PERSONAL INFORMATION ORGANIZER

Please complete this Organizer before your appointment.

1. PERSONAL INFORMATION

Name	SSI	N or ITIN	Date of Birth	Date of Death	Occupation	Blind	Disa	bled
Taxpayer								1
Spouse								1
Street Address	Apt.	City or tow	'n	State	Zip Code	Count	У	_
Foreign country Foreign province/state		state		Foreign postal code				
E-mail Address(es)			Home Pho	ne	Mobile Phone			

2. FILING STATUS

Single	Check if parent (or someone else) can claim you as a dependent on their return.
X Married Filing Joint	
Married Filing Separate	Check if you lived apart from your spouse for all of 2020.
Head of Household	
Qualifying Widow(er)	Year spouse died:

3. DEPENDENTS

Relationship	Date of Birth	SSN or HIN	Months Lived	Disabled	Full Time	Dependent's	Child Care
			With You		Student	Gross Income	Expenses Paid
				With You	With You Image: Constraint of the second	With You Student Image: Student Image: Student <td>Relationship Date of Birth SSN or ITIN Months Lived Disabled Full Time Dependent's With You With You Image: Constraint of the second second</td>	Relationship Date of Birth SSN or ITIN Months Lived Disabled Full Time Dependent's With You With You Image: Constraint of the second

4. REFUND INFORMATION

1. Would you like to ha	ave any refunds directly deposited into your ba	nk account?	Yes No
Bank Account Ownership Type Bank name	Taxpayer Spouse Joint Checking Savings	Bank Account Ownership Type Bank name	☐ Taxpayer ☐ Spouse ☐ Joint ☐ Checking ☐ Savings
Routing number Account number Account outside the	jurisdiction of the United States? Yes	Routing number Account number Account outside the	jurisdiction of the United States? Yes

5. IDENTIFICATION INFORMATION

Taxpayer		Spouse	
Type of ID:	Driver's license State-issued ID No ID	Type of ID:	Driver's license State-issued ID No ID
ID number Location of issuance		ID number Location of issuance	
Issue date Expiration date		Issue date Expiration date	

6. HEALTH CARE INFORMATION

Please indicate where you received your health insurance from for all members of your tax household.

 Employer
 Government-Sponsored Marketplace
 Private Exchange (Individual Insurance Company)

and

PERSONAL INFORMATION ORGANIZER

Please complete this Organizer before your appointment.

7. MISCELLANEOUS PERSONAL INFORMATION QUESTIONS

1.	. Check the applicable boxes if you wish to contribute \$3 to the Presidential Election campaign fund.	er 🗌 Spouse
2.	. Were you a victim of identity theft and have you been contacted by the IRS?	🗌 No
	If Yes, please furnish the 6-digit PIN issued to you by the IRS	
3.	. Were you (or your spouse if filing jointly) a nonresident alien for any part of 2020?	🗌 No
4.	. Have you received any notices or correspondences from the IRS or state in the past 3 tax years?	🗌 No
5.	. Do you have any children age 18 or under (or student under age 24) who had unearned income of more	
	than \$2,200?	🗌 No
6.	. If any of your children are required to file a return, do you elect to report your child's interest and	
	dividends on your return?	🗌 No
7.	. Did you give a gift of more than \$15,000 to one or more people?	🗌 No
8.	. If age 65 or older, do you want to file Form 1040-SR, U.S. Tax Return for Seniors, instead of Form 1040? 🗌 Yes	🗌 No

8. COMMENTS

INCOME ORGANIZER

Please complete this Organizer before your appointment. Business, Farm and Rental and Royalty Income or Loss Organizers are on separate pages.

