

Taxpayer Information		Spouse Information	
Last name	_____	Last name.....	_____
First name	_____	First name	_____
Middle Initial.....	_____	Middle Initial.....	_____
	Suffix..... _____		Suffix..... _____
Social security number	***-**-6789	Social security number	_____
Occupation	_____	Occupation.....	_____
Work phone	_____	Work phone.....	_____
	Ext ... _____		Ext ... _____
Cell phone	_____	Cell phone	_____
E-mail address.....	_____	E-mail address.....	_____
Date of birth.....	_____	Date of birth	_____
Address	_____		Apartment number..... _____
City	_____	State..... _____	ZIP Code..... _____
Home phone.....	_____	Fax number	_____

Dependent Information					
First name	MI	Social Security Number	Date of Birth	Months Lived with Taxpayer	Child Care Expense
Last name	Suffix	Relationship			
.....
.....
.....
.....

Child and Dependent Care Provider Expenses			
Name	Address	ID Number	Amount Paid
.....
.....
.....

Education Tuition and Fees
 Attach all Form 1098-Ts and a list of your qualified education expenses.

Student Loan Interest Paid
 Enter total 2020 qualified student loan interest..... _____

Attach Form(s) W-2 – Wages, Salaries, Tips and Other Compensation	
Employer Name	2019 Amount
_____	_____
_____	_____
_____	_____

Attach Form(s) 1099-R – Distributions from Pensions, Annuities, Retirement, Profit-Sharing, IRAs, etc	
1099-R Payer Name	2019 Amount
_____	_____
_____	_____
_____	_____

Attach Form(s) SSA-1099 – Social Security/Railroad Benefits		Taxpayer	Spouse
Social Security Benefits from Form SSA-1099	_____	_____	_____
Railroad Retirement Benefits from Form RRB-1099	_____	_____	_____
Medicare B premiums withheld	_____	_____	_____
Medicare C premiums withheld	_____	_____	_____
Medicare D premiums withheld	_____	_____	_____

Attach Form(s) 1099-MISC – Miscellaneous Income and 1099-NEC	
1099-MISC Payer Name and 1099-NEC Payer Name	

Attach Form(s) 1099-INT – Interest Income	
1099-INT Payer Name	2019 Amount
_____	_____
_____	_____
_____	_____
_____	_____

Attach Form(s) 1099-DIV – Dividend Income	
1099-DIV Payer Name	2019 Amount
_____	_____
_____	_____
_____	_____
_____	_____

Attach Form(s) 1099-B, 1099-S – Sales of Stocks, Bonds, Real Estate, etc
 Attach all stock sale transaction information, including initial cost information.

Other Government Forms to attach:
 Form(s) 1099-G – Certain Government Payments, Schedule K-1s – Partnership, S-Corporation, Trust or Estate Income, Form(s) W-2G – Gambling or Lottery Winnings, Form(s) 1099-Q – Payments from Qualified Education Programs

Other Income:
 Alimony, jury duty, unreported tips, disability income, etc. Business, rentals, farms: Attach income and expenses for any business, rental or farm you own. Include a list of all new equipment acquired this year, including date of purchase and cost.

	Taxpayer	Spouse
Retirement Plan Contributions		
Traditional IRA contributions made for 2020	_____	_____
Roth IRA contributions made for 2020	_____	_____
SEP, Keogh, Individual 401(k) or SIMPLE Contributions	_____	_____

2020 Deductions

Medical and Dental Expenses	2020 Amount	2019 Amount
Prescription medications.....	_____	_____
Health insurance premiums	_____	_____
Doctors, dentists, etc	_____	_____
Hospitals, clinics, etc	_____	_____
Eyeglasses and contact lenses	_____	_____
Miles driven for medical purposes.....	_____	_____
Other medical and dental expenses: _____	_____	_____
Taxes	2020 Amount	2019 Amount
Real estate taxes paid on principal residence	_____	_____
Real estate taxes paid on additional homes or land	_____	_____
Auto license registration fees based on the value of the vehicle	_____	_____
Other personal property taxes	_____	_____
Interest Expenses		
Home mortgage interest paid – Attach Form(s) 1098.		
Lender's Name	2020 Amount	2019 Amount
_____	_____	_____
_____	_____	_____
Points paid on loan to buy, build or improve main home		
Lender's Name	2020 Amount	
_____	_____	
Cash/Check/Credit Contributions	2020 Amount	2019 Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
Noncash Charitable Contributions		
Attach all receipts with details listing the following information: Donee, donee address, description of donation, date acquired and date contributed, your cost, value at time of donation, and how you acquired the property.		
Miscellaneous Deductions	2020 Amount	2019 Amount
Union and professional dues	_____	_____
Professional subscriptions, books, supplies	_____	_____
Uniforms and protective clothing (including cleaning)	_____	_____
Job search costs	_____	_____
Taxpayer educator expenses.....	_____	_____
Spouse educator expenses.....	_____	_____
Tax return preparation fees	_____	_____
Safe deposit box rental	_____	_____
Gambling losses (to the extent of gambling income)	_____	_____
Other expenses (list): _____	_____	_____

