

**PERSONAL INCOME TAX ORGANIZER – 2020
RETURNING CLIENTS**

Please be sure to review the Itemized Deductions worksheet for new information

Your Name: _____

Spouse's Name: _____

Main/Home Phone: (_____) _____

Cell Phone(s): (_____) _____

(_____) _____

Your E-Mail Address

Spouse's E-Mail Address

If you renewed your Driver's License since your last tax preparation, we will need updated information.

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

Health Insurance

If you were covered under the Affordable Care Act (ACA) at any time in 2020, provide your Form 1095A which was mailed to you, is accessible on your healthcare.gov log-in, or by calling 800-318-2596.

Did You Make or Plan to Make IRA Contributions for 2020?

: Yes (complete below) No

IRA Contributions (Traditional): You: \$ _____ Date: ____/____/____ Spouse: \$ _____ Date: ____/____/____

IRA Contributions (Roth): You: \$ _____ Date: ____/____/____ Spouse: \$ _____ Date: ____/____/____

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

- | | |
|---|---|
| <input type="checkbox"/> Wages: W2s (employment income) | <input type="checkbox"/> IRA or Savings Plan Withdrawals or Distributions (bring all documentation) |
| <input type="checkbox"/> Pensions: 1099Rs (pension income) | <input type="checkbox"/> Sale of Assets: stocks, mutual funds, real estate (bring all documentation) |
| <input type="checkbox"/> Social Security: 1099-SSA (SS income) | <input type="checkbox"/> 1095A – Health Insurance Marketplace (ACA) Coverage for 2020 |
| <input type="checkbox"/> 1099s (Dividends, Interest, Unemployment, State Refunds, Miscellaneous Income, etc.) | <input type="checkbox"/> Business Income and Expenses (checklists are available on our website under 'Muenks Tax Forms' tab). |
| <input type="checkbox"/> W2G (Gambling/Lottery Winnings, Odd Jobs, Jury Duty, etc.) | <input type="checkbox"/> Rental Income and Expenses (checklists are available on our website under 'Muenks Tax Forms' tab). |
| <input type="checkbox"/> Long-Term Care Premiums | |
| <input type="checkbox"/> K1 (Partners/S-Corps/Estates, or Trust Distributions (bring all documentation) | |
| <input type="checkbox"/> Dependent College Expenses (1098 Forms and expense receipts) | |

DID YOU MAKE TAX PAYMENTS IN 2020:

Yes (complete below)

No

Tax Payments for 2020

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

DID YOU HAVE CHILD CARE EXPENSES IN 2020?

Yes

No

If yes, we will need the provider(s) name, address, EIN or SSN, and amount paid for each child.

W2 Dependent Care Benefits: \$ _____

Complete the following only if your information has changed

| | | | | |
|--------------------------------|----------------------|-------------------------------|-------------------------|-------------------|
| Address: | | City/State/Zip | | |
| Filing Status (circle): | Single | MFJ (filing jointly) | MFS (filing separately) | Head of Household |
| Dependents: | | | | |
| <u>Full/Legal Name</u> | <u>Date of Birth</u> | <u>Social Security Number</u> | <u>Relationship</u> | <u>Income</u> |
| _____ | ____/____/____ | ____-____-____ | _____ | \$ _____ |
| _____ | ____/____/____ | ____-____-____ | _____ | \$ _____ |
| _____ | ____/____/____ | ____-____-____ | _____ | \$ _____ |

Additional questions/information for your tax preparer may be added here or attached.