



Individual Income Tax Organizer

DATE: _____

I/we are Existing Client(s) New Client(s)

Taxpayer Information:

Spouse Information:

First Name: _____ Middle Initial: _____
 Last/Surname: _____ Suffix: _____
 Goes By: _____ (if different)
 SSN/TIN: _____ **Required by secure means**
 Date of Birth: _____ (MM/DD/YYYY)
 Email: _____
 Mobile #: _____ Primary
 Business #: _____ Primary
 Home #: _____ Primary
 Fax #: _____ Work Home

First Name: _____ Middle Initial: _____
 Last/Surname: _____ Suffix: _____
 Goes By: _____ (if different)
 SSN/TIN: _____ **Required by secure means**
 Date of Birth: _____ (MM/DD/YYYY)
 Email: _____
 Mobile #: _____ Primary
 Business #: _____ Primary
 Home #: _____ Primary
 Fax #: _____ Work Home

Who is the primary contact? Taxpayer Spouse

What is the one best way to contact you? Email Telephone Text (if text, list cell phone service provider): _____

How did you hear about us? Internet _____ Referred By: _____

What other services are you interested in? Financial Planning Estate Planning New Business Setup Virtual Office Services
 Business Consulting QuickBooks Training Accounting/Bookkeeping Bill Payment Services

ADDRESS INFORMATION:

Address: _____
 City: _____ State: _____ Postal Code: _____

Mailing Address (Complete ONLY if different from above):

Address: _____
 City: _____ State: _____ Postal Code: _____

DEPENDENT INFORMATION:

First Name	Last Name	Date of Birth	Social Security Number Required by secure means	Relationship	Months Home	Dependent Code (See Below)
_____	_____	_____	_____	_____	_____	_____
				If dependent is older than 19 are they: <input type="checkbox"/> Full-time College Student		<input type="checkbox"/> Disabled
_____	_____	_____	_____	<input type="checkbox"/> Full-time College Student		<input type="checkbox"/> Disabled
_____	_____	_____	_____	<input type="checkbox"/> Full-time College Student		<input type="checkbox"/> Disabled
_____	_____	_____	_____	<input type="checkbox"/> Full-time College Student		<input type="checkbox"/> Disabled
_____	_____	_____	_____	<input type="checkbox"/> Full-time College Student		<input type="checkbox"/> Disabled
_____	_____	_____	_____	<input type="checkbox"/> Full-time College Student		<input type="checkbox"/> Disabled

Dependent Codes: 1 = Child who lived with you; 2 = Child who did not live with you; 3 = Other dependent



2020 Income Tax Questions

Please answer all questions and help us make sure we do not miss something important.

