

# ODDO Brothers, CPAs

Paul C. Oddo, Jr., P.C.  
Certified Public Accountants

PAUL C. ODDO, JR., CPA

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January 2021

2017 **2018 2019 2020 2021** 2022 2023

## **Welcome 2021!**

We bid farewell to a year we'd all like to forget,  
and send you our best wishes for a wonderful 2021.

Enclosed is our Organizer for your 2020 taxes.

**Please .... review it, and use it.**

We cannot overstate the importance of utilizing your  
Tax Organizer as you assemble your documents.

### **Special request:**

If you use US Postal Service Certified Mail or Return Receipt Requested  
to send us your tax documents, please mail them to  
**819 Redwine Road, Fayetteville, GA 30214,**  
*Do not mail to our PO Box nor to our Atlanta address.*

We were honored to be your CPA in 2020, and we look forward  
to working with you once more in this new year.

From all the Oddos and our Staff,  
may the new year be for you and your family,  
one of health, happiness, and prosperity.

*Very Truly Yours,*

*ODDO Brothers CPAs  
Certified Public Accountants*

# Please follow these few steps . . .

- 1** *If you are viewing our website, print this Tax Organizer*
- 2** ***New Clients** please complete the questionnaire on page I. **Current clients** use the following page to update your status, for example, change of address or email.*
- 3** *Read the Important Information on pages II, III, IV.*
- 4** *Sign the Organizer on page V.*
- 5** *Complete the General Questions starting on and following page V*
- 6** *Organize and paper clip (do not staple) your tax documents behind the corresponding pages of your Tax Organizer. For example, paper clip or place (do not staple) your W-2 forms behind the Organizer page that lists your W-2 from the previous year.*

*If you are unsure where to attach a document, paperclip it behind the last page of the Organizer, "1099-B Broker Statements. Miscellaneous Documents" page. Also put all year-end **1099-B** broker statements behind this page. Provide ONLY FINAL YEAR-END broker statements. Do not include "interim" broker statements.*
- 7** *Please send COPIES of tax documents. However, if you send us original documents, please KEEP COPIES of your documents.*

We prefer copies, one side only (no two-sided copies). To help control costs, we will not return any documents you send **unless you request we do so.**

  - Please check here if you wish your documents to be returned. We will destroy these documents after 3 years.
  - Please check here if you wish us to copy your documents and return your originals.
- 8** ***3-page E-file Package.***

Complete the instruction page advising us how you want your overpayment and/or balance due to be processed. Sign both of the e-file forms behind the instruction page. On Joint Returns, both the Taxpayer and Spouse must sign each form.
- 9** *Return this page, the signed tax organizer, and the signed e-file package to us.*

## IMPORTANT DATES TO REMEMBER:

**March 1, 2021:** Last date to receive all pertinent information to complete your personal tax returns by April 15, 2021.

**Hope Scholarship / FASFA:** Please provide us with all pertinent tax information preferably 2 weeks prior to the date you need your completed tax return for Hope Scholarship or FASFA, but no less than 7 days.

# NEW CLIENTS ~ CURRENT CLIENT CHANGES

## General Information

	TAXPAYER	SPOUSE
FIRST NAME & Middle Initial	_____	_____
LAST NAME	_____	_____
SOCIAL SEC #	_____	_____
DATE of BIRTH	_____	_____
ADDRESS	Street 1	_____
	Street 2 / PO Box	_____
	City / State / Zip	_____
TELEPHONE DAYTIME	_____	_____
EVENING	_____	_____
CELL PHONE	_____	_____
CELL PROVIDER	_____	_____

May we please have your cell phone provider to add to our data base? The information will allow us to send you important text message alerts if we think you are not getting your email. Thank you!

E-MAIL	DEPENDENT 1	DEPENDENT 2	DEPENDENT 3	DEPENDENT 4	DEPENDENT 5
FIRST NAME	_____	_____	_____	_____	_____
LAST NAME (if different)	_____	_____	_____	_____	_____
SOCIAL SEC. #	_____	_____	_____	_____	_____
DATE of BIRTH	_____	_____	_____	_____	_____

**IMPORTANT INFORMATION. PLEASE READ AND SIGN**  
**YOUR TAX ORGANIZER FOLLOWING THIS SECTION.**

**REMINDER: For returns completed by April 15, 2021, return your organizer and tax documents by March 1, 2021**



**NEW CLIENTS.** Please ***BE SURE TO COMPLETE*** the General Information and Dependent Information Sections of this organizer on the previous page. Also, be sure to read carefully the following points. You can help us process your work more efficiently by understanding our procedures.



