2020 Individual Taxpayer Organizer

(See next page for Organizer)



2020 Individual Taxpayer Organizer

Codebreaker Tax Solutions, LLC

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| Taxpayer | | | | | | SSN | | | | |
|---|--------------------|------------|--------------------|--------|-----------------|----------------|--------------|--------------|------|---------|
| First | M.I. | Las | st | Ema | ail | | | IP PIN | | |
| Occupation | | Date | e of birth | | | Are you | new to c | our firm? | Yes | No |
| Address | | | , | | | State | | Zip | | |
| County | | | ne phone | | | Work or | Work or cell | | | |
| Driver's License No. | | • | | Stat | te Issue | Date | Е | Exp. Date | | |
| Spouse | | | | | | SSN | | | | |
| First | M.I. | Las | st | Ema | ail | | | IP PIN | | |
| Occupation | | Date | e of birth | | | Are you | new to c | our firm? | Yes | No |
| Address (If different from Taxpayer) | City | | | | State | | Zip | | | |
| County | | Home phone | | | | Work or | Work or cell | | | |
| Driver's License No. | | | | Stat | te Issue | Date | Ε | Exp. Date | | |
| If you moved during 2020, enter your | previous addres | S. | | | | Date of | move | | | |
| Marital status at 12/31/20: Single | Married | Separ | ated Widow | (er) | Registered | d Domestic Pa | artnershij | o (RDP) | Uns | ure |
| Were you divorced or separated durir | ng the year? Ye | es N | No | W | ere there any | deaths in the | family? | Yes N | О | |
| Individuals who are in registered don | nestic partnership | os (RE | Ps) and civil un | ions | are not consi | dered marrie | d for fede | ral tax pur | oses | |
| Have you received any notice from th | e IRS or state rev | enue | department with | nin th | ne past year? | Yes No | | | | |
| Names of dependent children | 0.110 | | ID DOL | | D . (1) | Months li | | Relationship | | College |
| Child's full name | Social Secu | rıty # | IP PIN | | Date of birt | h home in | 2020 | taxpayer | st | udent? |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Did any of the children have unearned | l incomo abovo ¢ | 1 100 | for the weer? | Yes | No Do any | of the childre | n harra a | dicability? | Yes | s No |
| Is it anticipated that a different taxpay | | | • | | | | | Yes N | | , INC |
| Other dependents or people who live | | | | | | • | | | | |
| | <u> </u> | | | | | Months lived | in | | | |
| Name | Social Security | # | IP PIN | I | Date of birth | home in 202 | 20 Rel | ationship | Inc | соте |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Bank information: Use for Direct de | eposit of refund | Dir | ect debit of balar | nce d | lue Name of | bank | | | | |
| Checking Savings Routing tran | nsit number | | | | Account ni | ımber | | | | |
| Ask your tax preparer for information | about depositin | g a re | fund into an IRA | acco | ount or splitti | ng the depos | it into mo | ore than on | acco | ount. |

| S | | | , | | | | | | |
|---------|------------|--------|---|-------------------|------|-----|--|--|--|
| BUSINES | Yes | No | Did you receive income from a sharing/gig economy activity (e.g. Airbnb, Uber, etc.) | | | | | | |
| BU | Yes | No | Do you own a business or an interest in a partnership, corporation, LLC, farming activities, or other venture? | | | | | | |
| | Yes | No | Did you purchase or sell a main home during the year? If yes, provide closing statement. | | | | | | |
| ы. | Yes | No | If you sold a home, did you claim the First-Time Homebuyer Credit when it was purchased? If yes, provide details. | | | | | | |
| номе | Yes | No | Did you refinance a mortgage or take a home equity loan? If yes, provide closing statement. | | | | | | |
| | Yes | No | Did you use any mortgage loan proceeds for purposes other than to buy, build, or substantially improve your home? | | | | | | |
| | Yes | No | Did you make any new energy-efficient improvements to your home? If yes, provide details. | | | | | | |
| Sta | te infor | matio | n Full-year resident Part-year resident Nonresident School distric | ct | | | | | |
| Sta | tes of res | sidenc | ce during 2020 and dates Do you rent | or own your home? | Rent | Own | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

