**KENNETH M. WEINSTEIN*,* CPA AND CFP**

**1450 Niagara Falls Boulevard, Suite #202**

**Tonawanda, NY 14150- 8440**

**(716) 837- 2525 ~ FAX (716) 837- 2527**

**E-Mail: kweinsteincpa@gmail.com**

To our valued client:

The enclosed 2020 Tax Questionnaire will assist you in collecting and reporting information necessary for me to properly prepare your 2020 income tax returns. Please complete the questionnaire sections as appropriate and provide supporting documentation where necessary.

Please provide me with the following additional information:

**-\*\*\*\*\*Proof of Medical Insurance\*\*\*\*\***

**-Form(s) W-2 (wages, etc.)**

**-Form(s) 1099 (interest, dividends, etc.)**

**-Schedule(s) K-1 (income/loss from partnerships, S corporations, etc.)**

**-Information about any other income that you have received**

**-Form(s) 1098 (mortgage interest) and property tax statements**

**-Brokerage statements from stock, bond or other investment accounts**

**-Closing statements pertaining to real estate transactions**

**-All other supporting documents (schedules, checkbooks, etc.)**

**-Any tax notices received from the IRS or other taxing authorities**

Please call me when you are ready to make an appointment to have me prepare your taxes. I am available for appointments during the day on Tuesdays, Thursdays, and Saturdays. I also have evening appointments on Mondays and Wednesdays. Special arrangements may be made if these times are not convenient for you.

Thank you for your help in the completion of the Tax Questionnaire. Please contact me if you have any questions.

Sincerely,

**Kenneth M. Weinstein**

ITEMS FOR 2020

1. Affordable Care Act – There is no longer a penalty for not having health insurance in 2020. However those with insurance through a marketplace will still need to provide the 1095-A form. **\*\*Please be sure to bring form 1095-A if you receive health benefits from a health insurance marketplace.**2. If you bought or sold a house bring a copy of the closing statement. We may be able to deduct taxes paid at closing.

3. For children under age 18 & college students under age 24 – we need ALL their income.

4. Equipment & Vehicles used in a business; please bring the invoices.

5. Foreign bank accounts – bring a copy of bank activity for the year. **NOW REQUIRED BY THE IRS.**  
6. Contributions – BRING RECEIPTS. THE IRS IS NOW REQUIRING THEM FOR ALL CONTRIBUTIONS – LIST THE ITEMS AND THEIR CURRENT VALUE.

7. Casualty losses, such as STORM DAMAGE are deductible if your OUT OF POCKET losses are more than 10% of your adjusted gross income. Bring information including insurance reimbursement amount if applicable.

8. Auto usage-bring your appointment book or calendar

9. LIFE INSURANCE – Insurance companies are LOWERING THEIR RATES because people are living longer\*\*We can do a free review of your policy. PLEASE BRING YOUR POLICY OR LAST BILL WITH YOU.

10. Pages 6 and 7 of the organizer are for rental income and business income, if you do not have rental property or a business these pages can be skipped.

**\*\*11. URGENT - A copy of the taxpayer’s and spouse’s front and back of a valid driver’s license.** \*\*If you provided it to us in a prior year, we should have it on file; however if your license expired in 2020 we need a new copy, it is currently an e-file requirement for NYS.

**KENNETH M. WEINSTEIN*,* CPA AND CFP**

**1450 Niagara Falls Boulevard, Suite #202**

**Tonawanda, NY 14150- 8440**

**(716) 837- 2525 ~ FAX (716) 837- 2527**

**E-Mail: kweinsteincpa@gmail.com**

Website: [www.kennethweinstein.com](http://www.kennethweinstein.com)

**Income Tax information for the calendar year ended December 31, 2020**

Name (Taxpayer)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Spouse) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation (T) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (S) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #s Home\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Soc.Sec. Number (T) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (S) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Status: ( ) Single Date of birth (T) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_ ( ) Blind? (T)

( ) Married, filing: Joint\_\_\_\_\_\_\_ Separate\_\_\_\_\_ Date of birth (S) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_ ( ) Blind? (S)

( ) Head of Household

Dependents:

**\*\*All Children are required to have a Social Security number\*\***

1. Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_ Soc. Sec. #\_\_\_\_\_\_-\_\_\_\_-\_\_\_\_\_\_

Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Number of months in home\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_ Soc. Sec. #\_\_\_\_\_\_-\_\_\_\_-\_\_\_\_\_\_

Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Number of months in home\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_ Soc. Sec. #\_\_\_\_\_\_-\_\_\_\_-\_\_\_\_\_\_

Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Number of months in home\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_ Soc. Sec. #\_\_\_\_\_\_-\_\_\_\_-\_\_\_\_\_\_

Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Number of months in home\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Did you deposit any monies into a Qualified Education Savings (§529) plan during 2019? $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Did you withdraw any monies from a Qualified Education Savings (§529) plan during 2019?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If any dependents, taxpayer or spouse attended college during 2020, please provide the following information: 1.** Student Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_College Name, City and State\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tuition paid during 2020:$\_\_\_\_\_\_\_Status 12/31/20: Freshman\_\_\_\_Sophmore \_\_\_\_Junior\_\_\_Senior\_\_\_\_Post Grad\_\_\_

2. Student Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ College Name, City and State\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tuition paid during 2020:$\_\_\_\_\_\_\_Status 12/31/:Freshman\_\_\_\_Sophmore\_\_\_\_Junior\_\_\_\_Senior\_\_\_\_Post Grad\_\_\_\_

Teacher’s Classroom Expenses: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Would you like us to use NO-Charge E-filing for your return? YES\_\_\_\_\_\_\_\_\_\_\_\_ NO\_\_\_\_\_\_\_\_\_\_\_**

WAGES (from Forms W-2, W-2P and W-2G)

**Please furnish statement of earnings, Federal Forms W-2, W-2P, and W-2G.**

**Please include all Form 1099’s and Form K-1’s received**

(T)

Employer Gross Wages (S)

1. ­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ( )

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ( )

3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ( )

4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ( )

5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ( )

Interest income: (Use back of page if more room is needed): Source Amount

**FORM 1099-INT**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Mortgage interest income: Name of payer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Payer’s address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Payer’s Soc. Sec #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Source Dividend

Dividend income:

**FORM 1099-DIV\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_

Social Security payments received: (T)\_\_\_\_\_\_\_\_\_\_\_\_ Medicare:\_\_\_\_\_\_\_\_\_\_\_\_ Federal Withholding:\_\_\_\_\_\_\_\_\_\_\_

**FORM 1099-SSA** (S)\_\_\_\_\_\_\_\_\_\_\_\_ Medicare:\_\_\_\_\_\_\_\_\_\_\_\_ Federal Withholding:\_\_\_\_\_\_\_\_\_\_\_

Unemployment compensation received (T)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fed W/H:\_\_\_\_\_\_\_\_\_\_\_ State W/H\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FORM 1099-G** (S)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fed W/H:\_\_\_\_\_\_\_\_\_\_\_ State W/H\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Company Federal W/H

Pension distributions received: (T) \_\_\_\_\_\_\_\_ Rolled over? Yes\_\_\_\_\_No\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FORM 1099-R**  (S) \_\_\_\_\_\_\_\_ Rolled over? Yes\_\_\_\_\_ No\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

IRA distributions (Roth? \_\_\_\_\_\_\_) received:

**FORM 1099-R** T)\_\_\_\_\_\_\_\_ Rolled over? Yes\_\_\_\_\_No\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

(S)\_\_\_\_\_\_\_\_ Rolled over? Yes\_\_\_\_\_No\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Alimony Received? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alimony paid? To SS#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount $\_\_\_\_\_\_\_\_\_\_\_\_\_

Divorce/Separation date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CAPITAL GAINS AND LOSSES**

**SALES OF STOCKS, BONDS, EQUIPMENT OR PROPERTY**

Description  **Date Date Sales Cost Gain/(Loss)**

**FORM** **1099-B**  Acquired Sold Price Basis

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Regular IRA payments for 2020 Roth IRA payments for 2020**

(T) Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount\_\_\_\_\_\_\_\_\_\_\_\_ (T) Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(S) Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount\_\_\_\_\_\_\_\_\_\_\_\_ (S) Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Keogh payments for 2020**

Taxpayer: Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Spouse: Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For any IRA’s, please bring a copy of your IRA statement showing the activity for the year.**

**HSA Activity for 2020** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Childcare expenses:**

Name of person/daycare Federal identification Amount Person

Center providing service Number of Provider Paid receiving care

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Loan Interest Paid: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To whom? ­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Did you make any taxable purchases, in person, mail-order or internet, for which you were not charged sales tax? Yes\_\_No\_\_  
If Yes please write a description of item(s), date purchased and amount of purchase.   
  
Did you do any virtual currency trading?**

**\*If you purchased a vehicle in 2020, bring the receipt as sales tax paid may be deductible.**

**If you purchased a car, boat of other major vehicle\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Was the new vehicle a qualifying “clean fuel” vehicle? Yes\_\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_**

**PLEASE BRING THE INVOICE(S)**

Do you have any funds in a foreign bank account? Yes\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_ If yes, please provide details.

