2020 Tax Organizer

This Tax Organizer is designed to help you collect and report the information needed to prepare your 2020 income tax return. The attached worksheets cover income, deductions, and credits, and will help in the preparation of your tax return by focusing attention on your special needs.

Please enter your 2020 information in the designated areas on the worksheets. If you need to include additional information, you may use the back of a worksheet or an additional page.

When possible, 2019 information is included for your reference. You do not need to make any 2019 entries.

Note: The General Questions and Business/Investment Questions worksheets include a variety of questions designed to assist in completing your tax return. If you answer **yes** to any of the questions, be sure to provide the applicable details.

Please provide the following information:

- ☐ A copy of your 2019 tax return (if not in our possession).
- ☐ Original Form(s) W-2.
- ☐ Schedule(s) K-1 showing income or loss from partnerships, S corporations or estates or trusts.
- ☐ Copies of other compensation or pension documentation, such as Form 1099-MISC, Form 1099-R, or Form 1099-NEC.
- ☐ Form(s) 1099 or statements reporting dividend and interest income.
- ☐ Brokerage statements showing transactions for stocks, bonds, etc.
- ☐ Form(s) 1098 reporting interest paid, copies of real estate tax bills and other information relating to real property holdings.
- ☐ Copies of closing statements regarding the sale or purchase of real property.
- ☐ All other information notices you received, or any items you have questions about.

Thank you for taking the time to complete this Tax Organizer.

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Topic Index

General Questions

PERSONAL INFORMATION

		Yes	No
1	Did you receive an Economic Impact (Stimulus) Payment?	☐	☐
	If yes, how much did you receive?		
2	Did your marital status change during 2020?	☐	☐
	If **yes,** explain		
3	Do you want to allow your tax preparer to discuss this year's return with the IRS?	☐	☐
	If **no,** enter another person (if desired) to be allowed to discuss this return with the IRS. **Caution:** Review any transferred information for accuracy. Designee's Name ► Phone Number ► Personal Identification Number (5 digit PIN) ►		
4	Do you or your spouse plan to retire in 2021?	☐	☐
5	Were you or your spouse permanently and totally disabled in 2020?	☐	☐
6	Enter date of death for taxpayer or spouse (if during 2020 or 2021): Taxpayer: Spouse:		
7	Were you or your spouse a member of the U.S. Armed Forces during 2020?	☐	☐

DEPENDENT INFORMATION

		Yes	No
8 a	Do you have dependents who must file?	☐	☐
b	If **yes,** do you want us to prepare the return(s)?	☐	☐
9 a	Do you have children who are under age 19 or a full time student under age 24 with investment income greater than $2,200?	☐	☐
b	If **yes,** do you want to include your child's income on your return?	☐	☐
10	Are any of your dependents **not** U.S. citizens or residents?	☐	☐
11	Did you provide over half the support for any other person during 2020?	☐	☐
12	Did you incur adoption expenses during 2020?	☐	☐

IRA, PENSION AND EDUCATION SAVINGS PLANS

		Yes	No
13	Did you take a retirement account distribution related to the corona virus or a natural disaster?	☐	☐
14	Did you receive payments from a pension or profit-sharing plan?	☐	☐
15	Did you receive a total distribution from an IRA or other qualified plan that was partially or totally rolled over into another IRA or qualified plan within 60 days of the distribution?	☐	☐
16 a	Did you convert all or part of a regular IRA into a Roth IRA?	☐	☐
b	Did you roll over all or part of a qualified plan into a Roth IRA?	☐	☐
17	Did you contribute to a Coverdell Education Savings Account?	☐	☐

ITEMS RELATED TO INCOME/LOSSES

		Yes	No
18	Did you receive any disability payments in 2020?	☐	☐
19	Did you receive tip income **not** reported to your employer?	☐	☐
20 a	Did you buy, sell, refinance, or abandon a principal residence or other real property in 2020? (Attach copies of any escrow statements or Forms 1099.)	☐	☐
b	If you sold or abandoned a home, did you claim the First-Time Homebuyer Credit when you purchased the home?	☐	☐
c	Are you planning to purchase a home soon?	☐	☐
21	Did you incur any casualty or theft losses during 2020?	☐	☐
22	Did you incur any non-business bad debts?	☐	☐

