

My Accountant Too, Inc.

6490 W 44th Avenue, Wheat Ridge, Colorado 80033 303.990-8570 Fax 303.425.1033

Welcome to our firm. We offer full services to our clients. We are a payroll service, a bookkeeper, a tax preparer and a business planning firm with software and hardware support.

The attached organizer will allow you to put your information in a form that will help us give you the best service for the lowest cost to you.

Our fees start at \$55.00 and will increase based upon the complexity of your return. If you are single and have no deductions, to have us prepare your return is easy. Fill out the first page of the organizer, answer the questions that may apply on pages two and three, make a copy of your drivers license, your checking account information for direct deposit, and send it to us. You can email it to us at documents@inc-tax.com or FAX it to us at 303.425.1033. If your return has a state filing requirement, it may cost you more depending upon the state.

If you have made charitable contributions let us know those as well. Some jurisdictions will allow an additional deduction even if you do not itemize.

Normal turn around time is 24 hours unless there are unanswered questions.

If your return is more complicated, send us copies of your brokerage statements, all 1099s, 1098s child-care and tuition statements. Be sure to include a phone number so that we can get in touch with you if we need additional information,

If you have a business or rental property, it would be helpful to have a copy of your last years return to see what depreciation items will be carried to the 2020 return or if you sold and income items to be sure that the tax basis is properly addressed.

When the return is completed, we will let you know what the preparation cost is and if there is a refund or a tax due. Once we receive payment and your approval, the return will be electronically filed unless you have a reason that your return will not process. Once the return has been accepted, we will notify you. Tax refunds usually are received within two weeks of the return being accepted.

We will be happy to prepare your business and partnership returns as well.

We look forward to being of service.

Thank you
My Accountant Too, inc.

2020 Tax Organizer

Personal and Dependent Information

Personal Information

Name		SSN	Has IP PIN	Date of birth
Taxpayer				
Spouse				
Street address, city, state, and ZIP				
Occupation		Daytime phone	Evening phone	Cell phone
Taxpayer				
Spouse				
Taxpayer email				
Spouse email				

Marital Status at end of 2020

- ☐ Married
☐ Married filing separately
☐ Single
☐ Widow(er) If spouse died in 2020 enter the date of death _____

Other information

- Are you blind?
 Are you disabled?
 Are you a full-time student?
 Do you want \$3 to go to the Presidential Election Campaign Fund?

Taxpayer

- ☐ Yes ☐ No
☐ Yes ☐ No
☐ Yes ☐ No
☐ Yes ☐ No

Spouse

- ☐ Yes ☐ No
☐ Yes ☐ No
☐ Yes ☐ No
☐ Yes ☐ No
☐ Yes ☐ No

At any time during 2020 did you receive, sell, send, exchange, or acquire any financial interest in any virtual currency?

- ☐ Yes ☐ No

Dependent Information

First and last name SSN	Has IP PIN	Relationship	Months in home	Date of birth	Disabled	Full- time student	Childcare Expenses

List dependents required to file a return _____

COVID-19 Implications

Yes No

- ☐ ☐ Did you receive an Economic Impact Payment (EIP)?
 If "Yes," provide Notice 1444 from the IRS.
- ☐ ☐ Did you experience economic loss due to COVID-19 (loss of job, closed business, etc.)?
☐ ☐ Were you unemployed for any portion of the year due to COVID-19?
☐ ☐ Did you continue to receive wages from your employer even if you were unable to work?
☐ ☐ Did you receive a distribution from a retirement plan (401K, IRA, etc.) due to COVID-19?
☐ ☐ If you own a farm or business, did you continue to pay any employee while they were not working?
☐ ☐ If you own a farm or business, did you delay withholding FICA taxes from any employee's pay?
☐ ☐ If you 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? _____
- ☐ ☐ If you 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?

Appointment Information

Your 2020 appointment is scheduled for _____

Additional Taxpayer Information

Name:

SSN:

Estimates

	Federal		Resident state		Resident city	
	Date paid	Amount	Date paid	Amount	Date paid	Amount
Overpayment applied from 2019						
First quarter						
Second quarter						
Third quarter						
Fourth quarter						
Additional payments						

Account Information for Deposits or Withdrawals

Name of bank	Bank routing number	Bank account number	Type of account		Use this account for	
			Checking	Savings	Deposits	Withdrawals

Identification Information

Taxpayer

 Type of photo ID ☐ Driver's license ☐ State-issued photo ID

Driver's license or state-issued photo ID number _____

State the driver's license or state-issued photo ID was issued in _____

Issue date of the driver's license or state-issued photo ID _____

Expiration date of the driver's license or state-issued photo ID _____

Spouse

 Type of photo ID ☐ Driver's license ☐ State-issued photo ID

Driver's license or state-issued photo ID number _____

State the driver's license or state-issued photo ID was issued in _____

Issue date of the driver's license or state-issued photo ID _____

Expiration date of the driver's license or state-issued photo ID _____

Healthcare Coverage Questionnaire

Name:

SSN:

Healthcare Information

Member of household for healthcare purposes	Covered the entire year	Covered less than 12 months	No healthcare coverage at all

YES NO

☐ ☐ Did anyone other than you or your spouse pay for healthcare coverage for anyone listed above?

