

2020 Tax Organizer



Lawson & Company CPAs LLC

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TAXPAYER INFORMATION

Full Legal Name _____

Social Security # _____ - _____ - _____ Date Of Birth _____ Occupation _____

Spouse Legal Name _____

Social Security # _____ - _____ - _____ Date Of Birth _____ Occupation _____

Street Address _____

City _____ State _____ Zip _____

Contact preference? _____

E-Mail Address _____

Phone 1 (_____) _____ - _____

Phone 2 (_____) _____ - _____

Tax return delivery preference?
Paper or Electronic

SALARIES AND WAGES (enclose all W-2 forms)

W-2	Gross Income	Federal Withheld	FICA	Medicare	State Withheld	SDI
1						
2						
3						

FILING STATUS

Single Married Head of Household Married Filing Separate

REFUND

Automatic deposit? Yes (attach a VOID check) No

DEPENDENTS

Dependent 1 Name	
Birth Date	
SSN	
Relationship	
Months at Home	
Dependent 2 Name	
Birth Date	
SSN	
Relationship	
Months at Home	

ADJUSTMENTS TO INCOME

RETIREMENT PLAN CONTRIBUTIONS

IRA \$ _____

SEP Plan \$ _____

Other Plan \$ _____

DID YOU RECEIVE THE STIMULUS CHECK?

Yes No

How much? \$ _____

ESTIMATED TAX PAYMENTS

FEDERAL

Estimated Tax Payment	Date Paid	Amount
1 st Quarter		
2 nd Quarter		
3 rd Quarter		
4 th Quarter		

ITEMIZED DEDUCTIONS**MEDICAL & DENTAL EXPENSES***Attach detailed schedule*

Insurance Premiums _____

Doctors, Dentists, etc. _____

TAXES PAID

State & Local Income Tax _____

State Sales Tax _____

Real Estate Taxes – Residence _____

Real Estate Taxes – Other Property _____

Personal Property Taxes _____

Other Taxes _____

INTEREST PAID – *Attach Forms 1098*Home Mortgage (1st) _____Home Mortgage (2nd) _____

Home Mortgage (Equity Line) _____

Student Loan Interest _____

CONTRIBUTIONS – *Attach Detailed Info*

Contributions by Cash or Check _____

Contributions Other than Cash _____

OTHER INFORMATION**INCOME FROM BUSINESS OR PROFESSION****GENERAL INFORMATION** Cash Basis Accrual Basis First Year Taxpayer Spouse

Principal Business/Profession _____

Business Name _____

Business Address _____

City, State, Zip _____

INCOME

Gross Receipts or Sales _____

Returns and Allowances _____

Other Income _____

COST OF GOODS SOLD – *If Applicable*

Inventory at Beginning of the Year _____

Purchases _____

Cost of Labor _____

Materials & Supplies _____

Other Costs _____

Inventory at End of the Year _____

EXPENSES

Advertising _____

Car & Truck Expenses* _____

Commissions _____

Insurance (other than health) _____

Health Insurance Premiums for Self* _____

Interest _____

Legal & Professional _____

Office Expense _____

Pension & Profit Sharing Plans _____

Rent – Vehicles, Machinery & Equipment _____

Rent – Business Property _____

Repairs & Maintenance _____

Supplies _____

Taxes – Property _____

Taxes – Other _____

Telephone _____

Travel _____

Total Meals & Entertainment* _____

Utilities _____

Wages _____

Other* _____

Attach detailed schedules*HOME OFFICE**

Did you have a home office during the year?

 Yes No

Office Square Footage: _____ Home Square Footage: _____

If yes, attach detailed schedule of expenses including mortgage interest (or rent), real estate taxes, utilities, property insurance, maintenance & cleaning

MISCELLANEOUS QUESTIONS

If any of the following items pertain to you or your spouse for the year 2020, please check the appropriate box and include all pertinent details

- | | Yes | No | |
|-----|--------------------------|--------------------------|---|
| 1. | <input type="checkbox"/> | <input type="checkbox"/> | Did you have any interest in, or signature, or other authority over a bank, securities, or other financial account in a foreign country? |
| 2. | <input type="checkbox"/> | <input type="checkbox"/> | Did you have foreign income, pay any foreign taxes, or file any foreign information reporting or tax return forms? Provide details. |
| 3. | <input type="checkbox"/> | <input type="checkbox"/> | Do have Health Insurance for you and/or your family? If yes, how much did you pay in premiums? \$ _____ |
| 4. | <input type="checkbox"/> | <input type="checkbox"/> | Do you have Health Insurance through an exchange or your employer? |
| 5. | <input type="checkbox"/> | <input type="checkbox"/> | Do you have a Health Savings Account (HSA) or Medical Savings Account (MSA)? |
| 6. | <input type="checkbox"/> | <input type="checkbox"/> | Were there any births, adoptions, marriages, divorces, or deaths in your immediate family during the year? |
| 7. | <input type="checkbox"/> | <input type="checkbox"/> | Are any of your unmarried children, who may be claimed as dependents, 19 years of age or older at the end of 2020? |
| 8. | <input type="checkbox"/> | <input type="checkbox"/> | Did any of your children under age 19 or students under age 24 have interest and dividend income of \$1,050 or more or total investment income of \$2,100 or more? |
| 9. | <input type="checkbox"/> | <input type="checkbox"/> | Did you pay an individual or an organization to perform services for the care of a dependent under 13 years old in order enable you to work or attend school on a full-time basis? (Please provide details) |
| 10. | <input type="checkbox"/> | <input type="checkbox"/> | Did you have any debts cancelled or forgiven? |
| 11. | <input type="checkbox"/> | <input type="checkbox"/> | Did you acquire or dispose of any business assets (including real estate) during the year? |
| 12. | <input type="checkbox"/> | <input type="checkbox"/> | Did you purchase, sell or refinance your principal home or your second home, or obtain a home equity loan during the year? If yes, please provide escrow papers and other relevant information. |
| 13. | <input type="checkbox"/> | <input type="checkbox"/> | Did you make any energy-efficient improvements or purchases for your home? |
| 14. | <input type="checkbox"/> | <input type="checkbox"/> | Did you incur a loss because of damaged or stolen property? |
| 15. | <input type="checkbox"/> | <input type="checkbox"/> | Did you make any gifts over \$15,000 during the year? |
| 16. | <input type="checkbox"/> | <input type="checkbox"/> | Did you receive any distribution from an IRA or other qualified plan? (Form 1099R) |
| 17. | <input type="checkbox"/> | <input type="checkbox"/> | If yes, was this rolled over? (Form 1099R) |
| 18. | <input type="checkbox"/> | <input type="checkbox"/> | Did you open a Roth IRA account or convert an IRA into a Roth IRA? |
| 19. | <input type="checkbox"/> | <input type="checkbox"/> | Were you granted or did you exercise any stock options? |
| 20. | | | Please provide us with a copy or your 2019 Tax return (<i>only if we didn't prepare your return last year</i>) |

Signature: _____
Taxpayer

Spouse