**CURRENT CLIENTS.** Please **BE SURE TO REVIEW AND UPDATE** the preprinted General Information and Dependent Information Sections. Make any necessary changes, such as new address, phone number, email, etc.



**RESPONSIBILITY.** First and foremost, ***remember that YOU are responsible*** for keeping necessary records of your income and deductions, and YOU have the final responsibility for the content of your tax returns. Our responsibility, as for all CPAs, lies in our skill to use your information to your best benefit.



**APPOINTMENTS. WE CANNOT MEET WITHOUT SCHEDULING APPOINTMENTS.** We will make every effort to arrange a convenient time for you if we cannot schedule an appointment during our normal business hours. Please call our office **Monday through Thursday** to schedule your appointment in Fayetteville or Atlanta. Please visit our website for office hours and contact information: [www.oddocpas.com](http://www.oddocpas.com)



**MAIL, EMAIL, OR DELIVER YOUR ORGANIZER TO OUR OFFICES.** Many times, appointments are unnecessary if you complete and mail or deliver your organizer to us. If you SCAN and email your organizer and documents, please scan only one document per page. We will contact you with any questions. ***If you mail your documents Certified Mail or Return Receipt Requested, please send to: 819 REDWINE ROAD, FAYETTEVILLE, GA 30215.***



**ITEMIZED DEDUCTIONS.**

HEALTH INSURANCE PREMIUMS: "Pre-tax" amounts are not deductible.

If you have included payments for health insurance premiums, **DO NOT** list any "pre-tax" amounts.

AD VALOREM TAXES: **DO NOT** include the cost of tags.

PERSONAL PROPERTY TAXES: Remember to **INCLUDE** tax paid on a boat or plane.



**RECEIPT TOTALS.** Please provide us with TOTAL income and expense, not individual receipts. Untotaled receipts will result in extra time preparing your return, and higher bills for our services.



**RECEIPTS.** Save all receipts for tax purposes such as audits.


Examples: Sales tax on car; Medical payments; Home remodeling. Email us if you are unsure.





**REQUESTS FOR ADDITIONAL INFORMATION.** We may request copies of information to document justification of positions in your favor. We will not audit nor otherwise verify data that you submit, but we may ask that you clarify some items to enable us to fully understand your tax position and to properly prepare your returns


**IMPORTANT INFORMATION. PLEASE READ AND SIGN**  
**YOUR TAX ORGANIZER FOLLOWING THIS SECTION.**


**REMINDER: For returns completed by April 15, 2021, return your organizer and tax documents by March 1, 2021**


 **ERRORS.** In the rare instance in which our work contains an error, we reserve the right to amend or correct your return at no charge for our time. Please inform us immediately of any such errors.


 **AUDITS.** All tax returns are subject to review by the taxing authorities. Should your return be selected for audit, please advise us immediately so that we may discuss with you the best method under which to proceed.


 **CONTACTING US.** At times during tax season we are not available to answer your call. However, you may contact us in a variety of ways. If possible, we prefer you **E-MAIL** us at **IRSGOAWAY@AOL.COM**. If not possible, FAX your message to 770-461-8535, or leave a message or question on our voice mail so we can be prepared when we return your call.

 **TURNAROUND.** Your tax return is customized for you. We take the time necessary to ensure that we have kept your income taxes to the absolute minimum. If you require quick turnaround, please advise us when you schedule your appointment or when you send us your completed tax organizer. "Final" information received from you after March 1 will most likely ensure completion will be after April 15. We will prepare an extension.

 **EXTENSIONS.** We will make every effort to have your tax return prepared before **April 15**. However, if we have not received all necessary information from you **BY MARCH 1**, we will prepare, and possibly file an extension for you. *An extension neither increases nor decreases your chance of an audit.* We will estimate how much tax payment, if any, is to be sent with your extension.

