)	<input type="checkbox"/> Bring Soc Security/Railroad Benefits (SSA-1099)
<input type="checkbox"/> Bring All Pension, Annuity IRA Documents (1099-R)	<input type="checkbox"/> Bring Interest Income Statements (1099-INT)
<input type="checkbox"/> Bring All Trust & Estate Documents (K-1's)	<input type="checkbox"/> Bring Dividend Income Documents (1099-DIV)
<input type="checkbox"/> Bring Property Sold Documents (1099-S)	<input type="checkbox"/> Bring Day Care Statements
<input type="checkbox"/> Bring Real Estate Tax Bill	<input type="checkbox"/> Bring Home Refinancing Documents
<input type="checkbox"/> Bring Health Ins Marketplace Statements (1095's)	<input type="checkbox"/> Bring Education Forms (1098-T, 1099-Q)

Adjustments to Income	Other Income
Alimony Paid To: _____ Date of Divorce: _____	Alimony Received -Date of Divorce _____
Name _____ SSN _____	Gambling/Lottery Winnings \$ _____
Amount Paid: \$ _____	(Bring Forms W-2 G) _____
IRA/SEP Contribution Taxpayer \$ _____	Jury Duty \$ _____
IRA/SEP Contribution Spouse \$ _____	Disability Income \$ _____
Student Loan Interest Provide Form 1098-E \$ _____	State Income Tax Refund if itemized last year \$ _____
Health Savings Account- Need Forms 5498-SA/1099-SA \$ _____	Other \$ _____

Investments Sold					
Bring All 1099-B's, Confirmation slips, Broker Consolidated Statements					
Investment	Date Acquired	Date Sold	Basis (cost)	Sale Price	

### State Information

If rent paid:	Amount	# Months	W / Heat Y/N
	\$ _____	_____	_____
	\$ _____	_____	_____

If less than 12 months rent reported , please explain

### Health/Long Term Care Insurance

**Note: If health insurance premiums are deducted pre-tax, Please disregard.**

After Tax Amount Paid for health insurance	\$ _____
After Tax amount Paid for Long Term Care Insurance	\$ _____
After Tax Amount Paid for Dental/Vision Insurance	\$ _____

### Estimated Tax Payments

	Federal		State
Prior Year - Jan 15, 2020	\$ _____	Prior Year - Jan 15, 2020	\$ _____
1st Qtr - Apr 15, 2020 (7/15/20)	\$ _____	1st Qtr - Apr 15, 2020 (7/15/20)	\$ _____
2nd Qtr - Jun 15, 2020 (7/15/20)	\$ _____	2nd Qtr - Jun 15, 2020 (7/15/20)	\$ _____
3rd Qtr - Sep 15, 2020	\$ _____	3rd Qtr - Sep 15, 2020	\$ _____
4th Qtr - Jan 15, 2021	\$ _____	4th Qtr - Jan 15, 2021	\$ _____
<b>Total</b>	<b>\$ _____</b>	<b>Total</b>	<b>\$ _____</b>

### Itemized Deductions

#### Medical Dental Expenses

Prescription Drugs	\$ _____
Glasses, Contacts	\$ _____
Hearing Aids, Batteries	\$ _____
Medical Equipment, Supplies	\$ _____
Hospital	\$ _____
Doctor, Dentist, Specialist	\$ _____
Medical Miles	_____ Miles
Other ( <b>non</b> over-the-counter) medical expenses	\$ _____

#### Charitable Contributions (Receipts Required)

Church Cash Contributions	\$ _____
<b>You must have receipts for cash contributions</b>	
Other Cash Contributions	\$ _____
Donated Goods	\$ _____
<b>Must have receipts from organization</b>	
Volunteer mileage	_____ Miles

#### Real Estate Taxes Paid

Real Estate Taxes -Principle Residence	\$ _____
Other Real Estate Taxes	\$ _____
Personal Property Tax	\$ _____

#### Bring Tax Bills

#### Miscellaneous Expenses

Gambling Losses *	\$ _____
-------------------	----------

\* NOTE: Gambling losses require documented substantiation.

#### Mortgage Interest Expense

Mort Int Paid - Bring 1098	\$ _____	Interest pd to others - no 1098	\$ _____
Equity Line of Credit	\$ _____	Paid to: Name _____	
Use of Equity Loan - Please be specific		Address _____	
		Soc Sec No/EIN _____	
		Investment Interest paid	\$ _____

### Day Care Expenses

Children cared for	
Provider 1	Provider 2
Address	Address
Soc Sec No/EIN	Soc Sec No/EIN
Amt Pd	Amt Pd