	Yes	No	Comments
Personal Information			
Did your marital status change during the year?	<input type="checkbox"/>	<input type="checkbox"/>	_____
If yes, explain: _____			
Did your address change from last year? If yes, list new address in additional notes (pg. 5).	<input type="checkbox"/>	<input type="checkbox"/>	_____
Can you be claimed as a dependent by another taxpayer?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Did any of the taxpayers or dependents pass away or become legally blind during the year?	<input type="checkbox"/>	<input type="checkbox"/>	_____
If yes, explain: _____			
Did you or your dependents receive an Identity Protection PIN from the Internal Revenue Service or have you been a victim of identity theft? (If yes, attach the IRS letter.)	<input type="checkbox"/>	<input type="checkbox"/>	_____
COVID-19 Information			
Did you receive an Individual Stimulus (Economic Impact) Payment (EIP)?	<input type="checkbox"/>	<input type="checkbox"/>	_____
If yes, provide a copy of the Notice 1444 and write amount here: \$ _____			
Did you make any withdrawals from an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan <u>due to a Federally declared disaster or COVID-19</u> ?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Are you a telecommuting employee that was required to "shelter in place" due to local COVID-19 protocols while working in a state that was not your home state?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Did you receive any special unemployment benefits or compensation under the Coronavirus Relief Act during the year? If so, provide copy of Form 1099-G.	<input type="checkbox"/>	<input type="checkbox"/>	_____
COVID-19 Questions if you are <i>self-employed</i>:			
Did you receive a Paycheck Protection Program (PPP) loan?	<input type="checkbox"/>	<input type="checkbox"/>	_____
If yes, did you apply for Paycheck Protection Program (PPP) loan forgiveness?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Were you unable to perform your self-employed activities due to coronavirus related care you needed?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Were you unable to perform your self-employed activities due to Coronavirus related care you provided to your son or daughter under the age of 18?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Were you unable to perform your self-employed activities due to Coronavirus related care you provided to another?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Did you pay anyone emergency leave sick pay or emergency family leave wages?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Dependent Information			
Were there any changes in dependents from the prior year?	<input type="checkbox"/>	<input type="checkbox"/>	_____
If yes, explain and provide name, birth date and social security number _____			
Do you have any children under age 19 or a full-time student under age 24 with investment income in excess of \$2,200 (dividends, interest, capital gains)?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Do you have dependents who must file a tax return?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Did you provide over half the support for any other person(s) other than your dependent children during the year?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Did you pay for child care while you worked, looked for work, or while you were a full-time student?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Did you pay any expenses related to the adoption of a child during the year?	<input type="checkbox"/>	<input type="checkbox"/>	_____
If you are divorced or separated with child(ren), are you lacking a custodial agreement as part of the divorce decree, Form 8332, or other form of separation agreement which establishes custodial responsibilities?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Did any dependent child(ren) not reside in the United States and in the same house as you for more than 182 days (regardless of any custody sharing arrangements)?	<input type="checkbox"/>	<input type="checkbox"/>	_____

2020 Income Tax Questions (Page 2)

Please answer all questions and help us make sure we do not miss something important.

	Yes	No	Comments
Purchases, Sales and Debt Information			
Did you start a new business or purchase rental property during the year?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Did you sell, exchange, or purchase any assets used in your trade or business?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Did you acquire a new or additional interest in a partnership, LLC or S corporation?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Did you sell, exchange, or purchase any real estate during the year?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Did you purchase or sell a principal residence during the year?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Did you foreclose or abandon a principal residence or real property during the year?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Did you acquire or dispose of any stock during the year?	<input type="checkbox"/>	<input type="checkbox"/>	_____
If yes: <input type="checkbox"/> Buy only <input type="checkbox"/> Sell only <input type="checkbox"/> Both buy and sell			
Did you take out a home equity loan this year?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Did you refinance a principal residence or second home this year?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Did you sell an existing business, rental, or other property this year?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Did you lend money with the understanding of repayment and this year and it became totally uncollectable?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Did you have any debts canceled or forgiven this year, such as home mortgage or student loans?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Did you purchase a qualified plug-in electric drive vehicle or qualified fuel cell vehicle this year?	<input type="checkbox"/>	<input type="checkbox"/>	_____

Income Information

Did you have any foreign income or pay any foreign taxes during the year, directly or indirectly, such as from investment accounts, partnerships or a foreign employer?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Did you earn any income in any state other than your home state?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Did you receive any income from property sold prior to this year?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Did you receive any Social Security benefits, unemployment benefits, or disability income during the year?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Did you receive tip income not reported to your employer this year?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Did any of your life insurance policies mature, or did you surrender any policies?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Did you receive any awards, prizes, hobby income, gambling or lottery winnings?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Did you receive any income considered to be nonemployee compensation?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Do you expect a large fluctuation in income, deductions, or withholding next year?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Did you have any sales or other exchanges of virtual currencies, or used virtual currencies to pay for goods or services, or are you holding virtual currencies as an investment?	<input type="checkbox"/>	<input type="checkbox"/>	_____

