#### Client Organizer - Welcome - 2020

**NOTE:** Due to the COVID-19 Pandemic, we are encouraging everyone to take adavantage of the virtual methods of communication and information delivery available to them. In addition, we will be meeting with clients by phone appointment whenever possible to maintain social distancing practices.

#### **Preparing For Your Tax Appointment**

This Organizer should be used as a guide in gathering the information necessary to complete your tax return. To the extent original source documents are provided, the General, Income and Deductions sections do NOT need to be completed.

- Step 1: Gather all of the applicable documents on the short list into one place
- Step 2: Review the rest of the organizer and fill in any applicable sections not included on the short list
- Step 3: Mail / fax / email or upload your information to us as soon as possible Secure Portal Upload Link: https://foxpeterson.com/filebox/
- Step 4: Call our office at: 480-898-7640 or visit our website to schedule your appointment

Be sure to call at least 24 hours in advance if you are unable to keep your appointment

#### The Short List

Documents and items that we need from you to complete your tax return - ORIGINAL SOURCE DOCUMENTS REQUIRED

- 1 Copy of your most recently filed prior year tax return
- 2 Completed household information section of the organizer
- 3 Completed copy of Questionnaire checklist
- 4 Copy of the driver's license for you and your spouse
- 5 Copy of the Social Security cards for each member of your family
- 6 Provide bank account and routing information if you prefer auto deposit and withdrawal
- 7 All W-2 forms
- 8 All 1099 forms, (Banks, Credit Unions, Stock brokerages, Social Security, Misc. Income)
- 9 K-1 forms from any Partnerships or S-Corporations
- 10 All notices & letters received from Federal and State tax authorities
- 11 IP PIN Notice Letter from IRS, if applicable (your return cannot be e-filed without your IP PIN)
- 12 Economic Stimulus Notice 1444 or other record of stimulus payment amount received
- 13 Brokerage statements (1099-B) if there were any stocks sold
- 14 Escrow statements (HUD-1) for any real estate purchase, sale or refinance
- 15 All 1098 forms
- 16 Form 8332 for any non-custodial dependent claimed
- 17 All 1095 Insurance Forms
- 18 Receipts for cash and non-cash charitable donations greater than \$250
- 19 Arizona Credit Donation Receipts

#### An important note about the IRS

The IRS has vastly expanded its audit programs as it has been directed by Congress to "close the gap". As a result, more audits and spot checks are to be expected. **Protect yourself: Keep good records and keep the record for at least 6 years.** Never ignore correspondence from tax authorities, but always be skeptical. The IRS has an annoying tendency to arbitrarily bill for taxes and penalties without first checking the facts.

## Client Organizer - Household - 2020

Personal Information	on - (note changes only	<i>y</i> )				
<u>Name</u>	Name		Soc. Sec. No.	Date of B	<u> Birth</u>	
Taxpayer						
Spouse						
Address						
Phone numbers	Taxpayer		Spouse		_	
E-mail address	Toynovar	/	Spauca		_	
	Taxpayer		Spouse			
<b>Bank Information</b>						
Name of Bank Bank Routing Number				to have my refund a to have taxes due v	•	
Bank Account Number			withdrawn.	to have taxes due v	vitir tile return	auto
F''' O(-1						
Filing Status - choo						
Single	If you were unmarried or o					
Married filing Jointly	If your spouse died during	the year, you may s	till file a joint retu	rn with that spouse fo	r the year of de	ath
Married filing Separately	A married couple may electric this filing status and w				eductions unde	r
Head of Household	If you were unmarried and qualifying person (rela more than half the cost but you must be able to	tive) who lived with t of keeping up a par	you more than ha ent's home, even it	If the year. You may the parent did not live	qualify if you	paid
Qualifying Widow(er)	If your spouse died during	2018 or 2019, you l	nave a dependent c	hild living with you a	and have not rea	married
Dependents (Childi	ren & Others) - (note	changes only)				
Name (First, Last)	Relationship	<u>Birthdate</u>	Soc. Sec. No.	Months in home	F/T Student	Income
					Y/N _	
					Y/N _	
					Y / N	
•	s listed above permanently described above 19 or older du If yes, which dependent?	ring 2020 and not a				-/ N
<b>Guidelines for Deper</b>	ndents - Note: New Law -	divorced parents cl	aiming non-custo	dial dependents MUS	ST have form 8	332
To qualify as a dependent,	that person must be:		esident alien or a re	file a joint return esident of Canada or I ing relative (see below		

