

This organizer is designed to assist and remind you of information that is needed to prepare your tax return. The goal is avoid overlooking anything so you can maximize your legal deductions, comply with government reporting requirements, and avoid problems with the IRS after the return is filed.

To report Business, Rental, or Farm income, an organizer can be obtained from our website at www.churchwelltax.com/resources

1. Personal Information

A. Taxpayer	
First & Last Name	
Social Security Number	
Date of Birth	
Occupation	
Cell Phone	
E-mail	
Legally Blind? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Due to new IRS identity theft procedures, please provide us a copy of your current drivers license. You may provide a clear photocopy, or email a legible photo of your drivers license to: tax@churchwelltax.com .	
B. Spouse	
First & Last Name	
Social Security Number	
Date of Birth	
Occupation	
Cell Phone	
E-mail	
Legally Blind? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Due to new IRS identity theft procedures, please provide us a copy of your current drivers license. You may provide a clear photocopy, or email a legible photo of your drivers license to: tax@churchwelltax.com .	
C. Primary Contact	
Who should we contact with questions about your tax return information?	
<input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> 3rd Party Representative	
Best Contact Phone Number	
Best Contact Email Address	
For 3rd Party Representatives:	
Representative Name	
Relationship to Taxpayer	
3rd party representatives may be required to provide a Power of Attorney or other documentation authorizing them to represent the taxpayer with our office and the tax agencies.	
D. Marital Status	
<input type="checkbox"/> Married : <input type="checkbox"/> File Jointly <input type="checkbox"/> File Separately (MFS)*	
*If MFS: Number of Months lived with spouse during year: _____	
<input type="checkbox"/> Single	
<input type="checkbox"/> Widow(er) Date of Spouse's Death: _____	
E. Primary (Mailing) Address	
Street	
City	
State/Zip _____ / _____	
Home Phone	
If the above address is not your physical address, such as a PO Box, please provide the city and state of your physical address:	
City/State _____ / _____	
Residence Type: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> N/A	
If you moved between States last year, on a separate sheet please provide information for all States you have lived during the year, including location, dates you lived there, and reason for moving to/from that location.	
F. Earned Income Tax Credit	
Have you previously qualified for the EITC? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Notified by the IRS that you are ineligible? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Any prior EITC claim disallowed by IRS? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please Note: To comply with new IRS rules for tax preparers, we may require additional documents to substantiate your EITC eligibility. Our office will contact you if anything else is required.	
G. Direct Deposit/Payment	
Direct Deposit Refund? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Automatic Withdrawal Balance Due? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Bank Account Info Same as Last Year? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Bank Name	
Routing Number	
Account Number	
Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	

2. Dependent Information

A. Dependent 1

First & Last Name
Relationship
Date of Birth
Social Security Number
Months lived with taxpayer during tax year
Could this dependent be claimed by another taxpayer? <input type="checkbox"/> Yes <input type="checkbox"/> No
If subject to Joint Custody, are you the Custodial Parent? <input type="checkbox"/> Yes <input type="checkbox"/> No
Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No Full Time Student? <input type="checkbox"/> Yes <input type="checkbox"/> No
Dependent's Gross Income

B. Dependent 2

First & Last Name
Relationship
Date of Birth
Social Security Number
Months lived with taxpayer during tax year
Could this dependent be claimed by another taxpayer? <input type="checkbox"/> Yes <input type="checkbox"/> No
If subject to Joint Custody, are you the Custodial Parent? <input type="checkbox"/> Yes <input type="checkbox"/> No
Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No Full Time Student? <input type="checkbox"/> Yes <input type="checkbox"/> No
Dependent's Gross Income

C. Dependent 3

First & Last Name
Relationship
Date of Birth
Social Security Number
Months lived with taxpayer during tax year
Could this dependent be claimed by another taxpayer? <input type="checkbox"/> Yes <input type="checkbox"/> No
If subject to Joint Custody, are you the Custodial Parent? <input type="checkbox"/> Yes <input type="checkbox"/> No
Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No Full Time Student? <input type="checkbox"/> Yes <input type="checkbox"/> No
Dependent's Gross Income

D. Dependent 4

First & Last Name
Relationship
Date of Birth
Social Security Number
Months lived with taxpayer during tax year
Could this dependent be claimed by another taxpayer? <input type="checkbox"/> Yes <input type="checkbox"/> No
If subject to Joint Custody, are you the Custodial Parent? <input type="checkbox"/> Yes <input type="checkbox"/> No
Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No Full Time Student? <input type="checkbox"/> Yes <input type="checkbox"/> No
Dependent's Gross Income

3. Preliminary Questionnaire

The checklist below could lead to helpful deductions. Please answer and provide supporting information. All questions below pertain to the year 2020.