1. WAGE AND SALARY INFORMATION

Attach W-2s:		
Employer Name	Taxpayer	Spouse
	. 🔲	
Unreported tip income received:		

2. INTEREST AND DIVIDEND INCOME

Attach 1099-INT, 1099-DIV or other stateme	ents	
Payer Name	Taxpayer	Spouse
	· H	H
· · · · · · · · · · · · · · · · · · ·	- -	H
	- 片	H
	- 님	
	- <u>L</u>	
	_ <u> </u>	
	_	
		H
	- L	

3. RETIREMENT DISTRIBUTIONS

Attach 1099-R & 5498	Roth	Other		
Payer Name	IRA	IRA	Taxpayer	Spouse
		П	П	П
	Ē	П	П	П
		H	E E	П
		H	E E	E E
	. —			
Attach SSA 1099 or RRB 109	9		Yes	No
Did you receive social secur	ity ben	efits?.	🗖	
	,			
Did you receive railroad retir	rement	benefit	s?	
1				

7. MISCELLANEOUS INCOME QUESTIONS

1. Did you sell your home?	No
2. Did you earn any foreign income or pay any foreign taxes?	No
3. Do you have a health savings account (HSA), Archer MSA or Medicare Advantage (MA) MSA?	No
4. Did you have a financial account in a foreign country (i.e. bank account, securities account, etc.)?	
5. Did you have any debt forgiven (i.e. student loans, home mortgage, etc.)?	No
6. Did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?	No

4. SCHEDULE K-1 INCOME (1065, 1120-S AND 1041)

Attach K-1s:		
Payer Name	Taxpayer	Spouse

5. CAPITAL GAINS AND LOSSES

Attach 1099-Bs:		
Payer Name	Taxpayer	Spouse

6. OTHER INCOME

Description	Amount
State income tax refund	
Alimony received	
Date of original divorce/separation agreement	
Unemployment compensation	
Gambling winnings	
Jury pay	
Hobby income	
Scholarships (grants)	
NOL Carryforward	
Child support	

BUSINESS INCOME AND EXP	ENSES (Sche	dule C)					
and Indicate the owner of this busine	ess: 🗴 Tax	naver		Spouse	e 🗌 Joir	t	
Business Name:	555. <u>A</u> 14/	фаусі		j opous		it.	
Business product or service:							
Business Address:							<u>.</u>
City, State, and Zip Code:							
Did you start or acquire this bus	iness during 20	1202			<u>่</u> า		
Accounting Method:					er (describe)		
Method used to value inventory					narket 🗌 Othe	r (describe)	
Income and Cost of Goods So	bld					2020 Amount	2019 Amount
Gross receipts or sales							Loro / ano and
Returns and allowances							
Other income (enclose descrip							
Inventory at beginning of year							
Purchases less cost of items v							
Cost of labor							
Materials and supplies							
Other costs							
Inventory at end of year							
Expenses	2020 Amount	2019 /	Amount			2020 Amou	unt 2019 Amount
Advertising							
Commissions and fees				Other:			
Contract labor							
Depletion							
Employee benefits.							
Insurance (other than health)							
Mortgage interest							
Other interest.							
Legal and professional fees							
Office expenses							
Pension and profit sharing							
Rent - Vehicle, machinery							
Rent - Other							
Repairs and maintenance							
Supplies							
Taxes and licenses							
Travel							
Meals and entertainment							
Utilities							
Vehicle Information Vehicle description			Data pla	cod in c	envice	Cost or b	acie
Business miles	Con	mutin	Dale pla	iceu in s		Other miles	asis
Actual expenses such as gas,	oil repairs et	nnuuni ~	Jillies		Parking fees a	od tolls	asis
Actual expenses such as gas,							
Sales, Purchases, and Dispos	sition of Asse	ts in 20)20 (New o	clients, encl	ose detailed listing of al	l depreciable assets.)	
Asset description					Purchase price		Sales Price
Business Use of Home							
Area used exclusively for busin							
Was the home used as a day of			es 🗌	No	Date home place		
		rance				Rent	
Mortgage interest			d mainte			FMV of home	
Real estate taxes paid	Utilit	ies and	l other e	xpenses		Value of land	
Carryover of unallowed expenses	to 2020	Yes	No	(if yes, ente	er amount)		

