

**2020 1040 US Tax Organizer**

**Tax Return Appointment**

**Telephone number:**  
**Fax number:**  
**E-mail address:**

**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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Please enter all pertinent 2020 information. If you have attached a government form for an item, check the box and do not enter a 2020 amount.

**WAGES, SALARIES AND TIPS**

Employer name:

|                          |       |
|--------------------------|-------|
| <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | _____ |

| 2020 Amount             | 2019 Amount |
|-------------------------|-------------|
| <b>Attach Forms W-2</b> | _____       |
|                         | _____       |
|                         | _____       |
|                         | _____       |

**INTEREST INCOME**

Payer name:

|                          |       |
|--------------------------|-------|
| <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | _____ |

|                              |       |
|------------------------------|-------|
| <b>Attach Forms 1099-INT</b> | _____ |
|                              | _____ |
|                              | _____ |
|                              | _____ |

**DIVIDEND INCOME**

Payer name:

|                          |       |
|--------------------------|-------|
| <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | _____ |

|                              |       |
|------------------------------|-------|
| <b>Attach Forms 1099-DIV</b> | _____ |
|                              | _____ |
|                              | _____ |
|                              | _____ |

**PENSIONS, IRA AND GAMBLING INCOME**

Payer name:

|                          |       |
|--------------------------|-------|
| <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | _____ |

|                                       |       |
|---------------------------------------|-------|
| <b>Attach Forms 1099-R &amp; W-2G</b> | _____ |
|                                       | _____ |
|                                       | _____ |
|                                       | _____ |
| _____                                 | _____ |
| _____                                 | _____ |

Winnings not reported on W-2G.....  
 Total gambling losses.....

**OTHER GOVERNMENT FORMS - INCOME**

|                          |  |
|--------------------------|--|
| <input type="checkbox"/> | Form 1099-B - Sales of stock (also include transaction history) .....  |
| <input type="checkbox"/> | Form 1099-MISC - Miscellaneous income .....                            |
| <input type="checkbox"/> | Form 1099-K - Merchant card and third party network payments .....     |
| <input type="checkbox"/> | Form 1099-S - Sales of real estate (also include closing statements) . |

|                          |  |
|--------------------------|--|
| <b>Attach Forms 1099</b> |  |
|--------------------------|--|

|                          |                                      |
|--------------------------|--------------------------------------|
| <input type="checkbox"/> | Form 1099-G - State tax refunds..... |
|--------------------------|--------------------------------------|

|                          |  |
|--------------------------|--|
| <b>Attach Forms 1099</b> |  |
|--------------------------|--|

Taxpayer:

|                          |  |
|--------------------------|--|
| <input type="checkbox"/> | Form SSA-1099 - Social security benefits ..... |
| <input type="checkbox"/> | Form 1099-G - Unemployment compensation .....  |
| <input type="checkbox"/> | Form 1099-Q (529 Plan) .....                   |
| <input type="checkbox"/> | Form 1099-QA/5498-QA (ABLE Accounts) .....     |

|                          |  |
|--------------------------|--|
| <b>Attach Forms 1099</b> |  |
|--------------------------|--|

Spouse:

|                          |  |
|--------------------------|--|
| <input type="checkbox"/> | Form SSA-1099 - Social security benefits ..... |
| <input type="checkbox"/> | Form 1099-G - Unemployment compensation .....  |
| <input type="checkbox"/> | Form 1099-Q (529 Plan) .....                   |
| <input type="checkbox"/> | Form 1099-QA/5498-QA (ABLE Accounts) .....     |

|                          |  |
|--------------------------|--|
| <b>Attach Forms 1099</b> |  |
|--------------------------|--|

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MISCELLANEOUS INCOME

Taxpayer: Alimony received
Spouse: Alimony received
Other:

Table with 2 columns for 2020 and 2019 amounts, corresponding to the alimony entries.

RETIREMENT PLAN CONTRIBUTIONS

Taxpayer: Traditional IRA contributions (1=maximum)
Roth IRA contributions (1=maximum)
Self-employed, SEP, SIMPLE, & qualified plan contributions (1=maximum)
Spouse: Traditional IRA contributions (1=maximum)
Roth IRA contributions (1=maximum)
Self-employed, SEP, SIMPLE, & qualified plan contributions (1=maximum)

Table with 2 columns: 2020 Amount, 2019 Amount. Rows correspond to the retirement contribution categories.

OTHER GOVERNMENT FORMS - DEDUCTIONS

Form 1098-E - Student loan interest
Form 1098-T - Tuition and related expenses

Table with 2 columns: Attach Forms 1098, 2019 Amount.

AFFORDABLE CARE ACT

Form 1095-A - Health Insurance Marketplace Statement
Form 1095-B - Health Coverage
Form 1095-C - Employer-Provided Health Insurance Offer and Coverage

Table with 2 columns: Attach Forms 1095, 2019 Amount.

ADJUSTMENTS TO INCOME

Taxpayer: Self-employed health insurance premiums
Educator expenses
Other adjustments to income:
Alimony paid - Recipient name & SSN

Table with 2 columns for 2020 and 2019 amounts, corresponding to the adjustments to income.

Spouse: Self-employed health insurance premiums
Educator expenses
Other adjustments to income:
Alimony paid - Recipient name & SSN

Table with 2 columns for 2020 and 2019 amounts, corresponding to the spouse's adjustments to income.

MEDICAL AND DENTAL EXPENSES

Prescription medicines and drugs
Doctors, dentists and nurses
Hospitals and nursing homes
Insurance premiums
Long-term care premiums - taxpayer
Long-term care premiums - spouse
Insurance reimbursement
Out-of-pocket lodging and transportation expenses
Number of medical miles
Other:

Table with 2 columns for 2020 and 2019 amounts, corresponding to the medical and dental expenses.

TAXES PAID

State income taxes - 1/20 payment on 2019 state estimate

Table with 2 columns for 2020 and 2019 amounts, corresponding to taxes paid.

