TAX DEDUCTION LOCATOR & IRS TROUBLE MINIMIZER

YOUR TAX APPOINTMENT

Please complete and sign this organizer prior to your appointment.

Please call to schedule your appointment. Try to call early before the calendar is booked up.

Please mail the completed organizer along with the requested information to this office prior to your appointment.

Please mail the completed organizer along with required documentation, W2s,1095s,1099s,1098s, K-1s, etc., to this office so your return can be prepared by correspondence.

Your tax appointment is scheduled for:

Day:	
Date:	
Time:	

Please notify this office promptly if you are unable to keep this appointment.

REFERRALS ARE ALWAYS APPRECIATED

If you know someone who would like a tax appointment, please have them call this office. Do not be concerned that your business, personal or financial matters will be discussed with clients whom you refer. All client information is treated in the utmost confidence.



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IF YOU ARE A NEW CLIENT, BE SURE TO PROVIDE A COPY OF LAST YEAR'S TAX RETURN.

SAVE TIME - READ THIS FIRST

This organizer is designed to assist and remind you of information that is needed to prepare your tax return. The goal is not to overlook anything so you can maximize your legal deductions, comply with government reporting requirements, and avoid problems with the IRS after the return is filed.

Taxes are complicated and the rules change constantly. This organizer was designed specifically for the 2020 tax year and certain items may not apply to other years. Although care has been taken to accommodate most taxpayers' needs, please note questions that are related to issues not included here under "Questions You May Have" in Section D6.

Section Categories

To help you collect your information quickly, this organizer is organized into four general areas. Information required from:

- everyone Sections A1 A13 (Pages 2 & 3)
- those who itemize their deductions Sections B1 B11 (Pages 4 & 5)
- business owners Pass-through deduction -Section D1 (page 6).
- those who have relocated (military only), sold their home, made home energy improvements, have debt relief income, or received a PPP loan – Sections D2 – D6 (Page 6)

The instructions provided in the header of each section will help you determine if you are required to complete the information in that section. Before proceeding, please take a moment to review the purpose of the SPECIAL MARKERS used throughout this organizer.



Your tax information from the prior year is automatically transferred to this year's tax return. Therefore, not all taxpayer data and contact info needs to be recorded. The marker signifies that returning clients need only enter data in that section if it has changed since the prior year or if there is new information.



This marker notes areas where the IRS can match the entry on their computer and incomplete or incorrect information can trigger government correspondence or, worse yet, an office audit. Pay particular attention to sections or individual entries with this symbol.



This flag symbol denotes areas where a deduction or item of income is to be treated differently when computing the alternative minimum tax (AMT). The AMT is another way of computing your tax liability, which applies more restrictive limits on certain deductions and preference income. If higher than the regular tax, the AMT applies.



This marker indicates payments that may require the issuance of a 1099 if the annual amount paid to an individual is \$600 or more. Failure to file 1099s can lead to a loss of the tax deduction for that expense and failure to timely file the forms with the IRS and furnish copies to payees can result in substantial penalties.

A - TAXPAYER INFORMATION The information on this page is required for every taxpayer. Please review each section on this page and report items that are applicable to you, your

spouse or dependents.

A1 - TAXI Returning clients: e						€ ←				USTMENTS 🤤		Spouse
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(Must Match SS Admin)	•				/ /	,	Were you the b	eneficiary of a	an inheritance?	If so, please verify with	Yes	Yes
Social Security No (and IRS IP-PIN if issued	D. 😌		Occ	upation			executor or trus State Tax Refun	-		a K-1.	103	103
Driver's Licence ([S	tate		Social Security		,	RRB-1099)		
DL Issued Date	/	/ /	DI	Expires	/ /	,	Pension Income	e (provide all	1099-Rs)			
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Email Address				r	□ Legally	5	Traditional	Contribution				
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City				State	Zip			Rollovers ⁽²⁾⁽³⁾)			
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A - TAXPAYER INFORMATION The information on this page is required for every taxpayer. Please review each section on this page and report items that are applicable to you, your



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B - ITEMIZED DEDUCTIONS

Taxpayers may choose between itemized or standard deductions. This page and the adjoining page are for recording your expenses, which are needed when itemizing your deductions. If you are certain that you cannot itemize your deductions for either federal or state, you can skip this page and the next one **except for B5 and B10**.