#### **Qualifying Relative**

- 1. Must not be the taxpayer or anyone else's qualifying child
- 2. Either have lived with the taxpayer all year OR be related
- 3. Have gross income of less than \$4,300
- 4. Provide less than half of own support

## **Qualifying Child**

- 1. Taxpayer's child, stepchild, brother, sister, stepbrother
- 2. Under age 19 OR a full-time student under 24 or disabled
- 3. Lived with taxpayer more than half the year
- 4. Provide less than half their own support
- 5. Cannot be a claimed as qualifying child of another taxpayer

# Client Organizer - Questionnaire - 2020 REQUIRED

# Questions

Review the follow	wing questions and check if YES (they help to ensure that we don't miss something important)
IRS - Legal	[] Letters & Notices received from IRS or state (please bring all) [] IP PIN Letter received from IRS due to identity theft (your return cannot be e-filed without your IP PIN [] Economic Stimulus Payment Notice 1444, if stimulus payment received [] Prior year's returns need to be amended [] Legal matters (lawsuit, etc.) during year
Income	[] Change in income or expenses [] Large casualty / disaster loss [] Foreign bank account or trust? Signing rights on a foreign account? [] Did you receive, sell, send, exchange or otherwise acquire any financial interest in any virtual currency? [] Received proceeds from an installment sale [] Inherited assets last year [] Jury duty (you/spouse) [] Cashed in any US Savings bonds [] Any bartering transactions [] Scholarships [] Any existing/new K-1 from LLC, S Corp, Estate or Trust [] Do you have a calculation of "basis" in the entity? Y/N [] Are you at risk for your investment? Y/N
Business	[] Part-time business or side venture [] Business returns need to be completed [] Did you start or dispose of a business this past year [] Do you have a student loan [] Did you receive any Form 1099-K [] Bankruptcy or insolvency [] Did you receive a PPP Loan for your business?
Household	[] Change in dependents [] You or spouse in military or Guard [] You or spouse reach 72 this year or next [] You or spouse legally blind / disabled [] Dependent with investment income over \$ 1,100 [] Dependent with capital gains [] Can you be claimed as a dependent by someone else [] Dependent returns need to be completed
Residence	[ ] Debt forgiven, short sale or foreclosure [ ] Sold or refinanced home [ ] Moved your personal residence
Miscellaneous	[ ] Did you pay employees or household help last year [ ] Adoption expenses incurred [ ] Gifts of more than \$15,000 to any one person [ ] Contributions to a 529 college savings plan
Recordkeeping	[ ] Can you substantiate travel [ ] Can you substantiate charity donations [ ] Other matters that we should be aware of:
	[ ] None of these applied this year

# Client Organizer - General - 2020

Credit for Educa	tional Expenses - (a	degree seeking and n	on-degree seeking)		
Family member	College-University	Tuition	Books & supplies	S Scholars	hips & Grants
Child & Other De	ependent Care Expe	enses (for dener	ndents under ave l	14)	
Name of Care Provider	•	<u> </u>	ideniis dilder age 1	Tax ID	Amount Paid
****Are you enrolled i	n your employer's Cafete	eria Plan? Usually,	it's the best way to	handle child care	costs.
List of Tax Credi	its. Check (	) if any apply a	nd supply details:		
	rgy system (skylights, wa ficient improvements.	iter heater, photoce	[] Arizona tuitio	n scholarship cred ol ECA (Extra Cui	
	Account (HSA & M	SA)			
Contributions to HSA Amount disbursed from	n ЦСА.		Health insurance	premiums paid	
Amount disoursed from	Qualified medical expen	ses	Other:(non-qualif	ried)	
IRA, SEP, SIMP	LE, Keogh Plans an	d Other Retire	ment Plans ded	uction Spouse	
Covered by a retirement Contribution for:  Did you have a Roth r	IRA - deductible IRA - nondeductible Roth IRA SEP/SIMPLE/Keogh	Yes / No Yes / No		Yes / No Yes / No	
Miscellaneous					
	m supplies purchased erest paid (attach docu	` <del>-</del>			_
Foreign Income	and Investments				
Do you have <b>foreign</b> Do you have <b>foreign</b>	source income (attach bank accounts (attach source assets (attach o	documentation)	Yes / No Yes / No Yes / No	Form TDF 90-22.1	
<b>Estimated Tax P</b>	aid				
1 2 3 4	Date Paid  Refund from 2019 return	1	Federal amount	- - - -	State amount
<b>Economic Stimu</b>	lus Payment Inforn	nation			
Amount of Payment Date Received Form of Payment			[] Notice 1444 I	Received?	

