

## 2020 Tax Organizer Personal and Dependent Information

### Personal Information

	Name	SSN	Has IP PIN	Date of birth
Taxpayer				
Spouse				
Street address, city, state, and ZIP				
Occupation		Daytime phone	Evening phone	Cell phone
Taxpayer				
Spouse				
Taxpayer email				
Spouse email				

#### Marital Status at end of 2020

- Married  
 Married filing separately  
 Single  
 Widow(er) If spouse died in 2020 enter the date of death \_\_\_\_\_

#### Other information

- Are you blind?  Yes  No  
 Are you disabled?  Yes  No  
 Are you a full-time student?  Yes  No  
 Do you want \$3 to go to the Presidential Election Campaign Fund?  Yes  No

#### Taxpayer

- Yes  No  
 Yes  No  
 Yes  No  
 Yes  No

#### Spouse

- Yes  No  
 Yes  No  
 Yes  No  
 Yes  No  
 Yes  No

At any time during 2020 did you receive, sell, send, exchange, or acquire any financial interest in any virtual currency?  Yes  No

### Dependent Information

First and last name SSN	Has IP PIN	Relationship	Months in home	Date of birth	Disabled	Full- time student	Childcare Expenses

List dependents required to file a return \_\_\_\_\_

### COVID-19 Implications

Yes No

- Did you receive an Economic Impact Payment (EIP)? If "Yes," provide Notices 1444 and 1444-B from the IRS.  
     First EIP amount \_\_\_\_\_ Second EIP amount \_\_\_\_\_  
  Did you experience economic loss due to COVID-19 (loss of job, closed business, etc.)?  
  Were you unemployed for any portion of the year due to COVID-19?  
  Did you continue to receive wages from your employer even if you were unable to work?  
  Did you receive a distribution from a retirement plan (401K, IRA, etc.) due to COVID-19?

If you own a farm or business:

- Did you continue to pay any employee while they were not working?  
  Did you delay withholding FICA taxes from any employee's pay?  
  Did you receive a Paycheck Protection Program (PPP) loan?  
     If "Yes," was the loan forgiven or have you applied for forgiveness? \_\_\_\_\_  
  Were you unable to work due to COVID-19 and, if employed by someone other than yourself, would have qualified for sick or family leave?

### Appointment Information

Your 2020 appointment is scheduled for \_\_\_\_\_

### Additional Taxpayer Information

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

**Estimates**

	Federal		Resident state		Other State - Specify	
	Date paid	Amount	Date paid	Amount	Date paid	Amount
Overpayment applied from 2019	_____	_____	_____	_____	_____	_____
First quarter	_____	_____	_____	_____	_____	_____
Second quarter	_____	_____	_____	_____	_____	_____
Third quarter	_____	_____	_____	_____	_____	_____
Fourth quarter	_____	_____	_____	_____	_____	_____
Additional payments	_____	_____	_____	_____	_____	_____

**Account Information for Deposits or Withdrawals**

Name of bank	Bank routing number	Bank account number	Type of account		Use this account for	
			Checking	Savings	Deposits	Withdrawals