PRIOR YEAR TAX RETURNS

		Yes	No
23	Were you notified by the Internal Revenue Service or state taxing authority of changes to a prior year's return? If **yes,** enclose agent's report or notice of change.	☐	☐
24	Were there changes to a prior year's income, deductions, credits, etc which would require filing an amended return?	☐	☐

General Questions (continued)

FOREIGN BANK ACCOUNTS, FOREIGN ASSETS AND FOREIGN TAXES

		Yes	No
25	Did you have foreign income or pay any foreign taxes in 2020 ?	☐	☐
26 a	At any time during 2020 , did you have an interest in or a signature or other authority over a bank account, or other financial account in a foreign country?	☐	☐
b	Did the aggregate value of all your foreign accounts exceed $10,000 at any time during 2020 ? Report all interest income on Org 11	☐	☐
27	Were you the grantor of or transferor to a foreign trust which existed during the tax year, whether or not you have any beneficial interest in the trust?	☐	☐
28	Did you at any time during 2020 , have an interest in or any authority over any foreign accounts or assets (i.e. stocks, bonds, mutual funds, partnership interests, etc.) held in foreign financial institutions that exceeded $50,000 in value at any time during the year?	☐	☐

HEALTH AND LIFE INSURANCE

		Yes	No
29	Did you receive Form 1095-A (Health Coverage)? If so, please attach	☐	☐
30 a	Did you or your spouse have self-employed health insurance?	☐	☐
b	If you or your spouse are self-employed, are either of you eligible to participate in an employer's health plan at another job?	☐	☐
31	Did your employer pay premiums on life insurance in excess of $50,000 where the proceeds are payable to beneficiaries named by you?	☐	☐
32	Did you contribute to or receive distributions from a Health Savings Account (HSA)?	☐	☐

MISCELLANEOUS

		Yes	No
33	Did you make energy efficient improvements to your home or purchase any energy-saving property during 2020 ? If **yes,** please attach details	☐	☐
34	Did you start paying mortgage insurance premiums in 2020 ? If **yes,** please attach details	☐	☐
35	Did you purchase a motor vehicle or boat during 2020 ? If **yes,** attach documentation showing sales tax paid.	☐	☐
36	Did you purchase an energy efficient vehicle in 2020 ? If **yes,** enter year, make, model, and date purchased: ______	☐	☐
37	Did you donate a vehicle in 2020 ? If yes, attach Form 1098C	☐	☐
38	What was the sales tax rate in your locality in 2020 ? ______ % State ID ______		
39	Did you or your spouse make gifts of over $15,000 to an individual or contribute to a prepaid tuition plan?	☐	☐
40	Did you make gifts to a trust?	☐	☐
41	If there were dues paid to an association, was any portion required to be non-deductible due to political lobbying by the association? If **yes,** please attach details.	☐	☐
42	Did you or your spouse participate in a medical savings account in 2020 ? If **yes,** please attach Form 1099-SA (Distributions from an HSA, Archer MSA or Medicare+Choice MSA.)	☐	☐
43	Did you make a loan at an interest rate below market rate?	☐	☐
44	Did you pay any individual for domestic services in 2020 ?	☐	☐
45	Did you pay interest on a student loan for yourself, your spouse, or your dependents?	☐	☐
46	Did you, your spouse, or your dependents attend post-secondary school in 2020 ?	☐	☐
47	Did a lender cancel any of your debt in 2020 ? (Attach any Forms 1099-A or 1099-C)	☐	☐
48	Did you receive any income not included in this Tax Organizer? If **yes,** please attach information.	☐	☐
49	At any time during 2020, did you sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?	☐	☐
50 a	Did you obtain a Paycheck Protection Program (PPP) loan?	☐	☐
b	If yes, has any portion of that loan been forgiven?	☐	☐

ELECTRONIC FILING AND DIRECT DEPOSIT OF REFUND

		Yes	No
51	If your tax return is eligible for Electronic Filing, would you like to file electronically?	☒	☐
52	The Internal Revenue Service is able to deposit many refunds directly into taxpayers' accounts. If you receive a refund, would you like direct deposit?	☐	☐

Caution: Review transferred information for accuracy.

