2020 Tax Organizer

For Clients of Erpelding, Voigt & Co., L.L.P.

This tax organizer is provided for you to assemble information needed to prepare your 2020 individual income tax return or it can be used to remind you of deductions, changes, etc. that may apply to you.
Use your 2019 tax return as a starting point to compile your 2020 tax information.

Please furnish us with any notices, penalties or correspondence from the Internal Revenue Service or from state income tax authorities. Also, please furnish us with details of any unusual transactions of income or expense.

Personal Information — Name

Did your marital status change during the year? **Yes** **No**

If yes, please explain ____________________

Did your contact information change from last year? **Yes** **No**

If yes, please provide new information ____________________

If new address, please provide new county & school district ____________________

Please confirm email address ____________________

Please provide the bank name and account number of the account used for direct deposit of refunds:

____________________ ____________________

If this account has changed from last year, please provide our office with a voided check.

Dependent Information

Were there any changes in dependents from the prior year?* **Yes** **No**

Please enter dependent changes below:

Add/Delete	Name	Social Security #	Birth date	Son/Daughter

* An eligible dependent generally includes your unmarried child who is under age 19 or who is a full-time student under age 24, lived in the same principal place of abode for more than one-half of the taxable year and meets a relationship test of taxpayer's son, daughter, stepson, stepdaughter, brother, sister, stepbrother, stepsister or a descendant of such individual, adopted children and certain foster children.

If you are divorced or separated with child(ren), do you have a divorce decree or other form of separation agreement which establishes custodial responsibilities? *If yes, please provide a copy.*

Did you pay for child care while you worked or looked for work? *If yes, please provide a receipt from the person or organization who provided the care. Make sure the receipt includes:*

- *Name, address, Federal ID or SSN of provider*
- *Amount paid*
- *Names of children in child care*

Did you have any qualifying relative *(lineal ancestor or descendant, sibling, niece, nephew aunt, uncle, in-law or housemate)* **for which you provided more than half of their support for the year and whose gross income was less than $4,150?** *If so, you may be able to claim that person as a non-child dependent.*

Name	Social Security #	Birth date	Relationship

If any of the following income or deductions apply, bring all applicable forms:

Income Information

- ☐ Did you earn wages, salaries or tips? - *W-2*
- ☐ Did you receive an interest and or dividends? - *1099-INT and/or 1099-DIV*
- ☐ Did you receive a refund of state taxes? - *1099-G*
- ☐ Did you receive alimony from a divorce agreement executed before 2019? - $__________
- ☐ Did you have an interest in a partnership or S corporation? - *K-1*
- ☐ Were you a beneficiary of an estate or trust? - *K-1*
- ☐ Did you receive any unemployment benefits during the year? - *1099-G*
- ☐ Did you receive any awards, prizes, gambling or lottery winnings? - *W-2G*
- ☐ Did you receive any other miscellaneous income? - *1099-MISC or 1099-NEC* (Disability, Directors fees, Non-employee compensation, other)
- ☐ Did you acquire or dispose of any stocks/investments? - *1099-B*
- ☐ Did you sell your personal residence? - *closing statement and possibly 1099-S*
- ☐ Did you sell any other property? - *provide details and possibly 1099-S*
- ☐ Do you expect a large change in income, deductions or withholdings next year? If yes, please explain.

Retirement Information

- ☐ Did you receive any Social Security benefits during the year? - *1099-SSA*
- ☐ Did you make any withdrawals from an IRA, Roth, Keogh, SIMPLE, SEP, 401(k) account? - *1099-R*
- ☐ Did you receive any payments from a pension, profit sharing or annuity account? - *1099-R*
- ☐ Did you convert an IRA to a ROTH IRA? - *1099-R*
- ☐ Did you make any contributions to an IRA for tax year 2020:

	Traditional	Roth
Taxpayer	$________	$________
Spouse	$________	$________

Education Information

- ☐ Did you have any education expenses during the year for yourself, your spouse or a dependent? - *1098-T*
- ☐ Did you have any textbook expenses that weren't paid directly to the college (must be for first four years of undergraduate school)? - textbook expense $__________
- ☐ Did you make any withdrawals from an education savings/529 plan? - *1099-Q*
- ☐ Did you pay any student loan interest this year? - *1098-E*
- ☐ Did you cash any Series EE or I US Savings bonds to pay for college? - *1099-INT*
- ☐ Did you make any contributions to College Savings Iowa (or other 529 Plan)? - *please provide statement or letter from plan*
- ☐ Did you have any qualifying tuition & textbook expenses for your K-12 student? (IA only) - $__________
- ☐ Did you have any qualifying education expense for your K-12 student? (MN only) - *please provide each child's grade and qualifying expenses*

Health Care Information

- ☐ Did you enroll for lower cost Marketplace Coverage through healthcare.gov? - *1095-A*
- ☐ Did you make any contributions to a Health savings account (HSA) or Archer MSA? - *1099-SA*
- ☐ Did you receive any distributions from a Health savings account (HSA) or Archer MSA? - *1099-SA*
  If yes, were all distributions used to pay for medical expenses? **Yes** **No**