CAUTION: If you are married and filing separately and either you or your spouse itemize your deductions, then the other spouse must also itemize their deductions. The law does not allow one to itemize and the other to take the standard deduction.

□ If filing married separate and your spouse is itemizing deductions.

B1 - MEDICAL EXPENSES	P	B 3	- TAXES	PAID				P
Although for Federal purposes medical expenses for 2020 are only deducti the extent they exceed 7 $\frac{1}{2}$ % of your adjusted gross income (AGI) for the year	ar, some		ot list any taxes ass ctible for AMT purp	sociated with a busine poses.	ess or renta	ıl activity. T	axes are no	ot
states, such as Arizona, have no or a different limitation. If your state has a limitation be sure to list your medical expenses. Do NOT list expenses reim		Real	Estate – Primary	Residence			o not	
insurance or expenses and premiums paid with pre-tax funds or HSA distril		Real	Estate – 2nd Hoi	me			clude rest and	
INSURANCE PREMIUMS for Medical, Dental, Vision & Hospital ⁽¹⁾		Real	Estate – Investm	ent Property (Land, e	etc.)		nalties	
Medicare Insurance Premiums (Not payroll tax)		CAUT	ON – Some tax bills i	nclude non-deductible sp	pecial service	es. Please pro	ovide copies o	of the tax bills.
Filer			le License Fees		(1)	(2)		(3)
Long-Term Care Insurance Spouse			onal Property Tax		_			
Doctors, Dentists ⁽²⁾ (No discretionary cosmetic surgery)			-	(Leave blank for standar				
Acupuncture & Chiropractic Care			ne Taxes Paid to	S, Home, Etc. (Do not	Include abov	State:		
Hospital ⁽³⁾				Ces (not listed in another	category)	State.		
Prescription Drugs (No over-the-counter drugs except insulin)		Othe	•					
			State Incon	ne Tax Paid During	2020 (plea	ase provide p	proof of paym	ient)
Nursing Care Check if in-home care				le taxes withheld; they ar	r		Irce documer	its.
Eye Exam, Glasses, Contact Lenses, Contact Lens Solution			ce Due Return		Other Yea Or Adjust			
Hearing Aids & Batteries			sion Payment Return		2019 4th Paid Jan. 2	Qtr. Estima	ite	
Ambulance & Paramedics	miles			MORTGAG			с т	A F
Auto Travel (To and from medical treatment) Parking & tolls (For medical treatment)	inites			ans secured by your p				second
Taxi, Shuttle, Air Fare, Etc. (To reach medical treatment)		resid	ence. This deductio	n is limited, for federa 15/2017) of home acc	al, to intere	st paid on	\$1 million ((\$750,000 for
		secor	d residence. The d	ebt limit applies sepa rest is not federally d	rately to ea	ach co-owr	ier who is n	iot your
Lodging (For medical treatment) No. of days:		funds	were used to mak	e home improvement	s or can be	traced to	a deductibl	e purpose.
Telephone (Medical-related toll charges only)				luction for interest pa terest paid on home r		\$100,000	of equity d	ebt. The IRS
Therapy & Special Schooling ⁽⁴⁾				eceived, check "Paid To" b		2nd	Equity	Amount
Supplies & Equipment		enter p	ayee's name. If paid to	o a person from whom yo ved, also complete Box A	ou bought	Home	Loan	Provide Form 1098
Handicapped Placard			aid To:		Detow.			
Handicapped Home Modifications								
Rentals (crutches, wheelchair, walker, oxygen equipment, etc.)		🗆 Pa	aid To:					
Other:		D Pa	aid To:					
Other:			aid To:					
 Include only amounts you paid. Includes Christian Science practitioner and psychological counseling. 				was issued using a co-ow	mor's SSN or			addross & SSN
(3) Includes nursing homes for individuals medically incapable of self care. hospital or nursing home meals.	Also includes		Name:		11013 3311,01			
(4) Includes physical therapy and psychotherapy; special schooling for physical therapy and psychotherapy; special therapy and psychotherapy;	ically or mentally	Box	SSN:					
handicapped.		A	Address:					
B2 - INVESTMENT INTEREST		If your	home or 2nd home is	a qualified motor home,	boat, etc., lis	t the name o	f the payee h	iere:
Interest paid on loans to acquire investments. This interest is only allowabl of net investment income.	e to the extent	СНЕ	CK ALL THAT A	PPLY.				
Brokerage Margin Accounts				l home loan ever beer	n refinance	d?		
Vacant Land			Did you refinanc	e any of these loans t	his year? <mark>(</mark> I	f so, provide	escrow closii	ng statements)
Other:			Have you exceed	ded the \$100,000 (app	olies for so	me states)	equity debt	t limit?
				f all your home loan b	palances ex	ceed \$1 m	illion (\$750),000 for post-
Other:			12/15/2017 loar	15)?				

