

2020 INCOME TAX ORGANIZER

2020 DEDUCTIONS, EXPENSES, CREDITS

List only amounts that have actually been paid during the year (cash, check, credit card). Save all cancelled checks and receipts for a period of at least 3 years.

MEDICAL	Amount
Health Insurance Premiums	
Medicare Part B: (taxpayer:\$ spouse:\$)	
Medicare Supplement Insurance Premiums	
Long-Term Care Insurance Premiums	
Doctors, Dentists, Clinics, Hospitals, etc.	
Prescriptions & Drugs (Doctor Prescribed Only)	
Eye Glasses/Contacts	
Hearing Aids & Supplies	
X-Ray/Lab Fees	
Ambulance/Paramedics	
Medical Equipment/Rental	
Nursing Home Medical Care	
Lodging: While away from home	
Mileage: Number of miles driven for medical reasons	#
Other:	
Other:	

TAXES	Amount
Real Estate Taxes (Home)	
Real Estate Taxes (Other)	
State/School/City Taxes paid with 2019 return	
State/School/City Estimated Tax paid in 2020	
Sales Tax paid on motor vehicle(s)	

INTEREST (please provide form 1098)	Amount
Mortgage Interest Principal Residence	
Mortgage Interest Second Home	
Home Equity Loan Interest	
Mortgage Insurance Premiums (2007 or later)	
Student Loan Interest/Taxpayer	
Student Loan Interest/Spouse	
Deductible Investment Interest	
Other:	
NOTE: Personal interest from credit cards, auto loans, personal finance loans, etc. is NOT deductible.	

CONTRIBUTIONS (Receipts/canceled checks are now required)	Amount
Church (Name:)	
Missions/Outreach	
Cancer/Heart/Easter Seals, etc.	
Red Cross/United Way/YMCA	
Public TV/Radio	
Veterans Org.	
Schools (Name:)	
Other:	
Non-Cash Contributions – Goodwill/Salvation Army/etc. – Clothing,Furniture,Household Items,Food. Please list items donated, date of donation, value.	
1.	
2.	
3.	



* This organizer is for your convenience and organizational needs. In other words, you do not have to complete every section!

CHILD AND DEPENDENT CARE (children under 13)		
Name/Address of Provider	Soc. Sec. or ID Nbr	Paid

HIGHER EDUCATION EXPENSES (College or Cont Ed)			
Student Name			
Tuition Yr 1&2			
Tuition Yr 3&4			
Tuition Yr 5 on			
Fees, Books			

OTHER		
T/S	Description	Amount
	529 Plan Contributions	
	Roth IRA Contributions	
	Additional Contributions	
	Misc Other:	

*Moving expenses, employee business expenses, home office expenses are no longer deductible under new tax laws.

Home Energy Expenses

*Limited to total of \$500 for ALL tax years from 2006-2020

Wood, corn or Biomass Heat Stoves	
Insulation	
Exterior Doors	
Metal or Asphalt Roof	
Exterior Windows & Skylights	
Heat Pumps & Central Air Conditioners	
Gas or Propane Water Heater	
Gas, Propane or Oil Furnace	
Main Air Circulating Fan	

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CLIENT NAME: _____ **ADDRESS:** _____

E-MAIL: _____ **PHONE:** _____

INCOME (T-Taxpayer; S-Spouse)

WAGES (attach all W-2's)			
T/S	Name of Employer	Box 1 Wages	Box 2 wthld
SOCIAL SECURITY (attach SSA-1099)		Amount	
Taxpayer (box 5)			
Spouse (box 5)			
UNEMPLOYMENT (attach 1099-G)		Amount	
Taxpayer			
Spouse			
PENSIONS/IRA's/ANNUITIES (attach 1099-R)			
T/S	Payer	Amount	
MISC INCOME (attach forms/details)			
T/S	Source	Amount	
	Commissions/Bonuses		
	Contests/Awards/Gambling		
	Tips/Gratuities		
	Jury Duty/Poll Worker		
	HSA Distributions		
	Business/Self-Employed Income		
	Farm Income		
	Rental Income		
	Forgiven Debt (___ check if foreclosure)		
	Other:		
	Other:		

INTEREST INCOME (bank accounts/credit unions)					
T/S	Payer	Amount			
DIVIDENDS (stocks, brokerage accounts)					
T/S	Payer	Total	Qualified	Cap Gn	
CAPITAL GAINS (sale of stocks, mutual funds, real estate, personal property)					
T/S	Description	Sale Date	Purchase Date	Sale Price	Cost

NOTES/QUESTIONS:

Questions (Check all that apply, please supply details & amounts)

- ☐ Did your name, address or marital status change during the year?
☐ Did you buy or sell a house? (Please attach closing statements)
☐ Are you a teacher who paid for classroom materials without reimbursement?
☐ Did you purchase a motor vehicle (car, light truck, motor home, motorcycle)? (Sales Tax Paid?)
☐ Are you claiming any new dependents? (Please provide Social Security Number & Date of Birth)
☐ Did you pay any alimony? (Please provide recipients name and Social Security number)
☐ Did you make any estimated tax payments?(Federal:\$ State:\$ School:\$ City:\$)