Income Worksheet

Provide to your preparer all Forms W-2, 1099-INT, 1099-DIV, 1099-R, 1099-MISC, and other income reporting statements. Do not list dollar amounts for the following forms. Your preparer will report the appropriate amounts.

| To dia - 1 | o "T" for town over "E" for or over "I" for ising | | 11 | 1 | | والمساعدة المساعدة ال | to if me one no one io 1 - | | |
|--|---|------------|---------|-------------|---------------|--|----------------------------|--|--|
| Indicate "T" for taxpayer, "S" for spouse, "J" for joint | | | | | Prov | vide additional statemen | ts ii more room is neede | | |
| | W-2 — Wage and Tax Statement | | | T | T | | | | |
| T/S | Employer name | | | T/S | Employer name | | | | |
| | 1) | | | | + | 4) | | | |
| | 2) | | | | 5) | | | | |
| | 3) | | | | 6) | | | | |
| Forms | 1099-INT—Interest Income | | | | | | | | |
| T/S/J | T/S/J Name of issuer | | | T/S/J | Name of | issuer | | | |
| | 1) | | | | 4) | | | | |
| | 2) | | | | 5) | | | | |
| | 3) | | | | 6) | | | | |
| Forms | 1099-DIV—Dividends and Distributions | | | | | | | | |
| T/S/J | Name of issuer | | | T/S/J | Name of | issuer | | | |
| | 1) | | | | 4) | 4) | | | |
| | 2) | | | | 5) | | | | |
| | 3) | | | | 6) | | | | |
| Forms | 1099-R—Distributions From Pensions, Annui | ties, Reti | rement | t or Profit | -Sharing P | Plans, IRAs, Insurance Co | ontracts, Etc. | | |
| T/S | Name of issuer | | | T/S | Name of | Name of issuer | | | |
| | 1) | | | | 4) | | | | |
| | 2) | | | | 5) | | | | |
| | 3) | | | | 6) | | | | |
| If the d | istribution is before age 59½, give a reason to c | determin | e if an | exception | to penalty | applies. | | | |
| Tax-Ex | empt Interest (such as municipal bonds—incl | ude state | ment) | | | | | | |
| Payer | \$ | | | Payer | | | \$ | | |
| | Income | | | , | | | · | | |
| | x refund | | \$ | | | Other | \$ | | |
| | ployment compensation | | \$ | | | | \$ | | |
| | Security (taxpayer)—provide SSA-1099 or RRE | 3-1099 | \$ | | | | \$ | | |
| | Security (spouse)—provide SSA-1099 or RRB-1 | | \$ | | | | \$ | | |
| | orted tips | | \$ | · . | | | \$ | | |
| | ss income (see Sole Proprietorship Tax Organizer) |) | 1 * | | | Stock sales | See "Sales and Exchange | | |
| | income (see Rental Property Tax Organizer) | • | | | | Sale of other property | Worksheet" below. | | |
| | as and Evahanges Warksha | | | | | care of outer property | | | |

Sales and Exchanges Worksheet

Provide information about sales of stock, real estate, or other property, along with Forms 1099-B, 1099-S, or other supporting statements.

| Description of property | Purchase date | Cost/basis | Sale date | Sale price |
|-------------------------|---------------|------------|-----------|------------|
| | | \$ | | \$ |
| | | \$ | | \$ |
| | | \$ | | \$ |

Notes:

- When stock is sold, you will usually receive Form 1099-B, *Proceeds From Broker and Barter Exchange Transactions*, reporting the proceeds from the sale. However, your statement will not always provide the cost/basis information necessary to compute gain or loss. If the statement does not contain the cost/basis information, you must provide it. You may need to contact your broker for questions about cost/basis and purchase dates of your stock accounts.
- Often, "transfers" of stock or mutual funds within a brokerage account are actually sales of one type of stock and purchase of another. Even if you did not receive any cash from the transaction, you may have taxable gain or loss.
- If your stock dividends are automatically reinvested, the dividends will be taxable even though you did not receive any cash. The transaction is treated as if you had received cash and purchased additional stock. When the stock is sold, the amount reinvested over the years is taken into account. You may need to contact your broker for questions about the amount of reinvested dividends.
- If you sold property other than stock, your taxable gain or loss will be determined by your cost/basis. The cost/basis is usually the original purchase price plus improvements (the cost of repairs and maintenance are not taken into account for cost/basis).