53 If **yes,** please provide the following information:

a Name of your financial institution ______

b Routing Transit Number (must begin with 01 through 12 or 21 through 32) ______

c Account number ______

d What type of account is this? Checking ☐ Savings ☐

☑ Please attach a **voided** check (not a deposit slip) if your bank account information has changed.

Health Insurance Coverage

Preparer note: The fields on this form are non-enterable. This worksheet is meant to gather client data only. This worksheet will not transfer to the ProSeries/1040 product. Data from this worksheet must be manually entered on the appropriate form in ProSeries/1040.

Part 1 **Coverage**

Enter the name, SSN/DOB and health insurance status for each person who will claim on your return in the table below:

					Indicate which months each person was covered by MEC*:											
Name of covered individual(s)	**SSN or DOB**	**Covered 12 mos**	**Exchange Policy**	**Exemption Received**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**
1.																
2.																
3.																
4.																
5.																
6.																
7.																
8.																
9.																

*Minimum Essential Coverage (MEC) includes employer-sponsored coverage, health insurance purchased through the Health Insurance Marketplace (Exchange), Medicare, Medicaid, certain VA coverage, Tricare, etc.

For tax year 2020, the Federal ACA tax penalty has been eliminated, however, you may still be subject to a state tax penalty depending on where you live because some states have created their own individual insurance mandates to replace the federal version. These mandates require state residents to have qualifying health coverage or pay a fee with their state taxes.

Use this worksheet to list the names of individuals listed on the income tax return and their health care insurance coverage status. It will help your tax preparer determine who has health insurance coverage.

If you purchased a health insurance policy from an exchange (or Marketplace), check the Exchange Policy box above. You will receive Form 1095-A from the exchange that issued your policy. Please provide this form with your Organizer documents to your tax preparer.

Please call with any questions on this worksheet.

Business/Investment Questions

		Yes	No
1	Did you receive stock from a stock bonus plan with your employer? (Do not include stock sales included on your W-2.)	☐	☐
2	Did you buy or sell any stocks or bonds in 2020 ? If **yes**, attach broker's information (such as Form 1099-Bs and broker annual statements) related to the transactions.	☐	☐
3	Did you surrender any U.S. savings bonds during 2020 ?	☐	☐
4	Did you use the proceeds from Series EE or I U.S. savings bonds purchased after 1989 to pay for higher education expenses?	☐	☐
5	Did you realize a gain or loss on property which was taken from you by destruction, theft, seizure, or condemnation?	☐	☐
6	Did you start a business, purchase a rental property or farm, or acquire interests in partnerships or S corporations?	☐	☐
7	Do you have any investments for which you were **not** personally 'at risk' (other than sole proprietorship or farm)?	☐	☐
8	Did you own an interest in a Real Estate Mortgage Investment Conduit (REMIC) during 2020 ?	☐	☐
9	Did you sell property or equipment on installment in 2020 ?	☐	☐
10	Did you have any business related educational expenses?	☐	☐
11	Did you do a 'like-kind' exchange of property in 2020 ?	☐	☐
12	Deductions for travel and meals may be allowed under certain circumstances. Adequate records must be presented. Information must include: **1** Amount; **2** Time and place; **3** Date; **4** Business purpose; **5** Description of gift(s); and **6** Business relationship of recipient. Do you have records to support expenses?	☐	☐
13	Did you purchase special fuels for non-highway use? If **yes**, please list the type of use and the number of gallons for each fuel.	☐	☐