 **AFTER MARCH 1.** As a precaution we will prepare extensions for all tax returns, regardless of whether or not they will be used. **Please make every effort to send us your work more than five weeks prior to the end of the season.**

 **MORTGAGE FINANCING & REFINANCING / FASFA / HOPE SCHOLARSHIP.** If your mortgage company will need financial information or tax returns prepared by us, or if you need tax returns for FASFA or the Hope Scholarship, *please provide at least seven days notice, and preferably longer, before the date the requested information is needed.*

 **SERVICES WE OFFER IN ADDITION TO TAX PREPARATION.** Throughout the year we are available for consultation regarding your questions on specific tax matters or assistance in tax and business planning. However, we will not offer recommendations as to investment quality of any specific stock, bond, limited partnership or similar investment.

**IMPORTANT INFORMATION. PLEASE READ AND SIGN**  
**YOUR TAX ORGANIZER FOLLOWING THIS SECTION.**

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**FEE.** Fees for tax preparation and for all other related services are based on time spent at our hourly standard rates.

Estimated MINIMUM charge for the completion of both an individual's federal and state returns: \$190.00.

Estimated AVERAGE charge for the completion of both an individual's federal and state returns: \$295.00.

Review of "client-prepared" tax return: minimum \$150.

**NOTE:** Fees reflect timing and staffing. Many clients provide tax information late in the season, requiring staff overtime to meet tax deadlines. Invoices will reflect the additional cost due to time constraints to meet the April 15 deadline unless extensions are acceptable.

*Actual charges often vary from these estimates, depending on the complexity of the returns.*

Charge for additional copies of tax returns and support in divorce situations, for replacements, etc., is \$45 minimum. Either or both spouses or taxpayers may request. For further price information, please visit our web site at: [www.oddocpas.com/pricing](http://www.oddocpas.com/pricing)



**ONLINE PAYMENT.** For your convenience, we accept Credit Card payments online through MasterCard, Visa, American Express, and Discover.



**TO KEEP YOUR COST OF TAX PREPARATION TO A MINIMUM:** PLEASE INCLUDE ALL PERTINENT TAX DATA WITH YOUR TAX ORGANIZER or note that information will follow. **We will charge to redo completed returns for data received late.**



**INVOICING & PAYMENT.** We prefer to invoice clients via e-mail. We would appreciate your participation. Please make sure you check the appropriate response on the following page regarding invoice via e-mail.



**BILLING OF COMPLETED WORK.** In general, a service charge of 1.5% per month will be added to all accounts not paid currently unless you contact us to make arrangements for payment.



**PRIVACY POLICY.** All non-public information about our clients is restricted to those members of our staff who need to know such information in order to provide the services you requested. We will not sell your name to any other firm. From time to time we may provide your name to firms we work with to inform you of financial information that could benefit you.

# PLEASE SIGN YOUR TAX ORGANIZER

To the best of my (our) knowledge and belief, the information provided to Oddo Brothers CPAs in this tax organizer and accompanying supplement and / or notes, is true and correct. Also, I (we) have read and understand the preceding information regarding operating procedures of Oddo Brothers CPAs and agree to abide by them while having Oddo Brothers CPAS prepare our tax returns or other work.

 TAXPAYER

 SPOUSE

DATE \_\_\_\_\_

DATE \_\_\_\_\_

## 2020 TAX QUESTIONS

### GENERAL QUESTIONS

YES	NO	N/A

Are your names, including your dependents' names, as printed in this Tax Organizer in the GENERAL INFORMATION section, spelled as they appear on your Social Security Card(s)? If not, please make the necessary corrections.

Is your address correct, as printed in this Tax Organizer in the GENERAL INFORMATION section? If not, please make the necessary corrections next to your address.

**SPECIAL NOTE REGARDING DECEASED SPOUSES:** If a joint tax return was prepared last year under the names of the surviving and deceased spouses, this tax return will be filed under the name of the surviving spouse only. There is no need to correct your name.

Have COPIES of ALL pertinent 2020 tax information been enclosed with this Tax Organizer? If additional information follows after completion of your tax returns, **amendments or changes to your tax returns due to incomplete data will be charged for.**

YES	NO	N/A

Are your phone number(s), e-mail address(es), and/or fax number(s), as printed in this Tax Organizer, correct? If not, please make corrections.

*E-mail:* We have installed security to guard your confidential information during transmissions. If you do not use email, or do not wish to use email, please advise us.