Itemized Deductions Worksheet

Deductions must exceed \$12,400 Single, \$24,800 MFJ, \$18,650 HOH, or \$12,400 MFS to be a tax benefit.

| Medical Expenses. Must exceed 7.5% of income to be a benefit—include cost for dependents—do not include any expenses that were reimbursed by insurance. | | | | Charitable Contributions. If over \$500 in noncash charitable contributions, provide details of contributions. Rules require that the taxpayer retain documentation for all contributions. | | | | | | |
|--|----------------------|--|------------|--|--|------------------|---------------------------|-------------------|--|--|
| Dentists | \$ | Hospitals | \$ | | Cash | | | \$ | | |
| Doctors | \$ | Insurance | \$ | | Noncash contribut | | | | | |
| Equipment | \$ | Prescriptions | \$ | | items must be in good used condition or better. | | | \$ | | |
| Eyeglasses | \$ | Other | \$ | | Did you transfer funds from an IRA directly to a | | d. | | | |
| Medical miles | : | @ 17¢ | | | charity? Yes Charitable mileage | No | | \$ | | |
| | | es paid for full or partia | | s or | Casualty and The | | | | | |
| State withhold | | usiness use of the from | Reported | on W-2 | If you suffered any | sudden, unexpe | cted damage or loss | of property, or | | |
| | d taxes—paid in 2 | 2020 | \$ | 011 11-2 | | • | er area, provide deta | ils to your tax | | |
| | * | -020 | \$ | | preparer. Yes | No I D 1 1 | 3.61 11 | | | |
| Real estate tax—residence Real estate tax—other | | | \$ | | Miscellaneous Itemized Deductions. Miscellaneous itemized deductions subject to the 2% AGI limitation are no longer deductions. | | | | | |
| | | | \$ | | on the federal retur | ll be deductible | | | | |
| Personal property taxes Property tax refund—received in 2020 | | | \$(|) | on your state return. For use of home, auto mileage, or of expenses, provide information on a separate sheet. Were | | | | | |
| Foreign tax pa | | | \$ | | reimbursed by your employer? Yes No | | | | | |
| Other | | | \$ | | Dues | \$ | Subscriptions | \$ | | |
| Other | | | \$ | | Investment | \$ | Supplies | \$ | | |
| Other | | | \$ | | expenses | | | | | |
| Balance paid i | n 2020 from prior | vear state returns | | | Job education | \$ | Tax prep fees | \$ | | |
| | le interest or penal | | \$ | | Job seeking | \$ | Tools | \$ | | |
| | | ax paid during 2020? | Yes No | | Legal fees | \$ | Uniforms | \$ | | |
| | | oat, or home in 2020? | | No | Licenses | \$ | Union dues | \$ | | |
| Sales tax paid | | se paid \$ Date | | | Safety equipment | \$ | Other | \$ | | |
| or rental-use p | property, including | nterest paid for full or p g business use of the ho on and ID numbers. | | | Other Deductions income limit. | s. The following | deductions are not s | ubject to a 2% of | | |
| Main home | \$ | Equity loan | \$ | | Gambling losses | \$ | Federal estate tax on IRD | \$ | | |
| Second home | \$ | Equity loan | \$ | | Impairment- | \$ | Loss from box 2, | \$ | | |
| Points | \$ | Investment interest | \$ | | related expenses | , | K-1, Form 1065B | , | | |
| Did you pay a | mortgage insurar | nce premium when you | ı purchase | ed your h | ome? Amount \$ | Date | | | | |

Other Deductions or Questions

Notes:

- Gambling losses are deductible only up to the amount of gambling winnings reported. A log must be kept to verify losses.
- Work clothing is not deductible if adaptable for every day wear. Exception for safety equipment, such as steel-toe boots.
- Expenses to enable individuals, who are physically or mentally impaired, to work are generally deductible.

