

**PERSONAL INCOME TAX ORGANIZER – 2020
NEW CLIENT**

Please bring a copy of your last tax return

Your Name: _____ SS#: _____-_____-_____ Date of Birth: ____/____/____
Spouse's Name: _____ SS#: _____-_____-_____ Date of Birth: ____/____/____
Address: _____ City: _____ State: _____ Zip: _____
Main or Home Phone: _____ Cell Phones: (____)____-____/(____)____-____
Your Occupation: _____ Spouse's Occupation: _____
Your Work Phone: _____ Spouse's Work Phone: _____

Your E-Mail Address _____ E-Mail Address _____

Filing Status: (circle one) Single Married (filing jointly) Married (filing separately) Head of Household

Dependents:

<u>Full Name</u>	<u>Date of Birth</u>	<u>Social Security Number</u>	<u>Relationship</u>	<u>Income</u>
_____	____/____/____	____-____-____	_____	\$ _____
_____	____/____/____	____-____-____	_____	\$ _____
_____	____/____/____	____-____-____	_____	\$ _____

We will need a copy/information from your current Driver's License.

Economic Recovery/Stimulus Payments (complete below)

If eligible, did you receive the **first** Economic Recovery Payment?
 Yes How Much? _____ **No**

If eligible, did you receive the **second** Economic Recovery Payment?
 Yes How Much? _____ **No**

Forms and Information Checklist (please bring any/all applicable below documents with you)

- _____ Wages: W2s (showing wages from employment)
- _____ Pensions: 1099Rs (showing income from pensions)
- _____ Social Security: 1099-SSA (showing Social Security income)
- _____ 1099s: Dividends, Interest, Unemployment, State Refunds, Miscellaneous Income, etc.
- _____ Gambling and Lottery Winnings, Odd Jobs, Jury Duty, etc.
- _____ Business Income and Expenses (checklists available on our website under Muenks Tax Forms tab)

- _____ Long-Term Care Premiums
- _____ Rental Income and Expenses (checklists available on our website under Muenks Tax Forms tab)
- _____ Sale of Assets: stocks, mutual funds, real estate, etc.
- _____ K1: Partners, S-Corps, Estates, or Trusts (bring all documentation)
- _____ IRA or Savings Plan Withdrawals or Distributions (bring all documentation)
- _____ 1095A – Affordable Care Act/Health Insurance Marketplace Coverage for 2020

Tax Payments for 2020 (if any)

Due Dates	1 st Qtr – 4/15/20	2 nd Qtr – 6/15/20	3 rd Qtr – 9/15/20	4 th Qtr – 1/15/21
Federal	\$ _____	\$ _____	\$ _____	\$ _____
<i>Date Paid</i>	____/____/____	____/____/____	____/____/____	____/____/____
State	\$ _____	\$ _____	\$ _____	\$ _____
<i>Date Paid</i>	____/____/____	____/____/____	____/____/____	____/____/____
Add'l Taxes Paid in '20				

IRA Contributions (Traditional):

You: \$ _____ Date: ____/____/____ Spouse: \$ _____ Date: ____/____/____

IRA Contributions (Roth):

You: \$ _____ Date: ____/____/____ Spouse: \$ _____ Date: ____/____/____

Child Care Expenses:

Name(s) of Children: _____

To deduct childcare expenses, you must furnish the IRS with the name, address and ID number of each person or organization who provided the care. For an individual, use his/her Social Security Number (SSN); for a daycare or preschool, obtain the Federal Employer Identification Number (EIN)

Name: _____
 Address: _____
 City/State/Zip _____
 EIN or SSN: _____
 Amount Paid: _____
 W2 Dependent Care Benefits: \$ _____

Name: _____
 Address: _____
 City/State/Zip _____
 EIN or SSN: _____
 Amount Paid: _____
 W2 Dependent Care Benefits: \$ _____

Additional questions/information for your tax preparer should be attached to this form.