

# 2020 Individual Taxpayer Organizer Rental Property

(See next page for Organizer)

# **2020 Individual Taxpayer Organizer**

Taxpayer						SSN				
First	M.I.	Las	t	Ema	ail	I		IP PIN		
Occupation		Date	of birth			Are you nev	v to our	firm?	Yes	No
Address		City				State		Zip		
County		Hom	ne phone			Work or cell	l	1		
Driver's License No.				Stat	te Issue	Date	Ехр	. Date		
Spouse						SSN				
First	M.I.	Las	t	Ema	ail			IP PIN		
Occupation		Date	of birth			Are you nev	v to our	firm?	Yes	No
Address (If different from Taxpayer)		City				State		Zip		
County		Hom	ne phone			Work or cell	Į.			
Driver's License No.				Stat	te Issue	Date	Ехр	. Date		
If you moved during 2020, enter your p	revious address	S.				Date of mov	ve .			
Marital status at 12/31/20: Single Were you divorced or separated during Individuals who are in registered dome Have you received any notice from the	the year? Ye estic partnership	s (RD	lo Ps) and civil un	Wions	ere there any are not consid	l Domestic Partn deaths in the far dered married for Yes No	nily?	Yes No		пе
Names of dependent children Child's full name	Social Secur	rity#	IP PIN		Date of birt	Months lived home in 202	- 1	itionship to axpayer		ollege ident?
Did any of the children have unearned is it anticipated that a different taxpaye	r will seek to cla		•	es e as	-	of the children ha ent for tax year 2		sability? Yes No	Yes	No
Other dependents or people who lived	d with you					1. d. t. 1.				
Name	Social Security	#	IP PIN	I	Date of birth	Months lived in home in 2020	Relati	onship	Inco	оте
				+						
Bank information: Use for Direct dep	posit of refund	Dire	ect debit of balar	nce d	lue Name of	bank				
Checking Savings Routing trans					Account nu					
Ask your tax preparer for information a	about depositing	g a ref	und into an IRA	acco	ount or splitti	ng the deposit in	to more	than one	accoı	unt.

	Yes	No	Did you use any mortgage loan proceeds for purposes other than to buy, build, or substantially improve your home?								
	Yes	No	Did you make any new energy-efficient improvements to your home? If yes, provide details.								
State information Full-year resident Part-year resident Nonresident School district											
States of residence during 2020 and dates Do you rent or own your home? Re						Rent	Own				

Did you purchase or sell a main home during the year? If yes, provide closing statement.

Did you refinance a mortgage or take a home equity loan? If yes, provide closing statement.

Do you own a business or an interest in a partnership, corporation, LLC, farming activities, or other venture?

If you sold a home, did you claim the First-Time Homebuyer Credit when it was purchased? If yes, provide details.

Yes

Yes

Yes

Yes

No

No

No

No

#### **Income Worksheet**

Provide to your preparer all Forms W-2, 1099-INT, 1099-DIV, 1099-R, 1099-MISC, and other income reporting statements. Do not list dollar amounts for the following forms. Your preparer will report the appropriate amounts.

Indicat	e "T" for taxpayer, "S" for spouse, "J" for j	oint			Pro	ovide additional statemen	ts if more room is needed	
Forms	W-2—Wage and Tax Statement							
T/S	Employer name			T/S	Employ	er name		
	1)				4)			
	2)				5)			
	3)				6)			
Forms	1099-INT — Interest Income							
T/S/J	C/S/J Name of issuer			T/S/J	Name o	f issuer		
	1)				4)			
	2)				5)			
	3)				6)			
Forms	1099-DIV—Dividends and Distributions							
T/S/J	Name of issuer			T/S/J	Name o	f issuer		
	1)				4)	4)		
	2)				5)			
	3)				6)			
Forms	1099-R—Distributions From Pensions, An	ınuities, Reti	rement	or Profit	-Sharing	Plans, IRAs, Insurance C	ontracts, Etc.	
T/S	Name of issuer			T/S Name of issuer				
	1)				4)			
	2)				5)			
	3)				6)			
If the d	istribution is before age 59½, give a reason	to determin	e if an	exception	to penalty	y applies.		
Tax-Ex	empt Interest (such as municipal bonds—	include state	ment)					
Payer		\$		Payer			\$	
Other l	Income	•					·	
State ta	ıx refund		\$			Other	\$	
Unemp	ployment compensation		\$				\$	
Social Security (taxpayer)—provide SSA-1099 or RRB-1099			\$				\$	
Social S	Security (spouse)—provide SSA-1099 or R	RB-1099	\$				\$	
Unrepo	orted tips		\$				\$	
Business income (see <i>Sole Proprietorship Tax Organizer</i> )						Stock sales	See "Sales and Exchanges	
Rental income (see Rental Property Tax Organizer)								