**ITEMIZED DEDUCTIONS**

**\*\*please bring any 1095-A, 1095-B, or 1095-C forms**

**Medical Expenses** (do not include amounts reimbursed by insurance or pretax):

Drugs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_ Health ins \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other: Doctors\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ Mileage by car \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dentist\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ Travel expenses \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Eyeglasses\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ Weight Loss Program Expense\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Long Term Care Insurance (T) \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Long Term Care Insurance (S) \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Interest: Please bring the year end mortgage form sent to you in January 2021**

Home mortgage: \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ Home equity loan: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ If mortgage interest is paid to an individual:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Payee’s name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Payee’s address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2020 Refinance Points Paid: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Length of Refinance Loan: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_2020 PMI paid\_\_\_\_\_\_\_\_

Investment Interest paid-Payee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Taxes;**

Property: \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Property\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contributions:**

**Payee Amount Payee Amount**

Cash or Check: \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Driving: Charity name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Miles\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Non-cash contributions (please send us any receipts you might have):

Donated to\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_ Description\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Market value\_\_\_\_\_\_\_\_\_\_

Donated to\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_ Description\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Market value\_\_\_\_\_\_\_\_\_\_

Donated to\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_ Description\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Market value\_\_\_\_\_\_\_\_\_\_

**Miscellaneous deductions:**

Casualty & theft losses:

Amount of loss \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Union dues \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount of Recovery\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Professional dues \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Safe Deposit box \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Investment literature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tax return preparation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Safety shoes & uniforms\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Meals \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Business meetings \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Non-reimbursed employee expenses:

Books \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Meetings\_\_\_\_\_\_\_\_\_\_\_\_ Dues\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Licenses\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Auto\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone\_\_\_\_\_\_\_\_\_\_\_ Meals\_\_\_\_\_\_\_\_\_\_\_\_\_ Computer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other (please describe):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Moving expenses (over 50 miles to take new job): **\*\*MUST BE AN ACTIVE DUTY MEMBER OF MILITARY TO QUALIFY\*\***

Miles to new job from old residence \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Miles to old job from old residence\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Moving Truck \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Motels \_\_\_\_\_\_\_\_\_\_\_\_\_ Mileage (if driving personal auto)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Airfare\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RENTAL INCOME**

Property A address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Property B address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Property C address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Property D address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Property E address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Property F address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Property G address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

A B C D E F G

Rent collected $\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_ $ \_\_\_\_\_\_ $ \_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_

Expenses:

Advertising \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Auto & Travel \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ Maintenance \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Insurance \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Legal & Accounting \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Mortgage Interest

Bank \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Mortgage Interest

Other\* \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Other Interest \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Office Supplies \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Repairs \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Supplies \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Taxes-Real Estate \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Utilities \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Other: \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ Improvements: \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

(Include date & \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Description \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

**\*Attach list showing name, address and social security number of payee for mortgage interest paid to individuals**

**Estimated tax payments:**

Federal income tax estimates paid: State income tax estimates paid:

Date\_\_\_\_\_\_\_\_\_\_\_\_Amount\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_Amount\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_Amount\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_Amount\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_Amount\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_Amount\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_Amount\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_Amount\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Overpayment applied from prior years: Federal: \_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Extensions:

Federal: Date filed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount paid: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State: Date filed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount paid: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*IF YOU WANT YOUR REFUND TO BE DIRECTLY DEPOSITED INTO YOUR BANK ACCOUNT, PLEASE BRING A BLANK PREPRINTED CHECK FROM YOUR CHECKING OR SAVINGS ACCOUNT\*\***

**PROFIT OF LOSS FROM A BUSINESS OR PROFESSION**

Business name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Principal business activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Employer ID #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Accounting Method: Cash, Accrual, Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Inventory evaluation: LIFO, FIFO, Other\_\_\_\_\_\_\_\_\_\_

Gross receipts or sales………………………………………………….. \_\_\_\_\_\_\_\_\_\_\_\_\_

Returns or refunds……………………………………………………… (\_\_\_\_\_\_\_\_\_\_\_\_\_)

Other income: Description\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ Beginning Balance:

Inventory at 1/1/2020 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Cost of Goods Sold:**

Purchases……………………………………………………………. \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ending Balance:

Direct labor…………………………………………………………. \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Inventory at 12/31/2020

Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Other Expenses:**

Advertising……………………………………………………… \_\_\_\_\_\_\_\_\_\_\_\_\_\_ If Business Use of Auto:

