Tax Organizer For
2020 Income Tax Return

Prepared For:

Sample and Mrs Client

,

Prepared By:

Delano Sherley & Associates
8366 Princeton-Glendale Rd
Suite B5
West Chester, OH 45069

This Tax Organizer can be used to help identify information needed to prepare your 2020 income tax return. Enter your 2020 tax information and if additional space is required, enclose a separate sheet with the details. If available, your prior year information has been included for reference.

Please return this Tax Organizer along with all Forms W-2, 1099, and any other relevant information that will assist in the accurate preparation of your 2020 income tax return.

If you have any questions, please feel free to contact us at (513)737-1314.

PERSONAL INFORMATION ORGANIZER

Please complete this Organizer before your appointment.

1. PERSONAL INFORMATION

	Name	SSN or ITIN	Date of Birth	Date of Death	Occupation	Blind	Disabled
Taxpayer	Sample Client	***-**-6789	01/01/1989			☐	☐
Spouse	Mrs Client	***-**-4321	01/01/1992			☐	☐

Street Address	Apt.	City or town	State	Zip Code	County

Foreign country	Foreign province/state	Foreign postal code

E-mail Address(es)	Home Phone	Mobile Phone

2. FILING STATUS

☐ Single
☒ Married Filing Joint
☐ Married Filing Separate
☐ Head of Household
☐ Qualifying Widow(er)

☐ Check if parent (or someone else) can claim you as a dependent on their return.

☐ Check if you lived apart from your spouse for all of 2020.

Year spouse died: __________

3. DEPENDENTS

Name	Relationship	Date of Birth	SSN or ITIN	Months Lived With You	Disabled	Full Time Student	Dependent's Gross Income	Child Care Expenses Paid
test test	Son	01/01/2018	***-**-7666		☐	☐		
					☐	☐		
					☐	☐		
					☐	☐		
					☐	☐		

4. REFUND INFORMATION

1. Would you like to have any refunds directly deposited into your bank account? . . . . ☐ Yes ☐ No

Bank Account
Ownership ☐ Taxpayer ☐ Spouse ☐ Joint
Type ☐ Checking ☐ Savings
Bank name ____________________
Routing number ____________________
Account number ____________________
Account outside the jurisdiction of the United States? ☐ Yes

Bank Account
Ownership ☐ Taxpayer ☐ Spouse ☐ Joint
Type ☐ Checking ☐ Savings
Bank name ____________________
Routing number ____________________
Account number ____________________
Account outside the jurisdiction of the United States? ☐ Yes

5. IDENTIFICATION INFORMATION

Taxpayer
Type of ID: ☐ Driver's license ☐ State-issued ID ☐ No ID
ID number ____________________
Location of issuance ____________________
Issue date ____________________
Expiration date ____________________

Spouse
Type of ID: ☐ Driver's license ☐ State-issued ID ☐ No ID
ID number ____________________
Location of issuance ____________________
Issue date ____________________
Expiration date ____________________

6. HEALTH CARE INFORMATION

Please indicate where you received your health insurance from for all members of your tax household.

☐ Employer ☐ Government-Sponsored Marketplace ☐ Private Exchange (Individual Insurance Company)

PERSONAL INFORMATION ORGANIZER

Please complete this Organizer before your appointment.

Sample and Mrs Client

7. MISCELLANEOUS PERSONAL INFORMATION QUESTIONS

1. Check the applicable boxes if you wish to contribute $3 to the Presidential Election campaign fund.	☐ Taxpayer	☐ Spouse
2. Were you a victim of identity theft and have you been contacted by the IRS?	☐ Yes	☐ No
If Yes, please furnish the 6-digit PIN issued to you by the IRS	______	
3. Were you (or your spouse if filing jointly) a nonresident alien for any part of 2020?	☐ Yes	☐ No
4. Have you received any notices or correspondences from the IRS or state in the past 3 tax years?	☐ Yes	☐ No
5. Do you have any children age 18 or under (or student under age 24) who had unearned income of more than $2,200?	☐ Yes	☐ No
6. If any of your children are required to file a return, do you elect to report your child's interest and dividends on your return?	☐ Yes	☐ No
7. Did you give a gift of more than $15,000 to one or more people?	☐ Yes	☐ No
8. If age 65 or older, do you want to file Form 1040-SR, U.S. Tax Return for Seniors, instead of Form 1040?	☐ Yes	☐ No

8. COMMENTS

INCOME ORGANIZER

Please complete this Organizer before your appointment.
Business, Farm and Rental and Royalty Income or Loss Organizers are on separate pages.