____

____

____

____

____

Basic Taxpayer Information

PERSONAL INFORMATION

	TAXPAYER		SPOUSE	
Last name				
First name				
Middle initial and suffix	MI	Suffix	MI	Suffix
Social security number				
Occupation				
Work phone/extension				
Cell phone				
E-mail address				
Driver's License/Id issuing state				
License /Id number				
License/Id issue date				
License/Id expiration date				
Birthdate	MM/DD/YYYY		MM/DD/YYYY	
Blind	Yes ☐	No ☐	Yes ☐	No ☐
Contribute to Presidential Election Campaign Fund	Yes ☐	No ☐	Yes ☐	No ☐
Eligible to be claimed as a dependent on another return	Yes ☐	No ☐	Yes ☐	No ☐

Street address ..... ____ Apartment number .... ____

City .... ____ State .... ____ ZIP code .... ____

Home phone .... ____ Foreign country .... ____

Fax .... ____ Foreign phone .... ____

FILING STATUS

☐ **1** Single

☐ **2** Married filing jointly

☐ **3** Married filing separately

Check this box if you **did not** live with spouse at any time during the year ► ☐

Check this box if you are eligible to claim spouse's exemption ► ☐

Check this box if your spouse itemizes deductions ► ☐

☐ **4** Head of household

If the qualifying person is a child but not your dependent, enter

Child's name.............. ____ Child's social security number.......... ____

☐ **5** Qualifying widow(er)

Check the box for the year the spouse died ► 2018 ☐ 2019 ☐

DEPENDENT INFORMATION

Full Name (first name, middle initial, last name, suffix)				Social Security Number / Relationship	**Code / +Months in U.S.	Not qualified credit Other dep	Date of Birth / *Not Citizen	2020 Child Care Expense / 2019 Child Care Expense
						☐	☐	
						☐	☐	
						☐	☐	
						☐	☐	

** For the Dependent Code, enter the following:

L = dependent child who lived with you

N = dependent child who didn't live with you due to divorce or separation

O = other dependent

Q = not a dependent (but is a person who qualifies your client for the earned income credit and/or the credit for child and dependent care expenses)

\+ Enter the number of months dependent lived with you, and/or your spouse if married filing jointly, in the U.S.

* Check this box if dependent child is not a U.S. citizen or resident alien

Interest and Dividend Income

T = Taxpayer, **S** = Spouse, **J** = Joint

INTEREST INCOME

☑ **Attach all copies of your Form 1099-INTs here.**

**Type of Interest
blank = Regular taxable interest
ME1 = ME bond interest in federal income
MD1 = MD nontaxable interest — taxable federal
MA1 = MA bank interest
NH1 = NH nontaxable interest — taxable federal
NJ1 = NJ nontaxable interest — taxable federal
OK1 = OK bank interest
TN1 = TN nontaxable interest — taxable federal
WV1 = WV bond interest in federal income

TSJ	X*	Payer Name	2020 Box 1 Interest	Type of Interest**	2020 Box 3 US/Treasury Interest	2020 Box 8 Tax Exempt	State	2019 Box 1 + 3

X* Check if you did not receive income from this account in 2020 .

DIVIDEND INCOME

☑ **Attach all copies of your Form 1099-DIVs here.**

TSJ	X*	Payer Name	2020 Box 1a Ordinary Dividends	2020 Box 1b Qualified Dividends	2020 Box 2a Capital Gains	State	2019 Box 1a + 2a

X* Check if you did not receive income from this account in 2020 .

Medical and Tax Expenses

MEDICAL AND DENTAL EXPENSES	2020	2019
1 Prescription medications		
2 Health insurance premiums (enter Medicare B on ORG10)		
Exclude premiums paid through an exchange (Form 1095-A)		
3 Qualified long-term care premiums		
a Taxpayer's gross long-term care premiums		
b Spouse's gross long-term care premiums		
c Dependent's gross long-term care premiums		
4 Enter self-employed health insurance premiums on ORG19, ORG27, ORG45A, or ORG46A for the appropriate activity		
5 Insurance reimbursement		
6 Doctors, dentists, etc		
7 Hospitals, clinics, etc		
8 Lab and X-ray fees		
9 Expenses for qualified long-term care		
10 Eyeglasses and contact lenses		
11 Medical equipment and supplies		
12 Miles driven for medical purposes		
13 Ambulance fees and other medical transportation costs		
14 Lodging		
15 Other medical and dental expenses:		
a		
b		
c		
d		
e		
f		
g		
h		
i		
j		