☐ ☐ Did you pay for healthcare coverage for anyone not listed above?

If you had coverage for any part of the year:

Where was the policy obtained?

Employer / Medicare / Medicaid / Marketplace(Exchange) / Other

If you didn't have coverage part or all of the year:

Answer YES if the following applies to any member of the household

☐ ☐ Was your previous insurance policy canceled in 2020?

☐ ☐ Was coverage offered by your employer or your spouse's employer?

☐ ☐ Are you a member of a federally recognized Indian tribe?

☐ ☐ Are you eligible for services through an Indian healthcare provider?

☐ ☐ Are you a member of a healthcare sharing ministry?

☐ ☐ Did you live in the United States the entire year?

☐ ☐ Are you enrolled in TRICARE?

☐ ☐ Did you apply for CHIP coverage?

☐ ☐ Do any of the following apply to you? Do NOT indicate which one.

- Became homeless
- Evicted in the past six months, or facing eviction or foreclosure
- Received a shut-off notice from a utility company
- Recently experienced domestic violence
- Recently experienced the death of a close family member
- Recently experienced a fire, flood, or other natural or human-caused disaster that resulted in substantial damage to your property
- Filed for bankruptcy in the last six months
- Incurred unreimbursed medical expenses in the last 24 months that resulted in substantial debt
- Experienced unexpected increases in essential expenses due to caring for an ill, disabled, or aging family member

Income

Name:

SSN:

Wages & Salaries

Provide all copies of Form W-2

Employer name	2020 federal wages

Retirement

Provide all copies of Form 1099-R

Payer name	2020 distribution

Did you take a distribution from an IRA and give it to an organization eligible to receive tax-deductible contributions?

☐ Yes ☐ No**Form 1099-Misc and Form 1099-NEC Income**

Provide all copies of Forms 1099-MISC and 1099-NEC

Payer name	2020 amount

Other Income and Adjustments

Name: _____

SSN: _____

Other Income

	2020 Taxpayer	2020 Spouse
Scholarships or grants not reported on Form W-2	_____	_____
State income tax refund (attach Forms 1099-G)	_____	_____
Social Security Benefits (attach Forms 1099-SSA)	_____	_____
Railroad Retirement Benefits (attach Forms 1099-RRB)	_____	_____
Alimony received		
Divorce or separation date _____ Amount _____	_____	_____
Unemployment compensation (attach Forms 1099-G)	_____	_____
Unemployment compensation repaid in 2020	_____	_____
Gambling winnings (attach Forms W2-G)	_____	_____
Alaska Permanent Fund	_____	_____
ABLE distributions	_____	_____
Other income: _____	_____	_____
_____	_____	_____
_____	_____	_____

Adjustments

	2020 Taxpayer	2020 Spouse
Educator expenses (If you are an educator, enter the amount you paid for classroom supplies)	_____	_____
Contributions made to a Health Savings Account (HSA)	_____	_____
Contributions made to a Self-Employed Pension plan (SEP)	_____	_____
Payments made for Self-Employed Health Insurance for you, your spouse, or dependents	_____	_____
Alimony paid		
Name _____		
SSN _____ Divorce or separation date _____	_____	_____
Name _____		
SSN _____ Divorce or separation date _____	_____	_____
Contributions made to an Individual Retirement Account (IRA)	_____	_____
Contributions made to a Roth IRA	_____	_____
Interest paid on a student loan	_____	_____
Other adjustments: _____	_____	_____

Job-related Moving Expenses

☐ Select this box and complete the fields below if you are a member of the Armed Forces on active duty, and moved due to a military order for a permanent change of station. 2020

Number of miles from old home to old workplace	_____
Number of miles from old home to new workplace	_____
Expense to move household goods and personal effects and lodging expenses while traveling to your new home (Do not include cost of meals)	_____