	Yes	No
1 Did you receive an Economic Impact (Stimulus) Payment?.....	<input type="checkbox"/>	<input type="checkbox"/>
If yes, how much did you receive?.....	<input style="width:100px;" type="text"/>	
2 Did a lender cancel any of your debt in2020? (Attach any Forms 1099-A or 1099-C).....	<input type="checkbox"/>	<input type="checkbox"/>
3 Did you make energy efficient improvements to your home or purchase any energy-saving property during 2020? If yes , please attach details.....	<input type="checkbox"/>	<input type="checkbox"/>
4 Did you purchase a motor vehicle or boat during 2020 ?.....	<input type="checkbox"/>	<input type="checkbox"/>
If yes , attach documentation showing sales tax paid.		
5 Did you purchase a hybrid or electric vehicle in 2020? If yes , enter year, make, model, and date purchased: _____	<input type="checkbox"/>	<input type="checkbox"/>
6 Did you donate a vehicle in 2020? If yes , attach Form 1098C.....	<input type="checkbox"/>	<input type="checkbox"/>
7 What was the sales tax rate in your locality in 2020 ? % State ID		
8 Did your marital status change during 2020?	<input type="checkbox"/>	<input type="checkbox"/>
If yes , explain: _____		
9 Were you or your spouse permanently and totally disabled in 2020?	<input type="checkbox"/>	<input type="checkbox"/>
10 Do you have dependents who must file?.....	<input type="checkbox"/>	<input type="checkbox"/>
11 Do you have children who are under age 19 or a full time student under age 24 with investment income greater than \$2,200?...	<input type="checkbox"/>	<input type="checkbox"/>
12 Did you provide over half the support for any other person during 2020?	<input type="checkbox"/>	<input type="checkbox"/>
13 Did you incur adoption expenses during2020 ?	<input type="checkbox"/>	<input type="checkbox"/>
14 Did you receive a total distribution from an IRA or other qualified plan that was partially or totally rolled over into another IRA or qualified plan within 60 days of the distribution?.....	<input type="checkbox"/>	<input type="checkbox"/>
15 Did you receive any disability payments in2020 ?	<input type="checkbox"/>	<input type="checkbox"/>
16 Did you receive tip income not reported to your employer?	<input type="checkbox"/>	<input type="checkbox"/>
17 Did you buy, sell, refinance, foreclose or abandon a principal residence or other real property in2020 ? If yes , attach closing or escrow statements, 1099-C or 1099-A forms.....	<input type="checkbox"/>	<input type="checkbox"/>
b If you sold a home, did you claim the First-Time Homebuyer Credit when you purchased it?.....	<input type="checkbox"/>	<input type="checkbox"/>
18 Did you incur any casualty or theft losses during2020 ?.....	<input type="checkbox"/>	<input type="checkbox"/>
19 Did you incur any non-business bad debts?.....	<input type="checkbox"/>	<input type="checkbox"/>
20 Did you pay any individual for domestic services in2020 ?.....	<input type="checkbox"/>	<input type="checkbox"/>
21 Did you take a retirement account distribution related to the corona virus or a natural disaster?	<input type="checkbox"/>	<input type="checkbox"/>
22 Did you buy or sell any stocks or bonds in2020 ?	<input type="checkbox"/>	<input type="checkbox"/>
23 Did you use the proceeds from Series EE or I U.S. savings bonds purchased after 1989 to pay for higher education expenses?..	<input type="checkbox"/>	<input type="checkbox"/>
24 Did you incur any moving expenses? If yes , attach details.....	<input type="checkbox"/>	<input type="checkbox"/>
25 Did you receive any income not included in this Tax Organizer?.....	<input type="checkbox"/>	<input type="checkbox"/>
If yes , please attach information.		
26 Do you expect your income and deductions in2021 to be the same as2020 ?	<input type="checkbox"/>	<input type="checkbox"/>
If no , attach explanation of changes expected.		
27 Did you receive Form 1095-A (Health Insurance Marketplace Statement)? If so, please attach	<input type="checkbox"/>	<input type="checkbox"/>
28 At any time during 2020, did you sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?	<input type="checkbox"/>	<input type="checkbox"/>
29 a Did you obtain a Paycheck Protection Program (PPP) loan?	<input type="checkbox"/>	<input type="checkbox"/>
b If yes, has any portion of that loan been forgiven?	<input type="checkbox"/>	<input type="checkbox"/>
30 If you paid any alimony, enter recipient's SSN: _____ Alimony paid: _____		
31 Enter your state of residence..... Taxpayer _____ Spouse _____		

Electronic Filing and Direct Deposit of Refund **Yes** **No**

If your tax return is eligible for Electronic Filing, would you like to file electronically?..... **Yes** **No**

The Internal Revenue Service is able to deposit many refunds directly into taxpayers' accounts.
If you receive a refund, would you like direct deposit?