- ITEMIZED DEDUCTIONS



Spouse

Name:

You

Name:

See Section C4

Date Acquired

1

/

/

1

/

/

Cost

B5 - CASH CHARITABLE CONTRIBUTIONS B9 - MISCELLANEOUS If you made cash donations in 2020, complete this section even if not itemizing. All cash The expenses listed in this section and section B10 are not deductible for federal in contributions MUST be documented with either a bank record or written verification from 2018 thru 2025. Some states allow them only to the extent they exceed 2% of your AGI. the charity. Personal benefits must be excluded from the donation. **DO NOT** enter self-employed business expenses here. Instead House of Worship list them in Section C7 **Employee Business Expenses** Filer Don't include amounts that COULD BE or were reimbursed by your employer. List Payroll Deduction Spouse all travel expenses including out-of-town meals, hotel, air fare, etc., in section C2. Auto Travel See Section C1 Other: Business Gifts - Limited to \$25 per recipient per year. Other: Must be ordinary and necessary Other: **Continuing Education Employment Seeking & Resume Fees** B6 -**NON-CASH CONTRIBUTIONS** Entertainment & Meals (Enter 100% of expense) Household and clothing items must be in good or better condition. Items of minimal value such as underclothing are not counted. A written receipt is required for donations of \$250 Equipment - Include individual items with a useful life of one year or more in or more. An itemized list should be included with your return if the total exceeds \$500. Section B11 Deductions are limited to the lesser of your cost or the fair market value (FMV) for each Insurance – Malpractice, E&O, Etc. item contributed. Occupational Licenses, Fees, Credentials, Etc. Clothing & Household Items Publications & Journals (Not general interest publications) Automobile Travel miles Telephone (Business calls only) Volunteer Expenses - Explain: $Tools\,$ – Include individual items with a useful life of one year or more in Section Vehicle Donation (Provide Form 1098-C) B11. Supplies Other: Uniform Purchases (Not including street wear) Other: Uniform Cleaning **B7 - OTHER DEDUCTIONS** Union & Professional Dues The expenses listed in this section are part of the "miscellaneous" itemized deductions but Other: are listed separately because they are not subject to the 2% of AGI limit. **Other Miscellaneous Deductions** Gambling Losses (Only to the extent of gambling winnings) Attorney Fees (To protect or produce taxable income only) Impairment (Handicapped) Related Work Expenses IRA or SE Plan Fees Paid By You (Not deducted from the plan) Unrecovered Pension Basis (Deceased taxpayer) Tax Preparation & Consulting Fees **B8 - CASUALTY LOSSES** Credit/Debit Card Fees to Make Tax Payments For years 2018 thru 2025 personal casualty losses are not deductible for federal (some Other: states may allow personal casualty losses) unless incurred in a presidentially declared disaster area. Generally, to be deducted for federal, casualty losses must be incurred in a federally declared disaster area and, after insurance reimbursement must exceed 10% of your adjusted gross income (AGI) and then only the amount that exceeds the 10% is **B10 - INVESTMENT EXPENSES** deductible. For years 2018 thru 2025 investment expenses are not deductible for federal purposes. But are still allowed in some states. The loss was in a presidentially declared disaster area **Investment Expenses** – DIRECTLY connected with the production of TAXABLE INCOME ONLY! Do not The loss was from theft or embezzlement include purchase or sales costs. Include interest in Section B2. The loss was the result of a Ponzi scheme Investment Advisory Fees Casualty Description: Safe Deposit Box Fees Legal & Accounting (Related to investments) Date of Casualty / / Other: Insurance Reimbursement B11 - ITEMS WITH A USEFUL LIFE OF ONE Property Damaged - or provide a list in the same format YEAR OR MORE Equipment, tools, computers, etc., purchased this year and used in business having a Fair Market Value Description of Date Original Cost useful life of more than one year must be treated differently for tax purposes. Property Acquired or Other Basis Before Casualty After Casualty **Description of Property** 1 1 1 1 /

