

**F  
R  
O  
M**

## **2020 TAX ORGANIZER**

**T  
O**

**This tax organizer has been prepared for your use in gathering the information needed for your 2020 tax return.**

**To save you time, selected information from your 2019 tax return has been entered in this organizer. Please line through any information that does not apply to your 2020 tax return.**

**In some cases, 2019 amounts have been included in a separate column. These amounts are for comparison purposes only. You do not need to change these prior year amounts.**

**If we may be of further assistance, please contact us at your convenience.**

**REMOVE THIS SHEET PRIOR TO RETURNING THE COMPLETED ORGANIZER**

**F  
R  
O  
M**

## **2020 TAX ORGANIZER**

**T  
O**

**I (We) have submitted this information for the sole purpose of preparing my (our) tax return(s). Each item can be substantiated by receipts, canceled checks or other documents. This information is true, correct and complete to the best of my (our) knowledge.**

<b>Taxpayer Signature</b>	<b>Date</b>
<b>Spouse Signature</b>	<b>Date</b>

This letter is to confirm and specify the terms of our engagement with you and to clarify the nature and extent of the services we will provide. In order to ensure an understanding of our mutual responsibilities, we ask all clients for whom returns are prepared to confirm the following arrangements.

We will prepare your 2020 federal and requested state income tax returns from information that you will furnish us. We will not audit or otherwise verify the data you submit, although it may be necessary to ask you for clarification of some of the information. We will furnish you with questionnaires and/or worksheets to guide you in gathering the necessary information. Your use of such forms will assist in keeping pertinent information from being overlooked.

It is your responsibility to provide all the information required for the preparation of complete and accurate returns. You should retain all the documents, canceled checks and other data that form the basis of income and deductions. These may be necessary to prove the accuracy and completeness of the returns to a taxing authority. You have the final responsibility for the income tax returns and, therefore, you should review them carefully before you sign them.

Our work in connection with the preparation of your income tax returns does not include any procedures designed to discover defalcations or other irregularities, should any exist. We will render such accounting and bookkeeping assistance as determined to be necessary for preparation of the income tax returns.

We will use professional judgment in resolving questions where the tax law is unclear, or where there may be conflicts between the taxing authorities' interpretations of the law and other supportable positions. Unless otherwise instructed by you, we will resolve such questions in your favor whenever possible.

## PRIVACY POLICY

CPAs, like all providers of personal financial services, are now required by law to inform their clients of their policies regarding privacy of client information. CPAs have been and continue to be bound by professional standards of confidentiality that are even more stringent than those required by law. Therefore, we have always protected your right to privacy.

### TYPES OF NONPUBLIC PERSONAL INFORMATION WE COLLECT

We collect nonpublic personal information about you that is either provided to us by you or obtained by us with your authorization.

### PARTIES TO WHOM WE DISCLOSE INFORMATION

For current and former clients, we do not disclose any nonpublic personal information obtained in the course of our practice except as required or permitted by law. Permitted disclosures include, for instance, providing information to our employees and, in limited situations, to unrelated third parties who need to know that information to assist us in providing services to you. In all such situations, we stress the confidential nature of information being shared.

### PROTECTING THE CONFIDENTIALITY AND SECURITY OF CURRENT AND FORMER CLIENTS' INFORMATION

We retain records relating to professional services that we provide so that we are better able to assist you with your professional needs and, in some cases, to comply with professional guidelines. In order to guard your nonpublic personal information, we maintain physical, electronic, and procedural safeguards that comply with our professional standards.

\*\*\*\*\*

Please call if you have any questions, because your privacy, our professional ethics, and the ability to provide you with quality financial services are very important to us.

# Topic Index

1

	<u>Form</u>		<u>Form</u>
Alimony Paid or Received .....	13	Gambling Winnings .....	21
Annuity Payments Received .....	9A	Gifts .....	34, 35
Application of Refund .....	20	Health Savings Accounts .....	13A
Business Income and Expenses .....	6, 6A	Household Employment Taxes .....	19
Business Use of Home:		Installment Sale Receipts .....	7
Business .....	6D	Interest Income .....	5A
Employee Business Expenses .....	17B	Interest Paid .....	14A
Farm .....	12E	Investment Interest Expense .....	14A
Itemized Deductions .....	16A	IRA Contributions .....	9
Passthrough .....	11B	IRA Distributions .....	9
Rental .....	10E	Keogh Plan Contributions .....	9A
Calendar .....	33	Medical and Dental Expenses .....	14
Casualty or Theft Losses .....	16	Ministerial Income .....	13B
Child and Dependent Care Expenses .....	18	Miscellaneous Income and Adjustments .....	13
Consolidated Brokerage Statements:		Miscellaneous Itemized Deductions .....	16
Interest Income & Foreign Information .....	5E	Mortgage Interest Paid .....	14A
Dividend Income & Foreign Information .....	5F	Moving Expenses .....	8
Sales of Stocks, Securities, Capital Assets & Misc. Income .....	5G	Partnership Income .....	11
Contributions .....	15	Pension Income .....	9A
Dependent Information .....	3A	Personal Information .....	3
Depreciable Property and Equipment:		Railroad Retirement Benefits .....	13
Business .....	6A	Real Estate Mortgage Investment Conduit Income (REMIC) .....	11
Employee Business Expenses .....	17A	Rental and Royalty Income and Expenses .....	10, 10A
Farm .....	12B	Roth IRA Contributions/Conversions .....	9
Rental and Royalty .....	10B	S Corporation Income .....	11
Direct Deposit Information .....	4A	Sale of Stock, Securities and Other Capital Assets .....	7
Dividend Income .....	5B	Sale of Your Home .....	8
Education Expenses .....	18	Savings Bond Purchases .....	4B
Educator (Teacher) Expenses .....	13A	SEP/SIMPLE Plan Contributions .....	9A
Electronic Filing .....	4	Social Security Benefits .....	13
Employee Business Expenses .....	17, 17A	State and Local Tax Refunds .....	13
Estate Income .....	11	Student Loan Interest .....	13A
Farm Income and Expenses .....	12, 12A, 12B	Taxes Paid .....	14
Federal, State and City Estimated Taxes .....	20, 20A	Trust Income .....	11
Foreign Assets .....	5C, 5D	Unemployment Compensation .....	13
Foreign Employment Information .....	30, 30A, 30B	Vehicle/Other Listed Property Information:	
Foreign Housing Expenses .....	30C	Business .....	6B, 6C
Foreign Taxes .....	32	Employee Business Expenses .....	17A
Foreign Travel and Workdays .....	30D	Farm .....	12C, 12D
Foreign Wages and Other Income .....	31, 31A, 31B	Rental and Royalty .....	10C, 10D
		Partnership/S Corporation .....	11A
		Wages and Salaries .....	3A