Education Information

Did you, your spouse, or your dependents attend a post-secondary school during the year, or plan to attend one in the coming year?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Did you have any educational expenses during the year on behalf of yourself, your spouse, or a dependent? If yes, attach Form 1098-T and receipts.	<input type="checkbox"/>	<input type="checkbox"/>	_____
Did anyone in your family receive a scholarship of any kind during the year?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Did you make any withdrawals from an education savings or 529 Plan account?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Did you pay any student loan interest this year?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Did you cash any Series EE or I U.S. Savings bonds issued after 1989?	<input type="checkbox"/>	<input type="checkbox"/>	_____
If you are claiming an education credit for yourself or a dependent, did the student do any of the following acts:	<input type="checkbox"/>	<input type="checkbox"/>	_____
(1) claim the American Opportunity or Hope Credit in a total of 4 prior years,			
(2) enroll in a qualified school for less than half-time,			
(3) commence post-graduate masters or doctoral degree work,			
(4) complete 4 years of post-secondary/college work in a prior year, or			
(5) been convicted of possession or distribution of a controlled substance?			

2020 Income Tax Questions (Page 3)

Please answer all questions and help us make sure we do not miss something important.

	Yes	No	Comments
Retirement Information			
Are you an active participant contributing to a pension or retirement plan?.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Did you make any withdrawals from an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan?.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
If you received any qualified disaster retirement plan distributions, did you repay any of the distributions in 2020?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Did you receive any lump-sum payments from a pension, profit sharing or 401(k) plan?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Did you roll over any 401(k) or other retirement account balance to another qualified account?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Did you make any contributions to an IRA, Roth-IRA, myRA, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan that are not reflected on your employer(s) W-2 forms?....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Itemized Deduction Information			
Did you incur a casualty loss that occurred as a result of a Presidentially declared disaster area from a hurricane, tropical storm, flood, mudslide or wildfire?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Did you make any cash or noncash charitable contributions (clothes, furniture, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	_____
If yes, please provide evidence such as a receipt from the donee organization, a canceled check, or record of payment, to substantiate all contributions made.			
Did you donate a vehicle or boat during the year?	<input type="checkbox"/>	<input type="checkbox"/>	_____
If yes, attach Form 1098-C or other written acknowledgement from the donee organization.			
Did you make any major purchases during the year (cars, boats, etc.)?.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Health Care Information			
Did you pay out-of-pocket medical expenses (Co-pays, prescription drugs, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Did you have qualifying health care coverage, such as employer-sponsored coverage or government-sponsored coverage (i.e. Medicare/Medicaid) for every month of the year for your family?	<input type="checkbox"/>	<input type="checkbox"/>	_____
"Your family" for health care coverage refers to you, your spouse if filing jointly, and anyone you can claim as a dependent (attach any Form(s) 1095).			
Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act? If yes, please provide any Form(s) 1095-A you received.	<input type="checkbox"/>	<input type="checkbox"/>	_____
Did you make any contributions to a Health savings account (HSA) or Archer MSA?.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Did you receive any distributions from a Health Savings Account (HSA), Archer MSA, or Medicare Advantage MSA account this year (attach 1099SA)?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Did you make a contribution or withdrawal from an ABLE (Achieving Better Life Experience) account? If yes, attach Forms 5498-QA and 1099-QA	<input type="checkbox"/>	<input type="checkbox"/>	_____
Did you pay long-term (assisted living/retirement) care premiums for yourself or your family?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Miscellaneous Information			
Did you make any estimated tax payments? If so, provide dates and list amounts for federal and states below or later in the Organizer.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Did you make any out-of-state purchases (by telephone, internet, mail or in person) for which the seller did not collect state sales tax? If yes, amount: _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Did you make gifts or loans of more than \$15,000 to any individual?.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Did you engage in any bartering transactions?.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Did you retire or change jobs this year?.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
If you were a member of the Armed Forces on active duty, did you incur moving costs because of a permanent change of station?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Did you pay any individual as a household employee during the year?.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Did you make energy efficient improvements to your main home this year?.....	<input type="checkbox"/>	<input type="checkbox"/>	_____

2020 Income Tax Questions (Page 4)

Please answer all questions and help us make sure we do not miss something important.