TAXES	2020	2019
Enter state and local income taxes on **ORG7, ORG8, ORG10,** and **ORG40.**		
16 Real estate taxes paid on principal residence		
17 Real estate taxes paid on additional homes or land		
18 Auto registration fees based on the value of the vehicle		
19 Other personal property taxes		
20 Other taxes:		

Interest Paid and Cash Contributions

HOME MORTGAGE INTEREST PAID

Lender's Name	Check if NOT on Form 1098	2020	2019
	☐		
	☐		
	☐		
	☐		

POINTS PAID ON LOAN TO BUY, BUILD, OR IMPROVE MAIN HOME

Lender's Name	Check if NOT on Form 1098	2020
	☐	
	☐	
	☐	
	☐	

SELLER FINANCED MORTGAGE

Individual's Name	Identifying Number	Address

OTHER PERSON RECEIVING FORM 1098

Form 1098 Recipient's Name	Address

OTHER POINTS

Enter below any points paid on a home equity loan (other than to improve your main home), a loan for a second home, or a refinanced mortgage.

Lender's Name	Loan Over	Points Paid	Date of Loan	Loan Length (years)	2019 Points Deducted
	☐				
	☐				
	☐				
	☐				

QUALIFIED MORTGAGE INSURANCE PREMIUMS

	2020	2019
Premiums paid in 2020 for qualified mortage insurance **not** from Form 1098 import		

INVESTMENT INTEREST

	2020	2019
Investment interest (for example: margin interest, interest paid on loans used for property held for investment, etc)		

LIMITED HOME MORTGAGE DEDUCTION

If the mortgage meets the following reasons during 2020 complete the following:
- The principal amount of you mortgage and home equity debt is over $750,000 ($375,000 if married filing separate), or
- You had home debt that was not used to buy, build or substantially improve the home that secures the loan

	Loan 1	Loan 2	Loan 3	Loan 4	Loan 5
1a Interest paid in 2020					
Points paid in 2020					
Months loan outstanding					
Principal pd on loan in 2020					
b Was all proceeds of this loan used to buy, build, or substantially improve the home?	Yes: ☐ No: ☐	Yes: ☐ No: ☐	Yes: ☐ No: ☐	Yes: ☐ No: ☐	Yes: ☐ No: ☐
2 Home Debt Origination on or after December 15, 2017					
Beginning of year balance					
Additional borrowed in 2020					
Enter the amount of debt not used to buy, build, or substantially improve the home:					
3 Home Debt Origination after October 13, 1987 and Before December 15, 2017					
Beginning of year balance					
Enter the amount of debt not used to buy, build, or substantially improve the home:					
4 Grandfathered debt: (before 10/14/1987)					
Beginning of year balance					
Enter the amount of debt not used to buy, build, or substantially improve the home:					

CASH CONTRIBUTIONS

Name of Donee Organization	Check if Statement Exists for Gifts $250 or More	2020	2019
	☐		
	☐		
	☐		
	☐		
	☐		
	☐		
	☐		
	☐		
	☐		
	☐		
Charitable miles driven			
Miles driven to deliver noncash contributions			
Parking fees, tolls, and local transportation			

Noncash Contributions

	Name of Donee Organization	Check if Statement Exists for Gifts of $250 or More	Fair Market Value	Prior Year Fair Market Value
A				
B				
C				
D				
E				
F				
G				
H				
I				

Note: Complete sections below **only** if the **total** noncash contributions are **more than $500.**

	Description of Donated Property	Type**	Address of Donee Organization
A			
B			
C			
D			
E			
F			
G			
H			
I			

