CLIENT ORGANIZER 2020

NAMES						S MFJ MFS HH		
1098-T/NEW DEPENDENTS		SS #	DOB	College Name	Tuition 1098-T	Books	# Yrs Prior	
1036-1/NEW DEFENDENTS		33 11		College Name	1414011 1038-1	DOOKS	# 113 1 1101	
W-2 Employer	H/W	Gross Wages Box 1	Box 12 D	Box 12 Other	Box 14	Fed Tax WH	State Tax WH	
TOTALS								
TOTALS								
1099-R Name	H/W	Code 4 DOB/%	Code	Gross Amt	Taxable Amt	Fed Tax WH	State Tax WH	
IRA only		,						
-								
TOTALS								
Pension/other								
TOTALS								
Other Income	H/W	Amount	Med Pt B	Med Pt C	Med Pt D	Fed Tax WH	State Tax WH	
Social Security								
Social Security								
TOTALS								
Unemployment								
Unemployment								
Gambling Winnings Gambling Winnings								
Alimony Income								
Aumony meome								
TOTALS								
1099-SA Name	H/W	Gross Dist.	HSA/MSA	Dist. Code	Qual Med Y/N?	Fed Tax WH	State Tax WH	
TOTALS								

CLIENT ORGANIZER 2020

NOTES:							
INTEREST INCOME							
Bank Name	H/W	Regular Box 1	Early WD Box 2	US Sav Bd Box 3	Tax Exempt Int	State	ххх
							
							+
TOTALS							
DIVIDEND INCOME							
Payor Name	H/W	Ordinary	Qualified	Cap Gain	199A	Foreign Div	Foreign Tax Pd
							
TOTALS							
SECURITIES SALES							
Name/ Basis Reported?	H/W	Date Sold	Date Bot	Sale Price	Cost Basis	Wash Sale	Gain(Loss)
							<u> </u>
							+
							1
TOTALS							
K-1's							
Name/Form	H/W	Income(Loss)					
							
SCHEDULE E RENTAI	S A	TTACHED		SCHEDITIE	L BUSINESS - ATT	I	\$
SCHEDULE E KENTA	L3 - A	TIACHED	\$	3CHEDULE C	DUSINESS - AT I	АСПЕВ	\$
ADJUSTMENTS							_
		Amount Paid	SS #	SE Health Ins	Amount Pd - TP	Amt Pd - Spouse	1
Alimony Paid Prior to '19							_
Student Loan Int		Amount Paid		Educator Exp	Amount Paid	ххх	
Taxpayer				Taxpayer			I
Spouse	<u> </u>			Spouse	<u> </u>		1
IRA Contributions		Amount Paid	Trad/Roth?				Prepared By:
Taxpayer Spouse				-			4
Shouse		1	I	1	1	I	1

CLIENT ORGANIZER 2020

NAMES	S MFJ MFS HH

NAMES			S MFJ MFS HH				
Estimated Tax Paid	Fed Date Paid	State Date Pd	xxx	ххх	Fed Amount	State Amount	
Overpaid PY							
Quarter 1							
Quarter 2							
Quarter 3							
Quarter 4							
TOTALS							
MEDICAL							
Doctors, Dentists		7	Mortgage				
Prescriptions		1	Home Equity				
		_					
Insurance			Investment				
Mileage	_	_	MIP				
TOTAL			TOTAL				
VariousTaxes Paid		1	Contributions	Amount	Desc		
Real Estate-Home			Cash			II	
Real Estae - Home		1	Cash				
2nd Home	-	1	Cash				
PY State Bal Due	- 	_	Non-Cash				
		1					
TOTAL			TOTAL				
Gambling Losses							
Child Care Provider	Address		ID#	Amount	W-2 Box 10		
·							
NOTES:							