1. WAGE AND SALARY INFORMATION

Attach W-2s:

Employer Name	Taxpayer	Spouse
____________	☒	☐
____________	☐	☐
____________	☐	☐
____________	☐	☐
____________	☐	☐

Unreported tip income received: . . . . ____________

2. INTEREST AND DIVIDEND INCOME

Attach 1099-INT, 1099-DIV or other statements

Payer Name	Taxpayer	Spouse
____________	☒	☐
____________	☐	☐
____________	☐	☐
____________	☐	☐
____________	☐	☐
____________	☐	☐
____________	☐	☐
____________	☐	☐
____________	☐	☐
____________	☐	☐

3. RETIREMENT DISTRIBUTIONS

Attach 1099-R & 5498

Payer Name	Roth IRA	Other IRA	Taxpayer	Spouse
____________	☐	☐	☐	☐
____________	☐	☐	☐	☐
____________	☐	☐	☐	☐
____________	☐	☐	☐	☐
____________	☐	☐	☐	☐

Attach SSA 1099 or RRB 1099

	Yes	No
Did you receive social security benefits?	☐	☐
Did you receive railroad retirement benefits?. . .	☐	☐

4. SCHEDULE K-1 INCOME (1065, 1120-S AND 1041)

Attach K-1s:

Payer Name	Taxpayer	Spouse
____________	☒	☐
____________	☐	☐
____________	☐	☐
____________	☐	☐
____________	☐	☐

5. CAPITAL GAINS AND LOSSES

Attach 1099-Bs:

Payer Name	Taxpayer	Spouse
____________	☐	☐
____________	☐	☐
____________	☐	☐
____________	☐	☐
____________	☐	☐

6. OTHER INCOME

Description	Amount
State income tax refund	________
Alimony received	________
Date of original divorce/separation agreement	________
Unemployment compensation	________
Gambling winnings	________
Jury pay	________
Hobby income	________
Scholarships (grants)	________
NOL Carryforward	________
Child support	________
____________	________
____________	________
____________	________
____________	________
____________	________
____________	________
____________	________

7. MISCELLANEOUS INCOME QUESTIONS

1. Did you sell your home? . . . . ☐ Yes ☐ No
2. Did you earn any foreign income or pay any foreign taxes?. . . . . ☐ Yes ☐ No
3. Do you have a health savings account (HSA), Archer MSA or Medicare Advantage (MA) MSA?. . . . . ☐ Yes ☐ No
4. Did you have a financial account in a foreign country (i.e. bank account, securities account, etc.)? . . . . ☐ Yes ☐ No
   If Yes, did the aggregate value of all financial accounts exceed $10,000 at any time during 2020? . . . . ☐ Yes ☐ No
5. Did you have any debt forgiven (i.e. student loans, home mortgage, etc.)? . . . . ☐ Yes ☐ No
6. Did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? . . . . ☐ Yes ☐ No

BUSINESS INCOME AND EXPENSES *(Schedule C)*

Sample and Mrs Client

Indicate the owner of this business: [X] Taxpayer [ ] Spouse [ ] Joint

Business Name:

Business product or service: ministry

Business Address:

City, State, and Zip Code:

Did you start or acquire this business during 2020? [ ] Yes [ ] No

Accounting Method: [X] Cash [ ] Accrual [ ] Other (describe)

Method used to value inventory: [ ] Cost [ ] Lower of cost or market [ ] Other (describe)

Income and Cost of Goods Sold	2020 Amount	2019 Amount
Gross receipts or sales		
Returns and allowances		
Other income (enclose description)		
Inventory at beginning of year		
Purchases less cost of items withdrawn for personal use		
Cost of labor		
Materials and supplies		
Other costs		
Inventory at end of year		

Expenses	2020 Amount	2019 Amount		2020 Amount	2019 Amount
Advertising			Wages		
Commissions and fees			Other: allowable se		
Contract labor					
Depletion					
Employee benefits					
Insurance (other than health)					
Mortgage interest					
Other interest					
Legal and professional fees					
Office expenses					
Pension and profit sharing					
Rent - Vehicle, machinery					
Rent - Other					
Repairs and maintenance					
Supplies					
Taxes and licenses					
Travel					
Meals and entertainment					
Utilities					

Vehicle Information

Vehicle description ____________ Date placed in service ____________ Cost or basis ____________

Business miles ____________ Commuting miles ____________ Other miles ____________

Actual expenses such as gas, oil, repairs, etc ____________ Parking fees and tolls ____________

Sales, Purchases, and Disposition of Assets in 2020 (New clients, enclose detailed listing of all depreciable assets.)