**Identification Information**

**Taxpayer**

Type of photo ID  Driver's license  State-issued photo ID

Driver's license or state-issued photo ID number \_\_\_\_\_

State the driver's license or state-issued photo ID was issued in \_\_\_\_\_

Issue date of the driver's license or state-issued photo ID \_\_\_\_\_

Expiration date of the driver's license or state-issued photo ID \_\_\_\_\_

**Spouse**

Type of photo ID  Driver's license  State-issued photo ID

Driver's license or state-issued photo ID number \_\_\_\_\_

State the driver's license or state-issued photo ID was issued in \_\_\_\_\_

Issue date of the driver's license or state-issued photo ID \_\_\_\_\_

Expiration date of the driver's license or state-issued photo ID \_\_\_\_\_

## 2020 INCOME TAX CHECKLIST

### **GENERAL QUESTIONS**                      **Y= Yes N =No**                      **Please Provide Documentation**

- \_\_\_\_\_ Did your address change since you filed your 2019 income tax return?
- \_\_\_\_\_ Were there any births, deaths, marriages, or divorce in your immediate family during 2020?
- \_\_\_\_\_ Did you or your spouse receive any tips not reported to your (or spouse's) employer?
- \_\_\_\_\_ Did you pay student loan interest during 2020?
- \_\_\_\_\_ If you are an educator, did you have un-reimbursed work-related expenses? Amount \_\_\_\_\_
- \_\_\_\_\_ Did you have any debt that was cancelled or settled for less than amount owed in 2020? Provide Form 1099-A or a Form 1099-C.
- \_\_\_\_\_ Did you have (or expect to get) a Schedule K-1 from a S Corporation, partnership, or trust?
- \_\_\_\_\_ Did you apply an overpayment of your 2019 taxes to your 2020 taxes?
- \_\_\_\_\_ Did you make any estimated payments toward your 2020 taxes? (Not from W-2 or 1099)

### **DEPENDENTS**

- \_\_\_\_\_ Did you have any changes in dependents during the year?
- \_\_\_\_\_ Can another person qualify to claim any of your dependents?
- \_\_\_\_\_ Did all of your dependents live with you all year?
- \_\_\_\_\_ Did you have any childcare expenses during the year?
- \_\_\_\_\_ Does your child have income of \$2200 or more from interest, dividends, trust, etc.?

**NOTE:** You must provide proof that any dependent that you claim is your dependent  
A copy of a school record, report card, child care provider, medical bill from a doctor or dentist,  
social service agency, health insurance document, etc.  
The child's name and address must be the same as your address

### **HEALTH INSURANCE**

- \_\_\_\_\_ Did any member of your household have healthcare coverage through the Marketplace? If yes, provide copies of Form 1095-A
- \_\_\_\_\_ Did you receive any distributions from a Health Savings Account (HSA), Archer MSA, or Medicare Advantage MSA during the year?

## INCOME, PURCHASES, SALES, and DEBT INFORMATION

\_\_\_\_\_ Did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currencies?

\_\_\_\_\_ Did you rent out your home or use it for business?

\_\_\_\_\_ Did you sell property, rental property, or a business or business interest during the year?

\_\_\_\_\_ Did you start a business or purchase rental property during the year?

\_\_\_\_\_ Did you buy or sell stocks, bonds, or other investments during the year?

\_\_\_\_\_ Did you sell a personal residence during 2020? If yes, provide purchase and sale closing documents

\_\_\_\_\_ Do you sell products and get paid by PayPal? Provide Form 1099-K

## FOREIGN FINANCIAL INFORMATION

\_\_\_\_\_ Did you have a financial interest in or signature authority over a financial account or asset located in a foreign country?

\_\_\_\_\_ Were you a grantor of or transferor to a foreign trust?

\_\_\_\_\_ Did you earn interest from, or are you an authorized signature holder on, a foreign bank account?

\_\_\_\_\_ Did you have any income from, or pay taxes to, a foreign country?

\_\_\_\_\_ Did you sell, exchange, or send any Bitcoin, Litecoin, Zcash, Dash, or any other Crypto Currency?

\_\_\_\_\_ Did the aggregate value of your foreign accounts exceed \$10,000 at any time during the year?

## RETIREMENT PLANS

\_\_\_\_\_ Did you contribute to an IRA for 2020? Amount: \_\_\_\_\_ Spouse amount: \_\_\_\_\_

\_\_\_\_\_ Did you contribute to a Roth IRA for 2020? Amount: \_\_\_\_\_ Spouse amount: \_\_\_\_\_

\_\_\_\_\_ Did you recharacterize any IRA's this year?

\_\_\_\_\_ Did you receive a distribution from a retirement plan this year? You will get a Form 1099-R

\_\_\_\_\_ Did you get an early distribution to pay for medical expenses, higher education expenses, health insurance premiums while unemployed, or to an alternative payee under a domestic relations order? Please circle which applies to your situation, if any.

