Checklist

Name: SSN:

Checklist

This check list is provided to help you gather necessary information for us to prepare your 2020 income tax return. Return this list, along with the supporting documentation, to our office and let us know of any significant changes from your 2019 tax year.

Economic Impact Payment

- ☐ Notice 1444

State and city refunds and other government payments (Form 1099-G)

- ☐ Unemployment compensation

Other Income (provide supporting documentation for income received for the following items)

- ☐ Sale of assets or property
- ☐ Cancellation of debt
- ☐ Other income _____

Payments (provide supporting documentation for payments made for the following items)

- ☐ Educator classroom expenses
- ☐ Employee business expenses
- ☐ Contributions to a Health Savings Account
- ☐ Expenses related to work relocation
- ☐ Alimony
- ☐ Student loan interest
- ☐ Tuition and fees for higher education
- ☐ Expenses related to child or dependent care
- ☐ Contributions to a Retirement Savings Account
- ☐ Medical and dental expenses
- ☐ Real estate taxes
- ☐ Other state and local taxes
- ☐ Mortgage interest
- ☐ Investment interest
- ☐ Cash Contributions
- ☐ Noncash Contributions
- ☐ Unreimbursed employee expenses
- ☐ Investment expenses
- ☐ Gambling losses
- ☐ Other payments _____

Questionnaire

Name: SSN:

Questionnaire

Personal Information

Yes	No	
☐	☐	Did your marital status change during the year?
		If "Yes," explain _____
☐	☐	Can you or your spouse be claimed as a dependent by someone else?
☐	☐	Did your address change during the year?
☐	☐	Were you, your spouse, or any dependents a victim of identity theft?
		If "Yes," explain _____
☐	☐	Were you, your spouse, or any dependents issued an Identity Protection PIN (IP PIN)?
		If "Yes," provide Notice CP01A from the IRS.

Provide proof of identity to be eligible to e-file your tax return (driver's license or state-issued photo ID)

Dependent Information

Yes	No	
☐	☐	Did you have any changes in dependents during the year?
		If "Yes," explain _____
☐	☐	Can another person qualify to claim any of your dependents?
☐	☐	Did you have any childcare expenses during the year?
☐	☐	Did you have any adoption expenses during the year?
☐	☐	Did you have any children under age 19 or a full-time student under age 24 with more than $2200 of unearned income?

Provide documentation for proof of dependent related credits (school records, medical records, daycare records, etc.)

COVID-19 Implications

Yes	No	
☐	☐	Did you receive an Economic Impact Payment?
		If "Yes," provide Notice 1444 from the IRS.
☐	☐	Did you or your spouse experience economic loss due to COVID-19 (loss of job, closed business, etc.)?
☐	☐	Were you or your spouse unemployed for any portion of the year due to COVID-19?
☐	☐	Did you or your spouse continue to receive wages from your employer even if you were unable to work?
☐	☐	Did you or your spouse receive a distribution from a retirement plan (401K, IRA, etc.) due to COVID-19?
☐	☐	If you or your spouse own a farm or business, did you continue to pay any employees while they were not working?
☐	☐	If you or your spouse own a farm or business, did you delay withholding FICA taxes from any employee's pay?
☐	☐	If you or your spouse own a farm or business, did you receive a Paycheck Protection Program (PPP) loan?
		If "Yes," was the loan forgiven or have you applied for forgiveness?
☐	☐	If you or your spouse own a farm or business and were unable to work due to COVID-19, would you have qualified for sick or family leave if employed by someone other than yourself?

Health Care Information

Yes	No	
☐	☐	Did any member of your household have healthcare coverage through the Marketplace?
		If "Yes," provide copies of Form 1095-A.
☐	☐	Did you receive any distributions from a Health Savings Account (HSA), Archer MSA, or Medicare Advantage MSA during the year?

Income, Purchases, Sales, and Debt Information

Yes	No	
☐	☐	Did you receive any tips not reported to your employer?
☐	☐	Did you receive any disability income during the year?
☐	☐	Did you cash in any U.S. savings bonds during the year?
☐	☐	Did you start a new business or purchase any rental property during the year?