	Yes	No	Comments
Miscellaneous Information (Continued.....)			
Did you receive or pay alimony?	<input type="checkbox"/>	<input type="checkbox"/>	_____
If yes, how much was: Paid \$ _____ Received \$ _____			
On what date was the divorce decree signed? _____			
Did you receive a gift or inheritance greater than \$16,000 from any foreign person or corporation, or a distribution of any sort from a foreign trust?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Did you receive a distribution from, or were you a grantor or transferor for a foreign trust?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Did you have a financial interest in or signature authority over a financial account such as a bank account, securities account, or brokerage account, located in a foreign country?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Do you have any foreign financial accounts, foreign financial assets, or hold interest in a foreign entity?	<input type="checkbox"/>	<input type="checkbox"/>	_____
For your 2020 or any previous year tax return, did the IRS disallow the Head of Household filing status or did they reduce any of the following credits you claimed: Earned Income Credit (EIC), any of the Child or Dependent Tax Credits (CTC), ACTC or ODC) or any of the education credits (AOTC, Lifetime Learning or Hope)?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Did you receive correspondence from the State or the Internal Revenue Service?	<input type="checkbox"/>	<input type="checkbox"/>	_____
If yes, explain: _____			
Do you want to designate \$3 to the Presidential Election Campaign Fund?	<input type="checkbox"/>	<input type="checkbox"/>	_____
If you check yes, it will not change your tax or reduce your refund.			
Is a state income tax return required? If so, please indicate state, county and school district:	<input type="checkbox"/>	<input type="checkbox"/>	_____
I have read and replied to all questions appropriately and signed the letter of agreement.	<input type="checkbox"/>	<input type="checkbox"/>	_____

Tax Refund/Payment

If you are getting a tax refund, would you like the refund to be direct deposited into your bank account?..... Yes No _____

If you owe tax, do you want the funds electronically withdrawn from your bank account on April 15 or another date? _____ Yes No _____
 (you will have a chance to review your return first)

If you want direct deposit or payment of your taxes from your bank account, please provide the **required** banking information below:

Financial Institution Name: _____

Routing Number: _____

Account Number: _____

Account Type: Checking Savings

Account Owner: Joint Taxpayer Spouse

To help avoid errors, we strongly recommend that you provide us with a copy of a voided check.

2020 Income Tax Questions (Page 5)

Please answer all questions and help us make sure we do not miss something important.

	Yes	No	Comments
Tax Return Filing			
Would you like to use an electronic (or digital) signature process for you to sign your e-file authorization Forms?	<input type="checkbox"/>	<input type="checkbox"/>	_____
If you opt out of electronic (digital) signing, you will be provided with the e-file authorization form and each taxpayer will need to manually sign the paper form and return it to our office. Instructions for signing and returning the form will be provided upon delivery.			
If you would like to electronically (digitally) sign your tax return, each taxpayer is required to have a separate email. Please confirm the email addresses you want your e-signature forms to go:			
Taxpayer email address: _____			
Spouse's unique email address: _____			
We will be providing to you an electronic copy of your tax source documents you provided to us. They will be organized and available in our online Client Access along with your tax returns. Please indicate if you would still like us to return your source documents to you.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
If yes, please indicate how you would like them returned:			
<input type="checkbox"/> USPS mail <input type="checkbox"/> I will pick up <input type="checkbox"/> Priority mail with tracking (fee applies)			

Additional Notes: _____

Client Signature: _____

Email: _____

(If not provided above)



Individual Income Tax Organizer Special Deductions & Tax Credits

Special Deductions (complete items only if applicable)

Retirement Contributions

	<i>Husband</i>	<i>Wife</i>
IRA Deduction (\$6,000 maximum, or \$7,000 if age 50 or more)	\$ _____	\$ _____
Self-employed SEP, SIMPLE or qualified plans	\$ _____	\$ _____
Or, calculate maximum amount	_____	_____

Health Savings Account (Form 5498-SA) \$ _____

Student Loan Interest (Form 1098-E) \$ _____

Teacher/Educator Classroom Expenses (maximum \$250 each) \$ _____

Qualified Higher Education Tuition & Fees (Form 1098-T) \$ _____

	<i>Dependent</i>
Dependents Qualified Tuition & Fees (name & amount):	
_____	\$ _____
_____	\$ _____
_____	\$ _____

Business Expenses for Qualified Occupation

armed forces reservist performing artist with more than 1 employer fee based government official \$ _____