Schedule C - Profit or Loss from Business

Name: _____

SSN: _____

General Business Information

Business name _____ Employer ID number _____

Professional product or service _____

Business address, city, state, ZIP _____

☐ This business started or was acquired during 2020☐ Yes ☐ No

Payments of \$600 or more were paid to an individual who is not your employee for services provided for this business

☐ This business was disposed of during 2020☐ Yes ☐ No

You filed Forms 1099 for the individuals

Income**2020****2020**

Gross receipts or sales _____ Other income _____

Returns & allowances _____

Expenses**2020****2020**

Advertising _____ Travel _____

Car & truck expenses _____ Total meals _____

Commissions & fees _____ Utilities _____

Contract labor _____ Wages _____

Depletion _____ Other expenses (list) _____

Employee benefit programs _____

Insurance (other than health) _____

Interest - mortgage _____

Interest - other _____

Legal & professional services _____

Office expenses _____

Pension & profit sharing plans _____

Rent or lease (vehicles, machinery, & equipment) _____

Rent (other business property) _____

Repairs & maintenance _____

Supplies _____

Taxes & licenses _____

Cost of Goods Sold**2020****2020**

Inventory at beginning of year _____ Materials & supplies _____

Purchases _____ Other costs _____

Cost of personal use items _____ Inventory at end of year _____

Cost of labor _____ ☐ There was a change in inventory method

Schedule E - Income or Loss from Rental Real Estate & Royalties

Name: _____

SSN: _____

General Property Information

Property description _____

Address, city, state, ZIP _____

Select the property type

- ☐ Single family residence
☐ Multi-family residence

- ☐ Vacation / short-term rental
☐ Commercial

- ☐ Land
☐ Royalties

- ☐ Self-rental
☐ Other _____

Number of days property was rented _____

Number of days property was used for personal use _____

If the rental is a multi-dwelling unit and you occupied part of the unit, enter the percentage you occupied _____

- ☐ This property is your main home or second home
☐ This property was disposed of during 2020
☐ This property was owned as a qualified joint venture

- ☐ Yes ☐ No
☐ Yes ☐ No

Payments of \$600 or more were paid to an individual who is not your employee for services provided for this rental
 You filed Forms 1099 for the individuals

Income

2020

2020

Rent income _____

Royalties from oil, gas, mineral, copyright or patent _____

Expenses

Rental unit expenses

Rental and homeowner expenses

Advertising _____
 Auto & travel _____
 Cleaning & maintenance _____
 Commissions _____
 Insurance _____
 Legal & professional fees _____
 Management fees _____
 Mortgage interest _____
 Other interest _____
 Repairs _____
 Supplies _____
 Taxes _____
 Utilities _____
 Depletion _____
 Other expenses _____

If this Schedule E is for a multi-unit dwelling and you lived in one unit and rented out the other units, use the "Rental and homeowner expenses" column to show expenses that apply to the entire property. Use the "Rental unit expenses" column to show expenses that pertain ONLY to the rental portion of the property.

If the Schedule E is not for a multi-unit property in which you lived in one unit, complete just the "Rental unit expenses" column.

Income or Loss from Partnerships, S corporations, and Fiduciaries

Name:

SSN:

Partnerships, S corporations, Estates and Trusts

Provide all copies of Schedule K-1 and attachments

[illegible]

Schedule F - Profit or Loss from Farming

Name: _____

SSN: _____

General Information

Principal product _____ Employer ID number _____

☐ This farm was disposed of during 2020

☐ Yes ☐ No Payments of \$600 or more were paid to an individual who is not your employee for services provided for this farm

☐ Yes ☐ No You filed Forms 1099 for the individuals

Income

	2020		2020
Sale of livestock / other items	_____	Custom hire income	_____
Cost of items bought for resale	_____	Beginning inventory for accrual	_____
Sale of products you raised	_____	Ending inventory for accrual	_____
Total cooperative distributions	_____	<input type="checkbox"/> You used unit-livestock-price or farm-price inventory method	
Total agricultural payments	_____	Other income	_____
Commodity Credit Corporation (CCC) loans:			
CCC loans reported	_____		_____
CCC loans forfeited	_____		_____
Crop insurance proceeds:			
Amount received in 2020	_____		_____
<input type="checkbox"/> You elect to defer to 2021			_____
Amount deferred from 2019	_____		_____

