

<b>2020</b>	<b>1040</b>	<b>US</b>	<b>Miscellaneous Questions</b>
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If any of the following items pertain to you or your spouse for 2020, please check the appropriate box and provide additional information if necessary.



**YES**

**NO**

**PERSONAL INFORMATION**

Did your marital status change during the year?

Did your address change during the year?

Could you be claimed as a dependent on another person's tax return for 2020?

**DEPENDENTS**

Were there any changes in dependents?

Were any of your unmarried children who might be claimed as dependents 19 years of age or older (or 24 years or older if student) at the end of 2020?

Did you have any children under age 19 or full-time students under age 24 at the end of 2020, with interest and dividend income in excess of \$1,100, or total investment income in excess of \$2,200?

**HEALTH CARE COVERAGE**

Did you receive IRS document Form 1095-A (Health Insurance Marketplace Statement), If so, please attach.

**INCOME**

Did you receive unreported tip income of \$20 or more in any month?

Did you cash any Series EE U.S. savings bonds issued after 1989 and pay qualified higher education expenses for yourself, your spouse, or your dependents?

Did you receive any disability income?

Did you have any foreign income or pay any foreign taxes?

**PURCHASES, SALES AND DEBT**

Did you start a business or farm, purchase rental or royalty property, or acquire an interest in a partnership, S corporation, trust, or REMIC?

Did you purchase or dispose of any business assets (furniture, equipment, vehicles, real estate, etc.), or convert any personal assets to business use?

Did you buy or sell any stocks, bonds or other investment property in 2020?

Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan?

Did you make any residential energy-efficient improvements or purchases involving solar, wind, geothermal or fuel cell energy sources?

Did you have any debts cancelled or forgiven?

Does anyone owe you money which has become uncollectible?

2020

1040

US

**Miscellaneous Questions (continued)**

If any of the following items pertain to you or your spouse for 2020, please check the appropriate box and provide additional information if necessary.

<b>YES</b>	<b>NO</b>	
<input type="checkbox"/>	<input type="checkbox"/>	<b>RETIREMENT PLANS</b>
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a distribution from a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?
<input type="checkbox"/>	<input type="checkbox"/>	Did you make a contribution to a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?
<input type="checkbox"/>	<input type="checkbox"/>	Did you transfer or rollover any amount from one retirement plan to another retirement plan?
<input type="checkbox"/>	<input type="checkbox"/>	<b>EDUCATION</b>
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a distribution from an Education Savings Account or a Qualified Tuition Program?
<input type="checkbox"/>	<input type="checkbox"/>	Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school?
<input type="checkbox"/>	<input type="checkbox"/>	<b>ITEMIZED DEDUCTIONS</b>
<input type="checkbox"/>	<input type="checkbox"/>	Did you incur a loss because of damaged or stolen property?
<input type="checkbox"/>	<input type="checkbox"/>	Did you work out of town for part of the year?
<input type="checkbox"/>	<input type="checkbox"/>	Did you use your car on the job (other than to and from work)?
<input type="checkbox"/>	<input type="checkbox"/>	<b>ESTIMATED TAXES</b>
<input type="checkbox"/>	<input type="checkbox"/>	Did you apply an overpayment of 2019 taxes to your 2020 estimated tax (instead of being refunded)?
<input type="checkbox"/>	<input type="checkbox"/>	If you have an overpayment of 2020 taxes, do you want the excess applied to your 2021 estimated tax (instead of being refunded)?
<input type="checkbox"/>	<input type="checkbox"/>	Do you expect your 2021 taxable income and withholdings to be different from 2020?
<input type="checkbox"/>	<input type="checkbox"/>	<b>MISCELLANEOUS</b>
<input type="checkbox"/>	<input type="checkbox"/>	Do you want to allocate \$3 to the Presidential Election Campaign Fund?
<input type="checkbox"/>	<input type="checkbox"/>	Does your spouse want to allocate \$3 to the Presidential Election Campaign Fund?
<input type="checkbox"/>	<input type="checkbox"/>	May the IRS discuss your tax return with your preparer?
<input type="checkbox"/>	<input type="checkbox"/>	Did you have an interest in or signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account?