# Personal Information

### Taxpayer:

First Name and Initial \_\_\_\_\_ Last Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Occupation \_\_\_\_\_ Date of Birth (Mo/Da/Yr) \_\_\_\_\_ Date of Death (Mo/Da/Yr) \_\_\_\_\_

Driver's License or State-Issued ID Number \_\_\_\_\_ Expiration Date (Mo/Da/Yr) \_\_\_\_\_ Issue Date (Mo/Da/Yr) \_\_\_\_\_ State \_\_\_\_\_  Does not expire

Driver's License  State-Issued ID  No Identification

### Spouse:

First Name and Initial \_\_\_\_\_ Last Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Occupation \_\_\_\_\_ Date of Birth (Mo/Da/Yr) \_\_\_\_\_ Date of Death (Mo/Da/Yr) \_\_\_\_\_

Driver's License or State-Issued ID Number \_\_\_\_\_ Expiration Date (Mo/Da/Yr) \_\_\_\_\_ Issue Date (Mo/Da/Yr) \_\_\_\_\_ State \_\_\_\_\_  Does not expire

Driver's License  State-Issued ID  No Identification

### Contact Information:

Street Address \_\_\_\_\_ Apartment Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP or Postal Code \_\_\_\_\_

Foreign Province or County \_\_\_\_\_

Foreign Country \_\_\_\_\_

Taxpayer Daytime/Work Phone \_\_\_\_\_ Taxpayer Evening/Home Phone \_\_\_\_\_ Taxpayer Foreign Phone \_\_\_\_\_

Taxpayer Cell Phone \_\_\_\_\_ Taxpayer Fax Number \_\_\_\_\_

Spouse Daytime/Work Phone \_\_\_\_\_ Spouse Evening/Home Phone \_\_\_\_\_ Spouse Foreign Phone \_\_\_\_\_

Spouse Cell Phone \_\_\_\_\_ Spouse Fax Number \_\_\_\_\_

Taxpayer Email Address \_\_\_\_\_

Spouse Email Address \_\_\_\_\_

Preferred Method of Contact \_\_\_\_\_

May the IRS or other taxing authority discuss the return with the preparer?  Yes  No

Is the taxpayer claimed as a dependent on someone else's tax return?  Yes  No

Are you considered legally blind per IRS regulations?  Yes  No

Do you want to contribute to the Presidential Election Campaign Fund?  Yes  No

Are you a U.S. citizen or Green Card holder?  Yes  No

### Personal Identification Numbers:

Code - 1 - Issued by IRS 2 - Issued by State or City

TS	State	City	Code	PIN

### Tax Organizer Legend:

Throughout the tax organizer, you will find columns with the heading "TSJ". Enter "T" for taxpayer, "S" for spouse or "J" for joint.



# Dependents and Wages

## Dependent Information:

	First Name and Initial	Last Name	Social Security Number	Date of Birth (Mo/Da/Yr)	Date of Death (Mo/Da/Yr)	Relationship to Taxpayer
A						
B						
C						
D						
E						
F						
G						
H						

Did dependent have income over \$4,300?



	Months Lived in Your Home	X if Disabled	Yes or No	Identity Protection PIN
A				
B				
C				
D				
E				
F				
G				
H				

Provide the name of any dependent who is not a U.S. citizen or Green Card holder.

Provide the name of any person living with you who is claimed as a dependent on someone else's tax return.

List the years that a release of claim to exemption is given for a dependent child not living with you.

## Wages and Salaries: Include all copies of your current year Forms W-2

Note: Use this section to report any wages and/or salaries for which no Form W-2 was received.

TS	Employer's Name	Taxable Wages	Tax Withheld				
			Federal	FICA/TIER 1	Medicare	State	Local



2020

# Dependents

3A

## Dependent Information:

	First Name and Initial	Last Name	Social Security Number	Date of Birth (Mo/Da/Yr)	Date of Death (Mo/Da/Yr)	Relationship to Taxpayer
A						
B						
C						
D						
E						
F						
G						
H						

Did dependent have income over \$4,300?



	Months Lived in Your Home	X if Disabled	Yes or No	Identity Protection PIN
A				
B				
C				
D				
E				
F				
G				
H				

Provide the name of any dependent who is not a U.S. citizen or Green Card holder.

---

Provide the name of any person living with you who is claimed as a dependent on someone else's tax return.

---

List the years that a release of claim to exemption is given for a dependent child not living with you.

---





# Direct Deposit and Withdrawal

## Direct Deposit and Electronic Funds Withdrawal Account Information:

The IRS and certain states allow refunds to be deposited to and balances due to be paid directly from your financial institution. If you would like to receive your refund or pay a balance due electronically, complete the following information. If you selected either of these options in 2019, your account information may already be included below.

