

OLSON CPAs, PLLC
CERTIFIED PUBLIC ACCOUNTANTS
2020 INCOME TAX ORGANIZER

Client Name: _____ **E-mail:** _____

Telephone: Day _____ **Evening** _____

NOTES: If we DID NOT prepare your tax return last year, please bring a copy of last year's federal and state tax return to your appointment along with social security numbers and dates of birth.

INCOME AND LOSSES CHECKLIST: Please check those that apply and provide necessary information.

- | | |
|---|--|
| <input type="checkbox"/> Wages & Salaries - Provide all W-2's | <input type="checkbox"/> Sale of Primary Residence – Provide copy of closing statements for Purchase and Sale |
| <input type="checkbox"/> Non-employee Compensation - Provide 1099 Forms | <input type="checkbox"/> Sale of Business Equipment - See page 3 |
| <input type="checkbox"/> Interest Income - Provide Forms 1099 INT (List bank & amount below at additional info if no 1099 INT received) | <input type="checkbox"/> Sale or Exchange of Rental Property - See page 4 |
| <input type="checkbox"/> Tax Exempt Interest - Provide all statements of tax-exempt interest (required under tax reform) | <input type="checkbox"/> Sale or Exchange of Investment Property – See page 4 |
| <input type="checkbox"/> Dividend Income - Provide Forms 1099 DIV | <input type="checkbox"/> Pension or Profit-Sharing Plan - Provide Form 1099-R |
| <input type="checkbox"/> State Income Tax Refund - \$ _____ | <input type="checkbox"/> IRA Distributions - Provide Form 1099-R |
| <input type="checkbox"/> Alimony Received - \$ _____ | <input type="checkbox"/> Roth IRA Conversion - Provide Form 1099-R |
| <input type="checkbox"/> Prizes & Awards - \$ _____ | <input type="checkbox"/> Rental Income - See page 4 |
| <input type="checkbox"/> Gambling Winnings & Hobby Income \$ _____ | <input type="checkbox"/> Estates and Trusts - Provide K-1 Forms |
| <input type="checkbox"/> Unemployment Compensation - \$ _____
Provide Form 1099 | <input type="checkbox"/> Farming Income/Loss - Provide income & expenses |
| <input type="checkbox"/> Social Security Income - \$ _____ Provide Form SSA-1099 | <input type="checkbox"/> Royalties - Provide income statements or Forms 1099 |
| <input type="checkbox"/> Medicare Premiums Paid - \$ _____ | <input type="checkbox"/> Partnerships - Provide K-1 Forms |
| <input type="checkbox"/> Business Income/Loss - See page 3 | <input type="checkbox"/> S Corporations - Provide K-1 Forms |
| <input type="checkbox"/> Sale of Stock - See page 2 | <input type="checkbox"/> Annuities - Provide income statements or Form 1099-R |
| <input type="checkbox"/> Sale of Mutual Fund Shares - See page 2 | <input type="checkbox"/> Oil & Gas Income - Provide income & expense statements |
| <input type="checkbox"/> Stock Options - See page 2 | <input type="checkbox"/> Foreign Income or Assets - Provide statements |
| <input type="checkbox"/> Worthless Stock - See page 2 | <input type="checkbox"/> Non-Business Bad Debts – Provide detail |
| <input type="checkbox"/> Sale of Business Real Estate - See page 4 | <input type="checkbox"/> Debt Forgiveness – Provide statements (1099-C or A) |
| | <input type="checkbox"/> Other Income & Losses: _____ |
| | <input type="checkbox"/> At anytime during 2020, did you receive, sell, send, exchange or acquire any virtual currency? _Y or N_____ |

Estimated Payments: Please list date paid and amount for each quarter-
 Fed: QTR 1 _____ QTR 2 _____ QTR 3 _____ QTR 4 _____
 State: QTR 1 _____ QTR 2 _____ QTR 3 _____ QTR 4 _____

ADDITIONAL INFORMATION AND COMMENTS - Note any changes in dependents, filing status or address. List birthdates and social security numbers for new dependents. Use separate sheet if necessary.

