TAX ORGANIZER

Enclosed is your tax organizer for tax year 2020. Completing your Organizer will help us prepare your returns more efficiently. It will also assist us in getting a complete picture of your tax situation as we look for ways to properly plan and help minimize your taxes in the future.

As a guide in helping you complete the 2020 Organizer, we recommend you have your 2019 tax returns available as a reference. Also, if we prepared your returns for 2019 and you've had no changes in the Basic Taxpayer and Dependent information areas (top half of page marked 1), don't concern yourself with completing these portions.

The Organizer contains several sections that include common expenses and deductions that many taxpayers overlook. Please review these sections carefully. Proper reporting of these expenditure/deduction areas can help save significant income taxes.

Enter all relevant information in the designated areas on each page. Feel free to add any notes or questions that will help us prepare complete and accurate returns for you and plan with you in managing your tax situation in future years. If you need to include additional information, or ask questions, use the back of a page or attach additional pages.

Please provide detailed information if you answer "Yes" to any of the General or Business and Investment questions.

When you come for an appointment or send your information via mail (regular or electronic), please include the following as it pertains to you:

- Year 2019 tax returns (f not in our possession)
- Original Form(s) W-2
- All Schedule(s) K-1 from Partnerships, S-Corporations, Estates or Trusts
- Information about contributions to a pension or other retirement plan if this is the first year you received income from the plan
- All Forms(s) 1099 or statements reporting dividend, interest, capital gain/loss activity, retirement/pension/annuity, other income, health savings accounts
- Health insurance tax forms; Form(s) 1095-A, B and/or C, MA Form 1099-HC
- All Form(s) 1098
- If claiming any credits or expenses relating to college education expenses, we will need the support (i.e. Form(s) 1098-T, tuition/room and board bills) that reflects these expenses
- Documents pertaining to the sale, purchase or refinance of real property (i.e. HUD Settlement)
- Bank account information for direct deposit of tax refunds; bank name, routing #, account # (void or copy of a check or deposit slip would suffice).

Please call or email if we can be of further assistance to you in this process.

Sincerely,

Richard E. Boretti, CPA, CFP®

TAX ORGANIZER

Basic Taxpayer Information

	First Name	Initial	Last Name	Suffix	Social Security No.
Taxpayer					
Spouse					

	Occupation	Date of Birth	Check if: Disabled	Blind	Dependent of Another	Presidential Election Contrib.
Taxpayer						
Spouse						

Street & Apt/Suite		Phone Res:	
City, State & Zip		Phone Work:	
Foreign country		Cell Phone:	
Foreign province		E-mail:	
Foreign postal code		School District	

	State Issue ID Number	Driver's License Number	Issuing State	Issue Date	Expiration Date
Taxpayer					
Spouse					

Filing Status ☐ 1 - Single; 2 - Married filing joint; 3 - Married filing separate; 4 - Head of Household; 5 - Qualifying Widower

Dependent Information

	First Name	Last Name	Social Sec. No.	Relationship	Months in home	Date of Birth	Disabled or full time student
1							
2							
3							
4							
5							
6							

Wages and Salaries

	Employer Name	Wages	Federal Tax Withheld	FICA Withheld	Medicare Withheld	State Tax Withheld	Local Tax Withheld
1							
2							
3							
4							
5							
6							

Pensions and IRAs

	Payer's Name	Gross Distribution	Taxable Distribution	Federal Tax Withheld	IRA
1					
2					
3					
4					

Attestation and Signature:

To the best of my knowledge the enclosed information is correct and includes all income, deductions, and other information necessary for the preparation of this year's income tax returns for which I have adequate records.

Sign ____________________ Date __________

here ____________________ Date __________

General Questions

Please check if "Yes" and provide documentation, if possible.