	Method for Fair Market Value*	Date of Contribution	Complete these columns **only** for each contribution over $500		
			Date Acquired (month, year)	How Acquired***	Your Cost
A					
B					
C					
D					
E					
F					
G					
H					
I					

***Methods of determining FMV:**

Appraisal
Average share
Catalog
Capitalization of income
Comparative sales
Consignment shop
Present value
Replacement cost
Reproduction cost
Thrift shop

****Type of Donated Property**

Household/clothing items
Motor vehicle, boat or airplane
Art, other than self-created
Art, self-created
Collectibles
Business equipment
Business inventory
Stock, publicly traded
Stock, other than publicly traded
Securities, other than stock
Intellectual property
Real property, conservation property
Real property, other than conservation
Other personal property
Other intangible property

*****How Property was Acquired:** Purchase, Gift, Inheritance, Exchange

Miscellaneous Itemized Deductions (FOR STATE USE ONLY)

MISCELLANEOUS DEDUCTIONS (2% LIMITATION)	2020	2019
Employee Business Expenses		
Note: If you have any travel, transportation, meal expenses **or** your employer reimbursed you for **any** of your job-related expenses, complete **ORG17** for **all** your employee expenses.		
1 Union and professional dues		
2 Professional subscriptions		
3 Uniforms and protective clothing		
4 Job search costs		
5 Other unreimbursed employee expenses:		
a		
b		
c		
d		
e		
Other Expenses Subject to the 2% Limitation		
Treat all MACRS assets for this activity as qualified Indian reservation property? ☐ Yes ☐ No		
Treat all assets acquired after August 27, 2005 as qualified GO Zone property? ☐ Regular ☐ Extension ☐ No		
Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property? ☐ Yes ☐ No		
Was this property located in a Qualified Disaster Area? ☐ Yes ☐ No		
Check to code assets as Investment Expense ☐		
Use **ORG50** to record dispositions.		
Use **ORG51A** to enter additional assets.		
Use **ORG11a** for investment expenses related to interest income.		
Use **ORG11b** for investment interest related to dividend income.		
6 Tax return preparation fees		
7 Investment counsel and advisory fees		
8 Certain attorney and accounting fees		
9 Safe deposit box rental		
10 IRA custodial fees		
11 a Government unemployment benefits repaid in **2020** ☐		
b Other expenses (list):		

OTHER MISCELLANEOUS DEDUCTIONS	2020	2019
12 Federal estate tax paid on income in respect of a decedent		
13 Amortizable bond premiums (acquired before 10/23/86)		
14 Gambling losses (to the extent of gambling income)		
15 Claim repayments		
16 Unrecovered investment in annuity		
17 Ordinary loss attributable to certain debt instruments		

State Information Worksheet

ORG60

GENERAL INFORMATION

		Taxpayer	Spouse
1	Enter your state of residence		

2 Check the appropriate box if:

	Taxpayer	Spouse	
a Full year resident	☐	☐	
b Part year resident	☐	☐	Date of entry: ______ Date of exit: ______
c Nonresident	☐	☐	

3 Resident locality: ______

4 County: ______ School district: ______ School district number: ______

		Taxpayer	Spouse
5	Check if disabled	☐	☐

STATE CREDITS

6 **Description/type of credit** (for example, solar energy, carpool)	**Code**	**Amount**
a		
b		
c		
d		
e		

VOLUNTARY STATE CONTRIBUTIONS

7 **Description/type of contribution** (for example, wildlife, cancer)	**Code**	**Amount**
a		
b		
c		
d		
e		

MISCELLANEOUS QUESTIONS

		Yes	No
8	Did you file a state return for 2019 ?	☐	☐
9	Do you want state forms and instructions sent to you next year?	☐	☐
10	Do you want any applicable penalty and interest calculated and added to the return?	☐	☐

11 How do you want your state refund (if any) applied?

a Refunded ☐ b Apply to 2021 estimates ☐ c Apply to 2021 taxes ☐

12 Additional state information: ______