2020

1040

US

Miscellaneous Questions (continued)

If any of the following items pertain to you or your spouse for 2020, please check the appropriate box and provide additional information if necessary.

- | YES                      | NO                       | <b>MISCELLANEOUS (continued)</b>  |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Was your home rented out or used for business?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have a medical savings account (MSA), a Medicare Advantage MSA, or acquire an interest in an MSA or a Medicare Advantage MSA because of the death of the account holder? Or, were you a policyholder who received payments under a long-term care (LTC) insurance contract or received any accelerated death benefits from a life insurance policy? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive a distribution from an Achieving a Better Life Experience (ABLE) savings account?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you a member of the Armed Forces of the United States on active duty who moved pursuant to a military order related to a permanent change of station?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you engage the services of any household employees?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Were you notified or audited by either the Internal Revenue Service or the State taxing agency?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you or your spouse make any gifts to an individual that total more than \$15,000, or any gifts to a trust?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did your bank account information change within the last twelve months?   |
| <input type="checkbox"/> | <input type="checkbox"/> | At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?  |

**CORONA VIRUS AID, RELIEF AND ECONOMIC SECURITY ACT (CARES ACT)**

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive an economic impact payment? If so, how much?               |
| <input type="checkbox"/> | <input type="checkbox"/> | Did your business have any PPP loan amounts forgiven?                      |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive a distribution from your retirement plan because of COVID? |

# Wages (W-2)

Employer Name	H  W	CPA USE ONLY					
		Withholding				FICA	
		Wages	Federal	State	SDI	SSA	Med.

Memo: Total number of W-2 \_\_\_\_\_

Please attach W-2's. Thank you.




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**SCH B** **Accountant's Use Only**

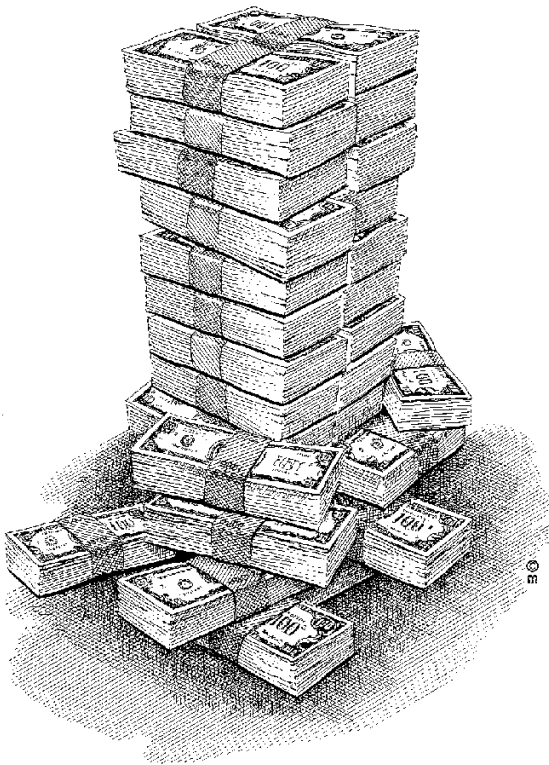
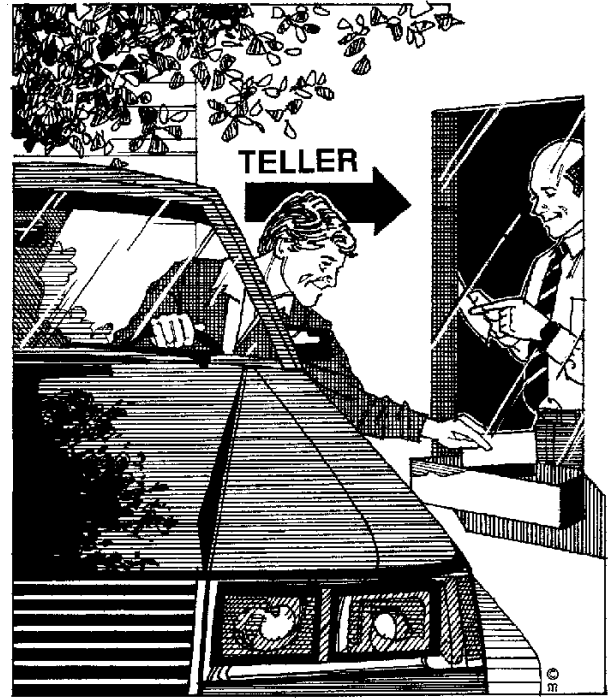
**Memo: Pension Box to Review**