Auto Expense-Lease Payments (Business Use \_\_\_\_%)…………. \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Miles on auto at 1/1/20

Auto Expense-Other Expenses (Business Use\_\_\_\_\_%)…………. \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bad debts…………………………………………………………. \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bank Charges…………………………………………………….. \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Miles on auto at 12/31/20

Commissions……………………………………………………… \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dues and subscriptions…………………………………………… \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee benefits………………………………………………… \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Business miles during 2020 Entertainment……………………………………………………. \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Freight & Postage………………………………………………… \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance-Other…………………………………………………... \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Commuting Miles during 2020

Insurance-Officer Life……………………………………………. \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Interest expense…………………………………………………… \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Laundry & cleaning………………………………………………. \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Description of Auto

Legal & accounting………………………………………………. \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Office supplies…………………………………………………… \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rent………………………………………………………………. \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Auto Purchased

Repairs & maintenance…………………………………………. \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supplies…………………………………………………………... \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Taxes (give details on back of page)……………………………… \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cost of New Auto

Travel…………………………………………………………….. \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone………………………………………………………… \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Utilities…………………………………………………………… \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \* Keep your repair receipts in

Wages……………………………………………………………. \_\_\_\_\_\_\_\_\_\_\_\_\_\_ case you have an IRS audit

Wages reimbursed by government……………………………… (\_\_\_\_\_\_\_\_\_\_\_\_\_)

Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Home office:**

Total living area of home: \_\_\_\_\_\_\_\_\_\_\_sq. feet

Total area of home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_sq. feet

Rooms in House: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Used for Business: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Expenses:**

Mortgage Interest paid………………………………………….. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Property tax paid………………………………………………… \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance-homeowners…………………………………………. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Maintenance & repairs( keep all receipts) ……………………… \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Snow &Lawn expenses…………………………………………… \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rent expense………………………………………………………. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Utilities and water………………………………………………… \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please list any machinery, equipment, furniture, fixtures, automobile, or leasehold improvements purchased during the year separately on the back of this page.**

**GENERAL QUESTIONS**

If any of the following pertain to you for the year 2020, check the appropriate box and enclose any additional information that might be helpful in preparing your tax return.

Do you want your refund or IRS correspondence to go to an address different than the one on this organizer? YES NO  
If yes, please indicate address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ \_\_\_\_  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has your marital status changed since last years?........................................................................................................... \_\_\_\_ \_\_\_\_  
If you are married and filing a separate return, did you live apart from your spouse last year? ................................... \_\_\_\_ \_\_\_\_

If you are married and filing a separate return, is your spouse itemizing his/her deduction? ......................................... \_\_\_\_ \_\_\_\_

Can you be claimed as a dependent by another person? .................................................................................................. \_\_\_\_ \_\_\_\_

Do you have any new dependents this year? ................................................................................................................... \_\_\_\_ \_\_\_\_

Are any of the dependents listed on last year’s return no longer your dependents? ........................................................ \_\_\_\_ \_\_\_\_

Did any of your dependent children under 18 years of age have unearned income of over $1,100?.............................. \_\_\_\_ \_\_\_\_

Did you receive any correspondence from the IRS or state tax office regarding your prior year’s return? .................... \_\_\_\_ \_\_\_\_

Do you want all or part of your Federal or State refund applied to next year’s estimated taxes?.................................... \_\_\_\_ \_\_\_\_

Did you receive and income tax refund from a state other than your state of residence? ............................................... \_\_\_\_ \_\_\_\_

Do you expect your income or withholding to change substantially this year? .............................................................. \_\_\_\_ \_\_\_\_

Did you receive tip income which was not reported to your employer? ......................................................................... \_\_\_\_ \_\_\_\_

Did you receive a distribution from a pension or profit-sharing plan or IRA in 2019?................................................... \_\_\_\_ \_\_\_\_

Did you “rollover” an IRA or distribution from a qualifying employer plan? ................................................................ \_\_\_\_ \_\_\_\_

Did you receive any disability payments? ....................................................................................................................... ­­\_\_\_\_ \_\_\_\_

Did you exercise any stock options last year? ................................................................................................................. \_\_\_\_ \_\_\_\_

Did you buy/sell any stocks or bonds last year? .............................................................................................................. \_\_\_\_ \_\_\_\_

Did you make any sales on the installment method? ....................................................................................................... \_\_\_\_ \_\_\_\_

Did you sell or buy a personal residence last year? ......................................................................................................... \_\_\_\_ \_\_\_\_