**ITEMIZED DEDUCTIONS (NC allows a lesser amount than the Federal return)**

**Medical – Out of pocket, not reimbursed**

Health Insurance \_\_\_\_\_ Long-term Care Insurance (Taxpayer) \_\_\_\_\_  
Prescription Drugs \_\_\_\_\_ Long-term Care Insurance (Spouse) \_\_\_\_\_  
Orthopedic Shoes, Braces \_\_\_\_\_ Hearing Aids, Wheelchair, Walker \_\_\_\_\_  
Eyeglasses, Contacts \_\_\_\_\_ Hospital, Labs, Doctors \_\_\_\_\_  
Dentists, Dentures \_\_\_\_\_ Mileage \_\_\_\_\_  
Supplies \_\_\_\_\_ List: \_\_\_\_\_

**Taxes – paid during 2020 only**

Real Estate \_\_\_\_\_  
Car/Truck \_\_\_\_\_  
RV \_\_\_\_\_ Trailers \_\_\_\_\_  
Boat \_\_\_\_\_ Jet Ski \_\_\_\_\_  
Motorcycles \_\_\_\_\_ Mobile Home \_\_\_\_\_

State Income Taxes: for 2019 \_\_\_\_\_ Years 2018 and earlier \_\_\_\_\_

2020 Estimated Income Taxes: North Carolina \_\_\_\_\_

Other State(s): \_\_\_\_\_ (Name of State): \_\_\_\_\_

**Home Mortgage Interest**

Personal Residence \_\_\_\_\_ Second/Vacation Home \_\_\_\_\_ Home Equity \_\_\_\_\_

Mortgage Insurance Premiums \_\_\_\_\_ Investment/Margin Interest \_\_\_\_\_

**Donations**

Cash, check, or credit card (send acknowledgement from Organization if \$250 and over)

NON-cash contributions (clothes, furniture, household items, etc)? Attach charity receipt and list of items donated. For daily non-cash donations of \$500 or more include a value to each item.

Non-cash donations of \$5000 or more, copy of appraisal from a qualified appraisal

Volunteer mileage \_\_\_\_\_ miles

**EDUCATION**

\_\_\_\_\_ Do you pay tuition expenses that were required for attending college, university, or vocational school for yourself, your spouse, or a dependent during the year (even if classes were attended in another year)? Provide Form 1098-T

\_\_\_\_\_ Did you purchase any course materials that were required for study? Send receipts

\_\_\_\_\_ Do you have student loan interest paid in 2020?

**NORTH CAROLINA & OTHER STATES**

\_\_\_\_\_ What is your state of Residence? What state issued your driver's license? \_\_\_\_\_

\_\_\_\_\_ Do you have income from more than one state? List States: \_\_\_\_\_

\_\_\_\_\_ Did you, your spouse, and/or your dependents make any purchases from out-of-state retailers that did not charge state sales tax? If yes, how much was purchased \$ \_\_\_\_\_ Over \$1000? \_\_\_\_\_

**Items to discuss with accountant:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Do we have ALL of your information and can begin processing OR will you be bringing additional information to prepare your 2020 Income Tax returns?**

What additional information will you be bringing?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## REFUNDS

### DIRECT DEPOSIT INFO

Name of Bank: \_\_\_\_\_

Routing Number (9 digits) \_ \_ \_ \_ \_ or attach a Voided Check

Account Number \_\_\_\_\_

Type of Account: \_\_\_ Checking \_\_\_ Savings \_\_\_ IRA

**If you owe a**

### **BALANCE DUE (from Bank Account listed above)**

We can setup your Balance Due Payment to draft from your bank account on a date you specify. This can be done for Federal & State tax return balances.