K:\Word Perfect Files\BAI Files\Tax Organizer\2020\2020 Individual Tax organizer.wpd

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**INTEREST INCOME (1099 INT)**

<u>Payer</u>	<u>Amount</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____



**DIVIDEND INCOME (1099 DIV)**

Payee	Total Amount (1a)	Qualified dividends (1b)	Total capital gain distr. (2a)	CPA Use Only	

SCH B

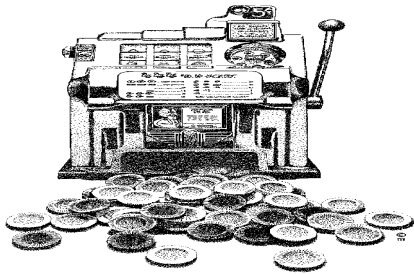
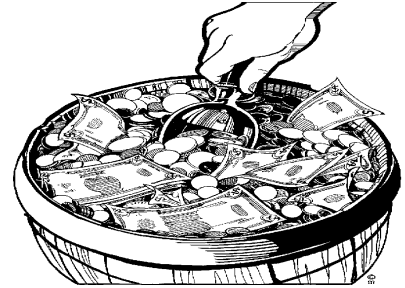
Accountant's Use Only

**OTHER INCOME**

1. State tax refund \* (1099G) ..... \$ \_\_\_\_\_  
 2. Alimony received ..... \$ \_\_\_\_\_

3. Individual Retirement Account          Taxpayer              Spouse      
 Account distribution (1099R) ... \$ \_\_\_\_\_ \$ \_\_\_\_\_  
 Amount of rollover (1099R) .... \$ \_\_\_\_\_ \$ \_\_\_\_\_

4. Pension & Annuity income (1099R) \$ \_\_\_\_\_ \$ \_\_\_\_\_

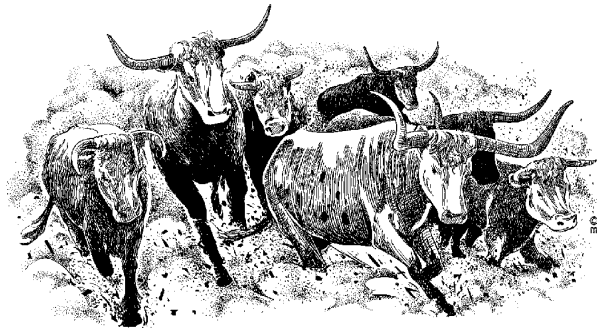


5. Gambling income (W-2G) ..... \$ \_\_\_\_\_  
 Memo: Gambling losses ..... \$ \_\_\_\_\_

- |   | <u>    Taxpayer    </u> | <u>    Spouse    </u> |
|---|-------------------------|-----------------------|
| 6. Unemployment compensation * (1099G) .....    | \$ _____                | \$ _____              |
| 7. Social Security benefits * (SSA1099) .....   | \$ _____                | \$ _____              |
| 7a. Social Security Medical (SSA1099) .....     | \$ _____                | \$ _____              |
| 8. Other income: give description               |                         |                       |
| _____ .....                                     | \$ _____                | \$ _____              |
| 9. Partnerships, Estates & Trusts * (K-1) ..... | \$ _____                | \$ _____              |
| 10. Installment sale collection .....           | \$ _____                | \$ _____              |