If **yes**, please provide a voided check (not a deposit slip) if your bank account information has changed.
What type of account is this?..... Checking Savings

Federal		State			Local		
Date	Amount	Date	Amount	ID	Date	Amount	ID

Additional Information (Enter any additional information here and attach any documents.)

Health Insurance Coverage

ORG3A

Preparer note: The fields on this form are non-enterable. This worksheet is meant to gather client data only. This worksheet will not transfer to the ProSeries/1040 product. Data from this worksheet must be manually entered on the appropriate form in ProSeries/1040.

Part 1 Coverage																
Enter the name, SSN/DOB and health insurance status for each person who will claim on your return in the table below:																
Name of covered individual(s)	SSN or DOB	Covered 12 mos	Exchange Policy	Exemption Received	Indicate which months each person was covered by MEC*:											
					Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1.																
2.																
3.																
4.																
5.																
6.																
7.																
8.																
9.																

*Minimum Essential Coverage (MEC) includes employer-sponsored coverage, health insurance purchased through the Health Insurance Marketplace (Exchange), Medicare, Medicaid, certain VA coverage, Tricare, etc.

For tax year 2020, the Federal ACA tax penalty has been eliminated, however, you may still be subject to a state tax penalty depending on where you live because some states have created their own individual insurance mandates to replace the federal version. These mandates require state residents to have qualifying health coverage or pay a fee with their state taxes.

Use this worksheet to list the names of individuals listed on the income tax return and their health care insurance coverage status. It will help your tax preparer determine who has health insurance coverage.

If you purchased a health insurance policy from an exchange (or Marketplace), check the Exchange Policy box above. You will receive Form 1095-A from the exchange that issued your policy. Please provide this form with your Organizer documents to your tax preparer.

Please call with any questions on this worksheet.

ORG3A

Social Security Benefits/Form 1099-G/Other Income

ORG10

SOCIAL SECURITY BENEFITS		
<input checked="" type="checkbox"/> Attach all copies of SSA and RRB forms.	Taxpayer	Spouse
1 Social Security Benefits from Form SSA-1099.....		
2 Federal income tax withheld from Form SSA-1099		
3 Medicare B premiums withheld from Form SSA-1099		
4 Medicare C premiums withheld from Form SSA-1099		
5 Medicare D premiums withheld from Form SSA-1099		
6 Railroad Retirement Benefits from Form RRB-1099		
7 Federal income tax withheld from Form RRB-1099		
8 Medicare premiums withheld from Form RRB-1099.....		

FORM 1099-G

<input checked="" type="checkbox"/> Attach all copies of 1099-G forms.				
Box	Description	Payer 1	Payer 2	Payer 3
	Check if Spouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Check if Joint.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Payer's name.....			
1	Unemployment compensation.....			
a	Unemployment benefits you repaid in 2020			
2	State and local income tax refunds			
3	Enter the tax year from 1099-G box 3			
a	If tax year is 2019 or prior, enter the taxable portion of the amount reported in box 2			
4	Federal income tax withheld.....			
5	RTAA payments.....			
6	Taxable grants			
7	Agriculture payments			
8	Check if box 2 amount is from trade or business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Market gain			
10a	Two-letter state abbreviation	_____	_____	_____
	Two or three-letter local abbreviation	_____	_____	_____
b	State identification number			
11	State income tax withheld.....			

OTHER INCOME

	Nature and Source	2020 Taxpayer	2020 Spouse	2019 Combined
1	Alimony received			
2	Recovery of bad debts previously deducted			
3	Jury duty pay			
4	Gambling winnings not reported on W2G/1099.....			
5	Income from not for profit activities (hobbies).....			
6	Income from the rental of personal property.....			
7	Non-Government unemployment received/repaid in 2020			
8	Other Taxable income:			
a	Union unemployment benefits.....			
b	Private fund unemployment benefits.....			
c	State employee unemployment benefits			
9	Other miscellaneous income items:			
	Description:			

Business Income and Expenses

ORG19

GENERAL INFORMATION

Is this activity a qualified trade or business under Section 199A? Yes No

1 Check ownership **Taxpayer** **Spouse** **Joint**

2 Business name _____

3 a Business street address _____

b 1 City, State and Zip Code, or _____

2 Foreign country _____ (not applicable)

4 Principal business/profession _____

5 Employer ID number _____

6 Business code (**Preparer Use Only**) _____

7 Was this business fully disposed of in a fully taxable transaction during 2020? **Yes** **No**

8 Accounting method:
 Cash Accrual Other (specify) _____

9 Method used to value closing inventory:
 Cost Lower of cost or market Other (explain) _____

10 Was there a change in determining quantities, costs, or valuations between opening/closing inventory? (If yes, attach explanation) **Yes** **No**