Would you like any refunds owed to you directly deposited? .....	<input type="checkbox"/>	<input type="checkbox"/>	<b>Yes</b>	<b>No</b>
Would you like to pay any amount due on your <u>federal</u> return using electronic withdrawal? .....	<input type="checkbox"/>	<input type="checkbox"/>		
If Yes, what amount would you like withdrawn, if not the entire balance due? _____				
If Yes, when should the withdrawal occur, if other than the due date of the return? _____ (Mo/Da/Yr)				
Would you like to pay any amount due on your <u>state</u> return(s) using electronic withdrawal? .....	<input type="checkbox"/>	<input type="checkbox"/>		
If Yes, what amount would you like withdrawn, if not the entire balance due? _____				
If Yes, when should the withdrawal occur, if other than the due date of the return? _____ (Mo/Da/Yr)				
The IRS and some states allow estimated payments to be electronically withdrawn on the due dates of the estimated payments.				
Would you like to pay any estimated payments due for your <u>federal</u> return using electronic withdrawal? .....	<input type="checkbox"/>	<input type="checkbox"/>		
Would you like to pay any estimated payments due for your <u>state</u> return(s) using electronically withdrawal, if available? .....	<input type="checkbox"/>	<input type="checkbox"/>		

Name of bank or financial institution .....

Routing Transit Number (RTN) .....

Account number .....

Type of account:     Checking                       Traditional Savings                       IRA Savings  
                                   Archer MSA Savings                       Coverdell Ed. Savings                       HSA Savings

Is this a business account?                       Yes                       No

Account owner                       Taxpayer                       Spouse                       Joint

I confirm that the bank account information and the direct deposit/electronic withdrawal options selected above are correct.   

Would you like any refunds owed to you directly deposited? .....	<input type="checkbox"/>	<input type="checkbox"/>	<b>Yes</b>	<b>No</b>
Would you like to pay any amount due on your <u>federal</u> return using electronic withdrawal? .....	<input type="checkbox"/>	<input type="checkbox"/>		
If Yes, what amount would you like withdrawn, if not the entire balance due? _____				
If Yes, when should the withdrawal occur, if other than the due date of the return? _____ (Mo/Da/Yr)				
Would you like to pay any amount due on your <u>state</u> return(s) using electronic withdrawal? .....	<input type="checkbox"/>	<input type="checkbox"/>		
If Yes, what amount would you like withdrawn, if not the entire balance due? _____				
If Yes, when should the withdrawal occur, if other than the due date of the return? _____ (Mo/Da/Yr)				
The IRS and some states allow estimated payments to be electronically withdrawn on the due dates of the estimated payments.				
Would you like to pay any estimated payments due for your <u>federal</u> return using electronic withdrawal? .....	<input type="checkbox"/>	<input type="checkbox"/>		
Would you like to pay any estimated payments due for your <u>state</u> return(s) using electronically withdrawal, if available? .....	<input type="checkbox"/>	<input type="checkbox"/>		

Name of bank or financial institution .....

Routing Transit Number (RTN) .....

Account number .....

Type of account:     Checking                       Traditional Savings                       IRA Savings  
                                   Archer MSA Savings                       Coverdell Ed. Savings                       HSA Savings

Is this a business account?                       Yes                       No

Account owner                       Taxpayer                       Spouse                       Joint

I confirm that the bank account information and the direct deposit/electronic withdrawal options selected above are correct.





# Dividend Income

5B

## Dividend Information:

Include copies of all Forms 1099-DIV or other documents for dividends received

TSJ	Name of Payer	Box 1a Total Ordinary Dividends	Box 1b Qualified Dividends	Box 2a Total Capital Gain Distribution	U.S. Bond Interest Amount or Percent in Box 1a
A					
B					
C					
D					
E					
F					
G					
H					
I					
J					
K					
L					
M					
N					
<b>Total</b>					

Tax-Exempt Interest Code: 1 - 1099-DIV 2 - Private Activity Bonds 3 - Both

Code	Tax-Exempt Interest	2019 Gross Dividends Amount
A		
B		
C		
D		
E		
F		
G		
H		
I		
J		
K		
L		
M		
N		
<b>Total</b>		

## Enter Any Additional Information:


Note: List all items sold during the year on Form 7.



2020

# Brokerage Statement Details

5EA

	TSJ	Payer Name	Account No.	Information Included (X or ✓)
A				
B				
C				
D				
E				
F				
G				
H				
I				
J				
K				
L				
M				
N				
O				
P				
Q				
R				
S				
T				

	Interest Income	U.S. Bonds and Obligations	Code	Tax-Exempt Interest	Box 1a Total Ordinary Dividends	Box 1b Qualified Dividends	Box 2a Total Capital Gain Distribution	U.S. Bond Interest Amount or Percent in Box 1a
A								
B								
C								
D								
E								
F								
G								
H								
I								
J								
K								
L								
M								
N								
O								
P								
Q								
R								
S								
T								

▲

Tax-Exempt Interest Code: 1 - 1099-DIV/1099-INT 2 - Private Activity Bonds 3 - Both

Note: For other amounts not listed, attach a copy of your brokerage statement.



Consolidated Brokerage Statement Sales of Stocks, Securities, Capital Assets and Miscellaneous Income

5G

Gains or Losses from Sales of Stocks, Securities and Other Capital Assets:

Include all Forms 1099-A, 1099-B, 1099-MISC, 1099-S and copies of mutual fund statements for the year

Did you have any of the following during the year?