Expenses

	2020		2020
Car & truck expenses	_____	Repairs & maintenance	_____
Chemicals	_____	Seeds & plants purchased	_____
Conservation expenses	_____	Storage & warehousing	_____
Custom hire (machine work)	_____	Supplies purchased	_____
Employee benefit programs	_____	Taxes	_____
Feed purchased	_____	Utilities	_____
Fertilizers & lime	_____	Veterinary, breeding, & medicine	_____
Freight & trucking	_____	Other expenses	_____
Gasoline, fuel, & oil	_____		_____
Insurance (other than health)	_____		_____
Interest - mortgage (paid to banks, etc.)	_____		_____
Interest - other	_____		_____
Non-W-2 labor hired	_____		_____
W-2 wages paid	_____		_____
Pension & profit-sharing plans	_____		_____
Rent - vehicles, machinery, & equipment	_____		_____
Rent - other (land, animals, etc.)	_____		_____

Form 4835 - Farm Rental Income and Expenses

Name: _____

SSN: _____

General Information

Description _____ Employer ID Number _____

☐ This farm was disposed of during 2020**Income**

	2020	2020
Income from production of livestock, grains, & other crops	_____	Crop insurance proceeds:
Total cooperative distributions	_____	Amount received in 2020
Total agricultural payments	_____	<input type="checkbox"/> You elect to defer to 2021
Commodity Credit Corporation (CCC) loans:		Amount deferred from 2019
CCC loans reported	_____	Other income
CCC loans forfeited	_____	_____

Expenses

	2020	2020
Car & truck expenses	_____	Seeds & plants purchased
Chemicals	_____	Storage & warehousing
Conservation expenses	_____	Supplies purchased
Custom hire (machine work)	_____	Taxes
Employee benefit programs	_____	Utilities
Feed purchased	_____	Veterinary, breeding, & medicine
Fertilizers & lime	_____	Other expenses
Freight & trucking	_____	_____
Gasoline, fuel, & oil	_____	_____
Insurance (other than health)	_____	_____
Interest - mortgage (paid to banks, etc.)	_____	_____
Interest - other	_____	_____
Labor hired (less jobs credit)	_____	_____
Pension & profit-sharing plans	_____	_____
Rent - vehicles, machinery & equip	_____	_____
Rent - other (land, animals, etc.)	_____	_____
Repairs & maintenance	_____	_____

Expenses Related to Business

Name: _____

SSN: _____

Auto Expense

Name of business vehicle is used for _____

Description of vehicle _____ Date vehicle was placed in service _____

Yes No

☐ ☐ This vehicle is available for use during off-duty hours☐ ☐ Another vehicle is available for personal use

Yes No

☐ ☐ There is evidence to support your deduction☐ ☐ The evidence is written**Mileage**

Number of miles the vehicle was driven during 2020

Business _____

Commuting _____

Other _____

Expenses

Garage rent _____ Repairs _____

Gas _____ Tires _____

Insurance _____ Tolls _____

Licenses _____ Lease addback _____

Oil _____ Other expenses _____

Parking fees _____ _____

Rental fees _____ _____

Interest _____ _____

Property tax _____ _____

Business Use of Home

Name of business home is used for _____

What is the total square footage of your home that was used regularly and exclusively for business _____

What is the total square footage of your home _____

For daycare facilities not used exclusively for business, complete the following questions

How many days during the year was the area used _____

How many hours per day was the area used _____

☐ The daycare facility was in operation for the entire year**Expenses****Office expenses****Home expenses**

Mortgage interest _____

Real estate taxes _____

Excess mortgage interest _____

Excess real estate taxes _____

Insurance _____

Rent _____

Repairs & maintenance _____

Utilities _____

Other expenses _____

In the "Office expenses" column,
enter those expenses that
pertain exclusively to your office;
in the "Home expenses" column,
enter those expenses that
pertain to the entire dwelling.

Household Employment

Name:

SSN:

TSJ _____ Employer Identification Number _____

Yes No

- ☐ ☐ Did you pay any one household employee cash wages of \$2,200 or more in 2020?
- ☐ ☐ Did you withhold federal income tax during 2020 for any household employee?
- ☐ ☐ Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2019 or 2020 to all household employees?
- ☐ ☐ Did you pay unemployment contributions to only one state?
- ☐ ☐ Did you pay all state unemployment contributions for 2020 by April 15, 2021?
- ☐ ☐ Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?

2020

Total cash wages subject to Social Security tax _____

Total cash wages subject to Medicare tax _____

Total cash wages subject to Additional Medicare tax withholding _____

Federal income tax withheld _____

TSJ _____ Employer Identification Number _____

Yes No

- ☐ ☐ Did you pay any one household employee cash wages of \$2,200 or more in 2020?
- ☐ ☐ Did you withhold federal income tax during 2020 for any household employee?
- ☐ ☐ Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2019 or 2020 to all household employees?
- ☐ ☐ Did you pay unemployment contributions to only one state?
- ☐ ☐ Did you pay all state unemployment contributions for 2020 by April 15, 2021?
- ☐ ☐ Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?

