

TURNER'S TAX SERVICE

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2020 TAX ORGANIZER



SECTION 1 – General Information

Taxpayer		Spouse		
Name _____		Name _____		
Occupation _____		Occupation _____		
Birthdate _____	Age _____	Birthdate _____	Age _____	
SSN _____		SSN _____		
Home Phone _____		Home Phone _____		
Work Phone _____		Work Phone _____		
Cell Phone _____		Cell Phone _____		
E-Mail Address _____		E-Mail Address _____		
Present Address _____				
Address on last year's tax return (if changed) _____				
Dependents – Children				
1. Name _____	SSN _____	DOB _____	#Months in home _____	
2. Name _____	SSN _____	DOB _____	#Months in home _____	
3. Name _____	SSN _____	DOB _____	#Months in home _____	
4. Name _____	SSN _____	DOB _____	#Months in home _____	
5. Name _____	SSN _____	DOB _____	#Months in home _____	
Dependents – Other				
1. Name _____	SSN _____	DOB _____	#Months in home _____	Relationship _____
2. Name _____	SSN _____	DOB _____	#Months in home _____	Relationship _____
3. Name _____	SSN _____	DOB _____	#Months in home _____	Relationship _____

- Check if you are a noncustodial parent claiming an exemption for a child not living with you but for which the custodial parent has released the exemption to you. Please provide a copy of the Form 8332 signed by the custodial parent.
- Check if any of your dependent children have unearned income (interest, dividends, capital gains, etc.) or wages.
- Check if any of your dependent children will be filing his or her own tax return this year.

Direct Deposit Information

Name of financial Institution _____
Routing Number _____
Account Number _____

Type of Account Checking Savings
Ownership of Account Self Spouse Both

Verification of the routing and account numbers is required. Please bring checkbook to appointment or send voided check.

SECTION 2 – INFORMATION THAT MAY AFFECT YOUR TAX SITUATION

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Were you a resident of the same state for the entire year?
<input type="checkbox"/>	<input type="checkbox"/>	Have you received any correspondence from the IRS or a state tax agency?
<input type="checkbox"/>	<input type="checkbox"/>	Any births, adoptions, marriages, divorces or deaths in your immediate family in 2020?
<input type="checkbox"/>	<input type="checkbox"/>	Are you claimed as a dependent by another taxpayer?
<input type="checkbox"/>	<input type="checkbox"/>	Did you contribute to the support of a person(s) who does not live with you?
<input type="checkbox"/>	<input type="checkbox"/>	Are you and/or your spouse age 65 or older or legally blind?
<input type="checkbox"/>	<input type="checkbox"/>	Did you contribute to an IRA, Roth IRA or self-employed retirement plan?
<input type="checkbox"/>	<input type="checkbox"/>	Did you inherit any assets (stocks, bond, IRA, real property)?
<input type="checkbox"/>	<input type="checkbox"/>	Did you sell, purchase or refinance a personal residence during 2020?
<input type="checkbox"/>	<input type="checkbox"/>	Did you use your car for business other than commuting to and from work?
<input type="checkbox"/>	<input type="checkbox"/>	Did you, your spouse or any dependent take any college or job skill courses?
<input type="checkbox"/>	<input type="checkbox"/>	Did you pay any interest on student loans?
<input type="checkbox"/>	<input type="checkbox"/>	Did you use your car for medical or charitable travel?
<input type="checkbox"/>	<input type="checkbox"/>	Did you incur a loss of property in a declared disaster?
<input type="checkbox"/>	<input type="checkbox"/>	Did you forfeit any interest from closing a time deposit account (CD)?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have a foreign bank account, foreign brokerage account or own property in a foreign country?
<input type="checkbox"/>	<input type="checkbox"/>	Did you buy or sell any stocks, bonds, or investment property?
<input type="checkbox"/>	<input type="checkbox"/>	Are you making payments on an RV or boat that has basic living accommodations?
<input type="checkbox"/>	<input type="checkbox"/>	Did you pay wages of \$2200 or more to a household employee (nanny, maid, health care worker)?
<input type="checkbox"/>	<input type="checkbox"/>	Did you pay or receive alimony in 2020? Name and Social Security number of recipient of alimony?
<input type="checkbox"/>	<input type="checkbox"/>	Did you pay child or dependent care expenses? If yes, please provide the amounts paid and the name, address, telephone number and Social Security number or tax ID number of the provider.
<input type="checkbox"/>	<input type="checkbox"/>	Did you make gifts of more than \$15,000 to any one person or organization?
<input type="checkbox"/>	<input type="checkbox"/>	Did you purchase any items out-of-state, have them shipped to California and didn't pay sales tax?
<input type="checkbox"/>	<input type="checkbox"/>	Do you own or use virtual currency (Bitcoin)?
<input type="checkbox"/>	<input type="checkbox"/>	Do you rent out property through an online exchange such as Airbnb or VRBO?
<input type="checkbox"/>	<input type="checkbox"/>	Did you and/or any of your dependents receive a health premium subsidy through Covered California or Healthcare.gov? Please provide additional information in Section 3.
<input type="checkbox"/>	<input type="checkbox"/>	May the IRS discuss your return with me?
<input type="checkbox"/>	<input type="checkbox"/>	If you receive a refund, do you want to have it deposited directly into your bank account? If so, please bring your checkbook to your appointment or include a voided check with the material you send us.
<input type="checkbox"/>	<input type="checkbox"/>	Do you want my fee to be deducted from your refund? There is a \$38.95 fee for that service.
<input type="checkbox"/>	<input type="checkbox"/>	Do you want to pay my fee by credit card?