Table with 2 columns: Yes, No. Rows include Mutual fund transactions, Exchange of any securities or investments for something other than cash, Sales of inherited property, Sales of any stock or stock options at a loss and purchases of the same or substantially similar stock or options 30 days before or 30 days after the sale, Commodity sales, short sales or straddles, Reinvestment of the proceeds of the sale of a publicly traded security into an SSBIC interest, Reinvestment of the proceeds of the sale of qualified small business stock in other qualified small business stock, Securities which became worthless.

Table with 4 columns: Kind of Property and Description, Quantity, Date Acquired (Mo/Da/Yr), Date Sold (Mo/Da/Yr). Rows A, B, C, D.

Table with 4 columns: Gross Sales Price (Less Commissions), Cost or Other Basis, Federal Tax Withheld, State Tax Withheld. Rows A, B, C, D.

Other Income:

Table with 3 columns: Nature and Source, 2020 Amount, 2019 Amount.

Other Adjustments to Income:

Table with 3 columns: Nature and Source, 2020 Amount, 2019 Amount.

Investment Interest Expense:

Interest paid on money you borrowed that is allocable to property held for investment.

Table with 3 columns: Paid To, 2020 Amount, 2019 Amount.

Foreign Bank Accounts and Trusts:

At any time during 2020, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account? Yes No

If Yes, enter name of foreign country

Were you the grantor of, or transferor to, a foreign trust that existed during 2020, whether or not you had any beneficial interest in it? Yes No



2020

# Business Income and Cost of Goods Sold

Name of Business: \_\_\_\_\_

Principal Business or Profession: \_\_\_\_\_

TSJ \_\_\_\_\_  
 Employer ID number \_\_\_\_\_  
 Street address \_\_\_\_\_  
 City, state, ZIP or postal code, and country \_\_\_\_\_  
 Method of inventory \_\_\_\_\_  
 Method of accounting \_\_\_\_\_

### Business Questions for 2020:

	Yes	No
Did you dispose of this business? _____	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, what was the disposition date? _____ (Mo/Da/Yr)		
Was there a change in determining quantities, costs or valuations between opening and closing inventory? _____	<input type="checkbox"/>	<input type="checkbox"/>
Were you involved in the operations of this business on a regular, continuous and substantial basis? _____	<input type="checkbox"/>	<input type="checkbox"/>
Have you prepared or will you prepare all required Forms 1099? _____	<input type="checkbox"/>	<input type="checkbox"/>

	2020 Amount	2019 Amount
Health insurance premiums paid for yourself and your dependents _____		

### Income:

Include all Forms 1099-K

Payment card and third party transactions:

Description	2020 Amount	2019 Amount

Miscellaneous income:

Include all Forms 1099-MISC and 1099-NEC

Description	2020 Amount	2019 Amount

Other Income:

Description	2020 Amount	2019 Amount

Other gross receipts or sales \_\_\_\_\_  
 Less returns and allowances \_\_\_\_\_

### Cost of Goods Sold:

	2020 Amount	2019 Amount
Beginning inventory _____		
Purchases less cost of items withdrawn for personal use _____		
Cost of labor (do not include amounts paid to yourself) _____		
Materials and supplies _____		

Other costs of goods sold:

Description	2020 Amount	2019 Amount

Ending inventory \_\_\_\_\_





# Business Expenses - Vehicle and Other Listed Property

Name of Business: \_\_\_\_\_

Principal Business or Profession: \_\_\_\_\_

### Listed Property Questions for 2020:

Do you have evidence to support your deduction? .....	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, is the evidence written? .....	<input type="checkbox"/>	<input type="checkbox"/>
Do you have evidence to support the business use percentage claimed on listed property? .....	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, is the evidence written? .....	<input type="checkbox"/>	<input type="checkbox"/>

### If you are an employer who provides vehicles for use by employees:

Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	<input type="checkbox"/>	<input type="checkbox"/>
Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? ..	<input type="checkbox"/>	<input type="checkbox"/>
Do you treat all use of vehicles by employees as personal use? .....	<input type="checkbox"/>	<input type="checkbox"/>
Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles and retain the information received? .....	<input type="checkbox"/>	<input type="checkbox"/>
Do you meet the requirements for qualified demonstration use by maintaining a written policy statement that prohibits vehicle use by individuals other than full-time vehicle salespersons, use for personal vacation trips, storage of personal possessions in the vehicle and limits the total mileage outside the salesperson's normal working hours? .....	<input type="checkbox"/>	<input type="checkbox"/>

### Vehicle:

Description of vehicle .....

Date placed in service . . . . . (Mo/Da/Yr)

Do you (or your spouse) have another vehicle available for your personal use?  Yes  No

Was your vehicle available for use during off-duty hours? .....

Vehicle 1	
Description of vehicle .....	
Date placed in service . . . . . (Mo/Da/Yr)	
Do you (or your spouse) have another vehicle available for your personal use? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was your vehicle available for use during off-duty hours? .....	
2020 Miles	2019 Miles
2020 Amount	2019 Amount

Vehicle 2	
Description of vehicle .....	
Date placed in service . . . . . (Mo/Da/Yr)	
Do you (or your spouse) have another vehicle available for your personal use? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was your vehicle available for use during off-duty hours? .....	
2020 Miles	2019 Miles
2020 Amount	2019 Amount

### Mileage:

Total miles .....

Total business miles .....

Total commuting miles for the year ..

### Actual Expenses:

Gasoline, oil, repairs, insurance, etc ..

Interest .....

Taxes .....

Fair market value of leased vehicle ..

Vehicle rentals/leases .....





# Business Expenses

Name of Business: \_\_\_\_\_  
Principal Business or Profession: \_\_\_\_\_

Business Expenses: **Enter all expenses at 100 percent**

If not 100%, please enter the percentage to apply to this business \_\_\_\_\_ %

	2020 Amount	2019 Amount
Parking fees and tolls .....		
Local transportation .....		
Travel expenses .....		
Meals .....		
Entertainment (deductible only on some state returns) .....		