11 Did you materially participate in the operation of this business during 2020? **Yes** **No**

12 Did you start or acquire this business during 2020? **Yes** **No**

13 a Did you make any payments in 2020 that require you to file Forms 1099? **Yes** **No**

b If yes, did you or will you file all the required Forms 1099? **Yes** **No**

14 At-risk determination:

a Is all of the investment in this activity at risk? **Yes** **No**

b Is some of the investment in this activity not at risk? **Yes** **No**

15 Did you have unallowed passive losses in 2019? **Yes** **No**

16 a Treat all MACRS assets for this activity as qualified Indian reservation property? **Yes** **No**

b Treat all assets acquired after August 27, 2005 as qualified GO Zone property? **Regular** **Extension** **No**

c Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property? **Yes** **No**

d Was this business located in a Qualified Disaster Area? **Yes** **No**

Complete ORG51 for Asset Acquisitions and ORG50 for Dispositions.

INCOME	2020	2019
17 Gross receipts or sales		
18 Returns and allowances plus other adjustments		
19 Other income (include federal/state gas tax credit/refund)		

COST OF GOODS SOLD – IF APPLICABLE	2020	2019
20 Inventory at beginning of year		
21 Purchases		
22 Items withdrawn for personal use		
23 Cost of labor (do not include your salary)		
24 Materials and supplies		
25 Other costs		
26 Inventory at end of year		

Business Income and Expenses (continued)

ORG19

EXPENSES	2020	2019
Business name _____		
27 Advertising		
28 Car and truck expenses (complete ORG18).....		
29 Commissions and fees		
30 Contract labor		
31 Depletion		
32 Depreciation and Section 179 deduction (Preparer Use Only).....		
33 Employee benefit programs:		
a Employee health insurance premiums		
b Other employee benefit programs		
34 Insurance (other than health)		
35 Self-employed health insurance attributable to this business		
36 Interest:		
a Mortgage paid to banks not reported to you on Form 1098.....		
b Other		
37 Legal and professional services		
38 Office expenses		
39 Pension and profit-sharing plans		
40 Rent or lease:		
a Machinery and equipment (enter vehicle lease on ORG18)		
b Other business property.....		
41 Repairs and maintenance		
42 Supplies (not included in cost of goods sold)		
43 Taxes and licenses not reported to you on Form 1098		
44 Travel and meals		
a Travel.....		
b Meals subject to 50% limit.....		
c Meals subject to 80% limit.....		
d Meals not subject to limit		
45 Utilities		
46 Gross wages		
47 Other expenses:		

48 Expenses for business use of your home (Preparer Use Only).....		
Complete ORG20 for Business Use of Home.		
49 Qualified pension plan start-up costs		
50 DPAD (line 6) from cooperative(s) with tax year beginning before Jan. 1, 2018.....		
51 DPAD (line 6) from cooperative(s) with tax year beginning after Dec. 31, 2017		

Household Employment Taxes

ORG41

GENERAL INFORMATION

Attach copies of your state payroll returns and other payroll forms.

Taxpayer Copy

- 1 Enter your employer identification number
- 2 Did you pay **any one** household employee cash wages of \$2,200 or more in 2020 ? Yes No
- 3 Did you withhold federal income tax during 2020 for any household employee?
- 4 Did you pay total cash wages of \$1,000 or more **in any calendar quarter** of **2019** or 2020 to **all** household employees?

COMPLETE IF YOU ANSWERED 'YES' TO QUESTION 2 OR 3 ABOVE	2020	2019
5 Enter total cash wages paid during 2020 that were:		
a Subject to social security taxes		
b Subject to Medicare taxes		
c Subject to FUTA taxes		
6 Enter federal income tax withheld during 2020		

COMPLETE IF YOU ANSWERED 'YES' TO QUESTION 4 ABOVE

Federal Unemployment Tax (FUTA) Questions: Yes No

- 7 Did you pay unemployment contributions to only one state?
- 8 Did you pay all state unemployment contributions for 2020 by April 15, 2021 ?
- 9 Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?
- 10 Enter any unemployment compensation you paid for :

	State Name	State Reporting Number	Taxable Wages		Contributions Paid to State Unemployment Fund	
			2020	2019	2020	2019
a	—					
b	—					

- 11 Complete the following if you know your state experience rate:
- | | State A | State B |
|---|---------|---------|
| a State experience rate (e.g., enter 5.5 for 5.5%) | _____ | _____ |
| b State experience rate period — starting date (e.g., 01/01/2020) | | |
| c State experience rate period — ending date (e.g., 12/31/2020) | | |