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D - BUSINESS DEDUCTION, RELOCATION, HOME SALE, DEBT RELIEF, ENERGY CREDITS

6

D1 - SEC 199A DEDUCTION		D4 - MOVING DEDUCTIONS					
Income passed through from a business activity via a K-I deduction.	may qualify for a special tax	For federal for years 2018 - 2025, allowed only for active duty members of the Armed Forces who move pursuant to a military order. There are no distance requirements for military change of station.					
The information needed to compute this deduction is inclu K-1 statement where the business income or loss is from p.	•	Check if employer reimbursed any amount of moving expense or home sale assistance and provide the reimbursement statement from the employer (Form 3903 or a substitute statement)					
and trusts Please be sure to provide the supplemental state	ement along with any K-1 form	A - Miles from Old Residence to	miles				
you've received.		B - Miles from Old Residence to	miles				
		A minus B – if less than 50 mil	es, stop: no deduction allowed	miles			
D2 · HOME SALE		Commercial Mover	Truck Rental				
If you sold your home, abandoned it, or lost it to foreclosure reported. If you received a 1099-S, it is very important that y the home or lost it to foreclosure, see Section D5.		Temporary Storage (up to 30 days)	Lodging en route (no meals)				
		Trailer Rental	Highway Tolls				
CHECK ALL THAT APPLY		Rental Fuel Costs	Airfare				
Address of Home Sold		# of owned vehicles driven to new home	Auto Travel	miles			
Date Purchased	/ /	Boxes/Tape/Supplies	Other:				
Purchase Price (please provide purchase escrow statement)		DE . DERT PE	LIEF & FORECLOSURE				
You deferred gain from a home sale made prior to 5/7, Form 2119 for the year of sale.	(1997. If so, please provide the	If you had debt totally or part	ially forgiven, you may be required to report de	bt relief income.			
Improvements to Home Sold (not maintenance)(provide list)			tgages, credit card debt, vehicle loans, etc. Debt d. Please call the office in advance to discuss w				
Date of Sale (Please bring FINAL closing escrow statement. This	/ /	documentation may be requir	ed.				
Sales Price document will have the information needed for		CHECK ALL THAT APPLY	,				
Sales Expenses these entries.)		You had any amount of c received from the financ	redit card debt forgiven and provide a copy of ial institution	the 1099-C you			
You owned and used the home as your primary resider (counting back from the sale date)	ice for two of the prior five years	You abandoned your home and provide a copy of the 1099-A and/or the 1099-C					
Your spouse (if married) owned and used the home as two of the prior five years	his/her primary residence for	information)					
If owned and used less than two years, give reason for sale:		Your home was foreclosed upon or you sold it under a "short sale" agreement with the lender and provide a copy of the 1099-A and/or the 1099-C you received					
If the home was ever used for business (such as a rent center)	al, home office or day care	D6 · PAYCHEC (PPP) loans	K PROTECTION PROG	RAM			
Any of the business use in the prior question was befo	re 5/7/97	If you obtained a PPP Loan du	ring 2020 please enter:				
The home was acquired by tax-deferred (Sec 1031) exercise	hange after 10/22/04	Amount of loan					
You (and spouse if married) have excluded gain from t within two years of the date of sale of this residence	ne sale of a prior residence	Amount of loan forgiven					
The home was inherited (including from a deceased sp	oouse)	Amount of expenses used to qualify for forgiveness					
The home was not used as your primary residence for	any period after 2008	D7 - QUESTIO	NS YOU MAY HAVE				
You previously claimed the new or long time resident	nomeowner credit	If you need more space please					
D3 - HOME ENERGY CREDIT Enter only items certified by the manufacturer to meet Gove							
You installed solar electric generation or solar water h Government energy standards for your main or a second							
Installed on primary residence. Provide description of	energy property and cost.						

D7 - SIGNATURE									
To the best of my knowledge, all the information contained within this document is true, correct and complete.									
	/ /		/ /						
Filer Signature	Date	Spouse Signature	Date						