If you mailed me your material, shall I email _____ or mail _____ your draft return?

SECTION 4 – THINGS TO BRING (OR SEND) TO YOUR TAX PREPARER

PLEASE be as organized as possible. If you bring me a shoebox or brown paper bag of material that you haven't sorted through, it will take extra time to prepare your return and that will increase the fee I charge you.

- Completed tax organizer
- Copy of last year's tax return (new clients only)
- All copies of wage statements (W-2's)
- Interest and dividend income information ((1099-INT, 1099-DIV, brokerage statements)
- Partnership, Estate, and/or Trust income (K-1's)
- State refund amount (1099-G)
- Alimony paid or received
- Self-employed business income and expenses (Provide a P and L or complete Section 5)
- Sale of property information (stocks, bonds, real estate). For stock sales, please provide the date of purchase and the purchase price. For real estate sales, please provide the final settlement statement from the original purchase as well as the sale.
- Retirement and Social Security benefits (1099R)
- IRA distributions (1099R)
- Rental property income and expenses (see Section 5)
- Unemployment compensation (1099G)
- Lottery or gambling winnings (W2G)
- Other income such as tips, prizes, bonuses, jury duty, gambling winnings (W2G)
- IRA contributions
- Interest paid on student loans
- Tuition and fees expenses (1098T) as well as receipts for books and course materials
- Contributions to a Health Savings Account or payments from a Health Savings Account
- Child care expenses (name, address, phone, SS or tax ID and amount paid)
- Records of estimated taxes paid (dates paid and amount of each payment)
- 1095A from Covered California or Healthcare.gov
- Letter from the IRS verifying the amount of your stimulus check or bank statement showing amount deposited into your bank account

If you itemize deductions, please also provide this information:

- Medical expenses (if greater than 7.5% of gross). Please separate into the following categories – prescriptions, fees for doctors and dentists, fees for hospitals, lab and x-ray fees, medical aids such as glasses, medical equipment and supplies, medical mileage (including parking), lodging related to medical care and health insurance premiums – and provide totals
- Sales tax paid on big ticket items (cars, boats, RV, etc)
- DMV registration (only the vehicle license portion is deductible)
- Home mortgage and home equity loan interest for primary and second home
- Property taxes
- Final settlement statement for the purchase, sale or refinance of a home
- Charitable contributions in cash
- Charitable contributions in kind – name and address of charity, date of donation, list of donated items, purchase price of donated items, current value of donated items
- Work-related expenses not reimbursed by your employer (if greater than 2% of gross income)
- Costs related to a home office required by your employer (utilities, insurance, repairs, etc.)
- Safe deposit box rental
- Copy of final paystub for 2020

SECTION 5 – PLEASE COMPLETE IF YOU HAVE TRAVEL EXPENSES NOT REIMBURSED BY YOUR EMPLOYER, OWN YOUR OWN BUSINESS OR HAVE RENTAL PROPERTY

Business Mileage

	Vehicle #1	Vehicle #2
	<input type="checkbox"/> You <input type="checkbox"/> Spouse	<input type="checkbox"/> You <input type="checkbox"/> Spouse
Description of Vehicle (Make/Model)		
Date Originally Purchased		
Total Miles Driven Annually (Personal & Business)		
Parking/Bridge Tolls Paid		
Business Miles Driven -		
For Employer		
To Professional Meetings		
Between 1 st and 2 nd Job		
Educational		
Job Seeking		
Rental		
For Your Business		
Temporary Job Sites		
Round Trip Commute to Work		
Total Commute Mileage for the Year		

Business Automobile Expenses - not required if you claim the IRS standard mileage rate (57.5¢)