Asset description	Date acquired	Purchase price	Date sold	Sales Price

Business Use of Home

Area used exclusively for business ____________ Total area of home ____________

Was the home used as a day care facility? [ ] Yes [ ] No Date home placed in service ____________

Casualty losses ____________ Insurance ____________ Rent ____________

Mortgage interest ____________ Repairs and maintenance ____________ FMV of home ____________

Real estate taxes paid ____________ Utilities and other expenses ____________ Value of land ____________

Carryover of unallowed expenses to 2020 [ ] Yes [ ] No (if yes, enter amount) ____________

DEDUCTIONS ORGANIZER

Please complete this Organizer before your appointment.
Itemized Deduction Organizers are on separate pages.

Sample and Mrs Client

1. EDUCATION

Attach 1098-Ts, 1098-E's and 1099-Q's:

Student Name	Educational Institution	Fr	So	Jr	Sr	Oth	Tuition & Fees	Student Loan Interest Paid	Books, Supplies & Equipment	529 Plan
		☐	☐	☐	☐	☐				☐
		☐	☐	☐	☐	☐				☐
		☐	☐	☐	☐	☐				☐
		☐	☐	☐	☐	☐				☐
		☐	☐	☐	☐	☐				☐

2. JOB-RELATED MOVING EXPENSES

Description	Amount
Lodging	
Gas and Oil	
Mileage	
Other	
Miles from old home to your new workplace	
Miles from old home to old workplace	
Member of the Armed Forces?	☐ Yes ☐ No

3. IRA CONTRIBUTIONS

Description	Amount
Contributions to a Traditional IRA	
Contributions to a ROTH IRA	

4. OTHER DEDUCTIONS

Description	Amount
Educator expenses	
Alimony paid Rec. SSN:	
Date of original divorce/separation	
Health Savings Account contributions	
Archer Medical Savings Account contributions	
Jury duty repayment to employer	
Foreign qualified housing expenses	
Contributions to College 529 Savings Plan	
Qualified business net (loss) carryover from 2019	
Qualified REIT dividends and PTP net (loss) carryover	

5. MISCELLANEOUS DEDUCTION QUESTIONS

1. Did you purchase an item(s) during 2020 for which you paid a large amount of sales tax? ☐ Yes ☐ No

2. Did you refinance a mortgage during 2020? ☐ Yes ☐ No

Sample and Mrs Client

ITEMIZED DEDUCTIONS

Medical and Dental Expenses *(not including reimbursements)*	**2020 Amount**	**2019 Amount**
Medical/dental care insurance premiums (other than self-employed)		
Medicare B and D premiums from SSA-1099 and RRB-1099-R		
Qualified long-term care premiums		
Doctor, dentist, and hospital fees		
Prescription medicines and drugs		
Medical aids such as eyeglasses, contact lenses, and hearing aids		
Total transportation expenses		
Other medical and dental expenses		

Taxes Paid	**2020 Amount**	**2019 Amount**
State and local income taxes paid (other than withholdings and estimates)		
Actual state and local general sales taxes paid		
State and local real estate taxes		5,000.
Personal state/local property taxes (list type of tax paid)		

Interest Paid	**2020 Amount**	**2019 Amount**
Home mortgage interest paid to financial institution (enclose Form 1098 or statement)		
Home mortgage interest paid to individual		
Individual's name		
Individual's address		
Individual's ID number		
Qualified mortgage insurance premiums (VA, FHA, RHS, or private)		
Investment interest expense		

Gifts to Charity (If additional lines are needed, attach similar statement)

Contributions of cash or check

Name of charity	Date given	2020 Amount

Noncash contributions

Name and address of charity	Date given	FMV

Sample and Mrs Client

ITEMIZED DEDUCTIONS (continued)

Casualty and Theft Losses (for property damaged by storm, water, fire, accident, or theft)

Enclose supporting documentation of what is written here, i.e. insurance reimbursement, receipts for cost of repairs.

(If additional losses were incurred, please attach a separate sheet of paper with these details.)