Questionnaire

Name: SSN:

Questionnaire

- ☐ ☐ Did you sell an existing business, rental property, or other property during the year?
- ☐ ☐ Did you purchase any business assets or convert any assets to business use?
  If "Yes," provide the cost of the asset, the date it was placed in service, and business use percentage.
- ☐ ☐ Did you purchase any gasoline, diesel, or special fuels for off-road business use?
- ☐ ☐ Did you buy or sell any stocks, bonds, or other investments during the year?
- ☐ ☐ Did you sell a principal residence during the year?
  If "Yes," provide closing documentation for the purchase and sale of the home.
- ☐ ☐ Did you have a principal residence or a piece of real property foreclosed on during the year?
- ☐ ☐ Did you abandon a principal residence or a piece of real property during the year?
- ☐ ☐ Did you refinance your principal home or second home or take out a home equity loan during the year?
  If "Yes," provide all escrow, closing, and other pertinent documentation and information.
- ☐ ☐ Did you receive any principal or interest during this year from property sold in prior years?
- ☐ ☐ Did you rent out your home or use it for business?
- ☐ ☐ Did you sell, exchange, or purchase any real estate during the year?
- ☐ ☐ Did you acquire a new or additional interest in a partnership or S corporation?
- ☐ ☐ Did you have any debts canceled or forgiven this year?
- ☐ ☐ Does anyone owe you money that has become uncollectible?
- ☐ ☐ Did you purchase a new hybrid, alternative motor, or electric motor energy-efficient vehicle during the year?
  If "Yes," provide the year, make, model, VIN, and date the vehicle was placed in service.
- ☐ ☐ Did you receive income or incur expenses associated with a fantasy sport league?
  If "Yes," provide documentation.
- ☐ ☐ Did you receive income or incur expenses associated with car sharing (e.g., Lyft or Uber)?
  If "Yes," attach Form 1099-MISC and Form 1099-K.
- ☐ ☐ Did you receive income or incur expenses associated with freelancing (e.g., Upwork or TaskRabbit)?
  If "Yes," attach Form 1099-K or Form W-2.
- ☐ ☐ Did you receive income or incur expenses associated with fashion sharing (e.g., Poshmark or thredUP)?
  If "Yes," provide documentation.
- ☐ ☐ Did you receive income or incur expenses associated with crowdfunding (e.g., Kickstarter or Indiegogo)?
  If "Yes," attach Form 1099-K.
- ☐ ☐ Did you receive income or incur expenses associated with a short-term rental (e.g., Airbnb or HomeAway)?
  If "Yes," provide documentation.
- ☐ ☐ Did you receive any other income you have not provided information for with this organizer?
  If "Yes," explain _____

Itemized Deduction Information

Yes No

- ☐ ☐ Did you pay out-of-pocket medical or dental expenses (premiums, prescriptions, mileage, etc.) during the year?
- ☐ ☐ Did you pay any long-term care premiums for yourself, your spouse, or a dependent during the year?
- ☐ ☐ Did you receive any state or local income tax refunds from prior years?
- ☐ ☐ Did you make any major purchases (vehicle, boat, etc.) during the year?
- ☐ ☐ Did you pay any real estate property taxes or personal taxes during the year?
- ☐ ☐ Did you pay mortgage interest during the year?
- ☐ ☐ Did you make cash donations to charity during the year?
- ☐ ☐ Did you make noncash donations to charity (clothes, furniture, etc.) during the year?
- ☐ ☐ Did you donate a boat or vehicle during the year?
  If "Yes," attach Form 1098-C.
- ☐ ☐ Did you have gambling winnings or losses during the year?
- ☐ ☐ Did you have any job-related expenses that were not reimbursed by your employer (uniforms, safety equipment, etc.)?
- ☐ ☐ Did you use your vehicle on the job other than for commuting to work?
- ☐ ☐ Did you work out of town at any time during the year?

Questionnaire

Name: SSN:

Questionnaire

Retirement Information

Yes	No	
☐	☐	Did you receive any payments from a pension, profit sharing, or 401(k) plan during the year?
☐	☐	Did you make any contributions to, withdrawals from, or execute any rollovers from an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan during the year?
☐	☐	Did you receive any Social Security benefits during the year?

Education Information

Yes	No	
☐	☐	Did you pay tuition expenses that were required for attending college, university, or vocational school for yourself, your spouse, or a dependent during the year (even if classes were attended in another year)?
☐	☐	Did anyone in your household attend a post-secondary school during the year?
☐	☐	Did you make a contribution to or receive a distribution from an Education Savings Account or Qualified Tuition Program during the year?
☐	☐	Did you pay student loan interest for yourself, your spouse, or your dependent(s) during the year?

Miscellaneous Information

Yes	No	
☐	☐	Did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currencies?
☐	☐	Did you incur a gain or loss due to damaged or stolen property? If "Yes," provide the incident date, value of the property, and amount of insurance reimbursements.
☐	☐	Did you pay wages to any household employees (babysitter, nanny, housekeeper, etc.)?
☐	☐	Did you make gifts to any one person in excess of $15,000 during the year?
		Yes No
		☐ ☐ If "Yes," are you splitting the gift with your spouse?
☐	☐	Did you incur moving expenses during the year?
☐	☐	Did you make any energy-efficient improvements to your main home during the year?
☐	☐	Are you a business owner who paid health insurance premiums for your employees during the year?
☐	☐	Did you own interest or shares in a Qualified Opportunity Fund?
☐	☐	Did you apply an overpayment of your 2019 taxes to your 2020 estimated taxes?
☐	☐	If you have an overpayment of 2020 taxes, do you want the refund applied to your 2021 estimated taxes?
☐	☐	Did you make any estimated payments toward your 2020 taxes?
☐	☐	Do you want to have any refund or balance due directly deposited or withdrawn? If "Yes," provide a canceled checking or savings slip.
☐	☐	Do you anticipate your income or withholdings to be different for 2020?
☐	☐	Did you make any purchases subject to Use Tax? If "Yes," provide details.
☐	☐	Did you receive any notices from the IRS or state taxing authority? If "Yes," explain _____
☐	☐	May the IRS discuss your tax return with your preparer?
☐	☐	Would you like a copy of your tax return sent to you electronically instead of receiving a printed copy?

Foreign Tax Information

Yes	No	
☐	☐	Did you have a financial interest in or signature authority over a financial account or asset located in a foreign country?
☐	☐	Did you receive a distribution from, or were you a grantor of, or transferor to, a foreign trust?
☐	☐	Did the aggregate value of your foreign accounts exceed $10,000 at any time during the year?
☐	☐	Did you have any income from, or pay taxes to, a foreign country?
☐	☐	Did you own property in a foreign country?

Preparer Notes

2020 Tax Organizer
Personal and Dependent Information

Personal Information

	Name	SSN	Has IP PIN	Date of birth
Taxpayer			☐	
Spouse			☐	

Street address, city, state, and ZIP

	Occupation	Daytime phone	Evening phone	Cell phone
Taxpayer				
Spouse				

Taxpayer email	
Spouse email	

Marital Status at end of 2020

- ☐ Married
- ☐ Married filing separately
- ☐ Single
- ☐ Widow(er) — If spouse died in 2020 enter the date of death _____

Other information

	Taxpayer		Spouse	
Are you blind?	☐ Yes	☐ No	☐ Yes	☐ No
Are you disabled?	☐ Yes	☐ No	☐ Yes	☐ No
Are you a full-time student?	☐ Yes	☐ No	☐ Yes	☐ No
Do you want $3 to go to the Presidential Election Campaign Fund?	☐ Yes	☐ No	☐ Yes	☐ No

At any time during 2020 did you receive, sell, send, exchange, or acquire any financial interest in any virtual currency? ☐ Yes ☐ No

Dependent Information

First and last name SSN	Has IP PIN	Relationship	Months in home	Date of birth	Disabled	Full-time student	Childcare Expenses
	☐				☐	☐	
	☐				☐	☐	
	☐				☐	☐	
	☐				☐	☐	

List dependents required to file a return _____

COVID-19 Implications

Yes	No	
☐	☐	Did you receive an Economic Impact Payment (EIP)? If "Yes," provide Notice 1444 from the IRS.
☐	☐	Did you experience economic loss due to COVID-19 (loss of job, closed business, etc.)?
☐	☐	Were you unemployed for any portion of the year due to COVID-19?
☐	☐	Did you continue to receive wages from your employer even if you were unable to work?
☐	☐	Did you receive a distribution from a retirement plan (401K, IRA, etc.) due to COVID-19?
		If you own a farm or business:
☐	☐	Did you continue to pay any employee while they were not working?
☐	☐	Did you delay withholding FICA taxes from any employee's pay?
☐	☐	Did you receive a Paycheck Protection Program (PPP) loan? If "Yes," was the loan forgiven or have you applied for forgiveness? _____
☐	☐	Were you unable to work due to COVID-19 and, if employed by someone other than yourself, would have qualified for sick or family leave?