## Client Organizer - Income - 2020

Wage, Salary Income			Property Sold		
Attach W-2s and last paycheck stub:			Attach 1099s and closing	statements for sale d	& purchase
Employer	Taxpayer	Spouse	Property	Date Acquired	Cost & Imp.
	1 .	•	Personal Residence	•	•
			Vacation Home		
			_ Land		
			Other		-
			*Provide information on i	improvements, prior s	sales of home.
			cost of a new residence.		
Interest Income			I.R.A. (Taxable an	d Non-taxable)	
Attach 1099-INT & broker statements			Attach 1099-R & 5498		
Payer		Amount	Contributions for tax year	r income and Rollove	rs
1 4) 01		7		Amount	Date
			Taxpayer	Timouni	Buile
			Spouse		
					-
Tax Exempt			Amounts withdrawn.		
Tax Exempt			Plan	Reason for	
	-		Trustee	Withdrawal	Reinvested?
Dividend Income			Trustee	Williawai	
Dividend Income					Yes / No
	Attach 1099-				Yes / No
Payer		Amount			
			Pension, Annuity	Income	
	_		Attach 1099-R		
				Reason for	
			Payer	Payment	Reinvested?
Gambling & Lottery Income					Yes / No
Attach W-2G					Yes / No
Winnings		Amount			Yes / No
5					Yes / No
Losses (be sure to have support for losses	s)	Amount	*Provide statements from	employer or insuran	ce company
`			with information on cost		
	-				•
Partnership, Trust, Estate Inc	come		Social Security Be	enefits	
List partnership, LLC, S-corp, trust or est			Attach SSA-1099, RRB 1	099	
Attach K-1 (Do you have a BASIS calds				Taxpayer	Spouse
	,			1 7	1
	-		_		-
	•	-	<del>_</del>		
	-		_		-
Investments Sold					
Stocks, Bonds, Mutual Funds, Gold, Silve	er. Partnershir	interest.	Attach 1099-B & confirmati	on slips.	
Investment	Dates Acq		Dates Sold	Sale Price	Cost
	Dates rioq	• • •	Dates Sola	5416 1 1166	2001
			_		
			_		
			_		
Other Income	A 440 ab 100	20			

Other Income
List All Other Income (Including Non-taxable). Such as .....

Cash income for which you did not receive a 1099;

Alimony Received; Unemployment Compensation (repaid); Unreported tips; Commissions; State tax refunds; Jury Duty;

Worker's Compensation; Scholarship (grant); Payment from prior Installment sale; Disability income