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ADJUSTMENTS TO INCOME

	Taxpayer	Spouse		
IRA Contribution-Deductible	_____	_____	Interest Penalty (Early Withdrawal)	_____
IRA Contribution-Non-Deductible	_____	_____	Self-Employed Health Insurance (100%)	_____
Roth IRA Contribution	_____	_____	Health Savings Account	_____
Keogh/SEP Contribution	_____	_____	Qualified Student Loan Interest Paid	_____
Alimony Paid	_____	_____	Reservists or Performing Artist Expenses	_____
SS# of Alimony Recipient	_____	_____	Moving Expenses for Members of the Armed Forces	_____
Tuition Expense	_____	_____	Teacher's Out-of-Pocket Expenses	_____

SCHEDULE A (Additions to standard deduction)

MEDICAL

Health Insurance	_____
Long Term Care Insurance	_____
Prescription Medicine	_____
Doctors, Dentists & Nurses	_____
Hospitals & Nursing Homes	_____
Eyeglasses	_____
Lodging & Transportation (Out of Pocket Expenses)	_____
Number of Medical Miles	_____

CASUALTY OR THEFT LOSS FOR FEDERAL DISASTER

Bring information _____

MISCELLANEOUS DEDUCTIONS

Gambling Losses	_____
Casualty and Thefts (income producing property)	_____
Estate Tax Deduction (Form 1041 K-1)	_____
Repayment of Income	_____
Disability Related Employee Business Expenses	_____

TAXES PAID

Real Estate

State Income Tax	_____	Other _____	_____
Personal Property Tax (Vehicle, ATV, boat, etc.)	_____	_____	_____
Other Taxes (Include sales tax on new vehicle)	_____	_____	_____

INTEREST PAID (Only original acquisition debt + improvements)

Principal Home Mortgages (Form 1098)	_____
Home Improvement Loan (Form 1098)	_____
Second Home Mortgages	_____
Mortgage Interest Paid to Individuals	_____
Name, Address & SS# _____	_____
Investment Interest Paid	_____
Home Purchase Points (Pd. by Buyer)	_____
Home Purchase Points (Pd. by Seller)	_____
Home Refinance Points	_____
Life of Refinanced Loan (# of Years)	_____
Mortgage Insurance Premiums	_____

CHARITABLE CONTRIBUTIONS (provide cash contributions even if not itemizing for 2020)

Must have receipts for all deductions	_____	Noncash - Bring Receipts	_____
No deduction for cash without statement from charity also need statement from charity on donations of \$250 or greater	_____	For noncash donations greater than \$500, need to report additional detail on the tax return (date purchased, date gifted, cost, fair market value, organization name and address)	_____
Number of Charitable Miles	_____		
Tax-free contributions of IRA funds to charity	_____	For help valuing fair market value of used items – go to satruck.org/home/DonationValueGuide	_____

SCHEDULE C

BUSINESS EXPENSES

(SELF EMPLOYED) Must answer!

Did you pay anyone > \$600 for services & did you prepare 1099-Misc or NEC forms? Yes or no

BUSINESS VEHICLE

Provide purchase papers and trade-in information the first year the vehicle is depreciated. Provide tax return showing depreciation if we did not prepare that return.

	Vehicle #1	Vehicle #2
Description (Make & Year)	_____	_____
SUV Over 6,000 lbs. GVWR? (Yes or No)	_____	_____
Purchase Date	_____	_____
Commuting Mileage driven in 2020	_____	_____
Business Mileage driven in 2020	_____	_____
Total Mileage driven in 2020	_____	_____
Medical miles	_____	_____
Charitable miles	_____	_____
Gas, Oil, Lube	_____	_____
Repairs	_____	_____
Tires	_____	_____
Wash/Wax	_____	_____
Insurance	_____	_____
Licenses, Fees, State Taxes	_____	_____
Parking & Tolls	_____	_____
Interest	_____	_____
Lease Payments	_____	_____
Other	_____	_____

OFFICE AT HOME

Office sq. ft.	_____	_____
Total sq. ft.	_____	_____
Cost of Home	_____	_____
Date Purchased	_____	_____
Improvements	_____	_____
Utilities (Elect/Gas/Water/Trash)	_____	_____
Home Insurance	_____	_____
Repairs & Maintenance	_____	_____
Home Rent	_____	_____
2nd Telephone Line	_____	_____
Long Distance Business Charges	_____	_____
Telephone Optional Features	_____	_____
Other	_____	_____

BUSINESS EQUIPMENT PURCHASES

Provide copy of latest tax return showing depreciation of business equipment if we did not prepare the return.

Description	_____
Date	_____
Purchase Price	_____

BUSINESS EQUIPMENT SALES OR TRADE IN

Description	_____
Date	_____
Sales Price	_____

SELF-EMPLOYED BUSINESS INCOME

Please provide QuickBooks file or accounting records. Provide copies of all Forms 1099 showing income received