**Invoicing:** We will invoice you via email unless you check the "NO" box.

*Telephone:* If we need to call you, what are the best times to contact you via telephone? We do not want to call you too early or too late.

Telephone No: \_\_\_\_\_

Best times to call: \_\_\_\_\_

**REMINDER: For returns completed by April 15, 2021, return your organizer and tax documents by March 1, 2021**

# 2020 TAX QUESTIONS

## GENERAL QUESTIONS

PDF	PAPER

***IN LIEU OF A PRINTED TAX RETURN***, we will deliver your copy via e-mail in PDF printable format unless you request otherwise. Please mark your appropriate preferences.

PDF format via E-mail.

Encryption password, if desired: \_\_\_\_\_

Traditional paper format (paper requires more time to process to completion).

YES	NO	N/A

**WILL YOU MAKE AN IRA CONTRIBUTION** by April 15, **2021**?

**TAXPAYER:** If Yes, Amount \$ \_\_\_\_\_  Traditional  ROTH

**SPOUSE:** If Yes, Amount \$ \_\_\_\_\_  Traditional  ROTH

**Note:** if your contribution is reflected on your W2, or handled through your corporation, do not include any amounts here.

YES	NO	N/A

**TAX ESTIMATES:** Do you wish us to calculate **2021** income tax estimates? (usually unnecessary if your withholding is adequate and consistently overpaid)

YES	NO	N/A

Did you make any contributions to a qualified higher education program / qualified higher education college savings account (**Section 529 Plan**)? Such payments may be deductible on your state income tax return.

YES	NO	N/A

**TAXPAYER:** Do you wish to contribute \$3 to the presidential campaign fund?

**SPOUSE:** Do you wish to contribute \$3 to the presidential campaign fund?

YES	NO	N/A

**NON-CASH CONTRIBUTIONS** of \$250 or more. **SPECIAL NOTE:** The IRS requires taxpayers to maintain written documentation indicating the name of the donee(s), the date(s) of the contribution(s), and the amount(s) of the contribution(s) for all cash **AND** non-cash charitable contributions. Without this support, the IRS may deny the deduction(s). Use additional page, if necessary.

CIRCLE T(axpayer) S(spouse) or J(joint)	DATE PUR- CHASED	DATE SOLD	DONEE	DESCRIPTION	VALUE
T S J					\$ _____
T S J					\$ _____
T S J					\$ _____

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## 2020 TAX QUESTIONS

### AT ANY TIME DURING 2020

YES	NO	N/A

Were any changes made to your prior year's tax return by you, the IRS, or the State? If yes, please provide details (e.g. change in refund received). If not, we will use the information shown on your prior year's tax return:

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YES	NO	N/A

Do you file multiple state tax returns? If so, which?

Did you prepare and file your own extension(s)? If yes, how much was paid with extension(s)?

Federal     \$ \_\_\_\_\_     State     \$ \_\_\_\_\_

Did you receive retirement plan distributions (e.g. IRA, 401-k, etc.)? If yes, please provide copies of your 1099Rs.

If yes, were they rolled over within 60 days?

If yes, were any funds used to pay for post secondary schooling or as a down payment on the purchase of a first home?

Are you considering bankruptcy? If so, consider reviewing your plan with us for tax consequences and possible tax strategies. For example, you should consider not filing bankruptcy until your tax returns are filed up-to-date.

### DEPENDENT INFORMATION

NAME of Dependent (do not include yourself or your spouse)																	
Last Name, if different																	
Dependent is married?	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO							
... is a U.S. citizen or permanent resident?																	
... is a full-time student 5 or more months?																	
... if in college, in what year?    circle year ⇒	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	
... received over ½ support from Taxpayer?																	
Wages of Dependent	\$		\$		\$		\$		\$		\$		\$		\$		
Investment income of Dependent	\$		\$		\$		\$		\$		\$		\$		\$		

**IF YOU PLAN TO CLAIM YOUR CHILDREN AS DEPENDENTS, BE SURE HE/SHE/THEY DO NOT FILE PERSONAL RETURNS AND CLAIM THEMSELVES.**

IN ADDITION TO THE DEPENDENT INFORMATION PROVIDED ABOVE, PLEASE VERIFY, AND CORRECT IF NECESSARY, THE DEPENDENT INFORMATION IN THE FOLLOWING SECTION ENTITLED "GENERAL INFORMATION."





