

TAX ORGANIZER

TAX YEAR 2020

Completion of this form is required.

*If this is your first year with us, please include a copy of last year's tax return.

Taxpayer & Spouse Information:

Name	Date of Birth	Social Security #	Occupation

IRS issued pin number: _____

Refund Delivery: On File New bank acct (voided check required) Paper check mailed

Filing Status:

Single Married Filing Joint Married Filing Separate Dependent Qualifying Widow/er
 Head of Household (utility bill and rental/ mortgage agreement required by law)

Contact Information:

Home Address			
Communication	Cell:	Work:	Email:

Qualified Dependents for Purpose of Tax Credits:

Name	Date of Birth	Social Security #	Relationship	Months lived at home in 2020

CARES Act/ Covid Relief:

Stimulus Document Required: IRS Notice 1444 or [irs.gov/coronavirus/get-my-payment-printout](https://www.irs.gov/coronavirus/get-my-payment-printout)

Economic Impact Payment #1: Full Amount Rcvd Other Amount Rcvd \$_____ Did not Receive*

Economic Impact Payment #2: Full Amount Rcvd Other Amount Rcvd \$_____ Did not Receive*

*If the IRS issued you a refund but it was lost, stolen, or destroyed you can not receive it through your tax refund, you will need to contact the IRS payment trace hotline.

Retirement Plan Distribution Due to Covid- Reason and Tax Reporting

Furloughed/ Laid-off Diagnosed Loss of Childcare Reduction of Income Other _____

Claiming in Entirety on 2020 Tax Return Distribution Spread Evenly over Tax Years 2020, 2021, and 2022

Federal Funding

PPP Loan- Amount \$_____ Forgiven EIDL Loan Other SBA Loan _____

Income:

(Please provide documentation of the following forms that apply to you.)

Salary, Wages (W-2) Foreign Assets over \$10,000 Retirement distributions (1099-R)

Unemployment Compensation Interest (1099-INT) Trust/ Estate/ Partnership (K-1)

Merchant Card, Third Party Network Payments (1099-K) Dividends (1099-DIV)

Self-employed, Non-Employee- Sch. C Organizer must be completed (1099-NEC, Profit & Loss)

Other Income:

(Please provide documentation of the following forms that apply to you.)

Social Security Benefits State Tax Refund Cancellation of Debt (1099-C, 1099-A) Lottery Winnings

Investment/ Property Sale (1099-B, 1099-S) Misc. Income Tips

Alimony Received- additional information will be needed Education Account (1099-Q) Hobby Income

Estimated Income Payments:

	1 st QTR (7/15/2020)	2 nd QTR (7/15/2020)	3 rd QTR (9/15/2020)	4 th QTR (1/15/2021)
Date Paid				
Federal Amount	\$	\$	\$	\$
State Amount	\$	\$	\$	\$

TAX ORGANIZER

TAX YEAR 2020 (continued)

Adjustments to Income:

- Non-itemizer Charity Contributions (max \$300, please retain proof of contr.) \$ _____
 IRA Contributions Full-time Teacher Supplies \$ _____ Alimony Paid- stipulations apply

Misc. Credits:

Additional details & documentation will be needed

- Qualified Plug-in Electric Drive Motor Vehicle Credit Replacement of Failed Septic System Credit (MA)
 Residential Energy Efficient Property Credit

Medical & Dental:

Please have amounts totaled & receipts available.

Post-tax Health Ins	Long Term Care Insurance	Prescription	Dr/ Dental	Hospital	Med Miles Driven	Tolls/ Parking	Other
\$	\$	\$	\$	\$		\$	\$

Taxes Paid:

Subject to \$10,000 limit, please list all.

Real Estate Tax	Excise Tax	(65+) Water & Sewer	Value of House:
\$	\$	\$	\$

Interest Paid:

Documentation required if you have refinanced, purchased, or sold a home

Home Mortgage*	PMI	Home Equity/ 2 nd Mortgage*
\$	\$	\$

*only used in the purchase & improvement of home

Out of State Purchases:

(with no sales tax paid)

2020 Total
\$

Contributions for Itemizing:

Receipts are required (If you contributed more than \$500 to one organization, please include: Name, Address & Dat)

Cash or Check (less than \$500)	Value of Clothing or Items (less than \$500)	Miles Driven for Charity
\$	\$	

Childcare Expenses:

ALL information is required

Dependent's Name	Provider's Name	Childcare Address	ID#	Amount
				\$
				\$

MA Rent Paid:

Landlord's Name	Address	Monthly Rent Amount	Month's Rented
		\$	
		\$	

Post-High School Education:

- Student loan interest- not subject to income limitations on your MA return (1098-E)
 Tuition (1098-T **and** an itemized receipt on school letterhead required)

Fast Lane & MBTA Expenses: (over \$150)

Name on Account	Amount
	\$
	\$

Health Insurance:

1099-HC	
1095-A- This form is required for the accuracy and completion of tax return.	

CryptoCurrency:

Did you sell or receive in 2020?	
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***Copy of license or government issued ID required**