

<b>2020</b>	<b>1040</b>	<b>US</b>	<b>Tax Organizer</b>
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**Tax Return Appointment**

Date:  
 Time:  
 Location:

**This tax organizer will assist you in gathering information necessary for the preparation of your 2020 tax return. Please enter all pertinent 2020 information.**

NOTE: If you claim the earned income credit, please provide proof that your child is a resident of the United States. This proof is typically in the form of: school records or statement, landlord or property management statement, health care provider statement, medical records, child care provider records, placement agency statement, social service records or statement, place of worship, Indian tribal office statement, or employer statement.

NOTE: If your child is disabled, please provide one of the following forms of proof of disability: doctor statement, other health care provider statement, or social services agency or program statement.

**CLIENT INFORMATION**

**Taxpayer**

**Spouse**

First name and initial . . . . .		
Last name . . . . .		
Title/suffix . . . . .		
Social security number . . . . .		
Occupation . . . . .		
Date of birth (m/d/y) . . . . .		
Date of death (m/d/y) . . . . .		
1=blind . . . . .		
Home phone . . . . .		
Work phone . . . . .		
Work extension . . . . .		
Cell phone . . . . .		
E-mail address . . . . .		

Address	In care of . . . . .	
	Street address . . . . .	
	Apartment number . . . . .	
	City . . . . .	
	State . . . . .	
	ZIP code . . . . .	

**DEPENDENTS**

**Dependent No.**

**Dependent No.**

First name . . . . .		
Last name . . . . .		
Title/suffix . . . . .		
Date of birth (m/d/y) . . . . .		
Date of death (m/d/y) . . . . .		
Date of adoption (m/d/y) . . . . .		
Social security number . . . . .		
Relationship . . . . .		
Months lived at home . . . . .		

**Dependent No.**

**Dependent No.**

First name . . . . .		
Last name . . . . .		
Title/suffix . . . . .		
Date of birth (m/d/y) . . . . .		
Date of death (m/d/y) . . . . .		
Date of adoption (m/d/y) . . . . .		
Social security number . . . . .		
Relationship . . . . .		
Months lived at home . . . . .		

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Miscellaneous Questions

If any of the following items pertain to you or your spouse for 2020, please check the appropriate box and provide additional information if necessary.

YES

NO

**PERSONAL INFORMATION**



Did your marital status change during the year?



Did your address change during the year?



Could you be claimed as a dependent on another person's tax return for 2020?

**DEPENDENTS**



Were there any changes in dependents?



Were any of your unmarried children who might be claimed as dependents 19 years of age or older (or 24 years or older if student) at the end of 2020?



Did you have any children under age 19 or full-time students under age 24 at the end of 2020, with interest and dividend income in excess of \$1,100, or total investment income in excess of \$2,200?

**HEALTH CARE COVERAGE**



Did you receive IRS document Form 1095-A (Health Insurance Marketplace Statement), If so, please attach. You would have received Form 1095-A if you went through Access Health CT. We do not need 1095-B or 1095-C forms.

**INCOME**



Did you receive unreported tip income of \$20 or more in any month?



Did you cash any Series EE U.S. savings bonds issued after 1989 and pay qualified higher education expenses for yourself, your spouse, or your dependents?



Did you receive any disability income?



Did you have any foreign income or pay any foreign taxes?

**PURCHASES, SALES AND DEBT**



Did you start a business or farm, purchase rental or royalty property, or acquire an interest in a partnership, S corporation, trust, or REMIC?



Did you purchase or dispose of any business assets (furniture, equipment, vehicles, real estate, etc.), or convert any personal assets to business use?



Did you buy or sell any stocks, bonds or other investment property in 2020?



Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan?



Did you make any residential energy-efficient improvements or purchases involving solar, wind, geothermal or fuel cell energy sources?



Did you have any debts cancelled or forgiven?



Does anyone owe you money which has become uncollectible?

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Miscellaneous Questions (continued)

If any of the following items pertain to you or your spouse for 2020, please check the appropriate box and provide additional information if necessary.

YES

NO

**RETIREMENT PLANS**



Did you receive a distribution from a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?



Did you make a contribution to a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?



Did you transfer or rollover any amount from one retirement plan to another retirement plan?

**EDUCATION**



Did you receive a distribution from an Education Savings Account or a Qualified Tuition Program?



Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school?

**ITEMIZED DEDUCTIONS**



Did you incur a loss because of damaged or stolen property?



Did you work out of town for part of the year?



Did you use your car on the job (other than to and from work)?

**ESTIMATED TAXES**



Did you apply an overpayment of 2019 taxes to your 2020 estimated tax (instead of being refunded)?



If you have an overpayment of 2020 taxes, do you want the excess applied to your 2021 estimated tax (instead of being refunded)?



Do you expect your 2021 taxable income and withholdings to be different from 2020?

**MISCELLANEOUS**



Do you want to allocate \$3 to the Presidential Election Campaign Fund?



Does your spouse want to allocate \$3 to the Presidential Election Campaign Fund?



May the IRS discuss your tax return with your preparer?



Did you have an interest in or signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account?

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Miscellaneous Questions (continued)

If any of the following items pertain to you or your spouse for 2020, please check the appropriate box and provide additional information if necessary.

YES

NO

**MISCELLANEOUS (continued)**



Did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust?



Was your home rented out or used for business?



Did you have a medical savings account (MSA), a Medicare Advantage MSA, or acquire an interest in an MSA or a Medicare Advantage MSA because of the death of the account holder? Or, were you a policyholder who received payments under a long-term care (LTC) insurance contract or received any accelerated death benefits from a life insurance policy?



Did you receive a distribution from an Achieving a Better Life Experience (ABLE) savings account?



Are you a member of the Armed Forces of the United States on active duty who moved pursuant to a military order related to a permanent change of station?



Did you engage the services of any household employees?



Were you notified or audited by either the Internal Revenue Service or the State taxing agency?



Did you or your spouse make any gifts to an individual that total more than \$15,000, or any gifts to a trust?



Did your bank account information change within the last twelve months?



At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?

**CORONA VIRUS AID, RELIEF AND ECONOMIC SECURITY ACT (CARES ACT)**



Did you receive an economic impact payment? If so, how much? Please provide amounts received earlier in 2020 AND any payments received in early 2021.



Did your business have any PPP loan amounts forgiven?



Did you receive a distribution from your retirement plan because of COVID?