# W-2 INCOME

2020  
(W-2)

Listed below are your employers shown on your last year's income tax return.

Name of employer \_\_\_\_\_  
Street address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Employer Identification Number \_\_\_\_\_

TAXPAYER  SPOUSE

Name of employer \_\_\_\_\_  
Street address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Employer Identification Number \_\_\_\_\_

TAXPAYER  SPOUSE

Name of employer \_\_\_\_\_  
Street address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Employer Identification Number \_\_\_\_\_

TAXPAYER  SPOUSE

Name of employer \_\_\_\_\_  
Street address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Employer Identification Number \_\_\_\_\_

TAXPAYER  SPOUSE

Name of employer \_\_\_\_\_  
Street address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Employer Identification Number \_\_\_\_\_

TAXPAYER  SPOUSE

Name of employer \_\_\_\_\_  
Street address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Employer Identification Number \_\_\_\_\_

TAXPAYER  SPOUSE

Name of employer \_\_\_\_\_  
Street address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Employer Identification Number \_\_\_\_\_

TAXPAYER  SPOUSE

Name of employer \_\_\_\_\_  
Street address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Employer Identification Number \_\_\_\_\_

TAXPAYER  SPOUSE

\* Please include a W-2 from each of your 2020 employers.

# W-2G INCOME

2020  
(W-2G)

Listed below are payers shown on your last year's income tax return.

**\*Please include any W-2G from each of your 2020 payers.**

Name of payer \_\_\_\_\_  
Street address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Federal Identification Number \_\_\_\_\_  
 TAXPAYER  SPOUSE

Name of payer \_\_\_\_\_  
Street address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Federal Identification Number \_\_\_\_\_  
 TAXPAYER  SPOUSE

Name of payer \_\_\_\_\_  
Street address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Federal Identification Number \_\_\_\_\_  
 TAXPAYER  SPOUSE

# ESTIMATED TAX PAID FOR THE 2020 TAX YEAR

(FED/ST TAX)

**\* Please enter only the payments to be applied to the current year tax, including any payments made in January of 2021.**

### Federal payments

### State of \_\_\_ payments

Date paid	Amount paid	Date paid	Amount paid
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**^----IMPORTANT: If available, please write the check # next to the date paid above.**

State/local income tax balance due for previous years paid in 2020: \_\_\_\_\_

State/local estimate payment for 2019, due January 15, 2020, paid on or after January 1, 2020: \_\_\_\_\_

# PENSION AND RETIREMENT INCOME

2020  
(1099R)

## PENSIONS AND IRAS

Listed below are your pension, IRA distributions, and Social Security received last year (if any).

Name of payer \_\_\_\_\_  
Street address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Employer Identification Number \_\_\_\_\_

TAXPAYER                       SPOUSE                       IRA

Name of payer \_\_\_\_\_  
Street address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Employer Identification Number \_\_\_\_\_

TAXPAYER                       SPOUSE                       IRA

Name of payer \_\_\_\_\_  
Street address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Employer Identification Number \_\_\_\_\_

TAXPAYER                       SPOUSE                       IRA

Name of payer \_\_\_\_\_  
Street address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Employer Identification Number \_\_\_\_\_

TAXPAYER                       SPOUSE                       IRA

Name of payer \_\_\_\_\_  
Street address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Employer Identification Number \_\_\_\_\_

TAXPAYER                       SPOUSE                       IRA

Name of payer \_\_\_\_\_  
Street address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Employer Identification Number \_\_\_\_\_

TAXPAYER                       SPOUSE                       IRA

\* Please include any 1099's and other 2020 information.

If you ever made non-deductible contributions to your IRA, please provide year-end balances of all your IRA accounts.

## SOCIAL SECURITY BENEFITS

(1040 WKT)

### 2020 AMOUNTS

Taxpayer Amount \$ \_\_\_\_\_

Spouse Amount \$ \_\_\_\_\_

2019 TOTAL AMOUNT

\_\_\_\_\_

# PARTNERSHIP AND S-CORPORATION INCOME

2020  
(K-1 P/S)

Your 2019 K-1 information is shown below.