	<u>    Federal    </u>	<u>    State    </u>
Memo: withholding on any of the above items	\$ _____	\$ _____

\* Please attach all supporting documents. Thank you.  
 .....  
 Accountant's Use Only



**CAPITAL GAINS & LOSSES**

*(1099-B and/or 1099-S  
Brokerage Statement)*

Description of Property	Date acquired	Date Sold	Sales price (gross or net)	Cost or basis	Sales expense (if gross sales price entered)	Gain or (Loss)
		/ /20				
		/ /20				
		/ /20				
		/ /20				
		/ /20				
		/ /20				
		/ /20				
		/ /20				
		/ /20				
		/ /20				
		/ /20				
		/ /20				

Were any of the above business assets?

Yes    No



SCH D/4797

Accountant's Use Only

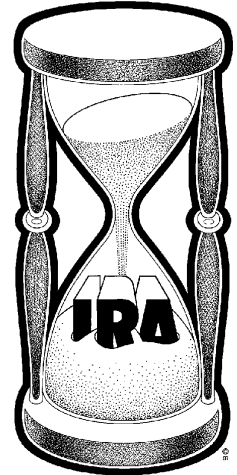
  F  

  S  

Capital Loss C/O \_\_\_\_\_

\_\_\_\_\_

**ADJUSTMENTS TO INCOME**



1 Individual Retirement Account contributions

          Taxpayer                          Spouse          

Were you an active participant in an employer or self-employed pension, profit sharing or stock bonus plan, or a tax sheltered annuity at any time during the year?

Yes  No       Yes  No

Would you like to make an IRA contribution?

Yes  No       Yes  No

2 Would you like to make a Roth IRA contribution?

Yes  No       Yes  No

3 Moving expenses ..... \$ \_\_\_\_\_

4 Penalty on early withdrawal of savings ..... \$ \_\_\_\_\_

5 Alimony paid ..... \$ \_\_\_\_\_

6 If self-employed,

          Taxpayer                          Spouse          

a. Health insurance ..... \$ \_\_\_\_\_ \$ \_\_\_\_\_

b. Retirement contributions, KEOGH, ROTH or SEP IRA ..... \$ \_\_\_\_\_ \$ \_\_\_\_\_

7 Student interest expenses (1098-E) ..... \$ \_\_\_\_\_ \$ \_\_\_\_\_

ADJ TO INC

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Doctors: Medical & Dental;  
 Prescriptions, hospital, etc. \$ \_\_\_\_\_

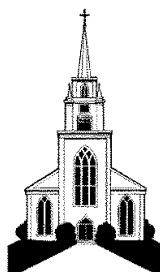


		1st Home	2nd Home
Mortgage Interest: (1098)	1st	\$ _____	\$ _____
	2nd	\$ _____	\$ _____
	3rd	\$ _____	\$ _____
Property Taxes		\$ _____	\$ _____

Charitable Deductions:

Cash/checks \$ \_\_\_\_\_  
 Non Cash\* \$ \_\_\_\_\_  
 Charitable Miles \_\_\_\_\_ @ 14¢ per mile

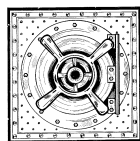
\*If non cash over \$500, more details are necessary  
 (i.e.: what was donated, when, etc.)



Moving expenses for new job: \$ \_\_\_\_\_  
 Moving miles for new job: \_\_\_\_\_ @20¢ Jan. - Dec.