PROFIT OR LOSS FROM FARI	MING (Schody								
PROFIL OR LOSS FROM FARI	wing (Schedu	ile F)							
Indicate the owner of this farm Principal product	: 🗌 Taxpaye	er 🗌] Spouse	e 🗌 .	Joint				
Accounting Method: Cash	Accrual					-			
Did you materially participate i		of this	s farm du	uring 20	20?	🗌 Yes	🗌 N	0	
Income							2020	Amount	2019 Amour
Sales of livestock and other ite									
Cost of livestock and other iter									
Sales of livestock, produce, gra									
Cooperative distributions									
Agricultural program payments									
Commodity Credit Corporation									
Commodity Credit Corporation									
Crop insurance proceeds and c									
Other income									
Inventory of livestock, produce									
Cost of livestock, produce, etc.									
Inventory of livestock, produce, etc.									
	, etc. at end et	J C C C			e,				
Expenses	2020 Amount	2019	Amount					2020 Amou	ınt 2019 Amou
Chemicals						lants purc			
Conservation						warehous			
Custom hire						rchased .			
Employee benefits									
Feed purchased									
Fertilizers and lime						nd breedir			
Freight and trucking				Other					
Gasoline, fuel, and oil.									
Insurance									
Other interest									
Labor hired									
Pension and profit-sharing									
Vehicles and machinery rent									
Other rentals									
Repairs and maintenance									
									-
Vehicle Information									
Vehicle description Business miles			Date pla	ced in s	ervice			Cost or	basis
Business miles	Com	muting	g miles _				Other	miles	
Actual expenses such as gas,	oil, repairs, etc				Pa	rking fees	and to	lls	
Salaa Burahaaaa and Diana	aition of Acad	to in f	2020						
Sales, Purchases, and Dispo		ets in A	2020						
(New clients, enclose detailed listing of all de	epreciable assets.)		Doto or	auirod	Duro	hase price		Noto cold	Salaa prico
Asset description				Junea	Fuic	nase price		Date sold	Sales price
									<u> </u>

and					
RENTAL AND ROYALTY INCOME AND	EXPENSES (Schedule E, p	g 1)		
	Tavagera				
Indicate the owner of this property:	Taxpayer	Spouse	e ∐ Joir	It	
Description of property					
Location of property					
Did you or your family use this property of	during the tax	vear for perso	nal purposes for	· more	
than the greater of: (a) 14 days, or (b)) 10% of the to	otal days rente	ed at fair market	value? 🗌 Ye	s 🗌 No
Did you meet the Active Participation rec	puirements for	this propertv?	>	∏ Ye	s 🗆 No
(To meet these requirements, you must have partic	ipated in making n	nanagement decis	ions or arranged for		
others to provide services in a significant and bona new tenants, deciding on rental terms, approving re	fide sense. Such	management dec	isions include approv	ing	
				_	_
Was this property fully disposed of during	g 2020?			L Ye	s 🗌 No
Income				2020 Amount	2019 Amount
Rents received					
Royalties received					
F				0000 Am ount	2040 Am avent
Expenses				2020 Amount	2019 Amount
Advertising.					
Commissions					
Legal and other professional fees					
Management fees					
Mortgage interest paid to banks					
Other interest					
Repairs.					
Supplies					
Taxes					
Utilities					
Other					
Amortization					
Section 481(a) adjustment					
Vehicle Information					
	Da	te placed in s	ervice	Cost or b	asis
Vehicle description Business miles C Actual expenses such as gas, oil, repair	ommuting mil	es	Oth	er miles	
Actual expenses such as gas, oil, repair	irs. etc		Parking fees	and tolls	
Travel expenses					
	-				
Sales, Purchases, and Disposition of A (New clients, enclose detailed listing of all depreciable asset					
Asset description	,	ate acquired	Purchase price	e Date sold	Sales price
	 				ł