Other Business Expenses:

Description	2020 Amount	2019 Amount

Reimbursements: **List only reimbursements NOT reported in Box 1 of your Form W-2**

Amount received for other expenses .....

Amount received for meals .....

Amount received for entertainment .....

If you are a statutory employee, does your employer's reimbursement plan for meals and entertainment allow for offset of other reimbursements? .....

2020 Amount	2019 Amount

Yes  No

### Vehicle:

If not 100%, please enter the percentage to apply to this business \_\_\_\_\_ %

Description of vehicle .....

Date vehicle was placed in service ..... (Mo/Da/Yr)

Do you (or your spouse) have another vehicle available for personal purposes? .....

Was your vehicle available for personal use during off-duty hours? .....

Yes  No  
 Yes  No

	2020	2019
Total miles .....		
Total business miles .....		
Average daily commuting miles .....		
Total commuting miles for the year .....		
Gasoline and oil .....		
Repairs .....		
Insurance .....		
Interest .....		
Taxes .....		
Value of employer provided vehicle .....		
Temporary vehicle rentals .....		
Fair market value of leased vehicle .....		
Vehicle leases .....		

Other Vehicle Expenses:

Description	2020 Amount	2019 Amount



# Business Use of Home

**Name of Business:** \_\_\_\_\_

**Principal Business or Profession:** \_\_\_\_\_

**Partial Use of Your Home for Business:**

	2020	2019
Square footage of home used exclusively for business .....		
Total square footage of home .....		
Total hours home was used for day care during the year .....		

Was your home used for day care purposes for the entire year? ..... 

Yes

No

Were improvements made to the home and/or home office since the time you began using the home for business? ..... 

Yes

No

**Expenses:** Enter all expenses at 100 percent

Direct expenses benefit the business part of your home.  
 Example: Cost of painting or repairs made to the specific area or room used for business.

Indirect expenses are required for keeping up and running your entire home.  
 Example: Real estate taxes.

	Direct Expenses		Indirect Expenses	
	2020 Amount	2019 Amount	2020 Amount	2019 Amount
Casualty losses .....				
Deductible mortgage interest paid to:				
Financial institutions .....				
Individuals .....				
Real estate taxes .....				
Insurance .....				
Qualified mortgage insurance premiums .....				
Repairs and maintenance .....				
Utilities .....				
Rent .....				

**Other Expenses:**

Description	Direct Expenses		Indirect Expenses	
	2020 Amount	2019 Amount	2020 Amount	2019 Amount

**Seller-Financed Mortgage Interest Information:**

Name of Individual to Whom Mortgage Interest Was Paid	Identification Number of Individual	Address of Individual to Whom Mortgage Interest Was Paid



# Sale of Your Home and Moving Expenses

## Sale or Exchange of Your Home:

Include the closing statements from the purchase and sale of your former and new homes

### Former Home Information:

TSJ \_\_\_\_\_

Date acquired \_\_\_\_\_ (Mo/Da/Yr)

Date sold \_\_\_\_\_ (Mo/Da/Yr)

Selling price \_\_\_\_\_

### Original Cost and Cost of Improvements:

Description	Amount

### Sale Expenses:

Commissions, legal fees, advertising and other expenses.

Description	Amount

Did you personally own and occupy the home for at least 2 of the 5 years preceding the sale?  Yes  No

If your spouse is deceased, did the sale occur within two years of the date of death and did your spouse live in the home for at least 2 of the 5 years preceding the sale?  Yes  No

If you had a foreign mortgage on the above property, please provide the amount of the mortgage retired on the sale and the date the mortgage was acquired or the date the mortgage was most recently renegotiated \_\_\_\_\_

## Moving Expenses:

TSJ \_\_\_\_\_

Were the moving expenses reimbursed by your employer?  Yes  No

Enter reimbursements not included in wages on your Form W-2 \_\_\_\_\_

Was the move due to a permanent change of station pursuant to a military order?  Yes  No

### Mileage:

Number of miles from old home to new workplace (applicable only on some state returns) \_\_\_\_\_

Number of miles from old home to old workplace (applicable only on some state returns) \_\_\_\_\_

Number of automobile miles in move \_\_\_\_\_

Miles

### Transportation Expenses:

Costs of transportation of household goods and personal effects \_\_\_\_\_

Costs of travel and lodging (do not include meals or automobile expenses) \_\_\_\_\_

Automobile expenses (gasoline, oil, etc.) \_\_\_\_\_

Meals (Pennsylvania only) \_\_\_\_\_

Amount



# Individual Retirement Account (IRA) Information

Individual Retirement Account (IRA): **Include all copies of Forms 1099-R and 5498.**

TS .....

**IRA Questions for 2020:**

- Are you covered by an employer's retirement plan? .....
- If no, is your spouse covered by an employer's retirement plan? .....
- Do you want to limit your IRA contribution to the maximum amount deductible on your tax return? .....
- If no, do you want to contribute the maximum allowable amount to your IRA even though you may not qualify for an IRA deduction? .....
- Did you use any IRA as security for a loan this year? .....
- Did you have any transactions with any IRA during the year? .....
- If Yes, explain. \_\_\_\_\_

Yes	No

**IRA Values, Rollovers, and Distributions:**

- Total value of all traditional IRAs on December 31, 2020 .....
- Note: This information or Form 5498 is required if you received a distribution during the year.
- Outstanding rollovers on December 31, 2020 .....
- Total distributions converted to Roth IRAs .....
- Total retirement plans converted to Roth IRAs .....

