



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	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Were there any changes to your filing status or number of dependents during the year? If yes, please explain in comments section below.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Can you or your spouse be claimed as a dependent by someone else? If yes, please explain in comments section below.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Did you incur any childcare expenses so that you or your spouse could work? How much? _____. Attach documentation.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Did you have a change in residence or job location during the year? If yes, please explain in comments section below.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Did you reside in more than one state during the year? If yes, please explain in comments section below.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Did you receive any notices from the IRS or the state taxing agency? If yes, please attach.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Did you have an interest in or signature authority over a bank or brokerage account in a foreign country? Were you a grantor of or transferor to a foreign trust?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Did you earn interest from, or are you an authorized signature holder on, a foreign bank account?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Did you pay wages to any household employees (babysitter, housekeeper, nanny, etc.)?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Did you make any significant gifts to anyone during the year? If so, who and how much? _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11a. Did you have health care coverage for yourself and everyone claimed on the tax return for the entire year?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11b. 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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11c. 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.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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:		

Deductions and Other Information

Y	N	
		1. Were there any tuition costs paid during the year (even if classes were attended in another year)? Please attach 1099-T.
		2. Did anyone in your household attend higher education classes during the year? Please provide associated tuition, book, and supply expenses.
		3. Did you incur a loss due to damaged or stolen property?
		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.
		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?
		6. During the year, did you purchase or sell a home? If yes, please provide closing documentation.
		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.
		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).
		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:

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



This Organizer should only be filled out if you are self-employed. This includes owners of small unincorporated businesses or Single Member LLCs that have not made an S Election.

20-20 Small Business Organizer (Schedule C)

**Please complete one organizer for each activity / business and attach to your Individual Organizer to be uploaded to your client portal.

General Information

Tax Payer Name: _____ SSN: _____ Year: _____
 Profession / Product: _____
 Business Code (If you know it) _____ Business Tax ID (EIN) _____
 Business name or DBA _____
 Street _____
 City _____ State _____ Zip _____

Misc Information

1. Did you start this business during the year? Yes _____ No _____
2. Did you close this business during the year? Yes _____ No _____
3. Did you pay any individuals \$600 or more for contract labor during the year? Yes _____ No _____
4. If yes, did you send them a 1099? Yes _____ No _____
5. Did you pay for healthcare coverage from your self-employment income? (may have also been listed on your Itemized Deductions) Yes _____ No _____
6. Is any portion of your investment in this company not at risk (funded by non-recourse loan, etc.)? Yes _____ No _____

Auto Information

1. Tell us about any cars you use in your business? Yes _____ No _____
 If yes:
 2. Make _____ Model _____ Year _____
 3. Date placed in service? _____
 4. Do you or your spouse have another vehicle available for personal use? Yes _____ No _____
 5. Do you have a vehicle available for use during off-duty hours? Yes _____ No _____
 6. Do you have written evidence to support this deduction you could provide if audited? Yes _____ No _____

Auto informaton continued

7. Mileage Information

Work mileage _____
 Commute mileage _____
 Other mileage _____
 Total mileage _____

8. Vehicle expense information

Gas _____
 Insurance _____
 Licenses / taxes _____
 Oil / Maintenance _____
 Parking / tolls _____
 Interest _____
 Other _____

Financial Information

- 20-20 keeps my books, so I'm done!
- 20-20 does not keep my books, but I keep separate books for this business and will upload the following information to the portal:
 - Trial balance report for the full year
 - Listing of all fixed asset additions with description, date purchased, cost, and whether it was new or used
 - Listing of all fixed asset disposals with description, date of disposal, original cost, and proceeds amount.
- I do not keep separate books for this business and will fill out the financial portion below:

Sales

Sales included on 1099-Misc _____
 Other sales not included on 1099-Misc _____
 Returns and allowances _____

Expenses

Advertising	_____	Supplies	_____
Car & Truck Expense	_____	Taxes & Licenses	_____
Commissions & Fees	_____	Travel	_____
Contract Labor	_____	Meals & Entertain	_____
Depletion	_____	Utilities	_____
Depreciation	_____	Wages	_____
Depr Adj (AMT)	_____	Other	_____
Employee Benefits	_____		
Insurance	_____	<u>Cost of Goods Sold</u>	
Interest -mortgage	_____	Beginning inventory	_____
Interest - other	_____	Inventory purchases	_____
Legal & Professional	_____	- Personally used	_____
Office expense	_____	Cost of labor	_____
Pensions/ Profit Share	_____	Materials & supplies	_____
Rent - vehicle, mach	_____	Ending inventory	_____
Rent - other	_____		
Repairs / maintenance	_____		

Business Use of Home (Home Office)

Sq Ft of home used exclusively for business _____ sq ft
 Total Sq Ft of home _____ sq ft

	Directly Related to Office	Indirectly Related to Office
Casualty losses	_____	_____
Insurance	_____	_____
Rent	_____	_____
Repairs & Maint	_____	_____
Utilities	_____	_____
Other Expenses	_____	_____

Original cost of home _____
 Estimated value of land _____
 Date placed in service _____
 Date removed from service _____



This Organizer should only be filled out if you own a rental property or received Royalties from oil, gas, minerals, copywrites, or patents. Otherwise leave blank.

20-20 Rental Property Organizer (Schedule E)

**Please complete one organizer for each activity and attach to your Individual Organizer to be uploaded to your client portal.

General Information

Tax Payer Name: _____ SSN: _____ Year: _____
 Property Description: _____
 Property Address: _____
 Street _____
 City _____ State _____ Zip _____

Misc Information

- | | | |
|---|-----------|----------|
| 1. Did you start renting this property during the year? | Yes _____ | No _____ |
| 2. Did you stop renting this property during the year? | Yes _____ | No _____ |
| 3. Is this rental activity your primary job? | Yes _____ | No _____ |
| 4. If not, do you make all rental / repair decisions? | Yes _____ | No _____ |
| 5. Percentage of property you own? _____% | | |

6. Type of property:
- | | |
|--|--|
| <input type="checkbox"/> Single Family
<input type="checkbox"/> Multi-Family
<input type="checkbox"/> Vacation | <input type="checkbox"/> Commercial
<input type="checkbox"/> Land
<input type="checkbox"/> Other |
|--|--|

7. Usage information:
- Days Rented at Fair Value _____
- Personal Use Days _____

Financial Information

This property is managed by a professional property management company and I have attached a statement from them showing the rental income and related expenses they collected / paid on my behalf throughout the year.

Income / deductions not reported by my management company

Income

Rental income _____
 Royalty Income _____

Expenses

Advertising	_____	Interest - other	_____
Auto & Travel	_____	Repairs	_____
Cleaning & Maint	_____	Supplies	_____
Commissions	_____	Taxes	_____
Insurance	_____	Utilities	_____
Legal & professional	_____	Depreciation	_____
Management fees	_____	Depletion	_____
Interest - mort	_____	Other	_____

Did you make any major improvements to the property beyond normal repairs and maintenance or purchase (or convert to rental use) any furniture, appliances, or other items with a long useful life used at the property? Yes _____ No _____

If yes, these expenses should not be included above. Instead, please provide a listing of all such items with a description, date purchased, cost, and whether it was new or used.

Did you dispose of (or convert from rental use to non-rental use) any furniture, appliances, or other items that had a long useful life that were being used at the property? Yes _____ No _____

If yes, please provide a listing of all such items with a description, date of disposal, original cost, and amount of proceeds.