

# 2020 PERSONAL TAX DATA ORGANIZER

The information required on this form is pertinent to the preparation of your PERSONAL income tax return and relates to you and your family personally, and not to any business operations that you might have. All of your records used in the preparation of your tax return must be retained for no less than 3 years.

The prompt completion of this form with accompanying data support will ensure that your return is prepared & filed on time with the respective tax agencies.

PLEASE SIGN AND RETURN THIS FORM AS SOON AS POSSIBLE - BUT NO LATER THAN **MARCH 15, 2021** TO GUARANTEE TIMELY FILING.

## PERSONAL INFORMATION

### Taxpayer (TP)

Name \_\_\_\_\_  
Social Security # \_\_\_\_\_  
Driver's License # State: \_\_\_\_ Lic # \_\_\_\_\_  
Issue Date \_\_\_\_\_  
Expiration Date \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Occupation \_\_\_\_\_  
Email address \_\_\_\_\_  
Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Home Phone \_\_\_\_\_

### Spouse (SP)

\_\_\_\_\_

\_\_\_\_\_

State: \_\_\_\_ Lic # \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## HOME ADDRESS

Number, Street, City, State & Zip Code (If foreign, provide country and other address info)

## FILING STATUS

Single  Married Filing Jointly  Married Filing Separately  Head of Household

## DEPENDENTS

<u>Name</u>	<u>Social Security Number or ITIN</u>	<u>Date of Birth</u>	<u>Relationship</u>	<u># of Months Lived at Home</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

## HEALTH INSURANCE

\* Market Place/Exchange provider issues **Form 1095-A** which needs to be included in your tax documents

# INCOME

## SALARIES (Form W-2)

## INTEREST AND DIVIDENDS (Form 1099-INT, 1099-DIV)

<u>EMPLOYER'S NAME</u>	<u>TP/SP</u>	<u>STILL THERE?</u>	<u>FROM WHOM RECEIVED?</u>	<u>AMOUNT</u>	<u>FORM 1099</u>
_____	_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	_____	<input type="checkbox"/>

\*If more lines are needed, please attach a separate sheet

## CAPITAL GAINS (LOSSES) - sale of securities, personal property, bonds, etc.

<u>ITEM OR SECURITY SOLD</u>	<u>DATE SOLD</u>	<u>SALE PRICE</u>	<u>DATE BOUGHT</u>	<u>PURCHASE PRICE</u>	<u>GAIN/LOSS</u>
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____

\*Broker documents and/or closing documents must be provided

## IRA/401k/RETIREMENT DISTRIBUTIONS (Form 1099-R must be provided)

<u>PAYER</u>	<u>GROSS DISTRIBUTION</u>	<u>TAXABLE DISTRIBUTION</u>	<u>FEDERAL TAX</u>	<u>STATE TAX</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

## OTHER INCOME:

- |  |   |
|--|---|
| <input type="checkbox"/> K-1 Distributions (Form K-1)    | <input type="checkbox"/> Installment Sales Proceeds (Form 1099-S) |
| <input type="checkbox"/> Social Security (Form 1099-SSA) | <input type="checkbox"/> Unemployment Comp (Form 1099-G)          |
| <input type="checkbox"/> Lottery Winnings (Form W2-G)    | <input type="checkbox"/> State Income Tax Refund (Form 1099-G)    |
| <input type="checkbox"/> Alimony Received                |   |

## SELF-EMPLOYED BUSINESS (Schedule C) \*If more lines are needed, please attach a separate sheet

### Income:

\_\_\_\_\_

### Expenses:

Purchases/Inventory \_\_\_\_\_  
Advertising Expense \_\_\_\_\_  
Dues/Subscriptions \_\_\_\_\_  
Rent/Storage \_\_\_\_\_  
Operating Supplies \_\_\_\_\_  
Office Supplies \_\_\_\_\_  
Insurance \_\_\_\_\_  
Outside Labor \_\_\_\_\_  
Repair/Maintenance \_\_\_\_\_  
Misc. \_\_\_\_\_

### Home Office Expense (if applicable):

Electric \_\_\_\_\_  
Telephone \_\_\_\_\_  
Cable/Internet \_\_\_\_\_  
Cleaning \_\_\_\_\_  
Repairs/Maintenance \_\_\_\_\_  
Outside Maintenance \_\_\_\_\_  
Trash \_\_\_\_\_  
Homeowner's Insurance \_\_\_\_\_

**INCOME – CONTINUED...**

**RENTAL PROPERTY INCOME**

	<u>Property #1</u>	<u>Property #2</u>	<u>Property #3</u>
Address/Description	_____	_____	_____
Gross Rent	_____	_____	_____
Advertising Expense	_____	_____	_____
Cleaning	_____	_____	_____
Commission	_____	_____	_____
Insurance	_____	_____	_____
Mortgage Interest	_____	_____	_____
Repairs	_____	_____	_____
Supplies	_____	_____	_____
Taxes	_____	_____	_____
Utilities	_____	_____	_____
Other	_____	_____	_____

**EXPENSES**

**MEDICAL**

Prescription Medications	_____	X-Rays and lab fees	_____
Health Insurance Premiums <i>(paid out of pocket post-tax)</i>	_____	Eyeglasses and contact lenses	_____
Medicare Premiums	_____	Medical Equipment	_____
LTC Premiums – TP	_____	Medical Miles Driven	_____ \$ _____
LTC Premiums – SP	_____	Lodging for medical	_____
Doctor and dentist co-pays	_____	LTC costs – Medical Portion	_____
Hospitals/Clinics	_____	Other:	_____

\*Medical expenses may be deductible to the extent they exceed 7.5% of your adjusted gross income, if you itemize

**TAXES PAID**

Real Estate Taxes:	Primary	_____
	2 <sup>nd</sup> Home	_____
Auto Taxes		_____
Sewer/Water Taxes (NOT use fee)		_____
DMV		_____
Sales Tax		_____
State Income Taxes		_____

**INTEREST PAID (attach form(s) 1098)**

Mortgage Interest:	Primary	_____
	2 <sup>nd</sup> Home	_____
Home Equity (LOC)		_____
<b>*Only if used for the construction or maintenance of the primary residence</b>		
Home Mortgage Insurance (PMI)		_____
Points		_____
Other		_____

**EXPENSES – CONTINUED...**

**CHARITABLE DONATIONS** (Cash, Credit Card, or Check)

**NON-CASH DEDUCTIONS** (Goodwill, Veterans, Big Brothers)

<u>Organization</u>	<u>Amount</u>	<u>Organization</u>	<u>Amount</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**OTHER ADJUSTMENTS TO INCOME**

**CONTRIBUTION:**

TRADITIONAL IRA

Taxpayer

Spouse

\_\_\_\_\_

ROTH IRA

\_\_\_\_\_

SEP

\_\_\_\_\_

INDIVIDUAL 401K OR OTHER

\_\_\_\_\_

ALIMONY PAID	TO WHOM		DIVORCE DATE
_____	<i>Name of former spouse</i>	<i>Social Security #</i>	_____

TUITION & FEES PAID \_\_\_\_\_

\*Attach form 1098-T

DEPENDENT CARE PAID \_\_\_\_\_

\*Facility name, address, and Federal ID# required for proper credit

STUDENT LOAN INTEREST \_\_\_\_\_

\*Attach form 1098-E

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CASUALTY LOSSES \_\_\_\_\_

EIN: \_\_\_\_\_

\*Personal casualty loss is deductible only if it is attributable to a federally declared disaster

ESTIMATED TAX PAYMENTS (paid toward 2020 tax liability)				
<b>Federal</b>	4/15/20 _____	6/15/20 _____	<b>State</b>	4/15/20 _____
	9/15/20 _____	1/15/21 _____		6/15/20 _____
				9/15/20 _____
				1/15/21 _____

**E-FILING AND BANK INFORMATION**

FEDERAL & STATE ELECTRONIC FILING      YES     NO

DIRECT DEPOSIT INFORMATION

BANK NAME \_\_\_\_\_ ROUTING # \_\_\_\_\_ ACCOUNT # \_\_\_\_\_

DIRECT DEBIT, IF APPLICABLE

YES     NO       DATE TO DEBIT PAYMENT \_\_\_\_\_