MISCELLANEOUS DEDUCTIONS

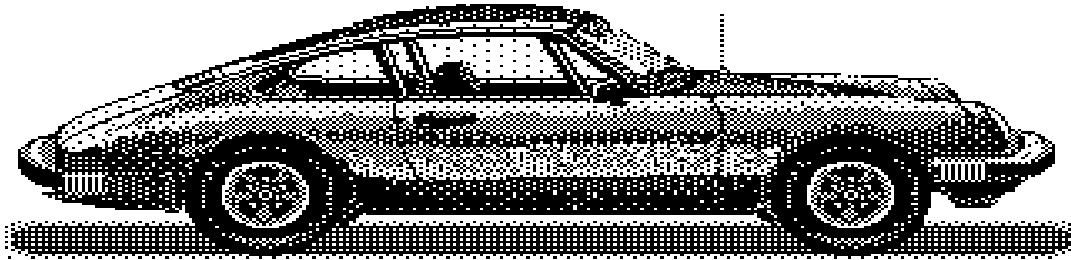
Unreimbursed employee expense	\$ _____	Job Hunting Expense	\$ _____
Union dues	\$ _____	Safety deposit box	\$ _____
Tax preparation fee	\$ _____		
Investment advisory fee	\$ _____		



SCH A

Accountant's Use Only

## AUTOMOBILE DEDUCTION



Please make a copy and fill out for each auto used for business.

Make and year of auto \_\_\_\_\_ When purchased or placed into business use \_\_\_\_\_

DMV fees \$ \_\_\_\_\_

- Did you use your automobile for business or do you have unreimbursed employee travel?  Yes  No

If yes, continue...

- Do you have written evidence to support your deduction?  Yes  No

- Is this a leased car?  Yes  No Memo: \_\_\_\_\_

For mileage incurred between January thru December, the rate is 57.5¢ per mile:

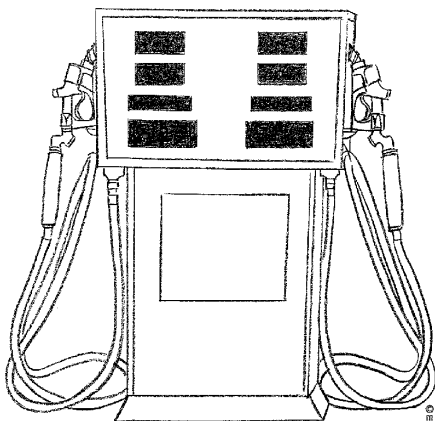
- Total Miles: January - December \_\_\_\_\_ (100%)

### DETAIL

Mileage / Percentage Used: Business \_\_\_\_\_ : \_\_\_\_\_ %

Mileage / Percentage Used: Personal \_\_\_\_\_ : \_\_\_\_\_ %

Mileage / Percentage Used: Commuting \_\_\_\_\_ : \_\_\_\_\_ %



Auto Club .....	\$ _____
Car washes .....	\$ _____
Gasoline, lube, oil .....	\$ _____
Repairs .....	\$ _____
Tires .....	\$ _____
Insurance .....	\$ _____
Interest .....	\$ _____
Parking Fee .....	\$ _____
Miscellaneous .....	\$ _____

Sch A 2106/Sch. C Auto

Accountant's Use Only

**CREDITS**

Credit for foreign taxes paid ..... \$ \_\_\_\_\_

Low income housing credit ..... \$ \_\_\_\_\_

Credits - other ..... \$ \_\_\_\_\_



**Credit for child and dependent care expenses**

Person or organization providing care:

**1 Name** \_\_\_\_\_  
Street \_\_\_\_\_  
City, St, Zip \_\_\_\_\_  
SS./Tax ID# \_\_\_\_\_  
Telephone # \_\_\_\_\_  
Amt. Paid \$ \_\_\_\_\_

**2 Name** \_\_\_\_\_  
Street \_\_\_\_\_  
City, St, Zip \_\_\_\_\_  
SS./Tax ID# \_\_\_\_\_  
Telephone # \_\_\_\_\_  
Amt. Paid \$ \_\_\_\_\_