\_\_\_ Federal - Setup my Balance Due to draft on this date: \_\_\_\_\_

\_\_\_ North Carolina – Setup my Balance Due to be draft on: \_\_\_\_\_

\_\_\_ (Name of State) \_\_\_\_\_ - Setup my Balance to draft on: \_\_\_\_\_

### **For clients who make ESTIMATED TAX payments**

We can setup your FEDERAL Estimated Tax payments to automatically be drafted

\_\_\_ Setup my 2021 Estimated Income Tax payments to be drafted from my Bank Account listed above

Estimated Tax Payment Dates: April 15, June 15, September 15, and January 15

# “OPTIONAL”

Available through April 15, 2021

Do you want us to  
**deduct our income tax preparation Fee from your Refund?**

- A **valid drivers’ license** or state issued photo ID is required from You and your Spouse (if married)
- Answer **ONE (1)** security question below:
  - What is your Mother’s maiden name? \_\_\_\_\_
  - What is the name of your first pet? \_\_\_\_\_
  - What high school did you attend? \_\_\_\_\_
  - What is the name of your oldest child? \_\_\_\_\_
  - What is your father’s middle name? \_\_\_\_\_

You can have Direct Deposit or a Check printed in this office

\_\_\_\_\_ Direct Deposit (complete bank info on previous page)

\_\_\_\_\_ Check printed in our office when approved

This fee is \$65.95



# American Tax & Accounting

## Agreement for the Preparation of an Income Tax Return

Thank you for choosing American Tax & Accounting to assist you in the preparation of your individual income taxes. This letter confirms the terms of our engagement with you and outlines the nature and extent of the services we will provide.

We will prepare your federal and state income tax returns (if applicable). We will depend on you to provide the information we need to prepare complete and accurate returns. We may ask you to clarify some items but will not audit or otherwise verify data you submit. An Organizer is available to help you collect the data required for your return. The Organizer will help you avoid overlooking important information. By using it, you will contribute to efficient preparation of your returns and help minimize the cost of our services.

We will perform accounting services only as needed to prepare your tax returns. Our work will not include procedures to find defalcations or other irregularities. Accordingly, our engagement should not be relied upon to disclose errors, fraud, or other illegal acts, though it may be necessary for you to clarify some of the information you submit. We will, of course, inform you of any material errors, fraud, or other illegal acts we discover.

The law imposes penalties when taxpayers underestimate their tax liability. Please call us if you have concerns about such penalties.

You will be responsible for providing Form 1095-A if you had insurance through the Marketplace (Obamacare) and received assistance or a subsidy to pay part of your Health Insurance coverage for you, spouse (if married), and your dependents (if any).

We will return your original records to you at the end of this engagement. You should securely store these records, along with all supporting documents, canceled checks, etc., as these items may later be needed to prove accuracy and completeness of a return. We will retain copies of your records and our work papers for your engagement for three years, after which these documents will be destroyed.

Our engagement to prepare your income tax returns will conclude with the delivery of the completed returns to you. If you have not selected to e-file your returns with our office, you will be solely responsible to file the returns with the appropriate taxing authorities. Review all tax-return documents carefully before signing them.

Payment for the preparation of income tax returns will be due upon completion or when you pick up your copy of the tax returns. Additional copies are available for \$40 federal (if we have your email address we can send you a copy), State copies are \$15 per year.

The client agrees to limit our liability for any claims they may make against us to the fee that they paid us for the return and all claims must be made within 180 days from the date the preparer signs the tax return.

This agreement is for income tax preparation only. If you receive any letter or notices from the government for the tax year(s) indicated below, we will explain the letter or notice to you – free of charge.

If you want us to file an "extension" indicate below. An extension of time to file is not an extension of time to pay, if a payment is due or expected to be due it must be sent in with the extension. Failure to do so may result in penalties and interest being assessed.

Income Tax Return(s):

\_\_\_\_\_ **Extension** (2020 only) Until 10/15/2021

\_\_\_\_\_ **Federal 1040**

Select Tax Year(s): **2020** 2019 2018 2017 2016 Other: \_\_\_\_\_

State Income Tax: \_\_\_\_\_ **NC** \_\_\_\_\_ **SC** Other State: \_\_\_\_\_

To affirm that this letter correctly summarizes your understanding of the arrangements for this work, please sign the enclosed copy of this letter in the space indicated and return to us. You may request a copy for your records.

We appreciate your confidence in us. Please call if you have questions.

Wayne Kight EA, Accountant  
American Tax & Accounting

\_\_\_\_\_  
Client

\_\_\_\_\_  
Date