Medical/Dental Expenses (over 7.5% of AGI)Charitable ContributionsMedical Insurance (paid by you)Cash - must attach receiptsPrescription Drugs, InsulinChurchDoctor/Dental/Orthodontist (Braces)United WayHospitalScouts, TelethonsLab & X-raysUniversity, Public TV/RadioNursing Care. Medical TherapyHeart, Lung, Cancer, etc.Glasses, Contacts, Hearing AidsArizona Tax Credits (school or needMedical Equipment, SuppliesNon-cash - must attach receiptsLong-term care insuranceSalvation Army, Goodwill, DIHome improvements for health(Itemize items donated in detail)Mileage (No. of Miles)Volunteer (No. of miles)
Prescription Drugs, Insulin  Doctor/Dental/Orthodontist (Braces)  Hospital  Lab & X-rays  Nursing Care. Medical Therapy  Glasses, Contacts, Hearing Aids  Medical Equipment, Supplies  Long-term care insurance  Home improvements for health  Mileage (No. of Miles)  Church  United Way  Scouts, Telethons  University, Public TV/Radio  Heart, Lung, Cancer, etc.  Arizona Tax Credits (school or need  Non-cash - must attach receipts  Salvation Army, Goodwill, DI  (Itemize items donated in detail)  Volunteer (No. of miles)
Doctor/Dental/Orthodontist (Braces)  Hospital  Lab & X-rays  Nursing Care. Medical Therapy  Glasses, Contacts, Hearing Aids  Medical Equipment, Supplies  Long-term care insurance  Home improvements for health  Mileage (No. of Miles)  United Way  Scouts, Telethons  University, Public TV/Radio  Heart, Lung, Cancer, etc.  Arizona Tax Credits (school or need  Non-cash - must attach receipts  Salvation Army, Goodwill, DI  (Itemize items donated in detail)  Volunteer (No. of miles)
Hospital  Lab & X-rays  Nursing Care. Medical Therapy Glasses, Contacts, Hearing Aids Medical Equipment, Supplies  Long-term care insurance Home improvements for health Mileage (No. of Miles)  Scouts, Telethons University, Public TV/Radio Heart, Lung, Cancer, etc. Arizona Tax Credits (school or need Non-cash - must attach receipts Salvation Army, Goodwill, DI (Itemize items donated in detail) Volunteer (No. of miles)
Lab & X-rays  Nursing Care. Medical Therapy  Glasses, Contacts, Hearing Aids  Medical Equipment, Supplies  Long-term care insurance  Home improvements for health  Mileage (No. of Miles)  University, Public TV/Radio  Heart, Lung, Cancer, etc.  Arizona Tax Credits (school or need  Non-cash - must attach receipts  Salvation Army, Goodwill, DI  (Itemize items donated in detail)  Volunteer (No. of miles)
Lab & X-rays  Nursing Care. Medical Therapy  Glasses, Contacts, Hearing Aids  Medical Equipment, Supplies  Long-term care insurance  Home improvements for health  Mileage (No. of Miles)  University, Public TV/Radio  Heart, Lung, Cancer, etc.  Arizona Tax Credits (school or need  Non-cash - must attach receipts  Salvation Army, Goodwill, DI  (Itemize items donated in detail)  Volunteer (No. of miles)
Glasses, Contacts, Hearing Aids  Medical Equipment, Supplies  Long-term care insurance  Home improvements for health  Mileage (No. of Miles)  Arizona Tax Credits (school or need Non-cash - must attach receipts  Salvation Army, Goodwill, DI  (Itemize items donated in detail)  Volunteer (No. of miles)
Medical Equipment, Supplies  Long-term care insurance  Home improvements for health  Mileage (No. of Miles)  Non-cash - must attach receipts  Salvation Army, Goodwill, DI  (Itemize items donated in detail)  Volunteer (No. of miles)
Long-term care insurance  Home improvements for health  Mileage (No. of Miles)  Salvation Army, Goodwill, DI  (Itemize items donated in detail)  Volunteer (No. of miles)
Long-term care insurance  Home improvements for health  Mileage (No. of Miles)  Salvation Army, Goodwill, DI  (Itemize items donated in detail)  Volunteer (No. of miles)
Home improvements for health  Mileage (No. of Miles)  (Itemize items donated in detail)  Volunteer (No. of miles)
Mileage (No. of Miles)  Volunteer (No. of miles)
Taxes Paid - attach receipts
Auto/Boat registration (license renewal)  Property Tax - home(s) & land  State Taxes paid  Sales taxes on large purchases (car, RV)
Interest Expense
Attach 1098 and Closing papers
Mortgage interest paid
Second Home
Qualified Mortgage insurance premiums
Interest paid to individual for your home
Points paid on new or refinance mortgage
Paid to: Name, address, Soc Sec #

**Investment Interest** 

Brokerage margin account

Vacant Land