Did you receive any stock from your employer as a bonus? ........................................................................................... \_\_\_\_ \_\_\_\_

Did you begin or end a business last year? ...................................................................................................................... \_\_\_\_ \_\_\_\_

Did you have any work related expenses? ....................................................................................................................... \_\_\_\_ \_\_\_\_

Did you use a vehicle in the course of your work? .......................................................................................................... \_\_\_\_ \_\_\_\_

Did you have any educational expenses that were work related? .................................................................................... \_\_\_\_ \_\_\_\_

Did you incur any casualties or thefts last year? .............................................................................................................. \_\_\_\_ \_\_\_\_

Did you incur any relocation expenses to begin a new job or business? ......................................................................... \_\_\_\_ \_\_\_\_

Were your moving expenses reimbursed by your employer? .......................................................................................... \_\_\_\_ \_\_\_\_

Did you make donations other than cash with a value greater than $250? Bring your receipts………………………... \_\_\_\_ \_\_\_\_

Did you use any part of your home for your job or business? ...................................................................................….. \_\_\_\_ \_\_\_\_

Do you have mortgages exceeding the fair market value of the property? ...................................................................... \_\_\_\_ \_\_\_\_

Did you borrow money either directly or indirectly to make an investment?.................................................................. \_\_\_\_ \_\_\_\_

Did you make any loans at below market interest rates? ................................................................................................. \_\_\_\_ \_\_\_\_

Did you make any loans that became uncollectible this year? ......................................................................................... \_\_\_\_ \_\_\_\_

Did you use gasoline or other fuel for off-highway business use, farming, fishing, buses, taxicabs or aviation?........... \_\_\_\_ \_\_\_\_

Did you make any gifts to a trust?.................................................................................................................................... \_\_\_\_ \_\_\_\_

Did you make any gifts to individuals of over $15,000? ................................................................................................. \_\_\_\_ \_\_\_\_

Did you pay or have any taxes withheld by foreign countries?........................................................................................ \_\_\_\_ \_\_\_\_

Did you have any income from foreign sources last year? .............................................................................................. \_\_\_\_ \_\_\_\_

Did you work outside the U.S. last year? ......................................................................................................................... \_\_\_\_ \_\_\_\_

Did you have an interest in, or signature over, a foreign financial account(s) with a total value of $10,000 or more?....\_\_\_\_ \_\_\_\_

Were you a grantor or transferor to a foreign trust? ........................................................................................................ \_\_\_\_ \_\_\_\_

Have you cashed in any U.S. Savings Bonds issued after 1989 for qualified higher education?..................................... \_\_\_\_ \_\_\_\_  
Would you like to receive emails about important tax changes from us?........................................................................ \_\_\_\_ \_\_\_\_

Any other information that you feel we might need to know in order to properly prepare your tax returns for this year?  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FINANCIAL PLANNING INFORMATION**

**Type of**

**Amount of Where is Policy?**

**Item** **Coverage** **Company Name**  **Policy Kept?** **(i.e. Term/Whole Life)?**

Life Insurance:

Policy #1: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Owner:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Beneficiary:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy #2: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Owner\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Beneficiary\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PLEASE BRING YOUR POLICIES FOR A FREE POLICY REVIEW – MORTALITY RATES HAVE GONE DOWN IN THE LAST FEW YEARS.

Do you feel that you need more life or any other type of insurance?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Insurance Company Name** **Coverage**

Other Insurance (Please list any additional policies on the back of this form):

Disability Insurance \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Waiting Period?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Auto Insurance \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Deductible?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Homeowners Ins. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Deductible?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Umbrella Liability \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Insurance \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Insurance \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Long Term Care Ins. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you want us to review your insurance coverages to be sure that your goals are being met? Yes\_\_\_\_\_ No\_\_\_\_\_

**IRA’s and Retirement Accounts:** **Approximate**

**Where Type of Annual Percentage**

**Amount Invested Investment Return for Last Year**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**College funds for children and grandchildren:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When do you plan on retiring? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you feel that you are saving sufficient amounts to meet your goals? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you need help managing your investments and/or your retirement accounts? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Taxpayer Spouse**

Date of last will: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where is it kept: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Loans:**  **Payable to Rate** **Balance Due**

Mortgage \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Equity Loan \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Charge Card \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Annual Fee $\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Charge Card \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Annual Fee $\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have charge cards that give you air miles, car discounts, gas rebates, etc.? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What interest rates are you paying on purchases? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you pay off card each month or carry balances? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Would you like us to assist you to locate cards that better meet your needs (lower interest, higher incentives for use, etc.)?\_\_\_\_\_\_\_