Adjustments Worksheet Educator expenses. Classroom expenses of teachers, counselors, and principals. Maximum \$250 each. \$ Health savings account deduction (HSA). Some contributions for 2020 may be made in 2021. Self-employed SEP, SIMPLE, and qualified plans. Some contributions for 2020 may be made in 2021. \$ Self-employed health insurance deduction. Sole proprietors, partners, and 2% S corporation shareholders if not eligible for employer coverage. \$ Penalty on early withdrawal of savings. \$ \$ IRA deduction. For traditional IRAs. Roth IRAs are not deductible. Some contributions for 2020 may be made in 2021. Student loan interest deduction. Paid for taxpayers and dependents. Income limits apply. Tuition and fees deduction. Qualified tuition and fees if not claiming education credits. Income limits apply. \$ Moving expenses. Available only to members of the Armed Forces (or their spouses or dependents) on active duty that Ask preparer move pursuant to a military order and incident to a permanent change of station. Business expenses of reservists, performing artists, and fee-based government officials. Ask preparer Charitable contributions. For taxpayers who take the standard deduction. Up to \$300 per return.

| Estimated Tax Payments — Tax Year 2020 | | | | | | |
|--|-----------|---------|-----------|-------|--|--|
| Installment | Date paid | Federal | Date paid | State | | |
| First | | \$ | | \$ | | |
| Second | | \$ | | \$ | | |
| Third | | \$ | | \$ | | |
| Fourth | | \$ | | \$ | | |
| Amount applied from 2019 overpayment? | | \$ | | \$ | | |
| Total | | \$ | | \$ | | |

Tax Preparation Checklist

Please provide the following documentation:

All Forms W-2 (wages), 1099-INT (interest), 1099-DIV (dividends), 1099-B (proceeds from broker or barter transactions), 1099-R (pensions and IRA distributions), Schedules K-1 from partnerships, S corporations, estates and trusts, and other income reporting statements, including all copies provided from the payer.

Form 1095-A (for health insurance purchased through a public exchange), Form 1095-B (for health insurance purchased outside of a public exchange), or Form 1095-C (for employer-provided health insurance coverage).

If you are a new client, provide copies of last year's tax returns.

The completed Individual Income Tax Organizer. *Note:* If you choose not to fill out the organizer, you must at least answer the "Yes" or "No" questions under "Questions—All Taxpayers."

Copy of the closing statement if you bought or sold real estate.

Mileage figures for any automobile expenses claimed, including total mileage, commuting mileage, and business mileage. Detail of estimated tax payments made, if any.

Income and deductions categorized on a separate sheet for business or rental activities.

List of itemized deductions categorized on a separate sheet for medical, taxes, interest, charitable, and miscellaneous deductions. Copy of all acknowledgement letters received from charitable organizations for contributions made in 2020.

Tax Return Preparation

We will prepare your tax return based on information you provide. In the event your return is audited, you will be responsible for verifying the items reported. It is important that you review the return carefully before signing to make sure the information is correct. Unless otherwise stated, the services for preparation of your return do not include auditing, review, or any other verification or assurance.

Taxpayer Responsibilities

- You agree to provide us all income and deductible expense information. If you receive additional information after we begin working on your return, you will contact us immediately to ensure your completed tax returns contain all relevant information.
- You affirm that all expenses or other deduction amounts are accurate and that you have all required supporting written records. In some cases, we will ask to review your documentation.
- You must be able to provide written records of all items included on your return if audited by either the IRS or state tax authority. We can provide guidance concerning what evidence is acceptable.
- You must review the return carefully before signing to make sure the information is correct.
- Fees must be paid before your tax return is delivered to you or filed for you. If you terminate this engagement before completion, you agree to pay a fee for work completed. A retainer is required for preparation of late returns.
- You should keep a copy of your tax return and any related tax documents. You may be assessed a fee if you request a copy in the
 future.

Signatures. By signing below, you acknowledge that you have read, understand, and accept your obligations and responsibilities. For a joint return, both taxpayers must sign.

| | Эроизе | Date |
|----------|--------|------|
| Taxnauer | Svouse | Data |

Privacy Policy

The nature of our work requires us to collect certain nonpublic information. We collect financial and personal information from applications, worksheets, reporting statements, and other forms, as well as interviews and conversations with our clients and affiliates. We may also review banking and credit card information about our clients in the performance of receipt of payment. Under our policy, all information we obtain about you will be provided by you or obtained with your permission.

Our firm has procedures and policies in place to protect your confidential information. We restrict access to your confidential information to those within our firm who need to know in order to provide you with services. We will not disclose your personal information to a third party without your permission, except where required by law. We maintain physical, electronic, and procedural safeguards in compliance with federal regulations that protect your personal information from unauthorized access.