MISCELLANEOUS INFORMATION

- ☐ Were you a K-12 educator who worked at least 900 hours? - *Educator expenses $*__________
- ☐ Were you a volunteer firefighter, EMT or reserve peace officer? - *If yes, please provide a statement from a supervisor to verify months of service.*
- ☐ Are you US military on active duty who moved pursuant to a military order? - *If so, provide transportation and storage expenses, travel and lodging, mileage, and any amount reimbursed for moving expenses*.
- ☐ Did you make energy efficient improvements to your main home this year?- *If so, please provide additional details on what improvements were made and the cost of those improvements.*
- ☐ Did you pay alimony pursuant to a divorce agreement executed before 2019?
  *$*__________ *Name* ________________________ *SSN* _______________
- ☐ Did you have a financial interest in or signature authority over a financial account located in a foreign country? **Yes** **No**
- ☐ Do you have any foreign financial accounts, assets or own a foreign entity? **Yes** **No**
- ☐ At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? **Yes** **No**
- ☐ Did you receive a stimulus payment in 2020? *If yes, how much did you receive?* - $__________

BUSINESS/RENTAL/FARM INFORMATION:

- ☐ Did you start a new business or sell an existing business during the year? *If you started a farming business, please contact our office to obtain the Farm Tax Worksheet for providing farm information).*
- ☐ Did you purchase any business or rental property during the year? *If yes, please provide the asset description, purchase price and date.*
- ☐ Did you utilize an area of your home for business purposes? *If yes, please complete the box to the right.*
- ☐ Did you make any Self-employed Keogh, SEP, SIMPLE plan contributions? - $__________
- ☐ Did you make payments that were subject to the 1099 filing requirements? - *Please contact our office if you need information on these requirements. We can provide you with a worksheet to summarize this information. Let our office know if you would like us to prepare these forms for you.*
- ☐ Please provide additional business/rental income & expense information on a separate sheet. *(Farmers—please use the Farm Tax Worksheet for providing income and expense information).*

BUSINESS USE OF HOME

Note—self-employed individuals who deduct expenses for the business use of their home will need to determine the area used exclusively for business and the total area of the home to properly complete information requested on your tax return:

Square footage used exclusively for business:___________

Total square footage of home:___________

Please provide total expenses for home:

Insurance $________

Repairs $________

Utilities $________

- ☐ Have you been quarantined or have any of your employees had to quarantine from April 1, 2020 to December 31, 2020 due to COVID-19 guidelines? *If yes, please discuss with your tax provider to make sure we take advantage of the FFCRA credits available to eligible employers/employees.*
- ☐ Did you apply for and receive any PPP Loan funds?
  - If yes, how much did you receive - $_______________
  - Have you applied for or obtained forgiveness? - If yes, was the entire loan forgiven? **Yes** **No**
- ☐ Did you receive any Small Business Development Grants? - *If yes,* $__________
- ☐ Did you receive an EIDL Loan Advance? - *If yes,* $__________

Itemized Deduction Information

Medical & Dental Expenses (*Do not include amounts paid via pre-tax cafeteria plans or via funds from an HSA.)***:**

Medical and dental expenses $_________

Prescription drugs $_________

Long-term care (nursing home) expenses $_________

Medical miles driven ________ @ $ .17 $_________

Medical insurance premiums

Taxpayer $_________ Spouse $_________

Long-term care (nursing home) premiums

Taxpayer $_________ Spouse $_________

Medicare premiums (from SSA-1099)

Taxpayer $_________ Spouse $_________

Taxes You Paid—Will be limited to $10,000 for federal purposes (not limited for Iowa purposes):

Property taxes on personal residence $_________

Property taxes on 2nd residence $_________

Non-business vehicle licenses $_________

Sales tax paid on major purchases (cars, boats, home improvements, etc.) $_________

Interest You Paid *Note - personal interest expense is not deductible - i.e. credit card interest, personal auto loans, etc.* **:**

Interest on personal residence paid to bank - *1098* $_________

Interest on personal residence paid to bank not on Form 1098 - *provide statement* $_________

Interest on personal residence paid to individual $_________ *- List that person's name, address & SSN below:*

____

Qualified mortgage insurance (PMI) $_________

Investment interest: _________________________________ $_________

Home Equity Line of Credit (HELOC) interest is only deductible if the loan proceeds were used to buy, build or substantially improve your main home or second home. For example, interest on a home equity loan used to build an addition to an existing home is typically deductible, while interest on the same loan used to pay personal living expenses, such as a credit card debt, is not.

Gifts to Charity—$300 of charitable donations will be allowed "above the line" if you don't itemize:

Cash or check $_________

Non-cash (property) $_________

Volunteer miles driven ________ @ $ .14 $_________

Note - contributions of $250 or more require written receipt no later than the date the return is filed or the due date, whichever is earlier. If non-cash donations total more than $500, please provide receipts for non-cash donations (Goodwill, Salvation Army, etc.)

Casualty and Theft Losses—Must Be The Result of a Federally Declared Disaster:

Losses - subject to $100 floor and 10% of AGI limits $_________

Other Itemized Deductions:

Gambling losses $_________ *(Only deductible to the extent of any gambling winnings)*

ESTIMATED TAX PAYMENTS PAID FOR 2020 INCOME TAXES:

(Please complete if you paid estimated tax payments)

Federal estimated tax payments

Due Date	Actual Date Paid	Amount
7/15/20	___/___/____	$__________
7/15/20	___/___/____	$__________
9/15/20	___/___/____	$__________
1/15/21	___/___/____	$__________

State estimated tax payments

Due Date	Actual Date Paid	Amount
4/30/20	___/___/____	$__________
6/30/20	___/___/____	$__________
9/30/20	___/___/____	$__________
1/31/21	___/___/____	$__________