



20-20 Individual Organizer

Taxpayer Name: _____ DOB: _____ SSN: _____
 Spouse Name: _____ DOB: _____ SSN: _____
 Dependent 1 Name: _____ DOB: _____ SSN: _____
 Dependent 2 Name: _____ DOB: _____ SSN: _____
 Dependent 3 Name: _____ DOB: _____ SSN: _____
 Dependent 4 Name: _____ DOB: _____ SSN: _____
 Taxpayer Email: _____ Spouse Email: _____
 Address: Street 1 _____
 Street 2 _____
 City _____ State _____ Zip _____
 Bank Information: Name _____ ABA # _____ Acct # _____
 Checking ___ or Savings ___

General Information

		Y	N
		1. Were there any changes to your filing status or number of dependents during the year? If yes, please explain in comments section below.	
		2. Can you or your spouse be claimed as a dependent by someone else? If yes, please explain in comments section below.	
		3. Did you incur any childcare expenses? How much? _____. Attach documentation.	
		4. Did you have a change in residence or job location during the year? If yes, please explain in comments section below.	
		5. Did you move during the year? From where to where? Date of move? If yes, please explain in comments section below.	
		6. Did you reside in more than one state during the year? If yes, please explain in comments section below.	
		7. Did you receive any notices from the IRS or the state taxing agency? If yes, please attach.	
		8. Did you have an interest in or signature authority over a bank or brokerage account in a foreign country? Were you a grantor or transferor to a foreign trust?	
		9. Did you earn interest from, or are you an authorized signature holder on, a foreign bank account?	
		10. Did you pay wages to any household employees (babysitter, housekeeper, nanny, etc.)?	
		11. Did you make any significant gifts to anyone during the year? If so, who and how much? _____	

		12a. Did you have health care coverage for yourself and everyone claimed on the tax return for the entire year?
		12b. If yes, where did you purchase the health care coverage?
	<input type="checkbox"/> Employer <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Marketplace (Exchange) <input type="checkbox"/> Other	12c. If no, do you have an exemption determined by the exchange? If so, please attach your ENC. If not, go to www.healthcare.gov/fees-exemptions/ to learn more and apply for an exemption.
		13. Did you make estimated payments during the year?
		Q1 Date _____ Fed \$ _____ State \$ _____
		Q2 Date _____ Fed \$ _____ State \$ _____
		Q3 Date _____ Fed \$ _____ State \$ _____
		Q4 Date _____ Fed \$ _____ State \$ _____
Comments:		

Income Information

Y N

		1. Have you received all W-2s from all employers? How many W-2s are attached? _____
		2. Did you have an employer-provided vehicle which you drove home or used personally?
		3. Did you earn income from a state other than the state in which you live? If yes, what state? _____ How much? _____
		4. Did you or your spouse receive any tips not reported to your (or your spouse's) employer?
		5. Did you receive any disability income during the year?
		6. Did you have any income from, or pay taxes to a foreign country?
		7. Did you engage in any bartering transactions during the year?
		8. Did you surrender any U.S. Savings Bonds during the year?
		9. Did you receive any state or local income tax refunds from prior years? If so, please attach 1099G.
		10. Did you recharacterize any IRAs this year?
		11. Did you or your spouse "roll over" a profit-sharing or retirement plan distribution into another plan?
		12. Did you receive a Schedule K-1 from a partnership, S corporation, or trust? If so, please attach.
		13. Did you or your spouse receive any social security benefits during the year? If so, attach Form(s) SSA-1099.
		14. Did you receive any type of prize, award, or gambling winnings during the year?
		15. Did you receive any of the following: Unemployment Income, Combat Pay, Jury Duty and/or Alimony, or Maintenance Received? If so, what? _____ How much? _____
		16. Did you receive any income not shown in this organizer? If so, please list.
Comments:		

Business Income

Y N

		1. Did you own a business during the year? If so, please fill out the 20-20 Small Business Organizer found at www.20-20accountingsolutions.com/downloads/ .
		2. Did you own rental property during the year? If so, please fill out the 20-20 Rental Property Organizer found at www.20-20accountingsolutions.com/downloads/ .
		3. Did you purchase any gasoline, diesel, or special fuels for non-highway business use?
Comments:		

Deductions and Other Information

	Y	N	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Were there any tuition costs paid during the year (even if classes were attended in another year)? Please attach 1099-T.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Did anyone in your household attend higher education classes during the year? Please provide associated tuition, book, and supply expenses.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Did you incur a loss due to damaged or stolen property?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Did you use your vehicle on the job other than for commuting to work? If <u>not reimbursed</u> for this mileage, please provide a log.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Did you purchase a home for your personal residence between April 8, 2008, and December 31, 2008 in which the First-Time Homebuyer Credit was taken on the home?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. During the year, did you purchase or sell a home? If yes, please provide closing documentation.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Did you refinance your principal home or your second home or take out a home equity loan during the year? If yes, please provide all escrow, closing, and other pertinent documents.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Did you regularly use a portion of your home <u>exclusively</u> for conducting business? If yes, and the business conducted was for an employer, was your business use for the convenience of your employer? If yes, please provide the sq ft of the entire home, the sq ft of the office, and any direct or indirect home office expenses (painting of office, etc. = direct; mortgage insurance, home insurance, utilities, real estate taxes, etc. = indirect).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	22. Does anyone owe you money that has become uncollectible?
Comments:			

Documents to Provide

In addition to this organizer, please upload the following items to the client portal:

<input type="checkbox"/>	Copy of your prior year income tax return (new clients only)
<input type="checkbox"/>	Copy of driver's license (both if filing jointly). This is required to E-File your state return.
<input type="checkbox"/>	Original W-2s and other statements of income received from employers
<input type="checkbox"/>	1099s and other statements reporting interest/dividend/miscellaneous income
<input type="checkbox"/>	Records of other income received (tips, self-employment, SSI, combined bank reporting statements)
<input type="checkbox"/>	Cancelled checking/savings slip (for direct deposit/direct debit information)
<input type="checkbox"/>	1095-A, 1095-B, 1095-C
<input type="checkbox"/>	Documentation for:
<input type="checkbox"/>	Prescriptions, first-aid
<input type="checkbox"/>	State/local income taxes
<input type="checkbox"/>	Mortgage interest
<input type="checkbox"/>	Tax preparation fees (new clients only)
<input type="checkbox"/>	Gambling losses (up to amount of winnings claimed)
<input type="checkbox"/>	Cash donations to charity (provide all receipts)
<input type="checkbox"/>	Medical expenses and insurance premiums, mileage / lodging for seeking medical care (not meals)
<input type="checkbox"/>	Real estate and personal property taxes paid during the year
<input type="checkbox"/>	Unreimbursed work-related expenses (exclude any items reported on Business Organizer)
<input type="checkbox"/>	Fair market value of property donated to charity
<input type="checkbox"/>	Purchase price of new goods donated or used in volunteer work
Comments:	

Other

Are you interested in federal audit insurance and identity theft protection through Protection Plus? Yes _____ No _____

Any other comments or concerns you would like to discuss with 20-20: