



2020 Tax Organizer

Rev 1-15-21

Enclosed is your Fill-In Organizer redesigned to be easier than ever to use. If you choose to print it out and fill it in you will find it easier to use in that manner as well. Reference Tax Information is also enclosed showing what our database holds. Use it to see what we have, advise of any corrections and use it as a guide for the tax data you need for this year. Your tax documents provide the final ingredient so we may prepare a complete and accurate tax return.

The file may seem intimidating but we have worked hard to make it easy to deal with. To reduce your time there are frequent check boxes to skip pages or sections of questions that are inapplicable. The file is bookmarked so you can easily find what you need. The Fill-In Organizer is also available on our web site in Client Resources under Client Forms & Guidance at <https://www.wilhelmcpa.com/client-resources/client-forms/>. If you need extra pages you can copy the pages or pull extra pages from our web site.

Save the file locally before and after you complete it, or it will not save your data.

Questions - The organizer questions have been updated for changes in tax law and there is a page at the end for your answers and comments. These key questions allow us to understand your tax situation by eliminating problem areas and help focus our attention on your specific tax issues.

Bank Accounts & Identification – Please update for any changes and check if your driver's licenses have expired. States require this information to verify identity.

Tax Payments - Enter all Federal and state estimated tax payments and extension payments here. Do not enter withholding as we pick that up directly from the W-2, 1099-Rs and other tax documents. Real estate tax and other tax payments are provided on tax documents or receipts.

Charitable Contributions - Enter all contributions, "cash", property, mileage, etc. Indicate how paid, check off acknowledgement letters, if non-cash and if a QCD from your RMD. The tax jargon is explained on the sheet.

Medical Expenses - Enter amounts only if you expect your expenses will exceed 7.5% of your income. If in doubt provide estimated amounts and we will advise if more precise amounts are beneficial.

IRAs & HSAs - Enter the amount of 2020 IRA, Roth IRA and/or HSA contributions you have made or intend to make by April 15, 2021 on the IRA & HSA page. If in doubt as to how much to contribute or which IRA is appropriate for you, please call.

Qualified Retirement Plans – Use if you have a business, even a side business.

Next Year's Taxes – Enter information so we can adjust for anticipated changes for 2021 if necessary.

Childcare - Enter details pertaining to claiming the Child and Dependent Care Tax Credit. Copies of reports from your employer for an FSA plan are helpful.

Rental - Enter the relevant details for each rental property. Add 2020 activity details and enough description to identify the property. For new properties complete all information. You may provide property manager reports and any expenses you paid directly, the Forms 1098 and real estate tax receipts for the accounting.

Business - Enter the relevant details for each business. Add 2020 activity details and enough description to identify the business. For new businesses complete all information.

Vehicle Expenses – Use for a business as needed.

Alimony & Other Income – Enter information for alimony paid or received and income you received not reported on a tax document like gains on sales of personal assets.

State Information – Enter your state and local details and any changes to residency or domicile as needed.

Tax Documents include

1. Any 1099 series forms such as: 1099-DIV, 1099-INT, 1099-G, 1099-MISC, 1099-R, SSA-1099, RRB-1099, 1099-NEC, etc.
2. All pages of forms W-2
 - . Any Forms 1098, 1098-T, 1098-E, 5498, etc.
 - . All pages of Schedule K-1, including explanations and attachments.
 - . Any Year-End Investment Reports and consolidated 1099s
 - . Any Forms 1095 or 1095A for the Affordable Care Act Marketplace Coverage.
 - . Copies of all tax related legal documents such as tax receipts, closing statements, trusts, retirement plans, adoption, divorce, separation agreements, etc.

Once you have completed your Fill-In Organizer and collected most of your tax documents, make sure you...

- - Explain clearly and in detail the answers to the questions.
- - Notify Anna of any changes in address, contact information, bank information, etc.

Include copies of documents you are unsure of or want us to write-up (summarize in a spreadsheet) or analyze for you. Please **do not include** other various receipts and other supporting documentation unless you want us to spend time going through them. It is your responsibility to retain receipts to document all your tax deductions.

If you can, please scan all your tax documents in one pdf file with 300 dpi resolution. If you must scan using your phone, see the scanning instructions enclosed.

When you are ready, save and send the Fill-In Organizer back **via Liscio** along with all tax documents. Most tax documents arrive February 15 by law. If you are missing just a few, please send the rest all together as early as possible.

We need your complete tax information via Liscio, tracked mail, Fed Ex, or drop-off to our office by the second Monday in March, **March 8th**, to ensure we can complete your return by April 15. **We no longer accept documents via email due to security concerns.**

If we have not received your documents by March 8th, we will determine the need to prepare extensions and prepare and file the extensions as we process your information. It is a safeguard in case your tax return is not processed by the government in a timely manner. Please call if you have any questions. And don't forget to look for our Low Tax Tips Liscio message in the coming days.

Thank you for the opportunity to serve you.

Sincerely,

Your Tax and Accounting Team at Wilhelm & Associates, Ltd

Questions

Name _____

STOP – Download and save to your local computer. After completing, save again and send back.

Technology Preferences		
Check all devices you use to communicate with us.		
iPhone	Mac Computer	iPad
Android Smartphone	PC (Windows) Computer	Other Tablet
Are any of these devices over 5 years old? If so, specify:		
Answer Yes or No to all questions in applicable sections. <u>Please ask if you do not understand a question.</u> We are always happy to talk with you (703) 356-5005. Include all necessary details on separate page(s) or on the Notes page at the end of this section. Documentation is welcome.		
1 - Personal Information – In 2020 did you or your spouse:		
Experience a change in marital status? If yes, explain in Notes and include copies of all related legal documents.	Yes	No
Change your address from last year? If you moved into or out of state, provide the dates your residency changed for both spouses, if applicable. See the State Taxes form.	Yes	No
Receive an Identity Protection PIN (IP PIN) from the IRS or state or have you been a victim of identity theft? IRS letters were mailed by the IRS in January 2021. If yes, enclose the IRS and state letter(s).	Yes	No
Reside in, or operate a business in, a Federally declared disaster area? The Federally declared disaster areas include victims of hurricanes, tropical storms, floods, as well as wildfires. If yes, explain in Notes.	Yes	No
Determine you can be claimed as a dependent by another taxpayer? If yes explain in Notes.	Yes	No
2 - Dependent Information –Who is a dependent? Generally, these are your children and relatives whom you provide over 50% of support costs and meet certain other tests. Call if you have any questions.		
Check if no dependents and skip to section 3		
Were there any changes in dependents from the prior year? If yes, explain in Notes.	Yes	No

Questions

Name _____

<p>Did you have any children under age 19 or a full-time student under age 24 last year with unearned income more than \$2,200?</p> <p>If yes, explain in Notes.</p>	<p>Yes No</p>
<p>Do you have dependents who must file a tax return? If they have filed, provide a copy. If you need us to prepare their returns, send a separate request in a Liscio message to Anna.</p>	<p>Yes No</p>
<p>Did you provide over half the support for any other person(s), other than your dependent children, during the year?</p> <p>While the benefit of dependency allowances is minimal, medical expenses paid on a dependent's behalf may provide a benefit.</p> <p>If yes, explain in Notes.</p>	<p>Yes No</p>
<p>Did you pay for childcare while you worked, looked for work, or while a full-time student? If yes, enter the required information in Child & Dependent Care form.</p>	<p>Yes No</p>
<p>Did you pay any expenses related to the adoption of a child during the year?</p> <p>If yes, provide the details and costs for adoption fees, court and legal costs, travel and other directly related expenses. Domestic adoption credits are in the year after payment. Foreign adoption credits in the year the adoption is final.</p>	<p>Yes No</p>
3 - Purchases, Sales and Debt Information – In 2020 did you or your spouse:	
<p>Start a new business or purchase rental property? If yes, provide details on the applicable Business Schedule C or Rental Activity forms. Provide a copy of the CD or HUD-1 for any real estate used in the business or rental.</p>	<p>Yes No</p>
<p>Sell, exchange, or purchase any assets used in your rental or trade or business? If yes, provide details and copy of purchase or sale contracts if applicable.</p>	<p>Yes No</p>
<p>Acquire a new or additional interest in a partnership or S corporation? If yes, provide details and copy of purchase contracts and Sec 754 election if applicable.</p>	<p>Yes No</p>
<p>Sell, exchange, or purchase any real estate? If yes, provide details and copy of purchase or sale contracts as applicable.</p>	<p>Yes No</p>

Questions

Name _____

Purchase or sell a principal residence? If yes, provide a copy of the Closing Disclosure (CD) or HUD-1 forms related to the purchase and sale.	Yes	No
Foreclose or abandon a principal residence or real property? If yes, provide details and copy of all related legal documents.	Yes	No
Acquire or dispose of any stock? If yes, provide Forms 1099-B, 1099-S or details if not reported.	Yes	No
Defer gain into a Qualified Opportunity Fund? If yes, provide details and copy of purchase contracts if applicable.	Yes	No
Take out a home equity loan this year? If yes, provide details and use of the proceeds of the loan.	Yes	No
Refinance a principal residence or second home this year? If yes, provide a copy of the Closing Disclosure (CD)	Yes	No
Sell an existing business, rental, or other property this year? If yes, provide details and copy of contracts and Form 8 9 if the buyer furnished one.	Yes	No
Lend money with the understanding of repayment and this year it became totally uncollectable? If yes, provide details and copy of all related legal documents.	Yes	No
Purchase a qualified plug-in electric drive vehicle or qualified fuel cell vehicle this year? If yes, provide a copy of the invoice.	Yes	No
4 - Income Information – In 2020 did you or your spouse:		
Earn any foreign income or pay any foreign taxes during the year, directly or indirectly, such as from investment accounts, partnerships, or a foreign employer (other than foreign tax withheld on dividends in US accounts)? If yes, explain in Notes.	Yes	No
Have a beneficial interest in, or create a trust in, a foreign country? If yes, explain and send a copy of the trust document and trustee contact information.	Yes	No
Own an interest in, or create a foreign LLC or other business entity? If yes, explain and send a copy of the formation documents translated into English.	Yes	No

Questions

Name _____

Receive any income from property sold in prior years? If yes, provide the relevant tax reporting form(s).	Yes No
Receive tip income not reported to your employer this year? If yes, provide the amount of unreported tip income.	Yes No
Surrender or have life insurance policies mature? If yes, send the 1099-R form and the cost basis as calculated by the insurance company.	Yes No
Receive any unemployment compensation, awards, prizes, hobby income, gambling or lottery winnings? If yes, provide the 1099-G form(s) and proof of gambling losses.	Yes No
Receive any disability income during the year? If yes, explain if you ever deducted the disability insurance premiums for this policy.	Yes No
Have any sales or other exchanges of virtual currencies, or used virtual currencies to pay for goods or services, or you are holding virtual currencies as an investment? If yes, note that these are considered assets and need to be reported for gain and loss like all other assets. Provide dates acquired, cost basis and dates sold and sales price.	Yes No
5 - Retirement Information – In 2020 did you or your spouse:	
Make contributions to, or receive allocations (aka active participation) in, a pension or retirement plan? If yes, your W-2 will disclose the amounts. Otherwise explain in Notes.	Yes No
Receive any Social Security benefits during the year? If yes, include copies of the Forms 1099-SSA.	Yes No
Make any withdrawals from an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan? If yes, include copies of the Form(s) 1099-R and explain in Notes if it was rolled over within 60 days or if taken early but eligible for penalty relief.	Yes No
Receive any lump-sum payments from a pension, profit sharing or 401(k) plan? If yes, include copies of the Forms 1099-R.	Yes No
Make any contributions to an IRA or Roth IRA account? If yes, provide year-end statements for the retirement accounts and complete the Individual Retirement Accounts (IRA) & Health Savings Accounts (HSA) Organizer page.	Yes No

Questions

Name _____

<p>Make any Qualified Charitable Contributions from your IRA(s)? If yes, include the acknowledgement letters from the charities and annotate them indicating they were funded from your IRA and complete the Charitable Contributions Organizer pages.</p>	<p>Yes No</p>
<p>Make any contributions to a Keogh, SIMPLE, SEP IRA, 401(k), or other qualified retirement plan? If yes, provide year-end statements for the retirement accounts and complete the Qualified Retirement Plan Organizer pages and provide a copy of the adoption agreement and plan document if not already provided to us..</p>	<p>Yes No</p>
6 - Education Information – In 2020 did you or your spouse:	
Check if none and skip to section 7	
<p>Make any withdrawals from an education savings (ESA) or 529 Plan account? If yes provide a copy of the IRS Form(s) 1099-Q and a list of the qualified education expenses and the IRS Form(s) 1098-T evidencing tuition payments.</p>	<p>Yes No</p>
<p>If there were withdrawals from an education savings (ESA) or 529 Plan account, were any of these withdrawals rolled over into an ABLE (Achieving a Better Life Experience) account? If yes provide details in the Notes section and copies of the account statement showing the deposit.</p>	<p>Yes No</p>
<p>Make any contributions to an education savings (ESA) or 529 Plan account? If yes, provide year-end statements showing the account number and amounts contributed.</p>	<p>Yes No</p>
<p>Pay any student loan interest this year? If yes, provide copies of the IRS Form(s) 1098-E.</p>	<p>Yes No</p>
<p>Cash any Series EE or I U.S. Savings bonds issued after 1989? If yes, provide the 1099-INT forms.</p>	<p>Yes No</p>
<p>Would you like a worksheet to aid in the completion of a Free Application for Federal Student Aid (FAFSA) with the U.S. Department of Education?</p>	<p>Yes No</p>
<p>Did you have educational expenses during the year on behalf of yourself, your spouse, or a dependent? If yes, attach Form(s) 1098-T and receipts for qualified tuition and related expenses.</p>	<p>Yes No</p>

Questions

Name _____

7 - Health Care Information – In 2020 did you or your family: "Your family" for health care coverage refers to you, your spouse if filing jointly, and anyone you can claim as a dependent.		
FAIL to have qualifying health care coverage, such as employer-sponsored coverage or government-sponsored coverage (i.e., Medicare or Medicaid)?	Yes	No
Qualify for an exemption from the health care coverage mandate? Examples of exemptions include (but are not limited to) certain non-citizens, members of a health care sharing ministry, members of Federally recognized Indian tribes, and exemptions requested from the Marketplace. If yes, attach the Exemption Certificate Number (ECN) or type of exemption.	Yes	No
Enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act? If yes, attach any Form(s) 1095-A you received.	Yes	No
Make any contributions to a Flexible Spending Account (FSA) aka cafeteria plan?	Yes	No
Make contributions to, or receive distributions from, a Health Savings Account (HSA), Archer MSA, or Medicare Advantage MSA this year? If yes, provide a copy of the 1099-SA & 5498-SA forms and complete the IRA & HSA Organizer page.	Yes	No
Pay long-term care premiums? If yes, provide amounts for each of you separately.	Yes	No
Make any contributions to an ABLE (Achieving a Better Life Experience) account? If yes, attach any Form(s) 5498-QA you received.	Yes	No
Receive any withdrawals from an ABLE (Achieving a Better Life Experience) account? If yes, attach any Form(s) 1099-QA you received.	Yes	No
Pay health insurance premiums for your employees this year? (Business owners only)	Yes	No
Receive any Health Coverage Tax Credit (HCTC) advance payments? If yes, attach any Form(s) 1099-H you received.	Yes	No

Questions

Name _____

8 - Itemized Deductions. In 2020 did you or your spouse:		
Have charitable contributions of cash? These are now deductible even if you use the standard deduction. If yes and you plan to use the standard deduction, how much cash was contributed?	Yes	No
Check if you are sure you will <u>NOT</u> itemize and skip to section 9		
Pay out-of-pocket medical expenses (Co-pays, prescriptions, etc.)? If yes, and you expect your medical expenses will exceed 7.5% of your income, complete the Medical page of the organizer.	Yes	No
Make any charitable contributions by check, charge, cash or payroll deduction? If yes, provide details in the Charitable Contributions form. You need a proper letter of acknowledgement if the amount is over \$250 for any donation.	Yes	No
Make any noncash charitable contributions (clothes, furniture, etc.)? If yes, provide details in the Supplemental Organizer. For amounts more than \$5,000 call for guidance.	Yes	No
Donate a vehicle or boat during the year? If yes, attach Form 1098-C or other written acknowledgment from the donee organization.	Yes	No
Pay real estate taxes for your primary home and/or second home?	Yes	No
Pay any mortgage interest? If yes, attach any Form(s) 1098 you received. If there is no Form 1098 call us.	Yes	No
Incur interest expenses associated with any investment accounts you held? If yes, tell us what the proceeds of the loans were used for.	Yes	No
Make any major purchases during the year (cars, boats, etc.)? If yes provide the invoices so we may consider the benefit of the sales tax deduction.	Yes	No
Purchase items from out-of-state sources (by telephone, internet, mail, or in person) for which the seller did not collect state sales or use tax? If yes, provide the amount of untaxed purchases. This is required for Virginia returns.	Yes	No

Questions

Name _____

9 - Miscellaneous. Did, or will, you or your spouse:		
If you have overpayments from this year's tax returns, do you want to consider applying some amount to next year's tax? We will make recommendations as to the amount.	Yes	No
Expect a large fluctuation in income, deductions, or withholding next year? If yes, provide details on the Next Years Changes & Taxes form so we can help make adjustments to your tax payments.	Yes	No
Utilize an area of your home used exclusively and regularly for business purposes (<u>not</u> as an employee) for which you want to take a deduction? If yes, provide the square footage of the entire home, the office square footage and a summary of the utility and maintenance expenses for the home.	Yes	No
Engage in any bartering transactions? If yes, provide details.	Yes	No
Retire or change jobs? If so, when exactly? Elaborate in Notes	Yes	No
Incur moving costs because of a permanent change of station as a member of the Armed Forces on active duty? If yes, provide a schedule of amounts and dates.	Yes	No
Pay an individual as a household employee during the year? Note that payments to a service are excepted from household employee rules. If you used a third party for the tax reporting, provide a copy of their Schedule H and estimated tax payments made. If yes, and you have not filed payroll returns, call and we will discuss the ramifications.	Yes	No
Make energy efficient improvements to your main home this year? If yes, call, as these are now limited and capped.	Yes	No
Receive a distribution from, or were you a grantor or transferor for, a foreign trust? If yes, provide details.	Yes	No

Questions

Name

<p>Have a financial interest in or signature authority over a financial account such as a bank account, securities account, or brokerage account, located in a foreign country? If yes, provide a copy of the monthly statements or highest balance after currency conversions.</p>	<p>Yes No</p>
<p>Do you have any foreign financial accounts, foreign financial assets, or hold interest in a foreign entity? If yes, provide a copy of the monthly statements or highest balance after currency conversions. And for foreign entities a copy of the formation documents translated into English.</p>	<p>Yes No</p>
<p>Did anyone in your family receive a scholarship of any kind during the year? If yes, were any of the scholarship funds used for expenses other than tuition, such as room and board? Explain detail in the Notes section.</p>	<p>Yes No</p>
<p>Receive correspondence from the State or the IRS that you have not previously forwarded to us? If yes, enclose copies and explain in Notes.</p>	<p>Yes No</p>
<p>Do you have previous years of tax returns that are either unfiled or filed with unpaid balances due?</p>	<p>Yes No</p>
<p>Do you want to designate \$3 to the Presidential Election Campaign Fund? If you check yes, it will not change your tax or reduce your refund.</p>	<p>Yes No</p>
<p>If you have a balance due do you want to pay the tax due with an ACH (Automated Clearing House) payment directly from your bank account?</p>	<p>Yes No</p>
<p>Would you like your next year's federal estimated tax payments scheduled to be paid as due via ACH (Automated Clearing House) payment directly from your bank account?</p>	<p>Yes No</p>
<p>Would you like your next year's state estimated tax payments scheduled to be paid as due via ACH (Automated Clearing House) payment directly from your bank account if the state allows it?</p>	<p>Yes No</p>

Questions

Name

Notes, Comments, Questions and Answers (please reference the section number):

2020 Supplemental Questions for Individuals

Name

1. Did you receive an Economic Impact Payment (EIP) as reported on Notice 1444 or 1444-A (stimulus payments)?	Yes	No
2. Are you a telecommuting employee that was required to "shelter in place" due to local COVID-19 protocols while working in a state that was not your home state?	Yes	No
3. Did you receive emergency leave sick pay?	Yes	No
4. Did you receive emergency family leave wages?	Yes	No
5. Did you receive any special unemployment benefits or compensation under the Coronavirus Relief Act during the year?	Yes	No
6. If you are self-employed, were you unable to perform your self-employed activities due to coronavirus related care you needed?	Yes	No
7. If you are self-employed, were you unable to perform your self-employed activities due to coronavirus related care you provided to your son or daughter under the age of 18?	Yes	No
8. If you are self-employed, were you unable to perform your self-employed activities due to coronavirus related care you provided to another?	Yes	No
In 2020, did your business:	I did not own a business in 2020	
9. Receive an Emergency ID Loan (EIDL) Advance?	Yes	No
If yes, provide: Amount: \$ Date Deposited:		
10. Receive a Paycheck Protection Program (PPP) Loan? (If no, skip to #12)	Yes	No
If yes, provide: Amount: \$ Date Deposited: Brief Description of use of funds:		
11. Prepare, or submit, an application for PPP forgiveness?	Yes	No
Date submitted: Approval date: Amount forgiven (or to be forgiven): \$		
<i>If we do not have a copy, provide a copy of your application and approval.</i>		
12. Did your business provide payments to employees who could not work due to COVID related issues?	Yes	No

Bank Accounts & Identification

Name

My/Our bank information and driver's license(s) or other ID is unchanged, current and correct as shown in the tax reference information, so I left this page blank.

Bank Account – The one that you want to use to pay taxes or receive refunds:			
Send a copy of a voided or cancelled check from this account. Or enter the name of financial institution, routing transit number, account number and type of account.			
Name of financial institution:			
Routing Transit Number:			
Your account number:			
Type of account (1 = Savings, 2 = Checking)	1	2	
If married filing jointly, is this is a joint account?	Yes	No	
Note: Foreign accounts are generally unable to be used.			

Identity Authentication - Taxpayer			
Send a legible copy of your driver's license or identification card or complete the following:			
Form of identification - 1 Driver's license	2 State issued ID card	1	2
Identification number			
Issue date or Reissue date (mm/dd/yyyy)			
Expiration date (mm/dd/yyyy)			
Location of issuance (State issued only)			
Document number (New York only)			

Identity Authentication - Spouse			
Send a legible copy of your driver's license or identification card or complete the following:			
Form of identification - 1 Driver's license	2 State issued ID card	1	2
Identification number			
Issue date or Reissue date (mm/dd/yyyy)			
Expiration date (mm/dd/yyyy)			
Location of issuance (State issued only)			
Document number (New York only)			

Tax Payments

Name

I did not make tax payments for 2020, so I left this section blank

Federal Payments		
We will pull withholding directly from tax documents (Forms W-2, 1099, K-1, etc.) so please do not enter any withholding on this form. If possible, provide good copies of all tax payments		
Overpayment Applied from Last Year:		
If you received an IRS notice adjusting last year's return please send a copy if not sent previously.		
Enter the dates made so we may accurately minimize penalty assessments. Additional lines are available to accommodate extra payments made for Household Employee taxes, etc.		
Payment	Amount	Date Made
First Quarterly Payment		
Additional First Quarterly Payment		
Second Quarterly Payment		
Additional Second Quarterly Payment		
Third Quarterly Payment		
Additional Third Quarterly Payment		
Fourth Quarterly Payment		
Additional Fourth Quarterly Payment		
Extension Payment for 2020		

Resident State Payments (Specify State Name: _____)		
Overpayment Applied from Last Year:		
If you received a state notice adjusting last year's return please send a copy if not sent previously.		
Payment	Amount	Date Made
First Quarterly Payment		
Additional First Quarterly Payment		
Second Quarterly Payment		
Additional Second Quarterly Payment		
Third Quarterly Payment		
Additional Third Quarterly Payment		
Fourth Quarterly Payment		
Additional Fourth Quarterly Payment		
Extension Payment for 2020		

Tax Payments

Name _____

Other State Payments (Specify State Name: _____)		
Overpayment Applied from Last Year:		
If you received a state notice adjusting last year's return please send a copy if not sent previously.		
Payment	Amount	Date Made
First Quarterly Payment		
Additional First Quarterly Payment		
Second Quarterly Payment		
Additional Second Quarterly Payment		
Third Quarterly Payment		
Additional Third Quarterly Payment		
Fourth Quarterly Payment		
Additional Fourth Quarterly Payment		
Extension Payment for 2020		

Other State Payments (Specify State Name: _____)		
Overpayment Applied from Last Year:		
If you received a state notice adjusting last year's return please send a copy if not sent previously.		
Payment	Amount	Date Made
First Quarterly Payment		
Additional First Quarterly Payment		
Second Quarterly Payment		
Additional Second Quarterly Payment		
Third Quarterly Payment		
Additional Third Quarterly Payment		
Fourth Quarterly Payment		
Additional Fourth Quarterly Payment		
Extension Payment for 2020		

Charitable Contributions

Name

I did not make any charitable contributions in 2020

Enter the total for the aggregate of smaller donations in the Various Documented Charities field. Larger donations may be listed individually in the blocks below and we will deduct them all.

Cash Contributions to Various Documented Charities	\$
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Contributions of property (other than publicly traded securities) valued at over \$5,000 require a Form 8283, page 2, properly signed by the appraiser and the charity. For publicly traded securities please send a copy of the acknowledgement letter and the cost basis and date acquired

Note: If you made contributions from your retirement account after age 70 ½ please Include a copy of the acknowledgement letter from the charity and write a note on it indicating the retirement account it came from. Enter the amount in a block below and check yes for Qualified Charitable Distribution.

Detailed Larger Cash Contributions:

Charity Name:			
Date Donated:		Value: \$	
If \$250 or more, was an acknowledgement letter received Y/N?			
Is this a Qualified Charitable Distribution from your IRA Y/N?			

Charity Name:			
Date Donated:		Value: \$	
If \$250 or more, was an acknowledgement letter received Y/N?			
Is this a Qualified Charitable Distribution from your IRA Y/N?			

Charity Name:			
Date Donated:		Value: \$	
If \$250 or more, was an acknowledgement letter received Y/N?			
Is this a Qualified Charitable Distribution from your IRA Y/N?			

Charity Name:			
Date Donated:		Value: \$	
If \$250 or more, was an acknowledgement letter received Y/N?			
Is this a Qualified Charitable Distribution from your IRA Y/N?			

Charitable Contributions

Name

Note: If you are missing acknowledgement letters, you need them by the date you file your return, or the deduction may be disallowed upon audit.

Detailed Larger Cash Contributions Continued:

Charity Name:			
Date Donated:		Value: \$	
If \$250 or more, was an acknowledgement letter received Y/N?			
Is this a Qualified Charitable Distribution from your IRA Y/N?			

Charity Name:			
Date Donated:		Value: \$	
If \$250 or more, was an acknowledgement letter received Y/N?			
Is this a Qualified Charitable Distribution from your IRA Y/N?			

Charity Name:			
Date Donated:		Value: \$	
If \$250 or more, was an acknowledgement letter received Y/N?			
Is this a Qualified Charitable Distribution from your IRA Y/N?			

Charity Name:			
Date Donated:		Value: \$	
If \$250 or more, was an acknowledgement letter received Y/N?			
Is this a Qualified Charitable Distribution from your IRA Y/N?			

Charity Name:			
Date Donated:		Value: \$	
If \$250 or more, was an acknowledgement letter received Y/N?			
Is this a Qualified Charitable Distribution from your IRA Y/N?			

Charitable Contributions

Name

Non-Cash Property Worth \$5,000 or Less & Publicly Traded Securities of ANY Value

Provide this information so we may complete Form 8283 to report non-cash donations. Receipts are usually inadequate for the details we need (*for securities provide name & # of shares*). For donations of vehicles provide a copy of the Form 1098-C or VIN and letter. If the total value of similar items is over \$500 we need the approximate date acquired, approximate cost and how you acquired the property.*

^Valuation Method Codes: A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative,

*O = Other Acquisition Codes, P= Purchase, I = Inheritance, G = Gift, E = Exchange

Number of Miles Driven for Charity:					
Charity Name:					
Address including street, city, state & zip code:					
Description of Property					
Date Donated:		^Valuation Method Code		Value: \$	
*Date Acquired		*Acquisition Code		*Original Cost	

Charity Name:					
Address including street, city, state & zip code:					
Description of Property					
Date Donated:		^Valuation Method Code		Value: \$	
*Date Acquired		*Acquisition Code		*Original Cost	

Charity Name:					
Address including street, city, state & zip code:					
Description of Property					
Date Donated:		^Valuation Method Code		Value: \$	
*Date Acquired		*Acquisition Code		*Original Cost	

Charitable Contributions

Name

Non-Cash Charitable Contributions (Other Than Publicly Traded Securities) Valued Over \$5,000

Provide this information so we may attach Form 8283 page 2 signed by the qualified appraiser and the charitable organization.

[^]Valuation Method Codes: A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other

^{*}Acquisition Codes = Purchase, I = Inheritance, G = Gift, E = Exchange

Charity Name:					
Address including street, city, state & zip code:					
Description of Property					
Date Donated:		[^] Valuation Method Code		Value: \$	
Date Acquired		[*] Acquisition Code		Original Cost	
Send a full copy of the appraisal & any pictures. If in process indicate the date available.					
Send a legible copy of a properly signed Form 8283. If in process indicate the date available.					

Charity Name:					
Address including street, city, state & zip code:					
Description of Property					
Date Donated:		[^] Valuation Method Code		Value: \$	
Date Acquired		[*] Acquisition Code		Original Cost	
Send a full copy of the appraisal & any pictures. If in process indicate the date available.					
Send a legible copy of a properly signed Form 8283. If in process indicate the date available.					

Charitable Contributions

Name _____

Contributions Quick Reference

Is it a qualified Cash Contribution?	
Yes	No
<ul style="list-style-type: none"> ✓ Cash if receipts are kept ✓ Check or Money Order ✓ Payroll deductions ✓ Texts (as of date charged to your phone account) ✓ Credit Card Charge (as of date charged). ✓ Out of pocket expenses for volunteering for which you were not reimbursed ✓ New items you purchase specifically for donation, e.g., food for a food drive, toys you buy for "Toys for Tots" 	<ul style="list-style-type: none"> ✗ Cash with no receipt ✗ Amounts for which you received a benefit ✗ Raffle ticket, lottery, bingo, etc. ✗ Value of your time ✗ Amounts paid to fraternal or lobbying organizations ✗ Amounts paid to an individual

What documentation do I need for Cash Contributions?
Documentation must include: Name of organization, date of contribution and value of the contribution.
If less than \$250 in value: Cancelled check or bank statement if the name is printed on the statement. Credit card statement that shows the charity's name. Receipt which can be an email with date, contribution amount and org's name. Payroll record and pledge card.
If \$250 or more: All of the above plus a written acknowledgement from the organization showing: date and amount of contribution, amount of any goods or services other than intangible religious benefits that were provided by the organization, or if applicable, a statement that the only benefit the taxpayer received was an intangible religious benefit.
Donations made by payroll deduction only need the payroll record and pledge card.

What documentation do I need for Non-Cash Contributions?
You need the same documentation as cash contributions plus a reasonably detailed description of property donated and the property must be in "good" condition.
If a vehicle, provide a copy of Form 1098-C or the charity letter and VIN.
You must indicate the fair market value and method of valuing the property (ex: comparable sales, thrift shop value, etc.)
If under \$250 in value: Description and condition of the property donated. If it is impractical to get a receipt, document the information listed above. An example of this is an unattended drop site.
If \$250 or more but less than \$501: Written acknowledgement from the charity indicating the amount of any benefit received.
Value over \$500 but less than \$5,001: Same as above plus the date acquired and how acquired (ex: purchase, gift, inheritance, etc.) and your cost or other basis.
Valued over \$5,000
An acknowledgement letter from the charity is required as is Form 8283 properly signed by the charity, the appraiser and you, except for publicly traded securities.
Donations of art require pictures. Please call us if you have donated art or collectibles.

Medical Deductions for 2020

Name

I did not have medical deductions in 2020

If you think you may be close to exceeding the 7 ½ % of income barrier to deductions, give us a rough estimate below and we will let you know if it's worth your time running down the exact amounts.

*Enter Expenses Net of Reimbursements or Reimbursements Pending.
Indicating T S or J is only necessary if you may file separately (T-Taxpayer, S-Spouse, J-Joint)*

T S J	Description	Amount
	Doctors & Dentists (unreimbursed amounts)	\$
	Hospital	\$
	Nursing Home	\$
	Labs & fees	\$
	Hearing Aids, eyeglasses & contacts	\$
	Prescription Medicine & Drugs	\$
	Transportation & Lodging	\$
	Other:	\$
	Mileage driven for medical care	m

Medical Insurance Premiums

Do not include pre-tax amounts paid by an employer-sponsored plan.

Health Insurance shown on your 1099-R forms will be deducted by W&A and Medicare will be extracted from your 1099-SSA Forms

T S J	Description	Amount
		\$
		\$
		\$

Long-Term Care Premiums

Do not include pre-tax amounts paid by an employer-sponsored plan

T S J	Description	Amount
		\$
		\$



Individual Retirement Accounts (IRA) & Health Savings Accounts (HSA) for 2020

Name

I did not contribute to an IRA or HSA in 2020

Basis in your IRAs is important - Please provide copies of any 1987 through 2019 Form 8606 not prepared by this office.

IRA contributions are limited to \$6,000 plus \$1,000 for those who are 50 years old or over on December 31, 2020. You may fund any combination of Traditional or Roth IRAs by April 15, 2021, as long as the total does not exceed \$6,000 (\$7,000 if 50 or over) and you meet the contribution qualifications for the type of account.

IRA Questions & Guidance:	Taxpayer	Spouse
Are you or your spouse covered by an employer's retirement plan at any time during this tax year? (Y,N)		
Do you want to contribute the maximum allowable Traditional IRA amount? If yes, enter the applicable code: (1 or 2) (1 = Deductible only, 2 = Both deductible and nondeductible)		
Do you want to contribute the maximum allowable Roth IRA amount? (Y,N)		
If you want the maximum to both which has priority - Roth (R) or Deductible (D).		
Enter the total Traditional IRA contributions made so far for use in 2020.		
Have you made any Recharacterizations of IRA contributions for 2020? (Y, N)		
If yes, please explain the recharacterization:		
<i>Please provide copies of year-end statements for all retirement accounts and Forms 5498 if available so we may reflect the value of all your traditional IRAs on December 31, 2020.</i>		

HSA Questions & Guidance:	Taxpayer	Spouse
Do you want to contribute the maximum allowable HSA amount? (Y/N)		
Is your HSA plan a family or individual plan? (F – Family, I-Individual)		
Did you take any withdrawals NOT used for qualified medical expenses? (Y/N)		
You may contribute to an HSA plan through your employer (contributions are shown in your W-2 Form(s) box 12 coded W) or you may have a plan you participate in by yourself.		
<i>Please provide all copies of Forms 1099-SA and 5498-SA so we have the information we need.</i>		



Qualified Retirement Plan Contributions for 2020

Name

I do not want to contribute to a Qualified Retirement Plan for 2020, so I left this page blank

If you have a side business, or if you are self-employed full-time, you may be entitled to the extraordinary benefits of a retirement plan. This is one of the very few benefits where you get to keep the money and have the government pay you a guaranteed return of at least 20% and up to 43% in the year of contribution!

The rules are complex and inter-related with any wages you earn from other sources, so we need to work closely together to make it effective.

Retirement Plan Questions & Guidance:	Answer
Were you covered by another employer's retirement plan at any time during 2020?	Yes No
What type of plan do you have? Or if you do not have a plan yet what type do you want? (If after 12-31 the only plan available is a SEP IRA)	
For 401(k) plans does your plan allow elective deferrals?	Yes No
For 401(k) plans does your plan allow Roth elective deferrals?	Yes No
For 401(k) plans if Roth elective deferrals are allowed what percentage of the total elective deferral do you want to make a Roth?	%
Do you want to contribute the maximum to your plan?	Yes No
Enter the amount contributed for 2020 so far.	\$
Do you have employees who qualify for contributions? If you are not sure ask us for a census of your employees	Yes No

Notes:

Provide copies of all plan documents and year-end statements if we do not already have them.



Next Year's Taxes 2021

Name

I do not anticipate significant changes to my income or location in 2021 so I left this form blank.

Please describe the changes you anticipate for 2021 and when?

If you or your spouse will retire or change jobs, send a copy of the last pay-stub or payment statement when received and an estimate of the amounts for any prospective changes.

If you have significant contributions or investment income we need your best guess on the amounts for next year so we may adjust your estimated taxes accordingly. Please coordinate with your investment advisors to provide accurate information.

If you plan to move, provide the prospective or actual date and new locality name and number (If applicable)

Notes:

Child & Dependent Care Expenses for 2020

Name

I did not have any child or dependent care expenses so I left this page blank

Enter expenses for the care of one or more dependents, which enables you to work or attend school. Children must generally be under age 13 or disabled to qualify. Indicating T, S, or J is only necessary if you may file separately (T-Taxpayer, S-Spouse, J-Joint).

If you participated in a Flexible Spending Account (FSA) or cafeteria plan, an amount was deducted from your taxable wages BUT you need to provide the expenses in your tax return as well or the amount is added back to your income. The easiest thing to do in that case is provide a copy or summary of the documentation you gave your employer.

Name of Provider (Business or Individual Full Name):	
Full Address:	
Employer Federal Identification Number (FEIN) or Social Security Number(SSN) for Individuals	
If unable to get the FEIN or SSN provide the reason: The provider is:	
tax exempt	provided services overseas
moved and unavailable	refuses to provide the number
Amount paid for this tax year:	Paid By: T S J

Name of Provider (Business or Individual Full Name):	
Full Address:	
Employer Federal Identification Number (FEIN) or Social Security Number(SSN) for Individuals	
If unable to get the FEIN or SSN provide the reason: The provider is:	
tax exempt	provided services overseas
moved and unavailable	refuses to provide the number
Amount paid for this tax year:	Paid By: T S J

Allocation Of Expenses - Child's Name	Total Amount Allocated
	\$
	\$
	\$

Rental Activity

Name

I did not own a rental property in 2020

Property Address	
Street Address	
City, State & Zip Code	
Ownership T-Taxpayer, S-Spouse, J-Joint	
Title S-Sole Owner, T-Tenants by Entirety, L - LLC	

Total days used in 2020		Placed in Service Date	
# Days rented at fair value		# Days available for rental	
# Days used personally by you, your family, friends at less than fair value, etc.			
# Rental workdays of at least 8 hrs by you or another family member			

Type of Property	
	Residential rental real estate
	Commercial rental real estate
	Land
	Oil, gas or mineral royalty
	Partially used by me or my family while rented (ie. 1 floor or part of home rented)
	Rented to a related party (family member or ancestor or descendant)

Average Rental Period	
# of separate rental contract periods	
Total rental days	

Rental Activity

Name

Property manger contact info – If none, enter "None" in the "Name" field.
Provide a copy of the management contract so we can help revise it if needed to allow tax deduction of losses.

Name	
Email and phone	

1099 Requirements -

Generally business payments for services totaling \$600 or more require a 1099 except for payments to corporations like Home Depot, etc.

Did you, or do you have to, file Forms 1099 for payments to contractors? Y/N	
--	--

You need to get a completed Form W-9 for each vendor to whom you need to file a 1099.

Do you want us to prepare the Forms 1099 Y/N?	
---	--

Safe Harbor information for your rental activity if desired for the 20% deduction of QBI.

How many hours did you or your spouse spend in rental management?	
---	--

How many hours did you or your contractor spend in rental management?	
---	--

Income Accounting

Rental Income (not for tangible personal property)	
--	--

Royalty Income (not for authorship or personal services)	
--	--

Advertising	
-------------	--

Travel (Generally limited to 2 trips a year unless a disaster or other emergency occurs)	
--	--

Cleaning and Maintenance (Lawncare, gardening, painting, pest control, etc.)	
--	--

Commissions	
-------------	--

Fire Casualty Insurance (May be included in condo fees)	
---	--

Additional Insurance (Specify Type: _____)	
---	--

W&A fees allocated	
--------------------	--

Other Legal and Professional Fees	
-----------------------------------	--

Rental Activity for 2020

Name

Management Fees		
Mortgage Interest for Mortgage 1		
Mortgage 1 Lender's Name?	Account Number?	
Mortgage Interest for Mortgage 2		
Mortgage 2 Lender's Name?	Account Number?	

Repairs - are only for expenditures to return property to original condition, not upgrades.		
Was it decrepit and you had to restore it for use?	Yes	No
Did you replace it with something better?	Yes	No
Did you adapt it to a new use?	Yes	No
<i>If you answered 'yes' to any of the 3 questions above, you generally have to depreciate the expenditure so list it below in Assets. If the expenditure is \$2,500 or less per invoice, you may elect to deduct the amount with a written policy.</i>		

Supplies	
Real Estate taxes	
Local Rental taxes	
Utilities	
Depreciation & Depletion	W&A will calculate
HOA Dues	
Licenses	
Other (Specify):	
Other (Specify):	

Business Schedule C Activity

Name

I did not own or operate a schedule C in 2020

Is the business an LLC solely owned by T-Taxpayer or S-Spouse? Enter T or S	T	S
If the business was not owned solely by either the taxpayer or spouse, you need to file a separate business return and use the Business Tax Organizer for the business activity.		
Business Name:		
Describe your main business activity:		
EIN (if not your social security number.)		
Business Address Street:		
City, State and Zip Code		
Method of Accounting (If not cash):		

Activity Level		
Approximately how many hours did you work in your business?		
Approximately how many hours did others work in your business?		
Did you sell/close the business in 2020?	Yes	No

Other Taxes		
What jurisdiction(s) are your services performed in? (County or City):		
Business License Tax Returns		
Did you apply and did you file?	Yes	No
If no, do you want us to prepare them?	Yes	No
Business Personal Property Tax Returns		
Did you apply and did you file?	Yes	No
If no, do you want us to prepare them?	Yes	No

Business Schedule C Activity

Name _____

Business Retirement Plans		
Do you have a retirement plan in place Y/N?	Yes	No
Do we have a copy of your plan? If not, send a copy of the adoption agreement and plan document.	Yes	No
Do you have any employees that you are required to cover? (Y/N)	Yes	No
Do you want to maximize your retirement plan contributions? (Y/N)	Yes	No
<i>Send us copies of your retirement plan monthly or quarterly statements</i>		

Health Insurance Premiums – For you, your spouse & children. Do not enter subsidized health insurance provided by an employer other than this business.	Amount
Medical, Dental, Vision paid by you except Medicare or TriCare	
Medicare or TriCare	
Long term care for you	
Long term care for spouse	
<i>If you are eligible to be covered by employer or spouse's employer plan, then you are not eligible to deduct that type of coverage, e.g. if your health insurance is subsidized but you pay dental and vision, you are eligible to include dental and vision here. Do include amounts paid for Medicare Part B and D, supplemental insurance and/or Medicare Advantage premiums, or Tri-Care or something similar.</i>	

Are 1099(s) Required?		
Did you or do you have to file Forms 1099 for payments to contractors?	Yes	No
Do you want us to prepare the Forms 1099?	Yes	No
If no will you file them?	Yes	No
<i>Payments for services totaling \$600 or more require a 1099 except for payments to corporations.</i>		
<i>Note: If you pay an attorney for services, the firm/attorney gets a 1099 regardless of type of entity. Get a completed Form W-9 from each vendor providing services before you pay them the first time.</i>		

Business Schedule C Activity

Name _____

Questions	
Does your business have fringe benefits such as a Health Reimbursement Account?	Yes No
If yes, send a copy of the plan document and describe the benefits.	
Did your business pay any club dues?	Yes No
Identify in your accounting separately as these are not deductible.	
Did your business use or hold interest in virtual currency?	Yes No
If yes specify the date acquired, cost and description and sales price if sold for each position held.	
Did your business have more than one type of business activity?	Yes No
If yes separate them if they have different tax treatment such as rental vs active business.	
Did your business purchase another business?	Yes No
If yes explain and send a copy of the purchase agreement and Form 8594 allocations	
Did your business operate in more than one state?	Yes No
If yes, contact us for the information we need to file appropriately.	

Asset Additions or Dispositions				
Description	Cost	Date Acquired	If Disposed, Sales Price	Date Disposed

Business Schedule C Activity

Name

If your business does not require a balance sheet enter the following for this tax year using your tax method of accounting. If your business is complex and requires a balance sheet please use the Business Tax Organizer.