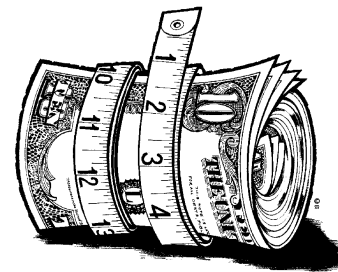
**3 Name** \_\_\_\_\_  
Street \_\_\_\_\_  
City, St, Zip \_\_\_\_\_  
SS./Tax ID# \_\_\_\_\_  
Telephone # \_\_\_\_\_  
Amt. Paid \$ \_\_\_\_\_



**4 Name** \_\_\_\_\_  
Street \_\_\_\_\_  
City, St, Zip \_\_\_\_\_  
SS./Tax ID# \_\_\_\_\_  
Telephone # \_\_\_\_\_  
Amt. Paid \$ \_\_\_\_\_

Foreign Tax CR-1116

Accountant's Use Only



## Tax Payments & Estimates 2020

### QUARTERLY ESTIMATES

Due Date	Description	F=Federal S=State	Date Paid	Fed. Amt.	State Amt.
7/15/2020	1st Estimate	F			
		S			
7/15/2020	2nd Estimate	F			
		S			
9/15/2020	3rd Estimate	F			
		S			
1/3/2021	4th State, if early	S		N/A	
1/15/2021	4th Estimate	F			
		S			

Pymts

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Sch A Est. Tax

**The following schedules  
are for those  
who have  
Business or Rental  
Property**

## BUSINESS INCOME

**GENERAL INFORMATION:**

Principal business/profession: \_\_\_\_\_

Business name: \_\_\_\_\_

Business address: \_\_\_\_\_

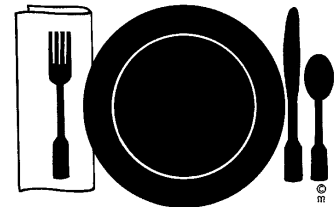
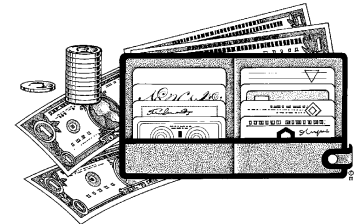
Business city, state, zip: \_\_\_\_\_

Taxpayer  Spouse

Sales (1099 Misc) . . . . . \$ \_\_\_\_\_  
 Cost of goods sold (if applicable) . . . . . \$ \_\_\_\_\_  
 Inventory at end of year . . . . . \$ \_\_\_\_\_  
 Gross profit . . . . . \$ \_\_\_\_\_

**EXPENSES**

Advertising . . . . . \$ \_\_\_\_\_  
 Bad debts . . . . . \$ \_\_\_\_\_  
 Car and truck expenses . . . . . \$ \_\_\_\_\_  
 Commissions . . . . . \$ \_\_\_\_\_  
 Continuing education . . . . . \$ \_\_\_\_\_  
 Dues and subscriptions . . . . . \$ \_\_\_\_\_  
 Insurance (other than health) . . . . . \$ \_\_\_\_\_  
 Other interest . . . . . \$ \_\_\_\_\_  
 Legal and professional . . . . . \$ \_\_\_\_\_  
 Office expense . . . . . \$ \_\_\_\_\_  
 Internet. . . . . \$ \_\_\_\_\_  
 Rent - Vehicles, Machinery & Equipment . . . . . \$ \_\_\_\_\_  
 Rent - other business property . . . . . \$ \_\_\_\_\_  
 Repairs . . . . . \$ \_\_\_\_\_  
 Supplies . . . . . \$ \_\_\_\_\_  
 Taxes - Real Estate . . . . . \$ \_\_\_\_\_  
 Taxes - other . . . . . \$ \_\_\_\_\_  
 Telephone . . . . . \$ \_\_\_\_\_  
 Travel . . . . . \$ \_\_\_\_\_  
 Total Entertainment . . . . . \$ \_\_\_\_\_  
 Total Meals . . . . . \$ \_\_\_\_\_  
 Reduction if other than 50% of above . . . . . \$ \_\_\_\_\_  
 Utilities . . . . . \$ \_\_\_\_\_  
 Wages . . . . . \$ \_\_\_\_\_  
 Other expenses:  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
**Total Expenses** . . . . . \$ \_\_\_\_\_  
**Net Income** . . . . . \$ \_\_\_\_\_