**Contributions:**

- IRA:
  - Contributions in 2020 for the 2020 tax return .....
  - Contributions in 2021 for the 2020 tax return .....
  - Amount for 2020 you choose to be treated as nondeductible .....
- Roth IRA:
  - Contributions made for the 2020 tax year .....

Distributions: **Include all Forms 1099-R and any nontaxable distribution details**

Name of Payer	2020 Gross Distributions	Taxable Amount	Federal Tax Withheld	State Tax Withheld	Is this a Rollover?	2019 Gross Distributions



# Pension, Annuity and Retirement Plan Information

**Pensions and Annuities:** Include all Forms 1099-R and any nontaxable distribution details

TSJ	Name of Payer	2020 Gross Distributions	Taxable Amount	Federal Tax Withheld	State Tax Withheld	Is this a Rollover?	2019 Gross Distributions

**Self-Employed Retirement Plan:** Include copies of all Forms 1099-R

Have you established a self-employed retirement or SIMPLE plan with deductible contributions? .....

Do you want to contribute the maximum amount allowed? .....

Taxpayer		Spouse	
Yes	No	Yes	No

**Contributions to:**

Simplified employee pension plan .....

Defined benefit plan .....

Defined contribution plan .....

SIMPLE plan .....

2020 Amount	2020 Amount





# Itemized Deductions - Medical and Taxes

### Medical and Dental Expenses:

Prescription medicines and drugs .....  
 Total medical insurance premiums paid \* .....  
 Long-term care expenses .....  
 Total insurance reimbursement .....  
 Number of miles traveled for medical care .....  
 Lodging .....  
 Doctors, dentists, etc. ....  
 Hospitals .....  
 Lab fees .....  
 Eyeglasses and contacts .....

TSJ	2020 Amount	2019 Amount

2020 Amount	2019 Amount

Taxpayer long-term care insurance premiums paid .....  
 Spouse long-term care insurance premiums paid .....

\* Do not include Medicare premiums or premiums deducted in computing taxable wages reported on a W-2.

### Other Medical Expenses:

TSJ	Description	2020 Amount	2019 Amount

### Taxes Paid: Include copies of your tax bills

Personal property taxes paid (include vehicle taxes) .....  
 General sales taxes paid on specified items .....

TSJ	2020 Amount	2019 Amount

Itemize real estate taxes by state.

TSJ	Real Estate Taxes	2020 Amount	2019 Amount

### Other Taxes Paid:

TSJ	Description	2020 Amount	2019 Amount

If you purchased or sold your home in 2020, did you include any taxes from your closing statement in the amounts above?  Yes  No



Mortgage Questions for 2020:

	<b>Yes</b>	<b>No</b>
If you purchased or sold your home, did you include any mortgage interest from your closing statement in the amount below? . . .	<input type="checkbox"/>	<input type="checkbox"/>
Did you refinance your home? (If Yes, enclose the closing statement.) . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, how many years is your new mortgage loan? . . . . . _____		
Did you purchase a new home or sell your former home during the year? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, enclose the closing statements from the purchase and sale of your new and former homes.		
If Yes, also, did you (or your spouse, if married) have an ownership interest in a principal residence in the US during the 3 year period prior to the purchase of this home? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, did you (and your spouse, if married at the time of purchase) own and use the same home as a principal residence in the U.S. for any 5 consecutive year period during the 8 year period ending on the purchase date of the new home? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>

Home Mortgage Interest Paid To Financial Institutions:

TSJ	Paid To	Did You Receive Form 1098?		2020 Amount	2019 Amount
		Yes	No		

Other Home Mortgage Interest Paid:

TSJ	Paid To		ID Number	2020 Amount	2019 Amount
	Name	Address			

Deductible Points:

TSJ	Paid To	Did You Receive Form 1098?		2020 Amount	2019 Amount
		Yes	No		

Mortgage Insurance Premiums:

Premiums paid or accrued for qualified mortgage insurance.

TSJ	2020 Amount	2019 Amount

Investment Interest Expense:

Interest paid on money you borrowed that is allocable to property held for investment.

TSJ	Paid To	2020 Amount	2019 Amount





# Itemized Deductions - Contributions

**Cash Contributions:** Include all Forms 1098-C or other documentation.

You cannot deduct a cash contribution, regardless of the amount, unless you keep as a record of the contribution a bank record (such as a canceled check, a bank copy of a canceled check, or a bank statement containing the name of the charity, the date, and the amount) or a written communication from the charity. The written communication must include the name of the charity, date of the contribution, and amount of the contribution. Clothes and household items donated must be in good, used condition or better in order to be deductible unless the item donated is worth more than \$500 and you have the item's value appraised. Attach a copy of the appraisal. Include any vehicles donated to charity.

TSJ	Organization or Description of Contribution	2020 Amount	2019 Amount

TSJ	Conservation Real Property	2020 Amount	2019 Amount
	100% limit		
	50% limit		

TSJ	Description	2020 Miles	2019 Miles
	Number of miles traveled performing volunteer work for qualified charitable organizations		

**Noncash Contributions Totaling \$500 or Less:** Include all documentation.

TSJ	Description of Donated Property	2020 Amount	2019 Amount

**Noncash Contributions Totaling More Than \$500:** Include all Forms 1098-C or other documentation.

TSJ	Property Description	Date Acquired	Date of Donation	Cost or Basis
A				
B				
C				

Fair Market Value (FMV)	Method Used to Determine FMV	Other Method Description	Method of Acquisition

- 1 - Appraisal    3 - Comparable Sale    5 - Thrift Shop Value  
 2 - Catalog    4 - Other (Describe)

- 1 - Gift    3 - Exchange  
 2 - Inheritance    4 - Purchase

	Donee Organization Name	Donee Organization Address
A		
B		
C		



# Itemized Deductions - Miscellaneous

\* These expenses are not deductible on the federal return but may be deductible on some state returns.

