



CONNIE S STIMART, EA
ENROLLED TAX AGENT
Enrolled To Practice Before The
INTERNAL REVENUE SERVICE
No. 00100882-EA

20 Tax Organizer

Appointment: \_\_\_\_\_

Pick up Appointment: \_\_\_\_\_

Expert Tax Preparation
Local Help With Your IRS Problems
Do you need help understanding a letter?
Are you behind filing your tax return?
Do you owe money? I can help!
Phone & Fax: (262) 547-2929
Cell: (262) 622-5660
ConnieTaxllc@gmail.COM
WWW.SOS-IRS.COM

- E-Mail return when completed.
Print and snail mail.
I authorize the IRS to talk directly to my tax preparer about my return.

GENERAL

Same as last year.

Yourself Birth Date: \_\_\_/\_\_\_/\_\_\_ Soc. Sec. # \_\_\_\_\_

E-mail address Phone Texts? Yes No

Spouse Birth Date: \_\_\_/\_\_\_/\_\_\_ Soc. Sec. # \_\_\_\_\_

E-mail address Phone Texts? Yes No

Address County \_\_\_\_\_

City School District No. \_\_\_\_\_

Zip City Township Village

Dependents Same as last year.

Table with columns: name, M/F, Birth Date, Social Security #, Does Dependent live with you?, Filing Status. Includes rows for dependent information and filing status options (Single, Married, Separated, Head of Household, Widowed).

Can you prove the dependents lived with you over half of the year and that you paid over half of their support? Yes No

Can you provide proof of this if needed? Yes No

Did you pay over half of the cost to keep up the home? Yes No Can you provide proof of this if needed? Yes No

ANNUAL QUESTIONS

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

Foreign Tax Information

- Yes No Did you have a financial interest in or signature authority over a financial account or asset located in a foreign country?
Yes No Did you aggregate value of your foreign accounts exceed \$10,000 at any time during the year?
Yes No Did you have any income from, or pay taxes to, a foreign country?
Yes No Did you own property in a foreign country?

COVID-19 Implications

- Yes No Did you receive an Economic Impact Payment? If "Yes," provide Notice 1444 from the IRS.
Yes No Did you or your spouse experience economic loss due to COVID-19 (loss of job, closed business, etc.)?
Yes No Were you or your spouse unemployed for any portion of the year due to Covid-19?
Yes No Did you or your spouse continue to receive wages from your employer even if you were unable to work?
Yes No Did you or your spouse receive a distribution from a retirement plan (401K, IRA, etc.) due to Covid-19?
Yes No If you received a distribution from your retirement plan, did you elect to recognize the income over three years?
Yes No If you or your spouse own a farm or business, did you receive a Paycheck Protection Program (PPP) loan?
If "Yes," was the loan forgiven or have you applied for forgiveness? Yes No
Yes No If you or your spouse own a farm or business and were unable to work due to COVID-19, would you have qualified for sick or family leave if employed by someone other than yourself?



**INTEREST***First Mortgage, Second Mortgage, Home Equity Loans**Bring in 1098 Forms*

Financial Institution

Amount

First Home Mortgage \_\_\_\_\_ \$ \_\_\_\_\_  
 Second Home Mortgage \_\_\_\_\_ \$ \_\_\_\_\_  
 Home Equity Loans \_\_\_\_\_ \$ \_\_\_\_\_

Amount of HELOC used to improve the home \_\_\_\_\_ HELOC funds used **NOT** to improve home \_\_\_\_\_

**If you used your HELOC to pay off credit card debt or buy a car it is no longer deductible.**

**You will need to keep track of these amounts each year as you use them.**

Private Mortgage Insurance (PMI) \_\_\_\_\_ \$ \_\_\_\_\_

**If mortgage interest is paid to an individual, list their name and address, and I.D. number.**

**CONTRIBUTIONS***Money or Property to non-profit organizations**Please indicate (M) Money (P) Property*

Organization	Type	Amount	Organization	Type	Amount
_____	( )	\$ _____	_____	( )	\$ _____
_____	( )	\$ _____	_____	( )	\$ _____
_____	( )	\$ _____	_____	( )	\$ _____
_____	( )	\$ _____	non-profit mileage	# _____ miles	\$ _____

**WARNING: Receipts needed for ALL contributions. Appraisals needed for single items over \$500.**

**X = No longer deductible until 2025**

**MISCELLANEOUS DEDUCTIONS**

Union Dues / Professional Dues \$ \_\_\_\_\_ **X**  
 Tax Preparation Fee \$ \_\_\_\_\_ **X**  
 Safe Deposit Box Rental \$ \_\_\_\_\_ **X**

Equipment / Safety Shoes \$ \_\_\_\_\_ **X**  
 Investment Services Fees \$ \_\_\_\_\_ **X**  
 Miscellaneous \$ \_\_\_\_\_ **X**

**EMPLOYEE BUSINESS EXPENSES**

Taxpayer  Self-employed  **X**  
 Other Business  **X**  
 Meals & Entertainment Expenses \_\_\_\_\_ **X**  
 Business Miles \_\_\_\_\_ **X**  
 Total Miles \_\_\_\_\_ (Personal plus business mileage) **X**  
 Do you drive an employer provided car?  Yes  No **X**  
 Are you reimbursed for your expenses?  Yes  No **X**  
 Reimbursed business expenses \$ \_\_\_\_\_ **X**  
 Reimbursed meals/entertainment exp. \$ \_\_\_\_\_ **X**

**CHILD CARE EXPENSES**

BOX 10 on W-2

Care Expenses \$ \_\_\_\_\_  
 Provider's Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Provider's I.D. # \_\_\_\_\_  
 Care Expenses \$ \_\_\_\_\_  
 Provider's Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Provider's I.D. # \_\_\_\_\_

*Expenses allowable even if child is not your dependent.*

**EDUCATION CREDITS - WE NEED ALL 1098 T-FORMS AND ACCOUNT STATEMENTS**

School \_\_\_\_\_ Year (Fresh., Soph., etc.) \_\_\_\_\_  
 Student \_\_\_\_\_  Full time  Part time  WI  
 Tuition \$ \_\_\_\_\_ Books/Class Supplies \$ \_\_\_\_\_  
 Do you have proof of amounts paid?  Yes  No  
 Scholarships received \$ \_\_\_\_\_ 529 Plan funds spent \$ \_\_\_\_\_ Education IRA spent \$ \_\_\_\_\_  
 Did you pay back any education loans during 2016?  Yes  No **INTEREST PAID \$ \_\_\_\_\_**  
 Did you contribute to an Edvest Account?  Yes  No \$ \_\_\_\_\_  
 Did you contribute to an Education IRA?  Yes  No \$ \_\_\_\_\_