# **Sales and Exchanges Worksheet**

Provide information about sales of stock, real estate, or other property, along with Forms 1099-B, 1099-S, or other supporting statements.

Description of property	Purchase date	Cost/basis	Sale date	Sale price
		\$		\$
		\$		\$
		\$		\$

#### Notes:

- When stock is sold, you will usually receive Form 1099-B, *Proceeds From Broker and Barter Exchange Transactions*, reporting the proceeds from the sale. However, your statement will not always provide the cost/basis information necessary to compute gain or loss. If the statement does not contain the cost/basis information, you must provide it. You may need to contact your broker for questions about cost/basis and purchase dates of your stock accounts.
- Often, "transfers" of stock or mutual funds within a brokerage account are actually sales of one type of stock and purchase of another. Even if you did not receive any cash from the transaction, you may have taxable gain or loss.
- If your stock dividends are automatically reinvested, the dividends will be taxable even though you did not receive any cash. The transaction is treated as if you had received cash and purchased additional stock. When the stock is sold, the amount reinvested over the years is taken into account. You may need to contact your broker for questions about the amount of reinvested dividends.
- If you sold property other than stock, your taxable gain or loss will be determined by your cost/basis. The cost/basis is usually the original purchase price plus improvements (the cost of repairs and maintenance are not taken into account for cost/basis).

#### **Itemized Deductions Worksheet**

Deductions must exceed \$12,400 Single, \$24,800 MFJ, \$18,650 HOH, or \$12,400 MFS to be a tax benefit.

<b>Medical Expenses.</b> Must exceed 7.5% of income to be a benefit—include cost for dependents—do not include any expenses that were reimbursed by insurance.				Charitable Contributions. If over \$500 in noncash charitable contributions, provide details of contributions. Rules require that the taxpayer retain documentation for all contributions.					
Dentists	\$	Hospitals	\$		Cash			\$	
Doctors	\$	Insurance	\$		Noncash contribut				
Equipment	\$	Prescriptions	\$					\$	
Eyeglasses	\$	Other	\$		Did you transfer fu		directly to a	d.	
Medical miles:	·	@ 17¢			charity? Yes  Charitable mileage	No		\$	
<b>Taxes Paid.</b> Do not include taxes paid for full or partial business or rental-use property, including business use of the home.			ess or	Casualty and The					
State withhold		oncoo use of the none		ed on W-2			cted damage or loss		
		720	\$			y-declared disas No	ter area, provide deta	ils to your tax	
State estimated taxes—paid in 2020  Real estate tax—residence			\$		1 1		3.61 11		
	Real estate tax—other				Miscellaneous Itemized Deductions. Miscellaneous itemized deductions subject to the 2% AGI limitation are no longer deductible				
Personal property taxes			\$		on the federal return. However, these expenses may still be deductible				
	Property tax refund—received in 2020			)	on your state return. For use of home, auto mileage, or other job-related expenses, provide information on a separate sheet. Were any expenses				
Foreign tax pa			\$(	,	reimbursed by your employer? Yes No				
Other			\$		Dues	\$	Subscriptions	\$	
Other			\$		Investment	\$	Supplies	\$	
Other			\$		expenses				
Balance paid is	n 2020 from prior y	ear state returns			Job education	\$	Tax prep fees	\$	
(do not includ	e interest or penalt	ies)	\$		Job seeking	\$	Tools	\$	
		x paid during 2020?	Yes	No	Legal fees	\$	Uniforms	\$	
		oat, or home in 2020?	Yes	No	Licenses	\$	Union dues	\$	
Sales tax paid		<u>,                                      </u>			Safety equipment	\$	Other	\$	
Interest Paid. Do not include interest paid for full or partial or rental-use property, including business use of the home. Forms 1098 or lender information and ID numbers.		partial business ome. Provide all		income limit.		deductions are not s	<u>,                                      </u>		
Main home	\$	Equity loan	\$		Gambling losses	\$	Federal estate tax on IRD	\$	
Second home	\$	Equity loan	\$		Impairment-	\$	Loss from box 2,	\$	
Points	\$	Investment interest	\$		related expenses	7	K-1, Form 1065B	7	
Did you pay a	mortgage insuran	ce premium when you	ı purcha	sed your h	ome? Amount \$	Date		•	