### Miscellaneous Itemized Deductions:

- Union and professional dues \* .....
- Tax preparation fee \* .....
- Professional subscriptions \* .....
- Hobby expense (To extent of income) \* .....
- Safe deposit box \* .....
- Uniforms and protective clothing \* .....
- Work tools \* .....
- Gambling losses .....
- Estate taxes .....

TSJ	2020 Amount	2019 Amount

### Other Itemized Deductions:

#### Examples:

- Certain legal and accounting fees \*
- Investment expenses \*
- Custodial fees \*
- Employment agency fees \*
- Certain educational expenses \*
- Amortizable bond premium
- Impairment-related work expense of a disabled person
- Repayment of amounts under a claim of right

TSJ	Description	2020 Amount	2019 Amount

### Casualty or Theft Loss:

TSJ ..... \_\_\_\_\_  
 Property description ..... \_\_\_\_\_

Which of the following describes the type of property that sustained the casualty or theft loss?

- Personal use  
  Business use  
  Income producing  
  Employee Use  
  Personal use attributable to insolvent or bankrupt financial institution losses on deposits

Was the loss due to a federally declared disaster? .....  Yes  No

Date acquired ..... (Mo/Da/Yr) \_\_\_\_\_

Date damaged or lost ..... (Mo/Da/Yr) \_\_\_\_\_

Original cost or other basis .....

Fair market value before casualty .....

Fair market value after casualty .....

Cost of replacement .....

Insurance reimbursement .....



# Itemized Deductions - Business Use of Home

**These expenses are not deductible on the Federal return but may be deductible on some state returns.**

### Partial Use of Your Home for Business:

Square footage of home used exclusively for business .....

Total square footage of home .....

Total hours home was used for day care during the year .....

2020	2019

Was your home used for day care purposes for the entire year? .....

Were improvements made to the home and/or home office since the time you began using the home for business? .....

Yes	No

### Expenses: Enter all expenses at 100 percent

Direct expenses benefit the business part of your home.  
 Example: Cost of painting or repairs made to the specific area or room used for business.

Indirect expenses are required for keeping up and running your entire home.  
 Example: Real estate taxes.

	Direct Expenses		Indirect Expenses	
	2020 Amount	2019 Amount	2020 Amount	2019 Amount
Casualty losses .....				
Deductible mortgage interest paid to:				
Financial institutions .....				
Individuals .....				
Real estate taxes .....				
Insurance .....				
Qualified mortgage insurance premiums .....				
Repairs and maintenance .....				
Utilities .....				
Rent .....				

### Other Expenses:

Description	Direct Expenses		Indirect Expenses	
	2020 Amount	2019 Amount	2020 Amount	2019 Amount

### Seller-Financed Mortgage Interest Information:

Name of Individual to Whom Mortgage Interest Was Paid	Identification Number of Individual	Address of Individual to Whom Mortgage Interest Was Paid



# Child/Dependent Care Expenses & Education Expenses

## Child/Dependent Care Expenses:

### General Information:

TSJ .....

Were you or your spouse a full time student or disabled?  Yes  No

Did you pay an individual for services performed in your home?  Yes  No

Expenses incurred in 2019 but paid in 2020 .....

Employer-provided dependent care benefits that were forfeited in 2020 .....

2019 carryover used in grace period .....

### Child/Dependent Care Providers:

#### Provider 1:

Name .....  
Street address .....  
City, state, ZIP or postal code, and country .....  
Social security number OR .....  
Employer identification number .....  
Telephone number (California only) .....

	2020 Amount	2019 Amount
Expenses incurred and paid in 2020 .....		
Expenses incurred and not paid in 2020 .....		

#### Provider 2:

Name .....  
Street address .....  
City, state, ZIP or postal code, and country .....  
Social security number OR .....  
Employer identification number .....  
Telephone number (California only) .....

	2020 Amount	2019 Amount
Expenses incurred and paid in 2020 .....		
Expenses incurred and not paid in 2020 .....		

### Qualifying Persons for Child/Dependent Care Expenses:

First Name and Initial	Last Name	Social Security Number	2020 Expenses Incurred	2019 Expenses Incurred

### Higher Education Expenses for Education Credits and/or Tuition Fees Deduction:

Qualified expenses are for post-secondary education tuition and related expenses; they do not include room or board. Include a detailed listing of the expenses.

**Include copies of all Forms 1098-T**

First Name and Initial	Last Name	Social Security Number	2020 Qualified Expenses



# Federal Tax Payments

## Refund Application:

If you have an overpayment of 2020 taxes, do you want the excess:

Refunded .....  Yes  No  
 Applied to your 2021 estimated tax liability  Yes  No

## Federal Estimated Tax Payments:

2020 1st Quarter Estimate ..... (Due 07-15-2020)  
 2020 2nd Quarter Estimate ..... (Due 07-15-2020)  
 2020 3rd Quarter Estimate ..... (Due 09-15-2020)  
 2020 4th Quarter Estimate ..... (Due 01-15-2021)

Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid

2019 overpayment applied to 2020 estimate .....

## Tax Planning Information for Tax Year 2021:

Do you expect any of the following to occur in 2021?

	Yes	No
A change in your marital status .....	<input type="checkbox"/>	<input type="checkbox"/>
A change in the number of your dependents .....	<input type="checkbox"/>	<input type="checkbox"/>
A substantial change in your income .....	<input type="checkbox"/>	<input type="checkbox"/>
A substantial change in your withholding .....	<input type="checkbox"/>	<input type="checkbox"/>
A substantial change in deductions .....	<input type="checkbox"/>	<input type="checkbox"/>

If you answered Yes to any of the above questions, provide details.