Qualified Active Armed Services Moving Expenses

Distance from old home to old workplace	_____	From old home to new workplace	_____
Amount paid to ship & store goods	\$ _____	Transportation & lodging	\$ _____
Amount reimbursed	\$ _____		

Penalty on Early Withdrawal of Savings \$ _____

Credits (complete items only if applicable)

Child and Dependent Care

Provider name, address, social security or employer number & amount paid	
1:	_____ ... \$ _____
2:	_____ ... \$ _____
3:	_____ ... \$ _____
Total \$ _____	

Child name & amount paid (total for all children must equal total for all providers)	
1:	_____ ... \$ _____
2:	_____ ... \$ _____
3:	_____ ... \$ _____
Total \$ _____	

Adoption Credit

Child's name, social security number & date of birth: _____ Special Needs Foreign Disabled

List amounts:		<i>Prior Year</i>		<i>Current Year</i>
Qualified expenses	\$ _____		\$ _____	
Benefits received	\$ _____		\$ _____	
Prior year credit	\$ _____			

Residential Energy Credits (include copies of receipts & certificates)

Address of property same as page 1 or: _____

List amounts:	
Qualified insulation or material system	\$ _____
Qualified exterior windows	\$ _____
Qualified exterior doors	\$ _____
Qualified metal roof	\$ _____
Qualified energy efficient building property	\$ _____
Qualified HVAC/heat pumps, boiler or furnace... ..	\$ _____
Qualified circulation fan	\$ _____
Qualified solar electric property	\$ _____
Qualified solar water heater	\$ _____
Qualified small wind energy property	\$ _____
Qualified geothermal pump	\$ _____
Qualified fuel cell pump	\$ _____



Itemized Deductions (Complete this page only if greater than standard deduction)

The standard deduction for the various filing statuses are as indicated:

	2020	2019	2018
Married filing joint	\$24,800	\$24,400	\$24,000
Head of Household	\$18,650	\$18,350	\$18,000
Single or married filing separate	\$12,400	\$12,200	\$12,000

Medical Expense Deductions

Medical, dental & vision insurance premiums ... \$ _____

Long-term care insurance premiums \$ _____

Medical expenses not reimbursed by insurance
(out of pocket) including prescriptions,
physicians, clinics/hospitals, vision &
hearing aids, etc. \$ _____

Miles driven for medical purposes _____
(Note: nondeductible items include life or disability insurance,
nonprescription drugs, health supplements and health programs)

Taxes Paid

Real estate property taxes \$ _____
(ad valorem on personal residence or 2nd home)

State _____ income or _____ intangible taxes ... \$ _____

Personal property taxes \$ _____
(if on vehicle, must be based on vehicle value)

Sales tax paid on autos, boats or RVs purchased
for personal use or on materials used for
home improvement \$ _____

Local sales tax rate _____ % (if your state rate is 6% and you
pay 7% locally, your local rate is 1%)

Charitable Contributions

Cash or check donations \$ _____
(you must have receipt for all individual contributions over \$250)

Miles driven for volunteer work _____

Non-monetary donations of \$500 or less ... \$ _____
(Goodwill, Salvation Army, Amvets, etc.)

For non-monetary donations of \$500 or more, provide name of
organization, description of items donated, the original value of the
items at purchase and the value at the time you donated them
(attach Form 1098-C for donations of vehicles or boat)

Other Itemized Expense Deductions (additional items in AL, AR, CA, HI, IA, MN, NY & PA)

- Gambling losses \$ _____
- Casualty or theft from income producing property
(such as rental property or small business) ... \$ _____
- Federal estate tax on income in respect of
decedent \$ _____
- Loss on contingent payment debt instrument \$ _____
- Repayment of \$3,000 or more of prior benefits
such as wages or unemployment \$ _____
- Unrecovered costs/loss on pension \$ _____
- Impairment related work expenses \$ _____

Interest Expense Deduction

Personal, consumer interest (credit cards, vehicle, etc.) is not deductible. If you purchased or refinance your home, provide a copy of the closing statement.
Rental property & business interest & taxes should be entered on the Rental Property Tax Organizer or the Business Expense Organizer.