Appointment Information

Your 2020 appointment is scheduled for _____

Additional Taxpayer Information

Name: SSN:

Estimates

	Federal		Resident state		Resident city	
	Date paid	Amount	Date paid	Amount	Date paid	Amount
Overpayment applied from 2019						
First quarter						
Second quarter						
Third quarter						
Fourth quarter						
Additional payments						

Account Information for Deposits or Withdrawals

Name of bank	Bank routing number	Bank account number	Type of account		Use this account for	
			Checking	Savings	Deposits	Withdrawals
			☐	☐	☐	☐
			☐	☐	☐	☐

Identfication Information

Taxpayer

Type of photo ID ☐ Driver's license ☐ State-issued photo ID

Driver's license or state-issued photo ID number _____

State the driver's license or state-issued photo ID was issued in _____

Issue date of the driver's license or state-issued photo ID _____

Expiration date of the driver's license or state-issued photo ID _____

Spouse

Type of photo ID ☐ Driver's license ☐ State-issued photo ID

Driver's license or state-issued photo ID number _____

State the driver's license or state-issued photo ID was issued in _____

Issue date of the driver's license or state-issued photo ID _____

Expiration date of the driver's license or state-issued photo ID _____

Income

Name: SSN:

Wages & Salaries

Provide all copies of Form W-2

Employer name	2020 federal wages

Retirement

Provide all copies of Form 1099-R

Payer name	2020 distribution

Did you take a distribution from an IRA and give it to an organization eligible to receive tax-deductible contributions? ☐ Yes ☐ No

Form 1099-Misc and Form 1099-NEC Income

Provide all copies of Forms 1099-MISC and 1099-NEC

Payer name	2020 amount

Income

Name: SSN:

Dividend Income

Provide all copies of Form 1099-DIV & other statements that report dividend income

Account number Payer name	2020 ordinary dividends	2020 qualified dividends

Interest Income

Provide all copies of Form 1099-INT, Form 1099-OID and other statements that report interest income

Account number Payer name	2020 interest

If any interest income listed above is from a seller-financed mortgage, provide the payer's ID number and address

Sale of Capital Assets

Name: SSN:

Sale of Capital Assets (not reported on Form 1099-B)

Provide all brokerage statements

Description of property	Date purchased	Date sold	Sales price	Cost

Installment Sale Income

Description of property: _____

Date acquired _____ Date sold _____

	2020	Prior years
Selling price		
Mortgages assumed		
Cost of property sold		
Depreciation allowed		
Commissions and expense of sale		
Gross profit percentage		
Interest received		
Principal payments received		

Property was sold to a related party ☐

Other Income and Adjustments

Name: SSN:

Other Income

	2020 Taxpayer	2020 Spouse
Scholarships or grants not reported on Form W-2		
State income tax refund (attach Forms 1099-G)		
Social Security Benefits (attach Forms 1099-SSA)		
Railroad Retirement Benefits (attach Forms 1099-RRB)		
Alimony received		
Divorce or separation date _____ Amount		
Unemployment compensation (attach Forms 1099-G)		
Unemployment compensation repaid in 2020		
Gambling winnings (attach Forms W2-G)		
Alaska Permanent Fund		
ABLE distributions		
Other income: _____		
_____		
_____		

Adjustments

	2020 Taxpayer	2020 Spouse
Educator expenses (If you are an educator, enter the amount you paid for classroom supplies)		
Contributions made to a Health Savings Account (HSA)		
Contributions made to a Self-Employed Pension plan (SEP)		
Payments made for Self-Employed Health Insurance for you, your spouse, or dependents		
Alimony paid		
Name _____		
SSN _____ Divorce or separation date _____		
Name _____		
SSN _____ Divorce or separation date _____		
Contributions made to an Individual Retirement Account (IRA)		
Contributions made to a Roth IRA		
Interest paid on a student loan		
Other adjustments: _____		

Job-related Moving Expenses

☐ Select this box and complete the fields below if you are a member of the Armed Forces on active duty, and moved due to a military order for a permanent change of station.

