



2021 TAX ORGANIZER

Taxpayer Information				Spouse Information			
Last Name				Last Name			
First Name				First Name			
Middle Initial		Suffix		Middle Initial		Suffix	
Social Security #				Social Security #			
Occupation				Occupation			
Retirement Date				Retirement Date			
Email Address				Email Address			
Date of Birth				Date of Birth			
Address							
City		State		Zip Code			
Home Phone		Cell # 1		Cell # 2			
Medical and Dental Expenses - Taxpayer & Spouse Combined (except Long term care)							
Prescription medications				Doctors, Dentists, etc			
Health Insurance Premiums (Exclude part B)				Hospital, clinics, etc			
Eyeglasses and contact lenses				Miles driven for medical			
Long term care premiums (you)				Long term care premiums (spouse)			
Other Medical Expenses:							

Questions - IF YOU ANSWER "YES" PLEASE PROVIDE DOCUMENTATION

Yes No

1. Enter your state of residence..... Taxpayer: _____ Spouse: _____
2. Are you or your spouse an honorably discharged veteran?.....
3. Have you lived in New Jersey continuously since December 31, 2007?
Have you owned and lived in the same New Jersey home since/before December 31, 2014?
4. Did you receive any **disability** or **unemployment** payments in 2020?
5. Did you have health insurance for all of 2020?
6. Did you **rollover** any amounts from an IRA or other qualified plan?
7. Did you provide over half the support for any other person during 2020?
8. Can you claim a child or a relative as a dependent? (if yes, provide their full name, social, relationship, date of birth, months lived with taxpayer and child care expenses).....

- 9. Did your marital status change during 2020?
- 10. If you paid any alimony, enter recipient's SSN: _____ Alimony paid: _____
- 11. Were you or your spouse permanently and totally disabled in 2020? (Must provide medical certificate)
- 12. Do you have children who are under age 19 or a full time student under age 24 with investment income greater than \$2000?
- 13. Did you buy, sell, refinance, foreclose or abandon a principal residence or other real property in 2020? If you sold a home, did you claim the First-Time Homebuyer Credit when you purchased it?
- 14. Did you incur any non-business bad debts? (i.e. short sale of a home).....
- 15. Did a lender cancel any of your debt in 2020? (1099-C).....
- 16. Did you pay any individual for domestic services in 2020? (i.e. caregiver).....
- 17. Did you cash in any US Savings Bonds during the year?
- 18. Did you gift \$15,000 or more to any individual in 2020?
- 19. Did you make energy efficient improvements to your home or purchase any energy-saving property?...
- 20. Did you make any major purchases (i.e., vehicle, boat)?
- 21. Did you purchase a hybrid or electric vehicle in 2020?
- 22. Did you have any foreign accounts or income in 2020?
- 23. Did you make contributions to a retirement account? (IRA/Roth/Simple/SEP/Keogh/401K/etc)
- 24. Did you make estimated payments to the IRS?
- 25. Did you make charitable contributions or donations? If so, provide a list of donee, amount, and value ...
- 26. Did you pay mortgage interest, real estate or personal property taxes?
- 27. Did you receive rental income in 2020? If so, please provide amounts and related expenses
- 28. Would you like Direct Deposit for a refund or ACH withdrawal for payments? If **yes**, provide a **voided check**

Please provide any additional information/changes from last year so we can determine if they impact your taxes!