2020

Total cash wages subject to Social Security tax _____

Total cash wages subject to Medicare tax _____

Total cash wages subject to Additional Medicare tax withholding _____

Federal income tax withheld _____

Schedule A - Itemized Deductions

Name: _____

SSN: _____

Medical and Dental Expenses

Health insurance premiums (paid by you) _____

Long-term care premiums (you) _____

Long-term care premiums (your spouse) _____

Long-term care premiums (dependents) _____

Mileage driven for medical purposes _____

Medical & dental expenses

 Doctor, dental, etc _____

 Prescription medicines _____

 Insulin _____

 Glasses & contacts _____

 Hearing aids _____

 Braces _____

 Medical equipment & supplies _____

 Hospital services _____

 Laboratory services _____

 Nursing services _____

 Other _____

Taxes Paid

State and local income taxes _____

Sales tax _____

Real estate taxes _____

Personal property taxes _____

Other taxes (list) _____

Interest Paid

Mortgage interest paid (attach Form 1098) _____

☐ Some of your home mortgage loan was not used to buy, build, or improve your home

Mortgage interest paid to an individual _____

Paid to:

 Name _____

 Address _____

 City, State, ZIP _____

 SSN or EIN _____

Mortgage insurance premiums _____

Investment interest _____

Charitable Contributions

Donations to charity	Cash	Noncash	Amount
Church	<input type="checkbox"/>	<input type="checkbox"/>	_____
Boy or Girl Scouts	<input type="checkbox"/>	<input type="checkbox"/>	_____
Goodwill	<input type="checkbox"/>	<input type="checkbox"/>	_____
Red Cross	<input type="checkbox"/>	<input type="checkbox"/>	_____
Salvation Army	<input type="checkbox"/>	<input type="checkbox"/>	_____
United Way	<input type="checkbox"/>	<input type="checkbox"/>	_____
Veterans	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hospital	<input type="checkbox"/>	<input type="checkbox"/>	_____
University	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other	<input type="checkbox"/>	<input type="checkbox"/>	_____

Miles driven for charitable purposes _____

Other Miscellaneous Deductions

Amortizable bond premiums _____

Federal estate tax _____

Gambling losses _____

Impairment-related work expenses _____

Claim repayments _____

Unrecovered pension investments _____

Loss from other activities from Schedule K-1 _____

Ordinary loss debt instrument _____

Excess deduction on termination _____

Job Expenses & Certain Miscellaneous Deductions

Necessary job expenses you paid that were not reimbursed by your employer

 Safety equipment, tools, & supplies _____

 Uniforms _____

 Protective clothing (shoes, hardhats, glasses, etc.) _____

 Dues to professional organizations _____

 Books & subscriptions _____

 Other _____

Union dues _____

Tax preparation fees _____

Other nonpersonal expenses related to taxable income

 Safe deposit box fees _____

 Investment expenses not entered elsewhere _____

 Other _____

Home equity interest _____

Other Information

Name: _____

SSN: _____

Mortgage Interest

Provide all copies of Form 1098

Lender's name	Mortgage interest received	Mortgage insurance premiums	Real estate taxes paid
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Employee Business Expenses

- ☐ You are a qualified performing artist
 ☐ You are a member of the clergy
☐ You are a fee-based state or local government official
 ☐ You used your personal vehicle for your job during 2020
☐ You are a disabled employee with impairment-related work expenses
☐ You are a reservist

	NOT reimbursed by your employer	Reimbursed by your employer not included on your W-2
Parking fees, tolls, local transportation	_____	_____
Meals	_____	_____
Overnight business travel expenses (Do not include meals & entertainment)	_____	_____
Other business expenses	_____	_____
_____	_____	_____
_____	_____	_____

Casualties and Thefts

FEMA code _____	FEMA code _____
Property description _____	Property description _____
Property location _____	Property location _____
_____	_____
Date property was acquired _____	Date property was acquired _____
Date property was damaged or stolen _____	Date property was damaged or stolen _____
Cost of property damaged or stolen _____	Cost of property damaged or stolen _____
Amount of damage _____	Amount of damage _____
Insurance reimbursement _____	Insurance reimbursement _____

Other Information

Name:

SSN:

Child and Other Dependent Care Expenses

Name of care provider	Address	SSN or EIN	Amount paid

Education Expenses

Provide all copies of Form 1098-T

Student name _____		Student name _____	
Type of expense	Amount	Type of expense	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Student name _____		Student name _____	
Type of expense	Amount	Type of expense	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Student name _____		Student name _____	
Type of expense	Amount	Type of expense	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____