## K-1 INFORMATION

Name of Partnership or S-Corporation \_\_\_\_\_  
Federal ID Number \_\_\_\_\_  
Enter "P" for partnership or "S" for S-Corp \_\_\_\_\_

## K-1 INFORMATION

Name of Partnership or S-Corporation \_\_\_\_\_  
Federal ID Number \_\_\_\_\_  
Enter "P" for partnership or "S" for S-Corp \_\_\_\_\_

## K-1 INFORMATION

Name of Partnership or S-Corporation \_\_\_\_\_  
Federal ID Number \_\_\_\_\_  
Enter "P" for partnership or "S" for S-Corp \_\_\_\_\_

## K-1 INFORMATION

Name of Partnership or S-Corporation \_\_\_\_\_  
Federal ID Number \_\_\_\_\_  
Enter "P" for partnership or "S" for S-Corp \_\_\_\_\_

## K-1 INFORMATION

Name of Partnership or S-Corporation \_\_\_\_\_  
Federal ID Number \_\_\_\_\_  
Enter "P" for partnership or "S" for S-Corp \_\_\_\_\_

## K-1 INFORMATION

Name of Partnership or S-Corporation \_\_\_\_\_  
Federal ID Number \_\_\_\_\_  
Enter "P" for partnership or "S" for S-Corp \_\_\_\_\_

## K-1 INFORMATION

Name of Partnership or S-Corporation \_\_\_\_\_  
Federal ID Number \_\_\_\_\_  
Enter "P" for partnership or "S" for S-Corp \_\_\_\_\_

## K-1 INFORMATION

Name of Partnership or S-Corporation \_\_\_\_\_  
Federal ID Number \_\_\_\_\_  
Enter "P" for partnership or "S" for S-Corp \_\_\_\_\_

## K-1 INFORMATION

Name of Partnership or S-Corporation \_\_\_\_\_  
Federal ID Number \_\_\_\_\_  
Enter "P" for partnership or "S" for S-Corp \_\_\_\_\_

\* Please attach all K-1 schedules received for 2020.

# ESTATE AND TRUST INCOME

2020  
(K-1 E/T)

Your 2019 K-1 information is shown below.

## K-1 INFORMATION

Name of Estate, Trust \_\_\_\_\_  
Federal ID Number \_\_\_\_\_  
If any rental real estate, are you an active participant? \_\_\_\_\_

## K-1 INFORMATION

Name of Estate, Trust \_\_\_\_\_  
Federal ID Number \_\_\_\_\_  
If any rental real estate, are you an active participant? \_\_\_\_\_

## K-1 INFORMATION

Name of Estate, Trust \_\_\_\_\_  
Federal ID Number \_\_\_\_\_  
If any rental real estate, are you an active participant? \_\_\_\_\_

## K-1 INFORMATION

Name of Estate, Trust \_\_\_\_\_  
Federal ID Number \_\_\_\_\_  
If any rental real estate, are you an active participant? \_\_\_\_\_

## K-1 INFORMATION

Name of Estate, Trust \_\_\_\_\_  
Federal ID Number \_\_\_\_\_  
If any rental real estate, are you an active participant? \_\_\_\_\_

## K-1 INFORMATION

Name of Estate, Trust \_\_\_\_\_  
Federal ID Number \_\_\_\_\_  
If any rental real estate, are you an active participant? \_\_\_\_\_

## K-1 INFORMATION

Name of Estate, Trust \_\_\_\_\_  
Federal ID Number \_\_\_\_\_  
If any rental real estate, are you an active participant? \_\_\_\_\_

## K-1 INFORMATION

Name of Estate, Trust \_\_\_\_\_  
Federal ID Number \_\_\_\_\_  
If any rental real estate, are you an active participant? \_\_\_\_\_

## K-1 INFORMATION

Name of Estate, Trust \_\_\_\_\_  
Federal ID Number \_\_\_\_\_  
If any rental real estate, are you an active participant? \_\_\_\_\_

\* Please attach all K-1 schedules received for 2020.











Please reprint this page and the next 2 pages if necessary for EACH business that you or your spouse had.