#### **Other Deductions or Questions**

otes: • Gambling losses are deductible only up to the amount of gambling winnings reported. A log must be kept to verify losses.

- Work clothing is not deductible if adaptable for every day wear. Exception for safety equipment, such as steel-toe boots.
- Expenses to enable individuals, who are physically or mentally impaired, to work are generally deductible.

#### Adjustments Worksheet Educator expenses. Classroom expenses of teachers, counselors, and principals. Maximum \$250 each. \$ Health savings account deduction (HSA). Some contributions for 2020 may be made in 2021. Self-employed SEP, SIMPLE, and qualified plans. Some contributions for 2020 may be made in 2021. Self-employed health insurance deduction. Sole proprietors, partners, and 2% S corporation shareholders if not eligible for \$ employer coverage. Penalty on early withdrawal of savings. \$ \$ IRA deduction. For traditional IRAs. Roth IRAs are not deductible. Some contributions for 2020 may be made in 2021. Student loan interest deduction. Paid for taxpayers and dependents. Income limits apply. Tuition and fees deduction. Qualified tuition and fees if not claiming education credits. Income limits apply. \$ Moving expenses. Available only to members of the Armed Forces (or their spouses or dependents) on active duty that Ask preparer move pursuant to a military order and incident to a permanent change of station. Business expenses of reservists, performing artists, and fee-based government officials. Ask preparer Charitable contributions. For taxpayers who take the standard deduction. Up to \$300 per return.

Estimated Tax Payments — Tax Year 2020							
Installment	Date paid	Federal	Date paid	State			
First		\$		\$			
Second		\$		\$			
Third		\$		\$			
Fourth		\$		\$			
Amount applied from 2019 overpayment?		\$		\$			
Total		\$		\$			

# **Tax Preparation Checklist**

Please provide the following documentation:

All Forms W-2 (wages), 1099-INT (interest), 1099-DIV (dividends), 1099-B (proceeds from broker or barter transactions), 1099-R (pensions and IRA distributions), Schedules K-1 from partnerships, S corporations, estates and trusts, and other income reporting statements, including all copies provided from the payer.

Form 1095-A (for health insurance purchased through a public exchange), Form 1095-B (for health insurance purchased outside of a public exchange), or Form 1095-C (for employer-provided health insurance coverage).

If you are a new client, provide copies of last year's tax returns.

The completed Individual Income Tax Organizer. *Note:* If you choose not to fill out the organizer, you must at least answer the "Yes" or "No" questions under "Questions—All Taxpayers."

Copy of the closing statement if you bought or sold real estate.

Mileage figures for any automobile expenses claimed, including total mileage, commuting mileage, and business mileage. Detail of estimated tax payments made, if any.

Income and deductions categorized on a separate sheet for business or rental activities.