	2020
Number of miles from old home to old workplace	
Number of miles from old home to new workplace	
Expense to move household goods and personal effects and lodging expenses while traveling to your new home (Do not include cost of meals)	

Schedule C - Profit or Loss from Business

Name: SSN:

General Business Information

Business name _____ Employer ID number _____

Professional product or service _____

Business address, city, state, ZIP _____

☐ This business started or was acquired during 2020 ☐ Yes ☐ No Payments of $600 or more were paid to an individual who is not your employee for services provided for this business

☐ This business was disposed of during 2020 ☐ Yes ☐ No You filed Forms 1099 for the individuals

Income

	2020		2020
Gross receipts or sales		Other income	
Returns & allowances			

Expenses

	2020		2020
Advertising		Travel	
Car & truck expenses		Total meals	
Commissions & fees		Utilities	
Contract labor		Wages	
Depletion		Other expenses (list)	
Employee benefit programs			
Insurance (other than health)			
Interest - mortgage			
Interest - other			
Legal & professional services			
Office expenses			
Pension & profit sharing plans			
Rent or lease (vehicles, machinery, & equipment)			
Rent (other business property)			
Repairs & maintenance			
Supplies			
Taxes & licenses			

Cost of Goods Sold

	2020		2020
Inventory at beginning of year		Materials & supplies	
Purchases		Other costs	
Cost of personal use items		Inventory at end of year	
Cost of labor		☐ There was a change in inventory method	

Schedule E - Income or Loss from Rental Real Estate & Royalties

Name: SSN:

General Property Information

Property description _____

Address, city, state, ZIP _____

Select the property type

☐ Single family residence ☐ Vacation / short-term rental ☐ Land ☐ Self-rental

☐ Multi-family residence ☐ Commercial ☐ Royalties ☐ Other _____

Number of days property was rented _____ Number of days property was used for personal use _____

If the rental is a multi-dwelling unit and you occupied part of the unit, enter the percentage you occupied _____

☐ This property is your main home or second home

☐ This property was disposed of during 2020

☐ This property was owned as a qualified joint venture

☐ Yes ☐ No Payments of $600 or more were paid to an individual who is not your employee for services provided for this rental

☐ Yes ☐ No You filed Forms 1099 for the individuals

Income

	2020		2020
Rent income		Royalties from oil, gas, mineral, copyright or patent	

Expenses

	Rental unit expenses	Rental and homeowner expenses
Advertising		
Auto & travel		
Cleaning & maintenance		
Commissions		
Insurance		
Legal & professional fees		
Management fees		
Mortgage interest		
Other interest		
Repairs		
Supplies		
Taxes		
Utilities		
Depletion		
Other expenses		

If this Schedule E is for a a multi-unit dwelling and you lived in one unit and rented out the other units, use the "Rental and homeowner expenses" column to show expenses that apply to the entire property. Use the "Rental unit expenses" column to show expenses that pertain ONLY to the rental portion of the property.

If the Schedule E is not for a multi-unit property in which you lived in one unit, complete just the "Rental unit expenses" column.

Income or Loss from Partnerships, S corporations, and Fiduciaries

Name: SSN:

Partnerships, S corporations, Estates and Trusts

Provide all copies of Schedule K-1 and attachments

Entity Name	EIN

Schedule F - Profit or Loss from Farming

Name: SSN:

General Information

Principal product _____ Employer ID number _____

☐ This farm was disposed of during 2020

☐ Yes ☐ No Payments of $600 or more were paid to an individual who is not your employee for services provided for this farm

☐ Yes ☐ No You filed Forms 1099 for the individuals

Income

	2020		2020
Sale of livestock / other items		Custom hire income	
Cost of items bought for resale		Beginning inventory for accrual	
Sale of products you raised		Ending inventory for accrual	
Total cooperative distributions		☐ You used unit-livestock-price or farm-price inventory method	
Total agricultural payments		Other income	
Commodity Credit Corporation (CCC) loans:			
CCC loans reported			
CCC loans forfeited			
Crop insurance proceeds:			
Amount received in 2020			
☐ You elect to defer to 2021			
Amount deferred from 2019			

Expenses

	2020		2020
Car & truck expenses		Repairs & maintenance	
Chemicals		Seeds & plants purchased	
Conservation expenses		Storage & warehousing	
Custom hire (machine work)		Supplies purchased	
Employee benefit programs		Taxes	
Feed purchased		Utilities	
Fertilizers & lime		Veterinary, breeding, & medicine	
Freight & trucking		Other expenses	
Gasoline, fuel, & oil			
Insurance (other than health)			
Interest - mortgage (paid to banks, etc.)			
Interest - other			
Non-W-2 labor hired			
W-2 wages paid			
Pension & profit-sharing plans			
Rent - vehicles, machinery, & equipment			
Rent - other (land, animals, etc.)			