Location of property: ______________________

Description of property: ______________________

Date of loss: __________

Residential property ☐ Business property ☐

Federal Disaster ☐

FEMA disaster declaration # __________

Amount of damage __________

Insurance reimbursement __________

Federal monies received __________

Cost basis of property __________

FMV of property before loss __________

FMV of property after loss __________

Repair Costs __________

Other __________

Other __________

Unreimbursed Employee Business Expenses

(if any depreciable assets were sold (including the vehicle), please see worksheet below)

Dues (related to job) __________

Subscriptions related to your work __________

Licenses and regulatory fees __________

Tools and supplies used in your work __________

Work clothes, uniforms if required __________

Medical exams required by your employer __________

Work related education (books, tuition) __________

Legal fees related to your job __________

Job search expenses (current occupation) __________

***In home office:**

Total square footage __________

Office square footage __________

Office square footage __________

Rent . . . . __________

Insurance . . . . . . __________

Utilities . . . . __________

Repairs/Maintance __________

**Questions relating to mortage interest, taxes, and casualty losses were asked previously*

Vehicle Information

Vehicle description __________

Date placed in service __________

Cost or basis __________

Miles of vehicle __________

Business miles __________

Commuting miles __________

Other miles __________

Expenses

Actual expenses __________
(gas, oil, repairs, etc)

Parking fees and tolls __________

Travel expenses __________

Sales, Purchases, and Disposition of Assets in 2020

(New clients, enclose detailed listing of all depreciable assets.)

T S	Asset description	Date acquired	Purchase price	Date sold	Sales price

Investment Related Expenses

Tax preparation fees __________

Safe deposit box __________

Custodial, trust admin fees __________

Fees to collect interest and dividends __________

Tax advice not related to investment income __________

Legal fees related to producing taxable income __________

Other __________

Other __________

Other __________

Other Misc. Deductions

Gambling losses . . . . __________

Estate tax deduction *(in respect of a decedent)* __________

Portfolio from Schedule K-1 __________

Unrecovered investment in a pension __________

Amortizable premium on taxable bonds __________

Disabled persons work expenses __________

Other __________

Other __________

Other __________

CREDITS AND PAYMENTS ORGANIZER

Please complete this Organizer before your appointment.

Sample and Mrs Client

1. REBATE RECOVERY CREDIT

Economic Impact Payment received	Amount
Taxpayer	
Spouse	

If you filed a joint return in 2019 and received an economic impact payment, you and your spouse are treated as having received half of the payment.

2. CHILD CARE CREDIT

Attach Daycare Provider Statement(s):

Care Provider Name	Address	Tax-Exempt	Telephone Number	Identification Number	Amount Paid
		☐			
		☐			
		☐			
		☐			
		☐			

3. RESIDENTIAL ENERGY CREDIT

Description	Amount	Description	Amount
Solar electric property		Metal or asphalt roof	
Solar water heating		Exterior windows and skylights	
Small wind energy		Electric heat pump or central air conditioner	
Geothermal heat pump		Natural gas, propane or oil water heater	
Fuel cell property		Biomass fuel stove	
Insulation material		Natural gas, propane or oil furnace	
Exterior doors		Advanced main air circulating fan	

1. Were the qualified improvements for your main home in the United States? ☐ Yes ☐ No
2. Were any of the improvements related to the construction of this main home? ☐ Yes ☐ No

4. MISCELLANEOUS CREDIT QUESTIONS

1. Did you pay any expenses related to the adoption of an eligible child? ☐ Yes ☐ No
2. Are you currently repaying the First-Time Homebuyer Credit? ☐ Yes ☐ No
3. Do you (and your spouse) have a social security number that allows you to work and is valid? ☐ Yes ☐ No
4. Were you issued a Mortgage Credit Certificate (MCC) by a state or local governmental unit or agency? ☐ Yes ☐ No

5. ESTIMATED TAX PAYMENTS

Federal estimated payments	Date Paid	Amount Paid
Applied from 2019 federal refund		
1st quarter payment		
2nd quarter payment		
3rd quarter payment		
4th quarter payment		

State estimated payments	Date Paid	Amount Paid	Local estimated payments	Date Paid	Amount Paid
Applied from 2019 state refund			Applied from 2019 local refund		
1st quarter payment			1st quarter payment		
2nd quarter payment			2nd quarter payment		
3rd quarter payment			3rd quarter payment		
4th quarter payment			4th quarter payment		
State Name			Locality Name		