YES NO

- Did you buy or sell any virtual currency, such as Bitcoin last year?
- Did you receive both Economic Stimulus Payments (payments were typically \$1,200 & \$600 or more for those individuals who qualified)?
Pmnt #1 Amount: \$ _____
Date: _____
Pmnt #2 Amount: \$ _____
Date: _____
- Did you or your spouse pay any interest on a student loan?
- Did you receive any employer-provided educational assistance?
\$ _____
- Did you contribute to a Qualified State Tuition Plan?
- Did your college student receive educational benefits under a prepaid tuition program?
- If you are an educator, did you have unreimbursed work-related expenses? Amount: \$ _____
- Did you have any debts canceled, forgiven, or refinanced?
- Did you go through bankruptcy proceedings?
- Do you or your spouse have any kind of pension, profit-sharing, 401K, Retirement, Keogh, IRA, Roth or tax sheltered annuity plan? If yes, please circle above which ones.
- Did you pay alimony?
If yes, paid to: _____
Their SS no.: _____
Amount Paid: \$ _____
Year divorce was finalized: _____
- Did you have any adoption expenses? \$ _____
- Did you give a gift of more than \$15,000 to one or more people?
- Do you have a foreign bank account, trust, or business?
- Do you own more than \$50,000 in foreign financial assets?
- Did you receive gifts in excess of \$100,000 from a foreign person and/or in excess of \$16,111 from a foreign entity?
- Do you wish to designate \$3 of your taxes to the Presidential Campaign Fund?
- Did you purchase an alternative fuel motor vehicle?
- Did you make qualified energy improvements, such as energy efficient windows, doors, or metal roofs?
- Did you purchase alternative energy sources for your personal residence, such as solar water heaters, solar electric equipment, geothermal heat pumps or wind turbines and fuel cell plants?
- Did you have a property foreclosed on, have a short sale, or relinquish a property in lieu of foreclosure?
- Did you have any debt forgiven last year? Include any form 1099-A and/or Form 1099C received.
- Did you or your spouse contribute or make withdrawals from a Health Savings Account?
- Were all HSA withdrawals used for eligible medical expenses?

4. Income

A. W-2 Wages

Please provide W-2 forms (Required)

B. Interest & Dividend Income

Please provide 1099-INT and 1099-DIV forms (Required)

C. Investment Income/Loss

Please provide any related 1099 forms and brokerage statements showing **Dates Acquired, Purchase Price, Date Sold, and Sales Price.**

D. Debt Forgiven (Cancellation of Debt)

Please provide 1099-C forms and any related information and documentation about the debts forgiven, including 1099-A forms if applicable.

E. 1099-MISC Income

Please provide 1099-MISC forms. Complete a "Business Income" organizer if appropriate.

F. Other Income (Indicate Amount)

You Spouse

Partnership, Trust, or S-Corp (Provide K-1 copies)

State Tax Refund (Provide 1099-G)

Social Security (Provide SSA-1099)

Pension Income (Provide 1099-R)

Unemployment Compensation (Provide 1099-G)

Gambling Winnings (Provide W-2G)

Alimony Received

Other (Specify):

5. IRA

	You	Spouse
Do you participate in an Employer Retirement Plan?	<input type="checkbox"/>	<input type="checkbox"/>
Did you convert a traditional IRA into a Roth IRA?	<input type="checkbox"/>	<input type="checkbox"/>

A. Traditional IRA, Keogh & SEP Plans

Contributions

Withdrawals (Provide 1099s)*

Rollovers

B. Roth IRA

Contributions

Withdrawals (Provide 1099s)*

Rollovers

*Please indicate reason for withdrawal if under age 59½

6. Property Sold

Please provide the following information:

- 1099-S (if received)
- Closing Statement and/or HUD-1
- Original Purchase Date & Price
- Cost and description of improvements made to the property
- Any prior depreciation taken on the property

7. Estimated Taxes Paid

Do not include payments for the prior year taxes that were paid when filing last year's tax return, only tax deposits made that are applied to the current year.