Form 4835 - Farm Rental Income and Expenses

Name: SSN:

General Information

Description _____ Employer ID Number _____

☐ This farm was disposed of during 2020

Income

	2020		2020
Income from production of livestock, grains, & other crops		Crop insurance proceeds:	
Total cooperative distributions		Amount received in 2020	
Total agricultural payments		☐ You elect to defer to 2021	
Commodity Credit Corporation (CCC) loans:		Amount deferred from 2019	
CCC loans reported		Other income	
CCC loans forfeited			

Expenses

	2020		2020
Car & truck expenses		Seeds & plants purchased	
Chemicals		Storage & warehousing	
Conservation expenses		Supplies purchased	
Custom hire (machine work)		Taxes	
Employee benefit programs		Utilities	
Feed purchased		Veterinary, breeding, & medicine	
Fertilizers & lime		Other expenses	
Freight & trucking			
Gasoline, fuel, & oil			
Insurance (other than health)			
Interest - mortgage (paid to banks, etc.)			
Interest - other			
Labor hired (less jobs credit)			
Pension & profit-sharing plans			
Rent - vehicles, machinery & equip			
Rent - other (land, animals, etc.)			
Repairs & maintenance			

Expenses Related to Business

Name: SSN:

Auto Expense

Name of business vehicle is used for _____

Description of vehicle _____ Date vehicle was placed in service _____

Yes	No		Yes	No	
☐	☐	This vehicle is available for use during off-duty hours	☐	☐	There is evidence to support your deduction
☐	☐	Another vehicle is available for personal use	☐	☐	The evidence is written

Mileage

Number of miles the vehicle was driven during 2020

Business . . . . . _____

Commuting . . . . . _____

Other . . . . . _____

Expenses

Garage rent . . . . . _____

Gas . . . . . _____

Insurance . . . . . _____

Licenses . . . . . _____

Oil . . . . . _____

Parking fees . . . . . _____

Rental fees . . . . . _____

Interest . . . . . _____

Property tax . . . . . _____

Repairs . . . . . _____

Tires . . . . . _____

Tolls . . . . . _____

Lease addback . . . . . _____

Other expenses

_____ _____

_____ _____

_____ _____

_____ _____

Business Use of Home

Name of business home is used for _____

What is the total square footage of your home that was used regularly and exclusively for business _____

What is the total square footage of your home _____

For daycare facilities not used exclusively for business, complete the following questions

How many days during the year was the area used _____

How many hours per day was the area used _____

☐ The daycare facility was in operation for the entire year

Expenses	Office expenses	Home expenses
Mortgage interest		
Real estate taxes		
Excess mortgage interest		
Excess real estate taxes		
Insurance		
Rent		
Repairs & maintenance		
Utilities		
Other expenses		

In the "Office expenses" column, enter those expenses that pertain exclusively to your office; in the "Home expenses" column, enter those expenses that pertain to the entire dwelling.

Household Employment

Name: SSN:

TSJ_____ Employer Identification Number _____

Yes	No	
☐	☐	Did you pay any one household employee cash wages of $2,200 or more in 2020?
☐	☐	Did you withhold federal income tax during 2020 for any household employee?
☐	☐	Did you pay total cash wages of $1,000 or more in any calendar quarter of 2019 or 2020 to all household employees?
☐	☐	Did you pay unemployment contributions to only one state?
☐	☐	Did you pay all state unemployment contributions for 2020 by April 15, 2021?
☐	☐	Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?

	2020
Total cash wages subject to Social Security tax	
Total cash wages subject to Medicare tax	
Total cash wages subject to Additional Medicare tax withholding	
Federal income tax withheld	

TSJ_____ Employer Identification Number _____

Yes	No	
☐	☐	Did you pay any one household employee cash wages of $2,200 or more in 2020?
☐	☐	Did you withhold federal income tax during 2020 for any household employee?
☐	☐	Did you pay total cash wages of $1,000 or more in any calendar quarter of 2019 or 2020 to all household employees?
☐	☐	Did you pay unemployment contributions to only one state?
☐	☐	Did you pay all state unemployment contributions for 2020 by April 15, 2021?
☐	☐	Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?