- [ ] 1. Has your marital status changed?
- [ ] 2. Were you in a Registered Domestic Partnership, civil union or same-sex marriage during 2020?
- [ ] 3. Have you been notified by the IRS of changes to a prior year's return, or received any other tax correspondence?
- [ ] 4. Are you being claimed as a dependent by another person?
- [ ] 5. Are there any changes in the dependent information from the prior year?
- [ ] 6. Did you have any children under 19 (or 24 if a full time student) who received more than $1,100 in investment income?
- [ ] 7. Do you have dependents who are neither U.S. citizens nor U.S. residents?
- [ ] 8. Did you provide over half of the support for another person (or persons) during the year?
- [ ] 9. Did you purchase or sell a principal residence?
- [ ] 10. Did you receive payments from a pension or profit sharing plan?
- [ ] 11. Did you receive any distributions from an IRA or other qualified plan?
- [ ] 12. Did you receive any disability income?
- [ ] 13. Did you receive any foreign income or pay any foreign taxes?
- [ ] 14. Did you receive interest from a bank account or other financial account based in a foreign country?
- [ ] 15. Were you the grantor of or transferor to a foreign trust?
- [ ] 16. Were either you or your spouse enlisted in the military or National Guard?
- [ ] 17. If you or your spouse are self-employed, are either of you covered under an employer's health plan at another job?
- [ ] 18. Did you file Form 8839, Adoption Credit, in a previous year or incur adoption expenses in 2020?
- [ ] 19. Did you claim a First-time Homebuyer Credit for a home purchased in 2008?
- [ ] 20. Was there a disposition or change in use of your main home for which you claimed the First-time Homebuyer Credit?
- [ ] 21. Did you receive proceeds from an installment sale?
- [ ] 22. Did you make a loan at an interest rate below market rate?
- [ ] 23. Did you make gifts of more than $15,000 to any one person?
- [ ] 24. Were there any changes to a prior year's income, deductions, or credits?
- [ ] 25. Did your employer pay premiums on life insurance in excess of $50,000?
- [ ] 26. Were any payments made on student loans?
- [ ] 27. Did you pay any educational tuition or fees for you or a dependent?
- [ ] 28. Did you purchase a 'clean fuel' or electric hybrid vehicle in 2020?
- [ ] 29. Did you refinance a mortgage or take out a home equity loan?
- [ ] 30. Were any contributions made to a traditional or Roth IRA for 2020?
- [ ] 31. Did you make any contributions to HSA (Health Savings Account) in 2020?
- [ ] 32. Did you receive an early distribution for a Coronavirus (CARES Act) qualified distribution?
- [ ] 33. Did you receive an early distribution for a qualified birth or adoption distribution?
- [ ] 34. Did you or a member of your family have minimum essential coverage in 2020? (The entity that provided the coverage may have sent you a Form 1095-A, 1095-B, or 1095-C, that lists individuals in your family who were enrolled in minimum essential coverage and shows their months of coverage.)

Business and Investment Questions

- [ ] 1. Did you receive stock from a stock bonus plan with your employer?
- [ ] 2. Did you buy or sell any bonds?
- [ ] 3. Did you surrender any U.S. savings bonds?
- [ ] 4. Did you suffer a casualty, theft or condemnation?
- [ ] 5. Did you start a business, purchase a rental property or farm, or acquire interests in partnerships or S-corporations?
- [ ] 6. Did you own any investments for which you were not personally at-risk?
- [ ] 7. Did you own any interest in a Real Estate Mortgage Investment Conduit (REMIC)?
- [ ] 8. Did you sell any property or equipment on installments?
- [ ] 9. Did you incur any business-related educational expenses?
- [ ] 10. Did you incur unreimbursed expenses working as a reservist, performing artist, or fee-basis gov't official?
- [ ] 11. Did you purchase any special fuels for non-highway use?
- [ ] 12. Did you make any contributions to a Keogh or a self-employed SEP, SIMPLE or Qualified plan?

Interest Income

Please provide copies of all Form 1099-INT or other statements reporting interest income.

* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

	*F/S/J	Payer	Taxable Interest Income Prior Year Amount	Taxable Interest Income Current Year Amount	Tax Exempt Interest Prior Year Amount	Tax Exempt Interest Current Year Amount	Specified Priv Act Interest Prior Year Amount	Specified Priv Act Interest Current Year Amount
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

Dividend Income

Please provide copies of all Form 1099-DIV or other statements reporting dividend income.

* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

	*F/S/J	Payer	Ordinary Dividends Prior Year Amount	Ordinary Dividends Current Year Amount	Qualified Dividends Prior Year Amount	Qualified Dividends Current Year Amount	Capital Gains Prior Year Amount	Capital Gains Current Year Amount
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

Income or Loss from Partnerships, S Corporations, and Trusts

	Name	Income	Loss	Other Expenses	Passive (Yes / No)	*P/S/T
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						

*P/S/T - enter entity type (P)artnership, (S) Corporation, (T)rust

Gains or Losses from Sales of Stocks, Securities or Other Assets

	Kind of Property and Description	Date acquired	Date sold	Sales Price	Cost or other basis
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

Other Income

		Prior Year Amount	Current Year Taxpayer	Current Year Spouse
1	Taxable refunds of state and local income taxes			
2	Alimony received			
3	Business income or (loss) - Schedule C			
4	Other gains or (losses) - Form 4797			
5	Rents and royalties - Schedule E pg 1			
6	Farm income or (loss) - Schedule F			
7	Unemployment compensation			
8	Total social security benefits			
9	Tips			
10	Child care taxable benefits			
11	Prizes and awards			
12	Scholarships and fellowships			
13	Other income not provided for in this organizer			
14				
15				
16				

Adjustments to Income

		Prior Year Amount	Current Year Taxpayer	Current Year Spouse
1	Educator expenses			
2	Business expenses of reservists, performing artists and fee-basis gov't officials			
3	Health savings account deduction			
4	Moving expenses for members of the armed forces			
5	Self-employed SEP, SIMPLE, and qualified plans			
6	Penalty on early withdrawal of savings			
7	Alimony paid			
8	Your IRA contribution			
9	Spouse's IRA contribution			
10	Student loan interest			
11	Tuition and fees			

Itemized Deductions

		Prior Year Amount	Current Year Amount
1a	Medical and dental expenses (other than long-term care premiums)		
1b	Long-term care premiums Taxpayer Spouse		
2	Other state and local taxes paid not reported elsewhere in this Organizer		
3	State and local income taxes paid		
4	Real estate taxes		
5	Personal property taxes		
6	Other taxes		
7	Home mortgage interest and points reported on Form 1098		
8	Home mortgage interest not reported on Form 1098 Name: Address: SSN:		
9	Home mortgage points not reported on Form 1098		
10	Qualified mortgage insurance premiums		
11	Investment interest paid		
12	Gifts to charity by cash or check		
13	Gifts to charity other than by cash or check		
14	Mileage driven to charitable activities		
15	Casualty and theft loss(es) from a federally declared disaster		
16	Unreimbursed employee expenses (State use only)		
	Travel expenses (exclude meals)		
	Meals		
	Parking and tolls (enter other vehicle information on Page 7)		
	Telephone used for employer's business (allocate cost)		
	Professional organization or union dues		
	Educational expenses required to maintain your job		
	Office in home required by employer		
	Tools and equipment		
	Uniform and protective clothing		
	Professional journals subscriptions		
	Job seeking costs		
	Other		
17	Tax preparation fees (State use only)		
18	Other expenses (State use only)		
	Investment expenses (State use only)		
	Safe deposit box rental (State use only)		
	Other (State use only)		
19	Other itemized deductions		

Education Expenses

	Student's Name	Type of Expense	Year of School	Amount
1				
2				
3				
4				
5				
6				

Child or Dependent Care Expenses

	Persons or Organizations Who Provided the Care		Social Security or ID Number	Amount Paid
	Name	Address		
1				
2				
3				
4				

Federal, State and Local or Other Estimated Taxes Paid

Federal Estimates

	Enter Payment Information	Filer and/or Joint Payments		Spouse Only Payments	
		Date Paid	Amount	Date Paid	Amount
1	Overpayment from last year				
2	First quarter payment				
3	Second quarter payment				
4	Third quarter payment				
5	Fourth quarter payment				
6					
7					

State Estimates

Enter two-letter state abbreviation **State** ________ **State** ________ **State** ________ **State** ________

	Enter Payment Information	Date Paid	Amount	Date Paid	Amount	Date Paid	Amount	Date Paid	Amount
1	Overpayment from last year								
2	First quarter payment								
3	Second quarter payment								
4	Third quarter payment								
5	Fourth quarter payment								
6									
7									
8									

Local or Other Estimates

Enter description **Desc 1** __________ **Desc 2** __________ **Desc 3** __________ **Desc 4** __________

	Enter Payment Information	Date Paid	Amount	Date Paid	Amount	Date Paid	Amount	Date Paid	Amount
1	Overpayment from last year								
2	First quarter payment								
3	Second quarter payment								
4	Third quarter payment								
5	Fourth quarter payment								
6									
7									
8									

Comments