Income	_____
Beginning Inventory	_____
Inventory Purchases	_____
Ending Inventory	_____
Other Cost of Sales	_____
Accounting Fees	_____
Advertising	_____
Business Bad Debts	_____
Bank Charges	_____
Interest on Business Property	_____
Commissions	_____
Dues, Licenses & Publ. (No Club Dues)	_____
Employee Benefits	_____
Freight & Transportation	_____
Insurance - Other	_____
Legal & Professional	_____
Interest on Business Loans	_____
Office Supplies	_____
Postage	_____
Rent	_____
Rent of Equipment	_____
Repairs & Maintenance	_____
Materials & Supplies	_____
Taxes	_____
Telephone	_____
----Base Charges (Business Line Only)	_____
----Long Distance Charges	_____
----Telephone Optional Features	_____
----Mobile Phone	_____
Travel (Transportation & Lodging Only)	_____
Business Meals (No Entertainment)	_____
Educational & Seminars	_____
Utilities	_____
Wages & Salaries	_____
Contract Labor	_____
Other Expenses	_____

SCHEDULE D

SALE OF INVESTMENT PROPERTY - STOCKS, OPTIONS, MUTUAL FUND SHARES, LAND, ETC.

*Please provide detailed Form 1099 brokerage statements to help reduce time and IRS questions. If no statements, please list below:

Description	Date Acquired	Date Sold	Sales Price*	Cost or Basis	Gain (Loss)
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Continue on separate sheet if needed

*Provide brokerage statements

SCHEDULE E

INCOME FROM RENTAL PROPERTIES OR

ROYALTY INCOME

Property A Description _____
 Property B Description _____

Telephone: _____
 ---Base Charge (2nd Line) _____
 ---Long Distance Charges _____
 Utilities _____
 Other Expenses _____

Prop A Prop B

Rent Received	_____	_____	_____	_____	_____
Royalty Received	_____	_____	_____	_____	_____
Advertising	_____	_____	_____	_____	_____

SALE OR EXCHANGE OF RENTAL OR BUSINESS PROPERTY

Automobile & Travel

REAL ESTATE

Bank Charges _____ Provide latest tax return showing depreciation of property if we did
 Cleaning & Maintenance _____ not prepare the return. Provide closing statements showing original
 Commission _____ purchase and the sale this year of real estate. Provide dates and
 Gardening & Lawn _____ selling prices of rental and business equipment.

Insurance	_____	_____	Description _____	Date _____	Sales \$ _____
Legal & Professional	_____	_____	Description _____	Date _____	Sales \$ _____
Licenses & Permits	_____	_____	Description _____	Date _____	Sales \$ _____

PURCHASE OF NEW RENTAL PROPERTY AND

MISCELLANEOUS FURNITURE OR EQUIPMENT

Mortgage Interest (Form 1098) _____ Provide closing statements showing purchase of real estate. Provide cost and
 Mortgage Interest Paid to Individuals _____ date of purchase for furniture and equipment.

Other Interest	_____	_____	Description _____	Date _____	Cost _____
Painting & Decorating	_____	_____	Description _____	Date _____	Cost _____
Pest Control	_____	_____	Description _____	Date _____	Cost _____

PLUMBING & ELECTRICAL DEPRECIATION OF RENTAL PROPERTY

Repairs _____ Provide last tax return showing depreciation for the rental properties
 Supplies _____ and furniture if we did not prepare the return.

Taxes _____ Did you pay anyone > \$600 for services & did you prepare 1099-Misc or NEC forms? Yes or No (Must answer!)

TAX CREDITS

CHILD DEPENDENT CARE EXPENSES

Dependent's Name	Day Care Provider	Address	Fed ID# or SS#	Required	Amount
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

ADOPTION CREDIT \$ _____
 (i.e. fees, court costs, attorney fees, and travel)

FOREIGN TAX CREDIT \$ _____
 Provide Information as paid/WH

SMALL BUSINESS HEALTH CARE

Does your business pay for employee health care costs? Yes or No

Did you purchase insurance through SCORE? Yes or No

RESIDENTIAL ENERGY CREDITS

Energy Efficient Property Credit (credit up to 30% of cost)
 Solar Electric
 Solar Water heating
 Fuel Cells
 Small Wind & geothermal heat pumps

Cost – Bring Receipts

ACA PREMIUM TAX CREDIT

Did you purchase health insurance on the marketplace? Yes or No (If yes, please bring Form 1095-A)

Did you receive an advanced credit? Yes or No

ALTERNATIVE MOTOR VEHICLE CREDIT

Did you purchase a qualified fuel cell motor vehicle or plug-in electric drive motor vehicle in 2020? If yes, bring purchase contract.

EDUCATION CREDITS

AMERICAN OPPORTUNITY CREDIT: Tuition, Fees, Books (Provide 1098-T) (Only for the 1st 4 years of postsecondary education)

Student _____ \$ _____

Student _____ \$ _____

LIFETIME LEARNING CREDIT: 20% of Tuition & Fees (Provide 1098-T)

Student _____ \$ _____

MOVING EXPENSES
Armed Forces Only in 2020

Previous Address _____ Distance _____

Date of move _____ Moving Costs: Lodging \$ _____ Travel \$ _____