and							
FARM RENTAL INCOME AND	EXPENSES (/	Form 4835)					
Indicate the owner of this farm	rental:	Taxpayer	Sp		🗌 Joii	ot	
				0036		in a state of the	
Property description:							
Did you actively participate in the	he operation of	this farm renta	l during	2020?	Yes	🗌 No	
Income					2020) Amount	2019 Amount
Income from the production of	livestock, proc	luce, grains, ar	nd other	crops		Anount	2013 Amount
Total cooperative distributions							
Agricultural program payments	S						
Commodity Credit Corporation							
Commodity Credit Corporation							
Crop insurance proceeds and	federal crop dis	saster payment	s receiv	ed in 2020 .			
Other income							
Expenses	2020 Amount	2019 Amount				2020 Amoun	t 2019 Amount
Chemicals				and plants			
Conservation				e and ware			
				es purchase			
Employee benefits							
Feed purchased				S			
Fertilizers and lime				hary and bre			
Freight and trucking			Other				_
Gasoline, fuel, and oil							
Mortgage interest.							
Labor hired							
Pension and profit-sharing							
Vehicles and machinery rent			Amorti	zation			
Other rentals				Preproductiv			
Repairs and maintenance.				81(a) exp.			
Vehicle Information							
		Date plac	ed in sei	vice		Cost or bas	sis
Business miles	Com	muting miles			Other m	- niles	
Vehicle description Business miles Actual expenses such as gas,	oil, repairs, etc			Parking fe	es and toll	s	
Sales, Purchases, and Dispos	sition of Asset	s in 2020					
(New clients, enclose detailed listing of all of		3 111 2020					
Asset description		Date a	cquired	Purchase	price D	Date sold	Sales price
		1			I		

DEDUCTIONS ORGANIZER Please complete this Organizer before your appointment. Itemized Deduction Organizers are on separate pages.

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Attach 1098-Ts, 1098-E	's and 1099-Q's:			Student Loan	Books, Supplies
Student Name	Educational Institution	Fr So Jr Sr (es Interest Paid	
2. JOB-RELATED M	OVING EXPENSES	4,	OTHER DEDU	JCTIONS	
Gas and Oil. Mileage Other Miles from old home to Miles from old home to	Amour	E A A A Ju Ju C Q	limony paid Re Date of original divorce/s ealth Savings Acc rcher Medical Sav ury duty repayment preign qualified ho ontributions to Co ualified business net	c. SSN: separation count contributions vings Account con nt to employer ousing expenses.	
	Amour itional IRA				
5. MISCELLANEOU	S DEDUCTION QUESTIONS				
	item(s) during 2020 for which you				

and 1. EDUCATION

ITEMIZED DEDUCTIONS

Medical and Dental Expenses	(not including r	eimbursements)		2020 Amoun		2019 Amount
Medical/dental care insurance	premiums (oth	er than self-empl	oved)	7.1110411		, and and
Medicare B and D premiums f						
Qualified long-term care prem						
Doctor, dentist, and hospital fe						
Prescription medicines and dr						
Medical aids such as eyeglass						
Total transportation expenses						
Other medical and dental expe						
Taxes Paid				2020		2040
Taxes Paid				2020 Amoun		2019 Amount
State and local income taxes	naid (other the	n withholdings on		Amoun		Amount
State and local income taxes Actual state and local general						
State and local real estate taxes. Personal state/local property taxe						
		<u> </u>				
Internet Deid				0000		2010
Interest Paid				2020 Amoun		2019 Amount
Home mortgage interest paid	to financial ins	titution (enclose For	m 1098 or statement)	Amoun		Amount
Home mortgage interest paid						
Individual's name						
Individual's address						
Individual's ID number						
Qualified mortgage insurance	premiums (VA	, FHA, RHS, or p	rivate)			
Investment interest expense	•	•				
· ·						
Gifts to Charity (If additional lines Contributions of cash or check		similar statement)	Noncash contribut	ione		
Name of charity	Date given	2020 Amount	Name and address of ch		ate given	FMV
Name of chanty	Date given	202074110411			ato given	1 101 0
	1		1			
	1					
		1				
L	_	ļ				