Business Accounting	Amount
Income from business services or sale of products	
Other Income -Describe here	
Expenses	
Advertising	
Cell Phone Fees	
Commissions/fees	
Contract Labor	
Depreciation & Depletion	W&A will calculate
Dues & Subscriptions	
Education & Training	
Employee Benefits for employees <i>(Health insurance premiums & HRA reimbursements for employees only, not owners)</i>	
Insurance <i>(EXCLUDING health, disability and life insurance. Usually E&O, property and liability.)</i>	
Internet	
Licenses	
Local Taxes	
Meals with clients & staff	
Mortgage Interest	
Other Interest	
Office expenses	

Business Schedule C Activity

Name

Payroll Taxes	
Pension/Profit Sharing contributions paid to date for employees only not owners	
Postage & Delivery	
Professional fees for Wilhelm & Associates, Ltd.	W&A will allocate
Professional & Legal fees - Other	
Real Estate Taxes on business property not Office in Home	
Rent of equipment	
Rent – Other	
Repairs & Maintenance (<i>See explanation below</i>)	
Supplies (<i>Material & supplies only to extent consumed within a year</i>)	
Travel (<i>EXCLUDING meals</i>) See Vehicle Expense Form for those expenses	
Utilities on business property not Office in Home	
Vehicle Expense - Please use the Vehicle Expense Sheet	
Wages for employees only	
Other (attach a list and enter the total here)	

If you buy something is it a Repair or an Asset to be depreciated?		
Was it broken down and unusable and you had to restore it for use?	Yes	No
Did you replace it with something better?	Yes	No
Did you adapt it to a new use?	Yes	No
<i>If the answer is yes to any question you generally need to depreciate the expenditure. However, if the expenditure is \$2,500 or less per invoice you may elect to deduct the amount with a company policy that was in place prior to the expenditure. Note assets expensed are still taxable for personal property tax purposes.</i>		

Vehicle Expense

Name

I did not incur any vehicle expenses in 2020

Provide this form for each vehicle

Business Name:			
Vehicle description:			
Date placed in service:			
Leased or Purchased?	Purchased	Leased	
Gross Vehicle Weight (if over 6,000 lbs)			
Is this a SUV Y/N ?	Yes	No	
Total miles driven during the fiscal year			
Business miles driven during the fiscal year			
Personal miles driven during the fiscal year			
Average daily round trip commuting distance			
Average daily commuting miles			
Is another vehicle available for personal use? Y/N	Yes	No	
Do you have evidence to support your deduction?	Yes	No	
If yes, is the evidence written?	Yes	No	
If a written policy is in place for vehicle use, provide a copy.	Enclosed	Sent Previously	
For leased vehicles provide a copy of the lease	Enclosed	Sent Previously	

Alimony & Other Income

Name

I did not pay alimony, receive alimony or receive undocumented income in 2020

Alimony Paid:	
Send a copy of the final divorce decree if we do not already have a copy.	
Spouse's Name:	
Spouse's Social Security #:	

Alimony Received:	
Send a copy of the final divorce decree if we do not already have a copy.	
Spouse's Name:	
Spouse's Social Security #:	
Amount Received:	

Other Income:	
If you have income not reported on a tax form, please describe and enter it here	
Description	Amount or value received

2020 State Information

Name

I did not change primary residence in 2020 or earn income from another state and my county and other jurisdiction information is correct in the Reference Tax Information.

Your Residency on December 31, 2020:	
Residency generally refers to the number of days present in a state during the year. If over 182 days you may be considered a resident of that state for tax purposes.	
Resident State:	
Resident County	
Resident city or town	
Locality name and number (If applicable)	

Did you or your spouse earn income from states & cities other than your state of residency? If yes, complete this section.	Yes No
Provide the W-2s or other record of the income (the W-2 may be multiple pages long)	
Are the W-2 amounts correct? If No, provide pay-stubs spanning the dates of change	Yes No

Were you eligible for state or local credits in 2020? If yes, provide details:	Yes No
For Land Preservation Credits please provide:	
A copy of the Certification Letter(s)	
Date each credit was purchased	
Purchase price for each separately	

Healthcare Data for DC, California, Massachusetts, New Jersey, Rhode Island & Vermont:	
Do you have proof of coverage as required by the jurisdiction you reside in? If yes provide copies (MA is the MA 1099-HC form, etc.)	Yes No
If you lived in one of these 6 jurisdictions, did you FAIL to have coverage in 2020 ?	Yes No
If yes, do you qualify for an exemption? If yes provide the exemption information or letter from the appropriate entity.	Yes No

2020 State Information

Name

Did your location change at the end of 2019, or during 2020? If yes, complete this section.	Yes No
The date of change is usually evidenced by a driver's license, voter registration, purchase of a home and other incidence of intent.	
What was the nature of the change?	Move Change in Military Status
On what exact date did your residency change?	
What state were you a resident of prior to the change?	
On what exact date did your spouse's residency change?	
What state was your spouse a resident of prior to the change?	
If you received W-2 form, are the state amounts correct? If No, provide pay-stubs spanning the dates of change	Yes No

Did you abandon a domicile at the end of, or during last year? If yes, complete this section:	Yes No
Domicile refers to a location you intend to return to. In order to change residency many states require abandonment of your former domicile.	
Date your new driver's license was issued?	
Date your new voter registration was obtained?	
Date your spouse's new driver's license was issued?	
Date your spouse's new voter registration was obtained?	

Net Worth Guesstimate

Name _____

To facilitate effective tax planning and measure your financial progress we ask you to estimate in round numbers the following information as of 12/31/20:

Assets	Taxpayer Value	Spouse Value
Cash (checking, savings, money markets & CDs)		
Fixed Income (bonds, bond funds & notes receivable)		
Equities (stocks, options, stock mutual funds)		
Residence		
Other Residence		
Rental Properties		
Businesses owned		
Vested Retirement Plan Assets (qualified plans like 401(k))		
Traditional IRAs (including SEP IRAs all except Roth)		
Inherited IRAs held in separate accounts (Beneficial IRA)		
Roth IRAs		
Cash Value of Life Insurance		
Other (please describe):		
Total Assets		

Debts & Other Liabilities	Taxpayer Value	Spouse Value
Mortgage on Primary Residence		
Mortgage on Other Residence		
Mortgage on Rentals		
Lines of Credit		
Credit Cards		
Auto Loans		
Other (please describe):		
Total Debts & Liabilities		

Net Worth		
------------------	--	--

If you would like a review of your estate to evaluate the risk to your family, and the tax ramifications should a tragedy occur, please send us a copy of your will, trust documents and beneficiary designation pages from your retirement plans. If you do not have these critical documents you need to call us as soon as possible!