# BUSINESS INCOME AND EXPENSES

2020  
(SCH C)

Your principal business or profession \_\_\_\_\_ Is this your spouse's Schedule C? \_\_\_\_\_

Business name \_\_\_\_\_ 2019 Business code \_\_\_\_\_

Business address \_\_\_\_\_ Employer ID \_\_\_\_\_  
(Not SSN)

Accounting method: \_\_\_\_\_

Enter date if you disposed of or sold this business during the year \_\_\_\_\_

BUSINESS VEHICLE	2020	2019
Date placed in service _____		
Miles used for: Business <span style="border: 1px solid black; padding: 2px;">Miles--&gt;</span> _____		
Commuting _____		
Other _____		

PART I INCOME	2020	2019
Gross receipts or sales <span style="border: 1px solid black; padding: 2px;">Sales--&gt;</span> _____		
Returns and allowances _____		
Other income _____		

PART II EXPENSES	2020	2019
Advertising	_____	_____
Car/Truck expenses	_____	_____
Commissions	_____	_____
Contract labor	_____	_____
Depletion	_____	_____
Employee benefit programs	_____	_____
Insurance	_____	_____
Interest - mortgage	_____	_____
Interest - other	_____	_____
Legal and professional services	_____	_____
Office expense	_____	_____
Pension and profit sharing	_____	_____
Rent or lease - vehicles, machinery	_____	_____
Rent - Other business property	_____	_____
Repairs and maintenance	_____	_____
Supplies	_____	_____
Taxes and licenses	_____	_____
Travel	_____	_____
Meals	_____	_____
Utilities	_____	_____
Wages	_____	_____
Enter prior year unallowed loss (if any)	_____	_____

OTHER EXPENSES	2020	2019
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(SCH C PG 2)

Inventory method:  Cost  Lower of Cost or Market  Other

Inventory at beginning of year \_\_\_\_\_

Purchases less cost of personal items \_\_\_\_\_

Inventory at end of the year \_\_\_\_\_

# OFFICE IN THE HOME DEDUCTION

**2020  
(8829)**

**2019**

Square footage of area used for business \_\_\_\_\_

Total square footage in your home \_\_\_\_\_

Is this your spouse's Schedule C? \_\_\_\_\_

Day care facilities:

Number of days used for day care \_\_\_\_\_

Number of hours per day used for day care \_\_\_\_\_

Enter date if you disposed of or sold this business during the year \_\_\_\_\_

## EXPENSES DIRECTLY RELATING TO YOUR BUSINESS

**2020**

**2019**

Casualty losses \_\_\_\_\_

Deductible mortgage interest \_\_\_\_\_

Real estate taxes \_\_\_\_\_

Insurance \_\_\_\_\_

Rent \_\_\_\_\_

Repairs and maintenance \_\_\_\_\_

Utilities \_\_\_\_\_

Other expenses \_\_\_\_\_

## EXPENSES RELATING TO ENTIRE HOUSEHOLD

Casualty losses \_\_\_\_\_

Deductible mortgage interest \_\_\_\_\_

Real estate taxes \_\_\_\_\_

Insurance \_\_\_\_\_

Rent \_\_\_\_\_

Repairs and maintenance \_\_\_\_\_

Utilities \_\_\_\_\_

Other expenses \_\_\_\_\_

Carryover of operating expenses from 2019 Form 8829 \_\_\_\_\_

Carryover of excess casualty losses and depreciation from 2019 Form 8829 \_\_\_\_\_

Enter the fair market value of your home \_\_\_\_\_

Enter the cost of your home \_\_\_\_\_

Enter the value of the land on which your home is placed \_\_\_\_\_



# 2020 TAX QUESTIONS

## RENTAL PROPERTY

Report income and expenses on next page

TYPE OF PROPERTY	PROPERTY A	PROPERTY B	PROPERTY C
Owner	<input type="checkbox"/> TP <input type="checkbox"/> SP <input type="checkbox"/> Other	<input type="checkbox"/> TP <input type="checkbox"/> SP <input type="checkbox"/> Other	<input type="checkbox"/> TP <input type="checkbox"/> SP <input type="checkbox"/> Other
Single Family Residence			
Multi-Family Residence			
Vacation/Short-Term Rental			
Commercial			
Land			
Royalties			
Self-Rental			
Other (describe)			
No. of Days Rented			
No. of Personal Use Days			
PHYSICAL ADDRESS			
Property A			
Property B			
Property C			

**REMINDER:** For returns completed by April 15, 2021, return your organizer and tax documents by March 1, 2021



# RENTAL REAL ESTATE AND ROYALTIES

2020  
(SCH E)