and ITEMIZED DEDUCTIONS (continued)	1							
Casualty and Theft Losses (for pro	porty damaged	by storm y	wator fi	ra accident or the	f t)			
Enclose supporting documentation of what is								
(If additional losses were incurred, please					or ropans.			
Leasting of groups where	•			,	Residential property	Business property		
					Federal Disaster			
Description of property: Date of loss:					FEMA disaster decla	 ration #		
Amount of damage	Cost ba	sis of pror	ortv		Renair Costs			
Insurance reimbursement		oronorty bo	foroloci		_ Repair Costs			
Federal monies received	FMV of r	property off		S	Other			
	1000 F							
Unreimbursed Employee Business	Expenses							
(if any depreciable assets were sold (including the veh	icle), please see wo	orksheet below)					
Dues (related to job)			ehicle	Information				
Subscriptions related to your work				e description				
Licenses and regulatory fees			Date p	laced in service				
Tools and supplies used in your wor	k		Cost o	r basis				
vvork clotnes, uniforms if required				_				
Medical exams required by your employ	er		Miles	of vehicle				
Work related education (books, tuition)				siness miles				
Legal fees related to your job			Cor	nmuting miles				
Job search expenses (current occupation	n)		Oth	er miles				
*In home office:								
Total square footage			Expe					
Office square footage				ual expenses		_		
Office square footage			(gas, oil, repairs, etc)					
			Parking fees and tolls					
Insurance			Travel expenses					
Repairs/Maintance								
*Questions relating to mortage interest,	taxes, and casualt	ty losses wer	e asked	previously				
Sales, Purchases, and Disposition	of Assets in 2	2020						
(New clients, enclose detailed listing of all depreciable	assets.)			<u> </u>		<u> </u>		
T S Asset description		Date ac	quired	Purchase price	Date sold	Sales price		
Investment Deleted Expenses			Otho	r Misc. Deductio				
Investment Related Expenses			Othe	i wisc. Deductio	5115			
Tax preparation fees			Gam	bling losses				
Safe deposit box		-	Estat	e tax deduction (in respect of a decede	ent)		
Custodial, trust admin fees				olio from Schedu				
Fees to collect interest and dividends				covered investment				
Tax advice not related to investment inco	me			tizable premium or				
Legal fees related to producing taxable income				ed persons work expe				
Other			Othe		-			
Other			Othe					
Other			Othe					

CREDITS AND PAYMENTS ORGANIZER

Please complete this Organizer before your appointment.

1. REBATE RECOVERY CREDIT

Economic Impact Payment received	Amount
Тахрауег	
Spouse	

If you filed a joint return in 2019 and received an economic impact payment, you and your spouse are treated as having received half of the payment.

2. CHILD CARE CREDIT

Attach Daycare Provider State	ement(s):		Telephone	Identification	
Care Provider Name	Address	Tax-Exempt	Number	Number	Amount Paid
		_ 🗌 .			
		_ 🗌 .			
		_ 🗌 .			
		_ 🗌 .			

3. RESIDENTIAL ENERGY CREDIT

Description	Amount	Description	Amount
Solar electric property		Metal or asphalt roof	
Solar water heating		Exterior windows and skylights	
Small wind energy		Electric heat pump or central air conditioner.	
Geothermal heat pump		Natural gas, propane or oil water heater.	
Fuel cell property.		Biomass fuel stove	
Insulation material		Natural gas, propane or oil furnace	
Exterior doors		Advanced main air circulating fan	
 Were the qualified improvements for your main hor Were any of the improvements related to the const 	me in the United truction of this n	d States?	_Yes _No _Yes _No

4. MISCELLANEOUS CREDIT QUESTIONS

1. Did you pay any expenses related to the adoption of an eligible child?	٩٥
2. Are you currently repaying the First-Time Homebuyer Credit?	٩V
3. Do you (and your spouse) have a social security number that allows you to work and is valid?	٩V
4. Were you issued a Mortgage Credit Certificate (MCC) by a state or local governmental unit or agency?	٩V

5. ESTIMATED TAX PAYMENTS

Federal estimated payments	Date Paid	Amount Paid
Applied from 2019 federal refund		
1st quarter payment		
2nd quarter payment.		
3rd quarter payment		
4th quarter payment		

State estimated payments	Date Paid	Amount Paid	Local estimated payments	Date Paid	Amount Paid
Applied from 2019 state refund			Applied from 2019 local refund		
1st quarter payment			1st quarter payment		
2nd quarter payment.			2nd quarter payment.		
3rd quarter payment			3rd quarter payment		
4th quarter payment			4th quarter payment		
State Name			Locality Name		
-			· · · · · · · · · · · · · · · · · · ·		

and