2020

# State and City Tax Payments

20A

## State and City Estimated Tax Payments:

TSJ _____		
State/City _____		
Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid

2020 1st Quarter Estimate .....

2020 2nd Quarter Estimate .....

2020 3rd Quarter Estimate .....

2020 4th Quarter Estimate .....

If you have an overpayment of 2020 taxes, do you want the excess applied to your 2021 estimated tax liability?  Yes  No

2019 overpayment applied to 2020 estimate .....

Balance of prior year(s)' tax paid in 2020 plus amount paid with 2019 extensions .....

Estimated tax payments for 2019 paid in 2020 .....

## State and City Estimated Tax Payments:

TSJ _____		
State/City _____		
Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid

2020 1st Quarter Estimate .....

2020 2nd Quarter Estimate .....

2020 3rd Quarter Estimate .....

2020 4th Quarter Estimate .....

If you have an overpayment of 2020 taxes, do you want the excess applied to your 2021 estimated tax liability?  Yes  No

2019 overpayment applied to 2020 estimate .....

Balance of prior year(s)' tax paid in 2020 plus amount paid with 2019 extensions .....

Estimated tax payments for 2019 paid in 2020 .....

## State and City Estimated Tax Payments:

TSJ _____		
State/City _____		
Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid

2020 1st Quarter Estimate .....

2020 2nd Quarter Estimate .....

2020 3rd Quarter Estimate .....

2020 4th Quarter Estimate .....

If you have an overpayment of 2020 taxes, do you want the excess applied to your 2021 estimated tax liability?  Yes  No

2019 overpayment applied to 2020 estimate .....

Balance of prior year(s)' tax paid in 2020 plus amount paid with 2019 extensions .....

Estimated tax payments for 2019 paid in 2020 .....





2020

General Information:

Resident county .....

School district name .....

School district code number .....

Driver's license document ID (if issued by NY) .....

Did you make out of state, Internet or catalog purchases on which no sales tax was paid? ... Yes No
If Yes, enter the number of months the taxpayer maintained a permanent place of abode in NY .....

Did you receive a property tax freeze credit? ... Yes No
If Yes, enter the amount .....

Have you (or an entity of which you are an owner) been convicted of Bribery Involving Public Servants and Related Offenses, Corrupting the Government, or Defrauding the Government? ... Yes No

Taxpayer Spouse

Permanent Home Address if Different from Mailing Address:

Street .....
Apartment number .....
City ..... ZIP code ...
Foreign country .....

Residency Information:

If you did not live in New York state for all of 2020, enter the dates you did live in New York .....

If you were not a resident of New York state for any of 2020, enter the number of days spent in the state ..

Were you a part-year resident and received New York State income during nonresidency period? ... Yes No

If only one spouse had New York income, indicate which spouse - Taxpayer or Spouse .....

Did you maintain living quarters in New York state? If Yes, enter address(es) below:
.....
.....

Do you still maintain these living quarters in New York? ... Yes No
Were New York State living quarters maintained for the entire year? ... Yes No
Were you a New York City resident for only part of the taxable year? ... Yes No

If Yes, enter the dates you did live in New York City .....

Were you a Yonkers resident for only part of the taxable year? ... Yes No

If Yes, enter the dates you did live in Yonkers .....

Did you live in a nursing home during 2020? ... Yes No
Did you reside in public housing or other residence completely exempted from real property taxes in 2020? ..

From To (Mo/Da/Yr) (Mo/Da/Yr)

From To (Mo/Da/Yr) (Mo/Da/Yr)

From To (Mo/Da/Yr) (Mo/Da/Yr)





2020

Education Savings:

Did you or your spouse make any contributions to a New York 529 College Savings Program or New York State College Choice Tuition Savings Program account? Yes No

If Yes, enter the following:

Table with 5 columns: TS, Name of Designated Beneficiary, Social Security Number, Account Number, 2020 Amount Contributed

Would you like to allocate some or all of your refund to a New York 529 College Savings Program? Yes No

Plan code: 552 - College Savings Program Direct Plan 553 - Advisor Guided College Savings Program

Table with 5 columns: Routing Number, Plan Code, Account Number, 2020 Amount to Contribute

Voluntary Gifts/Contributions:

Enter the amount you wish to contribute on your 2020 tax return to:

Table listing various charitable organizations like Return a Gift to Wildlife, Autism Fund, etc., with input boxes for contribution amounts.

Enter Any Additional New York Information:

Large empty rectangular box for entering additional information.



2020

# New York - Worksheet

## Wages and Salaries Earned in New York State or Yonkers:

If you worked in and out of New York State or Yonkers, please complete the following information for each job worked while a nonresident.

Wages earned .....

Total days employed if less than full year .....

Saturdays and Sundays (not worked) .....

Holidays (not worked) .....

Sick leave .....

Vacation .....

Other nonworking days .....

Days worked outside state/city .....

Days worked at home .....

Select state/city: NY, Yonkers or NY/Yonkers .....

Job #1
T/S ____
<input type="text"/>
_____
_____
_____
_____
_____
_____
_____
_____
_____

Job #2
T/S ____
<input type="text"/>
_____
_____
_____
_____
_____
_____
_____
_____
_____

Wages earned .....

Total days employed if less than full year .....

Saturdays and Sundays (not worked) .....

Holidays (not worked) .....

Sick leave .....

Vacation .....

Other nonworking days .....

Days worked outside state/city .....

Days worked at home .....

Select state/city: NY, Yonkers or NY/Yonkers .....

Job #3
T/S ____
<input type="text"/>
_____
_____
_____
_____
_____
_____
_____
_____
_____

Job #4
T/S ____
<input type="text"/>
_____
_____
_____
_____
_____
_____
_____
_____
_____