Payment Due	Date Paid	Federal	State
Applied from last year's refund	-----		
First Quarter			
Second Quarter			
Third Quarter			
Fourth Quarter			

8. Child or Dependent Care

A. Care Provider #1 (All fields required)

Dependent Name

Amount Paid

Care Provider

Address care was provided at

Provider Phone Number

Provider SS# or Employer ID#

B. Care Provider #2 (All fields required)

Dependent Name

Amount Paid

Care Provider

Address care was provided at

Provider Phone Number

Provider SS# or Employer ID#

C. Care Provider #3 (All fields required)

Dependent Name

Amount Paid

Care Provider

Address care was provided at

Provider Phone Number

Provider SS# or Employer ID#

9. Itemized Deductions

If you are filing married separate: If one spouse itemizes deduction, both must.

A. Medical Expenses

Medical Insurance Premiums

Medicare Insurance Premiums

Long Term Care Insurance

Fees for Doctors & Dentists

Acupuncture & Chiropractic Care

Fees for Hospitals

Prescription Drugs

Nursing Care In Home

Eye Exams, Glasses, Contact Lenses, Contact Lens Solution

Hearing Aids & Batteries

Ambulance & Paramedics

Auto Miles (To and from Medical Treatment)

Travel Expenses (Parking, Taxi, Lodging, Etc.)

Other (Specify):

B. Taxes Paid (Not including business & rental expenses)

Real Estate Taxes (Please provide a copy of Property Tax Bill with parcel number):

Check if claiming home office expense on your Schedule C Home Office

Primary Residence Real Estate Tax

Additional Home Real Estate Tax

Investment Property (non-rental) Real Estate Tax

Vehicle "License Fees" (Not the entire registration amount)

Personal/Non-Real Estate Property Tax (Boats, Etc.)

Sales Tax on Large Purchase (Car Purchase, Etc.)

Income Taxes Paid to another State (Specify)

Prior year State income taxes paid (not interest & penalties)

City, County, and Local Taxes (Specify)

C. Cash Contributions

Recipient: Amount:

Recipient: Amount:

Recipient: Amount:

D. Non-Cash Contributions

It total donations exceed \$500 you must provide the dates, locations, and a detailed description of the items donated on a separate sheet. See the Salvation Army Valuation Guide for help determining the value of items donated.

Recipient: Item: Value:

Recipient: Item: Value:

Recipient: Item: Value:

E. Other Deductions

Gambling Losses (Only to extent of winnings)

Tax Prep Fees (State Deduction Only)

Casualty Loss—Describe:

F. Job Related Moving Expense

Miles from Old Home to New Job

Miles from Old Home to Old Job

Transportation Costs

Travel Costs (Do not include meals)

Other (Specify):

Amount Reimbursed by Employer

10. Education Expense

You must provide Form 1098-T if one was issued by the school (often provided online). Enter "Taxpayer," "Spouse," or the dependent's name on the lines below before completing Parts A & B.

Student 1:

Student 2:

A. Tuition Credit

Student 1

Student 2

Check if Full-Time Student

Prior Years Completed

Have High School Diploma or GED?

For Degree or Credential Program?

Ever convicted of a drug related felony?