	Property A		Property B		Property C	
KIND OF PROPERTY						
LOCATION OF PROPERTY						
CITY						
STATE						
ZIP						
<b>INCOME</b>	<b>2020</b>	<b>2019</b>	<b>2020</b>	<b>2019</b>	<b>2020</b>	<b>2019</b>
Rent received						
Royalties received						
<b>EXPENSES</b>						
Advertising						
Auto and travel						
Cleaning and maintenance						
Commissions						
Insurance						
Legal, professional fees						
Management fees						
Mortgage interest						
Other interest						
Repairs						
Supplies						
Taxes						
Utilities						
<b>Miscellaneous Expenses</b>						
Type of misc expense 1						
Amount item 1						
Type of misc expense 2						
Amount item 2						
Type of misc expense 3						
Amount item 3						
Type of misc expense 4						
Amount item 4						
Enter loss carryover to 2020						
Did you actively participate in this venture?						
Did you use this property for personal use?						

# 2020 TAX QUESTIONS

## RENTAL PROPERTY

Report income and expenses on next page

TYPE OF PROPERTY	PROPERTY D	PROPERTY E	PROPERTY F
Owner	<input type="checkbox"/> TP <input type="checkbox"/> SP <input type="checkbox"/> Other	<input type="checkbox"/> TP <input type="checkbox"/> SP <input type="checkbox"/> Other	<input type="checkbox"/> TP <input type="checkbox"/> SP <input type="checkbox"/> Other
Single Family Residence			
Multi-Family Residence			
Vacation/Short-Term Rental			
Commercial			
Land			
Royalties			
Self-Rental			
Other (describe)			
No. of Days Rented			
No. of Personal Use Days			
PHYSICAL ADDRESS			
Property D			
Property E			
Property F			

**REMINDER: For returns completed by April 15, 2021, return your organizer and tax documents by March 1, 2021**

# RENTAL REAL ESTATE AND ROYALTIES

2020  
(SCH E-DUP)

	Property D		Property E		Property F	
KIND OF PROPERTY						
LOCATION OF PROPERTY						
CITY						
STATE						
ZIP						
<b>INCOME</b>	<b>2020</b>	<b>2019</b>	<b>2020</b>	<b>2019</b>	<b>2020</b>	<b>2019</b>
Rent received						
Royalties received						
<b>EXPENSES</b>						
Advertising						
Auto and travel						
Cleaning and maintenance						
Commissions						
Insurance						
Legal, professional fees						
Management fees						
Mortgage interest						
Other interest						
Repairs						
Supplies						
Taxes						
Utilities						
<b>Miscellaneous Expenses</b>						
Type of misc expense 1						
Amount item 1						
Type of misc expense 2						
Amount item 2						
Type of misc expense 3						
Amount item 3						
Type of misc expense 4						
Amount item 4						
Enter loss carryover to 2020						
Did you actively participate in this venture?						
Did you use this property for personal use?						



# CHILD AND DEPENDENT CARE EXPENSES

2020  
(2441)

Please list all care providers and the amounts paid to them in 2020. Any information from the prior year is shown below.

Name of provider	_____		
Street address	_____		
City, State, Zip Code	_____		
Social Security Number or EIN	_____		
Amount paid	\$ _____	<b>2019 AMOUNT</b>	\$ _____

Name of provider	_____		
Street address	_____		
City, State, Zip Code	_____		
Social Security Number or EIN	_____		
Amount paid	\$ _____	<b>2019 AMOUNT</b>	\$ _____

Name of provider	_____		
Street address	_____		
City, State, Zip Code	_____		
Social Security Number or EIN	_____		
Amount paid	\$ _____	<b>2019 AMOUNT</b>	\$ _____

Name of provider	_____		
Street address	_____		
City, State, Zip Code	_____		
Social Security Number or EIN	_____		
Amount paid	\$ _____	<b>2019 AMOUNT</b>	\$ _____

Name of provider	_____		
Street address	_____		
City, State, Zip Code	_____		
Social Security Number or EIN	_____		
Amount paid	\$ _____	<b>2019 AMOUNT</b>	\$ _____

List name of each child and total amount spent for care of that child.

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

**\*You may change or delete any information that does not apply to the current year.**