	2020
Total cash wages subject to Social Security tax	
Total cash wages subject to Medicare tax	
Total cash wages subject to Additional Medicare tax withholding	
Federal income tax withheld	

Schedule A - Itemized Deductions

Name: SSN:

Medical and Dental Expenses

Health insurance premiums (paid by you) . . . . . _____

Long-term care premiums (you) . . . . . _____

Long-term care premiums (your spouse) . . . . . _____

Long-term care premiums (dependents) . . . . . _____

Mileage driven for medical purposes . . . . . _____

Medical & dental expenses

- Doctor, dental, etc . . . . . _____
- Prescription medicines . . . . . _____
- Insulin . . . . . _____
- Glasses & contacts . . . . . _____
- Hearing aids . . . . . _____
- Braces . . . . . _____
- Medical equipment & supplies . . . . . _____
- Hospital services . . . . . _____
- Laboratory services . . . . . _____
- Nursing services . . . . . _____
- Other . . . . . _____

Taxes Paid

State and local income taxes . . . . . _____

Sales tax . . . . . _____

Real estate taxes . . . . . _____

Personal property taxes . . . . . _____

Other taxes (list) _____ _____

_____ _____

_____ _____

Interest Paid

Mortgage interest paid (attach Form 1098) . . . . . _____

☐ Some of your home mortgage loan was not used to buy, build, or improve your home

Mortgage interest paid to an individual . . . . . _____

Paid to:

Name _____

Address _____

City, State, ZIP _____

SSN or EIN _____

Mortgage insurance premiums . . . . . _____

Investment interest . . . . . _____

Charitable Contributions

Donations to charity	Cash	Noncash	Amount
Church	☐	☐	
Boy or Girl Scouts	☐	☐	
Goodwill	☐	☐	
Red Cross	☐	☐	
Salvation Army	☐	☐	
United Way	☐	☐	
Veterans	☐	☐	
Hospital	☐	☐	
University	☐	☐	
Other	☐	☐	

Miles driven for charitable purposes _____

Other Miscellaneous Deductions

Amortizable bond premiums . . . . . _____

Federal estate tax . . . . . _____

Gambling losses . . . . . _____

Impairment-related work expenses . . . . . _____

Claim repayments . . . . . _____

Unrecovered pension investments . . . . . _____

Loss from other activities from Schedule K-1 . . . . _____

Ordinary loss debt instrument . . . . . _____

Excess deduction on termination . . . . . _____

Job Expenses & Certain Miscellaneous Deductions

Necessary job expenses you paid that were not reimbursed by your employer

- Safety equipment, tools, & supplies . . . . . _____
- Uniforms . . . . . _____
- Protective clothing (shoes, hardhats, glasses, etc.) _____
- Dues to professional organizations . . . . . _____
- Books & subscriptions . . . . . _____
- Other . . . . . _____

Union dues . . . . . _____

Tax preparation fees . . . . . _____

Other nonpersonal expenses related to taxable income

- Safe deposit box fees . . . . . _____
- Investment expenses not entered elsewhere . . _____
- Other . . . . . _____

Home equity interest . . . . . _____

Other Information

Name: SSN:

Mortgage Interest

Provide all copies of Form 1098

Lender's name	Mortgage interest received	Mortgage insurance premiums	Real estate taxes paid

Employee Business Expenses

- ☐ You are a qualified performing artist
- ☐ You are a fee-based state or local government official
- ☐ You are a disabled employee with impairment-related work expenses
- ☐ You are a reservist
- ☐ You are a member of the clergy
- ☐ You used your personal vehicle for your job during 2020

	NOT reimbursed by your employer	Reimbursed by your employer not included on your W-2
Parking fees, tolls, local transportation		
Meals		
Overnight business travel expenses (Do not include meals & entertainment)		
Other business expenses		

Casualties and Thefts

FEMA code

Property description

Property location

Date property was acquired

Date property was damaged or stolen

Cost of property damaged or stolen

Amount of damage

Insurance reimbursement

FEMA code

Property description

Property location

Date property was acquired

Date property was damaged or stolen

Cost of property damaged or stolen

Amount of damage

Insurance reimbursement

Other Information

Name: SSN:

Child and Other Dependent Care Expenses

Name of care provider	Address	SSN or EIN	Amount paid

Education Expenses

Provide all copies of Form 1098-T

Student name _____ Student name _____

Type of expense	Amount	Type of expense	Amount

Student name _____ Student name _____

Type of expense	Amount	Type of expense	Amount

Student name _____ Student name _____

Type of expense	Amount	Type of expense	Amount