Tuition Cost

Fees & Course Materials Cost

Books, Supplies, Equipment Cost

B. Continuing Education

Student 1

Student 2

Tuition & Fees Cost

Books & Supplies Cost

11. Homes & Land

A. Property Info

Please provide information on the homes and property you owned during the year. Attach additional sheets as needed:

Property 1 Address or Description:

Property 2 Address or Description:

Property 3 Address or Description:

B. Property Details

	Property 1	Property 2	Property 3
Primary Residence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bare Land	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vacation Home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Qualifying RV/Travel Trailer/Vessel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Investment Property (Sch D)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental Property (Sch E)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Business Property (Sch C)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Purchased During the Year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sold During the Year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acquired/Sold through 1031 Exchange?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C. Interest Expense (Not including business & rental expenses)

Primary Residence Mortgage Interest (Provide 1098):

Mortgage Interest Paid

Date Mortgage Acquired

Mortgage Balance at Year End

Home Equity Mortgage Interest (Provide 1098):

Home Equity Mortgage Interest Paid

Date Home Equity Loan Acquired

Home Equity Loan Balance at Year End

2nd Home Mortgage Interest (Provide 1098):

Mortgage Interest Paid

Date Mortgage Acquired

Mortgage Balance at Year End

Additional Home/Property Mortgage Interest Paid:

D. Energy Efficient Home Improvements

Improvement: _____ Cost: _____

Improvement: _____ Cost: _____

Improvement: _____ Cost: _____

Improvement: _____ Cost: _____

12. Un-reimbursed Employee Expense

The recent changes to the tax laws have eliminated the Federal deduction for Unreimbursed Employee Expenses, however you may still qualify for a deduction on your State Tax Return.

Who are these expenses for: Taxpayer Spouse

If both spouses have expenses, please list the spouse's on a separate sheet.

A. Non-Reimbursed Employee Expenses

Union & Professional Dues

Meals

Entertainment

Insurance (Malpractice, E&O, Etc.)

Occupational License, Fees, Credentials, Etc.

Publications & Journals

Telephone

Tools costing less than \$500

Tools over \$500 each -- Provide Description, Price, & Date of Purchase on a Separate Sheet

Supplies

Uniforms

Uniform Cleaning

Other:

B. Business Travel (As Un-reimbursed Employee)

Airfare, Train, Etc.

Lodging (Not including meals)

Meals

Auto Rental, Bus, Taxi, Etc.

Laundry

Non-Reimbursed Miles Driven

Other (Specify):

C. Business Vehicle Expense (As Un-reimbursed Employee)

Vehicle Make/Model/Year

Date Purchased

Beginning/Ending Mileage for Year _____ / _____

Total Miles (Including Personal)

Commute Miles

On-the-Job Miles

Is the vehicle leased? Yes No

Do you have written records to support use? Yes No

Was another vehicle available for personal use? Yes No

Cost of Fuel, Repairs & Maintenance

Cost of Insurance, License & Fees

12. Employee Expense (Continued)

D. Employee Home Office

For Employee Home Office Only.

To qualify, an "office in the home" must be used exclusively and on a regular basis (a) as your principal place of business, or (b) by patients, clients, or customers in meeting and dealing with you in a normal course of business. A home office will qualify as your principal place of business if: 1) You use it exclusively and regularly for the administrative or management activities of your trade or business, and 2) You have no other fixed location where you conduct substantial administrative or management activities of your trade or business. If you are an employee, the home office use must also be for the convenience of the employer. Enter 100% of home taxes and mortgage interest under Itemized Deductions on Sections 7B&C.

Area of Home

Total Square Footage of Home

Square Footage of Area used for Business

Home Office Expenses

\$ Amount	Expense applies to:	
Insurance	<input type="checkbox"/> Entire Home	<input type="checkbox"/> Office Only
Rent	<input type="checkbox"/> Entire Home	<input type="checkbox"/> Office Only
Repairs & Maint.	<input type="checkbox"/> Entire Home	<input type="checkbox"/> Office Only
Utilities	<input type="checkbox"/> Entire Home	<input type="checkbox"/> Office Only
Other (Specify):	<input type="checkbox"/> Entire Home	<input type="checkbox"/> Office Only
Other (Specify):	<input type="checkbox"/> Entire Home	<input type="checkbox"/> Office Only

13. Signature

To the best of my knowledge, all of the information contained within this document is true, correct, and complete.

Taxpayer:

Date:

Spouse:

Date:

Please attach an additional sheet with any Questions, Comments, or Notes.

Notes