Check if any original or refinanced mortgages were incurred after December 15, 2017. (If so, provide years incurred for each mortgage below.)

Principal balance of 1st mortgage on primary personal residence \$ _____	Personal residence 1st mortgage interest & points (on Form 1098) \$ _____
Principal balance of 2nd mortgage on primary personal residence \$ _____	Personal residence 2nd mortgage interest & points reported on Form 1098 \$ _____
Use of 2nd mortgage funds: _____	
Principal balance of 1st mortgage on 2nd home personal residence \$ _____	Second home 1st mortgage interest & points reported on Form 1098 \$ _____
Private mortgage insurance (PMI, for a primary or 2nd home bought in 2007 or later) \$ _____	Investment interest (interest paid on loans used to acquire investment property) ... \$ _____

If you pay mortgage interest to an individual for a seller financed mortgage please provide:

Name & social security number ... _____

Address ... _____

Interest paid this year \$ _____

Other Notes or Questions:

Checklist of Information Needed to Complete Your Tax Return

If any item listed applies to you, check the box and attach the information

Income Information

- Wages (Form W-2)
- Interest Income (Form 1099-INT)
- Foreign bank accounts, income +/- or paid taxes
- Dividend Income (Form 1099-DIV)
- Stock Sale Information/Capital Gains (Form 1099-B)
 - Each stock sale: Date purchased, number of shares bought, amount paid
- Other Income
 - Alimony Received
 - Unemployment Compensation (Form 1099-G)
 - Debt Cancellation (Form 1099-C)
 - Disability Income
 - Jury Duty
 - Pension Distributions (Form 1099-R)
 - Social Security Benefits (Form 1099-SSA)
 - State / Local Refunds (Form 1099-G)
 - Gambling Income (Form W-2G)
 - Tip Income
 - Scholarships (Form 1098-T)
 - Education Savings Account Withdrawal (Form 1099-Q)
 - Bartering Income (Form 1099-B)
 - Achieving Better Life Experience Distrib. (Form 1099-QA)
- Small Business (self-employed or independent contractor business owner)
 - Business Income (Form 1099-MISC plus items not on 1099-MISC)
 - Business Expenses (Provide list or use the **Business Organizer**)
 - Vehicle Information
- Rental Property
 - Rental Income (Form 1099-MISC)
 - Related Expenses (Provide list or use the **Rental Property Organizer**)
- Schedules K-1 from Partnerships, S Corps, Trusts
- Sale of Real Estate not qualifying for Personal Residence Exemption
 - Closing Statement – Sale of Property
 - Closing Statement – Purchase of Property
 - List of additions/improvements while you owned the property
 - Forgiveness of Debt income (Form 1099-C or 1099-A)

Deduction Information:

- IRA Contributions
- SEP, Simple, Keogh Plans
- Student Loan Interest (Form 1098-E)
- Student Expenses (Forms 1098-T & 1099-Q)
- Alimony Paid
 - Recipient Name and SS #
- Mortgage Interest (Form 1098)
- Investment Interest
- Cash and Noncash Charitable Contributions
- Business or Disaster Casualty/Theft Loss
- Medical Expenses
 - Health Insurance
 - Out of Pocket Medical Expenses (& Form 1099-SA)
 - Forms 1095-A, 1095-B & 1095-C
 - Healthcare Market Place Exemption
 - Medical Account Contribution (Form 5498-SA)
 - ABLE Account Contribution (Form 5498-QA)
- Real Estate Taxes
- Other Taxes (including sales tax paid on the purchase of autos, boats and RVs for personal use)

Credit and Payment Information:

- Child Care Expenses
 - Provide name, address, SS# or EIN, and amount paid for each child
- Estimated tax payments (dates and amounts paid)
- Legal papers for adoption, divorce or separation involving custody of your dependant children
- Tuition Statements (Form 1098-T) & Education Expenses
- Copy of voided check (for direct deposit of refund information)
- Energy or electric vehicle tax credit information
- Closing statement for first-time or long-time homebuyers' credit