List of itemized deductions categorized on a separate sheet for medical, taxes, interest, charitable, and miscellaneous deductions. Copy of all acknowledgement letters received from charitable organizations for contributions made in 2020.

### Tax Return Preparation

We will prepare your tax return based on information you provide. In the event your return is audited, you will be responsible for verifying the items reported. It is important that you review the return carefully before signing to make sure the information is correct. Unless otherwise stated, the services for preparation of your return do not include auditing, review, or any other verification or assurance.

#### **Taxpayer Responsibilities**

- You agree to provide us all income and deductible expense information. If you receive additional information after we begin working on your return, you will contact us immediately to ensure your completed tax returns contain all relevant information.
- You affirm that all expenses or other deduction amounts are accurate and that you have all required supporting written records. In some cases, we will ask to review your documentation.
- You must be able to provide written records of all items included on your return if audited by either the IRS or state tax authority. We can provide guidance concerning what evidence is acceptable.
- You must review the return carefully before signing to make sure the information is correct.
- Fees must be paid before your tax return is delivered to you or filed for you. If you terminate this engagement before completion, you agree to pay a fee for work completed. A retainer is required for preparation of late returns.
- You should keep a copy of your tax return and any related tax documents. You may be assessed a fee if you request a copy in the
  future.

**Signatures.** By signing below, you acknowledge that you have read, understand, and accept your obligations and responsibilities. For a joint return, both taxpayers must sign.

	Эроизе	Date
Taxnauer	Svouse	Data

# **Privacy Policy**

The nature of our work requires us to collect certain nonpublic information. We collect financial and personal information from applications, worksheets, reporting statements, and other forms, as well as interviews and conversations with our clients and affiliates. We may also review banking and credit card information about our clients in the performance of receipt of payment. Under our policy, all information we obtain about you will be provided by you or obtained with your permission.

Our firm has procedures and policies in place to protect your confidential information. We restrict access to your confidential information to those within our firm who need to know in order to provide you with services. We will not disclose your personal information to a third party without your permission, except where required by law. We maintain physical, electronic, and procedural safeguards in compliance with federal regulations that protect your personal information from unauthorized access.

# **Rental Property Tax Organizer**

#### **Rental Income and Expenses**

Indicate type of property as 1-Single Family Residence, 2-Multi-Family Residence, 3-Vacation/Short-Term Rental, 4-Commercial, 5-Land, 6-Self-Rental, or 7-Other (describe).

	Prope	erty A	Prope	erty B	Property C		
	Location o	of property:	Location of property:		Location of property:		
	Туре		Туре		Туре		
	Any personal us	se? Yes No	Any personal us	se? Yes No	Any personal use	? Yes No	
	Fair Rental Days	Personal Use Days	Fair Rental Days	Personal Use Days	Fair Rental Days	Personal Use Days	
Date placed in service							
Rents received	\$		\$		\$		
Expenses							
Advertising	\$		\$		\$		
Cleaning and maintenance	\$		\$		\$		
Commissions	\$		\$		\$		
Insurance	\$		\$		\$		
Legal and professional fees	\$		\$		\$		
Management fees	\$		\$		\$		
Mortgage interest paid to banks	\$		\$		\$		
Other interest	\$		\$		\$		
Repairs	\$		\$		\$		
Supplies	\$		\$		\$		
Taxes	\$		\$		\$		
Utilities	\$		\$		\$		
Other (list)	\$		\$		\$		
	\$		\$		\$		
	\$		\$		\$		
	\$		\$		\$		
	\$		\$		\$		
	\$		\$		\$		

### **Property Information**

If this is your first year with our firm, please provide a depreciation schedule for all property placed in service before 2020.

 Property Purchased. Treat the cost of improvements made to real property as the purchase of a new asset.

 Asset
 Date purchased
 Cost
 Date placed in service

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Property Sold or Taken Out of Service			
Asset	Date sold or taken out of service	Selling price	Trade in?
		\$	
		\$	
		\$	
		\$	
		\$	