Do you use your office at home, as your "office" for tax deduction purposes?  Yes  No

(If we have the proration from last year, write: see last year).

Sch C

Accountant's Use Only

To be further discussed:

Total Square Feet ..... \_\_\_\_\_ %

Business Square Feet ..... \_\_\_\_\_ %

Other ..... \_\_\_\_\_ %

Total ..... 100%

Home office expenses

Rent ..... \$ \_\_\_\_\_

Repairs ..... \$ \_\_\_\_\_

Utilities ..... \$ \_\_\_\_\_

Other \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

.....  
Sch C

Accountant's Use Only

**RENTAL & ROYALTY INCOME**

**GENERAL INFORMATION:**

Kind of property: \_\_\_\_\_  
 Location of property: \_\_\_\_\_

**INCOME**

Rents received . . . . . \$ \_\_\_\_\_  
 Royalties received . . . . . \$ \_\_\_\_\_

**EXPENSES**

Advertising . . . . . \$ \_\_\_\_\_  
 Association dues . . . . . \$ \_\_\_\_\_  
 Auto and travel . . . . . \$ \_\_\_\_\_  
 Cleaning and maintenance . . . . . \$ \_\_\_\_\_  
 Commissions . . . . . \$ \_\_\_\_\_  
 Dues and subscriptions . . . . . \$ \_\_\_\_\_  
 Gardening . . . . . \$ \_\_\_\_\_  
 Insurance . . . . . \$ \_\_\_\_\_  
 Legal and Professional fees . . . . . \$ \_\_\_\_\_  
 Licenses and permits . . . . . \$ \_\_\_\_\_  
 Management fees . . . . . \$ \_\_\_\_\_  
 Miscellaneous . . . . . \$ \_\_\_\_\_  
 Mortgage Interest (paid to banks, etc.) . . . . . \$ \_\_\_\_\_  
 Other interest . . . . . \$ \_\_\_\_\_  
 Painting and decorating . . . . . \$ \_\_\_\_\_  
 Pest control . . . . . \$ \_\_\_\_\_  
 Plumbing and electrical . . . . . \$ \_\_\_\_\_  
 Repairs . . . . . \$ \_\_\_\_\_  
 Supplies . . . . . \$ \_\_\_\_\_  
 Taxes - Real estate . . . . . \$ \_\_\_\_\_  
 Taxes - Other . . . . . \$ \_\_\_\_\_  
 Telephone . . . . . \$ \_\_\_\_\_  
 Utilities . . . . . \$ \_\_\_\_\_  
 Wages and salaries . . . . . \$ \_\_\_\_\_  
 Other expenses:  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
**Total Expenses** . . . . . \$ \_\_\_\_\_  
**Net Income** . . . . . \$ \_\_\_\_\_

.....  
 SCH E Accountant's Use Only



**ASSET ACQUISITION**

If you purchased any business assets (furniture, equipment, vehicles, real estate, etc.) or converted any assets to business use in 2020, please enter all pertinent information below.

<b>Prop. No.</b>	<b>Description of Property</b>	<b>Related Business or activity</b>	<b>Date Placed in Service</b>	<b>Cost or Basis</b>

**ASSET DISPOSITION**

If you disposed of any business assets in 2020, please enter all pertinent information below.

<b>Prop. No.</b>	<b>Description of Property</b>	<b>Date Sold</b>	<b>Sales Price</b>	<b>Expenses of Sale</b>