	Vehicle #1	Vehicle #2
	<input type="checkbox"/> You <input type="checkbox"/> Spouse	<input type="checkbox"/> You <input type="checkbox"/> Spouse
Gasoline, Oil, Lube		
Repairs & Maintenance		
Tires & Batteries		
Insurance		
License & Taxes		
Interest on Vehicle Loan (Do NOT Include Principal)		
Wash & Wax		
Lease Payments		
Other		

Away-From-Home Business Expenses

	Vehicle #1	Vehicle #2
	<input type="checkbox"/> You <input type="checkbox"/> Spouse	<input type="checkbox"/> You <input type="checkbox"/> Spouse
Airfare		
Auto Rental, Taxi, Bus		
Meals and Tips		
Lodging and Tips		
Laundry		
Telephone/Internet		
Other		

If you claim a home office, please provide the following –

- Square footage of the office
- Square footage of the house
- Rent or mortgage payment
- Homeowner's or renter's insurance premium
- Utility costs

Section 5 Continued - Self-Employed Business Income and Expenses

INCOME		
	Filer	Spouse
Gross Income		
Returns and Refunds		
Value of Inventory at Beginning of Year (wholesale)		
Cost of Merchandise Purchased		
Cost of Items for Personal Use		
Value of Inventory at End of Year (wholesale)		
EXPENSES		
Advertising		
Bank/Credit Card Charges		
Commissions Paid		
Continuing Education/Seminars		
Dues and Publications		
Freight		
Gifts		
Insurance		
Interest (Mortgage)		
Interest (Other)		
Legal/Professional Fees		
Office Expenses		
Rent		
Rental of Equipment		
Repairs		
Supplies		
Taxes (Payroll, Sales, and/or Property)		
Travel – SEE PREVIOUS PAGE		
Meals and Entertainment		
Telephone		
Utilities		
Vehicles – SEE PREVIOUS PAGE		
Wages		
Other		

Rental Income and Expenses

	ADDRESS	
PROPERTY #1		
PROPERTY #2		
	PROPERTY #1	PROPERTY #2
Rental Income		
Advertising		
Cleaning and Maintenance		
Commissions		
Insurance		
Legal and Professional Fees		
Mortgage Interest Paid to Bank		
Other Interest		
Repairs		
Supplies		
Taxes		
Utilities		
Wages and Salaries		
Condo or Management Fees		
Telephone		
Travel – SEE PREVIOUS PAGE		
Vehicles – SEE PREVIOUS PAGE		
Improvements – including furniture, appliances, carpet, drapes, etc. PLEASE PROVIDE A LIST OF EACH ITEM, DATE OF PURCHASE & COST		

Thank you for choosing Turner’s Tax Service to prepare your 2020 tax return

SECTION 3 – HEALTH INSURANCE/COVID ISSUES

HEALTH INSURANCE

Did you and all of the dependents listed on page 1 have health insurance for all 12 months of 2020?

Yes _____ No _____

If you answered "Yes", please provide proof of health insurance.

- If insured by a health exchange such as Covered California or HealthCare.gov, send the 1095A you will receive in the mail by January 31st.
- If insured by a governmental agency, a private insurance company or your employer, send the 1095B or 1095C, if you have received it. If you have not received a 1095B or 1095C, then please provide alternative proof of health insurance.

If you answered "No" were you or any member of your household exempt from the requirement to have health insurance?

Yes _____ No _____

Please list all dependents who were not insured for all 12 months of 2020 and what months, if any, they had health insurance and from who (exchange, employer or private insurance company).

Please explain why household members did not have insurance

COVID ISSUES

Did you receive an Economic Impact Payment (Stimulus)? Yes _____ No _____

How many Stimulus payments did you receive? One _____ Two _____

How much was the first payment? _____ How much was the second payment? _____

Did you experience economic loss because of COVID19 (loss of job, business closed, etc.)? Yes _____ No _____

Were you unemployed or under-employed for any portion of 2020 due to COVID19? Yes _____ No _____

Did your employer continue to pay you even if you were unable to work because of COVID19? Yes _____ No _____

Did you receive a distribution from your retirement plan due to COVID19? Yes _____ No _____

If you own a business, did you receive a PPP loan? Yes _____ No _____ How much was the loan? _____

If you are self-employed, were you unable to work between April 1, 2020 and December 31, 2020 because of COVID19? Yes _____ No _____ How many days were you unable to work? _____

If you were self-employed, were you unable to work between April 1, 2020 and December 31, 2020 because you were needed to care for your minor children who were not in school? Yes _____ No _____ How many days were you unable to work? _____